

Fetal Alcohol Spectrum Disorder (FASD)

Alberta FASD Cross-Ministry Committee

FASD Service Network Program

Operating Grant Policies

Turning promising practices
into promising futures...

REVISED: August 2019



The Alberta FASD Cross-Ministry Committee (FASD-CMC) developed these Operating Grant Policies for the Alberta FASD Service Network Program.

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1. Introduction

1.1 Alberta FASD Service Network Operating Grant Policies

Operating Grant Policies describe the expectations of Alberta FASD Service Networks receiving grants through the Alberta FASD Service Network Program. Grants are provided by the Government of Alberta under the leadership of the FASD Cross-Ministry Committee (FASD-CMC) through the Ministry of Community and Social Services.

Operating Grant Policies enable and support Networks to improve the quality and coordination of services delivered to individuals, families and communities affected by FASD. Operating Grant Policies describe the core requirement of aligning Network activities with the FASD-CMC Strategic and Operational Plan (S&O Plan) **Appendix A**, and the core elements of the Network Program:

- The structure of the Network Program, including guiding principles, accountabilities, and roles and responsibilities
- Administration of the funding process, including planning, reporting and timelines
- Programming expectations that describe key principles underlying the delivery of FASD programs and services funded under the Network program.

The FASD-CMC also provides funding to support Provincial FASD Initiatives and Ministry-specific Initiatives. **These Operating Grant Policies do not pertain to funding that a Network or community agency may receive as a result of Provincial and/or Ministry-specific FASD Initiatives**, or from other funding sources.

1.2 Compliance

Networks receiving grants under the Network Program must comply with the requirements outlined in these Operating Grant Policies as a condition of receiving funding. Where a Network is not able to meet the requirements, advanced approval from the FASD & Disability Initiatives area of Community and Social Services is required.

Where a Network may benefit from additional support to become fully compliant, a work plan may be developed in partnership with the Network and the Provincial FASD Service Network Coordinator (Provincial Coordinator). In cases where changes to these Operating Grant Policies require changes in the operation, organization or activity of one or more Networks, the FASD-CMC will specify adequate time for the transition.

2. Alignment with Alberta's FASD-CMC Strategic and Operational Plan (S&O)

Networks are required to align their GoA funded activities with the S&O Plan. Key elements of FASD-CMC's prevention and service delivery model include:

- **Four Levels of Prevention:** The FASD-CMC has adopted the continuum of care model, developed by Canadian FASD prevention specialists and published by the Public Health Agency of Canada, which identifies four mutually reinforcing FASD prevention approaches linked to overall alcohol strategies. The four levels 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.
- **Five Strategic Pillars and Five Goals:** The S&O Plan is a framework of Five FASD Strategic Pillars and Goals that capture the Four Levels of FASD Prevention.
- **FASD Outcome-based Management System:** Under each strategic pillar and goal, outcomes are identified for both the FASD system and for clients. Each outcome is supported by a set of performance indicators. Actions to be undertaken in the fiscal year are identified under each outcome.
- **Key Direction Setting Documents:** The S&O plan identifies a set of high-level documents that set the direction for the selection and implementation of all identified actions. All GoA funded activities undertaken by the Networks must demonstrate their alignment with these documents. All reports from the Networks on funding received must demonstrate steps taken to implement this alignment.
- **Evaluation and Data Collection:** To measure results, the FASD-CMC relies on data collection supported by two data management platforms and other FASD evaluation surveys and templates:
 - **The FASD Online Reporting System (ORS):** Data collected includes client demographics, assessment and diagnosis results, presenting issues, and changes in the status of presenting issues. Network programs are required to input client data into ORS.
 - **Penelope Integrated Case Management Software (Penelope):** This software is used to manage information collected on clients participating in a Parent-Child Assistance Program (PCAP). Networks receiving funding for PCAP programs are required to use this software to demonstrate alignment with the S&O Plan.

3. Operating Grant Policies

Networks are required to provide a continuum of coordinated services under the Five Strategic Pillars, demonstrate alignment with the S&O Plan, and meet criteria for planning, reporting and financial management as outlined within the Operating Grant Policies.

