



Willow Winds
SUPPORT NETWORK

In Reach Evaluation Report

2025



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Executive Summary

Willow Winds Support Network (WWSN) implemented the In Reach Project to address longstanding gaps in FASD-informed services in Alberta's correctional and criminal-legal systems. Since its launch in 2017, the project provided FASD education, staff training, diagnostic assessments, and transitional mentorship to residents and staff across multiple provincial and federal facilities. This evaluation brings together findings from project statistics, surveys, interviews, FASD literature, and ongoing dialogue with staff.

Strong engagement and reach

Since the program's launch, In Reach staff delivered **548 sharing sessions** to **5,519 residents**, trained **1,755 facility staff**, conducted **209 FASD diagnostic assessments**, and provided transitional mentorship to **249 individuals**. These numbers reflect both the extensive need for FASD-informed support and the project's capacity to operate effectively within complex institutional settings.

Shifts in knowledge, attitudes, and practice

Training surveys demonstrated overwhelmingly positive feedback, with nearly all staff reporting increases in knowledge, understanding, and confidence in identifying and supporting individuals with FASD. Interview data indicated that the training prompted meaningful shifts in everyday interactions, reducing punitive responses to disability-related behaviours and fostering more supportive, person-centered, and FASD-informed practices.

Need for FASD assessment and diagnosis

Partners consistently emphasized that access to assessment is transformative, and can open pathways to disability supports, improving correctional planning, and helping individuals understand their own histories. Given the limited capacity for adult FASD diagnosis in Canada, In Reach's provision of 209 assessments represents a substantial contribution.

The value of relational, hands-on transitional mentorship

Transitional mentorship emerged as one of the most impactful components of the project, and represents a recent expansion of In Reach services in response to partner feedback. Transitional mentorship provided continuity across correctional and community settings, supporting individuals with practical needs such as the search for housing, appointments, and system navigation. Staff identified mentorship as the "missing piece" in existing reintegration processes, particularly for individuals with cognitive and executive functioning challenges.

Culturally sensitive and trauma-informed practices

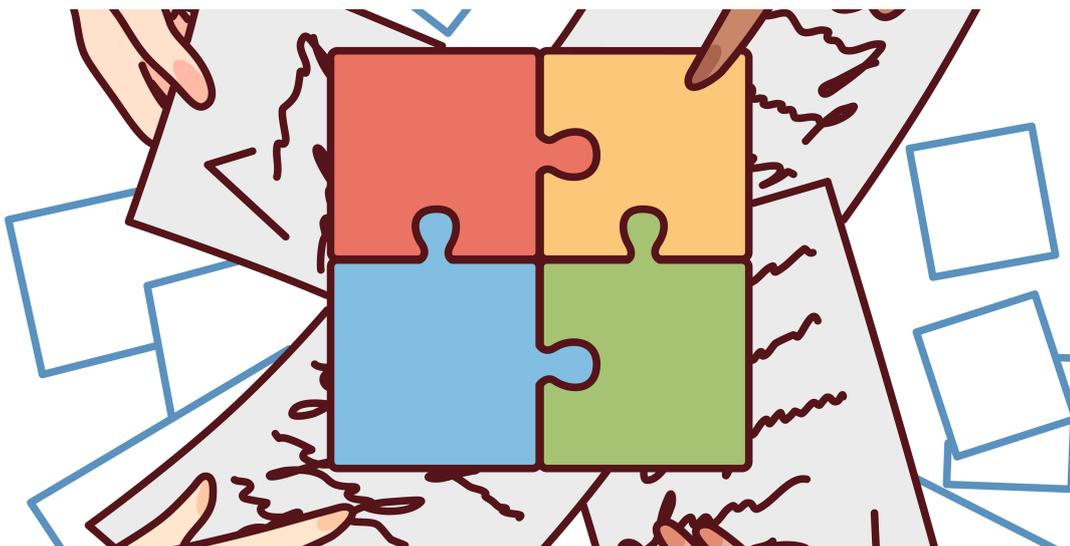
Given the disproportionate number of Indigenous individuals in correctional systems and the longstanding impacts of colonialism, culturally safe practice was reported as essential. Interviews highlighted the importance of Elders, ceremony, and relational healing, and recognized that stigma and systemic inequities shape how Indigenous residents experience FASD-related conversations and supports.

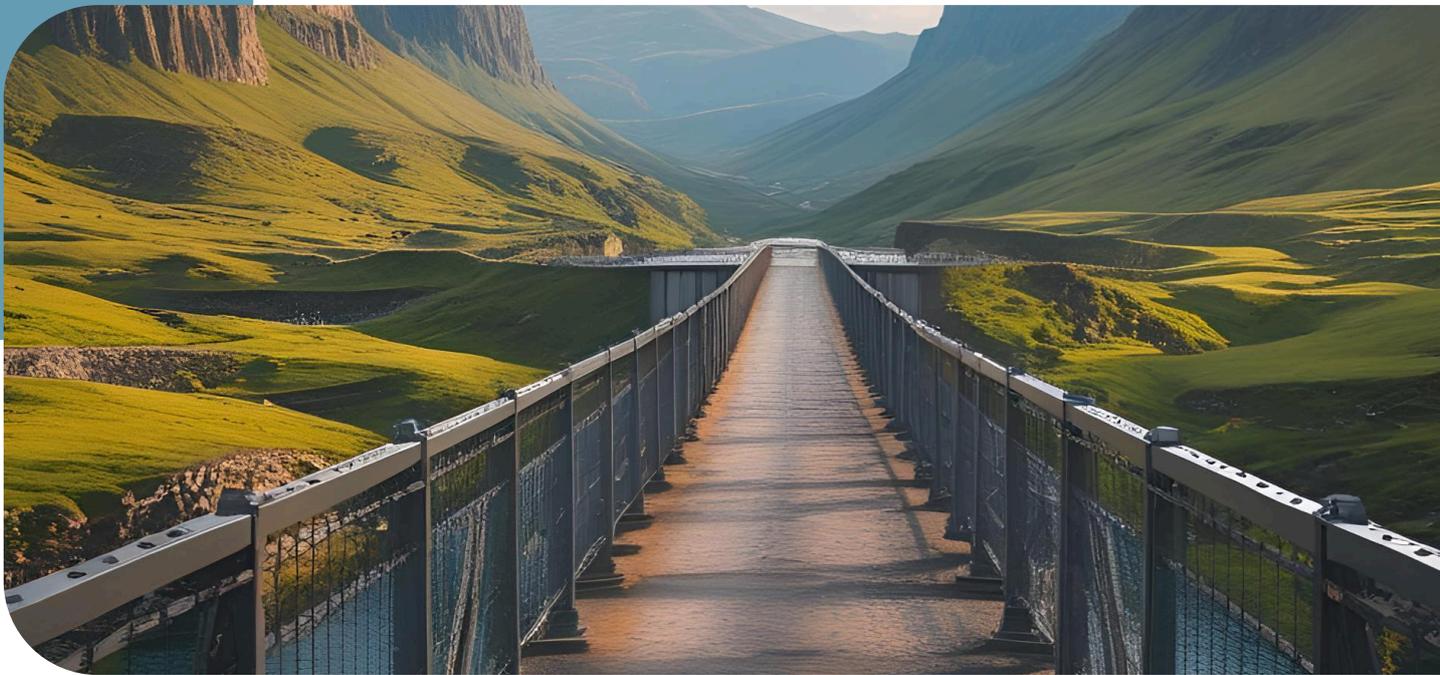
Key opportunities and challenges

Despite the project's successes, systemic issues continue to affect FASD-informed care across the province, including limited diagnostic capacity, fragmented services, staff turnover, high stigma, and inconsistencies in post-release supports. Partners called for strengthened coordination, expanded assessment pathways, and sustained funding to maintain and grow the program.

