



**2011-2012 Northwest AB FASD Service
Network Business Plan**

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1. Network Information

Please complete and provide the following table as the first information contained within the Business Plan.

Network Information			
Network Name	Northwest Alberta FASD Network		
Network Leadership Team Chair(s)	<ul style="list-style-type: none"> • Bev Moylan, Alberta Health Services Public Health Manager 		
Network Leadership Team	<table border="1"> <tbody> <tr> <td> <ul style="list-style-type: none"> • Tina Hackett-Myles, Children and Youth Services, Acting Regional Manager, Quality Assurance • Trish Syncox, Alberta Health Services, Coordinator, Aboriginal Mental Health Strategies • Margaret Hartman, Deputy Superintendent High Prairie School Division # 48. • MJ Ballantyne, Solicitor General and Public Security, CSWII • Thomas Hawkesworth, Chief Crown Prosecutor </td> <td> <ul style="list-style-type: none"> • Donelda Laing , City of Grande Prairie, Manager, Community Social Development and the Network Administrative Lead representative (non-voting ex-officio member) • Renee Little, Network Coordinator (non-voting ex-officio member) </td> </tr> </tbody> </table>	<ul style="list-style-type: none"> • Tina Hackett-Myles, Children and Youth Services, Acting Regional Manager, Quality Assurance • Trish Syncox, Alberta Health Services, Coordinator, Aboriginal Mental Health Strategies • Margaret Hartman, Deputy Superintendent High Prairie School Division # 48. • MJ Ballantyne, Solicitor General and Public Security, CSWII • Thomas Hawkesworth, Chief Crown Prosecutor 	<ul style="list-style-type: none"> • Donelda Laing , City of Grande Prairie, Manager, Community Social Development and the Network Administrative Lead representative (non-voting ex-officio member) • Renee Little, Network Coordinator (non-voting ex-officio member)
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Fiscal Year (upcoming)	2011-2012		
Business Plan Submission Date	October 31, 2010		

2. Executive Summary: *Network Plan for 2011-2012*

Business Priorities	Strategies	Budget (percentages)
2, 3, 6, 7	1. Support local assessment and diagnosis services for all ages.	\$115,000.00 (18.8% of total budget)
1,3,6	2. Support mentoring programs for at-risk women.	\$122,000.00 (20% of total budget)
4,5	3. Continue to work with the CFSAs and other stakeholders to coordinate supports and services to individuals suspected or diagnosed with FASD and their families/caregivers.	A budget amount is not specifically allocated to this strategy ⁽ⁱ⁾
3, 5, 7	4. Provide access to FASD specific support services for individuals suspected or diagnosed with FASD of all ages and their families/ caregivers.	\$217,000.00 (35.6% of total budget)
Network Operational Funding: <ul style="list-style-type: none"> • Network Coordinator Wage/Benefits • Network Administrative Budget (includes Network Administrative Lead Services Consulting Fee and Network Leadership Team Administration Budget) 		\$156,367.00 (25.6% of total budget)
Total Budget Allocation		\$610,367.00

i. Note: In part the Network Coordinator wage and agency funds contribute to accomplishment of this strategy.

3. Vision

This section outlines how the Network will enhance services and supports, the impact the Network intends to have addressing FASD and how the Network plans to develop and work collaboratively with the community during the 2011-2012 fiscal year.

The Northwest AB FASD Network 2011-2012 business plan is based on a projection that the Network will receive similar operational grant funding, from the FASD- Cross Ministry Committee (CMC), to that received in the 2010-2011 fiscal year which totaled \$610,367.00. Working with this assumption it directs business planning towards a focus on sustainability when allocating funds to service providers and highlights the importance of evaluating previous service delivery outcomes and demands across the three service pillars of *Assessment & Diagnosis, Targeted and Indicated Prevention and Supports for Individuals and Caregivers*.

The vision for service delivery in 2011-2012 is to provide a collaborative, coordinated and strength-based approach to FASD service delivery across all the three service pillars. Taking this approach into consideration, the business plan incorporates FASD Stakeholder feedback, strives to meet identified service demands and considers measures required to ensure Network compliance with the FASD-CMC Service Network Program Guidelines.

Enhancement Strategies

Enhancement of services will focus on creative grass-root strategies to improve existing services via development of community capacity, engagement of FASD stakeholders and building community partnerships. Service enhancement will not include strategies that would require an additional level of operational funding.

Strategies will include providing the following activities within the next fiscal year:

- A) *Improving community capacity to serve individuals affected by FASD and their caregivers by providing education to agencies and developing partnerships between Network funded agencies and other community agencies.*

The Network Coordinator aims to accomplish this outcome by delivering presentations to FASD Stakeholders to increase the level of awareness of Network Services, FASD training

opportunities and FASD resources available within Alberta. The Network Coordinator anticipates through awareness activities, education and creation of agency partnerships that each agency will have an improved ability to serve clients affected by FASD and their caregivers.

B) Enhance access to FASD services and support

The Network Coordinator will continue to act as a pivotal Network contact for the FASD stakeholders. Enhanced awareness activities will include promotion of the network website, network FASD specific supports and services, local FASD resources, parent/caregiver support groups and training opportunities across the catchment area by distributing network brochures, an annual network newsletter and a booklet with available FASD resources in the catchment area. The coordinator will also continue to host community open houses and attend community events to improve visibility in throughout the catchment area.

These awareness activities should lead to improvement of the ability of an individual affected by FASD and their families/caregivers' to access FASD specific services, supports and resources.

C) Continue to engage the Aboriginal Community

The Network will continue to engage FASD stakeholders who are able to provide a greater understanding of the needs of Aboriginal communities and individuals residing within the Network Catchment area. This will occur through various means such as hosting community open houses, participation in Aboriginal Interagency meetings and providing a formal means of communication either by continuing to recruit individuals to represent Aboriginal communities, co-operatives, enterprises and settlements across the FASD catchment area on the Aboriginal Sub-Committee and/or via a completion of a formal community needs assessment.

