



NORTHWEST ALBERTA

ANNUAL REPORT
April 1, 2010 - March 31, 2011

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TABLE OF CONTENTS

SECTION A: NETWORK OVERVIEW	1
1. Network Description	1
2. Period Overview	1
3. Network Governance	5
4. Network Management and Organization.....	5
5. Network Membership.....	7
6. Network Development Strategy	8
7. Network Infrastructure: Learning and Adjustment	9
SECTION C: NETWORK OPERATIONS.....	10
8. Local Environment.....	10
9. Current Services and Service Gaps	10
10. Service Delivery Model.....	14
11. Network Success Measurement.....	22
SECTION D: NETWORK MANAGEMENT	24
12. Network Financial Reporting	24
13. Risk Assessment	24
14. Information Management	26
15. Internal Network Collaboration Model.....	26
16. External Network Communication Plan.....	26
17. Reporting Requirements	27
18. Network Management: Learning and Adjustment.....	27
SECTION E: DATA REPORTING OF BASELINE MEASURES.....	28
SECTION F: ANNUAL REPORT SUBMISSION CHECKLIST	29

SECTION A: NETWORK OVERVIEW

1. Network Description

Name of Network:	Northwest Alberta FASD Network
Network Catchment Area:	See Appendix I for Network Catchment Map
Network Banker Contact Information:	City of Grande Prairie, Donelda Laing 780-538-0409
Network Leadership Body Contact Information:	<p>Renee Little FASD Network Coordinator City of Grande Prairie, Community Social Development, Bag 4000 Grande Prairie, AB, T8V 6V3 (P): (780) 357-7508 (F): (780) 830-5025 rlittle@cityofgp.com</p> <p>Bev Moylan Alberta Health Services Public Health Manager, Interim Chair of Leadership Team Public Health Centre, Provincial Bldg. 10320 – 99 Street Grande Prairie, Alberta T8V 6J4</p>

2. Period Overview

Key accomplishments of the Northwest FASD Network include:

Leadership Team Engagement and Network Coordinator Retention

The Network Leadership Team increased membership to include 9 members from the following ministries: Alberta Health Services Public Health, Alberta Health Services Aboriginal Mental Health Strategies, Children and Youth Services Region 8, Corrections Services, Education (High Prairie School Division), Justice (Chief Crown Prosecutor), Royal Canadian Mounted Police, Grande Prairie Detachment and the City of Grande Prairie Community Social Development. The Leadership Team membership includes representation of individuals who provide services in a vast geographic area and the perspective of 5 separate ministries and one municipality brings a diverse body of knowledge and well-rounded approach to making decisions regarding delivery of FASD Services within the catchment area.

FASD Assessment & Diagnosis

Increased access to FASD assessment and diagnosis services for adults and children by providing specialist services in remote and outlying areas, offering clients financial support for travel, and maintaining previously established clinics in Grande Prairie, Grimshaw and High Prairie. In the last three years the number of clinics providing assessment and diagnostic services in the Northwest Alberta Network has increased from 1 to 3 and the number of individuals receiving a diagnosis has increased from 15 individuals to 64 individuals within the 2010-2011 fiscal year.

FASD Targeted & Indicated Prevention

The Northwest FASD Network has increased FASD prevention through the expansion of the Parent-Child Assistance Program (PCAP) from 0 to 3 programs in Northwest Alberta since its inception. In the previous fiscal year the Network priorities were accomplished including maintaining a contract with agencies that employ three mentors and providing training to supervisors and mentors to improve their ability to support their clients. A total of 15 clients received services throughout the year and at year end a total of 12 clients remained in service (3 clients moved out of our Network area and were referred to other Network's P-CAP programs).

The two agencies were assisted in standardization of using the P-CAP in their local program. Standardization included implementation of the 3 mandatory forms (ASI, Biannual Assessment, and Weekly Advocate Time Summary), creating procedures to ensure a review of client goals occurs at a minimum of every 3 months and adopting a consistent client file structure. The agencies were to report through monthly and quarterly reports to the Network on mentor supervision contacts to ensure a minimum of biweekly contact occurred. Standardization was completed by the end of March 31, 2011 and agencies reported an improvement in the organization of their programs.

Success with the P-CAP program clients includes the following positive reports from our agencies:

- Celebrated a “first 1 year sobriety anniversary for a client”
- Connected a pregnant client to a physician for prenatal care, to a dietitian for nutrition education and to Babies Best Start
- Assisted one client in her application to college and while client was attending college the mentor provided assistance in study tips and strategies
- to maintain attendance
- Assisted 3 clients in finding affordable housing
- Assisted 1 client with landlord discussions to negotiate an affordable rental rate
- All women have been offered education on birth control methods, the mentor acts as the reminder for clients when their birth control comes up for renewal and a medical appointment is necessary.
- Provided support by attending appointments with clients at CFSA, AISH, AADAC, housing, legal aide, mental health, and pre-natal and routine medical appointments and when making court appearances.
- Connected three clients to the Women's Shelter to seek refuge from a violent home situation.
- Set up visitation and supervised visit with one client's baby.
- Assisted a client in obtaining PDD eligibility
- Assisted a client in securing her own residence at the women's shelter second step housing.
- The mentor will provide transportation to clients as the major barrier to attendance at appointments in High Prairie area is due to a lack of transportation. As a result clients are accessing income support, Healthy Families Program, Show Me Program, Children's Resource Council's Parents and Tots program in High Prairie
- A client's baby was returned to her in 30 days from children services after the agency assisted her in achieving her service plan goals of obtaining stable housing, abstaining from alcohol, accessing parenting/child development groups.
- The mentor advocated for her client to obtain a rental subsidy which resulting in client better able to manage money from AISH to pay her bills.

- The Mentor accessed community resources and successfully connected a client to a community detox service and within 30 days the mentor connected the client to local addictions treatment services.
- The mentor secured a small grant from an alternative funding source to purchase grocery store gift cards in \$50.00.00 amounts for P-CAP clients when they were out of food or baby needs (formula, diapers).

Supports to Individuals and their Families affected by FASD

Utilized Alberta FASD Service Network funding to provide access to FASD specific supports and services by funding three agencies that employed a total of three part time support workers and supported a total of 84 individual clients and of the 84 clients, 21 of the clients families were also supported.

Under the Support Pillar one of four Network funded programs provided an Employment Program for clients suspected of being affected by FASD. The support workers included 2 FTE, 1.0 FTE for an Employment Counselor and 1.0 FTE for a Job Coach. The program provided the opportunity for clients to enhance their employability skills to achieve volunteer or work experience with the ultimate goal of maintaining paid employment.

Upon intake, the support workers completed a Person Centered Plan (PCP) with the client outlining employment goals and created an action plan to reach employability/ employment goals. The Employment Counselor provided workshops including training on employer expectations, social skills on the job, computer training, cash training, time management and a practice scenario was set up for clients to practice the skills.

Client successes in the REACH Employment include:

- Out of the 4 clients that had been in service for greater than 12 months, 3 were working in paid employment choices consistent with the client's goals.
- All 15 clients in service were provided with volunteer, work experience or paid employment of their choice.
- A client who was homeless was supported in achieving stable housing and securing a part-time paid employment in a job that matched her goals outlined in her PCP.
- A client who was in a paid placement for some time had a drug use relapse. The employment counselor was able to secure a commitment from the client to attend a rehab program and after 1 month the client was back in their paid employment position.
- A client, 17 years of age, was accepted into the program as a referral from the parent. The parent stated the client had anger management problems and no interest in working. The client attended the program, developed a positive relationship with the Employment Counselor, completed several work experiences, improved his relationship with his Mother, had no signs of anger management problems and was able to secure a part-time paid work placement.
- One client had taken on two volunteer placements, one in their trade field. The client completed a computer program and course and set a goal of employment in the field of web design. This client has taken on two jobs with local not-for-profit organizations in town and is enhancing the agencies website in one of her paid employments.

