



SOUTH ALBERTA FASD NETWORK

Annual Report

April 1, 2019 to March 31, 2020

Submitted June, 2020

Brenda Burton

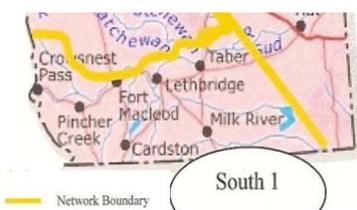


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1. Network Information

| Network Information | | |
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| Legal Name of Network | South Alberta FASD Network | |
| Other Names Network is Known by | South Alberta FASD Society | |
| Network Street Address | 6 Dalhousie Road West, Lethbridge, AB, T1K 3X1 | |
| Network Mailing Address | Same | |
| Network Phone, Fax | P. 403-394-4856 | F. |
| Network Email, Website | bburton@southalbertafasdnetwork.com | W. |
| Catchment Area | <p>The region serves more than 157,000 residents, covering 25,947 square kilometers in the south western corner of the province.</p> <p>Nearly half of the residents live in Lethbridge, its largest community, with the remaining scattered throughout more than 40 other towns, villages, and surrounding rural areas.</p> <p>The region also includes two reserves of the Blackfoot People: the North Peigan (Piikani) and the Blood (Kainai) Tribes. These reserves have a population nearing 10,000.</p>  | |
| Is the Network incorporated under the <i>Societies Act</i> ? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| Name, contact information and title of two Executive Board/Leadership Team members | <ul style="list-style-type: none"> • Lynette Taal, Lethbridge Family Services, • Jack Hazelwood, Past Chair, Community Member | |
| Name and address of Banker, if used | • McMan Youth and Family Services | |
| Name & title of person completing this form | Brenda Burton, Network Co-coordinator | |
| Phone & email for person completing this form | 403-394-4856 | bburton@southalbertafasdnetwork.com |
| Network Profile | | |
| To the community served by the South Alberta FASD Network, we deliver a comprehensive and coordinated regional response to FASD across the lifespan and a continuum of services respectful of individual, family, culture and community delivery. The Network aims to increase regional capacity by | | |

enhancing existing FASD services and developing new services when possible in the areas of awareness, prevention, assessment and diagnosis and support to individuals and caregivers.

We are engaged in the broader community in determining what the Network will address for FASD services and work towards continuing to provide FASD awareness, supports and services across systems and jurisdictions within our Region.

Principles of Service Delivery

The main focus of the Network is to provide a continuum of coordinated services to support the existing programs in the Region. Our business priorities remain consistent and align with the 2019/20 SOP and are as follows:

- Increase the availability of assessments and diagnosis
- Enhance and expand supports for individuals and caregivers
- Increase awareness and prevention of FASD
- Increase the quality of effectiveness of programs and services to those affected with FASD, their families and caregivers
- Enhance stakeholder engagement
- Support Network Governance, Operation and Coordination

The Network's key principles of service delivery include the following:

- Promote collaboration among stakeholders of the government, agency and community level
- Provide flexibility and operate in a manner that optimizes responsiveness to unique local needs
- Programs will be strength-based, meet needs across the lifespan without age barriers and be respectful of cultural diversity
- Programs funded through the Network will be fiscally responsible and transparent

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2. Network Actions

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| Action #: 1 Action: Assessment & Diagnosis Funding: FASD-CMC Other GoA Other | | Service category: Level 1 Prevention (Awareness) | |
| | | Service category: Level 3 and 4 Prevention (e.g. PCAP) | |
| | | Service category: Assessment/Diagnosis | X |
| | | Service category: Supports for Individuals and Caregivers | |
| | | Service category: Organizational Learning | |
| Description | <p>Lethbridge Family Services (LFS) operates 2 Assessment & Diagnostic clinics with this funding. We utilize a multidisciplinary team approach using the Revised Canadian Guidelines. One of the clinics is operated locally in Lethbridge and is only for pediatric clients and the other clinic is located in rural Alberta (Pincher Creek) and is for both pediatric and adult individuals.</p> <ol style="list-style-type: none"> 1) Our schedule for assessments is approximately 3 pediatric clients per month (which includes both the Lethbridge and Pincher Creek clinics). A total of 30 pediatric clinics will be completed in this fiscal year. Timeframe: end of March, 2021. 2) Receive referrals and triage according to severity of need, confirmation of Prenatal Alcohol Exposure (PAE) and availability to attend assessments. Timeframe: end of March, 2021. 3) Input data into FASD-ORS as well as the CanFASD National Database. Timeframe: end of March, 2021. 4) Provide follow-up services to those individuals that receive an FASD diagnosis. Follow-up consists of support to the caregivers to implement the recommendations given on Clinic day and will only be provided for 1 - 12 months. Extensions may be given with Manager approval. Timeframe: end of March, 2021. 5) Provide opportunities for fee for service assessments. We have completed 7 assessments for a fee. Timeframe: March, 2021. | | |
| Evaluation | <p>The clinics align with the following actions from the S & O Plan performance indicators.</p> <ul style="list-style-type: none"> 3.1.2 Multidisciplinary assessment & diagnostic services 3.1.5 Client and caregiver involvement in the assessment and diagnosis process 3.1.6 Support for individual and families on clinic waitlist 3.1.8 Communities of Practice support consistency and best practice in assessment and diagnosis 3.1.9 Develop strong partnerships 3.2.1 Link and integrate assessment & diagnosis data 3.2.3 ORS data collection 3.2.4 Inventory of standardized assessment tools 3.3.1 Client satisfaction <p>We input data into the ORS on a quarterly basis. We also input every individual assessed into the CanFASD National Database. This is completed after each clinic day. The southwestern FASD Network created surveys for the Network. The caregiver/client</p> | | |

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| | <p>completes Post Clinic Surveys within 3 months of the clinic date and Support Surveys are completed by the caregiver/client within 12 months of the clinic date.</p> <p>Total number of children/youth who received services during the year April 1, 2019 to March 31, 2020.</p> <ul style="list-style-type: none"> -new child/youth intakes-42 -number of children/youth assessment completed-26 -number of children/youth receiving a diagnosis-16 out of 16 -number of children/youth who received follow up support-100 |
| Service Delivery Partners | 2 pediatricians, 2 psychologists, 2 psychometrists, 1 speech-language pathologist, 1 occupational therapist |
| Description of Successes to date | We have continued to provide a quality service (demonstrated in our surveys). Our MDT have been willing to attend professional development (either face to face or virtually) regarding various topics. Our clinic is sought out to provide training in southwest Alberta regarding FASD topics as well as clinic processes. A major funding success is accessing Jordan's Principle as well as Legal Aid to pay for our services. We are still providing follow-up supports even though the caseload is astronomical for one FTE. |
| Description of challenges and resolutions to date | <p>Maintaining the same quantity of services has become unsustainable. Follow-up can no longer be provided life-long.</p> <p>It has become very apparent, especially during COVID, that the individuals and families that we serve are vulnerable Albertans. They have especially felt the effects of isolation and the inaccessibility to services that they have come to rely on. It has been devastating to some to take away the one person that they have built a trusting relationship with.</p> |
| Budget Allocation | \$300,663.39 |
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| Action #: 1.2 Action: Assessment & Diagnosis Funding: FASD-CMC Other GoA Other | | Service category: Level 1 Prevention (Awareness) | |
| | | Service category: Level 2 Prevention (Safe Conversation) | |
| | | Service category: Level 3 and 4 Prevention (e.g. PCAP) | |
| | | Service category: Assessment/Diagnosis | X |
| | | Service category: Supports for Individuals and Caregivers | |
| | | Service category: Organizational Learning | |
| Description | Lethbridge Family Services (LFS) operates 1 Adult Assessment & Diagnostic clinic with this funding. We utilize a multidisciplinary team approach using the Revised Canadian Guidelines. <ol style="list-style-type: none"> 1) Our schedule for assessments is approximately 1 adult client per month (which includes both the Lethbridge and Pincher Creek clinics). A total of 10 adult clinics will be completed in this fiscal year. Timeframe: end of March, 2021. 2) Receive referrals and triage according to severity of need, confirmation of Prenatal Alcohol Exposure (PAE) and availability to attend assessments. Timeframe: end of March, 2021. 3) Input data into FASD-ORS as well as the CanFASD National Database. Timeframe: end of March, 2021. 4) Provide follow-up services to those individuals that receive an FASD diagnosis. Follow-up consists of support to the individual to implement the recommendations given on Clinic day and will only be provided for 1 - 12 months. Extensions may be given with Manager approval. Timeframe: end of March, 2021. | | |
| Evaluation | The clinics align with the following actions from the S & O Plan performance indicators. <ul style="list-style-type: none"> 3.1.2 Multidisciplinary assessment & diagnostic services 3.1.7 Client and caregiver involvement in the assessment and diagnosis process 3.1.8 Support for individual and families on clinic waitlist 3.1.10 Communities of Practice support consistency and best practice in assessment and diagnosis 3.1.11 Develop strong partnerships 3.2.1 Link and integrate assessment & diagnosis data 3.2.3 ORS data collection 3.2.4 Inventory of standardized assessment tools 3.3.1 Client satisfaction We input data into the ORS on a quarterly basis. We also input every individual assessed into the CanFASD National Database. This is completed after each clinic day. The southwestern FASD Network created surveys for the Network. The client completes Post Clinic Surveys within 3 months of the clinic date and then Support Surveys are completed within 12 months of the clinic date. Total number of adults who received services during the year-32 <ul style="list-style-type: none"> -new intakes-32 -assessments completed-11 -adults who received a diagnosis-10 out of 11 -adults who received follow-up support-50 | | |
| Service Delivery Partners | 1 General practitioner, 1 psychologist, 2 psychometrists, 1 speech-language pathologist, 1 occupational therapist | | |

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| Budget Allocation | \$60,000 |
| Description of Successes to date | Consistent collaboration with community agencies continues to be strong in southwestern Alberta in the adult world of FASD. There is great and necessary collaboration amongst all agencies to support adults with FASD. We continue to receive self-referrals from the adult population because of comments our clients are sharing in the community. |
| Description of challenges and resolutions to date | The amount of funding that the adult clinic receives is appreciated although not nearly enough to meet the needs of the ever-growing waitlist. On average, we receive 30 – 40 new referrals a year. When we are funded to complete 10 assessments per year, it will be near impossible to reduce the waitlist. There is bounds of research to demonstrate the importance of early intervention, however, we also see great benefit to those adults that have gone most of their lives being misunderstood to then receiving a diagnosis and the few doors to supports opening up because of a diagnosis. Without assessment and diagnosis, these individuals flounder in the community and are often those people that create chaos for the Justice system, health system and the community at large. |
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| Action #: 2 Action: Enhance and expand support for individuals and caregivers Funding: FASD-CMC Other GoA Other | | Service category: Level 1 Prevention (Awareness) | |
| | | Service category: Level 2 Prevention (Safe Conversation) | |
| | | Service category: Level 3 and 4 Prevention (e.g. PCAP) | |
| | | Service category: Assessment/Diagnosis | |
| | | Service category: Supports for Individuals and Caregivers | X |
| | | Service category: Organizational Learning | |
| Description | <p>Lifespan Support Worker (LSW) This program provides intensive case management with wrap around supports and systems navigation to individuals aged 16 and up who have FASD or are suspected of having FASD and do not qualify for PDD services. This program helps to ensure a seamless transition for youth to adult services and supports throughout their lifespans. The caregivers of the youth in the program have been showing increased needs for support. These needs are being addressed by the Family Support worker. This program is showing promising evidence of significantly reducing secondary disabilities. There is need for more support in rural areas. Service expansion into rural areas should be considered. Further details about what Lifespan Support Workers provide:</p> <ul style="list-style-type: none"> - Face-to-face, collaborative contact and support with individuals 16 and over who are suspected or diagnosed with FASD. Support is provided in home or in another setting to fulfill the role of mentor, coach, and advocate. - This role is meant to address the possibility of limiting secondary disabilities commonly associated with FASD. - Individualized service plans are developed to address the needs of the individual based on a strengths and needs assessment. These plans are focused on planning and implementing a successful transition from youth to adult services and for lifelong services (when necessary). - Advocacy for diagnosis. - Provision of individualized crisis support plan to assist in crisis management. - Collaborative search for natural support network. Inclusion of support network in service provision as applicable and consented. - Provision of culturally sensitive practice. <p>Family Support Worker (FSW) The Family Support Worker provides a range of services that enhance caregiver skill development, knowledge, and capacity. This worker offers timely support to caregivers who provide support to someone with FASD or suspected of having FASD in order to promote enduring and effective care. Since approximately half of the caregivers in this program have or are suspected to have FASD, the Family Support Worker also offers some wrap-around supports to help them with parenting and household management skills. The Family Support Worker also supports caregivers who are helping their youth transition to adulthood. This program will try to operate and expand services into rural areas of the region where services are either very limited or non-existent. Further details about what the Family Support Worker provides:</p> <ul style="list-style-type: none"> - Face-to-face support with caregivers in the home or in other settings to fulfill the role of mentor, coach and advocate. This support is provided to individuals caring for | | |

