

# FASD Service Networks

Alberta Fetal Alcohol Spectrum Disorder (FASD) Service Networks - An Alberta FASD Cross-Ministry Initiative

Created by Alberta FASD Service Networks (August 2018)

## Key Messages:

- FASD is a unique disability that requires diverse supports and services as provided by unique service networks. To remain respectful to this population, it is important that service provision is not absorbed into a larger 'one door fits all' model as this group will simply be lost in a massive system too difficult to navigate.
- FASD Service Networks are well-managed organizations with deep roots in their communities, and are delivering effective and efficient FASD services to Albertans in their region in all strategic pillars.
- As communities became more aware of FASD, the demand for FASD assessment and diagnosis, prevention and support services has also increased over time, but core Network operational funding has remained stagnant. All Networks have increased the number of clients served since 2014 by restructuring their programs, but are currently operating at capacity.
- A sustained long-term commitment of the Government of Alberta, of the Ministry of Community and Social Services and other partner Ministries to the FASD Strategy and to the Network model, and Network funding reflecting yearly increases in cost of living as well as Alberta's high prevalence of FASD are required to sustain Alberta's response to FASD through the Service Network model.

## Successes:

90%



>90% reported an increase in FASD knowledge.

93%



Agreed the knowledge was relevant to their work.

4,000

Individuals trained

### Awareness

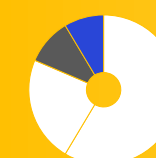
All Networks are proactive in increasing regional awareness of FASD and in promoting Provincial FASD awareness campaigns through Prevention Conversation Facilitators. Network facilitators train over 4,000 individuals a year, of which approximately 50% are professionals and 15% post-secondary students. Over 90% of professionals and post-secondary students agreed that their knowledge on FASD and FASD prevention increased as a result of the training, 93% agreed that the Prevention Conversation was relevant to their work, and over 82% agreed that they were confident in their ability to discuss alcohol use in pregnancy and to intervene appropriately (Wirzba, 2017).

65%



Enrolled in 2-year program – effectively preventing alcohol exposed births.

81%



Enrolled in 3-year program – effectively preventing alcohol exposed births.

24 PCAP sites

446 women mentored (2013)

### Prevention

The Parent and Child Assistance Program (PCAP) is a three-year mentorship program for women who have a history of alcohol and drug use and are at risk of giving birth to an alcohol-exposed child. In 2013, the Alberta Government funded 24 PCAP sites through the Strategy, mentoring 446 women. PCAP clients experience improvement in their wellbeing, an increase in the use of birth control and a decrease in the use of alcohol and drugs over time. 65% of the women enrolled in PCAP program for one or two years and 81% of women enrolled for three years were effectively preventing alcohol exposed pregnancies (Government of Alberta, 2014).

## References

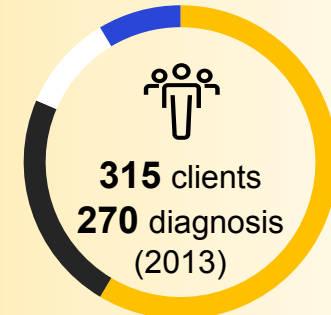
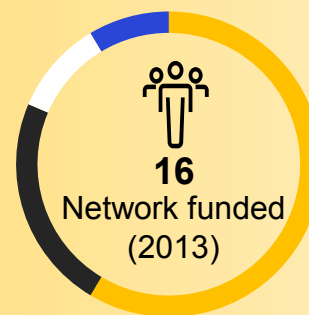
CanFASD. (2017). *General Information on FASD*. Retrieved 11 06, 2017, from Canada FASD Research Network: <https://canfasd.ca/online-learners/general-information-on-fasd/>

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McDonald SW, Hicks M, Rasmussen C, Nagulesapillai T, Cook J, & Tough SC. (2014). *Characteristics of women who consume alcohol before and after pregnancy recognition in Canadian sample: A prospective cohort study*. *Alcoholism: Clinical and Experimental Research*, 38(12), 3008-3016

## Assessment and Diagnosis

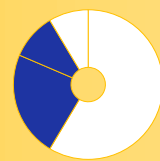
FASD assessment and diagnosis clinics for children, youth and adults are available in every region of Alberta. Having an FASD diagnosis and an individualized support plan based on the assessment result in increased access to supports and services and positive outcomes. In 2013, there were 25 FASD assessment and diagnosis clinics in Alberta. The 16 clinics that were Network-funded had 315 clients, of which 270 received a diagnosis (Government of Alberta, 2014)



## Supports for Individuals and Caregivers

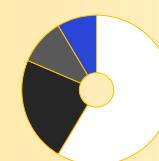
In 2013, 37 Network-funded organizations provided FASD support services to 1,038 suspected of or diagnosed individuals and to 488 caregivers. Young adults with FASD presented with the largest number of challenges at admission, compared to any other client group. Because of the services received, 68% of individuals reported taking better care of themselves, 51% experienced improved relationships with families and friends, 86% knew where to look for the help they needed, and 76% accessed new community services (such as addictions, mental health, income, employment, housing) (Government of Alberta, 2014).

68%



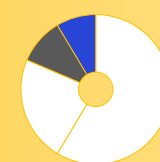
individuals taking better care of themselves

51%



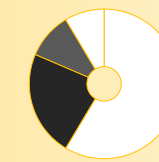
improved relationships

86%



knew where to get help

76%



accessed new community services

## New Initiatives:

- New or expanded FASD assessment and diagnosis services for adults in every Network.
- Seven new PCAP programs in Indigenous communities.
- Two supportive housing projects (Hope Terrace in Edmonton and Mackenzie Supportive Housing in High Level).
- The 2<sup>nd</sup> Floor Recovery Centre (Lakeland FASD Network), a residential addiction treatment program open exclusively to women.

