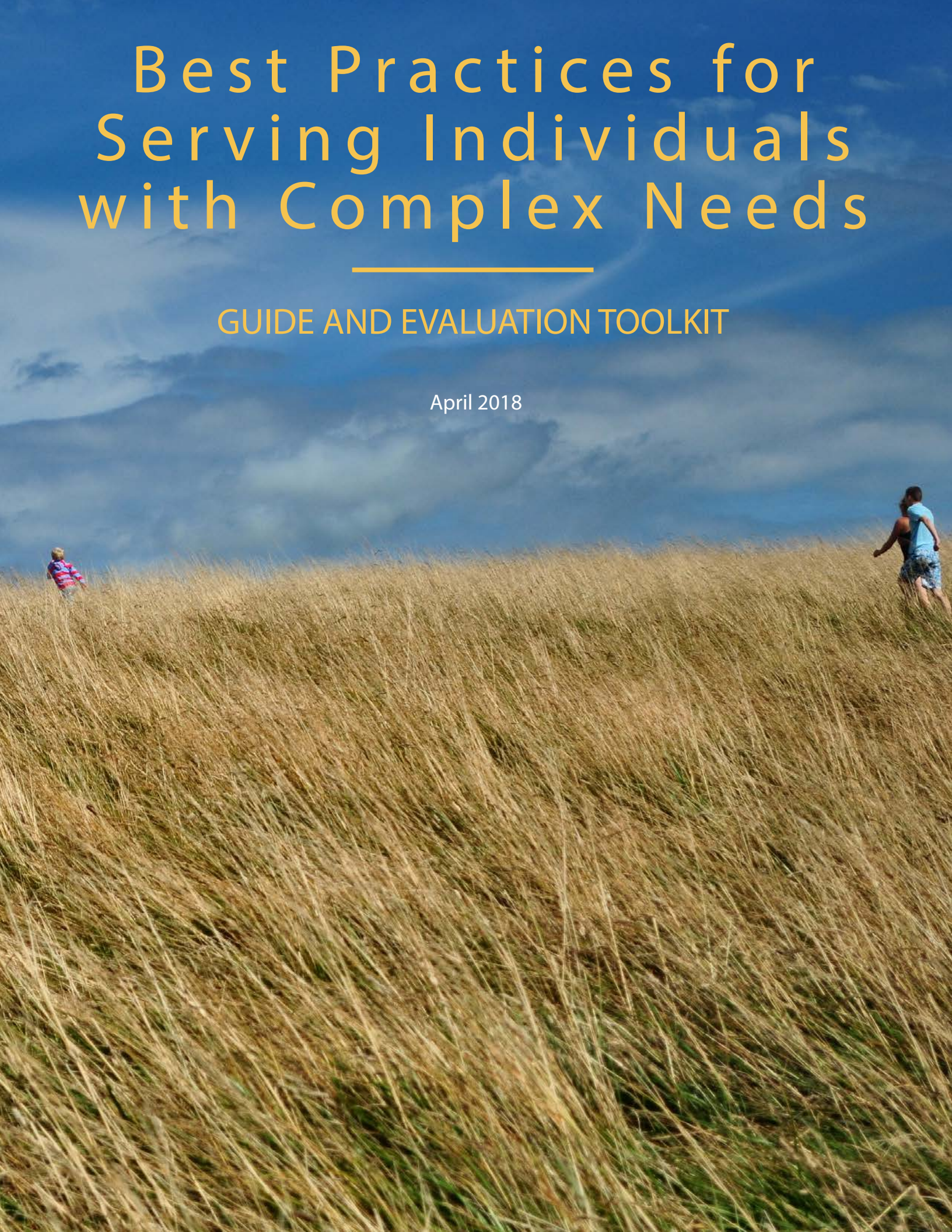
Best Practices for Serving Individuals with Complex Needs

GUIDE AND EVALUATION TOOLKIT

April 2018



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THANK YOU

We extend our sincere thanks to staff from Catholic Social Services, the Wellness, Resiliency and Partnership (WRaP) Project, and Enviros who took the time to provide us with feedback that was instrumental to completing this project. We would also like to acknowledge the contributions of research assistants Alicia Pawlowski and Vannesa Joly to this document.

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FOREWORD

This document provides guidance for working with individuals and families who have complex needs, such as those affected by Fetal Alcohol Spectrum Disorder (FASD). An initial version of this document was produced in January 2015. As described within, the current document includes an update to the evaluation toolkit developed in 2015.

Together as a single source, this best practice guide and evaluation toolkit can be used by agencies and their staff. There are two anticipated uses for this resource: 1) to assess current service delivery by providing indicators and outcomes that can be measured to inform practice; and 2) to inform future service delivery by providing a guiding framework on which to develop policy and practices.

Recognizing the evolving nature of evidence-based best practices and the need to respond to emerging understandings of complex needs such as those concerning FASD, this document offers opportunities to monitor, evaluate and refine best practice service delivery over time. Agencies are anticipated to use findings from the suggested evaluation tools to improve their services and programs. Ultimately, agencies and programs that demonstrate alignment with identified best practices will be well positioned to provide optimal services to clients and families with complex needs such as those surrounding FASD, and to advocate for continued support of their programs and services.

BACKGROUND AND METHODS

PROJECT HISTORY AND PURPOSE

This project began in 2014, when the Supports and Services Council of Alberta (SSC) identified a need to better understand the best practices important for working with individuals and families affected by Fetal Alcohol Spectrum Disorder (FASD). Until recently, services and interventions for individuals with FASD and other complex needs were delivered based on practical wisdom and research from the general disability literature. With few exceptions, these interventions lacked empirical investigation. For this reason, stakeholders (i.e., service providers, administrators, and policymakers) identified a pressing need to understand evidence-based best practices for individuals with complex needs in order to optimize services.

At that time, members of the Alberta Clinical and Community-based Evaluation and Research Team (ACCERT) were contracted by PolicyWise for Children & Families to begin a best practices literature review. In the earliest stages of compiling the literature review, stakeholders emphasized the importance of operationalizing best practice statements so that organizations might measure whether these practices were being effectively implemented. Thus, best practice statements were translated into outcomes, indicators, and tools, which collectively formed a best practices evaluation toolkit. In the methods section that follows, we detail the approaches and processes involved in developing the literature review and evaluation toolkit.

It is important to note that our literature review initially focused on best practices for providing services to individuals with FASD. However, as we moved through our iterative processes of gathering ongoing feedback from stakeholders while remaining grounded in the research literature, we recognized that the best practices identified in our literature review move beyond the scope of FASD. Rather, these best practices are applicable to individuals and families with complex needs more generally. Thus, our tools use the language of complex needs rather than FASD.

It is our position that providing services in alignment with an FASD-informed approach truly encompasses providing services that are potentially responsive to and suitable for all Albertans with complex needs.

As noted in our tools, the term "individuals with complex needs" is intended to include those individuals whose needs exceed those that a single service provider can address, and to capture populations based on functional needs as opposed to diagnostic categories alone.

PROCESSES EMBEDDED IN A SYSTEMS APPROACH

The five-stage process that comprises this project is depicted in Figure 1. We first conducted a literature review to understand researchers' perspectives on best practices for providing services to individuals with complex needs and gather information from experts in the field. Next, we operationalized the best practices by creating outcomes, indicators, and six tools to measure those practices. We subsequently invited service providers to provide feedback on tool content and revised and coded tools accordingly. Finally, we moved the tools into an online platform, piloted the tools with service providers, and created materials for ongoing use of the evaluation toolkit. Details regarding our processes are provided in the methods section that follows.

Figure 1.

Understanding current best practices and developing meaningful, usable tools required a systems approach. In adopting this approach, we acknowledged the dynamic, multiple systems embedded in working with individuals who have complex needs, and the importance of understanding the realities and perspectives of people across system levels. Clients, families, agencies, multiple levels of staff members, and stakeholders from broader systems (e.g., funders) were all taken into account throughout the life of this project. An understanding of how clients' developmental needs change over time and how families, caregivers, and agencies can best support their clients through these changes informed the literature review. In addition, we collaborated with stakeholders throughout the project in order to engage in iterative processes of gathering meaningful feedback and refining our outputs.

As an example, through careful examination of the feedback we received, we realized that it was not only important to capture whether the agency offered specific services, but also whether staff members felt confident in their ability to provide these services or in their ability to refer clients to other agencies who could do so.

In short, providing services that suit the needs of diverse clients and families is complex. Complex problems require an ecological systems approach which is reflected in this community-embedded project.

We used purpose-driven, systematic, rigorous methods that were adapted in response to community feedback. The result is a set of ecologically valid and evidence-based tools that bridge research and practice.

In addition, we sought to develop answers to the mutifaceted question of how to ensure that services are being provided to complex populations in alignment with best practices.

What we found was that our process was the answer, rather than a set of concrete tools alone, that were produced.

Although agencies can use results to guide and inform their practice, we learned that the process of completing the tools provides opportunities for the growth and evolution that agencies are seeking in order to optimize services.

> *"We adjusted several of our training processes in response to making sure we were hitting all of the different areas that we saw in the surveys."*
> - Agency Supervisor

DOCUMENT OVERVIEW

This document offers opportunities for building a shared understanding of how to provide consistent and evidence-based practice throughout the province of Alberta. There are two anticipated uses for this resource: 1) to assess current service delivery by providing indicators and outcomes that can be measured to inform practice; and 2) to inform future service delivery by providing a guiding framework on which to develop policy and practices.

Figure 2 provides an overview of this document. Following this introduction section, a description of our methods according to the five stages of this project is provided. Next, the literature review is presented in the form of best practice statements. The evaluation toolkit follows, including an evaluation framework with best practice statements, outcomes, indicators, and corresponding tool items. Finally, six appendices are provided to facilitate use of the evaluation toolkit.

Throughout this document, we use the word "clients" in the interest of simplicity to refer to individuals who receive services from community agencies.

METHODS

To realize our ecological systems approach, we embedded five stages in our methods that allowed us to gather data within and across systems and to respond to changing conditions as the project unfolded. In the following table, details are provided regarding the purpose, involvement, output, and dates associated with the five stages of this project.

Stage	Purpose	Involvement	Output	Date
1	Identify and describe the best practices for delivering services to individuals with FASD that are present in the academic and grey literature.	ACCERT	Best practices literature review document	2014
2	Operationalize best practice statements by creating indicators, outcomes, and tools.	ACCERT	Evaluation toolkit	2014
3	Gather feedback from community agency staff members regarding tool content.	ACCERT Community agency staff	Synthesis of community feedback	2015
4	Integration of community feedback and refinement of tools.	ACCERT Community agency staff	Revised evaluation tools	2016
5	Pilot evaluation tools with community agency staff.	ACCERT Community agency staff	Revised best practices guide and evaluation toolkit	2017

"I would like to see our staff use these tools. This would help to ensure that the clients' needs are being met and that they're not slipping through the cracks."
- Agency Front-line Staff Member

Stage 1: What Do the Researchers and Experts Have to Say About Best Practices?

Purpose	Involvement	Output	Date
Identify and describe the best practices for delivering services to individuals with FASD that are present in the academic and grey literature.	• ACCERT	Best practices literature review document	2014

Literature review. A literature review was conducted to identify, describe, and synthesize current evidence-based and promising practices for working with individuals and families who have complex needs such as those associated with FASD. Our initial focus was on identifying and describing peer reviewed studies in an effort to enhance understanding of the existing scientific research on best practices. However, we found that there is, at best, a moderate amount of scientific literature in this area. Therefore, review of grey literature including program evaluation reports, conference presentations and government documents was also included.

Aspirational practice principles. A thematic review of the literature gathered resulted in identification of four key themes that, together, represent principles that permeate the best practices. These aspirational practice principles include consistency, collaboration, responsiveness, and proactivity. These are described more fully in the following section.

Ranking methodology. Through this review, best practices were identified, described, and ranked utilizing the same ranking system as Health Canada's 2000 report "Best Practices: Fetal Alcohol Syndrome/Fetal Alcohol Effects and the Effects of Other Substance Use During Pregnancy." This ranking system uses the following criteria:

- Good evidence: 2 or more controlled studies.
- Moderate evidence: 2 or more quasi-experimental studies, or 1 controlled study (i.e., randomized control group).
- Some evidence: 2 or more case studies or evaluations without control or comparison groups, or 1 quasi-experimental study (i.e., non-randomized comparison group).
- Expert consensus: Includes the perspectives of consumers, expert practitioners, educators, other stakeholders and government documents. Best practices with the expert consensus level of evidence have not been formally researched or evaluated.

Throughout the literature review, this ranking methodology is used to describe the level of evidence to support each best practice statement.

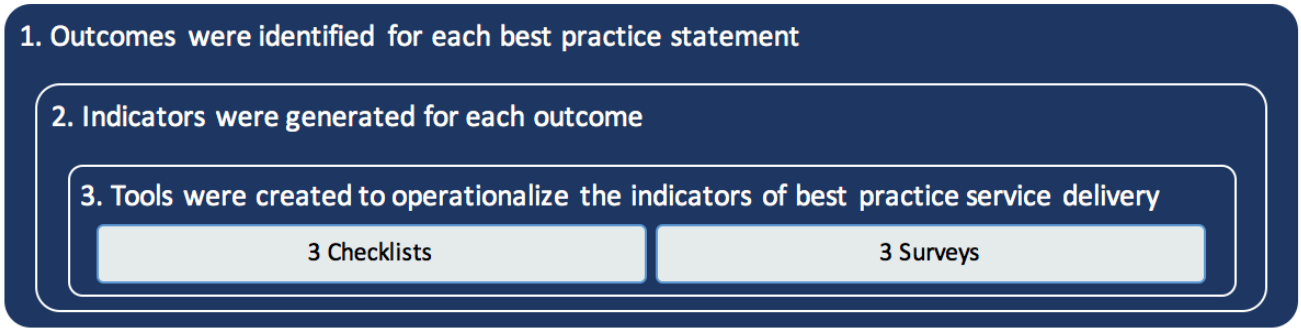
Stage 2: How Do We Measure Practice?

Purpose	Involvement	Output	Date
Operationalize best practice statements by creating indicators, outcomes, and tools.	• ACCERT	Evaluation toolkit	2014

Process. The preceding guide provided a natural framework on which to build outcomes and indicators of best practices in FASD services. Initially, using as a foundation the graphic *Mapping Evaluation of FASD Support Programs* created by Deborah Rutman, Carol Hubberstey, Nancy Poole, Sharon Hume and Marilyn Van Bibber in 2012, existing outcomes were identified and matched with best practice statements. Next, as depicted in Figure 3, outcomes were refined and indicators were generated for each outcome based on relevant literature as well as existing tools and resources from the fasd-evaluation.ca website.

Evaluation Framework. Identified outcomes and indicators were matched with best practice statements; these are presented in the Evaluation Framework section of this document. The evaluation framework thus shows links between best practice statements, outcomes, indicators, and the six tools that were created to operationalize each of the identified indicators.

Evaluation Tools. Three checklists and three surveys were created to measure identified indicators. Two separate surveys were created for use with clients and families, a staff survey and case management plan checklist were created for use with front-line staff, and a policy checklist and training checklist were provided for use with agencies and staff members. Specific items on these tools link to certain outcomes and indicators; this link is presented in the Evaluation Framework. Additionally, a scoring guide is provided that offers a systematic method for agencies and/ or programs to assess their use of best practices.



Stage 3: How Do We Assess Feasibility, Relevance, and Usefulness?

Purpose	Involvement	Output	Date
Gather feedback from community agency staff members regarding tool content.	• ACCERT • Community agency staff	Synthesis of community feedback	2015

Process. After compiling the evaluation toolkit, members of ACCERT sought feedback on the tool content. In order to provide feedback, service providers reviewed the six tools included in the Evaluation Toolkit. Tools were entered into an online survey (Survey Monkey) with feedback space provided under each item.

Learnings. Seventeen staff members from Catholic Social Services' (CSS) FASD programs as well as three staff members from the Wellness, Resiliency and Partnership project (WRaP) reviewed one or more of the six tools. This resulted in each of the six tools being reviewed by six staff members. These service providers were best positioned to provide feedback, given their extensive experience working with individuals affected by FASD in community settings.

Overall, service providers gave feedback indicating that each of the six tools would be useful in practice for understanding the extent to which services are FASD informed. Feedback was provided with regard to the content of tools as well as the wording and applicability of specific items.

> *"Staff at our agency don't have a lot of time for research consumption, so I think this is an accessible way for us to check how our services are lining up with evidence-based best practices."*
>
> - Agency Supervisor

Stage 4: How Are We Better Together?

Purpose	Involvement	Output	Dates
Integration of community feedback and refinement of tools.	• ACCERT • Community agency staff	Revised evaluation tools	2016

Process. After receiving and compiling the feedback provided through the review by community agencies and service providers, five ACCERT members came together to refine the tools accordingly. The process first involved individual review of the feedback and subsequently working together to refine each of the survey tools.

At the same time, the team coded the tool items, which then informed revisions to the four aspirational practice principles provided in the Guide and Evaluation Toolkit. Four evaluation team members engaged in the coding process. Coding was completed in order to (1) determine the extent to which each of the principles represented distinct constructs; and (2) ensure that each principle was reflected in the evaluation tools. Two coders had specialized expertise in measurement and evaluation, while two coders had specialized expertise in community-based programming and services, particularly for individuals with FASD. Consensus was reached regarding the constructs representing each of the items.

By using both service provider feedback and the results of the coding process to revise the evaluation tools, we were able to thread together research and practice perspectives. In this way, we created resources that bridge community and academic wisdom.

"Completing these surveys could provide our agency with a level of internal accountability."
- Agency Manager

Stage 5: How Can We Keep Improving?

Stage	Purpose	Involvement	Output	Dates
5	Pilot evaluation tools with community staff.	• ACCERT • Community agency staff • PolicyWise	Revised best practices guide and evaluation toolkit	2017

Process. After refining the evaluation tools based on service provider feedback and our coding process, tools were entered into the REDCap web application, a secure platform for building and managing surveys. Members of ACCERT worked together with PolicyWise staff to complete multiple rounds of formatting and troubleshooting the tools in REDCap. The purpose of transferring the tools to REDCap was twofold. First, we sought to pilot the tools with community staff to maximize the relevance of the Evaluation Toolkit to its intended audience, and to thereby test its usability by service providers. Second, the goal was to provide a system for ongoing use of the tools by community agencies.

Learnings. Agencies who took part in the piloting process included Edmonton-based staff from CSS and Calgary-based staff from Enviros. Front-line staff members, supervisory/managerial staff members, and clients completed the tools. Afterward, interviews were conducted with two staff members in leadership roles at Enviros and one staff member in a leadership role at CSS. Feedback from interviews is summarized as follows:

- Front-line staff found the tools to be relatively extensive, which suggests that agencies need to provide time and resources for staff to complete these tools in their entirety. It was also suggested that staff in leadership roles need to understand and see the value in completing the surveys in order for this buy-in to trickle down to front-line staff.
- Staff indicated that it will be important to have access to materials to advertise the tools. Members of ACCERT created the materials provided in Appendices D and E.
- Managers would benefit from the ability to examine data on both an agency and program level. Exploration of this possibility was beyond the scope of the current project and will need to be explored with an implementation organization moving forward. However, members of ACCERT have created an interpretive guide to make use of data in its current form (Appendix A) as well as instructions for using the surveys in REDCap (Appendix F).
- Staff members readily engaged with the content of tools and appreciated being probed in the practice areas captured by the tools. As a result, staff members reported that completing surveys helped them to reflect on their practice.
- In addition to prompting reflection, feedback revealed that the process of completing the tools directly impacted practice, as individuals and programs adjusted their practices to align with the best practice areas that they learned about when completing the tools.
- Staff members anticipated that the tools could serve as a method by which their agencies could monitor and continually improve their services. To facilitate ongoing monitoring, a feedback template (Appendix B) and Sample Feedback Report (Appendix C) are provided.

BEST PRACTICES GUIDE

ASPIRATIONAL PRACTICE PRINCIPLES

In compiling this guide, four overarching principles of practice were identified. These broad themes permeate many of the specific best practices and represent a philosophy of practice that rises above any specific action alone. As such, these principles can be considered aspirational practices:

1. Consistency — within agencies, in their approaches to providing services and building relationships. This includes a common understanding of FASD and other complex needs within systems, as all points of care should be educated on FASD and other complex needs in order to promote common goals as well as a consistent message and approach. Consistency in relationships also includes approaches that aim to minimize the impact of staff turnover. Consistency within agencies promotes services that are structured and stable within systems.

2. Collaboration — between agencies that work together. Truly integrated systems of responding are needed from the grassroots to the policy development level. This requires organizational support for complex case management, coordination of referrals, and intentional planning between types of services and levels of service delivery.

3. Responsiveness — how service providers work with individuals to meet their needs. This includes striking a balance between dependency and complete independence, in which expectations are managed based on each individual's unique strengths and needs. Programs should harness the development of individuals' competencies in a supportive environment that recognizes the need for adapting services in response to outcomes.

4. Proactivity — when services are provided. Proactivity is about service providers learning to anticipate rather than respond. This approach fosters control and promotes a success focused trajectory rather than the use of problem avoidance strategies. Early interventions are key to developing change-oriented behaviors and preventing secondary disabilities. This includes anticipation of transition periods and clear planning to navigate change in proactive ways.

DELIVERY OF SUPPORTS

Support services should Be collaborative: Some evidence

Parents believe centralized services will help them conserve time and energy and make the caregiver role less overwhelming (Walls & Pei, 2013). However, central intake is not always feasible because of funding issues and geographical distance. Collaborative supports can coordinate across multiple services, so that parents are able to navigate available services more easily and a synchronized support system is developed for the child. Indeed, it has been shown that the greater the number of agencies and organizations which actively work together, the more in-depth clients' understanding of available supports and services becomes.

Collaborative service delivery is generally considered best practice but it can be defined in many ways. Common activities and mechanisms which include similar functions and orientations are criteria by which collaboration can be evaluated (Turnbull et al., 2011). Collaborative support systems will promote communication and intentional planning to meet the unique needs and challenges of every child. Support services should work with community partners and have common goals, interventions and a consistent message and approach (Badry, 2013; Stonehocker, 2012).

Support services should focus on transitions: Expert consensus

Traditionally, transitions represent a point in time where services reduce or terminate their support. However, as young people with FASD reach legal age, they are likely to experience one of the most challenging periods of their lives as their vulnerabilities clash with a new set of social expectations and responsibilities.

Arguably, this represents a compelling case to offer more intensive support in daily living activities instead of the conventional drop-off (for an example, see Wirzba, 2013). Whenever possible, an extension of care beyond age 18, or alternatively, the development of daily living supports should be considered for clients who are transitioning (Badry & Rutman, 2009). Supporting transitions means also recognizing the need for interdependence and age appropriate supports, topics which are discussed further in this document.

SUPPORT WORKER EDUCATION

FASD competent workforce in all systems of care: Expert consensus

Services that are involved with children with FASDs and their families should have staff members who are specifically trained in FASD, in order to improve understanding by different systems of care.

Training should be framed from a disability context: Expert consensus

An FASD-informed practice will be strongest if training is framed from a disability lens. Understanding of FASD as a brain-based disability can shift expectations and help workers appreciate the needs of this population (Badry, 2013). The development of core competencies is key to effective training (British Columbia Ministry of Children and Family Development, 2009). In the case of FASD, support workers should be given more than just information, but a chance to practice these skills in real life. This means direct engagement in consultations and the active development of case planning strategies (Badry, 2013).

Support workers should remain current on FASD-related information: Expert consensus

Employees need the support of their organization in keeping current on resources, by attending events like conferences, as well as through organizational information, like referral processes and the availability of services (Badry, 2013).

Support and education for vicarious trauma: Expert consensus

A key component of service provider safety is training and support for vicarious trauma (Poole, 2015). Support workers should have ample opportunity for supportive debriefing and supervision, as well as access to counselling services to deal with burnout and stress (Guarasci, 2013).

HIRING PRACTICES

Interpersonal and work skills: Expert consensus

Along with strong communication skills, the personal qualities of people working with individuals with cognitive disabilities and their families are key in avoiding client drop out (Dodevska & Vassos, 2013; McGregor, 2012). An attitude of possibility is complimented by a non-judgmental, non-condescending attitude (Dodevska & Vassos, 2013; Rutman & Van Bibber, 2010). Trustworthy, empathetic, available and mature are other qualities noted by experts as important to successful service delivery.

Familiarity with complex case management: Expert consensus

Traumatic histories are often a factor in the lives of families dealing with FASD. For this reason, workers who deal with the needs of families affected by FASD should be familiar with complex case management (Badry, 2013). This includes the ability to accommodate the communication, learning styles, and cultural and socio-economic circumstances of all families (British Columbia Ministry of Children and Family Development, 2009). Developmental awareness is also an important knowledge base for front-line workers. This means being able to recognize which approaches and interventions are developmentally appropriate for each individual.

DIAGNOSIS

Early Diagnosis: Good evidence

Betrand and colleagues report that among some professionals there has been a reluctance to diagnose children with FASD because of a concern that there are no known effective treatments (Bertrand & Consortium, 2009). However, it is well established that early diagnosis is associated with better outcomes for individuals with FASD and their families (Benz, Rasmussen, & Andrew, 2009; Stade, Stevens, Ungar, Beyene, & Koren, 2006). Timely diagnosis is key to accessing appropriate services and funding, which can help prevent secondary disabilities such as mental health problems, homelessness, inappropriate sexual behaviours, alcohol and drug addictions, and incarceration (Streissguth et al., 2004).

