

SCHEDULE D REPORTING - SUMMARY INFORMATION

Summary Information

SUMMARY	
SUCCESES	<ul style="list-style-type: none"> •Strong, sustained interagency collaboration across all pillars, including Alberta Health Services, Blood Tribe Health, Recovery Alberta, City of Lethbridge, housing providers, schools, justice partners, and Indigenous organizations, resulting in more coordinated and client-centered service delivery. •Significant expansion of public awareness efforts, with both the September and Christmas campaigns achieving broad community reach through businesses, faith communities, media, and public events, increasing recognition and understanding of FASD across the region. •Prevention initiatives exceeded targets, with training sessions and community engagement surpassing expectations, and high self-reported increases in knowledge, confidence, and intent to apply learning among participants. •PCAP programming exceeded client targets and demonstrated strong outcomes in substance use reduction, housing stability, parenting capacity, and connection to services. •Continued commitment to culturally responsive and trauma-informed practice, including strong partnerships with Indigenous communities, elders, and recovery coaches, supporting inclusive and equitable service delivery. •Assessment and diagnosis services supported families through individualized recommendations and improved access to supports, strengthening system navigation and client understanding of FASD. •Lifespan and justice programs enhanced stability, advocacy, and diversion supports, improving outcomes for individuals involved in the justice system and reducing system barriers. •Ongoing professional learning and Collective Wisdom sessions strengthened cross-agency practice, supporting improved outcomes for complex clients. •Strong governance, compliance, and accountability processes ensured high-quality service delivery and continuous improvement across all funded agencies.
CHALLENGES	<ul style="list-style-type: none"> •Persistent systemic barriers including housing shortages, transportation limitations, physician shortages, and long wait times continue to impact client stability and access to services. •Increasing complexity of client needs, particularly related to addiction, mental health, and justice involvement, requires more intensive and longer-term supports, placing pressure on staff and system capacity. •Eligibility gaps, particularly for adults (e.g., PDD), result in individuals with complex needs falling between systems and requiring additional advocacy and coordination. •Client engagement challenges, including instability related to housing, substance use, and transportation, impact consistent participation in programs and follow-through on goals. •Participant deaths and vicarious trauma continue to significantly impact staff, particularly within PCAP programming, highlighting the need for ongoing support and wellness strategies. •Survey completion rates, particularly post-intervention, remain low, limiting the ability to fully capture long-term outcomes despite strong efforts by agencies. •Growing demand for services has resulted in capacity pressures and waitlists for assessment and diagnosis. •Increasing operational costs challenge the ability to maintain service levels and outcomes without additional funding.
OPPORTUNITIES	<ul style="list-style-type: none"> •Expand and deepen culturally grounded partnerships with Indigenous communities, elders, and recovery coaches to further enhance culturally responsive service delivery and community engagement. •Build on strong awareness campaigns by developing year-round public education strategies and expanding messaging across sectors, including healthcare, education, and justice. •Strengthen cross-agency collaboration and coordinated service delivery through continued use of Collective Wisdom and interagency forums, particularly for complex client cases. •Enhance professional learning opportunities to further build FASD-informed capacity across systems, including frontline workers, healthcare providers, and justice partners. •Develop targeted strategies to support individuals with complex needs who fall outside eligibility frameworks, particularly adults requiring ongoing support. •Expand justice-related supports and mentorship initiatives, including continued work with Lethbridge Correctional Centre and law enforcement partners. •Continue to participate in CART meetings that explore innovative approaches to housing and service integration through partnerships.

STRATEGIC PILLARS SUMMARY

SCHEDULE D REPORTING - PROJECT ACTIVITIES REPORT (PAR)

Project Activities Report

Pillar 1: Public Awareness and Understanding	ACTION 1: Public Awareness and Understanding
KEY ACTIVITIES: (1) Support dissemination of information to contract agencies through General Network meetings (2) Ongoing support to contracted agencies with information, education, training, and event support. (3) Collaboration: interagency meetings, medical community connections, Recovery Alberta - Addictions and Mental Health, surrounding Indigenous communities (4) Broadcasting and Outreach through community events and campaigns.	
QUALITATIVE REPORTING	
<p>Activities were actioned with the following qualitative outcomes:</p> <ol style="list-style-type: none"> Dissemination of information to contracted and partner agencies occurred through General Network meetings. Partner agencies include Alberta Health Services, Blood Tribe Health, City of Lethbridge, school divisions, John Howard Society, Lethbridge Family Services, Disability Services Lethbridge Housing, YWCA, Quest. Outcome: strong collaboration among agencies with research informed practices to support clients. Ongoing support has been provided to agencies through delivery of professional learning, compliance review meetings, and Collective Wisdom meetings. Outcome: sharing of best practice and agencies meeting outcomes with quality assurance. Co-coordinators attended a number of interagency meetings, have ongoing medical community connections through clinic, and have Recovery Alberta around the table as well as Indigenous representatives from Kainai. Outcome: inclusive, culturally sensitive and coordinated support of clients. Broadcasting and outreach are accomplished with ongoing updates to our website, social media posts for information and events, distribution of CanFASD research and information, re-posting of Prevention Conversation messaging, and community events. The most significant outcome is increased recognition and understanding of FASD across the community. The September campaign was especially impactful using the following strategies: <ul style="list-style-type: none"> Partnered with 80+ liquor retailers and local businesses to display campaign materials (coasters, decals, posters) across the region. Distributed AGLC promotional materials and collaborated with Blood Tribe Health and community agencies to expand outreach, including an in-office awareness display. Delivered community engagement through events, including keynote speaking, student fairs, and public festivals, reaching 600+ individuals. Increased public visibility through large-scale awareness efforts (City Hall and housing lighting, transit ads, billboards, and newspaper advertising). Engaged community and faith networks through briefings to 50+ church leaders and a national webinar presentation with CanFASD. Promoted prevention messaging through targeted initiatives, including distribution of 2,700 condoms with FASD messaging and support of a client art show showcasing lived experience Additionally, the Christmas Campaign occurred throughout mid-November 2025 to early January 2026 operationalizing the following: <ul style="list-style-type: none"> 5 City of Lethbridge buses displayed the Network's poster with messaging reflecting "Supporting a pregnant woman to be alcohol-free during the Christmas season." 2 digital media boards were utilized within Lethbridge and displayed consistent messaging. Eund raising allowed families and individuals supported through Network-funded agencies to receive gift cards for groceries. In partnership with Lethbridge Family Services Angel Tree Campaign, a total of 76 families received gifts for their children. An additional 20 families receiving services through the First Nations PCAP Program in the Pincher Creek area also were recipients of gifts for their children. Again, this was achievable through corporate and private donations to the Network. The Network Christmas poster was placed in the Leisure Guide (November and December publications). The Network Christmas poster was shown at the Movie Mill (November and December). Posts on several Facebook pages and social media sites reflected our messaging as well as posts from the provincial Prevention Conversation Mocktail Campaign 	
QUANTITATIVE REPORTING	
Interagency Meetings	
ACTIVITY TARGET (e.g., no. of clients served)	8 interagency meetings
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	64 meetings with 10 different groups: <ul style="list-style-type: none"> - 8 Kainai interagency meetings - 8 LISN meetings - 27 CART meetings - 4 General Network meetings - 7 Leadership Team meetings - 1 meeting with Dr. Gibb, Chair of Neuroscience Department, University of Lethbridge - 2 meetings, including Orientation, with staff from the Lethbridge Correctional Centre - 3 meetings representing the SA FASD Network on the CanFASD Committee organizing the September 2026 FASD Awareness Campaign - 3 meetings with representatives of "Makwa Dodem," an Indigenous led organization whose mission is to prevent human trafficking and sexual exploitation - 1 meeting coordinating with a City of Lethbridge Council member to establish support from the City for the September 2026 FASD Awareness Campaign
Community Events	
ACTIVITY TARGET (e.g., no. of clients served)	3 community events
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	4 events: <ul style="list-style-type: none"> -FASD Awareness Kaina Nation community event -FASD Client Art Show and Tea -Lethbridge Polytechnic Student Support Fair -City of Lethbridge Word on the Street community event -Teddy Bear Fair located on the Kainai Nation sponsored by Blood Tribe Health

