**Fetal Alcohol Spectrum Disorder (FASD)**

**Alberta FASD Cross-Ministry Committee**

**FASD Service Network Program Part A: Operating Grant Policies**

Turning promising practices into promising futures…

REVISED: November 30, 2017



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

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**Table of Contents**

1. [Introduction 1](#_TOC_250021)
	1. [FASD Strategic Plan. 1](#_TOC_250020)
	2. [Alberta’s FASD Service Network Program 1](#_TOC_250019)
	3. [Alberta FASD Service Network Operating Grant Policies 1](#_TOC_250018)
	4. [Compliance 2](#_TOC_250017)
2. [Alignment with Alberta’s FASD-CMC Strategic and Operational Plan 3](#_TOC_250016)
3. Operating Grant Policies 5
	1. [Guiding Principles 5](#_TOC_250015)
	2. [Network Program Structure: Accountability 6](#_TOC_250014)
	3. [Roles and Responsibilities 7](#_TOC_250013)
4. [Program Administration Policies 12](#_TOC_250012)
	1. [Provincial Disbursement 12](#_TOC_250011)
	2. [Planning, Reporting and Timelines 12](#_TOC_250010)
		1. [Business Plan 12](#_TOC_250009)
		2. [Grant Application 13](#_TOC_250008)
	3. [Reporting 13](#_TOC_250007)
	4. [Timelines 14](#_TOC_250006)
	5. [Distribution of Network Funds 14](#_TOC_250005)
		1. [Network Operations Expenditures 15](#_TOC_250004)
	6. [Contract Management 16](#_TOC_250003)
5. [Program Operation Requirements 17](#_TOC_250002)
	1. [Alignment with Key Direction-Setting Documents 17](#_TOC_250001)
	2. [Alignment with the FASD-CMC Strategic and Operational Plan 17](#_TOC_250000)
		1. Awareness and Understanding 18
		2. Prevention 18
		3. Assessment and Diagnosis Revisions Pending 20
		4. Supports for individuals and caregivers 23
		5. Organizational Learning 25

**List of Appendices**

Appendices are found in a companion document entitled: **Part B: Appendices for FASD Service Network Program Operating Grant Polices (Updated: November 30, 2017).**

Included in **Part B: Appendices** are:

**Appendix A:** FASD-CMC Strategic and Operational Plan 2017-18

**Appendix B:** FASD Service Network Program Business Plan, Biannual Reporting and Annual Reporting Workbook

**Appendix C:** GoA Schedule B - Financial Reporting Template

**Appendix D:** Grant Application

**Appendix E:** Contract Management Competencies

**Appendix F:** Sample Staffing Agreement

# Introduction

## FASD Strategic Plan

Until March 2017, **Alberta’s FASD 10-Year Strategic Plan** prescribed the core strategic direction for the government’s FASD response. This work is being continued through a post 10-year FASD Strategic Plan. The vision is to develop a comprehensive and coordinated response to FASD across the lifespan and a continuum of supports and services that is respectful of individual, family and cultural diversity that is inclusive of First Nations, Métis, Inuit and immigrant populations.

## Alberta’s FASD Service Network Program

The cornerstone of the 10-Year Strategic Plan was the **Alberta FASD Service Network Program** and its 12 regional **Alberta FASD Service Networks** (Networks). Eleven Networks serve geographical Alberta regions and one Network serves Métis Settlements. Under direction of FASD Cross-Ministry Committee (FASD-CMC), Networks are community-based and community-led. They were established to help coordinate access to FASD supports across the lifespan, to enhance existing FASD cross-sectoral services, and to build new ones where none exist.

The regional Networks are now the primary vehicle through which Albertans can access wraparound, collaborative, community-driven services across the lifespan for FASD prevention, assessment and diagnosis, and supports for individuals and their caregivers. The Networks work alongside the many agencies and organizations providing programs and services that support children, youth, and adults diagnosed or suspected of FASD, and their families and caregivers.

They support and mentor clients referred to an FASD clinic prior to, during and after assessment and diagnosis. Services include helping clients and their caregivers access service recommendations made as part of the assessment and diagnostic process. The Networks help establish connectivity and continuity between community and health sectors to achieve a full continuum of services for the clients they serve.

The Networks have developed and are delivering an FASD prevention and service delivery model that is client-focused and results-based, enabling individuals with FASD, their families and caregivers, to access information and services through a single door - the Alberta FASD Service Network in their region. Respect for cultural diversity, including First Nations, Métis, Inuit and immigrant populations continues to be a key driver of Network design and operations.

## Alberta FASD Service Network Operating Grant Policies

The purpose of these Operating Grant Policies is to describe the expectations of Alberta FASD Service Networks receiving grants through the Alberta FASD Service Network Program. These grants are provided by the Government of Alberta under the leadership of the FASD-CMC through the Ministry of Community and Social Services (the administrative lead for the Network Program).

The Operating Grant Policies are designed to enable and support Networks to improve the quality and coordination of services delivered to individuals, families and communities affected by FASD. More specifically, Operating Grant Policies describe the **core requirement** of aligning Network activities funded by the FASD-CMC with the FASD-CMC Strategic and Operational Plan (updated annually), 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 Initiatives1 and Ministry- specific Initiatives.2 **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.