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| | <p>an individual suspected or diagnosed with FASD. These caregivers may also be diagnosed or suspected to have FASD themselves.</p> <ul style="list-style-type: none"> - Individualized support plans developed to address the needs of the family. - Formal and informal training opportunities specific to FASD are made available to caregivers and community partners. - Provision of consultation regarding behavioural problems. - Provision of information regarding 24 hour crisis intervention and support services available in the community. - Provision of caregiver support group offered monthly depending on consistent caregiver turnout. <p>Program needs (both LSW and FSW):</p> <ul style="list-style-type: none"> - We continue to find supports to meet the needs of caregivers who are assisting their youth in the transition to adulthood. Since other agencies are noticing this need, we are able to collaborate in order to meet their needs (PDD, CFSA & OPG). - Supports are desperately needed in rural areas. - We need the supervisory portion of this contact increased, preferably to 1.0 FTE. 0.4 FTE is not sufficient for proper oversight. - Due to the fact that the Family Support Worker is supporting caregivers with FASD along with other caregivers the target amount of clients served should not exceed 25. |
| <p>Evaluation</p> | <p>The Lifespan Support Worker program contributes data to the ORS system. The Lifespan program also uses a Program Logic Model along with caregiver, client and stakeholder surveys developed by Helene Wirzba, who gathers partnership data and presents results and suggestions to our team. Bi-Annual and Annual Reports are completed each year to identify outcomes, strengths and successes, as well as needs and resolutions to needs.</p> <p>Number of clients served –</p> <p>49- Adult Life Span 15- Youth Life Span 39- currently on a waitlist (Steps for Service)-provide supports of some type until a support work can be assigned.</p> <p>Number of caregivers supported-</p> <p>40 unique participants for the care giver group 97 people attended group throughout the year 25 family units supported</p> |
| <p>Service Delivery Partners</p> | <p>Current partners: South FASD Network, Lethbridge Family Services (Assessment and Diagnosis), PEAK Adult Justice, Youth Justice, First Steps, First Nations PCAP, AISH, Alberta Works, 5th on 5th Youth Services, Wood’s Homes, ARCHES, CFSA, PDD, Alberta Health Services (including Addictions & Mental Health).</p> |
| <p>Description of Successes</p> | <ul style="list-style-type: none"> • FASD Lifespan Support Workers supported 103 participants; the FASD Family Support Worker supported 25 families during this past fiscal year. • The FASD Lifespan Program has been highly utilized, with caseloads at capacity. • Outcomes for participants have been generally positive, with educational and occupational attainment, health outcomes, legal resolutions, diagnostic attainment, PDD service transitions, and permanent supportive housing attainment all occurring for various individuals in the program during this past fiscal year. • Attendance to the Family Support Worker caregiver groups has been consistently high. There were 40 participants who attended this group during the last fiscal year. |

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| | <ul style="list-style-type: none"> • Participants are utilizing the financial management supports offered at McMan to save money and reduce impulsive spending. • Community collaboration continues to be a high priority of the FASD Lifespan Program. Comprehensive, wraparound supports are implemented across a wide variety of partner agencies to ensure maximum service quality and efficiency for each participant. • The Family Support Worker continues to provide training and education to community agencies regularly throughout the year. These trainings help members of the community and other support agencies to better understand FASD. • The FASD Lifespan Program has assisted its participants with housing stability and landlord relations in order to mitigate the risk of homelessness. • The Program Supervisor was active on relevant FASD Network committees to assist in advertising, presentations, and events related to informing the community about the risks of drinking during pregnancy. |
| <p>Description of Challenges and Resolutions</p> | <ul style="list-style-type: none"> • The FASD Lifespan Program’s waitlist has been growing steadily with numerous referrals. Part of the reason for this waitlist surge is related to the efficacy of the program in producing desirable outcomes for service participants. Self and peer referrals are a particularly strong indicator of program participants’ high regard for the program and its staff. A more challenging reason for this waitlist surge is the reduction in the number of PDD eligible individuals who are actually being provided with funding and services from PDD. There are individuals on our caseload who have been deemed eligible for PDD funding but are unable to transition to PDD services because of this barrier. As a result, these individuals are remaining on FASD Lifespan caseloads, reducing potential for waitlist movement. Another reason for the surge of referrals is the provincial change in Children’s Services age of support eligibility; the age cap was reduced from 24 to 22. Although a court injunction regarding this change has occurred, many 21-23-year-olds were referred to the FASD Lifespan Program within a short timeframe, leading to a long waitlist of over 30 individuals. Steps-to-Service supports are provided to waitlisted individuals by the program supervisor but given the high number of individuals on the waitlist, this endeavor is proving difficult. Advocacy to the provincial Disability Advocate is utilized when appropriate, and waitlisted individuals are triaged based upon severity of need. • The SPDAT is not an ideal assessment tool to capture data and outcomes of the FASD Lifespan Program. There is also no formal triaging tool in place. McMan is investigating more suitable assessment tools for implementation during the next fiscal year. • There is a lack of support in rural areas for individuals with FASD. McMan stretches its boundaries with Network approval when required, but beyond Coaldale and Coalhurst it is difficult to stretch further without additional funding given high numbers, travel, and demanding caseloads. |
| <p>Budget Allocation</p> | <p>\$418,308.30</p> |

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| <p>Action #: 2.1</p> <p>Action:</p> <p>Enhance and expand support for individuals and caregivers</p> <p>Funding: FASD-CMC Other GoA Other</p> | <p>Service category: Level 1 Prevention (Awareness)</p> <p>Service category: Level 2 Prevention (Safe Conversation)</p> <p>Service category: Level 3 and 4 Prevention (e.g. PCAP)</p> <p>Service category: Assessment/Diagnosis</p> <p>Service category: Supports for Individuals and Caregivers</p> <p>Service category: Organizational Learning</p> | <p></p> <p></p> <p></p> <p></p> <p>X</p> <p></p> |
| <p>Description</p> | <ul style="list-style-type: none"> ● To provide direct court/justice support to persons with FASD dealing with complicated legal issues. <ul style="list-style-type: none"> ● Attend in person to advocate with the courts for appropriate outcomes. ● Prepare individualized case/court plans addressing the needs based on strengths ● Establish a client(s) natural support network ● Meet with the existing community partners to ensure that they are willing and able to expand services to surrounding rural areas and to work collaboratively with the Justice Program ● Establish more Justice and Outreach supports in rural communities as resources become available. <p>*Timelines will be based primarily on the courts ability to address matters from first appearance until disposition. The goal will be to dispose of matters quickly as to make ensure a tangible outcome.</p> <p>Increase the availability of assessments and diagnosis.</p> <ul style="list-style-type: none"> ● The Adult Justice Program will refer all adults requiring assessments and meet the mandated requirements to the clinic. <p>Enhance and expand supports for individuals and caregivers.</p> <ul style="list-style-type: none"> ● The Adult Justice Program will continue to work with community partners and make referrals to partners for the purpose of providing wrap around services. ● The Justice Program will continue to provide education and awareness of FASD and related issues to members of the Justice community. <p>Increase the quality and effectiveness of programs and services to those affected with FASD, their families and caregivers.</p> <ul style="list-style-type: none"> ● The Justice program will hold or attend case conferences, and develop case plans as per the Network Criteria for all individuals engaging in the program where program is lead agency. <p>Enhance stakeholder engagement.</p> <ul style="list-style-type: none"> ● The Justice Program will continue to collaborate and work with all stakeholders to ensure services to individuals are coordinated. <p>Support Network Governance, Operations, and Coordination.</p> <ul style="list-style-type: none"> ● The Justice Program will continue to be involved and take direction from the Network and Leadership team. The Program will continue to work under and maintain the policies and procedures as outlined by the Network. Support Network Governance, Operations and Coordination ● This shall include but not be limited to the collection of data, the completion of the FASD ORS reporting system and by maintaining client files on Sharevision. | |
| <p>Evaluation</p> | <ul style="list-style-type: none"> ● Based on Evaluation Recommendations put forth by the FASD South West Network, the FASD Adult Justice Program developed program logic model and set realistic indicators and targets to support the identified outcomes. These were reviewed and revised in June 2014 and now again being revised to support the 2019 operating grant policies. ● The program is moving forward with an evaluation framework that can be used to monitor and evaluate the program and provide information for quality improvement, thus providing better services and build community capacity. | |

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| | <ul style="list-style-type: none"> ● Several tools for ongoing evaluations are currently being used. These include surveys being completed by community partners and individuals being supported. ● Case plans as per network requirements are also developed to track and report on individual goals and progress. ● The ORS reporting system is completed as required and a ShareVision program is also being utilized. ● Number of clients who received support with legal issues-53 ● Number of clients who received other types of supports- 22 ● Number of total contacts with court, community- 569 |
| <p>Service Delivery Partners</p> | <p>Current partners: McMan Youth, Family and Community Services, First Steps Program, Crown Prosecutors Office, Provincial Court Judges, Local Lawyers, Legal Aid, Correctional Services, Probation, Lethbridge Police Service, RCMP, PDD, AISH, Income Supports, Disability Service Providers, Alberta Mental Health, Addiction Support Services, FSCD, Lethbridge College, Provincial, Blood Tribe Police, Native Counselling Services, Peace Making Program, Mental Health Diversion, Assessment and Diagnostic Clinic, City of Lethbridge, U of A Dr. Pei, University of Regina, Dr. M. Stewart, Other Alberta FASD Networks, Lethbridge Shelter and Resource Center, The ARCHES Program, The DOT Team, Lethbridge Animal Control, Mental Health Diversion, Court Clerk’s office, Calgary Bail Office, Dr. Stan Wong and Rob Gunn, Lethbridge Sheriff’s Dept. CFSA, Edmonton Police Service, Thrive Team. Edmonton Drug Treatment Court. Mental Health/Addictions/First Nations courts and the New Federal Crown Prosecutor and his office.</p> <p>Proposed Partner: The New Alberta Drug Court Program</p> |
| <p>Description of Successes</p> | <p>The Peak FASD Adult Justice Program strives to achieve exceptional standing in community partnerships, client approval ratings and by showing a positive social return on investment. Based on the most recent surveys conducted, we can say our standing and image withing the community remains high.</p> <p>In addition to the above noted successes, we can add the implementation of the Lethbridge Integrated Services Court. Now approaching its first year of operation and with that milestone, the expectation of a statistical review showing the strength of this diversion court including the cost effectiveness and the reduction of recidivism adding up to community wellness.</p> <p>Although the current situation with the COVID-19 pandemic should not be included in category listing successes, I felt it import to at least touch on how in a time of struggles, confusion, and fear We have also seen kindness, leadership, resourcefulness, and generosity emerge.</p> <p>The strength of the Network and community partners has always been dependable, and the pandemic has done nothing to shake that foundation.</p> <p>When consideration is given to program outcomes as listed in the description category, We can address the following under this header:</p> <p>Direct and indirect supports within the court system have continued even during the pandemic closures. The Peak Justice Program has been able to connect with all authorities within the courts and crowns office to ensure matters are still be monitored and resolutions are being worked out.</p> <p>Also due to the pandemic the program has had the opportunity to connect clients with family, they may not have been able to access for a variety of issues. Although out of the realm of our mandate, we have taken on the role of mediator in some situations to help clients who struggled with belonging and a sense of loss.</p> <p>Another area that should be looked at as how connections in the rural area’s and specifically with the Blood Tribe. The program has been able to build strong connections and share resources around repatriation and the use of traditional teachings. The treatment center and recovery housing support programs running on the reservation have been accessed by several of the Justice Program clients and shown long lasting success rates.</p> <p>When looking at referrals to our diagnostic clinic we can once again state a strong partnership is in place. The Justice Program is often a park of the diagnostic team case plan development and provides justice assistance to clients in the clinic require help.</p> |

