

# City of Berkeley Proposition 64 Grant Final Evaluation Report

April 30, 2025

Submitted by City of Berkeley,  
Department of Health, Housing and Community Services

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# Prop 64 Final Evaluation Draft Report, April 21, 2025

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## Executive Summary

The legalization of cannabis through Proposition 64 raised concerns about increased youth access, with reports indicating significant marijuana use among high school students in Berkeley. In late 2020, the City of Berkeley submitted a successful proposal to the State of California Board of State and Community Corrections (BSCC) for a multi-level intervention to train youth as cannabis peer educators, provide one-on-one counseling for at-risk youth, disseminate cannabis education and organize partner organizations to support cannabis deterrence. The City's Health, Housing, and Community Services Department oversaw the Proposition 64 grant, which was initially funded for the term of May 1, 2021 through October 31, 2024. In May 2024, BSCC granted an extension through April 30, 2025. Through a Request for Proposals process, the City chose Berkeley Youth Alternatives (BYA) as its contractor and partner for this grant.

The City of Berkeley pursued a comprehensive process and outcome evaluation to document program activities, assess the fidelity of the implementation model with the original goals and objectives, and determine the impact of participation on youth. A team consisting of the Manager of the City of Berkeley's Public Health Division, BYA's Data Manager, and an evaluation contractor from the Alameda County Public Health Department guided the initial design, implementation, and data analysis for the Prop 64 evaluation. The evaluation team pursued mixed quantitative and qualitative methods, including documentation of program activities into a database, quarterly narratives on successes, challenges and ways to overcome challenges, satisfaction surveys, a knowledge development survey and psychometric surveys of client outcomes.

With 48 counseling clients in total, BYA approached its contractual objectives of serving 25 - 60 counseling youth annually (and 75 – 180 youth across the full project term). BYA served 16 peer educators over the project term, surpassing the contractual goal of recruiting 12 peer educators. BYA was not able to implement the original objective of training a cohort of youth to become peer educators who would then give cannabis education presentations to middle and high school students. BYA staff report regularly posting youth-oriented social media messages on their platform, resulting in 1,516 "hits" (meaning clicking onto a page or replying to media messages). BYA counseling clients reported high levels of satisfaction with the program the first time they took a satisfaction survey and even higher satisfaction the second time, an average of 7.4 months later. Approximately 48% (22 out of 48) of counseling clients returned satisfaction surveys. Almost half of counseling clients completed the Satisfaction Survey or the RS-14. Evaluation results further indicate that BYA has an effective counseling model. Clients who stayed in counseling for a significant period reported increases on a Resilience-14 survey in resilience, which can protect them from depression, anxiety and stress. In turn, higher resilience may also protect youth from initiating or continuing cannabis use.

According to BYA and the City of Berkeley, participants benefited from BYA's ability to offer several programs at one time to clients. In addition, BYA's reputation as a trusted community resource may have helped recruitment of participants, particularly for sensitive mental health services.

Some factors that impeded the goals of this project included significant implementation delays once the BSCC grant money had been awarded. The City-required RFP process and the extended negotiation of project scope and budget set the start of the actual service delivery back at least a year. Another challenge was BYA's limited administrative and staffing infrastructure. BYA is a relatively small, local nonprofit. Producing invoices was challenging, as was staffing projects. In the future, the evaluator recommends that the City of Berkeley manage youth intern onboarding and payroll in similar projects since it already has robust fiscal and employment systems.

## Background

The legalization of cannabis use for adults through Proposition 64 increased exposure and accessibility of the substance, and the impact on youth has been a growing public health concern. Based on the 2015-2016 California Healthy Kids Survey results, approximately 35% of Berkeley Unified School District (BUSD) 11th graders, 17% of 9<sup>th</sup> graders, and less than 5% of 7th graders reported having smoked marijuana<sup>1</sup>. The California Healthy Kids Survey also indicated that alcohol and marijuana are the most commonly used substances among BUSD students. The initiation of substance use early in life contributes to higher levels of use and abuse later in life. Early onset of use is also associated with a number of negative health, social, and behavioral outcomes, including physical and mental health problems, violent and aggressive behavior and adjustment problems in the workplace and family.

In 2018, the Berkeley Public Health Division conducted a Community Health Assessment to supplement the population health data in its 2018 Berkeley Health Status Report<sup>2</sup> and to help inform program planning. This Community Health Assessment included 398 community health surveys, 20 focus groups with 179 community participants, 28 key informant interviews, and input from over 30 community partners in a community health-focused roundtable event. All these community engagement activities were focused on gathering information from vulnerable population groups that have historically experienced health disparities. These included youth aged 10-24 years, the African American community, the Latinx community, people experiencing homelessness, the LGBTQIA community, and low-income families.