3 other programs were funded by the Network that funded part-time FASD Support Worker positions. These positions were to provide advocacy and support services to the children and families/caregivers of children with FASD. These support worker positions also aided the community in establishing an FASD parent support group in Grande Prairie and Peace River area.

The following are examples of the activities the support workers complete with their clients:

- Assisted one family with an AISH appeal
- Connected a family with products developed for sensory problems
- Provided information and support for a family while their child completed the FASD assessment and diagnostic process.
- Assisted a client in obtaining PDD eligibility
- Provided families with behavior management techniques
- Assisted two families with end of year transition from school including assessing additional respite over the summers, summer camps and employment opportunities for the youth clients. Both families reported the summer camps were a useful respite source.
- Provided educational assistance to a family of a youth experimenting with substances and support to the youth with assistance applying for AISH and support while undergoing a FASD assessment.
- A single mom with a child with suspected FASD was assisted with Child Tax Credit application and received an additional \$10,000.00 as a result.
- Assisted in connecting one client with the Special Olympics.
- Attended school meetings to provide information for the teachers and to assist the parents to advocate for their child. Also attended school meetings to assist in transition from Junior to Senior High for one youth.
- Assisted a parent in integrating her child back in school after a suspension due to behaviors.
- The Support worker made numerous supported referrals to other agencies with clients to connect them with services such as: supportive employment and housing services, AISH/PDD applications, parenting programs, mental health appointments, food bank, job searches, meetings with children service authorities, school meetings.
- The Support Worker assisted families who have completed the FASD Assessment and Diagnostic process with applying to Revenue Canada for the Child Disability Tax Credit.

Agency Education and Training:

Network funded agencies were provided with educational and training dollars for their staff and the Network Coordinator and Leadership Team members accessed the Network Administrative funds to attend FASD related training.

Training and educational activities included the following examples:

- FASD-CMC Videoconference sessions (Motivational Interviewing, Approaches to Treatment, Becoming a Successful Adult Learner, Building Brain Boxes, Creating a Brain Friendly Life, Neuroplasticity and the FASD-Affected Brain, Approaches to Treatment: Family Therapy and Motivational Interviewing)
- 3 Leadership Team members and one Caregiver from Peace River attended the *4th International Conference on Fetal Alcohol Spectrum Disorder the Power of Knowledge: Integrating Research, Policy, and Promising Practice around the World* from March 2-5, 2011.
- The Network Coordinator attended the FASD Community of Practice Symposium November 30th, 2010 in Edmonton.
- Online FOIP Course for agency supervisors and/or employees and the Network Coordinator
- High Prairie P-CAP Mentor attended the free KIDS & Drugs training program September 13th and 14th put on in partnership with AADAC and the RCMP.
- Case Management Training with Donna Debolt attended by the 2 agency staff from High Prairie and 4 agency staff from Peace River.

- Abuse Prevention & Response Protocol training attended by the Program Supervisor in Peace River.
- Diagnostic Clinic Training hosted by the Grande Prairie agency (experts from another Network provided training) attended by Peace River and Grande Prairie Diagnostic Workers, the Program Supervisor and the Grande Prairie Support Worker of one agency.
- Grande Prairie Diagnostic worker completed the online 4-digit FASD Diagnostic Code Course and attended SIVA training.
- The Grande Prairie support group facilitator attended a Group Facilitation session hosted by Centerpoint Facilitation in Grande Prairie.
- Diagnostic Coordinator in Peace River attended Proactive Strategies an internal agency training on February 17th and 18th.
- Mentor in Grande Prairie and Peace River attended Car Seat training by Alberta Health Services.
- It is important to note that the P-CAP Mentors and Supervisors attended multiple training sessions to improve their practice and utilization of P-CAP model. The funding for the travel and registration was provided to the agency from the Network's P-CAP grant. These training sessions included:
 - FASD Mentorship Forum & Learning Day in Edmonton from October 14th to 15th, 2010
 - OBD Triage Workshop in Red Deer April 2010
 - Motivational Interviewing
 - ASSIST 2 Day Training for suicide awareness and prevention October 23, 24th, 2010
 - Mentor training in Edmonton June, 2010

Section B: NETWORK INFRASTRUCTURE

3. Network Governance

The Network Leadership Team revised the Network Governance Structure Model to improve the areas of planning, operations and performance management by further defining and solidifying processes including the following:

- Funding Distribution Criteria
- Contract administration and management
- Accountability and communication structure
- Outlined the roles and responsibilities of the Network Leadership Team, Network Coordinator, Network Administrative Lead and Stakeholders

Governance revision was possible due to our Network's ability to hire Sumera Management Consulting with the Governance Grant provided by Senior's and Community Supports. The Network Operational Grant supported this process as the Network Coordinator allocated working hours to assist with the development of the governance structure and there were administrative expenditures associated with Leadership Team meetings where for 9 months the discussion, among other operational topics, included development of the governance model.

4. Network Management and Organization

Roles and Responsibilities

The Network Leadership Team member's roles have undergone changes over the past year. In the previous fiscal year (2009-2010), the Network Leadership Team Chair and their organization (Alberta Health Services) provided employment and supervision for the Network Coordinator. The Network Coordinator reported all operational and contract management matters directly to the Network Leadership Team Chair and reported monthly to the Network Leadership Team.

Through the process of Network Governance Structure revision arose an identified need for addition of a Network Administrative Lead role to employ and supervise the Network Coordinator and take on the role of the contract administrator as well as the Network Banker. The Network Leadership Team issued a Request for Proposals (RFP) in October 2010 for an agency to take on this role within the Network.

The Leadership Team has entered into a Memorandum of Understanding with The City of Grande Prairie to provide Administrative Lead Services. The City of Grande Prairie, Community Social Development department's main responsibilities within the Network are as follows:

- Develop contracts with funded Service Providers
- Administer written contracts with funded Service Providers under the direction of the Network Leadership Team.
- Fill the role and responsibilities of the Network Banker/ fiscal agent.
- Employ and provide direct supervision of the Network Coordinator (1.0 FTE). The coordinator will provide support to the Administrative Lead in the areas of contract management and fiscal management. Additionally the Coordinator will provide coordination and administrative services for the Network Leadership Team.

The Network Coordinator's responsibilities have not altered and the coordinator was retained throughout the Governance Structure revision and is now employed by the City of Grande Prairie.

Internal Accountability Mechanisms

Throughout the governance restructuring process an accountability structure was completed.

The structure is as follows:

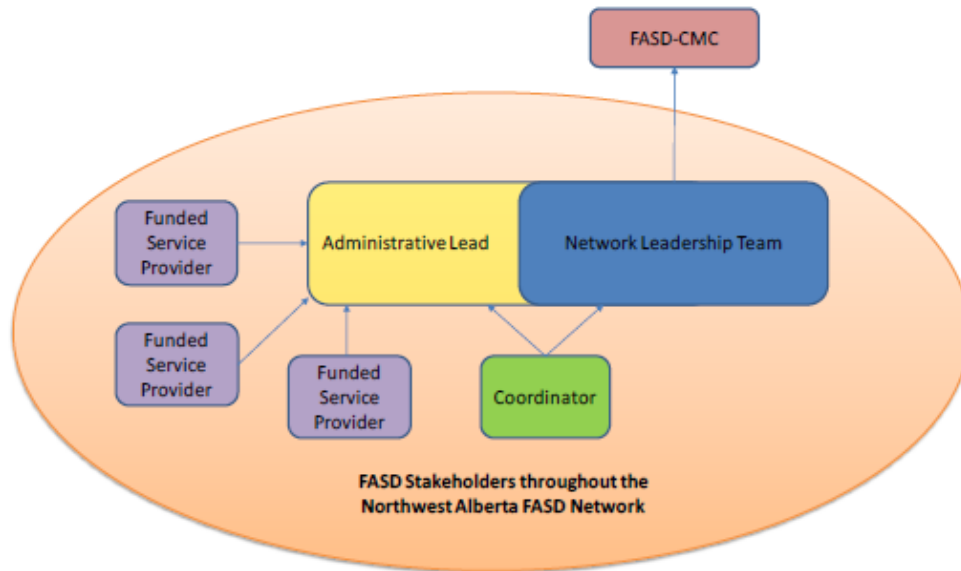


Figure 1: Accountability Structure: Northwest Alberta FASD Service Network

Development of the governance structure provided the opportunity to clearly outline the accountability structure. Other processes that are in progress include Leadership Team and Network Coordinator Performance Monitoring tools. These two documents were created by Sumera and are in draft form. The intent is for the Network Leadership team to review and approve the processes and implement them over the next year.

