Alberta PCAP Council
Parent-Child Assistance Program

PCAP TOOLKIT:
STARTING ESSENTIALS

2025

About this Toolkit

The *PCAP Starting Essentials Toolkit* gathers information that is useful for the development of a PCAP program. This document may be updated periodically to maintain accuracy and relevancy and combines material from the University of Washington PCAP documentation, the Alberta PCAP Council Manual, other Alberta PCAP Council-created resources, external resources, and feedback from existing PCAP programs. This toolkit provides a starting point for understanding the PCAP model. Successful implementation must involve ongoing learning, community engagement, and adaptability to changing community resources. Agencies need to reflect on how they will adapt the services to their unique communities or populations.

The *PCAP Starting Essentials Toolkit* was designed for

- Agencies who want to understand what is required in starting their own PCAP program.
- Teams with a critical change in staff (leadership or single-worker sites) who need an executive summary of the PCAP model prior to accessing the manual and the training

This toolkit may also be useful for

- Agencies who hope to implement a similar home visitation/outreach model
- Current PCAP agencies who want to revisit the initial set up stages of a PCAP site

This toolkit is a support document and should not be used as a way to measure effectiveness of current programming.

General resources to improve your understanding of the PCAP model

- Alberta PCAP Council manual
- Alberta PCAP Council resource library: www.alberta-pcap.ca/resources

PCAP in Alberta

Origins: The Parent-Child Assistance Program (PCAP) originated in 1991 at the University of Washington as a federally-supported research initiative to determine the effectiveness of intensive advocacy and a case management approach for at-risk mothers and their children over a three-year period[1]. The research outcomes validated the effectiveness of the model, leading to the expansion of PCAP sites across the state. This successful model has since been reproduced at numerous sites across the United States, Canada, and internationally as an evidence-based, validated method of support to prevent future instances of Fetal-Alcohol Spectrum Disorder (FASD).

Early expansion into Alberta: In Alberta, a small group of dedicated individuals were involved in various home visitation programs, aiding overburdened and under-resourced women. These individuals became champions for FASD prevention and advocated for the need for a prevention program in Alberta. After establishing communication with Dr. Therese Grant, the research lead of the original PCAP initiative in Washington, the advocates agreed to implement PCAP in Alberta with Dr. Grant's continued support. In 1999, PCAP programs began in Alberta at three locations and expanded to two more locations in 2000 and 2001. In 2005, seven First Nation communities received federal PCAP funding and successfully integrated the program into their services under the guidance of Dr. Grant, who had prior experience with PCAP programs on First Nation reserves.

Learn more

Alberta Government's FASD page: www.alberta.ca/fasd-in-alberta
FASD Alberta Networks: www.fasdalberta.ca
University of Washington PCAP: www.pcap.psychiatry.uw.edu

References

[1] *Our Background and Vision.* (n.d). Parent-Child Assistance Program (PCAP) University of Washington School of Medicine – Addictions, Drug, & Alcohol Institute. Retrieved December 2024 from www.pcap.psychiatry.uw.edu/what-is-pcap/our-background-and-vision

Alberta's FASD Strategy: From 2007 to 2017, the Government of Alberta's FASD 10-Year Strategic Plan guided efforts to address FASD in the province with the vision to establish comprehensive and coordinated responses to FASD throughout an individual's lifespan[2]. 12 Service Networks were developed to expand FASD-informed services across the province. They achieve this by enhancing existing services and facilitating the development of new ones in four key areas of FASD: Prevention, Awareness, Supports, and Assessment & Diagnosis. Each FASD Service Network addresses the specific needs of its communities serves and oversees the funding and execution of PCAP within their area.

Advocates of the PCAP model created a targeted sub-committee that supported the expansion of new PCAP sites to align with FASD prevention under the Government of Alberta's 10-Year FASD Strategy. After a successful provincial knowledge sharing and training session, the group continued under the name the Alberta PCAP Council, and in 2014, they were incorporated as a non-profit under the Societies Act. As part of the Strategy's FASD Service Network programs, additional PCAP sites were established across all 11 geographical regions of Alberta, including specific supports for PCAP in Metis Settlements and First Nation Communities.

