

# Addressing Presenting Issues

**Presenting Issues** refer to the primary issue or issues reported by the client, their caregiver or parent and/or referral source leading to contact with the FASD Service Network or a partnering service provider. These are often the symptoms of FASD referred to as secondary challenges.

Reducing secondary challenges directly associated with FASD results in improved quality of life for the client and/or their caregiver and reduced burden on other systems.

## PRESENTING ISSUES: OUTCOME STATUS AS RESULT OF NETWORK INVOLVEMENT

ADDICTIONS	#	%	HOUSING/PLACEMENTS	#	%
Accessing treatment services	150	29.5%	Has emergency housing	32	6.0%
On waitlist for treatment services	13	2.6%	Has stable housing	185	34.6%
Declined treatment services	84	16.5%	Has unsafe or unstable housing	80	15.0%
Denied treatment services	13	2.6%	Has lost or has no housing	101	18.9%
No access to treatment services	11	2.2%	Child/youth maintained placement	17	3.2%
Not applicable at time of reporting	238	46.8%	Child/youth has placement breakdown	24	4.5%
<b>Total</b>	<b>509</b>	<b>100.0%</b>	Not applicable at time of reporting	95	17.8%
			<b>Total</b>	<b>534</b>	<b>100.0%</b>

BEHAVIOUR	#	%	MENTAL HEALTH	#	%
Caregiver has supported strategies	242	18.2%	Receiving mental health services	178	32.7%
Education staff have supported strategies	172	12.9%	Declined mental health services	84	15.4%
Individual has services in place	186	14.0%	Cannot access mental health services	11	2.0%
Individual required supports	382	28.7%	Caregiver has support strategies for the Individual living with FASD	55	10.1%
Not applicable at time of reporting	348	26.2%	Not applicable at time of reporting	216	39.7%
<b>Total</b>	<b>1330</b>	<b>100.0%</b>	<b>Total</b>	<b>544</b>	<b>100.0%</b>

# Prevention Outcomes

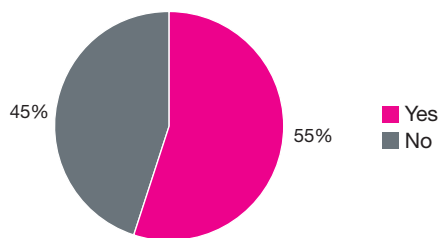
Prevention services concentrate not only on reducing alcohol and drug use in pregnancy, but also on reducing other risk behaviours and addressing the health and social well-being of the mothers and their children.

Measures of success in prevention are different for each person. For example, with some women it is important to reduce alcohol use in the presenting pregnancy with the longer term goal of eliminating alcohol use during subsequent pregnancies.

Effective FASD prevention and support requires a coordinated effort among community members and service providers using a harm reduction approach.

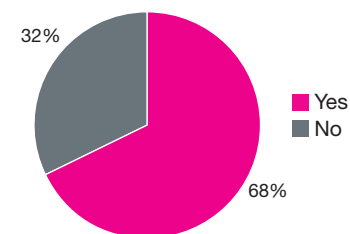
## CLIENT NOT PREGNANT

### Effective Family Planning

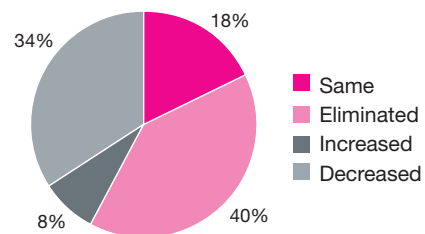


## CLIENT PREGNANT

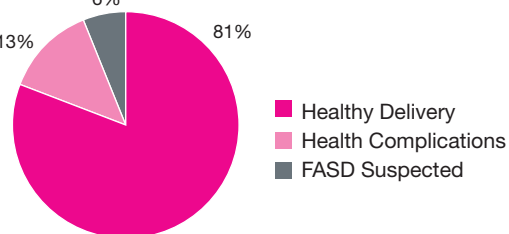
### Use of Alcohol During Pregnancy



### Change in Alcohol Use During Pregnancy



### Birth Outcome



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 delivering FASD services across the lifespan in three areas: Awareness and Prevention, Assessment and Diagnosis, and Supports for Individuals and Caregivers.