The findings of this process showed that youth defined a healthy community as one that was “connected,” “safe,” and “friendly.” They also identified the “economy,” “food security,” and “safety” as their top three barriers to achieving a healthy community. Strategies youth suggested that the City and partners could address included more drug abuse counseling for youth, in addition to affordable housing, free and accessible community programs, and affordable/accessible mental health services. Substance abuse/tobacco use and mental health were identified as the top health concerns for the African American community and for youth overall.

Based on these findings, the City of Berkeley designed the Prop 64 grant proposal to support youth-focused activities and community-based partnerships through an equity lens to address the negative effects of increased access to and use of cannabis in Berkeley. The grant proposal included direct services for youth, which included a peer educator training program, school-based presentations, counseling for youth at-risk of cannabis use, and intensive case management for youth who had been involved in the criminal justice system. To support youth mental health and abstinence from cannabis, the City of Berkeley’s Prop 64 proposal included a youth-friendly media campaign, education with cannabis retailers, and a Community Task Force Against Violence, comprised of City departments, social services, and community stakeholders, such as faith-based organizations, schools, youth, and families.

The Prop 64 grant was overseen by the City of Berkeley’s Health, Housing, and Community Services Department. Initially, this project was housed in the Public Health Division, in part because of the focus on cannabis prevention and also because the project was initially structured to include a youth employment component that would work in tandem with Public Health’s YouthWorks program. The project contractor (Berkeley Youth Alternatives, or BYA) requested to administer the internship program and funds as part of their contract. In addition, the Public Health staff member who had been managing the Prop 64 project left the City.

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<sup>1</sup> [Berkeley Unified 1516 Sec CHKS.pdf](#)

<sup>2</sup> <https://berkeleyca.gov/sites/default/files/2022-02/2018-health-status-report-berkeley.pdf>

The project management was then shifted to HHCS's Office of the Director. In October 2022, Nina Goldman assumed the City's oversight of Prop 64 project. The HHCS Department Directors, first Lisa Warhuus and later Scott Gilman, primarily oversaw the work of the Prop 64 project manager during bi-weekly supervision meetings. The department director was also responsible for the overall decision-making of the project. In December 2024, HHCS Department Deputy Director, Tanya Bustamante, assumed the oversight role of this project. Throughout the project, fiscal analysts reviewed and consulted Prop 64 budget, including compiling quarterly invoices, budget modifications, etc. The fiscal analysts involved the fiscal manager as needed.

The project was monitored through monthly check-in meetings with BYA staff, the City of Berkeley project manager and the Prop 64 evaluator, Liz Maker. At these virtual meetings, participants discussed project progress, challenges and needs for technical assistance or support. In addition, with each monthly invoice to the City, BYA submitted a progress report to the City, documenting all of the services and people served through the contract. BYA submitted quarterly reports for submission to BSCC. The City of Berkeley reviewed and, as needed, updated these reports, after discussing the information contained with BYA.

## Target Populations

Based on the needs assessment results, the City of Berkeley focused the Prop 64 grant on Berkeley youth who were vulnerable due to lack of access to opportunity and social networks, poverty, and/or ethnicity.

Target populations for all services provided and under this scope included:

1. All gender and gender-expansive youth in the City of Berkeley under age 21;
2. Youth who reside in low-income neighborhoods within the City of Berkeley;
3. Youth who are Black, Indigenous and People of Color (BIPOC);
4. Youth experiencing at-risk situations such as exposure to or history of substance use and abuse (marijuana, alcohol), chronic absenteeism from school, dropped out of school or at-risk of dropping out, a history of incarceration or a history of mental health challenges.

Criteria for intensive case management services included:

- Youth who are high school students;
- Youth in South and West Berkeley who are past offenders with a higher risk of reoffending;

In addition, peer educators needed to be:

- Between the ages of 16-21;
- Experiencing at least two of the following factors: reside in low-income neighborhoods, are Black, Indigenous, or People of Color (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.

