

Community Prevention and Wellness Initiative

Overview

The Community Prevention and Wellness Initiative (CPWI) is a two-pronged local community and school-focused approach to preventing substance use disorder in Washington State. It focuses Washington's limited public resources in nearly 100 communities with higher need and risk. Leaders in these communities are prepared to take on the challenges of preventing substance use disorder in their towns and neighborhoods. In many cases, they are rising to the challenge despite the enormous odds of generational alcohol and other drug use that have left their communities awash in high rates of public assistance, crime, poor school performance, and poor public health. Many of these communities are also faced with systemic inequities that have contributed to health disparities.

In 2011, Health Care Authority's Division of Behavioral Health and Recovery (DBHR) successfully collaborated with counties, state and local agencies/representatives, and other stakeholders to redesign the state substance use disorder prevention system into a targeted, community-based system. CPWI leverages school and community prevention resources and targets them in the same communities throughout Washington State.

CPWI goals are to reduce underage substance use and misuse among young people, improve student performance, and reduce juvenile crime. These goals are accomplished through the implementation of evidence-based programs and strategies in each CPWI community led by a community coalition and through school-based services offered by a Student Assistance Professional. Each CPWI community goes through a Strategic Planning Process using SAMHSA's Strategic Planning Framework. As part of this, health equity is an integral part of the process to include the identification of health disparities using a data-informed approach and successful implementation of programs and strategies that ensure improved access, retention, and cultural

relevance in a manner that is representative of the community being served.

A 2019 evaluation by Washington State University shows that since its implementation, CPWI is having positive impacts on high-need communities. Evaluation results showed substantial decreases in almost all tenth grade substance use outcomes from 2008 to 2018 (a few outcomes were no change/neutral):

- Current (past 30 day) alcohol use decreased by 39%, 33%, 31%, and 23% among cohorts 1-4 respectively.
- Binge drinking in past two weeks decreased by 45%, 42%, 39%, 24%, and 23% among cohorts 1-5 respectively.
- Current (past 30 day) cigarette use decreased by 60%, 50%, 54%, 50%, and 45% among cohorts 1-5 respectively.
- Current (past 30 day) marijuana use decreased by 5%, 9%, 14%, 26%, and 14% among cohorts 1-5 respectively.
- Current (past 30 day) prescription drug misuse decreased by 27% and 43% among cohorts 5 and 6 respectively (data not available for other cohorts).

Another part of the evaluation compared CPWI communities to other similar Washington (non-CPWI) communities. Among cohorts 1-4, 40-89% of substance use outcomes and 21-80% of substance use risk factors were better/more favorable compared to non-CPWI communities. Despite these positive evaluation results, many disparities in substance use and risk factors remain between CPWI and non-CPWI communities, which is why we continue to support CPWI in these high-need communities.

Eligibility requirements

CPWI services are prioritized to communities with higher need and greater risk across Washington State. Eligible communities are determined using a risk review process, which identifies indicators of consequences associated with consumption (crime, truancy, behavioral health problems, lack of school success), as well as consumption and mental health data from Washington's student Healthy Youth Survey.

Authority

HCA's DBHR is authorized as the single state agency to receive and administer a block grant from the Substance Abuse and Mental Health Services Administration's (SAMHSA) that supports substance use disorder prevention and mental health promotion.

Budget for SFY 24

- Substance Abuse Mental Health Services Administration, Substance Use Prevention, Treatment, and Recovery Services (SUPTRS): \$4,259,245 to the ESDs and \$8,075,500 to the Coalitions.
- American Rescue Plan Act (ARPA): \$1,267,992 to the ESDs and \$1,275,000 to the Coalitions.
- Opioid Abatement Settlement Account (OASA): \$458,000 to the ESDs.
- Washington State Dedicated Marijuana Account (DCA): \$497,816 to the ESDs and \$1,225,000 to the Coalitions.
- General Fund State (GFS): \$420,000 to the Coalitions.
- 2018 Partnership for Success grant (PFS): \$561,747 to the ESDs and \$280,000 to the Coalitions.
- State Opioid Response to the Opioid Crisis grant: \$1,050,000 to the ESDs and \$1,320,000 to the Coalitions.
- All numbers are for fiscal year 2024.

Cost and people served

Through implementation of CPWI, in state fiscal year 2023, approximately 79,000 people were served directly through community and school prevention programs and an average of 1 million people were reached per month through public education and community outreach strategies.

Additionally, we know that investing in prevention programs and strategies has a cost savings. Based on an estimate from the Washington State Institute for Public Policy and the level of investments made in Fiscal Year 2018 and 2019, we estimate that there was an overall cost benefit to society of about \$109 million dollars. This includes savings to the

healthcare and criminal justice systems as well as increased earnings in the labor market.

Partners

The following counties partner with HCA to contract for CPWI services: Adams, Asotin, Benton, Clallam, Columbia, Garfield, Grant, Grays Harbor, Jefferson, King, Kitsap, Lewis, Lincoln, Pacific, Pend Oreille, San Juan, Skagit, Wahkiakum, Walla Walla, and Whatcom.

Additionally, HCA's DBHR directly contracts with providers in the following agencies and organizations for the provision of CPWI coalitions: Chelan/Douglas TOGETHER!, City of Lakewood, City of Prosser, Crescent School District, ESD 101, ESD 105, ESD 112, ESD 113, ESD 121, ESD 123, ESD 189, Franklin Pierce School District, Kittitas County Health Network, Marysville School District, Monroe School District, Mt. Adams School District, North Counties Family Services, Okanogan County Community Coalition, Orting School District, Quillayute Valley School District, Republic School District, Sedro Woolley School District, Skagit Valley YMCA, South Whidbey School District, Spokane Tribal Network, Sunnyside School District, Tekoa School District, United General, Wahluke School District, Wapato School District, Washington Gorge Action Program, and Volunteers of America-Western Washington.

HCA's DBHR also partners with each of the 9 Educational Service Districts (ESDs) in the implementation of CPWI school-based services: 101 (Spokane), 105 (Yakima), 112 (Vancouver), 113 (Olympia), 114 (Bremerton), 121 (Renton), 123 (Pasco), 171 (Wenatchee), and 189 (Anacortes).

There are nearly 100 local CPWI sites across Washington State.

Oversight

DBHR provides technical assistance, contract management and funding for CPWI implementation. DBHR provides funds to local fiscal agents, including counties, ESDs, and local school districts, to support local community coalitions. DBHR provides funds directly to the ESDs for placing Student Assistance Professionals, also known as prevention and intervention specialists, in schools.

For more information

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<https://www.hca.wa.gov/about-hca/behavioral-health-recovery/substance-abuse-prevention-and-mental-health-promotion>