Streissguth and colleagues defined "early diagnosis" as occurring before age 6 (Streissguth, 1997). However, it is never too late for a diagnosis to be beneficial, as it improves options for interventions and helps reframe problematic behaviours (Malbin, 2004).

INDIVIDUAL SUPPORT

Early Interventions: Some evidence

Early interventions are frequently recommended for children with FASD and their families. Long recognized as a boon for other disabilities, in the case of FASD, early interventions also appear to improve the developmental outlook for children (Bertrand & Consortium, 2009; Streissguth, Barr, Kogan, & Bookstein, 1996). Early intervention has been called especially important for children with FASD because central nervous system (CNS) function seems to have the potential to improve in early childhood (Olson, Jirikowic, Kartin, & Astley, 2007).

The United States Government's Center for Disease Control and Prevention (CDC) defines early intervention as those services aimed at the period from birth to age three; however many others use young or preschool school age to qualify "early," while some consider early to include the period up until puberty. As is the situation with early diagnosis, "early" appears to mean as soon as possible in the case of interventions too.

Positive strength-based approach: Some evidence

Clinical expertise and a wealth of evidence show that positive perceptions and strengths-based activities are associated with improvements in the personal development and satisfaction of individuals, as well as with family flexibility and resilience (Hall, Cunningham, & Jones, 2010; Olson, Oti, Gelo, & Beck, 2009).

A positive, strengths-based approach is a client-centered model of support from the general disability literature which promotes the natural strengths and resources of individuals and their families in order to improve functioning and overall well-being, while minimizing secondary risks associated with FASD (British Columbia Ministry of Children and Family Development, 2009). It does this by emphasizing that dysfunctional behaviours are the result of brain damage and not wilful non-compliance. It then builds on this understanding to promote adaptation by supports, rather than punishment (Hall et al., 2010). It emphasizes activities and employment that play to the unique personal characteristics and skills of each individual with FASD (Hall et al., 2010).

INDIVIDUAL SUPPORT CONTINUED

Age appropriate services: Expert consensus

The effects of FASD are manifested throughout the individual's lifespan (Zevenbergen & Ferraro, 2001). While it is well known that the developmental age of a person with FASD often differs from their chronological one, there are, nonetheless, major changes in needs and expectations which occur as individuals age (Benz et al., 2009; Malbin, 2004).

These needs evolve not only from changes in cognitive and behavioural functioning, but from other life changes. For instance, when individuals with FASD become parents themselves, supports must adapt to meet the new needs of these families (Denys, Rasmussen, & Henneveld, 2011). Similarly, housing and employment are concerns for many adults with FASD as they age beyond 18 years, which is also a typical service endpoint for many youth programs.

Experts believe that age appropriate supports reflect both the social role of the individual, as well as their cognitive capacities.

Focus on interdependence, not independence: Expert consensus

As they transition out of adolescence, the majority of people with FASD should not hope to have the same degree of independence as their non-affected peers (Hall et al., 2010). Indeed, developing the independence of clients appears to be an unrealistic goal, as most people with FASD will need lifelong support with a full continuum of services in order to succeed (Hall et al., 2010; Olson et al., 2009). Thus, interdependence appears to be a more reasonable aim and has seen great success in increasing access to enhanced supports (Grant et al., 2004).

Interdependence has been defined as "a relationship in which both persons are valued, respected and each one contributes equally; and where no one person is required or expected to have all the answers. It is a relationship in which a belief in the validity of each person's perspective, skills and insights allows us to collectively make good decisions" (FASD Interdependent Living programs for Adults, Whitecrow Village, Nanaimo, British Columbia).

INDIVIDUAL SUPPORT CONTINUED

Consistency and structure from support: Expert consensus

People with FASD need consistency and structure, not only in their home environment but also in the services and supports they receive (Badry, 2009; Hall et al., 2010). This basic principle is recognized as essential by clients, caregivers and service workers alike and is highlighted in the FASD framework for action published by the Public Health Agency of Canada (Caley, Winkelman, & Mariano, 2009; Walls & Pei, 2013).

Staff turnover can be detrimental to client access; for this reason, consistency in supports should create the security and stability necessary for a successful client–mentor relationship (Denys et al., 2011; Rasmussen et al., 2012; Walls & Pei, 2013). Likewise, in addition to having FASD-specific training, professionals from different systems of care should use a similar approach, including common goals and interventions, which creates consistency across environments (Badry, 2013).

Awareness and support for sensory processing disorders: Moderate evidence

Individuals with sensory processing disorders have difficulty interpreting and organizing sensory information from their body or environment (Lane, Miller, & Hanft, 2000). These same issues have been consistently reported in people with FASD (Carr, Agnihotri, & Keightley, 2010; Franklin, Deitz, Jirikowic, & Astley, 2008).

Awareness of sensory processing disorders in the FASD population and their impact on behaviour and performance can help reframe challenging behaviours and poor functional skills, providing a new background from which to deliver supports (Jirikowic, Olson, & Kartin, 2008). Thus, in order to provide effective services for individuals with FASD, caregivers and service providers have to assess, understand and address sensory processing disorders. Addressing sensory processing disorders often means taking environmental and visual structure into account within school and home environments; that is, taking care to create structured routines in visually uncluttered settings.

EDUCATION

Functional assessment: Expert consensus

Once a diagnosis of FASD has been made, experts believe that it is important not to jump directly into an individualized education plan (IEP) without first conducting a functional assessment (Kalberg & Buckley, 2006; Maag & Larson, 2004). The aim is to understand the individual strengths and challenges of each student, in order to supplement other diagnostic testing information like IQ scores (Denys et al., 2011; Rasmussen et al., 2012). This information can be used to produce individualized learning plans and to identify environmental conditions and supports which will enhance a child's performance and can serve as a checklist to monitor progress (Badry, 2009).

Comprehensive assessments capture the performance and behaviours of individuals with FASD in a variety of natural settings, in order to shed light on problems which may be occurring in a specific environment (Carr et al., 2010). Functional assessment will normally include identifying if a skill is present, the student's potential for developing the skill, and what is needed for the student to independently display the skill (Blaschke, Maltaverne, & Struck, 2009; Kalberg & Buckley, 2006). It should also include functional behavioural assessment to target both the behaviours that are interfering with learning, as well as the conditions which promote the behaviours (Iwata & Dozier, 2008; Kalberg & Buckley, 2006).

EDUCATION CONTINUED

Use of a unique learning profile: Moderate evidence

The intelligence scores of individuals with prenatal alcohol exposure vary greatly, with those with normal IQs exhibiting difficulties not necessarily captured by basic diagnostic tests (Rasmussen et al., 2012). Because of this variability, individualized programming is necessary to meet the different needs of students in this population. Customized education plans have been shown to enhance the learning and development of individuals with FASD within a number of larger interventions (Lane et al., 2000; Walls & Pei, 2013). Indeed, a clear, tailored learning profile is a productive step toward the goal of inclusion for each child (Denys et al., 2011).

An individualized program plan or education plan (IPP or IEP) has been defined as both a process and a product. The process provides an opportunity for support staff, teachers and family to communicate and plan together. The product should include operationally defined goals and objectives which are functional and meaningful as these are the basis of a high quality, effective individualized education plan (Kalberg & Buckley, 2007; Pretti-Frontczak & Bricker, 2000). Training on writing quality goals and objectives has been highlighted in the literature as important to the success of customized plans (Pretti-Frontczak & Bricker, 2000).

Parent-assisted adaptive functioning training: Moderate evidence

Regardless of IQ, individuals with FASD often struggle with many aspects of day-to-day functioning (Hall et al., 2010). These deficits are lifelong and often limit children's opportunities to participate in typical rites of passage as they age (Franklin et al., 2008). Adaptive skills interventions, particularly trainings aimed at social interaction and communication, have shown lasting results in children which experts suggest may also reduce the development of secondary disabilities (Carr et al., 2010; Maag & Larson, 2004; Walls & Pei, 2013).

Adaptive functioning training should cover the three domains of conceptual, practical and social skills. For example, these domains include, but are not limited to, personal care, safety, food preparation, the ability to work, money management, home care, making friends, etc. While their peers acquire these skills from observing others, children with FASD learn these skills through concrete, explicit instruction and guided practice; manualized skills training reflects this. There are also multiple evidence-based interventions which demonstrate that caregivers should be included as facilitators in adaptive skills training, as parent-assisted activities are key to the maintenance and generalization of the newly learned skills (Bertrand & Consortium, 2009; O'Connor et al., 2006; Paley & O'Connor, 2011).

HEALTH

Preventative mental health services: Expert consensus

Individuals with FASD experience high rates of mental health problems, including suicidal behaviour and mood and substance abuse disorders (Chudley et al., 2005; Famy, Streissguth, & Unis, 1998; Clark, Lutke, Minnes, & Oullette-Kuntz, 2004; O'Connor & Paley, 2009). Appropriate preventative services and early treatment of these psychiatric conditions can help these individuals live rewarding lives (O'Connor & Paley, 2009).

Within the last decade, many interventions aimed at the prevention of mental illness have targeted children (Dadds et al., 1999). Several interventions focussing on children's mental health disorders in the general population have proven successful in children and adolescents with FASD as well (Mills, McLennan, & Caza, 2006). This suggests that the involvement of mental health providers in childhood may ameliorate mental health outcomes for individuals with FASD. Along with supported, regular access to mental health and substance abuse programming, mentorship programs for adults have also been recommended by experts as helpful for sustaining mental health. The inclusion of a supportive third party in therapy, as well as the use of hands-on tools and techniques that engage more than one of the senses have shown particular success with clients affected by FASD (Rowbottom, 2012).

Support for accessing medical care: Expert consensus

Like everyone else, regular check-ups are essential to the good physical health of those with FASD. For people with FASD, health concerns specific to their disorder must also be monitored and addressed by medical professionals and specialists. However, many individuals with FASD require help accessing medical services and benefit from the aid of support services in following up with health professionals.

HEALTH CONTINUED

Supported recreational activity: Expert consensus

Regular physical activity is vital for individuals with intellectual disabilities because of the physical, psychological, and emotional benefits it provides (Bartlo & Klein, 2011).

Experts believe participation in healthy recreational activities is important not only because of the physical activity it provides, but also for the opportunities it creates for "teachable moments" and experiencing success (Jones, 2004; Wirzba, 2013). Experts recommend programs which are pro-social, recreational, and extracurricular in nature and which include appropriate developmental and social supports (Jirikowic, Gelo, & Astley, 2010).

Managing sexually exploitive situations and risky behaviours: Expert consensus

Due to increased impulsivity and lack of inhibition, along with lowered abstracting abilities and poor social skills, some individuals with FASD are at a high risk for sexual exploitation (Smith Thiel et al., 2011). Relationship safety and peer pressure are thus areas of concern for clients affected by FASD.

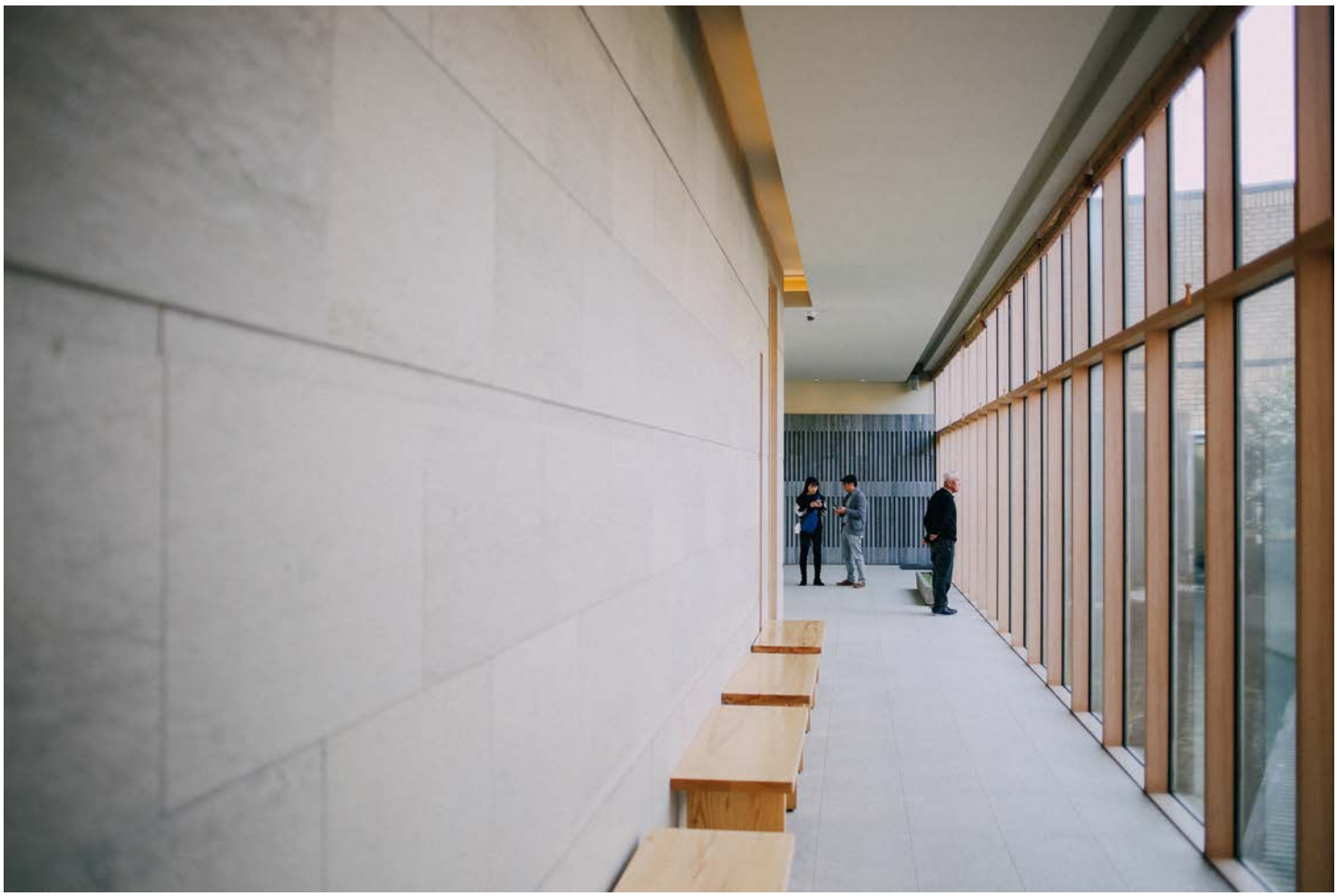
Managing risky behaviours should include teaching and planning by a trusted individual, promoting a "planned versus crisis approach to sexual activity" (Badry & Rutman, 2009). Support workers should help clients to better understand their particular vulnerabilities, as well as help them identify supports to address these issues and develop safety plans. This should include a discussion of reproductive health, including birth control and sexually transmitted infections (Wirzba, 2013). Women should be encouraged to consider alternative methods of birth control such as an Intrauterine device or injection, as they may have difficulty remembering to take birth control pills (Wirzba, 2013).

EMPLOYMENT

Person-centered employment services: Expert consensus

Employment takes a central role in most people's lives, providing social inclusion and identity (Boardman, Grove, Perkins, & Shepherd, 2003). Indeed, positive, stable work and volunteer experiences can be very fulfilling for adolescents and adults with FASD.

Experts believe that job preparation programs which include individually tailored vocational counselling, along with employment supervision and training for adolescents and adults produces the most sustainable, successful placements (Phelps & Grabowski, 1992; Wirzba, 2013). A balance of structure and flexibility in the work environment, along with having an informed and understanding supervisor are also important factors leading to sustainable employment (Rutman, La Berge, & Wheway, 2002).



HOUSING

Importance of safe and secure housing: Some evidence

Streissguth and colleagues report that nearly 80% of adults who have been diagnosed with FASD, regardless of IQ, were unable to live independently (Streissguth et al., 1996). As a result, many of these adults end up homeless (Bennett, 2009; Thanh, Moffatt, Jacobs, Chuck, & Jonsson, 2012). Stable housing facilitates the delivery of other support services (Brintnell, Bailey, Sawhney, & Kreftin, 2010). For this reason, providing housing support to adults with FASD is of critical importance for success in the other areas of life where they may encounter difficulties (e.g., health, education, employment, and secondary disabilities such as criminality).

Housing support schemes can take many forms, ranging from 24-hour residency to regular visitation support. Services should be actively involved in securing housing at either end of such a needs spectrum (Wirzba, 2013).

In addition, a place to live that is safe and secure is essential to stability. Individuals might feel threatened by the behaviour of other residents in recovery housing, experience threats from strangers, and/or encounter threats related to loss of self-control (Whitley, Harris, & Drake, 2008). These physical and mental threats might decrease residents' feelings of safety. When residents feel threatened, they may shy away from social interactions with others and isolate themselves as a means of self-protection. Such behaviours are not conducive to success. Thus, researchers suggest that service providers continuously monitor and address safety and security issues in order to better serve their clients (Whitley et al., 2008).

FAMILY SUPPORT

Stability of the home environment: Good evidence

Stability in the home life of individuals with FASD is associated with a number of positive outcomes, including a reduction in the severity of behavioural and social problems and the frequency of secondary disabilities (Streissguth, 1997; Streissguth et al., 2004). For children in care, this means reducing the number of placements through training, support services and funding for biological, foster and adoptive parents (Brown & Bednar, 2004). In particular, a dedicated team that maintains regular contact with the family promotes placement stability (Pelech, Badry, & Daoust, 2013).

Emphasis on caregiver well-being: Good evidence

Many caregivers struggle to cope with the economic impact, emotional stress and fatigue that comes with raising a child with complex mental and physical health needs (Brown, Sigvaldason, & Bednar, 2005). Self-care is vital in meeting these challenges head on (Olson et al., 2009).

Along with a positive outlook, in which parents do not take their children's behaviour personally, best practices for stress management identified so far include the use of respite care and counselling services, especially peer parent support networks (Brown & Bednar, 2004; Doig, McLennan, & Urichuk, 2009; Hastings & Beck, 2004; Lwin, Schatia, & Black, n.d.; Olson et al., 2009; Paley & O'connor, 2009; Paley, O'connor, Frankel, & Marquardt, 2006; Sanders & Buck, 2010; Singer, Ethridge, & Aldana, 2007; Whyte, 2010; Wilton & Plane, 2006). Support workers should help caregivers access these services and funding (Leenaars, Denys, Henneveld, & Rasmussen, 2012).

Support workers should provide educational resources: Moderate evidence

Educational resources are critical to parents' understanding of the neurodevelopmental nature of FASD and overall confidence in their parenting. When caregivers understand their child's impairments, they recognize that behaviours are not the result of wilful disobedience and are able to focus on the positives of raising a child with disabilities (Bertrand & Consortium, 2009; Olson et al., 2009). This leads to less frustration and more successes overall (British Columbia Ministry of Children and Family Development, 2009).

Many parents report feeling that they do not have complete information on their child's disorder (Olson et al., 2009). Support workers can spare parents a great deal of time and energy by providing FASD material directly, rather than having parents search it out on their own (Shepard & O'Neill, 2012). Providing these resources can take many forms, such as reading material, information sessions and parent mentoring (BC Ministry of Children and Family Development, 2009).

FAMILY SUPPORT CONTINUED

Training in parenting strategies which focus on caregiver attitudes: Moderate evidence

Clinicians find that many parents of children with FASD struggle to develop effective parenting skills and attitudes (Bertrand & Consortium, 2009). Effective behavioural parenting strategies, along with positive caregiver cognitions are associated with lower parenting stress levels and better outcomes for children (Olson et al., 2009; Ylvén, Björck-\AAkesson, & Granlund, 2006).

Trainings which address parent attitudes alongside parenting responses to problem behaviours are more effective than a one-prong approach (Olson et al., 2009). Problem-focused management exercises which also target cognitive appraisals have been shown to improve parental efficacy in the general disability literature and in a small number of FASD interventions (Bertrand & Consortium, 2009; Kim, Greenberg, Seltzer, & Krauss, 2003; Olson et al., 2009). This instruction might take the form of coaching or mentoring, or cognitive behavioural therapy; skills should be practiced in person with instructors (Bertrand & Consortium, 2009; Hastings & Beck, 2004). Parenting intervention methods must also be tailored to some extent to meet the very diverse group of families who raise children with FASD, who may have different baseline skills (Bertrand & Consortium, 2009). Indeed, while some parents may need comprehensive behavioural training, others may need to focus only on supervision and monitoring (Olson et al., 2009).

Planning for the future: Expert consensus

The future is a major concern for many parents of children with FASD, as they worry that when they are no longer able to look after their children, their children will be unable to live safely and independently. Support workers and communities can provide peace of mind by helping parents plan for the future and develop an interdependent support network for adolescents and adults with FASD (Hall et al., 2010).

FINANCIALS

Aid accessing funding: Expert consensus

Like many other disabilities, FASD takes a financial toll on the families of children with the condition. As these children transition into adulthood, they continue to require additional financial resources, as they have great difficulty finding and maintaining employment that covers the costs of their basic needs. People with FASD often lack the ability to independently apply for financial support, while parents of children with FASD are often unaware of the sources of funding for which they may be eligible. Support services are thus key in helping clients and their families access income support. This can include help with filling out applications and compiling documentation, as well as more practical support, such as helping clients attend their appointments. For adults with FASD, assistance with money management should be provided in tandem with securing financial aid.

LEGAL SYSTEM

Supported dealings with the justice system: Expert consensus

Delinquency and criminality are common secondary characteristics of FASD; indeed, a disproportionate number of people in conflict with the law have FASD. This has been well recognized by the criminal system and specific best practices for this field can be found elsewhere. However, because people affected by FASD are at high risk for legal issues, service providers should be knowledgeable about this subject and take an active role in supporting clients with legal problems.

Part of this support is recognizing that many adults with FASD may have diminished capacity and require assistance to navigate the complexities of the legal system, which may require the use of guardianship and trusteeship programs (Institute of Health Economics, 2013). This may include providing the court with information about the client's disability (Wirzba, 2013) and helping clients to attend court appointments and follow up with legal requirements, such as probation orders and community service (Wirzba, 2013).

CONCLUSIONS AND MOVING FORWARD

Four broad themes of consistency, collaboration, interdependence, and proactivity were described within many of the preceding best practice statements. It is anticipated that these overarching aspirational principles may guide decision-making and promote effective service delivery.

This guide also identifies the level of evidence to support each best practice statement. It is clear that, at this time, the majority of practice involving clients with FASD is directed by expert consensus. This indicates that there is general agreement in the field, although there is a lack of formal research or evaluation to determine whether current practice is accomplishing intended outcomes. Further to promoting effective service delivery, the preceding best practice statements were operationalized into clear outcomes and indicators as part of the following evaluation toolkit. This operationalization was designed to allow for 1) assessing the degree to which agencies and programs are providing services that align with current understandings of best practices for working with individuals with FASD; and 2) examining the way in which these current understandings translate to intended program outcomes. Therefore, the preceding literature review is instrumental in identifying best practices as we currently understand them. The subsequent evaluation toolkit provides an accessible means for measuring the implementation of these best practices as well as contributing to the enhancement of what constitutes best practice.

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EVALUATION TOOLKIT

EVALUATION FRAMEWORK

EVALUATION FRAMEWORK

The following evaluation framework is the result of operationalizing the preceding best practices. A table is provided below that lists each best practice alongside associated outcomes and indicators. Beside each indicator, we list the evaluation tool items that were developed to measure these indicators, and ultimately, to measure the best practices. At the end of this document, an implementation section is provided with suggestions and instructions for using the evaluation framework and tools.

As mentioned above, items on each of the tools were coded according to the four aspirational practice principles. A legend is provided on each page with the symbols that denote each of the four aspirational practice principles, as follows:

- ⇆ Consistency
- 💬 Collaboration
- 🗘 Responsiveness
- 🕐 Proactivity

The six evaluation tools appear after the tables listing best practices, outcomes, indicators, and corresponding tool items.

