The PCAP Approach

Pregnant and parenting women are enrolled in PCAP for 3 years. PCAP forms partnerships with and between clients and families and community service providers.

- PCAP provides clients outreach and engagement, structured goal setting, problem-solving, practical assistance, and consistent coaching.

- PCAP seeks to help community service providers understand how to work more effectively with this population and works to ensure that clients and families receive needed services.

Clients are not asked to leave the program if they relapse or experience setbacks.

To make a referral, please contact the nearest county PCAP site:

- Benton ~ (509) 578-1501
- Chelan ~ (509) 888-6945
- Clallam ~ (360) 808-5517
- Clark ~ (360) 831-0908
- Cowlitz ~ (360) 353-3444
- Franklin ~ (509) 578-1501
- Grays Harbor ~ (360) 463-9973
- King ~ (206) 739-5466
- Kitsap ~ (360) 377-0370
- Lewis ~ (360) 754-7629
- Mason ~ (360) 754-7629
- Pacific ~ (360) 463-9973
- Pierce ~ (253) 475-0623
- Skagit ~ (360) 428-6622
- Snohomish ~ (425) 259-7142 #200
- Spokane ~ (509) 838-6092 #622
- Thurston ~ (360) 754-7629
- Whatcom ~ (360) 734-4616
- Yakima ~ (509) 907-1105

WA State PCAP Director: Susan Stoner, Ph.D.
WA State PCAP Evaluator: Cara Ernst, M.A.
University of Washington
Phone (206) 543-7155
http://depts.washington.edu/pcapuw

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Parent-Child Assistance Program (PCAP)

Prevention & Intervention with High-Risk Mothers and Their Children

Washington State Health Care Authority
Division of Behavioral Health and Recovery

The Problem

Prenatal alcohol and drug exposure puts children at risk due to:

- the possible effects of prenatal exposure on their health and development
- the likelihood of a compromised home environment
The Goals of PCAP

The goals of PCAP are to help mothers with substance use disorders to:

• build and maintain healthy, independent, alcohol/drug-free lives

• prevent future births of alcohol- and drug- exposed children

PCAP Eligibility Criteria

Women must meet all three criteria.

Women who:

☑ are pregnant or up to 12 months* postpartum
☑ used alcohol or drugs during pregnancy
☑ are ineffectively connected to community services

~ OR ~

Women who:

☑ have a child with a Fetal Alcohol Spectrum Disorder (FASD)
☑ are currently abusing alcohol
☑ are in their childbearing years

*Or up to 24 months if space available

Case Management

Trained and supervised case managers meet with clients twice monthly, in clients’ homes when possible, to assist clients in:

• Setting goals and identifying steps to achieve them
• Obtaining alcohol/drug treatment
• Staying in recovery

Home Visitation

Though voluntary, home visitation plays a valuable role in the PCAP intervention.

• The purpose is to see the client in her home environment, to better understand her needs and goals.

• While PCAP case managers are mandated reporters of abuse or neglect, the purpose is not to monitor the PCAP client or her children.

• When home visitation is not possible due to homelessness or non-consenting household members, case managers may meet with clients elsewhere in their communities.

Through home visitation and/or other in-person contacts, the case manager is able to “meet the client where she’s at” while providing ongoing support.

PCAP Client Outcomes

After 3 years of work with a PCAP case manager:

• 92% of clients had completed alcohol/drug treatment programs

• 76% were abstinent from alcohol/ drugs for > 6 months during the program

• 68% were using family planning methods on a regular basis

• 80% of children were living with their own families

• 68% were in permanent, stable housing

― 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.”