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. Networks are community-based and community-led and are the primary vehicle through which programs and services related to FASD are provided.



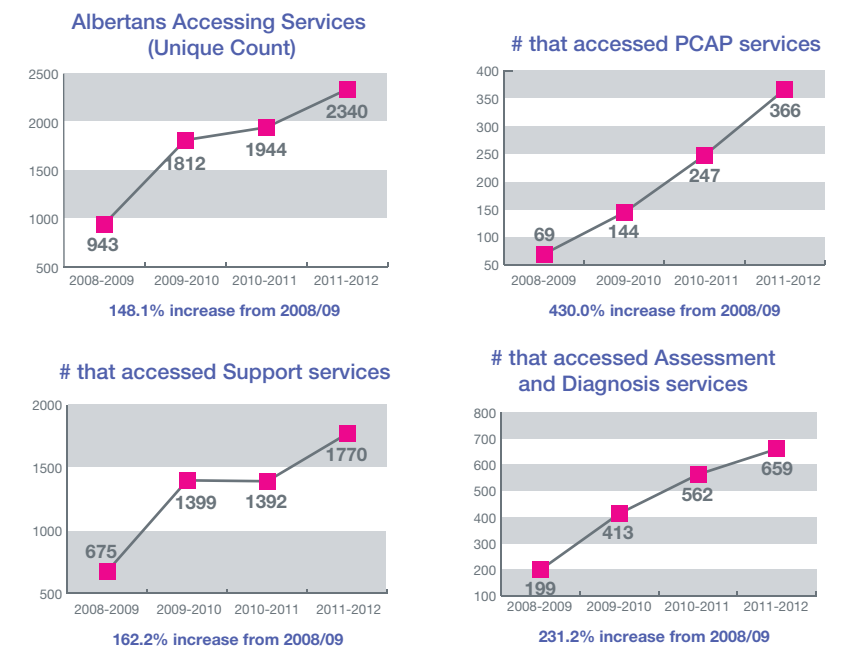
- Mackenzie Regional FASD Network
- Northwest Alberta FASD Network
- Northwest Central Alberta FASD Network
- Lakeland Fetal Alcohol Spectrum Disorder Society
- Edmonton Fetal Alcohol Network
- Prairie Central FASD Network
- Central Alberta FASD Network
- Calgary Fetal Alcohol Network
- Southeast Alberta FASD Network
- South Alberta FASD Network
- Métis Settlements FASD Network

## FETAL ALCOHOL SPECTRUM DISORDER (FASD)

# FASD Service Network Program Data: April 1, 2012 – December 31, 2012

**The Networks are making a difference.** They are reaching members of the community who are in need of FASD-related supports. The following graphs compare the number of Albertans accessing Network services since the inception of the program in 2007.

