

Community Prevention and Wellness Initiative

Overview

The Community Prevention and Wellness Initiative (CPWI) is a community-focused approach to preventing substance abuse in Washington State. It focuses Washington's limited public resources in over 80 high-need communities. Leaders in these communities are prepared to take on the challenges of preventing substance abuse 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.

The Division of Behavioral Health and Recovery (DBHR) successfully collaborated with existing county government contractors and the Office of Superintendent of Public Instruction (OSPI) to redesign the state substance abuse 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.

A 2019 and 2020 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 10th grade substance use outcomes including the following (a few outcomes were no change/neutral):

- Current alcohol use decreased by 38%, 34%, 31%, and 26% among cohorts 1-4 respectively.
- Binge drinking decreased by 44%, 43%, 40%, 27%, and 21% among cohorts 1-5 respectively.

- Current cigarette use decreased by 61%, 50%, 55%, 48%, and 48% among cohorts 1-5 respectively.
- Current marijuana use decreased by 4%, 10%, 13%, 25%, and 14% among cohorts 1-5 respectively.
- Current prescription drug misuse decreased by 26% and 44% 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, 58%-75% of substance use outcomes and 85%-92% 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 targeted to high-need communities across Washington State. High-need communities are determined using a risk ranking process, identified through 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

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

SAMHSA Substance Abuse Block Grant (\$5,283,986 to the community; \$4,018,097 to OSPI); Partnerships for Success grant (\$1,587,545 to the community and



\$980,000 to OSPI); State Opioid Response grant (\$1,674,638 to the community; \$1,312,500 to OSPI); State Targeted Response (\$92,855 to the community); and Washington State Dedicated Marijuana Account Funds (\$1,138,159 to the community; \$560,000 to OSPI).

Cost and people served

In state fiscal year 2020, 10,177 participants were served through implementation of CPWI. 89% of participants in CPWI received evidence-based programs, and 667 prevention programs/strategies were implemented in CPWI communities. The total population reach was 1,579,082.

Partners

Every county has at least one CPWI community supported and each of the nine educational service districts (ESDs) are currently participating in CPWI efforts.

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

HCA/DBHR directly contracts with providers in the following agencies and organizations for the provision of CPWI services: Bethel School District, Chelan/Douglas TOGETHER!, City of Lakewood, City of Prosser, Crescent School District, Ellensburg School District, ESD 101, ESD 105, ESD 112, ESD 121, ESD 189, Franklin Pierce School District, Marysville School District, Monroe School District, Mt. Adams School District, North Counties Family Services, Okanogan County Community Coalition, Quillayute Valley School District, Republic School District, Rural Resources Community Action, Spokane Tribal Network, Sunnyside School District, Tekoa School District, , Wahluke School District, Wapato School District, Washington Gorge Action Program and Youth Services of Kittitas.

HCA/DBHR also partners with each of the 9 Educational Service Districts (ESDs) in the implementation of CPWI: 101 (Spokane), 105

(Yakima), 112 (Vancouver), 113 (Olympia), 114 (Bremerton), 121 (Renton), 123 (Pasco), 171 (Wenatchee), and 189 (Anacortes).

There are over 80 local CPWI coalitions across Washington State.

Oversight

DBHR provides funding CPWI implementation. DBHR provides funds directly to OSPI, which awards funds to ESDs for placing prevention and intervention specialists in schools. DBHR provides funds to local fiscal agents, including counties, ESDs, and local school districts, to support local community coalitions.

For more information

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