



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

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# 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) 2023, Idaho funded 54 organizations with SABG funds to implement substance misuse prevention strategies in communities across the state. In addition, ODP funded the Idaho Regional Alcohol and Drug Awareness (RADAR) Center, housed at Boise State University with funds from the American Rescue Plan Act (ARPA) as well as 31 grantees with Supplemental COVID-19 appropriations.<sup>1</sup>

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 2023.<sup>2</sup> More detailed data tables and graphics can be found in *SFY 2023 SABG/PFS Evaluation: Supplemental Data Tables and Graphs* available from ODP by emailing [info@odp.idaho.gov](mailto:info@odp.idaho.gov).

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<sup>1</sup> Some data from the RADAR Center are included in this report but data from the Supplemental COVID-19 grantees are not included.

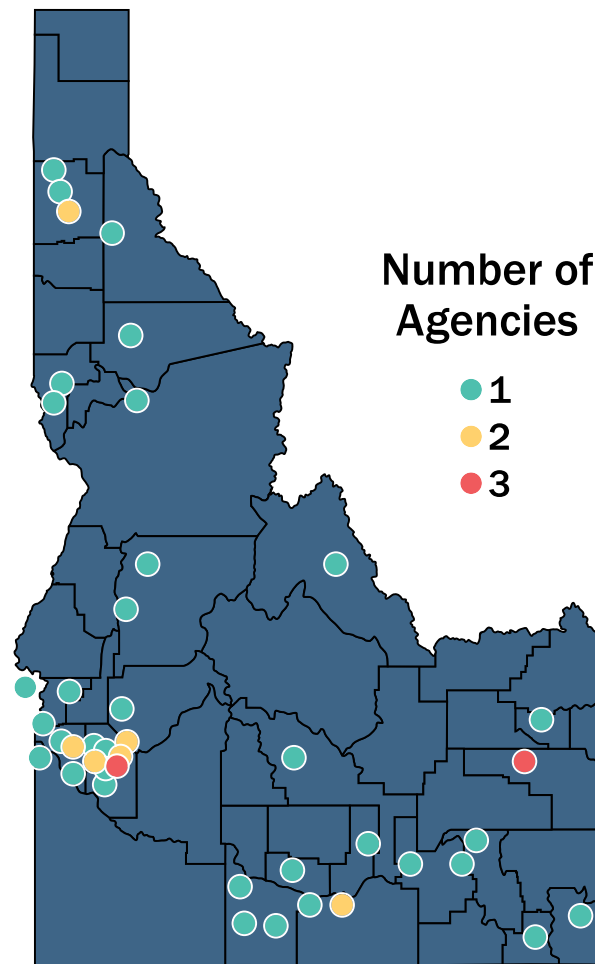
<sup>2</sup> The PFS operates on the Federal Fiscal Year (FFY, October through September); the SABG operates on the State Fiscal Year (SFY, July – June). Unless otherwise noted, SABG and PFS data in this report align with the SFY2023, July 1, 2022 – June 30, 2023.

# SABG Evaluation

## Overview and Evaluation Questions

In SFY 2023, Idaho had 54 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 54 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.

**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.<sup>3</sup> 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.

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<sup>3</sup> 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 2023 SABG/PFS Evaluation: Supplement Data Tables and Graphs*.

### ***Number and Characteristics of Individuals Served***

The SABG-funded providers documented the number and characteristics of individuals *served* by direct service programs and the number of individuals *reached* by community-based prevention approaches. Using CSAPs' definition of the six prevention strategies, direct service programs include prevention education programs and problem identification and referral services; community-based prevention approaches include alternative activities, environmental strategies, information dissemination, and community-based processes. SABG-funded providers used ODP's Quarterly Activity Report to provide counts of people served and reached each quarter.

Exhibit 3, on page 6, shows that SABG-funded providers delivered a total of 25 direct service programs to 5,638 individuals in Quarter 1; 9,682 in Quarter 2; 9,927 in Quarter 3; and 8,401 in Quarter 4. An average of 8,412 individuals were served per quarter and a total of 33,648 were served across all four quarters. The direct service programs serving the most people were Positive Action, LifeSkills Training, Second Step, and Strengthening Families.

The providers also reported implementing 10 distinct efforts to reach Idahoans through community-based approaches. Exhibit 4 shows that providers reported reaching 14,800 individuals in Quarter 1; 11,588 in Quarter 2; 31,963 in Quarter 3; and 74,073 in Quarter 4. An average of 33,107 individuals were reached per quarter and a total of 132,424 were reached across all four quarters.



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

STRATEGY	ACTIVITY	Q1	Q2	Q3	Q4	Qavg	Qtotl*
Prevention Education	3rd Millennium Courses	50	64	74	61	62	249
	Active Parenting	0	43	32	119	49	194
	Alcohol EDU	0	0	0	478	120	478
	Boomerang Project Link Crew	86	86	86	15	68	273
	CATCH My Breath	0	0	4	11	4	15
	Class Action	0	12	0	102	29	114
	Drug Free ID Parent/Student Classes	12	57	58	61	47	188
	eCHUG	0	381	243	0	156	624
	INDEPTH	10	15	37	21	21	83
	LifeSkills Training	223	2,552	2,515	689	1,495	5,979
	Lions Quest	0	20	42	71	33	133
	Nurturing Parenting	248	112	114	201	169	675
	ONE Program	0	3	38	74	29	115
	Parent/Student Policy Violator Class	33	118	92	84	82	327
	Parents and Teens in Action	0	0	8	6	4	14
	Positive Action	3,389	4,269	4,342	3,419	3,855	15,419
	Project ALERT	0	0	86	100	47	186
	Project Towards No Drug Abuse	37	51	56	87	58	231
	Refuse, Remove, Reasons	60	25	0	174	65	259
	SRO Bridges Alternative Program	15	15	15	15	15	60
	Second Step	1,394	1,425	1,438	1,420	1,419	5,677
	Strengthening Families	18	276	337	903	384	1,534
	Too Good for Drugs	41	26	184	196	112	447
	<b>Total</b>	<b>5,616</b>	<b>9,550</b>	<b>9,801</b>	<b>8,307</b>	<b>8,319</b>	<b>33,274</b>
Problem Identification and Referral	COMPU-15 Drug/Alc. Assessments	22	54	61	29	42	166
	Project Towards No Drug Abuse +	0	78	65	65	52	208
	<b>Total</b>	<b>22</b>	<b>132</b>	<b>126</b>	<b>94</b>	<b>94</b>	<b>374</b>
<b>TOTAL SERVED</b>		<b>5,638</b>	<b>9,682</b>	<b>9,927</b>	<b>8,401</b>	<b>8,412</b>	<b>33,648</b>