3.1 Network Guiding Principles

- **Develop a collaborative and flexible approach.** The Networks will promote collaboration among stakeholders at the government, agency and community levels in a flexible environment where Networks form and operate in a manner that optimizes responsiveness to unique local needs.
- **Align with identified direction-setting documents.** The development, implementation and ongoing improvement of the Network Program will be guided by provincial strategic directions established by the FASD-CMC in consultation with Alberta's FASD community at the National, regional and local levels, and with Canada's Indigenous peoples.
- **Promote a strength-based approach.** Networks will provide services to individuals and families that build on current strengths and capabilities.
- **Address needs across the lifespan without age barriers.** The Networks will focus on a developmentally sensitive approach to FASD from pre-conception to death, including transitional priorities such as from youth to adult.
- **Focus on accountability and transparency.** Networks will be managed in a fiscally responsible and transparent manner, including regular reporting of FASD activities and measurable results to stakeholders.
- **Build on existing capacity to address identified needs.** Networks will enhance and align with existing service offerings and facilitate development of new services where none currently exist. The program will not duplicate or replace current services or funding streams.
- **Be respectful of a wide range of perspectives.** Network design and operations will respect cultural diversity, including First Nations, Métis, Inuit and immigrant populations.
- **Use the GBA+ lens to inform services.** Network programs and services will be GBA+ informed to ensure they are equally accessible to individuals of all genders and other intersecting identity factors, such as age, education, language, geography, culture and income.
- **Advance organizational learning.** Networks will promote collaboration and best practices within the Network Program through participation in Provincial Leadership meetings and provincial initiatives and by creating communities of practice.

3.2 Network Program Structure: Accountability

Figure 1 demonstrates accountability relationships between the FASD-CMC, provincial resources and community-based Networks. At the Network level, communities determine membership and partnerships. It is ***not*** intended to present patterns of communication within the Alberta FASD Network Program.