Impact of the Network in Addressing FASD

Within the parameters of three service pillars of Assessment and Diagnosis, Targeted and Indicated Prevention and Supports and Services, the Network Leadership Team will strive to

have a positive impact on the outcomes of individuals with FASD and their families/caregivers by funding agencies to provide specific services and supports within each pillar.

The Leadership Team will accomplish this by using a process involving a call for Expressions of Interest (EOI). The Leadership Team will then provide the successful applicants with Network funds to deliver front-line services and complete the targets in each of the three service pillar categories as outlined below.

Assessment & Diagnosis Service Pillar

- 1) The Network will provide access to FASD assessment and diagnosis services for all ages at each of the three Network funded clinics.
- 2) FASD professional assessments will develop strength-based recommendations which will be highlighted in a diagnostic report for individuals. The Diagnostic Coordinator will review this report with the individual, their family/caregiver and provide copies of the report to parties as requested by the individual or their guardian (such as to the individual's physician, the individual's school).
- 3) Recommendations captured in the diagnostic report will be utilized to assist the individual and/or their caregivers in understanding the individual's strengths and needs, it should identify areas that would require further assessment or professional intervention and areas where FASD supports and services would be of benefit. The diagnostic coordinator will then make referrals on behalf of the individual or their family/caregiver or provide information required to allow the individual or family/caregiver to gain access to the best suited services and supports.

Awareness & Prevention Service Pillar - Targeted & Indicated Prevention, Parent – Child Assistance Program (P-CAP) based Mentorship Program

- 1) The Network plans to reduce incidence of FASD by targeting high-risk women to prevent pregnancy or reduce substance abuse in women who are pregnant through the delivery of a P-CAP Mentorship Program prevention model.
- 2) P-CAP Mentorship workers and Supervisors will be provided with access to network funds to continue progress in completing the mandatory and suggested P-CAP training provided by the P-CAP council to ensure best-practice based programming to their clients.

- 3) The P-CAP Mentorship based model utilized in our Network would include outreach services which involves working with the clients in the program , their families and their support networks in non-traditional environments (such as their homes, community centers, etc) to improve their life circumstances. The outcomes of outreach work is to connect clients and their families to a variety of supports in their community such as access to stable housing, income or employment support services, mental health and addictions counseling, health care, dental care, food security sources and temporary safe accommodations.

Supports for Individuals and Caregivers Service Pillar

- 1) Network funded programming will reduce secondary disabilities by increasing employability for individuals and assist individuals in achieving a paid employment placement by using a mentorship based model of programming.
- 2) Support workers will create a person centered plan (PCP), goals and make supported referrals that specifically address the recommendations in the FASD diagnostic report and the individuals identified needs. The goals and PCP will be updated on a regular basis and revised as deemed appropriate. The vision for this outcome is to engage clients and retain clients in programs by adjusting services to each client's needs. Services will be flexible and dynamic to quickly adjust for the clients changing life circumstances.
- 3) Support workers are to provide supported referrals to increase the services individuals are accessing. This may include referrals to addictions and mental health services, income support, employment support, housing, recreation, transportation and health care.
- 4) Agencies aspire to reduce caregiver burnout/ burden by assisting families in accessing available respite services or assist in creating solutions for respite (such as accessing natural supports in their immediate social network).
- 5) The network will support training for support workers to improve knowledge of FASD including life-stage transitional requirements to provide tailored supports to clients affected by FASD and their caregivers.

- 6) Agencies plan to provide support, provide education, reduce social isolation, and assist in development of informal support networks for families/ caregivers by facilitating in the development and maintenance of FASD Parent/Caregiver Support Groups.

Community Collaboration

The Network Leadership Team recognizes that developing robust partnerships and means for collaboration, with FASD Stakeholders, generates a number of benefits including the following:

- Enhanced ways and means to respond to gaps in FASD services and supports
- Increased community capacity to strive toward improving quality of life for individuals affected by FASD and their caregivers.
- Gain support for public campaigns to increase awareness of the Network funded FASD services and supports
- Increased ability to partner with provident organizations with a strong track record of community capacity building and a demonstrated commitment to community collaboration to support the Network in the following areas:
 - Host community consultations as a means of gathering feedback from FASD Stakeholders that represent a wide geographical area and diverse range of individuals who have a vested interest in contributing to the annual development of the Northwest AB FASD Network vision and priorities.
 - Development and delivery of on-going formal and informal processes of evaluation.

The Network plans to develop and to work collaboratively with the community over the coming year in the following capacities:

- Host Community Open Houses in a variety of communities across the catchment area.
- Hold formal community consultations in a variety of communities across the catchment area to identify community needs and collect feedback about current services and supports.

- Attend Interagency Meetings across the Network catchment area and participate in the FASD Regional Group. The FASD Regional Group's membership includes key FASD Stakeholders including parents, caregivers, societies, organizations and/or agencies that define their interest or who have a stream of interest in FASD within the Northwest Alberta region. The FASD Regional Group includes membership from both the Mackenzie Regional FASD Network and the Northwest FASD Service Network.
- Arrange one-on-one meetings with the following FASD Stakeholders: Education, Parent Link Centers, Assured Income for the Severely Handicapped, Child and Family Services Authority, Friendship Centers, Solicitor General and Public Security, RCMP, Health, local agencies providing services in the community (Residential living services, Community Village, Babies-Best Start, Healthy Families, HIV North), affordable housing initiative leads in each community and FASD Service Network Coordinators (Métis Settlement FASD Network and Mackenzie Regional FASD Network)

3.1 Longer-term Vision

1. Increase availability of respite services and increase FASD specific training for respite providers. The Network will collaborate with local agencies that provide respite to ensure the workers available are trained to work with children who are diagnosed or are suspected of having a FASD.
2. Establishment and implementation of standards of practice for each pillar. The Network will work with the FASD-CMC/ Provincial committees and implement best-practice as they become available.
3. Develop strategies to reduce the barrier of transportation and increase services in the Grande Cache area.
4. Further develop the formalized process of receiving FASD Stakeholder feedback on an annual basis.
5. Further increase community capacity to better serve and support
 - Increase agencies ability to provide services to individuals with FASD and their caregivers/families by providing education opportunities & increasing awareness

about what training is required, how services would look different for those individuals.