*\*Due to data collection limitations, grantees were only required to provide the number of unique individuals served per program for each individual quarter; they were not required to track and report on unique individuals served per program across multiple quarters. Therefore, the total number of individuals served across all four quarters may include non-unique individuals. In addition, it appears that some providers entered data for the number of people reached per session of a prevention program, rather than per program, which resulted in duplicate counts within quarters in the database. Where possible, PIRE and ODP identified those cases and removed the duplicate counts from the database.*

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

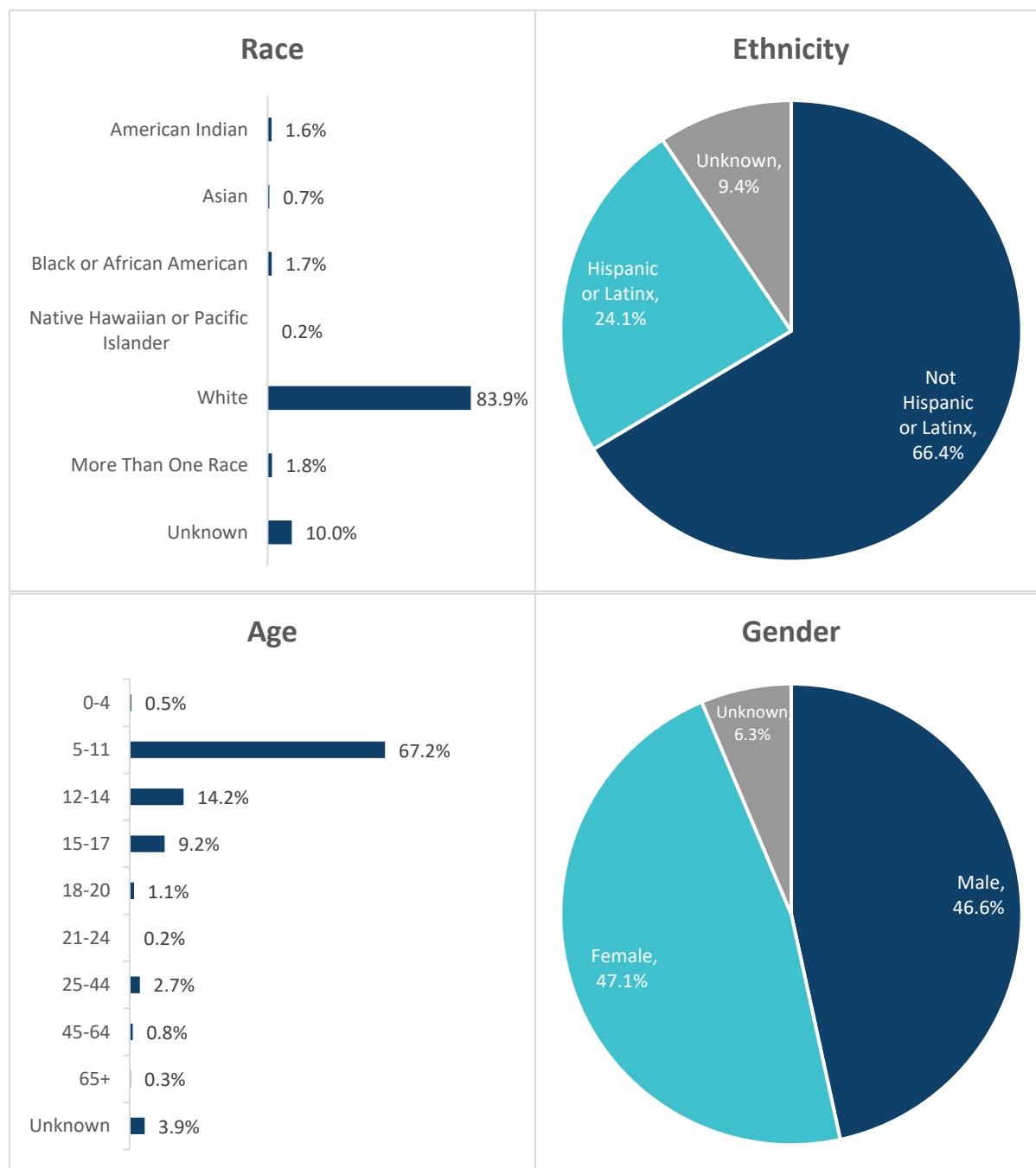
STRATEGY	ACTIVITY	Q1	Q2	Q3	Q4	Qavg	Qtotal*
Alternative Activities	Alternative Activities	0	0	0	17	4	17
	Community Service Projects	78	243	103	118	136	542
	<b>Total</b>	<b>78</b>	<b>243</b>	<b>103</b>	<b>135</b>	<b>140</b>	<b>559</b>
Environmental	Vape Sensors/Detectors	328	0	0	3	83	331
	<b>Total</b>	<b>328</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>83</b>	<b>331</b>
Information Dissemination	Coalition/Workgroup Information Dissemination at Events	200	250	0	0	113	450
	Dissemination of Drug Prevention Coloring Books	0	0	0	1,180	295	1,180
	Graduate Assistant Project at Boise State University	7,599	5,232	5,595	3,621	5,512	22,047
	Media Campaigns	0	4,308	14,626	55,943	18,719	74,877
	Parents Are the Solution	2,120	1,065	1,065	0	1,063	4,250
	<b>Total</b>	<b>9,919</b>	<b>10,855</b>	<b>21,286</b>	<b>60,744</b>	<b>25,701</b>	<b>102,804</b>
Community-Based Process	Certified Prevention Specialist in Schools	4,475	490	10,419	13,191	7,144	28,575
	Health Fairs, Conferences, Meetings, Seminars	0	0	155	0	39	155
	<b>Total</b>	<b>4,475</b>	<b>490</b>	<b>10,574</b>	<b>13,191</b>	<b>7,183</b>	<b>28,730</b>
<b>TOTAL REACHED</b>		<b>14,800</b>	<b>11,588</b>	<b>31,963</b>	<b>74,073</b>	<b>33,107</b>	<b>132,424</b>