Conclusions

Across all data sources, the In Reach Project was described as relational, reliable, and responsive, filling critical gaps in FASD-informed care within correctional systems. The program has strengthened staff capacity, improved access to assessment, and enhanced reintegration supports—directly addressing needs identified by the Canadian Academy of Health Sciences and decades of FASD research. Sustaining and expanding In Reach will be essential to advancing culturally grounded, trauma-informed, and equitable services for justice-involved individuals with FASD.





Introduction

In 2017, Willow Winds Support Network began developing and implementing the In Reach project, aiming to provide innovative, responsive services and supports to residents and staff of Alberta justice facilities.

This document reports findings from an evaluation of the In Reach project, implemented between August 2017 and March 2025.

An introduction to Willow Winds Support Network and the In Reach project opens this report. Next, evaluation methods are detailed, and evaluation findings are subsequently shared according to data source. Following a description of evaluation methods and findings, a discussion section that address the evaluation questions is presented, followed by conclusions.

Willow Winds Support Network

The Northwest Central Alberta FASD Services Network Society was incorporated as a registered society in 2010, and recently underwent a name change to the Willow Winds Support Network (WWSN). WWSN has a vision of communities working together in a culture of hope, acceptance, understanding, and support to prevent and respond to FASD and brain domain challenges across the individual's lifespan. WWSN achieves this vision through inclusive, responsive, innovative collaborative action to promote knowledge and wellness, and build community capacity. WWSN services span initiatives focused on FASD awareness, prevention, assessment and diagnosis, intervention, training and education, as well as individual and caregiver supports. The Network's region includes Jasper, Hinton, Edson, Barrhead, Westlock, Whitecourt, Slave Lake, Swan Hills, Athabasca, Alexis Nakota Sioux Nation, Paul First Nation, Wabasca/Desmarais, Swan River, Sawridge, Loon River, Peerless & Trout Lakes.

The In Reach Project

The In Reach Project was developed out of recognition that significant gaps exist in the criminal-legal system for people with FASD. The idea for the project came directly from residents in the Edmonton Institution for Women (EIFW), when WWSN staff, together with Central FASD Network staff, attended an Indigenous Day at EIFW. During the event, Network staff discussed FASD, prevention and clinical assessments with residents and conversed at length with an EIFW employee. Residents asked if staff could come in to the facility to educate them on FASD, and the EIFW staff member asked if Network staff could train corrections staff. The In Reach project thus began in 2017.

WWSN originally partnered with Central FASD Network to provide annual staff training and sharing sessions to EIFW. The project quickly expanded to include Edmonton Remand Centre and Fort Saskatchewan Correctional Centre, with Justice and Solicitor General as a partner. Central Network expanded the In Reach program to facilities in their region (i.e., Central Alberta) and as of 2019, the two Networks branched off to serve different facilities. WWSN continued providing services for facilities in the Edmonton area. The project expanded to include Buffalo Sage Wellness Centre and Edmonton Young Offenders Centre for annual staff training and sharing sessions in 2018. In addition, the project provided annual staff training to Grierson Centre, Oak Hill Ranch, Stan Daniels Healing Centre and Edmonton Parole. The project also served Grande Cache Institution, Edmonton Institution, Pê Sâkâstêw Centre, YOUCAN Youth Centre, YMCA and two transition houses in Edmonton.

Over the course of providing sharing sessions and staff training, the problematic lack of access to FASD assessments in facilities became increasingly apparent. As a result, the Network secured funding to allow for the provision of FASD assessments to residents in correctional facilities beginning in 2019.

In 2021, in response to feedback from staff and residents at corrections facilities, as well as additional partners, In Reach expanded to provide an additional focus on transitional mentorship for residents transitioning back into community from corrections facilities.

Thus, there are four core activities delivered as part of the In Reach project, including sharing sessions with residents, training for corrections staff, FASD diagnostic assessments for residents, and transitional mentorship. See Appendix A for the In Reach logic model.

In total, In Reach applied for and received funding from 11 organizations since 2017. These included: (1) Edmonton Community Foundation; (2) Alberta Arts, Culture and Status of Women; (3) Alberta Community Initiatives Program; (4) Alberta Civil Society Fund; (5) Alberta Crime Prevention; (6) Alberta Community Justice; (7) Alberta Ministry of Justice; (8) Alberta Public Safety and Emergency Services; (9) Department of Women and Gender Equity (WAGE); (10) Canadian Women's foundation; and (11) Indigenous Offender Reintegration to Society Program.

Methods

Evaluation Approach and Questions

Evaluation of the In Reach Project involved both formative and summative elements. The evaluation took a participatory approach, integrally involving stakeholders in the evaluation design and implementation, and draws from developmental evaluation, which is an approach to evaluating complex, emergent initiatives that are in the early stages of development.

In Reach Project evaluation questions are as follows:

1. To what extent is the project achieving its identified outcomes?
 - a. How are facility staff and residents engaging with In Reach services?
 - b. To what extent are stakeholder relationships being fostered?
 - c. What changes are being influenced in justice facilities and residents?
 - d. How is the project delivering services aligned with FASD-informed best practices?
2. In what areas can the project can continue to evolve?
3. What learnings can be applied to emerging opportunities for project growth?

To address these objectives, data for the current evaluation included a literature review, project statistics compiled by In Reach staff, training surveys, interviews with In Reach staff, as well as interviews with In Reach stakeholders.

Literature Review

A brief literature review was conducted to situate the In Reach Project within the existing research. The review focused on identifying key themes related to FASD and the criminal-legal system, FASD awareness and understanding among criminal-legal professionals, and FASD supports for criminal-legal-involved individuals. Peer-reviewed articles, grey literature, government and organizational reports, and foundational FASD resources were consulted to provide context for understanding the evaluation questions.

Project Statistics

Willow Winds In Reach staff provided information regarding the number of facilities involved in the In Reach project, the number of sharing sessions, staff training sessions, and FASD assessments provided, as well as the number of attendees at sharing sessions and staff training sessions. The number of transitional mentorship clients served was also provided. The evaluator compiled this information based on a simple count.

Ongoing Dialogue with In Reach Staff

Throughout the six-year evaluation, the evaluator met with In Reach staff on an ongoing basis, engaging in both formal interviews and informal conversations. These interactions occurred regularly as the project evolved, allowing the evaluator to develop a strong understanding of program activities, implementation processes, and emerging challenges. Formal interviews provided opportunity for gathering structured reflections on project progress, while informal discussions or check-ins provided timely insights into day-to-day realities and adaptive decision-making. This sustained engagement ensured that staff perspectives were consistently integrated into the evaluation and supported the developmental evaluation approach guiding the project.

FASD Training Surveys

Sixty-one facility staff completed surveys after taking part in FASD training. Staff were invited to complete surveys via the online Survey Monkey tool. The evaluator formulated survey questions with input from Willow Winds staff. Quantitative survey data were compiled in the form of graphs, and qualitative data were analyzed using content analysis.

Interviews with In Reach Partners

Twenty-three In Reach partners took part in individual interviews via phone or videoconference. (The term “partner” is used in place of “stakeholder” to better reflect the collaborative, relational, and reciprocal nature of the involvement of individuals and organizations in the In Reach Project). Willow Winds staff identified individuals who had knowledge of In Reach, and the evaluator emailed invitations to participate. With participant consent, interviews were recorded and transcribed verbatim. Interview data were coded and organized using content analysis.

Findings

Literature Review

It was important for the current evaluation to be grounded in the literature to determine the extent to which In Reach services are being delivered in line with evidence-based practices. Academic and grey literature were reviewed and are summarized here, in brief, specific to FASD and the criminal-legal system, FASD supports for criminal-legal-involved individuals, and fostering FASD awareness and understanding among criminal-legal professionals.

FASD and the Criminal-Legal System

Fetal Alcohol Spectrum Disorder (FASD) is characterized by a range of neurocognitive, physical, behavioral, and learning difficulties resulting from prenatal alcohol exposure (Chudley et al., 2005; Cook et al., 2015). As a result of these difficulties, people with FASD are at increased risk, relative to those without FASD, for involvement in the criminal-legal system (Pei et al., 2018; Popova et al., 2011; Streissguth et al., 2004).