## Goals and Objectives

This section of the report contains the goals and objectives from the original scope of work as described in the June 2021 Grant Agreement between the Board of State and Community Corrections (BSCC) and the City of Berkeley (Agreement # BSCC 944-21). Modifications to the original scope are described below. The City of Berkeley Prop 64 grant proposal delineated the following goals and objectives:

### PPA 1: Prevention & Intervention

Goal 1: To decrease the rates of substance use among youth in the City of Berkeley

Objectives:

- A. By the end of Year 1, recruit and train up to 20 youth participants to become peer educators for cannabis education awareness campaigns.
- B. In Years 2 and 3, peer educators will conduct up to 10 peer-led education sessions annually for 1,000 youth participants.
- C. At least 80% of youth presentation participants report that they learned a new fact about youth and cannabis use.
- D. By the end of each Program Year, the NGO will enroll up to 60 new at-risk youth clients in supportive and wrap-around services.

Goal 2: Decrease gang activity and violent crimes in youth under the age of 21.

Objectives:

- A. By the end of Year One, 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.
- B. Identify up to 15 high school and middle 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 NGO partner.

Goal 3: Decrease the early onset of marijuana use in youth under the age of 21 years.

Objectives:

- A. By the end of year one, a Media Contractor will conduct focus groups with 15 - 20 youth, conduct at least 50 youth for a media messaging campaign around cannabis and youth.
- B. By the end of Year One, 80% of youth who test the resulting media message will report that it is youth-friendly and culturally competent.
- C. By Year 2 and Year 3, the Media Campaign will reach at least 3,000 youth in the City of Berkeley annually.
- D. By end of Year 2 and Year 3, at least 50% of Berkeley cannabis retailers who received materials and outreach will agree to display ads regarding underage sales either on their physical location or on their websites.

In the Local Evaluation Plan, submitted to BSCC in August 2021, Goals 1 and 3 were combined as “Area 1: Prevention and Intervention: and Goal 2 renamed “Area 2: Public Health and Safety/Violence Prevention.”

After a significant delay due to the selection and negotiation process with the chosen contractor (Berkeley Youth Alternatives), HHCS agreed to revise the target numbers of participants and activities from those contained in the original proposal to reflect more realistic goals in light of the late start of the project. At the direction of BSCC staff, these adjustments were incorporated into the template for quarterly reports. Table 1 in the following section incorporates the updated objectives.

See Appendix A for a logic model depicting project inputs, resources, activities, outputs/processes and outcomes.

## Process Evaluation

### Design and Methods

The process evaluation was designed with mixed quantitative and qualitative methods to answer the following evaluation questions:

- What activities did the program implement?
- Did the interventions reach the target populations? Why or why not? How much of the interventions did the target population receive?
- Were participants satisfied with the interventions? Why or why not?
- What were successes, challenges and lessons learned during each year of the program?

A team consisting of the City of Berkeley Public Health Division Manager, BYA's Data Manager, and an evaluation contractor from the Alameda County Public Health Department guided the initial design, implementation, and data analysis for the Prop 64 evaluation. The Youth Equity Partnership Manager started supporting this work in October 2022. BYA was actively engaged in data collection and reported results in monthly and quarterly reporting templates provided by the City of Berkeley. Each year, the evaluation team convened a gathering of contractors and other staff to review annual evaluation results and plan how to use the information to improve the program.

Table 1 presents the process objectives, process indicators, evaluation tools, and reporting and timelines for City of Berkeley's Prop 64 project. Process objectives related to work plan activities that were not implemented are shaded in gray.

**Table 1: Process Objectives, Indicators, Evaluation Tools, Responsible and Timelines**

Process Objective	Process Indicators	Evaluation Tools	Responsible & Timelines
<b>Area 1: Prevention and Intervention</b>			
A. Up to 12 peer educators will be trained in Year 1 (P)	# of peer educators trained by age, race/ethnicity and census tract (marker for income) (Do not have census tract info)	<ul style="list-style-type: none"> <li>• <i>BYA Database</i></li> <li>• <i>Prop 64 Excel Workbook</i></li> <li>• <i>State Quarterly Progress Report (QPR)</i></li> </ul>	The BYA data manager maintains the BYA database, and enters program data into an online workbook shared with the City of Berkeley, which City of Berkeley reported in the <i>State Quarterly Progress Report (QPR)</i>
B. Peer educators will provide at least 10 sessions per year in years 2 & 3 (20 total)	# of peer-to-peer training sessions by school, grade level, number of attendees	<i>BYA Database</i>	Note: Peer educators assisted in community presentations, but not in schools, so the data was not collected.
C. Up to 500 youth will attend peer-led sessions in Years 2 and 3 (1,000 total)	# of youth who attend peer-led sessions	<i>Online Survey for Youth Attending Cannabis Presentations</i>	Same as above
D. At least 80% of peer educators will report satisfaction with the training.	Number and percentage of peer educators who report a score of 80% or	<i>Training Satisfaction Survey</i>	BYA did not provide training for peer educators to provide cannabis education to other youth, so they did not give