*\*Due to data collection limitations, grantees were only required to provide the number of unique individuals reached per program for each individual quarter; they were not required to track and report on unique individuals reached per program across multiple quarters. Therefore, the total number of individuals reached across all four quarters may include non-unique individuals. In addition, it appears that some providers entered data for the number of people reached per session of a prevention program, rather than per program, which resulted in duplicate counts within quarters in the database. Where possible, PIRE and ODP identified those cases and removed the duplicate counts from the database.*

In addition to efforts of the SABG-funded providers, 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; consequently, they report their quarterly progress using a different format. Their reports indicated that they reached over 1,200 followers via their social media channels (potentially nonunique followers across three platforms). During the state fiscal year, the reports also indicated that they hosted over 2,800 new visitors to their RADAR website, participated in events with more than 60,000 expected attendees, and distributed more than 100,000 printed pieces to fulfill over 800 requests for materials. (RADAR data are not included in Exhibits 3 or 4.)

Exhibit 5 shows the demographic characteristics of individuals served by the direct service programs. Almost all of the participants (91%) were youth aged 5-17. Most participants were White (84%) and non-Hispanic (66%), and programs served an even mix of males and females (47%). Notably, these aggregate-level demographic data reported by the providers 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 25 direct service programs, with most being prevention education strategies.
  - Summing across the four quarters, SABG-funded providers served a total count of 33,648 individuals in direct service programs.
  - Positive Action, LifeSkills Training, Second Step, and Strengthening Families were the most widely attended programs.
- In addition to direct service programs, providers reached a total count across the four quarters of 132,424 people through 10 distinct community-based approaches, primarily information dissemination.
- Summing across the four quarters, ODP-funded programs reached 166,072 individuals in Idaho through direct service programs and community-based approaches.
- Most direct service participants (91%) were youth aged 5-17.
- Most direct service participants were White (84%) and non-Hispanic (66%).
- Direct service programs served an even mix of males and females (47%).

## Effects of Participation in Direct Service Programs

PIRE conducted 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.<sup>4,5</sup> 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, there were mixed results for parents this year, and generally neutral or positive results for 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 (233)			*	*	*			*
Active Parenting (84)			*	*	*			*
Nurturing Parenting (130)			*	*	*		*	*
<b>LEGEND</b>								
Statistically Significant Change, Desired	*							
Statistically Significant Change, Undesired								
No Statistically Significant Change								

- Overall, **parents** who participated in substance misuse prevention programs reported desired changes for four of the eight constructs measured (substance use rules and consequences, anger management, involving youth in family activities, and substance use health impact perceptions) and undesired changes for three constructs (consistent discipline, inductive reasoning, and positive affect).
- Active Parenting participants reported desired changes in the same four constructs and undesired changes in the other four constructs.
- Nurturing Parenting participants reported desired changes in five constructs and undesired changes in one construct.

<sup>4</sup> 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.

<sup>5</sup> Although Exhibit 3 indicates that 1,534 people participated in Strengthening Families, a parenting program, we only received 19 retrospective parenting surveys, suggesting either a breakdown in the surveying process among providers, or an inaccurate estimate of the number of Strengthening Families participants.

## Exhibit 7. Summary of Changes from Pre-Test to Post-Test, Grades 4 - 5<sup>6</sup>

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 (1,173; 839)				*		*	*		
LifeSkills Training (207, 171)					*	*			
Positive Action (595, 319)				*		*	*		
Second Step (361, 341)				*				*	
<b>LEGEND</b>									
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, responsible decision making, and setting goals.
- ▶ LifeSkills Training participants had statistically significant increases in relationships and responsible decision making.
- ▶ Positive Action participants had a statistically significant decrease in disapproval of use, and statistically significant increases in social awareness, responsible decision making, and setting goals.
- ▶ Second Step program participants had statistically significant increases in social awareness and having family ATOD discussions with parents.
- ▶ 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.

<sup>6</sup> Boise State University (BSU) implemented the STAC program with students in grades 4-8. Its primary focus is bullying prevention, but it addresses substance misuse prevention as well. In addition to an independent assessment of the program by BSU, participants also completed the ODP Younger Youth Survey. For grades 4-5, 129 pre and 81 post surveys were completed. There were not statistically significant changes for any of the measures.

### Exhibit 8. Summary of Changes from Pre-Test to Post-Test, Grades 6 - 8<sup>7</sup>

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 (1,027; 967)							*	*					
LifeSkills Training (693, 640)													
Positive Action (145, 136)								*					
Project Alert (69, 70)	*						*	*		*	*		
<b>LEGEND</b>													
Statistically Significant Change, Desired	*												
Statistically Significant Change, Undesired													
No Statistically Significant Change													

- ▶ The overall group of **youth in grades 6 through 8**, had statistically significant increases in decision making and perception of risk.
- ▶ LifeSkills Training participants had no statistically significant changes.
- ▶ Positive Action participants had an increase in binge drinking and an increase in perception of risk.
- ▶ Project Alert participants had a decrease in alcohol use, and increases in decision making, perception of risk, disapproval of use, and perception of peer disapproval of use.

<sup>7</sup> As indicated in the prior footnote, the ODP Younger Youth Survey was administered with students participating in the STAC program. Because the number of 6-8<sup>th</sup> grade participant post surveys was below the report inclusion threshold of 50, these data analyses are not included in this report.