Alberta PCAP Today: As of 2024, Alberta has nearly 30 active PCAP sites, with 17 sites providing services in First Nation or Métis communities. It is estimated that PCAP has savings of over $325 million in costs related to FASD by preventing alcohol and drug affected births in addition to cost savings through decreased justice and child welfare involvement.[3] Indigenous PCAP programs also reported incorporating cultural teachings to strengthen programming, including expanding their offerings to involve partners and families. Through their work, they've become embedded in their community, and contributed to broader improvements to community wellness.[4]

[2] Alberta Government. (n.d.) *Alberta FASD 10-Year Strategic Plan 2007-2017 Year 10 Evaluation: Parent-Child Assistance Program (PCAP) – Overview of Key Findings*. Retrieved October 2024 from www.open.alberta.ca/dataset/e26451ea-9a53-40e4-b40b-33fc916fbaef/resource/41d71411-932c-421a-8956-94119898a8f9/download/edc-albertas-fasd-10-year-strategic-plan-year-10-evaluation-parent-child-assistance-program-over.pdf
[3] Jagodzinski, R. (2024). *2024-25 Mid-year Report: Alberta PCAP Penelope Outcomes.* Alberta PCAP Council.
[4] Vespi, E. &Saper, K. (2024). *Complexity, Compassion, & Culture: PCAP in Indigenous Communities Summary Report.*

HIGHLIGHTS

Intake criteria: PCAP services are for women and child-bearing individuals who are
(1) pregnant or recently post-partum,
(2) struggle with alcohol and/or drug use, and
(3) are poorly connected with services.

PCAP also has secondary intake criteria which includes women and child-bearing individuals who (1) have had a child with potential or diagnosed FASD, (2) still use drugs/alcohol, and (3) are within their childbearing years.

Participants are entitled to **3 years of mentorship service**
Participants are not "kicked out" of the program for life changes or setbacks, though they may choose to leave the program earlier

The four **main goals of PCAP** in Alberta are to:

- Support participants to reduce or stop alcohol and/or drug use during pregnancy
- Support participants to increase their wellness by creating self-determined goals
- Support healthy pregnancies and lives for the participants and their children
- Support community connections

PCAP Mentors do this by

- Building relationships with the participants
- Building relationships with community service providers
- Supporting participants to achieve their self-determined goals
- Connecting participants with relevant community services and/or other resources
- Strengthening participants' self-efficacy and sense of interdependence within the community

PCAP Supervisors support this by

- Providing reflective supervision and opportunities for debriefing
- Advocating for staff and the program at the community level

Crucial to the **sustainability and longevity** of programming are

- Creating community connections – local and beyond
- Ongoing learning
- Evaluation and research

SERVICE DELIVERY – WHAT THE PCAP MODEL OFFERS

Intake criteria

PCAP is a model that primarily aims to reduce drug and alcohol use in births to prevent future instances of FASD. Pregnancy is seen as time for many individuals for when they want to make changes for the health of themselves and their family. With this in mind, the following guidelines are recommended for assessing intake eligibility:

- Participants may be accepted into the program if they meet the three criteria
    - Are pregnant or up to six-months postpartum
    - Have used alcohol and/or drugs during the pregnancy
    - Have not successfully engaged with other service providers
- While the majority of PCAP participants are intake according to the above criteria, based on program capacity, agencies may also intake participants on the following criteria:
    - Have delivered a child with a diagnosis of FASD* (recognize that diagnosis is difficult to obtain in young children so some agencies may decide to use "potential FASD" as the criteria)
    - Are continuing to use alcohol
    - Are in child bearing years.
- It is ultimately up to agency's discretion on which referrals they are able to accept as they know their capacity and community the best.
- Referrals can be accepted from any source, including word-of-mouth and self-referral
    - PCAP is a voluntary program and individuals must give their consent and agreement to participate; PCAP agencies may choose not to pursue a referral if the individual has declined services, even if attendance is mandated by other service providers.

Two-Pronged Approach

PCAP Mentors work closely with

1. **Participants and their families** to offer outreach and engagement, provide structured goal setting, problem-solving, practical assistance, and consistent coaching
2. **Community service providers** to assure that participants and families receive comprehensive, multidisciplinary services they need, and help providers understand how to more effectively with this population

Home visitation

Home visitation plays an important role in PCAP.

- The purpose is to see the participants' home environments so they may better understand their needs and goals.
- While mentors are mandated to report abuse or neglect, the purpose is not to monitor participants or children.
- If home visits are not possible due to the participant being unhoused, or non-consenting household members, mentors may meet with participants elsewhere in their communities.

These in-person visits are important for relationship building and "meeting the participant where they're at" while providing ongoing support.

The Alberta PCAP Model

Overarching Principles

PCAP **case management** is

- Individually tailored: Responsive to the participant's needs
- Strengths-based: Promotes competency of the individual
- Relational: Uses a relational approach to build rapport and deliver intervention
- Family-centered: Considers the dynamics of the family
- Community-based: Uses existing resources within a community
- Multidisciplinary: recognizes the need for a comprehensive approach

Long term intervention

- Three years offers a realistic length of time for the participant to form a therapeutic alliance with the mentor and undergo the developmental process for making gradual behaviour changes
- A three-year duration provides a clear time frame during which participants know they'll have assistance, which serves as an external motivator to completing their goals

PCAP embraces a **developmental approach** at multiple levels:

- The participant as an individual, and as a parent
- The participant's child
- Professional development of the PCAP mentor

Parallel process (role modelling)

- The attention, care, and support that PCAP mentors give their participants is expected to be reflected in the way the mothers interact with their children

Structured implementation

- The intervention has a well-defined, structured, and manualized protocol for implementation. The PCAP model involves the practice of PCAP staff regularly meeting to examine and reflect on what works and what doesn't.