The Network Leadership Team members for the first time have entered into a memorandum of understanding with each other. This MOU outlines the roles and responsibilities of each team member, declares members dedication and accountability to the Network (Appendix II).

5. Network Membership

Stakeholder Engagement

During the reporting period, the FASD Coordinator met with multiple community partners to increase awareness of the Network and increase coordination of FASD services. The following is a sample of some of the community partnerships that were created or enhanced over the reporting period:

- Education: Provided a presentation on FASD services and supports for students with FASD on January 31st to 20 individuals who were teachers, teacher’s assistance and 3 individuals were psychology students.
- Health: connected with the population health staff at Alberta Health Services at their population health meetings to provide updates on Network services and be the access point for questions and referrals.
- Network Coordinator hosted Open Houses on April 20th in Grande Prairie and July 22nd in Peace River. Multiple community members were engaged and information was provided on Network

Services and contact information provided to the public.

- Network Coordinator attended Interagency and agencies Open Houses:
 - High Prairie, Grande Cache and Grande Prairie interagency meetings
 - Grande Prairie Babies Best Start Open house.
 - Aboriginal Circle of Services: attended the Pipe Ceremony on September 28th, 2010. This event brought together leaders and representatives of community agencies to build relationships through sharing of the Aboriginal culture.

In addition the FASD Coordinator completed the following awareness activities:

- Submitted an article regarding FASD Supports and Services to the Grande Prairie Daily Herald Tribune that was published on September 9th, 2010.
- Circulated a Network newsletter, *Northwest Knot Issue 2*, from August – October to provide the public with information about the Network, the FASD initiative, and updates about Diagnostic services and FASD support services available in the Network catchment area.
- Revised the Network website to improve ability of the community to access information. Frequently updated the Network website www.nwfasdnetwork.ca to provide frequent updates on training opportunities, events taking place in the catchment area and funding application processes.

The Network's contracted Service Providers have improved communication between agencies in the community to improve collaboration some examples are as follows:

- The agency in High Prairie:
 - Partnered with the Children's Resource Council and Healthy Families program to develop a parenting course for the P-CAP clients. The class was offered in July, 2010 for 4 weeks.
 - Provided training to 40 teachers from Northland School Division on teaching and supporting children and youth with FASD in school.
- The agency providing services in Peace River and Grande Prairie areas provided presentations to FSCD, Medical Practitioners, Summer Tutor Programs, Family Voices, Affordable Housing, AISH and Daycare and Dayhomes to improve the agencies understanding of FASD and enable the agencies to better work with the families/caregivers and their children affected by FASD.
- The agency delivering employment programming provided presentations to multiple companies in Grande Prairie to improve their understanding of FASD and the available Network funded FASD employment services.

6. Network Development Strategy

Coordination of FASD Services across the Lifespan

The Network Coordinator meets quarterly via video-conference with one face-to-face meeting with all of the Network funded agencies as well as the one agency (WJS) funded for FASD Supports by Seniors & Community Supports. The purpose of the meeting is two-fold. Network business is discussed relating to contract management and the Network Coordinator and Agencies provide updates and points for discussion in terms of service provided, gaps, needs, successes, barriers and client advocacy needs. Referrals between the funded agencies are completed and the Network Coordinator also acts as a point of contact for information for the community on FASD Services provided.

The Network Coordinator also facilitated and chaired meetings for the Grande Prairie, Peace River and High Prairie Diagnostic clinics to discuss privacy legislation and clinic forms such as consent forms, release of information and file storage. The results of the meetings were a shared understanding of privacy legislation and the agencies were able to support each other in changes needed to forms, policies and procedures.

The Network website, brochures and any media about the Network contains the Network Coordinator contact information. The Network Coordinator spoke with and/or met with 11 parents of children who have been diagnosed or who are suspected of being affected by FASD and with 2 adults who have been diagnosed with FASD to provide resources, link them with the Network funded agencies, and provide them with a list of community resources (such as the resources in the local library and the CMC-videoconference series).

7. Network Infrastructure: Learning and Adjustment

The process to revise the Network governance structure revealed the need for operational, planning, monitoring and evaluation processes to be outlined for the network. From the initial redesign that was implemented in October further processes have been developed to assist the Network Leadership Team, Network Coordinator and Administrative Lead to continue to improve and be responsive to community needs.

The documents that are currently in draft that the Network Leadership Team anticipates finalizing over the next year include a Network Performance Monitoring process (Network Leadership Team, Administrative Lead and Coordinator Performance evaluation), a communication tool for the Network Coordinator to utilize for reporting at meetings (Dashboard Report), as well as Contract Management and Communication Management Guidelines.

SECTION C: NETWORK OPERATIONS

8. Local Environment

There were not any significant changes to the Local Environment during the reporting period.

9. Current Services and Service Gaps

Please describe what progress has been made during the reporting period, if any, towards filling the service gaps identified in the Business Plan.

Identified Service Gaps Outlined in the 2010-2013 Business Plan	Progress made towards filling service gaps
TARGETED & INDICATED PREVENTION	
<p><u>6-18 Years:</u> Need to target girls ages 12+ (females) in schools, youth centers, women’s centers, and young offenders’ center. Currently there are no specific high school campaigns for FASD prevention.</p> <p><u>18+ Years:</u> Need to target women who have had one FASD birth by working more collaboratively with hospitals, medical clinics, etc.</p> <p><u>All Ages:</u> Ads on TV with prevention messaging Need for more supportive outreach workers to reach high-risk women in the catchment area. Need for prevention programming that is offered in a culturally sensitive way (e.g., generational gatherings, round dances, by elder or respected community member, in common language, etc.). Large gap in the knowledge of professionals such as judges, RCMP, health care providers, teachers. Need for support from RCMP and judges.</p>	<p>7-17 Years: N/A</p> <p>18+ Years: PEACE RIVER AND GRANDE PRAIRIE Nine women received supports through the PCAP program with Accredited Supportive Living Services. HIGH PRAIRIE Six women received supports through the PCAP program with Northern Association for FASD. However 2 clients moved out of the area during the reporting year and at year-end 3 clients were on caseload of the P-CAP mentor.</p>

Identified Service Gaps Outlined in the 2010-2013 Business Plan	Progress made towards filling service gaps
ASSESSMENT & DIAGNOSIS	
<p><u>0-6 Years:</u> Early assessment is difficult to obtain due to waiting lists and fear of misdiagnosis. Mother having to admit to drinking as a requirement for assessment is a deterrent. Need to identify potential FASD during pre-school testing.</p> <p><u>6-18 Years:</u> Need to enhance the capacity of existing assessment and diagnosis clinics. Waiting lists are too long across the catchment area.</p> <p><u>18+ Years:</u> Existing clinics request leadership and guidelines for operations of adult specific FASD assessment and diagnostic team. Waiting lists currently exist across the catchment area.</p> <p><u>All Ages:</u> The capacity of assessment and diagnostic services need to be enhanced across the catchment area. Need for an assessment and diagnostic services in the town of Grande Cache. Need for culturally appropriate assessment and diagnostic services. Access to medical specialists – some diagnostic teams lose momentum when specialists move or can no longer provide support to the team. Post-diagnostic follow-up support services need to be enhanced to reflect growing number of diagnoses.</p>	<p><u>0-6 Years:</u> PEACE RIVER 5 children went through the Diagnostic Clinic (1 pending a Final Meeting/closure). 6 children received service (intake completed, assessments pending). GRANDE PRAIRIE 4 children went through the Diagnostic Clinic (1 pending Final Meeting/closure). 7 children received service (intake completed, assessments pending). HIGH PRAIRIE 0-6 Years: 6 children received services <u>7-18 Years:</u> PEACE RIVER 6 youth went through the Diagnostic Clinic (1 is still pending a final meeting). 7 youth received service over this year (provided with intake, assessment pending). GRANDE PRAIRIE 12 youth went through the Diagnostic Clinic (5 youth pending a Final Meeting/closure). 14 youth received service (provided with intake, assessment pending). HIGH PRAIRIE 6-18 Years: 24 youth received services <u>18+ Years:</u> PEACE RIVER: 2 adults completed the assessment and diagnostic process and 4 adults received service over the year (intake completed but diagnosis not yet completed). GRANDE PRAIRIE 1 adult received service over this year (intake was initiated, file pending).</p>

