



The Parent-Child Assistance Program (PCAP)

Implementing Effective Community Intervention with High-Risk Families

Research in Practice...

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Kitsap County PCAP Supervisor**

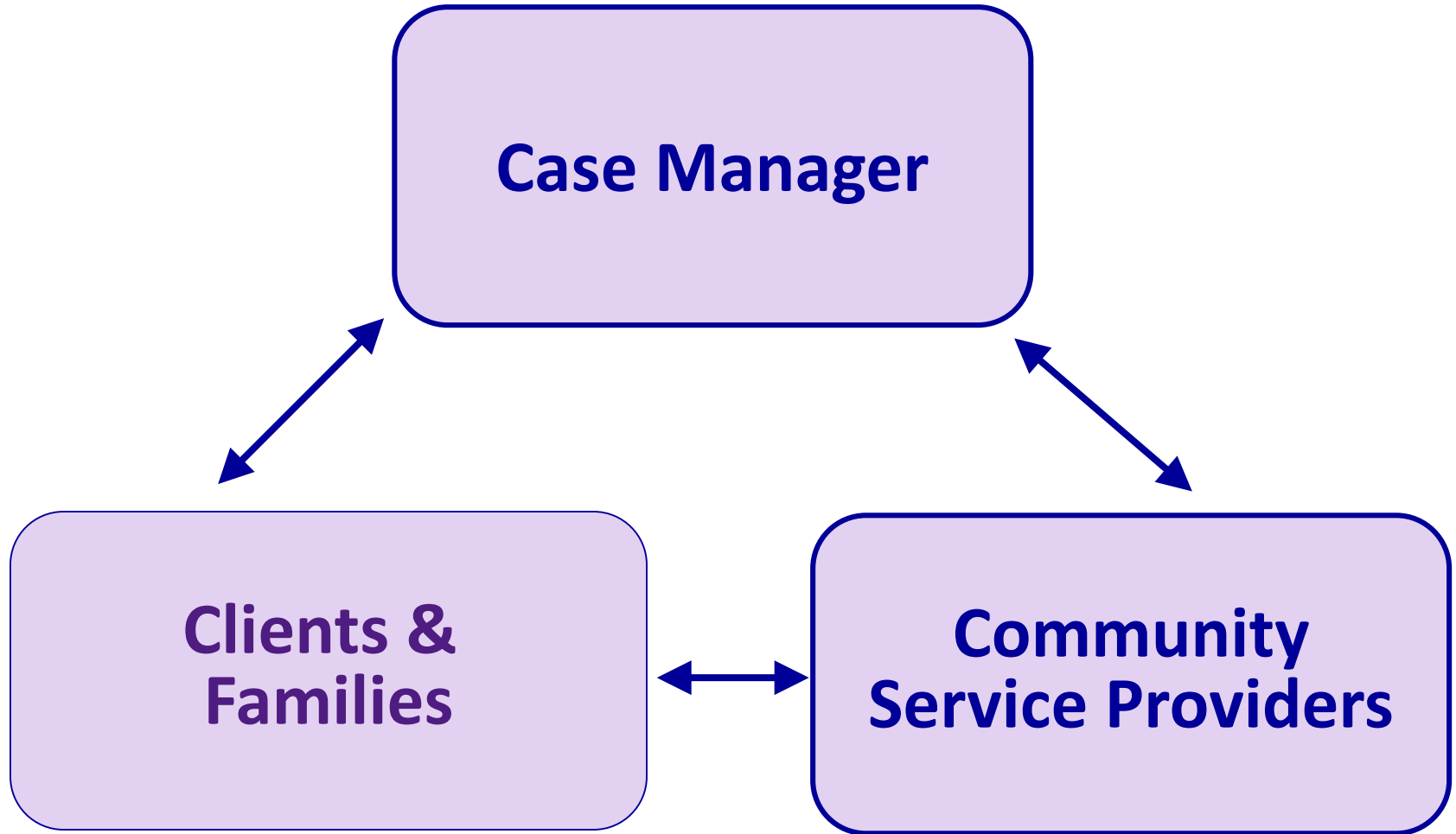
**Region 10 Opioid Summit
Vancouver, WA
August 7, 2019**

<http://depts.washington.edu/pcapuw/>

Parent-Child Assistance Program (PCAP) 1991-present

**Intensive 3-year home visitation
and case management
for pregnant and parenting women
with substance use disorders**

PCAP: A Two-Pronged Approach



PCAP weaves theoretical concepts, strategies,
research, and experience
into a coherent, functional model.