DELIVERY OF SUPPORTS

Best Practice	Outcomes	Indicators	Tool Items
Support services should be collaborative. *(some evidence)*	Multi-disciplinary service providers work collaboratively.	Policies are in place regarding interagency information sharing.	Policy checklist (#3, 4)
		The agency has a mandate emphasizing the importance of interagency service coordination.	Policy checklist (#13)
		Clients and families report that staff from different agencies help them work toward the same goals.	Client survey (#21) Family survey (#19)
Support services should focus on transitions. *(expert consensus)*	Clients are supported in n avigating transition periods.	Policies are in place regarding interagency information sharing.	Case management checklist (#14)
		The agency has a mandate emphasizing the importance of interagency service coordination.	Client survey (#3) Family survey (#8)
		Clients and families report that staff from different agencies help them work toward the same goals.	Training checklist (#6) Staff survey (#7, 22, 45)

SUPPORT WORKER EDUCATION

Best Practice	Outcomes	Indicators	Tool Items
FASD-competent workforce in all systems of care. *(expert consensus)*	Clients receive FASD-informed services and supports.	Staff are trained to understand FASD and feel comfortable with their level of knowledge.	⇆ Training checklist (#3) ⇆ Staff survey (#4, 19, 42, 44)
		Clients and families report satisfaction with the way that they are treated by staff.	↻ Client survey (#5) ↻ Family survey (#6)
Training should be framed from a disability context. *(expert consensus)*	Staff understand FASD as a disability.	Staff are trained to understand FASD as a neurological disability rather than a behavior problem.	⇆ Training checklist (#4) ⇆ Staff survey (#5)
		Staff report an understanding of why FASD is considered a neurological disability.	⇆ Staff survey (#43)
Support workers should remain current on FASD-related information. *(expert consensus)*	Staff have updated knowledge regarding FASD.	An agency policy is in place to allow staff time for FASD-related professional development.	⇆ Policy checklist (#6)
		An FASD training refresher is offered at least annually to staff.	⇆ Training checklist (#5)
		Staff report that their FASD-related knowledge is up to date.	⇆ Staff survey (#46)
Support and education for vicarious trauma. *(expert consensus)*	Staff are supported in preventing and dealing with vicarious trauma.	Staff have access to counselling and support.	🕐 Policy checklist (#7) 🕐 Staff survey (#48)
		Staff have the opportunity to engage in supportive debriefing and supervision.	🕐 Policy checklist (#8, 9) 🕐 Staff survey (#63)
		Staff receive vicarious trauma support and education, and report a strong understanding of vicarious trauma.	🕐 Training checklist (#7) 🕐 Staff survey (#9, 24, 47)

HIRING PRACTICES

Best Practice	Outcomes	Indicators	Tool Items
Interpersonal and work skills of support workers. *(expert consensus)*	Clients receive services from staff that are accepting, trustworthy, empathetic, available, and mature.	Agency hiring practices emphasize interpersonal and work skills important for working with individuals with complex needs.	Policy checklist (#10)
		Staff are trained to develop support skills for working with individuals with complex needs.	Staff survey (#6, 21)
		Staff are trained to develop interpersonal skills that facilitate collaboration between agencies.	Training checklist (#20)
		Staff are trained to develop interpersonal skills that facilitate team building within agencies.	Training checklist (#19)
		Clients and families report feeling safe, welcome, and accepted by staff.	Client survey (#4, 20) Family survey (#10)
		Clients and families report having trusting relationships with staff.	Client survey (#19) Family survey (#11)
Familiarity with complex case management. *(expert consensus)*	Clients receive services that are responsive and appropriate to their unique circumstances.	Agency hiring and training practices emphasize complex case management skills, including awareness of functional needs that may impact service use and the ability to integrate information from different agencies.	Policy checklist (#5, 11)
		Staff are trained in and feel comfortable with their skills in complex case management between agencies.	Training checklist (#8) Training checklist (#10) Staff survey (#10, 25, 49)
		Clients and families report feeling that staff are responsive to their needs.	Client survey (#7) Family survey (#18)

DIAGNOSIS

Best Practice	Outcomes	Indicators	Tool Items
Early diagnosis and early intervention. *(expert consensus)*	Clients have access to assessment/ screening and appropriate intervention services.	Case management plans include consideration of formal assessment, diagnosis, and intervention.	Case management checklist (#19, 22b) Case management checklist (#22a)
		Staff have resources to refer individuals for screening and/or assessment.	Policy checklist (#12)
		Staff are comfortable with and trained to recognize the signs of FASD.	Staff survey (#12, 27)
		Staff are comfortable with and trained to refer clients for formal assessment/ screening and intervention.	Training checklist (#22a, 23a, 23c, 24a, 25a, 25c) Training checklist (#22b, 23b, 24b, 25b) Staff survey (34a, 35a, 35c, 36a, 37a, 37c, 65a, 66a, 66c) Staff survey (34b, 35b, 36b, 37b, 52, 53, 65b, 66b)
		Staff are comfortable with and trained to understand the importance of early diagnosis and intervention.	Training checklist (#11, 54)

INDIVIDUAL SUPPORT

Best Practice	Outcomes	Indicators	Tool Items
Positive strengths-based approach. *(some evidence)*	Clients and families learn to focus and build on their strengths.	The agency has an explicit commitment to using a strengths-based approach.	⇆ Policy checklist (#14)
		Staff are trained in and comfortable with the use of a strengths-based approach.	↻ Training checklist (#12) ↻ Staff survey (#14, 57)
		Families and clients identify that staff have helped them recognize their strengths.	↻ Client survey (#6) ↻ Family survey (#8)
Age appropriate services. *(expert consensus)*	Clients receive services that are responsive to their chronological and developmental age.	Case management plans include re-assessing clients' changing needs on a scheduled basis.	🕐 Case management checklist (#20)
		Clients and families report that services are responsive to their changing needs.	↻ Client survey (#7) ↻ Family survey (#7)
		Staff are trained in and comfortable recognizing which approaches are age appropriate for each individual with complex needs.	↻ Training checklist (#9) ↻ Staff survey (#11, 26, 50)

EVALUATION FRAMEWORK

Best Practice	Outcomes	Indicators	Tool Items
Focus on interdependence, not independence. *(expert consensus)*	Clients develop interdependent support networks and achieve a balance between individualized support and opportunities for autonomy.	The agency has an explicit commitment to support stability and facilitate functional independence.	⇆ Policy checklist (#15)
		Case management plans include developing an interdependent support network.	↻ Case management checklist (#16)
		Staff are trained to balance support and autonomy for individuals with complex needs and are comfortable with knowledge in this area.	↻ Training checklist (#13) ↻ Staff survey (15, 58)
		Clients and families report that staff encourage them to work toward goals at their own pace.	↻ Client survey (#8) ↻ Family survey (#2, 9)
Consistency and structure from support. *(expert consensus)*	Clients receive consistent, structured supports.	The agency has strategies and target goals for staff retention.	⇆ Policy checklist (#16)
		Procedures are in place for dealing with staff turnover to ease the transition for clients.	⇆ Policy checklist (#17)
		Staff are trained in helping clients to deal with staff turnover.	⇆ Training checklist (#14) ⇆ Staff survey (16, 59)
Awareness and support for sensory processing disorders. (moderate evidence)	Clients receive support for sensory processing disorders.	The agency guides practices for physical environments to accommodate sensory processing difficulties.	⇆ Policy checklist (#18)
		Support for sensory processing disorders is included in case management planning.	↻ Case management checklist (#9)
		Staff are trained to recognize and support sensory processing difficulties and feel comfortable with their knowledge in this area.	↻ Training checklist (#15) ↻ Staff survey (#60)

EDUCATION

Best Practice	Outcomes	Indicators	Tool Items
Functional assessment. *(expert consensus)*	Clients receive functional assessments, which are used to inform case management.	Staff have the resources to facilitate client access to functional assessments. Clients receive a functional assessment; results are incorporated into case management plans and into work with clients more generally. At least one staff member is trained to conduct functional assessments OR staff are trained to refer clients for a functional assessment.	Policy checklist (#12) Case management checklist (#12, 13) Staff survey (#13, 28, 56) Training checklist (#22a, 23a, 23c) Training checklist (#22b, 23b) Staff survey (#34a, 35a, 35c, 65a, 66a, 66c) Staff survey (#34b, 35b, 55, 65b, 66b)
Use of a unique learning profile. *(moderate evidence)*	A unique learning profile is developed and utilized for all clients.	A unique learning profile/ IEP/ IPP is created for each client and used in case management planning. Staff are trained in understanding IEPs/ IPPs and in incorporating IEPs/ IPPs into case management planning.	Case management checklist (#10, 11) Training checklist (#16) Staff survey (#17, 32) Staff survey (#61)
Parent-assisted adaptive functioning training. *(moderate evidence)*	Clients and families have access to parent-assisted adaptive functioning training.	Case management plans include facilitating access to parent-assisted adaptive functioning training. Staff are trained to facilitate access to parent-assisted adaptive functioning training and are comfortable with their knowledge in this area. Clients report having access to someone who can help them take care of themselves.	Case management checklist (#19) Training checklist (#21) Staff survey (#38a, 39a, 39c, 69a, 70a, 70c) Staff survey (38b, 39b, 69b, 70b) Client survey (#9)

HEALTH

Best Practice	Outcomes	Indicators	Tool Items
Preventative mental health services. *(expert consensus)*	Clients have access to preventative mental health services.	There is an established procedure for referring clients to preventative mental health services.	⇆ Case management checklist (#23a, 24a, 24c) ● Case management checklist (#23b, 24b)
		Staff are permitted to accompany clients to mental health appointments.	● Policy checklist (#19)
		Case management plans include facilitating access to preventative mental health services.	⇆ Case management checklist (#1a, 2a, 2c) ● Case management checklist (#1b, 2b)
		Staff are trained to and feel comfortable with referring individuals with complex needs to preventative mental health services.	⇆ Training checklist (#24a, 25a, 25c) ● Training checklist (#24b, 25b) ⇆ Staff survey (#36a, 37a, 37c, 67a, 67c, 68a, 68c) ● Staff survey (#36b, 37b, 67b, 68b)
		Clients and families report access to counselling services.	● Client survey (#17) ● Family survey (#14)

Best Practice	Outcomes	Indicators	Tool Items
Support for accessing medical care. *(expert consensus)*	Clients have access to medical care.	There is an established procedure for referring clients to medical care.	⇆ Case management checklist (#23a, 24a, 24c) ● Case management checklist (#23b, 24b)
		Staff are permitted to accompany clients to medical appointments.	● Policy checklist (#19)
		Case management plans include facilitating access to medical care and medication management.	⇆ Case management checklist (#1a, 2a, 2c) ● Case management checklist (#1b, 2b) ( ) Case management checklist (#3)
		Staff are trained in facilitating access to medical care and are comfortable with their knowledge in this area.	⇆ Training checklist (#24a, 25a, 25c) ● Training checklist (#24b, 25b) ⇆ Staff survey (#36a, 37a, 37c, 67a, 67c, 68a, 68c) ● Staff survey (#36b, 37b, 67b, 68b)
		Clients and families report having access to medical services.	● Client Survey (#17) ● Family Survey (#16)

EVALUATION FRAMEWORK

Best Practice	Outcomes	Indicators	Tool Items
Supported recreation activity. *(expert consensus)*	Clients have access to supported recreation activities.	Staff are permitted to accompany clients to recreation activities.	Policy checklist (#19)
		Case management plans include facilitating access to supported recreation activities.	Case management checklist (#1a, 2a, 2c) Case management checklist (#1b, 2b)
		Staff are trained in facilitating access to supported recreation activities and are comfortable with their knowledge in this area.	Training checklist (#24a, 25a, 25c) Training checklist (#24b, 25b) Staff survey (#62)
		Clients and families report having access to supported recreation activities.	Client survey (#11) Family survey (#15)
Managing sexually exploitive situations and risky behaviors. *(expert consensus)*	Clients are educated in relationship safety and reproductive health through a planned approach to sexual activity.	Case management plans include educating clients about relationship safety and reproductive health.	Case management checklist (#4)
		Staff are trained to facilitate client access to education about relationship safety and reproductive health through a planned approach to sexual activity; staff are comfortable with their knowledge in this area.	Training checklist (#17) Staff survey (#18, 33, 64)
		Clients and families report that they have access to someone who can answer questions about relationships and sexual health.	Client survey (#12, 13) Family survey (#12)

EMPLOYMENT

Best Practice	Outcomes	Indicators	Tool Items
Person-centered employment services. *(expert consensus)*	Clients gain skills for appropriate employment.	Case management plans include facilitating access to vocational supports.	⇆ Case management checklist (#1a, 2a, 2c, 23a, 24a, 24c) 💬 Case management checklist (#1b, 2b, 23b, 24b)
		Staff are trained to facilitate individuals' access to vocational supports and are comfortable with their knowledge in this area.	⇆ Training checklist (#24a, 25a, 25c) 💬 Training checklist (#24b, 25b) ⇆ Staff survey (#36a, 37a, 37c, 67a, 67c, 68a, 68c) 💬 Staff survey (#36b, 37b, 67b, 68b)
		Individuals and families report receiving assistance in finding a place to work or volunteer.	💬 Client survey (#14) 💬 Family survey (#17)

HOUSING

Best Practice	Outcomes	Indicators	Tool Items
Importance of safe and secure housing support *(some evidence)*	Clients receive support in accessing housing.	Case management plans include facilitating access to appropriate housing.	❍ Case management checklist (#1a, 2a, 2c) ❍ Case management checklist (#1b, 2b)
		Staff are trained to facilitate client access to housing supports and are comfortable with their knowledge in this area.	❍ Staff survey (#36a, 37a, 37c, 69a, 70a, 70c) ❍ Staff survey (#36b, 37b, 69b, 70b)
		Clients report that they have received assistance in finding a place to live.	❍ Client survey (#2) ❍ Family survey (#18)
	Clients experience safe and secure housing.	Staff are trained to monitor the safety and security of clients' housing arrangements and are comfortable with their knowledge in this area.	❍ Training checklist (#18) ❍ Staff survey (#8, 23)

FAMILY SUPPORT

Best Practice	Outcomes	Indicators	Tool Items
Stability of the home environment. *(good evidence)*	Clients experience stable living arrangements.	The agency has an explicit commitment to partnering with foster agencies and group homes. Staff maintain regular contact with clients' families/ caregivers as part of case management plans.	Policy checklist (#20) Case management checklist (#17)
Emphasis on caregiver well-being. *(good evidence)*	Families of clients have access to respite and counselling supports.	Case management plans include facilitating families' access to respite and counselling supports. Staff are trained to facilitate family access to respite and counselling and are comfortable with their knowledge in this area. Families/ caregivers report that they have access to respite and counselling supports.	Case management checklist (#21a) Case management checklist (#21b) Training checklist (#26a, 27a) Training checklist (#21, 26b, 27b) 27c) Staff survey (#38a, 39a, 39c, 69a, 70a, 70c) Staff survey (#38b, 39b, 69b, 70b) Family survey (#5)

Best Practice	Outcomes	Indicators	Tool Items
Training in parenting strategies which focuses on caregiver attitudes. *(moderate evidence)*	Families of clients have access to training in parenting strategies that focus on caregiver attitudes.	Case management plans include facilitating access to parenting strategies training.	⇆ Case management checklist (#21a) ● Case management checklist (#21b)
		Staff are trained to facilitate family access to parenting strategies training and are comfortable with their knowledge in this area.	⇆ Training checklist (#26a, 27a) ● Training checklist (#21, 26b, 27b) 27c) ⇆ Staff survey (#38a, 39a, 39c, 69a, 70a, 70c) ● Staff survey (#38b, 39b, 69b, 70b)
		Families identify that they have been assisted in developing parenting and/ or support strategies.	⇆ Family survey (#3) ↻ Family survey (#4)
Planning for the future. *(expert consensus)*	Clients and families have positive plans for the future.	Case management plans include planning for the future with the client.	🕐 Case management checklist (#15)
		Staff are trained in explicit planning for individuals' future needs and feel comfortable with their knowledge in this area.	⇆ Staff survey (#36a, 37a, 37c, 67a, 68a, 68c) ● Staff survey (#36b, 37b, 67b, 68b)
		Families and clients report that staff have helped them to plan for the future.	🕐 Client survey (#15)

FINANCIALS

Best Practice	Outcomes	Indicators	Tool Items
Aid accessing funding. *(expert consensus)*	Clients are supported in accessing funding and dealing with finances.	Staff are permitted to attend appointments with clients to secure financial aid.	Policy checklist (#19)
		Case management plans include assisting clients with securing funding support and with financial management.	Case management checklist (#1a, 2a, 2c) Case management checklist (#1b, 2b) Case management checklist (#6, 7)
		Staff are trained to facilitate client access to financial supports and are comfortable with their knowledge in this area.	Training checklist (#24a, 25a, 25c) Training checklist (#24b, 25b) Staff survey (#36a, 37a, 37c, 67a, 68a, 68c) Staff survey (#36b, 37b, 67b, 68b)
		Clients report that they know where to go to receive assistance with financial problems and questions.	Client survey (#16)

LEGAL SYSTEM

Best Practice	Outcomes	Indicators	Tool Items
Supported dealings with the justice system. *(expert consensus)*	Clients are supported in dealing with the justice system.	Staff are permitted to attend court appointments with clients.	Policy checklist (#19)
		Case management plans include supporting clients to comply with legal requirements.	Case management checklist (#1a, 2a, 2c) Case management checklist (#1b, 2b) Case management checklist (#8)
		Staff are trained to facilitate client access to guardianship and trusteeship programs, and are comfortable with their knowledge in this area.	Training checklist (#24a, 25a, 25c) Training checklist (#24b, 25b) Staff survey (#36a, 37a, 37c, 67a, 68a, 68c) Staff survey (#36b, 37b, 67b, 68b)
		Clients and families report receiving support in complying with legal requirements.	Client survey (#18) Family survey (#13)

EVALUATION TOOLS

Demographics
Today's Date (Day Month Year)

Time

Which of the following best describes you? I am…

◯ In charge of managing or administrating program (e.g., program manager, coordinator)
◯ A front-line staff member (e.g., mentor, coach, counsellor)
◯ An individual who is receiving services
◯ A family member or caregiver of someone who is receiving services

Organization

◯ CSS
◯ Enviros
◯ Other

Please specify:

Please provide your email in the fields below. This email is your individual login to allow access to the surveys. Your email will be kept private. Only the researchers will be able to link your email to survey responses.

Your email address:

Please write your email address again:

Please check both and make sure they match.

Please complete the surveys in the order presented.

Please click SUBMIT to continue.

Agency Policy and Practice Checklist

AGENCY POLICY AND PRACTICE CHECKLIST

Instructions:

This checklist should be completed by an agency/program administrator who is familiar with and has ready access to documented agency policies and practices. The purpose of this checklist is to identify agency policies and practices relevant to identified best practices for working with individuals with complex needs and their families. The instrument can assist agencies and programs identify areas of success and areas for improvement.

Although your agency may have informal mission or vision statements, the purpose of this checklist is to consider the formal policies in place for your agency.

Please provide a response to every item. All responses are anonymous.

Please allot approximately 10 minutes to complete this survey.

INDIVIDUALS WITH COMPLEX NEEDS

Throughout this survey, you will be asked questions regarding providing services to individuals with complex needs. The term “individuals with complex needs” is intended to include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD).

Given that many individuals with complex disabilities may present with high needs in the absence of a diagnosis, the term “individuals with complex needs” is intended to capture populations based on their functional needs as opposed to specific diagnostic categories.

AGENCY POLICY AND PRACTICE CHECKLIST

1. Does your agency offer FASD specific services?	☐ Yes	☐ No

The agency has a specific mandate or one or more policies…		
2. That promote interagency collaboration.	☐ Yes	☐ No
3. That address interagency information sharing (e.g., confidentiality).	☐ Yes	☐ No
4. That address interagency service coordination.	☐ Yes	☐ No
5. That specify the need for awareness around functional needs that may impact service access and use.	☐ Yes	☐ No
6. That allow staff time for FASD related professional development.	☐ Yes	☐ No

Definition of individuals with complex needs: As a reminder, "individuals with complex needs" include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term "individual with complex needs" is intended to capture populations based on their functional needs as opposed to specific diagnostic categories. The agency has a specific mandate or one or more policies…		
7. That provide staff with ongoing access to counselling and support for themselves.	☐ Yes	☐ No
8. That provide staff with the opportunity to engage in supportive debriefing.	☐ Yes	☐ No
9. That define a model of supportive supervision.	☐ Yes	☐ No
10. That specify the hiring practices (including interpersonal and work skills) important for working with individuals with complex needs (non-judgmental, trustworthy, empathetic, available, and mature).	☐ Yes	☐ No
11. That specify the need for complex case management skills, such as the ability to integrate information across multiple sources from difference agencies.	☐ Yes	☐ No

AGENCY POLICY AND PRACTICE CHECKLIST

Definition of individuals with complex needs: As a reminder, "individuals with complex needs" include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term "individual with complex needs" is intended to capture populations based on their functional needs as opposed to specific diagnostic categories. The agency has a specific mandate or one or more policies…	
12. That provide staff with the resources to refer individuals to the appropriate agency for screening and/or assessment (e.g., functional or diagnostic assessment).	☐ Yes ☐ No
13. That provide staff resources (e.g., time allotment) to refer to individuals with complex needs to outside agencies such as for appropriate intervention.	☐ Yes ☐ No
14. That make an explicit commitment to the use of a strengths-based approach.	☐ Yes ☐ No
15. About the guiding practices that support stability and facilitate functional independence such as maintenance of support without cut-off points.	☐ Yes ☐ No
16. That guide practices to strategize goals for staff retention.	☐ Yes ☐ No

Definition of individuals with complex needs: As a reminder, "individuals with complex needs" include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term "individual with complex needs" is intended to capture populations based on their functional needs as opposed to specific diagnostic categories. The agency has a specific mandate or one or more policies…	
17. That guide practices and offer resources to ease the transition for individuals with complex needs when staff turnover occurs.	☐ Yes ☐ No
18. That guide practices for physical environments such as noise level in offices, waiting room sizes, and access to sensory materials for individuals with complex needs.	☐ Yes ☐ No
19. That permit staff to accompany individuals to appointments, such as mental health appointments, medical care, and recreation activities.	☐ Yes ☐ No

20. That guide practices for partnering with other agencies to promote stable home environments.	☐ Yes ☐ No

AGENCY POLICY AND PRACTICE CHECKLIST

21. Does your agency have a vision or mandate that is not captured by this checklist? Please specify.	☐Yes ☐No

22. Does your agency have any policies not noted here that you believe are relevant to effectively supporting individuals with complex needs? Please specify.	☐Yes ☐No

23. What suggestions do you have for improving the survey content and experience?

Agency Training Checklist

AGENCY TRAINING CHECKLIST

Instructions:

This checklist should be completed by an agency/program administrator who is familiar with, and has ready access to, documented agency policies and procedures. The purpose of checklist is to gather information about the training that staff have received relevant to identified best practices for working with individuals with complex needs and their families.

Please allot approximately 30 minutes to complete this survey.

INDIVIDUALS WITH COMPLEX NEEDS

In the next section, you will be asked questions regarding providing services to individuals with complex needs. The term "individuals with complex needs" is intended to include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD).

Given that many individuals with complex disabilities may present with high needs in the absence of a diagnosis, the term "individuals with complex needs" is intended to capture populations based on their functional needs as opposed to specific diagnostic categories.

AGENCY TRAINING CHECKLIST

Please provide a response to every item. All responses are anonymous.

1. Which of the following services are available within your agency?
☐Housing ☐Medical care ☐Mental health ☐Appropriate recreation activities ☐Parenting/ childcare needs ☐Employment needs ☐Financial needs ☐Legal needs ☐Respite supports for family/caregivers of individuals with complex needs ☐Counselling supports for family/caregivers of individuals with complex needs ☐Training in parenting strategies that focus on caregiver attitudes ☐Other Please specify

All staff have had informal FASD training made available to them, such as supervision or consultation from colleagues:				
2. FASD knowledge (e.g., FASD 101).	Never ☐	Sometimes ☐	Often ☐	Always ☐
Check all that apply Please specify	Supervision ☐	Consultation with colleagues ☐		Other ☐

AGENCY TRAINING CHECKLIST

Although we recognize that a lot of training may occur informally and on the job, the goals of this checklist are to identify formal initiatives undertaken by the agency to support ongoing professional development. All current staff have had formal FASD training (e.g., formalized workshops) made available to them relevant to cont'd…				
3. Understanding what FASD is (e.g., FASD The Basics).	Never ☐	Sometimes ☐	Often ☐	Always ☐
4. Understanding FASD is a neurological disability (i.e., as opposed to a behaviour problem).	Never ☐	Sometimes ☐	Often ☐	Always ☐
5. Understanding current FASD basic – an FASD training refresher is offered at least annually.	Never ☐	Sometimes ☐	Often ☐	Always ☐

Definition of individuals with complex needs: Asa reminder, "individuals with complex needs" include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term "individuals with complex needs" is intended to capture populations based on their functional needs as opposed to specific diagnostic categories. All current staff have had formal training (e.g., formalized workshops) made available to them relevant to…				
6. Providing targeted support to individuals with complex needs in anticipation of transition (e.g., from school to workplace; to adulthood).	Never ☐	Sometimes ☐	Often ☐	Always ☐
7. Facilitating staff well-being through supports that address vicarious trauma.	Never ☐	Sometimes ☐	Often ☐	Always ☐
8. The process of engaging service providers in complex case management between agencies.	Never ☐	Sometimes ☐	Often ☐	Always ☐
9. Recognizing which approaches and interventions are age appropriate for each individual with complex needs.	Never ☐	Sometimes ☐	Often ☐	Always ☐
10. Recognizing that an individual may present with complex needs.	Never ☐	Sometimes ☐	Often ☐	Always ☐
11. Understanding the importance of early diagnosis and intervention for individuals with complex needs.	Never ☐	Sometimes ☐	Often ☐	Always ☐

AGENCY TRAINING CHECKLIST

Definition of individuals with complex needs: Asa reminder, “individuals with complex needs” include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term “individuals with complex needs” is intended to capture populations based on their functional needs as opposed to specific diagnostic categories. All current staff have had formal training (e.g., formalized workshops) made available to them relevant to…				
12. The use of a strengths-based approach with individuals with complex needs.	Never ☐	Sometimes ☐	Often ☐	Always ☐
13. Understanding how to balance individualized support and opportunities for autonomy for individuals with complex needs.	Never ☐	Sometimes ☐	Often ☐	Always ☐
14. Procedures for supporting individuals with complex needs in the event of staff turnover.	Never ☐	Sometimes ☐	Often ☐	Always ☐
15. Recognizing ways to adapt the program environment to address sensory sensitivities for individuals with complex needs.	Never ☐	Sometimes ☐	Often ☐	Always ☐
16. Understanding the role of an Individualized Education Plan (IEP)/Individualized Program Plan (IPP) and its importance for individuals with complex needs who are attending school.	Never ☐	Sometimes ☐	Often ☐	Always ☐

Definition of individuals with complex needs: Asa reminder, “individuals with complex needs” include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term “individuals with complex needs” is intended to capture populations based on their functional needs as opposed to specific diagnostic categories. All current staff have had formal training (e.g., formalized workshops) made available to them relevant to…				
17. Talking to individuals with complex needs about relationships and sexual health and safety.	Never ☐	Sometimes ☐	Often ☐	Always ☐
18. Identifying and creating a response plan regarding safety and security issues for individuals with complex needs (e.g., inappropriate cold weather clothing or housing options).	Never ☐	Sometimes ☐	Often ☐	Always ☐
19. Training specific to interpersonal skills that facilitate team building within agencies.	Never ☐	Sometimes ☐	Often ☐	Always ☐
20. Training specific to interpersonal skills that facilitate collaboration between agencies.	Never ☐	Sometimes ☐	Often ☐	Always ☐
21. Referring family/caregivers of individuals with complex needs for support as needed, including respite supports, counselling supports, training in parenting strategies that focus on caregiver attitudes and caregiver resources, such as adaptive functioning training.	Never ☐	Sometimes ☐	Often ☐	Always ☐

ASSESSMENT SERVICES

Definition of individuals with complex needs:
Asa reminder, “individuals with complex needs” include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term “individuals with complex needs” is intended to capture populations based on their functional needs as opposed to specific diagnostic categories.