## SERVICES: 2008-2009 TO 2011-2012



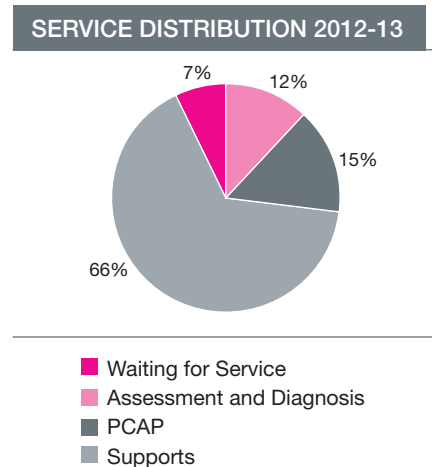
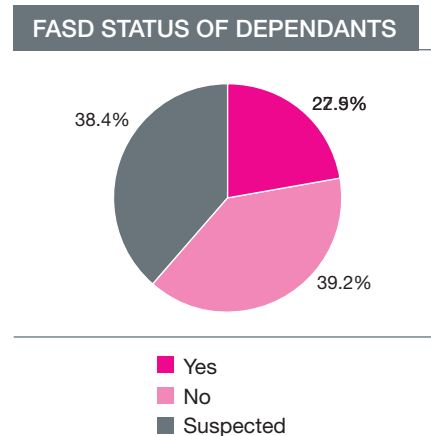
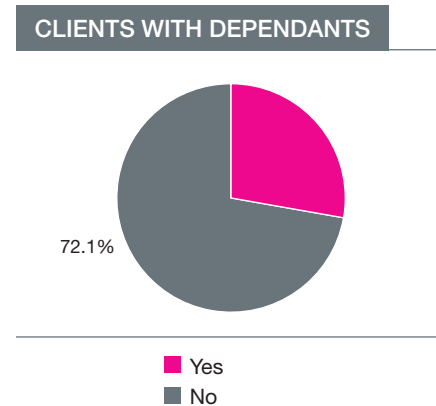
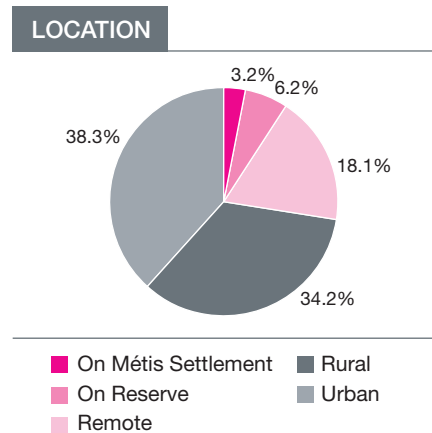
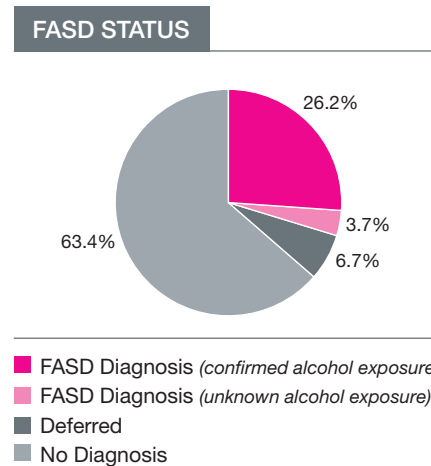
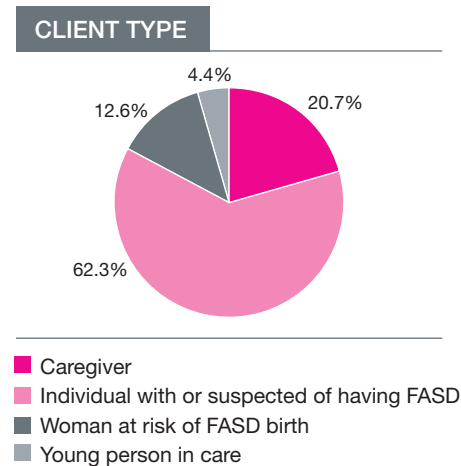
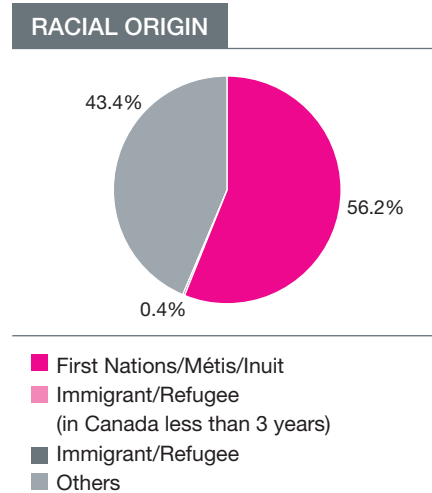
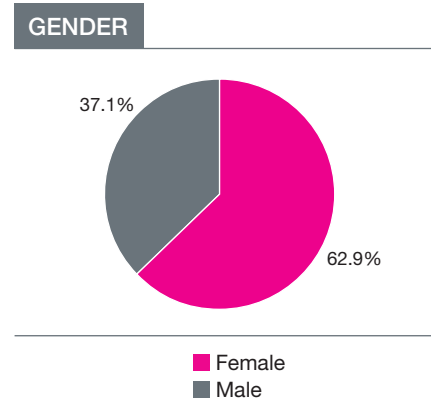
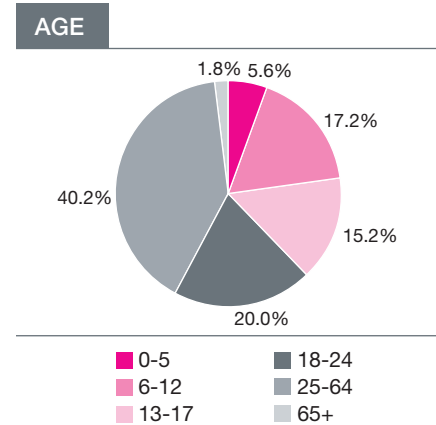
The graphs above demonstrate that the Networks have reached Albertans who need FASD-related supports. This in turn shows the impact Networks have had in improving secondary challenges among individuals living with or suspected of having FASD. If there were no Service Networks across the province, we can expect that in the **adult** population, 372 would be unemployed, 282 would be engaged in crime, 442 would have experienced mental health problems, and 71 would be homeless. In **children** living with or suspected of having FASD, we can expect 482 children would have experienced school disruption, 482 would be engaged in crime, 756 would have experienced mental health problems, and 121 would be homeless. This equates to a total cost saving of \$8.62 million for adults and \$14.2 million for children. (For more on this study, please contact the FASD Cross-Ministry Initiative at [fasd@gov.ab.ca](mailto:fasd@gov.ab.ca))

