

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 and over 150 schools 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, the 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 2022 evaluation by Washington State University shows that since its implementation, CPWI is having positive impacts on communities with higher need. Evaluation results from the Washington State Healthy Youth Survey (HYS) showed substantial decreases in almost all tenth grade substance use outcomes from baseline to 2021 (a few outcomes were no change/neutral):

- Current (past 30 day) alcohol use decreased by 72% (Cohort 1), 73% (Cohort 2) 68% (Cohort 3), and 56% (Cohorts 5-6).
- Binge drinking in past two weeks decreased by 68% (Cohorts 1-2), 64% (Cohort 3), 60% (Cohorts 4-5), and 53% (Cohort 6).
- Current (past 30 day) cigarette use decreased by 88% (Cohort 1), 86% (Cohort 2), 78% (Cohort 3), 77% (Cohort 4-5), and 70% (Cohort 6).
- Current (past 30 day) cannabis use decreased by 58% (Cohorts 1 and 3), 60% (Cohort 2), 72% (Cohorts 4-5), and 52% (Cohort 6).
- Current (past 30 day) prescription drug misuse decreased by 81% (Cohort 1), 86% (Cohort 2), 79% (Cohort 3), 87% (Cohorts 4-5) and 75% (Cohort 6).

Another 2024 evaluation report by WSU compared CPWI communities to other Washington (non-CPWI) communities. CPWI had a statistically significant and substantial impact: schools enrolled in CPWI experienced significantly stronger decreases in tenth graders' rates of 30-day alcohol use, binge drinking, and 30-day cannabis use from 2008 to 2021, above and beyond the decreases in substance use observed among Washington students in general. Further, the longer a school was enrolled in CPWI, the steeper the decrease in alcohol use and binge drinking.

Findings from this report around mental health are similarly promising. Even though depressive feelings, plans to attempt suicide, and suicide attempts increased in both CPWI and non-CPWI schools from 2008 to 2021, the rate of increase was slower for CPWI schools, and schools enrolled in

CPWI for longer periods of time had reduced risk for depressive feelings among 10th graders compared to non-CPWI schools.

Despite these positive evaluation results, many disparities in substance use, risk factors, and mental health indicators remain between CPWI and non-CPWI communities, which is why we continue to support CPWI in these communities with higher need.

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

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 25

- Substance Abuse Mental Health Services Administration, Substance Use Prevention, Treatment, and Recovery Services (SUPTRS): \$4,204,199 to the ESDs and \$6,645,603 to the Coalitions.
- American Rescue Plan Act (ARPA): \$2,183,600 total to the ESDs and Coalitions.
- Opioid Abatement Settlement Account (OASA): \$2,442,000 total to the ESDs and Coalitions.
- Washington State Dedicated Cannabis Account (DCA): \$560,000 to the ESDs and \$1,225,000 to the Coalitions.
- General Fund State (GFS): \$420,000 to the Coalitions.
- 2023 Partnership for Success grant (PFS): \$910,000 total to the ESDs and Coalitions.

- State Opioid Response to the Opioid Crisis grant: Awaiting notice of award anticipated September of 2024.
- State stabilization funds: \$1,500,000 starting January 1, 2025 total to the ESDs and Coalitions.

People served

Through implementation of CPWI, in state fiscal year 2023, approximately 81,738 people were served directly through community and school prevention programs and an average of 11,306 people were reached per month through public education and community outreach strategies.

Partners

HCA's DBHR directly contracts with providers in the following agencies and organizations for the provision of CPWI coalitions: Adams County, County of Benton, Bethel School District, Chelan/Douglas TOGETHER!, City of Lakewood, City of Prosser, Crescent School District, Clallam County Juvenile and Family Services, Columbia County Public Health, Crescent School District, ESD 101, ESD 105, ESD 112, ESD 113, ESD 121, ESD 123, ESD 189, Franklin Pierce School District, Grant County, Grays Harbor County, Jefferson County, King County, Kittitas County, Lakewood School District, Marysville School District, Monroe School District, Mt. Adams School District, North Counties Family Services, Okanogan County Community Coalition, Orting School District, Pacific County, Pend Oreille County Counseling Services, Quality Behavioral Health, Quillayute Valley School District, Republic School District, San Juan County, Sedro Woolley School District, Skagit County Public Hospital District, South Bend School District, Skagit Valley YMCA, South Whidbey School District, Spokane Tribal Network, Sunnyside School District, Tekoa School District, Wahluke School District, Wapato School District, Washington Gorge Action Program, Whatcom County, Whatcom Family and Community Network, 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, including over 150 schools, 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>