

## Winnipeg Children's Hospital-CADEC Trains

### Ontario Diagnostic Teams

In a move to train multi-disciplinary diagnostic teams from Ontario, the Clinic for Alcohol and Drug Exposed Children (CADEC) at Children's Hospital was contracted to prepare and conduct week-long training sessions for five teams. The first, from St. Michael's Hospital in Toronto, travelled to Winnipeg this past spring. The remaining four teams will visit throughout the fall and winter.

The project is a joint effort of the Aboriginal Management Committee working through Ka:nen Our Children Our Future in Thunder Bay. (Ka:nen is the organizing unit on behalf of the Aboriginal Management Committee with funding provided by Health Canada.)

Brian Philcox of FASworld Canada led the committee responsible to find the five Ontario teams and choose the training centre, and also participated in the training as the community liaison representative on the St. Michael's Hospital team.

He explains that communities were selected based on their ability to build multi-disciplinary teams, including members such as a family physician, geneticist, neonatal nurse, social worker, occupational therapist, speech and language therapist, and a community liaison worker. The selection committee approached communities that have existing resources and which serve a substantive off-reserve Aboriginal community. The goal was to create 3-6 teams with approximately six members per team.

Notably, the project provides funding for the training only. It will be up to each team to determine how it will create the resources to do intake, co-ordination and follow-up.

The first five communities selected included Ottawa, Sudbury, Thunder Bay, and two teams from Toronto. Since that time, Thunder Bay has had to withdraw due to lack of resources and will be replaced by another team.

Brenda Stade, clinical nurse specialist and PhD candidate in the field of FAS, and Dr. Michael Sgro, pediatrician, are the two lead members on the team from St. Michael's Hospital in Toronto, which completed the training this spring.

"The training was excellent and very comprehensive," says Stade. "The multi-disciplinary approach was extremely valuable to watch. We really got a lot out of it, but it was exhausting, particularly the emotional impact of the children.

Philcox agrees that CADEC's team approach to diagnosis is absolutely critical. "This should not be left in the hands of an individual doctor or any other trained specialist, it should be a team effort. Diagnosis is not a simple thing."

He also found the training curriculum to be well designed and comprehensive. Also, because they were the first team, they had the opportunity to make recommendations and suggestions on how the program could be modified to work

even more effectively for the next four teams to be trained.

In addition to the medical component of observing an assessment, the Toronto team visited David Livingstone School and met with a community panel to discuss their perspective.

“This was an important part of the week. For some of the team members who have not been so closely involved with individuals affected by FAS, it was quite revealing to meet the families, to meet the children and be in a context where they watched the behaviours,” says Philcox. “This hands-on approach was very helpful, especially for the doctors to see these children in a different context.”

Stade notes that St. Michael's hopes to get their own program up and running in September. The Winnipeg training session provided them with concrete tools and ideas to use.

“We're already trying to implement some aspects of CADEC's program to serve the children, adolescents and adults in Ontario,” she adds.

CADEC was chosen to create the training after Philcox and the selection committee identified the only existing training facility available as Dr. Sterling Clarren's program out of the University of Washington in Seattle, which was full until the fall of 2002.

“We needed to get moving before then so we pressed hard to develop the program in Winnipeg. This has turned out to be a great coup for Canadians that we now have this training facility in place,” says Philcox.

Mary Cox-Millar, co-ordinator for CADEC, notes it was a good process for them to pull together this information and knowledge into one piece.

“We have now developed an extensive training manual combined with a hands-on approach that includes observing a televideo assessment as well as an in-person assessment and highlights the importance of linking with the community.”

For more information, contact Mary Cox-Millar at 787-1822.

## **COALITION ON ALCOHOL AND PREGNANCY (CAP)**

CAP represents over 160 organizations interested in FAS/FAE issues in Manitoba. Six focus areas include: Family Support, Education (including early years), Service Co-ordination/Development, Justice, Research, Communication and Information Dissemination. Special task forces are formed around specific issues. CAP's members represent a diverse cross-section of individuals, groups and communities throughout Manitoba. We bring together the needs of parents (including birth, adoptive and foster) and professionals.