SCHEDULE D REPORTING - PROJECT ACTIVITIES REPORT (PAR)

Project Activities Report

Pillar 2: Prevention Conversations and PCAP	ACTION 2: Prevention Level 2 - Prevention Conversation
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KEY ACTIVITIES:

1. Deliver respectful, culturally sensitive, and trauma-informed training to community partners, professionals, post-secondary students, and school staff to support provincial prevention messaging with an emphasis on Level 2 messaging.
2. Engage Indigenous communities (Piikani and Kainai) and other regional partners to strengthen culturally appropriate prevention efforts.
3. Share information on local resources and supports to help women have safe and alcohol-free pregnancies.
4. Collaborate with healthcare providers, including the Chinook Primary Care Network, to promote safe discussions about alcohol use and pregnancy.
5. Review evaluations and expand partnerships to sustain and improve program delivery.
6. Provide FASD-related education for youth through the "Let's Get Real...About Sex and Drinking" program in school districts (grades 6 to 12).

QUALITATIVE REPORTING

1. Activity Summary:

- Chaired the September FASD Awareness and Prevention Campaign Committee
- Training for the role of supporting the FASD Transitional Mentor in the provision of In-Reach Staff Training and Talking Circles at Lethbridge Correctional Centre (LCC) – 3 days in Red Deer as well as Orientation at LCC
- Attending interagency meetings, Indigenous Sharing Meetings and collaborative partnership meetings
- Facilitating formal and informal presentations, as well as workshops, to community groups and newly acquired interested parties:
- The Collaborative Access Round Table (CART) – Lethbridge Housing Authority (LHA) – attend weekly meetings of agencies/Ministries who collectively gather to house the city's most vulnerable residents. These meetings are attended by a broad spectrum of professionals – E.g. Recovery Alberta Addictions and Mental Health, CMHA, Blood Tribe Health (BTH), City of Lethbridge, housing providers, etc. LHA values input from the Network as individuals referred may be affected by FASD. I facilitated one presentation and was asked to return the following week and continue with providing more in-depth information.
- McMan Youth, Family and Community Services – to newly hired staff across an array of programs.
- Kainai Women's Shelter staff – situated on the Kainai Nation
- The Indigenous Recovery Coaches – a peer-to-peer community based culturally informed group of coaches who support individuals involved in the world of addiction
- Recovery Alberta Mental Health and Addictions Outreach staff
- Keynote speaker for BTH's FASD Awareness Day on September 9th
- Participating in the CanFASD Webinar showcasing the Network's September Campaign

2. Changes/ Improvements for Clients:

Strengthening relationships with agency staff from the Kainai Nation has continued and as an outcome, I have furthered my reach with this population (session with the Kainai Women's Wellness Shelter with a repeat scheduled for fall). Being asked to present twice at CART was an achievement with the outcome of a breadth of individuals from different agencies developing a deeper understanding of FASD and how to work effectively with individuals affected by FASD. Having the opportunity to meet with Dr. Robbin Gibb, Chair, Neuroscience Department, University of Lethbridge, increased my understanding of recent research involving alcohol consumption and male genetics with the positive outcome of scheduling her to share her findings at the Network's AGM in June 2026. This will contribute to many front-line workers having insight into recent research.

3. Opportunities continued to blossom:

- LHA lit their newly completed 32-unit affordable housing complex in red on September 9th.
- Time spent with the Indigenous Recovery Coaches was an invaluable learning experience.
- Being a member of the CanFASD Committee organizing the National September Campaign allowed me to see what other provinces and Territories were accomplishing.

4. Cultural and Equity Lens:

I read and "take-to-heart" all comments and ratings on post-presentation and workshop surveys. If there is any reference to non- inclusive use of language, I immediately seek direction from the PC Project Coordinator and CanFASD. E.g. Implementing the term "individual" of child-bearing age, rather than "woman" of child-bearing age in presentations. I am affirmed by results indicating "100% of participants agree that the presenter created a welcoming and safe place for everyone."

