



City of Berkeley Proposition 64 Public Health & Safety Grant Program – Cohort 2

Local Evaluation Plan

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I. Project Background

On January 29, 2021, the City of Berkeley responded to a Request for Proposals (RFP) for the Proposition 64 Public Health and Safety Grant Program from the State of California Board of State and Community Corrections (BSCC). The City of Berkeley was awarded \$1M over the next three years to focus on three main purpose areas: 1) Youth Development and Youth Prevention and Intervention related to substance use 2) Public Health and Safety and 3) Violence prevention.

(2a) Project Need

With the legalization of marijuana use for adults through Proposition 64, increased exposure, accessibility and its impact on youth has been a growing public health concern. A 2016 survey of Berkeley Unified School District youth grades 7, 9 and 11 reported having smoked marijuana in the last 30 days and indicated alcohol and marijuana are the most commonly used substances among BUSD students. The results also indicate they are more likely to report having been under the influence of alcohol or drugs on school property as they progress from middle school to 11th grade. Within the larger community, the emergence of drug use and drug trafficking has become highly visible, particularly in low-income communities of color in the form of “open air” drug markets, drug-related crime (e.g., homicides/ manslaughter, robberies, burglaries, shooting, etc.) and intimidation of local residents from reporting such activities to the police. According to the City of Berkeley Annual Crime Reports, the total number of violent crimes in 2018 was 590, an increase from 2014 by 28%. Additionally, with the economy coming to a virtual halt due to COVID-19, the need is greater than ever to reach those at-risk youth and provide intervention to deter his/her engagement in high risk behavior, particularly related to substance use and gang exposure and especially within communities of color where recent City of Berkeley Health Status reports have shown economic disparities between white communities and communities of color. Historically, the City of Berkeley has not had many (if any) resources to provide targeted education, prevention or health promotion specific to marijuana use and/or its cascading social effects. It is critical at this time to ensure access to services for Berkeley’s youth who are vulnerable due to lack of access to opportunity and social networks, poverty, and/or social and health inequities.

(2b, 2c) With funding provided by BSCC through this grant, the City of Berkeley can begin to develop resources and support services for residents that fall under at least one of the following target population criteria:

- All gender and gender-expansive youth in the City of Berkeley under age 21

- Youth who reside in low income neighborhoods
- Youth who are Black, Indigenous and People of Color (BIPOC)
- Youth experiencing at-risk situations such as exposure to or history of substance use and abuse (marijuana, alcohol), chronic absenteeism from school, dropped out from school or at risk of dropping out, a history of incarceration or a history of mental health challenges.

(2d) Process for determining which intervention(s) and/or services a participant needs and will receive are described in Table 1.

Table 1. Process for determining which interventions/services for participants

Intervention	Process for participant selection
Peer Education	Peer educators must be: <ul style="list-style-type: none"> ● Between the ages of 16-21 ● Experienced at least two of the following factors: reside in low-income neighborhoods, are BIPOC and/or has used marijuana in the past ● Willing to commit to not using marijuana during the course of their participation ● Committed to completing a 6-month period of training and peer education work
Media Campaign	Presentation (and other media) participants must be City of Berkeley residents under the age of 21. Businesses receiving outreach are primarily plant-touching that handle cannabis (i.e., dispensaries) and/or ancillary with a focus on sale of accessory products and paraphernalia (e.g., glassware such as pipes and bongs, grinders, stash boxes, etc.).
Taskforce	Representatives for this task force can include, and not be limited to: <ul style="list-style-type: none"> ● City of Berkeley departments ● Law Enforcement ● Social Services ● Community stakeholders (e.g., faith-based organizations, schools, etc.)

Intervention	Process for participant selection
Wrap-Around and Support Services and Case Management Services	<p>Selected Non-Governmental Organization (NGO) will develop and implement a needs assessment tool to identify eligible clients as well as a risk-need responsivity approach.</p> <p>Criteria for either wrap-around and support services or case management services may include the following:</p> <ul style="list-style-type: none"> ● Youth who are high school students ● Youth in South and West Berkeley who are past offenders with the risk of reoffending ● Youth experiencing at-risk situations such as: exposure to or history of substance use and abuse (marijuana, alcohol), chronic absenteeism from school, dropped out from school or at risk of dropping out, have a history of incarceration, and/or mental health challenges <p>Contracted NGO will reassess the participant’s case management, referrals and engagement with services every 3 months.</p>