- Increasing awareness among employers, landlords, residential housing supervisors, probation officers, RCMP members, education (both administration & classroom level including the home school association) and judges.
- Provide education sessions/ conferences locally that are culturally relevant for parents, families, and caregivers of those who are affected by FASD.

4. Network Priorities

Example: Network Priorities for 2011-2012

Business Priorities	Rationale
<p>1. Increase targeted prevention through mentorship and outreach to families most at risk of having children affected by FASD.</p>	<p>The Seattle Birth to 3 Project (1991), known as the Parent-Child Assistance Program (P-CAP) is a relationship-based practice that has demonstrated success in reduction of FASD through relationship based programming. The program delivery is based on client participation in the program for a three year period.</p> <p>This model was implemented by the Network in 2009 and the Network has made continuation of the P-CAP mentorship based program a priority to continue to support the women currently enrolled in the program for a full three year term.</p>
<p>2. Increase availability of assessment and diagnosis that meet provincial guidelines.</p>	<p>The Network realized a waitlist of over 75 individuals, children, youth and adults, during quarter 2 of the 2010-2011 service year for assessment and diagnostic services.</p> <p>The demand for assessment and diagnostic services is estimated to continue to increase as public and agency awareness of network funded services continues to increase.</p> <p>It was identified by FASD Stakeholders during the community needs assessments that waiting lists are too long and the capacity of the assessment and diagnosis services needed to be enhanced across the catchment area specifically in the Grande Cache service area. Therefore the network has made it a priority to continue to allocate funding to agencies to provide FASD assessment and diagnostic services.</p>

Business Priorities	Rationale
<p>3. Provide a full range of service.</p>	<p>During the formal community consultation that took place in 2007 and the consultations from 2008 - 2010 the community provided feedback that services were needed in all three pillars of assessment and diagnosis, targeted and indicated prevention and supports for individuals and caregivers for both genders and all ages. Culturally relevant services were also identified as a priority for the many communities in the catchment area.</p> <p>Therefore, network funded Service Providers will offer services in one of the three service pillars and during the selection process the Network will ensure that a full range of services will be accessible across the catchment area. Continued efforts to engage the aboriginal community will be a priority for the upcoming year. The Network Coordinator will continue to develop partnerships with key stakeholders.</p> <p>Network funded Service Providers will be a part of a collaborative FASD Network to ensure all streams of service are accessible and seamless to individuals who require them, regardless of gender, geographic location or age.</p>
<p>4. Promote coordinated access to support services.</p>	<p>The Network made the decision in 2008 to contract with multiple service providers (instead of one single provider) as this model draws on the strengths of each agency and supports the expansion of FASD-specific programming. In choosing this model it will ensure a fluid transition for clients moving through “the system” as agencies collaborate and develop partnerships.</p> <p>Network service provider meetings are held quarterly, chaired by the Network Coordinator, to allow a means for agency collaboration to occur and ensure there is a coordinated effort to service delivery. In the next fiscal term, if the Network decides to continue with a multiple service provider model it will be a continued priority to ensure there is efforts from all service providers to provide coordinated access to support services.</p>
<p>5. Increase the quality and effectiveness of programs and services available to those affected and their caregivers.</p>	<p>In the past 3-4 years the Network has established services and supports across the continuum of ages and across the three service pillars. As the Network continues to build community capacity and move into established programming, there will be more opportunity for the Leadership Team to focus on methods to improve the quality and effectiveness of the programs and services funded by the Network.</p> <p>The result of the Service Network Evaluation is expected to be significant in directing the development of a plan that focuses on improvement of program quality and effectiveness. This priority will be explored further upon the completion of the Network Evaluation (target completion date November 2011).</p>

Business Priorities	Rationale
<p>6. Support development of best practice and continuous improvement of services across the continuum by promoting, linking and applying research</p>	<p>Evidence-based practice integrates individual practitioner expertise with the best available evidence while also considering the values and expectations of clients. In our catchment area during the first year of the Network's inception the skills and knowledge of providing FASD specific services were estimated to be at a minimal level. Funds were provided to improve FASD specific skills and knowledge amount service providers.</p> <p>The driving force for staff training is the most current research to establish development of services and supports based on a foundation of current practices and research. This will benefit the clients directly by providing them with access to supports and services that suit their needs.</p> <p>Using a research/ evidenced based program model allows for realistic service level outcomes to be determined and for completion of an evaluation to measure the effectiveness of services delivered.</p> <p>In each of the service delivery three pillars the Network has made it a priority to ensure the agencies are aware of FASD training, funds are provided to agencies to provide their support workers/ mentors/supervisors/ diagnostic team members to attend training and knowledge is shared between service providers at the quarterly service provider meetings (chaired by the Network Coordinator).</p>
<p>7. 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 in the criminal justice system, mental health problems and family and placement breakdown).</p>	<p>Community consultations from 2008-2010 identified a need in the network catchment area to increase funding for FASD Support Worker positions to provide support to individuals and their families that focus on advocacy, support services (employment support, home support, support for youth in transition), supported referrals (increasing access to local supports).</p> <p>Diagnosis and assessment services funded by the network could provide an opportunity for early intervention prior to maladaptive behaviors becoming well-established. Adult assessment and diagnosis provides an opportunity to address and identify "unknown causes" for behavioral concerns.</p>