The Operating Grant Policies are updated on a regular basis to support continuous improvement of the Network Program. This update aligns the Operating Grant Policies with the **FASD Strategic and Operational Plan for 2018/19** (Updated December 1, 2017). The Strategic and Operational Plan is updated annually to align actions undertaken in the fiscal year that contribute to achieving the goals of the FASD Strategic Plan**.**

## Compliance

Networks receiving grants under the Network Program must comply with the requirements outlined in these Operating Grant Policies as a condition of receiving this funding. Where a Network is not able to meet the requirements, advanced approval from the FASD-CMC Co- Chairs is required. At present, the only recognized reason that a Network would not comply with these Operating Grant Policies is if the current state or historical development of services within its catchment area has led the Network (as a legal entity) to take on the role of a primary service provider.

Where a Network may benefit from additional support to become fully compliant, a work plan will be developed in partnership with the Network and the Provincial FASD Service Network Coordinator. In cases where changes to this updated version of the 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(s) to be accomplished.

1 Provincial Initiatives are province-wide FASD activities that have been identified by the FASD-CMC and funded through designated cross-ministry budgets.

2 Ministry-specific Initiatives are activities that are led and undertaken by a Ministry, funded by their allocated portion of the FASD funding, and are consistent with Ministry directions and align with the FASD Strategic Plan.

# Alignment with Alberta’s FASD-CMC Strategic and Operational Plan

Networks are required to align their CMC-funded activities with the FASD-CMC Strategic and Operational Plan (S&O Plan), which is updated annually (See **Part B: Appendix A** – *FASD Strategic and Operational Plan 2018-19*). This document describes the key elements of FASD- CMC’s prevention and service delivery model, including:

* **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, 3 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 built on a framework of Five FASD Strategic Pillars and Five Goals that capture the Four Levels of FASD Prevention, and includes targets identified in the 10-Year Strategic Plan.
* **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 annual S&O plan identifies a set of high-level documents that set the direction for the selection and implementation of all identified actions. All FASD-CMC 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):** 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 Community and Social Services manages ORS. Network programs and services funded by FASD-CMC are required to input their client data into ORS. The enhanced ORS system tracks funding sources and has the option to include both Network and non-Network funded clients.

3 Poole, N. (2008). *Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives*. Ottawa, ON: Public Health Agency of Canada.

1. **Penelope Integrated Case Management Software (Penelope):** This software is used to manage information collected on clients participating in a Parent-Child Assistance Program (PCAP). While use of this software is voluntary, **Networks receiving FASD-CMC funding for PCAP programs are required to use this software** to demonstrate alignment with the FASD-CMC S&O Plan and to contribute data to measure results.
2. **Operating Grant Policies**

Networks are required to provide a continuum of coordinated services under the five strategic pillars and demonstrate alignment with Alberta’s strategic direction as described by the FASD-CMC in their annual Strategic and Operational Plan. Networks are required to meet criteria for planning, reporting and financial management as outlined within these Operating Grant Policies and as specified by the FASD-CMC.

## Guiding Principles

Policies are based on the following principles, which Networks will strive to achieve:

* **Develop a collaborative and flexible approach.** The Networks will promote collaboration among stakeholders at the government, agency and community levels. A flexible environment will be promoted 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. (See Section 5 of this document, below)
	+ **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, as FASD is a condition that affects a person throughout his/her life.
	+ **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.** Respect for cultural diversity, including First Nations, Métis, Inuit and immigrant populations, will be a key driver of Network design and operations.
	+ **Use the GBA+ lens to inform services.** Network programs and services will be informed by a GBA+ lens 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.

## Network Program Structure: Accountability

*Figure 1: Demonstrates accountability relationships within the FASD Service Network Program.*

It demonstrates the accountability relationship 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 Network Program.

**Cross Ministry Partnering Deputy Ministers**

**Service Provider**

**Service Provider**

**Service Provider**

**Service Provider**

**FASD Network Leadership**

**(Leadership Team or Board of Directors)**

**Provincial FASD Service Networks**

**Program Coordinator**

**Operational Staff**

**FASD Network Coordinator**

**FASD Learning Organization:**

**Advisory Councils and Committees**

**Community and Social Services**

**FASD Cross Ministry Committee**

#### Figure 1: FASD Service Network Program Structure: Accountability

## Roles and Responsibilities

The following 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. At the end of the responsibilities section for each role there is a line titled “cautions.” Most of the cautions outlined pertain to the Networks and are intended to protect the best interests of the Networks and the integrity of the Network Program.

#### Table 1: FASD Service Network Program Roles and Responsibilities

|  |
| --- |
| **Provincial-level Roles and Responsibilities** |
| **Role** | **Responsibilities** |
| The **Partnering Deputy Ministers** support Government of Alberta Ministers. |
| **FASD-CMC****FASD-CMC**Continued | The role of the **Alberta FASD Cross-Ministry Committee (FASD-CMC)** is to provide oversight and support to the FASD Service Network Program in the areas of planning, funding, accountability, communications and Network development, evaluation, and improvement.**PURPOSE:**The FASD-CMC is a coordinating body that facilitates collaboration between ministries, government agencies and stakeholders in order to:* Guide implementation and evaluation of the cabinet approved FASD 10-Year Strategic Plan and future FASD Strategic Plans by advising and making recommendations to government and community in order to achieve desired outcomes.
* Develop and promote a comprehensive and culturally sensitive cross-ministerial approach to FASD across the lifespan, in the areas of awareness, prevention, assessment and diagnosis, supports for individuals and caregivers, and organizational learning.
* Ensure effective communication with senior officials from all partnering ministries.
* Support strategic planning, research, evaluation and resource development including recommending funding and leveraging opportunities.
* Support the sharing of expertise, best practices and resource materials.

