

MENTORING PROGRAMS FOR MOTHERS AT RISK

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IHE Consensus Development Conference on

**Fetal Alcohol Spectrum Disorder
(FASD) – Across the Lifespan**

October 7 to 9, 2009, The Westin Edmonton, Edmonton, Alberta



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The Parent-Child Assistance Program (PCAP)

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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 completely preventable



PCAP Background

1991-95	Federally funded research: Seattle
1996-98	Philanthropist provides interim funding
1996-97	Governor funds replication in Tacoma
1997-98	Follow-up study, original cohort: Seattle
1997-09	State funding for 11 sites in 9 WA counties
Since 1998	Replications/adaptations: MN, NC, AK, TX, NV, LA, PA, MI, CA, Canada , NZ



Primary Goal

**To Prevent Future Births
of Alcohol & Drug Exposed
Children**



Parent Child Assistance Program (PCAP)

**An intensive 3-year home visitation intervention for
pregnant and parenting mothers who abuse
alcohol/drugs**

***“When Case Management
Isn’t Enough”***

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PCAP Enrollment Criteria

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



Client Characteristics

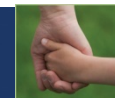
At Enrollment	(N=526)
Mean Age	26.3 yrs
Unmarried	93%
Mean # of Children (not including TC)	1.7
Mean # Living w/Client	.34



Client Characteristics

Functional Factors

Education (mean)	10.9 yrs
Homeless or temporary housing	25%
Unemployed	98%
Receives welfare income	72%
Ever incarcerated as adult	75%



Most of our clients were *themselves*
abused or neglected as children

One/both parents abused alcohol/drugs	91%
Physical/sexual abuse as a child	68%
In foster care system as child	25%
CPS involved as a child	26%
Ran away as a child	67%



Client Characteristics

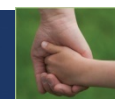
Substance Use During Pregnancy

Any Alcohol	49%
Binge Alcohol	26%
Methamphetamine	58%
Cocaine	34%
Heroin	12%
Marijuana	52%
Cigarettes	79%

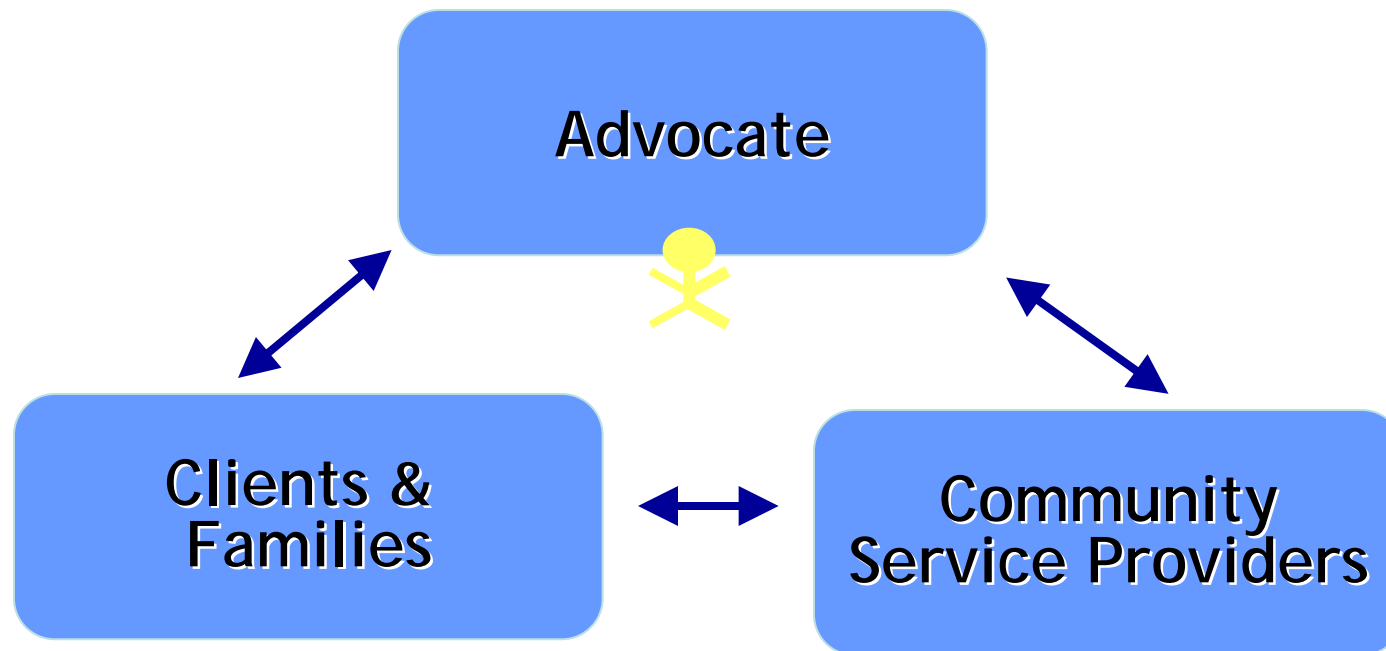


The PCAP Intervention

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PCAP: A Two-Pronged Approach



“I know what its like to be a single parent, homeless, and on welfare. I share a common ground with my clients as far as those things go. The difference is that I saw what the obstacles were, and overcame them. I just kept moving ahead and learned that where there's a will, there's a way.”