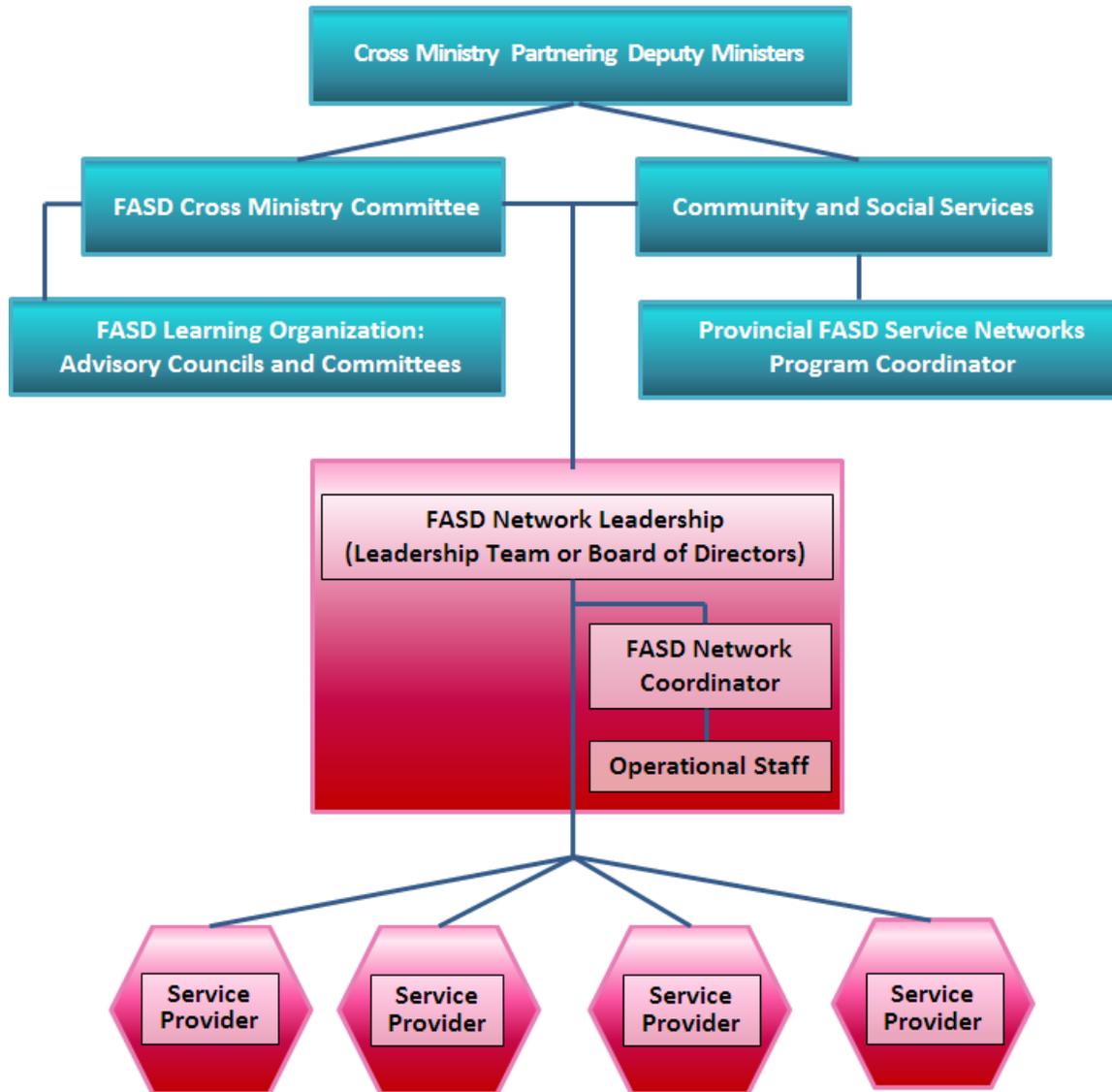


Figure 1: FASD Service Network Program Structure: Accountability

Roles and responsibilities are limited to the Network Program funding provided by the Government of Alberta under the leadership of the FASD-CMC through grants from the Ministry of Community and Social Services as administrative lead for the initiative as outlined in FASD Service Network Program Roles and Responsibilities **Appendix E**.

4. Program Administration Policies

The FASD-CMC has developed a number of tools and resources in order to assist Networks with managing administrative requirements. These resources are available by contacting the Provincial Coordinator.

4.1 Application, Adjustments and Reporting

Networks are required to prepare and submit planning documents for each fiscal year according to the timelines outlined in this section.

- Schedule A - Business Plan and Annual Report (**Appendix B**) is required to project the priorities of planned Network activities and
- Schedule B - Financial Reporting Templates (**Appendix C**) is required to project the costs of planned Network activities.

Both documents must comply with Operating Grant Policies, must contain identical budget projections and be submitted together **by November 15**. Funding is contingent on approval by the Legislature of the annual budget of Community and Social Services and on the Minister approving grants under the regulation.

4.1.1 Schedule A – Business Plan and Annual Report

Schedule A has three purposes:

1. Requiring Networks to plan how they will use their grant funding to:
 - Align with the goals, outcomes, and performance indicators of the FASD-CMC Strategic and Operational Plan.
 - Enhance, sustain or develop new FASD programs and services, as well as Network governance and operations, based on demonstrated community need and Network priorities.
2. Allow the FASD-CMC to evaluate the sufficiency of proposed Network activities according to the Operating Grant Policies.
3. Keep the FASD-CMC and the Provincial FASD Program Coordinator informed of planned Network activities and expenditures.

Timelines:

Schedule A and Schedule B must be submitted to the Provincial FASD Program Coordinator no later than November 15th.

4.1.1.1 Network Information

This is the identifying and contact information for the Network. If information has changed since the previous grant application, indicate by adding “-NEW” to the Changed Since Last Application column.

Network Profile should include a brief overview of your network operations and may include vision, goals and overarching priorities.

Principles of Service Delivery should include an overview of business strategies and rationale.

