



SOUTH ALBERTA FASD NETWORK

Annual Report – Appendix 1 to Schedule D

April 1, 2024, to March 31, 2025

Submitted May 9, 2025

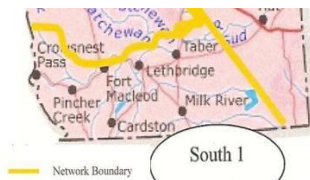
Cheryl Gilmore



Contents

Network Information	1
Project Activities Report for Annual Reporting Period: April 1 2024 to March 31, 2025.....	2
Network Update.....	2
Summary of overall performance of Action Item network undertakings	3
Summary Chart – All Action Items – Budget and Expenditure.....	5
Overall summary across all the Pillars of Strengths and Weakness	6
Pillar # 1 ACTION NAME Public Awareness and Understanding Action Item #1.....	8
Pillar # 2 ACTION NAME: Recovery Alberta– Parent Child Assistance Program Action Item 2	11
Pillar# 2 ACTION NAME: First Nations Parent Child Assistance Program (PCAP) Action Item 3	15
Pillar # 2 ACTION NAME: Prevention Level 2 – Prevention Conversation Action Item 4	19
Pillar # 3 ACTION NAME: Assessment and Diagnosis Action Item 5.....	22
Pillar # 3 ACTION NAME: Assessment and Diagnosis Action Item 5.1.....	25
Pillar # 4 ACTION NAME: Supports for individuals and caregivers Action Item 6	28
Pillar # 4 ACTION NAME: Adult Justice Program Peak Vocational Services - Action Item 7	33
Pillar #4 ACTION NAME: Youth Justice Program Lethbridge Police Service Action Item 8.....	36
Pillar # 5 ACTION NAME: Organizational Learning Action Item 9.....	41
Pillar # 5 ACTION NAME: Organizational Learning Action Item 10.....	43
APPENDIX: Personal Stories of Program Impact.....	44

Network Information

Network Information		
Legal Name of Network	South Alberta FASD Network	
Other Names Network is Known by	South Alberta FASD Society	
Network Street Address	118 Sixmile Ridge South, Lethbridge, Alberta T1K 5T2	
Network Mailing Address	Box 783 Lethbridge, AB T1J 3Z6	
Network Phone, Fax	P. 587-220-6854	F.
Network Email, Website	c.gilmore@safasd.ca	W. https://safasd.ca/
Catchment Area	<p>The region serves more than 180,000 residents, covering 25,947 square kilometers in the southwestern corner of the province.</p> <p>Over 100,000 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 Societies Act?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Name and title of two Executive Board/Leadership Team members	<ul style="list-style-type: none"> Lynette Taal, Lethbridge Family Services Hazel Mitchell, Chair, South Alberta FASD Society 	
Name and address of Banker, if used	<ul style="list-style-type: none"> McMan Youth and Family Services 	
Name, title & contact of person completing this form	Cheryl Gilmore, Network Co-coordinator	587-220-6854 cgilmore@safasd.ca
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.		

Project Activities Report for Annual Reporting Period: April 1, 2024, to March 31, 2025

Network Update

Changes to Network Information

Basic narrative on key points of information such as address, key core staff.

Network staff remain the same:

Debbie Deak: Co-coordinator

email - deborah.deak@shaw.ca phone – 403-330-8897

Cheryl Gilmore: Co-coordinator

Email – cgilmore@safasd.ca phone – 587-220-6854

Hazel Mitchell: Chair and Provincial Prevention Conversation

Email – hmitchell@safasd.ca phone – 403-317-0934

Challenges to Network Management

Top two concerns, examples such as operations, rent, insurance, wages, deliverables.

- Costs such as accounting and insurance have increased
- As expressed in previous reporting, although agencies funded through the Network received a wage increase, they are still not on par with many other government agencies who provide typical services to those impacted by FASD. (e.g. PDD, FSCD, AHS, Recovery Alberta)
- Those agencies who the Network contracts will continue to provide “in-kind” supports to the Network (e.g. office space, supplies) and are not funded for all these extras. The Network does not receive any compensation for these types of supports and programs would not be able to run without the types of “in-kind” supports agencies provide.

Summary of overall performance of Action Item network undertakings

Summary
Report on milestone activity for the period of reporting highlighting successes, challenges, and opportunities for Action Items. Significant high-level information related to the action item keeping the information brief. Basic Narrative maximum 3 points per category below.
Overarching Successes <ul style="list-style-type: none"> - For the most part, agencies continue to be on track for meeting deliverables even though there have been increasing common challenges and social complexities. - Strong inter-agency collaboration. All the contracted agencies work closely together facilitating referrals to appropriate support for clients. They also share ideas and have conversations about best practice through Collective Wisdom meetings. Strong collaboration also continues with both the Kainai Blood and Piikani Reserves. - High level of visibility and reach to a breadth of individuals with the awareness campaigns.
Challenges <ul style="list-style-type: none"> - Overall, agencies have all reported that one of the most significant challenges is housing for clients. - Additional challenges include growing complexity of clients, especially on the violence spectrum, significant loss of life with respect to clients as well as their extended family, access to Primary Care, and increasing numbers of clients. - Agencies have conveyed that it is increasingly difficult for clients to access PDD support. This results in agencies serving complex needs that were previously supported by PDD.
Opportunities <ul style="list-style-type: none"> - One of the Network co-coordinators sits on the Coordinated Access Roundtable (CART) hosted by Lethbridge Housing. This group meets weekly and is comprised of representatives from across all sectors that support vulnerable populations. These are well-represented networks with many opportunities to convey the purpose and messaging of the FASD Network. Representation also facilitates advocacy for housing for FASD clients. - Extension of the Wrap 2.0 program will continue to support children and youth affected by FASD with opportunity to reach more schools and staff. Building school staff understanding of FASD and capacity to implement effective strategies makes a significant difference for success in school. - The recent inclusion of SA FASD Network in the Transitional Mentorship Program for 14 months (Alberta Public Safety and Emergency Services) will provide new opportunities for meeting the needs of clients, educating Correctional Services staff, and expanded support within a strong Justice team (Adult and Youth Justice).

ACTIVITY Type	Clients serving or done, or sessions held	
Prevention Awareness	16 training sessions	80% of target - 20
	399 persons trained	87% of target - 475
	191 professionals trained	96% of target - 200
	160 post-secondary students	114% of target - 150
	0 youth	0% of target – 30
	48 general public trained	38% of target – 125
	22 community development initiatives	110% of target - 20
	1,786 persons reached through community development	89% of target – 2,000
	81% of presentations with Let’s Get Real content	Exceeded Target of 75%
Safe Discussions	77% respondents to Safe Discussion Survey	Exceeded provincial average of 37%
FNPCAP	19 clients on caseload	119% of target – 16
PCAP	78 clients participated	112% of target – 70
Non PCAP – Lifespan Program	73 clients (57 Lifespan/ 16 Caregiver)	90% of target - 81
WAIT Listed	34 clients	Lifespan Program
Youth Justice	18 clients	120% of target - 15
Adult Justice	27 clients	108% of target - 25
Funds Administration	25 clients	125% of target - 20
Assessments and Diagnosis		
Child		
Youth	27 clients (age8-17)	77% of target - 35
Adult	12 clients	92% of target - 13
WAIT Listed	119 clients	82 pediatric and 37 adults waitlisted

Summary Chart – All Action Items – Budget and Expenditure

Pillar/ Action	Budget	Expenditure	Difference	Notes
Pillar 1 Action 1 Public Awareness & Understanding	4,000	5,276.65	(1,276.65)	
Pillar 2 Action 1 Recovery Alberta PCAP	467,280	345,081.86	121,794.68	The carry-over funds will be used to integrate the PCAP program into the new pilot AHS NASCENT program for one year. (Neonatal Abstinence Syndrome Mother-Baby Care ImprovEmeNT) Carry over can be attributed to gaps in filling staff positions
Pillar 2 Action 3 First Nations PCAP	171,198	199,300.80	(28,103.03)	The funding shortfall covered by carry-over funds from previous year.
Pillar 2 Action 4 Prevention Conversation	86,700	83,036.85	3,663.15	Plan for carry-over: promotional materials for fall campaign.
Pillar 3 Assessment & Diagnostic Action 5	300,663	299,413.75	1,249.25	
Pillar 3 Assessment & Diagnostic Action 5.1	137,994	139,244.06	(1,250.06)	The two clinics balance to break even
Pillar 4 Supports (Lifespan) Action 6	466,458.69	465,729.11	729.58	
Pillar 4 Supports – Adult Justice & Funds Admin – Action 7	139,354.87	140,582.68	(1,227.81)	Balanced with the modest carryover from previous year
Pillar 4 Supports – Youth Justice – Action 8	152,472.77	148,639.08	3,833.69	Carry-over will support professional development and training
Pillar 5 Organizational Learning - Action 9	69,376.66	58,892.44	10,484.22	Carry-over will support speaker costs for professional learning, conference costs and campaigns.
Pillar 5 Organizational Learning – Action 10	12,000	11,714	285.72	
	2,007,499	1,897,315	110,184	
Operations	53,707	49,967.27	3,740.03	Plan for carry-over: AFS costs, promotional materials
TOTAL BUDGET	2,061,206	1,947,282	113,924	

Overall summary across all the Pillars of Strengths and Weakness

Strategic Pillar	Strengths	Weakness
<p>Pillar 1 – Public Awareness and Understanding: activities increase Albertans’s understanding that there is no safe amount of alcohol to drink at any stage of pregnancy.</p>	<ol style="list-style-type: none"> 1. Effective Awareness Campaigns: Strong competencies exhibited in successfully executing targeted campaigns that exceeded community engagement goals and enhanced public understanding of FASD prevention. 2. Strong Partnerships: Built strategic relationships with Indigenous communities, local agencies, and businesses, which helped extend reach and deepen impact. 3. Active Community Engagement: Consistent participation in interagency meetings such as Lethbridge Housing Authority CART (Collaborative Access Round Table) meetings as well as Blood Tribe Department of Health led to increased collaboration and presentation opportunities. 	<ol style="list-style-type: none"> 1. Volunteer and Staff Limitations: Reliance on a small volunteer pool and limited staff availability, especially during weekend events. 2. Geographic Barriers: Long travel distances hinder participation in rural events that require a team presence.
<p>Pillar 2 - Prevention: activities to reduce the incidence of prenatal alcohol exposure through delivery of the Prevention Conversation and Parent Child Assistance Program (PCAP).</p>	<ol style="list-style-type: none"> 1. The PCAP program's greatest strengths lie in its intensive, culturally sensitive, and individualized support model, which has led to notable improvements in participants’ substance abstinence, housing stability, and access to healthcare and community services. It also demonstrates strong collaboration with community partners and high levels of client satisfaction. 2. The Prevention Conversation engagement levels reflect strong interest in FASD prevention. Interest has expanded to new requests for presentations from diverse groups including religious organizations, women’s shelters and foster care providers as well as broad stakeholder reach that with a wide range of sectors and demographics. 	<ol style="list-style-type: none"> 1. One weakness was a program that went a significant period with a staff shortage. As well, there are resource limitations in rural and Indigenous communities, and critical gaps in food security and prenatal care access, particularly on the Piikani Nation. 2. Given the new provincial policies in public schools requiring “opt-in” permission from parents for students to attend presentations pertaining to sex, it is difficult to gain access to youth for presentations. However, youth have been part of SAFASD Network events targeting adolescents with accurate information about alcohol and sex. Also, geographic and financial limitations restrict consistent program delivery in rural areas.
<p>Pillar 3 - Assessment and Diagnosis: Albertans have access to screening, diagnostic assessment and functional assessments that assist them to have increased understanding of how FASD affects them, and the supports and services available to them, including referrals to needed post assessment referrals.</p>	<ol style="list-style-type: none"> 1. The FASD Diagnostic Clinic demonstrates strong service delivery through a multidisciplinary team approach, using evidence-based guidelines and providing both pediatric and adult assessments. 2. Client and caregiver satisfaction is very high, with 100% of participants reporting feeling respected and gaining valuable insight from the process. 3. The clinic also excels in community outreach, providing education to 	<ol style="list-style-type: none"> 1. The waitlist is lengthy for pediatrics (91) as well as adults (24). The challenge with meeting the demand is budget as well as availability of all members of the multi- disciplinary team (MDT). For the adults, another challenge is client completion of the diagnostic process (unable to locate for clinic review after testing). 2. Accessing post-diagnosis supports like family doctors, disability services, and

	<p>numerous agencies and effectively supporting families through follow-up services and caregiver groups.</p>	<p>addiction treatment remains a persistent issue, hindering continuity of care.</p>
<p>Pillar 4 – Supports for Individuals with FASD, their Families and Caregivers: individuals with FASD, their families and caregivers receive care based on a lifespan approach that manages life stage transitions and guides the delivery timely and coordinated services.</p>	<ol style="list-style-type: none"> 1. The Lifespan Program provides intensive, individualized, and wrap-around supports for individuals with a strong focus on mentorship, advocacy, and life skills development. It effectively integrates services across multiple domains—such as housing, health, mental health, and justice—and receives high satisfaction ratings from participants and caregivers. 2. The Youth and Adult Justice programs effectively partner for smooth transitions, strong community partnerships, and effective relationships within the justice system. The programs effectively meet the needs of clients and have created strong acceptance of diversion options within the system. Delivery of training and education to justice-oriented agencies is effective. The funds administration program is critical for sustainable client success. 	<ol style="list-style-type: none"> 1. The Lifespan program faces persistent challenges related to housing shortages, lack of affordable living options, and food insecurity, which directly impact participants’ stability. Waitlists are partly due to complex client needs and limited staff capacity. Additionally, systemic delays in accessing PDD and FSCD services put further pressure on the program as well as lack of family doctors, subsidized counselling options, and culturally appropriate services. 2. Both Adult and Youth Justice are finding clients and their situation with justice is becoming increasing complex, especially on the continuum of violent offences. Youth Justice is challenged by an increasing number of youth who go missing from group homes given they are not legally compelled to stay. Increases in mental health challenges in both programs present ongoing issues.
<p>Pillar 5- the FASD Learning Organization: stakeholders collaborate to develop and mobilize knowledge based on research and best practices to continuously transform Alberta’s response to FASD.</p>	<ol style="list-style-type: none"> 1. Leadership and coordination of the SAFASD Network meets outcomes with some unique and productive strategies such as Collective Wisdom meetings, client and event surveys, and bi-annual compliance reviews with agencies to discuss outcomes and Program Logic Models. 2. The Professional Learning committee is active in planning learning sessions that benefit all agencies. Virtual Lunch & Learn sessions were added this year and have been well-attended. 	<ol style="list-style-type: none"> 1. Although we have some engagement with professionals and organizations in rural areas, it is a challenge to consistently mobilize knowledge across the geographic area.