All current staff have had formal training (e.g., formalized workshops) made available to them relevant to…

22. Identifying where to access assessment services for individuals with complex needs, including:

22.a Within your agency				
Screening	Never ☐	Sometimes ☐	Often ☐	Always ☐
Functional assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
Diagnostic assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
FASD diagnostic assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
22.b Between or to external agencies				
Screening	Never ☐	Sometimes ☐	Often ☐	Always ☐
Functional assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
Diagnostic assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
FASD diagnostic assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐

You’re about halfway there! Your opinions matter!

AGENCY TRAINING CHECKLIST

ASSESSMENT SERVICES CONT'D All current staff have had formal training (e.g., formalized workshops) made available to them relevant to…				
23. Directly making the referral for individuals with complex needs for formal assessment as needed, including:				
23.a Within your agency				
Screening	Never ☐	Sometimes ☐	Often ☐	Always ☐
Functional assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
Diagnostic assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
FASD diagnostic assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
23.b Between or to external agencies				
Screening	Never ☐	Sometimes ☐	Often ☐	Always ☐
Functional assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
Diagnostic assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
FASD diagnostic assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
23.c Actively supporting access to referred services (e.g., providing transportation or reminders)				
Screening	Never ☐	Sometimes ☐	Often ☐	Always ☐
Functional assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
Diagnostic assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
FASD diagnostic assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐

AGENCY TRAINING CHECKLIST

INTERVENTION SERVICES All current staff have had formal training (e.g., formalized workshops) made available to them relevant to…				
24. Identifying where to access specific intervention services for individuals with complex needs, such as…				
24.a Within your agency				
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Individually tailored vocational counselling	Never ☐	Sometimes ☐	Often ☐	Always ☐
Appropriate recreation activities	Never ☐	Sometimes ☐	Often ☐	Always ☐
Explicit planning for individuals' future needs, such as financial planning, money management support, and guardianship and trusteeship programs	Never ☐	Sometimes ☐	Often ☐	Always ☐
24b. Between or to external agencies				
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Individually tailored vocational counselling	Never ☐	Sometimes ☐	Often ☐	Always ☐
Appropriate recreation activities	Never ☐	Sometimes ☐	Often ☐	Always ☐
Explicit planning for individuals' future needs, such as financial planning, money management support, and guardianship and trusteeship programs	Never ☐	Sometimes ☐	Often ☐	Always ☐

AGENCY TRAINING CHECKLIST

All current staff have had formal training (e.g., formalized workshops) made available to them relevant to…				
25. Making a referral for individuals with complex needs for intervention as needed, including:				
25.a Within your agency				
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Individually tailored vocational counselling	Never ☐	Sometimes ☐	Often ☐	Always ☐
Appropriate recreation activities	Never ☐	Sometimes ☐	Often ☐	Always ☐
Explicit planning for individuals' future needs, such as financial planning, money management support, and guardianship and trusteeship programs.	Never ☐	Sometimes ☐	Often ☐	Always ☐
25.b Between or to external agencies				
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Individually tailored vocational counselling	Never ☐	Sometimes ☐	Often ☐	Always ☐
Appropriate recreation activities	Never ☐	Sometimes ☐	Often ☐	Always ☐
Explicit planning for individuals' future needs, such as financial planning, money management support, and guardianship and trusteeship programs.	Never ☐	Sometimes ☐	Often ☐	Always ☐
25.c Actively supporting access to referred services (e.g., providing transportation or reminders).				
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Individually tailored vocational counselling	Never ☐	Sometimes ☐	Often ☐	Always ☐
Appropriate recreation activities	Never ☐	Sometimes ☐	Often ☐	Always ☐
Explicit planning for individuals' future needs, such as financial planning, money management support, and guardianship and trusteeship programs.	Never ☐	Sometimes ☐	Often ☐	Always ☐

AGENCY TRAINING CHECKLIST

All current staff have had formal training (e.g., formalized workshops) made available to them relevant to…				
26. Identifying where to access specific supports for family/caregiver of individuals with complex needs, such as…				
26.a Within your agency				
Respite supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Counselling supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Training in parenting strategies that focus on caregiver attitudes	Never ☐	Sometimes ☐	Often ☐	Always ☐
26.b Between or to external agencies				
Respite supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Counselling supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Training in parenting strategies that focus on caregiver attitudes	Never ☐	Sometimes ☐	Often ☐	Always ☐

Almost finished! We are listening!

AGENCY TRAINING CHECKLIST

All current staff have had formal training (e.g., formalized workshops) made available to them relevant to…				
27. Making a referral for family/caregivers of individuals with complex needs for support as needed, including:				
27.a Within your agency				
Respite supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Counselling supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Training in parenting strategies that focus on caregiver attitudes	Never ☐	Sometimes ☐	Often ☐	Always ☐
27.b Between or to external agencies				
Respite supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Counselling supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Training in parenting strategies that focus on caregiver attitudes	Never ☐	Sometimes ☐	Often ☐	Always ☐
27.c Actively supports access to referred services (e.g., providing transportation or reminders)				
Respite supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Counselling supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Training in parenting strategies that focus on caregiver attitudes	Never ☐	Sometimes ☐	Often ☐	Always ☐

Other Comments
28. If not captured in this survey, please describe the primary way in which training has been provided to you. Please include comments around benefits and drawbacks of this approach.
29. What suggestion do you have for improving the survey content and experience?

Staff Survey:
Part One

STAFF SURVEY - PART ONE

Instructions:

This survey should be completed by agency staff. The purpose of this survey is to understand the extent to which staff have received training relevant to identified best practices for working with individuals with complex needs and their families. This survey can assist agencies and programs to identify areas of success and areas for improvement.

Please provide a response to every item. All responses are anonymous.

INDIVIDUALS WITH COMPLEX NEEDS

In the next section, you will be asked questions regarding providing services to individuals with complex needs. The term “individuals with complex needs” is intended to include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD).

Given that many individuals with complex disabilities may present with high needs in the absence of a diagnosis, the term “individuals with complex needs” is intended to capture populations based on their functional needs as opposed to specific diagnostic categories.

STAFF SURVEY - PART ONE

1. Which of the following services are available within your agency? Please check all that apply.

☐Housing
☐Medical care
☐Mental health
☐Appropriate recreation activities
☐Parenting/ childcare needs
☐Employment needs
☐Financial needs
☐Legal needs
☐Respite supports for family/caregivers of individuals with complex needs
☐Counselling supports for family/caregivers of individuals with complex needs
☐Training in parenting strategies that focus on caregiver attitudes
☐Other
Please specify

2. Have you received informal training, such as supervision or consultation from colleagues on working with individuals with complex needs in your current role? ☐ Yes ☐ No

Check all that apply:	Supervision	Consultation with colleagues	Other
	☐	☐	☐

Please specify

3. Have you received formal training (e.g., workshop) on working with individuals with complex needs in your current role?	☐ Yes ☐ No

Although we recognize that a lot of training may occur informally and on the job, a goal of this survey is to identify formal initiatives undertaken by the agency to support ongoing professional development.

STAFF SURVEY - PART ONE

Definition of individuals with complex needs: As a reminder, "individuals with complex needs" include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term "individuals with complex needs" is intended to capture populations based on their functional needs as opposed to specific diagnostic categories. I have had formal training (e.g., formalized workshops) made available to me relevant to…			
4. Understanding what FASD is (e.g., FASD The Basics).	No ☐	Yes ☐	Unsure/Do not remember ☐
5. Understanding that FASD is a neurological disability (i.e., as opposed to a behaviour problem).	No ☐	Yes ☐	Unsure/Do not remember ☐
6. Developing support skills for working with individuals with complex needs.	No ☐	Yes ☐	Unsure/Do not remember ☐
7. Providing targeted support to individuals with complex needs in anticipation of transition (e.g., from school to workplace; to adulthood).	No ☐	Yes ☐	Unsure/Do not remember ☐
8. Monitoring individuals' safety and security (e.g., housing arrangements).	No ☐	Yes ☐	Unsure/Do not remember ☐

STAFF SURVEY - PART ONE

Definition of individuals with complex needs: As a reminder, "individuals with complex needs" include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term "individuals with complex needs" is intended to capture populations based on their functional needs as opposed to specific diagnostic categories. I have had formal training (e.g., formalized workshops) made available to me relevant to…			
9. Supporting staff well-being through such opportunities as addressing vicarious trauma.	No ☐	Yes ☐	Unsure/Do not remember ☐
10. The process of engaging service providers in complex case management between agencies.	No ☐	Yes ☐	Unsure/Do not remember ☐
11. Recognizing which approaches and interventions are developmentally appropriate for each individual with complex needs.	No ☐	Yes ☐	Unsure/Do not remember ☐
12. Identifying the signs of FASD.	No ☐	Yes ☐	Unsure/Do not remember ☐
13. Incorporating assessment results into work with individuals with complex needs.	No ☐	Yes ☐	Unsure/Do not remember ☐

Definition of individuals with complex needs: As a reminder, “individuals with complex needs” include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term “individuals with complex needs” is intended to capture populations based on their functional needs as opposed to specific diagnostic categories. **I have had formal training (e.g., formalized workshops) made available to me relevant to…**			
14. The use of a strengths-based approach with individuals with complex needs.	No ☐	Yes ☐	Unsure/Do not remember ☐
15. Understanding how to balance individualized support and opportunities for autonomy for individuals with complex needs.	No ☐	Yes ☐	Unsure/Do not remember ☐
16. Dealing with staff turnover in way that eases this transition for individuals with complex needs.	No ☐	Yes ☐	Unsure/Do not remember ☐
17. Understanding the role of an Individualized Education Plan (IEP)/Individualized Program Plan (IPP) and its importance for individuals with complex needs who are attending school.	No ☐	Yes ☐	Unsure/Do not remember ☐
18. Talking to individuals who complex needs with whom I work about relationships and sexual health and safety.	No ☐	Yes ☐	Unsure/Do not remember ☐

Definition of individuals with complex needs: As a reminder, “individuals with complex needs” include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term “individuals with complex needs” is intended to capture populations based on their functional needs as opposed to specific diagnostic categories. I have attended formal training (e.g., formalized workshops) relevant to…			
19. Understanding what FASD is (e.g., FASD The Basics).	No ☐	Yes ☐	Unsure/Do not remember ☐
20. Understanding that FASD is a neurological disability (i.e., as opposed to a behaviour problem).	No ☐	Yes ☐	Unsure/Do not remember ☐
21. Developing support skills for working with individuals with complex needs.	No ☐	Yes ☐	Unsure/Do not remember ☐
22. Providing targeted support to individuals with complex needs in anticipation of transition (e.g., from school to workplace; to adulthood).	No ☐	Yes ☐	Unsure/Do not remember ☐
23. Monitoring individuals’ safety and security (e.g., housing arrangements).	No ☐	Yes ☐	Unsure/Do not remember ☐

I have attended formal training (e.g., formalized workshops) relevant to…			
24. Supporting staff well-being through such opportunities as addressing vicarious trauma.	No ☐	Yes ☐	Unsure/Do not remember ☐
25. The process of engaging service providers in complex case management between agencies.	No ☐	Yes ☐	Unsure/Do not remember ☐
26. Recognizing which approaches and interventions are age appropriate for each individual with complex needs.	No ☐	Yes ☐	Unsure/Do not remember ☐
27. Identifying the signs of FASD.	No ☐	Yes ☐	Unsure/Do not remember ☐
28. Incorporating assessment results into work with individuals with complex needs.	No ☐	Yes ☐	Unsure/Do not remember ☐

STAFF SURVEY - PART ONE

I have attended formal training (e.g., formalized workshops) relevant to…			
29. The use of a strengths-based approach with individuals with complex needs.	No ☐	Yes ☐	Unsure/Do not remember ☐
30. Understanding how to balance individualized support and opportunities for autonomy for individuals with complex needs.	No ☐	Yes ☐	Unsure/Do not remember ☐
31. Dealing with staff turnover in a way that eases this transition for individuals with complex needs.	No ☐	Yes ☐	Unsure/Do not remember ☐
32. Understanding the role of an Individualized Education Plan (IEP)/Individualized Program Plan (IPP) and its importance for individuals with complex needs who are attending school.	No ☐	Yes ☐	Unsure/Do not remember ☐
33. Talking to individuals with complex needs who I work with about relationship and sexual health and safety.	No ☐	Yes ☐	Unsure/Do not remember ☐

STAFF SURVEY - PART ONE

ASSESSMENT SERVICES

Definition of individuals with complex needs:
As a reminder, "individuals with complex needs" include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term "individuals with complex needs" is intended to capture populations based on their functional needs as opposed to specific diagnostic categories.

I have attended formal training (e.g., formalized workshops) relevant to…

34. Identifying where to access specific assessment services for individuals with complex needs, including:

34.a Within your agency			
Screening	No ☐	Yes ☐	Unsure/Do not remember ☐
Functional assessment	No ☐	Yes ☐	Unsure/Do not remember ☐
Diagnostic assessment	No ☐	Yes ☐	Unsure/Do not remember ☐
34.b Between or to external agencies			
Screening	No ☐	Yes ☐	Unsure/Do not remember ☐
Functional assessment	No ☐	Yes ☐	Unsure/Do not remember ☐
Diagnostic assessment	No ☐	Yes ☐	Unsure/Do not remember ☐

STAFF SURVEY - PART ONE

ASSESSMENT SERVICES I have attended formal training (e.g., formalized workshops) relevant to…			
35. Referring individuals with complex needs for specific assessment services, including:			
35.a Within your agency			
Screening	No ☐	Yes ☐	Unsure/Do not remember ☐
Functional assessment	No ☐	Yes ☐	Unsure/Do not remember ☐
Diagnostic assessment	No ☐	Yes ☐	Unsure/Do not remember ☐
35.b Between or to external agencies			
Screening	No ☐	Yes ☐	Unsure/Do not remember ☐
Functional assessment	No ☐	Yes ☐	Unsure/Do not remember ☐
Diagnostic assessment	No ☐	Yes ☐	Unsure/Do not remember ☐
35.c Actively supporting access to referred service (e.g., providing transportation or reminders)			
Screening	No ☐	Yes ☐	Unsure/Do not remember ☐
Functional assessment	No ☐	Yes ☐	Unsure/Do not remember ☐
Diagnostic assessment	No ☐	Yes ☐	Unsure/Do not remember ☐

STAFF SURVEY - PART ONE

INTERVENTION SERVICES

Definition of individuals with complex needs:
As a reminder, "individuals with complex needs" include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term "individuals with complex needs" is intended to capture populations based on their functional needs as opposed to specific diagnostic categories.

I have attended formal training (e.g., formalized workshops) relevant to…

36. Identifying where to access specific intervention services for individuals with complex needs, including:

36.a Within your agency			
Mental health services	No ☐	Yes ☐	Unsure/Do not remember ☐
Medical care	No ☐	Yes ☐	Unsure/Do not remember ☐
Individually tailored vocational counselling	No ☐	Yes ☐	Unsure/Do not remember ☐
Necessary supports, such as housing services	No ☐	Yes ☐	Unsure/Do not remember ☐
Explicit planning for individuals' future needs, such as financial planning, money management support, and guardianship and trustee programs	No ☐	Yes ☐	Unsure/Do not remember ☐
36.b Between or to external agencies			
Mental health services	No ☐	Yes ☐	Unsure/Do not remember ☐
Medical care	No ☐	Yes ☐	Unsure/Do not remember ☐
Individually tailored vocational counselling	No ☐	Yes ☐	Unsure/Do not remember ☐
Necessary supports, such as housing services	No ☐	Yes ☐	Unsure/Do not remember ☐
Explicit planning for individuals' future needs, such as financial planning, money management support, and guardianship and trustee programs	No ☐	Yes ☐	Unsure/Do not remember ☐

STAFF SURVEY - PART ONE

I have attended formal training (e.g., formalized workshops) relevant to…			
37. Referring individuals with complex needs for intervention as needed, including:			
37.a Within your agency			
Mental health services	No ☐	Yes ☐	Unsure/Do not remember ☐
Medical care	No ☐	Yes ☐	Unsure/Do not remember ☐
Individually tailored vocational counselling	No ☐	Yes ☐	Unsure/Do not remember ☐
Necessary supports, such as housing services	No ☐	Yes ☐	Unsure/Do not remember ☐
Explicit planning for individuals' future needs, such as financial planning, money management support, and guardianship and trustee programs	No ☐	Yes ☐	Unsure/Do not remember ☐
37.b Between or to external agencies			
Mental health services	No ☐	Yes ☐	Unsure/Do not remember ☐
Medical care	No ☐	Yes ☐	Unsure/Do not remember ☐
Individually tailored vocational counselling	No ☐	Yes ☐	Unsure/Do not remember ☐
Necessary supports, such as housing services	No ☐	Yes ☐	Unsure/Do not remember ☐
Explicit planning for individuals' future needs, such as financial planning, money management support, and guardianship and trustee programs	No ☐	Yes ☐	Unsure/Do not remember ☐
37.c Actively supporting access to referred service (e.g., providing transportation or reminders)			
Mental health services	No ☐	Yes ☐	Unsure/Do not remember ☐
Medical care	No ☐	Yes ☐	Unsure/Do not remember ☐
Individually tailored vocational counselling	No ☐	Yes ☐	Unsure/Do not remember ☐
Necessary supports, such as housing services	No ☐	Yes ☐	Unsure/Do not remember ☐
Explicit planning for individuals' future needs, such as financial planning, money management support, and guardianship and trustee programs	No ☐	Yes ☐	Unsure/Do not remember ☐

STAFF SURVEY - PART ONE

I have attended formal training (e.g., formalized workshops) relevant to…			
38. Identifying where to access specific supports for family/caregivers of individuals with complex needs, including.			
38.a Within your agency			
Respite supports	No ☐	Yes ☐	Unsure/Do not remember ☐
Counselling supports	No ☐	Yes ☐	Unsure/Do not remember ☐
Training in parenting in strategies that focus on caregiver attitudes	No ☐	Yes ☐	Unsure/Do not remember ☐
Caregiver resources, such as parent-assisted adaptive functioning training	No ☐	Yes ☐	Unsure/Do not remember ☐
38.b Between or to external agencies			
Respite supports	No ☐	Yes ☐	Unsure/Do not remember ☐
Counselling supports	No ☐	Yes ☐	Unsure/Do not remember ☐
Training in parenting in strategies that focus on caregiver attitudes	No ☐	Yes ☐	Unsure/Do not remember ☐
Caregiver resources, such as parent-assisted adaptive functioning training	No ☐	Yes ☐	Unsure/Do not remember ☐

You have almost finished this survey! We are listening!

STAFF SURVEY - PART ONE

I have attended formal training (e.g., formalized workshops) relevant to…			
39. Referring family/caregivers of individuals with complex needs for support as needed, including:			
39.a Within your agency			
Respite supports	No ☐	Yes ☐	Unsure/Do not remember ☐
Counselling supports	No ☐	Yes ☐	Unsure/Do not remember ☐
Training in parenting strategies that focus on caregiver attitudes	No ☐	Yes ☐	Unsure/Do not remember ☐
Caregiver resources, such as parent-assisted adaptive functioning training	No ☐	Yes ☐	Unsure/Do not remember ☐
39.b Between or to external agencies			
Respite supports	No ☐	Yes ☐	Unsure/Do not remember ☐
Counselling supports	No ☐	Yes ☐	Unsure/Do not remember ☐
Training in parenting strategies that focus on caregiver attitudes	No ☐	Yes ☐	Unsure/Do not remember ☐
Caregiver resources, such as parent-assisted adaptive functioning training	No ☐	Yes ☐	Unsure/Do not remember ☐
39.c Actively supporting access to referred service (e.g., providing transportation or reminders)			
Respite supports	No ☐	Yes ☐	Unsure/Do not remember ☐
Counselling supports	No ☐	Yes ☐	Unsure/Do not remember ☐
Training in parenting strategies that focus on caregiver attitudes	No ☐	Yes ☐	Unsure/Do not remember ☐
Caregiver resources, such as parent-assisted adaptive functioning training	No ☐	Yes ☐	Unsure/Do not remember ☐

40. Is there anything else you would like us to know about the training you have received?

41. What suggestions do you have for improving the survey content and experience?

Staff Survey:
Part Two

STAFF SURVEY - PART TWO

Please answer all questions to the best of your abilities. Some of the following questions could relate to services that may not be offered at your agency, in which case N/A is provided as a response option.

INDIVIDUALS WITH COMPLEX NEEDS

In the next section, you will be asked questions regarding providing services to individuals with complex needs. The term “individuals with complex needs” is intended to include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD).

Given that many individuals with complex disabilities may present with high needs in the absence of a diagnosis, the term “individuals with complex needs” is intended to capture populations based on their functional needs as opposed to specific diagnostic categories.

STAFF SURVEY - PART TWO

Please indicate your level of agreement with the following statements:					
42. I have a strong understanding of what FASD is.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
43. I understand why FASD is considered a disability rather than a behavior problem.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
44. I feel comfortable working with individuals with complex needs.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
45. I know how to provide targeted support for clients who are undergoing transition (e.g., from school to workplace; the transition to adulthood).	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
46. I feel that my knowledge of FASD is up to date.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐

STAFF SURVEY - PART TWO

Definition of individuals with complex needs:
As a reminder, "individuals with complex needs" include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term "individuals with complex needs" is intended to capture populations based on their functional needs as opposed to specific diagnostic categories.

Please indicate your level of agreement with the following statements:

47. I have a strong understanding of how to support staff well-being through such opportunities as addressing vicarious trauma.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
48. I know how to access staff counselling and support.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
49. I am confident in my ability to engage service providers in complex case management between agencies.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
50. I know how to recognize which approaches and interventions are developmentally appropriate for each individual with complex needs.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
51. I am able to identify the signs of FASD.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐

STAFF SURVEY - PART TWO

Please indicate your level of agreement with the following statements:					
52. I know how to refer individuals with complex needs for formal screening and/or assessment.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
53. I know how to refer individuals with complex needs for appropriate intervention.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
54. I understand the importance of early diagnosis and intervention for individuals with complex needs.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
55. I know how to refer individuals for a functional assessment.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
56. I know how to incorporate assessment results into work with individuals with complex needs.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐

Please indicate your level of agreement with the following statements:					
57. I am comfortable using a strengths-based approach in my work with individuals with complex needs.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
58. I know how to balance individualized support and opportunities for autonomy for individuals with complex needs.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
59. I am able to deal with staff turnover in a way that eases this transition for individuals with complex needs.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
60. I know how to recognize and support identified needs in complex populations, such as sensory processing difficulties.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
61. I understand the role of an Individualized Education Plan (IEP)/Individualized Program Plan (IPP) and its importance for individuals with complex needs who are attending school.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐

Please indicate your level of agreement with the following statements:					
62. I know which recreation activities are typically appropriate for individuals with complex needs.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
63. I have the opportunity to engage in supportive debriefing and supervision.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
64. I am comfortable talking to individuals with complex needs about relationships and sexual health and safety.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐

ASSESSMENT SERVICES

Definition of individuals with complex needs:
As a reminder, "individuals with complex needs" include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term "individual with complex needs" is intended to capture populations based on their functional needs as opposed to specific diagnostic categories.