Identified Service Gaps Outlined in the 2010-2013 Business Plan	Progress made towards filling service gaps
	<p>HIGH PRAIRIE:</p> <p>18+ Years: 6 adults received services</p>
<p>SUPPORTS FOR INDIVIDUALS & CAREGIVERS</p>	
<p><u>0 – 18 Years:</u></p> <p>Need for parenting classes, workshops and education for caregivers.</p> <p>Need more local speakers and presentations for parents, that are free and that offer child-care.</p> <p>Lack of play programs and summer programs for children.</p> <p>Require increased access to assistance both through support in the home and from FASD Support Workers.</p> <p>Require creative respite solutions for caregivers and parents.</p> <p>Increased need for support and education to caregivers who home school, as many do not receive access to appropriate school aids.</p> <p>Waiting lists for family support currently exists in several communities within the Network catchment area.</p> <p><u>18+ Years:</u></p> <p>Lack of affordable/appropriate accommodations for persons affected by FASD.</p> <p>Need for supervised residential independent living complexes for adults with FASD that offer in-house counseling for adults and/or family units affected by FASD, across the catchment area.</p> <p>Landlords would benefit from FASD training/education.</p> <p>Increased need for mentorship programming for adult men affected by FASD.</p> <p>Bring in motivational speakers for adult individuals affected by FASD.</p> <p>Enhancement of FASD-specific employment programs across the catchment area.</p> <p>No local AISH office in Grande Cache.</p>	<p><u>0-6 Years:</u></p> <p>23 children received supports from the agency serving the Peace River and Grande Prairie areas.</p> <p>6 children and their caregivers received supports from the Aboriginal Health FASD Worker in Grande Cache (for 5 months).</p> <p>18+ Years: 8</p> <p><u>7-18 Years:</u></p> <p>13 youth received support from the agency serving the Peace River and Grande Prairie areas.</p> <p>13 youth received support and services in High Prairie and area.</p> <p><u>18+ Years:</u></p> <p>15 families/caregivers accessed supports in the Grande Prairie area (children or youth clients of these families are reported above)</p> <p>7 families/caregivers accessed supports in the Peace River area (children or youth clients of these families are reported above)</p> <p>The Employment program supported 12 adults with a diagnosis of FASD or suspected of having FASD in employment or volunteer activities.</p> <p>8 adults received support and services in High Prairie and area.</p> <p>Parent/Caregiver support groups were initiated in High Prairie, Peace River and Grande Prairie by 2 funded agencies.</p> <p>The Parent Support Group has met monthly for the last year in Peace River and Fairview with a few additional meetings in Fairview, to total 12-14 times during the year.</p> <p>The Chief Crown Prosecutor in Grande Prairie and the Grande Prairie RCMP Corporal NCO i/c Community Policing Media Relations Officer joined the Network Leadership Team.</p>

Identified Service Gaps Outlined in the 2010-2013 Business Plan	Progress made towards filling service gaps
<p><u>All Ages:</u></p> <p>Need to enhance total number of Support Worker positions available across the catchment area.</p> <p>Increase FASD educational material to hospitals, clinics, and community partners.</p> <p>Need for support from RCMP and judges.</p> <p>Lack of public transportation in Grande Cache and in other remote areas of catchment area.</p> <p>Lack of transportation results in high need for daily living supports.</p> <p>Many Aboriginal clients in the Grande Cache area do not have a driver's license.</p> <p>Lack of financial supports - Many Aboriginal residents of Grande Cache do not receive government subsidies as many are non-status.</p>	

10. Service Delivery Model

The Network Leadership Team made the funding decision this year to extend the contracts with agencies held in 2009-2010 into 2011. The decision was required as the Network Governance structure was in transition and the Network experienced a decrease in operational grant funding. Thus to ensure continuity of services for the clients the Network Leadership Team elected to continue with current service providers for the 2010-2011 fiscal term. The service delivery model is a multi-service provider approach which from past learning's has worked best for our Network compared to a one-service provider model.

For EACH Program Strategy documented in the Business Plan, please complete the table below (highlighted areas identify reporting components):

Strategy Description	Increase Access to Assessment and Diagnosis for Children, Youth and Adults
Is this a new Program Strategy or an enhancement of an existing service?	<input type="checkbox"/> New Program Strategy <input checked="" type="checkbox"/> Enhancement of Existing Service
Specific Objectives of the Strategy	<p><u>Objective 1:</u> Provide additional resources to existing and new clinics to reduce waiting lists.</p> <p><u>Objective 2:</u> Provide additional resources to existing clinics and new clinics to support the addition of adult assessment and diagnostic services.</p>
Activities within Strategy	<p><u>Activity 1:</u> Increase number of clinics offered in Grimshaw/Peace River, High Prairie, and Grande Prairie Regions. Support the development of a new clinic in Grande Cache.</p> <p><u>Activity 2:</u> Provide children and adult diagnostic team members with opportunities to attend diagnosis and assessment training.</p> <p><u>Activity 3:</u> Provide access for individuals suspected of being affected by FASD and their caregivers, to funds to cover the costs of travel to clinics for individuals who must travel to one of the diagnostic clinics in the catchment area, or outside of the catchment area should the need be required.</p> <p><u>Activity 3:</u> Provide specialist services to remote and outlying areas of the catchment area by covering costs associated with specialists travel to these areas.</p>
Responsible Parties	<ul style="list-style-type: none"> - Accredited Supportive Living Services (Grimshaw/Peace River, Grande Prairie, and Grande Cache) - Northern Association for Fetal Alcohol Spectrum Disorder (High Prairie)
Program Goals Addressed	<p>Increase availability of assessment and diagnosis that meet provincial guidelines:</p> <p>Provided additional resources to existing clinics in High Prairie, Grande</p>

Strategy Description	Increase Access to Assessment and Diagnosis for Children, Youth and Adults
	<p>Prairie and Peace River. These clinics were able to provide services to clients on waiting lists.</p> <p>Agencies were provided with funds to cover the costs of travel to clinics for individuals who must travel to one of the diagnostic clinics in the catchment area, or outside of the catchment area.</p> <p>Through the rural clinics in Peace River and High Prairie, the agencies were able to provide specialist services to remote and outlying areas of the catchment area by covering costs associated with specialists travel to these areas (such as Speech Language Pathologists, Occupational Therapists and psychologists)</p>
Network Service Responsibilities Addressed	<p>The Network proposed to continue enhancing the capability of diagnosis and assessment clinics as well as post-diagnostic support services within the catchment area. The clinic continued to fund 3 existing clinics in our Network area.</p>
Implementation Target Date	<p>May 2010</p>
Key Milestones Accomplished	<p>All three FASD Assessment and Diagnostic teams in Peace River/Grimshaw, Grande Prairie and High Prairie have maintained operations. Diagnostic Clinics are being offered to individuals of all ages.</p>
Performance Measures:	<p>Data collection tool, Network reporting from agencies</p>
Baseline	<p>14</p>
Target	<p>32</p>
Measure achieved	<p>64 (15 children, 42 youth, 8 adults)</p> <p>Note: A portion of funding from ASLS was utilizing the committed funds from 2009-2010.</p>
Description of successes:	<p>The Network completed 64 assessments and diagnosis including children, youth and adults.</p> <p>The Network has 3 fully operational and functional diagnostic and assessment clinics serving the entire catchment area.</p> <p>Public awareness of the clinics has been accomplished as there are large waitlists in place and services are operating at full capacity.</p>
Description of challenges and if/how resolved:	<p>Services to Grande Cache were not able to be established and it was not feasible for clients to travel to Grande Prairie for services. This was unfortunately not resolved and the Leadership Team will strategize over the next fiscal year and make this a priority.</p>

