Fetal Alcohol Spectrum Disorder (FASD) Across the Lifespan

FASD Cross-Ministry Committee (FASD-CMC)

Strategic and Operational Plan 2016/2017:

An Outcome-Based Management Plan

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Overview of FASD

Fetal Alcohol Spectrum Disorder (FASD) refers to a range of physical, neurodevelopmental, and behavioural impairments resulting from damage to the fetus caused by maternal alcohol use during pregnancy. Physical abnormalities associated with prenatal alcohol exposure are not always present; therefore FASD is frequently invisible and often goes undiagnosed. However, brain trauma caused by alcohol in the developing embryo and fetus is irreparable, lifelong, and devastating for the individual, the family, caregivers and society.¹

FASD is 100% preventable. It results in harsh consequences if managed improperly (mental health issues, unemployment, addictions, and homelessness), as well as high rates of incarceration and involvement with child intervention services.

Alcohol Consumption and Pregnancy

*There is no safe time or safe amount of alcohol to drink when pregnant or when planning to become pregnant.*²

The research indicates that the life circumstances that lead to a child with FASD are often related to social determinants of health, and can be grounded in historical and intergenerational trauma.³ One 2015 study of 2,246 women in Alberta⁴ found that almost half (49%) reported drinking some alcohol in pregnancy, including before they realized they were pregnant. Approximately (90%) of all participants in this study had completed at least some postsecondary education, and 76% had household incomes of at least $80,000. Of the 49% who reported drinking, 3% stopped consuming alcohol at pregnancy recognition, with 46% continuing to drink, almost all at low to moderate levels. Approximately 13% of women reported at least one binge-drinking episode prior to pregnancy recognition. None of the women reported an episode after recognizing they were pregnant.

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Incidence and Prevalence of FASD in Alberta

A 2014 study by the Institute of Health Economics (IHE) on the epidemiology of FASD in Alberta over 10 years (2003-2012) found that the incidence and prevalence of FASD in Alberta is higher than earlier estimates:

- **Incidence** (number of new cases per 1000 births): Annually, there was an incidence of 14.2 to 43.8 per 1000 births, or 739 to 1884 people born with FASD in Alberta each year from 2003-2014.

- **Prevalence** (number of cases per 1000 population): In 2012, there were about 46,000 people living with FASD in Alberta, or 1.2% in the general population.

A study by the Institute of Health Economics (IHE) in 2013 on the prevalence of FASD in a variety of settings found that the magnitude of FASD prevalence varied, with higher prevalence among children in foster care (30.5% to 52%) and in prisons and correctional facilities (9.8% to 23.3%) compared to estimates obtained from community and population-based samples (0.02% to 0.5%) and in schools (0.5% to 10.7%). A tri-provincial prevalence study funded by the Public Health Agency of Canada found that there is an over-representation of FASD in the child intervention system (10.3%) in Alberta as of 2014.

Cost of FASD in Alberta

As of 2015, the total costs of FASD in Canada are estimated to be $9.7 billion per year including all criminal justice, healthcare, education, and social services. The annual cost of FASD in Alberta is estimated at $927.5 million per year.

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The incremental lifetime cost per case of FASD is estimated at $800,000, indicating that one prevented case of FASD results in a cost-savings of $800,000.  

*Figure 1 above describes the annual cost of FASD in Alberta.*

**Alberta’s FASD 10-Year Strategic Plan (2007-2017)**

Recognizing the devastating personal and societal costs of FASD, the Government of Alberta (GoA) initiated a 10-Year Strategic Plan in 2007, which prescribed the core strategic direction for its province-wide FASD response. The vision was to develop a comprehensive and coordinated response to FASD across the lifespan and a continuum of services that is respectful of individual, family and community diversity.

**Key Innovations (2007-2015)**

Alberta’s FASD Network Governance Model

*The FASD Cross-Ministry Committee (FASD-CMC)*

The FASD Cross-Ministry Committee (FASD-CMC) is responsible for implementing the government’s 10-Year Strategic Plan and provides leadership and oversight. Provincial and federal ministries and agencies participating in the FASD-CMC are:

- Alberta Human Services (co-chair and administrative lead)
- Alberta Health (co-chair)
- Alberta Indigenous Relations
- Alberta Education
- Alberta Advanced Education
- Alberta Justice and Solicitor General
- Alberta Status of Women
- Alberta Health Services
- Alberta Gaming and Liquor Commission
- Health Canada
- Health Canada, First Nations and Inuit Health Branch.
- Public Health Agency of Canada

In addition to government representation, the CMC also includes external FASD expertise.

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The cornerstone of the FASD 10-Year Strategic Plan is the **Alberta FASD Service Network Program** and its 12 regional Networks. Eleven FASD Service Networks serve geographical regions in Alberta and one Network serves Métis Settlements. FASD Service Networks are the primary vehicle through which wraparound, collaborative, community-driven services across the lifespan are accessed for FASD prevention, assessment/diagnosis and supports for individuals and their caregivers.

Under the direction of the FASD-CMC, the Networks were established to help individuals with FASD and their caregivers to coordinate access to supports and services across the lifespan in their region, to enhance existing cross-sector supports and services, and to develop new services where none exist. The Networks generally work alongside the many agencies and organizations providing programs and services that support children, youth, adults and families with FASD. They often support and mentor clients referred to an FASD clinic prior to, during and after assessment and diagnosis. Respect for cultural diversity, including First Nations, Métis, Inuit and immigrant populations continues to be a key driver of Network design and operations. **Figure 2** describes the role of an Alberta FASD Network in a generalized pathway to supports and services for an individual suspected of FASD. The specific supports and services provided by each Network have developed in response to the needs in their region.

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*Figure 2: Role of an Alberta FASD Service Network*
All FASD Strategies are Preventative: Four Levels of Prevention

To prevent primary disabilities (brain damage, physical birth defects, and health problems resulting from prenatal exposure to alcohol), strategies are needed to promote abstention from alcohol when pregnant or planning to become pregnant. To prevent or lessen the severity of secondary disabilities (not present at birth but that occur as a result of the primary disabilities), strategies are needed to improve access to assessment and diagnosis, leading to appropriate interventions that are proactive and protective to address problems related to mental health, disrupted school experience, alcohol and drug use, multiple foster care placement, involvement with the justice system, confinement, or inappropriate sexual behaviour.11

In Public Health, efforts to promote healthier communities focus on primary, secondary and tertiary prevention. Preventive measures can be applied at any stage along the natural history of a disease, with the goal of preventing further progression of the condition. Prevention covers actions to prevent disease occurrence, such as risk factor reduction, and also to arrest its progress and reduce its consequences once established.12

In 2008, Canadian FASD prevention specialists identified four mutually reinforcing FASD prevention approaches linked to overall alcohol strategies.13 In this approach, the four levels of FASD prevention span general and specific practices that assist women to improve their health and the health of their children, with support from family, support networks, services and community. This continuum of care model, published by the Public Health Agency of Canada, understands these four levels of prevention as steps along a continuum, which incorporates treatment and maintenance:

- **Level 1 Prevention:** Raise **public awareness** through public campaigns and other broad strategies that advance social support and change.

- **Level 2 Prevention:** Have **safe discussions** with women of childbearing years, with their support networks and healthcare providers, about reproductive health, contraception, pregnancy and alcohol use.

_____________________________________________________________________


• **Level 3 Prevention**: Provide *supportive services that are specialized, culturally safe and accessible* for women with alcohol problems, histories of violence and trauma, and related health concerns.

• **Level 4 Prevention**: Provide *postpartum support* for new mothers to help them maintain healthy changes made during pregnancy, and/or to continue to help them improve their health, and support the health of their children.

To support Canadian efforts to clarify nomenclature within the field of FASD, the Government of Alberta’s FASD-CMC adopted this Canadian approach to FASD prevention in 2014, and used this nomenclature in its 2014/15 *FASD Strategic and Operational Plan* to more clearly and deliberately differentiate its strategies.

**The FASD Outcome-based Management Framework**

To implement recommendations from the Year 5 Evaluation of Alberta’s FASD 10-Year Strategic Plan,\(^{14}\) the *FASD-CMC Annual Strategic and Operational Plan* was re-conceptualized to reflect an outcome-based life-cycle system. While maintaining strategic direction and targets identified in the 10-Year Strategic Plan, how success is measured and evaluated was transformed. Key components of the 10-Year Strategic Plan were re-conceptualized as *five strategic pillars and five goals*. These were reviewed and updated in 2015 to reflect Year 7 Evaluation recommendations.\(^{15}\)

*Table 1* describes the *five FASD strategic pillars, goals and targets*.

**Table 1: Five FASD Strategic Pillars and Five Goals, with 10-Year targets**

<table>
<thead>
<tr>
<th>Five FASD Strategic Pillars</th>
<th>Five FASD Goals</th>
<th>FASD 10-Year Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1: <strong>Public Awareness and Understanding</strong></td>
<td>Albertans understand that alcohol use during pregnancy can lead to FASD, that FASD can be prevented, and that FASD prevention is a shared responsibility.</td>
<td>95% awareness and understanding in Alberta among the general population.</td>
</tr>
<tr>
<td><em>Level 1 Prevention strategies</em></td>
<td></td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>#2: <strong>Prevention</strong></td>
<td>Alcohol use during pregnancy is eliminated, preventing the profound personal and societal costs of FASD.</td>
<td>The 2006 FASD 10-Year Strategic Plan did not differentiate between FASD awareness and prevention initiatives. There was no target set for Level 2 Prevention.</td>
</tr>
<tr>
<td><em>Level 2 Prevention strategies:</em> Safe discussions about FASD</td>
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<td>--------------------------------------------------------------------------------------</td>
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</tbody>
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FASD Online Reporting System (ORS)

Introduced in 2012, ORS measures the difference made in the lives of individuals accessing services under the FASD strategic pillars of prevention, assessment and diagnosis, and supports for individuals affected by FASD and their caregivers. Data collected includes client demographics, assessment and diagnosis results, presenting issues, and changes in the status of presenting issues. The FASD Unit in Alberta Human Services manages ORS.

Figure 3 describes how the FASD outcome-based management system described in the annual FASD Strategic and Operational Plan (red box) aligns with and informs GoA ministry-specific Performance Measurement Frameworks.

Programs and services funded by FASD-CMC, including those of the Alberta FASD Service Networks, are required to input their client data into ORS. Data fields were chosen based on
Key Performance Indicators (KPIs) and align with GoA ministry-specific Performance Management Frameworks (PMFs). ORS has been enhanced to improve evaluation, learning and adaptation. The enhanced ORS system tracks funding sources and has the option to include both Network and non-Network funded clients.

**Alberta’s FASD Knowledge Mobilization System**

**The FASD Learning Organization**

A learning organization increases the capacity of the system to support stakeholder engagement, strategic planning, evaluation and research, and education and training. The FASD Cross Ministry Committee (FASD-CMC) collaborates with national, provincial and community organizations, committees and councils to mobilize knowledge and build capacity in order to provide a comprehensive and coordinated provincial response to FASD. Alberta’s FASD Learning Organization includes:

**National FASD organizations:**

- The **Canada Northwest FASD Partnership** (CNFASDP): An alliance of seven Canadian provinces and territories, including Alberta, British Columbia, Saskatchewan, Manitoba, Northwest Territories, Nunavut, and the Yukon, and is expanding to include other Canadian provinces. Ministers meet to promote an inter-jurisdictional approach to prevention, care and support of individuals affected by FASD.

- The **Canada Fetal Alcohol Spectrum Disorder Research Network** (CanFASD): A national research network that is collaborative and interdisciplinary. It brings together many scientific viewpoints to address the complexities of FASD, and focuses on ensuring that research knowledge translates into community and policy action.

*Figure 4 describes the key components of Alberta’s FASD Learning Organization.*
Provincial FASD Committees and Councils:

- The Child, Youth and Family Executive Committee of Assistant Deputy Ministers (CYFEC-ADMs) supports Government of Alberta Ministers and Deputy Ministers.

- The FASD Cross-Ministry Committee (FASD-CMC) is supported by the FASD-CMC Program Review Subcommittee, which evaluates, monitors and makes recommendations on FASD Service Networks’ business plans and grant applications, based on funding guidelines.

- The Provincial Network Leadership Team supports the Alberta FASD Service Networks, and is responsible for communication and coordination between Networks, and between the FASD-CMC and the Networks.

- The Alberta FASD Advisory Councils support learning and adaptation based on quality assurance and continuous quality improvement through the identification and adoption of evidence-based leading practices.

Alberta’s FASD Advisory Councils include:

- **FASD Family Advisory Council** informs and advises the Minister on the perspective of families and caregivers regarding the needs and wellbeing of individuals with FASD.

- **Parent Child Assistance Program (PCAP) Council** promotes PCAP program fidelity, and provides quality assurance and support.

- **FASD Awareness, Prevention & Communications Council** supports and proactively addresses awareness and understanding of alcohol use during pregnancy.

- **FASD Evaluation and Research Council** engages experts in interrelated fields pertaining to FASD, and recommends approaches to data collection and management.

- **FASD Assessment and Diagnosis Council** provides best practice standards for diagnosis/assessment and training.

- **FASD Supports & Services, Education and Training Council** promotes quality improvement and facilitates coordinated planning, delivery and evaluation of FASD supports and services through education and training.

- **FASD Child and Family Services (CFS) Community of Practice (CoP) Council** integrates findings from FASD research and evaluations into child intervention practice and adult support services.
Alberta’s FASD Governance and Knowledge Mobilization Model

Implementation of Alberta’s FASD 10-Year Strategic Plan has created a governance model that features knowledge mobilization as a key driver of FASD prevention and service delivery.

*Figure 5 describes the key components of Alberta’s FASD governance and knowledge mobilization model.*

**Green boxes** describe The **FASD Learning Organization** that facilitates learning and adaptation to meet strategic goals, including national organization. (CanFASD is the Canada FASD Research Network, and ACCFCR is the Alberta Centre for Child, Family and Community Research).