Learn more: *10 fundamental components of FASD prevention from a women's health determinants perspective* (Centre of Excellence for Women's Health, 2022) www.fasdprevention.wordpress.com/2022/11/30/staying-principled

Addressing community needs

PCAP focuses on supporting participants in achieving their goals and connecting them to community resources. However, in many communities, these resources may be limited or not well-suited for the PCAP population.

- **Where resources exist but are inadequate:** PCAP often acts as an intermediary between participants and providers, and may have a role in educating the community on FASD, addiction, and trauma in collaboration with regional Prevention Conversation specialists. Long-term efforts aim to foster better relationships with providers to ensure equitable access for participants.
- **Where resources are scarce or nonexistent:** PCAP workers explore resources in other communities or online. Agencies hosting PCAP may have the goal to adopt a wrap-around approach to support their community members. For more information on Canadian wrap-around programs, the Centre of Excellence for Women's Health's Co-Creating Evidence Evaluation is a valuable resource. (www.cewh.ca/featured-projects/women-alcohol-and-fasd-prevention/the-co-creating-evidence-evaluation-project)

Evaluation and Data Collection

Data collection and evaluation were central in allowing the University of Washington's PCAP pilot expand into the successful program it is today. In Alberta, data remains an important part of the ensuring the quality assurance and sustainability of PCAP. Data can be used to evaluate programming, communicate successes to community partners and funders, and to identify community gaps and needs to support advocacy.

Agencies should consider how they will measure the efficacy of their program. If the agency has other social service programs, general high-level outcomes may already be identified. The agency should consider whether outcomes specific to the PCAP service delivery should be considered, as well. As part of the evaluation framework, the agency will need to determine how they will collect evidence (data) to show they are reaching their outcomes. This can be done via interview, surveys, staff report, administrative data, etc. The University of Washington has developed PCAP specific data tools that helped research and validate the success of the original PCAP model. In Alberta, the Alberta PCAP Council has adapted a few of these forms with consultation from long-standing PCAP programs.

Penelope outcome reporting: The Alberta PCAP Council manages and provides support for a provincial database, the Penelope Outcomes Tracking Application ("Penelope"), that aims to support the evaluation and reporting needs of programs. PCAP programs from across Alberta report on each participant biannually and this data lends itself to a provincial picture of the PCAP services and participants. Programs participating in the Penelope database receive 4 reports per year: Two provincial, aggregate data reports, and two site-specific reports biannually. Participating programs may also request special reports between reporting periods. In the past, programs have done this to supplement their reporting, to apply for grant funding, and to advocate to community partners, ex. for more accessible birth control options.

Data privacy and consent: The Alberta PCAP Council believes it is important that participants have *informed consent* with the participation of the Penelope database. The Alberta PCAP Council has informed consent forms (separate from the PCAP agreement) and are able to support PCAP staff to understand the forms and how to communicate them with participants. If participants decline to participate in Penelope, they are still eligible to receive PCAP services.

Cultural considerations: When working with Indigenous communities, it is important to recognize that is a history of exploitive research and data collection. Agencies may find that additional documentation and governance agreements are required to ensure that respectful relations are maintained between the community and service provider. The Alberta PCAP Council is not an expert in these processes but is willing to discuss how these can be supported in a culturally sensitive way.

Additional resources

FASD-Evaluating Wrap-Around Programs: www.fasd-evaluation.ca/index.html
The First Nations Information Governance Centre: The First Nations Principles of OCAP: www.fasd-evaluation.ca/index.html
Policy Wise: Build Better Data www.policywise.com/buildbetterdata
Penelope support site: www.alberta-pcap.ca/penelope-support

THEORETICAL FRAMEWORK – HOW PCAP DELIVERS THE SERVICES

A theoretical basis of Relational Theory, Stages of Change, and Harm reduction guide the PCAP intervention. In addition to these guiding theories, PCAP should be applied with a trauma-informed approach, be FASD-informed, and culturally responsive.

Relational Theory

Relational Theory emphasizes the importance of relationships for one's sense of self and development. Disconnection and isolation are seen as harmful experiences, remedied by reconnection.

