



policy • partnership • prevention

Idaho Office of Drug Policy
304 N. 8th St. Room 455
Boise, ID 83720



Idaho Substance Abuse Block Grant (SABG) and Strategic Prevention Framework Partnerships for Success (SPF PFS) Grant Programs Report

September 2022 | 2022 State Fiscal Year



Prepared by
Pacific Institute for Research and Evaluation (PIRE)
4061 Powder Mill Road, Suite 350
Beltsville, Maryland 20705-3113

This page left intentionally blank.

Table of Contents

Introduction.....	1
SABG Evaluation	2
Overview and Evaluation Questions	2
Data Collection.....	4
Results and Interpretation.....	5
Number of Individuals Served and their Characteristics.....	5
Effects of Participation in Direct Service Programs.....	9
Program Performance	15
Recommendations.....	17
PFS Evaluation	18
Project Overview	18
Evaluation Overview and Questions	21
Results and Interpretation.....	22
Main Accomplishments	22
Populations Served and Reached	25
Prevention Capacity.....	26
Prevention Readiness and Infrastructure.....	26
Recommendations.....	28
Statewide Substance Use Trends	29

Introduction

Evidence-based prevention strategies are a critical component for reducing the health and economic tolls of substance misuse and abuse. Idaho's Office of Drug Policy (ODP), within the Executive Office of the Governor, is responsible for the statewide coordination of substance misuse policy and prevention programming. ODP administers two federal substance misuse prevention grants: The Substance Abuse Prevention and Treatment Block Grant (SABG) and the Strategic Prevention Framework Partnerships for Success (PFS) Grant. Both grants are funded by the Substance Abuse and Mental Health Service Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP).

The SABG provides funds to the state, tribes, and local jurisdictions for the prevention and treatment of substance misuse. ODP has administered the prevention portion of the SABG since July 2013. Idaho's SABG prevention grants primarily fund providers implementing evidence-based direct service programs for youth, families, and individuals at risk for substance use and misuse, although some grantees use the funds to implement coalition capacity building activities and environmental prevention strategies. In state fiscal year (SFY) 2022, Idaho funded 38 organizations to implement substance misuse prevention strategies in communities across the state.

In 2018, ODP applied for and received the PFS Grant. The PFS is the second generation of the five-year Strategic Prevention Framework State Incentive Grant (SPF SIG) awarded to ODP in federal fiscal year (FFY) 2013. ODP's goal of implementing the PFS grant is to prevent underage drinking, marijuana use, and methamphetamine use in communities by enhancing community capacity to implement evidence-based prevention programs and practices, especially among high-risk groups, including American Indians, Hispanics/Latinos, veterans and their families, and Idahoans living in rural communities.

Beginning in February 2019, ODP contracted with Pacific Institute for Research and Evaluation (PIRE) to serve as the external evaluator for the two grants. ODP and PIRE are conducting a process and outcome evaluation for each project with the goals of highlighting challenges, successes, and changes in trends and recommending improvements and mid-course corrections. This report summarizes key findings from the SABG and the PFS grant projects concerning SFY 2022.¹ More detailed data tables and graphics can be found in *SFY 2022 SABG/PFS Evaluation: Supplemental Data Tables and Graphs* available from ODP by emailing info@odp.idaho.gov.

¹ The PFS operates on the Federal Fiscal Year (FFY, October through September); the SABG operates on the State Fiscal Year (SFY, July – June). Unless otherwise noted, SABG and PFS data in this report align with the SFY2022, July 1, 2021 – June 30, 2022.

SABG Evaluation

Overview and Evaluation Questions

In SFY 2022, Idaho had 38 SABG-funded organizations in seven regions. A majority of the awarded providers used funds to deliver evidence-based direct service education programs focused on primary prevention of substance use and misuse. Some grantees, however, also used funds to support community coalition activities, provide problem identification and referral services, disseminate information and educational messaging and materials, and implement environmental prevention strategies. ODP allocates funding regionally based on population, using the most recently available county-level population data from the U.S. Census Bureau. Exhibit 1, on page 3, is a map of the 38 organizations throughout the state. Exhibit 2, also on page 3, displays the evaluation questions for SABG activities and the accompanying data sources. To address these evaluation questions, ODP collected information using the SABG Provider Quarterly Activity Reports and SABG Program Participant Surveys and provided these data sets to PIRE for analyses. The data collection tools are discussed in the next section.

In addition, PIRE collaborated with ODP to conduct a survey of SABG providers to obtain information about the extent to which they had met their grant goals and carried out their grant activities as planned. The survey also asked for feedback about ODP's grants management support. We do not present the results of the SABG Provider Survey in this document because the survey was not designed to address the questions posted by the formal SABG evaluation (see page 3). Nevertheless, the key results can be found in the *SFY 2022 SABG/PFS Evaluation: Supplemental Data Tables and Graphs*.

Exhibit 1. Idaho SABG Provider Map

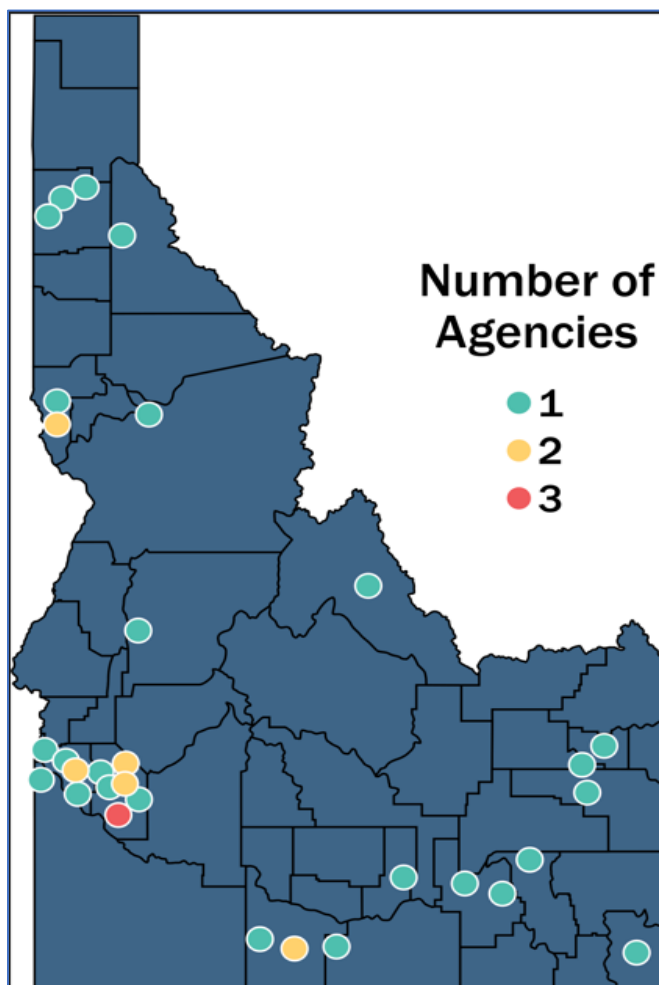


Exhibit 2. SABG Evaluation Questions

SABG Evaluation Questions	Data Sources
1. How many individuals were served by direct service programs funded by SABG? What were their characteristics?	▶ SABG Provider Quarterly Activity Reports
2. What were the effects of SABG direct service programs on participants?	▶ SABG Program Participant Surveys
3. Which SABG programs had the strongest positive outcomes?	▶ SABG Program Participant Surveys

Data Collection

The SABG Provider Quarterly Activity Report is used by ODP to collect quarterly data on SABG implementation and characteristics of SABG programs and program participants including the name of the program, the CSAP Strategy, the Institute of Medicine (IOM) Category, the number of participants, and demographic data about the participants. The data in this report are from cumulative quarterly reports and represent data for the entire state fiscal year.

