

Parent-Child Assistance Program (PCAP)

FETAL ALCOHOL & DRUG UNIT
UNIVERSITY OF WASHINGTON ALCOHOL AND DRUG ABUSE INSTITUTE
SEATTLE, WASHINGTON (206) 543-7155
<http://depts.washington.edu/pcapuw/>

CODING MANUAL — BIANNUAL DOCUMENTATION OF CLIENT PROGRESS

General Instructions

- The target end date for the 6-month Biannual is determined by adding 6 months onto the enrollment date (date consent form was signed), the 12-month Biannual by adding 12 months onto the enrollment date, and so on.
- The Biannual Documentation Form is due within three weeks of the target END date.
- A Biannual Documentation Form is submitted for every client, even if the client is currently missing and no information is available. If client is missing, code “-7’s” (don’t know) for the questions you can’t answer.
- “Currently” on the form refers to the date of the 6-month target end date (i.e., figured from the date consent was signed). For example, the question “is client currently clean” is asking, “is client currently clean as of the last date this biannual documentation form covers.” There is a space to place the date the 6-month period ends at the top of each page. Use this date as reference for questions that ask about the situation at the end of the 6 month period, e.g., if the date the 6-month period ends is July 15, then whether she is currently clean would be as of July 15.

=====

Prepare the form by recording on the documentation form:

- The Client’s 6-digit study ID number.
- The dates of the 6-month period covered by this documentation (*month/day/year*).
- On each page at top, note the end date of the 6-month period covered by this documentation.
- Check the appropriate site box for your program.
- Check the appropriate documentation month box.
[Based on enrollment date; documentation forms are done at 6, 12, 18, 24, 30, & 36 months]
- When completed, note the date the documentation form was completed and turned in.

Always remember to:

- Double-check that there are no blanks or discrepancies before you turn the form in.
 - Write an explanatory note on the data form any time the category “Other” is selected.
 - Write clear notes about the situation if you are unsure about how to code.
 - Complete the Validity information at the end of the interview (page 12).
- =====

SECTION 1. ALCOHOL/DRUG TREATMENT

Check the appropriate box for each type of alcohol/drug treatment program listed to indicate whether or not client was involved in this type of program during the 6-month period covered by this documentation and to what degree.

For the treatment programs, the following descriptors apply:

- (0) **“NO”** = No treatment of this kind during the 6-month period covered by this documentation.
- (1) **“YES, COMPLETED”** = Completed a treatment program of this kind during the 6-month period covered by this documentation.
This can be a program that was in progress at the last Biannual Documentation Form if the completion date was within the 6-month period targeted by this documentation.
- (2) **“YES, IN PROGRESS”** = Attended a treatment program of this kind during the 6-month period covered by this documentation and was still involved at the 6-month target end date.
Any time you indicate a program was in progress at the end of the 6-month period, be sure to indicate how that turned out on the next documentation (e.g., eventually completed the program, dropped out, or still in progress).
- (3) **“YES, BUT DROPPED”** = Attended a treatment program of this kind but dropped out during the 6-month period covered by this documentation.
If a woman attends a program even one time, check this box.
- (7) **“DON’T KNOW”** = Advocate doesn’t know whether she attended this type of program or not because advocate is out of contact with the client.

• **Inpatient**

Inpatient is divided into two types: programs that require 30 days or less to complete, and programs that require more than 30 days to complete. Be sure to indicate the correct type of inpatient treatment.

If the client attended an inpatient program of more than 30 days be sure to complete the additional information requested. Under **Inpatient (more than 30 day)**, enter the **length of program** in days. Then enter **the time the client actually spent in the program**. For either, code “-7” if you are not sure. If she did not attend this type of program, skip to next question.

EXAMPLE. A woman enters a 120-day treatment program and drops out after 8 days. This would be recorded as Inpatient (more than 30 day) “Yes, but dropped,” length of program: 120 days, length of client’s stay: 008 days.

• **Outpatient**

Any outpatient program, regardless of length. Note that groups such as AA or NA by themselves are not outpatient treatment.

• **Methadone Dosing**

If methadone dosing included other outpatient services as well, record as “Outpatient” for the outpatient services and record as “Methadone Dosing” for the methadone dosing service.

If the client is attending a program that includes only methadone maintenance (no counseling, no other treatment), record only as methadone dosing.

SECTION 1. ALCOHOL/DRUG TREATMENT (continued)

• **Alcohol/Drug Support Group**

Alcohol/drug support groups such as AA, NA, CA, etc. If yes, code type of group by checking the appropriate box below the question. If other type of group, note what kind. Check only one box here (*example*: if both AA and NA, check “3-both.”) If no group, skip box.

• **Individual Counseling**

Independent substance/abuse-related counseling. Not as part of an inpatient or outpatient treatment program already recorded. Note details in space provided.

• **Detox**

Any alcohol or drug detox program.

• **Treatment Program in Jail or Prison**

Any alcohol/drug treatment received in prison/jail. Note specifics.

• **Other treatment**

Be sure to note any “Other” treatment program(s) by name and description. Do not list a program as Other if it can possibly fit in any of the previous categories.

IF ANY “YES” ANSWER IS SELECTED FOR ANY TREATMENT PROGRAM

(completed, in progress, or dropped), be sure to indicate the following:

- Note the name of the treatment facility in the space provided after the type of treatment.
- Where it says “**Treatment was for . . .**” indicate whether program(s) addressed **drug addiction, alcohol addiction, or both**, by checking the appropriate box after the question. Check “N/A” if she was not in treatment this 6-month period.
- Where it says “**Treatment was . . .**” indicate whether treatment program was **mandated or voluntary**. Check “N/A” if she was not in treatment this 6-month period.
If client was involved in more than one type of program and any were mandated, check “mandated.”
- Where it says “**Was/were her child(ren) with her in treatment**” indicate whether any of her children were living with her in a treatment program by checking “Yes” or “No.” Check “N/A” if she was not in inpatient treatment this 6-month period.