What this means within PCAP

- The most important part of the PCAP service is rebuilding relationships for the participant with service providers, and natural supports.
- Mentors offer peer guidance through providing information in a non-judgemental environment and role modelling. This supports participants' social and emotional development as they gradually learn to trust others, trust themselves, and build practical skills.

Learn more: Topic 2-Key approaches: Relationship-based practice. *Digital Handbook on Wraparound Programs for Pregnant and Parenting Women with Substances Use and Other Concerns* (Nota Bene Consulting Group and Centre of Excellence for Women's Health, 2022) www.cewh.ca/webinars-and-courses/courses/co-creating-evidence-wraparound-programs-for-pregnancy-early-parenting-substance-use

Harm Reduction

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences of addictions and other risky behaviors.[1]

What this means within PCAP

- Abstinence from drugs and alcohol is not a requirement of PCAP. This allows participants to continue to receive programming while making incremental changes to the benefit of their health. PCAP participants are not asked to leave the program due to recurrence or setbacks.
- Any actions reducing harm is seen as an accomplishment. PCAP intervention strategies aim to help clients move along a continuum from excess use of drugs or alcohol to moderation or abstinence in order to reduce harmful consequences associated with substance use
- While harm reduction is commonly associated with alcohol and drug use, it can be applied to other "risky behaviours" affecting the participant's health and well-being.

Learn more: *Harm Reduction and Pregnancy: Community based Approaches to Prenatal Substance Use in Western Canada* (Nathoo, T. et al., 2015) www.cewh.ca/wp-content/uploads/2015/02/HReduction-and-Preg-Booklet.2015_web.pdf

[1] National Harm Reduction Coalition. (n.d.) *Principles of Harm Reduction*. www.harmreduction.org/about-us/principles-of-harm-reduction

Transtheoretical model (Stages of Change) and self-efficacy

The Transtheoretical Model[2] identifies that people will differ their readiness to change over time. There are five major stages of change: precontemplation, contemplation, preparation, action, and maintenance. Individuals don't necessarily move through the stages of change in a linear, forward direction. The best chance of successful outcomes comes when service providers match their approach to the individual's current stage.

Self-efficacy is the belief in one's ability to perform in ways that will produce desired outcomes; a person's expectations about self-efficacy are influenced most powerfully by their own past accomplishments (Bandura, 1977)[3]

What this means within PCAP

- In PCAP, mentors "meet participants where they're at". This means PCAP staff understand and can recognize the different stages of change and adjust their conversations and activities with the participant based on the participant's mindset and readiness for change.
- Staff receive training on Motivational Interviewing (MI) principles and how community professionals may use MI as soon after hire as possible with periodic MI refresher training as it is available. Supervisors are expected to provide MI practice and reinforcement during supervision sessions and group staffing.
- The Mentor helps identify each small step the participant takes and gives it attention and encouragement to develop self-efficacy.

Learn more: *Treatment Improvement Protocol (TIP) 35: Enhancing Motivation for Change in Substance Use Disorder Treatment.* (SAMHSA, 2019). www.store.samhsa.gov/product/tip-35-enhancing-motivation-change-substance-use-disorder-treatment/pep19-02-01-003

Trauma-informed Approach

A trauma-informed approach means that staff are aware of the effects of trauma and are prepared to support resilience and helpful skills for managing in-the-moment trauma responses. The goal is to avoid re-traumatizing participants and support safety, choice, and control to promote health and healing[4].

What this means within PCAP

- Staff are not expected to be experts in *treating* trauma. They are trained to understand how trauma may manifest for participants and are prepared to support resilience and helpful skills for managing in-the-moment trauma response.

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[2] Prochaska, J.O., & DiClemente, C.C. (1986). Toward a comprehensive model of change. In W. R. Miller & N. Heather (Eds.), Addictive Behaviors: Processes of Change (pp. 3-27). New York: Plenum Press.

[3] Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. Psychological Review, 84:191-215.

[4] Nota Bene Consulting Group and Centre of Excellence for Women's Health. (2022). Topic 3 – Key approaches: Trauma-informed practice for clients. *Digital Handbook on Wraparound Programs for Pregnant and Parenting Women with Substances Use and Other Concerns*. Victoria, BC: Nota Bene Consulting Group. www.cewh.ca/webinars-and-courses/courses/co-creating-evidence-wraparound-programs-for-pregnancy-early-parenting-substance-use

- Staff understand that they are in a position of authority and trust, and so are mindful of how this affects participants.
- Staff provide look to provide safety, choice, and control in their service delivery and are also mindful of the environment where services are received. Staff do not need to know that a participant has been traumatized in order to work in a trauma-informed manner.
- It's important that staff are aware of effects of historical and intergenerational traumas of Indigenous peoples in Canada and how this continues to be exacerbated in ongoing racism that Indigenous people face, which leads to barriers in accessing necessary health services.