The SABG Program Participant Surveys are pre-test and post-test assessments of substance misuse prevention-related attitudes and behaviors. Three surveys are available for SABG-funded providers to administer to prevention program participants: a younger youth survey (grades 4-5), an older youth survey (grades 6 – 12), and a parenting survey (the parenting survey is a retrospective post-test methodology rather than separate pre and post surveys). PIRE and ODP collaborated to develop the youth surveys in 2019; the parenting survey has been in use for several years and was developed by ODP and RMC Research.² SABG-funded providers secured parental consent, administered either paper-pencil or online surveys, and forwarded the completed paper surveys to ODP. ODP forwarded the paper surveys to COBRO Consulting for scanning and downloaded the data from the online version to an Excel spreadsheet. COBRO and ODP collaborated to consolidate the data into a single database, then ODP forwarded the cleaned database to PIRE for analysis and reporting.

² Prior to SFY2020, ODP used youth surveys developed in conjunction with RMC Research.

Results and Interpretation

This section presents data to answer the three SABG evaluation questions: (1) How many individuals were served by direct service programs and what were their characteristics? (2) What were the effects of the direct service programs on participants? (3) What programs had the strongest positive outcomes? More detailed data to support the conclusions can be found in *SFY 2022 SABG/PFS Evaluation: Supplement Data Tables and Graphs*.

Number of Individuals Served and their Characteristics

The SABG Provider Quarterly Activity Reports are the best source of data regarding the number and characteristics of individuals served by programs and activities implemented by providers throughout the year. In the Quarterly Activity Reports, providers document the number of individuals they served during each of the four quarters. Although the Activity Reports are intended to capture information for each specific quarter, they are not intended to capture cumulative information over the year. Therefore, the overall total number of participants for many activities may include unique or non-unique counts of individuals.³ For this reason, annual totals provided in Exhibits 3 and 4, on pages 6-7, include cumulative totals (for activities where the quarterly counts were known to be of unique individuals, identified by an asterisk) and quarterly averages (for activities where the quarterly counts were known to be of non-unique individuals, with the average across quarters serving as a good indication of the number of participants at a typical point in the year). It is also worth noting that the same people may be served by multiple activities during the year, particularly across different strategy categories.

Exhibit 3, on page 6, shows that SABG-funded providers delivered a total of 24 direct service programs (activities listed under the CSAP strategies of prevention education and problem identification and referral). About 10,000 individuals were served by these programs during each quarter of SFY22. The direct service programs serving the most people were Positive Action, LifeSkills Training, and Second Step.

In addition to direct service programs, the providers using the standard SABG Provider Quarterly Activity Report indicated reaching about 180,000 community members with information dissemination activities during each quarter (see Exhibit 4). In total, SABG funded programs and activities reached about 190,000 individuals per quarter and about 37,000 more people during the year via activities with annual counts (as outlined in Exhibits 3 and 4 below).

Because the Idaho Regional Alcohol Drug Awareness Resource (RADAR) Center (operated by Boise State University) provides a distinctive mix of information dissemination activities with their funding from ODP, they report their quarterly progress using a different format. Their reports indicated that they reached approximately 1,450 followers via their social media channels. During the state fiscal year, the reports also indicated that they also hosted over 4,000 visitors to their RADAR website, participated in events with almost 25,000 expected attendees, and distributed more than 85,000 printed pieces to fulfill almost 700 requests for materials. (RADAR data are not included in Exhibits 3 or 4.)

³ The terms unique individuals and nonunique individuals distinguish between counts where individuals are only counted once in the total, and those counts where individuals might be counted multiple times. The latter can happen when individuals participated in more than one activity or in a single activity across quarters or were counted repeatedly when they attended multiple sessions of a single activity. Where possible, PIRE used data available in the database to reduce the likelihood of nonunique counts and to reduce inconsistencies across providers. Despite our efforts, we suspect that there are still some nonunique counts in our analyses.

Exhibit 3. Counts of People Served for SABG-Funded Direct Service Programs by CSAP Strategy and Activity Name

STRATEGY	ACTIVITY	ANNUAL TOTAL*	QUARTERLY AVERAGE
Prevention Education	3rd Millennium Courses		58
	Active Parenting		47
	Boomerang Project Link Crew		71
	Class Action	15	
	eCHUG		352
	HealthSmart		179
	INDEPTH		19
	Keepin' It Real Rural		37
	LifeSkills Training		1,806
	Nurturing Parenting		173
	ONE Program	177	
	Parent/Student Policy Violator Class	192	
	Parents and Teens in Action	56	
	Positive Action		4,659
	Prescription Drug Education	119	
	Project ALERT		71
	Project Towards No Drug Abuse		50
	Refuse, Remove, Reasons		40
	Second Step		1,120
	Strengthening Families		116
Too Good for Drugs		485	
	Total	559	9,283
Problem Identification and Referral	COMPU-15 Drug/Alcohol Assessments	83	
	District Safe Schools Online Program	47	
	Project Towards No Drug Abuse +	257	
	Total	387	
NUMBERS SERVED FOR DIRECT SERVICES (ANNUAL TOTAL AND QUARTERLY AVERAGE)		946	9,283

* Annual totals are shown for activities known to have non-duplicative counts across quarters.

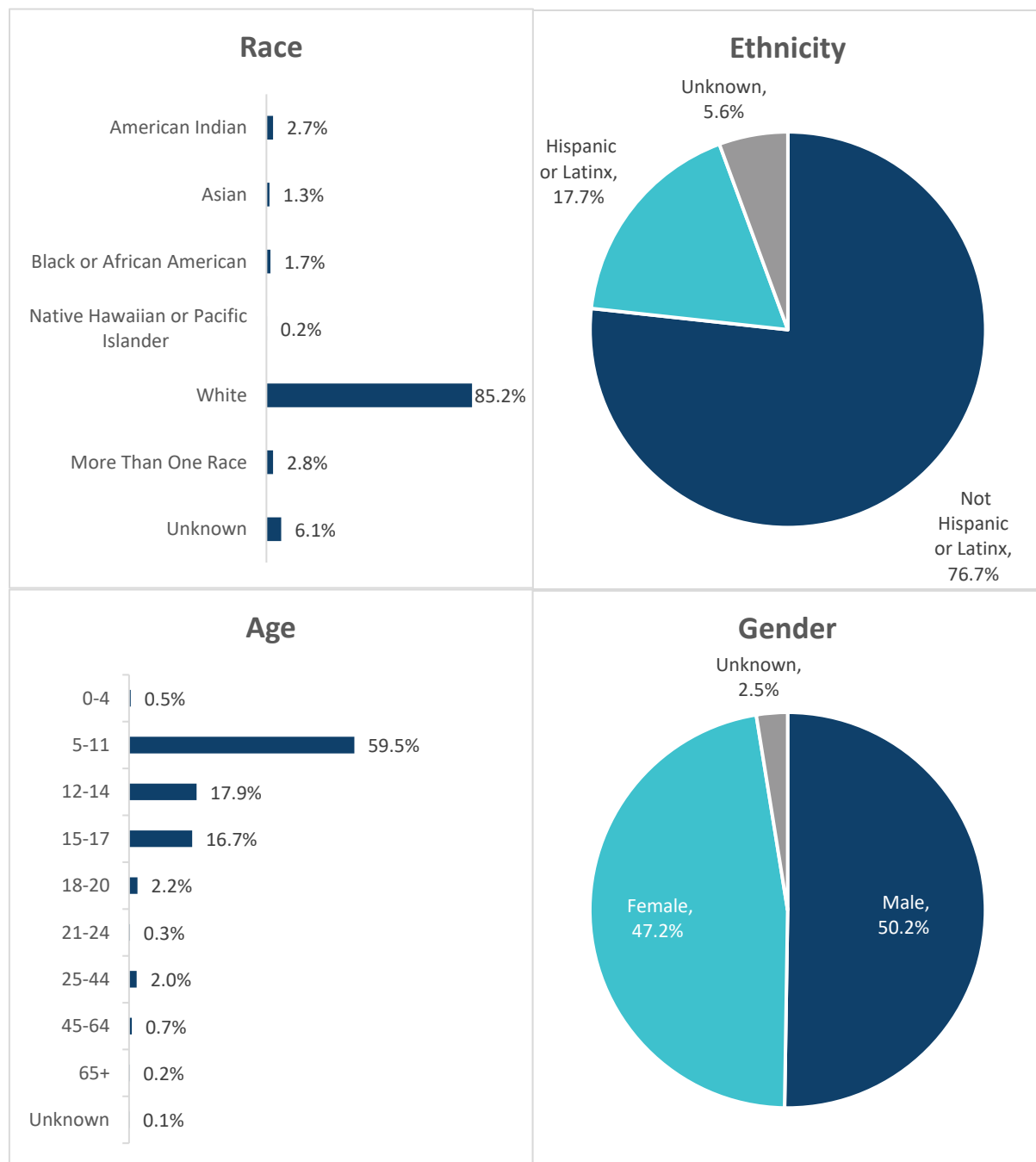
Exhibit 4. Counts of People Reached by SABG-Funded Community-Based Approaches by CSAP Strategy and Activity Name