THIS APPLIES ONLY TO INPATIENT TREATMENT. If client was involved in more than one inpatient treatment program in the 6-month period covered by this documentation and a child was with her in any of them, check “Yes.”

• **Was any alcohol/drug assessment for treatment done?**

If the client had an assessment for alcohol/drug treatment needs during this six month period, check “Yes,” whether or not the client actually received the recommended treatment.

• **Did she have UA monitoring?**

Urinary analysis outside of treatment. If client was in a monitoring program during any portion of the 6-month period covered by this documentation, check “Yes.”

SECTION 2. ABSTINENCE FROM ALCOHOL & DRUGS

As of the date this 6-month period ends:

Drugs

• Is client currently clean from drugs?

As of the date this 6-month period ends (i.e., on the target end date, not the date you complete the form), is client currently clean (hasn't used any illicit drugs for a period of at least 1 month). If client is not clean or has been clean for less than 1 month, check "No." Note: this question **does not** include alcohol, even if the woman has a problem with alcohol.

- **If using at end of 6-month period**, note the drugs she is currently using, or has used in the past month or so, by checking the appropriate boxes. Select either "Yes" or "No or Don't Know" for each. "No" and "Don't Know" use the same box.

• How many months currently clean?

Count the full period of consecutive abstinence up to the target end date while in PCAP (i.e., not just the part that fell within the 6-month period covered by this documentation). DO NOT COUNT time PRIOR to enrollment, nor time AFTER the 6-month target end date for this documentation. If client is not clean, or has been clean for less than one month, code number of months as "00" for none.

EXAMPLE 1. At the 18-month end date the client is clean and has not used for 13 months. You would code "Yes" for currently clean and 13 for 13 months clean.

EXAMPLE 2. Client relapsed 1 week before the 18-month end date after being clean for 13 months and was still currently using on the 6-month target end date. You would record her as not currently clean, and you would not record her 13 months under months currently clean; instead, code "00" (however, you may be able to record the 13 months as the longest period of time the client has ever been clean & sober). Check the boxes of the drugs she is currently using.

EXAMPLE 3. Client relapsed 4 weeks before the 18-month end date after being clean for 13 months, but it was only a weekend binge and she stopped using again right away. You would record her as currently clean, but you would record her months clean as only 01 months.

EXAMPLE 4. At the 18-month end date the client is clean and has not used for 20 months (she entered treatment and quit 2 months before enrollment). You would code "Yes" for currently clean and 18 months clean (record only months while in program).

EXAMPLE 5. Client has been clean for 2 weeks. Code "No" for currently clean. Client must be clean at least 1 month to be considered clean for purposes of this documentation. Likewise, if she is clean 5 months and 3 weeks, you would code 5 months clean, not 6.

Alcohol

• Is client currently abstinent from alcohol?

The same as above for drugs (i.e., at least 1 month no alcohol as of the target end date for this documentation). Do record alcohol use here if woman drinks, even if woman has no problem with alcohol.

• How many months currently abstinent?

Same as above for drugs.

• Does client have a problem with alcohol?

Complete this every time you do a 6-month documentation form. Answer the question even if the woman is currently not drinking (i.e., if she were to drink would it be a problem for her?).

SECTION 2. ABSTINENCE FROM ALCOHOL & DRUGS (continued)

As of the date this 6-month period ends:

Longest Period of Abstinence

- **Since starting PCAP, what is the longest number of months in a row client has been clean and sober with no relapses, even if currently using?**

Record your client's longest consecutive period of abstinence since joining PCAP. It does not need to have occurred during the 6-month period covered by this documentation. A relapse would end a period of abstinence, even if she immediately became abstinent again. Don't count cigarettes or methadone use. Don't count time she wasn't enrolled in PCAP. Check previous biannual, if this number is less than previous biannual, explain discrepancy.

SECTION 3. BIRTH CONTROL & PREGNANCY

Birth Control

- **Is client using birth control regularly?**

As of the end date of the period this Biannual Documentation Form covers, is client currently using a consistent birth control method.

Sporadic use (i.e., not every time) is recorded here as a "No."

If client is abstinent or lesbian, but she has a birth control method she can and will use (such as condoms in her possession) in the event she is sexually active with a male, you may record birth control as "Yes."

To count as a regular birth control method, Depo Provera shots must have been within last 4 months.

- **Kind of birth control method she currently uses (regular use or not)?**

Document the methods she is currently using (or has used in the past month or so) by checking the appropriate boxes. Select either "Yes" or "No or Don't Know" for each. Check "Yes" if she has used the method even if not regularly. If you indicate "Other," be sure to specify what kind (e.g., "patch," "only partner has vasectomy," etc.).

EXAMPLE 1. Client uses condoms with her partner sometimes, but doesn't other times, and uses no other regular method of birth control. You would check "No" as to whether client is using birth control method regularly, then check "Yes" for "f. condoms" and "No or Don't Know" for all other methods.

EXAMPLE 2. Client had a Depo Provera shot 5 months ago and is using no other method. Check "No" as to whether client is using birth control method regularly, and code "No" for all listed methods and a "Yes" for "No method." Please make a note in comments though. For example, after "If not using birth control currently, is there a particular reason why not?" you would note, "Depo shot expired 5 months ago."

- **If not using birth control currently, is there a particular reason why not?**

If client is NOT using consistent birth control, make a note here to indicate why not (e.g., currently pregnant, sexually abstinent, lesbian, or other reason). Remember that if client is abstinent or lesbian, and has a method she can and will use (such as condoms and/or spermicide in her possession) in the event she is sexually active with a male, you may record consistent birth control use as "Yes." Do not forget to record the method she has on hand under birth control methods.

SECTION 3. BIRTH CONTROL & PREGNANCY (continued)

Pregnancy

• Was client pregnant in last 6 months?