Pillar # 1 ACTION NAME Public Awareness and Understanding Action Item #1

Key Activities

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.

Description: These programs increase overall awareness about healthy pregnancy.

- In South Alberta there is a continuous need to ensure that Albertans are aware and understand that alcohol use during pregnancy can lead to FASD and that 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, and best practice programs in our region so that all women at risk of delivering a child affected with FASD have the information they need to encourage them not to consume alcohol while pregnant and receive the support they need.
- Continuous training for all agency staff, clients, caregivers, women, partners.
- Gain support from medical community.
- Work with clients at risk – educate and support.
- Work with Alberta Health Services – Addictions and Mental Health to enhance the level of quality of support in regard to addiction and mental health through a collaborative effort and recognize that different strategies are required for those clients with FASD. 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.

Outcomes Achieved to date:

- A Co-coordinator attends Interagency monthly meetings with: Lethbridge Indigenous Sharing Network (LISN) & Kainai Interagency Meetings held at Red Crow College on the Kainai Nation.
 - Opportunities are ongoing at the interagency meetings to explain the role of the South Alberta FASD Network, access to Prevention Conversation facilitation, linking contracted agencies with committee members representing other agencies/services, educating attendees at the meetings regarding FASD and implementing services in a manner that meets the needs of individuals who may have/or are diagnosed with FASD. Approximately 20 – 25 participants representing various community agencies and Ministries attend the meetings.
- A co-coordinator was the Chair of monthly City of Lethbridge Community Wellbeing and Safety Strategies (CWSS) Committee until the committee was disbanded in August 2024.
- A Co-coordinator attends weekly meetings of the Coordinated Access Roundtable (CART) facilitated through Lethbridge Housing Authority (LHA). Meetings focus on providing housing to the most vulnerable residents of Lethbridge and the surrounding area – many of whom are clients served through Network funded agencies.
- A Co-coordinator was a member of the Lethbridge Housing Authority Community Advisory Board (CAB) – created for approval of provincial OSSI funding allocations – until the Alberta Government disbanded CBO’s (Community Based Organizations) following the September 2024 CAB Meeting.
- Universal awareness and prevention efforts are organized by a Co-coordinator and operationalized through the Network’s Advertising, Communication, and Promotions’ Committee – this Committee is comprised of 12 members from the Network Leadership Team, funded agencies’ staff, and community members.

September FASD Campaign:

- Alignment with CanFASD messaging and imaging for all promotions (including the “Red Shoes Rock” Campaign, lighting in red a local monument and focusing on the theme of “Everyone Plays a Part” – this means everyone in society can do things to support people with FASD and support initiatives to prevent FASD.
- T-shirts with red shoe graphics and red running shoes were worn by Committee members at all community events attended throughout September – these included New Student Orientations at both Lethbridge Polytechnic, the Word on the Street Festival (Lethbridge), hosting a table at the Crossings Library to connect with students from two large high schools: Chinook High School and Catholic Central West – approximately 1,300 people in total were reached through these endeavors.

- Students from Lethbridge College, and the two high schools received Network and AGLC promotional materials and printed informational materials.
- Lethbridge City Hall was lit up in red on September 9th.
- 80+ businesses across the region that sell liquor cooperated in using Network coasters and decals. Each business received a letter explaining the significance of September 9th, the prevalence rate of FASD in Alberta, and the importance of preventing FASD.
- 2500 condoms in Network covers displaying messaging of FASD awareness were delivered to the University of Lethbridge, Lethbridge Polytechnic, and Bringing the Spirit Home Detox Center for distribution.
- Lethbridge city buses and billboards displayed FASD awareness messaging.
- Blood Tribe Department of Health (BTDH) created a display (utilizing Network resources) which was situated in the foyer of their office building on the Kainai Nation. This commitment to support the Network was greatly appreciated; the display was prominent from August 15th - September 30th.
- Red Crow College, located on the Kainai Nation, displayed the Network poster in various locations throughout their institution.
- Five City of Lethbridge buses and two billboards displayed FASD awareness messaging throughout late August and all of September.
- The Network placed an ad in the Leisure Guide and ran an ad at the Movie Mill with FASD Awareness messaging from August 15th – September 30th.
- General Network members received Network posters to display on their respective websites and Facebook pages.
- The Network participated in the provincial virtual mocktail campaign throughout September.

2024 FASD Awareness Christmas Campaign

The months of November and December were primarily devoted to operationalizing all activities/ events/ advertising associated with the 2024 Christmas Campaign. This past year the Advertising, Communication and Promotions Committee worked diligently to ensure the Network fulfilled their obligations of (1) Awareness and Prevention of FASD, as well as (2) Providing Supports and Services for Individuals either suspected of having or diagnosed with FASD.

- (1) The following items were organized and operationalized to create awareness of “supporting a pregnant woman to be alcohol-free during the Christmas season”:
 - 5 City of Lethbridge buses exhibited the Network Christmas messaging on them for a period of 8 weeks
 - 2 billboards and 2 digital billboards displayed the same graphic as the buses during the same time period.
 - The Network Christmas poster was placed in the Leisure Guide (November and December publications).
 - The Network Christmas poster was shown at the Movie Mill for the month of December
 - Posts on several Facebook pages and social media sites reflected Network messaging as well as the provincial Prevention Conversation Mocktail Campaign.
 - The sale of coffee packaged in one pound bags that displayed the Network name and logo continued due to the ongoing commitment of members of the Leadership Team.
- (2) The Network partnered with Lethbridge Family Services and through the Angel Tree Campaign accomplished the following:
 - 75 families receiving services from Network-funded agencies each received a \$100.00 gift card for groceries
 - 124 children received gift bundles delivered to their homes by Angel Tree volunteers – gifts contained within the bundles totaled \$65.00 - \$85.00 containing: Something on their wish list; Something inspirational to fuel their imagination; Something educational to nourish their minds; Something warm or soft (blanket, stuffie, toque, mittens, socks)
 - 91 referred “Single” Clients received \$25.00 gift cards for groceries
 - \$2, 275.00 was spent on “Single” Client Gift Cards and \$7500.00 was spent on Family Gift Cards
 - Total Expenditures: \$9,775.00. The Network received donations totaling slightly more than the \$10,000.00 target (approximately \$11,800.00) so expenses were able to be covered with a positive balance going forward into the 2025 Christmas Campaign.

Activity Undertaken	Activity Target (Example: Number of Clients Served)	Progress to Activity Target (example: number of clients served to date)	Approximate FTE
Community Engagement	5	10 Kainai Interagency 11 LISN meetings 6 CWSS meetings 45 CART meetings 6 LHA CAB meetings	0.1

Service Delivery Partners
 Network agencies/General Network membership, Media (Traditional and social media) **Proposed partners:**
 Agencies within the communities of Taber, Milk River and the Crowsnest Pass; Agencies represented at Indigenous Interagency monthly meetings

	Budget Forecast	Actual Expenditure to Date
Year 1 – 2023-2024	\$4,000	1,084
Year 2 – 2024-2025	\$4,000	5,276.65
Year 3 – 2025-2026	\$4,000	

Pillar # 2 ACTION NAME: Recovery Alberta– Parent Child Assistance Program Action Item 2

Key Activities

Guided by the Alberta PCAP model, the First Step program provides culturally sensitive support services for individuals experiencing difficulties with substance use and related issues to develop or maintain healthy changes pre and post pregnancy. Home Visitation Advocates provide intensive support to individuals (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. The program works to assist individuals in developing the capacity to support their children, build strong connections in the community and to access resources that are available to support with recovery, family planning, and other social determinants of health

Description:

The South Alberta FASD Network will sustain Level 3 and 4 prevention efforts through funding for approximately 4.63 home visitation advocates through Recovery Alberta (PCAP).

The overall goal of the PCAP-First Steps program is to reduce the incidence of prenatal alcohol exposure by having safe discussions about alcohol and providing supports and services to promote healthy outcomes.

Outcomes Achieved for the 2024-25 year:

The expected outcome is to reduce the incidence of prenatal alcohol exposure by having safe discussions about alcohol and providing supports and services to promote healthy outcomes.

Key indicators of progress toward achieving the outcome include:

1. **Program Management Outcomes:** (1) PCAP program is available to meet regional needs (2) PCAP Data is collected using ORS and Penelope to inform ongoing practice. (3) Participation in community networks and partnership initiatives. (4) Improved collaboration in delivery of PCAP services.

Indicators:

- 1.1 PCAP program is available to meet regional needs.

• **Number of clients in PCAP programs:**

78 unique individuals participated in the First Steps Program from April 1, 2024 – March 31, 2025:

Continuing participants in April 2024	61
New files opened	17
Total	78

37 files were closed between April 1, 2024, to March 31, 2025:

Graduated 3-years or achieved goals	22
Unable to contact after 6 months	8
Relocated (4 connected with PCAP in new community)	7
Total	37

There are 41 participants at the end of March 2025.

First Steps experienced periods of short staffing throughout this fiscal year due to several team members being on leave. During this time, the remaining team members managed the caseloads to ensure continuity of service. Over the past 12 months, caseloads averaged between 14 to 19 participants, supported by 3 to 4 active team members. As of February 2025, the team returned to full staffing, with a total of 4.63 FTE.

- **Number of referrals from other community agencies:**

29 new referrals were received this year:

LRH Stabilization/Detox/ODP	4	ASH Social Work/ Mental Health	7
Corrections	1	CART/ Blood Tribe Shelter	3
Public Health Nurse/ CRH Prenatal Clinic	7	Children’s Services	2
Self	5	Total	29

There were 2 outstanding referrals from the previous year, one entered the program, one was unable to contact.

New files opened	17	Unable to Contact	5
Declined Services	3	Referred to Community Partner	2
Open referrals at year end	2	Total	2

- **Waitlist:** No waitlist

1.2 PCAP Data is collected using ORS and Penelope to inform ongoing practice:

- **Program complies with all Network reporting requirements:** ORS, Penelope, and SAFAN Outcomes reporting are managed by Home Visitors and Team Lead as required.

1.3 Participation in community networks and partnership initiatives.

- **Number and nature of community and SA FASD Network initiatives/community meetings:** First Steps continues to be a strong partner in the South Alberta FASD Network, attending leadership, and general network meetings, and participating in Collective Wisdom as scheduled.

- SAFASD Network Collective Wisdom- monthly
- SAFASD Network Leadership Meetings– monthly (Manager attends regularly unless conflicts arise)
- SAFASD Network AGM-annually (Attended by all team members when possible)
- SAFASD Network Advertising Communication and Promotions Committee: as requested (2 team members participated in meetings and promotion for the September and December Campaigns)
- PCAP Monthly Supervisor Meetings– monthly - Team Lead attends as able
- PCAP Monthly Mentor Meetings- monthly

1.4 Improved collaboration in delivery of PCAP services:

- Weekly attendance at CART fosters stronger collaboration with community partners and opens opportunities for new referral streams.
- Arranged a ‘Meet and Greet’ with First Steps for Healthy Babies in Standoff, providing an opportunity to connect with new staff and rekindle existing relationships. The event served as a platform to collaborate on supporting individuals who transition between Standoff and surrounding communities. Going forward, this will be a quarterly event. Recovery Alberta First Steps will host the next gathering in April, with discussions underway about inviting additional community partners, including McMan PCAP in Pincher Creek.

- Program Promotion and Awareness: (1) Rural Addiction and Mental Health Team – Taber (2) Child Intervention Team – CFS rural (3) AMH Outreach (4) Opioid Dependency Program Clinic (5) ACCESS Mental Health
- First Steps will play a pivotal role in the development and implementation of the NASCENT and Embrace program partnership between Alberta Health Services and Recovery Alberta which is planned to be operational by mid-spring 2025.

2. Case Management Outcomes

2.1 PCAP clients experience improvement in their wellbeing.

Indicators: (1) Participants will experience a reduction in secondary challenges stemming from the primary impacts of Fetal Alcohol Spectrum Disorder (FASD). (2) Participants will demonstrate measurable progress toward goals aligned with the program’s intended outcomes.

Substance Use

- **Percentage of participants abstinent from alcohol:**
 - 30% increase in abstinence over this fiscal year reflecting progress in goals related to harm reduction.

Period 1	51%
Period 2	80%

- **Percentage of participants abstinent from cannabis and illicit drugs:**
 - 21% increase in abstinence over this fiscal year reflecting progress in goals related to harm reduction.
 - At yearend, 70% reported being abstinent from all drugs for at least one month.

Period 1	49%
Period 2	70%

- **Percentage of participants abstinent from alcohol, cannabis, and illicit drugs:** Over 50% of participants maintained abstinence from all substance for at least 1 month use this year.