Strategy Description	Support Mentoring Programs for At-Risk Women
Is this a new Program Strategy or an enhancement of an existing service?	<input type="checkbox"/> New Program Strategy <input checked="" type="checkbox"/> Enhancement of Existing Service
Specific Objectives of the Strategy	<p><u>Objective 1:</u> Connect with, assess and assist women of child-bearing years who abuse alcohol or drugs, in obtaining treatment, maintaining recovery and resolving issues associated with their substance abuse.</p> <p><u>Objective 2:</u> Effectively link families with community resources.</p> <p><u>Objective 3:</u> Provide outreach services to rural and Aboriginal communities across the catchment area.</p>
Activities within Strategy	<p><u>Activity 1:</u> Contract Service Providers to provide mentorship services to women of child-bearing years who abuse alcohol or drugs, across the catchment area.</p> <p><u>Activity 2:</u> Delivery of specialized training for FASD Mentors and Supervisors.</p> <p><u>Activity 3:</u> Service Providers coordinate activities to ensure mentorship and outreach services are made available to rural and Aboriginal communities within the catchment area.</p>
Responsible Parties	<ul style="list-style-type: none"> - Accredited Supportive Living Services - Northern Association for Fetal Alcohol Spectrum Disorder
Program Goals Addressed	Provide targeted and indicated prevention through mentorship and outreach to families most at risk of having children affected by FASD.
Network Service Responsibilities Addressed	The Network continued to fund the three P-CAP model based mentorship programs in our catchment area that were originally started in 2009. The agencies were provided with training funds to train new mentors/supervisors and continue to implement the Seattle based P-CAP model.
Implementation Target Date	May 2010
Key Milestones Accomplished	The Mentorship Program mentors are at maximum capacity or have full caseloads but are not at maximum capacity. Mentorship Supervision is in place for all 3 mentors. All 3 programs are utilizing the standardized model including use of standard P-CAP forms (Addictions Severity Index, Biannual report, Mentorship hour tracking), are reassessing the clients goals every 4-6 months and have standardized files (with the Supervisor performing file audits once a year).
Performance Measures:	Measurements included monthly narrative reports, quarterly reports and an annual report submitted by the agency. Goals were established with the agency in the contract and the Network Coordinator performed a biannual and annual program review to insure goals were met.
Baseline	9

Target	35
Measure achieved	15 women and their families
Description of successes:	<p>15 women and their families are supported by the P-CAP model program across the Northwest Network.</p> <p>3 P-CAP programs have continued with 1 mentor and supervision for each mentor in place.</p> <p>Clients are in different stages of the program and the Network will see clients moving into year 3 of the program in the next year.</p> <p>The agencies report the following successes with their clients/programs:</p> <p>Goals the clients create in the program share similarities and show that the clients want “time for themselves, help raising their children and to improve their self-esteem.” The women are assisted in achieving these goals.</p> <p>The mentor time sheets are proving that clients are more successful when they are engaged in the program and meeting regular with [the mentor] compared to those who are missing appointments.”</p> <p>The mentorship workers are supporting clients by assisting them in build a community of support. The mentors accomplish this by connecting clients with community supports such as financial assistance, housing, victim’s assistance, medical professionals, and connecting with informal supports (family and friends).</p> <p>The agencies have seen positive changes for their clients and our Network awaits the analysis of the data collected through the P-CAP forms when the information is submitted to the P-CAP Council for analysis in the future (anticipate in the next year).</p>
Description of challenges and if/how resolved:	<p>The Network did not meet the target of 35 women due to an underestimation of a part time mentor’s caseload capacity (mentors served many clients who are suspected of having FASD or who have received a diagnosis on the spectrum). A realistic target for the FTE total the Network Operational Grant funded would be between 10-15 clients (depending of the needs of the client and their family).</p>

Strategy Description	Continue to work with the CFSAs and other stakeholders to coordinate support and services to individuals suspected or diagnosed with FASD and their families/caregivers.
Is this a new Program Strategy or an enhancement of an existing service?	<input type="checkbox"/> New Program Strategy <input checked="" type="checkbox"/> Enhancement of Existing Service
Specific Objectives of the Strategy	Objective 1: Assist persons affected by FASD and their caregivers/families access a range of support services across the lifespan.

Strategy Description	Continue to work with the CFSAs and other stakeholders to coordinate support and services to individuals suspected or diagnosed with FASD and their families/caregivers.
	Objective 2: Address secondary disabilities among individuals affected by FASD.
Activities within Strategy	<p>Activity 1: Service Providers coordinate activities to ensure outreach activities address service needs across the lifespan.</p> <p>Activity 2: Network funded Service Providers and Network Coordinator to collaborate with community agencies to address problems or homelessness and addictions faced by individuals affected by FASD.</p>
Responsible Parties	<ul style="list-style-type: none"> - Network Leadership Team - Accredited Supportive Living Services - Northern Association for Fetal Alcohol Spectrum Disorder - Goodwill - Alberta Health Services - Network Coordinator
Program Goals Addressed	<p>Increase the quality and effectiveness of programs and services available to those affected and their caregivers.</p> <p>Support development of best practice and continuous improvement of services across the continuum by promoting, linking and applying research.</p>
Network Service Responsibilities Addressed	During the reporting period, the FASD Coordinator and funded agencies met with multiple community partners to increase awareness of the Network and increase coordination of FASD services.
Implementation Target Date	May 2010
Key Milestones Accomplished	<p>P-CAP Mentor received a request to represent a mentor on the P-CAP council; she accepted and has attended meetings. The P-CAP mentor has shared struggles at the programming level to the council and has been a communication link between our Network and the P-CAP council.</p> <p>Network Leadership Team includes 8 members from 5 different ministries and one municipal partner.</p> <p>The Network Coordinator continues to make partnerships in all communities across the catchment area and has recruited Leadership Team members from a variety of Government Ministries.</p> <p>The funded agencies P-CAP Mentors, Support Workers and Diagnostic Coordinators continue the partnership developed with other organizations such as CFSA, AADAC, Mental Health and Justice. Agencies have also created new partnerships with organizations such as the North Peace Society for Prevention of Domestic Violence, P-CAP Council who are involved in the lives of women in the P-CAP Program.</p>

Strategy Description	Continue to work with the CFSAs and other stakeholders to coordinate support and services to individuals suspected or diagnosed with FASD and their families/caregivers.
	A positive working relationship has been developed with the Probation Office in High Prairie. This partnership has assisted clients in meeting probation reporting requirements and prevented a reoccurrence of incarceration.
Performance Measures:	<p>Measurements included monthly narrative reports, quarterly reports and an annual report submitted by the agency. Goals were established with the agency in the contract and the Network Coordinator performed a biannual and annual program review to insure goals were met.</p> <p>The Network Coordinator reports on progress to the Network Leadership Team at each monthly Network meeting.</p>
Baseline	n/a
Target	n/a
Measure achieved	n/a
Description of successes:	Leadership Team members include individuals from Alberta Health Services, Child and Family Services Authority, Justice, Corrections, RCMP, High Prairie District School Division # 48 and a non-voting member from the municipality in Grande Prairie.
Description of challenges and if/how resolved:	One challenge in the past year has pertained to recruitment and retention of Leadership Team members. The FASD Service Network Provincial Coordinator as well as members of the Cross Ministry Committee were of assistance in identifying individuals within their ministry at a local level who could participate in the Northwest FASD Network Leadership Team.