The above information provides a snapshot of the number of clients that have accessed services. The information on the following pages provides current information which describes clients, services, and outcomes.

# Client Demographics

**FASD is a lifelong diagnosis of brain damage.** Supports and resources need to be put in place with that in mind, including modified educational programming, the need for lifelong support and supervisions, dependent living arrangements, supported employability, and protection from victimization in the community. This requires multiple systems, including justice, mental health, education and human resources. The diagnosis of FASD opens the door to that pathway.

The following information describes the 2,093 clients who have been supported through the FASD Service Networks across Alberta from April 1 – December 31, 2012.



# Network Services

Due to the complex nature of FASD, individuals, families and caregivers often require a spectrum of programs and services and will access support in more than one of the three service areas (assessment/diagnosis, prevention, supports for individuals and caregivers).

The following information describes the number of service occurrences in each of the three service delivery areas.

## SUMMARY OF SERVICES ACCESSED: APRIL 1, 2012 - DECEMBER 31, 2013

Service Occurrence	ASSESSMENT AND DIAGNOSIS		SUPPORT FOR INDIVIDUALS AND CAREGIVERS		PREVENTION	
	#	%	#	%	#	%
	326	12.2%	1765	66.0%	391	14.6%

**Secondary diagnoses** are reported when there is an FASD diagnosis. They are diagnoses that may or may not have contributed to the primary diagnosis but are conditions that must be dealt with in order to treat the total health of an individual. They are based on diagnosis confirmed by a health professional.