Determining FASD prevalence is complicated by several factors, including the need for comprehensive, multi-disciplinary teams to provide assessment and diagnostic services; the shame and stigma that may make some women and families reluctant to disclose prenatal alcohol use; sociocultural contributors and implications of assessment and diagnosis; as well as the dynamic presentations of people with FASD (Flannigan et al., 2022). Despite challenges with establishing FASD prevalence rates, however, the literature is clear that people with FASD are over-represented in the criminal-legal system. For example, a recent study conducted in the Yukon Territory estimated that the prevalence of FASD in prison settings could be as high as 31.2%, which far exceeds the estimated general population prevalence of 2-5% (McLachlan et al., 2019). Another study in a Canadian forensic mental health hospital reported that 46% of participants were diagnosed with FASD (Mela et al., 2022).

Several researchers have argued for the importance of FASD identification and diagnosis within the criminal-legal system (e.g., see Jewell et al., 2024). This is because identification and diagnosis are often required for individuals to receive support, and when unsupported, individuals with FASD experience complex adverse outcomes such as substance abuse and mental health problems (Popova et al., 2021; Streissguth et al., 1996; Flannigan et al., 2020). For example, a recent study examined long-term outcomes following FASD diagnosis in adulthood (Temple et al., 2021). At follow-up, 90% of individuals were receiving disability income and 85% were eligible for intellectual disability services; this was compared to 10% receiving disability income and 15% being eligible for intellectual disability services prior to receiving a diagnosis. In general, researchers have established that early diagnosis can be considered a protective factor against the development of adverse outcomes (Streissguth et al., 1996; 2004; Petrenko et al., 2014). Researchers have also reiterated that improved identification of individuals with FASD can begin from a foundation of enhanced awareness and understanding.

FASD Awareness and Understanding Among Criminal-Legal Professionals

Researchers and practitioners have made known the ways in which FASD is relevant to the criminal-legal system. In particular, people with FASD are susceptible to victimization and exploitation by their peers, including other inmates when incarcerated; difficulty recognizing and setting interpersonal boundaries; as well as cognitive, language, memory, and attention difficulties that can contribute to risks for being evaluated and/or treated inappropriately in criminal-legal settings (e.g., see Conry et al., 2000). Therefore, in the FASD literature, there is a clear point of convergence regarding the need for fostering FASD awareness and understanding among criminal-legal professionals.

This need has been voiced at multiple levels for several years. For example, in 2005, the Public Health Agency of Canada released an FASD Framework for Action, which called for increased public and professional awareness and understanding of FASD, specifically citing the criminal-legal sector as being in need of increased capacity. Service providers themselves have also called for professionals working in the criminal-legal system to increase their FASD knowledge and skills in order to align their practices more closely with research evidence (e.g., see Gibbs et al., 2022). Similarly, Gilbert and colleagues (2023) reported that, from the perspectives of individuals with FASD, limited awareness of criminal-legal professionals compounds the vulnerabilities of people with FASD in the criminal-legal system. The authors also emphasized the widespread problems of FASD being unrecognized, unsupported, or misattributed among people in the criminal-legal system. In addition, four comprehensive literature reviews have recently been conducted regarding different aspects of FASD and the criminal-legal system; all highlighted low levels of awareness about FASD within the criminal-legal system and called for a focus on implementing strategies and interventions to address this gap (Gilbert et al., 2022; Flannigan et al., 2018; Reid et al., 2023; Sessa et al., 2022).

Although there is an evident need for FASD awareness and understanding among criminal-legal professionals, limited literature exists to guide efforts in this area. Of the studies that have been conducted, several come out of Australia, where criminal-legal professionals' FASD training needs have been investigated. In these studies, most participants reported having heard of FASD, although few reported having experience working with people with FASD. In addition, almost all participants indicated that they would adjust their practice if they knew they were working with someone who had FASD, that they wanted to know more about FASD, and that their training and preparation for working with people with FASD was inadequate (Heanue et al., 2022; Passmore et al., 2018; Pedruzzi et al., 2021). Similar findings have been published in New Zealand (Chu et al., 2024), the US (Brown et al., 2017; 2019), and Canada (Dunbar Winsor, 2021; McLachlan et al., 2021), which strongly reinforce the need for training criminal-legal professionals in FASD knowledge, skills, and practice.

FASD Supports for Criminal-Legal-Involved Individuals

Researchers and practitioners have identified a strong need for criminal-legal-involved people with FASD to have access to targeted supports. Increasingly, researchers have focused on screening, identification, and assessment as forms of support, given that they can inform interventions and practices for people with FASD (Winsor, 2021). In particular, at the Regional Psychiatric Centre in Saskatoon, FASD assessment and diagnosis services have been provided for criminal-legal-involved individuals, along with recommendations for community release; researchers involved in this work concluded with a clear call for community reintegration support (Kerodal et al., 2021; Mela et al., 2022). As a second example, Brintnell and colleagues (2019) reported on an 18-month program that included FASD screening and assessment as well as supports to successfully transition back to the community. Six months post-release, 65% of participants had reconnected with the criminal-legal system, although many reported psychosocial benefits post-release. These represent the only two published accounts of FASD supports provided to incarcerated adults with FASD in Canada. As such, there remains a clear lack of evidence regarding effective criminal-legal interventions for individuals with FASD (Flannigan et al., 2018), and particularly those provided within institutions. Moreover, in a recent updated review of the literature on FASD and the criminal-legal system, it was noted that “intervention” is generally framed as FASD assessment leading to practice changes rather than formal, standalone treatment (Flannigan et al., 2025).

Regardless of the form of support, recent literature demonstrates increasing recognition of the strengths and abilities that individuals with FASD possess, and the importance of leveraging these strengths to support health and wellness (Kautz-Turnbull et al., 2023; Flannigan et al., 2021; Olson & Sparrow, 2021). Acknowledgement of personal, familial, community, and intergenerational trauma experiences, and the contributing role of trauma in trajectories of criminal-legal involvement, are also notable in the FASD literature, with recommendations to thread this acknowledgement throughout intervention and support services (e.g., see Tan et al., 2022).

Summary

Given the disproportionate representation of individuals with FASD in the criminal-legal system, there is a growing literature base in this area. Researchers and practitioners have actively called for FASD assessment, diagnosis, and community reintegration supports to be expanded for people in the criminal-legal system in order to prevent recidivism and support healthy outcomes. There is limited research in these areas to guide practice, although the need for these supports and services is pronounced. Moreover, a significant gap remains across research in this area with respect to culturally safe and person-centered approaches to FASD assessment and support. Approaches that attend to the systemic inequities and intersecting identities of people with FASD are needed in order to promote their health and wellbeing.

Project Statistics



Staff Training

1755 corrections facility staff were trained across **61** annual training sessions.



Transitional Mentorship

249 individuals received one-on-one mentorship while transitioning out of correctional facilities.



Sharing sessions

5519 correctional facility residents received FASD education at **548** sharing sessions.



FASD Assessments

209 individuals received FASD diagnostic assessments while in correctional facilities.

In Context

The waiting time for FASD assessments in Canada has been reported to range between one month and 4.5 years, with wide variation in diagnostic clinic capacity (Dugas et al., 2022; Popova et al., 2024). As noted in a recent report from the Canadian Academy of Health Sciences (2025), “clinics vary in their ability to cope with incoming referrals and none of them seem to have the capacity to keep up with the demand” (p. 167). Thus, the In Reach Project’s contribution of 209 assessments represents a meaningful expansion of diagnostic capacity within systems that are overstretched.

Ongoing Dialogue with In Reach Staff

Throughout six years of In Reach evaluation, the evaluator engaged in continuous dialogue with In Reach staff, including both informal conversations and structured discussions about the program's evolving goals, challenges, and strategic directions. These regular points of contact provided insight into how the project developed organically, responded to emerging needs, and generated the potential for impacts beyond its initial mandate.