## 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 (964; 692)								*		*			
eCheck Up To Go (463, 156)												*	
LifeSkills Training (206, 219)	*			*			*		*	*	*		
Project Toward No Drug Abuse (165, 174)								*					
<b>LEGEND</b>													
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 increases in perceptions of risk and disapproval of use.
- ▶ eCheck Up To Go participants had a statistically significant increase in discussions with parents about ATOD use.
- ▶ LifeSkills Training participants had decreases in 30-day substance use rates for alcohol and marijuana, and increases in decision making skills, refusal skills, disapproval of use, and perception of peer disapproval of use.
- ▶ Project Toward No Drug Abuse participants had an increase in perceived risk.



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

- Overall, parents who participated in substance misuse prevention programs reported statistically significant desired changes in substance use rules and consequences, anger management, involving youth in family activities, and substance use health impact perceptions; they reported undesired changes for consistent discipline, inductive reasoning, and positive affect.
- Overall, youth in grades 4-5 had statistically significant increases in social awareness, responsible decision making, and setting goals.
- Overall, youth in grades 6-8 had statistically significant increases in decision making skills and perceptions of risk around substance use.
- Overall, youth in grades 9-12 had statistically significant increases in perceptions of risk, and 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 four years (SFY2020-2023) because many of the measures were modified in SFY 2020 and therefore not comparable with the recent data. Notably, 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 for programs with at least three years of data. The table shows the difference between the two metrics creating an overall change 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. Change 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.

The main goal of substance misuse prevention programs is to help youth avoid initiating risky behaviors. As such, no overall change (i.e., change 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 change 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, 2020 – 2023<sup>a</sup>

Program Name	Avg N	Number of Measures	Desired Changes	Undesired Changes	Difference	Change Index <sup>b</sup>
<b>Parenting Programs</b>						
Active Parenting	56	32	24	4	20	63
Nurturing Parenting	126	32	28	1	27	84
Strengthening Families	37	24	21	0	21	88
<b>Grades 4 – 5</b>						
LifeSkills	269	27	2	1	1	4
Positive Action	554	36	6	2	4	11
Second Step	298	27	5	3	2	7
<b>Grades 6 – 8</b>						
LifeSkills	794	52	6	5	1	2
Positive Action	64	39	1	1	0	0
Project Alert	185	52	7	3	4	8
<b>Grades 9 – 12</b>						
eCheck Up to Go (eCHUG)	212	39	2	1	1	3
LifeSkills	172	52	26	0	26	50
PTNDA	117	52	11	0	11	21
<sup>a</sup> Programs are included for which we have at least three years of data. <sup>b</sup> The Change Index is calculated as the difference score divided by the number of measures, and can range from -100 to +100.						

- ▶ All parent programs have indexes of at least 63, indicating strong and consistent changes in the desired direction.
- ▶ Programs for students in grades 4 and 5 have indexes ranging from 4 to 11, suggesting small changes in the desired direction.
- Programs for students in grades 6 – 8 have indexes ranging from 0 to 8, showing little change in either direction. Given that middle school youth typically report low levels of risky behaviors at baseline, thus leaving less room for improvement and lots of room for negative changes, Change Index scores near 0 could be considered a positive outcome.
- ▶ Programs for students in grades 9 – 12 have indexes ranging from 3 to 50. LifeSkills has the highest change index of all programs for youth (50) indicating moderate and consistent changes in the desired direction.

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

Looking at data from prevention programs during the past four years...

- Parenting programs have shown the strongest and most consistent positive outcomes.
- Among programs for younger youth (grades 4 and 5), LifeSkills Training, Positive Action, and Second Step have shown some small changes in the desired direction.
- Among programs for older youth (grades 6 – 12), high school programs have shown more consistent positive changes than middle school programs. This is likely because middle school youth typically report relatively low levels of risky behaviors at baseline, leaving less room for improvement.
- Among the high school programs, LifeSkills Training and Project Toward No Drug Abuse have demonstrated the strongest positive outcomes.

## Recommendations

Based on the SFY2023 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.

- ▶ If it would be valuable to have a more accurate count of unique individuals (e.g., with less potential for duplicate counts across quarters) served and reached by SABG-funded programs for each funding year, we recommend that ODP consider whether clearer guidance can be provided to providers about how to use the current Quarterly Activity Report and/or revise the form to more easily capture counts of unique individual served and reached for the full year. One option would be for providers to report two sets of counts per quarter: one of the total number of people reached and served and the other of the total number of *new* people reached and served. The former would provide a count of the “caseload” per quarter and the latter set of counts (the number of new people) could be aggregated across quarters to generate a unique count of individuals for the whole year. In addition, it appears that some providers enter data for the number of people reached per session of a prevention program, whereas they should be entering data for the unique number reached for the whole program. This might simply involve clarifying the proper data entry procedures with the providers.
- ▶ For several programs, particularly Strengthening Families, there were large differences in the number of people reported to be served versus the number of retrospective and pre-post surveys administered. If these are not due to the participant counting issues mentioned above, we recommend that ODP work with providers to understand the barriers to survey administration and provide technical assistance to providers, if needed, to enhance survey participation. Given the relatively large number of providers, we suggest conducting a brief survey of providers to better understand their barriers and to develop a technical assistance plan based on the results of the survey.
- ▶ 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 four years? Are we aware of implementation barriers that we can overcome? Additional training and technical assistance from ODP would help achieve this.
- ▶ Although parenting programs have historically performed very well, this is the first year in recent years that they showed any negative results. We recommend that providers consider why results were more mixed this year (including the after-effects of COVID) and whether there are any actions they can take to enhance results in future years.
- ▶ 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.

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. Notably, ODP recently received a new SPF-PFS award from SAMHSA, providing further opportunity for imparting elements of the SPF into its SABG system.

# 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 has distributed 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.