### **Manitoba F.A.S. News**

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*CAP receives funding support from Healthy Child Manitoba*

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## Corrections Expands FAS Training

In conjunction with the announcement of funding for the RCMP pilot training program, funding from the Healthy Child Committee of Cabinet to expand the training program in Manitoba Justice corrections was announced on May 22.

This informational program will help corrections staff better understand the challenges in working offenders with all types of Fetal Alcohol Spectrum Disorders (FASD).

The program, developed by Corrections staff, explores the scope of the problems faced by incarcerated offenders and in the community following release.

Staff are given practical suggestions of ways to work with both the offender's strengths and limitations. The goal of the training is to highlight the best ways to work with FASD offenders and give them an opportunity to learn valuable life skills while in jail to help keep them from re-offending upon release.

Staff at the Manitoba Youth Centre have already been trained and train-the-trainer sessions have taken place at Agassiz.

This fall, half-day training will be provided to community and corrections staff in Winnipeg. A rural piece will follow once this is completed.

Participants will be given a copy of the audiotape "What Corrections Needs to Know About Fetal Alcohol Spectrum Disorders (FASD)."

This 30-minute tape is primarily for correctional officers although it also contains information for community staff, i.e. probation officers and intensive support and supervision workers with youth.

The tape was developed by Dawn Ridd (Child Health and FAS Consultant, Manitoba Health), Trevor Markesteyn (Correctional Psychologist and Assistant Superintendent-Programs, Headingley Correctional Centre), Carol Robson (Co-ordinator of Staff Development Training; FAS Co-ordinator, Manitoba Justice) and Jocelyn Bjorklund (Program Co-ordinator, Manitoba Youth Centre, FASD Divisional Trainer).

FASD training that is already being provided to new correctional officers as part of their basic training will also be re-worked to include a community staff element.

"The theme of the training is not to ask people to try harder, but to try differently," explains Bjorklund.

Many FASD offenders breach probation, she adds, because they forget appointments. A probation officer could help by using basic strategies, such as having someone call the offender in the morning or making sure the offender has it marked on a calendar.

"Such simple things could make a huge difference to the successful management of

their cases."

Another aspect of the divisional training includes the designation of an FASD "point person" in each of the community offices who will receive additional resources, such as the audiotape, as they become available.

*For more information, contact Jocelyn Bjorklund at 475-2010.*

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## New Community Liaison Worker: Dorothy Schwab

Recognizing the need for follow-up with families and connecting with the community, the Clinic for Alcohol and Drug Exposed Children (CADEC) has added a Community Liaison Worker to their team. Dorothy Schwab will fill the half-time role in a purchase of service agreement between CADEC and the Interagency FAS Program.

“We decided as a team and from feedback we’d received that we needed to expand to have a liaison position with the community and for the families,” says program coordinator Mary Cox-Millar.

“This means that after diagnosis, we can help families both understand the implications of the diagnosis and help them link with resources or do some consultation depending on what the family needs. We’re looking at it as trying to link the diagnosis with meaningful change for families. The team is thrilled that Dorothy is coming in.”



Schwab’s official start date was mid-June. One of the first steps was to speak with Diane Malbin of FASCETS (Fetal Alcohol Syndrome Consultation, Education and Training Services) about her educational model that takes the circle of support around a child—from caregivers to school personnel, relatives and other people in the community—and teaches them about what FAS is, how it can manifest itself in terms of behaviour in the child, and what strategies can help.

Schwab is starting by offering information sessions in the fall for newly diagnosed individuals and parents, and their support networks. Two sessions are planned for October 22 and November 19, and will be held at Mount Carmel Clinic.