A central theme across staff reflections was how In Reach **catalyzed new programming and identified service gaps** that extended beyond the program's initial activities. The most salient example was the program's expansion into transitional mentorship. Initially, In Reach consisted of sharing sessions with criminal-legal-involved individuals, training for corrections staff, and in-facility FASD assessments. While working closely with facilities, In Reach staff **heard a strong need for criminal-legal-involved individuals with FASD to be connected with supports as they transitioned out of facilities**, and thus began offering transitional mentorship.

In addition, staff described other areas of "branch off" that emerged through their work. For example, they found space to offer an upstream prevention program ("Not a Number"), which is a child trafficking and exploitation prevention curriculum, and to offer a community-based positive parenting program that aims to enhance parent understanding of child health, safety, and behavior, and to prevent family violence ("Nobody's Perfect"). Staff were also involved in piloting a phone-based AI tool to help clients access practical information and resources when their mentor was unavailable. These initiatives were made possible because In Reach **surfaced unmet needs**, but also because the FASD Network **demonstrated flexibility** by carving out time and space for staff to test new ideas. This responsiveness was highlighted as evidence of the Network's **commitment to innovation** and its **capacity to adapt** based on real-time learning.

Staff also emphasized the importance of **culturally responsive practice**, particularly regarding conversations about FASD with newcomers and immigrant communities. They noted that gender roles, cultural norms, and expectations around family communication shape how these conversations unfold, often requiring more relationship-building before sensitive topics can be broached. Staff expressed the need for team members who are not only skilled but also **grounded in a "helping orientation," accountability, and the ability to work independently in complex cultural contexts**. Another recurring theme was the importance of clear communication around eligibility and service framing. While the program intentionally uses the term transitional mentorship rather than "*FASD transitional mentorship*" to avoid dual stigma, staff also underscored the need to "*keep disability language front and centre*" in professional contexts. They noted the value of explicitly naming FASD in training sessions and information sharing, emphasizing that "*if we don't talk about what it is, we can't have the conversations we need.*"

A significant portion of staff discussion focused on **stigma**—both surrounding FASD and within correctional settings. Staff shared examples of individuals who hesitated to disclose FASD-related concerns because they feared losing their driver’s licence or facing additional scrutiny. They also indicated that the need for In Reach services stemmed in part from **systemic biases**, such as cases where professionals unfamiliar with FASD minimized individuals’ needs simply because they appeared “too high functioning,” leading to delays in assessment and support. Staff stressed the importance of **direct, stigma-reducing conversations**, noting: *“We are supposed to be the stigma smashers—this falls to us as professionals.”* Staff also highlighted that diagnostic labels alone are insufficient without appropriate supports: *“Assessment without supports is just a label.”*

In Reach staff also reflected on debates occurring within the broader field about removing or replacing FASD terminology. They expressed concerns that removing the term contributes to *“erasing women’s realities,”* offers no reduction in stigma, and may prevent meaningful conversations about alcohol use during pregnancy. Staff emphasized that **open dialogue, connection, and compassion**, rather than hiding or modifying terminology, are critical to preventing isolation and internalized guilt.

In discussing system-level needs, staff pointed to the **overwhelming demand within many corrections facilities**, describing the environment as *“like drinking water from a hose.”* They identified a need for expanded capacity for screening, assessment, and support services, as well as improved assessment pathways for individuals in recovery centres. However, they cautioned that *“any increase in assessment has to go hand in hand with increased community supports.”*

Along these lines, staff also discussed outcomes measurement, noting that many funding partners prioritize reductions in returns to custody. However, they argued **for broader understandings of success**; for example, improvements in housing stability, quality of life, health outcomes, and stronger community connections. As one staff member noted, *“Even someone being in market housing while they’re out of facility is a good step. If a person has been living in the river valley for 30+ years, it’s very difficult to live in a structured housing situation. And maybe they do go back to being incarcerated, but if that’s the only thing that gets captured, we don’t get to say, ‘yeah, but they’re on an upward spiral.’ So we’re looking at uniform outcomes for a very non-uniform population.”* Staff also noted that, although some funders have stressed the importance of distinguishing between provincial and federal correctional contexts when reporting outcomes and examining recidivism, criminal-legal-involved individuals cannot be neatly separated into provincial and federal boxes. They emphasized that **the program’s success depends on sustained funding for both provincial and federal components**, noting that either one alone is insufficient to address the full spectrum of needs faced by criminal-legal-involved individuals with FASD.

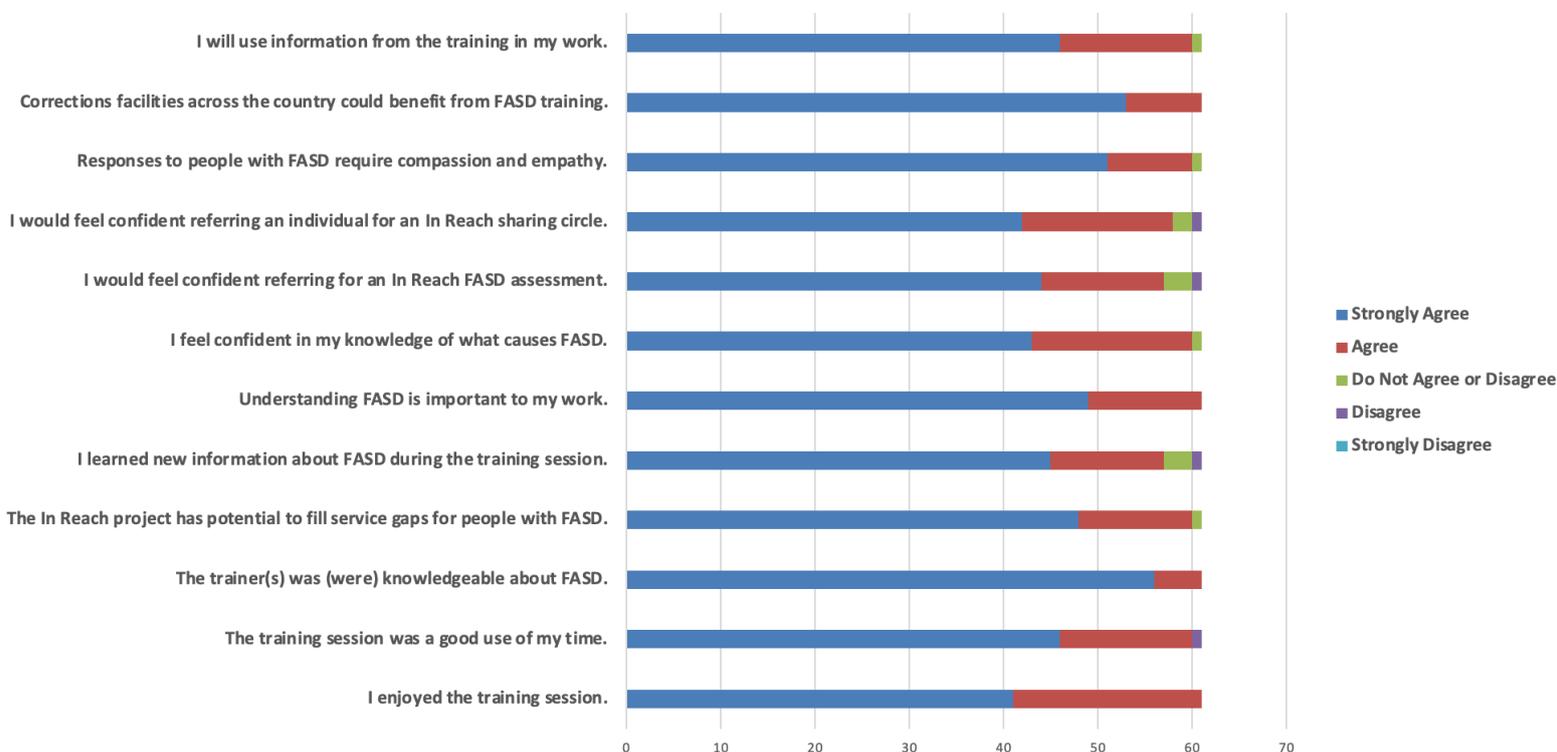
Overall, ongoing dialogue with In Reach staff underscores the project’s dynamic, adaptive, and deeply client-centered nature. Staff perspectives reflect a program that fills critical gaps in assessment, support, and system navigation, and that is also working to drive broader cultural and structural change across correctional and community systems. Staff reflections demonstrate a consistent commitment to reducing stigma, strengthening cross-sector collaboration, and advocating for the resources necessary to sustain FASD-informed support. In Reach continues to evolve in response to emerging needs, embodying a learning-oriented approach that positions the program as a vital component of a more responsive and equitable service landscape for individuals with FASD. As one staff member put it, “we’re building the plane as we fly it”.

