

Parent-Child Assistance Program (PCAP) 1991-Present

Prevention & Intervention with At-Risk Mothers and Their Children



Parent-Child Assistance Program

PCAP is an award-winning, empirically supported, intensive case management intervention serving over 1,400 pregnant or parenting mothers who have alcohol and/or drug use disorders in Washington State.¹⁻⁴

Drug and alcohol use often impedes mothers' ability to care for their children and live healthy, functional lives. Without intervention, mothers with substance use disorders are at risk of negative outcomes affecting themselves and their children. Many, once themselves neglected and abused children, are embedded in a pattern of intergenerational substance use problems and family dysfunction. Among the mothers in PCAP:

- **89%** had parents who used alcohol/drugs
- **65%** were physically/sexually abused in childhood
- **24%** had themselves been in foster care
- **35%** had not finished high school or obtained a GED

PCAP Goals

To help mothers with substance use disorders

- Achieve and maintain recovery
- Build healthy family lives
- Prevent the births of subsequent alcohol/drug-exposed infants

PCAP provides outreach, effectively engaging at-risk mothers

How Does PCAP Work?

PCAP Case Managers

- Are highly trained and closely supervised
- Have average caseloads of 16 families
- Meet with clients twice monthly, in clients' homes and communities, for three years
- Connect families with needed community services
- Provide support and coaching to help clients set and reach their own goals
- Are realistic role models who inspire hope

PCAP Funding

Administered through the Washington State Health Care Authority, Division of Behavioral Health and Recovery.

Current Annual Direct Services Cost:

- \$9.1 million (45% Medicaid, 55% state)
- \$6,464 per client per year

In addition, the University of Washington is funded to conduct statewide program quality control, training, and outcome evaluation.

PCAP Locations

PCAP has 15 sites covering 19 Washington counties: Benton, Chelan, Clallam, Clark, Cowlitz, Franklin, Grays Harbor, King, Kitsap, Lewis, Mason, Pacific, Pierce, Skagit, Snohomish, Spokane, Thurston, Whatcom, Yakima

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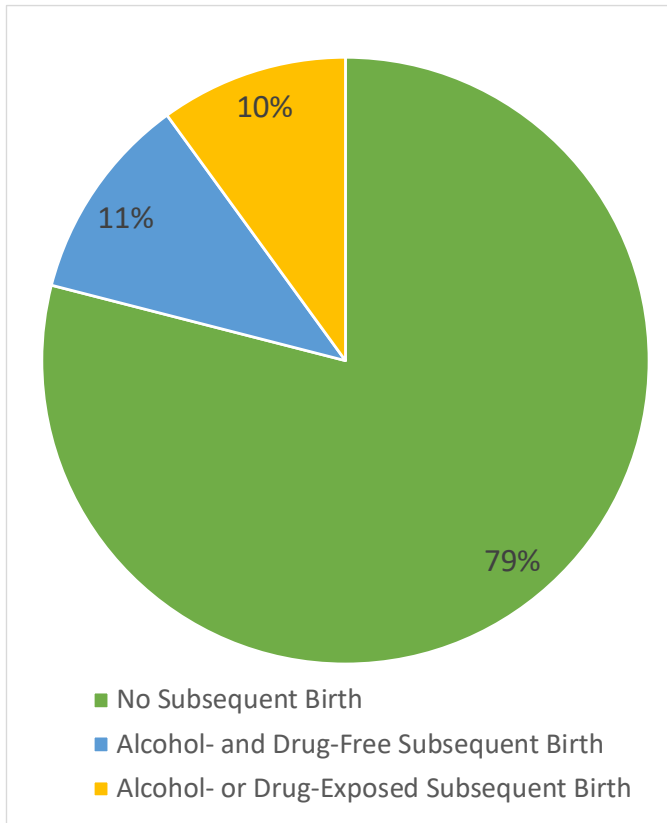
PCAP Outcomes

Among 1,561 PCAP Graduates 2014- 2020 ⁵

At Exit from the Three-Year Program

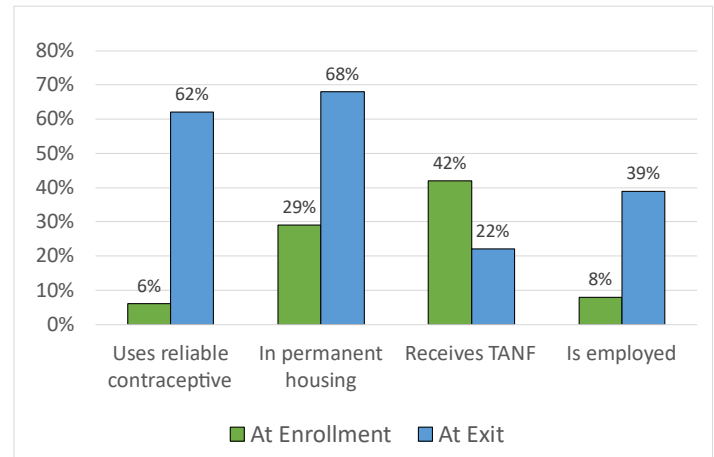
- **90%** had completed or were in progress with alcohol/drug treatment
- **82%** were abstinent from alcohol and drugs for 6 months or more during the program and/or regularly using reliable contraception
- **54%** had attended classes to advance their education (GED, college, or work training)
- **70%** had retained or regained legal custody of their child
- **93%** had obtained well-child care and were up-to-date on child immunizations

During the Three-Year Intervention



"Before PCAP I never thought about goals. They showed me the right direction. They showed me that I am responsible. That no matter who I am or what I do, I am somebody. It is never too late."