“Because the position is only half-time, I won’t be able to spend all the time individually with each family. We’ll start with the group approach and then if there are people who need individual counselling, I’ll work with them,” explains Schwab.

Schwab will maintain her office space at the Interagency FAS Program based in the Lord Selkirk Housing Unit. She expects to either visit families in their homes or they will come to see her in the Interagency office.

“The hospital is a very clinical setting and a lot of people are resistant or hesitant to come to a hospital for follow-up services. This is less threatening for individuals to come here instead. It’s very community-based.”

For more information, contact Dorothy Schwab at 787-1836.

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## **FAS Awareness Grades 5-8 Curriculum Available for Purchase**

The FAS awareness curriculum for Grades 5-8 developed by Deb Thordarson, Daisy Monias and Lia Braun, and published by the Frontier School Division is available for purchase for \$25.

The curriculum has been mandated for all teachers in the Frontier School Division. It is intended for use with all students and contains plenty of fun activities, says Deb Thordarson.

"Some people think it's an Aboriginal curriculum, but it's for everyone," she explains. "It has an Aboriginal flavour because it was developed for students in Frontier School Division, but it's applicable to all students everywhere."

As teachers, Thordarson and Monias knew they had to make it as teacher friendly as possible to keep it from sitting on a shelf. Thordarson believes they accomplished that.

"It opens up with outcomes for each grade level, has lesson plans in a very easy to follow manner, resources the teachers will need and a step-by-step plan," says Thordarson. "At the back are a copy of appendices and overheads. Everything they need is there."

Every grade level has a final project. For example, at Grade 5 level they make a poster and in Grade 6 they make up a booklet of "Frequently Asked Questions" on FAS. One of the projects in Grade 7 is to analyze messages in the media and in Grade 8 the students make a brochure.

Each grade has 4-8 lessons which can take anywhere from 13-15 periods depending on how the teacher delivers them. Every lesson in the curriculum document has been field tested in classrooms.

The artwork on the curriculum cover was designed by a student in Norway House and was also used on a poster.

This year two of the stories featured in the curriculum have been published in picture book format for use on their own in the classroom. They can be purchased separately.

For more information, contact Deb Thordarson in Winnipeg at 477-9645. To order a copy of the curriculum, contact Lia Braun in Area 5, Norway House, Frontier School Division, at 359-6711.

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**Fetal Alcohol Syndrome Information Manitoba**  
**TOLL FREE**  
**1-866-877-0050**

## **FAS Information Line**

Fetal Alcohol Syndrome (FAS) Information Manitoba, a joint initiative by Health Canada and Healthy Child Manitoba, is a toll free line that provides information to Manitobans regarding alcohol-related disabilities.

The information line is housed with the Interagency FAS Program, an organization that provides support services to families caring for children age birth to six years who have been prenatally exposed to alcohol.

The goals of the toll free line are to:

- Provide information on substance use during pregnancy.
- Provide information and strategies to families who are parenting children and/or supporting individuals who have been prenatally exposed to alcohol.
- Offer an avenue for accessing community support services.

Information will be provided in a confidential and non-judgmental manner. Relevant material is mailed out following telephone contact.



The information line is staffed Monday to Friday during regular business hours. People calling after hours or on weekends are encouraged to leave a message as calls will be returned.

The toll free number is also promoted in the FAS information kit produced by the Manitoba Liquor Control Commission entitled "With Child—Without Alcohol: What you should know about alcohol and pregnancy."

The Interagency FAS Program is distributing the MLCC information kit to agencies around the province. Close to 3,000 kits have gone out since the launch of the program.

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## FASD Training for Police Officers

Funding provided by the Healthy Child Committee of Cabinet has allowed the RCMP to conduct Fetal Alcohol Spectrum Disorders (FASD) training, and print a pamphlet, guidebook and train-the-trainer manual.

About \$75,000 was provided to the RCMP pilot training program. It is designed to improve policing services to individuals with FAS and to prepare training participants to play a role in education and prevention.