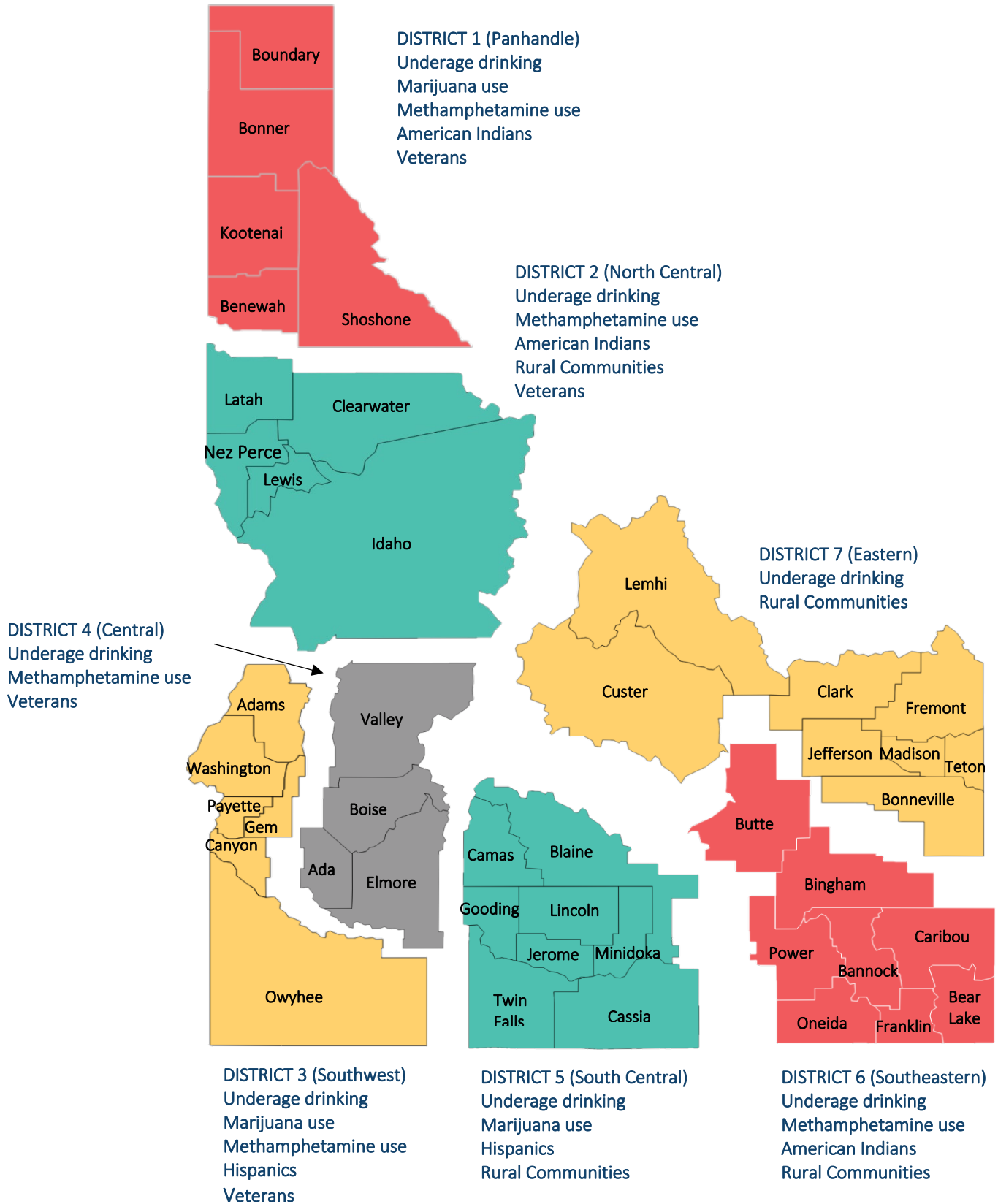
The public health departments hired regional Project Coordinators (PCs) to lead implementation and are responsible for strategic planning and guidance to the PCs. ODP initially required regions to implement three programs or strategies: 1) Strengthening Families or a parent-focused evidence-based curriculum, 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. In the most recent two years, ODP did not require the regions to implement specific programs and strategies; ODP did, however, need to approve annual workplans.

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 2022-23, there were 132 LMS courses completed, 45 new registered users, and 228 registered users in total. 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.*** PIRE conducted a survey of RBHB members twice during the project 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 conducted the second capacity survey in 2023.

In addition to the three primary data collection activities, ODP provides PIRE with quarterly reporting data about PFS-related law enforcement activities.

## 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 2023 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 2023. 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 two evidence-based prevention programs with family components: 3<sup>rd</sup> Millennium and Positive Action. Six regions reported a total of 213 people trained or who participated in these two 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 107 students participated in the program in two regions. A third region purchased curriculum and training materials for a district, but implementation did not occur by the end of the fiscal year.

*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, Take the Reins program, "How to talk to adolescents about substance use" trainings for medical/behavioral health professionals, scholarships for Idaho Youth Summit summer camp, and afterschool activities. A total of 3,232 people were reached by alternative activities.

*Youth Leadership.* A total of 35 students participated in youth leadership programs in two regions.

*Other Activities.* Grantee reported that 3,856 people participated in additional activities, including Adult and Youth Mental Health First Aid, SBIRT, parent outreach, Guided Journals for Youth Mental Health, and mental health screenings and referrals.

#### **Number of People Reached by Population-Based Strategies**

*Be the Parents.* PFS coordinators estimated reaching 217,126 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 301,981 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 14,545 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).* Across the regions, 82 persons were trained in DITEP, an initiative that helps school resource officers, counselors, teachers, and other staff identify impaired youth in school settings.

*Other Strategies.* Grantees reported reaching an additional 12,044 people by implementing additional strategies, including installing lighting and cameras in high schools, and assisting law enforcement with drug take back days.

### 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.<sup>8,9</sup> Between July 2022 and June 2023, ODP funded 19 law enforcement agencies: eight 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
Party Patrols	9	801
After Hour High School Activity Patrols	1	399
Interdiction Activities	11	280
Compliance Checks	6	91
Shoulder Taps	2	39
Substance-related Presentations	5	39
Other (e.g., community events, controlled drug buys, and narcotics operations)	2	120

<sup>8</sup> 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.

<sup>9</sup> Compliance Checks: Law enforcement officials supervise undercover youth who attempt to purchase alcohol; if the attempt is successful, the establishment is penalized.

Eleven of the law enforcement grantees reported spending a total of almost 3,000 hours on interdiction activities resulting in 447 stops with drug seizures. Below are the drugs they seized:

- Anabolic steroids – 2.4 grams + 30 pills
- Cocaine – 1,815 grams
- Fentanyl – 808 pills and 19 grams
- Hydrocodone – 2 pills
- Marijuana – 2,440 grams
- Methamphetamine – 992 grams
- Psilocybin – 6.3 grams

Approximately half of the law enforcement grantees conducted party patrols, totaling over 1,500 hours, and disbanding 109 parties.