Housing

- **Percentage of participants living in stable housing:**
 - 14% increase of participants living in stable housing despite lack of affordable housing in this community.

Period 1	50%
Period 2	64%

- **Access to Community Services:** Access to community services provides participants with valuable resources and opportunities to build essential life skills. These supports empower individuals to set meaningful goals and make informed decisions in their daily lives. Advocates collaborate with local service providers to connect participants with counselling, addiction support, and a range of multidisciplinary services.
 - 85% of participants gain access to two or more community services
 - 88% of participants who were accessing counselling also had supportive social connections
 - 97% of participants accessed a family doctor.
 - 73% of participants were accessing group or individual counselling.
 - Participants accessing counselling were 1.2 times more likely to have supportive social connections.
 - 34% of participants were accessing some kind of classes
 - 47% of participants were accessing some form of positive recreation
 - 97% of participants were assisted in accessing health services.

2.2 Children of PCAP participants experience improvement in their wellbeing.

Indicators:

- **Percentage of participants who began a form of birth control while in the program:**
 - 56% of participants reported using a method of birth control the first period.
 - 77% of participants reported using a method of birth control or maintaining abstinence from all substances this period
 - 61% of participants reported using a method of birth control in the second period.
 - 87% of participants reported using a method of birth control or maintaining abstinence from all substances this period
- Percentage of participants who received education related to safe planning family methods:
 - 100% of participants receive information related to safe family planning methods.
- Percentage of participants who have legal custody of “target” child(ren) and child(ren) are in their care:
 - 60% of participants have custody of target child with child living with the participant

In participant’s care	60%
In care of someone else	24%
No target child (miscarry/termination/etc)	16%

2.3 PCAP clients report satisfaction with the program

Indicators

Survey Results

SAFETY: 95.45% Always feel safe with their worker

HONESTY: 79.55% Always feel they can be honest with their worker

CULTURE AND SPIRITUALITY: 97.73% Always feel their culture and spirituality is respected

Activity Undertaken	Activity Target (Example: Number of Clients Served)	Progress to Activity Target (example: number of clients served to date)	Approximate FTE
Parent Child Assistance Program	70	78	4.63

Service Delivery Partners

Youth Justice Program, FASD Justice, McMan, Quest, Peak, Opokaa’sin, Foothills Detox, Family Justice, Family Law, Legal Aide, Probation, Mental Health Diversion, Children’s Services, PDD, LFS Assessment and Diagnostic Clinic, Family Centre/Parent Link Centre’s, 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.)

	Budget Forecast	Actual Expenditure to Date
Year 1 – 2023-2024	467,280	449,468.66
Year 2 – 2024-2025	467,280	345,485.32
Year 3 – 2025-2026	404,160.30	

The carryover funds are primarily due to staffing gaps throughout the year. Recovery Alberta is now at full staffing contingency. The carry-over funds of \$121,794.68 will be used to integrate the PCAP program into the new pilot AHS NASCENT program for one year ending March 2026 (Neonatal Abstinence Syndrome Mother-Baby Care ImprovEMENT).

Pillar# 2 ACTION NAME: First Nations Parent Child Assistance Program (PCAP) Action Item 3

Key Activities

The mentor serves as positive role models; provide practical in-home assistance; link the participant with professionals in the community; and establish strong communication networks among service providers supporting individual clients. Intensity and frequency of contact can range from daily to twice per month depending upon individual needs and/or stage in the program. Cultural components, such as The Medicine Wheel, are included in individualized service as per participant preference.

In addition to the above, PCAP Mentors do the following:

- Facilitate participant growth in skills and knowledge related to caregiving.
- Facilitate growth in FASD knowledge for participants, families, and other stakeholders.
- Individualized service plans are developed to address the goals and needs of the individual based on the Lifestar™ assessment.
- Individualized family plans are developed to address the goals and needs of the family unit based on the Familystar™ assessment.
- Improve access to community supports for PCAP participants.
- Connect participants to cultural supports.
- Promote and support safe sex, contraception, and family planning.
- Provide harm reduction coaching and mentorship.
- Support participants in escaping domestic violence situations.
- Assist participants in navigating the legal system.
- Support participants in stabilizing and working with Child & Family Services to achieve custody of existing children.
- Connect participants to detox and treatment services as needed, as well as broader medical supports.

The mentor assists deeply with systems navigation and provides advocacy to ensure their participants receive the support they require and deserve. Each participant is supported through an individualistic lens in order to meet participants where they are at.

Expected Outcomes Reduce the incidence of prenatal alcohol exposure by having safe discussions about alcohol and by providing supports and services to promote healthy outcomes.

Description:

Individuals of child-bearing age, who are able to get pregnant and at risk of delivering a baby with FASD.

PCAP First Nations will serve Indigenous and Metis individuals that meet the criteria outlined in “population served” and reside in the areas of Pincher Creek and Piikani Nation. Participants who are highest risk are prioritized. Many of these participants will be drug or alcohol dependent; lack connection to community resources; have little or no prenatal care; experience poverty and unemployment; operate single-parent households; have low academic attainment; experience mental illness; experience social isolation and low self-esteem; possess poor problem-solving skills; have histories of intergenerational and historical trauma; experience lateral violence on reserve; lack parental skills; have trouble with the law; and have a lack of permanent, safe, or stable housing. Participants will be served regardless of religious beliefs, disability, mental health status, and/or sexual orientation.

Outcomes Achieved for the 2024-25 year:

The expected outcome is to reduce the incidence of prenatal alcohol exposure by having safe discussions about alcohol and providing supports and services to promote healthy outcomes.

Key indicators of progress toward achieving the outcomes include:

- 1. Program Management Outcomes:** (1) PCAP program is available to meet the needs of clients within the Pincher Creek and Piikani First Nations area. (2) PCAP Data is collected using ORS and Penelope to inform ongoing practice. (3) Participation in community networks and partnerships. (4) Improved collaboration in delivery of PCAP services.
 - 1.1 PCAP program is available to meet the needs of clients.**

Indicators:

 - Number of clients in PCAP programs: 19
 - Number of women on waitlist for PCAP programs: 0
 - 1.2 PCAP Data is collected using ORS and Penelope to inform ongoing practice.**

Indicator:

 - **Program complies with all Network reporting requirements:** ORS, Penelope, and SAFAN Outcomes reporting are managed by PCAP Mentor and Team Lead as required.
 - 1.3 Participation in community networks and partnerships.**

Indicator: Number and nature of community and SA FASD Network initiatives/ community meetings staff participated in:

 - Participation in SA FASD Network meetings: (1) General Network meetings-3 , (2) Network AGM (3) Leadership Team meetings -6 (4) Collective Wisdom meetings - 10
 - Participation in Network events: Word on the Street Festival; September Campaign promotions at Lethbridge Polytechnic, Crossings Library (two high schools)
 - Participation in Network committees: SAFASD Network Advertising and Promotions Committee; SAFASD Training and Capacity Building Committee
 - Participation in Community events: (1) Aakokiyi Health Services Fair (2) Napi Friendship Society Back to School supply event (3) Napi Friendship Society Community BBQ (4) International Overdose Awareness Day (5) Overdose Awareness Vigil in Piikani (6) Indigenous People’s Day-2 events 1 in Lethbridge and 1 in Pincher Creek (7) Community Candlelight Vigil- Remembering those we have lost to drug overdose (8) Honouring Traditions Pow Wow (9) Lethbridge Pride Parade (10) FASD Awareness Day Piikani Nation Event (11) Missing and Murdered Indigenous Women Awareness Walk and Event (12) Integrated Coordinated Access Service Fair (13) Galt Museum Addiction Recovery Event (14) International Disability Awareness Day event in Crowsnest Pass (15) Participating with Elf Magic, Angel Tree, MyCityCare, FASD Network and Food Banks to support participants over Christmas Season (16) International Peace Pow Wow (16) Brass Belt Making Class at Napi Friendship Society
 - Engagement in ongoing quality assurance and capacity building: (1) PCAP monthly mentor meetings (2) PCAP monthly supervisor meetings (3) McMan’s Cultural Responsivity Project (4) participation in all Network professional learning including 3 presentations and 2 Lunch & Learn sessions (5) Care 4 You Annual Conference (6) Grief and Loss Narrative Therapy Training offered by PCAP Alberta
 - 1.4 Improved collaboration in delivery of PCAP services.**

Indicator: Number and nature of collaborative partnership (agencies and community organizations)

The PCAP program partners and collaborates with a breadth of agencies and community organizations including: (1) monthly Pincher Creek interagency meetings (2) Mokakit Case Management (monthly Collective Case Management Meeting with Piikani Agencies) (3) Fort McLeod, Pincher Creek, Crowsnest Pass Case Development Group (CDG) Interagency Meeting- monthly (Meeting with community agencies and RCMP) (4) all agencies identified as service delivery partners
- 2. Case Management Outcomes:**
 - 2.1 PCAP clients experience improvement in their wellbeing.** Case management that supports abstinence from substances results in reduction or total abstinence of alcohol and/or drugs during pregnancy, achieving and maintaining recovery, and healthy pregnancies and lives for participants and their children.

Indicators:

Substance Use

- Percentage of participants abstinent from alcohol: 56%
- Percentage of participants abstinent from illicit drugs, excluding cannabis: 53%
- Percentage of participants abstinent from alcohol, cannabis and illicit drugs: 35%
- Percentage of participants abstinent from all drugs: 41%

Housing: Case management that assists with stable housing arrangements facilitates stronger outcomes in participants' recovery.

- Percentage of participants living in stable housing: 52%

- **Supporting harm reduction and birth control** results in participants reducing use of substances and increasing use of birth control and/or family planning services.

Indicators:

- Percentage of participants who regularly use birth control and/or family planning measures: 33%
- Percentage of participants who were using a method of birth control or maintaining abstinence from all substances: 66%

- **Access to Community Services** - Case management that established positive, trustworthy relationships with and among participants, community service providers, and stakeholders in the community results in positive and supportive social connections. **Indicators:**

- Percentage of participants that develop at least one supportive social connection: 81%
- Percentage of participants with accessing two or more community services: 90%
- Percentage of participants accessing medical care as needed: 100%
- Participant was accessing counselling services: 33%
- Participant was accessing basic needs services: 100%
- Percentage of participants who accessed addictions services: 33%
- Number and nature of referrals to agencies/ community services to enhance support to clients (list): **121 referrals in total** including:
 - Piikani Social Development- 3; Regional Community Development Group (CDG) - Pincher Creek, Fort MacLeod, Crowsnest Pass – 2; Regional Community Development Group (CDG) – Piikani Nation – 2; Piikani Department of Health- 2; Healing House- Recovery Centre- 4; AISH / AB Works- 7; Aakom-Kiyii Health Services Wellness Center- 9; Recovery Alberta Outpatient Clinic- 2; Napi Friendship Society – 2; Blue Rein Horse Therapy- 4; FASD Diagnostic Clinic- 6; AHS Indigenous Systems Navigator- 5; Lethbridge Youth Treatment Centre – 2; PCHAD- 6 (Provided advocacy to attend); Justice Services (Native Counselling Services and Legal Aid) – 12; Tax Services- 15; ID Services- 7; Housing Supports- 12; Food Security- 13

- **PCAP Clients report satisfaction with the program. Indicators:**

- Percentage of participants who felt respected, valued and safe: 100%
- Percentage of participants who felt they could be honest with their agency worker all the time: 100%
- Percentage of participants who felt they had choice/voice with goals and service plans: 100%
- Percentage of participants who felt more connected to natural supports because of the program: 100%
- Percentage of participants who felt the program demonstrated respect for, and understanding of their culture and spirituality: 100%

Significant positive impact highlights:

- A participant that the PCAP Program worked with for multiple years has successfully transitioned to Lethbridge, Alberta and is receiving Disability Support Services. While living on the Piikani Nation she was very high risk, nearly dying multiple times due to alcoholism and domestic violence. This year in November the PCAP Mentor was invited to attend her Recovery Celebration, where she was celebrating eight months of abstinence and completing a Recovery Program. As of April 2025, she has been abstinent from all substances for over one year.

- Fifteen participants completed and filed their income taxes with the support of the mentor.
- Two participants were transferred to McMan’s FASD Lifespan program in Lethbridge
- Strong rapport continues to be built with key stakeholders in Pincher Creek and area, including Pincher Creek FCSS, services on the Piikani Nation, and RCMP in Fort Macleod, Piikani Nation and Pincher Creek.
- In collaboration with the FASD Network Leadership Team PCAP Program was able to advocate for Interfaith Foodbank to provide food hampers for up to 19 families every month until Piikani is able to reestablish their foodbank. Please see below challenge regarding food security on the Piikani Nation.
- Our ongoing collaborative relationship with Blue Rein Animal Assisted Therapy supports healing trauma.
- Three babies this year were born, that with support from the PCAP Mentor, had limited or no exposure to alcohol in utero.
- PCAP has been strengthening their relationship with Aakom-Kiyii Health Services on the Piikani Nation.
- PCAP supported FASD awareness day by distributing FASD awareness coasters, lawn signs and decals to local businesses and community members in Pincher Creek.

Most significant challenges:

- No access to food security has been a significant concern in this fiscal year, as the Piikani Food Bank closed with no notice and individuals living on the Piikani Nation were not able to access Food Bank Services
- The Piikani Nation has seen several deaths this year, primarily of young community members – many of whom are connected to our PCAP participants. This has created a significant amount of grief and loss
- Lack of resources in rural communities and on reserve continues to be a challenge: (1) Some agencies that serve vulnerable individuals will refuse to work with some of our PCAP participants due to previous negative experiences or lateral violence (2) PDD and FSCD cannot provide supports to individuals who are living on reserve (3) Pincher Creek Hospital no longer has capacity for prenatal care and labour/delivery. (4) Males who are partners of the target participant/child in the PCAP Program often face limited resources (5) Lack of housing options in rural communities and ability for our participants to qualify for housing on the Piikani Nation continues to add to housing insecurity for the families we support.