(2e) Activities that will address the project need include:

- **Recruiting and training of youth participants** (ages 16-21) to conduct peer-to-peer presentations as part of a cannabis education awareness campaign. Goals of the presentations are to increase youth participant knowledge about the impacts of marijuana use among youth and demonstrate increased efficacy to either stop the use of or prevent the future cannabis use.
- **Developing partnerships with cannabis businesses** to educate on and support the health education campaign.
- **Increasing number of wrap-around and/or support services** for up to 60 youth and families “at risk” for cannabis use and involvement in violence, each program year.
- **Convening a community taskforce** to address growing rates of gun violence in the City of Berkeley. Participants will include representatives from City of Berkeley departments, Social Services and community partner stakeholders.
- **Increasing number of services such as needs assessment, case management, group services/special events** on reducing violence and gang involvement for up to 15 higher-risk youth.

Criteria used for program eligibility are that youth and families are residents of Berkeley and fall under one of the target populations noted above.

(2f) Table 2 provides a description of the goals and objectives identified in the Project Work Plan of the original City of Berkeley proposal.

Table 2. Project Workplan Goals & Objectives

Project Purpose Area	Goals	Objectives
PPA 1: Prevention & Intervention	To decrease the rates of substance use among youth in the City of Berkeley	<p>By end of PY1, recruit and train up to 20 youth participants to become peer educators for the cannabis education awareness campaign.</p> <p>In PY2 and 3, peer educators will conduct up to 10 peer led education sessions for 1,000 total youth per year.</p> <p>At least 80% of youth presentation participants report that they learned a new fact about youth and cannabis use.</p> <p>By the end of each PY, selected NGO will enroll up to 60 new youth clients experiencing at-risk situations for supportive and wrap-around services.</p>
PPA 1: Prevention & Intervention	Decrease the early onset of marijuana use in youth under the age of 21 years	<p>By the end of PY 1, selected media contractor will conduct focus groups with 15-20 youth to determine if messaging is youth-friendly, understandable and culturally competent.</p> <p>By end of Year One 80% of youth who test the resulting media message will report it is a message that is youth friendly and culturally competent.</p> <p>By PY 2 & 3, the media campaign will reach at least 3,000 youth (total) in the City of Berkeley.</p>

Project Purpose Area	Goals	Objectives
		By the end of Pys 2 & 3, at least 50% of Berkeley cannabis retailers who received materials and outreach will agree to display ads regarding under-age sales either on their physical location or on their websites.
PPA 2 & 3: Public Health & Safety Violence Prevention	Decrease gang activity and violent crimes in youth under the age of 21	<p>By the end of PY 1, finalize a work plan for the community taskforce against violence including input from City departments, social services, and community stakeholders, such as faith-based organizations, schools, youth and families.</p> <p>In Pys 2 and 3, identify up to 15 middle and high school students who are past offenders with the risk of reoffending in South and West Berkeley annually for focused interventions and services led by the selected NGO partner</p>

II. Process Evaluation Method and Design

In partnership with contractors, the City of Berkeley will conduct process evaluation to inform quality improvement throughout the project, and to answer the following questions:

- What activities did the program do in Area 1) Youth development and youth prevention and intervention related to substance use 2) Public health and safety and 3) Violence prevention. Did the interventions reach the target populations? Why or why not?
- How much of the interventions did the target population receive (participation and attendance)?
- Were participants satisfied with the interventions? Why or why not?
- What were successes, challenges and lessons learned during each year of the program?

(3a) The evaluation will be designed and implemented by a team consisting of the City of Berkeley Manager of the Public Health Division, the Manager of Youthworks and the evaluation contractor. Contractors will be actively engaged in data collection, and will report results in bi-annual and annual reporting templates provided by the City of Berkeley. Each year, the

evaluation team will convene a gathering of contractors and other staff to review annual evaluation results and plan how to use the information to improve the program.

(3b, 3e, 3f) Process indicators, data collection methods, reporting and timelines are outlined in Table 3.