If client is currently pregnant at the end date of this Biannual Documentation Form, check "Yes, currently." If client was pregnant at some point during the 6-month period covered by this documentation, but is not now, check "Yes, but not now." If not pregnant during this period check "No." If you do not know, check "Don't Know."

• If pregnant in the 6 months but not now, what was the outcome of that pregnancy?

Check the appropriate box indicating the outcome of that pregnancy. If client was not pregnant during the 6 months, or is still currently pregnant, skip this box. The code for the "morning after" pill is under this question even though technically the pill is used prior to pregnancy.

IF OUTCOME WAS "GAVE BIRTH TO ANOTHER CHILD" OR "STILLBIRTH,"
SUBMIT A NOTIFICATION OF SUBSEQUENT BIRTH FORM.

DO NOT SUBMIT SUBSEQUENT BIRTH FORM FOR TARGET CHILD.

SECTION 4. CONNECTION TO OTHER SERVICES

General Instructions for Section

For each of the listed services, check the descriptor box best describing the client's level of involvement during the 6-month period covered by this documentation:

For each connection to service, the following descriptors apply:

(1) **"YES, WORKING WELL"** = Adequately connected to this kind of service during the 6-month period covered by this documentation.

"Adequately" does not have to mean completely successful, as long as client obtained some benefit from the service.

(2) **"YES, BUT PROBLEMS"** = Attempted connection to this kind of service but there were major problems.

This can include connections where barriers to services are so great that client cannot obtain a benefit from the service.

This can include incidents where advocate made the connection with the service on behalf of the client but the client failed to follow through.

(3) **"NO, BUT NEEDED"** = No connection to this kind of service during the 6-month period covered by this documentation, BUT there is a need for this kind of service.

(4) **"NO, NOT NEEDED"** = No connection to this kind of service during the 6-month period covered by this documentation AND there is no need for this kind of service.

(7) **"DON'T KNOW"** = Advocate doesn't know whether she connected with this type of service or program because advocate is out of contact with the client.

SECTION 4. CONNECTION TO OTHER SERVICES (continued)

General Instructions for Section (continued)

Note that services are grouped by 1) Services for Household, 2) Services for Client, 3) Services for Target Child, and 4) Services for Others (including Children in the Household, Client's Partner, and Any Other Family Member).

For the first three groupings (Household, Client, Target Child), list ALL services that you know of that the family was connected to during the 6-month period covered by this documentation whether or not PCAP advocacy had anything to do with it, but be especially careful to document that all those in which PCAP advocacy played some role are documented.

For the last three groupings (Other Children, Client's Partner, and Other Family Members) list only those services where you know that PCAP advocacy played a role by checking the "Yes" box. PCAP advocacy is defined as advocacy by you, by another advocate, or by the PCAP clinical supervisor. If a service was not obtained check the "No" box.

If "Yes, But problems" is checked for any service for household, client or target child, please describe nature of problems briefly in comments (note which service, if specific reason applies to that service only).

Services for Household

What services has client's household used in the 6-month period covered by this documentation?

Household includes those who live with client, including client herself.

• **Basic Needs**

This includes all forms of non-money assistance to the family: food banks, clothing banks, etc.

• **Food Stamps**

• **Medical Coupons**

• **Emergency Funds or Emergency Bill Paying Service**

This includes all forms of money assistance to the family from an agency: vouchers, rent assistance, cash. This does not include loans from private parties (individuals). If yes, describe who from in space provided.

• **Public Health Nurse**

Family was visited by a public health nurse in the 6 months covered by this documentation.

• **Public Housing**

Note whether or not client is on a waiting list for housing, or if waiting list is closed.

If client has been placed in public housing or if client is on a waiting list for housing, check either "Yes, Working Well" or "Yes, But Problems" after "Housing Service."

• **Emergency Housing/Shelters**

This includes any type of emergency shelter that any member of client's immediate family may have used in the 6-month period covered by this documentation, such as domestic violence shelters, juvenile facilities, emergency housing.

• **Transitional Housing**

Alcohol and drug-free etc.

SECTION 4. CONNECTION TO OTHER SERVICES (continued)

Services For Household (continued)

Child Protective Services (CPS)

- **CPS involvement** with this family during the 6-month period covered by this documentation, code "Yes" or "No." If "No," skip to next section.
 - **If yes**, note on behalf of which child (target child, other child, or target child and other child[ren]), by checking appropriate box. If no connection to CPS, leave blank. This question **does not require that a CPS report have been made** in the 6-month period covered by this documentation, only that there have been CPS involvement with family during the 6 months.
- **CPS report filed** in the 6-month period covered by this documentation, code "Yes" or "No." The CPS report does not have to involve the client herself, just some member of her immediate family and at least one of her children.
 - **If yes**, check the **appropriate** boxes to indicate:
 - Report By:** who made the report: advocate or other person (specify who)
 - Report On:** who the report was made on: client or other person (specify who)
 - On Behalf Of:** on whose behalf the report was made: target child, other child[ren], or target child plus others

Services For Client During Past 6 Months

In the 6-month period covered by this documentation. In all cases, note who/what/where if service was used.

Healthcare

- **Healthcare Provider (doctor).**
The client's healthcare provider, physician.
- **Other Health Service.**
Other healthcare service used by the client, including eye doctor, physical therapy, dentist.
- **Family Planning Service.**
Includes family planning, counseling, birth control and pregnancy termination services.

Mental Health

For either individual or group, if you attempted to obtain mental health services for the client, spent a substantial amount of time trying to arrange it, but were unable to get client connected, check "Yes, but problems." Note problems here and continue on page 8 or back of form if necessary.

- **Mental Health Counseling, Individual.**
Crisis line can count as individual counseling. Please note if telephone counseling only.
- **Mental Health Counseling, Group.**
Would include anger management classes ordered in domestic violence situation.