5. Strategies

Example: Network Strategies for 2011-2012

Network Strategies for the 2011-2012 Fiscal Year	
Strategy #1 – Continue to support local assessment and diagnosis services for all ages.	
Strategy Description	<p>The Network proposes to maintain funding to the pillar of assessment and diagnosis and continue to fund three assessment clinics within the Network catchment area. Professional assessment service fees have increased, thus by maintaining funding to the clinics it will result in a decline of clinics offered and clients served in comparison to the previous year. Access to assessment and diagnosis services remains at an enhanced level compared to existing services prior to the availability of network funding.</p>
Related Priority	<p>2. Increase availability of assessment and diagnosis that meet provincial guidelines. 3. Provide a full range of service. 6. Support development of best practice and continuous improvement of services across the continuum by promoting, linking and applying research. 7. 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 in the criminal justice system, mental health problems and family and placement breakdown).</p>
Key Activities	<ol style="list-style-type: none"> 1) Provide access to assessment and diagnosis services for individuals of all ages. 2) Provide specialist assessment services to remote and outlying areas of the catchment area by covering costs associated with specialists travel to these areas. 3) Improve access by providing 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. 4) Provide team members with opportunities to attend FASD assessment and diagnosis training. 5) The Network will support the development of common screening/ diagnostic standards across the province by working closely with the CMC-FASD in a collaborative effort to develop, pilot (if required) and implement a common tool. 6) The Network funded diagnostic clinics will utilize a multidisciplinary team and demonstrate compliance with the National Fetal Alcohol Spectrum Disorder: Canadian Guidelines for Diagnosis for screening and awareness (Chudley et al. 2005). 7) All Network funded FASD diagnostic clinics will be mandated to complete a Privacy Impact Assessment (PIA) and follow recommendations made by the Privacy

Network Strategies for the 2011-2012 Fiscal Year	
	Commissionaires Office as a requirement under Alberta's Health Information on Act (HIA) custodians.
Status	Sustaining an existing Network strategy.
Implementation Target Date	April 1, 2011
Completion Target Date	March 31, 2012
Number of clients to be served	Baseline measures: 2008-2009: 15 2009-2010: 45 Estimation for 2010-2011: 36 Target 2011-2012: 16
Budget Allocation	\$115,000.00 (19% of total funding)
Notes	<p>The previous cost of assessment estimated at \$1200.00 for travel and professional fees. For 2011-2012 the cost of assessment and diagnosis for one client is estimated between \$3,000.00 and \$5,000.00 which includes professional assessment fees and travel for team members and the client.</p> <p>A previous partnership with a local agency provided the clinics access to gift-in-kind occupational therapy, speech language pathology and physiotherapy assessments. Due to funding changes to the agency the assessments can no longer be provided to the Network Clinics as a gift-in-kind service and thus diagnostic clinic coordinators are seeking to hire private practice professionals to complete the assessments required.</p>
Strategy #2 - Support mentoring programs for at-risk women.	
Strategy Description	The Network proposes to continue enhancing preventative mentorship programming designed to support women at risk of giving birth to a child affected by FASD. In 2009, the Network supported the implementation of three mentorship programs, based on the Seattle-based Parent-Child Assistance Program. Funding is required to provide continued supports to currently enrolled clients and to ensure program delivery is evidence-based.
Related Priority	<p>1. Increase targeted prevention through mentorship and outreach to families most at risk of having children affected by FASD.</p> <p>3. Provide a full range of service.</p> <p>6. Support development of best practice and continuous improvement of services across the continuum by promoting, linking and applying research</p>
Key Activities	<ol style="list-style-type: none"> 1. Contract new or extend current contracts with existing service providers to provide mentorship services to women of child-bearing years who are high risk to use alcohol or drugs, across the catchment area. 2. Deliver specialized training for FASD Mentors and Supervisors.

Network Strategies for the 2011-2012 Fiscal Year	
	<ol style="list-style-type: none"> 3. Mandate contracted Service Providers to coordinate activities to ensure mentorship and outreach services are available to rural (i.e. including Aboriginal Reserves, Co-ops and Enterprises) communities within the catchment areas. 4. Ensure Network funded mentorship services are modeled after the Seattle-based P-CAP program. Ensure services are delivered by establishing outcome and target measurements in the Service Provider contracts that are consistent with the Seattle P-CAP model/ Alberta P-CAP Council and by conducting an annual review of the mentorship programs funded by the Network.
Status	Sustaining an existing Network strategy.
Implementation Target Date	April 1, 2011
Completion Target Date	March 31, 2012
Number of clients to be served	Baseline measures: 2008-2009: 0 2009-2010: 12 Estimation for 2010-2011: 13 Target 2011-2012: 13
Budget Allocation	\$122,000.00 (20% of total funding)
Strategy # 3 – Continue to work with the CFSAs and other stakeholders to coordinate supports and services to individuals suspected or diagnosed with FASD and their families/caregivers.	
Strategy Description	The Leadership Team, Network Coordinator and Network funded service providers will continue activities of relationship building with new and current partners in the Network Catchment area for the main purpose of coordinating and improving the quality of supports and services to individuals suspected or diagnosed with FASD and their families/caregivers.
Related Priority	<ol style="list-style-type: none"> 4. Promote coordinated access to support services. 5. Increase the quality and effectiveness of programs and services available to those affected and their caregivers.
Key Activities	<ol style="list-style-type: none"> 1. The Leadership Team will continue to encourage relationship building with new and current partners through invitations to Leadership Team meetings, FASD community stakeholder meetings, and by supporting learning opportunities when possible. 2. The Network Coordinator will continue to work with CFSA and other stakeholders through participation in the Regional FASD Group, interagency meetings, meeting one-on-one with agencies in the catchment area and hosting community open houses as well as community consultations.