Please indicate your level of agreement with the following statements:

65. I am comfortable helping individuals with complex needs identify where to access specific assessment services including:

65.a Within your agency					
Screening	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Functional assessment	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Diagnostic assessment	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
65.b Between or to external agencies					
Screening	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Functional assessment	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Diagnostic assessment	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐

STAFF SURVEY - PART TWO

Please indicate your level of agreement with the following statements:					
66. I am comfortable referring individuals with complex needs for formal assessment services, including:					
66.a Within your agency					
Screening	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Functional assessment	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Diagnostic assessment	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
66.b Between or to external agencies					
Screening	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Functional assessment	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Diagnostic assessment	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
66.c Actively supporting access to referred service (e.g., providing transportation or reminders)					
Screening	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Functional assessment	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Diagnostic assessment	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐

You are approximately halfway there. Your views count!

STAFF SURVEY - PART TWO

INTERVENTION SERVICES

Definition of individuals with complex needs:
As a reminder, "individuals with complex needs" include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD). The term "individual with complex needs" is intended to capture populations based on their functional needs as opposed to specific diagnostic categories.

Please indicate your level of agreement with the following statements:

67. I am comfortable with my level of knowledge in identifying where to access specific intervention services for individuals with complex needs, including:

67.a Within your agency Mental health services	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Medical care	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Individually tailored vocational counselling	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Explicit planning for individuals' future needs, such as financial planning, and guardianship and trusteeship programs	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
67.bBetween or to external agencies Mental health services	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Medical care	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Individually tailored vocational counselling	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Explicit planning for individuals' future needs, such as financial planning, and guardianship and trusteeship programs	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐

STAFF SURVEY - PART TWO

68. I am comfortable with my level of knowledge in referring individuals with complex needs for intervention as needed, including:					
68.a Within your agency					
Mental health services	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Medical care	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Individually tailored vocational counselling	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Explicit planning for individuals' future needs, such as financial planning, and guardianship and trusteeship programs	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
68.b Between or to external agencies					
Mental health services	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Medical care	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Individually tailored vocational counselling	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Explicit planning for individuals' future needs, such as financial planning, and guardianship and trusteeship programs	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
68.c Actively supporting access to referred service (e.g., providing transportation or reminders)					
Mental health services	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Medical care	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Individually tailored vocational counselling	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Explicit planning for individuals' future needs, such as financial planning, and guardianship and trusteeship programs	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐

STAFF SURVEY - PART TWO

Please indicate your level of agreement with the following statements:					
69. I am comfortable with my level of knowledge in identifying where to access specific supports for family/caregivers of individuals with complex needs, including:					
69.a Within your agency					
Respite supports	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Counselling supports	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Training in parent strategies That focus on caregiver attitudes	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Necessary supports, such as housing services	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Caregiver resources, such as parent-assisted adaptive functioning training	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
69.b Between or to external agencies					
Respite supports	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Counselling supports	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Training in parent strategies that focus on caregiver attitudes	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Necessary supports, such as housing services	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Caregiver resources, such as parent-assisted adaptive functioning training	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
You have almost finished the survey!					

STAFF SURVEY - PART TWO

Please indicate your level of agreement with the following statements:					
70. I am comfortable with referring family/caregivers of individuals with complex needs for support as needed, including:					
70.a Within your agency					
Respite supports	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Counselling supports	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Training in parent strategies that focus on caregiver attitudes	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Necessary supports, such as housing services	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Caregiver resources, such as parent-assisted adaptive functioning training	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
70.b Between or to external agencies					
Respite supports	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Counselling supports	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Training in parent strategies that focus on caregiver attitudes	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Necessary supports, such as housing services	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Caregiver resources, such as parent-assisted adaptive functioning training	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐

70.c Actively supporting access to referred service (e.g., providing transportation or reminders)

Respite supports	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Counselling supports	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Training in parent strategies that focus on caregiver attitudes	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Necessary supports, such as housing services	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
Caregiver resources, such as parent-assisted adaptive functioning training	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐

71. Is there any role or service you provide to individuals with complex needs that you feel is contributing to their success but is not captured here?

☐Yes
☐No

Please explain:

72. What suggestions do you have for improving the survey content and experience?

Case Management Plan Checklist

CASE MANAGEMENT PLAN CHECKLIST

Instructions:

This survey should be completed by agency staff. The purpose of this survey is to understand the extent to which staff have received training relevant to identified best practices for working with individuals with complex needs and their families. This survey can assist agencies and programs to identify areas of success and areas for improvement.

Please provide a response to every item. All responses are anonymous.

Please allot approximately 15 minutes to complete this survey.

INDIVIDUALS WITH COMPLEX NEEDS

Throughout this survey, you will be asked questions regarding providing services to individuals with complex needs. The term “individuals with complex needs” is intended to include those individuals whose needs exceed those that a single service provider can address (e.g., individuals with FASD).

Given that many individuals with complex disabilities may present with high needs in the absence of a diagnosis, the term “individuals with complex needs” is intended to capture populations based on their functional needs as opposed to specific diagnostic categories.

CASE MANAGEMENT PLAN CHECKLIST

1. An individual with complex needs is provided appropriate referral for the following services:				
1.a Within your agency				
Appropriate housing	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Appropriate Recreation Services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Parenting/childcare needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Employment needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Financial needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Legal needs	Never ☐	Sometimes ☐	Often ☐	Always ☐

1.b Between or to external agencies				
Appropriate housing	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Appropriate Recreation Services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Parenting/childcare needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Employment needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Financial needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Legal needs	Never ☐	Sometimes ☐	Often ☐	Always ☐

CASE MANAGEMENT PLAN CHECKLIST

2. Of the following referrals, please check the extent to which you feel comfortable with…				
2.a Making the referral within your agency				
Appropriate housing	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Appropriate Recreation services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Parenting/childcare needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Employment needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Financial needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Legal needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Other, Please specify:				
Other, Please specify:				
Other, Please specify:				
Other, Please specify:				
	Never	Sometimes	Often	Always
[cmpc_q3awithinother1]	☐	☐	☐	☐
[cmpc_q3awithinother2]	Never ☐	Sometimes ☐	Often ☐	Always ☐
[cmpc_q3awithinother3]	Never ☐	Sometimes ☐	Often ☐	Always ☐
[cmpc_q3awithinother4]	Never ☐	Sometimes ☐	Often ☐	Always ☐

CASE MANAGEMENT PLAN CHECKLIST

2.Of the following referrals, please check the extent to which you feel comfortable with…				
2.b Making the referral between or to external agencies				
Appropriate housing	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Appropriate Recreation services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Parenting/childcare needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Employment needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Financial needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Legal needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Other, Please specify:				

2.Of the following referrals, please check the extent to which you feel comfortable with…				
2.c Actively supporting access to referred service (e.g., providing transportation or reminders)				
Appropriate housing	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Appropriate Recreation services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Parenting/childcare needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Employment needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Financial needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Legal needs	Never ☐	Sometimes ☐	Often ☐	Always ☐
Other, Please specify:				

CASE MANAGEMENT PLAN CHECKLIST

To what extent do you think your formal case planning includes the following:				
3. Information regarding medical management.	Never ☐	Sometimes ☐	Often ☐	Always ☐
4. Information about relationship safety, a planned approach to sexual activity, and reproductive health.	Never ☐	Sometimes ☐	Often ☐	Always ☐
5. Discussion of employment and/or volunteer-related goals.	Never ☐	Sometimes ☐	Often ☐	Always ☐
6. Consideration of the degree of assistance required to complete applications and compile documentation for funding support.	Never ☐	Sometimes ☐	Often ☐	Always ☐
7. Assistance with financial management.	Never ☐	Sometimes ☐	Often ☐	Always ☐
8. Provision of supports to comply with legal requirements (e.g., probation orders, community service).	Never ☐	Sometimes ☐	Often ☐	Always ☐

CASE MANAGEMENT PLAN CHECKLIST

To what extent do you think your formal case planning includes the following:				
9. Provision of access to an environment that addresses sensory sensitivities (e.g., dimmed lighting), if applicable.	Never ☐	Sometimes ☐	Often ☐	Always ☐
10. Creation of an Individualized Education Plan (IEP)/Individualized Program Plan (IPP).	Never ☐	Sometimes ☐	Often ☐	Always ☐
11. Incorporation of an existing Individualized Education Plan (IEP)/Individualized Program Plan (IPP) into case management plans.	Never ☐	Sometimes ☐	Often ☐	Always ☐
12. Completion of a functional assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
13. Incorporation of functional assessment results into case management plans.	Never ☐	Sometimes ☐	Often ☐	Always ☐
14. Development of a plan to ease transitions (e.g., from school to workplace; to adulthood).	Never ☐	Sometimes ☐	Often ☐	Always ☐

You're approximately halfway there! Fantastic!

CASE MANAGEMENT PLAN CHECKLIST

To what extent do you think your formal case planning includes the following:				
15. Discussion of plans for the future	Never ☐	Sometimes ☐	Often ☐	Always ☐
16. Development of an interdependent support network in collaboration with the individual.	Never ☐	Sometimes ☐	Often ☐	Always ☐
17. Maintenance of contact with family/caregivers	Never ☐	Sometimes ☐	Often ☐	Always ☐
18. Building the capacity of the individual's family toward teaching the individual adaptive functioning skills.	Never ☐	Sometimes ☐	Often ☐	Always ☐
19. Consideration of options for formal assessment, diagnosis, and intervention.	Never ☐	Sometimes ☐	Often ☐	Always ☐
20. Reassessment of the individual's changing needs on a scheduled basis (e.g., every year or every two years) in order to ensure the age appropriateness of services.	Never ☐	Sometimes ☐	Often ☐	Always ☐

21. Access to the following services for family/caregivers:				
21.a Within your agency				
Respite supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Counselling supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Training in parenting strategies that focus on caregiver attitudes	Never ☐	Sometimes ☐	Often ☐	Always ☐
21.b Between or to external agencies				
Respite supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Counselling supports	Never ☐	Sometimes ☐	Often ☐	Always ☐
Training in parenting strategies that focus on caregiver attitudes	Never ☐	Sometimes ☐	Often ☐	Always ☐

CASE MANAGEMENT PLAN CHECKLIST

To what extent do you think your formal case planning includes the following:				
22. A plan to refer individuals to the following services:				
22.a Within your agency				
Screening	Never ☐	Sometimes ☐	Often ☐	Always ☐
Functional assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
Diagnostic assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
22.b Between or to external agencies				
Screening	Never ☐	Sometimes ☐	Often ☐	Always ☐
Functional assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐
Diagnostic assessment	Never ☐	Sometimes ☐	Often ☐	Always ☐

To what extent do you think your formal case planning includes the following:				
23. A plan to identify where individuals can access specific intervention services, such as:				
23.a Within your agency				
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Individually tailored vocational counselling	Never ☐	Sometimes ☐	Often ☐	Always ☐
23.b Between or to external agencies				
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Individually tailored vocational counselling	Never ☐	Sometimes ☐	Often ☐	Always ☐

CASE MANAGEMENT PLAN CHECKLIST

To what extent do you think your formal case planning includes the following:				
24. A plan to refer individuals for intervention as needed, such as				
24.a Within your agency				
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Individually tailored vocational counselling	Never ☐	Sometimes ☐	Often ☐	Always ☐
24.b Between or to external agencies				
Mental health services	Never ☐	Sometimes ☐	Often ☐	Always ☐
Medical care	Never ☐	Sometimes ☐	Often ☐	Always ☐
Individually tailored vocational counselling	Never ☐	Sometimes ☐	Often ☐	Always ☐
24.c Actively supporting access to referred service (e.g., providing transportation or reminders)				
Mental health services	Always ☐	Often ☐	Sometimes ☐	Never ☐
Medical care	Always ☐	Often ☐	Sometimes ☐	Never ☐
Individually tailored vocational counselling	Always ☐	Often ☐	Sometimes ☐	Never ☐

25. What suggestions do you have for improving the survey content and experience?

Client Survey

CLIENT SURVEY

Instructions:
We would like your feedback on the services and supports that have been offered to you. Your feedback will help us to know what we are doing well and what we can do better.

Please answer all of the questions on this survey. You do not need to give your name, so no one will know which answers are yours.

The survey will take about 5 to 10 minutes to complete.

1. Which of the following services has your family received support with?

Please check all that apply

☐ housing
☐ medical care
☐ mental health
☐ fun things to do in the community (for example, swimming)
☐ parenting/childcare supports
☐ employment support
☐ financial support
☐ legal support
☐ respite supports for me as a caregiver/our family as a whole
☐ counselling supports for me as a caregiver/our family as a whole
☐ parenting skills training that includes discussion/consideration of how parents make sense of their children's behaviours
☐ job-related/employment counselling that meets my needs
☐ necessary supports, such as housing services
☐ clear, step-by-step planning for my family member's future needs, such as financial planning, money management support, guardianship and trusteeship programs
☐ other, please specify:

Please specify:

CLIENT SURVEY

How much do you agree with these statements? When you see the word here in this survey, we mean the organization or place who gave you this survey.					
2. People who work here help me get the support I need (for example, services that help me find a safe place to live).	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
3. People who work here help me deal with changes in my life. For example, they have helped me get started in a new job or change homes.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
4. People who work here accept me.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
5. I am happy with the way people who work here treat me.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
6. People who work here help me find things I am good at.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐

CLIENT SURVEY

How much do you agree with these statements? When you see the word here in this survey, we mean the organization or place who gave you this survey.					
7. People who work here are good at helping me meet my needs.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
8. I feel I can ask people who work here to help me when I am unable to do something on my own.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
9. I know someone who can help me make good decisions about my safety.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
10. I know where to go to for counselling if I need it.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
11. People who work here helped me learn about fun things I can do in the community (for example, swimming).	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐

CLIENT SURVEY

How much do you agree with these statements? When you see the word here in this survey, we mean the organization or place who gave you this survey.					
12. I know where to go with questions about sexual health.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
13. I know where to go with questions about relationships.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
14. People who work here helped me find a place to work or volunteer.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
15. People who work here helped me plan for my future (for example, money planning, budgeting, guardianship and trusteeship programs).	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
16. I know where to go for help with money problems and questions about money.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐

You are almost done! There are only 6 questions left.

CLIENT SURVEY

How much do you agree with these statements? **When you see the word here in this survey, we mean the organization or place who gave you this survey.**					
17. I have a doctor who I can see when I need to.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
18. I know where to go for help if I get in trouble with the police.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
19. I trust people who work here.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
20. People who work here make me feel safe and welcome.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐
21. People from different agencies help my family work toward the same goals.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	Don't know/Not Applicable ☐

22. Do you have any suggestions for improving this survey?

Family/Caregiver Survey

FAMILY/CAREGIVER SURVEY

Instructions:
This survey should be completed by families of individuals receiving services. The purpose of this survey is to obtain your feedback on the services that your family has received. This information can assist agencies and programs in identifying areas of success as well as areas for improvement.
Throughout this survey, the term "family member" is used to refer to the individuals in your family who is currently receiving services.

Please provide a response to every item. Responses are anonymous.

This survey will take about 5 to 10 minutes to complete.

1. Which of the following services has your family received support with?

Please check all that apply

☐housing
☐medical care
☐mental health
☐fun things to do in the community (for example, swimming)
☐parenting/childcare supports
☐employment support
☐financial support
☐legal support
☐respite supports for me as a caregiver/our family as a whole
☐counselling supports for me as a caregiver/our family as a whole
☐parenting skills training that includes discussion/consideration of how parents make sense of their children's behaviours
☐job-related/employment counselling that meets my needs
☐necessary supports, such as housing services
☐clear, step-by-step planning for my family member's future needs, such as financial planning, money management support, guardianship and trusteeship programs
☐other, please specify:

Please specify:

FAMILY/CAREGIVER SURVEY

How much do you agree with these statements? When you see the word here in this survey, we mean the organization or place who gave you this survey.					
2. People who work here have helped my family member to build life and social skills.	Strongly Agree ☐	Agree ☐	Disagree ☐	Strongly Disagree ☐	N/A ☐
3. People who work here have helped me to build parenting skills that I can use with my family member.	Strongly Agree ☐	Agree ☐	Disagree ☐	Strongly Disagree ☐	N/A ☐
4. People who work here have given me the information that I need. This helps me be a good support to my family member.	Strongly Agree ☐	Agree ☐	Disagree ☐	Strongly Disagree ☐	N/A ☐
5. People who work here have helped me get self-care support, such as respite and counselling services.	Strongly Agree ☐	Agree ☐	Disagree ☐	Strongly Disagree ☐	N/A ☐
6. I am happy with the way that people who work here treat my family.	Strongly Agree ☐	Agree ☐	Disagree ☐	Strongly Disagree ☐	N/A ☐
7. People who work here are good at meeting my family's needs, even when our needs change.	Strongly Agree ☐	Agree ☐	Disagree ☐	Strongly Disagree ☐	N/A ☐

FAMILY/CAREGIVER SURVEY

How much do you agree with these statements? When you see the word here in this survey, we mean the organization or place who gave you this survey.					
8. People who work here helped my family member understand at least one thing he/she is good at.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
9. People who work here allow my family member to reach goals at his/her own pace.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
10. People who work here make my family member feel safe, welcome, and accepted.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
11. My family trusts the people who work here.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
12. My family member knows where to go to with questions about relationships and sexual health.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
13. My family member knows where to go to for help if he/she gets in trouble with the police.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐

You are almost done! There are only 7 questions left.

FAMILY/CAREGIVER SURVEY

How much do you agree with these statements? When you see the word here in this survey, we mean the organization or place who gave you this survey.					
14. My family member knows where to go for counselling.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
15. My family member knows about options for fun things to do in the community (for example, swimming).	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
16. My family member has a doctor who he/she can see when needed.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
17. People who work here helped my family member find a good fit in a school, or a place to work or volunteer.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
18. People who work here helped my family member have access to the services he/she needs (for example, finding a safe place to live).	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐
19. People from different agencies help my family work toward the same goals.	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	N/A ☐

20. What suggestions do you have for improving the survey content and experience?

CONCLUDING REMARKS

CONCLUDING REMARKS

This document provides agencies with the means to assess current service delivery for individuals with complex needs, such as those with FASD. We developed these means through identifying measurable and relevant outcomes and indicators, developing tools for agencies to access this information from multiple perspectives, and proposing an interpretive framework for guiding agencies in informing their policies and practices. Drawing upon information collected from a review of relevant literature and experts in the field to form a set of best practices and aspirational practice principles, we used goal-oriented methods of tool development that shifted in response to partners' feedback and needs. Through this interactive process, we collaboratively generated a set of tools that reflect the realities of stakeholders and that bridge research and practice in ways that are intended to be meaningful, feasible, and useful.

In undertaking this project, our research team set out to "answer" the complex question of how to work effectively with individuals and families affected by FASD. Through engagement with stakeholders and the use of iterative methods, we recognized that working in an FASD-informed way represents an effective approach for working with individuals who have complex needs more generally, and thus expanded our language and scope beyond FASD. When working with individuals and families who have complex needs, it can be tempting to search for answers in the form of how-to manuals and step-by-step strategies. What we found, however, was that our processes represented an effective way to address the questions that we were pursuing. Specifically, engaging staff and managers in our work and tools provided opportunities for reflective thought and consideration of ways in which they might improve their approach to service delivery, client interactions, and collaborative activities. Consequently, we gained an understanding that the processes involved in completing our tools can support growth within agencies and staff members by eliciting conversation in the spirit of engagement, reciprocity, and reflection.

This project illustrates the growth and evolution that are possible when we bring community-grounded approaches together with systematic, research-based methods toward meeting the needs of individuals and families with complex needs. Moreover, this project was completed with the aim of continuously working towards improved practice because we believe that programs and services are capable of ongoing growth. We also believe that a growth-oriented philosophy can be extended to the attitudes and actions that we adopt towards clients and families by supporting them to maximize their inherent potential for growth and success.

IMPLEMENTATION

IMPLEMENTATION

Six appendices are provided in order for this document to be put into practice. As implementation plans continued to evolve at the time that this document was produced, these materials provide suggestions and structures but are not intended to limit or restrict the implementer but rather facilitate processes for them. In the course of this project the option of using a website to host the materials and ensure accessibility was identified. Therefore, materials provided were developed with that distribution approach in mind.

It is recommended that implementation appendices are updated every three years to reflect evolving research in the field as well as community inputs.

Appendix A: Interpretive Guide

This resource provides guidance and structure for interpreting the results of the best practice tools.

Appendix B: Sample Report A

The template provided in Appendix B is populated with sample data to provide an example of feedback that could be provided to agencies.

Appendix C: Report Template A

A template is offered for presenting feedback to agencies regarding their scores on the best practices tools. The template is intended to provide a means for presenting feedback in a way that is accessible and useful for agencies.

Appendix D: Advertisement for Staff Surveys

A simple advertisement is provided that can be distributed to staff or placed on an agency website for the purpose of encouraging staff to complete tools.

Appendix E: Advertisement for Client and Family Surveys

A simple advertisement is provided that can be distributed to clients and families or placed on an agency website for the purpose of encouraging clients and families to complete tools.

Appendix F: REDCap instructions

REDCap, a secure, web-based application, was chosen to build and manage the FASD Best Practices project as REDCap supports collaborative and multi-centre studies. Instructions are provided that describe how to access the tools using REDCap.

APPENDIX A
INTERPRETIVE GUIDE

PURPOSE

This document is intended to guide the analysis and interpretation of data generated by the Best Practice Tools with the aim of creating evidence-informed feedback in the form of an organizational-level report that is useful, relevant, and feasible.

Feedback in the report is *useful* in that it provides information indicating the extent to which an organization's current guiding policies and reported practices align with each of the four aspirational principles. The report indicates current alignment status related to the following:

- The consistency principle focuses on the structure and stability of service delivery approaches and of the messages communicated through policies.
- The collaboration principle focuses on the existence of practices integrating policies, complex case management, and coordination of referrals.
- The responsiveness principle focuses on the accessibility of services that respond to individuals' needs and that balance support and interdependence.
- The proactivity principle focuses on the delivery of services based on anticipating rather than reacting to individuals' needs.

Feedback in the report is *relevant* because it provides information indicating the extent to which an organization's current guiding policies and reported practices align with each of the 12 evidence-identified domains of service delivery. The report indicates current alignment status related to the following:

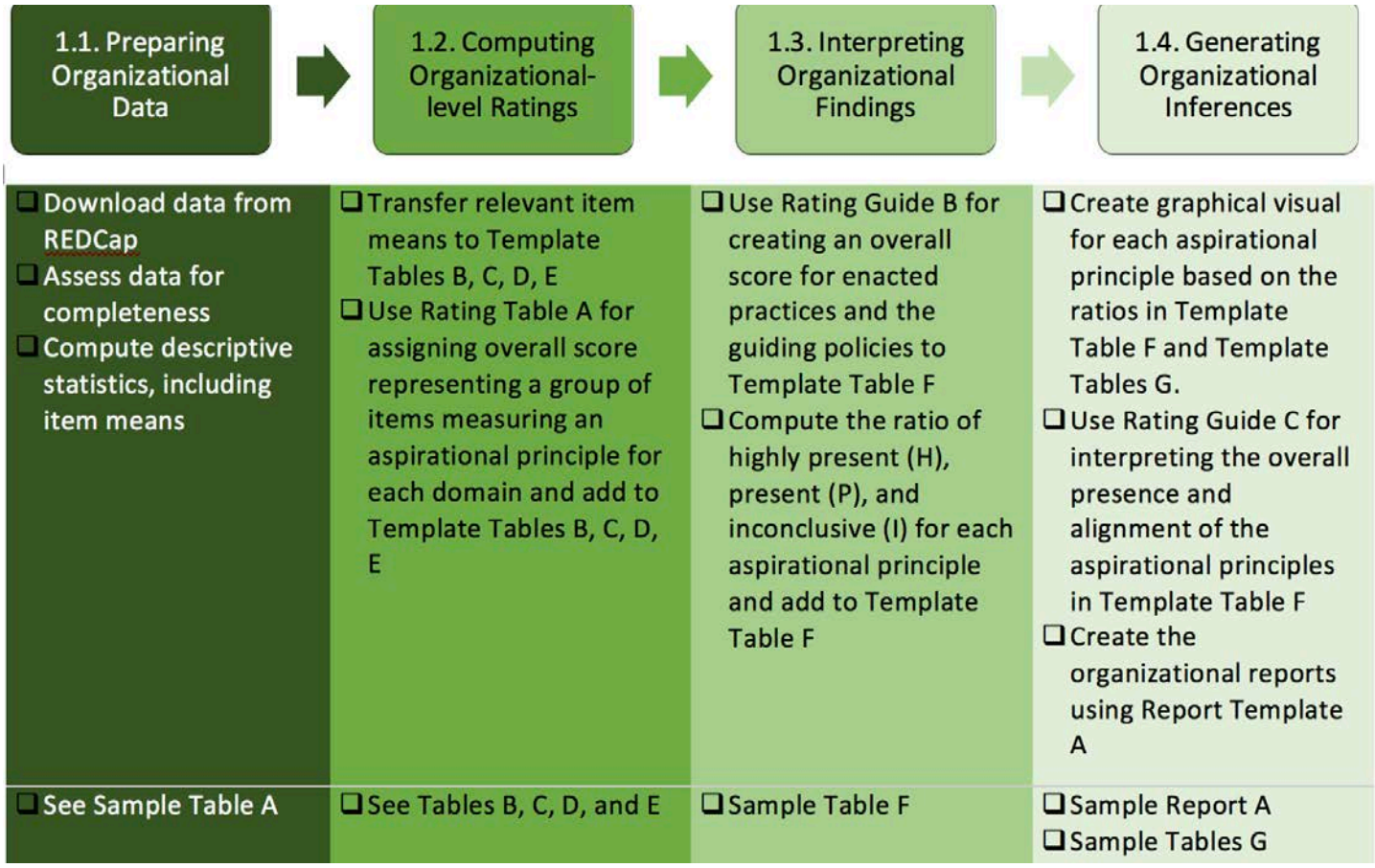
- Delivery of support that centers around individuals' transitions and that is collaborative.
- Support worker education that cultivates a workforce competent across all systems of care relevant to individuals with complex needs, in part by making training available that supports the development of relevant employee competencies.
- Hiring practices within agencies that focus on seeking employees with relevant interpersonal and work skills and familiarity with complex case management.
- Diagnosis support and awareness that facilitates access to clinical supports in a timely manner to make it possible for individuals and their families to access appropriate services.