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| | <p>Likewise justice clients who need assessments are always referred to the clinic and if legal matters are pressing, the clinic has always done its best to provide information in regard to a persons disability were appropriate.</p> <p>The Peak FASD Justice Program also offers FASD training to several groups within the community each year. Over the Past 12 months, we have been invited to speak to students at the Lethbridge college twice, Red Crow college, provided FASD training in partnership with the Youth FASD Justice Program to the new police recruits and presented at the ACDS conference in Calgary.</p> <p>Also noteworthy is the number of calls the Justice Program receives from legal council who want to know more about FASD as they are finding clients will disclose being on the spectrum.</p> <p>One final note under the education header, is the Justice program is now a part of the Network training team and as such, the program coordinator will take part in all learning series, webinar and courses as time allows throughout the year for the purpose of ensuring a current and accurate knowledge of FASD and Justice.</p> <p>As the Justice Program is a member of the South West FASD Network, I would be remis if in this section of the report, I failed to mention, success in this program does not come independently. It is through dedicated community partnerships and collaboration with those not just under the FASD Network, but within the community at large, this program continues to show growth and success in the complex and challenging work we do.</p> |
| <p>Description of Challenges and resolutions</p> | <p>To start off in this category, we must mention the COVID 19 pandemic.</p> <p>The most notable issue we are struggling with would be the closure of the courts.</p> <p>When we are looking for a timely resolution that simply cannot be a consideration at this time.</p> <p>We risk clients incurring additional charges on top of old matters. Without meaningful consequences being handed down in short order, we risk individuals not being able to connect an action and an outcome.</p> <p>Yet another big issues we continue to face, is the lack of a legal aid office in Lethbridge. The current expectation is for people needing to access legal aid, the person is expected to call into a central office were wait times can exceed an hour or more on hold.</p> <p>I feel it is important to note, not all my clients have access to a phone. Have available minutes to make a long call or the ability to stay focused for that period. These obstacles then become challenges for the courts and reprimands for my individuals as they attend court dates without representation.</p> <p>An additional challenge we face is this area of the province continues to struggle with available, affordable, and quality housing. If clients can find housing within their limited income, we often find it is in an illegal basement suite or in locations with ongoing structural or health concerns. Bed bugs, mold, ventilation issues and so on.</p> <p>A lack of standard housing only speaks to those individuals who are for the most part capable of living independently. When addressing the need for housing those complex individuals who cannot manage self-regulation, have substance abuse problems, cannot sort out guest management issues or may have general behavioural problems, housing simply does not exist. Thus, we fall back into the pattern of living on the streets, and ultimately back into the justice system. Sadly, a pattern far too many return to as it is the only form of “support” they are able to access.</p> <p>One further area that continues to be challenging, is the lack of timely and appropriate mental health and addiction supports. Cognitive based therapy is often the model used in in addition. However, cognitive based therapy is not always the best choice for those living with an organic brain injury. Most treatment centers also require a level of independence which many of my clients do not have. External supports are often required to achieve success, but seldom provided.</p> <p>Again, any relapse or failure to complete a program, can be looked at as a breach or a failure to comply with a court ordered process. This only adds to the on-going revolving door that is FASD and Justice.</p> <p>On final note I would like to mention, the ongoing need for additional supports. As more people are being identified as having an FASD, existing resources struggle to meet the demands of providing supports. This is not a new issue, and one I understand to be costly in addressing. However, without additional resources, those people going without support continue to fall into negative</p> |

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| | environments where they are known to victimize others or become victims themselves and often are left to a justice system not designed to manage disabilities. |
| Budget Allocation | \$113,678.00 |

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| Action #: 3.1 Action: Increase awareness & prevention (Level 3 PCAP) Funding: FASD-CMC Other GoA Other | | Service category: Level 1 Prevention (Awareness) | |
| | | Service category: Level 2 Prevention (Safe Conversation) | |
| | | Service category: Level 3 and 4 Prevention (e.g. PCAP) | X |
| | | Service category: Assessment/Diagnosis | |
| | | Service category: Supports for Individuals and Caregivers | |
| | | Service category: Organizational Learning | |
| Description | The South Alberta FASD Network will sustain Level 3 and 4 prevention efforts through funding for approximately 0.5 FTE staff person at the Alberta Health Services – First Steps (PCAP) Alberta Health Services, Family Health Home Visitation – First Steps (PCAP) provides culturally sensitive support services for women with alcohol and related issues to develop or maintain healthy changes pre and post pregnancies. Home Visitation Advocates provide intensive support to women (for up to 3 years) to have alcohol free pregnancies and reduce the births of children at risk of having a Fetal Alcohol Spectrum Disorder. Clients enrolled in the program have decreased their use of drugs or alcohol by 45% for at least one month. 50% of those clients abstained from alcohol for 6-12 months. 50 % of the clients were using effective birth control regularly to prevent alcohol-exposed pregnancies. 73 % of the clients had legal custody of their target child and the child was living with them. (System outcome 2.4 – PCAP and other Level 3 and 4 prevention programs are available across Alberta and meet community needs, action items 2.4.1 Review Level 3 and Level 4 Prevention strategy to meet the need for PCAP and other Level 3 and Level 4 Prevention programs in communities across Alberta and address gaps in availability, access, waitlists and data collection and 2.4.3 Fund FASD Service Networks and other partners to deliver of PCAP and other Level 3 and Level 4 Prevention programs). | | |
| Evaluation | Client data is entered into both ORS and Penelope (PCAP Council) Clients are also surveyed 2 times per year at regular meetings. These standardized surveys were developed by the South Alberta FASD Network, utilizing the program logic model and contains questions that relate to PCAP specific client outcomes including: 2.6: PCAP Clients experience improvement in their wellbeing, 2.7: PCAP clients report planning to prevent prenatal alcohol exposure when planning future pregnancies by consistently using birth control if they are drinking, and by not drinking during any stage of their future pregnancies, 2.8: PCAP clients report satisfaction with the Program. These surveys are utilized by all network contracted agencies. The Advocate funded by the Network supported 9 clients in the 2019-2020 fiscal year. | | |
| Service Delivery Partners | Youth Justice, FASD Justice, McMan, Quest, Peak, Opokaa’sin, Foothills Detox, Arches, Family Justice, Family Law, Legal Aide, Probation, Mental Health Diversion, Children’s Services, PDD, LFS Assessment and Diagnostic Clinic, Family Centre/Parent Link Centres, Women’s Shelters, Lethbridge Shelter, Victoria Park School, FASD Network, Alberta PCAP Programs, P.H. Nurses, Physicians, Better Beginnings, and other AHS Programs (Children’s Allied Health, Addiction & Mental Health, Chinook Regional Hospital, etc.). | | |

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| Description of Successes | <p>The ASI process provides a clear eligibility component for the First Steps program. Client commitment to actively participate in the program improves outcome. The Team Lead supports case management, reflective supervision, and intake and assessment process. This improves efficient and effective cases management to support home visitation advocates and client service plans. Weekly phone conversations with the PCAP “First Steps for Healthy Babies” program manager facilitates cross-agency case management. This has built a relationship to discuss clients that may be both on and off the reservation and aids in maintaining consistent support.</p> | |
| Description of Challenges and Resolutions | <p>Increased Program efficiency was achieved by scheduling at least 3 client visits per day. HVA’s were challenged to connect with struggling clients when appointment cancellations occurred. Advocates have been trained in the use of laptops and hotspot to improve efficiency and accuracy in charting at the completion of each visit to replace rushed charting at the end of the day or the following work day. Advocates have been prompted to improve communication with clients emphasizing accountability with advance notification for cancelling appointments and visits. Advocates are encouraged to update forms to reflect client goals and achievements accurately. Advocates have connected with the majority of their clients weekly during the COVID-19 crisis to support and assist with self-isolation, home teaching and activities for children and families during self-isolation and physical distancing. Advocates have researched and shared access to support agencies to bring reassurance and stability to these vulnerable and at-risk families during the pandemic.</p> | |
| Budget Allocation | \$38,538.64 | |

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| Action #: 3.2 Action: Increase awareness and prevention (Level 3 PCAP) – First Nations Program Funding: FASD-CMC Other GoA Other | | Service category: Level 1 Prevention (Awareness) | |
| | | Service category: Level 2 Prevention (Safe Conversation) | |
| | | Service category: Level 3 and 4 Prevention (e.g. PCAP) | X |
| | | Service category: Assessment/Diagnosis | |
| | | Service category: Supports for Individuals and Caregivers | |
| | | Service category: Organizational Learning | |
| Description | <ol style="list-style-type: none"> 1. Participate in community collaboration aimed at building relationships with First Nations communities (leadership members, elders). 2. Maintain relationships with the community on Piikani to ensure service provision on the reserve. 3. Make financial and time investments in order to maintain relationships and access to a location on Piikani for PCAP workers to meet with clients. 4. Accept the invitation for at least one PCAP worker to sit on the Prescription Drug Taskforce on Piikani to provide education and supports to individuals. 5. Support and provide educational training on the Prescription Drug Taskforce. Participate in a women’s wellness fair --- host a booth and provide training for women through Associate Clinic on reserve. 6. Work with the RCMP and community members to do a community clean-up project. 7. Attend monthly interagency meetings on reserve and bring Network and Prevention Conversations information to the meetings. 8. Participate in walks that promote the values of PCAP like the Piikani Violence Against Women walk and the drug prevention walk: “Say No To Drugs and Alcohol - Keep our Community Drug Free.” 9. Deliver FASD workshops for community members with the involvement of the Prevention Conversations and FASD Justice initiatives. 10. Attend events of partners such as the AA volunteer luncheon. | | |
| Evaluation | The PCAP program uses a Program Logic Model along with client and stakeholder surveys designed by evaluator, Helene Wirzba, who gathers and analyzes partnership data and presents results and suggestions to our team. Data is entered quarterly in the Online Reporting System (ORS) as well as the Penelope Data Collection System. Bi-Annual and Annual Reports are completed each year to identify outcomes, strengths and successes, as well as needs and resolution to needs. Number of clients served- 15 | | |
| Service Delivery Partners | Current partners: Piikani Child and Family Services, Peigan Drug and Prevention Counselling Services, Southern Alberta Addiction and Mental Health, Alberta Health Services, Southern Alberta FASD Network, Foothills Detox Center - Fort Macleod, Brighter Futures, Napi Friendship Center, Parent Link Association, Supportive Housing, RCMP - Brocket Detachment, Aakom-Kiyiii Health Services, Piikani Drug Prevention and Counselling Services, McMan FASD Outreach Educator (FCSS Pincher Creek), Associate Medical Clinic, Pincher Creek Hospital, | | |