Network Strategies for the 2011-2012 Fiscal Year	
	<p>3. Network Funded service providers will be encouraged to establish positive working relationships with CFSA's and other FASD stakeholders in their communities by completing activities such as attending interagency meetings, providing presentations or arranging one-on-one meetings to share information about their agencies FASD specific supports and services.</p>
Status	Sustaining an existing Network strategy.
Implementation Target Date	April 1, 2011
Completion Target Date	March 31, 2012
Number of clients to be served	Baseline: not applicable Target: not applicable
Budget Allocation	No funding specifically dedicated to this strategy.
Strategy #4 –Continue to provide access to FASD specific support services for individuals suspected or diagnosed with FASD of all ages and their families/ caregivers.	
Strategy Description	<p>The Network will maintain funding in the supports service pillar to continue to provide supports and services for individuals of any age diagnosed with FASD or suspected to be affected by FASD across our catchment area.</p> <p>Providing support services to Grande Cache will be communicated as an area of interest to the Network funded agencies and new agencies applying for funding. Agencies will be encouraged to find creative solutions to the identified barriers of providing supports and services to clients in the Grande Cache area.</p>
Related Priority	<p>3. Provide a full range of service.</p> <p>5. Increase the quality and effectiveness of programs and services available to those affected and their caregivers.</p> <p>7. 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 in the criminal justice system, mental health problems and family and placement breakdown).</p>
Key Activities	<p>1. Contract new or extend current contracts with existing service providers to maintain a consistent 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>2. Service Providers to coordinate activities to ensure outreach activities address service needs across the lifespan and are respectful of a wide range of perspectives (including respect for cultural diversity).</p>

Network Strategies for the 2011-2012 Fiscal Year	
	<ol style="list-style-type: none"> 3. Continue or enhance creative day-to-day programming for youth and adults affected by FASD, such as employment programming. 4. Network-funded Service Providers will collaborate with community agencies and provide supported referrals, to address such problems as homelessness and addictions faced by individuals affected by FASD. 5. Provide service providers with funding for staff education to bring best-practice into the supports and services offered in the catchment area. 6. The Network will complete a Service Network evaluation as per FASD-CMC requirements.
Status	Sustaining an existing Network strategy.
Implementation Target Date	April 1, 2011
Completion Target Date	March 31, 2012
Number of clients to be served	Baseline measures: 2008-2009: 31 2009-2010: 45 Estimation for 2010-2011: 65 -70 Target 2011-2012: 65-70 adults, caregivers/parents/families, youth and or children
Budget Allocation	\$ 217,000.00 (35.5% total funding)

5.1 Priorities for Additional Funding

1) Enhance local assessment and diagnosis services for all ages

There is a current wait list of over 50 individuals awaiting assessment and diagnostic services in our catchment area. These individuals are of all ages from children to adults. The wait list continues to grow as advertisement and awareness increases in the community about the assessment and diagnostic network funded services available.

In order to address these needs, the Network would increase funding to the existing diagnostic clinics to increase FTE of the diagnostic coordinators, increase funds available for the multidisciplinary team assessment and travel for the clients and their families. This would in turn the availability and capacity of local assessment and diagnostic supports and services for all ages and communities in the catchment area.

Another Network's strategies would include the establishment of a diagnostic clinic in Grande Cache. This would increase access to FASD diagnostic and assessment services to the Grande

Cache and surrounding area which has been identified as a priority in the community during the past 3 years of community consultation and partnership.

2) Enhance mentorship workers to support at-risk women

The Network's priority for future years is to enhance mentorship programming to high-risk women by funding additional mentorship worker positions. There are currently wait lists of 10 women, 2 of who are currently pregnant, across the catchment area. The Network funded agencies predict wait lists will continue to grow as the awareness about the programs increases.

In addition to enhancing services in the Grande Prairie, Peace River, and High Prairie areas, the Network would endeavor to contract services to initiate a mentorship program in the Grande Cache and surrounding area. In 2011, with an increase in funding the vision would be to have 4.0 FTE P-CAP mentorship workers in place across the catchment area to meet the estimated demand and serve approximately 35 high-risk women and their families. Currently the Network is able to serve a maximum of 15 high-risk women and their families.

3) Enhance access to FASD specific support services for individuals suspected or diagnosed with FASD of all ages and their families/ caregivers

Community consultations have highlighted the fact that although the addition of support services through Network funding has been helpful in mediating the concerns of individuals and families affected by FASD, an increase in the number of support workers across the catchment area is needed to meet the current demand. As a result of the growing demand, waitlists for individual and family supports have been implemented in the Grimshaw and Peace River area, High Prairie area, and in the Grande Prairie and surrounding area.

The Network Leadership Team and FASD Stakeholders also recognize that as the number of assessment and diagnosis accomplished by the network funded service providers grows each year, there will be an increased demand for support services. Increasing support workers from 4 workers at 3.08 FTE to 5 workers at 5.0 FTE is estimated to serve an additional 30 to 40 clients and would meet the wait list demands for the next fiscal term.

4) Improve access to services in all three Pillars to Grande Cache and area

Grande Cache is not directly receiving Network funded FASD supports and service and is identified as a high needs area in our Catchment area. It was identified by multiple sources in a

2009 formal needs assessment that the main barrier to receiving services in the Grande Cache area is a lack of available transportation. Creative strategies to providing services in Grande Cache have been identified as a priority by FASD Stakeholders. With an enhanced level of funding it would allow the network to solicit proposals from agencies that could provide creative solutions to barriers and provide FASD specific services and supports in the Grande Cache area.