QUANTITATIVE REPORTING

Community Engagement, Formal Presentations and Professional Development

ACTIVITY TARGET (e.g., no. of clients served)

1. Number of Training Sessions: 22
2. Number of Trainees: 500
3. Percentage of Trainees who completed surveys: 75%
4. Number of sessions that include the Foundation of FASD curriculum: 100%
5. Number of sessions that include the "Let's Talk" curriculum: 100%
6. Number of community development initiatives: 20
7. Number of one-on-one conversations at community development initiatives: 250

ACTIVITY OUTCOMES (e.g., no. of clients served to date)

1. Number of Training Sessions: **29**
2. Number of Trainees: **691**
3. Percentage of completed surveys: **45%**
4. Percentage of sessions that include the Foundation of FASD curriculum: **100%**
5. Percentage of sessions that include the "Let's Talk" curriculum: **100%**
6. Number of community development initiatives: **19**
7. Number of one-on-one conversations at community development initiatives: **339**

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

ACTIVITY TARGET (e.g., no. of clients served)

1. Number of professionals trained at sessions: 200
2. Number of post-secondary students trained at sessions: 150
3. Percentage of survey respondents post-workshop self-rating their knowledge, skills, and confidence to discuss alcohol use with adults and intervene if necessary as extensive or excellent: 80%

ACTIVITY OUTCOMES (e.g., no. of clients served to date)

1. Number of professionals trained at sessions: **260**
2. Number of post-secondary students trained at sessions: **121**
3. Self-rating knowledge, skills, and confidence to discuss alcohol use with adults and intervene if necessary as extensive or excellent: **95%**

SCHEDULE D REPORTING - PROJECT ACTIVITIES REPORT (PAR)

Project Activities Report

Pillar 2: Prevention Conversations and PCAP	ACTION 3: Recovery Alberta - Parent Child Assistance Program
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KEY ACTIVITIES:

1. Provide culturally sensitive support for individuals with substance use challenges pre- and post-pregnancy to improve their wellbeing.
2. Deliver intensive home visitation support (up to 3 years) to promote alcohol-free pregnancies and reduce FASD risk.
3. Assist individuals in building parenting capacity and supporting child development to improve children of PCAP clients experience and wellbeing.
4. Connect participants with community resources for recovery, family planning, and social determinants of health.

QUALITATIVE REPORTING

Activities

Program activities continued across client homes, community spaces, and through outreach across Lethbridge and surrounding areas, with a continued focus on flexible, low-barrier engagement. The program served pregnant and parenting individuals impacted by substance use, while maintaining inclusion of those at risk of pregnancy to strengthen prevention efforts. During this period, referrals remained steady, with a continued focus on improving connection rates through assertive outreach and collaboration with partners. 24 referrals were received during this period with 10 individuals entering the program resulting in 25 new individuals into the program this year. 17 referrals declined services, relocated out of the area, or were otherwise unable to connect. 4 referrals received supported connection to alternate services including 2 to partner PCAP programs in other areas. 8 referrals continue to receive active outreach to initiate services.

The Embrace/NASCENT pilot is now fully implemented and operational, and has evolved into a sustainable referral pathway, with reciprocal connections between PCAP, Embrace, and NASCENT to support appropriate service matching and system coordination.

Program visibility and engagement will continue through targeted, smaller-scale information sharing with frontline teams; prioritizing relationship-building over large overarching presentations. Planning continued for accessible, informal group opportunities to enhance engagement.

What Changed and Improved for Clients

Quantitative outcomes reflect that participants have demonstrated growth in harm reduction, family planning, parenting capacity, and basic life skills. Several participants completed treatment programs during this period. The Henderson Pathway Program provided transitional housing for several participants which resulted in sustained connections to collaborative services, sustained sobriety, and securing permanent housing.

This year, eight participants achieved graduation, successfully completing three years of PCAP programming and demonstrating sustained commitment to their goals. An additional ten participants are progressing well and are on track to reach this milestone by mid year next fiscal year.

Challenges and Opportunities

Persistent challenges included housing instability, transportation barriers, mental health concerns, and the impacts of ongoing substance use, all of which continue to affect consistent engagement. These challenges reinforce the need for continued flexibility in service delivery and realistic, client-centered goal setting that aligns with client readiness. Ongoing system navigation challenges highlight the importance of continued advocacy and partnership development to reduce fragmentation and improve client access to coordinated support networks.

This period also included overlapping medical leaves within the team, which created short-term capacity pressures. However, this presented a unique opportunity to onboard new staff—something that has not occurred in many years. Temporary team members brought diverse experience and perspectives, contributing to knowledge sharing and reflection on practice. This created space to review onboarding processes, strengthen orientation approaches, and evaluate existing workflows. The experience supported team learning, introduced fresh perspectives, and highlighted opportunities to enhance sustainability and responsiveness moving forward.

Cultural and Equity Lens

Program delivery reflects the aligned mission and values of Recovery Alberta, the PCAP model, and the SAFAN network, supporting equitable, person-centered, and barrier-reducing approaches.

Collaboration with McMan and Blood Tribe Department of Health (BTDH) PCAP programs supported continuity of care for individuals transitioning between urban and on-reserve settings. Participation in community events such as the Teddy Bear Fair has strengthened relationships and supported child wellness and family connection.

QUANTITATIVE REPORTING

Number of Clients

ACTIVITY TARGET (e.g., no. of clients served)

Number of clients served: 60

ACTIVITY OUTCOMES (e.g., no. of clients served to date)

Number of clients served to date: **66**
6 active outreach occurring to secure intake and initiation of services

Improvement in well-being and abstinence

ACTIVITY TARGET (e.g., no. of clients served)

Improvement in well-being and abstinence to promote alcohol free pregnancies and reduce FASD risk:

1. Percentage of clients abstinent from alcohol: 60%
2. Percentage of clients abstinent from cannabis: 51%
3. Percentage of clients abstinent from illicit drugs: 58%
4. Percentage of clients abstinent from alcohol, cannabis and illicit drugs: 52%
5. Percentage of clients who develop at least one supportive social connection.
6. Percentage of clients living in stable housing: 84%
7. Percentage of clients accessing two or more community services: 88%
8. Percentage of clients accessing medical care as needed: 92%
9. Percentage of clients accessing addiction services, group or individual counselling: 75%

ACTIVITY OUTCOMES (e.g., no. of clients served to date)

Outcome Percentages: **Penelope Data NOT year-end (not available) - from semiannual Penelope report**

1. Abstinent from alcohol: **74%**
2. Abstinent from cannabis: **66%**
3. Abstinent from illicit drugs: **66%**
4. Abstinent from alcohol, cannabis and illicit drugs: **73%**
5. At least one supportive social connection: **78%**
6. Living in stable housing: **64%**
7. Accessing two or more community services: **82%**
8. Accessing medical care: **97%**
9. Accessing addiction services and/or counselling: **59%**

SCHEDULE D REPORTING - PROJECT ACTIVITIES REPORT (PAR)

Project Activities Report

INSTRUCTIONS

In completing Schedule D Project Activities Report, duplicate the current sheet as many times as needed per activity.