PAGE 4

SECTION 4. CONNECTION TO OTHER SERVICES (continued)

Services For Client During Past 6 Months (continued)

Domestic Violence

• **Domestic Violence Service**

This can be any type of domestic violence service: counseling, shelters, educational class, restraining order against a batterer, etc. Note what services on blank below the question.

Legal/Judicial

Whether client was involved with any legal/judicial service (lawyer, court) If client has been in litigation or resolved charges, old warrants, etc., code "(1) yes, worked well." This question is asking about legal services received, not outcome. For example, if a client went to court for a custody hearing, was fairly represented but lost custody of her child, this item would be coded "(1) yes, worked well." The question is of the quality of the representation, not the outcome for the client.

• **Any legal services, non-criminal**

Includes civil issues, child custody proceedings, divorce proceedings, parking tickets, small claims court, probation, restraining orders client obtains on others, etc. Be sure to note what.

• **Any legal services, criminal**

Includes arrests, sentencing, restraining orders placed on client. Be sure to note what.

Other Services for Client

• **SSI/Disability**

Includes applications, hearings, etc.

• **Academic/Vocational Skills Training**

Includes applications, attending classes, tutoring, etc.

• **Personal/Social Skills Training**

• **Positive Recreation/Enrichment**

Includes exercise, obtaining a library card, etc.

• **Other Service**

Be sure to note what and where.

PAGE 5

Services For Target Child (TC) During Past 6 Months

In the 6-month period covered by this documentation. All services are for target child only. In all cases, note who/what/where if service was used.

• **Healthcare Provider**

Target child has seen a physician or other primary healthcare provider in the 6-month period covered by this documentation.

SECTION 4. CONNECTION TO OTHER SERVICES (continued)

Services For Target Child (TC) During Past 6 Months (continued)

• **Other Healthcare Services**

Specialized healthcare services: eye doctor, dentist, physical therapy, etc. for the target child. (Can include E.R. visits for injuries or illness.) Note type of service in space provided. If E.R. visit, note why.

• **High Risk Clinic**

A specialized clinic for high-risk children (e.g., born prematurely, with a birth defect, etc.).

• **FAS Clinic**

Fetal Alcohol Syndrome diagnostic clinic. Include application submitted, appointment made and on waiting list, or clinic visit. Note in comments.

• **Therapeutic Child Care Center**

• **Daycare/Childcare**

• **Mental Health Counseling**

For the target child. Can include play therapy. If yes, describe problem in space provided.

• **SSI/Disability**

Includes applications, hearings, etc. If yes, describe what in space provided.

• **Other Service for Target Child**

If yes, describe in space provided.

Target Child Healthcare Information

• **Well-Child Visits**

Target child is being seen regularly for well-child healthcare visits and those visits are up-to-date, whether or not she/he actually had a well-child visit in the 6-month period covered by this documentation (as long as he/she is keeping on schedule), whether or not target child is in the custody of the client or some other person.

• **Immunizations**

Target child is up-to-date on recommended immunizations, whether or not he/she actually had an immunization in the 6-month period covered by this documentation (as long as she/he is keeping on schedule), whether or not target child is in the custody of the client or some other person. If child is not up-to-date on immunizations, note why in comments.

• **Target child has chronic medical condition or special healthcare needs**

Chronic medical condition refers to a health condition that has been diagnosed by a doctor, such as asthma, digestive problems, FAS, etc., whether or not the condition is currently symptomatic. "Special healthcare" needs refers to medical problems that require a specialized healthcare service such as physical therapy, eye doctor, developmental stimulation program, cranio-facial clinic, therapeutic daycare, FAS clinic, or any other special clinic.

EXAMPLE. If target child has asthma, even if this does not require special healthcare service on a regular basis, and even if the child did not experience symptoms or problems with it during the past 6 months, this should be coded as "Yes."

SECTION 4. CONNECTION TO OTHER SERVICES (continued)

Services for Other Children, for Client's Partner, for Other Family

General Instructions for Section

Code "Yes" next to the service ONLY if PCAP advocacy played some (any) role in obtaining it. "PCAP advocacy" is defined as advocacy by you, another advocate, or the PCAP clinical supervisor. Code "No" if the service was not obtained through PCAP advocacy. Do not code "Don't Know" unless it is possible the service was obtained through PCAP advocacy and you just don't know (e.g., a client was just transferred to you and you don't know what the previous advocate did).

Services for Other Children in the Household

Includes non-biological children if they are living in the client's household. Does not include the target child.

If client has NO OTHER children living with her (biological or not) code "No" for each of the services.

If client DOES HAVE other children living with her (biological or not) read down the list of services under this section and indicate the services that were obtained in the previous 6-month period (ONLY if PCAP advocacy played any role in obtaining the service) by checking the "Yes" box. If the service was not obtained through PCAP advocacy, or not obtained at all, code "No." If you don't know whether or not it was obtained, check the box indicating "Don't Know." If "Other" service(s) was/were obtained, note what in the space provided.

• **Healthcare Services**

PCAP was involved in helping connect child in household (not Target Child) to the services of a physician or other primary healthcare provider in the 6-month period covered by this documentation. Specify in space provided.

• **Public Schools/Educational**

PCAP was involved in helping connect child in household (not Target Child) to education-related services in the 6-month period covered by this documentation. This includes public school conferences, educational counseling, tutoring, etc. Specify in space provided.

• **Mental Health/Counseling**

PCAP was involved in helping connect child in household (not Target Child) to mental health-related services in the 6-month period covered by this documentation. Specify in space provided.

• **Recreational/Cultural Activities**

PCAP was involved in helping connect child in household (not Target Child) to recreational services in the 6-month period covered by this documentation. This includes summer camps, cultural activities, after-school programs, YMCA, swimming or sports classes/teams, etc. Specify in space provided.