Appendix I: Schedule B

SCHEDULE B

STATEMENT 1

INCOME, EXPENDITURES AND TRANSFERS

Agency Name: Northwest Alberta FASD Service Network
 Program Name: FASD Service Network Program
 Term of Grant: From: April 1, 2011 To: March 31, 2012
 Grant Number: _____

1. INCOME	Agency Budget	Ministry Budget
	\$	\$
Operating - Ministry	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 _____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL INCOME	610,367.00	610,367.00

2. EXPENDITURES		
A. STAFFING COSTS	Agency Budget	Ministry Budget
	\$	\$
<i>Salaries & Benefits</i>		
Network Coordinator Salaries & Benefits 1.0 FTE	87,000.00	87,000.00
Agency Salaries, Benefits & Administration	337,648.65	337,648.65
Program Delivery	424,648.65	424,648.65
TOTAL STAFFING COSTS (A)	424,648.65	424,648.65

SCHEDULE B

STATEMENT 1

INCOME, EXPENDITURES AND TRANSFERS

Agency Name: Northwest Alberta FASD Service Network

Program Name: FASD Service Network Program

Term of Grant: From: April 1, 2011 To: March 31, 2012

Grant Number: _____

B. PROGRAM COSTS	Agency Budget	Ministry Budget
	\$	\$
Recreation	_____	_____
Food	_____	_____
Materials and Supplies	5,000.00	5,000.00
Travel and Subsistence	35,000.00	35,000.00
Education, Conferences and Workshops	8,000.00	8,000.00
Other - Specify <u>Diagnostic Clinics & Mentorship</u>	80,000.00	80,000.00
TOTAL PROGRAM COSTS (B)	128,000.00	128,000.00
C. FACILITY COSTS	Agency Budget	Ministry Budget
	\$	\$
Mortgage or Loan Payments	_____	_____
Property Taxes	_____	_____
Rental of Space	_____	_____
Utilities	_____	_____
Maintenance/Repairs	_____	_____
Maintenance of Land and Building	_____	_____
Facility Supplies	_____	_____
Other - Specify _____	_____	_____
TOTAL FACILITY COSTS (C)	-	-
D. VEHICLE COSTS	Agency Budget	Ministry Budget
	\$	\$
Operating Expenses	_____	_____
Maintenance/Repairs	_____	_____
Lease/Rental of Vehicles	_____	_____
Other - Specify _____	_____	_____
TOTAL VEHICLE COSTS (D)	-	-

SCHEDULE B

STATEMENT 1

INCOME, EXPENDITURES AND TRANSFERS

Agency Name: Northwest Alberta FASD Service Network

Program Name: FASD Service Network Program

Term of Grant: From: April 1, 2011 To: March 31, 2012

Grant Number: _____

E. ADMINISTRATIVE COSTS (Network)	Agency Budget	Ministry Budget
	\$	\$
Office Expenditures		
Office Supplies and Postage	-	-
Telecommunications	500.00	500.00
Maintenance & Repairs of Office Equipment	-	-
Other Office Equipment (excludes telecommunications)	-	-
IT/ Support	2,000.00	2,000.00
Total Office Expenditures	2,500.00	2,500.00
Staff Support		
Staff Recruitment	1,500.00	1,500.00
Staff Training	12,000.00	12,000.00
Staff Travel	8,000.00	8,000.00
WCB Insurance	-	-
Total Staff Support	21,500.00	21,500.00
Other Administration		
Legal Fees	-	-
Program Advertising	2,000.00	2,000.00
Accounting / Audit Fees	-	-
Consultant Fees (Includes Network Banker Fee)	30,518.35	30,518.35
Other	800.00	800.00
Total Other Administration	33,318.35	33,318.35
Program Costs		
Insurance		
Staff Liability Insurance	-	-
Errors and Omissions (Professional Liability) Insurance	-	-
Vehicle Insurance	400.00	400.00
Property Insurance	-	-
Board Liability Insurance	-	-
<i>Employer Liability Insurance where equivalent insurance to WCB is obtained.</i>	-	-
Accreditation		
Licensing		
Total Program Costs	400.00	400.00
TOTAL ADMINISTRATION COSTS (E)	57,718.35	57,718.35
F. CAPITAL ASSETS (provide capital asset details)		
<i>(office equipment over \$5,000)</i>	\$	\$
Specify:	-	-
TOTAL CAPITAL ASSETS (F)	-	-
TOTAL EXPENDITURES (A) + (B) + (C) + (D) + (E) + (F)	610,367.00	610,367.00

Appendix II : Network Leadership Team Memorandum of Understanding & Terms of Reference



Memorandum of Understanding

Memorandum of Understanding: Northwest Alberta FASD Network Leadership Team

1. Purpose

The purpose of this Memorandum of Understanding is to promote a positive, cooperative working relationship between representatives from the following organizations, service areas or population: Alberta Health Services, the Child and Family Service Authority, Alberta Education, Alberta Employment and Immigration, Alberta International and Intergovernmental Relations, Alberta Aboriginal Relations, Alberta Justice and Attorney General, Alberta Seniors and Community Supports, Solicitor General and Public Security, to clarify roles and expectations and facilitate communication in providing direction, leadership, management and delivery of the FASD Service Network Program for the Northwest Alberta FASD Service Network.

The Network Leadership Team may not have membership from all of the representatives listed at all times. The Leadership Team is continually building community relationships and strives to have a Leadership team composed of members from each organization, service area and population as listed above.

2. Introduction

Fetal Alcohol Spectrum Disorder (FASD) describes a cluster of birth defects caused by prenatal exposure to alcohol. Since 1996, various provincial government departments and agencies have been actively involved in the prevention of alcohol related birth defects and support of individuals affected by prenatal exposure to alcohol.

The provincial government has a vision that: "Alberta has a comprehensive and coordinated response to Fetal Alcohol Spectrum Disorder (FASD) across the lifespan and a continuum of services that is respectful of individual, family and community diversity."

In order to achieve this vision, 12 FASD Service Networks were created across the province tasked with "developing and enhancing FASD services and supports across the lifespan that are aligned with strategic directions set out in Alberta's 10 Year FASD Strategic Plan."

Working with this vision, the Northwest Alberta FASD Network applies solely to the FASD-CMC for grant funding on a yearly basis and is not a Network that solicits for further funds. The Network uses the provincial funding to improve and enhance FASD services in the Network catchment area (refer to the Network catchment area map attached as Appendix A) in a way that compliments existing services and furthers the collaborative practices that have been encouraged through individual efforts and activities.