FASD Training Surveys

There were 61 respondents to a feedback survey regarding In Reach training. Of these respondents, 46 were front-line staff (e.g., corrections officers, teachers in corrections facilities), 12 were in managerial/supervisory positions, and 3 considered themselves to be in an “other” category (lawyer, administrative assistant).

As depicted in Figure 1, training feedback was overwhelmingly positive, indicating a high level of satisfaction and perceived value among training participants.

Figure 1. FASD Training Survey Results



All respondents (100%) reported that they enjoyed the training session they attended, and 98% agreed or strongly agreed that the **training was a good use of their time**. Respondents expressed strong confidence in the trainers' knowledge of FASD, with 56 respondents (92%) strongly agreeing and 5 (8%) agreeing that the facilitator was knowledgeable; in other words, there was **unanimous endorsement of trainer expertise**. Respondents also recognized the relevance and importance of the In Reach project. **Ninety-eight percent agreed or strongly agreed that the project has potential to fill a gap in services for people with FASD**. Similarly, all respondents (100%) agreed that understanding FASD is important to their work, underscoring the direct applicability of the training content to professional practice. In terms of knowledge gained, 93% of participants (57 out of 61) indicated that they learned new information about FASD during the session.

Confidence levels were also high; 98% of respondents felt confident in their understanding of what causes FASD, and the majority (93%) felt confident referring individuals for an In Reach FASD assessment or sharing session. Participants also recognized the importance of **compassion and empathy** when responding to individuals with FASD, with 60 of 61 respondents (98%) strongly agreeing with this statement. **Every respondent agreed that correctional facilities across the country could benefit from FASD training**, emphasizing the need for continued knowledge-sharing and capacity-building within criminal-legal contexts. Finally, 60 participants (98%) indicated that they intend to apply what they learned during training in their own work.

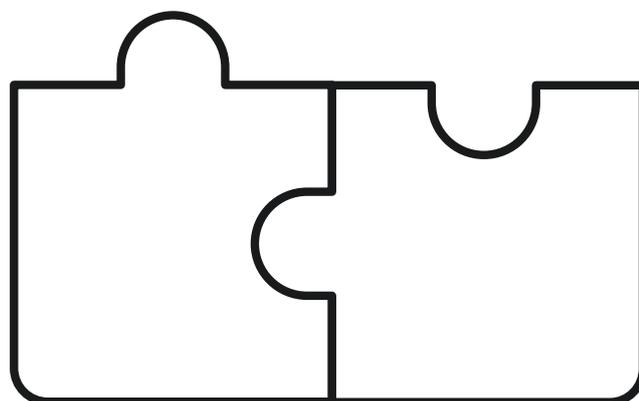
In response to an open-ended question about how they would use information from the training in their own work, a strong overarching theme was **enhanced awareness and understanding of FASD**. Many respondents indicated that the training deepened their understanding of how FASD affects communication, behaviour, and learning, and that they intend to use this knowledge to **adapt their communication styles, increase patience, and approach interactions with greater empathy and compassion**. For example, as one respondent wrote, *"I will be more aware of who may have FASD and speak differently."* Respondents also emphasized that the training would help them to *"meet people where they are at,"* recognizing the importance of tailoring communication, simplifying language, and breaking down information into manageable steps; for example, *"I will educate new staff about these issues and encourage them to apply FASD-informed strategies."*

Several respondents indicated that they felt **better equipped to identify potential signs of FASD** and connect individuals to appropriate supports. As one respondent indicated, *"A very large percentage of inmates likely have undiagnosed FASD – this knowledge helps me know what to look for and how to support them."* Others reflected on how the training would inform their own sharing of knowledge with colleagues, **incorporating FASD-informed approaches into their work settings, and promoting a culture of understanding** within their workplaces. One participant wrote that, *"I will take your example to our County government and hope to partner with them toward a similar system."* A number of participants expressed appreciation for learning about brain domains and the neurocognitive impacts of FASD. One respondent felt that the training had helped them *"better understand that people with FASD are capable of so much more than stigmas have suggested."*

When asked about their favorite part of the training, participants emphasized that facilitators were **engaging, knowledgeable, energetic, and clear in their communication**. Respondents also valued gaining information about brain domains, how individuals with FASD may present in different settings, and the impact of alcohol exposure at various gestational ages. As one participant noted, *“It was eye-opening to see that someone’s physical age may be adult, but their social maturity might still be that of a child.”* Participants also described appreciating the **tools, strategies, and practical applications** offered during training, such as the disability-based perspective exercise, clear visual aids, and discussion-based learning; for example, *“The interactions provided a comprehensive picture, rather than just ‘words on paper.’”* A number of participants also valued learning about resources available for individuals with FASD and gaining confidence in applying new knowledge.

Regarding suggestions for improvement, most respondents indicated that they had none. Among those who did provide feedback, a few common themes were evident. For example, participants enjoyed the applied components offered during training, and suggested that **additional hands-on opportunities would be appreciated**; for example, *“it would be neat...to do scenarios at the end of training and ask attendees how they would approach the client.”* Participants also suggested that the use of **video clips** would be helpful, along with **role-specific guidance** for staff working in different capacities. As one respondent wrote, *“An example of an approach for officers and people who are seen as “bad guys” would really be beneficial, we simply cannot for many reasons take inmates aside and try to meet each need like a support staff would. We have to interact with them on their living units where having any cognitive or developmental issue would be seen as a weakness for some.”*

Overall, participants conveyed that the training reinforced the importance of informed approaches to supporting individuals affected by FASD. The responses suggest that the **training has had a meaningful and immediate impact on participants’ awareness, attitudes, and confidence**, with many describing intentions to apply these insights not only in their own roles but also to influence broader institutional practices. As one participant noted, *“I think this should be provided to all staff within CSC across Canada.”*



Interviews with In Reach Partners

The following section provides a narrative synthesis of **25 partner interviews** conducted for the In Reach evaluation. Interview participants' workplaces spanned correctional facilities, healing lodges, transitional housing programs, and specialized mental health and forensic units. Taken together, these interviews depict the **value, gaps, and opportunities** associated with the work of In Reach. Information from interviews is organized around six themes:

1. FASD is prevalent, misunderstood, and profoundly relevant to criminal-legal settings.
2. In Reach FASD training reshapes staff understanding, increases empathy, and shifts day-to-day practice.
3. Assessment and diagnosis are critically needed and limited in availability.
4. The In Reach approach centres relationships, consistency, and hands-on support.
5. Transitions and continuity of care remain major systemic gaps that In Reach is working to fill.
6. Culturally grounded approaches are essential.