Additional PCAP Outcomes



Investment in PCAP = Reduced Costs

Fewer Substance-Exposed Births

Only 10% of mothers enrolled in PCAP had a subsequent alcohol- or drug-exposed infant within 3 years. By contrast, 21% of similar mothers over a similar time period who received typical substance use disorder treatment alone without intensive case management, had a subsequent alcohol- or drug-exposed infant. This comparison sample was from a large, randomized controlled trial in another state.⁶

The estimated lifetime cost for every infant born with Fetal Alcohol Syndrome (FAS) is \$2 million. PCAP shows over \$20 million in lifetime cost savings due to effective intervention for PCAP mothers who were former binge alcohol drinkers.⁷

Economists found that in Alberta, Canada PCAP prevented approximately 31 cases of Fetal Alcohol Spectrum Disorders among 366 clients in a 3-year period. The net monetary benefit was approximately \$22 million, indicating that PCAP is cost-effective and the net monetary benefit is significant. This amount is likely underestimated as the study did not include benefits from reduced unemployment.⁸

Reduced Dependence on Child Welfare

PCAP children who were in out-of-home care and reunified at PCAP exit had a shorter average length-of-stay (3.8 mo.) than the WA state average (20.4 mo.). Each successful reunification represents a savings of over \$21,000 per child.⁷

Reduced Dependence on Public Assistance

From 2014 to 2020, Temporary Assistance for Needy Families (TANF) was the main source of income for 42% of mothers entering PCAP compared to only 22% at exit.⁵

Summary

PCAP has operated in Washington State since 1991 with funding from federal grants, state legislative appropriations, private foundations, and individual philanthropy.

PCAP has demonstrated its cost-effectiveness through reduced future births of alcohol- and drug-affected children as a result either of the mother's abstinence from alcohol and drugs or use of effective family planning; decreased welfare costs as mothers stay in recovery and become able to work; decreased foster care costs as more mothers become able to care for their children; and decreased child abuse and neglect as a result of improved parenting or safe and stable child placement.

With 3 decades of evidence that PCAP can improve the health and stability of at-risk mothers and their children, we need to look at ways to move substance use disorder prevention and intervention into the mainstream of health and social services. With sustained funding, PCAP can continue to offer services, training, and hope to families and communities in Washington State.

References

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7. Casey Family Programs & Grant, T. (2013). Parent-Child Assistance Program outcomes suggest sources of cost savings for Washington State. Available at: <http://bit.ly/PCAP-cost-savings>.

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“PCAP was there to encourage me in making all the right choices for my son, setting goals I knew I could achieve, and helping me succeed. Without their support I wouldn't be where I am today. I have my own apartment, a car, a job, my son, a relationship with my daughter. I have four years off meth, two years off alcohol, two years off weed. Trust me, my PCAP worker showed me tough love. Thanks for encouraging me, helping me through. Thank you PCAP for giving me hope.”

WASHINGTON STATE PCAP SITES BY COUNTY

- Benton: Elijah Family Homes, 509-578-1501
- Chelan: Pathways to Enlightened Parenting, 509-888-6945
- Clallam: First Step Family Support Center, 360-457-8355
- Clark: SeaMar Community Services Northwest, 360-831-0908
- Cowlitz: Family Health Center, 360-353-3444
- Franklin: Elijah Family Homes, 509-578-1501
- Grays Harbor: Connections, A Center for Healthy Families, 360-463-9973
- King: Evergreen Recovery Centers, 206-739-5466
- Kitsap: Agape Unlimited, 360-377-0370
- Lewis: Family Education and Support Services, 360-754-7629
- Mason: Family Education and Support Services, 360-754-7629
- Pacific: Connections, A Center for Healthy Families, 360-463-9973
- Pierce: Evergreen Recovery Centers, 253-475-0623
- Skagit: Brigid Collins Family Support Center, 360-428-6622
- Snohomish: Pacific Treatment Alternatives, 425-259-7142, ext. 200
- Spokane: New Horizon Care Centers, 509-838-6092, ext. 622
- Thurston: Family Education and Support Services, 360-754-7629
- Whatcom: Brigid Collins Family Support Center, 360-734-4616
- Yakima: Triumph Treatment Services, 509-203-1006, ext. 106

