Alberta PCAP Council
Parent-Child Assistance Program

Biannual Documentation of Participant Progress

Agency Name:_____ Site Number:_____ PCAP ID: _____

Date completed (mm/dd/yyyy): _ _ / _ _ / _ _ _ _ Completed by (initials):_____ Date entered (mm/dd/yyyy): _ _ / _ _ / _ _ _ _

INSTRUCTIONS: Complete a Biannual Documentation of Participant Progress for each 6-month period after the participant's intake date. This document is not formatted to be asked as an interview with the participant. Collect the necessary information throughout the 6-month period through conversations with your participant. While completing this document, you may find that you need to check in with your participants to provide a response. Throughout the document, only respond with the "Don't know" option if the participant does not know the answer or provides conflicting information. "Never asked" should be used if you cannot reach the participant after multiple contacts. For more detailed definitions, refer to the Biannual Coding Manual.

SECTION 0. GENERAL INFORMATION

A. Documentation month (based on enrollment date): ☐ 0 ☐ 6 ☐ 12 ☐ 18 ☐ 24 ☐ 30 ☐ 36

B. 6-month period covered by this form: Start date (mm/dd/yyyy): _ _ / _ _ / _ _ _ _
End date (mm/dd/yyyy): _ _ / _ _ / _ _ _ _

SECTION 1. ALCOHOL & DRUG TREATMENT

Document participant involvement with any and all alcohol/drug treatment during this 6-month period. Be sure to note outcome of any previously "in progress" treatment from last 6-month report.

	Yes, completed	Yes, in progress	Yes, but dropped	No	Don't know	Never Asked
1. Inpatient *(30 days, or less than 30 days)*						
2. Inpatient *(more than 30 days)*						
3. Outpatient						
4. Opioid replacement therapy (methadone, suboxone)						
5. Alcohol/drug support group						
6. Individual counselling (drug/alcohol)						
7. Detox (include medical and self-reported)						
8. Addiction services while incarcerated			☐ Yes			
9. Treatment was for: ☐ Alcohol ☐ Drugs ☐ Both ☐ N/A-not in treatment						
10. Were their children with them in treatment? *(inpatient only)* ☐ Yes ☐ No ☐ N/A-not in treatment						

SECTION 2. ALCOHOL & DRUG USE

DRUG USE

11. Is participant currently abstinent from drugs? *(for at least one month)* ☐ Yes ☐ No ☐ Don't Know ☐ Never Asked
If Yes, skip to Question 13.

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12. If using at end of 6-month period, what drugs does participant use now? *(check a response for each)*	Yes	No	Don't know	Never asked
a. Cocaine and/or Crack				
b. Heroin				
c. Cannabis (street)				
d. Cannabis (dispensary)				
e. Opioids (ex. Fentanyl, carfentanil, codeine, oxy, Percocet, morphine) i. Is it a prescription opioid? ☐Yes ☐No ii. If prescription, is the opioid being misused? ☐Yes ☐No ☐N/A				
f. Methamphetamine				
g. Other				
13. How many months in this reporting period was the participant abstinent from drugs? *Even if not abstinent from drugs at the end of the month; does not need to be consecutive months* ☐0 months ☐1 month ☐2 months ☐3 months ☐4 months ☐5 months ☐6 months				
14. In your opinion, did the participant attempt to reduce drug use during this reporting period? ☐Yes ☐No ☐Unsure ☐N/A – abstinent from drugs for entire period				
15. In your opinion, what was the most common drug use trend this reporting period compared to the previous reporting period? ☐ Increased ☐ Continued ☐ Reduced ☐ Abstinent				