**Red boxes** describe FASD initiatives funded by the FASD-CMC and delivered by the **Alberta FASD Service Networks**, and other FASD initiatives, supports and services **funded by GoA ministries and agencies**.

**Blue and green arrows** signify how funding and delivery of FASD services is influenced by knowledge mobilized through the FASD Learning Organization.

**FASD Strategic & Operational Plan 2016/17**

The annual **FASD - CMC Strategic and Operational Plan: An Outcomes Management Plan** identifies the priorities and ongoing activities to implement Alberta’s FASD 10-Year Strategic Plan (2007-2017). The 2016/17 Strategic and Operational Plan consolidates what was learned...
over the last year, and emphasizes the life-cycle approach to planning that values results, learning and adaptation.

**Key Direction-Setting Documents**

The following documents and reports have influenced adaptations made to the outcomes, indicators and actions included in the 2016/17 FASD Strategic & Operational Plan:

**The Cross-Ministerial FASD Action Plan**

The *Cross-Ministerial FASD Action Plan* (FASD Action Plan) is an extension of the FASD 10-Year Strategic Plan and builds on current strategies, partnering ministry priorities, and existing infrastructure to address identified gaps. It serves as a *transition plan* (beyond year 10) and reflects the need to further embed FASD into systems and ministerial priorities in order to reduce the incidence of FASD and better serve Albertans by continuously improving Alberta’s FASD response.

Five gaps in the current FASD system have been identified as priorities in the 2016/17 FASD Strategic and Operational Plan:

- **Knowledge and Capacity** - Including improvements to data capture and analysis across ministries and systems to better inform policy, practice and continuous improvement to address root causes.

- **Criminal Justice System** - Ensuring there are FASD-appropriate supports in this system (including preventative and restorative justice), such as FASD screening tools, increased access to assessment and diagnosis, and supports for transition from corrections to community.

- **FASD Education and Training** – Ensuring an FASD Workforce Development Framework provides consistent and adequate training, incorporates FASD knowledge into post-secondary curriculum, and supports respect for cultural diversity.

- **Provincial Service Delivery** - Enhancing service delivery through the FASD Service Networks and improving integration of services across systems.

- **Housing and Supports** - Increasing integrated housing and supports for individuals with FASD.

**Recommendations from the Year 7 Evaluation**

Completed in 2014, the *Year 7 Evaluation of Alberta’s FASD 10-Year Strategic Plan* fully operationalized Alberta’s FASD outcome-based management system by analyzing findings in
relation to outcomes identified in the FASD Strategic and Operational Plan for 2013/14.\textsuperscript{16} The Year 7 Evaluation made 17 recommendations, which were approved in principle by the CYFEC-ADMs (Child, Youth and Family Executive Committee of Assistant Deputy Ministers). The ADMs also made three additional recommendations and identified five recommendations from the 2013 Institute of Heath Economics (IHE’s) Consensus Statement on Legal Issues of FASD.\textsuperscript{17} The complete set of recommendations (25 in total) is listed in Appendix B of this Plan.

**Gender-Based Analysis Plus (GBA+)**

GBA+ is an analytical tool offered by the Government of Canada to assess the potential impacts of policies, programs, services, and other initiatives on diverse groups of women and men, taking into account gender and other identity factors. The "plus" in the name highlights that GBA+ goes beyond gender, and includes the examination of a range of other intersecting identity factors (such as age, education, language, geography, culture and income).\textsuperscript{18} The lens of GBA+ is used to inform the implementation of the FASD Strategic and Operational Plan going forward. FASD programs and services will be adapted as necessary to account for gender-specific differences and targeted interventions will be used to ensure that programs and services are equally accessible. Intersecting identity factors of people affected by FASD will be taken to account to better meet the diverse needs of Albertans.

**Truth and Reconciliation Commission of Canada**

The 2015 *Final Report of the Truth and Reconciliation Commission* (TRC)\textsuperscript{19} made 94 recommendations. Recommendations #33 and #34 speak to the issue of FASD and also align with the 2016/17 FASD Strategic and Operational Plan:

- **TRC Recommendation # 33:** Recognize as a high priority the need to address and prevent Fetal Alcohol Spectrum Disorder (FASD), and to develop, in collaboration with Aboriginal people, FASD preventive programs that can be delivered in a culturally appropriate manner.
- **TRC Recommendation # 34:** Undertake reforms to the criminal justice system to better


\textsuperscript{17} Institute of Health Economics. (September 2013). Consensus Statement on Legal Issues of Fetal Alcohol Spectrum Disorder (FASD), Volume 5. Edmonton: Author.

\textsuperscript{18} See the Government of Canada website (http://www.swc-cfc.gc.ca/gba-acs/index-en.html) for more information.

address the needs of offenders with Fetal Alcohol Spectrum Disorder (FASD).

United Nations Declaration on the Rights of Indigenous Peoples

The United Nations Declaration on the Rights of Indigenous Peoples (the UN Declaration) is an international instrument adopted by the United Nations on September 13, 2007, to enshrine the rights that “constitute the minimum standards for the survival, dignity and well-being of the indigenous peoples of the world” (Article 43). It sets out the principles of partnership and mutual respect that should guide the relationship between states and Indigenous peoples, and provides ways to measure and assess the way states are respecting and implementing the rights of Indigenous peoples. Articles from the UN Declaration that inform the 2016/17 Strategic and Operational Plan include, but are not limited to:

- **Rights to life and security**: Article 7 (1): Indigenous individuals have the rights to life, physical and mental integrity, liberty and security of person. (2): Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and shall not be subjected to any act of genocide or any other act of violence, including forcibly removing children of the group to another group.

- **Rights to improve their social condition**: Article 21 (1): Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia [among other things], in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security. (2): Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.

- **Right to informed consent and to determine priorities**: Article 19: States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them. Article 23: Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programs affecting them and, as far as possible, to administer such programs through their own institutions.

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**OCAP®: Ownership, Control, Access and Possession**

OCAP® was developed by the National Aboriginal Health Organization and sanctioned by the First Nations Information Governance Committee (FNIGC), Assembly of First Nations (http://fnigc.ca/ocap.html). The First Nations principles of OCAP® are a set of standards that establish how First Nations data should be collected, protected, used, or shared. Standing for ownership, control, access and possession, OCAP® asserts that First Nations have control over data collection processes in their communities, and that they own and control how this information can be used. OCAP® is an expression of First Nations jurisdiction over information about their communities and its community members. As such OCAP® operates as a set of specifically First Nations - not Aboriginal - principles. It’s important to note that although there is a good degree of consensus surrounding OCAP®, each First Nation community or region may have a unique interpretation of the OCAP® principles. This is because OCAP® respects a First Nation community’s right to make its own decisions regarding why, how and by whom information is collected, used or shared.

Therefore, on First Nation reserves, client consent to collect data is likely insufficient to adhere to OCAP® principles. In order to uphold the spirit of the Truth and Reconciliation Commission’s recommendations and the United Nations Declaration on the Rights of Indigenous People, the Alberta First Nations Information Governance Centre (AFNIGC) should be engaged in any conversations that surround First Nations data collection.

**Alberta Human Services’ Performance Management Framework**

The purpose of the ministry’s *Performance Management Framework (HS-PMF)* is to provide the Minister, Deputy Minister and Executive Team with an instrument that offers a comprehensive overview of how the entire ministry is functioning. The PMF consists of three individual measurement frameworks:

- HS-Outcomes Measurement Framework (OMF)
- HS-Quality Assurance Framework (QAF)
- Workplace Culture Outcomes Framework (Workplace Culture-OMF)

Currently, there are three FASD performance measures included in the HS-PMF with data available from the FASD Online Reporting System (ORS) database and from the Parent-Child Assistance Program (PCAP) Penelope database:

- **% of women in the Parent-Child Assistance Program (PCAP) who use appropriate family planning methods**
- **% of women in PCAP who abstain from using alcohol when pregnant**
- **% of women in PCAP who abstain from drug use when pregnant.**
Alberta Mental Health Review Committee: *Valuing Mental Health*

Information sharing was raised as a key issue that must be addressed to improve and coordinate the delivery of FASD supports and services. The report of the Alberta Mental Health Review Committee (2015), *Valuing Mental Health*, was identified during the FASD-CMC Planning Forum as a key direction-setting document, particularly in relation to (but not limited to) cooperation and information sharing (recommendations #11 and #13):

#11. Provide consistency across all services to support transitions (age transitions from youth to adulthood to seniors and discharge from facilities such as jails, treatment centres and hospitals) and integrated care planning by the Government of Alberta, Alberta Health Services and non-government organizations using standardized tools that include:

a. A consistent care plan, with minimum core information and person-centred outcomes shared among service providers, that follows the individual from initial referral through life and situational transitions (e.g., transitioning to seniors) and setbacks

b. Technology-based solutions, such as expansion of electronic health records for assessment, diagnosis, treatment, and continuing care, which supports a multidisciplinary team approach.

#13. Share information to assist individuals, families, caregivers and professionals to collaborate more effectively by:

a. Sharing information that is in the individual’s best interests as per the current privacy legislation (Alberta’s *Freedom of Information and Protection of Privacy Act* (FOIP), Section 40(1); *Health Information Act* (HIA), Section 35; and *Personal Information Protection Act* (PIPA), Section 20)

b. Expanding the scope of the *Health Information Act* to include regulated professionals working in areas of addiction and mental health

c. Aligning legislation governing information sharing to enable integrated care planning

d. Amending privacy legislation to ensure non-government organizations are accountable for information sharing within a multidisciplinary team approach

e. Increasing collaboration and partnership between the Government of Alberta, the federal government, First Nations, Métis and Inuit people and communities, and the Alberta First Nations Information Governance Centre (which facilitates the exercise of First Nations jurisdiction and greater ownership, control, access and possession (OCAP®) of First Nations data and information) to create community accessible population health data that informs policy and programming decisions.
FASD-CMC Planning Forum (May 4-6, 2016)

As part of learning and adaptation, members of the FASD-CMC, FASD Service Networks and FASD experts meet annually to provide direction for the development of the FASD Strategic & Operational Plan. The focus of this year’s meetings was to provide direction and focus for years 2016 and beyond. Participants in the planning meetings aligned the five gaps identified in the Cross-Ministerial FASD Action Plan (FASD Action Plan) under the five pillars of the 2016/17 FASD Strategic & Operational Plan, and then identified priority actions (high priority, ongoing, and long-term actions) under each pillar.

2016/17 Goals, Key Performance Indicators, Outcomes and Actions

Note: All actions listed here are led by the FASD-CMC and by its member ministries and agencies, and by FASD Councils. See Appendix A for actions led by Alberta FASD Service Networks and other service providers.

Strategic Pillar #1: Public Awareness and Understanding (Level 1 Prevention)

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

10-year Target: 95% awareness and understanding in Alberta among the general population.

Key Performance Indicators (KPIs):

- % of Albertans who are aware and understand that FASD is caused by alcohol use during pregnancy
- % of Albertans who understand that babies born with FASD have irreversible brain damage
- % of Albertans who are aware and understand that there is no safe time or safe amount of alcohol to drink when pregnant or when planning to become pregnant
- % of Albertans who support their friend’s and family’s choice to abstain from alcohol if they are pregnant or planning to become pregnant
- Prevalence of FASD is reduced.

System Outcome 1.1: Level 1 Prevention strategy and initiatives are developed, delivered and evaluated using a collaborative and cooperative approach.

Performance Indicators for Outcome 1.1

- # and types of Level 1 Prevention (awareness) initiatives undertaken and evaluated per year
• Distribution (reach), engagement (interactions) and influence of Level 1 Prevention campaigns
• Prevalence of FASD is reduced.

Priority Actions for Outcome 1.1

1.1.1 Alberta FASD Website: This website is continually updated and improved to include the latest FASD information, including FASD resources and training.

   Lead: Human Services
   Alignment: Year 7 Evaluation Rec #16 (Knowledge Mobilization).

Ongoing Actions for Outcome 1.1

1.1.2 Level 1 Prevention Strategy and Campaigns are developed and reviewed annually to capture innovations and adaptations made as a result of implementation and evaluation (including social marketing campaigns). Evaluation: Level 1 Prevention evaluations are aligned and streamlined to support consistent reporting.

   Lead: FASD Awareness, Prevention & Communications Council, the Alberta Gaming and Liquor Commission, and Human Services
   Alignment: GBA+; TRC Rec #33; UN Declaration Art #19 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

1.1.3 Funding FASD Service Networks: Maintain funding to FASD Service Networks to deliver Level 1 Prevention initiatives.

   Lead: FASD-CMC
   Alignment: Year 7 Rec. #1 (Network funding).

1.1.4 Métis Awareness and Understanding: Fund and evaluate information materials developed and distributed to this community.

   Lead: Métis Nation of Alberta
   Alignment: TRC Rec #33; UN Declaration Art #21 and #23; GBA+; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

Long-term Actions for Outcome 1.1

1.1.5 Provincial Inventory of Level 1 Prevention Campaigns is developed and maintained.

   Lead: FASD Awareness, Prevention & Communications Council
   Alignment: Year 7 Evaluation Rec #3 (fund Networks to deliver Level 1 campaigns).

See also Appendix A for actions under Outcome 1.1 led by Alberta FASD Service Networks.
Client Outcome 1.2: Albertans are aware and understand that FASD is caused by alcohol use during pregnancy, that babies born with FASD have irreversible brain damage, and that individuals with FASD need supports across their lifespan, as do their families and caregivers.

Client Outcome 1.3: Albertans are willing to inform friends and family about the risks of using alcohol when pregnant and to support women and their effort to abstain from alcohol if they are pregnant or planning to become pregnant.

Performance Indicators for Outcome 1.2
- % of Albertans who are aware and understand that FASD is caused by alcohol use during pregnancy
- % of Albertans who understand that babies born with FASD have irreversible brain damage
- % of Albertans who are aware and understand that there is no safe time or safe amount of alcohol to drink when pregnant or when planning to become pregnant.