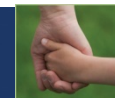
—PCAP Advocate



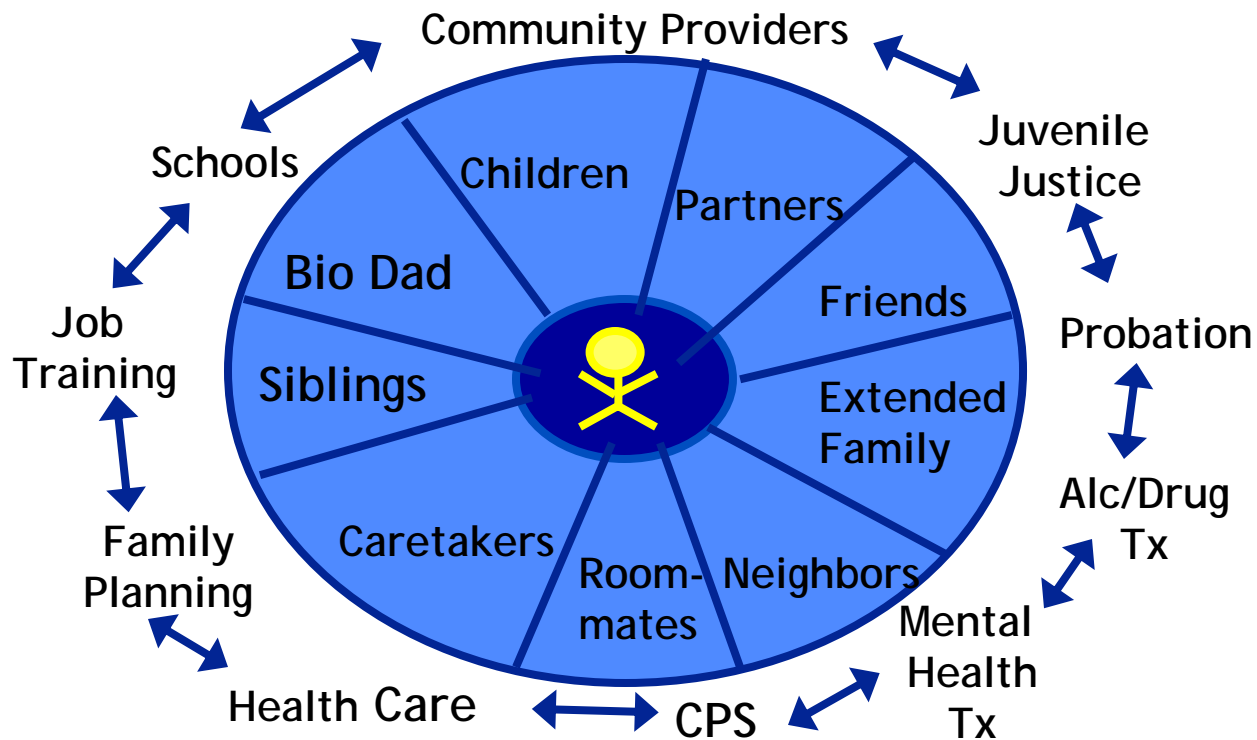
Characteristics of Effective Case Management

- Individually tailored
- Promotes competency of the individual
- Uses a relational approach to deliver services
- Family-centered
- Community-based
- Multidisciplinary