Strategy Description	Increase Access to Support Services of Population in Entire.
<p>Is this a new Program Strategy or an enhancement of an existing service?</p>	<p><input type="checkbox"/> New Program Strategy <input checked="" type="checkbox"/> Enhancement of Existing Service</p>
<p>Specific Objectives of the Strategy</p>	<p><u>Objective 1:</u> Assist persons affected by FASD and their caregivers/families access a range of support services across the lifespan.</p> <p><u>Objective 2:</u> Provide FASD support to all communities within the catchment area.</p> <p><u>Objective 3:</u> Enhance creative respite solutions for caregivers affected by FASD.</p> <p><u>Objective 4:</u> Assist persons affected by FASD find meaningful work and succeed on the job.</p> <p><u>Objective 5:</u> Address secondary disabilities among individuals affected by FASD,</p>
<p>Activities within Strategy</p>	<p><u>Activity 1:</u> Increase the number of Support Worker FTE’s across the catchment area to provide supports dedicated to FASD, and offer diagnostic follow-up support to individuals who have received a diagnosis on the spectrum.</p> <p><u>Activity 2:</u> Increase outreach services to rural and Aboriginal communities across the catchment area.</p> <p><u>Activity 3:</u> Service Providers coordinate activities to ensure outreach activities address service needs across the lifespan.</p> <p><u>Activity 4:</u> Offer FASD-specific employment programming that offers job development, interview preparation, job coaching and assistive technology for individuals with FASD who are seeking meaningful employment.</p> <p><u>Activity 5:</u> Enhance creative day-to-day programming for youth and adults affected by FASD, such as employment programming.</p> <p><u>Activity 6:</u> Network-funded Service Providers and Network Coordinator to collaborate with community agencies to address problems of homelessness and addictions faced by individuals affected by FASD.</p>
<p>Responsible Parties</p>	<ul style="list-style-type: none"> - Accredited Supportive Living Services - Northern Association for Fetal Alcohol Spectrum Disorder - Goodwill Industries of Alberta - Alberta Health Services
<p>Program Goals Addressed</p>	<p>Provide a full range of service</p> <p>Reduce the costs of services and supports to those already affected by FASD by reducing the effects of secondary disabilities.</p>

FASD Service Network Program – Annual Report Template

Network Service Responsibilities Addressed	Provided funding to 4 agencies to provide support services to children, youth, adults affected by FASD and their families/caregivers.
Implementation Target Date	May 2010
Key Milestones Accomplished	<p>Network funded agencies Support Workers worked collaboratively with schools to provide support, advocacy for clients and their families/caregivers.</p> <p>Employment program provided support to 12 individuals of which 75% were in a job placement of their choice and 100% received paid employment, work experience or were in a volunteer position.</p> <p>The funded agency in Peace River assisted Duncan First Nation Tribal Council in accessing educational in-services on FASD and provided an overview of the FASD services available.</p> <p>The FASD Support worker in Peace River has partnered with Native Counseling Services and Alberta Health Services to reach out to the populations in remote areas.</p> <p>Initiation of 3 Parent/Caregiver support groups (Grande Prairie, Peace River and High Prairie).</p> <p>The High Prairie agency has surveyed all family support clients and 100% reported satisfaction with the service and all clients reported they wanted to continue working with the support worker.</p> <p>A major milestone accomplishment for the agency in High Prairie is that by accessing funding from the network they have been able to remove some of the barriers in accessing services for their clients. An example of such barrier is a lack of affordable or any means of transportation.</p>
Performance Measures:	<p>Measurements included monthly narrative reports, quarterly reports and an annual report submitted by the agency. Goals were established with the agency in the contract and the Network Coordinator performed a biannual and annual program review to insure goals were met.</p> <p>Data Collection Tool</p>
Baseline	28
Target	75
Measure achieved	<p>96 children, youth and adults were provided with support services</p> <ul style="list-style-type: none"> • 21 of the 84 individual’s served were also provided services to their families/caregivers. • 12 adults were provided with employment specific services and support. • The parent support group attendance statistics were not recorded and are not included in this calculation.

<p>Description of successes:</p>	<p>3.33 FTE support positions funded by the Network.</p> <p>Support workers provided support for 96 children, youth and adults affected by FASD and their families/caregivers.</p> <p>3 Parent/Caregiver support groups started and 1 facilitator was trained in Group Facilitation.</p> <p>Provided employment support for 12 adults affected by FASD in Grande Prairie.</p>
<p>Description of challenges and if/how resolved:</p>	

11. Network Success Measurement

<p>Program Goals from the FASD Strategic Framework</p>	<p>Strategies the Network used to address Program Goal</p>
<p>Increase targeted and indicated prevention through mentorship and outreach to families most at risk of having children affected by FASD.</p>	<p>Continuation of mentorship programs by providing funding for Mentor positions in existing mentorship programs.</p> <p>Collaboration with other prevention-based programs targeting high-risk families including the North Peace Society for the Prevention of Domestic Violence (NPSPDV) and Enhanced Services for Women, Alberta Health Services.</p> <p>Ensured training requirements of all Network-funded mentors are being met.</p>
<p>Increase availability of assessment and diagnosis that meet provincial guidelines.</p>	<p>2010/11: Enhance capacity of existing diagnostic and assessment clinics by providing funding for additional assessments.</p> <p>Promoted assessment and diagnostic services to families and professionals within the catchment area.</p>
<p>Provide a full range of service.</p>	<p>The Network funded Service Providers to offer services as identified in the service pillars of Targeted and Indicated Prevention, Assessment and Diagnosis, and Supports for Individuals and Caregivers streams.</p>
<p>Promote coordinated access to support services.</p>	<p>Continued to contract with multiple Service Providers.</p> <p>Mandated in the contracts that Network-funded programs serve individuals across the lifespan, with the exception of specialized programming.</p> <p>Held quarterly FASD Service Provider meetings to share program information.</p> <p>Held FASD Community Meetings (Open Houses) to discuss community needs and identify gaps in coordinated service delivery.</p> <p>Continued collaboration with community agencies, ministries and medical</p>

FASD Service Network Program – Annual Report Template

Program Goals from the FASD Strategic Framework	Strategies the Network used to address Program Goal
	<p>professionals to bridge the gaps in service delivery.</p> <p>Network Coordinator promoted and advertise FASD supports and services and continued to act as liaison for individuals seeking services.</p>
<p>Increase the quality and effectiveness of programs and services available to those affected and their caregivers.</p>	<p>Continued to provide funding to service providers to fund existing supports for individuals and caregivers.</p> <p>Ensured supports are offered to all communities in the network catchment area, as well as across the lifespan. Supports were provided to Grande Cache for 5 months and the contract was not renewed due to a conflict of interest. Services were unfortunately not provided to Grande Cache for the remaining 6 months of the fiscal year (October 1, 2010 to March 31, 2011).</p> <p>Held FASD Community Meetings and the Network Coordinator attended interagency meetings to discuss community needs and to reflect upon the effectiveness of current supports.</p> <p>Continued promotion of Network-funded supports for individuals and caregivers through the Network website, newsletter and media events.</p>
<p>Support development of best practice and continuous improvement of services across the continuum by promoting, linking and applying research</p>	<p>Three Leadership Team members and one caregiver (supported by the Peace River funded agency) attended The 4th International Conference on Fetal Alcohol Spectrum Disorder, The Power of Knowledge: Integrating Research, Policy, and Promising Practice around the World March 2-5, 2011 in Vancouver. The knowledge attained by the Leadership Team will drive business and strategic planning for the Network.</p> <p>A Mentor from the Peace River funded agency joined the P-CAP Council.</p> <p>2 of the funded agencies attended the Case Conferencing workshop facilitated by Donna Debolt in High Prairie.</p> <p>The Grande Prairie support group facilitator attended a Group Facilitation session hosted by Centerpoint Facilitation in Grande Prairie.</p> <p>Network Coordinator met via audio-conference with Dr. Therese Grant, Ph.D (Associate Professor of Psychiatry and Behavioral Sciences and Epidemiology, University of Washington), Kerri Sutherland (First Nations & Inuit Health Branch) and Athena McKenzie (Metis Settlement Coordinator) to discuss if modifications were required to the P-CAP model for use in Aboriginal Communities (First Nation Reserves and Metis Settlements).</p>
<p>Reduce the costs of services and supports to those already affected by FASD over their lifespan by reducing the effects of secondary disabilities (e.g. homelessness, unemployment, involvement</p>	<p>Maintained the number of FTE's of Support Workers across the catchment area to provide outreach support services.</p> <p>Enhanced diagnostic and assessment services to provide earlier intervention prior to maladaptive behaviors becoming entrenched.</p> <p>Continued to fund the mentorship programs to provide targeted intervention to females of childbearing age who use substances.</p> <p>Adults in High Prairie and Peace River had access to assessment and diagnosis</p>