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| | <p>Piikani Health Unit, Piitaapoyii AA Group, Peigan Alcohol Services, Piikani PKTS, and Piikani Homeless Shelter.</p> <p>Proposed Partner: Piikani Tribal Council</p> |
| <p>Description of Successes</p> | <ul style="list-style-type: none"> • PCAP supported 21 participants during this past fiscal year. The program is currently serving 15 participants. • Ongoing positive relationships have been built with several agencies on the Piikani Nation, especially with the Inii Healing House. The PCAP Mentor has been facilitating Mending Broken Hearts with participants living at Inii Healing House and has also joined the house for feasts to celebrate special occasions. Many of our PCAP participants have attended the programming at Inii, and they have also sent new referrals to PCAP to support high risk women with a history of substance use. • Attending the Mending Broken Hearts Training has been beneficial for our PCAP Mentor. As mentioned above she has facilitated the program with Inii Healing House and is also working on the program with different participants on her caseload. The PCAP Mentor has also created resource books based on information from Mending Broken Hearts and utilizes them with her participants as needed. Having the resources and information from Mending Broken Hearts has been extremely beneficial for PCAP and has enhanced service delivery. • Participants have been successfully on effective birth control, with one participant engaging in family planning for a healthy pregnancy. • Strong community partnerships with the RCMP, Associate’s Clinic, and Pincher Creek Hospital have ensured excellent service for the PCAP participants. • All but two participants attended treatment, detox, and/or other addictions services during this past year. |
| <p>Description of Challenges and Resolutions</p> | <ul style="list-style-type: none"> • PCAP has only one Mentor, and McMan has only one staff located in the Pincher Creek/Piikani Nation area. As such, there are, at times, logistical or health and safety concerns at play. McMan has mitigated these logistical issues through the provision of front-line support from the Program Supervisor 1-2 days per week. Safety issues have been mitigated using a robust working alone protocol, collaboration with the RCMP, and through the provision of a satellite phone for use in the remote areas of Piikani Nation without cell service. • There is a lack of resources on Piikani Nation and in Pincher Creek in comparison to services that are available in Lethbridge. As such, many services are not accessible for most of the women supported through PCAP due to transportation barriers. Furthermore, many of the participants won’t connect to agencies on the Piikani Nation due to confidentiality concerns or their family members working at agencies. The PCAP Mentor continues to find creative ways to connect their participants to services. PCAP and the Mobile Addiction Outreach Initiative at McMan have also collaborated for individuals wanting to go to treatment or detox for their substance use; this way the Addiction Outreach Worker can support with applications and phone calls, alleviating this time consuming job from the PCAP Mentor. • There is a lack of supports available for men on the Piikani Nation. Many times, the complexities of the male partner in our participants’ lives can compromise lasting progress. Mentors continue to work their hardest to stabilize the women on the PCAP |

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| | <p>caseload, but they are often destabilized by the men in their lives. This is a destructive, cyclical pattern. If there were supports available for the men on the Piikani Nation we believe this issue would be alleviated. McMan continues to explore its ability to provide services to men in the area and is interested in service expansion in this regard should an opportunity arise.</p> <ul style="list-style-type: none"> • Ongoing challenges working with Disability Services on a high complexity participant who meets the criteria for PDD funding, but they are apprehensive to provide her funding due to her living in Brocket. Even if she was set up with an agency in Pincher Creek this participant would need to find her own transportation to and from programming each day according to Disability Services, as the agencies in Pincher Creek are not able to transport to and from the reserve. McMan is continuing to advocate for this participant to receive the services for which she is eligible. |
| Budget Allocation | \$145,725.00 |

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| Action #: 3.3 Action: FASD Prevention Level 1 Funding: FASD-CMC Other GoA Other | Service category: Level 1 Prevention (Awareness) | X |
| | Service category: Level 2 Prevention (Safe Conversation) | |
| | Service category: Level 3 and 4 Prevention (e.g. PCAP) | |
| | Service category: Assessment/Diagnosis | |
| | Service category: Supports for Individuals and Caregivers | |
| | Service category: Organizational Learning | |
| Description | Increase awareness and prevention of FASD (Level 1 Prevention) Public awareness and understanding. Awareness programs educate and inform Albertans about the dangers of drinking alcohol while pregnant, the effects of FASD and the impacts of FASD on Individuals, families and communities. These programs also increase overall awareness about healthy pregnancy. <ul style="list-style-type: none"> • In South west Alberta there is a continuous need to ensure that Albertans are aware of, and understand that alcohol use during pregnancy can lead to FASD; and with support, FASD can be prevented. Prevention is a shared responsibility. Everyone needs appropriate information and understanding as identified in General Network Meetings held 3 times per year. • There is a need to support Network contracted agencies and other existing programs: First Steps (PCAP), Youth Justice, Adult Justice, the FASD Assessment and Diagnostic Clinic, and partnering/related programs within our region; all women at risk of delivering a child affected by prenatal alcohol exposure have the information they need to not consume alcohol during pregnancy. Of paramount importance, is that women receive the required supports and services throughout their pregnancy. • Continuous training for all agency staff, clients, caregivers, women, partners • Gain and maintain support from the medical community • Work with clients at risk – educate and support • Work in collaboration with Alberta Health Services – Addictions and Mental Health - to enhance the quality and type of therapeutic support for those struggling with addiction and mental health issues; approaches other than cognitive therapy are required for clients affected by FASD. | |
| Evaluation | <ul style="list-style-type: none"> • ORS where appropriate • South Alberta FASD Network standardized surveys, including training event surveys • Program Logic Model Outcomes • Monthly Reports to the Network Leadership Team and/or General Network Membership | |
| Service Delivery Partners | Current partners: Network agencies/General Network membership Media (Traditional and social media) Proposed partners: <ul style="list-style-type: none"> • Agencies within the communities of Taber, Milk River, Fort Macleod, Coaldale, Picture Butte and the Crowsnest Pass • Agencies represented at Indigenous Interagency Monthly Meetings held in Lethbridge and both the Kainai and Piikani Nations | |
| Description of Successes | South Alberta International FASD Day – September 9, 2019 – Events attended and awareness activities held throughout the month of September are described in the following synopsis. Members of the Advertising, Communication and Promotions’ Committee of the South Alberta FASD Network were present at a variety of community functions throughout the month of September and sponsored awareness promotions throughout the region. The guiding premise was, “expansion of awareness and prevention of FASD throughout the region , not just the City of Lethbridge.” To operationalize that principle the following occurred: <ol style="list-style-type: none"> 1. 8000 coasters were distributed with Prevention Conversation messaging on them. They had a bottle in the center with “No alcohol during pregnancy” printed at the top of the bottle, and “hidden disabilities” that can occur with FASD placed around the outer rim; post cards and | |

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| | <p>posters with prevention of FASD messaging were given with the coasters. These were delivered to business establishments throughout the region that sold liquor either on their menu or as direct distributors. The response was overwhelming – 82 businesses used the coasters on September 6th – 10th in Lethbridge, Fort Macleod, Pincher Creek, Coaldale, Taber, Warner, Milk River, Picture Butte and the Crowsnest Pass area; several requested to use them on an ongoing basis.</p> <ol style="list-style-type: none"> 2. 5000 condom covers were designed with Prevention Conversation messaging on them. The University of Lethbridge requested 1000 condoms in covers for their new student orientation backpacks and Lethbridge College, in similar fashion, had 400 of them distributed to their new students. Newly developed condom covers with the “Let’s Get Real” messaging on them were used at Lethbridge College and the Crossings Library (which connects two large public high schools). <ol style="list-style-type: none"> a) On September 9th and 10th an interactive display was hosted at the Crossings Library which focused on the “Let’s Get Real” messaging – 75 individual FASD prevention conversations were held with students - The focus was the “Let’s Get Real” campaign designed to familiarize adolescents with alcohol consumption, sexual behavior, pregnancy and FASD. The Crossings Library links two large high schools and students frequent the meeting space provide by the library during their lunch hour. Hundreds of students stopped during the two days to receive our promotional materials and engage in conversations. The condoms were very popular! 3. The Network owns a floor-model spinning wheel identical to the coasters. On September 11th, the committee hosted a table at Lethbridge College’s “New Student Orientation Fair” and encouraged students to “spin the wheel” – depending on where they landed, they received a “prize” – AGLC promotional materials and newly acquired Network promotional materials were used as gifts. Students and staff were encouraged to take Prevention Conversation Fact Sheets. Condoms and coasters were also distributed – in excess of 100 individual conversations were reported with students. 4. The Network was a presence at community events in September 2019: <ol style="list-style-type: none"> a. participating in “The Word on the Street Festival” hosted by the Lethbridge Public Library at which more than 4000 people attended (September 21st) – committee members reported 175 conversations with attendees b. attending and hosting an interactive display at the Piikani Health Fair on September 25th and 26th 5. The coaster, poster and post card created for the September campaign were featured on several websites, social media pages and in print materials distributed across the region – E.g. the Leisure Guide, Lethbridge Herald and The City Connector. |
| <p>Description of Challenges and resolutions</p> | <ol style="list-style-type: none"> 1. The Network received invitations to participate at more community events throughout September than could be managed; because of human resource and time constraints, not all events could be staffed. Moreover, some of the invitations came with short notice – there was not sufficient time to organize agency staff and the Prevention Conversation Facilitator (PCF) to attend. 2. The PCF contacted the requesting community groups to provide more “lead time” in order to allow Network participation. Should that prove effective, involvement of agency staff will require the support and approval of Management. It is noteworthy that the Network is seen as a support to these groups. 3. Of mention is that the Network’s FASD Awareness and Prevention Campaign actually started in August : <ol style="list-style-type: none"> a. Annually, the Network supports “Ready Set Go” in collaborations with school districts in Lethbridge; this year saw the Network participate in a similar event in Fort Macleod (August 21st and 22nd) b. McMan’s “Shelter Me – Party in the Park” was attended on August 24th and an interactive display hosted by Committee members c. All three August events were full-day commitments – once again, stretching resources to the limit. |
| <p>Budget Allocation</p> | <p>\$4,000.00</p> |

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| Action #: 3.4 Action: FASD Prevention Level 2 Funding: FASD-CMC Other GoA Other | | Service category: Level 1 Prevention (Awareness) | |
| | | Service category: Level 2 Prevention (Safe Conversation) | X |
| | | Service category: Level 3 and 4 Prevention (e.g. PCAP) | |
| | | Service category: Assessment/Diagnosis | |
| | | Service category: Supports for Individuals and Caregivers | |
| | | Service category: Organizational Learning | |
| Description | Continue to engage with appropriate audiences/partners to provide training that is respectful, culturally sensitive and trauma informed so that all women have the information that they need to have a safe and healthy pregnancy. <ul style="list-style-type: none"> • Provide information on resources and supports available within our communities. • Continue to provide and expand upon training opportunities for professionals and post-secondary students to support Level 2 provincial messaging • Provide training to school district professionals and professionals engaged with youth on <i>The FASD Adolescent Prevention Conversation “Let’s Get Real... About Sex and Drinking”</i> • Communities within the region are aware of the key messages contained within <i>The FASD Prevention Conversation</i> and they will support women to abstain from alcohol if they are pregnant or thinking of becoming pregnant • Continued and expanded engagement with agencies on the Piikani and Kainai Reserves to provide appropriate training and subsequently, a positive impact on their people • Engagement with the six public school districts in the region to integrate <i>The FASD Adolescent Prevention Conversation</i> within their <i>Health and Life Skills Program of Studies (Grades 6 – 9)</i> and the <i>Career and Life Management (CALM) Program of Studies (Senior High School)</i> • Review evaluation reports and develop a plan to ensure appropriate training continues and is sustained – development/recruitment of new partners is essential to this process • Repeat efforts to engage with the Chinook Primary Care Network and engage each of their 27 clinics • Alignment with Operating Grant Policies – Strategic Pillar #2 – Level 2 Prevention – Safe Discussions | | |
| Evaluation | Supported and aligned with the FASD Prevention Conversation Evaluation Framework and applicable surveys <ul style="list-style-type: none"> • ORS if applicable | | |
| Service Delivery Partners | Current Partners: <ul style="list-style-type: none"> • FASD Prevention Conversation Facilitator • Network Agencies and Network stakeholders • Piikani and Kainai Nations’ respective Ministries and Agencies • University of Lethbridge students • Lethbridge College students • Agencies within the communities of Lethbridge, Fort Macleod and Pincher Creek Proposed Partners: <ul style="list-style-type: none"> • Six public school districts – their staff and students – contained within the region • Expansion of the University of Lethbridge and Lethbridge College to include instructional staff • Expansion to agencies located within the communities of Taber, Milk River and the Crowsnest Pass | | |