4.1.1.2 Network Actions: Planning and Budgeting

These are the activities that the Network plans to carry out or contract to partnering agencies. The Action Template should be copied, pasted and completed for each Network Activity. Each Action should be numbered. Indicate funding source(s) and Service Category.

Provide a descriptive narrative of Key Activities, timeframe and alignment with the current Strategic & Operational Plan and Performance Indicators.

List all Service Delivery Partners involved in the Key Activities and indicate budget amount.

4.1.1.3 Summary of Financial Expenditures

Provide a summary by Service Category of Budget Expenditures as listed in Actions – Budget Allocations. The total Budget Expenditures must match the **sum of Budget Submission** from two sections of the **GoA Schedule B**:

1. **Section 2 A** (*Network Service Delivery Expenditures*) AND
2. **Section 2 B** (*Network Operations Expenditures, which may not exceed a maximum of 10% of the total funding received by a Network from Community and Social Services*).

4.1.1.4 Priorities for Additional Funding

Network business plans should assume a stable level of funding. However, Networks need to consider priorities for additional funds should they be made available.

4.2 Adjustments

The activities that the Network plans to carry out or contract to partnering agencies and/or budget allocations may alter over the term of the grant. Funding reallocation between service categories, **amounting to 10% or less of the decreasing budget**, may be made at the discretion of the Network and reported to the Provincial Coordinator. Funding reallocation between service categories of over 10% of the decreasing budget must be pre-approved. Requests are to be submitted to the Provincial Coordinator on **Schedule B1 – Adjustment Request (Appendix D)**.

Reallocation of funds from a service category to Network Operations or Organizational Learning can only be made with prior approval by the Provincial Coordinator and the total administrative budget must not exceed 10% of the Network grant amount.

4.3 Reporting

Networks are required to report in the form of a biannual oral report and written annual report as outlined in **Schedule A**.

4.3.1 Oral Biannual Reports

The Provincial Coordinator will schedule Oral Biannual Reports to be conducted either in person or by telephone. Biannual financial reporting, Schedule D, must be submitted electronically or in hard copy.

Timelines

Schedule B Financial Reports for the first two quarters must be submitted electronically or in hard copy by **October 30. Oral reports will follow the submission of Schedule B Financial Reports. Oral reports should take 1 to 2 hours and must be completed prior to **November 30**.*

4.3.1.1 Oral Biannual Report Agenda

- **Network Updates:**
 - Changes to Network Information
 - Changes to Operations Budget
 - Improvements to Network Management
 - Challenges to Network Management
- **Action Items:**
 - Changes in Key Activities
 - Changes in Service Budget
 - Successes/Challenges
- **Summary**
 - Overarching Successes, Challenges and Opportunities
 - Adherence to Direction-Setting Documents

Specific Action Items with significant variances in Key Activities/Budget must be reported prior to the scheduled Biannual Oral Report. Additional Actions as selected by CSS may be reviewed.

4.3.2 Annual Reports

FASD Service Network Program Schedule A – Business Plan and Annual Report provides the template for the Annual Report.

Provide the Actual Expenditure for each funded Action. If there is a variance of more than 10% between Budget Allocation and Actual Expenditure, itemize the reason(s) for the variance and include reference to **Schedule B1 – Adjustment Request (Attachment D)**.

Provide a narrative report of Successes, Challenges, Opportunities and Innovations. Include any variations that occurred in the delivery of the Key Activities from the submitted plan.

Complete Section 3. Summary of Financial Expenditures: Total Expenditures. Provide a summary by Service Category of **Total Expenditure** as listed in Actions – Actual Expenditure.

Total Expenditures must match the **sum** from two sections of the Audited **GoA Schedule B: 5.**

Annual Report:

1. **Section 2 A** (*Network Service Delivery Expenditures*) AND
2. **Section 2 B** (*Network Operations Expenditures, which may not exceed a maximum of 10% of the total funding received by a Network from the FASD-CMC in each fiscal year.*)

Timelines

Annual reports are due no later than **90 days after the grant period end date**. For Grant Terms April 1 to March 31, annual reports are due **June 30**. Failure to provide required documents may delay distribution of funds or approval of subsequent grant applications.