A program of “community weavers”



A 3 year relationship based “intervention”



A program that is about research...and compelling stories



Pam and I wanted
we appreciate your to w
who really helped us thru
time. and went the extra
miles. both Cecilia and Bonn
asset to your wonderfull Pe
So a big thank you from
Thank @


To whom it may concern,
The PCAP was been a
vital of my reunification & recovery
Cheryl went above & beyond
help Austin & I in many ways
Cheryl would keep us close
helped us as of ten as possible
I love me get into treatment
& picked me up showing positive
to visits and spot. she of
Austin & I in court. she of
the resources I re
has done so
Cecilia & I +
express
her of
not be
no I.

June 7, 2019
ia
hey lady how are you doing?
I'm doing alright I get to
see Louise every other week.
I've been trying to call
you so I can talk to you but
you don't answer I also wrote
you a couple months ago but
no response. So what's up h
are you. Are you ahead to a
me anymore also sent
and invite to my party. So
can write that was we
would love to hear from
Louise & Anthony are d
I still have not been a
write my husband but
is doing. So I heard
are passing a law
to running together an
is back to pa
out it to get
for me

Maternal alcohol and drug use puts children at risk.

- **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*



Why does PCAP focus on mothers with substance use disorders, when it's their children who are affected?

**Mothers in PCAP *were themselves*
neglected and abused children in our
communities**

Childhood History of PCAP Mothers	
One/both parents abused alcohol/drugs	87%
Physically/sexually abused as a child	65%
CPS involved as a child	34%
Adverse Childhood Experiences (ACE) score, average	5.4
Did not finish high school	37%

***They are repeating an intergenerational cycle
of substance abuse and family dysfunction***

PCAP: 1991-Present

PCAP's first published article:

“When Case Management Isn't Enough”

From the beginning, we found that nearly every woman referred to PCAP had many case managers involved in her life.

If this was the case, why were they pregnant and using, and eligible for PCAP?

What is unique about PCAP?

What are the **hallmarks** of PCAP?

- ★ **3-year intervention**
 - ★ **Client-centered: Mothers identify their goals and needs,**
 - ★ **Clients not asked to leave because of setbacks or relapse**
 - ★ **Small caseloads**
 - ★ **2-pronged approach: Case managers work with clients; case managers work with service providers**
 - ★ **A problem-solving approach to service barriers**
-

Parent-Child Assistance Program

Primary Aims:

To help mothers...

- **Complete substance abuse treatment and stay in recovery**
 - **Build healthy family lives**
 - **Prevent future alcohol/drug exposed births**
-