- Individual support that is age appropriate, consistent, strength-based, and focused on interdependence to a greater extent than independence.
- Education related supports for individuals that are informed by a functional assessment and that involve creating learning profiles for each individual. This also includes parents/caregivers accessing adaptive functioning training.
- Health related supports that focus on the individual's wellbeing with preventative mental health services, access to medical care, supported recreation activities, and support for managing sexually exploitive situations and risky behaviours.
- Employment related supports that center around the individual's needs for stable job or volunteer experiences by providing access to programs such as tailored vocational counselling and/or employment supervision and training.
- Housing related supports that focus on assisting individuals to access safe housing by providing appropriate services such as regular visitations.
- Family support that facilitates a stable home environment and that emphasizes caregiver well-being. This could include providing caregivers with educational resources, training in parenting strategies, and planning for the future.
- Financial related services that focus on helping individuals and their caregivers access funding at different life stages by supporting them to navigate relevant processes.
- Legal system related services that focus on assisting individuals and their families with navigating the complexities of the legal system.

Feedback is *feasible* because once the system for generating organizational-level reports is set up, it can be easily transferable across multiple organizations as data becomes available. Examining the four aspirational principles provides a window into an organization's overarching philosophy whereas examining the 12 evidence-identified domains of service delivery provides a window into the ways that an organization is engaging in practice that is supported by organizational guiding policies to become enacted practices. Individually, neither aspect can provide a picture that is as comprehensive picture as both aspects together – this is largely attributable to the diverse and specialized services organizations may offer. Whenever possible, we have provided both a sample and a template.

PROCESS

There are four steps involved in preparing, synthesizing, interpreting, and ultimately creating reports to be shared with individual organizations. The figure below summarizes the key actions required in each, and the supporting documents and/or templates available for each step.



1. Preparing Organizational Data

The three steps for preparing organizational data are described below:

☐ *Download data from REDCap*

The data gathered by the six Best Practices Tools is downloadable from REDCap. Given the large number of variables, it is recommended to download each tool data individually. Please contact REDCap support for help downloading the data to a specific statistical package. The quantitative software Statistical Package for the Social Sciences (SPSS) was used in the analysis conducted for the sample reports provided in this document.

☐ *Assess data for completeness*

Inspect the data for missing values, outliers, and any other issues. For further support in this step, consult the following resource:
https://www.slideshare.net/jamorrow/brief-introduction-to-the-12-steps-of-evaluagio

☐ *Compute descriptive statistics, including item means*

Compute descriptive statistics for all items for the six tools (see sample Table A). The mean for each item will be used for Template Tables B, C, D, and E. For support with this step, consult the following resource: https://libguides.library.kent.edu/SPSS/Descriptives

2. Computing Organizational-Level Ratings

The two steps for computing organizational-level ratings are described below:

☐ *Transfer relevant item means to Template Tables B, C, D, E*

Use Template Tables B, C, D, and E for organizing the items and their means by domain of service delivery. In each table, add the relevant item mean in the bracket beside the item (see Sample Table B, C, D, E).

☐ *Use Rating Guide A for assigning an overall score representing a group of items measuring an aspirational principle for each domain and add to Template Tables B, C, D, E*

Examine the items of each domain associated with each of the four aspirational principles – and assign a rating of Highly Present (H), Present (P), or Inconclusive (I). To assign the score, notice the trends within and across the principles.

Use the table below to guide your judgment of how to evaluate the group of items. Be mindful of the trends represented by the means. For example, are the means generally consistent with a highly present rating? If there are mixed ratings, which rating is more common?

Rating Scales	Evidence of policies and practices is highly present (H)	Evidence of policies and practices is moderately present (P)	Evidence of policies and practices is inconclusive (I)
4-Point Scale 1: Strongly Disagree 2: Disagree 3: Agree 4: Strongly Agree	Item average is 3 or higher	Item average is between 2 and 3	Item average is less than 2
2-Point Scale	Item average is .5 or higher	Item average is between .2 and .5	Item average is less than .2

3. Interpreting Organizational Findings

The two steps for interpreting organizational findings are described below.

☐ *Use Rating Guide B for creating an overall score for the enacted practices and guiding policies to Template Table F*

Use the ratings in Template Tables B, C, D, and E to complete the findings in Template Table F, which is organized by the four aspirational principles and by 12 evidence-identified domains of service delivery. Use the Rating Guide B to assign a rating across different tools when multiple ratings exist. Choose the rating that best represents the trend reflected for a specific domain of service delivery.

The two Best Practice Tools: Agency Training Checklist and Policy Checklist in Template Tables B, C, D, and E help assess the overall score for each of the 12 evidence-identified domains of service delivery contributing to the guiding policies.

The four Best Practice Tools: staff survey, case management checklist, client survey, and caregiver/family survey in Template Tables B, C, D, and E help assess enacted practices within the 12 domains of service delivery.

Rating Guide B

Evidence of policies and practices is highly present (H)	Evidence of policies and practices is moderately present (P)	Evidence of policies and practices is inconclusive (I)
• Consistently received H • Mixed but received more H than P	• Consistently received P • Mixed but received more P, some H, and no or few I	• Consistently received I • Mixed but received more I, some P, and no H

The two steps for interpreting organizational findings are described below.

☐ *Compute the ratio of highly present (H), present (P), and inconclusive (I) for each aspirational principle and add to Template Table F*

After completing the ratings in Template Table F for each of the 12 domains of service delivery, compute the ratio of highly present (H), present (P), and inconclusive (I) for each aspirational principle. See Sample Table F for an illustration. The ratios allow for a comparison among the four aspirational principles and within each aspirational principle by comparing the status of guiding policies and the reported practices of an organization.

4. Generating Organizational Inferences

The three steps for generating organizational inferences are described below.

☐ *Create a graphical visual for each aspirational principle based on the ratios in Template Tables F and G*

Use the ratios calculated in Template Table F to produce four tables as illustrated by Template Table G. Each of the four tables can be used to create a graphical representation (see sample report A). The four tables or graphs provide a way to visually inspect the degree to which aspirational principles exist overall in terms of the 12 domains of service delivery (guiding policies and enacted practices). It also provides a way to compare the alignment between organizational policies and practices. MS Excel was used in the analysis for the sample reports provided.

☐ *Use Rating Guide C for interpreting the overall presence and alignment of the aspirational principles in Template Table F*

Use Rating Guide C to interpret the graphical representation (or the tables) summarizing the organizational findings in two ways. First, inspect the presence of each aspirational principle in the 12 domains of service delivery. Second, inspect the alignment between guiding policies and reported practices, within the domains of service delivery.

Rating Guide C

Presence

- *Strong* - in cases where more than 20% are highly present with at least an additional 70% being present across both guiding policies and enacted practices
- *Adequate* – in cases where more than 60% are highly present or present across both guiding policies and enacted practices
- *Weak* – in cases where less than 60% are highly present or present

Alignment

- *Strong* - in cases where there is little difference across guiding policies and enacted practices
- *Adequate* - in cases where are some difference across guiding policies and enacted practices yet the majority are still highly present or present
- *Weak* - in cases where there is marked differences across guiding policies and enacted practices

☐ *Create the organizational report using Report Template A.*

The organizational report is organized into two sections. The first section provides findings, interpretation, and application specific to each of the four aspirational principles. The second section provides the findings, interpretation, and application across the 12 domains of service delivery. Template Report A provides a starting point for content that could be standard for each organizational report. In addition, elements requiring modification are noted (i.e., [XX]) to reflect the uniqueness of each organization. Answering the guiding questions provided below is intended to enhance understanding of the potential factors contributing to results. See Sample Report A for an illustration of the expected product.

Guiding questions

1. What principles are highly present from the perspectives of managers/staff/clients/caregivers? What could be contributing to these findings?
2. What principles can be considered somewhat present for each type of respondent?
3. Are there any principles that are notably missing? Are gaps present across the different respondents or are gaps unique to a specific group? What might be the reason?
4. What are some of the actions that the organization could take to strengthen their existing policies and practices?

Sample Tables

Sample Table A: Descriptive Statistics

***Note*:** Descriptive statistics should be computed for all items of each Best Practice tool.

Items of Staff Survey	**Min**	**Max**	**Mean**
ss_q1___1 Which of the following services are available within your agency? Please check all that apply. (choice=housing)	0	1	.54
ss_q1___2 Which of the following services are available within your agency? Please check all that apply. (choice=medical care)	0	1	.15
ss_q1___3 Which of the following services are available within your agency? Please check all that apply. (choice=mental health)	0	1	.58
ss_q1___4 Which of the following services are available within your agency? Please check all that apply. (choice=recreation activities)	0	1	.54
ss_q1___5 Which of the following services are available within your agency? Please check all that apply. (choice=parenting/childcare support)	0	1	.85
ss_q1___6 Which of the following services are available within your agency? Please check all that apply. (choice=employment support)	0	1	.42
ss_q1___7 Which of the following services are available within your agency? Please check all that apply. (choice=financial support)	0	1	.27
ss_q1___8 Which of the following services are available within your agency? Please check all that apply. (choice=legal support)	0	1	.04
ss_q1___9 Which of the following services are available within your agency? Please check all that apply. (choice=respite supports for family/caregivers of individuals with complex needs)	0	1	.46
ss_q1___10 Which of the following services are available within your agency? Please check all that apply. (choice=counselling supports for family/caregivers of individuals with complex needs)	0	1	.77
ss_q1___11 Which of the following services are available within your agency? Please check all that apply. (choice=training in parenting strategies that focus on caregiver attitudes)	0	1	.77
ss_q1___12 Which of the following services are available within your agency? Please check all that apply. (choice=individually tailored vocational counseling)	0	1	.15
ss_q1___13 Which of the following services are available within your agency? Please check all that apply. (choice=necessary supports, such as housing services)	0	1	.38
ss_q1___14 Which of the following services are available within your agency? Please check all that apply. (choice=explicit planning for individuals future needs, such as financial planning, money management support, guardianship and trusteeship programs)	0	1	.38
ss_q1___15 Which of the following services are available within your agency? Please check all that apply. (choice=Other)	0	1	.08
ss_q2 Have you received informal training, such as supervision or consultation from colleagues on working with individuals with complex needs in your current role?	0	1	.92
ss_q2a1to3___1 Check all that apply: (choice=supervision)	0	1	.88
ss_q2a1to3___2 Check all that apply: (choice=consultation with colleagues)	0	1	.92
…….			

Sample Table B: Consistency Principle

Table representing the items from each of the tools contributing to the overall domain score for Consistency.

	Guiding Policies		Enacted Practices			
Domains	Managers perspective on guiding policies		Front-line staff perception of enacted practices		Client and family/caregiver perception of enacted practices	
	Agency Training Checklist (item mean)	Policy Checklist (item mean)	Staff survey (item mean)	Case Management Checklist [item mean]	Client Survey (item mean)	Caregiver/Family Survey (item mean)
Delivery of support						
Support worker education	P 3 (2.5), 4 (2.38), 5 (3.25), 7 (2.63)	H 6 (.75), 7 (.75), 8 (1.00), 9 (.88)	H 4 (.65), 5 (.76), 9(.68), 19(.76), 24(.71), 42(3.50), 43 (3.82), 44 (3.55), 46 (3.18), 47 (2.85), 48 (3.36), 63 (3.55)			
Hiring practices	P 19 (2.63)					
Diagnosis/ individual support	H 22a_1 (3.13), 22a_2 (3.13), 22a_3 (3.5), 22a_4 (3.5), 23a_1 (3.38), 23a_2(3.5), 23a_3 (3.5), 23a_4 (3.5)		P 34a_1 (.08), 34a_2 (.12), 34a_3 (.12), 35a_1 (.04), 35a_2 (.08), 35a_3 (.13), 36a_1 (.50) , 36a_2 (.27), 37a_1 (.46), 52 (3.36), 53 (3.00), 65a_1 (2.80), 65a_2 (2.80), 65a_3 (2.73), 66a_1 (3.07), 66a_2 (3.00), 66a_3 (3.00),	P 1a_4 (2.56), 2a_4 (2.50), 22a_1 (3.28), 22a_2 (3.22), 22a_3 (3.39)		
Individual support	P 24a_3 (3.38), 25a_3 (3.25),	H	P 16 (.08), 36a_3 (.20), 59 (2.90)	P 1a_5 (1.94), 2a_5 (2.33)		

		14 (.88), 15 (.63), 16 (1.00), 17 (1.00), 18 (.50)				
Education						
Health	P 24a_1 (2.63), 24a_2 (2.75), 25a_1 (2.88), 25a_2 (2.88)		P 36a_2 (.27), 37a_2 (.19), 62 (3.05), 67a_1 (3.06), 67a_2 (2.58), 68a_1 (3.06), 68a_2(2.58),	P 1a_2 (3.17), 1a_3 (2.33), 2a_2 (3.11), 2a_3 (2.44), 23a_1 (2.67), 23a_2 (3.33), 24a_1 (2.67), 24a_2 (3.28)		
Employment	P 24a_3 (3.38), 25a_3 (3.25)		P 36a_3 (.20), 67a_3 (2.97),	P 1a_6 (2.83), 2a_6 (2.89), 24a_3 (2.83)		
Housing			A 36a_5 (.32), 37a_5 (.23)	P 1a_1 (2.67), 2a_1 (2.83)		
Family Support	P 26a_1 (2.63), 26a_2 (2.88), 26a_3 (2.88), 27a_1 (2.63), 27a_2 (2.88), 27a_3 (2.88)		P 38a_1 (.27), 38a_2 (.38), 38a_3 (.42), 38a_4 (.35), 39a_1 (.23), 39a_2 (.38), 39a_3 (.42), 39a_4 (.31), 69a_1 (2.76), 69a_2 (2.90), 69a_3 (3.00), 69a_4 (2.61), 70a_1 (2.69), 70a_2 (2.89), 70a_3 (2.95), 70a_4 (2.60)	P 21a_1(3.33), 21a_2 (2.83), 21a_3 (2.39)		H 3 (3.4)
Financials	P 24a_4 (2.63), 25a_4 (2.75)		P 36a_6 (.31), 37a_6 (.27), 67a_4 (2.69),	P 1a_7 (2.78), 2a_7 (2.78),		
Legal system				H 1a_8 (3.17), 2a_8 (3.06),		

Sample Table C: Collaboration Principle

Table Representing the items from each of the tools contributing to the overall domain score for Collaboration Principle.

	Guiding Policies		Enacted Practices			
	Managers perspective on guiding policies		Front-line staff perception of enacted practices		Client and family/caregiver perception of enacted practices	
Domains	Agency Training Checklist (item mean)	Policy Checklist (item mean)	Staff Survey (item mean)	Case Management Checklist [item mean]	Client Survey (item mean)	Caregiver/Family Survey (item mean)
Delivery of support		P 3 (.53), 4 (.44), 13 (.80)			H 21 (3.5)	H 19 (3.2)
Support worker education						
Hiring practices	P 8 (3.13), 20 (2.88)	H 5 (.75), 11 (.88)	P 10 (.44), 25 (.38), 49 (3.18)			
Diagnosis/individual support	P 22b_1 (2.75), 22b_2 (2.63), 22b_3 (2.63), 22b_4 (2.63), 23b_1 (3.00), 23b_2 (2.75), 23b_3 (2.75), 23b_4 (2.75),	H 12 (.75)	P 34b_1 (.27), 34b_2 (.35), 34b_3 (.35), 35b_1 (.20), 35b_2 (.16), 35b_3 (.20), 36b_1 (.58), 36b_2 (.35), 37b_1 (.46), 65b_1 (3.18), 65b_2 (3.18), 65b_3 (3.23), 66b_1 (3.29), 66b_2 (3.29), 66b_3 (3.29)	P 1b_4 (1.83), 2b_4 (1.83), 19 (2.06)		
Individual support				P 1b_5 (1.78), 2b_5 (2.00)		
Education	H		P			

	21 (3.00)		17 (.24), 32 (.20), 55 (2.91)			
Health	**P** 24b_1 (2.38), 24b_2 (2.38), 25b_1 (2.38), 25b_2 (2.38),	**H** 19 (.76)	**H** 36b_2 (.35), 37b_2 (.32), 62 (3.18), 67b_1 (3.23), 67b_2 (3.19), 68b_1 (3.19), 68b_2 (3.15)	**P** 1b_2 (1.83), 1b_3 (1.78), 2b_2 (1.56), 2b_3 (1.67), 23b_1 (2.06), 23b_2 (2.28), 24b_1 (2.11), 24b_2 (2.39)	**P** 17 (2.9)	**H** 14 (3.50), 16 (3.45)
Employment	**P** 24b_3 (2.63), 25b_3 (2.50)			**P** 1b_6 (1.83), 2b_6 (1.83), 23b_3 (2.28), 24b_3 (2.39)	**H** 14 (3.65)	**H** 17 (3.57)
Housing			**P** 36b_5 (.36), 37b_5 (.42)	**P** 1b_1 (1.83), 2b_1 (1.67)		
Family Support	**P** 26b_1 (2.63), 26b_2 (2.63), 26b_3 (2.63), 27b_1 (2.63), 27b_2 (2.50), 27b_3 (2.63)	**H** 20 (1.00)	**P** 38b_1 (.38), 38b_2 (.50), 38b_3 (.46), 38b_4 (.35), 39b_1 (.38), 39b_2 (.46), 39b_3 (.35), 39b_4 (.35), 69b_1 (2.68), 69b_2 (2.95), 69b_3 (2.95), 69b_4 (2.91), 70b_1 (2.86), 70b_2 (2.95), 70b_3 (2.95), 70b_4(2.90)			
Financials	**P** 24b_4 (2.75), 25b_4 (2.75),		**P** 36b_5 (.36), 37b_5 (.42), 67b_4 (3.04),			
Legal system				**P** 1b_8 (2.00), 2b_8 (1.83)		

Sample Table D: Responsiveness Principle

Table representing the items from each of the tools contributing to the overall domain score for responsiveness principle.

	Guiding Policies		Enacted Practices			
	Managers perspective on guiding policies		Front-line staff perception of enacted practices		Client and family/caregiver perception of enacted practices	
Domains	Agency Training Checklist (item mean)	Policy Checklist (item mean)	Staff Survey (item mean)	Case Management Checklist (item mean)	Client Survey (item mean)	Caregiver/Family Survey (item mean)
Delivery of support					H 3 (3.88)	P 8 (2.37)
Support worker education					H 5 (3.75)	H 6 (3.75)
Hiring practices		H 10 (1.00)	H 6 (.84), 21 (.75)		H 4 (3.88), 7 (3.00), 20 (3.90), 19 (3.67),	P 10 (2.56), 11 (3.45), 18 (2.63)
Diagnosis/individual support			P 35c_1 (.20), 35c_2 (.26), 35c_3 (.29), 66c_1 (3.25), 36c_2 (3.45), 66c_3 (3.45)	P 2c_4 (1.78)		
Individual support	P 9 (2.75), 12 (1.88), 13 (2.88), 14 (3.25), 15 (2.63)		H 11 (.58), 14 (.96), 15 (.43), 26 (.58), 50 (3.18); 57 (3.77) ,58 (3.29) 60 (3.18)	P 2c_5 (1.83), 9(2.78), 16 (1.89)	P 6 (2.75), 7 (3.40), 8 (3.40)	H 2 (.65), 8 (.66), 9 (.90)
Education			H	P	H	

			13 (.36), 28 (.52), 56 (3.09), 61 (3.00)	12 (2.5), 13 (2.17), 10 (3.06), 11 (2.67)	9 (3.88)	
Health				P 2c_2 (2.00), 2c_3(1.73), 3 (2.83), 24c_1 (1.94), 24c_2 (2.06),	P 11 (2.48)	P 12 (2.43)
Employment						
Housing	18 (2.88)		P 8 (.55), 23 (.52),			P 18 (2.1)
Family Support	P 27c_1 (2.75), 27c_2 (2.63), 27c_3 (2.75)		P 39c_1 (.35), 39c_2 (.46), 39c_3 (.31), 39c_4 (.31), 70c_1 (3.15), 70c_2 (3.20), 70c_3 (3.15), 70c_4 (3.15)		H 15 (3.63)	P 4 2(.53), 5 (3.00)
Financials			P 37c_5 (.42)	P 6 (2.06), 7 (2.44)	P 16 (.55)	
Legal system				2c_8, 8		

Sample Table E: Proactivity Principle

Table Representing the items from each of the tools contributing to the overall domain score for proactivity principle.

	Guiding Policies		Enacted Practices			
Domains	Managers perspective on guiding policies		Front-line staff perception of enacted practices		Client and family/caregiver perception of enacted practices	
	Agency Training Checklist (item mean)	Policy Checklist (item mean)	Staff Survey (item mean)	Case Management Checklist (item mean)	Client Survey (item mean)	Caregiver/Family Survey (item mean)
Delivery of support	P 6 (2.88)		H 7 (.50), 22 (.42), 45 (3.23)	P 14 (2.39)		
Support worker education						
Hiring practices	P 10 (2.38)					
Diagnosis/individual support	P 11 (2.50)		H 12 (.73), 27 (.76)	P 19 (2.06), 22b_1 (2.56), 22b_2 (2.33), 22b_3 (2.33)		
Individual support				P 20 (1.94)		
Education	P 16 (2.88)					
Health	P 17 (2.88)		P 18 (.28), 33 (.33), 64 (3.29)	P 4 (2.50)		H 15 (3.77)
Employment						
Housing						
Family Support				P 15 (1.44), 17 (2.33)		
Financials						
Legal system					P 18(2.55)	P 13 (2.44)

Sample Table F: Domains-Aspirational Principles Summary

Domains of Service Delivery	Consistency		Collaboration		Responsiveness		Proactivity	
	Guiding policies	Enacted practices	Guiding policies	Enacted practices	Guiding policies	Enacted practices	Guiding policies	Enacted practices
Delivery of support				H		P	P	P
Support worker education	P	H				H		
Hiring practices	P		H	P	H	P	P	
Diagnosis/individual support	H	P	H	P		P	P	P
Individual support	H	P		P	H	H		P
Education			H	P		H	P	
Health	P	P	P	P		P	P	P
Employment	P	P	P	P				
Housing		P	P	P	P	P		
Family Support	P	P	P	P	P	H		P
Financials	P	P	P	P		P		
Legal system		H		P		P		P
Highly Present (H)	25%	22%	38%	10%	50%	37%	0%	0%
Present (P)	75%	78%	62%	90%	50%	63%	100%	100%
Absent (A)	0%	0%	0%	0%	0%	0%	0%	0%

Sample Tables G Across the Aspirational Principles

Domains of Service Delivery	Consistency	
	Guiding policies	Enacted practices
Highly Present (H)	25%	22%
Present (P)	75%	78%
Absent (A)	0%	0%

Domains of Service Delivery	Collaboration	
	Guiding policies	Enacted practices
Highly Present (H)	38%	10%
Present (P)	63%	90%
Absent (A)	0%	0%

Domains of Service Delivery	Responsiveness	
	Guiding policies	Enacted practices
Highly Present (H)	50%	36%
Present (P)	50%	64%
Absent (A)	0%	0%

Domains of Service Delivery	Proactivity	
	Guiding policies	Enacted practices
Highly Present (H)	0%	0%
Present (P)	100%	100%
Absent (A)	0%	0%

Template Tables

Template Table B: Consistency Principle

Table Representing the items from each of the tools contributing to the overall domain score for Consistency.