Secondary Diagnosis	#	%	Secondary Diagnosis	#	%	Secondary Diagnosis	#	%
ADHD	65	30.8%	ADHD	276	27.5%	ADHD	46	13.0%
Anxiety	42	19.9%	Anxiety	196	19.5%	Anxiety	76	21.5%
Depression	37	17.5%	Depression	201	20.0%	Depression	122	34.6%
Attachment Disorder	19	9.0%	Attachment Disorder	67	6.7%	Attachment Disorder	16	4.5%
Post Traumatic Stress Disorder	12	5.7%	Post Traumatic Stress Disorder	52	5.2%	Post Traumatic Stress Disorder	41	11.6%
Other	36	17.1%	Other	211	21.0%	Other	52	14.7%
<b>Total</b>	<b>211</b>	<b>100.0%</b>	<b>Total</b>	<b>1003</b>	<b>100.0%</b>	<b>Total</b>	<b>353</b>	<b>100.0%</b>

**Presenting Issues** refer to the primary issue or issues reported by the client, their caregiver or parent and/or referral source. Progress towards addressing the selected presenting issue is reported using related outcome statements. The list of presenting issues is not exhaustive and intends to address the most common issues presented for all client and service delivery types.

Presenting Issues	#	%	Presenting Issues	#	%	Presenting Issues	#	%
Housing/Placement	87	6.2%	Housing/Placement	351	8.1%	Housing/Placement	171	10.5%
Addictions	67	4.8%	Addictions	273	6.3%	Addictions	231	14.2%
Health	92	6.5%	Health	322	7.5%	Health	123	7.6%
Mental Health	143	10.2%	Mental Health	368	8.5%	Mental Health	166	10.2%
Behaviour	227	16.2%	Behaviour	598	13.9%	Behaviour	76	4.7%
Employment	77	5.5%	Employment	292	6.8%	Employment	88	5.4%
Education	216	15.4%	Education	405	9.4%	Education	88	5.4%
Finance	69	4.9%	Finance	317	7.4%	Finance	163	10.0%
Legal	38	2.7%	Legal	187	4.3%	Legal	74	4.6%
Adaptive Abilities/Life Skills	159	11.3%	Adaptive Abilities/Life Skills	463	10.7%	Adaptive Abilities/Life Skills	130	8.0%
Social Skills	187	13.3%	Social Skills	539	12.5%	Social Skills	80	4.9%
Family Violence	17	1.2%	Family Violence	84	1.9%	Family Violence	93	5.7%
Custody of Children	26	1.9%	Custody of Children	113	2.6%	Custody of Children	141	8.7%
<b>Total</b>	<b>1405</b>	<b>100.0%</b>	<b>Total</b>	<b>4312</b>	<b>100.0%</b>	<b>Total</b>	<b>1624</b>	<b>100.0%</b>

Assessment services include appropriate screening and assessments to guide planning. Assessment and diagnostic services may or may not lead to a confirmed diagnosis under the spectrum of FASD. Assessment includes medical, cognitive, behavioural screening, and referrals to professionals who provide diagnoses.

Diagnostic services include medical, cognitive and behavioural assessments by a multidisciplinary team. Multidisciplinary team composition will vary depending on the age and/or presentation of the individual being assessed. Diagnosis includes assessment services as well as a formal diagnosis on the FASD spectrum provided by a physician and multi-disciplinary team, or a multi-disciplinary diagnostic team.

Supports are considered to be programs and services in the community, aimed at enabling individuals affected by FASD to reach their potential, as well as supports and assistance to families and caregivers of individuals affected by FASD. Supports include the following areas but are not limited to:

- Information, service coordination/case management
- Supports for daily living, rehabilitation/behavioural services, one-to-one mentoring, support groups, outreach
- Opportunities for meaningful activities
- Respite services

Support services are intended to enhance protective factors and promote the development and well-being of individuals and caregivers; keep them safe and protected; and promote healthy communities.

Prevention strategies are focused on supporting females who have given birth to one or more children affected by FASD, and females who are known to be pregnant and are consuming alcohol or other harmful substances. Services may include mentoring, substance abuse treatment, birth control, and parenting programs.

Prevention strategies also include supporting females of child-bearing age who use substances and who are not pregnant. Activities could include outreach, screening, referral, and brief intervention activities.

Prevention support services aim to minimize damage to the fetus, reduce the chance of further affected pregnancies, and help the mother to effectively care for her children.