PCAP Background

1991-95 **Federally funded research: Univ. of Wash.**

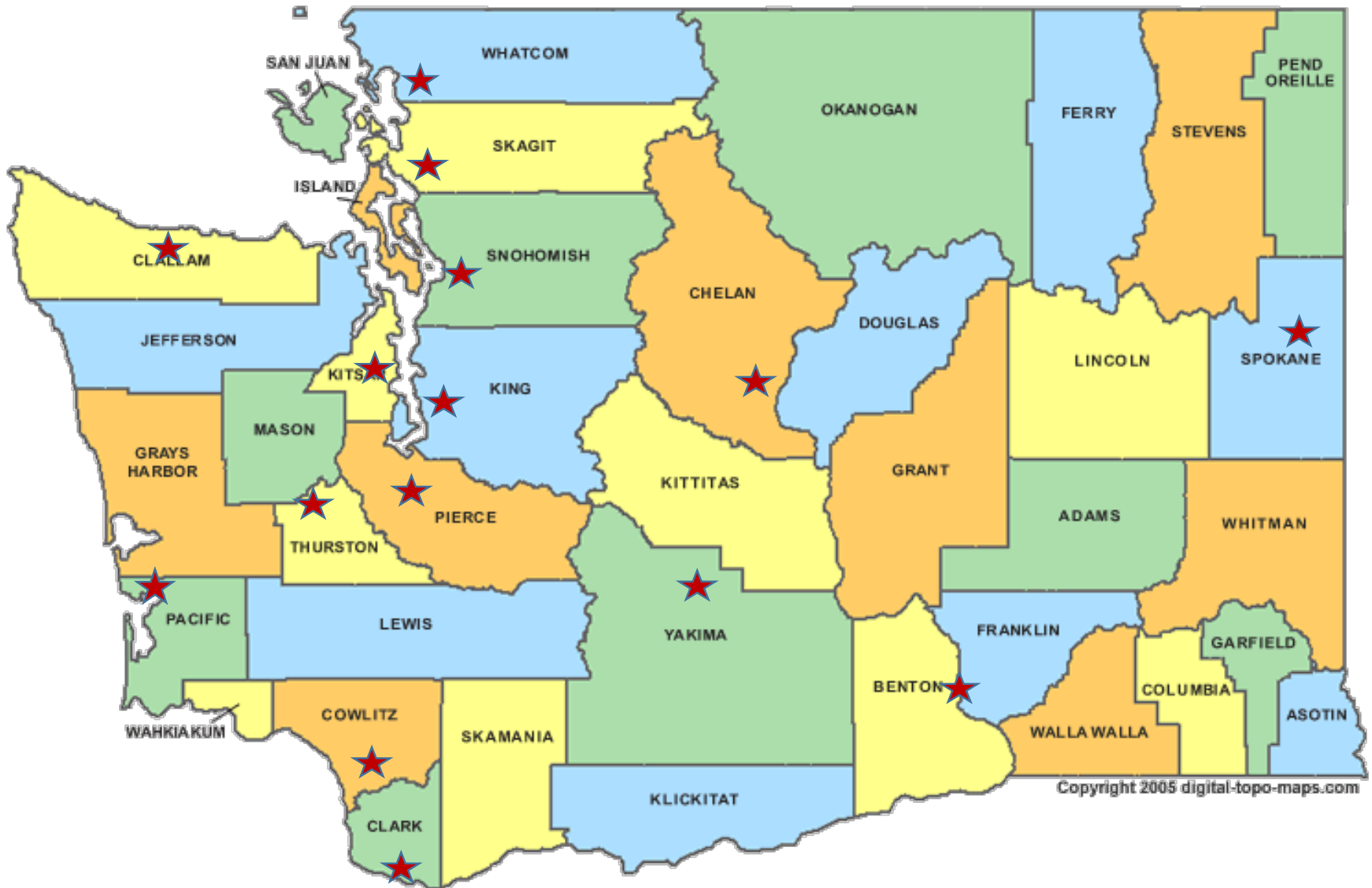
1996-98 **Philanthropist provides interim funding**

1996-97 **Governor funds replication in Tacoma**

1997-98 **Follow-up study, original cohort: Seattle**

1997-2021 **State funding in eighteen WA counties**

Since 1998 **Replications/adaptations: MN, NC, AK, TX, NV, LA, PA, MI, CA. International: 40 sites in Canada**



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★ 15 PCAP COUNTY SITES



PARENT-CHILD ASSISTANCE PROGRAM (PCAP)