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| | <ul style="list-style-type: none"> Agencies represented at Indigenous Interagency monthly meetings held in Lethbridge, and within the Kainai and Piikani Nations |
| <p>Description of Successes</p> | <p>Since April 1 2019 the South Alberta FASD Network has experienced success in the following NEW settings and endeavors:</p> <ol style="list-style-type: none"> The Primary Care Network invited the Prevention Conversation Facilitator (PCF) to host at interactive display at their “Family Practice Summit” – more than 150 doctors and nurses were in attendance Following that event, the PCF was invited to present at noon hour “Lunch and Learn” professional learning gatherings held at three clinics in Lethbridge – all doctors attended and were given print materials from the Prevention Conversation to use in their practice The PCF was invited to formally present to staff on two occasions at the Supervised Consumption Site in Lethbridge The PCF was invited to present at the University of Lethbridge to a class of students in the Faculty of Indigenous Women’s Studies The PCF partnered with staff from the FASD Assessment and Diagnostic Clinic for presentations to Blood Tribe Departments of Health and Recreation The PCF was invited to attend meetings with the Blood Tribe and Piikani Departments of Health to facilitate presentations to groups of young mothers and other designated groups With staff from Network funded agencies, the PCF participated in both the Lethbridge and Blood Tribe “Project Connect” events which connected vulnerable populations experiencing homelessness to receive necessary supports and services Again, with the assistance of Network agency staff, support the community of Fort Macleod in their preparation of students for the new school year at their “Ready Set Go” event The Network was invited by the City of Lethbridge to join the newly formed Community Wellbeing & Safety Strategy (CWSS) Advisory Committee, responsible for recommending to the City the allocation of \$26 million annually to agencies and Ministries within its boundaries; ultimately, one of the Network’s Co-Coordinator was asked to Chair this Committee <p>The Network and the PCF continued to be a presence and participate in the following community events or presentations:</p> <ol style="list-style-type: none"> Hosting an interactive display table at “Ready Set Go” in Lethbridge on August 22nd – This collaborative endeavor provides school supplies and services for children who are preparing to start school – more than 1300 families attended – while families stopped at our table to receive the supplies we were distributing, conversations were held with them about the prevention of FASD Participation in the New Student Orientation hosted by the Lethbridge College on September 11th – See Item 4 under Section 3.3 of this report Presenting to 4 classes of Lethbridge College nursing students about the prevention of FASD (January 2020) Spending a day with clients of the Kainai Healing Lodge – the PCF has an ongoing invitation to spend time with new clients on a 6-week rotational basis – topics include Basic FASD, the prevention of FASD, intergenerational trauma, and the ongoing work in eliminating stigma associated with FASD Participation in “The Word on the Street Festival” hosted by the Lethbridge Public Library on September 21st – by using our “spinning wheel” which is made in the likeness of our coasters, people who stopped at our booth spun the wheel and subsequently were asked a question about their knowledge of FASD, based upon where the wheel landed – the PCF and members of the Committee had one-one-one conversations with 175 people during the course of the day The PCF continues to attend monthly Aboriginal Interagency Meetings in Lethbridge, Standoff and Bocket - attendance has resulted in new opportunities for presentations of the PC to the various agencies and Ministries in attendance. The Network is very fortunate to have First Nations representative on its Leadership Team. <p>The Network was also very active throughout November and December in the operation of the “Christmas Campaign” which, in similar fashion to the September campaign, focuses on the awareness and prevention of FASD. The Network:</p> |

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| | <ol style="list-style-type: none"> 1. Contracted 6 City of Lethbridge buses to display signage consistent with the Prevention Conversation from November 20th – January 7th 2. Displayed a poster designed by one of the FASD Clinic’s clients that included messaging of “Supporting a pregnant woman to be alcohol free throughout the holiday season” – several social media sites and print materials were utilized 3. Hosted a Christmas Carnival for more than 400 attendees on December 7th – this was not open to the public, but rather intended for families affected by FASD – invitations were given to families by supporting agencies and Ministries |
| <p>Descriptions of Challenges and Resolutions</p> | <p>In looking forward, a challenge will certainly be one of uncertainty related to planning for September and December awareness and prevention campaigns. The community events, business partners and school classes – both public and post-secondary – may look very different in the months to come. As has been our custom, the South Alberta FASD Network will seek direction and input from our community partners and work collaboratively to promote awareness regarding the prevention of FASD. It may also be a time of great opportunity – social media platforms and virtual presentations may become a normal way of doing business. Adaptability and flexibility will be key in moving forward.</p> |
| <p>Budget Allocation</p> | <p>\$86,700.00</p> |

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| Action #: 4 Action: Increased quality and effectiveness of program and services Funding: FASD-CMC Other GoA Other | | Service category: Level 1 Prevention (Awareness) | |
| | | Service category: Level 2 Prevention (Safe Conversation) | |
| | | Service category: Level 3 and 4 Prevention (e.g. PCAP) | |
| | | Service category: Assessment/Diagnosis | |
| | | Service category: Supports for Individuals and Caregivers | |
| | | Service category: Organizational Learning | X |
| Description | <ul style="list-style-type: none"> • Increase the quality and effectiveness of programs and services available to those affected and to their caregivers through case plan review and case management. The focus of this Network Action will be to support the process of “Case Plan Development, Support and Review” that will provide diagnostic interpretation and appropriate intervention that includes referrals for specialized service delivery through a collective and collaborative process. • The Network Action supports the Strategic and Operational Plan Pillar #4 Outcome 4.1 Supports for individuals with FASD their families and caregivers, • Key Activities will include: <ul style="list-style-type: none"> -provide necessary training for agency staff to understand the case management/case plan review process -consultation and case plan reviews to increase the circle of influence, provide training and advocacy and expand the skills and knowledge beyond the case manager -enhance the concept of “Collective Wisdom” and support the trends of resource issues/needs of individuals -accept referrals from all partners of the South Alberta Service Network, service providers and caregivers • work with a variety of service providers and government departments to increase FASD knowledge and encourage them to be a part of the Case Management/Collective Wisdom process on an ongoing basis | | |
| Evaluation | <ul style="list-style-type: none"> • South Alberta FASD standardized surveys • Ensure that 16 Collective Wisdom case conferences occur within the year | | |
| Service Delivery Partners | Network agency manager and staff, individuals, agencies who work with clients. Any community partners who are working with complex FASD clients including but not limited to PDD, Children Services, FSCD, Alberta Health Services, ARCHES, Alberta Justice, Lethbridge City Police, RCMP | | |
| Description of Successes to date | During this reporting period the Network has facilitated 12 Collective Wisdom case conferences. These sessions are well attended by contracted agency staff as well as community partners who are involved with the case. A decision was made this year to hold these sessions monthly even if there are no complex cases to discuss so the group can meet on a regular basis to discuss any concerning systemic issues that may impact all of the individuals and their care-givers they work with. In March, this group met with the Provincial Advocate for PDD to give an update on what is occurring at the regional PDD level. A large majority of this | | |

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| | <p>group were also involved in providing information to Mental Health in preparation for the “Patient’s Journey” Project.</p> <p>It is also an avenue for agencies and community partners to update one another on upcoming training, new programs in the Region and to share success stories. Since COVID-19 this group has been meeting via ZOOM and this type of meeting has been well received.</p> <p>The Network has seen an increase in community partners who attend Collective Wisdom i.e. Lethbridge Food Bank, Lethbridge Seniors Organization.</p> |
| <p>Description of challenges and resolutions</p> | <p>Over the past year there have been no challenges in regard to this group meeting. All agencies and community partners are invested and committed to the process. Individual agency challenges regarding their programs are outlined in other areas of this report</p> |
| <p>Budget Allocation</p> | <p>\$0</p> |
| | |

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|--|---|--|---|
| Action #: 5 Action: Enhanced stakeholder engagement Funding: FASD-CMC Other GoA Other | | Service category: Level 1 Prevention (Awareness) | |
| | | Service category: Level 2 Prevention (Safe Conversation) | |
| | | Service category: Level 3 and 4 Prevention (e.g. PCAP) | |
| | | Service category: Assessment/Diagnosis | |
| | | Service category: Supports for Individuals and Caregivers | |
| | | Service category: Organizational Learning | X |
| Description | <ul style="list-style-type: none"> To increase engagement and collaboration with Network stakeholders to coordinate supports and services to individuals suspected or diagnosed with FASD, their families and caregivers. Continue to work with all stakeholders to ensure services to individuals with FASD are coordinated, collaborative, flexible and appropriate and are based on FASD best practice Key Activities include <ul style="list-style-type: none"> -develop a communication plan -continue to seek new partners and members for the Network -continue to make presentations in the community -ensure contracted agencies received appropriate FASD training -maintain FASD Resource Guide -maintain and update South Alberta FASD Network Website These Actions support the FASD CMC Strategic and Operational Outcome #5.1;#5.2 | | |
| Evaluation | <ul style="list-style-type: none"> Use of South Alberta FASD Network standardized surveys and stakeholder survey | | |
| Service Delivery Partners | Network and Network funded agencies. Numerous government agencies e.g. PDD, Children’s Services, FSCD, Justice, Aboriginal partners both on and off reserve, School Districts, Housing Programs, Lethbridge Safe Injection Site (ARCHES) and any other community agencies that are supporting FASD individuals and their caregivers/families | | |
| Description of Successes to date | <p>The Network continues to have a strong Leadership Team with many of its members being involved for many years. This stability demonstrates the commitment and dedication the South Region has in supporting the Network.</p> <p>The Network continues to provide in-service sessions at the General Network Meetings which occur every third month. Topics this year have included a presentation on the Mending Broken Hearts training; a presentation on the topics from the Vancouver Conference and a presentation from the PCAP Mentors about updates from their program.</p> <p>The Network also sponsored a full day of training in September, 2019 with over 200 participants attending. Topics for this session were Dr. Michelle Stewart who spoke on FASD and the Justice system and how it is related to TRC Action #34 and Dr. Peter Choate who spoke on FASD and Stigma.</p> <p>Agency staff and community partners also attended Donna Debolt’s training session on FASD and Support to Caregivers.</p> | | |

South Alberta FASD Network 2019-2020 Annual Report, April 30, 2020

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| | An example of results from the post-training survey indicated that 53% of the participants indicated they understood the topic very well prior to the training. This increased to 86% following the training. | |
| Description of Challenges and resolutions | Due to limited increases to funding, agencies are finding it difficult to send their staff out of Region for training opportunities. Due to COVI-19 it will also be difficult to hold large training sessions. The Network is looking at options that can support on-line training and webinars. | |
| Budget Allocation | \$0 | |