Pillar 2: Prevention Conversations and PCAP

ACTION 4: First Nations Parent Child Assistance Program (PCAP)

KEY ACTIVITIES:

1. Provide culturally sensitive support for individuals with substance use challenges pre- and post-pregnancy to improve their wellbeing.
2. Deliver intensive home visitation support (up to 3 years) to promote alcohol-free pregnancies and reduce FASD risk.
3. Assist individuals in building parenting capacity and supporting child development to improve children of PCAP clients experience and wellbeing.
4. Connect participants with community resources for recovery, family planning, and social determinants of health.

QUALITATIVE REPORTING

Activity Summary

During this reporting period, the Parent Child Assistance Program (formerly First Nations PCAP) expanded its reach to serve individuals of all ethnicities, made possible through the addition of a 0.8 FTE position.

PCAP provides a level of support that is rare among agencies—offering stigma-free, inclusive assistance to individuals facing substance use challenges before, during, and after pregnancy. Services are delivered flexibly, including rural and difficult-to-access areas, bridging critical gaps for those who might otherwise have no access to resources due to location or lack of transportation.

What Changed and Improved for Clients

While abstinence remains the goal for pregnant participants, PCAP's approach is grounded in empathy and trauma-informed care. By fostering trust, staff have helped participants with increased admissions to detox and treatment programs, higher compliance with prenatal care and overall healthier pregnancies. We have seen increased success in connecting participants to community supports and medical care, leading to well-rounded supports for the participants.

Cultural and Equity Lens

Education has been a central focus for both participants and staff. Balancing cultural knowledge with evidence-based practices has been essential in supporting participant success. Staff regularly collaborate with Indigenous elders and knowledge keepers to strengthen cultural identity, which is vital for many participants. Ongoing training in FASD, trauma informed care, and additions ensures that staff remain current and equipped to provide the best support possible. These efforts have contributed to outcomes such as cultural reconnection, improved mental and physical health, and greater participant confidence in making informed decisions about pregnancy and parenting.

Challenges

Despite these successes, PCAP continues to face challenges. The program has experienced many participant deaths, and vicarious trauma is an ongoing concern. The program has responded to these challenges with increased training to help mitigate its effects. Collaboration with partner agencies has generally been positive, though differing levels of training and awareness about the unique challenges faced by marginalized populations continue to present barriers.

QUANTITATIVE REPORTING

Number of Clients

ACTIVITY TARGET (e.g., no. of clients served)

Number of clients served: 20-30 depending on complexity of clients

ACTIVITY OUTCOMES (e.g., no. of clients served to date)

Number of clients: 22

Improvement in well-being and abstinence

ACTIVITY TARGET (e.g., no. of clients served)

1. Number of clients who accomplished their goals: 80%
2. Percentage of clients abstinent from alcohol: 50%
3. Percentage of clients abstinent from cannabis: 50%
4. Percentage of clients abstinent from illicit drugs: 50%
5. Percentage of clients abstinent from alcohol, cannabis and illicit drugs: 50%
6. Percentage of clients who developed at least one supportive social connection: 80%
8. Percentage of clients living in stable housing: 50%
8. Percentage of clients accessing two or more community services: 75%
9. Percentage of clients accessing medical care as needed: 80%
10. Percentage of clients accessing addiction services, group or individual counselling: 50%

ACTIVITY OUTCOMES (e.g., no. of clients served to date)

Outcome Percentages:

1. Improved score on goals: **73%**
2. Abstinent from alcohol: **40%**
3. Abstinent from cannabis: **50%**
4. Abstinent from illicit drugs: **50%**
5. Abstinent from alcohol, cannabis and illicit drugs: **38%**
6. At least one supportive social connection: **67%**
7. Living in stable housing: **40%**
8. Accessing two or more community services: **77%**
9. Accessing medical care: **69%**
10. Accessing addiction services and/or counselling: **53%**

SCHEDULE D REPORTING - PROJECT ACTIVITIES REPORT (PAR)

Project Activities Report

Pillar 3: Assessment and Diagnosis	ACTION 5: Assessment and Diagnosis (Youth -Pediatric)
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KEY ACTIVITIES:

1. Operate a multidisciplinary FASD Assessment & Diagnostic Clinic that targets youth (pediatrics) in alignment with Canadian Guidelines.
2. Engage in community development / education to increase awareness.
3. Receive and triage referrals based on severity, confirmed prenatal alcohol exposure (PAE), and client readiness for assessment.
4. Provide diagnostic assessments with caregiver involvement, and offer short-term follow-up support (1–12 months) to caregivers in implementing recommendations.
5. Maintain data entry and reporting requirements, including FASD-ORS (quarterly) and the CanFASD National Database (ongoing after each clinic).
6. Conduct caregiver post-clinic surveys to monitor outcomes and satisfaction.
7. Participate in Communities of Practice to ensure consistency, best practice, and strong partnerships in assessment and diagnosis.

QUALITATIVE REPORTING

1. Activity Summary:

Our FASD Services provided a Caregiver Support group quarterly with both morning and evening sessions. Community presenters for our Caregiver Group were the FASD Wrap Coach regarding available FASD supports and Family Centre regarding caregiver connections through their programs. We presented to LFS' DaCapo department's disability support services staff to explain FASD and share strategies on how to work with individuals diagnosed with FASD. Our staff are members of our Network's Communication and Advertising Committee and were involved in community activities throughout the year, especially during September and December.

2. What Changed and Improved for Clients:

Our clinic recommendations template is individualized to each person. Some of the more common recommendations are: education, access to cultural opportunities, counselling in a variety of formats, accessing financial support for self-esteem and personal growth groups or camps and respite for caregivers, creative arts, athletics or leadership opportunities. The individual's Support Plan contains more specific goals, and this is discussed with the caregiver/individual three months post clinic. We continue to advocate at schools for their students to be assessed and share the benefits of assessment and diagnosis. This has increased positive relationships with the schools and increases referrals. Respondents state our services assist them with: their child's education, connecting with health care providers, connecting with Children's Services, accessing community resources, caregiver support, FASD best practices, and behaviour supports for caregivers.