• **Other**

PCAP was involved in helping connect child in household (not Target Child) to any other service not covered above in the 6-month period covered by this documentation. Be sure to note what services in space provided.

SECTION 4. CONNECTION TO OTHER SERVICES (continued)

Services for Other Children, for Client's Partner, for Other Family (continued)

Services for Client's Partner

Check "Yes" if ANY of the client's partners (or ex-partners) obtained a service through PCAP advocacy during the 6 months covered by this documentation. If alcohol/drug treatment or other type of services were obtained, note what/where in the space provided.

If client had NO partner in the 6-month period covered by this documentation, code "No" for each of the services.

If client DID have a partner(s) read down the list of services under this section and indicate the services that were obtained for any partner in the previous 6-month period (ONLY if PCAP advocacy played any role in obtaining the service) by checking the "Yes" box. If the service was not obtained through PCAP advocacy, or not obtained at all, code "No." If you don't know whether or not it was obtained, check the box indicating "Don't Know."

• **Alcohol/Drug Treatment**

PCAP was involved in helping connect client's partner(s) to alcohol/drug treatment. Includes assessment for treatment needs. Specify in space provided.

• **Domestic Violence Counseling/Service**

PCAP was involved in helping connect client's partner(s) to domestic violence counseling or other domestic violence service. Includes court-ordered program if PCAP played a role. Specify in space provided.

• **Employment/Job Training Assistance**

PCAP was involved in helping connect client's partner(s) to employment or job training assistance. Specify in space provided.

• **Legal**

PCAP was involved in helping connect client's partner(s) to legal assistance. Includes legal counseling, criminal and/or civil. Also include here help with P.O. (probation officer) and USCIS (U.S. Citizenship and Immigration Services, formerly known as INS (Immigration and Naturalization Services). Specify in space provided.

• **Other**

PCAP was involved in helping connect client's partner(s) to any other service not covered above in the 6-month period covered by this documentation. Be sure to note what services in space provided.

Services for Other Family Members

Be sure to check "Yes" next to the service ONLY if PCAP advocacy played some (any) role in obtaining it. "PCAP advocacy" is defined as advocacy by you, another advocate, or the PCAP clinical supervisor.

Read down the list of services under this section and indicate the services that were obtained in the previous 6-month period (ONLY if PCAP advocacy played any role in obtaining the service) by checking the "Yes" box. If the service was not obtained through PCAP advocacy, or not obtained at all, code "No." If you don't know whether or not it was obtained, check the box indicating "Don't Know."

If any services were obtained through PCAP advocacy for any other family member, note which family member(s) in the space provided. If alcohol/drug treatment or other type of services were obtained, note what/where.

SECTION 4. CONNECTION TO OTHER SERVICES (continued)

Services for Other Children, for Client's Partner, for Other Family (continued)

Services for Other Family Members (continued)

• **Alcohol/Drug Treatment**

PCAP was involved in helping connect a member of client's family to alcohol/drug treatment. Includes assessment for treatment needs. Specify in space provided.

• **Domestic Violence Counseling/Service**

PCAP was involved in helping connect a member of client's family to domestic violence counseling or other domestic violence service. Includes court-ordered program if PCAP played a role. Specify in space provided.

• **Employment/Job Training Assistance**

PCAP was involved in helping connect a member of client's family to employment or job training assistance. Specify in space provided.

• **Other**

PCAP was involved in helping connect a member of client's family to any other service not covered above in the 6-month period covered by this documentation. Be sure to note what services in space provided.

SECTION 5. FAMILY STABILITY & CLIENT ACTIVITY

Client's Living Situation/Housing In Past 6 Months

• **In what situations has client lived in past 6 months?**

Check "No," "Yes," or "Don't Know" for each of the housing situations listed, thinking about the 6-month period reflected in this documentation.

• **What is her CURRENT housing situation?**

Enter the 2-digit number from the list above. The 2-digit number is the number in parentheses following each type of housing situation. If you do not know, check "Don't Know" box.

• **Who lives with client in her current housing situation at the end of this 6-month period?**

Applies to current housing situation only. Check the ONE appropriate box for the current housing situation at the end of the 6-month documentation period. Note that many situations listed are divided according to whether or not she lived in the situation with children (not necessarily the target child, not necessarily her biological children). The box checked should correspond with the current housing situation indicated in the item immediately above ("In what situations has client lived in past 6 months"). If you do not know, check "Don't Know."

• **During this 6-month period, was any housing PCAP contracted housing?**

Code "Yes," "No" or "Don't Know."

PAGE 7

SECTION 5. FAMILY STABILITY & CLIENT ACTIVITY (continued)

Client's Living Situation/Housing In Past 6 Months (continued)

• Has client moved in past 6 months?

If client moved in the 6-month period covered by this documentation, note number of times client moved. Do not count moves to jail or treatment. Do count moves between locations if a woman is staying with friends and relatives. If client has not moved, code "00" for no moves. If you do not know, check "Don't Know."

PAGE 8

Custody Of Target Child

• Who has legal custody of the target child?

This pertains to legal custody, not necessarily who the child lives with, as of the target end date for this documentation.

If target child is deceased, check "Child deceased."

If "Other" is selected, either "Other family" or simply "Other," note exact relationship to child (not proper names) in space provided.

• Who does target child live with?

Code who the child lives with (as of the end of this past 6-month period, i.e., at the 6-month target end date).

Exclude temporary visits. For example, if child was with mother for a few day visit at the 6-month target end date, but normally lives with the grandmother, code the grandmother as who child lives with, not the mother.

If target child is deceased, check "Child deceased."

If "Other" is selected, either "Other family" or simply "Other," note exact relationship to child (not proper names) in space provided.

• For how many months did the target child live with the client?

Code number of months of the 6-month period covered by this documentation that target child lived with his/her mother.

This is not necessarily legal custody, just whether child was in her care.