Activity Undertaken	Activity Target (Example: Number of Clients Served)	Progress to Activity Target (example: number of clients served to date)	Approximate FTE
Parent Child Assistance	16	19	0.1 program manager; 0.4 Supervisor 1.0 PCAP Mentor

Service Delivery Partners

FASD Network; PEAK Vocational Services - FASD Justice; Lethbridge Police – Youth Justice; Lethbridge Family Services - FASD Diagnostic Clinic; Community Members and Elders; PPC, Napi Youth Drop-in Centre; AISH; Alberta Works; Piikani Children’s Services, Streets Alive; McMan programs including Gang Exit Community Outreach Services (GECOS), and Mobile, Addictions Outreach initiative (MAOI); Probation; Lethbridge Recovery Centre; Foothills Detox Centre; Bringing The Spirits home Detox; Alpha House; Fresh Start- Lethbridge & Calgary; Pound makers; Inni Healing House; Landers Treatment Centre; Family Support for Children with Disabilities (FSCD); Disability Services; DOT Team; Community Supports and Referrals; Positive Life Concepts; Pregnancy Care Centre; University of Lethbridge (Practicum Students); Training Inc; AHS-ID Clinic; Pincher Creek Registry; Piikani Employment Services; Napi Friendship Centre; Piikani Housing and Social Development; Piikani Food Bank; Lethbridge Interfaith Food Bank- Rural Share Food Program

	Budget Forecast	Actual Expenditure to Date
Year 1 – 2023-2024	\$171,197.77	\$171,134.63
Year 2 – 2024-2025	\$171,197.77	\$199,300.80 (covered by carry-over)
Year 3 – 2025-2026	\$234,317.47	

Pillar # 2 ACTION NAME: Prevention Level 2 – Prevention Conversation **Action Item 4**

Key Activities

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.

- 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 *The FASD Adolescent Prevention Conversation “Let’s Get Real... About Sex and Drinking”*
- Communities within the region are aware of the key messages contained within *The FASD Prevention Conversation* 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 *The FASD Adolescent Prevention Conversation* within their *Health and Life Skills Program of Studies (Grades 6 – 9)* and the *Career and Life Management (CALM) Program of Studies (Senior High School)*
- 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

Description: The Network will contract FASD prevention facilitator to provide FASD Prevention Conversations to youth, women, partners, communities, and professionals in person, virtually, and through media platforms. This project will continue to focus on Levels 1 and 2 (PCAP 2008).

Outcomes Achieved to Date

The expected outcome is to reduce the incidence of prenatal alcohol exposure by having safe discussions about alcohol and providing support and services to promote healthy outcomes.

Key indicators of progress to achieving the outcome include:

Outcome 1: Providers have increased knowledge, skills, and confidence to effectively discuss alcohol use in pregnancy and intervene appropriately.

Indicators:

Number of training sessions/ formal presentations: 16 (80% of target 20)

- Number of sessions that included the Foundation of FASD curriculum: 16 (100% of all training sessions)
- Number of sessions that included the “Let’s Talk” Curriculum: 16 (100% of all training sessions)
- Number of attendees at training sessions: 399 (87% of Target 450)
- Number of professionals trained at sessions: 191 (96% of Target)
- Number of General Public Trained: 48 (38% of Target)
- Number of post-secondary students trained at sessions: 160 (114% of Target)
- 77% of trainees completed a survey – At Target (80%) (37% of trainees completed surveys provincially)
 - Helene Wirzba: “Professional and short survey results are above provincial averages in all areas”
- 81% of trainees had presentations with the “Let’s Get Real Content” – Above Target (75%)
- The percentage of respondents self-rating their knowledge, skills and confidence to discuss alcohol use with adults and intervene if necessary as fairly extensive or excellent increased from 12% to 87%. (Provincial increase from 16% to 79%)
- The percentage of respondents self-rating their knowledge, skills and confidence to discuss alcohol use and sex with adolescents and intervene if necessary as fairly extensive or excellent increased from 13% to 85%. (Provincial increase from 16% to 74%)

Outcome 2: Providers have more tools to create a safe environment for women to disclose alcohol consumption during early pregnancy.

Indicators:

- The percentage of respondents self-rating their access to tools and resources for safe discussion as fairly extensive or excellent increased from 7% to 85%. (Provincial increase from 13% to 83%)
- The percentage of respondents self-rating their knowledge of resources and services available through the South Alberta FASD Network as fairly extensive or excellent increased from 5% to 93%. (Provincial increase from 11% to 85%)

Outcome 3: Providers use FASD prevention resources and screening materials.

Indicators:

- Percentage of participants who agreed that they intended to incorporate what they learned in work and/or their life: 98%
- 100% of attendees agreed the presentations were a good use of their time.
- 99% of attendees reported the presenter created a welcoming and safe place for everyone.

Outcome 4: Women of childbearing age are informed and aware of the risks associated with alcohol use in pregnancy and community resources available to them.

Indicators:

- The percentage of attendees at formal presentations self-rating their knowledge and understanding of FASD as fairly extensive or excellent increased from 15% to 94%. (Provincial increase from 17% to 90%)
- The percentage of attendees at formal presentations self-rating their understanding of the risks associated with alcohol use during pregnancy as fairly extensive or excellent increased from 26% to 90%. (Provincial increase from 36% to 95%)
- Sectors that were part of training sessions included: Professionals/Organizations who primarily work with Indigenous people, religious gatherings, and community agencies who provide supports to individuals with exceptionalities.
- 1,786 individuals have been reached through community development initiatives that focused on the prevention of prenatal alcohol exposure. (89% of Target: 2000)

Outcome 5: Consistent messages are provided to women and their partners/families about the risk associated with alcohol use in pregnancy.

Indicators:

- Number of public or mixed audiences trained at sessions: 48 (12% of Target).
- Of these attendees, their survey results indicated the following:
 - The percentage of respondents self-rating their knowledge and understanding of Fetal Alcohol Spectrum Disorder (FASD) as excellent increased from 2% to 83%.
 - The percentage of respondents self-rating their understanding of the risks associated with alcohol use during pregnancy as excellent increased from 7% to 91%.
 - The percentage of respondents self-rating their knowledge of resources and services available through the regional FASD Network as excellent increased from 0 to 87%.
 - The percentage of respondents self-rating their confidence in discussing alcohol use in pregnancy with friends or clients and intervening if needed as fairly confident or very confident increased from 5% to 87%.
- Number of community development sessions: 22 (Above Target of 20)
- Number of persons reached through community development initiatives: 1,786 (89% of Target)
- Number of one-on-one interactions held through community development initiatives: 1,001 (111% of Target of 900 exceeded)
- Community development initiatives were for organizations who primarily work with Indigenous people: 6 (33% of total initiatives to date)

Outcome 6: Adolescents and those working with adolescents will have increased knowledge, skills, and confidence to effectively discuss alcohol use.

- Number and percentage of training sessions that contain the "Let's Get Real" (focus on youth) curriculum: 16 (81% of all trainings)
- Number of youth trained at sessions/formal presentations: 0 (On hold until resources have been approved)

- 81% of trainees at formal presentations included the “Let’s Get Real Content” – Above Target
- The percentage of respondents self-rating their knowledge, skills and confidence to discuss alcohol use and sex with adolescents and intervene if necessary as fairly extensive or excellent increased from 13% to 85% following training. (Provincial increase from 16% to 74%)

Outcome 7: Common “Prevention Conversation” messaging is maintained.

- Percentage of training sessions/formal presentations that included one or more of the following Prevention Conversation curriculum:
 - o Foundations of FASD: 100 %
 - o Let’s Talk: 100%
 - o Let’s Get Real: 81%

Activity Undertaken	Activity Target (Example: Number of Clients Served)	Progress to Activity Target (example: number of clients served to date)	Approximate FTE
Community engagement, formal presentations and professional development	25	16 formal presentations 22 community engagement sessions 16 professional development sessions Total: 54	1.0

Service Delivery Partners

FASD Prevention Conversation Facilitator; Network agencies, Network stakeholders; Piikani and Kainai agencies; University of Lethbridge students; Lethbridge College students; agencies within the communities of Lethbridge, Fort Macleod and Pincher Creek

Proposed Partners: Six public school districts – their staff and students – contained within the region; expansion of the University of Lethbridge and Lethbridge College instructional staff; expansion to include agencies within the communities of Taber, Milk River and the Crowsnest Pass; agencies represented at Indigenous Interagency monthly meetings

	Budget Forecast	Actual Expenditure to Date
Year 1 – 2023-2024	\$86,700	\$81,101.47
Year 2 – 2024-2025	\$86,700	\$83,036.85
Year 3 – 2025-2026	\$86,700	

Carry-over of \$3,663.15 will be spent on promotional materials for fall campaign.

Fill out for each Action Item that was submitted and report.

Pillar # 3 ACTION NAME: Assessment and Diagnosis	Action Item 5
<p>Key Activities</p> <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) Receive referrals and triage according to severity of need, confirmation of Prenatal Alcohol Exposure(PAE) and availability to attend assessments. 2) Input data into FASD-ORS as well as the CanFASD National Database. Provide follow-up services to those individuals that receive an FASD diagnosis. Follow- up consists of support to the caregivers to implement the recommendations and will only be provided for 1 - 12 months. 	
<p>Description:</p> <p>The Network provides funding for a clinic to assess and diagnose pediatric and adult clients.</p> <p style="padding-left: 40px;">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 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>The expected outcome is that Albertans who may have FASD have access to screening and diagnostic assessment and functional assessments across the lifespan that are based on their needs and strengths.</p> <p>Key indicators of progress to achieving the outcome include:</p> <ol style="list-style-type: none"> 1. Program Management Outcome: Increased/ sustained ability to provide FASD assessment and diagnostic services to individuals with/possibly with an FASD diagnosis. Indicators <ul style="list-style-type: none"> • Completion of all reporting requirements. • Multidisciplinary team includes (list): 1 Pediatrician, 1 General Practitioner, 1 Psychologist, 1 Psychometrist, 1 Speech Language Pathologist, 1 Occupational Therapist 2. Community Development Outcomes: (1) Increased knowledge and awareness regarding FASD and benefits of early assessment & diagnosis. (2) increased coordination of FASD services. (3) increased awareness of fee for service. Indicators <ul style="list-style-type: none"> • Training/education sessions delivered to the following organizations/ agencies: FSCD, Children Services, District 51 schools, Holy Spirit school division schools, Coordinated Access Round Table (CART), Lethbridge Correctional Centre (LCC), DaCapo Disability Services (LFS), Horizon School Division • Percentage of participants report the topics discussed were relevant to my work/life: 100% • Percentage of participants report they are Very Confident or Somewhat Confident in applying what they learned into their work/life: 100% • Percentage of participants report they are Definitely or Probably going to incorporate what they learned into 	

their work/life: 100%

3. Referrals Outcome: Effective use of funding.

Indicators

- Number of referrals to the clinic: 47
- Targets met for number of individuals assessed: 27 of the 31 targeted were assessed
- Number of individuals on waitlist: 91
- Referral Sources: Children Services, Schools, Caregivers, Pediatricians, FASD Youth Justice Officer, PCAP, families

4. Intake and Pre-clinic Information Gathering Outcome: Individuals/caregiver/guardian are supported in assessment process.

Indicators

- Percentage of caregivers/guardians who reported it was easy for them to understand the assessment process: 96%

5. Clinic Day Assessment and Diagnosis Outcome: Individual/ caregiver/guardian are supported in the assessment process.

Indicators

- Percentage of caregivers/guardians who reported understanding FASD better: 92%
- Percentage of caregivers/guardians who felt they were treated with respect: 100%
- Percentage of caregivers/guardians who felt they understood the diagnosis their child/dependent was given: 96%
- Percentage of caregivers/guardians who felt their child's overall experience was good: 78%
- Percentage of caregivers/guardians who reported being more aware of the child/dependent's strengths and weaknesses: 100%
- Percentage of caregivers/guardians who reported being more aware of how the child/dependent thinks and learns: 100%
- Percentage of caregivers/guardians confident the recommendations made by the clinic will be useful in supporting their child/dependent: 92%

6. Follow-up Supports Outcomes: (1) Individual/caregiver/guardian have access to supports through referrals or direct services. (2) Individuals/caregiver/guardian experience improved quality of life. (3) Individual/caregiver/guardian has increased ability to make positive life choices.

Indicators

- Percentage of caregivers/guardians who required follow-up support: 96%
- Percentage of caregivers/guardians who accessed at least one new community service: 62%
- Caregivers/guardians identified the following areas the program assisted them with: Child's education, connection with health care, accessed mental health, connected with Children's Services, financial supports, basic needs, accessed other community services, self-care and caregiver support, behavioural supports, and information on FASD best practices.
- Caregivers/guardians identified the following as areas they would like continued support in: Child's education, connection with health care, mental health &/or addiction services, financial supports, basic needs, accessing other community services, self-care and caregiver support, behavioural supports, and information on FASD best practices.
- Caregivers/guardians were provided the opportunity to attend 18 Caregiver groups (2/day in 9 different months). Session topics included: 10 Brain Domains, Tips for Working with the School (WRAP Coach), Wonder Nook, Building Natural Supports, Christmas Break debrief, Ownership, Confabulation & the Legal System (Youth Justice Officer - Chris Andrade), Advocacy and Explaining the Diagnosis to My Child, FSCD (Shawna Nesbit-Reddick), Executive Functioning, Health, Safety & Vulnerability (McMan).
- Referrals were made to the following agency and/or community services: FSCD, McMan, Addictions and Mental Health, Wonder Nook, Boys & Girls school, Youth Justice Officer.