3. Challenges or Opportunities:

Cuts to education and Jordan's Principle have decreased opportunities for our young population and has put more pressure on caregivers to deal with the issues some experience in the school environment. Some schools are not interested in attending clinics and are not receptive to feedback. Wait times for government assisted programming is difficult for some families. The lack of funding for specialized education and supports is difficult for our families as well as the lack of community programming for youth. A new challenge we have experienced is students graduating when they are 17 and adult services do not start until they turn 18. This is a challenge as these adolescents are tasked with filling their time and often, there are not great decisions made.

4. Cultural and Equity Lens:

We keep our professional development up to date regarding FASD best practices as well as attend mandatory training on inclusive and trauma informed practices. We follow CanFASD clinic guidelines and always invite cultural representatives to clinic. We include a cultural component in clinic recommendations (if applicable).

QUANTITATIVE REPORTING

FORMAL FASD ASSESSMENT COMPLETION

ACTIVITY TARGET (e.g., no. of clients served)	28
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	26
APPROXIMATE FTE	1.6 fte (1.5 staff and 0.1 supervisor)

COMMUNITY DEVELOPMENT AND EDUCATION PARTICIPANT RESPONSE

ACTIVITY TARGET (e.g., no. of clients served)	<ol style="list-style-type: none"> 1. Number of training/ education sessions:5 2. Percentage of participants who felt the event and topics were relevant to their work and/or life: 85% 3. Percentage of participants who report increased knowledge and understanding of the topics discussed: 80% 4. Percentage of participants who report they are likely to incorporate what they have learned into their job/ life: 85%
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ACTIVITY OUTCOMES (e.g., no. of clients served to date)

1. Number of training/ education sessions: **3**
2. Percentage of participants who felt the event and topics were relevant to their work and/or life: **100%**
3. Percentage of participants who report increased knowledge and understanding of the topics discussed: **93%**
4. Percentage of participants who report they are likely to incorporate what they have learned into their job/ life: **100%**

SCHEDULE D REPORTING - PROJECT ACTIVITIES REPORT (PAR)

Project Activities Report

Pillar 2: Prevention Conversations and PCAP	ACTION 5.1: Assessment and Diagnosis (Adult)
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KEY ACTIVITIES:

1. Operate a multidisciplinary FASD Assessment & Diagnostic Clinic that targets adults in alignment with Canadian Guidelines.
2. Receive and triage referrals based on severity, confirmed prenatal alcohol exposure (PAE), and client readiness for assessment.
3. Provide diagnostic assessments with client involvement, and offer short-term follow-up support (1–12 months) to clients in implementing recommendations.
4. Maintain data entry and reporting requirements, including FASD-ORS (quarterly) and the CanFASD National Database (ongoing after each clinic).
5. Conduct client post-clinic surveys to monitor outcomes and satisfaction.
6. Participate in Communities of Practice to ensure consistency, best practice, and strong partnerships in assessment and diagnosis.

QUALITATIVE REPORTING (500 WORDS MAX)

1. Activity Summary:

Our FASD Services provided a Caregiver Support group quarterly with both morning and evening sessions. Community presenters for our Caregiver Group were the FASD Wrap Coach regarding available FASD supports and Family Centre regarding caregiver connections through their programs.

We presented to LFS' DaCapo department's disability support services staff to explain FASD and share strategies on how to work with individuals diagnosed with FASD.

Our staff are members of our Network's Communication and Advertising Committee and were involved in community activities throughout the year, especially during September and December.

2. What Changed and Improved for Clients:

Clinic recommendations are individually based depending on strengths and weaknesses and may include: assistance with finances, connecting to community supports, accessing medical professionals, referral to housing supports, strength-based opportunities, mental health referrals, family resources, and justice supports if required. Individuals commented they appreciated the assistance to access mental health providers, understanding FASD better, accessing basic needs, and requested continued support. The individual's Support Plan contains more specific goals and this is discussed with the individual three months post clinic. Individuals often request assistance with self-care and connecting with more community supports.

3. Challenges or Opportunities:

One of our ongoing challenges is assisting individuals that qualify for PDD but are deemed not eligible. This leaves a large gap in service. Individuals are presenting with more complex needs which may preclude them from accessing some community services. Some community agencies have adopted the policy of not being able to transport our individuals which creates more barriers to service. Wait times for services has been a major challenge to assist our clientele to manage.

4. Cultural and Equity Lens:

We keep our professional development up to date regarding FASD best practices as well as attend mandatory training on inclusive and trauma informed practices. We follow CanFASD clinic guidelines and always invite cultural representatives to clinic. We include a cultural component in clinic recommendations (if applicable).

QUANTITATIVE REPORTING

FORMAL FASD ASSESSMENT COMPLETION

ACTIVITY TARGET (e.g., no. of clients served)	10
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	9
INTAKE AND PRE-CLINIC PROCESSES SUPPORT INDIVIDUALS IN THE ASSESSMENT PROCESS	
ACTIVITY TARGET (e.g., no. of clients served)	1. Percentage of clients who report it was easy for them to understand the assessment process: 85%
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	1. Percentage of clients who report it was easy for them to understand the assessment process: 80%

SCHEDULE D REPORTING - PROJECT ACTIVITIES REPORT (PAR)