Performance Indicators for Outcome 1.3
- % of Albertans willing to inform friends and family about the risks of using alcohol when pregnant
- % of Albertans willing to inform friends and family about abstaining from drinking alcohol if they are pregnant or planning to become pregnant
- % of Albertans willing to support women to abstain from alcohol if they are pregnant or planning to become pregnant.

Priority Actions for Outcomes 1.2 and 1.3
1.2.1/1.3.1 Population-based Survey: Questions regarding FASD awareness and understanding are included in the Alberta Survey, conducted by the University of Alberta’s Population Health Lab, as part of the Year 10 evaluation.

Lead: Alberta Centre for Child, Family and Community Research (ACCFCR), in consultation with FASD-CMC and Network leadership

Alignment: GBA+.
Strategic Pillar #2: Prevention (Level 2 Prevention: Safe Discussions)

**Goal:** Alcohol use during pregnancy is eliminated, reducing the profound personal and societal costs of FASD.

**10-Year Target:** The 2006 FASD 10-Year Strategic Plan did not differentiate between FASD awareness and prevention initiatives. There was no target set for Level 2 Prevention (Safe Discussions).

**Key Performance Indicators (KPI):**
- Increase in # and types of professionals and post-secondary students trained to deliver Level 2 Prevention
- % of women receiving Level 2 Prevention who report they intend to eliminate alcohol use during current or future pregnancies
- % of women receiving Level 2 Prevention referred to supports and services that can help them eliminate alcohol use during pregnancy
- % of friends and family receiving Level 2 Prevention who report they intend to support women to abstain from alcohol if they are pregnant or planning to become pregnant.

**Performance Indicators for Outcome 2.1**
- Increase in # of stakeholder groups participating in the delivery of Level 2 Prevention initiatives
- Increase in # and types of Level 2 Prevention initiatives delivered
- Increase in # and types of professionals and post-secondary students trained to deliver Level 2 Prevention
- Increase in # of Level 2 initiatives evaluated.

**Priority Actions for Outcome 2.1**

**2.1.1 The Prevention Conversation - A Shared Responsibility:** This program is sustained and enhanced to ensure cultural sensitivity and trauma-informed practice. Indigenous women are engaged in the FASD Prevention Conversations in First Nations communities. Targeted expansion of this program may include Prevention Conversations with adolescents and men. **Evaluation** of Level 2 Prevention initiatives supports consistent reporting. Explore the use of OCAP® agreements, or alignment with OCAP® principles. (See also Appendix A, Action 2.1.1.1.)

**Lead:** Awareness, Prevention & Communications Council

**Alignment:** Year 7 Evaluation Rec #1 (funding Networks), #5 (implement the Prevention Conversation), and #16 (knowledge mobilization); FASD-CMC Action Plan #1 (Knowledge and Capacity Development)
2.1.2 **FASD Treatment Improvement Protocol (TIP):** Broadly implement the TIP incorporating evaluation recommendations from the 2014 pilot program.

*Lead:* FASD-CMC and CanFASD

*Alignment:* GBA+; TRC Rec #33; UN Declaration Art #7, #21 and #23.

2.1.3 **Consistent Data Collection and Reporting:** All Level 2 Prevention outcomes, indicators and performance measures are aligned and streamlined to support consistent evaluation and reporting.

*Lead:* Awareness, Prevention & Communications Council

*Alignment:* FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralized data collection system); GBA+; UN Declaration Art, #19 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

**Ongoing Actions for Outcome 2.1**

2.1.4 **Funding FASD Service Networks:** Maintain funding to FASD Service Networks to deliver Level 2 Prevention initiatives.

*Lead:* FASD-CMC

*Alignment:* Year 7 Evaluation Rec #1 (Network funding).

2.1.5 **Level 2 Prevention Strategy** is developed and reviewed annually to capture innovations and adaptations made as a result of implementation and evaluation. Explore the use of OCAP® agreements, or alignment with OCAP® principles. (See also Appendix A, Action 2.1.5.1.)

*Lead:* FASD Awareness, Prevention & Communications Council

*Alignment:* FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 1 (coordination of services); GBA+; TRC Rec #33; UN Declaration Art 7, 21 and 23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

**System Outcome 2.2:** Professionals trained in Level 2 Prevention feel confident in their knowledge of FASD, are willing to engage their clients in safe discussions about FASD, and support their clients’ efforts to abstain from alcohol if they are pregnant or planning to become pregnant.

**Performance Indicators for Outcome 2.2**

- Increase in # of professionals and post secondary students who feel confident in their knowledge of FASD
- Increase in # of professionals and post-secondary students who intend to engage their clients in Level 2 Prevention
- Increase in # of professionals and post-secondary students who intend to support their clients in their efforts to abstain from alcohol if they are pregnant or planning to become pregnant.

**Ongoing Actions for Outcome 2.2**

2.2.1 **Survey of Professionals Trained in Level 2 Prevention**: Surveys of professionals and post-secondary students trained in Level 2 Prevention strategies evaluate the effectiveness of their training and report on their intention to implement the strategies.

*Lead:* FASD Awareness, Prevention & Communications Council  
*Alignment:* FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralized data collection system); GBA+.

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**Client Outcome 2.3**: Women participating in Level 2 Prevention programs know that FASD is caused by alcohol use during pregnancy, have increased knowledge about the range of disabilities that can result from prenatal exposure to alcohol, develop the intention to eliminate alcohol use during current or future pregnancies and are referred to supports and services that can help them.

**Performance Indicators for Outcome 2.3**

- # of clients (women of childbearing years, their friends and family) participating in Level 2 Prevention
- % of clients reporting that they understand FASD is caused by alcohol use during pregnancy
- % of clients who have increased knowledge about the range of disabilities that can result (from prenatal exposure to alcohol)
- % of clients reporting increased knowledge about supports and services available to (individuals with FASD, their families and caregivers)
- % of women reporting they intend to eliminate alcohol use during current or future (pregnancies)
- % of women referred to supports and services that can help them eliminate alcohol use (during pregnancy)
- % of friends and family who report they intend to support women to abstain from alcohol if (they are pregnant or planning to become pregnant).

**Priority Actions for Outcome 2.3**

2.3.1 **Level 2 Prevention Data Analysis**: Data is collected and reported consistently using performance measures. Explore the use of OCAP® agreements, or alignment with OCAP® principles. (See also Appendix A, Action 2.1.5.1.)

*Lead:* Human Services
Strategic Pillar #2: Prevention (Level 3 and Level 4 Prevention)

Goal: Alcohol use during pregnancy is eliminated, reducing the profound personal and societal costs of FASD.

10-Year Target: 75% of women at-risk of giving birth to children with FASD and participating in a prevention program report reducing or abstaining from alcohol use during pregnancy or when planning to become pregnant.

Key Performance Indicators (KPI):
- # of women on waitlists for PCAP programs
- Reduced incidence of secondary disabilities (adverse outcomes experienced as a result of primary disabilities associated with FASD) experienced by PCAP clients
- % of women participating in PCAP programs who reduce or abstain from using alcohol during current and subsequent pregnancies*
- % of women participating in PCAP programs who reduce or abstain from using drugs during current and subsequent pregnancies*
- % of women participating in PCAP programs who use an effective family planning method*
- Decrease in subsequent births of babies born to women in PCAP with prenatal exposure to alcohol.

Note: * Similar performance measures are included in the Human Services - Performance Management Framework (HS-PMF). The indicator statements in the HS-PMF do not include the word “reduce” in the two indicators related to the use of alcohol and drugs, and the HS-PMF replaces the word “effective” with the word “appropriate” in the indicator on family planning.

System Outcome 2.4: PCAP and other Level 3 and 4 Prevention programs are available across Alberta and meet community needs.

Note: While PCAP\(^22\) remains the main Level 3 and 4 Prevention program in Alberta, other programs that meet the criteria for Level 3 and 4 Prevention have started to develop, and are included here.

\(^{22}\)The Parent-Child Assistance Program (PCAP) is the three-year, home visitation intervention program that has been implemented across the province for women with a history of alcohol and drug abuse and at risk of giving birth to a child with FASD. PCAP offers recovery and support services that are specialized and accessible for women with alcohol problems and related mental health concerns.
**Performance Indicators for Outcome 2.4**

- # of clients in PCAP programs
- # of women on waitlists for PCAP programs
- % of First Nations communities with PCAP programs.

**Priority Actions for Outcome 2.4**

2.4.1 **Level 3 and Level 4 Prevention (PCAP) Strategy:** The strategy to meet the need for PCAP in communities across Alberta is reviewed annually to address gaps in availability and access, such as improvements to the referral system. Explore the use of OCAP® agreements, or alignment with OCAP® principles. (See also **Appendix A**, Action 2.4.1.1. and other Network-led Level 3 and Level 4 initiatives.)

*Lead:* PCAP Council

*Alignment:* FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 2 (improve accessibility to PCAP), bullet 7 (expand residential treatment), bullet 8 (coordinate of FASD-specific services), bullet 9 (enhance navigation support); FASD-CMC Action Plan #5 (Housing and Supports) bullet 1 (partnership opportunities) and bullet 2 (continue to fund existing housing); *Year 7 Evaluation* Rec #6 (expand PCAP); *GBA+*; *TRC* Rec #33; *UN Declaration* Art #7, #21, #19 and #23. 

**Ongoing Actions for Outcome 2.4**

2.4.2 **Funding FASD Service Networks:** Maintain funding to FASD Service Networks so they can continue to deliver PCAP in their regions in cooperation with regional partners.

*Lead:* FASD-CMC

*Alignment:* *Year 7 Evaluation* Rec #1 (Network funding), Rec #6 (expand PCAP) and Rec #17 (deepen interconnection with partners); FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 2 (improve accessibility to PCAP), bullet 7 (expansion of residential treatment), bullet 8 (coordination of services), bullet 9 (enhance navigation); FASD-CMC Action Plan #5 (Housing and Supports) bullet 1 (partnership opportunities) and bullet 2 (continue funding housing); *GBA+*; *TRC* Rec #33; *UN Declaration* Art #7, #21, #19 and #23; *Valuing Mental Health* Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

2.4.3 **Fidelity to PCAP Model:** Issues related to fidelity to the PCAP model are identified and addressed, recognizing that the PCAP model in First Nations may require adjustments in order to make it culturally appropriate.

*Lead:* PCAP Council

*Alignment:* FASD-CMC Action Plan #4 (Enhance provincial service delivery) bullet #2 (increase awareness of the advantage of data capture); *Year 7 Evaluation* Rec. #7 (require data collection in ORS and Penelope); *TRC* Rec #33; *UN Declaration* Art #7, #21, #19 and #23.

2.4.4 **PCAP for First Nations:** Continue to support introduction and implementation of PCAP in First Nation communities. Explore the use of OCAP® agreements, or alignment with OCAP®
principles. (See also Appendix A, Action 2.4.4.1.)

**Lead:** Health, Human Services and PCAP Council

**Alignment:** FASD-CMC Action Plan #4 (Enhance provincial service delivery) bullet 2 (improve accessibility to PCAP), bullet 7 (expansion of residential treatment); FASD-CMC Action Plan #5 (Housing and Supports) bullet 1 (partnership opportunities); Year 7 Evaluation Rec #6 (expand PCAP) and #17 (deepen interconnection with partners); GBA+; TRC Rec. #33; UN Declaration Art #7, #21, #19 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

2.4.5 **Healthy, Empowered, and Resilient (H.E.R) Pregnancy Program:** Continue to fund, implement and evaluate this program that uses professional staff and peer support workers to reach street-involved women who are pregnant or have the potential to become pregnant. The program enhances women’s access to health and social support services before, during and after their pregnancy and addresses social issues related to homelessness, mental illness and addiction, family violence, and poverty.

**Lead:** Health

**Alignment:** FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralize data collection system), FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 2 (increase awareness of the advantage of data capture); Year 7 Evaluation Rec #2 (ORS data collection and reporting), Rec #7 (require data collection in ORS and Penelope); GBA+; UN Declaration Art, #19 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

**System Outcome 2.5:** Data is collected consistently using both ORS and Penelope Integrated Case Management software.

**Performance Indicators for Outcome 2.5**

- Increase in # of PCAP programs reporting all clients to ORS, and that report both Network and non-Network funded clients
- Increase in # of PCAP programs reporting using Penelope
- Increase in # of PCAP programs reporting using both ORS and Penelope.

**Priority Actions for Outcome 2.5**

2.5.1 **Use of ORS and Penelope Data Collection Models:** All Alberta Government funded PCAP programs are required to collect data using ORS as a condition of funding. Use of Penelope is required to support and ensure fidelity to the PCAP model. Data collection training on ORS and Penelope will be provided. Explore the use of OCAP® agreements, or alignment with OCAP® principles. (See also Appendix A, Action 2.5.1.1.)

**Lead:** Human Services and PCAP Council

**Alignment:** FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralize data collection system), FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 2 (increase awareness of the advantage of data capture); Year 7 Evaluation Rec #2 (ORS data collection and
Client Outcome 2.6: PCAP Clients experience improvement in their wellbeing.

Client Outcome 2.7: Subsequent births of children with prenatal exposure to alcohol by women who have used substances while pregnant are reduced.

Client Outcome 2.8: Children of PCAP clients experience improvement in their wellbeing.

Client Outcome 2.9: PCAP Clients report satisfaction with the Program.

Performance Indicators for Outcome 2.6
- Reduced incidence of secondary disabilities (adverse outcomes experienced as a result of primary disabilities associated with FASD) experienced by PCAP clients
- % of women participating in PCAP programs who use an effective family planning method
- % of women participating in PCAP programs who reduce or abstain from using alcohol during current and subsequent pregnancies
- % of women participating in PCAP programs who reduce or abstain from using drugs during current and subsequent pregnancies.

