Washington State
Parent Child Assistance Program (PCAP)

King, Pierce, Yakima, Spokane, Grant, Cowlitz, Skagit, Clallam, Kitsap, Clark, Grays Harbor/Pacific and Thurston Counties

WA State DSHS Division of Behavioral Health and Recovery (DBHR) in conjunction with

University of Washington, Evergreen Recovery Centers, Triumph Treatment Services, New Horizon Care Centers, Grant County PARC, Family Health Center, First Step Family Support Center, Agape Unlimited, Community Services Northwest, Children’s Advocacy Center of Grays Harbor and Family Education and Support Services

Therese M. Grant, Ph.D.
Washington State PCAP Director
http://depts.washington.edu/pcapuw/
The Problem

Maternal alcohol and drug use puts children at risk because of

✦ Possible effects of prenatal exposure on the child’s health
✦ Likelihood of a compromised home environment
✦ Likelihood that these mothers will have more exposed, affected children

These problems are costly to society and are preventable
Parent-Child Assistance Program

An intensive, 3-year paraprofessional home visitation and case management program for the highest risk alcohol and/or drug abusing mothers
Primary Aims:

To help mothers...

• Attend treatment and stay in recovery
• Build healthy family lives
• Prevent subsequent alcohol/drug exposed births
<table>
<thead>
<tr>
<th>Year Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991-95</td>
<td>Federally funded research: University of Washington</td>
</tr>
<tr>
<td>1996-98</td>
<td>Philanthropist provides interim funding</td>
</tr>
<tr>
<td>1996-97</td>
<td>Governor funds replication site in Tacoma</td>
</tr>
<tr>
<td>Since 1997</td>
<td>State funding, now in twelve WA counties</td>
</tr>
<tr>
<td>Since 1998</td>
<td>Replications in U.S.: MN, NC, AK, TX, NV, LA, PA, MI, CA. International: 40 sites in Canada</td>
</tr>
</tbody>
</table>
PCAP National Recognition

2012: Best Practice by federal Association of Maternal & Child Health Programs (AMCHP)


August 2004: Substance Abuse and Mental Health Services Administration (SAMHSA) Exemplary Substance Abuse Prevention Award

Relational Theory

A woman’s sense of connectedness to others is central to her growth, development, definition of self.

Intervention:

Long term, positive interpersonal relationship with advocate.
Relational Theory

PCAP Advocates

- 2 to 4 years social services experience and BA degree required
- May have experienced similar adverse life circumstances as clients, but seldom to same degree
- Have subsequently achieved success in important ways
- Are positive role models and offer clients hope and motivation from a realistic perspective
"I've lived through the things they've been through, so I'm not afraid or intimidated. I've lived with domestic violence. For someone to tell a client in a domestic violence situation to just up and go, it's not that easy. There are lots of plans to think about. I understand when someone says, 'I can't just leave right now.' But I can help plan a strategy, because I've lived it."

— PCAP Advocate
Theoretical Framework

Stages of Change

Clients will be at different stages of readiness for change. Motivation is a process for change that occurs within the context of interpersonal relationships.

Intervention:

Motivational Interviewing

- acknowledge client’s perception of situation;
- encourage her to explore + and – aspects.
Harm Reduction

Addiction and associated risks are on a continuum. The goal is to reduce harmful consequences of the habit for mother and her child.

干预：

任何步骤向降低风险的方向都是正确的步骤。
1) Currently pregnant, or up to six months postpartum; and

2) Used alcohol/drugs heavily during pregnancy; and

3) Not effectively engaged with community resources
## Client Characteristics

### At Enrollment

<table>
<thead>
<tr>
<th>Item</th>
<th>WA PCAP Sites N=806</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (mean yrs)</td>
<td>26.8</td>
</tr>
<tr>
<td>Unmarried</td>
<td>91%</td>
</tr>
<tr>
<td># of children (mean)</td>
<td>2.5</td>
</tr>
<tr>
<td>(including target child)</td>
<td></td>
</tr>
<tr>
<td># of children living w/client (mean)</td>
<td>0.4</td>
</tr>
</tbody>
</table>
### Client Characteristics