Project Activities Report

Pillar 4: Supports for Individuals with FASD; their Families; and Caregivers	ACTION 6: SUPPORT FOR INDIVIDUALS (LIFESPAN) AND CAREGIVER PROGRAM
<p>KEY ACTIVITIES: Lifespan Support Program</p> <ol style="list-style-type: none"> 1. Provide individualized plans and mentorship to build life skills, independence, and family supports. 2. Connect individuals and families with resources, natural supports, and advocacy in areas such as health, housing, employment, and legal matters. 3. Offer education on FASD and strategies to address personal and family goals. <p>Caregiver Support Program</p> <ol style="list-style-type: none"> 1. Develop individualized family plans and provide mentorship to strengthen caregiving capacity. 2. Offer education, strategies, and interventions on FASD to promote effective, enduring care. 3. Connect caregivers and family members with FASD to resources, advocacy, and natural supports. 	
QUALITATIVE REPORTING	
<p>Activity Summary & What Changed and Improved for Clients The FASD Lifespan Program is grounded in a disability-informed lens, ensuring that individualized planning and mentorship occur in settings that best support participants' comfort and needs. Meetings were held in participants' homes, community spaces (library, Tim Horton's, etc), or in our office. In some cases, meetings took place at partner agencies (e.g., LFS, LCC) to strengthen collaboration and enhance feelings of support. The Lifespan team intentionally used location as a tool to foster trust and connections. Rather than simply providing information about available resources, staff accompanied participants to services and supports, helping them feel safer and more confident in accessing them. This approach promoted independence, built advocacy skills, and supported participants in developing lasting connections to community resources. FASD-specific strategies were consistently integrated into these interactions, reinforcing participants' skills and ability to navigate daily life while helping them better understand their diagnosis. The Lifespan Program used the Outcome Star Assessment Tool to ensure goals and service plan are participant-driven, giving participants the power to make informed choices about their lives for themselves. A core component of the program is referrals and collaborative work with community partners. McMan has established an extensive network of partnerships to ensure participant success. Outcomes of this approach include:</p> <ul style="list-style-type: none"> • Increased participant confidence and independence in navigating daily life. • Reduced barriers to essential services. • Strengthened and sustainable support networks. • Improved access to critical areas such as housing, health, and employment. • Enhanced education and guidance around FASD, leading to greater stability and quality of life. <p>The FASD Lifespan Program recognizes the critical role caregivers play in supporting the health and success of individuals living with FASD. Through individualized planning, the Lifespan Program strengthens caregiving capacity by providing education, practical strategies, and resources that foster effective and collaborative relationships. Recognizing that isolation is a significant concern for many caregivers, the program actively promotes connections with natural support networks. As a result, caregivers reported outcomes of reduced stress, enhanced ability to address unique caregiver challenges, and greater overall resilience.</p> <p>Challenges Participants and staff encountered ongoing challenges throughout the reporting period. Recent changes to PDD eligibility increased barriers to support and extended waitlists. Affordable housing remains a persistent issue; however, the FASD Lifespan Program continues to actively participate in Coordinated Access Round Table meetings and seek creative solutions to secure housing for participants. Additionally, the shortage of family physicians in Lethbridge presents significant difficulties, as applications for programs such as AISH and the Disability Tax Credit require physician involvement. Information sent out regarding the AISH/ADAP transition was inconsistent and unclear, resulting in many participants experiencing confusion and panic concerning the uncertainty of their income, and consequently their housing.</p> <p>Cultural and Equity Lens Our team continually reviews equity practices to maintain low-barrier access for participants. Accessibility plans have been updated across programs to reflect this commitment. Staff also complete annual cultural diversity training and engage in both internal and external professional development opportunities—including local and online workshops, events, and meetings—to remain aligned with current best practices in supporting marginalized communities.</p>	
QUANTITATIVE REPORTING	
NUMBER OF CLIENTS	
ACTIVITY TARGET (e.g., no. of clients served)	<ol style="list-style-type: none"> 1. Lifespan Program: 65 2. Caregiver Program: 5
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	<ol style="list-style-type: none"> 1. Lifespan Program: 65 2. Caregiver Program: 15
LIFESPAN PARTICIPANT SUPPORT AND GROWTH	
ACTIVITY TARGET (e.g., no. of clients served)	<ol style="list-style-type: none"> 1. Percentage of participants who felt more connected to natural supports: 75% 2. Percentage of participants who reported growth in knowledge about FASD: 85% 3. Percentage of participants who had at least 10% increase in meeting goals in 3 out of 10 Star Elements: 75%
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	<ol style="list-style-type: none"> 1. Percentage of participants who felt more connected to natural supports: 85% 2. Percentage of participants who reported growth in knowledge about FASD: 44% 3. Percentage of participants who had at least 10% increase in meeting goals in 3 out of 10 Star Elements: 73%

LIFESPAN PARTICIPANT CONNECTION TO SERVICES

ACTIVITY TARGET (e.g., no. of clients served)

1. Number of referrals for participant connection to services: 100 per quarter

ACTIVITY OUTCOMES (e.g., no. of clients served to date)

Data below is from Q2, 3 and 4 - was not tracked for Q1

- 1.1 Physical health: 30
- 1.2 Mental health: 50
- 1.3 Addictions: 31
- 1.4 Meaningful daily activity (including life skills): 48
- 1.5 Employment and education: 4
- 1.6 Income: 90
- 1.7 Legal: 2
- 1.8. Natural supports: 1
- 1.9. Basic needs 62
- TOTAL: 318

SCHEDULE D REPORTING - PROJECT ACTIVITIES REPORT (PAR)