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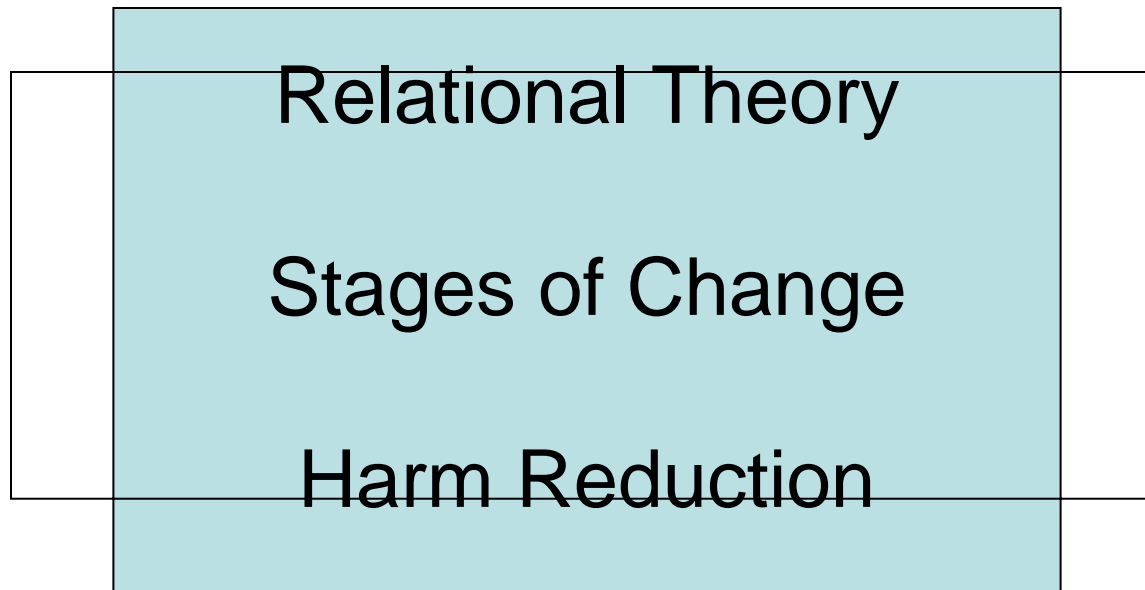
The PCAP Model Incorporates Characteristics of Effective Case Management



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Theoretical Framework



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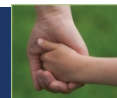
**Theoretical foundations and core components are
defining features of the PCAP model.**

***But PCAP sites are responsive to the unique features
of their own communities...their strengths, needs,
and problems.***



The Formula

for Preventing Alcohol/Drug Exposed Births



- **Motivate women to stop drinking before and during pregnancy**

– or –

- **Help women who can't stop drinking to avoid becoming pregnant**



PCAP Model Effectiveness

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Blended Evaluation Design

1. Original Demonstration Cohort (1991 – 1995)

Quasi-experimental, pretest-posttest, non-randomized comparison group

J Community Psychology 1999, 27(1): 19–38

2. Post-Program Follow-Up Cohort (1997 – 1998)

Follow-up interview, intervention group only

J Community Psychology 2003, 31(3), 211-222

3. Seattle and Tacoma Replication Cohorts (1996 – 2003)

Pretest—posttest, no comparison group;

study compared pretest/posttest outcomes across

3 sites: OD, SR, TR

Am J Drug and Alcohol Abuse, 2005, 31(3): 471-490



PCAP 3-Year Outcomes

Treatment and Abstinence

N = 300

Inpatient or Outpatient Treatment Completed or in Progress	96%
Clean & Sober \geq 6 months at exit	49%
Clean & Sober \geq 6 months during program	84%



PCAP 3-Year Outcomes

Family planning at intake	7%
Family planning at exit	68%
More reliable method, including pills/patch	61%
Subsequent birth	25%
Subsequent exposed birth	12%
Reduced risk for subsequent alcohol / drug exposed birth (clean & sober \geq 6 mos., regular reliable birth control, or both)	76%



Other Recovery-Related Outcomes

Main income at Exit

Employment	37%
Welfare	37% (was 72%)

Housing

Permanent, stable	74%
Transitional drug free	7%

GED/ College / Training

Attended or in progress	72%
Completed	51%

DV Relationship	11 %
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Received Mental Health Services	70%
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OUTCOMES TRANSLATE TO COST EFFECTIVENESS