Program Goals from the FASD Strategic Framework	Strategies the Network used to address Program Goal
in the criminal justice system, mental health problems and family and placement breakdown).	<p>provides an opportunity to address and identify “unknown causes” for behavioral concerns.</p> <p>Provided funding for employment programming for adults affected by FASD.</p> <p>The High Prairie agency has made great strides in creating a positive working relationship with the Probation Officers in High Prairie and this relationship has created a plan for their clients with FASD that best suites the individual with a goal of preventing further incarceration.</p>

SECTION D: NETWORK MANAGEMENT

12. Network Financial Reporting

Please append an audited financial statement for the Network in the form of Schedule B for the reporting period.

Differences in the actual expenditures compared to the budgeted expenditures:

The Network experienced under-budgeted expenditures due to the following circumstances:

- The Alberta Health Services support services contract was not continued past 5 months of service due to a conflict of interest (Alberta Health Services representatives are members of the Network Leadership Team). There was intension during business planning that this contract would continue for the full 11 months. Due to the contract lasting only 5 months, the entire amount of the contract was not expended and a large surplus remained \$22,973.00
- The Network Administration costs were reduced by \$6,158.11
- Network funded agencies found efficiencies in their programming and did experience temporary staffing vacancies and as a result realized surpluses of large amounts \$9,767.00, \$33,719.74, and \$12,400.00 to total \$55,887.11.

Please provide a summary of expenditures for the Network in the following service categories:

Service Categories	
TARGETED & INDICATED PREVENTION <ul style="list-style-type: none"> • 6-18 Years: • 18+ Years: 	\$14,120.00
Subtotal:	\$14,120.00
ASSESSMENT & DIAGNOSIS <ul style="list-style-type: none"> • 0-6 Years: • 6-18 Years: • 18+ Years: 	\$13,710.00 \$85,170.00 \$14,050.00
Subtotal:	\$ 112,930.00
SUPPORTS FOR INDIVIDUALS & CAREGIVERS <ul style="list-style-type: none"> • 0-6 Years: • 6-18 Years: • 18+ Years: 	\$31,655.00 \$23,530.00 \$115,419.69
Subtotal:	\$170,604.69
Operational Expenditures <ul style="list-style-type: none"> • Network Coordinator Salary & Benefits and Network Administration (includes Network Banker and Network Administration Fee) 	\$174,581.25
Overall Total:	\$472,325.94

To the reader: Please note that a significant portion of funds provided to Accredited Supportive Living Services contract were utilizing committed funds from the 2009-2010 fiscal year operational grant funding.

These numbers are based on estimates from the agencies and should not be taken as a firm account for funds.

13. Risk Assessment

Please provide an overview of how significant risks that arose over the reporting period were mitigated.

Risks	Activities to Mitigate Risk	Activities to Address Risk
Funds received are less than requested.	Reduce activities proposed	<ul style="list-style-type: none"> • Encouraged agencies to explore other funding opportunities. • Reduced funding contracts which resulted in a reduction in services compared to proposed services.
A member of the Leadership Team is employed by an agency receiving funds from the Network.	Revised governance structure states that Network Leadership Team member's organizations cannot receive funds from the Network.	<ul style="list-style-type: none"> • Alberta Health Services contract with the Network to provide support services to Grande Cache was not renewed in October, 2010.
The Network Coordinator was employed by an agency receiving funds from the Network.	Revised governance structure states that the Network Coordinator cannot be employed by an agency receiving funds from the Network to deliver FASD services and supports.	<ul style="list-style-type: none"> • The Network Coordinator's position was moved to an Administrative Agency, The City of Grande Prairie in October 2010.

14. Information Management

There are no significant changes to report.

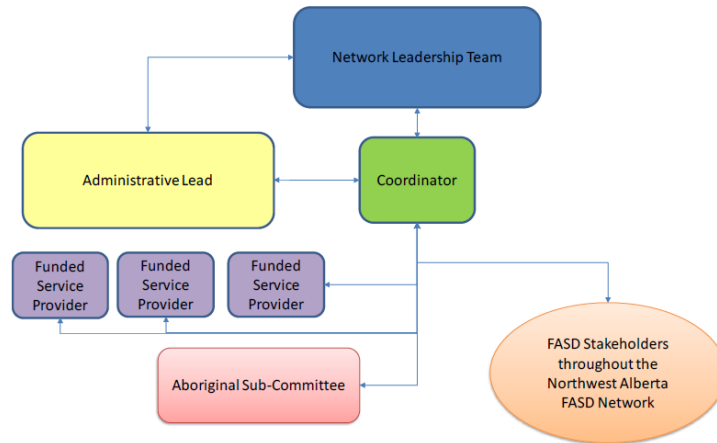
15. Internal Network Collaboration Model

Sumera Management Consulting created a revised Terms of Reference for the Network Leadership Team and a Memorandum of Understanding between Network Leadership Team members to enhance the clarity of roles and communication structure. The Network Coordinator continues as the main point of contact for the Network Stakeholders and funded agencies.

A Communication Guideline is in draft form at this time and when finalized will continue to assist the Network Leadership Team, Administrative Lead and Coordinator in managing internal communication.

A Network Chair implemented a Network Coordinator update template for the Network Leadership Team meetings. These updates include a written overview of contract management, finance/expenditures, reporting, coordination activities and any other Network Grant activities that occurred since the previous Network Leadership Team meeting. This is provided in advance to the Network Leadership Team meeting and is included as part of the meeting minutes.

During governance restructuring the following communication structure was decided upon:



16. External Network Communication Plan

External communication activities to Network Stakeholders are listed under the Network Membership in Section 5 above.

The Communication Plan for the Network in terms of communication with the FASD-CMC or the Provincial Coordinator has not changed over the past year. The Network Coordinator when having any communication with those 2 parties notifies the Leadership Team Chair of the premise of the discussion and any pertinent information resulting from the communication.

Requests for information sharing from other Network Coordinators, funded agencies or Stakeholders are discussed at the Network Leadership Team meetings prior to the Network Coordinator releasing the information.

Prior to publication or public release, the contents of the Network Website and any reports are approved by the Network Leadership Team.

The contents of this external communication plan summary are currently included in the Network Draft Communication Management Guidelines.

17. Reporting Requirements

The Network Coordinator has worked in collaboration with the funded agencies to adjust monthly and quarterly reporting templates to ensure the agencies have a clear understanding of reporting requirements, the reporting outcomes are linked directly to goals/objectives and the Network Coordinator has the information required to meet the Provincial Reporting requirements.

18. Network Management: Learning and Adjustment

A great deal of Network Leadership Team effort and time in the past year focused on ensuring the Network was in compliance with the revised Service Network Guidelines, approximately 7 months of the fiscal year. Throughout this process there was less than an ideal amount of time available to focus on the strategic direction of the Network or on engagement of stakeholders. The Network in the next fiscal year having a governance structure which is in compliance with the Network Guidelines, will be at liberty to

focus primarily on the community needs, service gaps, quality of services, and incorporate best practice learned from conferences and educational sessions into strategic and business planning for the Network. This shift in focus will strengthen the supports and services offered in the Northwest Network and also strengthen the partnerships within the community to provide services to individuals affected by FASD and their families and to prevent FASD through the P-CAP model programs.