	Guiding Policies		Enacted Practices			
Domains	Managers perspective on guiding policies		Front-line staff perception of enacted practices		Client and family/caregiver perception of enacted practices	
	Agency Training Checklist [item mean]	Policy Checklist [item mean]	Staff Survey [item mean]	Case Management Checklist [item mean]	Client Survey [item mean]	Caregiver/Family Survey [item mean]
Delivery of support						
Support worker education	[H/P/I] 3 [XX], 4 [XX], 5 [XX], 7 [XX]	[H/P/I] 6 [XX], 7 [XX], 8 [XX], 9 [XX]	[H/P/I] 4 [XX], 5 [XX], 9[XX], 19[XX], 24[XX], 42[XX], 43 [XX], 44 [XX], 46 [XX], 47 [XX], 48 [XX], 63 [XX]			
Hiring practices	[H/P/I] 19 [XX]					
Diagnosis/ individual support	[H/P/I] 22a_1 [XX], 22a_2 [XX], 22a_3 [XX], 22a_4 [XX], 23a_1 [XX], 23a_2[XX], 23a_3 [XX], 23a_4 [XX]		[H/P/I] 34a_1 [XX], 34a_2 [XX], 34a_3 [XX], 35a_1 [XX], 35a_2 [XX], 35a_3 [XX], 36a_1 [XX] , 36a_2 [XX], 37a_1 [XX], 52 [XX], 53 [XX], 65a_1 [XX], 65a_2 [XX], 65a_3 [XX], 66a_1 [XX], 66a_2 [XX], 66a_3 [XX],	[H/P/I] 1a_4 [XX], 2a_4 [XX], 22a_1 [XX], 22a_2 [XX], 22a_3 [XX]		
Individual support	[H/P/I] 24a_3 [XX], 25a_3 [XX],	[H/P/I] 14 [XX], 15 [XX], 16 [XX], 17 [XX], 18 [XX]	[H/P/I] 16 [XX], 36a_3 [XX], 59 [XX]	[H/P/I] 1a_5 [XX], 2a_5 [XX]		
Education						
Health	[H/P/I]		[H/P/I]	[H/P/I] 1a_2 [XX]), 1a_3 [XX], 2a_2 [XX], 2a_3 [XX], 23a_1 [XX],		

	24a_1 [XX], 24a_2 [XX], 25a_1 [XX], 25a_2 [XX]		36a_2 [XX], 37a_2 [XX], 62 [XX], 67a_1 [XX], 67a_2 [XX], 68a_1 [XX], 68a_2[XX],	23a_2 [XX], 24a_1 [XX], 24a_2 [XX]		
Employment	**[H/P/I]** 24a_3 [XX], 25a_3 [XX]		**[H/P/I]** 36a_3 [XX], 67a_3 [XX],	**[H/P/I]** 1a_6 [XX], 2a_6 [XX], 24a_3 [XX]		
Housing			**[H/P/I]** 36a_5 [XX], 37a_5 [XX]	**[H/P/I]** 1a_1 [XX], 2a_1 [XX]		
Family Support	**[H/P/I]** 26a_1 [XX], 26a_2 [XX], 26a_3 [XX], 27a_1 [XX], 27a_2 [XX], 27a_3 [XX]		**[H/P/I]** 38a_1 [XX], 38a_2 [XX], 38a_3 [XX], 38a_4 [XX], 39a_1 [XX], 39a_2 [XX], 39a_3 [XX], 39a_4 [XX], 69a_1 [XX]2, 69a_2 [XX], 69a_3 [XX], 69a_4 [XX], 70a_1 [XX], 70a_2 [XX], 70a_3 [XX], 70a_4 [XX]	**[H/P/I]** 21a_1[XX], 21a_2 [XX], 21a_3 [XX]		**[H/P/I]** 3 [XX]
Financials	**[H/P/I]** 24a_4 [XX], 25a_4 [XX]		**[H/P/I]** 36a_6 [XX], 37a_6 [XX], 67a_4 [XX],	**[H/P/I]** 1a_7 [XX], 2a_7 [XX],		
Legal system				**[H/P/I]** 1a_8 [XX]), 2a_8 [XX],		

Template Table C: Collaboration Principle

Table Representing the items from each of the tools contributing to the overall domain score for

	Guiding Policies		Enacted Practices			
	Managers perspective on guiding policies		Front-line staff perception of enacted practices		Client and family/caregiver perception of enacted practices	
Domains	Agency Training Checklist [item mean]	Policy Checklist [item mean]	Staff Survey [item mean]	Case Management Checklist [item mean]	Client Survey [item mean]	Caregiver/Family Survey [item mean]
Delivery of support		[H/P/I] 3 [XX], 4 [XX], 13 [XX]			[H/P/I] 21 [XX]	[H/P/I] 19 [XX]
Support worker education						
Hiring practices	[H/P/I] 8 [XX], 20 [XX]	[H/P/I] 5 [XX], 11 [XX]	[H/P/I] 10 [XX], 25 [XX], 49 [XX]			
Diagnosis/individual support	[H/P/I] 22b_1 [XX], 22b_2 [XX], 22b_3 [XX], 22b_4 [XX], 23b_1 [XX], 23b_2 [XX], 23b_3 [XX], 23b_4 [XX],	H 12 [XX]	[H/P/I] 34b_1 [XX], 34b_2 [XX], 34b_3 [XX], 35b_1 [XX], 35b_2 [XX], 35b_3 [XX], 36b_1 [XX], 36b_2 [XX], 37b_1 [XX], 65b_1 [XX], 65b_2 [XX], 65b_3 [XX], 66b_1 [XX], 66b_2 [XX], 66b_3 [XX]	[H/P/I] 1b_4 [XX], 2b_4 [XX], 19 [XX]		
Individual support				[H/P/I] 1b_5 [XX], 2b_5 [XX]		
Education	[H/P/I] 21 [XX]		[H/P/I] 17 [XX], 32 [XX], 55 [XX]			
Health	[H/P/I] 24b_1 [XX], 24b_2 [XX], 25b_1 [XX], 25b_2 [XX],	[H/P/I] 19 [XX]	[H/P/I] 36b_2 [XX], 37b_2 [XX], 62 [XX], 67b_1 [XX], 67b_2 [XX], 68b_1 [XX], 68b_2 [XX]	[H/P/I] 1b_2 [XX], 1b_3 [XX], 2b_2 [XX], 2b_3 [XX], 23b_1 [XX],	[H/P/I] 17 [XX]	[H/P/I] 14 [XX], 16 [XX]

				23b_2 [XX], 24b_1 [XX], 24b_2 [XX]		
Employment	**[H/P/I]** 24b_3 [XX], 25b_3 [XX]			**[H/P/I]** 1b_6 [XX], 2b_6 [XX], 23b_3 [XX], 24b_3 [XX]	**[H/P/I]** 14 [XX]	**[H/P/I]** 17 [XX
Housing			**[H/P/I]** 36b_5 [XX]), 37b_5 [XX]	**[H/P/I]** 1b_1 [XX], 2b_1 [XX]		
Family Support	**[H/P/I]** 26b_1 [XX], 26b_2 [XX], 26b_3 [XX], 27b_1 [XX], 27b_2 [XX], 27b_3 [XX]	**[H/P/I]** 20 [XX]	**[H/P/I]** 38b_1 [XX], 38b_2 [XX], 38b_3 [XX], 38b_4 [XX], 39b_1 [XX], 39b_2 [XX], 39b_3 [XX], 39b_4 [XX], 69b_1 [XX], 69b_2 [XX], 69b_3 [XX], 69b_4 [XX], 70b_1 [XX], 70b_2 [XX], 70b_3 [XX], 70b_4[XX]			
Financials	**[H/P/I]** 24b_4 [XX], 25b_4 [XX]		**[H/P/I]** 36b_5 [XX]), 37b_5 [XX], 67b_4 [XX]			
Legal system				**[H/P/I]** 1b_8 [XX], 2b_8 [XX]		

Template Table D: Responsiveness Principle

Table representing the items from each of the tools contributing to the overall domain score for responsiveness principle.

	Guiding Policies		**Enacted Practices**			
	Managers perspective on guiding policies		**Front-line staff perception of enacted practices**		**Client and family/caregiver perception of enacted practices**	
Domains	**Agency Training Checklist [item mean]**	**Policy Checklist [item mean]**	**Staff Survey [item mean]**	**Case management Checklist [item mean]**	**Client Survey [item mean]**	**Caregiver/Family Survey [item mean]**
Delivery of support					**[H/P/I]** 3 [XX]	**[H/P/I]** 8 [XX]
Support worker education					**[H/P/I]** 5 [XX]	**[H/P/I]** 6 [XX]
Hiring practices		**[H/P/I]** 10 [XX]	**[H/P/I]** 6 [XX], 21 [XX]		**[H/P/I]** 4 [XX], 7 [XX], 20 [XX], 19 [XX],	**[H/P/I]** 10 [XX], 11 [XX], 18 [XX]
Diagnosis/individual support			**[H/P/I]** 35c_1 [XX], 35c_2 [XX], 35c_3 [XX],-66c_1 [XX], 36c_2 [XX], 66c_3 [XX]	**[H/P/I]** 2c_4 [XX]		
Individual support	**[H/P/I]** 9 [XX], 12 [XX], 13 [XX], 14 [XX], 15 [XX]		**[H/P/I]** 11 [XX], 14 [XX], 15 [XX], 26 [XX], 50 [XX]; 57 [XX] ,58 [XX] 60 [XX]	**[H/P/I]** 2c_5 [XX], 9[XX], 16 [XX]	**[H/P/I]** 6 [XX], 7 [XX], 8 [XX]	**[H/P/I]** 2 [XX], 8 [XX], 9 [XX]
Education			**[H/P/I]** 13 [XX], 28 [XX], 56 [XX], 61 [XX]	**[H/P/I]** 12 [XX], 13 [XX], 10 [XX], 11 [XX]	**[H/P/I]** 9 [XX]	
Health				**[H/P/I]** 2c_2 [XX], 2c_3[XX], 3 [XX], 24c_1 [XX], 24c_2 [XX],	**[H/P/I]** 11 [XX]	**[H/P/I]** 12 [XX]
Employment						
Housing	**[H/P/I]**		**[H/P/I]**			**[H/P/I]**

	18 [XX]		8 [XX], 23 [XX],			18 [XX]
Family Support	**[H/P/I]** 27c_1 [XX], 27c_2 [XX], 27c_3 [XX]		**[H/P/I]** 39c_1 [XX], 39c_2 [XX], 39c_3 [XX], 39c_4 [XX], 70c_1 [XX], 70c_2 [XX], 70c_3 [XX], 70c_4 [XX]		**[H/P/I]** 15 [XX]	**[H/P/I]** 4 2[XX], 5 [XX]
Financials			**[H/P/I]** 37c_5 [XX]	**[H/P/I]** 6 [XX], 7 [XX]	**[H/P/I]** 16 [XX]	
Legal system				2c_8 [XX], 8 [XX]		

Template table E: Proactivity Principle

Table Representing the items from each of the tools contributing to the overall domain score for proactivity principle.

	Guiding Policies		Enacted Practices			
Domains	Managers perspective on guiding policies		Front-line staff perception of enacted practices		Client and family/caregiver perception of enacted practices	
	Agency Training Checklist [item mean]	Policy Checklist [item mean]	Staff survey [item mean]	Case Management Checklist [item mean]	Client Survey [item mean]	Caregiver/Family Survey [item mean]
Delivery of support	[H/P/I] 6 [XX]		[H/P/I] 7 [XX], 22 [XX], 45 [XX]	[H/P/I] 14 [XX]		
Support worker education						
Hiring practices	[H/P/I] 10 [XX]					
Diagnosis/individual support	[H/P/I] 11 [XX]		[H/P/I] 12 [XX], 27 [XX]	[H/P/I] 19 [XX], 22b_1 [XX], 22b_2 [XX], 22b_3 [XX]		
Individual support				[H/P/I] 20 [XX]		
Education	[H/P/I] 16 [XX]					
Health	[H/P/I] 17 [XX]		[H/P/I] 18 [XX], 33 [XX], 64 [XX]	[H/P/I] 4 [XX]		[H/P/I] 15 [XX]
Employment						
Housing						
Family Support				[H/P/I] 15 [XX], 17 [XX]		
Financials						
Legal system					[H/P/I] 18[XX]	[H/P/I] 13 [XX]

Template Table F: Findings

Domains of Service Delivery	Consistency		Collaboration		Responsiveness		Proactivity	
	Guiding policies	Enacted practices	Guiding policies	Enacted practices	Guiding policies	Enacted practices	Guiding policies	Enacted practices
Delivery of support				[X]		[X]	[X]	[X]
Support worker education	[X]	[X]				[X]		
Hiring practices	[X]		[X]	[X]	[X]	[X]	[X]	
Diagnosis/individual support	[X]	[X]	[X]	[X]		[X]	[X]	[X]
Individual support	[X]	[X]		[X]	[X]	[X]		[X]
Education			[X]	[X]		[X]	[X]	
Health	[X]	[X]	[X]	[X]		[X]	[X]	[X]
Employment	[X]	[X]	[X]	[X]				
Housing		[X]	[X]	[X]	[X]	[X]		
Family Support	[X]	[X]	[X]	[X]	[X]	[X]		[X]
Financials	[X]	[X]	[X]	[X]		[X]		
Legal system		[X]		[X]		[X]		[X]
Highly Present (H)	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%
Present (P)	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%
Absent (A)	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%

Template Tables G Across the Aspirational Principles

Domains of Service Delivery	Consistency	
	Guiding policies	Enacted practices
Highly Present (H)	[XX]%	[XX]%
Present (P)	[XX]%	[XX]%
Absent (A)	[XX]%	[XX]%

Domains of Service Delivery	Collaboration	
	Guiding policies	Enacted practices
Highly Present (H)	[XX]%	[XX]%
Present (P)	[XX]%	[XX]%
Absent (A)	[XX]%	[XX]%

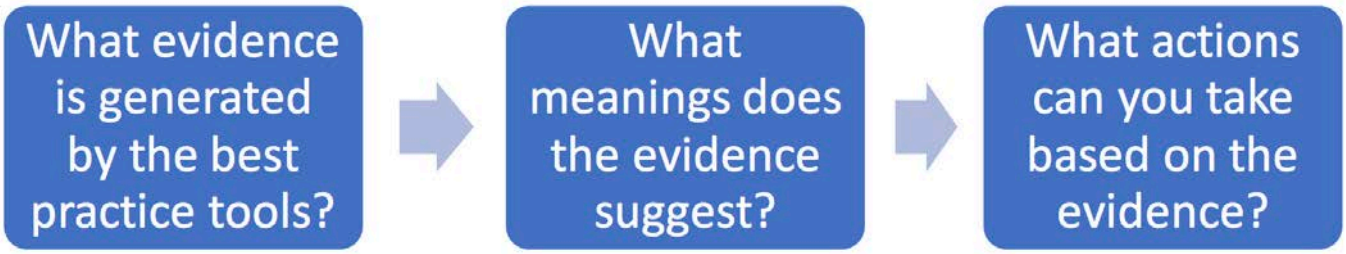
Domains of Service Delivery	Responsiveness	
	Guiding policies	Enacted practices
Highly Present (H)	[XX]%	[XX]%
Present (P)	[XX]%	[XX]%
Absent (A)	[XX]%	[XX]%

Domains of Service Delivery	Proactivity	
	Guiding policies	Enacted practices
Highly Present (H)	[XX]%	[XX]%
Present (P)	[XX]%	[XX]%
Absent (A)	[XX]%	[XX]%

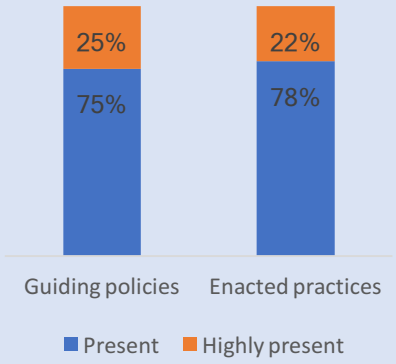
APPENDIX B
SAMPLE REPORT A

REPORT FOR DISTRIBUTION TO COMMUNITY ORGANIZATIONS

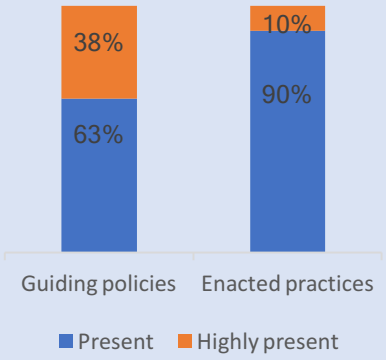
Below you will find an overall summary of findings, suggested interpretations, and potential applications for your data gathered with the Best Practice Tools. This report will help you to move from evidence to action using data-based decision-making. The first two pages of this report present your results related to the four aspirational principles optimizing your service delivery – specifically notice the ratios between guiding policies (aggregate data from agency training checklist and policy checklist) and enacted practices (staff survey, case management checklist, client survey and caregiver/family survey). In determining goals for aspirational attainment, it will be important for your organizations to consider your mandates. The final page provides results specific to each domain of service delivery.



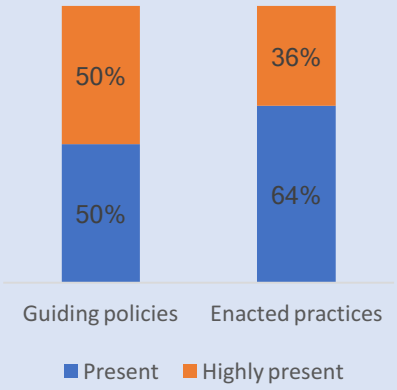
Consistency Principle

Findings	Interpretations	Applications
	Your organizational data indicates a **strong presence** of consistent service delivery that is structured and stable. Your approaches and messages are consistent. Your organizational data indicates that you have **strong alignment** among guiding polices and enacted practices. Staff are implementing practices as intended by policies.	Moving forward, your organization can enhance consistency within service delivery by: 1. Building awareness of existing policies and their implications with staff and managers. 2. Providing staff with the support necessary to further implement policies related to specific domains of service delivery that appear only as present. Based on results, the domains of service delivery to be targeted include: **Support work education, hiring practices, health, employment, family support, and financials (see page 3).**

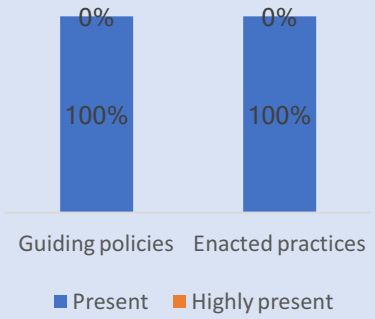
Collaboration Principle

Findings	Interpretations	Applications
	Your organizational data indicates an **adequate presence** of collaboration with other agencies meaning that your systems integrate policies, complex case management, and coordination of referrals. Your organizational data indicates that you have **adequate alignment** among guiding polices and enacted practices. Staff are implementing practices as intended by policies.	Moving forward, your organization can improve collaboration with other agencies by: 1. Making guiding policies and procedures regarding each of the domains of service delivery explicit to reinforce the practice of collaboration. 2. Supporting staff with the implementation of service delivery domains that appear present. According to results, the domains of service delivery to be targeted include: **Health, employment, housing, family support, financials, legal system**. (see page 3).

Responsiveness Principle

Findings	Interpretations	Applications
	Your organizational data indicates a **strong presence** of providing services that are responsive to individuals' needs in which balance between support and independence is sought. Your organizational data indicates **strong alignment** among guiding polices and enacted practices. Staff are implementing practices as intended by policies.	Moving forward, your organization can enhance responsiveness to individuals' needs by: 1. Focusing on improving the implementation of existing policies and providing support to staff and managers, especially in those areas that appear only as present. Based on results, the domains of service delivery to be targeted include: **Delivery of support, hiring practices, Diagnosis/individual support, Health, housing, financials, and legal system** (see page 3).

Proactivity Principle

Findings	Interpretations	Applications
	Your organizational data demonstrates an **adequate presence** of fostering services in a proactive manner, meaning that you provide services based on anticipating rather than reacting to individuals' needs. Your organizational data indicates **strong alignment** among guiding polices and enacted practices. Staff are implementing practices as intended by policies.	Moving forward, your organization can enhance proactivity within service delivery by: 1. Reviewing and refining existing policies that target this area, along with building awareness of existing policies and their implications with the staff and managers. 2. Providing staff with the necessary support to further implement policies related to specific domains of service delivery that appear only as present. Based on results, the domains of service delivery to be targeted include: **All domains** (see page 3)**.**

The table below provides your results specific to each domain of service delivery organized by four aspirational principles. At a glance, you can view the domains of service delivery that are highly present across the four aspirational practice principles. The domains of service delivery that are not highly present may provide opportunities for focused initiatives to increase the presence of those domains in your reported guiding policies and enacted practices if appropriate for your program mandates.

Domains of Service Delivery	Consistency		Collaboration		Responsiveness		Proactivity	
	Guiding policies	Enacted practices	Guiding policies	Enacted practices	Guiding policies	Enacted practices	Guiding policies	Enacted practices
Delivery of support				H		P	P	P
Support worker education	P	H				H		
Hiring practices	P		H	P	H	P	P	
Diagnosis/individual support	H	P	H	P		P	P	P
Individual support	H	P		P	H	H		P
Education			H	P		H	P	
Health	P	P	P	P		P	P	P
Employment	P	P	P	P				
Housing		P	P	P	P	P		
Family Support	P	P	P	P	P	H		P
Financials	P	P	P	P		P		
Legal system		H		P		P		P
Highly Present (H)	25%	22%	38%	10%	50%	37%	0%	0%
Present (P)	75%	78%	62%	90%	50%	63%	100%	100%
Absent (A)	0%	0%	0%	0%	0%	0%	0%	0%

Interpretations

Your organizational data indicates that your guiding policies and enacted practices **consistently** promote the four aspirational principles across the domains of service delivery related to: support worker education, hiring practices, diagnosis/individual support, and education.

Applications

Moving forward, your organization can optimize your service delivery by increasing focus on delivery of support in the areas of health, employment, housing, family support, financials, and the legal system. Consider the extent to which these domains are relevant to the work you do as an organization.

Overall Assessment

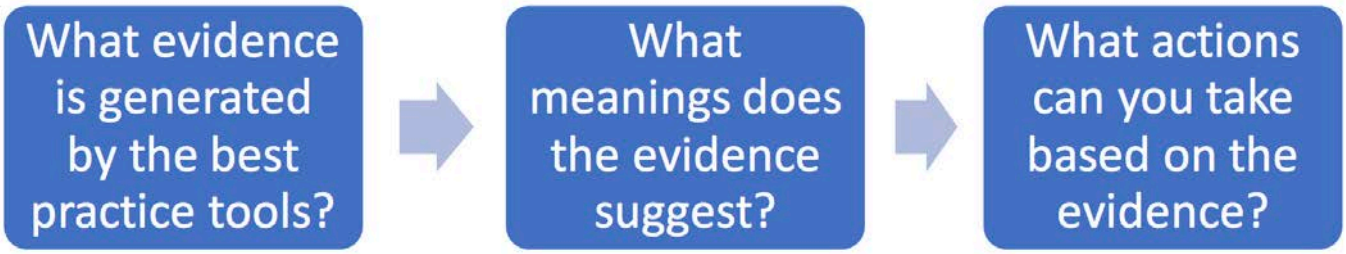
You are **on track** as an organization. You have some domains that might represent areas for improvement. Your organization also has clear strengths. In particular, **two** aspirational principles are assessed as both strongly present and aligned across your guiding policies and enacted practices.

	Consistency	**Collaboration**	**Responsiveness**	**Proactivity**
Presence of the aspirational principles in your guiding policies and enacted practices.	Strong	Adequate	Strong	Adequate
Alignment of the aspirational principles across your guiding policies and enacted practices.	Strong	Adequate	Strong	Strong

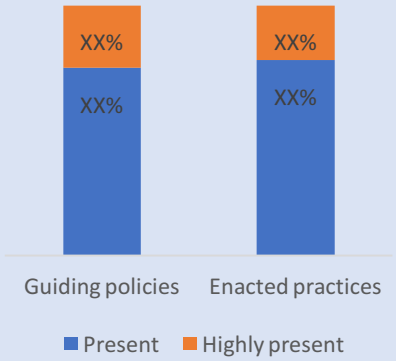
APPENDIX C
REPORT TEMPLATE A

REPORT FOR [NAME OF ORGANIZATION]

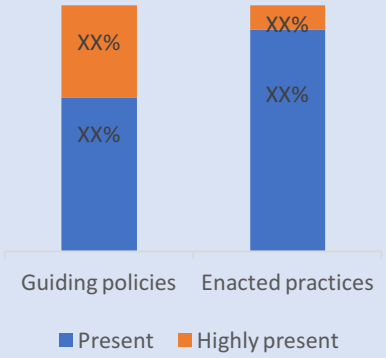
Below you will find an overall summary of findings, suggested interpretations, and potential applications for your data gathered with the Best Practice Tools. This report will help you to move from evidence to action using data-based decision-making. The first two pages of this report present your results related to the four aspirational principles optimizing your service delivery – specifically notice the ratios between guiding policies (aggregate data from agency training checklist and policy checklist) and enacted practices (staff survey, case management checklist, client survey and caregiver/family survey). In determining goals for aspirational attainment, it will be important for your organizations to consider your mandates. The final page provides results specific to each domain of service delivery.