South Alberta FASD Network 2019-2020 Annual Report, April 30, 2020

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| Action #: 6 Action: Governance operation and coordination Funding: FASD-CMC Other GoA Other | Service category: Level 1 Prevention (Awareness) | |
| | Service category: Level 2 Prevention (Safe Conversation) | |
| | Service category: Level 3 and 4 Prevention (e.g. PCAP) | |
| | Service category: Assessment/Diagnosis | |
| | Service category: Supports for Individuals and Caregivers | |
| | Service category: Organizational Learning | x |
| Description | <ul style="list-style-type: none"> • Support Network governance, operations and coordination. • The Network will provide the necessary support to agencies delivering services through good contract management and ensuring program outcomes are being met (through evaluation process) • The Network must ensure the program guiding principles are being followed and that the Network strategies for addressing goals are being achieved <p>The Leadership Team will implement the requirements defined in the South Alberta Network (Society) Terms of Reference and will abide by the activities outlined in the South Alberta Network Policy and Procedures Manual (updated, January, 2019)</p> <p>Key Activities will include:</p> <ul style="list-style-type: none"> -ensure roles and responsibilities of all members, chair and coordinators are clearly identified -demonstrate progress and alignment of activities with the business plan and compliance with funding conditions -develop a communication plan -maintain appropriate records and complete required reporting -ensure there is an understanding of the key direction setting documents -maintain compliance as defined in the FASD Service Network Program Operating Grant Policies <p>These actions/activities align with Pillar #5;5.1</p> | |
| Evaluation | <ul style="list-style-type: none"> • Required ORS- submitted as required. With the addition of new contracts to the Region training will occur for staff who have not inputted data into ORS in the past. • Required Penelope • Use of South Alberta FASD Network standardized surveys and stakeholder surveys | |
| Service Delivery Partners | Network Leadership Team, funded agencies, general network membership | |
| Description of Successes | <p>There have been no changes to the Network Coordinator’s roles this past year. Hazel Mitchell continues to be the Chair of the Leadership Team. The South Alberta FASD Network Leadership Team membership has remained stable over the past year.</p> <p>The South Alberta FASD Network Policy and Procedures Manual has been updated and approved by Leadership Team.</p> <p>Work with Wlzbra Consulting continues within the Network and all Project Logic Models on continually reviewed and updated as needed. Standardized surveys and stakeholder surveys are reviewed on a yearly basis to ensure information being gathered in current.</p> | |

South Alberta FASD Network 2019-2020 Annual Report, April 30, 2020

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|--|---|--|
| Description of Challenges and resolutions | The Network did not hold a Strategic Planning Session in the past year. It is anticipated that this will occur this year. Due to COVID-19 the Network will continue to come up with innovative ways to reach out and connect with our contracted agencies and community partners. | |
| Budget Allocation | 109,497.37 | |

South Alberta FASD Network 2019-2020 Annual Report, April 30, 2020

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|---|--|--|---|
| Action #: 6.2 Action: Evaluation Funding: FASD-CMC Other GoA Other | | Service category: Level 1 Prevention (Awareness) | |
| | | Service category: Level 2 Prevention (Safe Conversation) | |
| | | Service category: Level 3 and 4 Prevention (e.g. PCAP) | |
| | | Service category: Assessment/Diagnosis | |
| | | Service category: Supports for Individuals and Caregivers | |
| | | Service category: Organizational Learning | X |
| Description | <ul style="list-style-type: none"> To support Network agencies in the evaluation process to ensure their identified program outcomes are being met on an annual basis. To strengthen the Network programs using an evaluation framework to improve program outcomes and delivery and support the FASD Network Program Operating Grant Policies Key Activities include: -review and continually refine the Program Logic Model that has been developed for the Network. This evaluation framework will have program outcomes, appropriate indicators and monitoring tools defined. -Outcome measurement to be incorporated in day-to-day practice and revised annually. This information should be used to ensure outcomes are being met -work with agencies to ensure that recommendations from the CMS evaluation, and yearly network evaluation surveys are implemented <ul style="list-style-type: none"> These activities align with Pillar #5;5.3 | | |
| Evaluation | | | |
| Service Delivery Partners | Network Leadership Team, funded agencies, stakeholders | | |
| Description of Successes | The Network continues to contract with Wizbra Consulting to assist in the development and implementation of all evaluation tools used within the Region. Program Logic Models are in place for all program areas and are reviewed and updated on a yearly basis. A Community Impact Statement has been prepared and will be presented at the Annual General Meeting. This Community Impact Statement is shared with key community partners, including local MLA's. | | |
| Description of Challenges and resolutions | | | |
| Budget Allocation | \$7,000 | | |

1. Summary of Financial Expenditures

Expenditures not listed in this table will be assumed to be Network administrative costs unless otherwise explained.

| Service Categories | Budget Expenditures | Annual Report Total Expenditures |
|--|-----------------------|----------------------------------|
| LEVEL 1 PREVENTION (AWARENESS) | \$ 4,000.00 | \$ 10,586.18 |
| LEVEL 2 PREVENTION (SAFE CONVERSATION) | \$ 86,700.00 | \$ 86,700.00 |
| LEVEL 3 AND 4 PREVENTION (E.G. PCAP) | \$ 184,263.64 | \$ 184,263.64 |
| ASSESSMENT & DIAGNOSIS | \$ 340,663.39 | \$ 340,663.39 |
| SUPPORTS FOR INDIVIDUALS & CAREGIVERS | \$ 531,986.30 | \$ 531,986.30 |
| ORGANIZATIONAL LEARNING | \$ 105,497.37 | \$ 85,279.11 |
| Total: <i>(Note this total must equal the total of Sections 2A + 2B in GoA Schedule B)</i> | \$1,253,110.70 | \$1,239,478.62 |

4. Financial Documents

| SCHEDULE B REVENUE and EXPENDITURES | | | | | | |
|--|--------------------------|----------------------|-------------------------|----------------------|------------------|----------|
| Network Name: South Alberta FASD Service Network Program Name: FASD Service Network Program Term of Grant: From: 2-Apr-19 To: 31-Mar-20 Grant Number: ACS Interim Reporting Date: March 31, 2020 | | | | | | |
| 1. REVENUE | Original Approved Budget | Approved Adjustments | Approved Revised Budget | Actuals | SURPLUS/ DEFICIT | COMMENTS |
| Operating funding from Community and Social Services | \$ 855,873.92 | | \$ 855,873.92 | \$ 855,873.92 | \$ - | |
| Capital funding from Community and Social Services | \$ - | | \$ - | \$ - | \$ - | |
| Other Funding: | | | | | | |
| Specify: AHS (Health Grant) | \$ 60,000.00 | | \$ 60,000.00 | \$ 60,000.00 | \$ - | |
| PDS Contract | \$ 110,536.78 | | \$ 110,536.78 | \$ 110,536.78 | \$ - | |
| FN PCAP | \$ 150,000.00 | | \$ 150,000.00 | \$ 150,000.00 | \$ - | |
| Prevention Conversation | \$ 88,700.00 | | \$ 88,700.00 | \$ 88,700.00 | \$ - | |
| Approved Prior Year Funding - Carry Forward | \$ - | | \$ - | \$ - | \$ - | |
| TOTAL REVENUE | 1,285,110.70 | | 1,285,110.70 | 1,285,110.70 | | |
| 2. EXPENDITURES | Original Approved Budget | Approved Adjustments | Approved Revised Budget | Actuals | VARIANCE | COMMENTS |
| A. NETWORK SERVICE DELIVERY EXPENDITURES | | | | | | |
| DIRECT DELIVERY | | | | | | |
| ASSESSMENT AND DIAGNOSIS | | | | | | |
| Network Staff | | | | | | |
| Specify Link to BP Strategy | | | | | | |
| Ref. # 0 | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 0 | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 0 | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Contracted Services | | | | | | |
| Specify Link to BP Strategy | | | | | | |
| Ref. # 1 | | | | | | |
| Program Delivery | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Supervisor (5) | \$ 118,163.39 | | \$ 118,163.39 | \$ 118,163.39 | \$ - | |
| Program Staff (2) | \$ 140,000.00 | | \$ 140,000.00 | \$ 140,000.00 | \$ - | |
| Professional fees for clinic | \$ - | | \$ - | \$ - | \$ - | |
| 1.2 | | | | | | |
| Program Staff | \$ - | | \$ - | \$ - | \$ - | |
| 1.2 | | | | | | |
| Professional fees for clinic | \$ 46,000.00 | | \$ 46,000.00 | \$ 46,000.00 | \$ - | |
| Other Program Costs | | | | | | |
| 1 | \$ 32,540.00 | | \$ 32,540.00 | \$ 32,500.00 | \$ - | |
| 1.2 | \$ 4,000.00 | | \$ 4,000.00 | \$ 4,000.00 | \$ - | |
| Total Assessment and Diagnosis Expenditures | \$ 340,663.39 | \$ - | \$ 340,663.39 | \$ 340,663.39 | \$ - | |

| SCHEDULE B REVENUE and EXPENDITURES | | | | | | |
|--|--------------------------|----------------------|-------------------------|------------------------|-------------|----------|
| Network Name: South Alberta FASD Service Network Program Name: FASD Service Network Program Term of Grant: From: 2-Apr-19 To: 31-Mar-20 Grant Number: ACS | | | | | | |
| | Original Approved Budget | Approved Adjustments | Approved Revised Budget | Actuals | VARIANCE | COMMENTS |
| SUPPORTS FOR INDIVIDUALS AND CAREGIVERS | | | | | | |
| Network Staff | | | | | | |
| Specify Link to BP Strategy | | | | | | |
| Ref. # 0 | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 0 | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Contracted Services | | | | | | |
| Specify Link to BP Strategy | | | | | | |
| Ref. # 2 | | | | | | |
| Program Delivery | \$ 317,372.30 | | \$ 317,372.30 | \$ 317,372.30 | \$ - | |
| Lilo Coaches (3.4) | \$ - | | \$ - | \$ - | \$ - | |
| Supervisor (6) | \$ - | | \$ - | \$ - | \$ - | |
| Youth Transition (1) | \$ - | | \$ - | \$ - | \$ - | |
| 0 | \$ - | | \$ - | \$ - | \$ - | |
| Outreach Worker (5) | \$ - | | \$ - | \$ - | \$ - | |
| 2 | \$ 19,386.00 | | \$ 19,386.00 | \$ 19,386.00 | \$ - | |
| Admin/Executive Director | \$ 107,297.00 | | \$ 107,297.00 | \$ 107,297.00 | \$ - | |
| 2.1 | \$ - | | \$ - | \$ - | \$ - | |
| Program Delivery (Justice) | \$ - | | \$ - | \$ - | \$ - | |
| Other Program Costs | | | | | | |
| 2 | \$ 81,650.00 | | \$ 81,650.00 | \$ 81,650.00 | \$ - | |
| Lifespan | \$ - | | \$ - | \$ - | \$ - | |
| 2.1 | \$ 6,381.00 | | \$ 6,381.00 | \$ 6,381.00 | \$ - | |
| Justice | \$ - | | \$ - | \$ - | \$ - | |
| Total Supports for Individuals and Caregiver Expenditures | \$ 531,986.30 | \$ - | \$ 531,986.30 | \$ 531,986.30 | \$ - | |
| PREVENTION - PCAP MODEL | | | | | | |
| Network Staff | | | | | | |
| Specify Link to BP Strategy | | | | | | |
| Ref. # 0 | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 0 | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Contracted Services | | | | | | |
| Specify Link to BP Strategy | | | | | | |
| Ref. # 3.1 | | | | | | |
| Advocate (AHS) | \$ 37,338.64 | | \$ 37,338.64 | \$ 37,338.64 | \$ - | |
| 3.2 | \$ 110,725.00 | | \$ 110,725.00 | \$ 110,725.00 | \$ - | |
| PCAP FN starting (1.6 FTE) | \$ - | | \$ - | \$ - | \$ - | |
| 3.4 | \$ 50,000.00 | | \$ 50,000.00 | \$ 50,000.00 | \$ - | |
| PC Facilitator | \$ - | | \$ - | \$ - | \$ - | |
| 0 | \$ - | | \$ - | \$ - | \$ - | |
| Other Program Costs | | | | | | |
| 3.2 | \$ 35,000.00 | | \$ 35,000.00 | \$ 35,000.00 | \$ - | |
| FN PCAP | \$ - | | \$ - | \$ - | \$ - | |
| 3.1 | \$ 1,000.00 | | \$ 1,000.00 | \$ 1,000.00 | \$ - | |
| AHS PCAP | \$ - | | \$ - | \$ - | \$ - | |
| 3.4 | \$ 27,700.00 | | \$ 27,700.00 | \$ 27,700.00 | \$ - | |
| Prevention Conversation | \$ - | | \$ - | \$ - | \$ - | |
| Total Prevention PCAP Expenditures | \$ 270,863.64 | \$ - | \$ 270,863.64 | \$ 270,863.64 | \$ - | |
| TOTAL SERVICE DELIVERY EXPENDITURES (A) | \$ 1,143,613.33 | \$ - | \$ 1,143,613.33 | \$ 1,143,613.33 | \$ - | |