Most significant impact highlights:

Our Caregiver Group has been quite successful and appreciated by the caregivers. Previous individuals/caregivers assessed have reconnected with the clinic and Krystal (Pediatric Follow up Coordinator). Referrals have increasingly gone back up to pre-COVID numbers. Krystal attended 8 months of probation appointments every week with one of her youth. They have successfully completed the requirements and are doing well. Having a lot of good communication between community resources such as but not limited to: Family Centre, Taber, GS Lakie, WA Day.

Most significant challenges:

Adjusting to the MDT schedules and planning clinics accordingly continues to be a significant challenge. Community resources are struggling to transport and attend appointments with clients therefore it has fallen to Krystal. Clients cannot understand the accents of the immigrant staff members and some of these new staff require training in best practices for our FASD population. We have lost 2 of our young adolescents to ODs over the last 12+ months. Government services timelines have gotten longer to receive services.

Activity Undertaken	Activity Target (Example: Number of Clients Served)	Progress to Activity Target (example: number of clients served to date)	Approximate FTE
Formal FASD Assessments and follow-up	35	27	1.5 FTE, 0.1 Supervisor Position
Youth (Pediatric)		27 (age 8 to 17)	
Adult			

Service Delivery Partners

MDT: 2 pediatricians, 1 psychologist, 1 psychometrist, 1 speech-language pathologist, 1 occupational therapist

Agency partners: Children Services, FSCD, schools, Mental Health, McMan, PCAP, LPS Youth Justice, Boys & Girls Club

	Budget Forecast	Actual Expenditure to Date
Year 1 – 2023-2024	\$300,663.39	\$300,663.39
Year 2 – 2024-2025	\$300,663.39	\$299,413.75
Year 3 – 2025-2026	\$300,663.39	

Fill out for each Action Item that was submitted and report.

Pillar # 3 ACTION NAME: Assessment and Diagnosis	Action Item 5.1
<p>Key Activities</p> <p>Lethbridge Family Services (LFS) operates 1 Adult Assessment & Diagnostic clinic with this funding. We utilize a multidisciplinary team approach using the Revised Canadian Guidelines.</p> <ol style="list-style-type: none"> 1) Receive referrals and triage according to severity of need, confirmation of Prenatal Alcohol Exposure (PAE) and availability to attend assessments. 2) Input data into FASD-ORS as well as the CanFASD National Database. Provide follow-up services to those individuals that receive an FASD diagnosis. Follow-up consists of support to the individual to implement the recommendations and will only be provided for 1 - 12 months. 	
<p>Description:</p> <p>The Network provides funding for 12 clinics to be held in order to assess 12 adults. 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 3.1.7 Client and caregiver involvement in the assessment and diagnosis process 3.1.8 Support for individuals 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 <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 client completes SA FASD Network Post Clinic Surveys within 3 months of the clinic date and then Support Surveys are completed within 12 months of the clinic date.</p>	
<p>The expected outcome is that Albertans who may have FASD have access to screening and diagnostic assessment and functional assessments across the lifespan that are based on their needs and strengths.</p> <p>Key indicators of progress to achieving the outcome include:</p> <ol style="list-style-type: none"> 1. Program Management Outcome: Increased/ sustained ability to provide FASD assessment and diagnostic services to individuals with/possibly with an FASD diagnosis. Indicators <ul style="list-style-type: none"> • Completion of all reporting requirements. • Multidisciplinary team includes: 1 general practitioner, 1 psychologist, 1 psychometrist, 1 Speech Language Pathologist, 1 Occupational Therapist 2. Community Development Outcomes: (1) Increased knowledge and awareness regarding FASD and benefits of early assessment & diagnosis. (2) increased coordination of FASD services. (3) increased/sustained referrals to the clinic. (4) increased awareness of fee for service. Indicators <ul style="list-style-type: none"> • Agency participation in FASD meetings and events throughout the year: 17 • Training/education sessions delivered to the following organizations/ agencies: Boys & Girls Club, FSCD/PDD Transition Panel, Caregiver Support Group, Collective Wisdom • Percentage of participants report increased knowledge and awareness regarding FASD: 90% • Percentage of participants report obtaining new information that will help them care for and support individuals: 86% 3. Referrals Outcome: Effective use of funding. Indicators 	

- Number of referrals to the clinic: 19
- Targets met for number of individuals assessed: 6 of 13 targeted were assessed
- Number of individuals on waitlist: 24
- Referral Sources: PCAP, Physicians, Community organizations, Lethbridge Correctional Centre, AHS Addictions & Mental Health, Self/Family, Adult Justice

4. Intake and Pre-clinic Information Gathering Outcome: Individuals/caregiver/guardian are supported in assessment process.

Indicators

- Percentage of individuals who reported it was easy for them to understand the assessment process: 83%

5. Clinic Day Assessment and Diagnosis Outcome: Individuals satisfied with the diagnostic process.

Indicators

- Percentage of individuals who feel the information they received will help them in the future: 100%
- Percentage of individuals who felt they were treated with respect: 100%
- Percentage of Individuals who felt their overall experience with the assessment process was good: 100%

6. Follow-up Supports Outcomes: (1) Individuals have access to supports through referrals or direct services. (2) Individuals experience improved quality of life. (3) Individuals have increased ability to make positive life choices.

Indicators

- Individuals identified the following areas the clinic assisted them with: Understanding FASD better, self-care, supports with addiction challenges, financial, housing, employment, connection with health care, access to mental health, relationships with family/friends, basic needs, community supports
- Individuals identified the following areas they would like continued support in: Understanding FASD better, self-care, supports with addiction challenges, financial, housing, employment, connection with health care, access to mental health, relationships with family/friends, school, assistance with criminal/justice/legal matters
- Referrals were made to the following agency and/or community services: PDD, AISH, Addictions & Mental Health, Counselling, PCAP, McMan, Adult Justice

Most significant impact highlights: Our Caregiver Group has been quite successful and appreciated by the individuals attending. We changed the format and provide a morning and evening group on the same day to allow for the individuals' varying schedules. Some of our adults entered their artwork into the LFS Art Show. They were thrilled with this opportunity and 2 of the individuals sold their art! Continue to work collaboratively with the other Network agencies to support these complex individuals.

Most significant challenges: Accessing a family doctor, accessing PDD supports, accessing treatment when the individual states they are ready to go.

Activity Undertaken	Activity Target (Example: Number of Clients Served)	Progress to Activity Target (example: number of clients served to date)	Approximate FTE
FASD Assessments and Follow Up	13	12	0.5 FTE, 0.1 supervisor
Youth		0	
Adult		6	

Service Delivery Partners

1 General practitioner, 1 psychologist, 1 psychometrist, 1 speech-language pathologist, 1 occupational therapist

	Budget Forecast	Actual Expenditure to Date
Year 1 – 2023-2024	\$137,994	\$137,994
Year 2 – 2024-2025	\$137,994	\$139,244.06
Year 3 – 2025-2026	\$137,994	

Fill out for each Action Item that was submitted and report.

Pillar # 4 ACTION NAME: Supports for individuals and caregivers Action Item 6

Key Activities

Lifespan Support Program provides:

- Mentorship and life skills development.
- Individualized service plans are developed to address the goals and needs of the individual based on the Lifestar™ assessment.
- Individualized family plans are developed to address the goals and needs of the family unit based on the Familystar™ assessment.
- Creating brokerage with appropriate resources.
- Building natural supports.
- Advocacy.
- Provide education and information on FASD.
- Supporting in legal matters, employment, financial planning, health, mental health and maintaining housing.

Caregiver's Support Program provides:

- Mentorship and life skills development.
- Individualized family plans are developed to address the goals and needs of the family unit based on the Familystar™ assessment.
- Creating brokerage with appropriate resources.
- Building natural supports.
- Advocacy.
- Provide education, strategies, and interventions for caregivers to promote enduring and effective care within the family unit.

Providing education and information on FASD and how it impacts the individual.

Description:

Lifespan Support Program

This program provides intensive case management with wrap around supports and systems navigation to Individuals 16 years of age and older, who are suspected of or diagnosed with FASD, and do not qualify for PDD Services. While McMan do not accept PDD eligible clients there is a strong connection with the Network and PDD Services in our Region. Training and relationship building with our PDD agencies continues to ensure that all PDD services are FASD informed. This is achieved through training, committee meetings and complex cases being brought to Collective Wisdom.

This program helps to ensure a seamless transition for youths to adults, and on-going supports throughout their lifespans. Approximately half of the participants are themselves caregivers that have or are suspected to have FASD, the program also offers wrap-around supports to help them with parenting and household management skills. Participants who no longer want/require intensive case management but continue to want access to supports are considered Steps to Independence (graduate program). The FASD Lifespan Program utilizes best practices emerging in research on FASD supports, as well as skills and techniques from person-centered care, recovery-oriented care, and motivational interviewing.

Caregivers Support Program

The Caregiver Support Program provides a short-term (6 months-12 months) services that enhance caregiver's skill development, knowledge, and capacity to support an individual with or suspected of having FASD.

The expected outcome is that Albertans with FASD and their caregivers receive coordinated access to the supports and services they need.

Key indicators of progress to achieving the outcome:

1. **Program Management Outcomes:** (1) Increased and sustained ability to provide services to persons with/possibly with an FASD diagnosis. (2) Improved collaboration in delivery of services to persons with/possibly with an FASD diagnosis.

Indicators

- Program complies with all Network reporting requirements including reporting to ORS.
- Number and nature of community and Network meetings/initiatives/ community events staff participated in: SAFASD Network General Meetings; SAFASD Network Leadership meetings; FASD Network Collective Wisdom meetings; SAFASD Network Advertising and Promotions Committee; SAFASD Network FASD Awareness Campaign- multiple events throughout the month (The Crossings Library, Word on the Street Festival & Lethbridge Polytechnic); SAFASD Training and Capacity Building Committee; SAFASD Network AGM; In-reach program at Lethbridge Shelter and Stabilization Beds; In-reach program at Lethbridge Shelter (during renovations); In-reach at Streets Alive during summer service connection pilot project; FASD Virtual 6 part Series; Metis Cultural Training; FASD Awareness; Let's Talk Overdose virtual conference; Mom's Stop the Harm Event at Galt Gardens; Lethbridge Shelter Groundbreaking Ceremony; Ready Set Go Back to School Program; Coordinated Access Round Table (CART) Housing Support meetings; International Overdose Awareness Day; Indigenous People's Day-2 events 1 in Lethbridge and 1 in Pincher Creek; Community Candlelight vigil- Remembering those we have lost to drug overdose; Finding Solutions Community Meetings; Honouring Traditions Pow Wow; Lethbridge Pride Parade; FASD Awareness Day; Integrated Coordinated Access Service Fair; Participating with Elf Magic, Angel Tree, MyCityCare, FASD Network and Food Banks to support participants over Christmas Season; National Child Day Event; McMan's Cultural Responsivity Project interviews; International Day of Persons with Disabilities – Lethbridge Polytechnic Event; Supporting Black Families Raising Children with FASD Webinar; Empathetic Strain Training; SA FASD Lunch and Learns; International Peace Pow Wow

2. **Lifespan Support Program Client Outcomes:**

- 2.1 Screening and Intake Outcomes: Access to transparent intake process, and connections while on waitlist.

Indicators

- Number of new referrals: 67
- Number of new intakes: 14
- Number of active participants in the Lifespan Support Program: 57
- Number on waitlist: 34
- Nature of services provided to clients on waitlist: Food Bank, clothing, connection to counselling services, connections to addiction services, referrals to community resources, connection to meaningful daily activity, housing supports, funding supports, justice supports, identification documents, taxes, connection to referral source, where appropriate, to support them with connecting referred clients to supports from an FASD lens until they can be on an active caseload.

- 2.2 Case Management, Service Coordination, and Steps to Independence Outcomes: Participants are well supported, have improved health outcomes, personally and financially more stable, engaged in pro-social activities, and better able to navigate the legal system.

Indicators

- Percentage of participants who felt respected, valued and safe: 95%
- Percentage of participants who felt they could be honest with their agency worker all the time: 84%
- Percentage of participants who felt they had choice/voice with goals and service plans: 92%
- Percentage of participants who felt more connected to natural supports because of the program: 76%
- Percentage of participants who felt the program demonstrated respect for, and understanding of their culture and spirituality: 79%
- Percentage of participants with at least 10% increase in their overall star elements: 62.36%
- Number and nature of referrals to agencies/ community services to enhance support to clients: Housing (743), Legal (271), Employment (290), Health (904), Mental health (665), Addiction (381), Funding/ Income (631), Financial management (545), Cultural (9), Taxes (12), Identification (16), Behavioural (383),

Life skills (545), Social Skills (543), Connection to natural supports (91), Support with pets (4), Educational (186), Family Violence (92), Disability Services (5), Custody of children (89).

3. Caregiver Support Program Client Outcomes: Caregivers/ families are well supported, healthier, more stable, have increased parenting/ caregiving skills and increased connection to community services.

Indicators

- Number of clients/families in Caregiver Support Program: 16
- Percentage of caregivers who felt respected, valued and safe: 100%
- Percentage of caregivers who indicated they had a choice/voice in goals and service plans: 100%
- Percentage of caregivers who felt more connected to natural supports because of the program: 66%
- Percentage of caregivers who felt the program demonstrated respect for, and understanding of their culture and spirituality: 100%
- Percentage of caregivers with at least 10% increase in overall star elements: 100%
- Percentage of caregivers who reported growth in knowledge about FASD: 100%
- Percentage of caregivers who reported family routine as a priority: 43%
 - 43% reported keeping their family safe as a priority
 - 43% reported maintaining and/or increasing their social networks as a priority
 - 86% reported emotional wellbeing as a priority
 - 71% Reported Boundaries and Behaviours as a priority
- Percentage of caregivers who can be honest with their worker: 100%
- Number and nature of referrals to agencies/ community services to enhance support to caregivers: FSCD (16), Disability Services (9), Mental health (199), Cultural (5), Housing (213), Life skills (507), Social Skills (161), Financial (management & income) (212), Support groups (43), Education (202).