University of Washington School of Medicine

Therese Grant, Principal Investigator

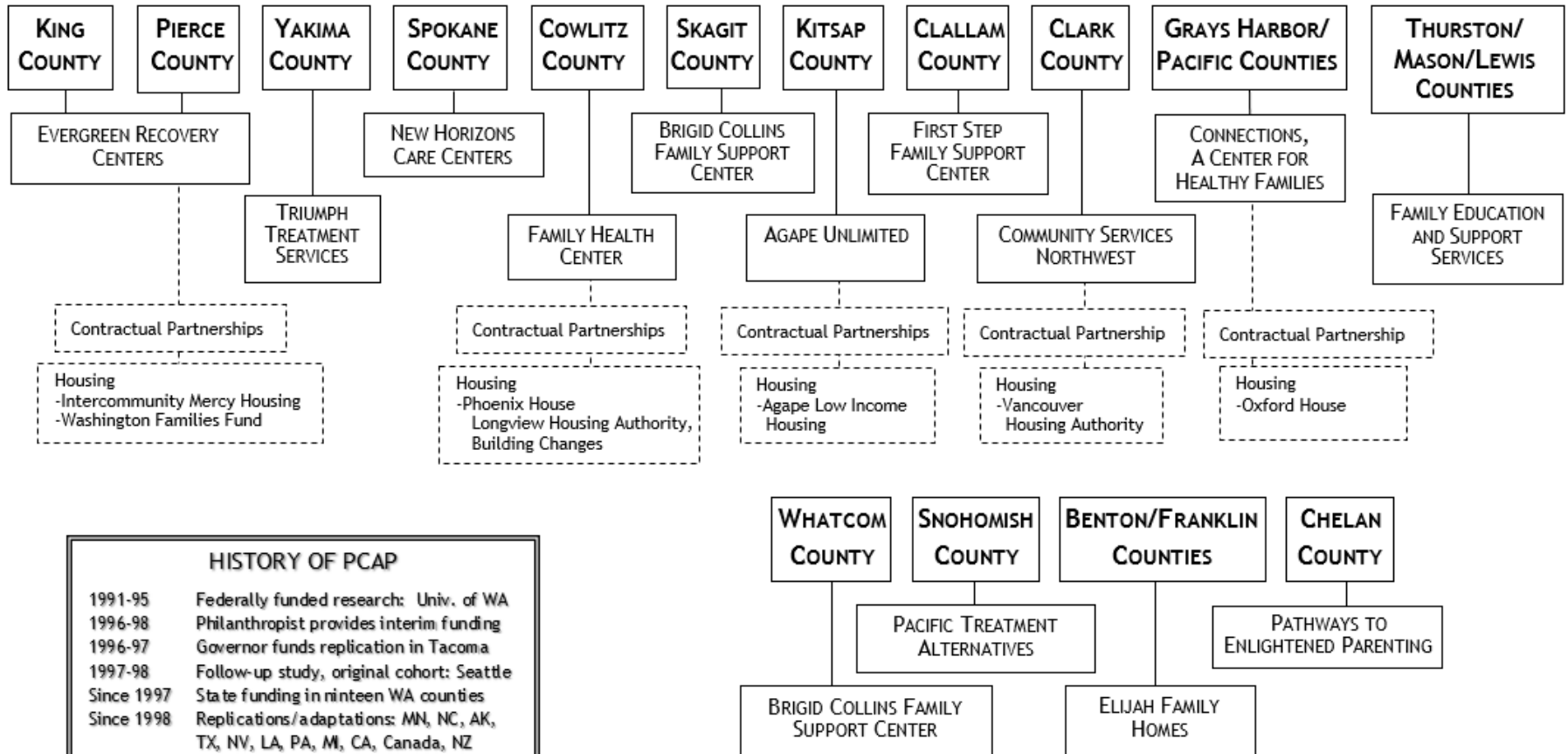
Cara Ernst, Program Evaluator

1991 - 2019

Washington State Health Care Authority

Division of Behavioral Health and Recovery (DBHR)

WA State Institutional Review Board



PCAP Honors and Recognition

2018: National Home Visiting Resource Center's (NHVRC) 2018 Home Visiting Yearbook

2015: Prioritizing Early Childhood to Safely Reduce the Need for Foster Care: A National Scan of Interventions. Casey Family Programs

2012 Designated as a Best Practice by the Federal Association of Maternal & Child Health Programs (AMCHP)

2010, 2013, 2014, 2015 California Evidence-Based Clearinghouse for Child Welfare (CEBC)

2010 Healthy Communities Institute Promising Practices Library

2005, 2010 Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Model Programs Guide

2004 Awarded State and Community Impact Honorable Mention by National Healthy Mothers, Healthy Babies Coalition

2002, 2004 Exemplary Substance Abuse Prevention Award from Substance Abuse and Mental Health Services Administration National Registry of Effective Programs and Practices (NREPP)