Five grantees provided substance-related presentations and other drug and alcohol-related educational activities reaching over 3,800 individuals.

### Additional Accomplishments Discussed in the Key Informant Interviews

For the most part, grantees were pleased with program implementation, despite several challenges including staffing and the continued impact of COVID. One region, for instance, had its coordinator position open for four months. At least three regions still had COVID-related restrictions on in-person meetings and trainings, limiting program participation to some degree. In addition, some staff thought that animosity toward the public health departments' COVID restrictions had a negative impact on previous relationships and trust they had built with the community. Nevertheless, grantees were able to implement a wide variety of strategies for broad and targeted populations, including the following:

- Many respondents thought Youth Mental Health First Aid, social marketing campaigns, distribution of prescription drug lock boxes and disposal pouches, alternative and leadership activities, the installation of cameras and lighting at high schools, Positive Action, and information distribution had a positive impact on desired outcomes.
- Several new programs were added, including Positive Action youth components, Plant Youth, and 3<sup>rd</sup> Millennium.
- New partnerships were developed with juvenile justice and probation, pharmacies, schools, colleges, law enforcement agencies, youth councils, and St. Vincent DePaul Social Services.
- Many of the regions offered training-of-trainer (TOT) events and subgrants to organizations with the capacity to offer training and programs. In many cases, this will allow the programs to continue past the end of the current PFS grant.

### 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 2032 including *Be the Parents* and other media campaigns, evidence-based prevention programs for families and youth, DITEP for school personnel, safe storage and disposal activities and campaigns, 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 23.<sup>10</sup> The grantees served, and the populations reached were relatively consistent with the diversity of the state, as summarized below. Overall, PFS coordinators reported that 5,311 people were directly served in prevention programs and 1,452,678 were reached by population-based prevention messaging (e.g., media campaigns) and environmental strategies. Below are breakdowns of the populations served and the populations reached.

**Gender.** The gender breakdown of people served in prevention programs was almost even—49% male and 51% female. There was little variation across the regions.

The gender breakdown of people reached by population-based messaging was even—47% male and 47% female. One region did not include any data for numbers reached by gender.

**Race.** The racial/ethnic breakdown of people served in prevention programs was as follows: 90% 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, 11% 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: 81% White, 2% American Indian/Alaska Native, 3% two or more races, 1% African American/Black, 1% Asian, 0.1% Native Hawaiian/Pacific Islander. In addition, 10% were reported to be Hispanic/Latino.

**Other Groups.** Prevention Coordinators reported that 37% of people served in prevention programs were in rural areas, 8% 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 27% were in rural areas, 8% were associated with the military (i.e., service members, veterans, or family members), and 2% were members of the LGBTQ community.

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<sup>10</sup> 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 5,311 people were directly served in prevention programs and 1,452,678 were reached by population-based prevention messaging (e.g., media campaigns) and environmental strategies.
- 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 (90% and 81%, respectively).
- Much of the prevention efforts were aimed at rural populations, with 37% of the people served in programs being from rural areas and 27% of the people reached by population-based prevention messaging and other environmental strategies being from rural areas.



## ***Prevention Capacity***

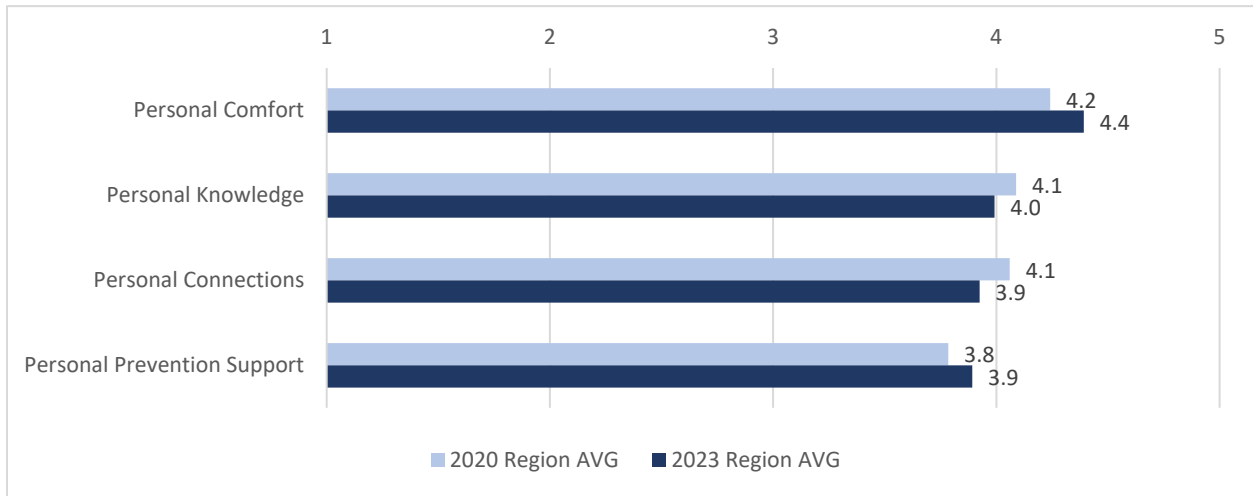
Several regions offered trainings to their RBHB members and to the community at large. These included Positive Action, Mental Health First Aid (adult and youth versions), Tall Cop, DITEP, Positive Cultural Norms, a prevention webinar series, and supported participation in the Idaho Prevention Conference and other professional development. In addition to providing training, PFS coordinators participated in 107 virtual and in-person trainings on substance use prevention and related topics. Many regions strengthened relationships with groups such as school districts and colleges, treatment and 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 in at least three regions. Several of the evidence-based programs (e.g., Strengthening Families) did not initially offer virtual train-the-trainers sessions, thus causing some regions to drop the programs.