Learn more: Section 7: Trauma-Informed, Strengths-Based, and Culturally Safe Approaches. *Mental Health Resource and Practice Guide.* (Canada FASD Research Network) www.canfasd.ca/mental-health-toolkit/mental-health-toolkit-section-7

FASD-informed approach

Fetal Alcohol Spectrum Disorder (FASD) is a lifelong disability that affects the brain and body of people who were expected to alcohol in the womb. FASD looks differently for every individual, who may need special supports to help them be successful in their daily lives[5].

An FASD-informed approach means that staff understand that FASD is a lifelong brain-based disability. The program or service providers will need to make accommodations to achieve positive outcomes, rather than expecting the individuals with FASD to accommodate[6].

What this means within PCAP

- PCAP staff understand FASD and what strengths and challenges an individual may have.
- Staff consider whether PCAP and other community service providers are accessible (ex. Simple language and instructions, controlled and quiet environments). Participants do not need to have an FASD diagnosis to received FASD-informed services.
- PCAP staff may need to seek other FASD-informed service providers. Where these don't exist, the PCAP staff may need to educate other service providers on FASD and the individual's strengths and challenges to advocate for accommodations.
- PCAP staff can collaborate with Prevention Conversation facilitators in their area to spread FASD Awareness. PCAP also works closely with the FASD Networks in the event that they support their participant through assessment and diagnosis.

Learn more:
Canada FASD Research Network www.canfasd.ca
FASD Alberta Networks: www.fasdalberta.ca
The Prevention Conversation: www.preventionconversation.org

[5] *What is FASD?* (n.d.) Canada FASD Research Network. www.canfasd.ca/what-is-fasd/

[6] Nota Bene Consulting Group and Centre of Excellence for Women's Health. (2022). Topic 6 – Wraparound programs, FASD prevention, and FASD-informed approaches. *Digital Handbook on Wraparound Programs for Pregnant and Parenting Women with Substances Use and Other Concerns*. Victoria, BC: Nota Bene Consulting Group. www.cewh.ca/webinars-and-courses/courses/co-creating-evidence-wraparound-programs-for-pregnancy-early-parenting-substance-use

Culturally responsive

Connecting to cultural resources, activities, supports, and teachings can be a way for individuals to find community and may directly influences the individual's identity and wellness. Connection or reconnection to culture should be at a pace comfortable for the participant and will differ for each individual.

What this means in PCAP

- PCAP agencies will need to understand their community makeup. If they are serving Indigenous populations, at minimum, they will need to be aware of the historical traumas of Indigenous people in Canada and how this leads to intergenerational trauma and ongoing challenges of Indigenous people, particularly in equitable access of health and social services.
- It's important for staff to learn if there are any cultural traditions around pregnancy or childrearing. PCAP staff should also identify cultural resources, community groups, Elders, etc. that the participant could access if they choose. PCAP agencies may incorporate cultural activities, crafts, learning sessions, etc. led by appropriate teachers as part of their offerings in order to connect within their community and/or with participants.
- PCAP staff will identify how their own experiences of existing in society may differ from their participants due to socioeconomic, cultural, and other factors. PCAP staff work to identify how their experiences may provide biases or blind spots to the experiences of the participants they are working with. PCAP staff do not need to be experts in other cultures, but are hired for their openness and non-judgemental nature.

Learn more:
Wheel of privilege and power: www.canada.ca/en/immigration-refugees-citizenship/corporate/mandate/anti-racism-strategy/change.html
Pei, J., Tremblay, M., Carlson, E., & Poth, C. (2017). *PCAP in Alberta First Nation Communities: Evaluation Report*. PolicyWise for Children & Families in collaboration with the University of Alberta. www.canfasd.ca/wp-content/uploads/2018/02/PCAP-FN-Report_Revised_FINAL_10262017.pdf

BUDGET CONSIDERATIONS AND CATEGORIES

Below is a list of the basic budget categories required for operation of a PCAP site. The exact amount of these items will change depending on the size of the PCAP site and the geographic region within which the program operates

Category	Common Line Items
Set up	• Office furniture and equipment • Computers for supervisor, assistant, and at least one computer for every two case managers • Mobile cellular phones (with GPS tracking capability), chargers and batteries, for supervisor and all case managers to enable communication and increase safety in the field • Vehicles (See travel section for more detail)
Salaries and Benefits	• Full PCAP site - Full-time supervisor - Six full-time mentors - Half-time office assistant • Half PCAP site - Half-time supervisor - Three mentors - Quarter-time office assistant
Personnel Services	• Participant needs/incentives *(coffees, welcome gifts, etc. to help build rapport with participants)* • Extensive employee training *(Registration fees, cost of travel and subsistence related to trainings)*
Other contractual services	• Postage • Utilities • Insurance • Printing • Case management database & software license • Evaluator – if not participating in Alberta PCAP Council's Penelope database • Repairs • Copies
Rent	• Office space for staff including - At least one private office where supervisor can conduct intake and exit interviews in private - Space with conference table for staff meetings and small trainings - Waiting room area with space for participants and children to feel comfortable

(cont.)