Round to nearest month (example, 7 weeks would be coded as "2" months). If less than one month, code as "1" month. Exclude visits of just a few days (i.e., do not count target child visits with the client in cases where the target child and the mother do not live together).

If child never lived with client in the 6-month period covered by this documentation, code as "0" months.

SECTION 5. FAMILY STABILITY & CLIENT ACTIVITY (continued)

Custody Of Target Child (continued)

• **For how many months did the target child live in state-paid foster or family care?**

Code number of months of the 6-month period covered by this documentation that target child lived in state-paid foster care, or with a family that received income from the state for caring for the child.

Includes relatives or friends who are caring for the child and who are paid by the state for doing so. If they are not paid by the state for caring for the child, do not code as state-paid foster care.

Round to nearest month (example, 7 weeks would be coded as "2" months). If less than one month, code as "1" month.

If child never lived in state-paid foster care in the 6-month period covered by this documentation, code as "0" months.

• **If target child was not living with client, did advocate help or try to help link foster parent/guardian to any direct services during the 6-month period covered by this documentation?**

Check "Yes" if any PCAP advocate or supervisor helped, or tried to help, the target child's guardians, or foster/adoptive parents obtain services for the target child, even if the attempt was unsuccessful. Include family members as well as other guardians.

Check "No" if you did not provide these services, even if they obtained the services through another avenue.

Check "N/A" if the target child was in the custody of the client all of the 6 months covered by this documentation.

Client's Biological Children

Note: The total of biological children who live with client and those who don't should equal the total number of her living biological children. Include target child, unless not yet born. Do not include non-biological children (i.e., step children, foster children, grandchildren, etc.) in these totals.

• **How many of client's biological children live with client?**

At the 6-month target end date. Note total number of biological children who currently live with the client, including the target child. If you don't know, check "Don't Know" box.

If client is currently pregnant, either with the target child or with another subsequent child, do not code that child here.

• **How many of client's biological children do NOT live with client?**

At the 6-month target end date. Note total number of her biological children who currently DO NOT live with her, including the target child if he/she is not with her. If you don't know, check "Don't Know" box.

SECTION 5. FAMILY STABILITY & CLIENT ACTIVITY (continued)

Sources Of Income In The Past 6 Months

Include all sources of income from which client gets any money.

Sources of Income

• **Check all sources of income in past 6 months**

Report all sources that you know of by checking "Yes" or "No" next to each type. If you do not know a specific source of income, check "Don't Know."

If **ANY** portion of the client's income is from Welfare/TANF/Public Assistance, check "Yes" for "Welfare," even if it is not main source of income.

If **ANY** portion of the client's income came from her own legitimate work, check "Yes" for either "Employment" or "Odd Jobs" depending on which it was, even if it was not main source of income. If client has had ANY licit employment in the 6-month period covered by this documentation, check the employment box on this question.

• **What is her MAIN SOURCE of income at the end of 6-month period?**

Enter the 2-digit number from the list of sources of income above. The 2-digit number is the number in parentheses following each type of income source. If you do not know her source of income, check "Don't Know."

• **Has client been employed during this 6-month period, even if currently not?**

If client has had **ANY** licit (legal) employment in the 6-month period covered by this documentation, even for just a day, check "Yes." If she has not been licitly employed during this period, check "No." If you don't know check "Don't Know."

If she is not currently employed at the target end date, but she was employed at some point during the 6-month period covered by this documentation, code this item "Yes."

Do not count illicit (illegal) employment, such as drug-dealing and prostitution, as employment here. You record them by checking the appropriate box under Sources of Income in the Past 6 Months.

• **How long employed this 6-month period?**

During the 6-month period covered by documentation. Code how many months, weeks, and days she was employed. Includes only licit (legal) work for which she was paid (or will be paid).

If she was working a full- or part-time job, do not count the individual days, but rather the time period over which she was employed.

EXAMPLE. The client had a part-time job where she worked from 3-9 on Tuesdays and 3-9 on Fridays. She held this job for seven weeks and then quit. She had no other employment. You would code "1" month and "3" weeks of work. (Note that the time period, 7 weeks, is coded, rather than the 14 days she actually worked during that 7 weeks.)

If the client is working only irregular employment, you will need to make a judgement about whether to code only the days actually worked or the time period. For example, a day babysitting here, another day there, with no set schedule, would be coded as the number of days actually worked. However if the client is babysitting more or less regularly, say three or four times a week, even though there is no set schedule, the time period over which the babysitting jobs spanned would be coded.

If the client was employed all 6 months of the documentation period, code "6" months. If client was employed less than one week, code the number of days actually worked.

SECTION 5. FAMILY STABILITY & CLIENT ACTIVITY (continued)

Sources Of Income In The Past 6 Months (continued)

• **How long employed this 6-month period (continued)**

If not employed during this 6-month period, code 0 months, 0 weeks and 0 days for how long employed. If she was employed but you do not know how long employed, estimate if you can. If you truly do not know, code "-7" months, "-7" weeks and "-7" days for how long employed.

• **Type of employment**

If not employed during this 6-month period, code "None" for type of employment.

Code the type of employment from the choices provided: "Full-time," "Part-time," or "Irregular Work." Stable work over 35 hours a week is considered full-time work. Part-time work can be distinguished from irregular by whether or not she works a regular schedule.

If she worked more than one type of employment during the time period, code only one. Use the following decision rules to decide which type of employment is to be coded: 1) if any full-time or part-time employment in the 6-month period covered by this documentation, code the longest lasting job (either full- or part-time); 2) if no full- or part-time employment in the 6-month period covered by this documentation, code as irregular work.

• **Client is currently employed?**

If not currently employed at end of 6 month period, code "No."

If she was working as of the 6-month target end date, code by whether current job is full-time ("Yes, F/T"), part-time ("Yes, P/T"), or "Yes, Irregular work." If you do not know, check the "Don't Know" box. Note that if you do not code a type of work because you don't know the type, and she is currently working, your client may not show up as employed in the stats.