**At Enrollment**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>WA PCAP Sites N=806</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of education (mean)</td>
<td>11.3</td>
</tr>
<tr>
<td>History of domestic violence</td>
<td>71%</td>
</tr>
<tr>
<td>Ever jailed</td>
<td>74%</td>
</tr>
</tbody>
</table>
## Client Characteristics

### Substance Abuse During Target Pregnancy

<table>
<thead>
<tr>
<th>Substance Abuse During Target Pregnancy</th>
<th>WA PCAP Sites N=806</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Alcohol</td>
<td>42%</td>
</tr>
<tr>
<td>Binge Alcohol</td>
<td>22%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>66%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>12%</td>
</tr>
<tr>
<td>Heroin</td>
<td>35%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>55%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>81%</td>
</tr>
<tr>
<td>At Enrollment</td>
<td>WA PCAP Sites N=806</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Has had psychiatric evaluation</td>
<td>58%</td>
</tr>
<tr>
<td>Of those evaluated, were diagnosed</td>
<td>51%</td>
</tr>
<tr>
<td>Of those with known diagnoses</td>
<td></td>
</tr>
<tr>
<td>Mood disorder</td>
<td>82%</td>
</tr>
<tr>
<td>Stress/anxiety/panic disorder</td>
<td>70%</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>12%</td>
</tr>
<tr>
<td>Psychotic disorder</td>
<td>3%</td>
</tr>
</tbody>
</table>
Most of our clients were themselves abused or neglected as children

<table>
<thead>
<tr>
<th>At Enrollment</th>
<th>WA PCAP Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=806</td>
</tr>
<tr>
<td>One/both parents abused alcohol/drugs</td>
<td>90%</td>
</tr>
<tr>
<td>Client’s mom used alcohol during pregnancy w/client</td>
<td>19%</td>
</tr>
<tr>
<td>Physical/sexual abuse as a child</td>
<td>63%</td>
</tr>
<tr>
<td>Child welfare involvement as a child</td>
<td>28%</td>
</tr>
</tbody>
</table>
PCAP: A Two-Pronged Approach

Advocate

Clients & Families

Community Service Providers
Five Functions of PCAP Advocacy

Assessment: Determine client’s strengths, needs

Planning: Develop specific service plans

Linking: Connect client/family to services

Monitoring: Continuous evaluation of progress

Advocacy: Intercede on behalf of client and children
Characteristics of Effective Case Management

Community Providers:
- Family Planning
- Schools
- Job Training
- CPS
- Probation
- Alc/Drug Tx
- Mental Health Tx
- Health Care
- Juvenile Justice

Client Connections:
- Children
- Partner
- Friends
- Extended Family
- Neighbors
- Roommates
- Care-takers
- Siblings
- Bio Dad

Influencing Relationships:
- Characteristic of Effective Case Management
PCAP Administrative Strategies

- Training: pre-service, in-service, and continuing education
- Individual weekly or biweekly supervision
- Weekly group staffing
- Biannual evaluation feedback
PCAP is a three year home visitation model, implemented by well trained and closely supervised advocate/case managers.

Caseload recommendation is 15 to 16 active client families per advocate.
Core Components of the Intervention

- Clients are not asked to leave the program because of relapse or setbacks.

- To facilitate an effective service plan, advocates coordinate with the client’s family, friends, and providers.

- Clients define and evaluate personal goals every four months; advocates coordinate these with program goals.
Core Components of the Intervention

- Advocates link clients with appropriate and available community services.
- Advocates work with both mother and target child regardless of who has custody; they provide advocacy for other family members as needed.
- A minimum of twice monthly individual supervisions and group staffing meetings are recommended.
- Advocates are required to complete evaluation instruments according to PCAP protocols.
The Difference Game

IT WOULD MAKE A DIFFERENCE IN MY LIFE IF I HAD:
MORE EDUCATION

IT WOULD MAKE A DIFFERENCE IN MY LIFE IF I HAD:

IT WOULD MAKE A DIFFERENCE IN MY LIFE IF I HAD:

IT WOULD MAKE A DIFFERENCE IN MY LIFE IF I HAD:

FAMILY
DRUG AND ALCOHOL TREATMENT
The Difference Game

- Identify top five cards.
- Identify goals and incremental “baby” steps it will take to reach each goal.
- Make sure at least some of the baby steps are attainable in the short term.
- The client MUST observe herself succeeding in order for her to develop self efficacy and grow.
PCAP is Evidence-Based
Published PCAP Outcomes


The Formula for Preventing Alcohol/Drug Exposed Births

➤ Motivate women to stop drinking or using drugs before and during pregnancy

OR –

➤ Help women who can’t stop drinking or using drugs to avoid becoming pregnant
### Treatment & Abstinence Outcomes

**3-Year Outcomes**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>WA State PCAP (N = 1056)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up rate</td>
<td>87%</td>
</tr>
<tr>
<td>Inpatient or outpatient tx completed or in progress</td>
<td>91%</td>
</tr>
<tr>
<td>Abstinent at exit for ≥ 6 mo</td>
<td>42%</td>
</tr>
<tr>
<td>Abstinent at exit for ≥ 1 yr</td>
<td>34%</td>
</tr>
<tr>
<td>Longest abstinence in PCAP ≥ 1 yr</td>
<td>58%</td>
</tr>
<tr>
<td>Longest abstinence in PCAP ≥ 2 yrs</td>
<td>35%</td>
</tr>
</tbody>
</table>
# Family Planning Outcomes

<table>
<thead>
<tr>
<th>3-Year Outcomes</th>
<th>WA State PCAP (N = 914)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning at intake</td>
<td>12%</td>
</tr>
<tr>
<td>Family planning at exit</td>
<td>66%</td>
</tr>
<tr>
<td>- More reliable method</td>
<td>52%</td>
</tr>
<tr>
<td>Subsequent alcohol/drug exposed birth</td>
<td>12%</td>
</tr>
</tbody>
</table>
# Income & Custody Outcomes

## 3-Year Outcomes

<table>
<thead>
<tr>
<th></th>
<th>WA State PCAP (N = 914)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main income employment</strong></td>
<td></td>
</tr>
<tr>
<td>At intake</td>
<td>6%</td>
</tr>
<tr>
<td>At exit</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Main income welfare</strong></td>
<td></td>
</tr>
<tr>
<td>At intake</td>
<td>70%</td>
</tr>
<tr>
<td>At exit</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Custody of target child at exit</strong></td>
<td></td>
</tr>
<tr>
<td>Bio mother</td>
<td>67%</td>
</tr>
<tr>
<td>Other family</td>
<td>14%</td>
</tr>
<tr>
<td>Foster care</td>
<td>9%</td>
</tr>
<tr>
<td>Adopted</td>
<td>9%</td>
</tr>
</tbody>
</table>


PCAP is Cost Effective and Saves Washington State Taxpayer Dollars.
Fewer Alcohol-Affected Births = Reduced Costs to the Public

- The estimated total lifetime cost of Fetal Alcohol Syndrome (FAS) for one individual is $2.5 million.

- Of 239 binge alcohol drinkers served by PCAP, 62 had a subsequent pregnancy. If all 62 mothers continued to drink, about 13 (21%) would have a child with FAS, resulting in total lifetime costs of $33.2 million.

- Instead, only 18 of these mothers continued to drink during their subsequent pregnancy, resulting in four children who may have FAS.

This difference = $23.6 million in lifetime cost savings.
Reduced Dependence On Child Welfare System = Reduced Costs to the Public

Children of mothers enrolled in PCAP who were in out-of-home care and were reunified had a shorter length-of-stay (3.8 months), on average, than Washington’s statewide average (20.4 months).

For each successful reunification, savings of approximately $21,231 per child could be realized.
Reduced dependence on public assistance. From 2007 to 2012, TANF (welfare) was the main source of income for 61% of women entering PCAP compared to only 31% at exit.

Increased employment. From 2007 to 2012, employment was the main source of income for 3% percent of women entering PCAP, compared to 27% at exit, resulting in greater tax revenue from increased earnings.
The PCAP Model Maintains Project Fidelity

PCAP continues to ..... 

- Monitor quality control
- Evaluate program
- Demonstrate consistent positive outcomes
- Participate in community task forces
- Build acceptance, recognition in community
Good things can happen when communities implement effective programs and states implement strong policy.
“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.”

-- PCAP Client at Graduation