STRATEGY	ACTIVITY	ANNUAL TOTAL*	QUARTERLY AVERAGE
Alternative Activities	After School/Saturday Activities		745
	Alternative Activities	150	
	Community Service Projects		77
	Total	150	822
Information Dissemination	Coalition/Workgroup Information Dissemination at Events	520	
	Marijuana Prevention Media Campaign	35,378	
	Parents are the Solution		4,389
	Family Dinner Night		65,913
	Be the Parents (Website)		8,283
	Sticker Shock		100,000
	Total	35,898	178,585
Community-Based Process	Certified Prevention Specialist in Schools		2,406
	Health Fairs, Conferences, Meetings, Seminars	17	
	Total	17	2,406
NUMBERS SERVED FOR COMMUNITY-BASED APPROACHES (ANNUAL TOTAL AND QUARTERLY AVERAGE)		36,065	181,813

* Annual totals for activities known to have non-duplicative counts across quarters

Exhibit 5 shows the demographic characteristics of individuals served by the direct service programs. Almost all of the participants were youth aged 5-17 (95%). Most participants were White (85%) and non-Hispanic (77%), Programs served an even mix of males (50%) and females (47%). Despite the fact that these demographic data are provided as aggregate-level estimates by the providers, it is noteworthy that the estimates are relatively close to the demographic characteristics of Idaho residents per the 2020 U.S. Census.

Exhibit 5. Demographic Characteristics of Individuals Served by



SABG-Funded Direct Service Programs

Evaluation Question 1: How many people were served by direct service programs and what were their characteristics?

- SABG providers implemented 27 direct service programs, with most being prevention education strategies.
- These programs served nearly 10,000 individuals on average per quarter.
- Among those, Positive Action, LifeSkills Training, and Second Step were the most widely attended programs.
- Most participants (95%) were youth aged 5-17.
- Most participants were White (85%) and non-Hispanic (77%),
- Programs served an even mix of males (50%) and females (47%).

Effects of Participation in Direct Service Programs

PIRE ran an extensive set of analyses to determine whether participants in direct service programs reported any changes in their attitudes and behaviors associated with substance misuse from the beginning of the program to the end.⁴ Exhibits 6 to 9 summarize the results of the pre-post analyses. Green cells signify changes that were statistically significant in the desired direction (i.e., less risky attitudes and behaviors), red cells signify changes that were statistically significant in the undesired direction (i.e., more risky attitudes and behaviors). A blank cell signifies no statistically significant change. As can be seen, the most positive results were found among parents, with the results for older students being better than the results for younger students.

Exhibit 6. Summary of Changes from Retrospective Post-Test, Parents

Prevention Programs (Retrospective Post n)	Consistent Discipline	Inductive Reasoning	Substance Use Rules and Consequences	Anger Management	Involving Child in Family Activities	Positive Affect	Less Negative Affect	Substance Use Health Impact Perceptions
OVERALL (254)	*	*	*	*	*	*	*	*
Active Parenting (53)	*	*	*	*	*	*	*	
Nurturing Parenting (141)	*	*	*	*	*	*	*	*
Strengthening Families (41)	*	*	*	*	*	*	*	*
LEGEND								
Statistically Significant Change, Desired	*							
Statistically Significant Change, Undesired								
No Statistically Significant Change								

- ▶ Parents who participated in substance misuse prevention programs consistently reported desired changes across all eight constructs measured (i.e., consistent discipline, inductive reasoning, substance use rules and consequences, anger management, involving youth in family activities, positive affect, less negative affect, and substance use health impact perceptions).

⁴ PIRE only included programs in the exhibit that had at least 50 respondents at pre-test and post-test for the student surveys, and at least 25 respondents for the retrospective parenting survey. All participants, however, are included in the overall analyses.

Exhibit 7. Summary of Changes from Pre-Test to Post-Test, Grades 4 - 5⁵

Prevention Programs (Pre n, Post n)	Prosocial Behaviors	Disapproval of Use	Perception of Harm	Social Awareness	Relationship Skills	Responsible Decision Making	Setting Goals	ATOD Discussions w/Parents	Family ATOD Expectation Discussions w/Parents
OVERALL (1,139; 1,043)				*		*			
LifeSkills Training (205, 228)									
Positive Action (577, 624)				*	*	*			
Second Step (260, 188)				*		*	*		
LEGEND									
Statistically Significant Change, Desired	*								
Statistically Significant Change, Undesired									
No Statistically Significant Change									

- ▶ For the overall group of youth in grades 4 and 5 who participated in prevention programs, there were statistically significant increases in social awareness and responsible decision making.
- ▶ Youth in grades 4 and 5 who participated in the Second Step program had statistically significant increases in social awareness, responsible decision making and goal setting skills, but had statistically significant decreases in prosocial behaviors and relationship skills.
- ▶ Youth in grades 4 and 5 who participated in the Positive Action program had statistically significant increases in social awareness, relationship skills, and responsible decision making.
- ▶ Youth in grades 4 and 5 who participated in LifeSkills Training had a statistically significant decrease in perception of harms due to substance use.
- ▶ Elementary school students generally begin programs with low levels of risk and use; as such, it is more difficult to demonstrate reductions in risk than for older students.

⁵ We did not include data from Too Good For Drugs because the provider administered pre-tests but not post-tests due to a large number of absences during the year.

Exhibit 8. Summary of Changes from Pre-Test to Post-Test, Grades 6 - 8

Prevention Programs (Pre n, Post n)	Alcohol	Binge Drinking	Tobacco	Marijuana	Prescription Drugs	Electronic Vaping Devices	Decision Making	Perception of Risk	Refusal Skills	Disapproval of Use	Perception of Peer Disapproval	ATOD Discussions w/Parents	Family ATOD Expectation Discussions w/Parents
OVERALL (1,232; 1,117)				*			*	*					
LifeSkills Training (795, 692)				*			*	*					
Positive Action (72, 153)													
Project Alert (71, 66)													
LEGEND													
Statistically Significant Change, Desired	*												
Statistically Significant Change, Undesired													
No Statistically Significant Change													

- ▶ The overall group of youth in grades 6 through 8, as well as those participating in LifeSkills Training, had statistically significant decreases in 30-day marijuana use, and increases in decision making and perception of risk.
- ▶ Grade 6 through 8 survey participants in Positive Action and Project Alert had no statistically significant changes. Detecting statistically significant changes among these programs may have been hampered by the relatively low number of respondents.