Significant positive impact highlights:

- The FASD Program was able to secure a three-year accreditation with CARF.
- Staff were able to support three caregivers, five children and three teachers with “return to school” success plans
- Seven participants were supported in securing a Family Doctor or Nurse Practitioner.
- Two participants have been connected to the Accessible Learning Centre at Lethbridge Polytechnic to support with their post-secondary education. This was for both semesters at Lethbridge Polytechnic. One is on track to graduate with a Therapeutic Recreation Diploma in April of 2025.
- Three participants successfully completed an addictions recovery program.
- Eleven families or participants were connected to access-a-ride transportation services and/or subsidized bus passes.
- Six participants were approved for AISH.
- Three participants were approved for the City of Lethbridge Recreation and Culture Funding
- Five participants have been accepted to intensive housing supports through CART.
- Four participants were referred to the Adult FASD Justice Program and two families were referred to the FASD Youth Justice Program.
- Eleven people were referred to the FASD Diagnostic Clinic
- Ten participants were referred to a Funds Administrator to support with finances.
- In partnership with Angel Tree, Elf Magic and the FASD Network we were able to provide fifty-six bags of gifts for our registered families.
- Our partnership with Coordinated Access Round Table (CART) continues to go well, keeping FASD Lifespan Program within the inner circle of housing supports and resources.
- Our partnership with the Lethbridge Shelter and Resource Center continues to flourish.

- The FASD Lifespan Program has noted successes with accessing the counselling subsidy through CMHA and/or accessing Family Ties and Family Center’s subsidized counselling options.
- The FASD Lifespan Program has been working more collaboratively with Recovery Alberta outpatient office and Harm Reduction Outreach Team. The program has had some significant successes working with counsellors who have a foundation of FASD and supporting from a strength-based lens.
- Program presentations on the FASD Lifespan program have been provided to Collective Wisdom, Lethbridge Probation Officers, Recovery Alberta Harm Reduction Team, and Recovery Alberta Outpatient Office Addiction and Mental Health Counsellors. The intention is to provide updated information on program eligibility and referral process.

Most significant challenges:

- Lack of community housing continues to impact our participants and their families.
- Lack of affordable housing has impacted our participants’ ability to find and maintain housing, while also being able to meet other necessary needs like food security. Waitlists for rent supplements are very long.
- The cost of living has become so high that most of our participants and families utilize the local food banks on a regular basis. Waitlist numbers have remained consistent with previous reporting, while we have been able to move some individuals from the waitlist to caseloads, there is a steady stream of new referrals.
- The lack of Family Doctors in Lethbridge continues to negatively affect our participants. FASD Staff stay connected to multiple clinics in the event of a doctor opening their case, however there are still several participants relying on Emergency Services to meet medical needs and prescription refills.
- Long waitlists with PDD supports continues to impact the caseload, as FASD Lifespan will continue to support individuals until they are able to transition to a PDD program if they receive PDD eligibility while working with the program. Many of our participants do not meet the need of being a serious health and safety risk; and therefore, are not prioritized for supports. This makes our caseloads more complex and limits the number of participants each Lifespan Worker can have on their caseloads, which creates longer waitlist times.
- Long FSCD waitlists have a negative impact on Caregivers in our Lifespan Program, who are often desperate for some kind of support that FSCD could provide such as respite services.
- Opportunities for subsidized counselling are limited in Lethbridge.
- There is a lack of resources in Lethbridge that support immigrants with FASD whose first language is not English.

Activity Undertaken	Activity Target (Example: Number of Clients Served)	Progress to Activity Target (example: number of clients served to date)	Approximate FTE
Life skill mentorship and support caregiver skill development			6 FTE
Lifespan	76	57	
Caregivers	5	16	

Service Delivery Partners

- Southern Alberta FASD Network, Lethbridge Family Services (FASD Assessment and Diagnosis clinic), PEAK Adult Justice, Lethbridge Police Youth Justice, Alberta Health Services First Steps, First Nations PCAP, AISH, Alberta Works, Children’s Services, 5th on

5th Youth Services, Streets Alive, McMan programs including Gang Exit Community Outreach Services (GECOS), Transition to Independence Program (TIP) and Mobile Addictions Outreach initiative (MAOI), Probation, Lethbridge Recovery Centre, Foothills Detox Centre, Alpha House, Fresh Start- Lethbridge & Calgary, Landers Treatment Centre, Family Support for Children with Disabilities (FSCD), Disability Services, Making Connections, DOT Team, Community Supports, Positive Life Concepts, Pregnancy Care Centre, Practicum Students from - University of Lethbridge, Lethbridge College, University of Calgary and Medicine Hat College, Training Inc., Interfaith Food Bank- Urban Food Share Program, McMan Medicine Hat Programs - Lynx Recovery House and Permanent Supportive Housing

	Budget Forecast	Actual Expenditure to Date
Year 1 – 2023-2024	\$466,458.69	\$467,689.72
Year 2 – 2024-2025	\$466,458.69	\$465,729.11
Year 3 – 2025-2026	\$466,458.69	

Fill out for each Action Item that was submitted and report.

Pillar # 4 ACTION NAME: Adult Justice Program Peak Vocational Services - Action Item 7

Key Activities

To provide direct and indirect court/justice support to persons diagnosed or suspected of being impacted by FASD who are dealing with legal issues.

To provide direct and indirect support to individuals suspected or diagnosed with FASD to manage and budget their money (Funds Administrator) The Funds Administrator Program promotes stability in an individuals' life through support with managing their income. This may include supporting the client with budgeting money, creating a savings plan, setting up third party payment for rent and other bills, assistance with grocery shopping and communicating with AISH when a client is incarcerated and assisting with filing taxes. The Funds Administrator may also assist the client with accessing resources for the completion of a Will.

Description:

The program's primary focus is to provide direct and indirect court/justice support to persons diagnosed or suspected of being impacted by FASD who are dealing with legal issues. To provide direct or indirect support to individuals in managing their funds.

The expected outcomes are to divert adults from the Criminal Justice System and have a Funds Administration Program that promotes and provides stability in an individual's life through support in managing their income.

ADULT JUSTICE

Key indicators of progress to achieving the outcomes include:

- 1. Program Management Outcome:** Increased and sustained ability to provide services to persons with/possibly with an FASD diagnosis.

Indicators:

- Completion of all reporting requirements and use of evaluations to refine programs. The program has submitted all relevant documents and is in good standing with the FASD Network. Surveys are provided to clients of the program along with individuals who attend training sessions. An excel tracking sheet has been developed to capture activities and client satisfaction. The tracking sheet aligns with Youth Justice for coherence.

- 2. Community Engagement and Partnership Outcomes:** (a) Increased awareness of best practice to support individuals with legal issues. (b) Community members are informed about FASD and its impact on the justice system.

Indicators:

- Number and types of meetings attended: Community Meetings including partners, clients, and at large members: 82
- Number and type of communications with other partners: Collective wisdom and Network meetings: 19
- Number of engagements for the purpose of education and sharing information.
 - Training meetings and presentations: 9 sessions within the Network region with 79 participants and 1 session at the FASD United International Research Conference on Adolescents and Adults with FASD with 350 participants.
 - Participant Survey Data:
 - Percentage of participants that reported an increase in knowledge and understanding of FASD: 94%
 - Percentage of participants that reported they had new information about resources and services in the community for FASD: 100%
 - Percentage of participants that felt confident in applying what they had learned in their jobs: 98%
 - Percentage of participants that intend to incorporate what they learned in their jobs: 100%
 - Percentage of participants that agreed their knowledge regarding risk associated with prenatal alcohol increased: 92%

- 3. Consultation Outcomes:** (1) Increased understanding of the justice system relative to individuals with/possibly with an FASD diagnosis. (2) Improved access to relevant resources and support networks specific to individual needs.

Indicators:

- Individuals who took part in consultations indicated an increased knowledge of their options, the court process and the additional resources they could access for more support. Additionally, further assistance from the Justice Program was offered if requested. Support staff or care providers working with individuals expressed a greater understanding of the system and felt more prepared going forward.
- Number and type of consultation provided: 17 consultations provided to review potential justice involvement, charges before the courts or the outcomes of a final disposition(s).

4. **Case Management Outcomes:** (1) Individuals with complex Alberta justice related matters have support in attending court. (2) Individuals receive advocacy for meaningful outcomes. (3) Individuals receive navigation services and potential access to FASD diagnostic and other community resources. (4) Individuals are supported in transition out of direct care.

Indicators:

- Number of individuals accessing case management: 27 (8 of the 27 reoffended)
- Number of case plans developed: 27
- Number of court plans developed: 9
- Number of individuals referred to FASD diagnostic clinic: all clients previously assessed.
- Number and type of referrals to other services and supports: 19 referrals made to one or more of the following: First Steps, McMan, Detox, treatment center, Peacemaking program, Mental Health Diversion, PACT, Housing, PDD
- Number of individuals receiving direct support time: 23
- Number of files closed and reasons for closure: 14 closed with matters resolved; 1 closed due to death; 8 reopened. Matters of a significant nature continued into the next reporting cycle.
- Clients surveyed after each interaction with the Justice Program. Total entries: 103
 - The percentage of clients surveyed felt respected, valued, and safe with the agency.
 - Good: 78.7% • OK: 8.8% • Not Good: 12.7%
 - The percentage of clients who found it helpful to be with the program.
 - Yes: 81.7% • No: 10.8% • Don't know: 7.8%

FUNDS ADMINISTRATION

Outcome: With the support of funds administration, individuals will have adequate support to manage income and their basic needs are met.

Indicators:

- Number of referrals received. 25
- Number of individuals involved in the program. 25 (at capacity with limited movement as most clients stay enrolled long term)
- Number of individuals who also received court/justice support. 9
- Number of files closed and reasons for closure. 4 due to death and 1 due to personal choice
- Percentage of clients who feel respected, valued, and safe with the agency. 82% responded “always”, 14% “most of the time,” and 4% “never”.
- Percentage of clients who feel they have a choice/voice in their goals and service plans. 75% respondents “yes, always”, 21% “yes, sometimes,” and 4% skipped the question
- Percentage of clients who indicate that they achieved their goals in the past few months. 89% responded “yes”, 11% “no,” and 0% did not know.

The most significant impact highlights:

- The joint partnership with the Youth Justice Program continues to be a great asset. Shared resources and a smoother transition to the adult program create less stress for individuals being served. The ability to learn about and intervene with individuals as soon as they become involved with the justice system allows for a greater ability to assist and rectify situations as they arise.
- New and ongoing relationships with those working in FASD research and support have proven beneficial as we face new challenges.

- We were able to operate another successful tax season this year through our partnership with the CRA - Community Volunteer Income Tax Program. This is one of the most impactful areas of the program. Tax returns are required to receive most Government income funds, along with other programs and services.
- We had a very high response rate for our Funds admin client surveys. Which included lots of positive feedback.
- We have seen many positive outcomes achieved for individuals receiving funds administration support.
- Community partners frequently praise the Funds Admin Program for its professional approach and effective service delivery to shared clients.

The most significant challenges:

- Finding and keeping housing for individuals where factors such as guest management and substance misuse are the issue and stable funds alone don't fix the reason they are unhoused. Such volatility creates real-time pressures in adjusting budgets frequently on account of ever-changing living situations among certain clients.
- We continue to struggle with addiction and mental health problems. We continue to encourage clients to seek help with these issues.
- Individuals being incarcerated stops AISH benefits which creates a challenge of getting the benefit reinstated and paying back benefits for incarcerated periods. It makes it hard to project/predict financial needs that are always in flux.
- The ability to access treatment beds, funding support, affordable housing, and consistent mental health support.
- We have regular inquiries about funds administration services, but due to the high retention rate and limited capacity, we have to regularly decline the opportunity.
- It's challenging to navigate working with new income source providers beyond AISH. Also working through the growing pains of working with community partners and individuals who have no other support in their lives.
- AISH has changed some of their processes and it has resulted in service delays and disruptions. Clients know longer have a designated worker who would be familiar with their unique circumstances. AISH also pushed for a client review this summer, resulting in substantial work providing file updates.
- It has been challenging figuring out operations and data tracking for the Funds Admin program as each funder has separate reporting requirements.

Activity Undertaken	Activity Target (Example: Number of Clients Served)	Progress to Activity Target (example: number of clients served to date)	Approximate FTE
Adult Justice Program	25	27 (8 of the 27 re-offended)	1 FTE
Funds Administrator Program	20	25	0.4 FTE

Service Delivery Partners

Crown Prosecutors Office, Provincial Court Judges, lawyers, legal aide, correctional services, probation, Lethbridge City Police, RCMP, POD, AISH, Alberta Health Services Mental Health and Addiction, other contracted agencies within the Network, Native Counselling

	Budget Forecast	Actual Expenditure to Date
Year 1 – 2023-2024	\$139,354.87	\$138,127.06
Year 2 – 2024-2025	\$139,354.87	\$140,582.68
Year 3 – 2025-2026	\$139,354.87	

Fill out for each Action Item that was submitted and report.