Performance Indicators for Outcome 2.7
- Decrease in subsequent births of babies born to women in PCAP with prenatal exposure to alcohol.

Performance Indicators for Outcome 2.8
- % of “target” children living with their PCAP client mother
- Decrease in foster care placements of “target” children
- % of children involved in early childhood education.

Performance Indicators for Outcome 2.9
- PCAP clients report:
  - Increased knowledge of and access to community supports
  - Receiving coordinated services
  - Having a better understanding of what they are good at (strengths)
  - Having a better understanding of what they need to do differently
  - Improvement in their overall wellbeing
  - Improvement in their ability to look after themselves
  - Satisfaction with PCAP program and services received.
Priority Actions for Outcomes 2.6 - 2.8

2.6.1/2.7.1/2.8.1: Case Management Data Analysis: Analyzed using the Penelope Integrated Case Management software and the Online Reporting System (ORS). Explore the use of OCAP® agreements, or alignment with OCAP® principles.

**Lead:** Human Services and PCAP Council

*Alignment:* FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet #1 (centralize data collection system); Year 7 Evaluation Rec #2 (ORS data collection and reporting), #7 (require data collection in ORS and Penelope); GBA+; UN Declaration Art, #19 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

Ongoing Actions for Outcome 2.9

2.9.1 PCAP Client Surveys: Indicators are streamlined and aligned to consistently conduct these surveys and report results. Explore the use of OCAP® agreements, or alignment with OCAP® principles.

**Lead:** PCAP Council

*Alignment:* GBA+; UN Declaration Art #19 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

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**Strategic Pillar #3: Assessment and Diagnosis**

**Goal:** Albertans who may be affected by FASD have access to timely and affordable assessment and diagnostic services resulting in recommendations for intervention based on their needs and strengths.

**10-Year Target:** 900 assessments annually.

**Key Performance Indicators (KPIs)**

- # of assessments conducted annually
- # of Albertans on waitlists for assessment
- % of clinics trained to use the standardized assessment tools that conform to Canadian Guidelines
- # of Albertans receiving follow-up assessments at key transition points and crisis periods
- % of clients and/or caregivers reporting satisfaction with the assessment services received.
System Outcome 3.1: Albertans receive timely, affordable assessment and diagnostic services from clinics that use a multidisciplinary approach to assessment and follow Canadian Guidelines for Diagnosis, consistently using standardized assessment tools based on current research and best practices.

Performance Indicators for Outcome 3.1
- # of assessments conducted annually
- # of Albertans on waitlists for assessment
- % of clinics trained to use standardized assessment tools that conform to Canadian Guidelines
- # of Albertans receiving follow-up assessments at key transition points and crisis periods
- # of clinics conducting longitudinal assessments.

Priority Actions Outcome 3.1

3.1.1 Supplemental Funding for Assessments: Provide funding to respond to increased number of referrals.
   **Lead:** Health
   **Alignment:** FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 6 (increase access to A/D), bullet 8 (coordinate FASD-specific services), and bullet 9 (enhance navigation support); Year 7 Evaluation Rec #1 (Network funding); Rec #9 (increase access to A/D); GBA+; TRC Rec #33 and #34; UN Declaration #7, #21, and #23.

3.1.2 (Re)assessment at Key Transition Points Across the Lifespan: Increase access to re-assessments, especially for youth transitioning to adulthood, and at discharge from facilities (such as jails, treatment centres and hospitals) to ensure the seamless delivery of a continuum of FASD supports and services. (See also Appendix A, Action 3.1.2.1.)
   **Lead:** FASD-CMC
   **Alignment:** FASD-CMC Action Plan #2 (Criminal Justice System) bullet 1 (implement models of transition from corrections to community); Year 7 Evaluation Rec #1 (Network funding); Rec #11 (increase access to (re) assessment), Rec #21 (keep those with FASD out of the Criminal justice System), Rec #24 (temporary release reviews from custody); Rec #25 (transition planning for youth with FASD entering adult corrections facilities) Valuing Mental Health Rec 11 (Integrated Care Planning) bullet a (consistent care plan); GBA+; TRC Rec #33 and #34; UN Declaration Art #7, #21, and #23.

3.1.3 Screening Tool(s) for Use in the Criminal Justice System: Undertake research to analyze the merits of a screening tool(s) used to screen youth entering the justice system and recidivist offenders for FASD (e.g. the Asante Centre's FASD Screening and Referral Tool for Youth Probation Officers, the TIP-Life History Screen, etc.)
   **Lead:** Alberta Justice and Solicitor General
3.1.4 Family Member and Caregiver Involvement in the Assessment and Diagnostic Process:
Increase involvement of family members and caregivers (including foster parents) in multidisciplinary assessment and diagnostic processes. Involve them early on in the planning process so that they better understand the diagnosis, are more open to receiving services, and learn to advocate on behalf of individuals with FASD needing access to services.

Lead: Assessment and Diagnosis Council
Alignment: Valuing Mental Health Rec 11 (Integrated Care Planning) bullet a (consistent care plan); GBA+; TRC Rec #33; UN Declaration Art #7, #21, and #23.

3.1.5 Develop Strong Partnerships among Primary Care Networks, medical clinics, and mental and addictions treatment centres to improve coordinated referral and access to other health strategies and disability programs (such as the Maternal Infant Health Strategy, Addictions and Mental Health Strategy, Mental Health and Addiction services that use the FASD Treatment Improvement Protocol (TIP), PCAP, and other disability programs) and to improve information sharing as recommended in Valuing Mental Health.

Lead: Assessment and Diagnosis Council
Alignment: FASD-CMC Action Plan #2 (Criminal Justice System) bullet 1 (implement models of transition from corrections to community); FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 3 (strengthen partnerships), bullet 6 (increase access to A/D) bullet 8 (coordination of FASD-specific services) and bullet 9 (enhance navigation); (Year 7 Evaluation Rec #17 (deepen interconnection among partners); Valuing Mental Health Rec 11 (Integrated Care Planning) bullet a (consistent care plan), and Rec #13 (Share information); GBA+; TRC Rec #33 and #34; UN Declaration Art #7, #21, #19 and #23.

Ongoing Actions for Outcome 3.1

3.1.6 Funding FASD Service Networks: Maintain funding to FASD Service Networks so they can continue to deliver and/or refer clients for assessment and diagnostic services to achieve outcomes and meet 10-year targets.

Lead: FASD-CMC
Alignment: Year 7 Evaluation Rec #1 (Network funding); FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 8 (coordination of services), bullet 9 (enhance navigation); GBA+; TRC Rec #33; UN Declaration Art #7, #21, and #23.

3.1.7 Multidisciplinary Assessment and Diagnostic Services: Increase the number of FASD-trained multidisciplinary teams (MDTs) in order to provide increased access to multidisciplinary assessment and diagnostic services for individuals suspected of FASD.

Lead: Alberta Health/Alberta Health Services
Alignment: Year 7 Evaluation Rec #9, #10, #11 (increase access to A/D, for those in rural/remote areas, offenders and those at key transition points); FASD-CMC Action Plan #2 (Criminal Justice System) bullet 3 (increase access to A/D for offenders), FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 6 (increase access to A/D); TRC Rec #33 and #34; UN Declaration Art #7, #21, and #23.

3.1.8 Alberta Physicians Billing Code: Monitor the use of the 760.71 billing code, and provide training to physicians to improve awareness and uptake of the code.

**Lead:** Health

**Alignment:** FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralized data collection system).

See also Appendix A for actions led by Alberta FASD Service Networks.

**System Outcome 3.2:** Data is consistently collected based on a template of common recommendations that is linked to services received.

**Performance Indicators for Outcome 3.2**

- % of clients receiving assessments with a single intake process
- Increase in the # of clinics reporting to ORS.

**Priority Actions Outcome 3.2**

3.2.1 **Link with Existing Evaluation Frameworks** to avoid duplication and ensure alignment with FASD-CMC outcomes. Explore the use of OCAP® agreements, or alignment with OCAP® principles. (See also Action 5.1.3.)

**Lead:** Health, Human Services, FASD Assessment and Diagnosis Council, and FASD Evaluation and Research Council

**Alignment:** FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralize data collection system) and bullet 2 (access to information); FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 2 (increase awareness of the advantage of data capture); Year 7 Evaluation Rec #2 (ORS data collection and reporting); Valuing Mental Health Rec #13 (Share Information); GBA+: UN Declaration Art, #19 and #23.

**Ongoing Actions for Outcome 3.2**

3.2.2 **Common Assessment Recommendations:** Develop a template and tracking system for common recommendations for diagnostic clinics to guide recommendations across all domains.

**Lead:** Human Services, Assessment and Diagnosis Council, and CanFASD

**Alignment:** FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 8 (support continued coordination) and bullet 9 (enhance navigation); Year 7 Evaluation Rec #2 (ORS data collection and reporting).

3.2.3 **Standardized Assessment Tools:** Develop a standardized inventory of assessment tools, updated annually to support clinic members.
**Lead:** FASD Assessment and Diagnosis Council  
*Alignment: FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralized data collection system); Year 7 Evaluation Rec #2 (ORS data collection and reporting).*

**Long-term Actions for Outcome 3.2**

3.2.4 **ORS Data Collection:** Develop a standardized data collection process that is aligned with assessment and diagnosis outcomes and performance indicators and that links post-assessment services received to assessment recommendations. Require all Alberta assessment and diagnostic clinics to report results to ORS.

**Lead:** FASD Assessment and Diagnosis Council and Human Services  
*Alignment: FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet #1 (centralize data collection system), FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 3 (strengthen partnerships), bullet 8 (support continued coordination) and bullet 9 (enhance navigation); Year 7 Evaluation Rec #2 (ORS data collection and reporting), #7 (require data collection in ORS and Penelope); GBA+; UN Declaration Art, #19 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).*

**Client Outcome 3.3:** Clients and/or caregivers have increased understanding of how FASD affects them, the supports and services available to them in their community, and are referred to the post-assessment supports they need.

**Performance Indicators for Outcome 3.3**

- % of clients and/or caregivers who report increased understanding of how FASD affects them or their dependent
- % of clients and/or caregivers who report they understand the assessment process
- % of clients and/or caregivers who report satisfaction with the assessment services received
- % of clients and/or caregivers who report satisfaction with the time waited for an assessment (time between assessment request and completion).

**Ongoing Actions for Outcome 3.3**

3.3.1 **Client Satisfaction:** Surveys of clients conducted by diagnostic assessment clinics include client understanding of how FASD affects them, and if they have accessed recommended services. Explore the use of OCAP® agreements, or alignment with OCAP® principles.

**Lead:** FASD Assessment Diagnosis Council  
*Alignment: GBA+; UN Declaration Art, #19 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).*
Strategic Pillar #4: Supports for Individuals and Caregivers

**Goal:** Albertans with FASD and their caregivers receive coordinated access to the supports and services they need, when they need it.

**10-Year Targets:** 80% of individuals diagnosed with FASD are receiving services, and have integrated care plans in place to ensure coordinated service delivery. 80% of caregivers are satisfied with the services they receive and report services are available to meet the identified needs of those individuals in their care affected by FASD.

**Key Performance Indicators (KPIs):**
- % of individuals with a diagnosis receiving recommended supports
- % of clients with an Individualized Service Plan
- # of clients on waitlists for services
- % of clients reporting satisfaction with services received
- % of caregivers reporting satisfaction with services received
- % of caregivers reporting services are available to meet the needs of individuals in their care affected by FASD.

**System Outcome 4.1:** Every Albertan needing supports receives a case-management plan based on an integrated lifespan approach* that manages life-stage transitions and guides the delivery of timely and coordinated services.

* This approach is guided by principles established by the World Health Organization’s International Classification of Function (ICF).

**Performance Indicators for Outcome 4.1**
- % of clients with an Individualized Service Plan
- % of clients who receive functional assessments to inform case management plans
- % of clients with a mentor, and caseload per mentor
- # and types of services recommended and # and types received
- % of clients with a diagnosis receiving recommended supports
- # of clients on waitlists for services
- # and types of post-assessment services unavailable in the community.

**Priority Actions for Outcome 4.1**

4.1.1 **Criminal Justice System Supports:** Sponsor programs to support offenders with FASD.

*Lead:* Justice and Solicitor General
4.1.1.1 **FASD Justice Support Project:** Court ordered FASD assessments followed by case conferences to connect young offenders with FASD to supports in efforts to reduce likelihood of future involvement with the justice system.

**Lead:** Justice and Solicitor General

Alignment: *FASD-CMC Action Plan #2 (Criminal Justice System)* bullet 2 (FASD appropriate supports); *Year 7 Evaluation Rec #24 (temporary/conditional release reviews)* and *Rec #25 (transition planning for youth)*; *GBA+*; *TRC Rec #33 and #34*; *UN Declaration Art #7, #21, and #23*.

4.1.1.2 **Support for Female Offenders with FASD (Lethbridge Correctional Centre):** A female Aboriginal provides mentoring services to female offenders around cultural connections, healing through art, healthy relationships, addictions and reconnecting to community.

**Lead:** Justice and Solicitor General

Alignment: *FASD-CMC Action Plan #2 (Criminal Justice System)* bullet 4 (diversion model); *Year 7 Evaluation Rec #21 (diversion)*; *GBA+*; *TRC Rec #34*; *UN Declaration Art #21 and #23*.

See also *Appendix A* for actions led by Alberta FASD Service Networks.

4.1.2 **Transition Supports when leaving Custody:** Connect clients with appropriate supports, while still in custody, to support effective transition into community. (See also *Appendix A*, Action 4.1.2.1.)

**Lead:** Justice and Solicitor General

Alignment: *FASD-CMC Action Plan #2 (Criminal Justice System)* bullet 1 (transition models); *Year 7 Evaluation Rec #24 (temporary or conditional release reviews)* and *Rec #25 (transition planning for youth)*; *Valuing Mental Health Rec #11 (Support Transitions)* and *Rec #13 (Share Information)*; *GBA+*; *TRC Rec #33 and #34*; *UN Declaration Art #7, #21, and #23*.