Exhibit 9. Summary of Changes from Pre-Test to Post-Test, Grades 9 - 12

Prevention Programs (Pre n, Post n)	Alcohol	Binge Drinking	Tobacco	Marijuana	Prescription Drugs	Electronic Vaping Devices	Decision Making	Perception of Risk	Refusal Skills	Disapproval of Use	Perception of Peer Disapproval	ATOD Discussions w/Parents	Family ATOD Expectation Discussions w/Parents
OVERALL (580; 547)	*	*	*	*		*	*	*	*	*	*		
Boomerang Project (83, 62)													
LifeSkills Training (216, 213)								*					
Project Toward No Drug Abuse (138, 131)	*	*	*	*				*		*			
LEGEND													
Statistically Significant Change, Desired	*												
Statistically Significant Change, Undesired													
No Statistically Significant Change													

- ▶ The overall group of youth in grades 9 through 12 had statistically significant decreases in 30-day substance use rates for five or the six substances that were measured on the survey (there was no change in prescription drug use), and increases in decision making, perceptions of risk, refusal skills, disapproval of use, and perception of peer disapproval of use.
- ▶ Grade 9 through 12 survey participants in Project Towards No Drug Abuse had statistically significant decreases in 30-day substance use rates for alcohol, binge drinking, tobacco, marijuana, and vaping, and increases in perceptions of risk, and disapproval of use.
- ▶ Grade 9 through 12 survey participants in LifeSkills Training had a statistically significant increase in perceptions of risk, and no other statistically significant changes
- ▶ Grade 9 through 12 survey participants in the Boomerang Project had no statistically significant changes.

Evaluation Question 2: What were the effects of the direct service programs on participants?

- Parents reported significant positive changes following participation in prevention programs.
- Overall, youth in grades 4-5 had statistically significant increases in social awareness and responsible decision making.
- Overall, youth in grades 6-8 had a statistically significant decrease in 30-day marijuana use rate, and statistically significant increases in decision making skills and perceptions of risk around substance use.
- Overall, youth in grades 9-12 had statistically significant decreases in 30-day substance use rates for five of the six substances that were measured on the survey, and increases in decision making, perceptions of risk, refusal skills, disapproval of use, and perception of peer disapproval of use.

Program Performance

The pre-post program outcome data can be useful for making future programmatic decisions (e.g., which programs to continue and which to discontinue) but they should be treated with caution because they reflect one set of results at one point in time and have inherent methodological limitations. PIRE recommends using national research study findings with longer-term data and appropriate comparison groups as the primary source of information to guide program selection decisions, with the pre-post information used as a secondary source that is most useful when there are consistent findings across large numbers of participants. To aid in future decision-making, PIRE has compiled summary results from multiple years for the programs with a sufficient survey sample for all of the years (Exhibit 10 on page 16). At this point, the table includes data for only three years (SFY2020, 2021, and 2022) because many of the measures were modified in SFY 2020, leaving only three years of comparable data. Notably, these data were gathered during the COVID-19 pandemic which may have had an impact on implementation and the quality and quantity of data. Future tables will include data from additional years.

Exhibit 10 displays the number of statistically significant desirable and undesirable changes found since 2020. The table shows the difference between the two metrics creating an overall effectiveness index for each program, which is calculated by taking the difference between the number of outcomes in the desirable and undesirable direction and dividing by the total number of outcomes. This results in an index ranging from -100 to +100. An index of -100 means that all measures had a significant change in the undesired direction, whereas an index of +100 means that all measures had a significant change in the desired direction. Effectiveness indexes close to 0 mean either that the number of desirable changes and undesirable changes was about equal or that there were virtually no changes in either direction. As data in this table expand to include more years, they will become more stable, providing more useful information for programmatic decisions.

The main goal of substance misuse prevention programs is to help youth avoid initiating in risky behaviors. As such, no overall positive change (i.e., effectiveness indexes close to 0) may be a positive sign, especially when many of the measures at baseline appear to show low levels of risk and the target populations are maturing adolescents. Thus, the main value of the table below is to highlight programs that consistently show low effectiveness rates relative to other programs across multiple years. When low rates are consistently seen, providers might ask themselves why that is the case. Is the program evidence-based? Is it being delivered to the proper target group? Is it being implemented with fidelity? Is it designed to meet the goals of preventing substance misuse and the associated risk and protective factors that ODP is measuring (i.e., it might be an evidence-based program but for a different set of issues)?

Exhibit 10. Summary of Significant Effects for Three Years, 2020 - 2022

Program Name	Avg N	Number of Measures	Desired Changes	Undesired Changes	Difference	Effectiveness Index*
Parenting Programs						
Active Parenting	47	24	20	0	20	83
Nurturing Parenting	125	24	23	0	23	96
Strengthening Families	37	24	21	0	21	88
Grades 4 – 5						
Positive Action	586	27	4	2	2	8
Grades 6 – 8						
LifeSkills	836	39	6	5	1	3
Project Alert	224	39	2	3	-1	-3
Grades 9 – 12						
LifeSkills	158	39	20	0	20	51
PTNDA	99	39	10	0	10	26

* The Effectiveness Index is the difference score divided by the number of measures and can range from -100 to +100.

- ▶ All the parent programs demonstrated high levels of effectiveness, with indexes higher than +80.
- ▶ Only one program for youth in grades 4 and 5 had a sufficient survey sample during all three years (Positive Action). Its effectiveness index was around 0, meaning limited overall change. The pre-test scores, however, were overwhelmingly positive, making it difficult to achieve higher ratings.
- ▶ The two programs with sufficient samples for youth in grades 6 through 8 (LifeSkills and Positive Alert) also hovered around 0, meaning little change. As with elementary school students, this may be the expected effect of programs for middle school students who generally enter programs with low levels of risk.
- ▶ The two programs with sufficient samples for youth in grades 9 through 12—LifeSkills and Project Toward No Drug Abuse (PTNDA)—had higher index scores than the programs implemented with younger youth. One reason that LifeSkills in high school performed better than LifeSkills in middle school might be that high school students typically report more risky behavior at baseline than middle school students, leaving more room for positive change.

Evaluation Question 3: What SABG Programs Had the Strongest Positive Outcomes?

- All parenting programs showed strong positive outcomes.
- Among programs for youth, LifeSkills Training and Project Toward No Drug Abuse implemented with students in grades 9-12 demonstrated the strongest positive outcomes.

Recommendations

Based on the SFY2022 pre-test and post-test survey results, as well as data compiled that summarizes effects since SFY2020, PIRE recommends that ODP and its partners consider the following five issues.

- ▶ Prevention providers should review the programs that consistently did not perform as well as expected, especially over multiple years. The data reported here should not be grounds for eliminating programs but should be used to prompt some key questions: Why do we think the program did not perform as well as expected or as well as other programs? Is it the right program and the right staffing for our population and our community's needs? Did we adequately monitor program implementation? Did we implement the program with fidelity? Does the COVID-19 pandemic seem to have contributed to the results that we have seen over the past three years? Are we aware of implementation barriers that we can overcome? Additional training and technical assistance from ODP would help achieve this.
- ▶ Parent programs appear to be consistently successful in achieving their goals. As such, PIRE recommends continued efforts to broaden the reach of these programs as much as possible.
- ▶ The data here, as in past years, suggest that measurable outcomes (i.e., significant reductions in substance use and associated risk factors) may be more difficult to achieve with elementary and middle school students than with high school students. Elementary and middle school students generally begin the programs with low levels of use and risk; as such, it is more difficult to demonstrate reductions in use and risk. Moreover, "flat lines" or no changes may be interpreted as the expected results for programs aiming to prevent the onset of use and risk. PIRE recommends that ODP and providers modify their expectations about what "positive results" are for elementary and middle school programs. Programs that consistently show no changes (versus those that consistently show undesired changes) may be meeting realistic expectations for what can be demonstrated via limited pre-post surveying. Again, additional training and technical assistance from ODP would help achieve this.
- ▶ Programs delivered to high school students are consistently showing positive results. ODP and providers should continue their efforts to broaden the reach of these programs.
- ▶ It appears that the data collected in the SABG Quarterly Activity Reports are likely to represent nonunique counts of individuals in many places and that there are inconsistencies in data quality across provider. We recommend that ODP further develop and disseminate guidance to providers to reduce inconsistency in reporting and to enhance confidence that counts represent unique individuals, especially in direct service programs.