Category	Common Line Items
Travel	• Agency vehicle fees, insurance, leasing fees, or mileage reimbursement. (*Mentors must have use of a vehicle for transporting clients and to use on home visits. Mentors must ensure that their vehicle safety and insurance coverage comply with the agency specifications. Most PCAP sites include outfitting costs for car seats that meet safety standard requirements.)* • Air fare if necessary
Supplies	• Office supplies • Participant program supplies • Miscellaneous • Food

PCAP CONSIDERATIONS FOR OFFICE SPACE

Assess your current/potential office space for general space, comfort of participants, and safety of staff. While it is rare to find a space perfectly suited, knowing the strengths and limitations for your space will help you plan how to adapt your services or be creative to increase accessibility.

- Is there enough room to accommodate the staff and their equipment needs?
- Is there a private space to allow for one-on-one meetings?
- Is there room to host other activities? If not, what options exist and do additional costs need to be considered? *(Some programs find it beneficial to host workshops or group activities for all PCAP participants or with participants of another similar program to help build rapport and community)*
- Will the office space be welcoming for kids? *(It's much easier to get participants into the office if their babies/children are allowed to join them for appointments. Otherwise, you may need to find other spaces to meet)*
- How accessible is the space?
- Is the office space or building going to be shared with non-PCAP staff/businesses?
- At what points may participants interact with non-PCAP staff? How will these spaces be respectful and trauma informed?
- What safety measures are in place for the building?

STAFFING

Hiring criteria

- Supervisors have a minimum of a BA degree in a mental health or social work field, have a minimum of four years of experience working with high-risk populations and administrative and supervisory experience.
- Mentors have a minimum of a two-year degree and four years of community-based experience working with high-risk populations

The above criteria are best practice guidelines. We recognize that hiring at these criteria may not be possible within communities. The following sections identify more features of each role to help agencies to identify what to look for to ensure the best fit between your PCAP workers and your community.

Supervisor requirements

The supervisor is critical to the well-being and sustainability of the program. It is important that if the position is not full-time PCAP, that the supervisor fully understands the model so they can provide meaningful supervision and debriefing for the mentor.

PCAP supervisors provide direction and supervision within PCAP as well as play a central role in building PCAP's identity in the wider community. These two dimensions are essential components to the PCAP model, and a supervisor must be actively engaged in both roles for the intervention to reach full potential. However, the duties of the supervisor may vary depending on the staffing, hours allotted for the position, community resources and agency needs.

The following table outlines which essential aspects of PCAP supervision may be reassigned to other personnel within the agency if resources or community need/makeup limit the supervisor's ability to complete all tasks.

Role of Supervisor in the Program	Role of Supervisor in the Community
Essential duties • Supervises individual mentors providing direction and support. Recommended once per week, at minimum once every two weeks. • Facilitates group staffing meetings, ideally weekly • Gets to know participants through face-to-face interactions • Identifies training need and arranges trainings • Is available for consultation and debriefing as issues arise • Monitors paperwork for quality and timeliness through regular file reviews • Creates balance between client care and administrative *May be assigned to other personnel* • Assigns new participants to mentors • Administers consent/participant service agreement • Accompanies/observes mentors on home visits • Collects data for reporting	*Essential duties* • Establishes PCAP identity • Solicits referrals • Interacts with agencies to resolve barriers *May be assigned to other personnel* • Facilitates communication among service providers • Identifies service barriers • Participates on task forces, work groups • Provides feedback, data to community • Acknowledges work being done by other service providers and groups that contribute to the success of the program

Refer to the Alberta PCAP Manual for more information on the supervisor role

Mentor requirements

PCAP Mentors provide the "peer mentorship" for program recipients by helping participants identify and set their own goals for wellness, navigating the community's resources to support these goals, and supporting participants to work towards these goals. The PCAP mentor helps the participant build self-efficacy, and networks of supports so that participants may continue to set and work towards their goals after their three years of service.

Mentors understand the high-risk setting in which the participants live. PCAP values hiring Mentors who have successfully overcome difficult personal, family, or community life circumstances like those experienced by their participants (ex. Substance use, single parenting, and poverty). Mentors who have undergone difficult change processes and achieved successes (ex. In education, employment and relationships) are realistic role models who share their experience of recovery with participants and inspire the hope that it is possible to overcome obstacles. Refer to the PCAP manual for more information on additional key characteristics of the PCAP mentor.