Table 3. Process Evaluation: Intervention, Indicators, Data Collection Methods, Reporting & Timelines

Intervention	Indicators	Data Collection Method	Reporting & Timeline
Peer Education	<p>Description of training curriculum for peer educators, including sources used</p> <p># of peer educators trained by age, race/ethnicity and census tract (marker for income)</p> <p># of peer-to-peer training sessions by: school, grade level, number of attendees</p> <p>% of attendees reporting satisfaction with the training session.</p> <p>Peer educator views about:</p> <ul style="list-style-type: none"> • How participation in the program changed their sense of hope for the future. • What went well with the program, what could be changed and recommendations. 	<p>Reviewed and approved by City of Berkeley</p> <p>Information entered into a centralized database by contractors.</p> <p>Same as above</p> <p>Brief attendee survey via Smartphone or e-mail</p> <p>Focus group or key informant interviews with at least 8 peer educators</p>	<p>By 3/15/22</p> <p>Ongoing, reported quarterly, compared with annual benchmark of 10</p> <p>Same as Above, compared with benchmark of 80% reporting satisfaction</p> <p>By Evaluator, results shared in a brief report approximately 3 months after qualitative data collection.</p>

Intervention	Indicators	Data Collection Method	Reporting & Timeline
Media Campaign	<p>Description of the media campaign, including venues and target audiences</p> <p>Metrics for audiences reached</p>	<p>Information entered into a centralized database by contractor.</p> <p>Metrics from each platform used (such as Google Analytics)</p>	<p>Ongoing, reported annually</p> <p>Same as above, compared with benchmark of 3,000 views</p>
Taskforce	<p>Number and diversity of member organizations</p> <p>Number of meetings held per year; attendance at each meeting</p> <p>Successes, challenges and lessons learned from Taskforce development and implementation</p>	<p>Roster of members</p> <p>Sign-in Sheets</p> <p>Focus group or key informant interviews with at least 6 taskforce members</p>	<p>Ongoing, reported quarterly, compared with benchmark of at least 8 organizations.</p> <p>Same as above</p> <p>By Evaluator, results shared in a brief report approximately 3 months after qualitative data collection.</p>
Wrap-Around and Support Services and Case Management Services	<p># of youth receiving services by age, race/ethnicity and CT</p> <p>Types of support received; # of events or sessions attended.</p> <p>Youth opinion about what went well with the program, what could be changed and recommendations.</p>	<p>Data collected by contractors (<i>all</i>)</p>	<p>Reported quarterly, compared with benchmarks of up to 60 youth at-risk of substance use or violence receiving wrap-around and case management services annually, and up to 15 higher-risk youth receiving focused intervention to by the end of Year 3.</p>

(3c, 3g, 3k) The evaluation team will design and post a centralized database for contractors to enter the number of activities held and number of participants each quarter. Progress towards annual benchmarks will be computed each quarter as a percentage of cumulative achievement that year. For example, contractors will enter the # of participants in peer-to-peer education sessions by school and grade. Quarterly progress will be added to the cumulative participation to date (each year) and computed as a percentage of the annual benchmark of 1,000.

The evaluation team will provide contractors with a standard set of survey questions to determine participant satisfaction with peer training and peer-to-peer educational events. Contractors will enter results into a centralized database, and the % of participants reporting satisfaction will be compared with a benchmark percentage of at least 80%. When numbers are large enough, (generally over 10 people), satisfaction survey results will be reported by school or race/ethnicity.

The evaluation lead will import the survey results into a statistical analysis program (SPSS) and compute the chi-square statistic to identify significant ($p < .05$) differences in satisfaction levels by race/ethnicity, school and grade. Overall satisfaction scores and significant group differences will be reported back to contractors on a quarterly basis to inform mid-program corrections in training materials or methods.

The Evaluation Contractor will collect qualitative data through focus groups or key informant interviews and analyze 10 transcripts using qualitative analysis software (either NVivo 12.0 or Dedoose) to discern themes about program successes, challenges and lessons learned and recommendations.

III. Outcome Evaluation and Design

(4a-b) The outcome evaluation will use primary data collected through surveys and secondary data through datasets generated by the California Healthy Kids Survey (CHKS) and the Office of Statewide Health Planning and Development (OSHPD). When possible, the evaluation will use survey tools that have demonstrated reliability and validity.

The outcome evaluation questions are as follows:

- Did the interventions have the intended short and medium-term outcomes?
- Did peer educators increase their knowledge of youth and cannabis, and the confidence to provide cannabis education to their peers?
- Did peer educators increase their sense of hope for a successful future? What aspect of their experience influenced their sense of hope (e.g. earning a living wage, mentoring from caring adults)?
- Did youth attending peer education increase their knowledge of youth and cannabis, and their ability to refuse cannabis when offered?