**PRINCIPLES GUIDING CROSS-MINISTRY PLANNING:*** The range of issues associated with FASD requires the involvement and collaboration of many different government ministries, government agencies, and stakeholders.
* Individuals affected by FASD and their caregivers have local access to services and supports.
* Community input is an important and fundamental component of planning for services related to FASD. This includes Aboriginal and cultural groups.
* A common message will be used to raise awareness on the dangers of alcohol use during pregnancy: “*There is no safe time or safe amount of alcohol to drink when pregnant or when planning to become pregnant.”*
* Ensure a transition plan is in place to support the sustainability of the initiative.

**ACCOUNTABILITY****The FASD-CMC is accountable** to the Partnering Deputy Ministers. The FASD-CMC reports annually or as required and provides evaluations at year 5, 7, and 10 of the Alberta FASD 10-Year Strategic Plan. Specific responsibilities of the FASD-CMC (or a designated FASD-CMC sub- committee) include:* Determine the number of Networks and their catchment areas.
* Oversee and assess the establishment and development of the Networks, and identify the future direction required to fulfill the overall vision of the FASD Service Network Program.
* Provide strategic direction required for the implementation of the Networks.
* Establish procedures for accountability at all levels of the program by providing funding and business planning processes and Operating Grant Policies for the Network Program.
* Review and recommend Network Program funding criteria, and evaluate, monitor and make recommendations on Network business plans and grant applications, based on the Operating Grant Policies developed for the Networks.
* Ensure that program review processes are in place to monitor compliance with Operating Grant Policies.
* Conduct audits on behalf of the FASD-CMC to monitor network compliance with the Operating Grant Policies.
* Final resolution of escalated issues related to funding decisions.
* Develop a Communications Plan that establishes and maintains a coordinated approach to communications with Networks, with the public, with external stakeholders and between Ministries regarding the Network Program.
* Recommend an evaluation approach, measures and reporting mechanisms for the Network Program. The FASD-CMC will oversee the data collection and data management approaches to support oversight of the Network Program that align with the outcomes and performance indicators identified in the annual FASD-CMC Strategic and Operational Plan.
* Facilitate identification and adoption of leading practices in the areas identified under the five strategic pillars of awareness, prevention, assessment and diagnosis, support for individuals and caregivers, and the FASD Learning Organization to enhance services delivered through the Network Program.
* Recommend resolution on issues related to the Network Program that are referred to the FASD-CMC by the Network Program Provincial Coordinator, by FASD-CMC subcommittees and Councils, or by Networks.
* Increase awareness and understanding of FASD across Alberta.

**Cautions:** The FASD-CMC cannot delegate the responsibility of program review or audit processes aimed to monitor and ensure alignment with the Operating Grant Policies to the Provincial FASD Service Network Program Coordinator. |
| **Service Network Program Administrative Lead****(Ministry of Community and Social Services)** | **Alberta Community and Social Services is the Administrative Lead for the FASD Service Network Program**. In this role, Community and Social Services will:* Provide program funding to the Networks or to Network Bankers in accordance with FASD- CMC, the body that makes recommendations and sets timelines.

**Cautions:** No limitations exist for Community and Social Services. |
| **Partnering GOA Ministries** | **Partnering GOA Ministries** involved in the FASD-CMC may dedicate funding to the Network Program. In this role they will:* Provide funding directly to the Network Program, or through Community and Social Services as the Administrative Lead for the Network Program, for distribution to Networks through established grant policies in accordance with FASD-CMC recommended funding decisions, approvals and timelines.

**Cautions:** No limitations exist for Partnering GOA Ministries. |
| **Provincial FASD Service Network Program Coordinator (Provincial Coordinator)****Provincial FASD Service Network Program Coordinator (Provincial Coordinator)**Continued | **The Provincial Coordinator** is responsible for coordinating all FASD Service Network Program initiatives. Specific responsibilities include:* Align Network Program activities with the Goals, Outcomes, and Performance Indicators identified in the FASD-CMC Strategic and Operational Plan, which is updated annually.
* Provide input into the development of the FASD Service Network Program.
* Support Networks in executing strategic, administrative, planning and reporting functions.
* Participate in the continuous improvement of the Operational Policies, funding guidelines, business planning templates and guidelines, and evaluation frameworks.
* Identify Network Program issues that may escalate, to the FASD-CMC and Community and Social Services.
* Liaise with Networks on behalf of the FASD-CMC through the Provincial Network Leadership Team
* Respond to enquiries related to funding decisions.
* Facilitate and enable collaboration within and between Networks as appropriate.
* Other tasks and responsibilities delegated by Community and Social Services.