The job requirements in the chart below are inclusive but not limited to the requirements listed, as the work is ever-changing depending on the client needs. Mentors must be flexible, resilient, and transition easily to meet the daily changes and challenges.

Requirement	Description
Driving	Essential: • Transport participants and their children • Provide outreach services to connect clients with community agencies • Provide outreach services to locate missing clients Details: Mentors must have a valid driver's license and be able to drive a vehicle and travel daily (approximately 2 to 3 hours in a day). Driving time and distance will vary depending on the location of participant appointments. Mentors need to assist participants (many of whom are pregnant) with transporting children, which can include lifting a baby or baby in car seat, carrying groceries, and relocating in participants with their personal belongings. Mentors should be able to lift up to 14kg.
Home visits	Essential: • Conduct at least two home or face-to-face visits per month per participant. New participants will usually require more frequent visits, depending on their circumstances and need. • Provide case management services responsive to identified needs • Obtain and maintain current CPR, Infant CPR Certification Details: Home visits require mentors to access participants where they reside and may require climbing stairs. Mentors must wear clothing and shoes that are both professional as well as conducive to walking some distances to homes and/or community provider offices. Mentors must be able to respond to emergencies and/or dangerous situations quickly.

Requirement	Description
Office work	Essential: • Complete requires paperwork (participant and administrative) • Demonstrate cognitive/organizational abilities to keep track of up 15 participants, their families and their service providers (new mentors will build to a capacity of 15 participants) • Document all activities accurately and in a timely manner Details: PCAP paperwork requires approximately eight to ten hours per week working at a desk writing, making phone calls, typing, and doing computer data entry.

Lone worker considerations

PCAP is best delivered with a team of staff for safety, appropriate caseload management, and morale. Where funding is insufficient to create a half or full team of staff, agencies should reflect on the following considerations:

- Safety – what procedures and protocols are in place when the staff person is doing off-site visits?
- Ensuring Supervision/Debriefing – What resources are available to ensure the staff person is getting timely supervision and the opportunity to debrief following crisis situations? What steps are being taken to ensure that leadership understands the PCAP model and its ideal implementation?
- Monitoring burnout – Who will be monitoring the mentor's caseload to ensure that the number of participants and complexity are appropriate for the size of the program? Who will be able to take over the work when the mentor is absent from work for short or long periods of time?

Additional staffing resources from programs

University of Washington PCAP Job Descriptions:

University of Washington – Clinical Supervisor Position: www.pcap.psychiatry.uw.edu/wp-content/uploads/2023/07/Supervisor_Job_Description.pdf
University of Washington- Case Manager Position Description: www.pcap.psychiatry.uw.edu/wp-content/uploads/2022/06/Case_Manager_Job_Description.pdf

Alberta PCAP Job Descriptions:

In the future, we'd like to add examples of job descriptions or postings from programs throughout Alberta. If you have a template you'd like to share, please send to coordinator@alberta-pcap.ca

Training

Ideally, PCAP mentors are highly trained with reflective supervision. Initial trainings are offered by the Alberta PCAP Council and the agency is recommended to seek additional trainings based on staff's experience and community need. The following table shows what additional trainings are highly recommended to have a comprehensive understanding of the model and the population. While some have formal training workshops, there are many free webinars and resources that are offered virtually by reputable and knowledgeable sources. The Alberta PCAP Council's Resource Library lists some options. The Alberta PCAP Council's mailing list will also send out training opportunities that become available.

Offered by Alberta PCAP Council
• Alberta PCAP Core Training (overview of the PCAP model) • Penelope 101 Webinar (data training for Alberta PCAP programs)
Other trainings/topics to source
• The Prevention Conversation • Gender-Based Analysis Plus (GBA+) • First Aid & CPR • Applied Suicide Intervention Skill Training (ASIST) • Cultural Competency • Foundations in FASD/FASD Awareness • Motivational Interviewing 1 • Addictions Training (Alcohol and Drug Abuse Help Kit Training) • Family Planning-Sexual Health (methods, contraception, side effects) • Trauma Informed Practice • Grief and Loss • Domestic Violence • Harm Reduction • Mental Health First Aid • Car Seat Safety for Infants and Children • Confidentiality and Freedom of Information and Protection of Privacy (FOIP)
Additional suggested trainings to supplement
• Non-violence Crisis Intervention • Co-occurring Mental Disorders • Infant Developmental Stages (caregiving techniques with emphasis on children exposed prenatally to drugs/alcohol) • Observation and Documentation • Financial Literacy • Nutrition-Maternal/Infant • Breast Feeding • Compassion Fatigue • Family Law • Criminal Court Training • Developmental Parenting and PICCOLO Training • Universal Precautions

Assessments for site readiness

Note: These are guiding questions developed for reflection and discussion internal to your staff and agency. It is common to not have the answers to all of these questions. Consider these a starting point to begin engagement and relationship building with community members and other agencies.