ALCOHOL USE	Don't know	Never asked
16. Is the participant currently abstinent from alcohol? *(for at least one month)* ☐Yes ☐No		
17. How many months in this reporting period was the participant abstinent from alcohol? *Even if not abstinent from alcohol at the end of the month; does not need to be consecutive months* ☐0 months ☐1 month ☐2 months ☐3 months ☐4 months ☐5 months ☐6 months		
18. In your opinion, did the participant attempt to reduce alcohol during this reporting period? ☐Yes ☐No ☐Unsure ☐N/A – abstinent from alcohol for entire period		
19. In your opinion, what was the most common alcohol use trend this reporting period compared to the previous reporting period? ☐ Increased ☐ Continued ☐ Reduced ☐ Abstinent		

SECTION 3. FAMILY PLANNING

As of the end of this 6-month period:

20. Is participant using birth control regularly? *(has a consistent birth control method)* ☐Yes ☐No ☐Don't Know ☐Never Asked

As of the end of this 6-month period:

21. What kind(s) of birth control are they currently using? *(check a response for each)*	Yes, regular	Yes, irregular	No	Don't know	Never asked
a. Depo injection					
b. Hormonal implant					
c. Hormonal patch					
d. Hormonal pills					
e. IUD or IUS					
f. Vaginal ring					
g. Condoms					

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As of the end of this 6-month period:

21. What kind(s) of birth control are they currently using? *(check a response for each)*	Yes, regular	Yes, irregular	No	Don't know	Never asked
h. Sponge or spermicide					
i. Tubal ligation					
j. Emergency contraceptive (including morning after pill)					
k. Abstinence					
l. Other method (including fertility awareness, withdrawal)					

22. If <u>not</u> using birth control currently, reason:
☐ Trouble accessing ☐ Pregnant or trying ☐ Not needed (infrequent or abstinent)
☐ Health Concerns ☐ Opposition from others ☐ Cultural reasons ☐ Other

23. During the past 6 months, did the participant use Family Planning Services?
☐ Yes, working well ☐ Yes, but problems ☐ No, but needed ☐ No, not needed

24. Was participant pregnant in last 6 months?
☐ Yes, currently ☐ Yes, but not now* ☐ No

a. If pregnant in last 6 months, which best describes the pregnancy?
☐ Target child* pregnancy ☐ Subsequent pregnancy
Target Child = the child with whom the participant was pregnant or six months post-partum at start of PCAP service

b. If pregnant in the last 6 months, did participant access prenatal care? ☐Yes ☐No

c. If pregnant in last 6 months but not now, what was the outcome of that pregnancy?
☐ Gave birth to target child* ☐ Miscarried ☐ Terminated (abortion)
☐ Gave birth to another child* ☐ Still birth
**If participant gave birth to target child or another child in last 6 months, complete the Pregnancy Outcome Form*

SECTION 4. CONNECTION TO OTHER SERVICES

4A. SERVICES FOR PARTICIPANT

What services has the participant used in the past 6 months?

Check appropriate box for each service. If a response is "No, but needed" you may use the "No services available" column to indicate if your community does not have access to this service.	Yes, working well	Yes, but problem	*No, but needed	No, not needed	Don't know	Never asked	*No services available
25. Basic Needs *(food banks/clothing/supplies)*							
26. Emergency funds or emergency bill paying service *(provided by community services)*							
27. Public Housing *(low income, subsidized)*							
28. Emergency housing *(include shelters)*							
29. Transitional housing							
30. Children and Family Services (CFS)–Transition to Adulthood (TAP)							
31. Children and Family Services (CFS) *If no, skip to Question 32.*							
a. Was a report filed in last 6 months? ☐ Yes ☐ No							
b. Was the service through Métis Child and Family Services or a Delegated First Nation Agency (incl. Tribal Council)? ☐ Yes ☐ No							
32. Public Health Nurse/nurse practitioner							
33. Doctor							
34. Other Health Service such as dentist, optometrist, etc.							
35. Mental Health Counselling, Individual							