Pillar #4 ACTION NAME: Youth Justice Program Lethbridge Police Service	Action Item 8
<p>Key Activities:</p> <ul style="list-style-type: none"> - To influence change in how the justice system understands and responds to youth affected by FASD through mentorship, education and about FASD and related effects. - To facilitate access to coordinated supports and services that meet the needs of persons with FASD. - Divert youth with FASD from the Criminal Justice System - Make recommendations regarding preventative remedies to the crown/court. - Identify High Risk Youth and connect them with appropriate resources. Increase the ability of police officers, crown prosecutors and other service providers to recognize FASD. - Collect and report activities in ORS. 	
<p>Description:</p> <p>The Youth Justice Program is a partnership between the South Alberta FASD Network and the Lethbridge City Police. The Youth Justice Officer is an employee of the Lethbridge City Police service and the Network funds this position (1 FTE) The Network and the Lethbridge Police jointly supervise this program.</p> <p>Key Activities:</p> <ol style="list-style-type: none"> 1. Program Management 2. Community Development 3. Referrals and Screening 4. Outreach Work 5. Case management/Court Support 	
<p>The expected outcome is that Albertans with FASD and their caregivers receive coordinated access to supports and services they need.</p> <p>Key indicators of progress to achieving the outcome includes:</p> <p>1. Program Management Outcomes: Increased/ sustained ability to provide services to youth with/ possibly with an FASD diagnosis.</p> <p>Indicators: Completion of all Network reporting requirements, including ORS. Youth Justice Program Officer attended the following learning opportunities to enhance knowledge and capacity:</p> <p>From April 1, 2024 – March 31, 2025, Cst. Andrade has completed all reporting requirements for the FASD Youth Justice Program including the data entry on clients into the ORS database on a quarterly basis. Cst. Andrade has attended the following learning opportunities: FASD United International Research Conference on Adolescents and Adults with FASD. Cst. Andrade and Sabrina Hacker were guest presenters for the pre-conference. – Seattle, WA. Participated in the 2024 Youth Diversion Summit hosted by the Calgary Police. Completed a Critical Incident Management course and the MB-100 bike course.</p> <p>Engagement with South Alberta FASD Network meetings and initiatives</p> <p>Cst. Andrade attends: Collective Wisdom, South FASD Network General Membership meetings, FASD Leadership meetings, FASD Learning Committee.</p> <ul style="list-style-type: none"> • Cst. Andrade hosts and attends several other meetings with community partners as follows: Youth Crown Prosecutor Meetings (monthly); High Risk Youth Meeting community agency meeting (monthly), Students of Concern Meeting with the Youth Engagement Unit and the Public/Holy Spirit School Division Counselling/Wellness leads (weekly). <p>2. Community Development Outcome: Increased knowledge and awareness about FASD and the justice system.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Training/education sessions delivered to the following organizations/ agencies: The FASD Youth Justice Program works in unison with the Adult Justice Program to deliver training and presentations to the Lethbridge Police Service and related justice-oriented agencies. The following training/education sessions were delivered: 	

(1) 2 training presentations to the Lethbridge Probation and Community Corrections. (2) 2 training presentations to the Lethbridge College Police Cadet Program (3) 1 training presentation to the Lethbridge Police Peace Officer Program (4) 1 education presentation to the Lethbridge College Corrections Program (5) 1 education presentation to the Lethbridge College Human Services and Justice Program staff (6) 2 education presentations with the City of Lethbridge Building Safer Communities Team to Lethbridge Family Services newcomers and a local school. There were 79 participants engaged in local training. Also, there were 350 in attendance at the presentation delivered at the FASD United International Research Conference on Adolescents and Adults with FASD.

Survey results from session participants:

- Percentage of participants that reported an increase in knowledge and understanding of FASD: 94%
- Percentage of participants that reported they had new information about resources and services in the community for FASD: 100%
- Percentage of participants that felt confident in applying what they had learned in their jobs: 98%
- Percentage of participants that intend to incorporate what they learned in their jobs: 100%
- Percentage of participants that agreed their knowledge regarding risk associated with prenatal alcohol increased: 92%

3. Information Management Outcome: Evaluation findings and data are used to guide the project.

Indicators:

- System to track and collate data used to monitor and evaluate program proving effective.
- The FASD Youth Justice Program is a unique resource to the Southern Alberta FASD Network, as well as all related community partners. Cst. Andrade tracks the number of information requests made mainly by the Service Delivery Partners as well as family members of individuals affected by FASD. From April 2024-March 2025, Cst. Andrade responded to **129 information requests**. These requests vary from information on police investigations, conditions, court dates, safety concerns, general advice and guidance, PAE confirmation among many more.

4. Outreach Work Outcomes: Short-term interventions for youth at risk, their caregivers and/or service providers support coordinated access to supports and services and guides informed decision-making.

Indicators:

Number and type of short-term intervention contacts:

The FASD Youth Justice Program provides support and assistance to all at risk youth, their caregivers/service providers and related community organizations. From April 2024-March 2025, Cst. Andrade received numerous requests for assistance in relation to short-term interventions. These interventions include assisting School Divisions with Violence Threat Risk Assessments, at risk youth residing in group homes/foster placements, at risk youth engaging in drug/alcohol usage or sexually exploitive behaviors, violence/behavioral/safety concerns, requests from community partners and families to meet with them and their children to address issues or assisting the Adult Justice Program with clients. Cst. Andrade assisted **46 individuals** in this time period with many individuals receiving multiple short-term interventions.

Another source of short-term interventions or to ensure clients are receiving coordinated access to supports and service is through reviewing all police involvement for individuals flagged as being diagnosed with FASD in the Lethbridge Police Service database. Receiving accurate and real time information on clients benefits the FASD Justice Program by being able to make informed decisions and suggestions for clients. From April 2024- March 2025, the FASD Justice Program reviewed **790 police files**.

5. Case Management Outcomes:

5.1 Youth with/possibly with an FASD diagnosis and justice issues are diverted from the criminal justice system, where appropriate.

Indicators:

- **Number of new clients:** From March 2024- March 2025, the FASD Youth Justice Program had a long-term caseload of around **18 individuals**. These clients are added into the ORS database on a quarterly basis where the officer either maintains or closes involvement. For individuals that become part of the Youth FASD Officer’s caseload the following are the reasons for file closure: (1) Goals have been achieved (court matter completed/connected to services) (2) Calls for service involving the youth are no longer an issue (3) Transitioning to adult programming (4) Placement change (5) Lack of contact with Youth FASD Officer.

Tracking of legal issues faced by youth: Over the past year there have been numerous police investigations and criminal charges laid against clients involved in the youth justice program. Some of the charges laid by the police include the following: Arson to Property; Mischief; Assault; Assault with a weapon; Assault causing bodily harm; Assaulting a Peace Officer; Possession of a weapon dangerous; Fail to appear; Fail to comply with conditions; Resisting arrest; Uttering threats; Making child pornography; Distribute child pornography; Non-consensual distribution of intimate images; Possess explosive substance; Use imitation firearm in the commission of an offence; Extortion; Unlawfully in a dwelling; Robbery

- **Tracking of court outcomes and dispositions:**

Dispositions because of the criminal charges resulted in the following outcomes: Criminal charge withdrawn; Pre-charge extra-judicial measures direct referrals to the Youth Justice Committee; Pre- and post-charge extra-judicial sanctions referred to the Youth Justice Committee; Probation; Deferred custody/community supervision; Custody

These outcomes meet the goals and objectives of the program to assist youth diagnosed or suspected with FASD and to ensure they are properly referred and diverted away from custodial sentences and lower their involvement with the justice system. A number of matters were diverted to Diversionary Programs including the Youth Justice Committee, Mental Health Diversion or culturally appropriate diversionary options. It is difficult to accurately track exact numbers of clients diverted as often the court processes occur over 1-2 years from the time charged as well clients often do not complete the diversion and the charges end up back in court.

5.2 Youth are connected to appropriate services and supports.

Indicators:

- **Number and type of referrals made:**

The FASD Youth Justice Program is often a part of a greater team involving Children and Family Services, Probation, FSCD, School Divisions and the LFS FASD Clinic in which all partners complete and suggest referrals on behalf of clients and their families.

Cst. Andrade completed **34 referrals** for clients throughout the time period which are a combination of the following types of referrals: Referrals to the City of Lethbridge Building Safer Communities Program; Referrals of clients to the Lethbridge Youth Justice Committee; Referrals to the LFS FASD Clinic both for Assessment and

Diagnosis as well as follow-up services; Referrals to programs at McMan Family Services; Referrals to various other community organizations.

- **Number and type of contacts with other service providers on behalf of or with youth:**

Cst. Andrade has daily contact with any service or agency connected with clients. Given the high number of meetings, phone calls and conversations taking place, it is difficult to provide an accurate number of how many contacts have been made over the past year. Some related numbers that are tracked and would contribute to contacts on behalf of or with youth include the following:

- 113 times following up with clients/case management
- 197 meetings, separate from meetings listed above such as High Risk/Youth Crown Meetings, FASD Network meetings
- 166 times assisting community partners
- 56 times assisting clients with Youth Court
- 97 activities listed under "other activity"
- 90 times assisting other units

5.3 Youth are satisfied with the services received.

Indicators:

- Percentage of youth who feel good about their encounters with the FASD Youth Justice Officer:
 - 84% of youth reported feeling good about their encounter.
- Percentage of youth who believe that their encounter with the FASD Youth Justice Officer was helpful:
 - 98% of youth reported that they believed it was helpful to them.

Most significant positive impact highlight:

Throughout the April 2024- March, 2025, time period Cst. Andrade has been able to take part in and assist in several community events and youth related initiatives such as McHappy Day, United Way Pull the Bus Fundraiser, Lethbridge Police/Big Brothers Big Sisters Kids and Kops Summer Camp, Lethbridge Police Youth Academy, Ready Set Go and Off the Record kids sport league.

Cst. Andrade took part in a Collaborative Community Working Group through the University of Lethbridge to come up with a plan to address youth mental health issues across the Province of Alberta and come up with solutions. The group met for 3 sessions and the University will continue with their work and research to address the current systemic barriers.

Cst. Andrade worked with the Calgary Police Diversion Unit and Calgary Youth Justice Committee to provide training to all supervisors at the Lethbridge Police Service on Youth Diversion and its benefits for youth and the community.

Cst. Andrade is also a part of the Lethbridge Police Public Order Unit and attended the following events, which often lead to interactions with clients and community partners, such as Street Wheelers, Canada Day, Whoop Up Days, Several Protests in Lethbridge and assisting the City of Lethbridge Encampment Response Teams.

Most significant challenge:

The most significant challenges the FASD Justice Program is currently facing is an increased amount of youth going missing/AWOL from group homes in the city as well as an increased amount and severity in drug usage. The increased level of youth having lower levels of engagement with supports and increased drug usage adds a further layer of complexity when trying to lower their levels of involvement with police. Cst. Andrade is currently working with several different areas within LPS to address the number of missing youth and attempt to find solutions to the problem.

Activity Undertaken	Activity Target (Example: Number of Clients Served)	Progress to Activity Target (example: number of clients served to date)	Approximate FTE
Youth Justice Program	15	18	1FTE

Service Delivery Partners
 Child and Family Services, Corrections, Crown Prosecutors, Native Counselling Services, Recovery Alberta, Lethbridge School District #51, Holy Spirit School Division, Adult Justice Program, Lethbridge Family Services, McMan, Woods Homes, First Steps, City of Lethbridge Building Safer Communities Team, Boys and Girls Club, McMan Family Services, the Crown

	Budget Forecast	Actual Expenditure to Date
Year 1 – 2023-2024	\$152,472.77	\$154,859.10
Year 2 – 2024-2025	\$152,472.77	\$148,639.08
Year 3 – 2025-2026	\$152,472.77	

Carry-over of \$3,833 will support professional development and training.

Fill out for each Action Item that was submitted and report.

Pillar # 5 ACTION NAME: Organizational Learning	Action Item 9
<p>Key Activities</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 Regional Business Plan and Compliance with funding conditions • Maintain appropriate records and complete required reporting (i.e., Annual Report, Bi- Annual Report) • Ensure there is an understanding and compliance with the key direction setting documents as outlines in the FASD CMC Strategic and Operational Plan • Maintain compliance as defined in the FASD Service Network Program Operating Grant Policies • Develop a communication plan. • Continue to seek new partners and members for the Network. - Continue to make presentation in the Community. <ul style="list-style-type: none"> - Ensure contracted agencies receive appropriate FASD training. - Maintain and update Network Website - Ensure consultation occurs regarding complex case planning. - Enhance and support the concept of “Collective Wisdom” 	
<p>Description:</p> <p>The Network will provide the necessary support to agencies delivering services through contract management and ensuring program outcomes are being met through a prescribed evaluation process.</p> <p>The Network will ensure the program guiding principles are being followed and that the Network strategies for addressing goals are being achieved.</p> <p>The Leadership Team will implement the requirements defined in the South Alberta Network (Society) Terms of Reference and will abide by the activities outlines in the Policy and Procedures Manual.</p> <p>Evaluation of Network activities will be monitored using ORS and the Network Standardized surveys and stakeholder surveys.</p>	
<p>Outcomes Achieved to date:</p> <ul style="list-style-type: none"> • All the roles and responsibilities are clearly defined in the Operations and Procedure Manual as well as the Letter of Understanding with each contracted person. • The Co-coordinator met with contracted agencies twice during the year to do compliance reviews. Additionally, there are Leadership meetings with the agencies six times a year and a General Network meeting four times a year. These meetings facilitate conversation about activities and progress toward outcomes. All contracted agencies provide reports at these meetings including progress toward meeting contract outcomes. • Collective Wisdom meets one time per month. Attendance is mandatory for all agencies. Other agencies that are part of support services for clients are also welcome to join. Members discuss complex cases and collaboration among agencies to meet the needs of clients. Attendance is strong with 166 participants throughout the year. • Delivery of professional learning to all members of the General Network membership included the following: <ol style="list-style-type: none"> (1) Agency representatives’ presentation: Learnings from the FASD Conference (2) Safer Community Initiative (3) Ribbon Rouge Foundation presentation (4) The Wonder Nook presentation (5) Lethbridge Police Services The WATCH and PACT (police and crisis team) (6) Family Centre programming and Hub services (Lunch & Learn) (7) John Howard Society review of services (8) LPS Vulnerable Persons Registry (Lunch & Learn) (9) Opportunities offered through the CanFASD Network as well as Alberta FASD Network throughout the year have been forwarded to General Meeting contact list • The Learning Committee chaired by one of the Co-coordinators meets four times a year to plan for professional development. A new delivery platform (on-line Lunch & Learn) was launched this year. 2 sessions were delivered 	

with strong attendance.			
<ul style="list-style-type: none"> Overall, 212 individuals engaged in professional learning organized by the SA FASD Network this year. 			
Activity Undertaken	Activity Target (Example: Number of Clients Served)	Progress to Activity Target	Approximate FTE
Leadership and coordination of FASD Network	Reporting requirements met	Reporting requirements met	1 FTE

Service Delivery Partners

Network Leadership Team, contracted agencies, general network membership, Network contracted agency managers and staff, individuals and agencies who work with FASD clients. Community partners who are working with complex FASD clients (i.e. PDD, Children’s Services, FSCD, Alberta Health Services, Alberta Justice, Lethbridge City Police, RCMP, Indigenous partners)

	Budget Forecast	Actual Expenditure to Date
Year 1 – 2023-2024	\$69,376.37	\$61,562.40
Year 2 – 2024-2025	\$69,376.37	\$58,892.44
Year 3 – 2025-2026	\$69,376.37	

Carryover of \$10,484 will support speaker costs for professional learning (Dr. Dorothy Badry and Dr. Jacqueline Pei are 2 of the speakers), conference costs and campaigns.