## Challenges:

Research by the Institute of Health Economics estimates that the annual cost of FASD in Canada is \$9.7 billion. Of this amount, criminal justice accounts for 40%, health care for 21%, education for 17%, social services for 13%, and other for 9%. The total cost of FASD in Alberta is estimated at \$970 million per year and the incremental lifetime cost of FASD in Alberta is \$800,000 (Thanh, 2015). The FASD-informed services and supports provided by Networks are key to reducing adverse outcomes, such as legal issues, health problems, homelessness, unemployment or school drop-outs.

The Year 7 Evaluation (Government of Alberta, 2014) identified two challenges for the Service Network model:

1. Increased awareness about FASD and increased access to assessment and diagnosis have resulted in much greater demand for services in all pillars.
2. While the Network funding has increased over time as new projects were added, the core funding remained the same. New funding has not matched the increase in the number of individuals requiring services.

Except for new project funding, Network operational funding has remained stagnant since 2014. The demand for services has continued to increase and waitlists have become longer. Networks have adapted their service delivery models and strengthened community collaboration and cooperation to address the growing needs, but they are all working at capacity now. Without an increase in funding, Networks are no longer able to meet the increased demand for services.

1

\$ 9.7 billion

Annual cost of FASD in Canada.  
(IHE)

2

\$ 970 million

Annual Cost of FASD in Alberta  
(IHE)

3

\$ 800,000

Incremental lifetime cost of FASD  
in Alberta (Thanh)

4

\$ 16 million/yr.

Network funding stagnant since  
2014 although an increase to \$ 45  
million was part of the original plan.

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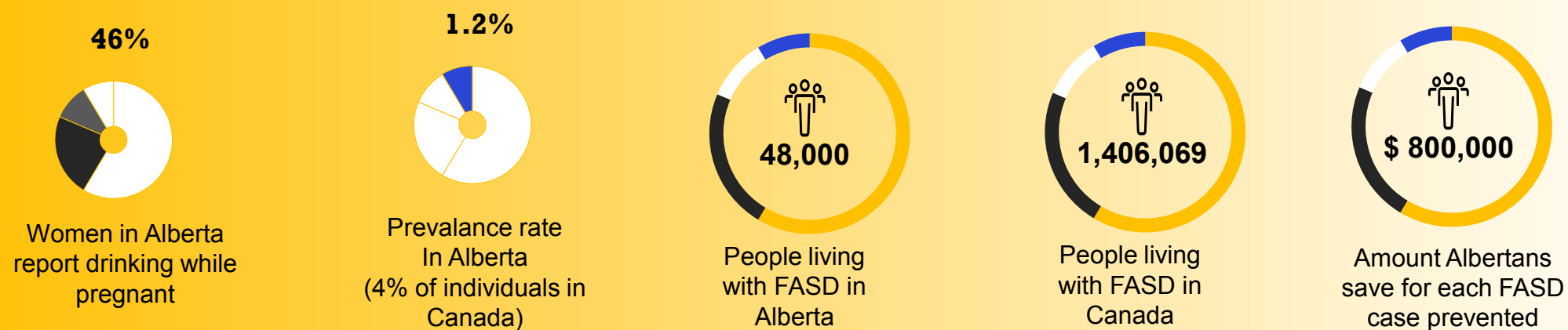
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## All about FASD and the Networks:

**Fetal Alcohol Spectrum Disorder (FASD)** is a medical diagnosis that describes the range of effects that can occur in an individual who was prenatally exposed to alcohol. Alcohol exposure during pregnancy results in changes to the developing brain at neurochemical and structural levels. These challenges can include problems in social communication and attention, motor and sensory problems, memory, and difficulty learning from consequences. As a child grows, they are also at increased risk for depression, anxiety and other mental health conditions (CanFASD 2017).

**No alcohol is best when pregnant or planning to become pregnant.** Yet, 46% of women in Alberta report drinking alcohol during pregnancy, most at low to moderate levels. (McDonald, 2014). A study by Alberta's Institute of Health Economics (Thanh et al., 2014) estimated an FASD prevalence rate of 1.2% of the Alberta population. Based on 2016 census data (Statistics Canada, 2017), an estimated 48,000 people with FASD were living in Alberta in 2016. Current studies suggest that up to 4% of individuals in Canada have FASD. This is 1,406,069 people with FASD in Canada today, (CanFASD, 2017).

For each prevented case of FASD, Albertans save about \$800,000 (Thanh et al., 2010). An economic evaluation of the PCAP program (Thanh et al., 2015) found that PCAP was cost-effective and produced a significant monetary benefit for Alberta. Year 7 evaluation findings suggest that Networks deliver effective and efficient FASD services to Albertans in their region.



## FASD Service Networks:

Alberta FASD-Cross Ministry Committee and Alberta's 12 regional FASD Service Networks have successfully developed and implemented an FASD prevention and service delivery model that is client-focused and results-oriented. FASD-informed supports and services are now accessible to Albertans in every corner of the province. Networks have evolved into well-managed organizations with deep roots in their communities (Government of Alberta, 2014). They are the holder of FASD evidence and best practice within their region.

The FASD Service Network Program is as a leading practice model for service delivery, supporting community-based partnerships of agencies and organizations working together to build capacity for FASD prevention, assessment and diagnosis, and the provision of supports and services for individuals with FASD, their families and caregivers.

Respect for cultural diversity, and the development of culturally-informed services in collaboration with Indigenous and immigrant families and communities are key drivers of FASD Service Network Program design.