With the funding from Healthy Child, the goal is to train up to 100 officers as trainers, including approximately 85 from Manitoba. As part of the Prairie Northern FAS Partnership, three officers from each of Saskatchewan, Alberta and BC have already been trained as well as two from each of the Territories.

Constable Annette Laporte initiated the program in partnership with Terralyn McKee, Executive Director of The Pas Family Resource Centre.

Laporte notes that the first train-the-trainers session took place in May in Winnipeg. Twenty-four RCMP and police officers were trained and will now be responsible to train another 25-40 members each.

Participants at the May session also included one Brandon police officer and one Dakota Ojibway officer who will be responsible to train their colleagues. A City of Winnipeg police officer took part and several more Winnipeg officers are yet to become trainers.

The train-the-trainers course takes three days and includes an extensive manual. The presentation that trained officers provide to their colleagues is five hours in length and includes a guidebook.

"There is a mandated networking component of the training that enables community support," explains Laporte.

"This means that after an officer is trained in the five-hour course, he has to go back to his community and fill out a form that lists contacts for social services, education, health, justice and other sectors before he gets his certificate of completion."

With this information in hand and connections already formed, the officer will then have the networking contacts already in place when he encounters a client with FASD.

"Since police are the front line workers, they will encounter these individuals before many other services," notes Laporte. "We want to get the supports in place right away and hopefully prevent this person from ending up in jail."

*For more information, contact Annette Laporte at 983-2285.*

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## **The Pas Mentor Program**

The Pas Mentor Program, one of the two northern STOP FAS sites, runs in partnership with the NOR-MAN Regional Health Authority and includes co-ordinator Joanne Wyman along with mentors Kathy Ducharme and Karra Armstrong.

The program began operating in October, 2001, after the three travelled to Winnipeg for a week's orientation at Nor'West Community Health Centre and the Aboriginal Health and Wellness Centre.

"We did a bit of training in the classroom to get to know the program and the paperwork and protocol," explains Armstrong. "Then we job shadowed the Winnipeg mentors."

To get the word out, they have made mini-presentations on the program and criteria at local agencies. This resulted in referrals with 18 of the 30 spaces filled to date. Now some of the clients are referring friends.

For more information on The Pas mentoring program, call 627-1418.

## **Grassroots Mentoring Program**

In Thompson, the STOP FAS site is called the "Grassroots Mentoring Program" and is run in partnership with the Burntwood Regional Health Authority.

Program co-ordinator Sandy Prince noted that the community is starting to become aware of them and the 30 available spaces are starting to fill in. Eleven women had registered in the program as of July.

The Grassroots Program also has two mentor positions that include a visit to the Winnipeg STOP FAS sites for a week of orientation and job shadowing.

Prince says they are working on getting the word out to the community through presentations at local agencies, pamphlets, posters and a spot on the local access cable channel.

For more information on the Grassroots Mentoring Program, call 778-1517.

## **Manitoba to Host 2003 Prairie Northern Pacific Conference**

The Prairie Northern Pacific FAS Partnership is a collaboration of the Governments of Manitoba, Saskatchewan, Alberta, British Columbia, Northwest Territories, Yukon and Nunavut. The partnership is designed to maximize the use of existing expertise and resources in the development of joint strategies and initiatives to address Fetal Alcohol Syndrome. Manitoba is currently the lead jurisdiction.

Each year the Partnership hosts two main activities: a symposium and a conference. The annual conference promotes the broad dissemination of information, training, research and best practice in the field of FAS. Provinces and territories contribute annually to support these events; a portion of this funding supports travel subsidies for families to attend.

Manitoba will host the annual conference during its tenure as lead jurisdiction. The conference is tentatively scheduled for Fall 2003 in Winnipeg. Details to be announced.

For information, contact Michelle Dubik at Healthy Child Manitoba at 945-2215.