- Has the Taskforce formed a successful collaboration that can work together to address youth violence?
- Did youth receiving wrap-around and case management services receive individualized development plans?
- Did youth receiving wrap-around services and case management demonstrate improvement in functional areas and/or individual strengths?
- For youth receiving wrap-around and intensive case management services, was the amount of participation (“dose”) related to outcomes generated (“response?”)

What impact have the interventions had on Berkeley youth?

- Have interventions in Areas 1 and 2 decreased youth cannabis use and abuse?
- Have the interventions increased connections to the school and caring adults, as well as feelings of safety at school?

(4c-h) Table 4 provides the outcome indicators, data collection method, reporting and timeline for each of the intervention areas.

Table 4. Outcome Evaluation: Intervention, Indicators, Data Collection Methods, Reporting & Timelines

Intervention	Indicators	Data Collection Method	Reporting & Timeline
<p>Peer Education</p> <p><i>(Estimated # of participants: -Up to 20 peer-to-peer educators)</i></p>	<p>80% of peer educators who completed training will:</p> <ul style="list-style-type: none"> • Increase their knowledge of youth and cannabis • Report being “very confident” to provide cannabis education? <p>80% of peer educators who have participated in the program for one or more years will experience an increase in hope for a successful future</p> <p>70% of youth attending a peer-to-peer training will: learn at least 1 new fact about Cannabis and youth; identify at least 1 new reason not to use Cannabis; identify at least 1 new refusal skill</p>	<p>Pre and post-training tests of knowledge and confidence</p> <p>“Hope Scale” survey tool given when peer educators first enter the program and one year later. Hope Scale will be chosen in consultation with the contractor, and based on a tool that has been found to be reliable and valid in similar populations. Examples include: “Hope Matters.” https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5626443/</p> <p>Brief post-test conducted via Smartphone or email after each training</p>	<p>Ongoing at first and last training session, reported bi-annually</p> <p>Reported during Years 2 and 3, as participants reach their 1-year mark with the program</p> <p>Ongoing and reported bi-annually</p>

Intervention	Indicators	Data Collection Method	Reporting & Timeline
<p>Media Campaign</p> <p><i>(Estimated # of participants: -Up to 3,000 youth participating in peer-to-peer presentations)</i></p>	<p>80% of youth reviewers will report that the media campaign was comprehensible, youth-friendly and culturally competent</p>	<p>Focus groups or telephone interviews with a subset of Berkeley youth ages 15 to 21</p>	<p>Organized by contractor and reported annually</p>
<p>Taskforce</p> <p><i>(Estimated # of participants: -At least 8 representatives from City departments, social services and other community stakeholder groups)</i></p>	<p>At least 8 taskforce members will sign an MOU committing to attend at least 4 meetings per year to develop a joint work plan to address gun violence.</p> <p>The Taskforce will develop a successful collaboration, along several factors, including communication, shared vision and stakeholder engagement</p>	<p>Group scores on a reliable and valid tool to assess whether the taskforce has developed a successful collaboration (e.g. Wilder Foundation Collaboration Factors Inventory https://wilderresearch.org/tools/cfi-2018/start)</p>	<p>End of Year 2</p> <p>Taskforce members will fill out the assessment tool during Year 2 and again in Year 3</p>

Intervention	Indicators	Data Collection Method	Reporting & Timeline
<p>Wrap-Around and Support Services and Case Management Services</p> <p><i>(Estimated # of participants:</i> - <i>-Up to 60 youth and their families receiving case management and wrap-around service) annually.</i></p> <p><i>By the end of year 3, up to 15 past offenders will receive intensive case management services</i></p>	<p>All 15 youth who may be engaged in case management will receive an individualized plan that incorporates areas of risk and strengths</p> <p>All 60 youth who may be engaged in case management will receive an individual development plan within 3 months (proposed) of starting</p> <p>80% of youth receiving wrap-around or case management services will demonstrate improvement in at least one functional area (e.g. social, recreational, school achievement) or individual strength (e.g. interpersonal, talents and interests, family relationships).</p>	<p>As reported by contractor</p> <p>Based on initial functioning and goals set in plan. Improvement in functional areas and strengths measured by a peer-reviewed reliable and valid tool (such as the Child and Adolescent Needs and Strengths Assessment https://praedfoundation.org/tcom/tcom-tools/the-child-and-adolescent-needs-and-strengths-cans/)</p>	<p>Reported bi-annually</p> <p>Youth will receive an initial assessment as part of their individualized plan, and a post-assessment when leaving the program</p>