Project Activities Report

Pillar 4: Supports for Individuals with FASD; their Families; and Caregivers	ACTION 7: ADULT JUSTICE PROGRAM AND FUNDS ADMINISTRATION
KEY ACTIVITIES: 1. To provide direct and indirect court/justice support to persons diagnosed or suspected of being impacted by FASD who are dealing with legal issues. 2. To provide direct and indirect support to individuals suspected or diagnosed with FASD to manage and budget their money (Funds Administration).	
QUALITATIVE REPORTING	
<p>Activity Summary</p> <p>The FASD Justice Program has made significant progress over the past year, demonstrating a strong commitment to service excellence, community engagement, and ongoing evaluation. Through consistent reporting, innovative training, and active participation in the justice system, the program continues to provide essential support to individuals affected by Fetal Alcohol Spectrum Disorder (FASD).</p> <p>The program has fulfilled all reporting obligations, including the completion and submission of ORS (Online Reporting System), quarterly reports, and the year-end report. All relevant documentation has been submitted, and the program remains in good standing with the FASD Network.</p> <p>Program evaluation is integrated throughout operations. Surveys are distributed to clients and training session participants, with data used to refine services. A QR code embedded into presentations has improved survey response rates. FA surveys are completed online, providing accessible and real-time feedback. Additionally, the Adult Justice Program now uses a satisfaction tracking sheet, aligning it with the Youth Justice Program and allowing consistent evaluation across services.</p> <p>The FASD Justice Program has maintained a strong presence in community and professional circles, sitting on three active committees, including planning for a second FASD Art Show which showcases lived experiences through the creative expression of some of the individuals we serve. The Program Coordinator also continues to be a guest speaker at events and training sessions when requested, continuing to increase awareness and promoting best practices in FASD-informed justice work.</p> <p>In terms of training and education, the program continues to deliver ongoing FASD training to new recruits of the Lethbridge Police Service, Community Policing Officers, and members of the WATCH Program. These sessions provide critical knowledge on FASD and how it intersects with policing, improving front-line responses and fostering empathy-driven law enforcement.</p> <p>What Changed and Improved for Clients</p> <p>A key indicator of the program's impact is its involvement in 155 criminal charges across 43 vulnerable individuals, providing support, advocacy, and system navigation within the justice system. This approach has strengthened collaboration with legal stakeholders and ensured individuals with FASD receive informed, compassionate support.</p> <p>Challenges and Opportunities</p> <p>A key opportunity has been the successful establishment and ongoing monitoring of the Transitional Mentorship In-reach Program at the Lethbridge Correctional Centre. This initiative offers continuity of care and mentorship for justice-involved individuals with FASD, supporting smoother transitions from custody to community. The program has been well received and already showing a positive impact in the community and with the individuals the program supports.</p> <p>These activities and achievements reflect a dynamic, responsive, and well-integrated program. Through its work in client advocacy, system navigation, training, and community collaboration, the FASD Justice Program continues to make meaningful impacts both within the justice system and the broader community.</p> <p>Pair this all with a very efficient funds administration program that is currently running at capacity and has an extensive waitlist as community members and vulnerable individuals recognise the value of the program. We are all very proud of the work being done at the justice program.</p> <p>By maintaining rigorous reporting, enhancing evaluation practices, participating in community initiatives, and delivering targeted training, the program remains a vital resource in supporting individuals with FASD and improving justice outcomes.</p>	
QUANTITATIVE REPORTING	
NUMBER OF CLIENTS	
<p>This report summarizes quantitative outcomes for the Adult Justice Program and Funds Administration services. During the reporting period, the program met or exceeded most service targets, demonstrating strong demand and effective service delivery. A total of 26 clients were supported through active case management, alongside 17 consultations. Funds Administration served 22 clients, exceeding capacity and reflecting growing community need.</p> <p>The program supported 155 criminal charges across 43 individuals, providing advocacy and system navigation. Community engagement efforts included ? training sessions, with ? of participants reporting increased confidence in applying FASD-informed practices.</p> <p>Client satisfaction outcomes were strong, particularly within Funds Administration, where ? of clients reported feeling respected, valued, and safe. Overall, the program demonstrates strong system integration, effective partnerships, and measurable positive outcomes for individuals impacted by FASD.</p>	
ACTIVITY TARGET (e.g., no. of clients served)	1. Adult Justice: 25 case load 2. Adult Justice: 12-36 case consultation (4 or less interactions) 3. Funds Administration: 20
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	1. Adult Justice case load: 26 2. Adult Justice consultation: 17 3. Funds Administration: 22
COMMUNITY ENGAGEMENT AND PARTNERSHIPS	
ACTIVITY TARGET (e.g., no. of clients served)	1. Community learning engagements: 4 to 10 2. Number of participants who reported an increase in knowledge and understanding of FASD: 65% 3. Number of participants who reported feeling confident applying what they learned.: 65%
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	1. Community learning engagements: 7 2. Number of participants who reported an increase in knowledge and understanding of FASD: 85% 3. Number of participants who reported feeling confident applying what they learned.: 98%

SCHEDULE D REPORTING - PROJECT ACTIVITIES REPORT (PAR)

Project Activities Report

Pillar 4: Supports for Individuals with FASD; their Families; and Caregivers	ACTION 8: Youth Justice Program
<p>KEY ACTIVITIES:</p> <ol style="list-style-type: none"> 1. Influence change in how the justice system understands and responds to youth affected by FASD through mentorship and education (including an increase in the ability of police officers, crown prosecutors and other service providers to recognize FASD). 2. Facilitate access to coordinated supports and services that meet the needs of persons with FASD. 3. Divert youth with FASD from the Criminal Justice System 4. Make recommendations regarding preventative remedies to the crown/court. 5. Identify High Risk Youth and connect them with appropriate resources. 	
QUALITATIVE REPORTING	
<p>1. Activity Summary: The FASD Justice Program is collaborative and community-based approach of which the officer partners with youth-based resources to respond to youth crime in the community, group homes and schools. The Officer focusses on diverting youth from the justice system or advocating for youth in the justice system. The legal issues can range from verbal warnings and diversions for minor criminal offences to serious offences where a period of custody is warranted.</p> <p>2. What Changes and Improves for Clients: The FASD Justice Program provides a consistent police response for youth suspected or diagnosed with FASD. The Officer conducts pro-active check-ins with youth focussing on mentorship and strategies to keep the youth from having further contact with police and the justice system. The Officer responds and assists members with calls for service involving youth and can provide insight into appropriate punishments, diversions and working collaboratively with community partners to address the underlying factors of offending behaviours.</p> <p>3. Challenges: A challenge the program has faced is the increase of youth in care going missing and AWOL from their respective placements. Over the past year several youths have been trafficked or exploited by older subjects in the community. The Officer has worked alongside community programs and members of the Criminal Investigative Division of LPS to address these issues.</p> <p>4. Cultural and Equity Lens: The program is open for referral from anyone in the community. The officer attends many different community events and meetings sharing information on how they can be of assistance. The Lethbridge Police Service has ongoing training for members in ensuring members are culturally appropriate, inclusive and trauma informed. The officer works alongside an Indigenous community liaison within the Community Resource Unit.</p>	
QUANTITATIVE REPORTING	
NUMBER OF CLIENTS	
ACTIVITY TARGET (e.g., no. of clients served)	Number of clients: 15
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	Number of clients: 15
MENTORSHIP AND EDUCATION	
ACTIVITY TARGET (e.g., no. of clients served)	<ol style="list-style-type: none"> 1. Number of engagements/ education sessions: 5 2. Percentage of participants who reported an increase in understanding of FASD: 90% 3. Percentage of participants who reported they had new information about resources and services in the community for FASD: 100% 4. Percentage of participants who felt confident in applying what they learned in their jobs: 90%
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	<ol style="list-style-type: none"> 1. Number of engagements/ education sessions: 4 2. Percentage of participants who reported an increase in understanding of FASD: 86% 3. Percentage of participants who reported they had new information about resources and services in the community for FASD: 100% 4. Percentage of participants who felt confident in applying what they learned in their jobs: 100%

SCHEDULE D REPORTING - PROJECT ACTIVITIES REPORT (PAR)