4.1.3 **Youth Mentoring:** Continue supporting existing volunteer youth mentoring programs for youth with FASD. (See also *Appendix A*, Action 4.1.3.1.)

**Lead:** Education, Human Services, and the Alberta Mentoring Partnership

Alignment: *FASD-CMC Action Plan #4 (Provincial Service Delivery)* bullet 1 (mentor models) and bullet 3 (partnerships); *Year 7 Evaluation Rec #14 (access to mentors and coaches)*.

4.1.4 **Integrated Housing Supports:** Provide integrated housing and supports for individuals with FASD by developing a framework for success, within current housing strategies, that best meets the needs of those with FASD.
**Lead:** Human Services  
*Alignment: FASD-CMC Action Plan #5 (Integrated Housing and Supports) bullet 1 (frameworks), bullet 2 (funding) and bullet 3 (inclusion of FASD within current systems); GBA+; TRC Rec #33; UN Declaration Art #7; #21, #19 and #23.

**4.1.4.1 Promising Practices in Housing and Support Interventions:** Explore opportunities from study of chronically and episodically homeless with FASD.  
**Lead:** Human Services and Calgary Homeless Foundation  
*Alignment: FASD-CMC Action Plan #5 (Integrated Housing and Supports) bullet 1 (frameworks), bullet 2 (funding) and bullet 3 (inclusion of FASD within current systems); GBA+; TRC Rec #33; UN Declaration Art #7, #21, #19 and #23.

*See also Appendix A for actions led by Alberta FASD Service Networks.*

**4.1.5 Supports for School Children (WRaP):** Continue to enhance the Wellness, Resiliency and Partnership (WRaP) program for students with FASD, and to evaluate its effectiveness. (See also Action 5.3.6.)  
**Lead:** Education  

**4.1.6 Supports for Young Children:** Partner with Early Childhood Development (ECD) to identify potential programs that support early interventions.  
**Lead:** Human Services, Health, and Education  
*Alignment: FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 4 (enhance navigation); GBA+; TRC #33; UN Declaration Art #7, #21, #19 and #23.

**Ongoing Actions for Outcome 4.1**

**4.1.7 Funding FASD Service Networks:** Maintain funding to FASD Service Networks so they can continue to deliver supports for individuals and caregivers to achieve outcomes and meet 10-year targets.  
**Lead:** FASD-CMC  
*Alignment: Year 7 Evaluation Rec #1 (Network funding); FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 8 (coordination of services), bullet 9 (enhance navigation); GBA+; TRC Rec #33; UN Declaration Art #7, #21 and #23.

**4.1.8 Implement Best Practices for FASD Service Delivery – Guide and Evaluation Tool Kit:** An Evaluation Framework that identifies and describes evidence-based promising practices for working with individuals with FASD, their caregivers and support systems. (See also Action 5.3.2.4.)  
**Lead:** FASD-CMC and ACCERT (Alberta Clinical and Community-Based Evaluation and Research Team (University of Alberta)

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4.1.9 **Aboriginal Children in Care:** Child and Family Services Technical Working Group (a trilateral table)

**Lead:** FASD-CMC and Health Canada

Alignment: FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 3 (strengthen partnerships and alignment); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

See also Appendix A for actions led by Alberta FASD Service Networks.

**System Outcome 4.2:** Caregivers receive respite care, peer and professional support.

**Performance Indicators for Outcome 4.2**

- % of caregivers receiving respite care
- % of caregivers on waitlists for respite care
- # and types of peer and professional supports available for caregivers
- % of caregivers receiving peer and professional supports
- % of caregivers on waitlists for peer and professional supports.

**Ongoing Actions for Outcome 4.2**

4.2.1 **Caregiver Supports and Services Strategy:** Develop a strategy to improve access to respite care, peer and professional support for caregivers.

**Lead:** Human Services; Supports & Services, Education & Training Council

Alignment: FASD-CMC Action Plan #4 (Provincial Service Delivery) - bullet 1 (Mentor models), bullet 3 (Strengthening partnerships and alignment) and bullet 8 (coordination of services); Year 7 Evaluation Rec 14 (increase mentors and coaches).

See also Appendix A for actions led by Alberta FASD Service Networks.

**System Outcome 4.3:** Data is collected consistently.

**Performance Indicators for Outcome 4.3**

- Increase in # of Networks and service providers that report data consistently and regularly to ORS.

**Priority Actions for Outcome 4.3**

4.3.1 **ORS Data Analysis:** Information is shared to inform program design, policy development, resource allocation and service delivery. Explore the use of OCAP® agreements, or alignment with OCAP® principles. (See also Appendix A, Action 4.3.1.1.)
**Lead:** Human Services  
**Alignment:** FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralized data collection) and bullet 2 (access to information); Year 7 Evaluation Rec #2 (ORS data collection and reporting) and Rec #13 (track file closures); GBA+; UN Declaration Art #19; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

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<table>
<thead>
<tr>
<th>Client Outcome 4.4:</th>
<th>Individuals diagnosed or suspected of FASD experience improvement in their wellbeing.</th>
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<tbody>
<tr>
<td>Client Outcome 4.5:</td>
<td>Caregivers of individuals affected by FASD experience improvement in their wellbeing.</td>
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<tr>
<td>Client Outcome 4.6:</td>
<td>Individuals and caregivers receiving supports report satisfaction with services received.</td>
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**Performance Indicators for Outcome 4.4**
- Reduced incidence of adverse outcomes such as crime, unemployment, homelessness and re-housing (for adults) and school disruptions and foster care placements (for children)
- % of clients reporting increased knowledge of and access to community resources.

**Performance Indicators for Outcome 4.5**
- % of caregivers reporting positive changes in their stress levels (increased sense of hope for dependents; ability to cope)
- % of caregivers reporting increased knowledge of FASD and how to care for a person with FASD
- % of caregivers reporting increased knowledge of and access to community resources
- % of caregivers reporting receiving the services they need when they need them both for their dependent and for themselves
- % of caregivers reporting increased ability to care for themselves and for their dependents.

**Performance Indicators for Outcome 4.6**
- % of clients reporting satisfaction with services received
- % of caregivers reporting satisfaction with services received
- % of caregivers reporting services are available to meet the needs of their dependents.

**Priority Actions for Outcomes 4.4 to 4.6**

4.4.1/4.5.1/4.6.1: Data Analyses: Data is regularly and consistently analyzed and Information is shared to inform program design, policy development, resource allocation and service delivery.

**Lead:** Human Services, FASD Networks and Service Providers  
**Alignment:** FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralized data collection) and bullet 2 (access to information); Year 7 Evaluation Rec #2 (ORS data collection and reporting) and
Strategic Pillar #5: The FASD Learning Organization

**Goal:** Stakeholders collaborate to develop and mobilize knowledge based on research and best practices to continuously transform Alberta’s FASD system to achieve outcomes and goals.

**10-Year Target:** The 2006 FASD 10-Year Strategic Plan did not identify targets for the activities under this pillar that contribute to the FASD Learning Organization.

**Key Performance Indicators (KPIs):**

**Stakeholder Engagement and Strategic planning**
- # of Networks rated excellent in their alignment with operating guidelines in six core areas of funding
- % of stakeholders reporting their networking and information sharing needs are being met

**Training and education**
- # and types of educational resources and training developed based on research and best practice
- # and type of academic disciplines that include FASD-related knowledge in their curricula
- # and demographics of participants accessing training and educational resources
- % of participants who report that their training, networking and information sharing needs are being met
- % of participants from Indigenous and other cultural communities who report that the training and educational materials are culturally sensitive and meet their needs and the needs of their cultural communities.

**Research and Evaluation**
- # and types of evaluation/research-based innovations, adaptations, and leading practices identified and adopted in the delivery of FASD programs and services in Alberta
- Overall social return on investment of Alberta's FASD Service Networks
- Overall cost of FASD to Albertans.
System Outcome 5.1: The planning and delivery of FASD programs and services are accomplished through a collaborative approach, building the knowledge and capacity of stakeholders through information sharing supported by improvements to data capture and analysis across systems to better inform policy, practice and continuous improvements.

Performance indicators for Outcome 5.1
- # and types of FASD planning Committees, Councils and Roundtables at the provincial, regional, and local levels
- % of Service Networks conducting needs assessments in their regions
- % of Service Networks including stakeholders in their business planning activities
- % of Service Networks rated excellent in their alignment with operating guidelines in six core areas of funding
- % of stakeholders reporting their networking and information sharing needs are being met
- % of stakeholders reporting that they are satisfied with their engagement in the FASD planning process.

Priority Actions for Outcome 5.1

5.1.1 Develop a Communication Plan: For FASD Service Networks/ministries/stakeholders that is linked to the Year 10-Evaluation of Alberta’s FASD 10-Year Strategic Plan (2007-2017).
- **Lead:** FASD-CMC, Human Services, and FASD the Awareness, Prevention & Communications Council
- **Alignment:** FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 2 (access to information); Year 7 Evaluation Rec #16 (knowledge mobilization) and #17 (deepen collaboration); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #23.

5.1.2 Develop a Post-10 year FASD Strategy: Examine how the current outcome-based FASD Network model aligns with the current disability service delivery models within Human Services.
- **Lead:** FASD-CMC
- **Alignment:** FASD-CMC Action Plan; Year 10 Evaluation Recommendations; GBA+; TRC Rec #33; UN Declaration Art #19 and 23; Valuing Mental Health Rec #11 and #13.

5.1.3 Develop a Data Capture and Analysis Framework: Develop and implement a centralized data collection system accessible across ministries that provides reporting to stakeholders to inform future planning. This includes the development of a data capture and analysis framework that supports integrated data and information sharing to assist individuals, families, caregivers, professionals and partnerships to collaborate and enables integrated care planning that links assessment and diagnostic recommendations with post-assessment services. Explore the use of OCAP® agreements, or alignment with OCAP® principles.
- **Lead:** Human Services, Health and the Alberta Centre for Child, Family and Community Research
5.1.4 **Engage Alberta First Nations Information Governance Centre (AFNIGC):** Engage AFNIGC in any conversations that surround First Nations data collection.

*Lead:* FASD-CMC, FASD Evaluation and Research Council, PCAP Council

Alignment: FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 2 (access to information); FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 2 (increase awareness of the advantage of data capture); Year 7 Evaluation Rec #2 (ORS data collection and reporting) and Rec #16 (knowledge mobilization); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #19 and #23.

5.1.5 **Oversee Network Operating Policies:** Review Network operating policies annually. In the 2016 review and update, include feedback received from FASD System Review (conducted in 2015). A focus on supports, services and housing are identified as a priority by the FASD-CMC. (See also Appendix A, Action 5.1.5.1.)

*Lead:* FASD Supports & Services, Education and Training Council

Alignment: FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 8 (coordination of services) and bullet 9 (navigation supports); FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 2 (access to information); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #21, #19 and #23.

5.1.6 **Maintain FASD Organizational Learning Infrastructure:** Provide ongoing administrative support and funding to support participation in regular face-to-face meetings among FASD stakeholders to facilitate communications, cooperation, networking, information sharing and the development of shared understanding. Maintain accountability by annually reviewing and updating each Council’s Terms of Reference, plans, programs and evaluation tools supporting implementation of the FASD Strategic and Operational Plan (outcome-based management plan).

*Lead:* Human Services

Alignment: FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 2 (access to information); Year 7 Evaluation Rec #16 (knowledge mobilization) and #17 (deepen collaboration); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #19 and #23.

**Ongoing Actions for Outcome 5.1**

5.1.7 **Alignment with Government of Alberta Principles and Outcomes:** Continue to ensure FASD initiatives are aligned with current government-led initiatives.

*Lead:* FASD-CMC
5.1.8 **Single Point of Entry:** Oversee the development and improvement of the FASD Service Networks’ one-stop model of service delivery, helping Albertans affected by FASD to access and navigate a full range of effective programs and services. (See also Appendix A, Action 5.1.8.1.)

*Lead:* FASD-CMC

*Alignment:* FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 8 (coordination of services) and bullet 9 (navigation supports), GBA+.

5.1.9 **Implications of FASD on Programs, Practices and Policy:** Research how FASD differs from other developmental disabilities across generations, and what this means for programs, practices and policy.

*Lead:* Evaluation and Research Council

*Alignment:* FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 8 (coordination of services) and bullet 9 (navigation supports); FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 2 (access to information); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #21, #19 and #23.

5.1.10 **Review of Child Welfare Practices:** Conduct an updated review and analysis of child welfare practices with respect to children with FASD and foster families, with recommendations provided to government.

*Lead:* Alberta FASD Family Advisory Council

*Alignment:* Year 7 Evaluation Rec #18 (utilize case management for service delivery) and #16 (knowledge mobilization and continuous improvement); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

5.1.11 **Review Inclusive Employment Practices:** Gather information on inclusive employment for individuals with FASD and provide recommendations to government on how greater inclusive employment outcomes can be achieved.

*Lead:* Alberta FASD Family Advisory Council.

*Alignment:* FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 5 (increase employment supports); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

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**System Outcome 5.2:** FASD stakeholders have access to training and educational resources about FASD that are based on research and leading practices.

**Performance indicators for Outcome 5.2**

- # and types of educational and training resources developed based on research and best practice
• # and type of academic disciplines that include FASD-related knowledge in their curricula
• # and demographics of participants accessing training and educational resources
• % of participants from Indigenous other cultural communities accessing FASD training
• % of participants from Indigenous other cultural communities accessing educational resources for their communities
• % of participants who report that their training, networking and information sharing needs are being met
• % of participants from Indigenous other cultural communities who report that their networking and information sharing needs are being met.

Priority Actions for Outcome 5.2

5.2.1 FASD Workforce Development Framework: Develop and implement this framework to equip staff across systems to deliver quality treatment, supports and services to individuals with FASD. Include models of peer and professional training for Mental Health professionals, Child and Youth Care workers, Primary Health/Primary Care practitioners, Educators, Probation Officers, and Correctional Peace Officers.