4.4 Distribution of Network Funds

FASD Service Networks operating according to the Operating Grant Policies are funded by Community and Social Services on behalf of the FASD-CMC.

The majority of Network funding will be distributed to address gaps or enhance FASD programs and services in the community as identified under the five strategic pillars in the FASD-CMC's annual Strategic and Operational Plan. In order to provide funding within the identified service categories, Networks must meet the following requirements to ensure accountability for funding decisions:

- **Networks shall solicit funding proposals or other expressions of interest from the community**, and communicate clearly the expectations and criteria for these proposals.
- **Network Leadership Teams must approve funding criteria** that govern funding decisions and enable allocation of funds according to priorities in the Schedule A. Funding criteria are a set of factors to help decide which projects in the community should receive Network funding. The purpose of establishing these funding criteria is to: (1) create a transparent decision-making process that allows the Network Leadership Team to justify funding decisions; and (2) avoid conflict of interest situations and minimize risk to the Network Leadership Team by ensuring funds are allocated according to agreed-upon Network priorities, and not the interests of agencies who have requested funding from the Network. These funding criteria must be reviewed and approved annually by the Network Leadership Team, and cannot be delegated to operational staff.
- **Network Leadership Teams must develop and implement a transparent process for making funding decisions according to their funding criteria.** This process must prevent funded service providers and community partners who have applied for Network funds from participating directly in funding decisions. The purpose of this process is a consistent

means of making funding decisions that enables the Leadership Team to justify spending.

- **Network Leadership Teams must review funding decisions and contracts annually** as a condition of their renewal, giving consideration to changing community needs and Network priorities. The purpose of this review is to ensure that funding is distributed each year in accordance with the Network Schedule A and priorities, and not the needs of the previous year. This means that contracts and funding arrangements cannot simply be assumed to continue from year to year.

4.4.1 Network Operations Expenditures

In addition to funds for FASD services in the community, Network funding recognizes the costs of administering the Network Program. Network operations expenditures may not exceed a **maximum of 10% of the total funding received by a Network** in each fiscal year. Eligible operation costs are defined within the *Schedule B – Financial Reporting Template*. Three important clarifications to this form are:

4.4.1.1 Salary and Benefits

Costs for operational staff (including Network Coordinators) are essential to Network program delivery. It is understood that in some cases operational staff also perform duties considered to be direct service delivery. In those instances, staffing costs should be appropriately allocated between the applicable program cost and network operational costs.

This can also apply to the Network Coordinator with cost allocated to services under the following recommended ratio:

- 20% to Prevention
- 20% to Assessment & Diagnosis
- 20% to Supports and Services, and
- 40% to Organizational Learning

4.4.1.2 Awareness Initiatives

As further clarified in Section 5.1.1, awareness and understanding (Level 1 Prevention) and prevention (Level 2 Prevention: Safe Discussions) activities and information campaigns are eligible for Network funding up to a specified amount recommended by FASD-CMC and approved by Community and Social Services, currently to a maximum of \$10,000, whether administrative or otherwise. Essentially, this means that Networks can fund awareness campaigns or materials aimed at increasing the public's general knowledge (awareness and understanding) of FASD.

Awareness campaigns and promotional product designs must be approved prior to use.

4.4.1.3 Capital

Networks **cannot** issue capital expenditures greater than \$5,000.

4.5 Contract Management

The contract manager is accountable to the Network Leadership Team to create, administer and enforce written agreements that govern funded service delivery as directed by the Network Leadership Team. The contract manager need not be a member of the Network or Network Leadership Team. The contract manager must possess the necessary competency and capacity to ensure and to demonstrate accountability of service providers to Network contracts.

The Contract Manager cannot be:

- A Network member receiving FASD-CMC funds to provide FASD programs or services. To play both of these roles would create an unacceptable conflict of interest situation in which an organization is responsible for holding itself accountable.
- Employed by or in any way accountable to a Network member who is receiving FASD-CMC funds. This means, for instance, that employees of funded service providers (including the Network Coordinator) cannot act as the contract manager.