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## **Pregnant Addicted Women Strategy Update**

The Pregnant Addicted Woman Strategy Development Committee has been tasked with looking at how to act on the recommendations resulting from "A Study of the Service Needs of Pregnant Addicted Women in Manitoba" by Caroline Tait and commissioned by Manitoba Health through the Prairie Women's Health centre of Excellence. A status report on the activities of the committee follows.

### **Directory of services and resources**

A "Service Inventory Development Committee" has been created to guide the development and distribution of a comprehensive directory/database of services and resources currently available to women at risk of having a baby affected by substance misuse, and women who are pregnant and addicted in Manitoba. This project will have several phases.

In Phase 1 (2002-03), a basic contact list of services and resources will be compiled. This will be done by contacting front line service providers likely to deal with the target group and asking them, through a survey ("Manitoba Survey of Services for Pregnant Addicted Women and Women 'At Risk' of Having Babies Affected by Substance Use"), to indicate who they refer their clients to and what kinds of gaps there are in the system. This information will help the Committee and service providers know who to reach out to for networking and training purposes, it will assist service providers with referral activities, and it will help the Committee to more effectively address the Tait recommendations.

A second phase of the research will be explored in which more in-depth information would be gathered to develop more detailed profiles of these services and resources.

Since some of the work the Strategy Development Committee needs to do in implementing certain components of the action plan it has developed depends on the development of the inventory, representatives from this committee have been asked to participate on the Service Inventory Development Committee.

Once this work is complete, the Strategy Development Committee will resume its meetings and continue to work on all components of the action plan.

### **Work continues on action plan**

Although the Strategy Development Committee is not meeting at this time, work continues to be done on many components of the action plan that do not depend on the development of the service directory.

For example, Child Health is continuing its work on the issue of prenatal screening, the Addictions Foundation of Manitoba and the Winnipeg Regional Health Authority are addressing the issue of improving services for persons with combined mental health disorders and substance abuse problems, and the Manitoba Liquor Control Commission continues its FAS awareness campaign.



## Special Needs Program Launched

A new program has been created with the involvement of the Departments of Family Services and Housing, Health, and Justice to serve the needs of individuals who do not meet criteria for existing programs, and who are at high risk to themselves and/or pose a significant public risk.

The three departments had been working together for the past number of years to provide resources for this unique population. This collaborative effort was conducted through the mechanism of the Special Needs Committee.

The Special Needs Program office is located on the 2nd floor, 189 Evanson Street. Ken MacKenzie is the Program Manager.

MacKenzie explains that the program evolved out of three streams. The first was the development of interdepartmental protocol concerning adults with a mental disorder/disability who are involved with the Criminal Justice System. This protocol serves as the framework for the Special Needs Program service delivery unit.

The second stream was the ad hoc Special Needs Committee in Winnipeg, which was trying to fill a gap for individuals who do not meet eligibility for the community living program or community mental health, are involved with the justice system and are in obvious need of support.

The third element, and the most significant leading to the creation of the Special Needs Program, was advocacy by front line workers, managers, community groups, and individuals and families to fill the vacuum for people who have been excluded due to eligibility requirements and who clearly need support.

The Special Needs Program is province-wide and is administered by Family Services and Housing. The annual budget is \$1.1 million per year and provides for a program manager and two case managers.

When the program became operational last October, there were 26 individual cases on file.

With their unique ability to advocate within the three systems involved to find the best solution for the needs of an individual, they have also been able to find appropriate supports for another six or seven cases within one of the three departments.

The primary focus of the Special Needs Program is geared towards risk and risk management.

Many of the individuals taken into the program are involved in sex crimes or arson and require the sort of multi-system approach that the Special Needs Program can deliver.

"All of our clients have some sort of mental disorder or disability, whether it's a personality disorder, borderline intelligence, FAS or other," says MacKenzie.

At this point, referrals are accepted only from the three departments involved.

"One of the realities of the program framework is that we can't be all things to everyone," says MacKenzie. "Our purpose is to tie together the abilities and resources of the three departments and do what is most appropriate for those individuals."