   **Lead:** FASD-CMC and FASD Supports & Services, Education and Training Council
   **Alignment:** FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); Year 7 Evaluation Rec #16 (knowledge mobilization) and #19b (review post-secondary programs); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

5.2.2 Employment Supports: Provide resources and training to employers and supports to help individuals with FASD transition to employment. **Evaluation:** Develop, pilot and implement an evaluation tool that provides a standardized process for evaluating the success of current FASD employment programs.

   **Lead:** Human Services and FASD Evaluation and Research Council
   **Alignment:** FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 5 (increase employment supports); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

5.2.3 Core Curriculum for Professionals: Develop a core curriculum for FASD in Alberta, modeled after the successful Pharmacist’s Initiative, that can be incorporated into other curricula for health care and other professions in Alberta’s post-secondary programs.

   **Lead:** Health, Human Services, and FASD Supports & Services, Education and Training Council
   **Alignment:** FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); Year 7 Evaluation Rec #16 (knowledge mobilization) and #19b (review post-secondary programs); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

5.2.4 Training and Education Participation Statistics: Gather participation statistics for all FASD education and training occurring in the province. Explore the use of OCAP® agreements,
or alignment with OCAP® principles.

**Lead:** FASD Supports & Services, Education and Training Council  
**Alignment:** FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); *Year 7 Evaluation* Rec #2 (ORS data collection and reporting) and #16 (knowledge mobilization); GBA+; TRC Rec #33; *UN Declaration* Art #21 and #23.

### Ongoing Actions for Outcome 5.2

#### 5.2.5 **Core FASD Curriculum:** Continuously update a core curriculum for FASD in Alberta.

**Lead:** FASD Supports & Services, Education and Training Council  
**Alignment:** FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); *Year 7 Evaluation* Rec #16 (knowledge mobilization); GBA+; TRC Rec #33; *UN Declaration* Art #21 and #23.

#### 5.2.6 **School FASD Curriculum:** Develop FASD resources and curriculum that align with current programs of study for K-12 education. Provide educators with professional development on how to support students with FASD.

**Lead:** FASD Supports & Services, Education and Training Council  
**Alignment:** FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 4 (inclusive education system); *Year 7 Evaluation* Rec #16 (knowledge mobilization); GBA+; TRC Rec #33; *UN Declaration* Art #21 and #23.

#### 5.2.7 **Provincial Online Registry of Educational and Training Opportunities:** Develop and maintain an online registry of educational and training opportunities available in Alberta (see also Action 1.1.1). Online resources include the FASD Toolkit (Action 5.2.7.1), the FASD Learning Series (Action 5.2.7.2) and links to training provided by Service Alberta on the effective administration of privacy legislation.

**Lead:** FASD Supports & Services, Education and Training Council  
**Alignment:** FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); *Year 7 Evaluation* Rec #16 (knowledge mobilization); GBA+; TRC Rec #33; *UN Declaration* Art #21 and #23.

#### 5.2.7.1 **FASD Toolkit:** Continue to evaluate and update the Tool Kit.

**Lead:** Supports & Services, Education and Training Council  
**Alignment:** FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); *Year 7 Evaluation* Rec #16 (knowledge mobilization); GBA+; TRC Rec #33; *UN Declaration* Art #21 and #23.

#### 5.2.7.2 **FASD Learning Series:** Continue to develop and update the Learning Series.

**Lead:** Human Services  
**Alignment:** FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); *Year 7 Evaluation* Rec #16 (knowledge mobilization); GBA+; TRC Rec #33; *UN Declaration* Art #21 and #23.
5.2.8 **Annual Alberta FASD Conference:** Plan and implement the annual conference. Use the Alberta FASD Conference as a tool to identify and source speakers and resources that can add value to other FASD education and training initiatives, such as the FASD Toolkit (Action 5.2.6.1) and the FASD Learning Series (Action 5.2.6.2).

**Lead:** FASD Conference Committee

**Alignment:** FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); Year 7 Evaluation Rec #16 (knowledge mobilization); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

5.2.9 **Continue to Collect and Share Stories:** Albertans affected by FASD are continually encouraged to share their stories to bring a deeper awareness and understanding to FASD. The stories are collected and used in training and education. Explore the use of OCAP® agreements, or alignment with OCAP® principles. (See also Appendix A, Action 5.2.9.1.)

**Lead:** FASD Family Advisory Council; Awareness, Prevention & Communications Council; PCAP Council; Supports & Services, Education & Training Council

**Alignment:** GBA+; TRC Rec #33; UN Declaration Art #21 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

**Training to Support Strategic Pillar #1:**

5.2.10 **FASD Awareness Training for GOA staff and FASD Partners:** Continue FASD training for frontline staff in the Ministry of Justice and Solicitor General. Provide FASD awareness training for employment and immigration staff and delivery partners.

**Lead:** FASD Supports & Services, Education and Training, and Justice and Solicitor General

**Alignment:** FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 3 (strengthen partnerships), bullet 6 (increase access to A/D) bullet 8 (coordination of FASD-specific services) and bullet 9 (enhance navigation); Year 7 Evaluation Rec #16 (knowledge mobilization) and #17 (deepen interconnection among partners); GBA+; TRC Rec #33; UN Declaration Art #19, #21 and #23.

**Training to Support Strategic Pillar #2:**

5.2.11 **Level 2 Prevention Training:** Continue to deliver training for Level 2 Prevention Programs based on training materials developed for the *Prevention Conversation* and for the TIP Pilot Project.

**Lead:** South Alberta FASD Network; CanFASD

**Alignment:** FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); Year 7 Evaluation Rec #16 (knowledge mobilization); GBA+; TRC Rec #33; UN Declaration Art #19, #21 and #23.
5.2.12 **Peer and Professional Training and Supports for PCAP Workers:** Develop policies and procedures for Alberta PCAP Programs to provide consistent training for all PCAP workers (mentors, supervisors and coordinators) to ensure they receive the supervision, training and mentoring they need to maintain their health and wellbeing.

*Lead:* PCAP Council  
*Alignment:* FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); Year 7 Evaluation Rec #16 (knowledge mobilization); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

5.2.13 **Penelope PCAP Data Collection Training:** Continue to deliver training for PCAP providers to support compliance with all Penelope data collection and entry requirements. Explore the use of OCAP® agreements, or alignment with OCAP® principles.

*Lead:* PCAP Council  
*Alignment:* FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 2 (access to information); Year 7 Evaluation Rec #7 (require data collection in ORS and Penelope); #16 (knowledge mobilization); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #19 and #23.

**Training to Support Strategic Pillar #3:**

5.2.14 **Training in Assessment and Diagnosis:** Continue to provide assessment and diagnostic training to FASD clinics in Alberta. Continue to update and deliver training online.

*Lead:* Health, Lakeland Centre for FASD and the Rajani Project  
*Alignment:* FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); Year 7 Evaluation Rec #16 (knowledge mobilization); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

5.2.15 **Clinical Consultation and Mentoring:** Develop a plan to support clinical consultation and mentoring for service providers.

*Lead:* FASD Supports & Services, Education and Training Council  
*Alignment:* FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 6 (increase access to A/D), bullet 8 (coordination of FASD-related services), and bullet 9 (enhance navigation); Year 7 Evaluation Rec #16 (knowledge mobilization); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

**Training to Support Strategic Pillar #4:**

5.2.16 **Training for ORS Data Collection:** Provide training programs for FASD Service Networks and service providers responsible for data collection for input into the Online Reporting System (ORS) database.

*Lead:* Human Services
Alignment: Year 7 Evaluation Rec #2 (ORS data collection and reporting); Rec #7 (require data collection in ORS and Penelope); Valuing Mental Health Rec #13 (Share Information).

5.2.17 Children in Care - Leading from Within: Continue implementation of this advanced training model in child intervention for caseworkers, foster care supervisors, and HS regional managers.

Lead: Human Services and FASD Community of Practice Council
Alignment: FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); Year 7 Evaluation Rec #16 (knowledge mobilization) and Rec #18 (utilize case management for service delivery); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

5.2.18 Training for police/frontline about FASD: Develop training programs for police and frontline staff to inform them about FASD.

Lead: Justice and Solicitor General, FASD Supports & Services, Education and Training Council
Alignment: FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); FASD-CMC Action Plan #2 (Criminal Justice System) bullet 4 (models of diversion); FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 6 (increase access to A/D), bullet 8 (coordination of FASD-related services), and bullet 9 (enhance navigation); Year 7 Evaluation Rec #16 (knowledge mobilization); GBA+; TRC Rec #33 and #34; UN Declaration Art #21 and #23.

Long-term Actions for Outcome 5.2

5.2.19 Provincial Registry of Educational and Training Opportunities: Develop and maintain an online registry of educational and training opportunities available in Alberta and nationally.

Lead: FASD Supports & Services, Education and Training Council
Alignment: FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); Year 7 Evaluation Rec #16 (knowledge mobilization).

5.2.20 Training and Educational Needs Assessment: Conduct surveys to determine the training and educational needs of various target audiences.

Lead: FASD Supports & Services, Education and Training Council
Alignment: FASD-CMC Action Plan #3 (Education and Training) bullet 1 (FASD Workforce Development Framework) and bullet 2 (access to information); Year 7 Evaluation Rec #16 (knowledge mobilization); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

System Outcome 5.3: Evaluation and research informs policy, practice and continuous improvement; and progress made achieving FASD outcomes and goals is reported annually.

Performance indicators for Outcome 5.3
- # and type of evaluation and research projects undertaken annually
- # of new evaluation/research partnerships created per year
• # and types of evaluation/research-based innovations, adaptations, and leading practices adopted in the delivery of FASD programs and services in Alberta
• Overall social return on investment of Alberta's FASD Service Networks
• Overall cost of FASD to Albertans
• Annual publication of key performance measures
• Outcome-based Strategic and Operational Plan reviewed and updated annually, operationalizing recommendations for continuous improvement
• All FASD Councils, Committees and Networks report annually on performance measures identified in the annual Strategic and Operational Plan relevant to their areas of operation.

Priority Actions for Outcome 5.3

5.3.1 Year 10 Evaluation: Develop and implement Year 10 Evaluation of the FASD 10-Year Strategic Plan, making recommendations for the development of a post-10 year FASD Strategy (Action 5.1.2).

Lead: Alberta Centre for Child, Family and Community Research (ACCFCR)
Alignment: Year 5 and 7 Evaluation Recommendations; GBA+; TRC Rec #33; UN Declaration Art #19 and 23. Consider funding research for Year 7 Recommendation #20 (FASD plateau modelling) and Rec #23 (FASD incidence and prevalence in correctional settings and in child protection).

5.3.2 Evaluation Frameworks and Tools: Develop and update common frameworks and tools used by all FASD stakeholders, including FASD Networks, to evaluate results achieved under each strategic pillar, to ensure they are aligned with current outcomes, indicators and KPIs supporting the FASD Strategic & Operational Plan. Explore the use of OCAP® agreements, or alignment with OCAP® principles.

Lead: FASD Evaluation and Research Council
Alignment: FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 2 (access to information); Year 7 Evaluation Rec #7 (require data collection in ORS and Penelope) and #16 (knowledge mobilization); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #19 and #23.

5.3.2.1 FASD Service Network Evaluation Framework, with Logic Models and Evaluation Tools: Continue to refine and streamline these tools so they align with the current FASD outcomes, indicators and KPIs supporting the FASD Strategic & Operational Plan.

Lead: FASD Evaluation and Research Council
Alignment: FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 2 (access to information); Year 7 Evaluation Rec #2 (ORS data collection and reporting), #7 (require data collection in ORS and Penelope); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #19 and #23.
5.3.2.2 **FASD Stakeholder Satisfaction:** Evaluate and report on FASD stakeholder satisfaction and their opportunities to participate in information sharing, networking and their engagement in planning processes.

**Lead:** FASD-CMC AND FASD Evaluation and Research Council

**Alignment:** GBA+; UN Declaration Art, #19 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

5.3.2.3 **Training and Education Evaluation Framework:** Standardize FASD education and training surveys and data collection.

**Lead:** Supports & Services, Education and Training Council

**Alignment:** FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 2 (access to information); Year 7 Evaluation Rec #7 (require data collection in ORS and Penelope) and #16 (knowledge mobilization); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #19 and #23.

5.3.2.4 **Evaluation of Best Practices in Service Delivery** (*Best Practices for FASD Service Delivery – Guide and Evaluation Tool Kit*): Continue to research and evaluate leading practices delivered by FASD Service Networks and other service providers (see also Action 4.1.8).

**Lead:** FASD Supports & Services, Education and Training Council

**Alignment:** Year 7 Evaluation Rec #16 (knowledge mobilization and continuous improvement); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

5.3.2.5 **Case Management Standards and Evaluation Framework:** Develop and implement case management standards.

**Lead:** FASD Supports & Services, Education and Training Council

**Alignment:** Year 7 Evaluation Rec #18 (utilize case management for service delivery) and #16 (knowledge mobilization and continuous improvement); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

**Ongoing Actions for Outcome 5.3**

5.3.3 **FASD Outcomes, Indicators and Performance Indicators (KPIs):** Continue to review and streamline all outcomes, indicators and performance indicators under all strategic pillars within this FASD Strategic and Operational Plan and ensure evaluations consistently report using these indicators.

**Lead:** FASD-CMC

**Alignment:** FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 2 (access to information); Year 7 Evaluation Rec #2 (ORS data collection and reporting), #7 (require data collection in ORS and Penelope); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #19 and #23.
5.3.4 Longitudinal Study of Albertans with an FASD Diagnosis: Follow clients at key transition points and periods of crisis across the lifespan.

**Lead:** FASD Evaluation and Research Council

*Alignment:* FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralized data collection system) and bullet 2 (access to information); Year 7 Evaluation Rec #2 (ORS data collection and reporting), #7 (require data collection in ORS and Penelope); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #19 and #23.