A Network contract manager must:

- Draft and administer written agreements for funded FASD services under the direction of the Network Leadership Team.
- Ensure that programs and services funded by the Network comply with appropriate privacy legislation (i.e., the *Freedom of Information and Protection of Privacy Act* and the *Health Information Act*).
- Provide oversight by ensuring that service providers are compliant with written agreements, and by directly enforcing agreement provisions (service provision, financial and other reporting). This includes the following responsibilities:
 - Identify and escalate compliance issues to the Network Leadership Team
 - As needed and when directed by the Network Leadership Team, initiate legal or other action to ensure accountability of funded service providers.
- Demonstrate to the Network that service providers are compliant with written agreements through consistent reporting to the Network Leadership Team.
- Maintain up-to-date records that are accessible to the Network Leadership Team, the FASD- CMC, Community and Social Services, and Provincial Coordinator.

5. Program Operation Requirements

5.1 Alignment with the FASD-CMC Strategic and Operational Plan

Networks must demonstrate their alignment with the FASD-CMC's annual Strategic and Operational Plan in the delivery of their FASD-CMC funded programs and services. Following is a list of requirements and recommendations that will help demonstrate their alignment with the Strategic and Operational Plan.

Overarching requirements for funding are that Network-funded programs are evaluated, and that Networks:

- Have explored, where appropriate, the need for OCAP[®] agreements with the Alberta First Nations Information Governance Council and with First Nations communities.
- Contribute data to performance indicators identified in the current Strategic and Operational Plan.
- Support the use of survey tools adopted by the FASD Advisory Councils

5.1.1 AWARENESS AND UNDERSTANDING

Strategic Pillar #1 - Level 1 Prevention (Public Awareness and Understanding): Awareness programs educate and inform Albertans about the dangers of drinking alcohol while pregnant, the effects of FASD, and the impacts of FASD on individuals, families and communities. These programs also increase overall awareness about healthy pregnancy.

Required approaches and practices include:

- Participation in public awareness activities that are focused on changing attitudes and behaviours.

5.1.2 PREVENTION

Strategic Pillar #2 - Level 2 Prevention (Safe Discussions): Includes programs such as *The Prevention Conversation – A Shared Responsibility*, which are targeted toward women of childbearing age (10-49 years old) who use substances and their support system.

Strategic Pillar #2 - Level 3 and 4 Prevention (such as the Parent Child Assistance Program (PCAP)): These programs are targeted towards women who have given birth to one or more children affected by FASD, and women who are known to be pregnant and consuming alcohol or other harmful substances. These services help women recover from the harmful effects of substance abuse and help stabilize their mental and physical health. In PCAP, each mother is assigned to a paraprofessional advocate (mentor) who works intensively on a one-to-one basis with her and her family for three years

postpartum. PCAP uses a case-management approach and concentrates not only on reducing alcohol and drug use but also on reducing other risk behaviours and addressing the health and social wellbeing of the mothers and their children.

The goals of Level 3 and 4 Prevention programs are to:

- Assist mothers in obtaining treatment, maintaining recovery, and resolving the complex problems associated with substance abuse
- Assist male partners in obtaining support for parenting practices
- Guarantee that the children are in a safe environment and receiving appropriate health care
- Effectively link families with community resources
- Demonstrate successful strategies for working with this population to reduce the numbers of future children affected by prenatal exposure to drugs and alcohol.

Required approaches and practices include:

- **Promoting healthy pregnancies** through the provision of services that address broad determinants of health such as poverty, violence against women, discrimination, isolation, and personal barriers to health.
- **Using a harm reduction approach** to reduce or contain the adverse health, social and economic consequences of alcohol. This practice philosophy is non-punitive and encourages and promotes a reduction and/or elimination in consumption of alcohol.
- **Using trauma-informed care and harm reduction** by providing clients with increased access to trauma-informed addiction treatment services.
- **Using a holistic approach** that is woman-centered, culturally sensitive, and non-punitive, involves women in determining strategies and direction, and develops community supports that invite women's involvement and diminish isolation.
- **Using culturally appropriate and culturally safe approaches** for services provided to Indigenous peoples (First Nations, Métis and Inuit populations) and for immigrant populations, respecting the uniqueness of these communities and different ways of knowing. This requires a holistic approach that values cultural and spiritual traditions and incorporates a community-wide approach to healing and recovery by linking with Elders/Seniors, other individuals and organizations as part of the extended circle of support.
- **Using relationship-based practices** that acknowledge and support a woman's sense of connectedness to herself and others in prevention and treatment settings. The Parent Child Assistance Program (PCAP) is an example of a relationship-based practice.
- **Active outreach**, which is important for connecting community members to supports and services across the lifespan.

