Illuminating Lessons Learned in a Complex Multi-Site Program Evaluation Using the RE-AIM Framework

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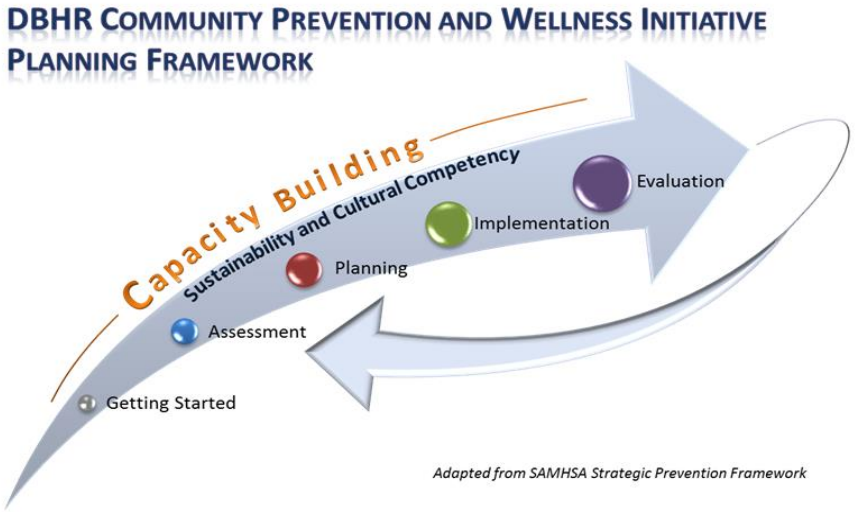
Overview of the Community Prevention and Wellness Initiative

The Washington State Division of Behavioral Health and Recovery (DBHR) started the Community Prevention and Wellness Initiative in 2011 as a new funding approach to prioritize allocation of prevention funds to traditionally underserved, high-need communities throughout the state. Historically, DBHR has partnered with state agencies including the Office of Superintendent of Public Instruction (OSPI), counties across the state, and each of the nine Educational Service Districts (ESDs) to implement the CPWI model. An overarching goal of CPWI is to support population-level change in the highest risk communities across the state. The primary long-term outcome of interest for CPWI is reducing youth behavioral problems, especially underage drinking among 8th and 10th graders.

CPWI is unique in its approach to community selection because CPWI uses a data-informed community selection process. Once CPWI communities are selected, they take part in a five-step strategic planning process that uses survey and archival data to help community coalitions coordinate, assess, plan, implement, and evaluate youth substance use prevention services. The CPWI model is a dynamic model in which information from different steps informs the planning and implementation of other steps. CPWI communities receive yearly funding to plan and implement prevention activities. Each CPWI community is supported by a Prevention System Manager (PSM) and a training team that develops on-line and in-person trainings. DBHR has developed extensive trainings and guidelines for all areas covered in the five steps of CPWI planning framework (e.g., coalition development, logic model development, strategic planning) and maintains a website, The Athena Forum (www.theAthenaForum.org), where all the training materials, webinars, online courses, self-guided trainings, and presentations related to CPWI are posted. DBHR PSM and training staff actively engage with CPWI communities and promote networking among communities through monthly check-in meetings, bi-monthly learning community meetings, annual Summer Institute, and annual Washington Prevention Provider Meeting. They also encourage coalitions to reach out to their PSMs and training teams when needed.



Methodological Details

In the RE-AIM evaluation, we evaluated CPWI Cohorts 1, 2, 3, 4 along 4 of 5 RE-AIM dimensions: Effectiveness, Adoption, Implementation, and Maintenance. The sample size is as follows:

Cohort 1: 19 communities began in 2011
Cohort 2: 13 communities began in 2012
Cohort 3: 19 communities began in 2013
Cohort 4: 6 communities began in 2016

The data sources for the evaluation are as follows:

Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System (Minerva): Minerva is the new management information system used by DBHR contractors to report on prevention services. Minerva has planning, demographic, and prevention service data for programs and services rendered by DBHR.

CPWI Process Evaluation Data: This evaluation was conducted in 2017 by the WSU IMPACT Lab. We sent online surveys to members of 59 CPWI communities including all coalition coordinators, Student Assistance Prevention Specialist (SAPS), and Education Service District (ESD) members. A total of 54 respondents from 44 communities filled out the survey.

- Cohort 1: 15 of 19 communities (79%) are represented in the survey.
- Cohort 2: 12 of 13 communities (92%) are represented in the survey.
- Cohort 3: 12 of 19 communities (63%) are represented in the survey.
- Cohort 4: 5 of 6 communities (83%) are represented in the survey.

Additionally, we conducted key informant interviews with 20 coalition coordinators. Sampling for interviews took into account geographic and demographic diversity of CPWI coalitions.

CPWI Impact Over Time Evaluation Data: This evaluation was conducted in 2019 by the WSU IMPACT Lab. We used the Washington State Healthy Youth Survey Data to calculate the effectiveness of CPWI in decreasing adolescent substance use and related risk factors, and increasing protective factors among 10th grade students. In this evaluation, the effectiveness data is used to calculate Effectiveness Summary Score.

DBHR selected CPWI communities based on risk scores computed from key substance use and consequence indicators. We chose propensity score analysis to account for selection bias because the primary selection mechanism for CPWI is known (i.e., the use of risk scores to select CPWI communities); thus, our propensity score would be stronger. In our propensity score model, we selected measures that were used in calculating community risk scores. We also added contextual variables such as total population, population density, levies due to school district, and geographic location to our propensity score model to further strengthen the model. Then, we conducted propensity score-weighted multilevel modeling to calculate program effects.

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