5.3.5 Longitudinal Study of Assessment Recommendations: Follow recommendations made and services received.

**Lead:** FASD Assessment and Diagnosis Council

*Alignment:* FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralized data collection system) and bullet 2 (access to information); Year 7 Evaluation Rec #2 (ORS data collection and reporting), #7 (require data collection in ORS and Penelope); #12 (longitudinal study); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #19 and #23.

5.3.6 Longitudinal Study of Wellness, Resiliency and Partnership (WRaP) Program: Follow program participants (see also Action 4.1.5).

**Lead:** Alberta Education and FASD Evaluation and Research Council

*Alignment:* FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralized data collection system) and bullet 2 (access to information); Year 7 Evaluation Rec #2 (ORS data collection and reporting), #7 (require data collection in ORS and Penelope); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #19 and #23.

5.3.7 Update Inventory of Alberta-based Research and Evaluation Activities: Established as part of the Year 5 Evaluation, this inventory covers four research pillars (basic, clinical, populations and health services). Continue to update this inventory on a regular basis.

**Lead:** FASD Evaluation and Research Council

*Alignment:* FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 2 (access to information); Year 7 Evaluation Rec #16 (knowledge mobilization); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #19 and #23.

5.3.8 Inventory of Alberta-based FASD Programs: Develop an inventory of Alberta-based FASD programs to support the expansion of successful programming across the province.

**Lead:** FASD Supports & Services, Education & Training Council

*Alignment:* FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 2 (access to information); Year 7 Evaluation Rec #16 (knowledge mobilization); Valuing Mental Health Rec #13 (Share Information); GBA+; TRC Rec #33; UN Declaration Art #19 and #23.
Identified Gaps in Data Collection and Analysis

Development of the 2016-17 Strategic and Operational Plan revealed the following gaps in data collection and analysis that make it difficult to report on some performance indicators:

#1: Lack of a centralized repository and assessment criteria for system outputs and outcomes
The FASD Online Reporting System (ORS) was designed to track and analyze client outputs and outcomes, but does not have the capacity to compile and track system outputs and outcomes or survey data. A centralized electronic survey database for data entry, analysis and reporting would facilitate the collection of such data. Standardized tracking templates and surveys for resources developed under each of the service pillars would result in more comprehensive and systematic tracking and analysis of system outputs and outcomes.

#2: Lack of centralized repository for evaluation reports of FASD projects
Most FASD projects include an evaluation component, which results in interim and final evaluation reports. Such reports are shared with the funders and sometimes posted on project websites. A centralized repository would make it easier to compile evaluation findings and analyze them based on FASD outcomes and indicators.

#3: Incomplete data gathering and information sharing
All Network-funded FASD services and programs report client data on ORS. However, many FASD program and services have multiple funders, and some don’t receive any Network funding at all. Projects with multiple sources of funding often have different reporting requirements. Some report all of their client data on ORS, regardless of funding source; some don’t report any of their client data on ORS; and others limit their ORS reporting to Network-funded clients. This results in underreporting and incomplete client outputs and outcomes.

#4: ORS data analysis
A revised set of data elements for ORS and a new electronic database were adopted in 2015-16. With only one year of data entry in the updated database, there have been limited opportunities to test the system for data analysis. Some of the performance indicators require cross tabulation and filtering of ORS data. Sufficient financial and human resources are needed to generate the data required to demonstrate key performance indicators.
Appendix A: 2016/17 Actions Led by FASD Service Networks

Note: All actions listed in Appendix A are led by Alberta FASD Service Networks or contracted service providers. The numbering follows in sequence from actions listed above.

Strategic Pillar #1: Public Awareness and Understanding (Level 1 Prevention)

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

System Outcome 1.1: Level 1 Prevention strategy and initiatives are developed, delivered and evaluated using a collaborative and cooperative approach.

Ongoing Actions for Outcome 1.1

1.1.6 Network Level 1 Prevention Initiatives: FASD Service Networks deliver Level 1 Prevention initiatives to meet the needs of different age groups and target audiences in their regions in cooperation/collaboration with community partners. Evaluation of Level 1 Prevention initiatives supports consistent reporting.

Lead: FASD Service Networks
Alignment: GBA+; TRC Rec #33; UN Declaration Art #21 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

1.1.6.1 FASD Awareness Day (September): Networks deliver and evaluate initiatives.

Lead: FASD Service Networks
Alignment: GBA+; TRC Rec #33; UN Declaration Art #21 and #23.

1.1.6.2 FASD Service Network Website: Websites are continually updated and improved.

Lead: FASD Service Networks
Alignment: Year 7 Evaluation Rec #16 (Knowledge Mobilization).
Strategic Pillar #2: Prevention (Level 2 Prevention: Safe Discussions)

Goal: Alcohol use during pregnancy is eliminated, reducing the profound personal and societal costs of FASD.

System Outcome 2.1: Level 2 Prevention (Safe Discussions) strategy and initiatives are developed, delivered and evaluated using a collaborative and cooperative approach.

Priority Actions for Outcome 2.1

2.1.1.1 Implementation of the Prevention Conversation: FASD Service Networks deliver Level 2 Prevention in their regions in cooperation with regional partners. Evaluation of Level 2 Prevention initiatives supports consistent data collection and reporting. (See also Action 2.1.1.)

   Lead: FASD Service Networks

   Alignment: FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 1 (coordination of services); GBA+; TRC Rec #33; UN Declaration Art 7, 21 and 23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

Ongoing Actions for Outcome 2.1

2.1.5.1 Implementation of Level 2 Prevention Strategy: FASD Service Networks deliver Level 2 Prevention in their regions in cooperation with regional partners. Evaluation of Level 2 Prevention initiatives supports consistent data collection and reporting. (See also Action 2.1.5.)

   Lead: FASD Service Networks

   Alignment: FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 1 (coordination of services); GBA+; TRC Rec #33; UN Declaration Art 7, 21 and 23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).
Strategic Pillar #2: Prevention (Level 3 and Level 4 Prevention)

**Goal:** Alcohol use during pregnancy is eliminated, reducing the profound personal and societal costs of FASD.

**System Outcome 2.4:** PCAP and other Level 3 and 4 Prevention programs are available across Alberta and meet community needs.

*Note: While PCAP remains the main Level 3 and 4 Prevention program in Alberta, other programs that meet the criteria for Level 3 and 4 Prevention have started to develop, and are included here.*

**Priority Actions for Outcome 2.4**

**2.4.1.1 Level 3 and Level 4 Prevention - implementation:** Implement the strategy to meet the need for Level 3 and Level 4 Prevention in communities across Alberta. (See also Action 2.4.1.)

*Lead:* FASD Service Networks
*Alignment:* FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 2 (improve accessibility to PCAP), bullet 7 (expand residential treatment), bullet 8 (coordinate of FASD-specific services), bullet 9 (enhance navigation support); FASD-CMC Action Plan #5 (Housing and Supports) bullet 1 (partnership opportunities) and bullet 2 (continue to fund existing housing); Year 7 Evaluation Rec #6 (expand PCAP); GBA+; TRC Rec #33; UN Declaration Art #7, #21, #19 and #23. Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

**2.4.1.1.1 2nd Floor Women’s Recovery Centre** is a unique, nine-bed residential alcohol/drug treatment program for women, specializing in women who are pregnant. The Centre provides and maintains a non-judgmental, safe, and structured environment in which women can move towards a positive future without alcohol or drugs while improving their mental, physical, emotional and spiritual well-being. As well, the purpose is to prevent future children from being born with FASD.

*Lead:* Lakeland FASD Network

*Alignment:* Year 7 Evaluation Rec #17 (deepen interconnection with partners); FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery), bullet 7 (expansion of residential treatment); FASD-CMC Action Plan #5 (Housing and Supports) bullet 1 (partnership opportunities) and bullet 2 (continue funding housing); GBA+; TRC Rec #33; UN Declaration.

**2.4.1.2 First Steps:** Mentorship to women who are at high risk of giving birth to a child with FASD. This includes women who are pregnant or who have recently given birth and have used drugs or alcohol during the pregnancy. Mentors work with women for 3 years.
**Lead:** Edmonton Fetal Alcohol Network (EFAN) and Catholic Social Services

**Alignment:** FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 1 (mentor models) and bullet 3 (strengthen partnerships); Year 7 Evaluation Rec #14 (access to mentors and coaches); GBA+; TRC Rec #33 and #34; UN Declaration Art #7, #21 and #23.

**Ongoing Actions for Outcome 2.4**

**2.4.4.1 PCAP on First Nation reserves in Alberta:** Six Alberta FASD Service Networks are funded to introduce and implement PCAP for First Nations in their regions. **Evaluation:** The Alberta Centre for Child, Family and Community Research is managing the evaluation, which includes qualitative and quantitative components. Data is entered into both ORS and Penelope. Explore the use of OCAP® agreements, or alignment with OCAP® principles. (See also Action 2.4.4.)

**Lead:** FASD Service Networks (Northwest Alberta, Northwest Central Alberta, Lakeland, Mackenzie Regional, Prairie Central, and South Alberta) and Alberta Centre for Child, Family and Community Research.

**Alignment:** FASD-CMC Action Plan #4 (Enhance provincial service delivery) bullet #2 (improve accessibility to PCAP), bullet 7 (expansion of residential treatment); FASD-CMC Action Plan #5 (Housing and Supports) bullet 1 (partnership opportunities); Year 7 Evaluation Rec #6 (expand PCAP) and #17 (deepen interconnection with partners); GBA+; TRC Rec. #33; UN Declaration Art #7, #21, #19 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).

**System Outcome 2.5:** Data is collected consistently using both ORS and Penelope Integrated Case Management software.

**Priority Actions for Outcome 2.5**

**2.5.1.1 Network Use of ORS and Penelope Data Collection Models:** All Alberta Government funded PCAP programs are required to collect data using ORS as a condition of funding. Use of Penelope is requested to support and ensure fidelity to the PCAP model. Data collection training on ORS and Penelope will be provided. (See also Action 2.5.1.)

**Lead:** FASD Service Networks

**Alignment:** FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralize data collection system), FASD-CMC Action Plan #4 (Enhance Provincial Service Delivery) bullet 2 (increase awareness of the advantage of data capture); Year 7 Evaluation Rec #2 (ORS data collection and reporting), Rec #7 (require data collection in ORS and Penelope); GBA+; UN Declaration Art, #19 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).
Strategic Pillar #3: Assessment and Diagnosis

Goal: Albertans who may be affected by FASD have access to timely and affordable assessment and diagnostic services resulting in recommendations for intervention based on their needs and strengths.

System Outcome 3.1: Albertans receive timely, affordable assessment and diagnostic services from clinics that use a multidisciplinary approach to assessment and follow Canadian Guidelines for Diagnosis, consistently using standardized assessment tools based on current research and best practices.

Priority Actions Outcome 3.1

3.1.2.1 (Re)assessment at Key Transition Points Across the Lifespan: Increase access to re-assessments, especially for youth transitioning to adulthood, and at discharge from facilities (such as jails, treatment centres and hospitals) to ensure the seamless delivery of a continuum of FASD supports and services. (See also Action 3.1.2.)

Lead: FASD Service Networks and all Service Providers

Alignment: FASD-CMC Action Plan #2 (Criminal Justice System) bullet 1 (implement models of transition from corrections to community); Year 7 Evaluation Rec #1 (Network funding); Rec #11 (increase access to (re) assessment), Rec #21 (keep those with FASD out of the Criminal justice System), Rec #24 (temporary release reviews from custody); Rec #25 (transition planning for youth with FASD entering adult corrections facilities) Valuing Mental Health Rec 11 (Integrated Care Planning) bullet a (consistent care plan); GBA+; TRC Rec #33 and #34; UN Declaration Art #7, #21, and #23.

Ongoing Actions for Outcome 3.1

3.1.9 Bowden Project, Red Deer: Provides FASD assessment/diagnosis services for inmates, followed by a comprehensive discharge/transition plan taking into account the recommendations of the assessment. (See also Actions 3.1.2 and 4.1.2, and Appendix A, Action 4.1.2.1.)

Lead: Central AB FASD Network

Alignment: FASD-CMC Action Plan #2 (Criminal Justice System) bullet 1 (transition models) and bullet 3 (increase access to assessment and Diagnosis); Year 7 Evaluation Rec #9 (increase access to A/D); GBA+; TRC Rec #33 and #34; UN Declaration #7, #21, and #23.
Strategic Pillar #4: Supports for Individuals and Caregivers

**Goal:** Albertans with FASD and their caregivers receive coordinated access to the supports and services they need, when they need it.

**System Outcome 4.1:** Every Albertan needing supports receives a case-management plan based on an integrated lifespan approach* that manages life-stage transitions and guides the delivery of timely and coordinated services.

* This approach is guided by principles established by the World Health Organization’s International Classification of Function (ICF).

Priority Actions for Outcome 4.1

4.1.1.3 **Community Youth Justice Project - Lethbridge FASD Police Services:** A full-time police officer is dedicated to increasing awareness about the issues facing the youth with FASD they encounter. The officer works with local agencies, providing services for those with FASD and influences case management for the youth. The purpose of the project is to help families understand FASD and how to manage it. (See also Action 4.1.1.)

**Lead:** Southern Alberta Fetal Alcohol Network

**Alignment:** FASD-CMC Action Plan #2 (Criminal Justice System) bullet 4 (diversion models); FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 1 (mentor models) and bullet 3 (strengthen partnerships); Year 7 Evaluation Rec #14 (access to mentors and coaches), Rec #18 (utilize case management for service delivery)

4.1.2.1 **Bowden Transition Supports, Red Deer:** Provides FASD assessment/diagnosis services for inmates, followed by a comprehensive discharge/transition plan taking into account the recommendations of the assessment. (See also Actions 3.1.2 and 4.1.2, and Appendix A, Action 3.1.9.)