Published PCAP Outcomes

- 2018:** Use of marijuana and other substances among pregnant and parenting women with substance use disorders. *Journal of Studies on Alcohol and Drugs*.
 - 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.
 - 2011:** Maternal substance abuse and disrupted parenting: Distinguishing mothers who keep their children from those who do not. *Children and Youth Services Review*, 33, 2176-2185.
 - 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), 471-90.
 - 2003:** Post-program follow-up effects of paraprofessional intervention with high-risk women who abused alcohol and drugs during pregnancy. *Journal of Community Psychology*, 31(3), 211-222.
 - 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.
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Other PCAP/FASD Publications

- 2014: Substance abuse treatment outcomes in women with fetal alcohol spectrum disorder. International Journal of Alcohol and Drug Research, 3(1), 43-49.**
- 2013: Screening in treatment for fetal alcohol spectrum disorders that could affect therapeutic progress. International Journal of Alcohol and Drug Research, 2(3), 37-49.**
- 2013: The value of the neuropsychological assessment for adults with fetal alcohol spectrum disorders: A case study. International Journal of Alcohol and Drug Research, 2(3), 79-86.**
- 2013: The impact of prenatal alcohol exposure on addiction treatment. Journal of Addiction Medicine, 7(2):87-95.**
- 2013: Parent-Child Assistance Program Outcomes Suggest Sources of Cost Savings for Washington State. Available at:**
http://depts.washington.edu/pcapuw/inhouse/PCAP_Cost_Savings_Brief_Feb_2013.pdf
- 2009: Alcohol use before and during pregnancy in Western Washington, 1989-2004: Implications for the prevention of fetal alcohol spectrum disorders. American Journal of Obstetrics and Gynecology, 200(3), 278e1-8.**
- 2008: Suicide attempts among adults with fetal alcohol spectrum disorders: Clinical considerations. Mental Health Aspects of Developmental Disabilities, 11(2), 33-41.**
- 2006: Neonatal cranial ultrasound leads to early diagnosis and early intervention in baby of alcohol-abusing mother. Mental Health Aspects of Developmental Disabilities, 9(4), 125-127.**
- 2005: Quality of life and psychosocial profile among young women with fetal alcohol spectrum disorders. Mental Health Aspects of Developmental Disabilities, 8(2), 33-39.**

PCAP Substance Abuse and Mental Health Services Outcomes

3-Year Outcomes	2017 (N =1218)	2018 (N = 1036)
Follow-up rate	83%	81%
Inpatient or outpatient substance abuse tx completed or in progress	87%	86%
Abstinent at exit for \geq 6 mo.	38%	43%
Abstinent at exit for \geq 1 yr.	31%	33%
Longest abstinence in PCAP \geq 1 yr.	57%	57%
Mental health service connection	60%	60%

PCAP Family Planning Outcomes

3-Year Outcomes	2017 (N = 1009)	2018 (N = 843)
Family planning at exit - More reliable method	67% 52%	68% 53%

Preventing future substance-exposed births

Among 843 clients, during PCAP:

- ➔ **77% of mothers had no subsequent birth (SB) during PCAP**
 - ➔ **10% had a SB not exposed to alcohol or drugs**
 - ➔ **13% had a SB exposed to alcohol or drugs**
-

Casey Family Programs: PCAP outcomes suggest sources of cost savings for Washington State

- PCAP children had a *shorter average length-of-stay in foster care* compared to WA state average (3.8 months vs. 20.4 months). **Savings = \$21,231 per child.**
- **Reduced dependence on public assistance, from 70% at PCAP intake to 25% at exit.**
- **Increased employment as main source of income, from 6% at PCAP intake to 22% at exit.**

Available at:

http://depts.washington.edu/pcapuw/inhouse/PCAP_Cost_Savings_Brief_Oct_2018.pdf

2015 Canadian Economic Evaluation of PCAP

PCAP sites in Alberta, Canada prevented *approximately 31 cases of Fetal Alcohol Spectrum Disorder (FASD) among 366 clients* in a 3-year period.

