December 2015

Parent-Child Assistance Program (PCAP)
1991 — Present

Prevention & Intervention with High-Risk Mothers and Their Children

The Parent-Child Assistance Program

PCAP is an award-winning, evidence-based case management model serving over 1,000 of the highest-risk women in Washington State: pregnant and parenting mothers who have alcohol and/or drug abuse 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:

- **90%** had parents who abused alcohol/drugs
- **63%** were physically/sexually abused as a child
- **22%** were involved in foster care system as a child
- **58%** ran away from home as a child
- **37%** did not finish high school

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

PCAP Locations

PCAP serves 1,029 families in 12 Washington county areas:

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

PCAP Funding

Washington State DSHS, Division of Behavioral Health and Recovery (DBHR)

2015-2016 budget: $5.96 million
Direct services cost: $5,541/client/year

Included in funding is consistent, high quality program implementation, training, and outcome evaluation by the University of Washington.

PCAP Goals

To help mothers with substance abuse disorders

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

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How Does PCAP Work?

PCAP Case Managers:

- Are highly trained, and closely supervised
- Have caseloads of 16 families
- Conduct home visits 2x /month for 3 years
- Connect families with comprehensive community services
- Provide structured goal setting, support and consistent coaching
- Are realistic role models who inspire hope

PCAP is Evidence-Based [1--4].

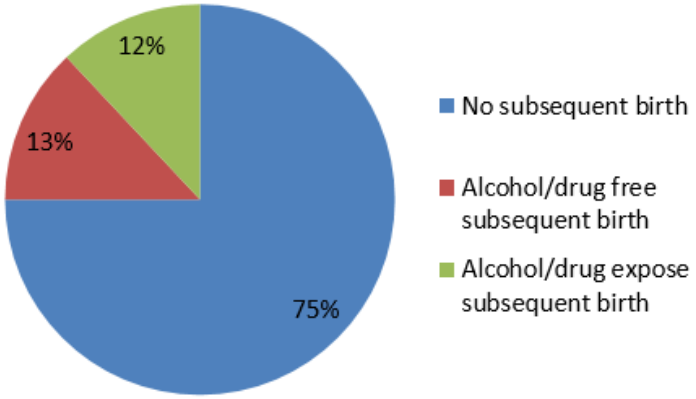
Preventing Future Births of Alcohol/Drug Exposed Infants

Among 914 PCAP Graduates (July 2009-2015) [5]

After completing 3 years in the program:

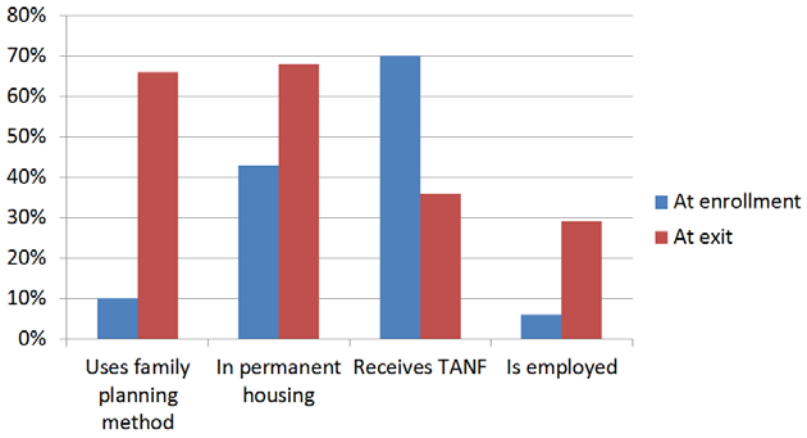
- **91%** Completed alcohol/drug treatment or were in progress
- **78%** Were abstinent from alcohol and drugs for 6 months or more during program
- **58%** Attended or completed GED, college, or work training
- **81%** Children are living with their own families

During Three-Year PCAP 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 to the Public

Fewer substance exposed births.

Only 12% of mothers enrolled in PCAP had a subsequent alcohol- or drug-exposed infant within three years compared to 21% of similar mothers over the same time period who received typical substance abuse treatment alone without intensive case management. 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 drinkers [7].

Economists found that 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[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 mos.) than WA state average (20.4 mos.). Each successful reunification = savings of over $21,000 per child [7].

Reduced dependence on public assistance.

From 2007 to 2012, Temporary Assistance for Needy Families (TANF) was the main source of income for 61% of women entering PCAP compared to only 31% at exit [7].

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 either of 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 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.

"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."

REFERENCES

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