FASD is Prevalent, Misunderstood, and Profoundly Relevant to Criminal-Legal Settings

Across all interviews, participants emphasized that FASD is **common** among incarcerated and justice-involved people, yet poorly understood, often misidentified, or attributed to intentional misbehaviour. Staff across facilities reported **longstanding challenges recognizing FASD-related needs**, noting that behaviours such as forgetfulness, impulsivity, missing appointments, or inconsistent performance are frequently interpreted as defiance or lack of motivation. One staff member captured this clearly by describing how, *“we might just brush it off as defiance... but it’s really important to be aware that FASD affects their ability to process information.”*

Another shared how commonly FASD characteristics appear in the criminal-legal population: *“We have clients that have been diagnosed, but many more who clearly have the characteristics. We all recognize that if they had supports, maybe it would help them when they get out, rather than them coming back.”*

The **invisibility** of many FASD-related impairments was raised repeatedly. Staff noted that many colleagues, including corrections officers, parole officers, and service providers, rely too heavily on **stereotyping or myths**—for example, assuming that individuals can only have FASD if they show facial features. As one participant explained in reference to In Reach training: *“It was nice to feel like we got away from focusing on facial features... most people wouldn’t know what those look like anyway.”*

Another partner highlighted the ongoing nature of professional disbelief: *“We still have some who don’t even believe it’s real... that’s been one of our challenges.”*

Across all sites, partners communicated strong consensus that FASD is a critical issue in the criminal-legal system that must be addressed in **informed, systematic, and consistent ways**.

In Reach FASD Training Reshapes Staff Understanding, Increases Empathy, and Shifts Day-to-Day Practice

Another identifiable theme across interviews was the **immediate, practical impact of In Reach training** on staff understanding of FASD and their ability to interact effectively with criminal-legal-involved individuals. Staff described significant “aha” moments, increased patience, and more compassionate perspectives. One interviewee summarized the shift in their worldview since being linked with In Reach: *“This whole process has made a huge difference in our ability to assist those clients facing the biggest challenges.”* Others described how the information provided through In Reach changed their real-time responses: *“Now I don’t get annoyed... because I get it...we’re seeing more patience... some interactions that are positive, not just corrective.”*

Partners reiterated that training helped themselves and their colleagues **reinterpret behaviours that previously led to sanctions, conflict, or disciplinary responses**. Several participants described choosing different strategies after training, such as slowing down communication, offering repetition, providing reminders, or reframing expectations. At one facility, the training led staff to intervene earlier and avoid unnecessary escalation: *“Instead of bringing them to the table when they’re already issued a warrant... staff are coming before then to get more expertise.”*

Participants also highlighted the importance of In Reach staff’s style as being **non-judgmental, warm, knowledgeable, and engaging**: *“She just engaged and shared information in a very natural, informal way... we were all 100% engaged...If you can really sustain their attention, then you know you’re doing something right.”*

Across interviews, partners expressed a strong preference for **in-person training**, describing it as relational, embodied, and far more effective for learning complex content: *“It’s just a lot more personal when you’re face-to-face.”*

Across sites, partners communicated that the FASD information and training provided through In Reach shifts culture, not just knowledge, by reducing stigma, fostering curiosity, and creating more humane and effective interactions with criminal-legal-involved individuals.

Assessment and Diagnosis are Critically Needed and Limited in Availability

A consistent theme across interviews was the **potentially life-changing impacts of FASD assessment and diagnosis**, and the **scarcity of assessment options** within criminal-legal systems. As one participant explained, *“When I can get someone in for an FASD diagnosis, that means they get more supports.”* Similarly, as another partner described, *“It helps them realize why they’ve made some of the choices they’ve made.”*

Partners spoke about the ways in which assessment and diagnosis can **unlock access to reintegration supports** (e.g., AISH, disability housing, programming eligibility) that are otherwise unavailable or denied due to lack of documentation. Staff repeatedly emphasized that assessment changes their approach to planning. In several interviews, they provided examples of clients who showed **noticeable progress** once a diagnosis was confirmed: *“We got the formal diagnosis, and now we were able to be more successful within placement, within employment... and create that transition for him leaving here.”*

Despite the importance of assessment, staff described significant **difficulty accessing diagnostic services**, especially for clients from rural locations: *“The assessments are hard to get... almost none of our residents from the institution have these assessments.”* As another noted, *“Without an assessment, we feel limited on where we can refer them... the resources just aren’t there. Getting an assessment can really turn that around for people.”*

The In Reach Project’s ability to provide assessments to criminal-legal-involved individuals was repeatedly described as filling a **major systemic gap**, with several partners noting that without In Reach, assessment would simply not be available.

The In Reach Approach Centres Relationships, Consistency, and Hands-on Support

Across all interviews, participants highlighted the **relational nature** of FASD-informed work. They spoke about individuals with FASD often requiring **consistent guidance, reminders, routine-building, and structured support**. Partners observed that progress depends on stability and trust—two things often disrupted by staff turnover or institutional constraints. One staff member described it succinctly by noting that, *“Trust doesn’t happen overnight. You change their worker and you’re starting right back at zero.”* Others emphasized the need for concrete, hands-on assistance: *“It’s appointments, getting them into routine, gentle reminders about the day-to-day aspects...all of these things make such a huge difference and the transitional mentorship piece is getting them there in ways that most of them have never, ever experienced before.”*

Many noted that individuals with FASD can mask their difficulties, leading professionals to miss the support they require: *“They’ll say, ‘Yes I get it,’ even when they don’t. And it’s not deceitful. They just don’t want to look different.”* Because of this, the **relational approach** of In Reach staff was widely appreciated: *“Everyone that comes in is just lovely... I’ve never met anyone where I thought, ‘you should not be doing this work.’”*

Many participants spoke of the In Reach team’s role as **essential, irreplaceable, and deeply valued**; as one participant noted, *“We’re just so beyond blessed to have them as partners.”* More than one participant expressed a desire to “clone” In Reach staff, recognizing the immense workload of staff along with their unique skillsets.

Overall, the message across interviews was clear that **relationships are themselves an intervention and that In Reach’s consistent, caring presence is a key factor in its impact.**

Transitions and Continuity of Care Remain Major Systemic Gaps that In Reach is Working to Fill

Partners mentioned **major challenges with transition planning in corrections facilities**, especially around community supports, documentation, and cross-jurisdictional continuity. They expressed difficulty ensuring that assessments, plans, and records follow individuals once released. As one participant stated, *“We’ve always thought there has to be a way for information to pass across the country... otherwise we start from scratch each time, but with In Reach, they’re the ones following individuals so it helps a lot with that.”*

Several partners explained that individuals with FASD often *“fall through the cracks”* immediately upon release due to lack of housing, identification, or follow-up supports. As one staff member explained: *“They’re going to get released at some point... anything we can connect them with is extremely valuable, so [In Reach] makes it possible for them to have a chance to get that support.”*

In one facility, the loss of Alberta Health Services’ transitions team left a major gap that In Reach was addressing: *“This partnership fills the hole that AHS left when they collapsed the transitions team.”*

Staff also consistently described a long-standing **need for deeper, more structured coordination, which In Reach was working to provide**: *“It’s always been like, it would be really nice if there was a continuum of care... what options do we have when someone is diagnosed? And now we have some of those options with this program.”*

Overall, partners described continuity of care as one of the greatest unmet needs in the criminal-legal system, and one of the most promising areas for ongoing In Reach involvement.

Culturally Grounded Approaches are Essential

Across interviews, participants emphasized that FASD cannot be understood apart from broader contexts of **colonialism, intergenerational trauma, and systemic inequity**. Facilities with predominantly Indigenous populations described cultural supports—especially Elders, ceremony, and Indigenous-designed programming—as foundational to healing. One Indigenous staff member connected this explicitly to reconciliation: *“It’s important... the more knowledge we have, the better we’re able to prepare for the future... Corrections is supposed to be addressing FASD—this is part of the [Truth and Reconciliation Committee] Calls to Action.”*

Another emphasized how, *“at the end of the day, FASD is not an Indigenous problem. It’s an everybody problem.”* Participants noted that cultural supports **reduce stigma, strengthen identity, and help residents understand their experiences** through a decolonized lens. Healing lodges described the profound effects of culturally grounded reintegration models: *“It’s much harder to be in our healing lodge than to be in jail... you can’t just sit there. You’re held accountable to your own healing.”*

Staff also highlighted the need for **culturally safe training and assessments**, explaining that many Indigenous residents feel shame, fear judgment, or normalize their struggles due to lifelong experiences of trauma and marginalization.