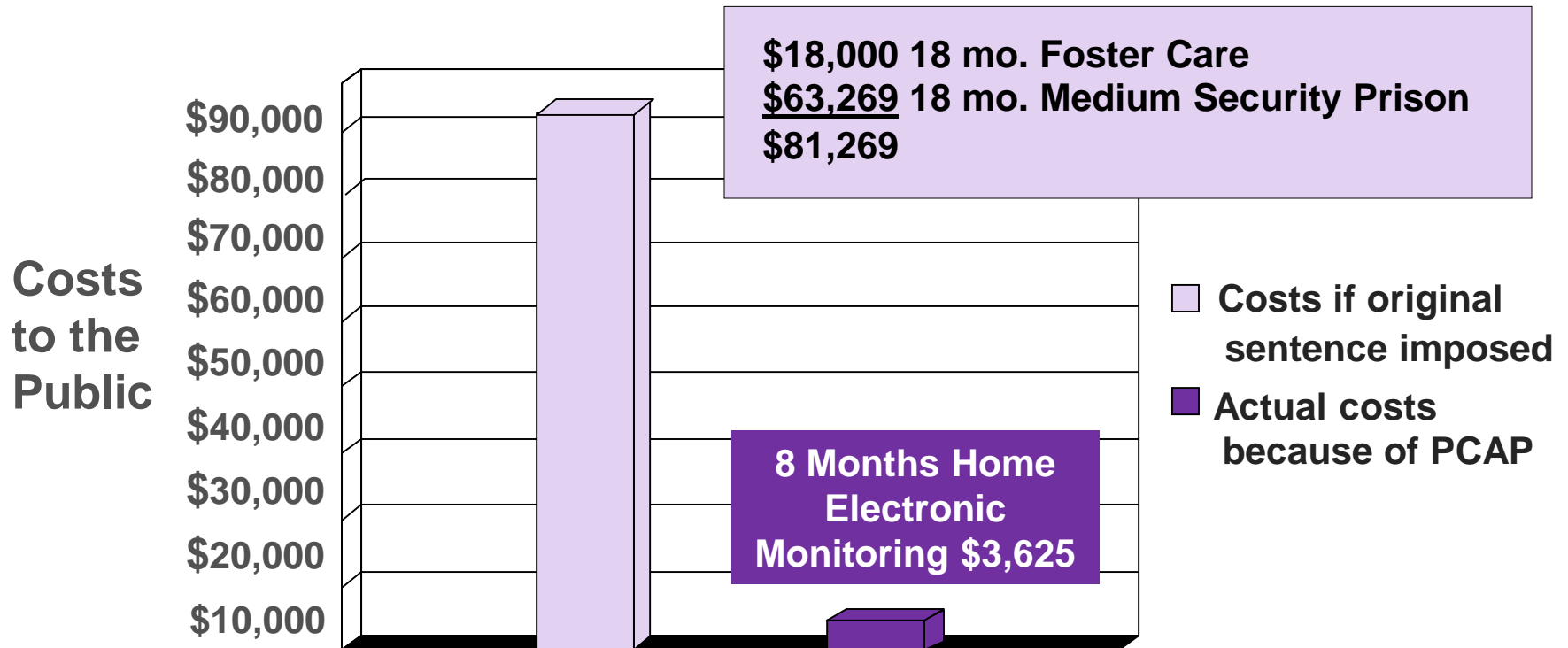
This represents a net *monetary benefit of approximately \$22 million* (an underestimate since the study did not include benefits from increased client employment and reduced welfare).

Conclusion: PCAP is cost-effective and the net monetary benefit is significant.

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

Reduced Involvement with Criminal Justice System = *Reduced Costs to the Public*

PCAP Example of Cost Savings



Amount Saved: \$77,644

(for just *one* advocacy situation with *one* client)





Photo: G BALLARD

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Theoretical Framework of the Intervention

1. Relational Theory

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

2. 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.

3. 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.