- **A coordinated approach** that involves multiple sectors that together provides a continuum of accessible services and addresses gaps in delivery.
- **Services available across the lifespan** that may range from prenatal care for mothers-to-be, education supports for children, and employment and housing services for youth in transition and/or adults.

Requirements for funding to be demonstrated in Network business plans:

- Involvement in Level 2 Prevention (Safe Discussions), such as *The Prevention Conversation*, and in Level 3 and 4 Prevention (such as PCAP).
- That individuals and families accessing prevention services receive supported referrals. Supported referrals offer assistance to clients to link them with services rather than simply providing contact information. These referrals are individualized and may include a follow-up process to ensure client engagement.
- That prevention services include mentorship and outreach components.
- That PCAP data is entered into the Penelope Case Management Database.

5.1.3 ASSESSMENT AND DIAGNOSIS

Strategic Pillar #3 - Assessment and Diagnosis: Diagnostic services include medical, cognitive and behavioural assessments by a multidisciplinary team. Assessment services include appropriate screening and assessments to guide planning. Assessment and diagnostic services may or may not lead to a confirmed diagnosis of FASD. The role of an FASD diagnostic clinic is to ensure that a comprehensive, multidisciplinary approach be used to obtain an accurate diagnosis and a comprehensive assessment of an individual's functional abilities.

Required approaches and practices include:

Following Canadian Guidelines: All assessment and diagnostic clinics will follow the most current Canadian guidelines for diagnosis, *Fetal alcohol spectrum disorder: A guideline for diagnosis across the lifespan (2015)*.

Multidisciplinary team approach: Effective use of a **multidisciplinary team** involves both retaining differentiated disciplinary roles and developing shared core tasks. It requires shared leadership, effective team management, clinical supervision and explicit mechanisms for resolving role conflicts and ensuring safe practices. Multidisciplinary team composition will vary depending on the age and/or presentation of the individual being assessed.

Screening, referral and support: Assessment and diagnosis helps indicate appropriate supports for individuals with FASD and their families and can help reduce the number of secondary disabilities or mitigate adverse experiences often seen in individuals impacted by FASD. A critical part of the diagnostic process is screening individuals who may have FASD and making the appropriate referral for service. Please refer to section 1.0 of the 2015 Canadian guidelines.

Re-assessment over the lifespan: Clinicians are reminded that presentation and function related to FASD changes over the lifespan of the individual. A negative diagnosis at an early age does not preclude a diagnosis at a later age. Resetting of expectations is a major educational process for caregivers, schools and community services. There is the need to shift from a focus on brain damage to a focus on realistic expectations for the future.

Strength-based approach: Assessment and diagnostic results should be presented from a strength-based approach to support appropriate planning and referral.

Information protocols: Recognition of the importance of information sharing, and disclosure of information related to the assessment and diagnosis of individuals (their families and/or caregivers) in compliance with the *Health Information Act, Freedom of Information and Privacy Act and Personal Information Protection Act*.

Alberta Health’s FASD System Review recommendation:

Screen all children apprehended or entering foster care: Screen children for FASD along with other conditions, and provide appropriate supports.

5.1.4 SUPPORTS FOR INDIVIDUALS AND CAREGIVERS

Strategic Pillar #4 – Supports for Individuals and Caregivers: Supports include programs and services that enhance protective factors and enable individuals and families affected by FASD to reach their potential in the community. Supports promote the development and well-being of individuals and caregivers, keep them safe and protected, and promote healthy communities.