GENERAL REFLECTIONS ON SITE READINESS

- What is the extent of the maternal substance abuse problem in your organization/community?
- How well do key stakeholder community agencies collaborate with each other?
- Is the community agency interested in housing PCAP an appropriate fit for the model?

(Alberta PCAP Manual)

ADAPTING TO COMMUNITY NEEDS

Rural/remote considerations?

- Will you have a sufficient travel budget to be able to reach your participants?
- What services may need to be accessed outside of your community and how does this impact your travel budget?
- What is the relationship of the agency in your community and how will this impact your ability to work with participants?
- How will the agency handle potential conflicts of interest in recruiting participants and throughout service delivery? (ex mentor and participant that are related or well known to each other)
- What policies or practices are in place to protect participant confidentiality?
- Are there going to be barriers to accessing your participants in certain times of the year and what will be the plan to continue service delivery if so?

Working within Indigenous Communities

- What work is already being done in the community and how will this program fit alongside?
- How connected are you with other service providers that work in the community or work with the community?
- What is your agency's current relationship with the community? With the community's leaders and politicians? How will this relationship be continued and improved?
- What training does your agency access to learn about the history and current context of Indigenous people, especially the First Nations and/or Metis people in your community?

2SLGBTQ+ best practices/training

- How is your agency perceived to 2SLGBTQ+ communities and how will this affect participation?
- What services that support 2SLGBTQ+ participants are available in your community?
- How may advocacy need to play a role in your service delivery?
- How knowledgeable are your workers about 2SLGBTQ+ topics and challenges?
- What trainings can you access to support a more inclusive environment?

Cultural awareness and other significant factors

- What cultural groups exist in your community?
- What is your agency's current relationship with these cultural groups and how will this affect participation?
- What services that support different cultural practices are available in your community?
- How may advocacy need to play a role in your service delivery?
- How knowledgeable are your workers about different cultural groups, their practices, traditions, belief systems, and the challenges they face?
- What trainings can you access to support a more inclusive environment?

Additional resources

Wolfson, L., Van Bibber, M., Poole, N., Lacerte, D., Norton, A., Labounty, B., Cormier, A., Finney, C.,Latter, B., Lawley, L., Letendre, S., Prouty, M., Ruttan, L., Sutterfield, C., Wesley, J. Revitalizing Culture and Healing: Indigenous Approaches to FASD Prevention. Vancouver, BC: Centre of Excellence for Women's Health. www.cewh.ca/wp-content/uploads/2022/01/Indig-FASD-Booklet_November-21-2019-web.pdf

University of Washington Pre-Implementation Checklist: www.pcap.psychiatry.uw.edu/wp-content/uploads/2021/12/PCAP_Pre-Implementation_Checklist.pdf

- Connect with Alberta PCAP Council for
  - PCAP Training, which includes a physical copy of the PCAP Manual
  - Penelope database training (required if funded by an FASD Network, optional if not)
  - joining the monthly PCAP Communities of Practices to be connected with other programs across the province
  - joining the Alberta PCAP Council's mailing list to be updated with future trainings and resources
- Connect with the Prevention Conversation to receive training on how to have conversations/brief interventions with people using drugs or alcohol
- Make sure you have a strong understanding of the intake criteria and goals of PCAP as you promote your program
  - Some programs find that they accept more referrals using the secondary referral criteria in the beginning of their program as they build their participant base
- Introduce your program to other community service providers to solicit referrals
  - Community presentations
  - Hand out brochures (agency or may use AB PCAP Council version)
  - Attend interagency meetings and promote
  - Ask to present at local staff meetings
  - Ask to put posters/brochures up at clinics
- Keep PCAP model fidelity in mind as your program progresses. Refer to the PCAP Fidelity Assessment to identify areas of strength and improvement.
- Connect with other PCAP programs in the province
  - Check the Locations page on the Alberta PCAP Council website to see nearby programs *(Connect with Alberta PCAP Council if you'd like help identifying programs that may have a similar makeup or population in other regions)*
  - Connect with the supervisor of the program to identify any shared regions or discuss strengths and challenges with PCAP work in the area
  - Join the monthly PCAP Community of Practice calls organized by Alberta PCAP Council

Additional resources

Alberta PCAP Council Website: www.alberta-pcap.ca
Alberta PCAP Fidelity Assessment (under "Other PCAP Forms"): www.alberta-pcap.ca/penelope-help-topics/forms-documents

Alberta PCAP Council
Parent-Child Assistance Program

PCAP TOOLKIT:
STARTING ESSENTIALS

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