**Cautions**:* The Provincial Coordinator cannot participate in making funding decisions for the Networks, as this would create an unacceptable conflict of interest with the monitoring and Network support responsibilities.
* The Provincial Coordinator cannot participate in program review processes or conduct audits on behalf of the FASD-CMC, which monitor and ensure alignment with the Operating Grant Policies, as this would be a conflict with the responsibilities to coordinate all Network Program activities.
 |
| **Community and****Services Staff** | **Community and Social Services staff** devoted to FASD initiatives will support the Network Program by assisting the FASD-CMC and the Provincial Coordinator to achieve their respective responsibilities as outlined above. As these duties pertain to the Network Program, they will be accomplished with leadership and direction from the Provincial Coordinator.FASD initiatives staff dedicated to quality assurance monitor Network alignment with the Operating Grant Policies, including requirements for reporting, accountability and data collection. They will report to the FASD-CMC on progress of the Networks, and escalate compliance issues and Program risks to the CMC as required.**Cautions:** Department staff cannot participate in governance and funding decision-making. |
| **Provincial Network Leadership Team** | **The Provincial Network Leadership Team** is comprised of at least one member of each Network Leadership Team and is the primary venue for coordination and communication between Networks, and between the FASD-CMC and the Network Program. Members of the Provincial Leadership Team are responsible for acting as liaison between their respective Networks and the Provincial Coordinator, and between their respective Networks and other Networks. In this capacity, the Provincial Leadership Team has the following responsibilities:* Provide feedback to the Provincial Coordinator on the successes and challenges of aligning their activities with the FASD-CMC Strategic and Operational Plan, and suggest opportunities for improvement.
* Provide feedback to the Provincial Coordinator on the successes and opportunities for improvement of the Network Program.
* Share the information and communications received from the Provincial Coordinator with their Networks and Network Leadership Teams, as appropriate.
* Share learnings, knowledge, experience and information between Networks.

**Cautions:** No limitations exist for the Provincial Network Leadership Team. |
| **Network-Level Roles and Responsibilities** |
| **Role** | **Responsibilities** |
| **Network Leadership Team****Network Leadership Team**Continued**Network Leadership Team** Continued | **The Network Leadership Team** is a governing body that represents and directs a FASD Service Network. The FASD-CMC does not specify who must be on the Network Leadership Team or how it is structured. The Network Leadership Team is accountable to the FASD-CMC for:* **Leadership of the Network**: ensuring the strategic direction of the Network is consistent with Operating Grant Policies and ensuring operation of the Network is effective in achieving its goals.
* **Directing and appropriately managing funds** provided by Community and Social Services for the priorities outlined in the approved business plans and additional supplementary funding from other Ministries.

**Monitoring the performance of the Network** by acquiring and reviewing measures of performance, and by holding operational staff and service providers accountable for success. **Reporting to the Provincial Coordinator** on the Network actions and results. Specific responsibilities of the Network Leadership Team include:* + - **Leadership of the Network** Engage the members of the FASD Network to assess community needs for FASD supports and services within the Network catchment area.
		- Develop and submit an annual business plan, grant application and business plan addendum to the FASD-CMC.
		- Engage partners and connect with other supports to enhance collaboration, co-ordinate service delivery and build community capacity.
		- Hire staff as required to support the efforts of the Network.
		- Clearly define and document the roles and responsibilities of the FASD Network, including the Network Leadership Team, Coordinators, the Network Banker, service providers and any additional operational staff.
		- Design a Network structure.
		- Obtain board and general liability insurance as well as automobile coverage for staff travelling.

**Cautions**: No limitations exist for the Network Leadership Team as it pertains to leadership.**Directing and Managing FASD Service Network Program Funds**Establish Network funding criteria and decision-making processes to govern the distribution of funds received from Community and Social Services. This includes:* + - Contracting processes for the procurement of services that are open, transparent and fair and demonstrate competencies in contract management (see **Part B: Appendix E** - *Contract Management Competencies*).
		- Formal agreements with a Network Banker (if the Network utilizes a banker to receive and disburse FASD Service Network Program funds).
		- Contract management processes for the Network to establish and maintain written agreements with service providers.

**Cautions**: Funded service providers, or those who are being considered for funding **cannot participate directly in Network funding decision-making**. This includes employees of Community and Social Services. This creates a conflict of interest situation when community partners contribute to decisions that impact their own funding. This does not mean, however, that funded service providers are excluded from Leadership Team membership, or from establishing funding criteria or processes in making funding decisions. This exclusion also applies to agencies and community partners who are not yet funded by the Network, but who have active funding proposals submitted to the Network. Essentially, community partners who request funding cannot also decide which service providers will get funding. In the event that the Network Leadership is a Board, they must comply with their agency’s bylaws.**Monitoring the performance of the Network*** + - Ensure that there are written agreement processes in place to monitor service providers and ensure compliance with the Operating Grant Policies.
		- Establish procedures for sharing information and dispute resolution.
		- 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*).
		- Participate in Network Program evaluation activities undertaken by the FASD-CMC.
		- Ensure there are processes in place to monitor the success of network operations, the performance of operational staff, and the provision of a continuum of services.
		- If the Network has a society status, reporting comes directly from the Service Network.

**Cautions:** Members of the Network Leadership team who are also service providers, Network members who receive funds for service provision, or any staff member employed by or in any way accountable to a Network member who is receiving funds from the Network Leadership Team to provide FASD programs or services **cannot** participate in the oversight of the written agreements. This includes employees of Community and Social Services. In the event the Network Leadership is a Board, they must comply with their agency’s bylaws.**Financial Reporting*** Comply with financial and other reporting requirements of the Ministry of Community and Social Services who provide funding under the leadership of the FASD-CMC, in their role as administrative lead for the FASD Service Network Program.

**Cautions**: No limitations exist for the Network leadership team as it pertains to financial reporting.**Reporting to the FASD-CMC*** Liaise with the Provincial Coordinator by assigning one or more members of the Leadership Team to participate in the Provincial Network Leadership Team and to represent the Network in communication with the Provincial Coordinator.