Memorandum of Understanding

Recently the Government of Alberta FASD Cross-Ministry-Committee (FASD-CMC) has provided mandatory Service Network Program Guidelines to each of the service networks pertaining to governance, roles and responsibilities. The Service Network Program Guidelines stipulate that 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 the Program Guidelines and ensuring that the operation of the Network is effective in achieving its goals.
- **Directing and appropriately managing funds** provided by the FASD-CMC for the priorities outlined in the CMC approved business plans.
- **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 FASD-CMC** through the Provincial Coordinator on the Network actions and results.

3. Responsibilities

Under this MOU the members of the Network Leadership Team agree to execute their duties as outline in the Northwest Alberta FASD Service Network Leadership Team Terms of Reference (attached as Appendix B).

4. Confidentiality

All information and documentation provided to, collected by, delivered to or compiled by or on behalf of the Northwest Alberta FASD Network and the Network Leadership Team in the performance of their duties and responsibilities shall be dealt with subject to and in accordance with all applicable provisions of the Provincial Statutes, particularly the Freedom of Information and Protection of Privacy Act.

5. Terms of Understanding

This agreement is in effect as long as the member's organization is actively participating on the Northwest Alberta FASD Service Network Leadership Team. While the Northwest Alberta FASD Network Leadership Team may make regular updates to the Terms of Reference, this agreement will remain the same.

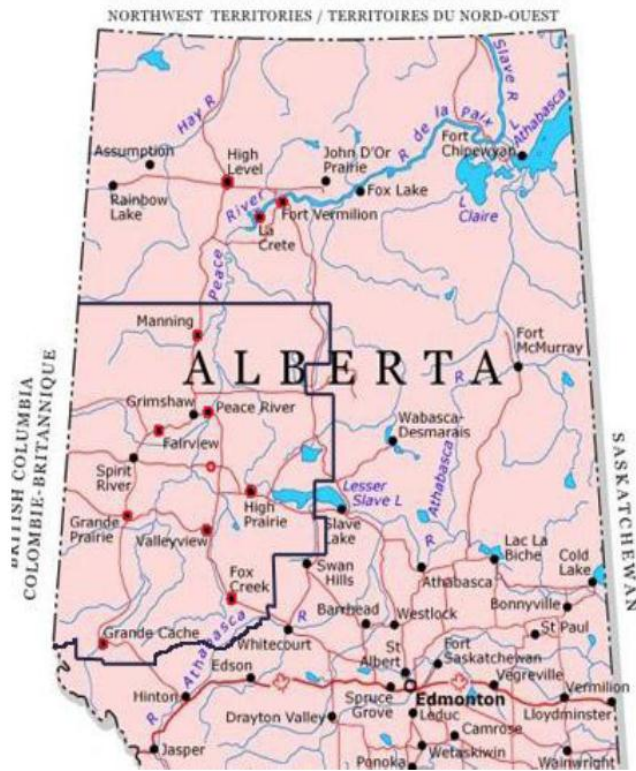
In the event that an additional member(s) agree to participate on the Network Leadership Team they will be asked to sign this MOU.

Any organization identified in this MOU may terminate their involvement as a member of the Northwest Alberta FASD Network Leadership team with written notice to the other members.



Memorandum of Understanding

Appendix A





Memorandum of Understanding

Appendix B : Terms of Reference: Northwest Alberta FASD Network Leadership Team

1. Purpose

The purpose of the Northwest Alberta FASD Network Leadership Team (NLT) is to provide direction, leadership, management and delivery of the FASD Service Network Program for the Northwest Alberta FASD Service Network (NAFSN).

2. Guiding Principles

The following principles will guide the development, implementation and ongoing improvement of the Service Network Program:

- Operate under a collaborative, flexible and responsive approach
- Align with Provincial FASD 10-Year Strategic Plans and the FASD Service Network Program Guidelines
- Promote a strength-based approach
- Address needs across the lifespan
- Focus on transparency and accountability
- Build on existing capacity to address identified needs/gaps in services
- Be respectful of a wide range of perspectives
- Open and honest communication

3. Membership

The membership of the NLT will include representatives from the following organizations, service areas or populations.

- Alberta Health Services
- Child and Family Service Authority
- Alberta Education
- Alberta Employment and Immigration
- Alberta International and Intergovernmental Relations
- Alberta Aboriginal Relations
- Alberta Justice and Attorney General
- Alberta Seniors and Community Supports (this may include a representative from PDD)
- Solicitor General and Public Security



Memorandum of Understanding

Membership in the NLT is limited to organizations not receiving funding from the Network.

Should one of the organizations above enter an agreement with the Network to receive funding, they will not be included in the NLT membership for the duration of their funding agreement. Likewise, organizations that have active funding proposals in submission to the Network cannot be included as a NLT member. Selection and acceptance of representatives will be made in order to provide representation from across the entire Northwest Region and all health regions served.

Ex-officio members of the NAFSN NLT include:

- The Network Coordinator
- A representative from the Administrative Lead.

Ex-officio members will attend NLT meetings as required and as appropriate. Time will be scheduled within each NLT meeting for business requiring ex-officio members and to allow ex-officio members the opportunity to express concerns or raise issues. Ex-officio members can also be invited to attend specific portions of an NLT meeting when invited by the Chair/Co-Chairs. The Coordinator will be present for the duration of all NLT meetings, except when requested to step out by the NLT.

4. Chair and Co-Chairs

NLT members will select one chair or two Co-Chairs by inviting nominations and conducting a vote when more than one candidate has agreed to fill each position. The term of each position is limited to two consecutive two-year terms. The terms of each Chair/Co-Chair will be staggered to ensure continuity for the NLT. In the event a Chair/Co-Chair is unable to complete his or her term, an interim Chair/Co-Chair will be appointed by the NLT from the NLT membership until the Chair/Co-Chair's term is completed.