• **Current job**

Note in space provided what she does and where she currently works. Do not leave blank if she is currently working.

EXAMPLE. During the 6-month period covered by this documentation: 1) Client took a full-time job at McDonald's and quit after 3 days; 2) then she took a 30 hour a week job at a store and worked for a month and a half as a temporary assignment; 3) she was paid to babysit for a neighbor's child about three times a week at no particular set time (has been doing that for the past 2 months and is still doing that); 4) she sold some drugs a couple of times and was prostituting to make money whenever she wasn't working a licit job.

How to code this example:

- 1) **Has she been Employed?** Check "Yes."
- 2) **How long employed?** 3 days (McDonalds) + 1 month 2 weeks (store) + 2 months (babysitting) = "3" months, "2" weeks and "3" days. The illicit work doesn't count.
- 3) **Type of employment.** Code the full- or part-time job she held for the longest period of time. In this case the babysitting job was held the longest, but it was irregular work, so don't use it to code type of employment. Code "part-time" for the month and a half spent working at the store. After "Describe" write: "3 days FT McDonalds, 6 wks PT retail, 2 months IRREG babysitting"
- 4) **Current job** is the babysitting job. Currently employed would be checked as "Yes, Irregular work," and job would be listed as "babysitting neighbor's child 3 times/week."

SECTION 5. FAMILY STABILITY & CLIENT ACTIVITY (continued)

Sources Of Income In The Past 6 Months (continued)

Welfare

• Does client currently receive welfare for herself or her children?

This means check in hand. If client qualified, but did not receive check during the 6-month period covered by this documentation, check "No."

Does not include other government assistance such as Food Stamps, Social Security income, Unemployment Compensation, or Disability income.

Does include welfare paid to the mother for any children in her care.

Includes GAU.

• Number of months client/family received welfare during last 6 months

Code the number of months during the 6 months covered by this documentation that the client received any amount of welfare, either for herself or her children. If none, code "0" months.

• During the 6 months covered by this documentation did the client:

- Stop receiving welfare If so, note the reason in the space provided (e.g., because she was jailed, because children were removed, because she became employed, etc.). If no welfare past 6 months, code "No."

- Start receiving welfare If so, note the reason in the space provided (e.g., gave birth to a subsequent child, regained custody of previous child, etc.). If no welfare past 6 months, code "No."

Other Events In Last 6 Months

For the 6-month period covered by this documentation, indicate the status of the following:

Parenting

• Client has taken a parenting class in past 6 months?

If the client has not taken a parenting class during the 6-month period covered by this documentation, check "No" and skip a, b, and c.

If the client has taken a parenting class, whether or not she completed it, check "Yes."

If you check "Yes," note the a) name of the class (or who provided it) in the space provided (e.g., "Highpoint Pediatric Clinic"). Then, code the b) number of weeks she attended classes. If only one time, code "01" week. Indicate whether client c) completed the course by checking "Yes" or "No" after the "Course completed?" question.

EXAMPLE 1. Client enrolled in a 16-week parenting class during the 6-month period covered by this documentation. She attended 5 weeks and then dropped out. Check "Yes," and code "05" for number of weeks attended. Check "No" for course completed.

EXAMPLE 2. Client completed the 16-week class in the 6-month period covered by this documentation, however, the class began in the previous 6-month period. Code 16 as the number of weeks attended, note name of class, and check "Yes" for course completed.

SECTION 5. FAMILY STABILITY & CLIENT ACTIVITY (continued)

Other Events In Last 6 Months (continued)

Medical

• Does client have a chronic medical condition?

A chronic medical condition is an ongoing health problem **that has been diagnosed by a doctor**, not a problem she is experiencing temporarily. She does not necessarily have to be experiencing symptoms.

EXAMPLE. If client has asthma, even if this does not require special healthcare service on a regular basis, and even if the client did not experience symptoms or problems with it during the past 6 months, this should be coded as “Yes.”

• Client has visited the Emergency Room (E.R.) for medical care for herself OR for a child?
Inappropriate use of service.

Code “Yes” if, during the 6-month period covered by this documentation, the client OR a child in her custody visited an Emergency Room in an **inappropriate** use of the service. Appropriate use of the E.R. is a true medical emergency. Inappropriate use of the E.R. is healthcare that should have been provided at a clinic or through a primary care provider. If client says she used the E.R. for prenatal care, that is inappropriate use of service. If any visits were inappropriate, code “Inappropriate use” as “Yes.” Note number of times this occurred in space provided.

• Client has visited the Emergency Room (E.R.) for medical care for herself OR for a child?
Appropriate use of service.

Code “Yes” if, during the 6-month period covered by this documentation, the client OR a child in her custody visited an Emergency Room in an **appropriate** use of the service. Appropriate use of the E.R. is a true medical emergency. If any visits were appropriate, code “Appropriate use” as “Yes.” Note number of times this occurred in space provided.

• To help her maintain a clean and sober lifestyle, does client have in her life:

These are sources of emotional support to the client, people who can help her maintain a clean and sober lifestyle.

• **A supportive partner?** Can be coded “Yes” whether or not he/she lives in the home.

• **A supportive person?** Either in the home or in the community. Can be a relative. Does NOT include advocate. Should be an adult and does not include the client’s children (unless they are grown). Do not code supportive partner here; a supportive partner is coded ONLY under “supportive partner.”

• **A support system?** Some system of support, can be social group, community group, church group, etc. Can be a sponsor associated with an AA, CA, NA or similar group. Does NOT include AA/NA, if she does not have a sponsor. AA, CA and NA are coded on page 1. Does not include mental health support group with mental health counselor, or domestic violence group, those are coded on page 4 in the Services for Client section.

• Did client have a partner(s) during this time period? (supportive or not)

Indicate whether or not client had a partner during the 6-month period covered by this documentation by checking “Yes” or “No,” whether or not the partner is supportive of the client. Partner does not need to have been living with client.

