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 within 82 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.

An evaluation by Washington State University shows that CPWI is having positive outcomes: 95 percent of programs implemented between July 2015 and June 2016 had positive results in delaying the first use of alcohol or other drugs, reducing use, decreasing risk factors, and/or increasing protective factors.

Evaluation results also showed significant decreases in 10th grade substance use:

- Alcohol use decreased by 36.0%, 32.8%, and 23.5% among cohorts 1-3 respectively.

- Binge drinking decreased by 42%, 34.4%, and 34.1% among cohorts 1-3 respectively.

- Cigarette use decreased by 48.6%, 49.4%, and 41.9% among cohorts 1-3 respectively.

- Marijuana use decreased by 11.4%, 14.4%, and 17.7% among cohorts 1-3 respectively.

The June 2017 evaluation shows that in all three cohorts, 10th graders' lifetime use, 30-day use, and frequency of alcohol, tobacco, and marijuana use in 2016 were significantly lower than the baseline on all but one variable (frequency of marijuana use remained the same in cohorts 1 and 2). We continue to support CPWI in these communities because, although there has been significant improvement, these high-need communities still report significantly higher use than other non-CPWI 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 ($3,653,916 to the community; $4,018,096 to OSPI); Partnerships for Success grant ($1,784,625 to the community); State Targeted Response to the Opioid Crisis ($541,667 to the community; $205,000 to OSPI); and Washington State Dedicated Marijuana Account Funds ($1,475,274 to the community; $560,000 to OSPI).

Washington State also received the 2018 Partnership for Success grant ($1,600,000 to the community; $1,026,667 to OSPI) and the State Response to the

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Opioid Crisis grant ($2,600,000 to the community; $1,547,500 to OSPI) to further CPWI efforts.

Cost and people served
In state fiscal year 2018, 17,444 participants were served through the implementation of CPWI. Eighty-seven percent of participants in CPWI received evidence-based programs, and 563 prevention programs/strategies were implemented in CPWI communities. The total population reach was 2,843,604.

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, Clark, Columbia, Cowlitz, Franklin, Garfield, Grant, Grays Harbor, Island, 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: Blue Mountain Counseling Chelan/Douglas TOGETHER!, Crescent School District, ESD 101, ESD 105, ESD 112, 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, and Wapato School District.

Educational Service Districts (ESDs): 101 (Spokane), 105 (Yakima), 112 (Vancouver), 113 (Olympia), 114 (Bremerton), 121 (Renton), 123 (Pasco), 171 (Wenatchee), and 189 (Anacortes).

There are 82 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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