**Cautions**: No limitations exist for the Network Leadership Team as it pertains to reporting to the FASD-CMC. |
| **Network Operational Staff** | Each Network must have at minimum a **Coordinator** who is accountable to the Network Leadership Team for implementing Network operational priorities, particularly the enhancement of FASD programs and services. The FASD-CMC recommends that the Coordinator report to one member of the Network Leadership Team. Networks may hire additional operational staff as required to effectively support Network service delivery.Where Network operational staff are employees of other community organizations, for administrative and logistical reasons, clear agreements must be established regarding supervision, direction and accountability for performance to the Network and the employer organization (see **Part B: Appendix F** – *Sample Staffing Agreement*).**Cautions**:* An operational staff person who is employed by, or in any way accountable to, a Network member who is receiving funds from the Network Leadership Team to provide FASD programs or services **cannot** participate in the oversight of the written agreements.
* An operational staff person who is employed by, or in any way accountable to, a Network member who is receiving funds from the Network Leadership Team to provide FASD programs or services **cannot** participate in funding decisions.

An operational staff person **cannot** be accountable to a Government of Alberta employee. |
| **Funded Service Providers** | **Funded service providers** are accountable to the Network Leadership Team to deliver FASD programs and services as established in written agreements.**Cautions**:* Funded service providers, or those who are being considered for funding **cannot participate directly in Network funding decision-making**. This creates an unacceptable conflict of interest situation when community partners contribute to decisions that impact their own funding. This does not mean, however, that funded service providers are excluded from Leadership Team membership, or from establishing funding criteria or processes for making funding decisions. This exclusion also applies to agencies and community partners who are not yet funded by the Network, but who have active funding proposals in submission to the Network. Essentially, community partners who request funding cannot also decide which service providers will get funding.

Funded Service Providers **cannot** participate in the oversight of the written agreements. |

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# Program Administration Policies

This section outlines the processes and requirements associated with administration of the FASD Service Network Program, including:

* Provincial disbursement of funds to the Networks
* Planning, reporting and timelines
* Distribution of Network funds
* Contract Management

The FASD-CMC has developed a number of tools and resources in order to assist Networks with managing administrative requirements, which are identified below and included as appendices where appropriate.

## Provincial Disbursement

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

Section 3 of the Human Services Grants Regulation (25/2016) states:

*The Minister may make grants, in accordance with this Regulation, for any purpose related to any program, service or matter under the administration of the Minister.*

The timelines for grant applications and distribution of funds to the Networks are detailed in Section 5.4.

## Planning, Reporting and Timelines

Networks are required to prepare and submit planning documents for each upcoming fiscal year according to the timelines outlined in this section, including **a business plan and a grant application**. Network Business Plans and Grant Applications are closely related.

Business Plans are required to project the costs of planned Network activities and to contain a completed *GoA Schedule B Financial Reporting Template* (see **Part B: Appendix C).** The Business Plan (see **Part B: Appendix B**) and the Grant Application (see **Part B: Appendix D)** are submitted together. Both documents must contain identical budget projections (as described in the GoA Schedule B), and are submitted annually by January 31 (see Section 4.4).

### Business Plan

In January of each year, Networks must submit a detailed Business Plan. A workbook for developing Network Business Plans has been provided by the FASD-CMC (see **Part B: Appendix B**), which includes templates for the biannual and annual reports. These are considered templates, and all **Network Business Plans, Biannual Reports and Annual Reports must at minimum contain the information specified within all sections of the workbook**.

Network Business Plans have 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 annual 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. Allowing the FASD-CMC to evaluate the sufficiency of proposed Network activities according to the Operational Grant Policies.
3. Keeping the FASD-CMC and the Provincial FASD Program Coordinator informed of planned Network activities and expenditures.

The review of the Business Plan by the FASD-CMC is part of the process of the Network applying for funds, as the Business Plan must comply with Operating Grant Policies in order for a grant to be approved for the upcoming year.

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.

### Grant Application

Networks must complete and submit the *Grant Application* (**Part B: Appendix D)** by January 31 in order to receive FASD-CMC funding for the next fiscal year. It is this application that enables Community and Social Services to grant funds to the Network as recommended by the FASD- CMC. The Grant Application must have a *FASD Service Network Program Business Plan* (**Part B: Appendix B**), and a *GoA Schedule B* (**Part B: Appendix C**) forms completed and attached.

Given that the *budget projections* must be the same for the Business Plan **(Part B: Appendix B**) and the Grant Application (**Part B: Appendix D**), dollar amounts on these forms must be identical.

The FASD-CMC recognizes that Networks may have other sources of funding in addition to their grants from the FASD-CMC. **Network Business Plans should only include planned activities and expenditures that concern funding from the FASD-CMC.** In other words, Networks are not required to document planning related to other sources of funding.

## Reporting

The purpose of the Reporting Documents is to provide an update on deliverables (funded Actions) to the FASD-CMC and Community and Social Services. The reports are in the form of a biannual report and an annual report, as outlined in the Workbook (see **Part B: Appendix B**). Networks are required to report to the Provincial Coordinator according to the timelines outlined in this section.