In addition, PIRE recommends that ODP continue to infuse the SABG with the SPF steps (needs assessment, strategic planning, capacity building, implementation of evidence-based strategies, and evaluation/monitoring) through trainings and workshops, and to include SPF-related expectations in the providers' contractual obligations. We recognize that the SPF PFS is an excellent opportunity to build prevention capacity among the SABG prevention providers, who are a critical component of Idaho's prevention infrastructure.

PFS Evaluation

Project Overview

Idaho received the 2018 PFS grant from SAMHSA with the primary goal of reducing underage drinking across the state and secondary goals of reducing marijuana use and methamphetamine use in certain regions. ODP is distributing the PFS funds to all seven regions of the state through the state's regional public health districts, in collaboration with Regional Behavioral Health Boards (RBHBs). ODP identified outcome priorities for the regions (i.e., underage drinking, marijuana use, and methamphetamine use) and target populations (i.e., American Indians, rural communities, and veterans). In addition, ODP funds law enforcement agencies to conduct operations to reduce underage drinking and other substance misuse.

The public health departments hired regional Project Coordinators (PCs) to lead implementation and are responsible for strategic planning and guidance to the PCs. ODP also required regions to implement three programs or strategies: 1) Strengthening Families or a parent-focused evidence-based curriculum, 2) Be the Parent (BTP) social marketing campaign or a parent-focused social norms/marketing campaign, and 3) Drug Impairment Training for Education Professionals (DITEP). Additional programs and strategies could be added if chosen from the list in the ODP PFS grant manual and with prior approval from ODP. Examples include a LifeSkills facilitator training program, Responsible Beverage Server Training, social norms/marketing campaigns, and distribution of drug destruction pouches and/or lockboxes.

The law enforcement agencies are responsible for implementing interdiction activities to reduce drug use, and environmental strategies to prevent underage drinking, including party patrols, compliance checks, and shoulder tap operations. They are also responsible for making presentations about prevention efforts to community stakeholders.

Additionally, ODP has provided funds for a contracted learning management system (LMS) to support training opportunities for Project Coordinators at the public health departments and the RBHBs, as well as for law enforcement agencies. In FFY 2021-22, there were 59 new users registered and 103 courses completed. Finally, ODP has used PFS funds to support the Idaho Healthy Youth Survey (IHYS), a statewide, biennial survey of youth substance use, risk factors, and protective factors. The survey, which is administered by Bach Harrison, LLC, provides data by state, hub, and school district to allow for planning at various jurisdictional levels.

Exhibits 11, on page 19, provides a map of the PFS regions and their outcome priorities and Exhibit 12, on page 20 is a figure displaying PFS funded activities and agencies. More information about the PFS can be found in the [SPF PFS Grant Manual](#) developed by ODP.

Exhibit 11. Idaho PFS Map

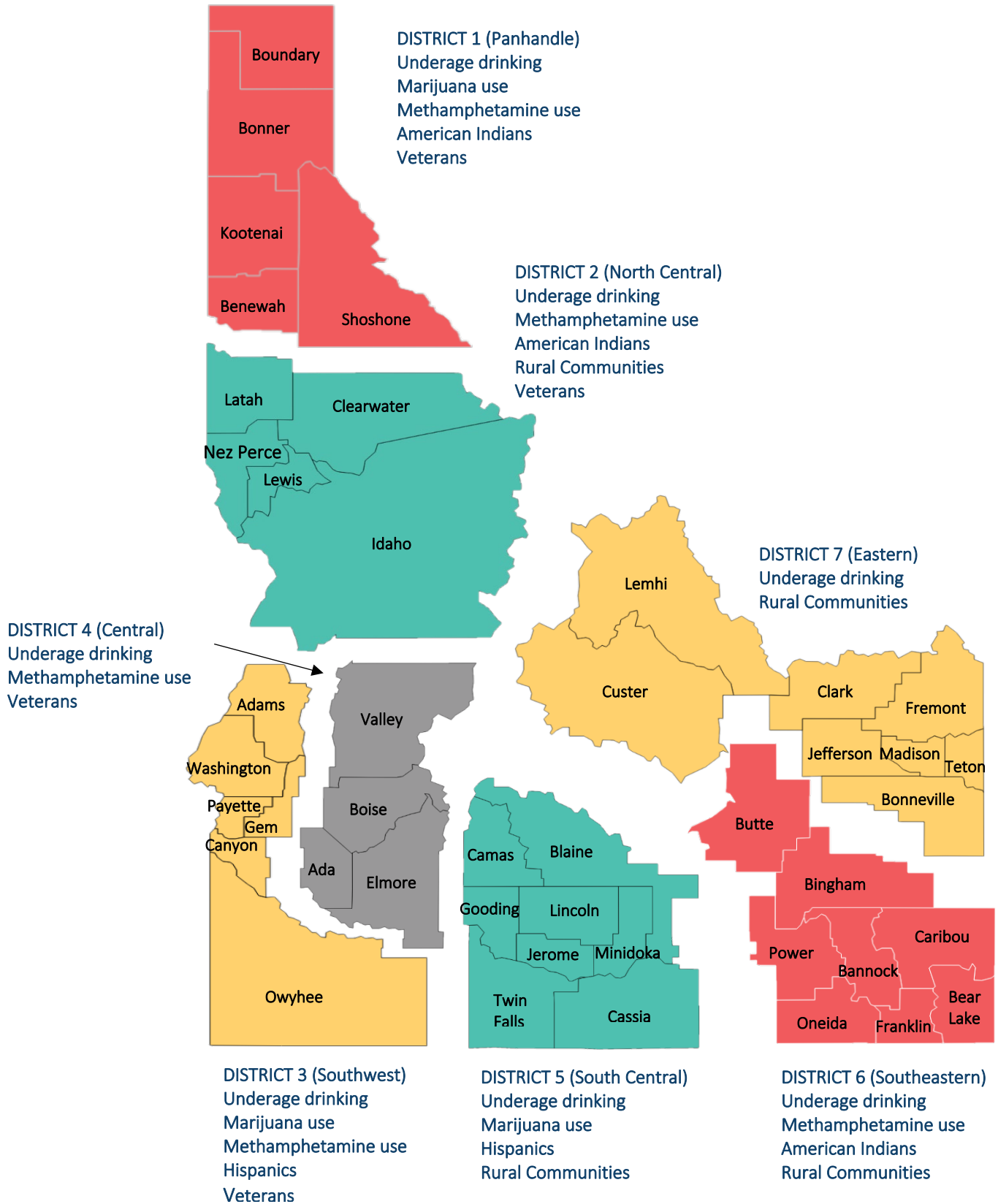


Exhibit 12. Activities Funded by the PFS

US SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

US CENTER FOR SUBSTANCE ABUSE PREVENTION

IDAHO OFFICE OF DRUG POLICY

PUBLIC HEALTH DEPARTMENTS

- Project Coordinator
- Strategic Planning
- Parenting Program Curriculum
- *Be the Parents* campaign or social norms/marketing focused on parents
- Drug Impairment Training for Educational Professionals (DITEP)
- Rx Drug Take Back Day(s)
- Other Strategies (per district)

LAW ENFORCEMENT AGENCIES

- Interdiction activities
- Party patrols
- Compliance checks
- Shoulder tap operations
- Community presentations
- In person trainings

CONTRACTORS

- PIRE - statewide evaluation
- Learning Management System
- Bach Harrison – Idaho Healthy Youth Survey

Evaluation Overview and Questions

PIRE is conducting a process and outcome evaluation of the PFS grant that addresses four questions:

1. What were the main accomplishments of the PFS grant?
2. What populations were served by the grant?
3. To what extent was prevention capacity enhanced?
4. To what extent were readiness and infrastructure enhanced because of the grant?