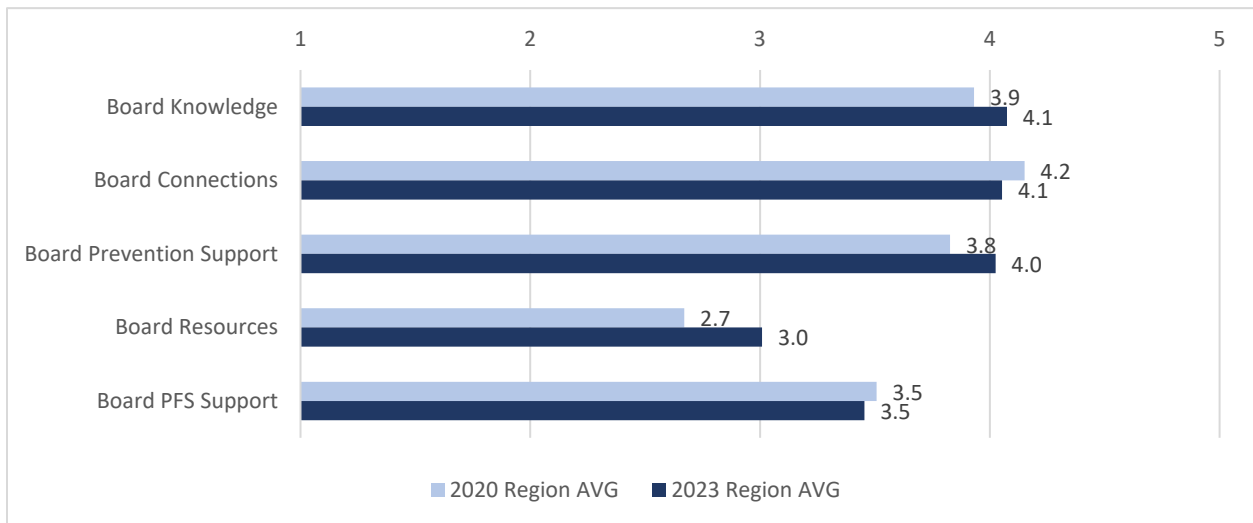
To gauge changes in regional capacity over time, PIRE, ODP and the seven regional project coordinators conducted a survey of the Regional Behavioral Health Board (BHB) members concerning issues relevant to each Board's capacity to guide and support the project and other substance misuse prevention initiatives in its region. The survey was first administered at the beginning of 2020 near the beginning of the project evaluation period, and it was readministered in March 2023 as the PFS grant was nearing its end point. Below are figures and tables that summarize the 2020 and 2023 responses, averaged across all seven BHBs. Each item used a five-point response scale (typically Strongly Disagree to Strongly Agree). Higher scores on these scales indicate greater capacity and thus higher scores are desirable.

For *personal prevention capacity* (Exhibit 14), all scores were near 4.0, indicating a high degree of perceived capacity across the seven regions. There was relatively little change across time, with slight increases in Personal Comfort and Personal Prevention Support and slight decreases in Personal Knowledge and Personal Connections. For *BHB prevention capacity* (Exhibit 15), three of the five topic areas had scores near 4, suggesting overall high levels of perceived capacity (Board Knowledge, Board Prevention Support, and Board Resources). There was relatively little change over time, with slight increases in Board Knowledge and Board Prevention Support and slight decreases in Board Connections and Board PFS Support. For the *influence of the PFS grant* (Exhibit 16), all mean scores were between 3.0 (neither agreed nor disagreed) and 4.0 (agreed). Board members generally agreed that their prevention efforts were stronger as a result of the PFS grant, but were less certain about planning for sustainability and that their relationship with their region's Public Health Department was stronger.

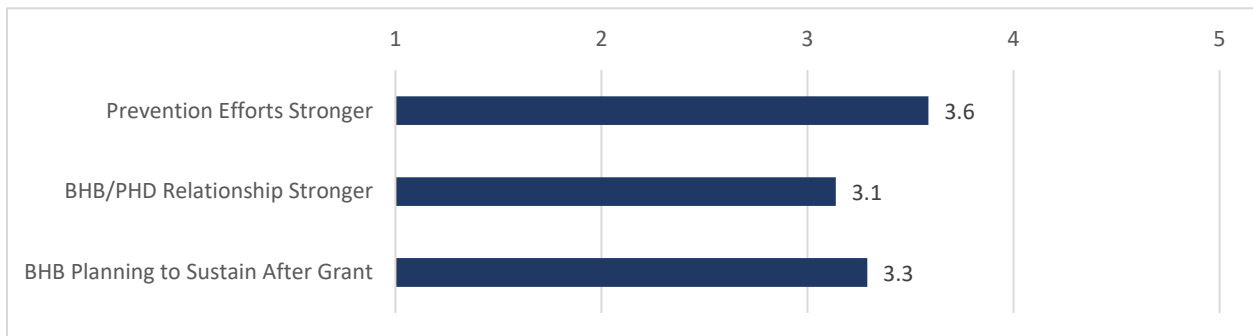
**Exhibit 14. Statewide Personal Prevention Capacity Scores (Regional Means), 2020 and 2023**



**Exhibit 15. Statewide Board Prevention Capacity Scores (Regional Means), 2020 and 2023**



**Exhibit 16. Influence of the PFS Grant, State Mean, 2023**



## ***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 a youth mental health or prevention committee. 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 indicated that they made information available to board members about trainings they offer, 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). Coordinators did report the recent addition of more members to their boards who were more supportive of prevention. 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 three Health Departments are using COVID, Opioid Settlement funds and/or HRSA (Health Resources and Services Administration) funds to continue programs, although at a lower funding level than they receive from the PFS. One positive note is the use of TOTs for the various programs, rather than the coordinator providing the program should ensure that programs such as Strengthening Families, Positive Action, 3<sup>rd</sup> Millennium, and LifeSkills continue without PFS funding. Several of the partner agencies have committed to the provision of these programs.

One of the on-going issues for continuity of prevention readiness and infrastructure has been staff turnover in PFS coordinator positions. 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, PIRE has several recommendations for ODP as the project has come to an end.