SECTION E: DATA REPORTING OF BASELINE MEASURES

Completed the update in Sharepoint and included the file electronically via e-mail.

SECTION F: ANNUAL REPORT SUBMISSION CHECKLIST

- Annual Reporting Template

- Audited Financial Statement (Schedule B)

SCHEDULE B

STATEMENT 1 - Schedule B4

INCOME, EXPENDITURES AND TRANSFERS

Agency Name: Northwest Alberta FASD Service Network
 Program Name: FASD Service Network Program
 Term of Grant: From: April 1, 2010 To: March 31, 2011
 Grant Number: _____

1. INCOME	Agency Budget	Ministry Budget	Agency Actual	Ministry Actual
	\$	\$	\$	\$
Operating - Ministry	610,367.00	610,367.00	610,367.00	610,367.00
Capital - Ministry				
CMHC Subsidy				
Revenue for Sale of Goods/Services				
Interest				
Room and Board				
Fundraising/Donations				
Other Government Funding				
Other Sources of Income				
Specify <u>CMC Reimbursement</u>	325.47	325.47	325.47	325.47
TOTAL INCOME	610,692.47	610,692.47	610,692.47	610,692.47
2. EXPENDITURES				
A. STAFFING COSTS	Agency Budget	Ministry Budget	Agency Actual	Ministry Actual
	\$	\$	\$	\$
<i>Salaries & Benefits</i>				
Program Delivery	487,036.77	487,036.77	338,532.64	338,532.64
Network Coordinator 1.0 FTE			119,702.66	
Alberta Health Services 0.5FTE (6 month program)			13,447.00	
Northern Association for FASD 1.625 FTE			86,962.81	
Goodwill Industries 2.33 FTE			95,744.30	
Accredited Supportive Living Services (3.7 FTE)			22,675.87	
TOTAL STAFFING COSTS (A)	487,036.77	487,036.77	338,532.64	338,532.64

SCHEDULE B

STATEMENT 1 - Schedule B4

INCOME, EXPENDITURES AND TRANSFERS

Agency Name: Northwest Alberta FASD Service Network
 Program Name: FASD Service Network Program
 Term of Grant: From: April 1, 2010 To: March 31, 2011
 Grant Number: _____

B. PROGRAM COSTS	Agency Budget	Ministry Budget	Agency Actual	Ministry Actual
	\$	\$	\$	\$
Recreation	-	-	-	-
Food				
Alberta Health Services	668.00	668.00	-	-
Materials and Supplies	4,107.30	4,107.30	694.49	694.49
Alberta Health Services	2,000.00	2,000.00	190.00	-
Northern Association for FASD 1.625 FTE	250.00	250.00	223.00	-
Goodwill Industries 2.33 FTE	1,857.30	1,857.30	281.49	-
Travel and Subsistence	18,089.33	18,089.33	4,289.78	4,289.78
Northern Association for FASD 1.625 FTE	5,563.00	5,563.00	3,961.58	-
Goodwill Industries 2.33 FTE	2,725.00	2,725.00	328.20	-
Education, Conferences and Workshops	7,750.00	7,750.00	5,938.83	5,938.83
Alberta Health Services	2,000.00	2,000.00	-	-
Northern Association for FASD 1.625 FTE	3,250.00	3,250.00	5,938.83	-
Goodwill Industries 2.33 FTE	2,500.00	2,500.00	-	-
Other - Specify				
<u>Diagnostic Clinics & Mentorship</u>	35,890.00	35,890.00	67,991.41	67,991.41
Northern Association for FASD	21,250.00	21,250.00	53,351.41	-
Accredited Supportive Living Services	14,640.00	14,640.00	14,640.00	-
TOTAL PROGRAM COSTS (B)	66,484.63	66,484.63	78,914.51	78,914.51
C. FACILITY COSTS	Agency Budget	Ministry Budget	Agency Actual	Ministry Actual
	\$	\$	\$	\$
Mortgage or Loan Payments				
Property Taxes				
Rental of Space				
Utilities				
Maintenance/Repairs				

SCHEDULE B

STATEMENT 1 - Schedule B4

INCOME, EXPENDITURES AND TRANSFERS

Agency Name: Northwest Alberta FASD Service Network
 Program Name: FASD Service Network Program
 Term of Grant: From: April 1, 2010 To: March 31, 2011
 Grant Number: _____

Maintenance of Land and Building				
Facility Supplies				
Other - Specify				
TOTAL FACILITY COSTS (C)	-	-	-	-
D. VEHICLE COSTS	Agency Budget	Ministry Budget	Agency Actual	Ministry Actual
	\$	\$	\$	\$
Operating Expenses				
Maintenance/Repairs				
Lease/Rental of Vehicles				
Other - Specify				
TOTAL VEHICLE COSTS (D)	-	-	-	-

FASD Service Network Program – Annual Report Template

SCHEDULE B

STATEMENT 1 - Schedule B4

INCOME, EXPENDITURES AND TRANSFERS

Agency Name: Northwest Alberta FASD Service Network
 Program Name: FASD Service Network Program
 Term of Grant: From: April 1, 2010 To: March 31, 2011
 Grant Number:

E. ADMINISTRATIVE COSTS	Agency Budget	Ministry Budget	Agency Actual	Ministry Actual
	\$	\$	\$	\$
Office Expenditures				
Office Supplies and Postage	300.00	300.00	314.45	314.45
Telecommunications		-		
Maintenance & Repairs of Office Equipment		-		
Other Office Equipment (excludes telecommunications)	-	-		
IT/Support		-		
Total Office Expenditures	300.00	300.00	314.45	314.45
Staff Support				
Staff Recruitment	325.00	325.00	-	
Staff Training	12,530.35	12,530.35	12,645.64	12,645.64
Staff Travel	3,600.00	3,600.00	2,042.81	2,042.81
WCB Insurance		-		
Total Staff Support	16,455.35	16,455.35	14,688.45	14,688.45
Other Administration				
Legal Fees				
Program Advertising	5,500.00	5,500.00	5,276.92	5,276.92
Accounting / Audit Fees	2,934.75	2,934.75	2,934.75	2,934.75
Consultant Fees	19,050.00	19,050.00	19,050.00	19,050.00
Banker Administration Fee	11,465.97	11,465.97	11,465.97	11,465.97
Other	1,100.00	1,100.00	951.05	951.05
Total Other Administration	40,050.72	40,050.72	39,678.69	39,678.69
Program Costs				
Insurance				
Staff Liability Insurance				
Errors and Omissions (Professional Liability) Insurance				
Vehicle Insurance	365.00	365.00	197.00	197.00
Property Insurance				
Board Liability Insurance				

4

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SCHEDULE B

STATEMENT 1 - Schedule B4

INCOME, EXPENDITURES AND TRANSFERS

Agency Name: Northwest Alberta FASD Service Network
 Program Name: FASD Service Network Program
 Term of Grant: From: April 1, 2010 To: March 31, 2011
 Grant Number:

Employer Liability Insurance where equivalent insurance to WCB is obtained.

Accreditation				
Licensing				
Total Program Costs	365.00	365.00	197.00	197
TOTAL ADMINISTRATION COSTS (E)	57,171.07	57,171.07	54,878.59	54,878.59
F. CAPITAL ASSETS (provide capital asset details)	Agency Budget	Ministry Budget	Agency Actual	Ministry Actual
(office equipment over \$5,000)	\$	\$	\$	\$
Specify:				
TOTAL CAPITAL ASSETS (F)	-	-	-	-
TOTAL EXPENDITURES (A) + (B) + (C) + (D) + (E) + (F)	610,692.47	610,692.47	472,325.74	472,325.74