Three things that research shows about Relational Theory

- For women with SUD, **positive relationships** in the **intervention, treatment, and recovery settings are critical.**
 - The quality of the interpersonal relationships may determine **whether or not a woman remains in an intervention.**
 - The quality of the interpersonal relationships may be **more important to improvement than the actual, concrete services received.**
-

*"I survived because I knew you were looking for me,
and I knew you would find me."*

- **Stay in contact with clients: regular home visits (twice/month minimum), calls, letters.**
 - **Look for clients who disappear; make weekly attempts.**
 - **Emphasize to the client that she will not be asked to leave the program because of relapse or setbacks.**
-



*“For me to overcome my addictions and traumatic childhood, I needed every piece of the puzzle from all the services I was involved with. **However, it was my relationship with my PCAP advocate that helped me translate everything that people were telling me to do.** She truly cares about me and I know it. My advocate has taught me how to advocate for myself and my children. She is my support system, my family and my friend. She doesn’t just tell me what I want to hear but she tells me what I need to know, even when I don’t want to hear it. Overcoming alcohol and drug addiction, domestic violence, child abuse and neglect and a total lack of support takes time. The effects don’t go away overnight. I have been in PCAP for 2 ½ years. I’ve come along way and have more goals to accomplish. I know how to do that now, thanks to PCAP.”*


--PCAP Client

An Example of Harm Reduction: Safety Planning

Safety planning: If client is at risk for relapse and has a date this weekend, ask

“How do you need to plan?”

- **Safe babysitter**
 - **A timeline and a way for babysitter to contact mom**
 - **Food, diapers for kids**
 - **Condoms or other birth control for mom**
-



“There were times when I felt like I was going to relapse and my case manager would be there for me, and she’d keep checking on me and I’d get through it.”

“I’ve learned so much about myself and being responsible again and being a good mother. It was all what she taught me—she changed my life for me.”

— PCAP Clients

DBHR Contracted Core Components Include...

- **Caseloads: 13-20 clients per case manager**
 - **Goal setting & planning incremental steps**
 - **Link to providers and coordinate services for client, target child, and other family members as relevant to client's situation.**
 - **Work with both the mother and the TC throughout custody placement changes.**
-

Contracted Core Components Include...

- ➔ **Offer transportation for client's important appointments.**
 - ➔ **Clients are not asked to leave the program because of relapse or setbacks.**
 - ➔ **Twice-monthly clinical supervision**
 - ➔ **Evaluation according to PCAP protocols**
-

Core Components

Theoretical foundations and Core Components are defining features of the PCAP model.

At the same time it is essential that PCAP sites be responsive to the unique features of their own communities... their strengths, needs, and problems.

Giving Voluntary Consent: The IRB Eligibility 'Measuring Stick'

Are there legal restrictions on the woman's freedom of movement or on her daily whereabouts?

- If the answer is "yes" then she is not able to voluntarily consent *and so she may not enroll in PCAP.*
- If the answer is "no" then she is able to voluntarily consent and therefore she can be enrolled in PCAP.

Also okay to enroll in PCAP:

Women who: -are on probation/parole
-are in Drug/Family Tx/MH court, etc.
-have a restraining order against her

Giving Voluntary Consent: The IRB Eligibility 'Measuring Stick'

Is the woman under 18 years old?

If the answer is “yes” then ***she may not enroll in PCAP.***

Is she unable to understand and speak English?

If the answer is “yes” then ***she may not enroll in PCAP.***

Is the woman mentally incapacitated?

If the answer is “yes” then ***she may not enroll in PCAP.***

PCAP Enrollment Criteria

- ➔ **Pregnant or up to 24 months postpartum***
 - ➔ **Heavy alcohol/drug abuse during pregnancy**
 - ➔ **Not successfully engaged with community service providers**
-

OR

- **Has a child with a Fetal Alcohol Spectrum Disorder (FASD), and**
 - **Is currently abusing alcohol, and**
 - **Is in their childbearing years**
-

A work about staff: Case Manager Characteristics

- **BA degree and 2 to 4 yrs. social services experience required**
 - **Belief in the essential worth and promise of every individual**
 - **Excellent problem-solving skills and creativity**
 - **Tenacity, persistence**
-

Case Manager Characteristics

- **May have experienced similar adverse life circumstances as clients, but seldom to same degree**
 - **If in recovery from substance abuse, have at least 5 years in recovery**
 - **Have subsequently achieved success in important ways**
 - ***Are positive role models and offer clients hope and motivation from a realistic perspective***
-



PCAP Refresher Training, Longview, WA, May 2019