(4i) The evaluation will use a pre-post design to assess outcomes of the peer-to-peer training and engagement program, the wrap-around and case management services. The evaluation team will design a pre and post-test adapted from existing cannabis education curricula to assess gains in knowledge and confidence for peer educators. For the wrap-around and case management interventions, the contractor will be guided to use a reliable and valid tool (such as the Child and Adolescent Needs and Strength Assessment) to assess youth functioning and strengths, and to provide the evaluation team with data to develop composite scores for each

youth participant at the beginning and end of their participation. Pre and post-test score differences for individuals will be tested for significance using the paired t-test.

Where feasible, results will be reported by race/ethnicity and by level of participation (high, medium or low) to determine whether “dose” of the intervention may have affected outcomes. Group comparisons will be tested for statistical significance using chi-square.

Taskforce collaboration at two points in time will be assessed through a reliable and valid tool, such as the Wilder Foundation Collaboration factors inventory. Each task force member will complete a survey during Years 2 and 3, and scores will be combined along several factors of collaboration (such as communication, shared vision and stakeholder engagement) to create group scores on each factor. Group scores for Year 3 will be compared to those for Year 2 and tested for statistical significance using chi-square.

For satisfaction and knowledge gained from attendance at a peer-to-peer education event, the evaluation team will work with the contractor to design a brief post-test that can be administered via smartphone or online. The evaluation team will explore whether a knowledge pre-test is feasible given the short intervention.

Impact (End of Year 3)

Program impact on Berkeley youth will be assessed for all interventions combined as follows:

- Decreased cannabis use in the past 30 days, increased connection to schools and caring adults, and safety at school will be assessed by comparing California Healthy Kids Survey responses for 9th and 11th graders at baseline (2021-2022) and towards the end of the program (2023-2024). If the evaluation team is able to obtain raw CHKS data from WestEd, and numbers of responses are sufficient, they will use chi-square analysis to look for differences in outcomes by race/ethnicity.
- Decreased harm from cannabis use will be assessed for youth ages 15-21 from OSHPD data on emergency department (ED) visits and hospitalization rates per 100,000 at baseline (2021) and at the end of the program (2023). The percentage change in rates between baseline and end of the program will be calculated.

(4j-k) The outcomes and impact research design have notable strengths and limitations. Use of survey tools that have been previously tested for reliability and validity in similar populations, and a pre-test/post-test design when feasible strengthens the evaluation design. Close collaboration with contractors and periodic reporting back findings from the evaluation are likely to increase buy-in and participation. The outcomes research design is limited by a lack of control or comparison groups. It may be difficult to attribute observed changes to the

interventions rather than outside factors. To understand the program in context, the evaluation team will consult with the Taskforce about other cannabis and violence-related interventions with youth, or change in circumstances (such as school events or a pandemic).

While the data sources are reliable and appropriate for these impacts, there are a few caveats/limitations also worth noting:

- 1) California Healthy Kids Survey (CHKS): This survey is administered to 5th, 7th, 9th and 11th graders every other year. Additionally, Berkeley Unified School District refrained from administering the survey last year (2020-2021) due to the pandemic and it is uncertain at this time if it will be administered next year or during the next regularly scheduled survey cycle. The combination of these factors may result in longer than usual data lag considerations with this particular data source.
- 2) OSHPD data refresh typically takes approximately 9 months (e.g., 2021 data available by Fall 2022). Additionally, Berkeley represents approximately 7% of the total Alameda County population. As a result, the Berkeley-specific utilization data may potentially be small.

The City of Berkeley and evaluation team will monitor these data considerations as the project progresses.