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Check appropriate box for each service. If a response is "No, but needed" you may use the "No services available" column to indicate if your community does not have access to this service.	Yes, working well	Yes, but problem	*No, but needed	No, not needed	Don't know	Never asked	*No services available
36. Mental Health Counselling, Group							
37. Domestic Violence Service *(shelter, group, etc.)*							
38. Any Legal Services, Civil *(e.g., child custody, restraining order, etc.)*							
39. Any Legal Services, Criminal							
40. PDD/Disability *(incl. AISH, Medical Income; applications, hearings, etc.)*							
41. Academic/Vocational Skills Training *(applications, attending, tutoring)*							
42. Personal/Social Skills Training							
43. Positive Recreation/Enrichment *(exercise, library card, etc.)*							
44. FASD supports or services *(not including FASD Assessment and Diagnosis, see Section 4B*							
45. Other Service							

4B. FASD ASSESSMENTS

46. Does the participant have FASD?
☐ Yes, diagnosed ☐ Not diagnosed, but reason to believe they do ☐ No *If No, skip to question 50*

47. Which best describes the participant's FASD assessment or diagnosis status this reporting period?
☐ Diagnosed *prior* to this reporting period
☐ Diagnosed *within* this reporting period
☐ Not diagnosed, not referred for assessment
☐ Not diagnosed, referred and awaiting assessment
☐ Not diagnosed, assessed and awaiting results

48. Did the PCAP mentor play a role in any part of the participant's assessment process this period? ☐ Yes ☐ No
Ex. Support referral, help attend assessment, check in on progress

4C. PARTICIPANT'S DEPENDENTS

TARGET CHILD INFORMATION *Target Child = the child with whom the participant was pregnant or six months post-partum at start of PCAP service.*	Don't know	Never asked
49. Is there a target child? ☐ Yes ☐ No *If No, skip to question 54.*		
50. Who does target child live with at end of 6 months? ☐ Participant ☐ Bio dad ☐ Children's Services ☐ Adoptive family ☐ Other family ☐ Other		
51. For how many months of the past 6 did the target child live with participant? ☐ 0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months *(code 0 if none; if less than 1 month, code 1)*		
52. For how many months of the past 6 did the target child live in foster or kinship care? ☐ 0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months *(code 0 if none; if less than 1 month, code 1)*		

ALL CHILDREN INFORMATION *All Children = Target child and all other children (biological or non-biological)*	Don't know	Never asked
53. Did the participant have any children living with them in the past 6 months? ☐ Yes ☐ No		
54. a. How many children were living with the participant in the past 6 months? __ children		
b. How many of participant's *dependent* children do NOT live with participant? __ children		

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4D. SERVICES FOR OTHERS, CONNECTED BY PCAP MENTOR

Special Instructions: *Track any services for others ONLY if the PCAP Mentor played a role in the connection.*

55. Did you or any other PCAP Mentor help connect anyone in the participant's life to any other services? (partner, target child, other children, other family, etc) ☐ Yes ☐ No *If No, skip to question 59.*

56. If yes, which services did you help them connect to: *Check under the Partner, Children (TC or other), and/or Other person columns any services that they were connected to only* ***with the help of the PCAP Mentor.***	**i.Partner**	**ii.Children** *(TC or other)*	**iii.Other**
a. Basic Needs *(food banks/clothing/supplies)*			
b. Emergency funds or emergency bill paying service *(provided by community services)*			
c. Public Housing *(low income, subsidized)*			
d. Emergency housing *(include shelters)*			
e. Transitional housing			
f. Children and Family Services (CFS) – Transition to Adulthood (TAP)			
g. Children and Family Services, Métis Children and Family Services, or Delegated First Nation Agency (incl. Tribal Council)			
h. Public Health Nurse/nurse practitioner			
i. Doctor			
j. Other Health Service such as dentist, optometrist, etc.			
k. Alcohol or Drug treatment (inpatient or outpatient)			
l. Mental Health Counselling, Individual or Group			
m. Domestic Violence Service *(shelter, group, etc.)*			
n. Any Legal Services, Civil *(e.g., child custody, restraining order, etc.)*			
o. Any Legal Services, Criminal			
p. PDD/Disability *(incl. AISH, Medical Income; applications, hearings, etc.)*			
q. Academic/Vocational Skills Training *(applications, attending, tutoring)*			
r. Personal/Social Skills Training			
s. Positive Recreation/Enrichment *(exercise, library card, etc.)*			
t. FASD Assessment and Diagnosis			
u. Other FASD supports or services			
v. Supported other assessments to access services			
w. Other Services			