Project Activities Report

Pillar 5: The FASD Learning Organization	ACTION 9: ORGANIZATIONAL LEARNING
<p>KEY ACTIVITIES:</p> <p>1. Governance & Compliance: Clearly define roles and responsibilities; ensure alignment with the Regional Business Plan, funding conditions, FASD CMC Strategic/Operational Plan, and Program Operating Grant Policies; implement Society Terms of Reference and Policy/Procedure requirements.</p> <p>2. Accountability & Reporting: Maintain records, complete required reports (annual, bi-annual, evaluations), and monitor activities through ORS, standardized surveys, and stakeholder feedback.</p> <p>3. Communication & Engagement: Develop and maintain a communication plan, website, and community presentations; seek new partners and members; support collective wisdom and collaboration.</p> <p>4. Program & Service Support: Provide contract management, ensure agencies receive FASD training, monitor program outcomes through evaluation processes, and support consultation for complex case planning.</p>	
QUALITATIVE REPORTING	
<p>All activities were actioned with the following qualitative outcomes</p> <p>A. Activity Summary</p> <p>1. Governance & Compliance: All of the roles and responsibilities are clearly defined in the Operations and Procedures Manual as well as the Letter of Understanding and/ or Agreement with each contracted individual or agency. This ensures that programs and services adhere to standards and are delivered seamlessly.</p> <p>2. Accountability & Reporting: All records are maintained and reporting requirements met. Monitoring of activities supported ongoing reflection and improvement considerations. All contracted agencies used their agency specific Survey Monkey surveys for client growth and satisfaction measures. The co-coordinator meets with agencies to review results for the purpose of growth and reflection.</p> <p>3. Communication & Engagement: The website (South Alberta FASD Network – FASD Programs & Resource) is updated on an ongoing basis. Current research, learning opportunities, events and activities are communicated through Facebook and other social media platforms.</p> <p>4. Program & Service Support: The co-coordinator met with contracted agencies in April 2025 and October 2025 to conduct compliance reviews, review agreements and outcome measures. Consultation is strongly encouraged and supported among agencies with ongoing communication, Collective Wisdom and General Network meetings. The network supported learning for contracted agencies. The learning opportunities are open to other agencies. Learning Sessions included: Dr. Dorothy Badry focusing on the topic of children with FASD in care, Dr. Jacqueline Pei focusing on Healthy Outcomes, Recovery Alberta NASCENT and Youth Outreach presentation, and an Integrated Justice Program presentation. We also had a lunch and learn sessions as follows: City of Lethbridge Outreach Services, Canadian Mental Health (Lethbridge ICA), Children & Family Services program access and collaboration.</p> <p>B. Changes and improvements for Clients</p> <p>Interagency collaboration and exploring complex cases in Collective Wisdom meetings has positive outcomes for clients. Complex clients benefit from the agencies working together to search for pathways that support housing, mental well-being, positive social connections, employment, and assessment. One case that stands out is agencies working together with police services to assist a young woman in an abusive situation re-locate with substantive support structures that ensured a successful transition. Agency worker attendance at professional learning sessions also benefits clients. Experts such as Dr. Dorothy Badry and Dr. Jacqueline Pei provide workers with ideas for research informed practices that better support clients. The lunch and learn sessions featuring local service agencies or providers help connect our agency workers with services and programs to support clients and their families.</p> <p>C. Challenges and Opportunities</p> <p>The greatest challenges expressed by workers at the Collective Wisdom meetings is the growing number of complex cases. Collective Wisdom is an opportunity for them to explore solutions to complex problems. An opportunity that all agencies appreciate is the Lethbridge Housing CART meetings that host all housing providers around a table weekly to seek solutions to finding housing for individuals who are brought forward for placement.</p> <p>D. Cultural and Equity Lens</p> <p>We are fortunate to have agencies that put culture and equity at the forefront of their practice and agency standards. We are also fortunate to have Indigenous representatives on our Leadership Team who also attend General Network meetings.</p>	
QUANTITATIVE REPORTING	
PROFESSIONAL LEARNING	
ACTIVITY TARGET (e.g., no. of clients served)	<ol style="list-style-type: none"> Professional Development full sessions: 4 Professional Development Lunch and Learn: 4
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	<ol style="list-style-type: none"> Professional Development full sessions: 4 Professional Development Lunch and Learn: 3
Interagency and Collective Wisdom Sessions	
ACTIVITY TARGET (e.g., no. of clients served)	1. Number of interagency and collective wisdom sessions with all contracted agencies: 14
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	1. Number of interagency and collective wisdom sessions with all contracted agencies: 15

SCHEDULE D REPORTING - PROJECT ACTIVITIES REPORT (PAR)

Project Activities Report

Pillar 5: The FASD Learning Organization	ACTION 10: ORGANIZATIONAL LEARNING EVALUATION
KEY ACTIVITIES: 1. Review and continually refine the Program Logic Models that have been developed for the Network. 2. Outcome measurement to be incorporated in day-to-day practice and revised annually. This information will be used to ensure outcomes are being met. 3. Ensure that contracted agencies are reviewing the recommendations from the yearly Network surveys, and implementing new strategies to enhance their work	
QUALITATIVE REPORTING	
<p>A. Activity Summary -All agencies engaged in compliance reviews in April 2025 and October 2025 -All Program Logic Models and surveys were updated by the end of June and again in March -Agencies received the collated results for their surveys for annual reporting as well as bi-annual reporting.</p> <p>B. Changes and Improvements for Clients -Engagement in compliance reviews includes reflection on results and outcomes. This promotes reflection, growth, and implementation of best practice to benefit clients.</p> <p>C. Challenges and Opportunities -It can be challenging for agencies to get survey completion when the survey is a follow-up to services. Nonetheless, agencies have fairly good survey completion rates because they work hard at re-engaging the client. The post-intervention surveys are important for informing ongoing practice.</p> <p>D. Cultural and Equity Lens -Survey updates are done through a lens of cultural sensitivity as well as accessibility.</p>	
QUANTITATIVE REPORTING	
Facilitating Data and Reporting	
ACTIVITY TARGET (e.g., no. of clients served)	1. 100% of contract agencies Program Logic Models and surveys are updated annually. 2. 100% of agencies receive summary reports of all survey data entry.
ACTIVITY OUTCOMES (e.g., no. of clients served to date)	1. 100% : all Program Logic Models and surveys were updated in May 2025 and March 2026 2. 100% of agencies provided summary data for all survey entries