**Lead:** Central Alberta Fetal Alcohol Network

**Alignment:** FASD-CMC Action Plan #2 (Criminal Justice System) bullet 1 (transition models) and bullet 3 (increase access to assessment and Diagnosis); Year 7 Evaluation Rec #9 (increase access to A/D); GBA+; TRC Rec #33 and #34; UN Declaration #7, #21, and #23.

4.1.3.1 **Young Offenders (McDaniel Youth Justice Program):** Provides specialized mentoring services for high-risk youth transitioning out of the Young Offender Centres (in Edmonton and Calgary) into the community. Provides wrap-around services supporting a young person’s transitioning from custody back into community. Addresses issues such as homelessness, unemployment and living skills. Through post-release service and
individualized case plans, the project targets successful reintegration and reduction of relapse or recidivism for this high-risk population. (See also Action 4.1.3.)

**Lead:** Edmonton Fetal Alcohol Network (EFAN)

*Alignment: FASD-CMC Action Plan #2 (Criminal Justice System) bullet 1 (transition models); Year 7 Evaluation Rec #14 (access to mentors and coaches) and Rec #25 (transition planning for youth); Valuing Mental Health Rec #11 (Support Transitions) and Rec #13 (Share Information); GBA+; TRC Rec #33 and #34; UN Declaration Art #7, #21 and #23.*

### 4.1.4.2 Mackenzie Supported Living Residence for Persons with FASD

Continue to develop this residence. (See also Action 4.1.4.)

**Lead:** Mackenzie Regional FASD Network

*Alignment: FASD-CMC Action Plan #5 (Integrated Housing and Supports) bullet 1 (frameworks), bullet 2 (funding) and bullet 3 (inclusion of FASD within current systems); GBA+; TRC Rec #33; UN Declaration Art #7, #21, #19 and #23.*

### 4.1.4.3 Hope Terrace (Bissel Centre)

Permanent Supportive Housing for men and women who require significant supports to maintain their housing, including those diagnosed or suspected of having an FASD. (See also Action 4.1.4.)

**Lead:** Human Services, Edmonton Fetal Alcohol Network (EFAN) and the Bissel Centre

*Alignment: FASD-CMC Action Plan #5 (Integrated Housing and Supports) bullet 1 (frameworks), bullet 2 (funding) and bullet 3 (inclusion of FASD within current systems); GBA+; TRC Rec #33; UN Declaration Art #7, #21, #19 and #23.*

### 4.1.10 Adult FASD Mentor Programs

One-on-one long-term (up to 5 years) mentorship support for adults affected by FASD and/or partners of PCAP participants impacted by FASD. Supports adults to access community supports and address secondary disabilities associated with FASD, such as employment and housing issues.

**Lead:** FASD Networks (Edmonton (EFAN), South Alberta (SAFAN) and Lakeland)

*Alignment: FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 1 (mentor models); Year 7 Evaluation Rec #14 (access to mentors and coaches).*

### 4.1.11 Step-by-Step Mentorship Program (Edmonton, Lakeland and High Level)

Addresses the needs and issues facing mothers and/or fathers who have been diagnosed with Fetal Alcohol Spectrum Disorder (FASD) and who are parenting children (with or without FASD). Mentors work with families for three years.

**Lead:** FASD Networks (Edmonton (EFAN), Lakeland, and Mackenzie Regional)

*Alignment: FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 1 (mentor models); Year 7 Evaluation Rec #14 (access to mentors and coaches).*
4.1.12 **FASD TRACS**: CASA’s program provides sensory/behavioural assessments to individuals suspected of having FASD under the age of 18. It enhances functioning through the development and implementation of practical strategies that can be adapted to the home, school and/or community settings. The Edmonton FASD Service Network provides enhanced funding to this program.

**Lead**: Edmonton Fetal Alcohol Network (EFAN)

Alignment: FASD-CMC Action Plan #4 (Provincial Service Delivery) - bullet 8 (coordination of services) and bullet 9 (navigation supports); and GBA+.

**System Outcome 4.2**: Caregivers receive respite care, peer and professional support.

**Ongoing Actions for Outcome 4.2**

4.2.2 **FASD Respite (Edmonton)**: Provides an FASD Respite Care Program to support families with children affected with an FASD. Offering a variety of educational and recreational activities, children are cared for in a safe, supported and structured environment.

**Lead**: Edmonton Fetal Alcohol Network (EFAN), Elves Special Needs, and Kids Kottage

Alignment: FASD-CMC Action Plan #4 (Provincial Service Delivery) - bullet 3 (Strengthening partnerships) and bullet 8 (coordination of services).

4.2.3 **Coaching Families** helps families learn about and respond to the needs of their dependents affected by or strongly suspected of FASD. Mentors work with caregivers. There is also a support group for caregivers open to those not actively in the program.

**Lead**: Edmonton Fetal Alcohol Network (EFAN)

Alignment: FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 1 (Mentor models); Year 7 Evaluation Rec 14 (increase mentors and coaches).

**System Outcome 4.3**: Data is collected consistently.

**Priority Actions for Outcome 4.3**

4.3.1.1 **ORS Data Collection**: Data is consistently and regularly collected for every individual and caregiver receiving FASD-related supports. (See also Action 4.3.1.)

**Lead**: FASD Networks and Service Providers

Alignment: FASD-CMC Action Plan #1 (Knowledge and Capacity Development) bullet 1 (centralized data collection) and bullet 2 (access to information); Year 7 Evaluation Rec #2 (ORS data collection and reporting) and Rec #13 (track file closures); GBA+; UN Declaration Art #19; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).
Strategic Pillar #5: The FASD Learning Organization

**Goal:** Stakeholders collaborate to develop and mobilize knowledge based on research and best practices to continuously transform Alberta’s FASD system to achieve outcomes and goals.

**System Outcome 5.1:** The planning and delivery of FASD programs and services are accomplished through a collaborative approach, building the knowledge and capacity of stakeholders through information sharing supported by improvements to data capture and analysis across systems to better inform policy, practice and continuous improvements.

**Ongoing Actions for Outcome 5.1**

5.1.5.1 **Improvements to Network Operations:** FASD Service Networks continue to develop and improve their Network operations. (See also Action 5.1.5.)

**Lead:** FASD Service Networks

*Alignment: FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 8 (coordination of services) and bullet 9 (navigation supports), GBA+, TRC Rec #33 and #34; UN Declaration Art #19 and #23; Valuing Mental Health Rec #11 and #13.*

5.1.8.1 **Single Point of Entry:** FASD Service Networks continue to develop and improve their one-stop model of service delivery, helping Albertans affected by FASD to access and navigate a full range of effective programs and services. (See also Action 5.1.8.)

**Lead:** FASD Service Networks

*Alignment: FASD-CMC Action Plan #4 (Provincial Service Delivery) bullet 8 (coordination of services) and bullet 9 (navigation supports), GBA+.*

5.2.9.1 **Continue to Collect and Share Stories:** Albertans affected by FASD are continually encouraged to share their stories to bring a deeper awareness and understanding to FASD. The stories are collected and used in training and education. Explore the use of OCAP® agreements, or alignment with OCAP® principles. (See also Action 5.2.9.)

**Lead:** FASD Service Networks and PCAP Providers

*Alignment: GBA+; TRC #33; UN Declaration Art #19 and #23; Valuing Mental Health Rec #13 (Share Information) bullet e (collaboration with Indigenous peoples).*
Appendix B: Year 7 Evaluation Recommendations

Overarching Recommendations from the Year 7 Evaluation

1. **Increase funding to the Alberta FASD Service Networks**: The FASD-CMC has successfully initiated an outcome-based management system and FASD learning organization to sustain and continuously improve Alberta’s FASD initiative. Most Networks have evolved into well-managed organizations with deep roots in their communities capable of delivering effective and efficient FASD services to Albertans in their regions. Current annual funding of $16.5 million (39% of the $42 million requested by 2013/14 to implement the FASD 10-Year Strategic Plan) is insufficient to achieve targets and address identified challenges.

2. **Streamline FASD outcomes, indicators and key performance indicators (KPIs) and continue to enhance the Online Reporting System (ORS)**: Expand ORS to capture contributions made to outcomes by all provincial and ministry-specific FASD initiatives, making data collection and reporting of all FASD initiatives a requirement of funding. Continue to enhance the ORS data collection system to track improvement in client wellbeing for all those receiving FASD-related services in Alberta.

Recommendations under each Strategic Pillar from the Year 7 Evaluation

**Strategic Pillar #1 - Awareness (Level 1 Prevention):**

3. **Fund Alberta’s FASD Service Networks to deliver awareness (Level 1 Prevention) initiatives at the local and regional levels**: The findings suggest that funding Networks to conduct awareness activities is a cost-effective, collaborative way to educate Albertans about FASD.

4. **Differentiate between Level 1 Prevention and Level 2 Prevention initiatives**: Evaluate initiatives under each level of prevention separately.

**Strategic Pillar #2 - Prevention (Level 2 Prevention – Safe Discussions):**

5. **Implement and evaluate The Prevention Conversation**: The investment has been made to develop this program, which is designed to reach women of child bearing age and their families, helping them understand the consequences of consuming alcohol when pregnant or planning to become pregnant. This program is needed to reach the goal of eliminating alcohol use during pregnancy.

**Strategic Pillar #2 - Prevention (Level 3 and Level 4 Prevention - PCAP):**

6. **Expand the Parent Child Assistance Program (PCAP)**: Particularly into First Nations communities, through partnerships with Health, Human Services, and Alberta’s FASD
Service Networks. This evidence-based FASD prevention program has proven to be cost-effective, providing a significant net monetary benefit for Alberta as it improves client wellbeing and prevents future cases of FASD.

7. **Require all Alberta PCAP programs to contribute data to ORS and Penelope databases:** These databases are making significant contributions to our understanding of how to improve client wellbeing and prevent future cases of FASD.

**Strategic Pillar #3 - Assessment and Diagnosis:**

8. **Require all Alberta assessment and diagnostic clinics to report results to ORS:** ORS only reports on Network-funded diagnostic assessments, which is only 30% of the target of 900 assessments per year.

9. **Increase access to diagnostic assessment for those suspected of FASD, especially in rural and remote areas:** The longest FASD waitlists are currently for diagnostic assessment services (197 identified in the first ORS reporting quarter of January-March 2014).

10. **Increase access to diagnostic assessment for offenders in the justice system suspected of having FASD:** Access to FASD clinical services helps guide the Court in providing FASD-informed services that appropriately reflect the developmental functioning of an individual with FASD.

11. **Increase access to (re)assessment at key transition points across the lifespan:** These assessments are especially needed for youth transitioning to adulthood to ensure ongoing delivery of the right support services at the right time.

**Strategic Pillar #4 - Supports for Individuals and Caregivers:**

12. **Conduct a longitudinal study of assessment recommendations given and supports received:** To identify systemic issues related to service availability and access.

13. **Track reasons for file closure in the ORS database:** To determine the percentage of clients for whom outcomes were met and differentiate these clients from those who left the program for other reasons.

14. **Increase access to relationally-based supports (mentors and coaches):** Especially for adults and youth transitioning to adulthood who are diagnosed or suspected of having FASD. The evidence suggests that relationally-based supports provide coordination/cooperation/collaboration between services, creating the “wraparound” supports needed by individuals with FASD to access a continuum of supports of services.

**Strategic Pillar #5 – The FASD Learning Organization:**

15. **Provide administrative support** to FASD Councils and subcommittees to improve
communication and cooperation among these expert-led volunteer teams.

16. **Continue to support knowledge mobilization and continuous improvement** through evaluation/research and education/training in leading evidence-based FASD practices.

17. **Deepen the interconnection** (collaboration/cooperation/coordination) between FASD Network-funded programs and services delivered at the local and regional levels and Government of Alberta ministries and their provincial and ministry-specific initiatives to improve effectiveness and efficiency of Alberta’s FASD response.

**Recommendations from the Child, Youth and Family Executive Committee of Assistant Deputy Ministers (CYFEC-ADMs)**

The CYFEC-ADMs, who are partnering ADMs of the FASD-CMC, supported the 17 recommendations of the Year 7 Evaluation in principle and recommended they be the foundation for activity should funding become available for FASD. They also added the following recommendations:

18. Utilize case management for service delivery as described in the Year 7 Evaluation of the South Alberta FASD Network.

19. Post-secondary data and support: (a) Track individuals with FASD attending post-secondary institutions; (b) Review post-secondary programs for those working in the field of FASD.

20. Model of Plateau: Develop a model demonstrating when we might expect to see a plateau in cases of FASD.

**Recommendations from the Institute of Health Economics’ Consensus Statement on Legal Issues of FASD**

The CYFEC-ADMs also agreed to focus on the following five recommendations from the 2013 Consensus Development Conference hosted by Institute of Health Economics (IHE).

21. Where at all possible, those affected by FASD should be kept out of the criminal justice system, [with] support for community-based housing and transition housing programs; community education program starting with children and youth; and community support and intervention programs that are evidence-based in supporting individuals affected by FASD through their lifespan, particularly in key transition periods. (See IHE’s Recommendation #6)

22. Undertake research to establish a defined score on the Asante Centre’s FASD Screening and Referral Tool for Youth Probation Officers screening tool that would trigger a formal FASD
23. Federal, provincial and territorial governments should continue to support research that provides estimates of the incidence and prevalence of persons with FASD in correctional settings and in child protection care. (See IHE’s recommendation #18)

24. Special attention [should] be paid to the use of the various forms of temporary or conditional release reviews for youth as well as temporary absence, day parole, parole, etc. for adults designed to reintegrate the offender safely into society... these offenders are, eventually, going to be [released] back in the community and it is in the public interest to use special efforts to develop and implement release strategies for these offenders that will be most effective in the long run. (See IHE’s recommendation #41).

25. Provide transition planning for FASD-affected youth moving into adult services, with consideration for an extension of the original care agreement. (See recommendation #47).