To answer these questions, PIRE is implementing three main data collection activities, described below.

PFS Data Collection Form. The PFS Data Collection Form is an online form created by ODP and PIRE to collect quarterly data on PFS implementation and the characteristics of people served by PFS direct-service programs and reached by population-based prevention efforts and messaging. Each quarter, PFS grantees report on the following domains: Assessment, Capacity, Planning, Disparities, Implementation, Evaluation, Sustainability, and Annual outcomes.

Annual Key Informant Interviews. PIRE conducts key informant interviews each year with PFS coordinators in each region, as well as interviews with the chairs of the RBHBs twice during the grant – the most recent RBHB chair interviews were conducted at the end of SFY2022. The purpose of the interviews is to gather data about successes and challenges of the previous year, capacity gains, and plans for the next year.

Capacity Survey. Twice during the project, PIRE will conduct a survey of RBHB members to assess the extent to which prevention capacity in the regions is enhanced during the project. PIRE conducted the first capacity survey in 2020 and will conduct the second capacity survey in 2023.

In addition to the three primary data collection activities, PIRE receives data relevant to law enforcement activities from ODP (in FFY22 this was via access to data from their quarterly reports; in prior years, ODP compiled a summary of enforcement activities for this report).

Results and Interpretation

This section presents data to address the five PFS evaluation questions: (1) What were the main accomplishments of the PFS grant? (2) What populations were served by the grant? (3) To what extent was prevention capacity enhanced? (4) To what extent were readiness and infrastructure enhanced because of the grant? (5) What outcomes were achieved? Below is summarized data to answer these questions. More detailed data, including data for each region, can be found in *SFY 2022 SABG/PFS Evaluation: Supplemental Tables and Graphs* available from ODP.

Main Accomplishments

Grantees successfully implemented a wide variety of PFS strategies throughout their regions during SFY 2022, including the following. Below we present the number of people served by programs and the number of people reached by population-based strategies.

Number of Individuals Served by Program

Strengthening Families Program or Evidence-Based Parent/Family Management Class. Grantees held trainings for trainers and coordinated classes for several evidence-based prevention programs with family components: Strengthening Families, 3rd Millennium, and Positive Action. A total of 145 people were trained or participated in these three programs during the past project year.

Botvin's LifeSkills. Grantees implemented Botvin's LifeSkills, a school-based prevention program for middle and high school youth. A total of 70 students participated in the program in three regions.

Alternative Activities. Grantees implemented a variety of alternative activities designed to provide substance-free options for youth or create safer, substance-free environments. Alternative activities included youth mentoring, Safe & Sober graduation activities, and afterschool activities. A total of 1,472 people were reached by alternative activities.

Youth Leadership. A total of 121 students participated in youth leadership programs in two regions.

Other Activities. Grantee reported that 805 people participated in additional activities, including Youth Mental Health First Aid, parent outreach, and mental health screenings and referrals.

Number of People Reached by Population-based Strategy

Be the Parents. PFS coordinators estimated reaching 445,902 people through the *Be the Parents* multimedia campaign designed to equip parents and caregivers with strategies and resources to help prevent their youth from drinking alcohol. Grantees used a variety of media for this campaign including billboards, flyers, brochures, paid ads, and social media.

Information Dissemination. Another 614,719 people were reached with prevention messaging through other information dissemination activities and social marketing campaigns. Again, grantees used a variety of media for this campaign including billboards, flyers, brochures, paid ads, and social media. In one region, prevention messages were included in utility bills.

Safe Storage and Disposal. Grantees in all regions engaged in activities to promote the safe storage and disposal of prescription drugs. Grantees reached 14,015 people through the dissemination of drug deactivation bags, lockboxes, TimerCap kits, and campaigns highlighting the need to safely store, monitor and dispose of medications.

Drug Impairment Training for Education Professionals (DITEP). DITEP helps school resource officers, counselors, teachers, and other staff identify impaired youth in school settings. Across the regions, 187 persons were trained in DITEP.

Other Strategies. Grantees reported reaching an additional 5,113 people by implementing additional strategies, including installing lighting and cameras in high schools. .

PFS Funded Law Enforcement Agencies

The PFS Grant funds law enforcement agencies to prevent underage drinking, marijuana use, and methamphetamine use in Idaho through proven techniques including interdiction activities, party patrols, shoulder tap operations, compliance checks and community presentations.^{6,7} Between July 2021 and June 2022, ODP funded 23 law enforcement agencies: 12 sheriff’s offices, 10 police departments, and the Idaho State Police Alcohol Beverage Control. A summary of the law enforcement grantees’ prevention activities, as reported to ODP, is shown in Exhibit 13.

Exhibit 13. Counts of PFS-Funded Law Enforcement Activities

Activity	Number of Agencies	Total Number Conducted
Interdiction Activities	19	341
Party Patrols	10	188
Compliance Checks	6	145
Shoulder Taps	3	107
Substance-related Presentations	6	35
After Hour High School Activity Patrols	1	20
Other*	5	7

* Activities classified as Other included executing search warrants for drug seizures, assisting with a drug takeback event, and Desert Snow training.

⁶ Shoulder Taps: An underage decoy, supervised by an officer, approaches an adult going into an establishment to buy alcohol and asks the adult to purchase alcohol for them. If the attempt is successful, the provider is detained and dealt with appropriately.

⁷ Compliance Checks: Law enforcement officials supervise undercover youth who attempt to purchase alcohol; if the attempt is successful, the establishment is penalized.

Nineteen of the law enforcement grantees reported spending a total of almost 3,000 hours on interdiction activities resulting in 341 stops with drug seizures. Below are the drugs they seized:

- Fentanyl – 146 pills
- Methamphetamine – 596 grams
- Heroin – 12 grams
- Marijuana – 1,300 grams
- Psilocybin – 313 grams
- Prescription drugs – 99 pills
- Cocaine – 276 grams

Approximately half of the law enforcement grantees conducted party patrols, totaling over 1,200 hours, and disbanding 84 parties.

Six grantees provided substance-related presentations and other drug and alcohol-related educational activities reaching over 5,500 individuals.

Additional Accomplishments Discussed in the Key Informant Interviews

For the most part, grantees were pleased with program implementation, especially considering that five of the seven coordinators were new this year and coordinator positions were often vacant for three to four months. Although COVID restrictions on in-person meetings and programming were eased, they did continue to have an impact in some regions, such as the inability to implement all planned cycles of Strengthening Families and the cancellation of LifeSkills. Nevertheless, grantees were able to implement a wide variety of strategies for broad and targeted populations, including the following:

- Several new programs and strategies were added, including Planet Youth (a community-wide adolescent substance abuse prevention model), Youth Mental Health First Aid, school diversion and referral policies, the installation of cameras and lighting at high schools to reduce risky behavior, and Truth 208 conversation cards aligning with a sticker shock campaign.
- Several new programs were added, including Positive Action youth components and 3rd Millennium.
- New partnerships were developed with juvenile justice/probation, pharmacies, Sheriff's departments and senior services.

Evaluation Question 1. What Were the Main Accomplishments of the PFS Grant?

- Grantees successfully implemented a wide variety of PFS strategies throughout their regions during SFY 2022 including *Be the Parents* and other media campaigns, evidence-based prevention programs for families and youth, drug detection training for school personnel, safe storage and disposal activities, and environmental strategies.
- Local law enforcement agencies across the state implemented enforcement strategies such as interdiction operations, compliance checks, shoulder taps, and party patrols.

