

Washington State Parent-Child Assistance Program (PCAP)

Prevention and Intervention with At-Risk Mothers and Their Children



Parent-Child Assistance Program

PCAP is an award-winning, empirically supported, intensive case management intervention serving pregnant or parenting mothers with at-risk alcohol and/or drug use 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 who are in early recovery or ongoing substance use are at risk of negative personal and parental outcomes. Many, once themselves neglected and abused children, are embedded in a pattern of intergenerational substance use problems and family dysfunction.

Among mothers enrolling in PCAP, year after year, we have consistently found:

- **>85%** had at least one parent who used alcohol/drugs
- **>50%** were physically abused in childhood
- **~50%** were sexually abused in childhood
- **>20%** had themselves been in foster care
- **>33%** had not finished high school or obtained a GED

PCAP Goals

To help mothers with at-risk substance use

- Navigate systems of care to support long-term recovery
- Set goals to promote healthy and stable family lives
- Avoid exposing any future children to drugs or alcohol prenatally

PCAP provides outreach, effectively engaging at-risk mothers

How Does PCAP Work?

PCAP Case Managers

- Receive extensive training and reflective supervision
- Average caseloads of 16 clients/families
- Meet with clients twice monthly for three years, in clients' homes and communities
- Connect families with needed community services
- Provide support and coaching to help clients set and reach their own goals
- Serve as realistic role models and inspire hope

PCAP Funding

PCAP is administered through the Washington Health Care Authority, Division of Behavioral Health and Recovery.

For SFY 25, at \$13,573,770 per year, PCAP's current capacity is to regularly provide services to 1,518 clients.

The University of Washington receives funding to conduct statewide program quality control, training, technical assistance, and outcome evaluation.

PCAP Locations

PCAP is offered by 13 community-based agencies with 16 sites covering 20 Washington counties comprising over 92% of the state population: Benton, Chelan, Clallam, Clark, Cowlitz, Franklin, Grays Harbor, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, Skagit, Snohomish, Spokane, Thurston, Whatcom, and Yakima.

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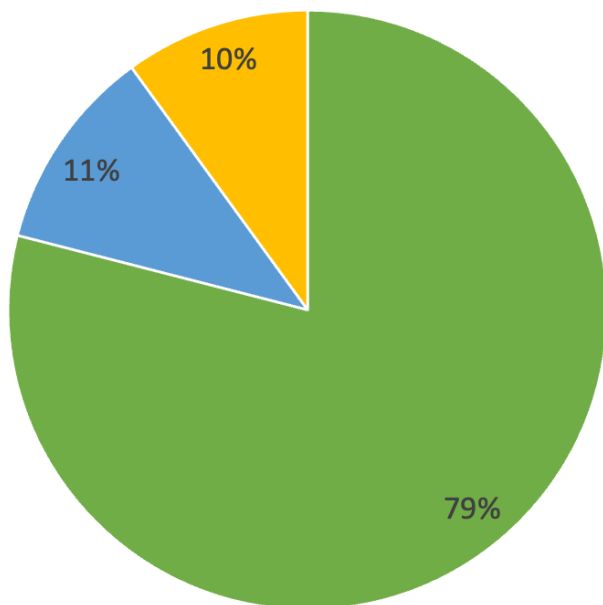
PCAP Outcomes

Among 2,094 PCAP Graduates from 2018-2024 ⁵

At Exit from the Three-Year Program

- **88%** had completed or were in progress with alcohol/drug treatment
- **71%** were abstinent from alcohol and drugs for 6 months or more during the program and/or regularly using reliable contraception
- **48%** had attended classes to advance their education (GED, college, or work training)
- **76%** had retained or regained legal custody of their child
- **91%** had obtained well-child care and were up-to-date on child immunizations