5. Responsibilities

It is important to note that roles, responsibilities and accountabilities may continue to change as the Network moves toward compliance with the Program Guidelines and develops the necessary supporting processes and structures.

The following table outlines the functions and associated key responsibilities for the NLT:

Functions	Key Responsibilities
Planning	<ul style="list-style-type: none"> • Design Network structure • Design, implement and monitor processes to support the network structure including: <ul style="list-style-type: none"> - Memorandum of Understanding - Needs assessment (with advice from the Aboriginal Sub-Committee and



Memorandum of Understanding

Functions	Key Responsibilities
	FASD Stakeholders) <ul style="list-style-type: none"> - Funding criteria, procurement process and funding decision making process • Determine vision, mission, goals and objectives for the Network. • Submit a Business Plan, Business Plan Addendum and Grant Application to the FASD-CMC
Operations	<ul style="list-style-type: none"> • Secure funds for Network operations (the Northwest Alberta FASD Network applies solely to the FASD-CMC for grant funding on a yearly basis and is not a Network that solicits for further funds). • Ensure that the Administrative Lead contracts a Network Coordinator • Make funding decisions according to funding distribution criteria • Establish contract management guidelines • Hold monthly Network meetings
Performance Management	<ul style="list-style-type: none"> • Monitor performance of Administrative Lead • Monitor performance of the Coordinator based on input from the Administrative Lead • Conduct evaluations as per funder requirements • Ensure quarterly and annual reports are written and submitted to FASD-CMC

5.1 Active Membership, Membership in Good Standing & Network Leadership Team Meeting Requirements

A Network Leadership Team member is considered to have active membership or to be in Good Standing when they are regularly engaged in Leadership Team meetings, are not on a leave of absence and their resignation has not been requested by the Leadership Team.

If Leadership Team Members are unable to attend regular meetings they will provide advance notification to the Chairperson. Leadership Team members should designate a proxy from their organization who will attend meetings in their absence when possible.

Normally, a Leadership Team Member requesting a leave of absence will put their request in writing to the Chairperson at least two (2) weeks prior to the next regularly scheduled Leadership Team meeting.

If a Leadership Team member misses three (3) consecutive meetings the Chairperson will contact them to discuss the feasibility of continued involvement.



Memorandum of Understanding

The Leadership Team may, by resolution, ask for the resignation of a Leadership Team Member who fails to attend:

- a) At least two-thirds of the scheduled meetings in any twelve-month period; or
- b) At least two-thirds of any regularly scheduled meetings of a Sub-Committee on which the member sits; or
- c) More than two meetings in a row without notification to the Chairperson.

6. *Sub-Committee Structure*

The NLT may decide to delegate specific issues to standing or ad-hoc sub committees.

Standing Subcommittees are established by the NLT to address specific ongoing issues or responsibilities (e.g. operational/administrative issues; FASD Prevention). They will operate according to clearly documented Terms of Reference approved by the NLT. Membership may be drawn from non-NLT members and a chairperson will be selected by the NLT. The specify priorities and goals will be provided to the committees by the Network Leadership Team. The Chairperson is responsible for facilitating the committee's work, communicating with the Chair/Co-Chairs, and informing the NLT of the committee's membership and proceedings. Standing committees have an indefinite term, and review their membership and leadership annually.

Ad-hoc Subcommittees may be struck to complete specific, time-limited tasks. Membership of ad-hoc committees may include persons who are not members of the NLT but who have something to contribute to the work of the committee. A chairperson will be selected by the NLT. The Chairperson is responsible for facilitating the committee's work, communicating with the Chair/Co-Chairs, and informing the NLT of the committee's membership and proceedings.

7. *Meetings*

- Meetings of the NLT will occur on a regular basis.
- Meetings may occur in person, or via teleconference or videoconference
- Additional meetings may be called at the request of the Network Leadership Team Members.
- Meetings will be chaired by the Chair/one of the Co-Chairs.

8. *Decision Making Process*

NAFSN decisions are made by consensus or, when there is no consensus, by a simple majority vote of 51% of Members in Good Standing. Decisions are made only when a quorum of 51% of members is available to indicate their preference. Ex-officio members are considered non-voting members.



Memorandum of Understanding

Prior to making decisions, Network members will be reasonably informed of the issue in question and the consequences of the choices available.

Committees are advisory to the Network and report to the body as a whole. The Leadership Team may choose to delegate specific decision-making authority to a Standing Committee. Such delegation will be recorded in the minutes of the Network meeting and included in the terms of reference of the Standing Committee.

9. Dispute Resolution

Notice of disagreement should be addressed in writing to the Chair(s) within ten business days of meeting minute distribution. The Chair(s) shall acknowledge receipt of notice of disagreement in writing within ten days outlining the date of review. The notice will be forwarded to the next meeting, or in the case that a meeting is not scheduled within 30 days of receiving notice, a special meeting will be called in order to address the matter.

10. Conflict of Interest

When topics arise that may pose a potential for conflict of interest, the NLT member in conflict will declare such and it will be noted in the official meeting minutes. The NLT member will then remove him or herself from that portion of the meeting and any related decision-making; in certain situations this may require that the person physically leave the meeting space.

11. Reporting/Communication

- The NLT will meet monthly at a time and location determined by the membership.
- Proceedings of the NLT and its committees will be recorded in minutes.
- The Agenda for upcoming NLT meetings shall be distributed at least one week prior to the meeting date.
- All members of the NLT may contribute Agenda items.
- The original minutes will be filed with Network documents retained by one of the Co-Chairs.
- Copies of the minutes will be distributed to the NLT within two weeks from the meeting date.
- Individual members will be responsible for informing their organizations and groups of NLT proceedings.
- Quarterly and Annual Reports shall be submitted to the FASD Cross Ministerial Committee on a basis prescribed by the Network Guidelines.

Last Update: September 16, 2010