***FASD Service Network Program Business Plan, Biannual Reporting and Annual Reporting Workbook* provide the templates for these documents (Part B: Appendix B). Business planning information must be aligned with the Network’s Grant Application (Part B: Appendix D).**

The Workbook merges all templates into one document that can be updated throughout the year for the current fiscal year. This ensures consistency across grants within a single fiscal year and removes the need for multiple documents.

This workbook is broken into three sections that will be completed throughout the year:

1. Business Plan
2. Biannual Report
3. Annual Report

## Timelines

The Network Program will be administered according to a regular schedule of timelines for provincial disbursement, business planning, formal assessments of community needs, and reporting. Formal community needs assessments are required only once every three fiscal years, as a minimum.

Business Plans must be submitted for the upcoming fiscal year no later than January 31 in the year prior. The biannual report is due 30 days after the end of quarter two. Annual reports are due no later than 90 days after the grant period end date.

|  |  |  |  |
| --- | --- | --- | --- |
| **Fiscal Year** | **Business Plan Submission Date** | **Biannual Report Submission Date** | **Annual Report Submission Date** |
| April 1, 2017 – March 31,2018 (17/18) | January 31, 2017 | October 30, 2017 | No later than 90 days after March 31, 2018 |
| April 1, 2018 – March 31,2019 (18/19) | January 31, 2018 | October 30, 2018 | No later than 90 days after March 31, 2019 |
| April 1, 2019– March 31,2020 (19/20) | January 31, 2019 | October 30, 2019 | No later than 90 days after March 31, 2020 |

Please see the *Workbook* (**Part B: Appendix B**) for details of information required for business planning, biannual reporting and annual reporting, as well guidance in how to complete *GoA Schedule B Financial Reporting Template*, the form being available in **Part B: Appendix C**.

## Distribution of Network Funds

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 Business Plan. 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 Business Plan 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.

### 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 total a **maximum of 20% of the total funding received by a Network** in each fiscal year. Eligible operation costs are defined within the *GoA Schedule B – Financial Reporting Template* (**Part B: Appendix C**). Three important clarifications to this form are offered here:

* **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.
* As further clarified in Section 4, 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, 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.
* Networks **cannot** issue capital expenditures greater than $5,000.

## 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. This means that the contract manager must possess certain skills and competencies in the area of contract management, as outlined in **Part B: Appendix E.**

#### 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.

# Program Operation Requirements

## Alignment with Key Direction-Setting Documents

In the delivery of their FASD-CMC funded programs and services, Networks must demonstrate alignment with the following key direction-setting documents identified in the 2018/19 Strategic and Operational Plan:

* Cross -Ministerial FASD Action Plan: FASD-CMC
* Recommendations from the Year 7 Evaluation: FASD-CMC
* *Gender-Based Analysis Plus* (GBA+): Government of Canada, Status of Women Canada
* Final Report of the Truth and Reconciliation Commission of Canada (Recommendations #33 and #34)
* *United Nations Declaration of the Rights of Indigenous Peoples* (in particular to, but not limited to, Articles #7, #19, #21, and #23)
* *OCAP®: Ownership, Control, Access and Possession* sanctioned by the First Nations Information Governance Committee (FNIGC) and implemented in Alberta by the Alberta First Nations Information Governance Centre (AFNIGC)
* Performance Management Framework: Alberta Community and Social Services
* *Valuing Mental Health*: Alberta Mental Health Review Committee (in particular to, but not limited to Recommendations #11 and 13).

See the 2018/19 Strategic and Operational Plan (**Part B: Appendix A**) for information about these documents.

## Alignment with the FASD-CMC Strategic and Operational Plan

Networks must also demonstrate their alignment with the FASD-CMC’s annual Strategic and Operational Plan (**Part B: Appendix A) i**n 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. These are listed under each strategic pillar, and include:

* Required approaches and practices that Networks are to follow
* **Requirements for funding** that must be demonstrated in the Network Business Plan
* **Recommendations arising from Alberta Health’s FASD System Review**, which was conducted in 2014/15. This systems review identified gaps and barriers in publicly provided supports and services for individuals with FASD and their caregivers. Recommendations were provided to improve seamless care for individuals and their caregivers. While not required, Networks are encouraged to respond to these recommendations to improve service delivery.
	+ 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.

**Requirements for funding** to be demonstrated in Network business plans:

* That Network-funded Level 1 Prevention programs are evaluated, and that Networks:
	+ Support the use of survey tools adopted by the FASD Advisory Councils.
	+ Contribute data to performance indicators identified in the 2016/17 Strategic and Operational Plan.
	+ Have explored, where appropriate, the need for OCAP® agreements with the Alberta First Nations Information Governance Council and with First Nations communities.
		1. **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.4

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

4 PCAP Council, March 2011, p. 1.

* 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 health5 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 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).

5 The World Health Organizations’ *Ottawa Charter* (1986) defined determinants of health as income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture.

* 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.
* That Level 2, 3 and 4 Prevention programs are evaluated, and that Networks:
	+ Support the use of survey tools adopted by the FASD Advisory Councils.
	+ Contribute data to performance indicators identified in the 2018/19 Strategic and Operational Plan.
	+ Have explored, where appropriate, the need for OCAP® agreements with the Alberta First Nations Information Governance Council and with First Nations communities.