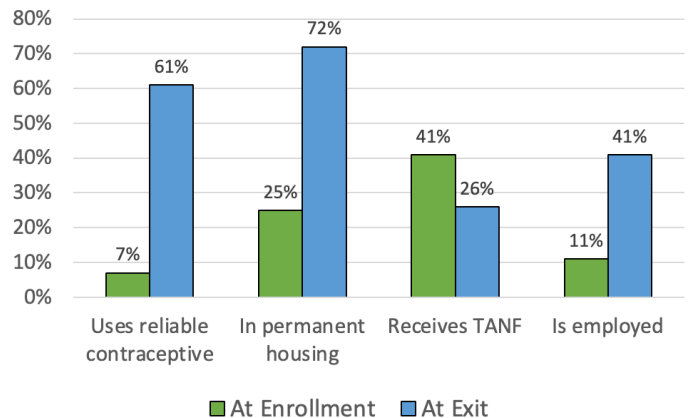
During the Three-Year Intervention



- No Subsequent Birth
- Alcohol- and Drug-Free Subsequent Birth
- Alcohol- or Drug-Exposed Subsequent Birth

"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 who received typical substance use disorder treatment without intensive case management had a subsequent alcohol- or drug-exposed infant over a similar timeframe. The similar mothers had been enrolled in a large, randomized controlled trial in another state.⁶

The estimated lifetime cost for every infant born with Fetal Alcohol Syndrome 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. This amount is likely under-estimated as the study did not include benefits from reduced unemployment.⁸ Nonetheless, findings clearly that indicate PCAP is cost-effective, and the net monetary benefit is significant.

Reduced Dependence on Child Welfare

A 2013 analysis of program outcome data revealed that children of PCAP-involved mothers, who had been in out-of-home care and reunified by PCAP exit, had shorter average lengths of stay (3.8 months) as compared to the WA state average (20.4 months). At the time, each successful reunification represented a savings of over \$21,000 per child.⁷

Reduced Dependence on Public Assistance

From 2018 to 2024, Temporary Assistance for Needy Families (TANF) was the main source of income for 41% of mothers entering PCAP compared to only 26% 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 three 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

- Ernst, C.C., Grant, T.M., Streissguth, A.P., & Sampson, P.D. (1999). Intervention with high-risk alcohol and drug-abusing mothers: II. 3-year findings from the Seattle Model of Paraprofessional Advocacy. *Journal of Community Psychology*, 27(1), 19-38.
- Grant, T.M., Ernst, C.C., Streissguth, A., & Stark, K. (2005). Preventing alcohol and drug exposed births in Washington State: Intervention findings from three Parent-Child Assistance Program sites. *American Journal of Drug and Alcohol Abuse*, 31(3), 471-490.
- Grant, T., Huggins, J., Graham, C., Ernst, C., Whitney, N., & Wilson, D. (2011). Maternal substance abuse and disrupted parenting: Distinguishing mothers who keep their children from those who do not. *Children and Youth Services Review*, 33(11), 2176-2185.
- Grant, T.M., Graham, J.C., Ernst, C.C., Peavy, K.M., & Brown, N.N. (2014). Improving pregnancy outcomes among high-risk mothers who abuse alcohol and drugs: Factors associated with subsequent exposed births. *Children and Youth Services Review*, 46, 11-18.
- Feltner, A., & Stoner, S. A., (2024). Report to the Division of Behavioral Health and Recovery for Washington State PCAP sites as of June 30, 2024. Fetal Alcohol and Drug Unit, Addictions, Drug & Alcohol Institute, Department of Psychiatry & Behavioral Sciences, UW Medicine.
- Ryan, J.P., Choi, S., Hong, J.S., Hernandez, P., & Larrison, C.R. (2008). Recovery coaches and substance exposed births: An experiment in child welfare. *Child Abuse and Neglect*, 32(11), 1072-1079.
- 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-saving>.

- Thanh, N.X., Jonsson, E., Moffatt, J., Dennett, L., Chuck, A.W. & Birchard, S. (2015). An Economic Evaluation of the Parent-Child Assistance Program for Preventing Fetal Alcohol Spectrum Disorder in Alberta, Canada. *Administration and Policy in Mental Health and Mental Health Services Research*, 42, 10-18.

"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
Jefferson, First Step Family Support Center:	360-457-8355
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, Sound Pathways:	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

