The Parent-Child Assistance Program

PCAP is an award-winning, intensive case management model serving over 1,400 of the highest-risk women in Washington State: pregnant or parenting mothers who have alcohol and/or drug use disorders that impede their ability to care for their children and live healthy, functional lives.

Mothers in PCAP are part of a pattern of intergenerational substance abuse and family dysfunction. They were once themselves neglected and abused children in our communities:

- 87% had parents who abused alcohol/drugs
- 65% were physically/sexually abused as a child
- 26% were involved in foster care system as a child
- 37% did not finish high school

PCAP offers effective outreach and engagement to high-risk mothers.

PCAP Locations

Serving over 1,400 families in 19 Washington Counties:

King, Pierce, Yakima, Spokane, Cowlitz, Skagit, Clallam, Kitsap, Grays Harbor/Pacific, Clark, Thurston/Mason/Lewis, Whatcom, Snohomish, Benton/Franklin and Chelan

PCAP Funding

Administered through the State of Washington Health Care Authority, Division of Behavioral Health and Recovery (DBHR)

2018-2019 budget direct services cost:

$8.1 million (40% federal, 60% state)
$5,768/client/year

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

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
How Does PCAP Work?

PCAP Case Managers

- Are highly trained, and closely supervised
- Have average caseloads of 16 families
- Conduct home visits 2x/month for three yrs.
- Connect families with comprehensive community services
- Provide structured goal setting, support and consistent coaching
- Are realistic role models who inspire hope

PCAP Evidence Base

Among 1,036 PCAP Graduates (July 2013-2018)

At Exit from the Three-Year Program

- 92% had completed alcohol/drug treatment or were in progress
- 76% were abstinent from alcohol and drugs for 6 months or more during program
- 68% were using family planning regularly
- 57% had attended or completed classes (GED, college, or work training)
- 80% children were living with their own families

During the Three-Year Intervention

- 77% No subsequent birth
- 13% Alcohol/drug-free subsequent birth
- 10% Alcohol/drug-exposed subsequent birth

Investment in PCAP = Reduced Costs to the Public

Fewer Substance-Exposed Births

Only 13% of mothers enrolled in PCAP had a subsequent alcohol- or drug-exposed infant within three years. By comparison, 21% of similar mothers over a similar time period who received typical substance abuse 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.

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.

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 is 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.

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 mos.) than the WA state average (20.4 mos.). Each successful reunification = savings of over $21,000 per child.

Reduced Dependence on Public Assistance

From 2013 to 2018, Temporary Assistance for Needy Families (TANF) was the main source of income for 64% of women entering PCAP compared to only 26% at exit.

"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."
Summary

PCAP has been in operation 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 of either the mother’s abstinence from alcohol and drugs or use of effective family planning; decreased welfare costs as women stay in recovery and become able to work; decreased foster care costs as more women 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 over 25 years 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 abuse 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