Summary: Partner Interviews

Through individual interviews, 25 In Reach partners provided a consistent narrative: **FASD is widespread, deeply misunderstood, and highly consequential in criminal-legal settings, and the In Reach Project is meeting critical gaps that no other program currently fills**. Staff across facilities described the project as essential, relationship-based, and transformational.

Overall, partner interviews paint a picture of a system that recognizes its own limitations and sees **In Reach as a valued and necessary partner in creating a more compassionate, effective, and equitable response** for criminal-legal-involved individuals with FASD.

Discussion

The In Reach project evaluation was carried out to: (1) examine the extent to which the project achieved its intended outcomes, (2) identify areas for refinement, and (3) explore opportunities for replication or expansion. Data were collected over six years, and included project statistics, training surveys, partner interviews, staff reflections, and a focused review of the literature. Findings converged to suggest that the In Reach Project fills critical gaps in FASD-informed care within correctional settings and directly enhances support for individuals with FASD navigating incarceration and community reintegration. Data sources converge to highlight substantial progress toward the project's goals, affirm its alignment with evidence-based practices, and underscore the ongoing need for In Reach services.

Engagement with In Reach Services

Project statistics demonstrate strong and growing engagement with In Reach services. More than 5,500 residents participated in sharing sessions, 1,755 staff attended training sessions, 209 individuals received FASD assessments, and 249 individuals received transitional mentorship. The breadth of these numbers indicates both widespread need and successful implementation across multiple facilities. Staff and partners consistently emphasized the accessibility of In Reach personnel, the responsiveness of the program, and the visibility of In Reach staff in facilities; these factors were described as contributing to increased referrals, high engagement levels, and trust-building between In Reach staff and criminal-legal-involved individuals, as well as between In Reach staff and criminal-legal professionals.

Given documented barriers within the criminal-legal system, such as limited diagnostic pathways, stigma, and a lack of coordinated support, the level of engagement achieved by In Reach staff is notable. It reflects not only demand but also the program's ability to operate effectively within complex systems.

Shifts in Knowledge, Attitudes, and Practices Among Corrections Staff

Survey and interview data consistently suggest that In Reach FASD training sessions had a meaningful impact on frontline practice, from the perspectives of corrections staff. In Reach FASD training was described as "eye-opening," "practical," and "relevant," with corrections staff noting that it helped them distinguish between intentional misconduct and disability-related behaviours. Many reported increased patience, changes in communication strategies, and improved ability to de-escalate situations. These changes in practice were often tied to profound "aha moments," where staff recognized the developmental and cognitive differences that shape how individuals with FASD understand instructions, manage routines, and respond to stress.

Such shifts can contribute directly to safer institutional environments, better client–staff relationships, and more humane approaches to working with criminal-legal-involved individuals. These shifts also align with research evidence that highlights the importance of staff training as a core mechanism for preventing punitive responses to disability-related challenges.

Enhanced Access to Assessment and Diagnosis

Across partner interviews and staff conversations, a clear theme was the central importance of FASD assessment. Assessments were described as “transformational,” “life-changing,” and “critical” for both residents and the systems that support them. Staff repeatedly noted that a diagnosis helps criminal-legal-involved individuals understand their own histories, shapes more appropriate correctional responses, provides needed accommodations, and eases transitions to community supports.

The literature underscores why this area of service is essential. As a recent Canadian Academy of Health Sciences (2025) report emphasizes, adolescents and adults face major barriers to FASD assessment, including clinics that only assess children and widespread diagnostic capacity shortages. Adults are among the most underserved groups in need of assessment, despite the well-documented benefits of diagnosis across the lifespan, such as reduced self-blame, improved access to supports, and better identification of physical and mental health comorbidities. In this context, the In Reach Project’s completion of 209 assessments since 2017 represents a meaningful contribution to an otherwise limited provincial diagnostic landscape, particularly in criminal-legal settings where undiagnosed FASD is disproportionately prevalent.

Partners repeatedly commented that the presence of In Reach staff helped overcome systemic bias, such as assumptions that individuals were “too high functioning” to have FASD—biases that often prevent assessment referrals. In this way, In Reach supports both diagnostic access and stigma reduction.

Transitional Mentorship Support for Community Reintegration

Across data sources, another major theme was the indispensable value of transitional mentorship. Interviewees described reintegration as a critical period marked by vulnerability, confusion, and risk. Transitional mentors provide relational consistency, system navigation assistance, and help accessing practical supports, which are all identified as core needs in the FASD literature. Transitional mentorship was consistently described as the “missing piece” in existing systems of care.

Partners emphasized that individuals with FASD often struggle with planning for the future, executive functioning, and navigating institutional requirements. Having a mentor who can bridge the gap between corrections and community services was described as essential to preventing recidivism and supporting long-term stability. Several partners reported that clients who received mentorship demonstrated improved follow-through, fewer crises, and increased ability to remain connected to supports.

Culturally Safe and Trauma-Informed Approaches

Although FASD is unequivocally not an “Indigenous issue,” historical and ongoing colonialism have resulted in well-documented health inequities for Indigenous peoples in Canada. Staff recognized that trauma, colonial disruption, and systemic inequities shape the experiences of many Indigenous residents. In addition, FASD tends to be surrounded with shame and stigma, and for Indigenous peoples, many of whom have experienced racism and discrimination in health care systems, the stigma can be even more intensified. Partners emphasized the importance of culturally grounded supports such as Elders, ceremony, traditional practices, and spaces of relational healing.

The In Reach approach, centred on relationship, respect, safety, and responsiveness, was viewed as culturally responsive and trauma-informed. Partners identified opportunities to expand Indigenous leadership and integrate more formal cultural components into In Reach supports. By improving diagnostic pathways and supporting transitions, In Reach helps reduce systemic barriers and supports equity-informed criminal-legal processes.

System-Level Gaps and Opportunities for Improvement

Although feedback about In Reach was overwhelmingly positive, partners identified several systemic challenges that limit or shape the program’s impact:

- Diagnostic capacity remains inadequate across Alberta, consistent with CAHS findings on long waits and limited access in rural and remote areas.
- Staff shortages and turnover within corrections may limit the reach of training and the consistency of disability-informed approaches.
- Community agencies often lack capacity to accept clients immediately after release, leading transitional mentors to provide prolonged, intensive support.
- Tracking long-term outcomes (e.g., recidivism, housing stability) is difficult due to jurisdictional complexities and clients moving across provincial boundaries.

These challenges point to areas where system-level investment could enhance the impact of In Reach and strengthen FASD-informed practice more broadly.

Also, the potential return on investment for In Reach cannot be ignored. To the author’s knowledge, there are no social return on investment (SROI) studies that relate specifically to criminal-legal interventions for people with FASD and/or staff. However, other FASD programs report net benefits of \$4.45 for every \$1 invested (Hubberstey & Rutman, 2020) and between \$1.50 and \$2.90 for every \$1 invested (Institute of Health Economics, 2013). Broader economic-cost literature for FASD in Canada also indicates that the lifetime costs of FASD per individual are substantial, making the case that effective intervention and supports may offset these costs over time.

Relating In Reach Evaluation Findings to the Recent CAHS Report

The Canadian Academy of Health Sciences recently released a comprehensive report on FASD in Canada (2025), which set out “to better understand how to prevent [FASD] and support individuals with FASD and their families and communities, identifying challenges and opportunities to strengthen Canada’s approach” (p. 1). The CAHS report summarizes several long-standing, well-documented gaps in FASD-informed services in Canada, which many of which align strongly with In Reach services.