For more information, contact Ken MacKenzie at 945-4514 .

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## **STOP FAS Funding Increased at Nor'West & Aboriginal Centre**

On July 15, 2002, Family Services and Housing Minister Tim Sale announced increased provincial funding of \$40,000 for the two STOP FAS sites in Winnipeg.

Nor'West Co-op Community Health Centre received an additional \$24,486 and the Aboriginal Health and Wellness Centre received an additional \$15,514.

"The STOP FAS sites have been important partners as we explore solutions to FAS issues, which is one of the core commitments of Healthy Child Manitoba," said Sale, who is also chair of the Healthy Child Committee of Cabinet.

STOP FAS is a home visiting program designed to intervene with pregnant women who have used alcohol and drugs during their pregnancies. Paraprofessional mentors work with the women for three years to help them access treatment, stay in recovery, resolve problems related to substance misuse, practice family planning and move towards a healthy lifestyle. The increased funding will allow 30 more women to benefit from the program.

Amanda Laquette, a participant with the Nor'West program and sober for the last 17 months, spoke at the press conference announcing the increased funding on July 15. In a quote appearing in the Winnipeg Free Press, Laquette noted that she is in a "healthy environment" now and her daughter, Justine, appears to be healthy as well.

The STOP FAS program was initially launched in 1998 at the two Winnipeg sites and in January, 2001, was expanded to Thompson and The Pas. Total funding for the four STOP FAS sites for this fiscal year ending March 31, 2003, is \$704,400.

An evaluation of the program's effectiveness in helping women access treatment and maintain sobriety, showed that 80% of the women in the STOP FAS program have either completed, or are currently enrolled in an alcohol or drug treatment program and 44% have remained sober for a period of six months or more during their enrollment.

These statistics are based on an evaluation, completed in February 2002, of all clients in the program at the two Winnipeg sites, including those who had completed their three years, those who were close to completing the program, and new enrollees.

The broadest goal of the program is to decrease the number of future births affected by prenatal alcohol use. This goal may be realized by either abstaining from alcohol during pregnancy or for those women who continue to struggle with alcohol use, using reliable birth control. As of February, 2002, 66% of the women enrolled in STOP FAS were either abstinent from alcohol/drugs or using reliable birth control.

Another goal of STOP FAS is to help mothers stay connected with their children. Without the intervention of this program, most of the children born when the women enrolled in STOP FAS would have been identified for apprehension at birth. As of February, 2002, 60% of these children were living with a biological family member; half of those are living with their mother.

"Considering that new clients were included in the evaluation along with the women who had completed or were soon to complete the three year program, you would think it would skew the data somewhat," notes Cathe Umlah, program manager at Nor'West. "But interestingly enough, the outcomes still look very good."

She suspects this is due to the intensive work that takes place in the first two years.

"If there's going to be movement, you'll typically see it in that timeframe although sometimes there are late bloomers that don't show any positive outcomes until the third year."

The increased funding means both Nor'West and the Aboriginal Health and Wellness Centre have the capacity to enroll more women. This is in addition to the spaces opening up as a result of women completing the initial three year program.

Debbie Cielen at the Aboriginal Health and Wellness Centre notes that the expansion will provide an opportunity to women in the community who have heard a bit about the program from other women who have disclosed.

"Hearing stories from the ladies of their own truth about how this program has helped them is really a message in itself. It opens the doors for other women to come ahead and know they can be supported through this."

For more information on STOP FAS, contact Michelle Dubik at 945-2215, Cathe Umlah at Nor'West at 632-8162, or Debbie Cielen at the Aboriginal Centre at 925-3750.

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## With Child – Without Alcohol



The Manitoba Liquor Control Commission (MLCC) launched the "With Child–Without Alcohol" FAS awareness campaign on March 14, 2002.