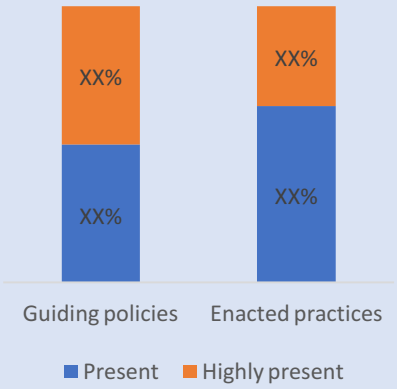
Consistency Principle

Findings	Interpretations	Applications
	Your organizational data indicates a **[XXXX] presence** of consistent service delivery that is structured and stable. Your approaches and messages are consistent. Your organizational data indicates that you have **[XXXX] alignment** among guiding polices and enacted practices. Staff are implementing practices as intended by policies.	Moving forward, your organization can enhance consistency within service delivery by: 3. Building awareness of existing policies and their implications with staff and managers. 4. Providing staff with the support necessary to further implement policies related to specific domains of service delivery that appear only as present. Based on results, the domains of service delivery to be targeted include: **[XX, XX, XX].** (See page 3)

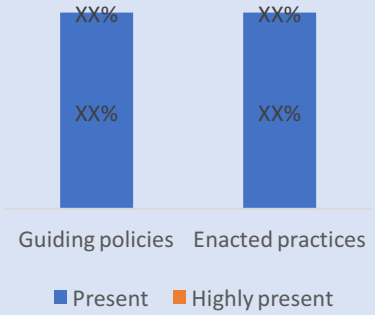
Collaboration Principle

Findings	Interpretations	Applications
	Your organizational data indicates a **[XXXX] presence** of collaboration with other agencies meaning that your systems integrate policies, complex case management, and coordination of referrals. Your organizational data indicates that you have **[XXXX] alignment** among guiding polices and enacted practices. Staff are implementing practices as intended by policies.	Moving forward, your organization can improve collaboration with other agencies by: 3. Making guiding policies and procedures regarding each of the domains of service delivery explicit to reinforce the practice of collaboration. 4. Supporting staff with the implementation of service delivery domains appear only as present. According to results, the domains to be targeted include: **[XX, XX, XX]**. (see page 3)

Responsiveness Principle

Findings	Interpretations	Applications
	Your organizational data indicates **[XXXX] presence** of providing services that are responsive to individuals' needs in which balance between dependence and independence is sought. Your organizational data indicates **[XXXX] alignment** among guiding polices and the enacted practices. Staff are implementing practices as intended by policies.	Moving forward, your organization can enhance responsiveness to individuals' needs by: 2. Focusing on improving the implementation of existing policies and providing support to staff and managers, especially those that appear only as present. Based on results, the domains of service delivery to be targeted include: **[XX, XX, XX].** (See page 3)

Proactivity Principle

Findings	Interpretations	Applications
	Your organizational data demonstrates an **[XXXX] presence** of fostering services in a proactive manner, meaning that you provide services based on anticipating rather than reacting to individuals' needs. Your organizational data indicates that you have **[XXXX] alignment** among guiding polices and enacted practices. Staff are implementing practices as intended by policies.	Moving forward, your organization can enhance proactivity within service delivery by: 1. Reviewing and refining existing policies that target this area, along with building awareness of existing policies and their implications with staff and managers. 2. Providing staff with the necessary support to further implement policies related to specific domains of service delivery that appear only as present. Based on results, the domains of service delivery to be targeted include: **[XX, XX, XX].** (See page 3)

The table below provides your results specific to each domain of service delivery organized by four aspirational principles. At a glance, you can view the domains of service delivery that are highly present across the four aspirational practice principles. The domains of service delivery that are not highly present may provide opportunities for focused initiatives to increase the presence of those domains in your reported guiding policies and enacted practices if appropriate for your program mandates.

Domains of Service Delivery	Consistency		Collaboration		Responsiveness		Proactivity	
	Guiding policies	Enacted practices	Guiding policies	Enacted practices	Guiding policies	Enacted practices	Guiding policies	Enacted practices
Delivery of support				[X]		[X]	[X]	[X]
Support worker education	[X]	[X]				[X]		
Hiring practices	[X]		[X]	[X]	[X]	[X]	[X]	
Diagnosis/individual support	[X]	[X]	[X]	[X]		[X]	[X]	[X]
Individual support	[X]	[X]		[X]	[X]	[X]		[X]
Education			[X]	[X]		[X]	[X]	
Health	[X]	[X]	[X]	[X]		[X]	[X]	[X]
Employment	[X]	[X]	[X]	[X]				
Housing		[X]	[X]	[X]	[X]	[X]		
Family Support	[X]	[X]	[X]	[X]	[X]	[X]		[X]
Financials	[X]	[X]	[X]	[X]		[X]		
Legal system		[X]		[X]		[X]		[X]
Highly Present (H)	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%
Present (P)	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%
Absent (A)	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%	[XX]%

Interpretations

Your organizational data indicates that your guiding policies and enacted practices **consistently** promote the four aspirational principles across the domains of service delivery related to: [XX, XX, XX].

Applications

Moving forward, your organization can optimize your service delivery by improving the organizational focus on [XX,XX,XX]. Consider the extent to which these domains are relevant to the work you do as an organization.

Overall Assessment

You are [**on track/need improvement]** as an organization. You have some domains that might indicate some areas for improvement. Your organization also has clear strengths. In particular, [**no/few**] aspirational principles have been flagged as inconclusive by the best practice tools.

	Consistency	**Collaboration**	**Responsiveness**	**Proactivity**
Presence of the aspirational principles in your guiding policies and enacted practices.	[Strong/Adequate/ Week]	[Strong/Adequate/ Week]	[Strong/Adequate/ Week]	[Strong/Adequate/ Week]
Alignment of the aspirational principles across your guiding policies and enacted practices.	[Strong/Adequate/ Week]	[Strong/Adequate/ Week]	[Strong/Adequate/ Week]	[Strong/Adequate/ Week]

APPENDIX D
ADVERTISEMENT FOR STAFF SURVEYS

Voice Your Opinion

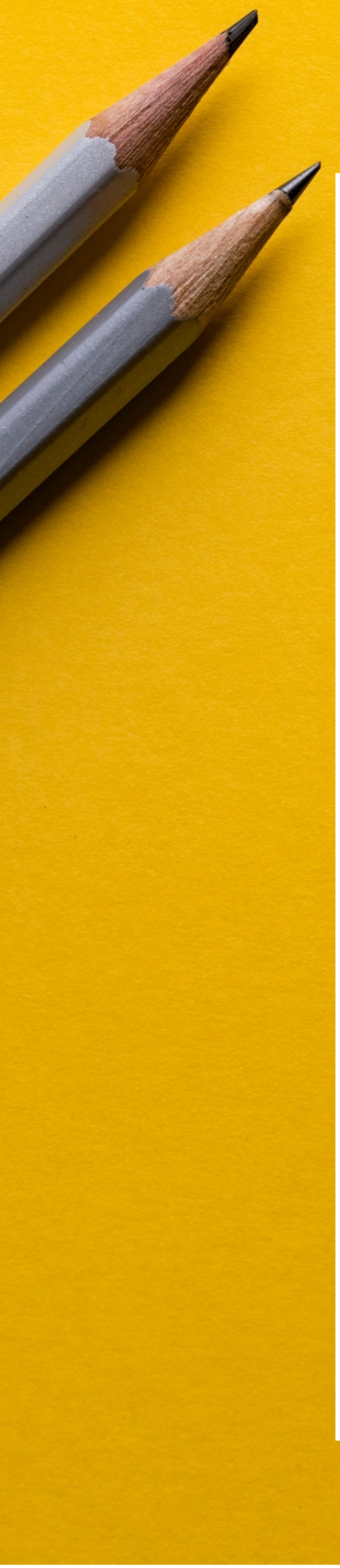
Our agency is conducting surveys to better understand how our services are aligned with best practices for working with individuals who have complex needs.

Your feedback is invaluable for optimizing the ways that we provide services for individuals and families with complex needs, and for helping our agency grow and evolve as we work to stay current with best practices.

Surveys can be completed online with a time commitment of approximately one hour. You will have the opportunity to provide anonymous feedback regarding the services you provide, ways you manage your cases, and the training you have received.

Please see your supervisor or manager for details.

APPENDIX E
ADVERTISEMENT FOR CLIENT AND FAMILY SURVEYS



If you access services from our agency OR if you are the parent of someone who accesses our services...

We Want to Hear From You!

We are asking clients and parents to give us feedback by filling out surveys.

Please ask a staff member for details.

APPENDIX F
INSTRUCTIONS FOR THE USE OF REDCAP

The following instructions include a brief overview of the following key tasks:
1. Accessing the Best Practices project
2. Adding additional users to REDCap
3. Exporting Data from RedCap

Please see the websites below if you require additional resources on how to manage projects.
- https://www.wchri.org/redcap
- https://projectredcap.org/resources/videos/

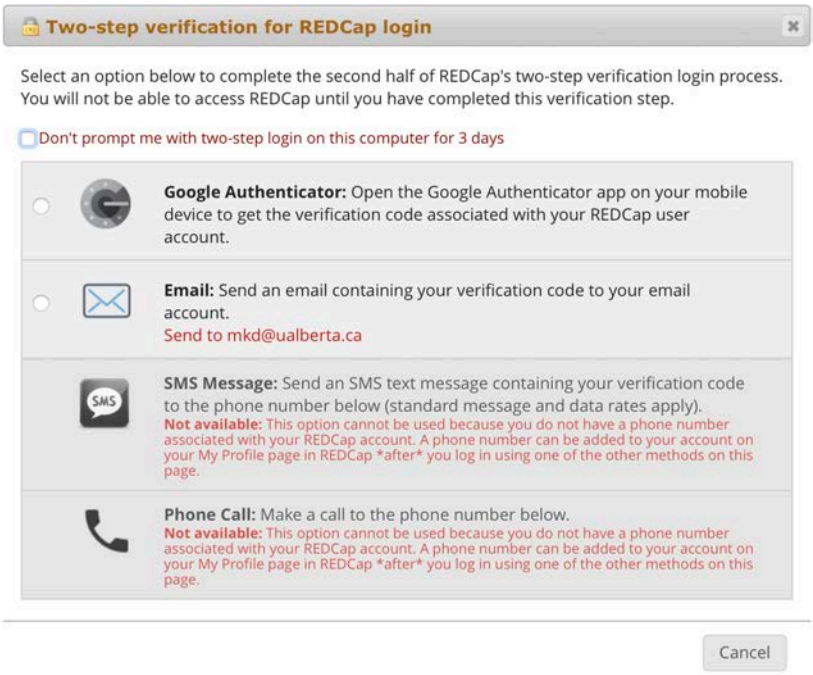
You may also contact redcap@ualberta.ca with any REDCap related questions you may have.

Regular face-to-face REDCap training sessions are available free of charge. You may view the sessions and register at https://www.wchri.org/redcap-sessions

ACCESSING THE BEST PRACTICES PROJECT

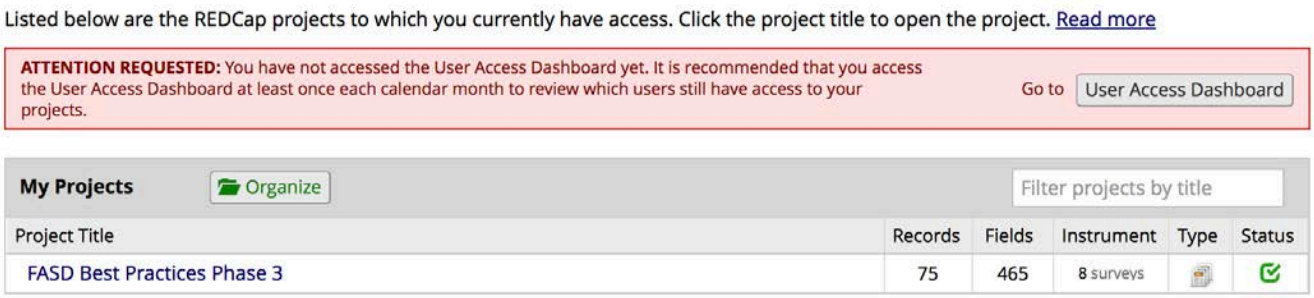
Logging into REDCap

1. Go to https://redcap.ualberta.ca
2. Enter your username and password.
3. Choose a verification method. Then follow the instructions provided on the screen.

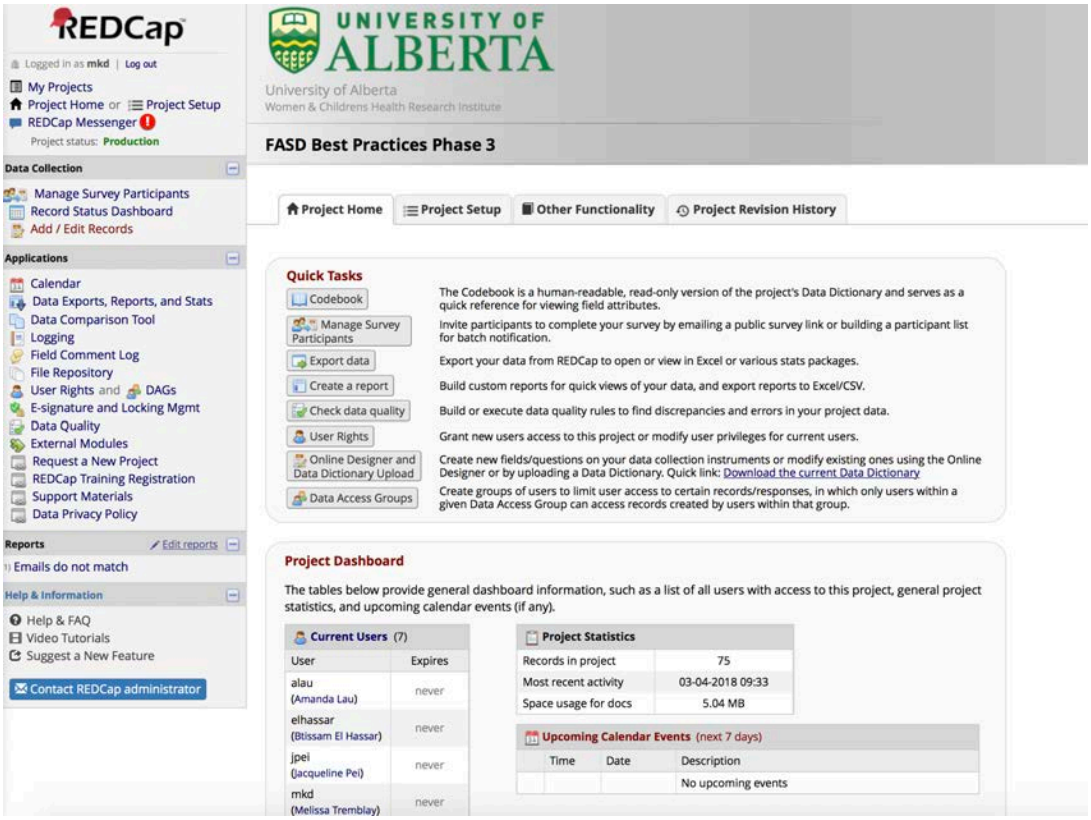


ACCESSING THE BEST PRACTICES PROJECT CONTINUED

4. You will see the FASD Best Practices Phase 3 project.



5. Clicking on the FASD Best Practices Phase 3 link will take you to the Project Home page.

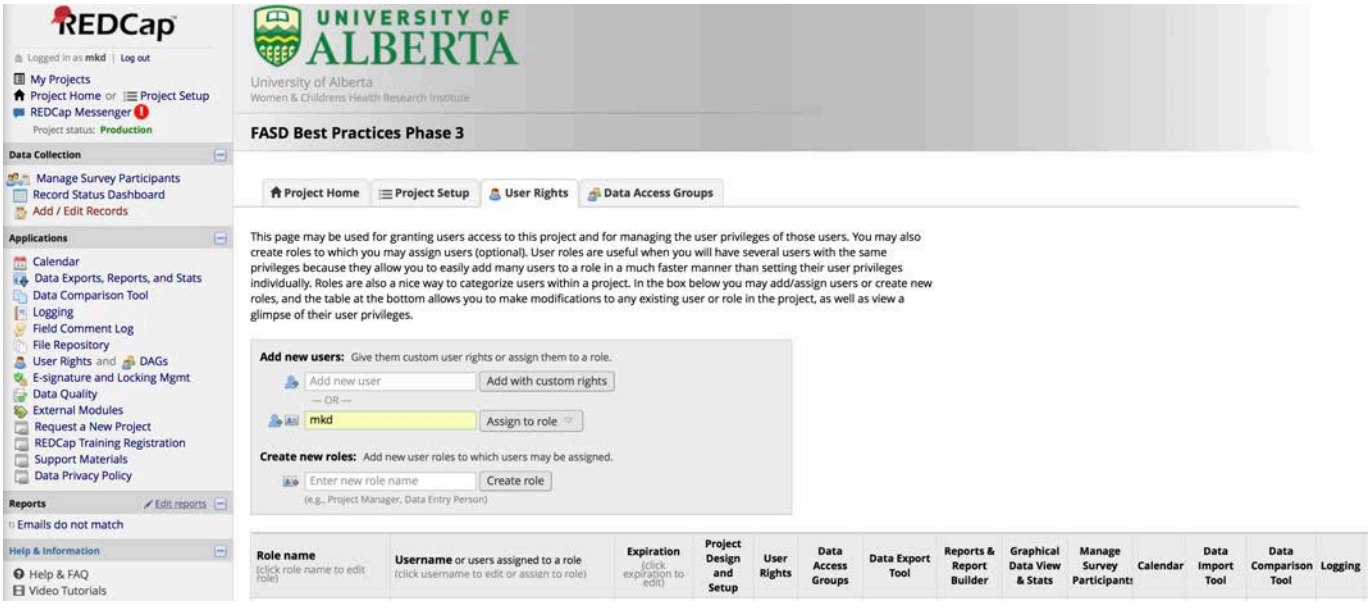


ADDING ADDITIONAL USERS TO REDCAP

Adding new users requires two steps. First, you need to request that a REDCap account be created for the person you would like to add to the project. Second, you need to add the new user to your project.

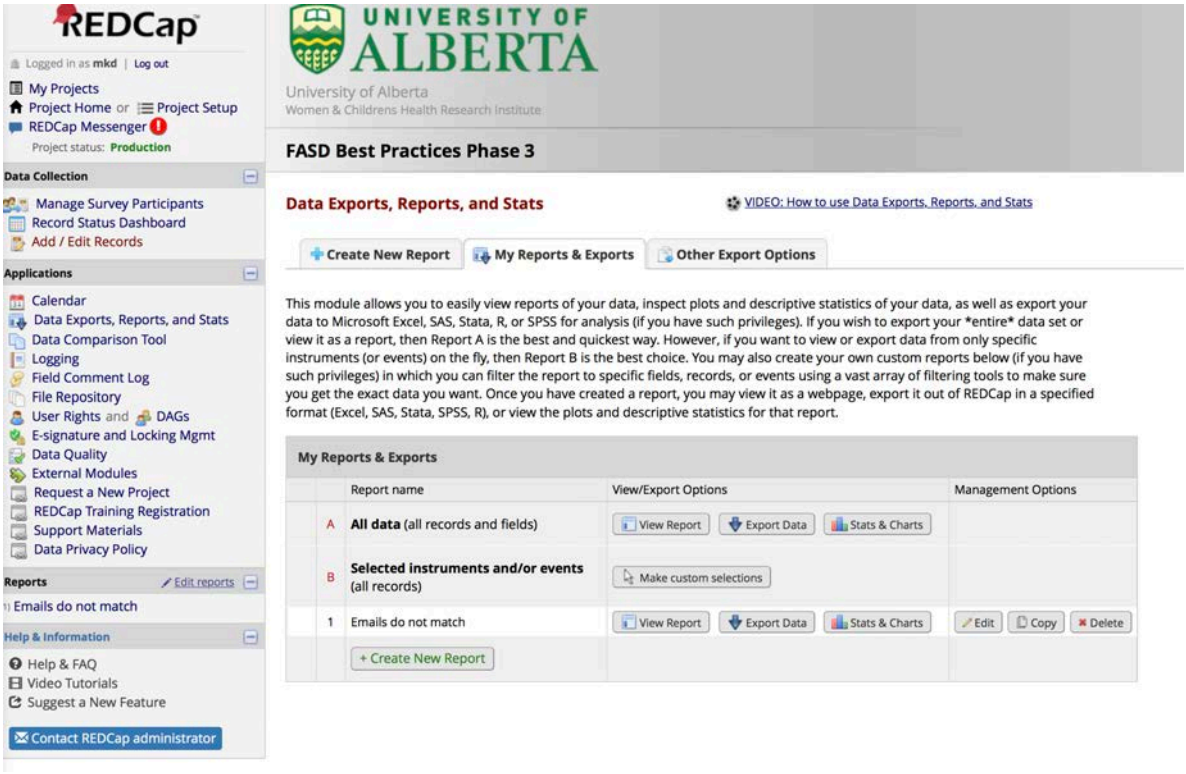
1. Adding new users who do not already have a REDCap account:
- Email redcap@ualberta.ca. Provide them with the name and the email address of the person you wish to add.
- They will send you a confirmation email saying they have added the person as a REDCap user, and that you can go ahead and add them to your project.
- The new user will receive a separate email with details on setting up their password.

2. Adding new users who already have a REDCap account to your project:
- Under Project Home, click User Rights.
- You will see the following screen. In the box next to "Assign to role," type the name of the person you wish to add. Then choose the appropriate role: CSS (i.e., read only), Data Entry, Principal Investigator, Project Administrator).

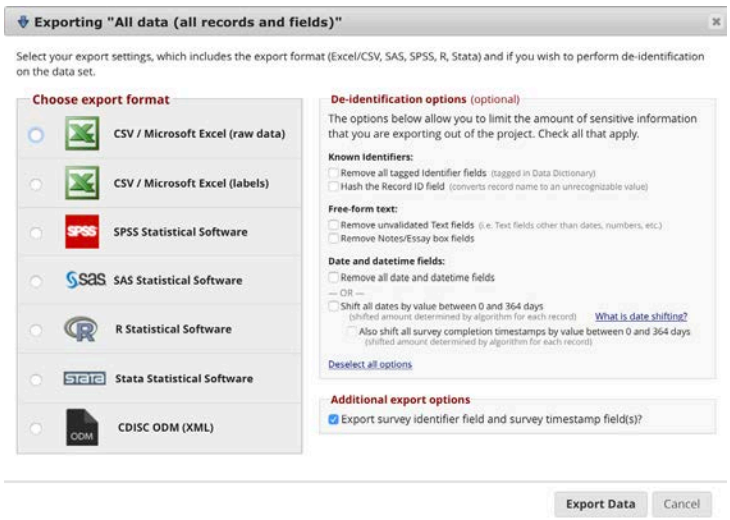


EXPORTING DATA FROM REDCAP

1. On the left hand side under Applications, click Data Exports, Reports, and Stats.
2. You may choose to export All data or Selected instruments and/or events.
3. Click Export Data

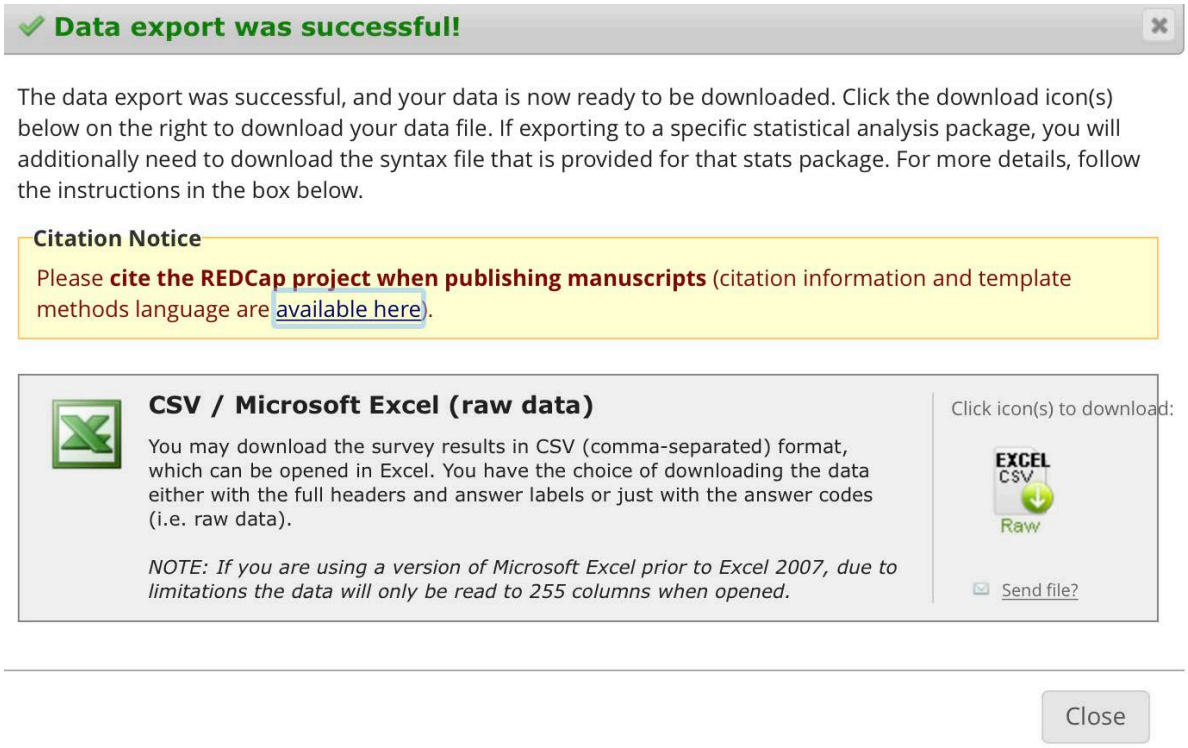


4. A new window will appear. Choose your preferred export format - CSV/Microsoft Excel (raw data), CSV/Microsoft Excel (labels), or SPSS Statistical Software. Remove all identifying information by checking off Remove all tagged identifier fields.



EXPORTING DATA FROM REDCAP CONTINUED

5. A new window will appear. Under click icon(s) to download, select SPSS or Data CSV.



6. Double click on the FASDBestPractices csv (Excel) or SPSS file to open and save it.