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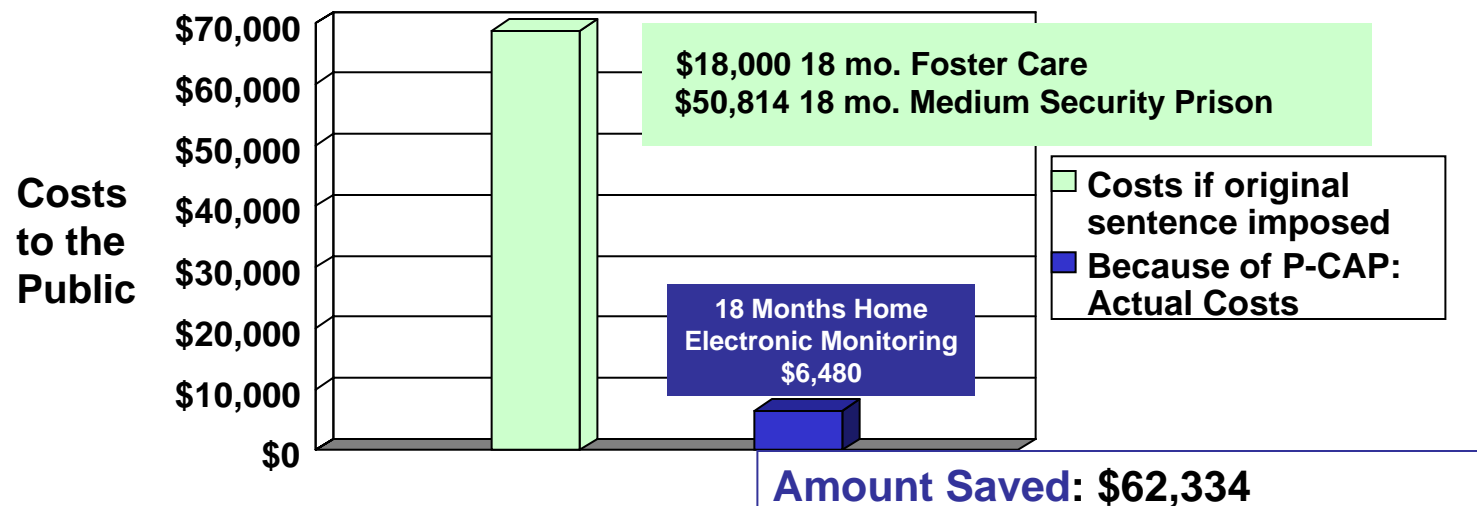
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Reduced Involvement with the Criminal Justice System = *Reduced Costs to the Public*

Example of Cost Savings

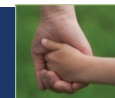


Benefits and Costs of Prevention and Early Intervention Programs for Youth

	Benefits	Costs	Benefits per Dollar of Cost	Benefits Minus Costs
* Home Visiting Programs for at-Risk Mothers and Children	\$11,089	\$4,892	\$2.27	\$6,197

Washington State Institute for Public Policy, July 2004 found an average net benefit of \$6197 per client among selected well-researched home visiting programs, including PCAP.*

www.wsipp.wa.gov



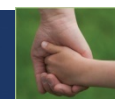
Results: Preventing Future Alcohol-Exposed Births

Without PCAP about 30% (or 23) of 78 drinking mothers would have had another highly exposed birth;

We reduced that by 66%, preventing about 15 alcohol-exposed births;

Incidence of FAS is estimated at 4.7% to 21% among heavy drinkers;

Therefore we estimate PCAP prevented at least one and up to 3 new cases of FAS.



Results: Cost Savings

The average lifetime cost for an individual with FAS is \$1.5 million.

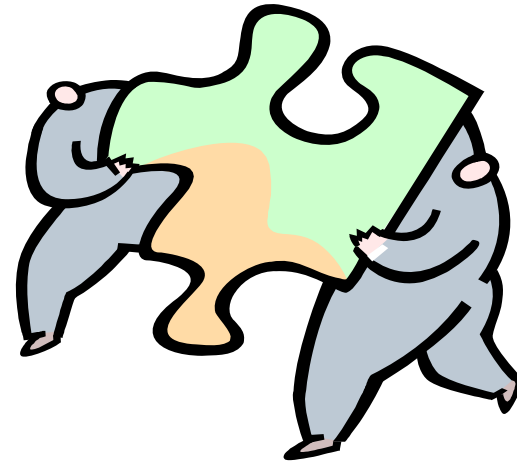
PCAP costs about \$15,000/ client for 3-years (intervention, administration, evaluation).

If we prevented just one new case of FAS, the estimated lifetime cost savings = cost of PCAP for 102 women.



Systems Working Together

Good things happen when
governments implement
strong policy,
and communities
implement effective
programs



**WA State Division of Alcohol &
Substance Abuse (DASA)
has increased treatment beds for women:
55 to 153 (1991 - 2007)**

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“There were times when I felt like I was going to relapse and my advocate 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 Client



***“ 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.”***





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November 1, 2007 “Best Kind of Family Reunion”

“PCAP is doing the kind of work the coalition champions. It pairs drug- or alcohol-addicted mothers with advocates who work with them for three years, helping them stay in recovery, set goals, get services and housing and more...Change is possible when people get the support they need...The bulk of federal money for child welfare by law must be spent on children in foster care. Helping families reunite isn't on the funding agenda. It should be, now that we know how to do it.”

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RECOMMENDATIONS

- Support intensive case management/advocacy programs that intervene with the highest risk women
- Support specialized chemical dependency treatment centers for women, where they can be with their children



Washington State PCAP



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(2008 Annual Work Session)