Types of supports may include: coordination, advocacy, mentoring, and support groups.

Definitions and descriptors for these methods or practices are included here to assist networks and agencies in enhancing their FASD support programs.

- **Coordination and Advocacy** involves assistance with accessing services such as community supports including respite and recreation; detoxification and treatment; health care (both general and prenatal); education (for affected individuals and caregivers); employment; transportation; assistance with criminal or family justice issues; pregnancy and outreach programs; income supports and/or housing.
- **Mentoring** includes intensive support and guidance that assists individuals in making healthier choices for themselves and their families; allows for and encourages learning between the individual and mentor and increases the individual’s self-advocacy skills; sets realistic and practical expectations; focuses on building trusting, respectful and non-judgmental relationships; adapts to the individual’s needs and allows for participation in developing his/her own unique work plan; uses teaching strategies such as active listening and role modeling; and links individuals to resources.
- **Support groups** (facilitated, educational and/or therapeutic groups) assist with moving beyond one-on-one support and addressing issues of social isolation.

Required approaches and practices include:

- **Coordinated access:** Individuals affected by FASD and their caregivers have coordinated access to supports and services that meet their needs and enhance their capacity to function in communities.
- **Community capacity building** to support children, youth, adults and their support networks affected by FASD.
- **Using a strengths-based approach** when planning appropriate supports. This type of approach incorporates an individual's personal strengths as well as the strengths of those in their support networks. It is essential that support and plans reflect these differences. For example: Tailoring programs to match the interests and abilities of individuals.
- **Addressing the deficits:** Although a strength-based approach is encouraged, deficits also need to be addressed, particularly when individuals are involved with the justice system.
- **Providing outreach** for children, youth, adults and their support networks to improve life circumstances. Outreach is important for connecting individuals and families to a comprehensive variety of supports in the community.
- **Recognizing changing needs:** Both support requirements and an individual's needs change through stages of an individual's life. Support requires strategies, not solutions.
- **Recognizing family members of children with FASD** may have unidentified FASD themselves. This has implications in terms of their ability to negotiate programs and services as well as implement recommendations.
- **Succession planning** for personnel/mentors caring for individuals with FASD to support aging-in-place.
- **Providing Continuity of care** to improve outcomes for individuals with FASD by designating oversight of Individual Services Plans for adults to ensure new issues arising are addressed in a timely manner.
- **Involving schools:** Parents of children with FASD often report schooling as an area of concern. To better meet the needs of students with FASD, and their families and caregivers, schools need access to adequate resources, information and community supports. School staff also need to be involved in collaborative planning with families and community agencies in order to provide these students with supportive educational and behaviour programming, as well as planning and support for transitions.

Requirements for funding to be demonstrated in Network business plans:

- Support for programs and services that build a community's capacity to meet the needs of those affected by FASD.

- That service providers are using **case-management plans** to:
 - Address recommendations from an individual’s assessment(s)
 - Ensure supports are inclusive of both professional and natural support networks existing in an individual’s life
 - Review and update supports to reflect changing needs
 - Manage life-stage transitions.

5.1.5 ORGANIZATIONAL LEARNING

Strategic Pillar #5 – 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 planning and delivery of FASD programs and services is to be accomplished through a collaborative approach and information sharing. Data capture and analysis across systems is used to inform policy, practice and continuous improvements.

Required approaches and practices include:

- **Continuous quality improvement:** Networks are required to continuously improve their operations by aligning with key direction-setting documents, adopting leading practices and responding to recommendations to improve the seamless delivery of services.
- **Stakeholder engagement** to continuously improve Network operations and develop culturally sensitive programs and services.
- **Fairness, openness and transparency:** Networks are required to continuously improve their system processes to support accountability to both funders and stakeholders.
- **Evaluation:** Networks are required to undertake evaluation of all systems and services, and to contribute to data capture and analysis that measures results and supports the development of leading practices.
- **Training and education that** is central to the implementation of leading practice. Networks are required to support and encourage continuous professional development of all staff and service providers in their catchment area.