South Alberta FASD Network 2019-2020 Annual Report, April 30, 2020

SCHEDULE B REVENUE and EXPENDITURES

Network Name: South Alberta FASD Service Network
 Program Name: FASD Service Network Program
 Term of Grant: From: 2-Apr-19 To: 31-Mar-20
 Grant Number: ACS

| B. NETWORK OPERATIONS EXPENDITURES | Original Approved Budget \$ | Approved Adjustments | Approved Revised Budget | Actuals \$ | VARIANCE \$ | COMMENTS |
|---|--------------------------------------|-------------------------|----------------------------|---------------------|----------------------|----------|
| <i>Network Operations - Staff and Leadership Expenditures</i> | | | | | | |
| <i>Specify Link to BP Strategy</i> | | | | | | |
| 4.1 Network Prev. Con. Facilitator | \$ 58,607.87 | | \$ 58,607.87 | \$ 55,290.50 | \$ 3,317.37 | |
| 4.1 Leadership Team | \$ 5,000.00 | | \$ 5,000.00 | \$ 5,000.00 | \$ - | |
| 4.1 Administrative Support | \$ 5,100.00 | | \$ 5,100.00 | \$ 2,185.00 | \$ 2,915.00 | |
| Travel, Subsistence, Staff Support | \$ 5,460.00 | | \$ 5,460.00 | \$ 1,189.37 | \$ 4,270.63 | |
| Conferences and Workshops Attended | \$ 2,000.00 | | \$ 2,000.00 | \$ 1,613.05 | \$ 386.95 | |
| Network Training and Education | \$ 4,000.00 | | \$ 4,000.00 | \$ 50.00 | \$ 3,950.00 | |
| Total Network Staff and Leadership Expenditures | \$ 80,167.87 | | \$ 80,167.87 | \$ 66,327.92 | \$ 13,839.95 | |
| <i>Network Operations - Other</i> | | | | | | |
| Facility Costs | \$ - | | \$ - | \$ - | \$ - | |
| Office Expenditures | \$ 4,386.00 | | \$ 4,386.00 | \$ 4,831.88 | \$ (445.88) | |
| Insurance Facility/General Liability/Auto | \$ - | | \$ - | \$ - | \$ - | |
| Staff/Leadership Team | \$ - | | \$ - | \$ - | \$ - | |
| Banker Fee | \$ 9,000.00 | | \$ 9,000.00 | \$ 10,550.00 | \$ (1,550.00) | |
| Audit Fee - if NOT included in Banker Fee | \$ - | | \$ - | \$ - | \$ - | |
| Conferences and Workshops Delivered | \$ - | | \$ - | \$ - | \$ - | |
| Other | \$ - | | \$ - | \$ - | \$ - | |
| Specify (4) Case Manager | | | | | | |
| Meeting Supports | \$ 668.50 | | \$ 668.50 | \$ 1,213.49 | \$ (544.99) | |
| 6.2 Network Dev. Eval. | \$ 7,000.00 | | \$ 7,000.00 | \$ 6,355.82 | \$ 644.18 | |
| 6.3 Network Dev Data | \$ - | | \$ - | \$ - | \$ - | |
| 3.3 Awareness & Prevention | \$ 4,000.00 | | \$ 4,000.00 | \$ 10,586.18 | \$ (6,586.18) | |
| Operating Exp. FNP | \$ 4,275.00 | | \$ 4,275.00 | \$ 2,000.00 | \$ 2,275.00 | |
| Total Network Operations Expenditures | \$ 29,329.50 | \$ - | \$ 29,329.50 | \$ 35,537.37 | \$ (6,207.87) | |
| TOTAL NETWORK OPERATIONS EXPENDITURES (B) | \$ 109,497.37 | \$ - | \$ 109,497.37 | \$ 95,865.29 | \$ 13,632.08 | |

| C CAPITAL ASSETS (provide capital asset details) | Original Approved Budget \$ | Approved Adjustments | Approved Revised Budget | Actuals \$ | INTERIM VARIANCE \$ | COMMENTS |
|--|--------------------------------------|-------------------------|----------------------------|------------------------|---------------------------|----------|
| <i>(Office equipment over \$5,000)</i> | | | | | | |
| Specify | - | | - | - | - | |
| TOTAL CAPITAL ASSETS (C) | - | | - | - | - | |
| TOTAL EXPENDITURES A + B + C | \$ 1,263,110.70 | \$ - | \$ 1,263,110.70 | \$ 1,239,478.62 | \$ 13,632.08 | |

| | | | | | | |
|--|-------------|-------------|-------------|---------------------|-----------------------|--|
| D. EXCESS REVENUE OVER EXPENDITURES | \$ - | \$ - | \$ - | \$ 13,632.08 | \$ (13,632.08) | |
|--|-------------|-------------|-------------|---------------------|-----------------------|--|

E. SIGNOFF

| | | | |
|-----------------------|------------------------------------|---------------|------------|
| FASD Service Network: | | ACYS Review | |
| Preparer: | Noreen Neufeldt Finance Officer | June 11, 2020 | Reviewer |
| | <i>N Neufeldt</i> | Date | Name/Title |
| Signing Authority: | Hazel Mitchell Board Chair | June 11, 2020 | Approver |
| | <i>H Mitchell</i> | Date | Name/Title |

CLIENT COPY

PETERSON WALKER LLP

CHARTERED ACCOUNTANTS

SUITE 804, 10235 - 101 STREET NW
EDMONTON, ALBERTA T5J 3G1

May 15, 2020

McMan Youth, Family and Community Services Association
South Alberta
435 – 5th Street South
LETHBRIDGE AB T1J 2B6

Attention: Ms. Hazel Mitchell
Chair

Dear Ms. Mitchell:

The Objective and Scope of the Audit

You have requested that we audit the financial information of South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network, which comprise the schedule of revenue and disbursements as at March 31, 2020, the Schedule B for the Administration Program and the Prevention Conversation Program.

We are pleased to confirm our acceptance and our understanding of the nature, scope and terms of this audit engagement, and all services related thereto, by means of this letter (the "Engagement").

The objectives of our audit(s) are to obtain reasonable assurance about whether the financial information as a whole are free from material misstatement (whether due to fraud or error) and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial information.

The Responsibilities of the Auditor

We will conduct our audit(s) in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- a. Identify and assess the risks of material misstatement of the financial information (whether due to fraud or error), design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.
- b. Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the financial information that we have identified during the audit.
- c. Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- d. Conclude on the appropriateness of management's use of the going-concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial information or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- e. Evaluate the overall presentation, structure and content of the financial information (including the disclosures) and whether the financial information represent the underlying transactions and events in a manner that achieves fair presentation.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, there is an unavoidable risk that some material misstatements may not be detected, even though the audit is properly planned and performed in accordance with Canadian generally accepted auditing standards.



FAX 780-426-3598 | E-MAIL pw@petersonwalker.ab.ca
EDMONTON 780-428-8530 | ATHABASCA 780-675-5700
ST. ALBERT 780-458-1003 | SLAVE LAKE 780-849-3080

Page Two

South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network
May 15, 2020

The Responsibilities of Management

Our audit will be conducted on the basis that management and, where appropriate, those charged with governance acknowledge and understand that they have responsibility:

- a. For the preparation and fair presentation of the financial information in accordance with Canadian accounting standards for not-for-profit organizations.
- b. For the design and implementation of such internal control as management determines is necessary to enable the preparation of financial information that are free from material misstatement, whether due to fraud or error.
- c. To provide us with timely:
 - i. Access to all information of which management is aware that is relevant to the preparation of the financial information (such as records, documentation and other matters);
 - ii. Information about all known or suspected fraud, any allegations of fraud or suspected fraud and any known or probable instances of non-compliance with legislative or regulatory requirements;
 - iii. Additional information that we may request from management for the purpose of the audit; and
 - iv. Unrestricted access to persons within South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network from whom we determine it necessary to obtain audit evidence.

As part of our audit process:

- a. We will make inquiries of management about the representations contained in the financial information. At the conclusion of the audit, we will request from management and, where appropriate, those charged with governance written confirmation concerning those representations. If such representations are not provided in writing, management acknowledges and understands that we would be required to disclaim an audit opinion.
- b. We will communicate any misstatements identified during the audit other than those that are clearly trivial. We request that management correct all the misstatements communicated.

Form and Content of Audit Opinion

Unless unanticipated difficulties are encountered, our report will be substantially in the following form:

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network

Opinion

We have audited the financial information of South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network, which comprise the schedule of revenue and disbursements as at March 31, 2020, the Schedule B for the Administration Program and the Prevention Conversation Program.

In our opinion, the accompanying financial information present fairly, in all material respects, the financial position of the organization as at March 31, 2020, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Information section of our report. We are independent of the organization in accordance with the ethical requirements that are relevant to our audit of the financial information in Canada, and we have fulfilled our other ethical responsibilities in accordance with those requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial information in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial information that are free from material misstatement, whether due to fraud or error.

Page Three

South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network
May 15, 2020

In preparing the financial information, management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Information

Our objectives are to obtain reasonable assurance about whether the financial information as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial information. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial information, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial information or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial information, including the disclosures, and whether the financial information represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Edmonton, Alberta
Date

Peterson Walker LLP
Chartered Accountants

If we conclude that a modification to our opinion on the financial information is necessary, we will discuss the reasons with you in advance.

Page Four

South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network
May 15, 2020

Confidentiality

One of the underlying principles of the profession is a duty of confidentiality with respect to client affairs. Each professional accountant must preserve the secrecy of all confidential information that becomes known during the practice of the profession. Accordingly, we will not provide any third party with confidential information concerning the affairs of South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network unless:

- a. We have been specifically authorized with prior consent;
- b. We have been ordered or expressly required by law or by the provincial *Code of Professional Conduct/Code of Ethics*; or
- c. The information requested is (or enters into) public domain.

Communications

In performing our services, we will send messages and documents electronically. As such communications can be intercepted, misdirected, infected by a virus, or otherwise used or communicated by an unintended third party, we cannot guarantee or warrant that communications from us will be properly delivered only to the addressee. Therefore, we specifically disclaim, and you release us from any liability or responsibility whatsoever for interception or unintentional disclosure of communications transmitted by us in connection with the performance of this Engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from such communications, including any that are consequential, incidental, direct, indirect, punitive, exemplary or special damages (such as loss of data, revenues or anticipated profits).

If you do not consent to our use of electronic communications, please notify us in writing.

Use of Information

It is acknowledged that we will have access to all information about identified individuals ("personal information") in your custody that we require to complete our Engagement. Our services are provided on the basis that:

- a. You represent to us that management has obtained any required consents for our collection, use, disclosure, storage, transfer and process of personal information required under applicable privacy legislation and professional regulation; and
- b. We will hold all personal information in compliance with our Privacy Statement.

Use and Distribution of Our Report

The examination of the financial information and the issuance of our audit report are solely for the use of South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network and those to whom our report is specifically addressed by us. We make no representations or warranties of any kind to any third party in respect of these financial information or our audit report, and we accept no responsibility for their use by any third party or any liability to anyone other than South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network.

For greater clarity, our audit will not be planned or conducted for any third party or for any specific transaction. Accordingly, items of possible interest to a third party may not be addressed and matters may exist that would be assessed differently by a third party, including, without limitation, in connection with a specific transaction. Our audit report should not be circulated (beyond South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network) or relied upon by any third party for any purpose, without our prior written consent.

You agree that our name may be used only with our prior written consent and that any information to which we have attached a communication be issued with that communication, unless otherwise agreed to by us in writing.