#### Alberta Health’s FASD System Review recommendation:

* *Trauma-informed care and harm reduction:* Provide clients with increased access to trauma- informed addiction treatment services.
	+ 1. **ASSESSMENT AND DIAGNOSIS** (REVISIONS PENDING)

***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 under the spectrum of FASD, which includes full FAS, partial FAS and ARND. Individuals whose difficulties are rooted primarily in post-natal trauma (abuse, neglect, no attachment figure, multiple moves, etc.) may not have had prenatal exposure to alcohol. The serious repercussions of these events on their lives are equally devastating, as this trauma is often an unspoken and unrecognized disability. The role of an FASD diagnostic clinic is to provide this differential diagnosis and recommend treatment for the past abuse and a period of placement stability.

#### Required approaches and practices include:

* **Following Canadian Guidelines:** All Assessment and diagnostic clinics will follow the *National Fetal Alcohol Spectrum Disorder: Canadian Guidelines for Diagnosis6* and the *Prevention & Diagnosis of Fetal Alcohol Syndrome7 (FAS) (Alberta Medical Association, 1999)* and will refer to these guidelines for updated information on emerging practices and guidelines for FASD Diagnosis and Assessments.
* **Using a multidisciplinary team approach:** Assessment and diagnostic services use a multi- disciplinary team approach that includes medical, cognitive and behavioural assessments. 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.
* **Early assessment**: This helps provide appropriate supports for children with FASD and their families and helps reduce the risk of developing adverse outcomes, such as addictions and mental health concerns.
* **Functional assessment:** IQ alone is not necessarily a predictor of functional ability. The impact of the postnatal environment also needs to be considered as it is well known that trauma in early life adversely affects brain development. Comprehensive assessment includes functional assessments. Current data indicates that less than 50% of individuals presenting to an FASD clinic get an FASD diagnosis. However, all clients do get a diagnosis such as learning disability, mental health issues (ADHD, anxiety, depression, attachment disorder), or genetic disorder. All clients will need to access supports in their areas of deficit.
* **Diagnosis:** Diagnosis of FASD requires the confirmation of prenatal exposure to alcohol and evidence of dysfunction in areas such as learning, behavioural and emotional regulation, and adaptive function. A confirmed diagnosis of FASD is one in which the individual has sufficient evidence of organic brain damage from prenatal alcohol exposure to be assigned the FASD diagnosis.

6 Chudley AE, Conry J, Cook JL, Loock C, Rosales T, & LeBlanc N. (2005). Fetal Alcohol Spectrum Disorder: Canadian guidelines for diagnosis. *Canadian Medical Association Journal*, 172, S1-S21.

7 Alberta Medical Association (April 1999, Revised January 2005). Alberta Clinical Practice Guidelines: Toward Optimum Practice (TOP). *Guidelines for the Prevention of Fetal Alcohol Syndrome (FAS).* Alberta Partnership on Fetal Alcohol Syndrome. [http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CC8QFjAA&url=http%3A%2F%2Fwww.topalber](http://www.google.ca/url?sa=t&amp;rct=j&amp;q&amp;esrc=s&amp;source=web&amp;cd=1&amp;ved=0CC8QFjAA&amp;url=http%3A%2F%2Fwww.topalbertadoctors.org%2Fdownload%2F403%2FFASD_prevention_guideline.pdf&amp;ei=sEUuU_LbJpbZoATRnIKADw&amp;usg=AFQjCNHveE4Jvlc-chq9D0TUzHwtT3FCdw&amp;sig2=ODMpESzSIsUwv7_Qsw6_Bw&amp;bvm=bv.62922401%2Cd.cGU) [tadoctors.org%2Fdownload%2F403%2FFASD\_prevention\_guideline.pdf&ei=sEUuU\_LbJpbZoATRnIKADw&usg=AFQjCNHveE4J](http://www.google.ca/url?sa=t&amp;rct=j&amp;q&amp;esrc=s&amp;source=web&amp;cd=1&amp;ved=0CC8QFjAA&amp;url=http%3A%2F%2Fwww.topalbertadoctors.org%2Fdownload%2F403%2FFASD_prevention_guideline.pdf&amp;ei=sEUuU_LbJpbZoATRnIKADw&amp;usg=AFQjCNHveE4Jvlc-chq9D0TUzHwtT3FCdw&amp;sig2=ODMpESzSIsUwv7_Qsw6_Bw&amp;bvm=bv.62922401%2Cd.cGU) [vlc-chq9D0TUzHwtT3FCdw&sig2=ODMpESzSIsUwv7\_Qs.](http://www.google.ca/url?sa=t&amp;rct=j&amp;q&amp;esrc=s&amp;source=web&amp;cd=1&amp;ved=0CC8QFjAA&amp;url=http%3A%2F%2Fwww.topalbertadoctors.org%2Fdownload%2F403%2FFASD_prevention_guideline.pdf&amp;ei=sEUuU_LbJpbZoATRnIKADw&amp;usg=AFQjCNHveE4Jvlc-chq9D0TUzHwtT3FCdw&amp;sig2=ODMpESzSIsUwv7_Qsw6_Bw&amp;bvm=bv.62922401%2Cd.cGU)