Check “No” only if the client had NO partner for ANY of the 6-month period.

SECTION 5. FAMILY STABILITY & CLIENT ACTIVITY (continued)

Assault/Domestic Violence

- **During the past 6 months, has client been in what you would consider an abusive relationship with her partner(s)?**

If client has been in an abusive relationship with any partner during the 6-month period, check "Yes." If not, check "No." If you don't know, check "Don't Know." Domestic violence is not limited to physical attack, and can include emotional or sexual abuse. Note circumstances, if known, in comments.

If no partner, code "No."

- **Has client assaulted anyone in the past 6 months?**

If client beat or assaulted someone else during the 6-month period covered by this documentation, check "Yes." If not, check "No" and skip to next question. If you don't know, check "don't know." If "Yes," indicate whether it was a "Child," or "Partner," or "Other" by checking the appropriate box after item. If more than one, check those that apply. If "Other" be sure to note who (not by name, just note general description, e.g., "friend," "stranger in a bar," etc.). Briefly describe situation.

Charges need NOT be filed. If client gets into a fight with a woman on the street or in treatment and inflicted physical injuries, it should be coded here. Verbal fights or minor scraps with no injuries are not counted.

Arrests/Jail

In the period covered by this form, code "Yes" or "No" for whether each occurred. If you don't know, check "Don't Know."

- **Was client arrested in past 6 months?**

If client has been arrested during this 6-month period, code "Yes," if not, code "No." If "Yes," note the charges in the space provided and code # of times she was arrested during this 6-month period. If you know she has been arrested, but you don't know how many times this past 6 months, code the minimum number you are sure of (for example, at least once would be coded as "01" times; at least twice would be coded as "02" times, etc.). Answer the question of whether charges are a result of a new charge, an old warrant, or if both types occurred this 6 month period. If you don't know, check "Don't know." If "No" or "Don't Know," skip to next question.

- If she has been arrested, note whether this was a result of a **new charge or an old warrant**. An old warrant refers to a charge made before woman joined PCAP. If both new charge and old warrant in this 6-mo period, code "3-Both." Code parole violations as new charges.

- Be sure to **note what charge(s)** in the space provided.

- **Was client jailed in past 6 months?**

If client has been jailed during this 6-month period, code "Yes," if not, code "No." If "No" or "Don't Know," skip to next question.

- If **"Yes," note # of times, for what and which facilities/jails** in the spaces provided.

If you know she has been jailed, but you don't know how many times this past 6 months, code the minimum number you are sure of (for example, at least once would be coded as "01" times; at least twice would be coded as "02" times, etc.).

SECTION 5. FAMILY STABILITY & CLIENT ACTIVITY (continued)

Other Events In Last 6 Months (continued)

Arrests/Jail (continued)

- **Home Detention**

Code "Yes" if client was on home detention during some part of the 6-month period covered by this documentation, code "No" if not. Check "Don't Know" if you don't know.

- **In Prison**

Code "Yes" if client was in prison during some part of the 6-month period covered by this documentation, code "No" if not. Check "Don't Know" if you don't know. If "No" or "Don't Know" skip to next question.

- If "Yes," note facility in space provided.

- If "Yes," note total number of months in prison during the period covered by this documentation. For example, if client has been in prison for 14 months, you would code 6 for the 6 months she has been in prison during this documentation period. If you don't know # of months, code "-7."

- **On Probation**

Code "Yes" if client was on probation during some part of the 6-month period covered by this documentation, "No" if not. Check "Don't Know" if you don't know.

- **Advocate played a role in type of sentence imposed?**

Code "Yes" if advocate played a role in the type of sentence imposed during this 6-month period, "No" if advocate did not. Check "Don't Know" if you don't know. If "No" or "Don't Know" skip to next question.

Education/Training

For each type of class, if client did not attend during the 6 months covered by this documentation, code "No." If she did, check either "Attended" or "Completed" depending on whether or not she completed the class. If you don't know, check "Don't know."

If she both attended AND completed the education or training, check "Completed."

Do not include parenting classes. These are coded on page 10, under "Parenting Classes." Exercise classes are coded ONLY on page 4 *Other Services for Client* under "Positive Recreation/Enrichment."

- **GED classes**

Specify where.

- **Community college**

Specify what, where.

- **Four-year college**

Specify where.

SECTION 5. FAMILY STABILITY & CLIENT ACTIVITY (continued)

Education/Training (continued)

• **Vocational training class**

A “back-to-work” or preparation-for-employment course can be coded as either “Vocational training class” or “Other course/class” depending on the content of the course. If the course focuses on specific skills (e.g., computer skills, office skills, parts stocking skills) it would be coded as “Vocational training class.” If the course focuses on general job keeping strategies, such as hygiene, proper attire, getting to work on time, filling out an application, it would be coded as “Other course/class.” Specify what and where.

• **Training through work/employment**

Can include on-the-job learning of skills if it is defined as training. For example, if a woman is hired as a counter clerk or cashier at a fast food restaurant and is instructed on how to do the job, or how to do specific elements of the job, code “Yes” for training. If, however, no specific instruction is given, you would code training through work/employment as “No.” Specify type of training.

• **Other course/class**

Includes recreational courses, such as pottery, etc. Many of these courses may also be coded on page 4 *Other Services for Client* under “Positive Recreation/Enrichment” if they also fall into that category. Also includes courses focusing on general job keeping strategies, such as hygiene, proper attire, getting to work on time, filling out an application, etc. Specify what and where.

Validity

• **Advocate is confident of accuracy of information presented in this report**

Check “Yes,” “Mostly,” or “Not at All,” depending on how confident you feel about the accuracy of the information on this biannual. If you check “Mostly” or “Not at All,” be sure to state clearly why you feel that way in the space provided.

Code your advocate number at the end of form to signify that you are done.