SECTION 5: FAMILY STABILITY & PARTICIPANT ACTIVITY

5A. LIVING SITUATION/HOUSING

57. In what housing situations has participant lived during past 6 months?	**Yes**	**No**	**Don't know**	**Never asked**
a. Homeless (sleeping rough/living outdoors)				
b. Rent/Own (on the lease/rental agreement in place)				
c. Temporary/Transient (incl. couch surfing, mat programs, living with friends or family)				

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57. In what housing situations has participant lived during past 6 months?	Yes	No	Don't know	Never asked
d. **Supported living** (program with staff)				
e. **Inpatient**				
f. **Incarcerated** (jail, prison, etc.)				
g. **Domestic Violence Shelter**				
h. **Other situation**				
58. What is their CURRENT housing situation? *(Enter letter code from above)* ___				
59. How many times has participant moved in last 6 months? __ __ moves *(Answer with number of moves; If no moves, use 00; if too many moves to count, use 66)*				

5B. SOURCES OF INCOME IN PAST 6 MONTHS

60. What sources of income has participant had in the past 6 months? *(check yes or no for each)*	Yes	No	Don't know	Never asked
a. **Participant's employment** (incl. payment for employment training)				
b. **Income Support** (SFI)				
c. **AISH**				
i. **ADAP**				
d. **Other Government Sources** (ex. GST, climate rebates, child benefits, learners' benefit, TAP)				
e. **Indigenous-specific Government sources**				
f. **All other sources** (incl. child support, odd jobs, family/friends, illicit sources)				
61. What is their main source of income <u>at end of 6-month period</u>? *(Enter letter code from above)* ___				
62. Has participant been employed during this 6-month period, even if currently not? ☐ Yes, still employed ☐ Yes, but not currently employed ☐ No				

5C. OTHER EVENTS IN PAST 6 MONTHS

In the last 6 months, have any of the following events occurred?	Yes	No	Don't know	Never asked
63. a. Has participant visited the Emergency Room (E. R.) for medical care for themself or a child? **b. If yes, how many times in the past 6 months?** __ __ times				
64. Does participant feel they have **a. A supportive partner?**				
b. **A supportive person (**other than partner or mentor)?				
c. **A support system** (social, church, 12-step sponsor)?				
65. Has the participant been impacted by violence in the past 6 months? *(Violence can be physical, emotional, financial, etc.)*				
66. Has participant assaulted anyone in past 6 months?				

5D. ARRESTS/JAIL

In the last 6 months, have any of the following events occurred?	Yes	No	Don't know	Never asked
67. a. Was participant arrested in past 6 months? *If No, skip to Question 68.* **b. Number of times arrested** __ __ times				
68. Was the participant charged in the past 6 months?				
69. a. Was participant incarcerated in past 6 months? *If No, skip to Question 70.* **b. Number of times jailed** __ __ times				

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In the last 6 months, have any of the following events occurred?	Yes	No	Don't know	Never asked
70. Was participant on probation or parole at any time during past 6 months?				
71. Did the PCAP mentor play a role in supporting the participant through any legal processes?				

5E. EDUCATION/TRAINING

In past 6 months, has participant attended or completed:	Attended	Completed	No	Don't know	Never asked
72. Parenting classes					
73. GED classes					
74. Community college					
75. University					
76. Vocational training class					
77. Training through work/employment					
78. Other course/class					

SECTION 6: VALIDITY

79. Mentor is confident of accuracy of information presented in this report: ☐ Yes ☐ Mostly ☐ Not at all

Comments on validity: *(if you code Mostly or Not at all, note why)*

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