If you require our consent in this regard, management agrees to provide, on a timely basis, a draft of the other information for our review prior to the issuance of the audit report.

Reproduction of Auditor's Report

If reproduction or publication of our audit report (or reference to our report) is planned in an annual report or other document, including electronic filings or posting of the report on a website, a copy of the entire document should be submitted to us in sufficient time for our review and approval in writing before the publication or posting process begins.

Should some of the information in the annual report not be available until after the date of the auditor's report, we will request that management provide a written representation that the final version of the document(s) will be provided to us when available (and prior to its issuance) so we can complete our required procedures.

Management is responsible for the accurate reproduction of the financial information, the auditor's report and other related information contained in an annual report or other public document (electronic or paper-based). This includes any incorporation by reference to either full or summarized financial information that we have audited.

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South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network
May 15, 2020

We are not required to read the information contained in your website or to consider the consistency of other information on the electronic site with the original document.

Preparation of Schedules

We understand that you or your employees will prepare certain schedules and locate specified documents for our use before our Engagement is planned to commence on May 15, 2020.

Working Papers

The working papers, files, other materials, reports and work created, developed or performed by us during the course of the Engagement are the property of our firm, constitute our confidential information and will be retained by us in accordance with our firm's policies and procedures.

During the course of our work, we may provide, for your own use, certain software, spreadsheets and other intellectual property to assist with the provision of our services. Such software, spreadsheets and other intellectual property must not be copied, distributed or used for any other purpose. We also do not provide any warranties in relation to these items and will not be liable for any lost or corrupted data or other damage or loss suffered or incurred by you in connection with your use of them.

We retain the copyright and all intellectual property rights in any original materials provided to you.

File Inspections

In accordance with professional regulations (and by our firm's policy), our client files may periodically be reviewed by practice inspectors and by other engagement file reviewers to ensure that we are adhering to our professional and firm's standards. File reviewers are required to maintain confidentiality of client information.

Accounting Advice

Except as outlined in this letter, the Engagement does not contemplate the provision of specific accounting advice or opinions or the issuance of a written report on the application of accounting standards to specific transactions and to the facts and circumstances of the entity. Such services, if requested, would be provided under a separate engagement letter.

Other Services

In addition to the audit services referred to above, we will, as allowed by the provincial *Code of Professional Conduct/Code of Ethics*, prepare your federal and provincial income tax returns as agreed upon. Unless expressly agreed in a separate engagement letter, we will have no involvement with or responsibility for the preparation or filing of GST/HST/PST returns or any other (including foreign) tax returns, source deductions, information returns, slips, elections, designations, certificates or reports. Management will, on a timely basis, provide the information necessary to complete these federal and provincial income tax returns and will review and file them with the appropriate authorities on a timely basis.

Governing Legislation

This engagement letter is subject to, and governed by, the laws of the Province of Alberta. The Province of Alberta will have exclusive jurisdiction in relation to any claim, dispute or difference concerning this engagement letter and any matter arising from it. Each party irrevocably waives any right it may have to object to any action being brought in those courts, to claim that the action has been brought in an inappropriate forum or to claim that those courts do not have jurisdiction.

Dispute Resolution

You agree that any dispute that may arise regarding the meaning, performance or enforcement of this Engagement will, prior to resorting to litigation, be submitted to mediation.

Indemnity

South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network hereby agrees to indemnify, defend (by counsel retained and instructed by us) and hold harmless our firm (and its partners, agents and employees) from and against any and all losses, costs (including solicitors' fees), damages, expenses, claims, demands and liabilities arising out of (or in consequence of):

- a. The breach by South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network, or its directors, officers, agents, or employees, of any of the covenants or obligations of South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network herein, including, without restricting the generality of the foregoing, the misuse of, or the unauthorized dissemination of, our engagement report or the financial information in reference to which the engagement report is issued, or any other work product made available to you by our firm.

Page Six

South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network
May 15, 2020

b. A misrepresentation by a member of your management or board of directors.

Time Frames

We will use all reasonable efforts to complete the Engagement as described in this letter within the agreed upon time frames.

However, we shall not be liable for failures or delays in performance that arise from causes beyond our reasonable control, including any delays in the performance by South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network of its obligations.

Fees at Regular Billing Rates

Our professional fees will be based on our regular billing rates plus direct out-of-pocket expenses and applicable GST/HST, and are due when rendered. Fees for any additional services will be established separately.

Costs of Responding to Government or Legal Processes

In the event we are required to respond to a subpoena, court order, government agency or other legal process for the production of documents and/or testimony relative to information we obtained and/or prepared during the course of this Engagement, you agree to compensate us at our normal hourly rates for the time we expend in connection with such response and to reimburse us for all of our out-of-pocket costs (including applicable GST/HST) incurred.

Termination

Management acknowledges and understands that failure to fulfill its obligations as set out in this engagement letter will result, upon written notice, in the termination of the Engagement.

Either party may terminate this agreement for any reason upon providing written notice to the other party. If early termination takes place, South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network shall be responsible for all time and expenses incurred up to the termination date.

Conclusion

This engagement letter includes the relevant terms that will govern the Engagement for which it has been prepared. The terms of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all of the parties.

If you have any questions about the contents of this letter, please raise them with us. If the services outlined are in accordance with your requirements, and if the above terms are acceptable to you, please sign the "Office Copy" of this letter in the space provided and return it to us.

We appreciate the opportunity of continuing to be of service to your organization.

Very truly yours,

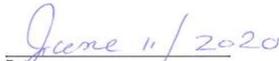


Chartered Accountants

ACKNOWLEDGED AND AGREED ON BEHALF OF SOUTH ALBERTA FETAL ALCOHOL SPECTRUM DISORDER (FASD) NETWORK BY:



Hazel Mitchell, Chair



Date

PETERSON WALKER LLP

CHARTERED ACCOUNTANTS

SUITE 804, 10235 - 101 STREET NW
EDMONTON, ALBERTA T5J 3G1

INDEPENDENT AUDITOR'S REPRESENTATIONS

LEADERSHIP TEAM OF
SOUTH ALBERTA FETAL ALCOHOL SPECTRUM DISORDER (FASD) NETWORK
SOUTH ALBERTA FASD NETWORK COORDINATION PROGRAM
FOR THE YEAR ENDED MARCH 31, 2020

1. The terms of our engagement are covered in an engagement letter with the Leadership Team of South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network.
2. Our engagement requires us to render an opinion on the following Schedule B of the South Alberta FASD Network Coordination Program, which includes the following:

Schedule B - Income, Expenditures and Transfers
3. For the purpose of expressing an opinion on the Schedule B for the South Alberta FASD Network Coordination Program, we have complied with the auditing standards and procedures set out in the CPA Canada Handbook.
4. We have reviewed the Schedule B – Accounting Guidelines issued by the Network for the audit of the Schedule B.
5. We have reviewed all minutes of the Network up to March 31, 2020. We have satisfied ourselves that proper recognition has been given to all items recorded therein, which affect the financial position and the results of operations of the Program.
6. We have reviewed the correspondence during the year between the Network and the Association (including the funds allotted and use of surpluses during the period), which have been provided to us by the Association, and is likely to have a direct bearing on its financial position or accounting system.
7. We have reported in writing, to the Network, any weaknesses in internal controls which came to our attention, during the course of the audit, which, in our opinion, might expose the Network to a material loss of funds or other assets.

Edmonton, Alberta
June 8, 2020

Peterson Walker LLP

CHARTERED ACCOUNTANTS



FAX 780-426-3598 | E-MAIL pw@petersonwalker.ab.ca
EDMONTON 780-428-8530 | ATHABASCA 780-675-5700
ST. ALBERT 780-458-1003 | SLAVE LAKE 780-849-3080

**SOUTH ALBERTA
FETAL ALCOHOL SPECTRUM DISORDER (FASD) NETWORK**

**SOUTH ALBERTA FASD NETWORK
COORDINATION PROGRAM**

Year Ended March 31, 2020

INDEPENDENT AUDITOR'S REPORT

To the Leadership Team of
South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network

Opinion

We have audited the financial information of South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network (the Network), which comprises the Schedule B of the South Alberta FASD Network Coordination Program for the year ended March 31, 2020.

In our opinion, the accompanying financial information presents fairly, in all material respects, the Schedule B of the South Alberta FASD Network Coordination Program for the year ended March 31, 2020 in accordance with the reporting requirements of the agreement between the Network and Alberta Human Services (the Agreement).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Information* section of our report. We are independent of the Network in accordance with the ethical requirements that are relevant to our audit of the financial information in Canada, and we have fulfilled our other ethical responsibilities in accordance with those requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Use

We draw attention to the fact that the financial information is prepared to assist the Network to meet the reporting requirements of the agreement between the Network and Alberta Human Services. As a result, the financial information may not be suitable for another purpose. Our opinion is not modified in respect of this matter. Our report is intended solely for the Leadership Team of the Network and Alberta Human Services, and should not be used by parties other than the Leadership Team of the Network or Alberta Human Services.

Responsibilities of Management and Those Charged with Governance for the Financial Information

Management is responsible for the preparation and fair presentation of the financial information in accordance with the reporting requirements of the Agreement, and for such internal control as management determines is necessary to enable the preparation of financial information that is free from material misstatement, whether due to fraud or error.

In preparing the financial information, management is responsible for assessing the Network's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the Network or cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Network's financial reporting process.

(continues)

Independent Auditor's Report to the Leadership Team of South Alberta Fetal Alcohol Spectrum Disorder (FASD) Network (*continued*)

Auditor's Responsibilities for the Audit of the Financial Information

Our objectives are to obtain reasonable assurance about whether the financial information as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial information. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgement and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatements in the financial information, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain and understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Network's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Network's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial information or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Network to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial information including the disclosures, and whether the financial information represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Edmonton, Alberta
June 8, 2020



CHARTERED ACCOUNTANTS

South Alberta FASD Network 2019-2020 Annual Report, April 30, 2020

Schedule B - Income, Expenditures and Transfers

Agency Name: South Alberta FASD Network
 Program Name: South Alberta FASD Network Coordination
 Term of Grant: April 1, 2019 to March 31, 2020

| | Budget | Actual |
|--|----------------------|---------------------|
| 1. REVENUE | | |
| Human Services | \$109,497 | \$109,497.37 |
| | | |
| Total Revenue | \$109,497 | \$109,497.37 |
| 2. EXPENDITURES | | |
| Network Coordinators | \$ 58,607.87 | \$ 55,290.50 |
| Leadership Team | \$ 5,000.00 | \$ - |
| Admin Support | \$ 5,100.00 | \$ 2,185.00 |
| Travel, Subsistence, Staff Support | \$ 5,460.00 | \$ 1,189.37 |
| Conferences and Workshops Attended | \$ 2,000.00 | \$ 1,613.05 |
| Network Training and Education | \$ 4,000.00 | \$ 50.00 |
| Office Expenditures | \$ 4,386.00 | \$ 4,831.88 |
| Banker Fee | \$ 9,000.00 | \$ 10,550.00 |
| Other: Meeting Supports | \$ 668.50 | \$ 1,213.49 |
| Network Development - Evaluation | \$ 7,000.00 | \$ 6,355.82 |
| Awareness and Prevention | \$ 4,000.00 | \$ 10,586.18 |
| Operating Expenses: First Nations PCAP | \$ 4,275.00 | \$ 2,000.00 |
| Insurance | \$ - | \$ - |
| Total Expenditures | \$ 109,497.37 | \$ 95,865.29 |
| 3. RECONCILIATION | | |
| Excess Income over expenditures | \$ - | \$ 13,632.08 |
| 4. SIGNOFF | | |

4. SIGNOFF

South AB FASD Network:

Preparer:



 Noreen Newfeldt
 Finance Officer
 Name/Title

June 11, 2020

 Date

Signing Authority:



 Hazel Mitchell
 Chair, South AB FASD Network
 Name/Title

June 11 / 2020

 Date