Alberta Medical Association (April 1999, Revised January 2005). Alberta Clinical Practice Guidelines: Toward Optimum Practice (TOP). *Guidelines for the Prevention of Fetal Alcohol Syndrome (FAS).* Alberta Partnership on Fetal Alcohol Syndrome. [http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CDUQFjAB&url=http%3A%2F%2Fw](http://www.google.ca/url?sa=t&amp;rct=j&amp;q&amp;esrc=s&amp;source=web&amp;cd=2&amp;ved=0CDUQFjAB&amp;url=http%3A%2F%2Fwww.topalbertadoctors.org%2Fdownload%2F402%2FFASD_diagnosis_guideline.pdf&amp;ei=sEUuU_LbJpbZoATRnIKADw&amp;usg=AFQjCNH5MTlT9J3KF43vmMfFiBFnBXtPqA&amp;sig2=tZuTI2XAng22kteK-4) [ww.topalbertadoctors.org%2Fdownload%2F402%2FFASD\_diagnosis\_guideline.pdf&ei=sEUuU\_LbJpbZoATRnIKA](http://www.google.ca/url?sa=t&amp;rct=j&amp;q&amp;esrc=s&amp;source=web&amp;cd=2&amp;ved=0CDUQFjAB&amp;url=http%3A%2F%2Fwww.topalbertadoctors.org%2Fdownload%2F402%2FFASD_diagnosis_guideline.pdf&amp;ei=sEUuU_LbJpbZoATRnIKADw&amp;usg=AFQjCNH5MTlT9J3KF43vmMfFiBFnBXtPqA&amp;sig2=tZuTI2XAng22kteK-4) [Dw&usg=AFQjCNH5MTlT9J3KF43vmMfFiBFnBXtPqA&sig2=tZuTI2XAng22kteK-4](http://www.google.ca/url?sa=t&amp;rct=j&amp;q&amp;esrc=s&amp;source=web&amp;cd=2&amp;ved=0CDUQFjAB&amp;url=http%3A%2F%2Fwww.topalbertadoctors.org%2Fdownload%2F402%2FFASD_diagnosis_guideline.pdf&amp;ei=sEUuU_LbJpbZoATRnIKADw&amp;usg=AFQjCNH5MTlT9J3KF43vmMfFiBFnBXtPqA&amp;sig2=tZuTI2XAng22kteK-4)

* **Sensitivity** when asking birth mothers about ingestion of alcohol, in order to decrease the risk of depression, relapse in addiction, and even suicide. Clinicians are directed to the Canadian Guidelines (2005) for information on how to investigate and how to follow up with mothers at-risk. Clinicians are also reminded of the importance of screening for alcohol use in the prevention of FASD.
* **Caution using physical characteristics for diagnosis:** The Canadian Guidelines (2005) provide a thorough review of the physical characteristics of FASD. The guidelines emphasize that brain function is the key to an accurate diagnosis of FASD. Presence or absence of physical characteristics, while potentially indicative, is not sufficient for diagnosis (Alberta Clinical FASD Stakeholder Working Group, November 10, 2005).
* **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. Likewise, improved functioning at a later age does not negate a previous, properly-informed diagnosis (Alberta Clinical FASD Stakeholder Working Group, November 10, 2005). 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.

**Requirements for funding** to be demonstrated in Network business plans:

* Support for the use of the *Diagnostic Prevention Networks* (DPN) tool by specialized diagnostic teams.
* Support for the use of the *National Fetal Alcohol Spectrum Disorder: Canadian Guidelines for Diagnosis* for screening and awareness (Chudley et al., 2005).
* 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.*
* That evaluations of Network-funded diagnostic services:
	+ Support the use of survey tools adopted by the FASD Advisory Councils (as identified in the document *A Compilation of Alberta’s FASD Evaluation Surveys and Templates* included in **Part B Appendix B**).
	+ Contribute data to performance indicators identified in the 2018/19 Strategic and Operational Plan.
	+ Have explored, where appropriate, the need for OCAP® agreements with the Alberta First Nations Information Governance Council and with First Nations communities.

#### 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.

* + 1. **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 regions 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 parents 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.
* **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.
* That evaluations of Network-funded supports for individuals and caregivers:
	+ Support the use of survey tools adopted by the FASD Advisory Councils.
	+ Contribute data to performance indicators identified in the 2018/19 Strategic and Operational Plan.
	+ Have explored, where appropriate, the need for OCAP® agreements with the Alberta First Nations Information Governance Council and with First Nations communities.

#### Alberta Health’s FASD System Review recommendations:

* *Social housing is a priority:* Provide stable housing for individuals with FASD with trained staff and supervision for individuals with mental health problems, addiction issues and cognitive disabilities.
* *Supervision and transportation to community-based activities:* Support individuals with FASD to have meaningful community engagement by providing supervision and transportation to activities in the community, starting first with youth.
* *Financial management supports:* Provide clients with assistance managing their finances to prevent secondary disabilities (adverse outcomes resulting from primary disabilities). For example, arrange the transfer of disability income supports (from PDD, AISH, etc.) directly to key payees, such as rent payments to landlords, to prevent homelessness.
* *Succession planning:* Include succession plans for personnel/mentors caring for individuals with FASD to support aging-in-place.
* *Continuity of care:* 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.
* *Full scope of practice*: Optimize staff resources by reviewing and clarifying roles and responsibilities of professional teams working with clients with Individual Service Plans to enable each professional to work to their full scope of practice.
	+ 1. **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.

**Requirements for funding** to be demonstrated in Network business plans:

* That evaluations of Network programs, services and operations:
	+ Support the use of survey tools adopted by the FASD Advisory Councils**.**
	+ Contribute data to performance indicators identified in the 2018/19 Strategic and Operational Plan.
	+ Have explored, where appropriate, the need for OCAP® agreements with the Alberta First Nations Information Governance Council and with First Nations communities.