Populations Served and Reached

This section provides data about overall unique counts (unduplicated) of people served in PFS-funded direct service programs and reached by PFS-funded broad community strategies in SFY 22.⁸ The grantees served and reached populations that were relatively consistent with the diversity of the state, as summarized below. Overall, PFS coordinators reported that 3,030 people were directly served in prevention programs and 961,803 were reached by population-based prevention messaging (e.g., media campaigns). Below are breakdowns of the populations served and the populations reached.

Gender. The gender breakdown of people served in prevention programs was almost even—48% male and 52% female. There was little variation across the regions.

The gender breakdown of people reached by population-based messaging was even—50% male and 50% female.

Race. The racial/ethnic breakdown of people served in prevention programs was as follows: 95% White, 3% American Indian/Alaska Native, 3% two or more races, 1% African American/Black, 1% Asian, 0.1% Native Hawaiian/Pacific Islander. In addition, 12% were reported to be Hispanic/Latino.

The racial/ethnic breakdown of people reached by population-based prevention efforts was similar to that of people served in prevention programs: 93% White, 2% American Indian/Alaska Native, 3% two or more races, 1% African American/Black, 1% Asian, 0.2% Native Hawaiian/Pacific Islander. In addition, 9% were reported to be Hispanic/Latino.

Other Groups. Prevention Coordinators reported that 56% of people served were in rural areas, 7% were associated with the military (i.e., service members, veterans, or family members), and 2% were members of the LGBTQ community.

For people reached by population-based prevention efforts, PFS coordinators reported that 31% were in rural areas, 8% were associated with the military (i.e., service members, veterans, or family members), and 1% were members of the LGBTQ community.

⁸ These data are based on estimates that grantees provided about the overall, unique number of people they served and reached in their communities regardless of strategy. They are not equal to the total of all the strategy-level counts from the previous section of the report.

Evaluation Question 2. What Populations Were Served by the Grant?

- The grantees served and reached populations relatively consistent with the diversity of the state.
- PFS coordinators reported that 3,030 people were directly served in prevention programs and 961,803 were reached by population-based prevention messaging (e.g., media campaigns).
- Males and females were served in, and reached by, prevention efforts equally.
- Reflecting the Idaho population, most people served in, and reached by, prevention efforts were White (92% and 90%, respectively).
- Much of the prevention efforts were aimed at rural populations, with 57% of the people served in programs being from rural areas and 31% of the people reached by population-based prevention messaging being from rural areas.

Prevention Capacity

Several regions offered trainings to their RBHB members and to the community at large. These included Positive Action, Mental Health First Aid (adult and youth versions), Tall Cop, DITEP, Positive Cultural Norms, a prevention webinar series, and supported participation in the Idaho Prevention Conference. In addition to providing training, PFS coordinators participated in 133 virtual and in-person trainings on substance use prevention. Many regions strengthened relationships with groups such as school districts and colleges, treatment/recovery providers, juvenile justice, probation, local law enforcement, medical practices, hospitals, and pharmacies. These relationships serve to extend the reach of PFS efforts.

COVID has continued to negatively impact grantees' ability to provide in-person training, recruit participants, and hold community meetings. Several of the evidence-based programs (e.g., Strengthening Families) did not offer virtual train-the-trainers sessions, thus causing some regions to drop the programs.

Prevention Readiness and Infrastructure

PFS coordinators and RBHB chairs described relatively strong relationships between the two entities in three of the regions. These coordinators attend regular board meetings and often work closely with a sub-committee such as youth mental health or prevention committees. These coordinators were able to ask for help or suggestions on specific projects at the regular board meetings and worked closely with board representatives to increase their contact and reach throughout the region. In the other four regions, the relationships between the PFS Coordinators and the RBHBs was not as strong. Although at least two of the PFS Coordinators report on prevention activities at the RBHB meetings, there seems to be a lack of clear planning and expectations about how and when to collaborate to support prevention.

PFS coordinators have made information available to board members about trainings they are offering, although board member participation in these trainings has been minimal in some regions. One PFS coordinator was asked to do a mini training on Positive Action, so the board partners could, in turn, reach out to their constituencies. Several board chairs said one of the contributions of the PFS coordinator is

providing a greater awareness of substance abuse issues and the need for prevention. Given the structure of board representation, boards are often more focused on treatment and recovery, even with the mandated addition of a certified prevention specialist (CPS). Unfortunately, several CPS positions have been difficult to fill or remained vacant for an extended period. Several chairs stated that it can be hard to shift thinking from relapse prevention to primary prevention, given the orientation of board members.

Additionally, a few noteworthy issues and suggestions were mentioned by interviewees about sustainability of prevention activities in their region and collaboration with other funded groups after the PFS ends. Several RBHBs and Health Departments are assisting PFS coordinators with plans for sustainability. Some board partners are taking over programs or exploring alternative funding. At least one Health Department is exploring the use of COVID, Opioid Settlement funds and/or HRSA (Health Resources and Services Administration) funds to continue programs, although probably at a lower funding level than they receive from the PFS. Notably, several of the PFS coordinators did not know who had SABG or PFS law enforcement funding in their region and thought this information could be helpful for collaboration.

One of the on-going issues for continuity of prevention readiness and infrastructure has been staff turnover in PFS coordinator positions. This may have contributed to the lack of information about other ODP funded groups. Some of these positions have remained vacant for months. Several new coordinators mentioned it would be helpful to have a document providing guidance on day-to-day roles and expectations for the Project Coordinator and the expectations about working with the RBHB. Other coordinators have offered advice, but the new coordinator often has to be proactive in reaching out. At least one coordinator mentioned the need for assistance from ODP on workforce development, especially in rural areas. One positive development has been the hiring of more PFS coordinators with public health background. Finally, Board Chairs and the PFS Coordinators mentioned the lack of available data, especially population-level data, which hampers their evaluation and sustainment efforts. They said it is difficult to measure their impact and to plan for future efforts without these data.

Evaluation Question 3. To What Extent Was Prevention Capacity Enhanced?
Evaluation Question 4. To What Extent Were Readiness and Infrastructure Enhanced?

- Through training opportunities, prevention capacity is being enhanced in the regions among Prevention Coordinators, RBHB members, and community members at large.
- Relationships have strengthened among many Prevention Coordinators, RBHBs, and other community entities (e.g., law enforcement, juvenile justice, pharmacies, hospitals, coalitions, and education agencies).
- Nevertheless, connections between the Health Departments and the RBHBs are not as widespread as intended, with only three of the seven regions reporting strong relationships.

Recommendations

Based on the data gathered thus far, PIRE has several recommendations for ODP and the grantees as the project enters its final year.

- The SPF PFS is an excellent opportunity to build and enhance prevention infrastructure in the regions, particularly within the Public Health Departments and the RBHBs. During the next year, PIRE recommends continued training on the SPF steps, evidence-based prevention, implementation monitoring and fidelity, and evaluation, and assistance with data access and collection. Continued training is especially important in light of ongoing turnover in regional PFS coordinators.
- As discussed in the SABG recommendations, PIRE recommends that ODP continue to infuse the SABG with the SPF steps (needs assessment, strategic planning, capacity building, implementation of evidence-based strategies, and evaluation/monitoring) through trainings and workshops.
- Related to the second bullet, PIRE recommends that the PFS grantees conduct a thorough regional-level assessment of their needs and capacity in the final year of the PFS. This assessment can then serve as a launching point for the SABG providers to engage in strategic planning as the PFS ends.
- PIRE recommends that the law enforcement efforts to reduce underage drinking and substance misuse that are funded through the PFS be supported by the SABG, thus helping to institutionalize these environmental strategies in the block grant. Although SABG funds cannot be used to directly support law enforcement activities, they can be used to support law enforcement training and training of community members in environmental strategies (e.g., responsible beverage server training and merchant education).
- Because the Idaho Healthy Youth Survey has the potential to be a critical source regional data relevant to substance abuse prevention planning and monitoring, PIRE continues to recommend that ODP, the PFS coordinators, and RBHBs collaborate with the Idaho Department of Education to encourage schools to participate in each of the regions so that sufficient data are collected to generate prevalence estimates at the region level.
- For the final year of the PFS grant, it will be important to pay particular attention to ongoing ODP communication with PFS coordinators and RBHBs about other funding opportunities and non-monetary options for sustaining the current collaborations and strategies.
- Idaho's PFS project was designed to enhance collaborative regional substance abuse prevention approaches within both the regional Health Departments and RBHBs. Therefore, documentation of attributes and expectations that are more likely to lead to a positive, productive relationship could be helpful to inform future collaborations.