- 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.
- PIRE recommends that the law enforcement efforts to reduce underage drinking and substance misuse that have been 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.
- Idaho's PFS project was designed to enhance collaborative regional substance abuse prevention approaches within both the regional Health Departments and RBHBs. The information we gathered suggests that there was mixed success in attaining this goal. We recommend that ODP capitalize on the regional relationships that were built and strengthened through the PFS and seek opportunities for further collaborations with the Health Departments and RBHBs that embraced their prevention efforts.

# 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 17, 18, and 19 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 17 shows that current alcohol use (i.e., use of alcohol during the past 30 days) among high school students has decreased substantially in Idaho and the US since 2015 (decreasing 10 percentage points nationally and 5 percentage points in ID, with both rates at about 23% in 2021). 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. Note that the large reductions in 2021 are likely heavily influenced by the decrease in community and peer interactions during that period due to the pandemic.

**Exhibit 17. Current Alcohol Use, YRBS and IHYS**

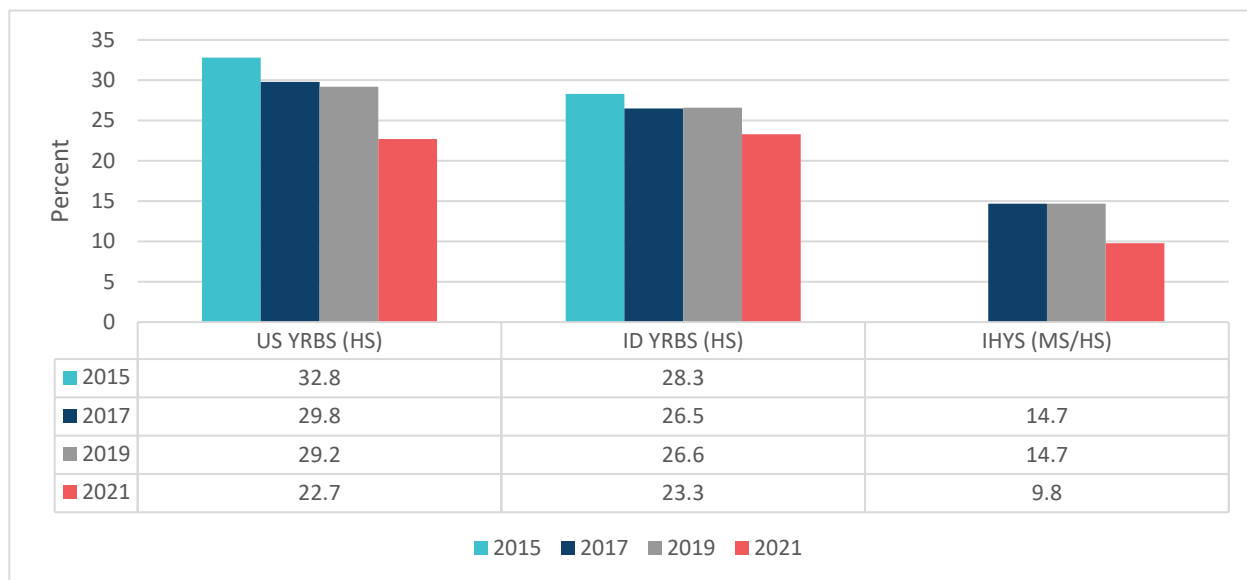


Exhibit 18 shows that current tobacco use among high school students has decreased substantially in Idaho and the US since 2015. Data from the IHYS show a substantial decline in tobacco use among middle and high school students in Idaho in 2021 compared to 2017 (63% decline) and 2019 (56% decline).

**Exhibit 18. Current Tobacco Use, YRBS and IHYS**

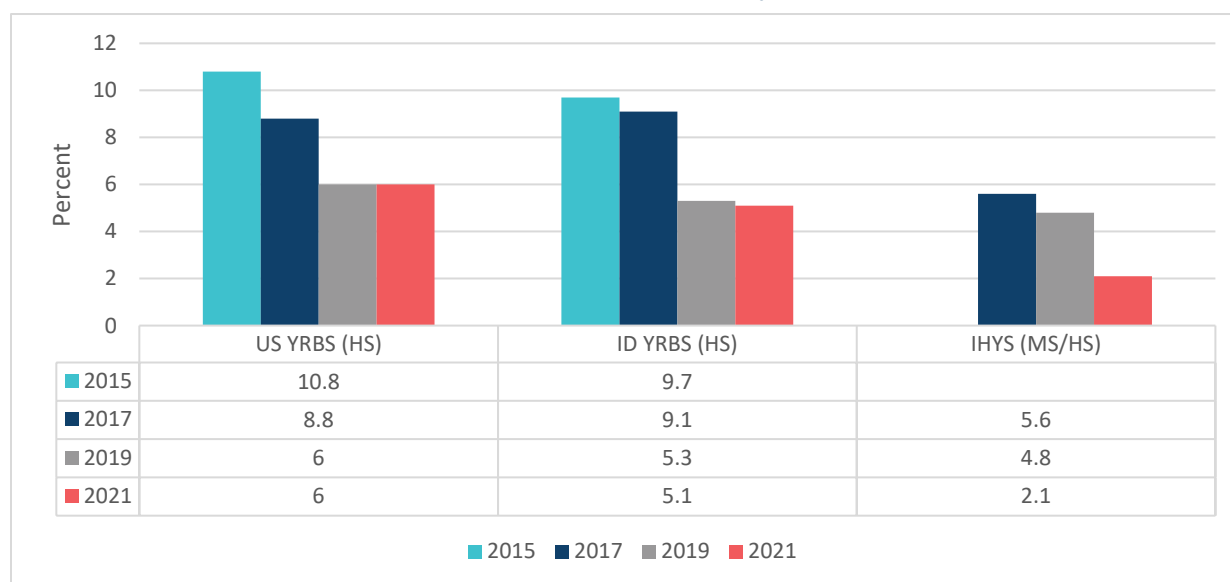


Exhibit 19 shows that current marijuana use among high school students noticeably declined in Idaho and the US between 2019 and 2021, most likely highly influenced by the pandemic. Data from the IHYS show a decline in marijuana use among middle and high school students in Idaho in 2021 compared to 2017 (39% decline) and 2019 (34% decline).

**Exhibit 19. Current Marijuana Use, YRBS and IHYS**