This social marketing program combats the myth that moderate drinking during pregnancy will not affect the unborn child, focussing on the fact that current medical knowledge cannot determine a safe level of consumption for all women.

Carmen Neufeld, chair of the MLCC Board of Commissioners, noted the need for greater public awareness about alcohol and pregnancy is underscored by the National Longitudinal Survey of Children and Youth and the National Population Health Survey, which revealed that between 17 to 25% of women surveyed drank at some point during

their pregnancy. Further, only 5% of those women stopped drinking when they realized they were pregnant.



A key component of the program is an information kit. It includes myths and facts about alcohol and pregnancy as well as a listing of various provincial resources for women and families.

The "With Child–Without Alcohol" kit also promotes a toll free telephone number, operated by the Interagency on Fetal Alcohol Syndrome and funded by Health Canada and Healthy Child Manitoba.

Members of the public can receive a kit and other support from FAS Information Manitoba by calling the toll free line at 1-866-877-0050.

Launch of the kit was supported by television and radio advertising featuring a testimonial from a mother who drank while she was pregnant, and some myths/truths about alcohol and pregnancy featuring a pregnant woman and her partner. Transit shelter posters and newspaper advertising were also used during the six-week campaign period.

Diana Soroko, Communications Manager for MLCC, notes that advertising continued in targeted publications throughout the summer. Television ads will resume in the fall and will feature a testimonial from Dr. Sally Longstaffe, a respected Winnipeg pediatrician.

For more information, contact Diana Soroko at the Manitoba Liquor Control Commission at 474-5631.

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## Adults Living With FAS: "Think Tank"

The Coalition on Alcohol and Pregnancy (CAP) presented a "think tank" around adults living with FAS on March 7-8, 2002, at the Victoria Inn in Winnipeg.

The session's purpose was to plan together around the issue and develop an action plan for new services that begin to address transition from school to community, housing, employment, re-entry from a corrections facility, alternatives to incarceration, support to caregivers, and eligibility for services.

Participants represented a broad cross section including families, justice, health, family services, education, and community agencies among others.

Discussion centred on the following questions and resulted in a number of recommended solutions:

*(1) Restrictive criteria and eligibility for services—How to get Health, Family Services, Education and Justice systems to respond to need?*

Samples of solutions include creating a new provincial umbrella organization with responsibility for FAS and with adequate funding, and a mandatory team approach that also involves parents and self-advocates.

*(2) Re-entry to community from jail—How to link planning, support, resources and services?*

Ideas for solutions include developing a procedural policy for multiple points within Justice to identify and screen persons with FAS/E characteristics, and forming a coalition of community stakeholders to lobby and advocate for a strategic plan around FAS.

*(3) Transition from school to community life—How to link planning, support, resources and services?*

Suggested solutions include integrated case management that is accountable, consistent protocol for FAS youth to transition to community from school, expanded services to support adults with FASD, and development of a provincial network with representatives from each school division to address FAS education issues.

*(4) How to create housing and employment for 250 people over the next 5 years?*

Recommendations include developing a range of creative, quality, affordable housing that meets differing individual needs, such as crisis housing, supportive housing, granny suites, interim housing, etc., and educating the community, service providers, employers and agencies around FAS and how to support specific individuals.

*(5) How to create alternatives to jail when charged or convicted of a crime?*

Possible solutions include developing a non-profit agency mandated to provide a

range of direct services, developing a model such as ISSP (intensive supervision and support) for use with adult offenders, and exploring alternative existing models that have had success, such as sentencing circles and restorative justice.

*(6) How to create support to families as caregivers of adults with FAS?*

Some of the recommended solutions include stable funding for the Fetal Alcohol Family Association of Manitoba, a united co-ordinated body, such as Healthy Child Manitoba, to organize support, easier access to diagnosis for early teens and adults, and development of an appropriate continuum of services by Healthy Child Manitoba for all families with children turning 18 years old.

For more information, contact ACL-Manitoba at 786-1607.

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