Statewide Substance Use Trends

The State of Idaho participates in several population-based data collection efforts that measure and track substance use trends over time. These data sources are the Youth Risk Behavior Survey (YRBS), Idaho Healthy Youth Survey (IHYS), and Behavior Risk Factor Surveillance System (BRFSS). The three surveys serve as complementary data sources because they all have strengths and limitations. The YRBS is a consistent source of biennial youth substance use data, with data for Idaho tracing back to 1991 (though not all biennial data are available). The main limitation of the YRBS is that consistent estimates based on the data are only available at the state level. Further, Idaho’s continued participation in the YRBS appears to be unlikely in the near future. The IHYS, administered since 2017, is also a survey for school-age youth and includes many more variables related to substance misuse issues than the YRBS. In addition, the IHYS has the potential to generate estimates at the sub-state level that would be beneficial for more localized prevention assessment and planning. Finally, the BRFSS is a consistent source of annual adult data, with data for Idaho tracing back to 1995. The primary limitation of the BRFSS is that it only asks about a few substances.

Below, we provide a sampling of data about statewide youth substance use. A more comprehensive set of data is included in the *Supplement Data and Graphs*. Exhibits 14, 15, and 16 show data on youth alcohol, tobacco, and marijuana use, respectively, from the YRBS and the IHYS, along with national comparisons from the YRBS. Note, data from the YRBS are from high school students, whereas data from the IHYS are from youth in grades 6, 8, 10, and 12. Thus, direct comparisons between the YRBS and IHYS data are not appropriate.

Exhibit 14 shows that current alcohol use (i.e., use of alcohol during the past 30 days) among high school students has decreased slightly in Idaho and the US since 2015. Data from the IHYS show a substantial decline (33%) in alcohol use among middle and high school students in Idaho in 2021 compared to 2017 and 2019.

Exhibit 14. Current Alcohol Use, YRBS and IHYS

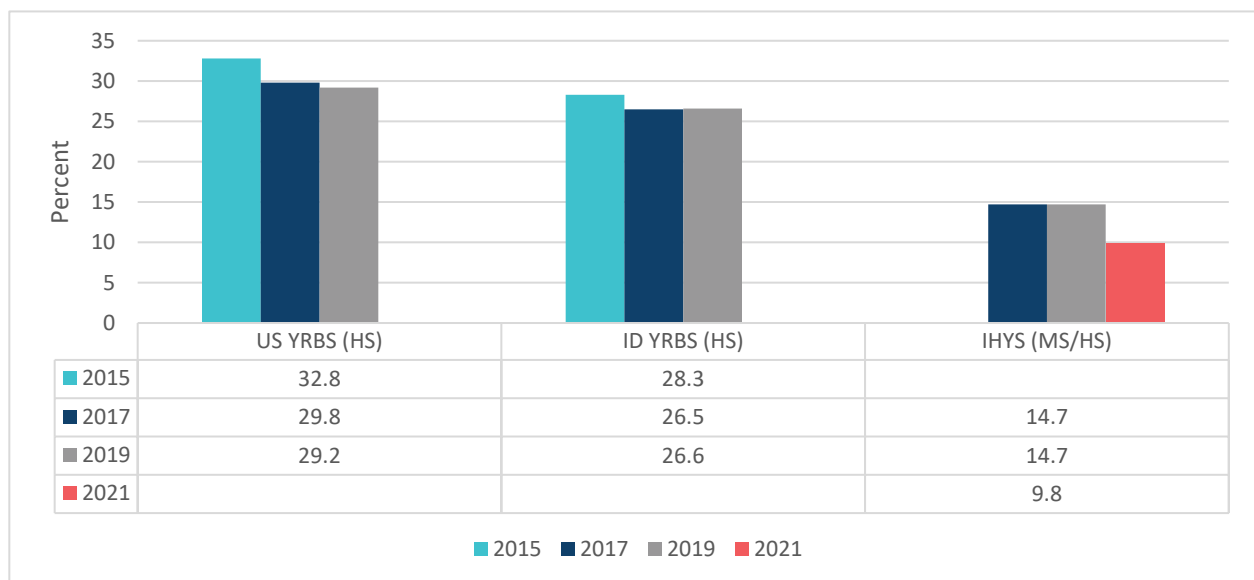


Exhibit 15 shows that current tobacco use among high school students has decreased substantially in Idaho and the US since 2015. Data from the IHYS show a substantial decline in tobacco use among middle and high school students in Idaho in 2021 compared to 2017 (63% decline) and 2019 (56% decline).

Exhibit 15. Current Tobacco Use, YRBS and IHYS

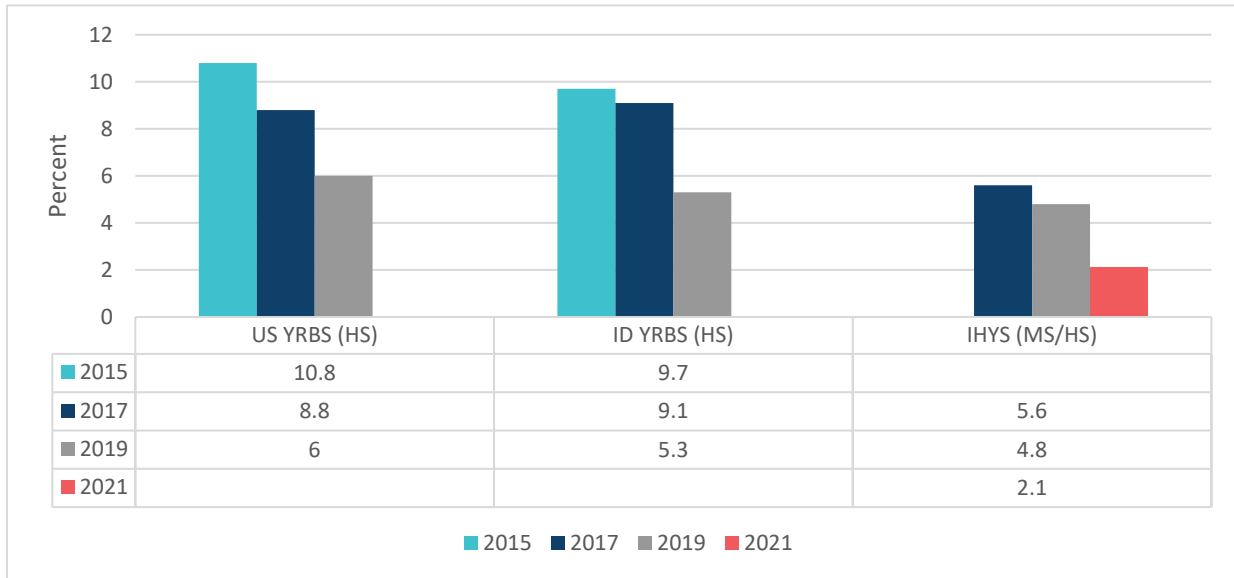


Exhibit 16 shows that current marijuana use among high school students has remained stable in Idaho and the US since 2015. Data from the IHYS show a decline in marijuana use among middle and high school students in Idaho in 2021 compared to 2017 (39% decline) and 2019 (34% decline).

Exhibit 16. Current Marijuana Use, YRBS and IHYS