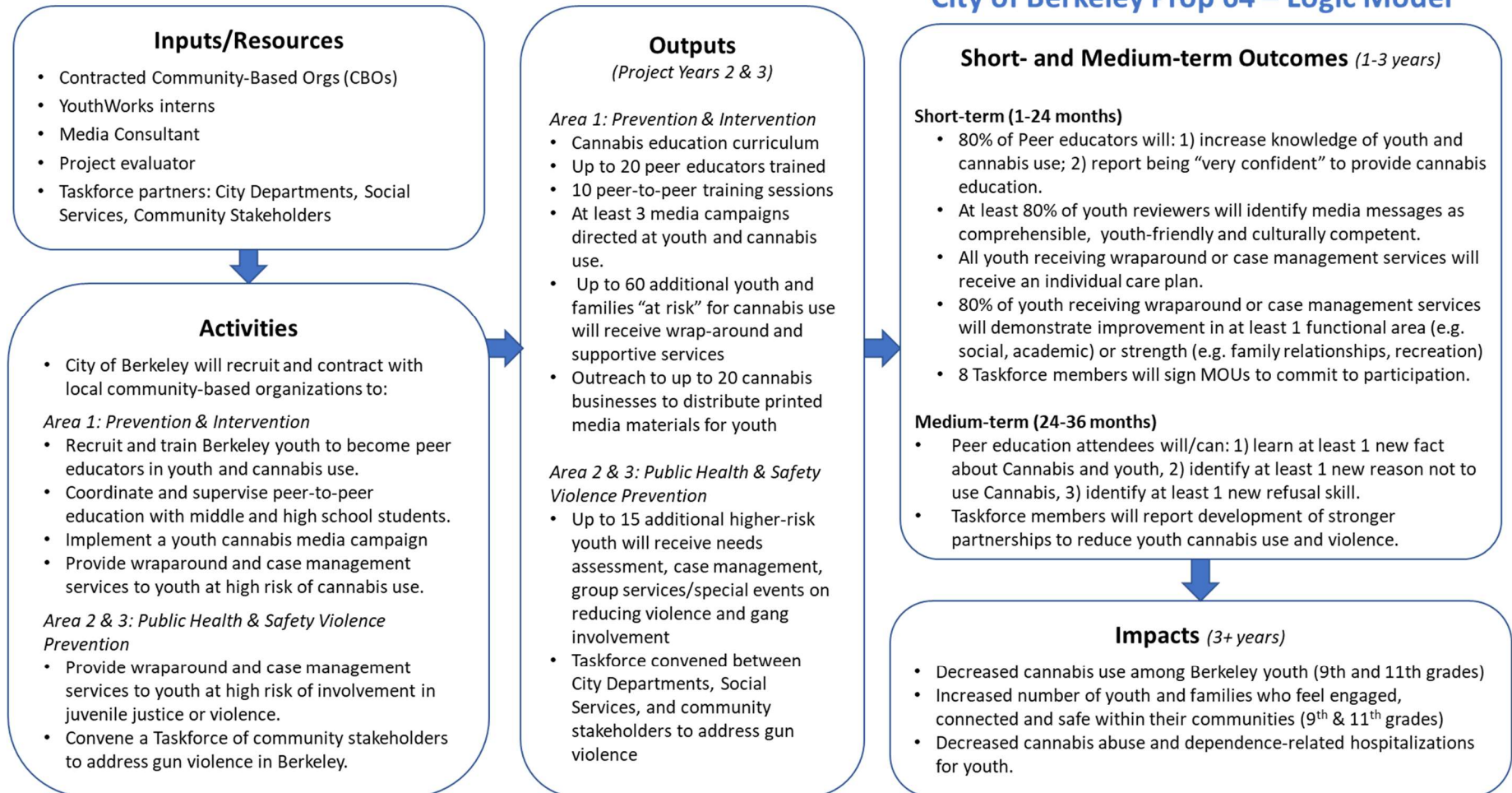
Overall Project Management

(3d, 3h-k) The City of Berkeley will be issuing an RFP to select contract NGOs and a media consultant to complete this work¹. Upon selection, contractors will be responsible for project management and implementation activities and, at minimum, provide monthly status update reports to City of Berkeley Manager of Youthworks. Additionally, contractors will meet with the City of Berkeley Manager of Youthworks on a regular basis (most frequently at project startup) and the City of Berkeley Manager of the Public Health Division (quarterly). Monthly status update reports will include, but not be limited to, a description and/or update on the following: Project activities, workflows (process and documentation), data collection and data archival process, data use and application, and outcome measures. Reports will be reviewed by City of Berkeley for overall project progress and effectiveness and adjustment recommendations and guidance will be provided, as needed. Additionally, the Manager of YouthWorks will plan to attend various project activities (e.g., peer-to-peer trainings and presentations, focus groups, stakeholder meetings, etc.), as needed, and to assure the project is implemented to fidelity.

¹ Contractor selection estimated completion by December 2021.

IV. Project Logic Model

City of Berkeley Prop 64 – Logic Model



Edited 11/3/21 lm