In particular, the CAHS report speaks to **FASD diagnostic barriers for adults**, noting that “adolescents and adults face additional challenges related to FASD diagnosis, such as clinics that restrict their assessments to younger children.” In Reach assessment services directly address this access gap. In addition, the CAHS highlights **stigma as a barrier to identification**. Stigma leads to nondisclosure of alcohol use in pregnancy and reluctance to seek diagnosis. By facilitating non-judgmental sharing, In Reach staff enact a relational, trauma-informed approach aimed at contributing to stigma reduction and facilitating safe conversations about diagnosis. In addition, the CAHS report reiterates evidence that strongly points to **the essential nature of post-diagnostic supports**. CAHS highlights that lack of post-diagnostic services discourages people from seeking assessment. In Reach contributes to this continuum by offering **transitional mentorship**, which bridges the gap between diagnosis and follow-up supports, thereby addressing CAHS’s call for improved post-diagnostic pathways. Moreover, according to CAHS, **diagnostic capacity is a determinant of access and equity**. CAHS notes that “constraints on the availability of FASD assessments may qualify as a systemic factor contributing to Indigenous over-incarceration.” In Reach’s on-site assessments and cultural safety components directly counter this inequity. Furthermore, Justice Canada (2017) highlights that the effectiveness of Gladue principles is limited by a lack of resources for Indigenous people with FASD, again aligning with In Reach’s focus on assessment, support, and education. Finally, the CAHS report emphasizes that **support for community reintegration reduces risk for adverse outcomes**. Diagnosis helps adults access supports and avoid punitive responses in community and criminal-legal settings. Transitional mentorship directly supports these goals by connecting individuals to practical supports, thereby preventing crises that often lead to recidivism. Altogether, information compiled in the CAHS report provides a strong justification for the In Reach program’s core service areas. The program operates at the intersection of multiple system gaps, including diagnostic access, trauma-informed care, and community reintegration support, each of which is identified as essential to avoid leaving adults with FASD systemically underserved.

Conclusions

This six-year evaluation documents the contributions of the In Reach Project to improving FASD-informed service delivery within Alberta's correctional and criminal-legal systems. The program addresses longstanding gaps in diagnostic access, staff knowledge, and transitional support, which are areas repeatedly identified in the literature as critical yet chronically underserved. Through a combination of training, assessment, relational engagement, and individualized mentorship, In Reach has supported both systemic change and individual well-being, carving out pathways to stability and healing for people with FASD who are navigating incarceration and community reintegration alongside neurodevelopmental challenges.

Across data sources, partners and staff described In Reach as relational, reliable, and responsive. These strengths align with best practices for supporting people with FASD, for whom consistency, trust, and hands-on assistance are essential. According to program partners, the program's presence within facilities has shifted how staff understand FASD, reduced punitive responses to FASD-related behaviours, and fostered more informed practice. Partners also perceived that assessments and mentorship offered clarity, validation, and tools for navigating daily challenges.

At the same time, systemic issues continue to shape the experiences of individuals with FASD, including limited diagnostic capacity, high levels of stigma, fragmented services, and a lack of coordinated post-release supports. In Reach cannot resolve these structural challenges alone; however, it represents an effective, evidence-aligned model for addressing them. The program's activities directly respond to gaps identified by the Canadian Academy of Health Sciences, Justice Canada, and decades of FASD research. By embedding assessment within facilities, offering trauma-informed mentorship, and building criminal-legal staff capacity, In Reach advances equity in a context where individuals with FASD are often overlooked.

A key finding from this evaluation is that the program's impact has been achieved despite precarious and fragmented funding. In Reach staff have secured support from 11 different funding sources, requiring extensive time and administrative effort that diverts attention from service delivery and program expansion. This is unsustainable, especially considering that the program delivers essential, disability-informed supports within a high-needs system. Stable, long-term funding would allow In Reach to devote staff energy to strengthening services rather than continually piecing together short-term financial resources, ultimately increasing the program's reach, consistency, and systemic impact.

Sustaining and expanding this model—through continued funding, enhanced staffing, and broadened partnerships—would strengthen Alberta's capacity to provide FASD-informed, culturally responsive, justice-aligned services. Ultimately, the In Reach Project demonstrates how relational practice can be enacted within a system often characterized by complexity and constraint. The program's development and implementation offer a compelling blueprint for FASD-informed criminal-legal services in Alberta and beyond.

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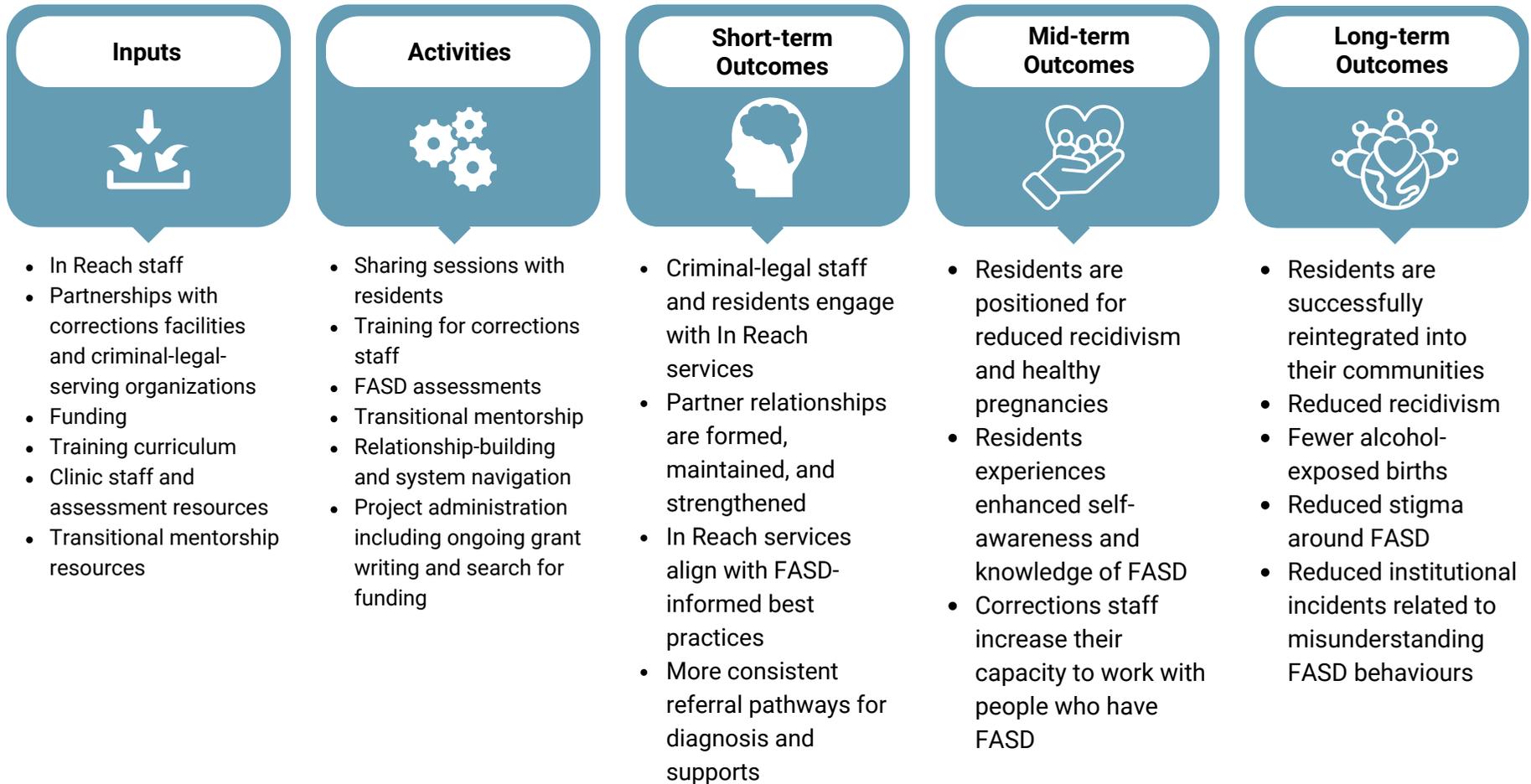
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Appendix A: In Reach Logic Model



Vision

A more compassionate, effective, and equitable criminal-legal system that recognizes neurodevelopmental disability, supports healing, and improves outcomes across the lifespan for individuals with FASD, ultimately leading to healthier, safer communities.