Fill out for each Action Item that was submitted and report.

Pillar # 5		ACTION NAME: Organizational Learning		Action Item 10
Key Activities				
<ul style="list-style-type: none"> - Review and continually refine the Program Logic Models that have been developed for the Network. - Outcome measurement to be incorporated in day-to-day practice and revised annually. This information will be used to ensure outcomes are being met. - Ensure that contracted agencies are reviewing the recommendations from the yearly Network surveys, and implementing new strategies to enhance their work 				
Description:				
To support Network agencies in the evaluation process to ensure their identified program outcomes are being met on a yearly 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 These activities align with action items # 5.2; #5.3 in the CMC Strategic and Operational Plan				
Outcomes Achieved to date:				
<ul style="list-style-type: none"> - Co-coordinator met with agencies during the October and April Compliance meetings. Program Logic Models and surveys were updated with all agencies to ensure alignment between the Program Logic Models, surveys, and the Business Plan. - The Network Evaluator collects and collates survey data and provides the data to the agencies. 				
Activity Undertaken		Activity Target (Example: Number of Clients Served)	Progress to Activity Target (example: number of clients served to date)	Approximate FTE
Evaluate Network outcomes			All models and surveys updated; survey results provided to agencies.	Contract based on hours

Service Delivery Partners
Network Leadership Team, funded agencies and community stakeholders

	Budget Forecast	Actual Expenditure to Date
Year 1 – 2023-2024	\$12,000	\$13,139.02
Year 2 – 2024-2025	\$12,000	\$11,714.28
Year 3 – 2025-2026	\$12,000	

APPENDIX: Personal Stories of Program Impact

The following are anecdotes provided by contracted agencies within the South Alberta FASD Network. They are powerful stories that illustrate the significance difference programs that support individuals affected by FASD make in the lives of individuals. These are only a handful of countless stories of the courage, resilience and strength individuals can have when surrounded by a network of support. The stories also represent strong and effective collaboration among agencies within the Network and region.

1. Prevention Conversation Makes a Successful Link to Clinic

Lethbridge Housing Authority (LHA) hosts weekly meetings with community partners engaged in the goal of providing housing for the most vulnerable individuals in Lethbridge. This group is known as CART (Collaborative Access Round Table). As part of her duties, the Co-coordinator/Prevention Conversation Facilitator (PCF) attends these meetings to support contracted agencies providing services to individuals who may have or are diagnosed with FASD. On April 16th, the PCF was asked to provide a presentation on FASD, services provided through the Network, and the PC. In attendance, was Jeff, a member of “The Watch”, a volunteer group who assist Lethbridge City Police in walking through various areas of the city where folks may be in need of assistance. Following the presentation, Jeff spoke to the PCF about his 16-year-old grandson, Christopher. Jeff and his wife have permanent guardianship of Christopher, but sadly, his wife passed away two years ago. Jeff is now the sole guardian of Christopher and Jeff knows he was prenatally exposed to alcohol.

Following the meeting, Jeff asked the PCF about accessing the services of the FASD Assessment and Diagnostic Clinic for Christopher. Information was provided to Jeff and he contacted the Clinic the next day. Christopher is scheduled to be assessed on May 13th and 14th. At the next CART meeting, Jeff expressed his deep appreciation for timeliness of the response in accessing the Clinic services. Christopher’s school has been “wonderful” in providing support to him and will have staff in attendance at his Clinic Debrief Meeting on May 30th.

The South Alberta FASD Network is privileged to work in this collaborative, cooperative partnership with both community agencies and members of the general public.

2. Clinic Work Supports Family Success

The FASD Clinic has helped a caregiver get her son back in school with great supports and connections. This child has a history of intermittent school attendance. The clinic has been able to develop a system with the school and the Youth Justice Officer for when this occurs. A teacher from the school Wellness team has gone to the house with the Youth Justice Officer to speak to the child and help them improve their attendance. The clinic has been able to set up pediatrician appointments to address the child’s mental health and help make school more of a success. The caregiver is connected to FSCD and Family Centre as well. They are a regular at our caregiver group.

“The group has given me useful information about what is in my control and what isn’t. The group has given me a safe space to open up and not feel so alone and helped me in my decision making and what is best for my family. I really appreciate your support for my kids.”

3. First Steps – Never Giving Up Hope

This participant agreed to participate in the First Steps program while staying at Chinook Regional Hospital following the birth of her first baby. She expressed a need for support due to a history of substance use and her current experience of homelessness. From the initial meeting, she radiated motivation and a strong desire to make positive changes in her life, driven by the hope of being able to care for her child. She remained near CRH while her newborn was in the NICU and Children’s Services became involved. After

maintaining approximately one week of sobriety, the participant experienced a brief relapse and lost contact with the First Steps program. She was later located at the homeless shelter, where her current journey of recovery began. She is now approaching two years of continued sobriety. Some of her accomplishments include:

- Successfully completing detox and treatment programs
- Maintaining a strong bond with her child through consistent visits and self-advocacy for increased access during her recovery
- Navigating Children's Services system and meeting its expectations
- Securing stable housing with the support of available services
- Resolving outstanding legal matters
- Achieving the return of her child to her permanent care within 7 months
- Attending college on a full-time schedule
- Reconnection to her family and embracing her cultural roots

The participant was required to complete a Sonnet as one of her English assignments at Red Crow College. Participant provided consent to share:

"Breaking a cycle" by Kristie Knife

A young Native woman with the trauma
Her family sees her not breaking that addiction
Many nights filled with unhealed emotions, just like her momma
Wanting to feel supported, a hug, even affection
A young woman in survival mode, she wants to be seen
A world full of darkness, no light, just a feeling of an eerie blur
Finding only happiness in dopamine, lost in the eyes of herself, wanting to be free
Walking the road her parents once did, it's all on her
They love from a distance, shutting her out, goodbye
She woke up to a baby girl, She looked at her, all disarranged
Not wanting her daughter to grow up seeing always high
Growing up not knowing who her mama is, just like I. A stranger
The years will come and go, and you will find yourself again
Knowing the walk with sobriety is hard, to keep pushing, her life will change
Now her daughter's home, and that broken cycle will never happen again

4. Clinic Work and the Positive Impact of a Network of Support

The FASD Clinic has helped a caregiver with their schedule and making it to all necessary appointments. We send reminders to help be successful with accessing resources for their adolescent child. The clinic has referred the adolescent to McMan and is on the waitlist, has attended appointments to get insoles to help with their joint instability diagnosis, and we have connected them to an OT to help with hygiene and sensory sensitivities. The clinic has worked closely with the school to help with the adolescent's hygiene and developed a plan for them to be able to shower and have a clean set of clothes at school. The clinic is in constant communication with all agencies that the caregiver and the adolescent are involved with to assist with remembering dates and information given at meetings. We have assisted the caregiver to complete the registration form for Summer Camp. This family has asked for assistance in navigating the transition

from adolescence to adulthood.

“Everyone needs a Krystal to help remind them of things coming up and to help stay organized in life. My child has had better success because of her.”

5. Accessibility to Lifespan a Pathway to Strengthening Independence

A dedicated participant in the Lifespan Program since 2013, this individual recently faced a significant and unexpected challenge when she was coerced by an individual in another province to leave her home and relocate in hopes of building a relationship. Trusting this person, she gave notice on her housing and moved several provinces away.

Unfortunately, the situation quickly turned abusive. Recognizing the danger and instability she was in, she reached out to her Lifespan Program worker and asked for help to return home safely. Demonstrating courage and self-advocacy, she managed to temporarily stay with a friend on a nearby reserve while supports were put in place.

Together, the Lifespan Program, a housing support worker, and the participant herself collaborated to secure safe and stable housing. Thanks to this joint effort, she was rehoused without spending a single day homeless. Today, she is living independently in her own apartment, with access to food security and mental health resources. She continues to work on strengthening her independence and well-being.

This story is a powerful testament to her resilience, strength, and ability to seek support when she needed it most. Her journey reminds us of the importance of accessible programs and the incredible impact of community collaboration.

6. A New Beginning After a Life of Trauma

Adult Justice takes the Lead on Pulling in a Breadth of Support

The Justice Program attended the Taber Court of Justice. While there, a lawyer the program works with regularly asked if this writer (program coordinator) was able to help with a young lady who was likely impacted by FASD and was dealing with several court matters related to her FASD, and addiction issues, but had no assistance in the community.

This writer met with the young lady and quickly determined she was going to need help to navigate not just the justice system, but also some assistance to resolve some family and social challenges she was facing. Although in her early 30's her adjusted age placed her more at the level of a 7–8-year-old in capacity. Her FASD diagnosis had placed her on AISH benefits, but she had no assistance in helping her manage any aspect of her life. Complicating matters further, she was dealing with a dental issue, so severe, she was in jeopardy of becoming septic.

This writer worked with the courts for an alternative to a jail sentence. A period of probation was the outcome and the justice program connected with the probation officer working in that region.

Over the period of several months, it was learned this young woman was being exploited by her family financially and sexually. She was also being physically and emotionally abused.

Forced to live in a trailer with no power, water or heat. Dependent on her family to bring her food, she was kept isolated in a rural area with no means of transportation. Had it not been for her reporting conditions to probation and the justice program very few people would have known about the situation she was being forced to live in.

In collaboration with the local RCMP, the probation officer, and a very diligent outreach worker from the

local women's shelter, the outcome for this young lady took a positive turn.

Working as a team, we safely removed her from the environment she was living in, took steps to have her placed in a detox centre where her family could not reach her. A placement was finalized for her in a long-term recovery facility. Her PDD, AISH and probation orders were sent to the different region. Her dental health was addressed as soon as she was stabilized and although it took over 6 months to pull everything together, she has maintained a safe and healthy lifestyle surrounded by support.

It took 6 months to develop and implement the plan, but it has now been 6 months of reported successes for this very vulnerable person who just needed someone in her life to help turn things around.

6. PCAP Supports Positive Transitions

A participant in year three of the PCAP Program has been working towards more independence as her PCAP Graduation date draws closer. During her time with the PCAP Program the participant has sustained an effective form of birth control, choosing in year two to have a tubal ligation. She has dedicated herself to learning parenting skills to care for her son and is operating a successful cleaning business. Recently she was able to advocate for herself and her son and completed an FSCD application with minimal support from PCAP Mentor. She was able to do this thanks to the confidence and knowledge built through the PCAP Program. Currently they are waiting to see what funding approval will look like for the family.

7. Youth Justice

For several years the FASD Justice Program Officer has been involved in working with a youth diagnosed with FASD who has resided in multiple different placements through Child and Family Services. The youth had experienced a long history of trauma, family disorder and often ran away from school and his placements to go to high-risk areas in the city where he felt his family members may be located. This youth faced significant deficits and negative behaviors which often led to police involvement. Upon this youth being criminally charged, the FASD Justice Program Officer worked with the Youth Crown Prosecutor to divert the youth's criminal charges from the Justice System. The youth was able to attend the courthouse, with their staff, to meet with the Officer and Crown Prosecutor in an empty court room and have a conversation about what happened, why it was illegal and the possible future punishments the youth could face if they continued with those criminal behaviors. At the conclusion, the Crown Prosecutor withdrew the charges and the matters were concluded informally. The Officer continues to work with the youth and although he has engaged in some behaviours attracting justice attention, he has made progress and had many successes with ongoing support.

Another example of successful diversion:

Youth Justice continues to work with a youth with a prior history of lengthy custody sentences in relation to serious criminal offences. Since being released from custody, the youth obtained employment and stopped engaging in negative behaviors and went for an extended period of time without police involvement. After the youths group home was unexpectedly shut down, the youth had to transition to a new group home with different staff, rules and expectations leading to a disagreement with staff resulting in the youth damaging property out of frustration. In court, Cst. Andrade successfully advocated for the youth to receive community service hours, given the full picture of how they were doing and that another period of custody would likely be detrimental to their progress.