Process Objective	Process Indicators	Evaluation Tools	Responsible & Timelines
	higher on a training satisfaction survey.		them a training satisfaction survey.
E. Successes, challenges and lessons learned from peer educator training	Qualitative assessment	<i>Focus group</i> with peer advisors	BYA opted not to have focus groups, instead reporting on challenges and strategies to overcome challenges in the QPR.
E. By the end of each Program Year, BYA will enroll 25 - 60 new at-risk youth clients for supportive and wrap around services.	# of youth who enroll in BYA counseling	<ul style="list-style-type: none"> <li>• <i>BYA Database</i></li> <li>• <i>Prop 64 Excel Workbook</i></li> <li>• <i>State Quarterly Progress Report (QPR)</i></li> </ul>	BYA entered monthly and quarterly data into the <i>Prop 64 Excel Workbook</i> , which City of Berkeley reported in the <i>State Quarterly Progress Report (QPR)</i> .
F. By the end of year one, a Media Contractor will conduct focus groups with 15 - 20 youth, to develop a media messaging campaign around cannabis and youth.	# of focus groups done by location # of youth participating in focus groups Qualitative analysis of focus group notes and/or recordings	Media contractor will keep records of # focus groups done, location, of youth attending, focus group notes, recordings and qualitative analysis.	Media contractor did not implement focus groups, citing that BYA already had effective media messages from existing campaigns, such as the Smart Talk Cannabis Education Curriculum from Stanford.
G. By Year 2 and Year 3, the Media Campaign will reach at least 3,000 youth in the City of Berkeley annually.	# of media campaigns # of Hits to Media Campaign	<i>Records kept by Media Contractor and BYA.</i>	BYA posted social media messages about cannabis and recorded the number of postings and hits in the <i>QPR</i> .
<b>Areas 2 &amp; 3: Public Health &amp; Safety/Violence Prevention</b>			
A. Finalize a workplan for the community taskforce against violence incl. input from stakeholders, such as faith-based orgs, schools, youth and families.	Completed workplan	BYA will create and document the completed workplan.	BYA and the City decided to focus the taskforce on cannabis rather than the violence. BYA did not implement a workplan with the community taskforce.
B. Identify & serve 8 – 15 MS & HS students/year with past offenses with focused services & intervention	# of youth served	<ul style="list-style-type: none"> <li>• <i>BYA Database</i></li> <li>• <i>Prop 64 Excel Workbook</i></li> <li>• <i>State Quarterly Progress Report (QPR)</i></li> </ul>	BYA did not separate these intensive youth from the at-risk youth served in Area 1.E. As a result, the evaluation could not separately analyze results for this populations. BYA entered monthly and quarterly data into the <i>Prop 64 Excel Workbook</i> , which City of Berkeley reported in the <i>State Quarterly Progress Report (QPR)</i> .
<b>Note that Objectives 3B (as 1B) and 3D (as 1C) appear in the Outcomes table on page 16</b>			

Data collection tools and analysis methods are described below.



### *BYA database*

BYA recorded the dates of client enrollment, exits, and participation in BYA activities in a database maintained by its data manager. Key progress indicators, such as start dates, attendance, participation in specific services, progress milestones, and exits, were recorded to evaluate engagement levels over time. Data was stored in BYA's Salesforce database, allowing for consistent monitoring and reporting.

This data was initially collected through participant applications during enrollment and was supplemented by follow-up forms and assessments completed throughout the program. BYA Program Coordinators communicated participant engagement details through counseling sessions, workshops, or educational sessions to the data manager, ensuring accurate and up-to-date tracking.

The Data Manager also tracked cannabis education workshops, career development workshops, counseling services, community outreach, and youth-focused educational sessions. Program Coordinators compiled and submitted activity summaries in their monthly program reports to the Data Manager, ensuring accurate tracking and reporting of all services provided as part of the project. Data was stored in a shared Salesforce database, allowing for consistent monitoring and reporting. This system ensured that all program activities—such as workshops, counseling sessions, and educational outreach—were tracked and evaluated.

### *Prop 64 Excel Workbook & State Quarterly Progress Report (QPR)*

BYA reported monthly totals into the *Prop 64 Excel Workbook* and added the 3 months in each quarter, which the City of Berkeley entered into the QPR. BYA recorded data in separate Excel worksheets for the peer education (renamed Squash-It By BYA, Goal 1, Objectives A-C) and client counseling. The evaluator summed data for each quarter for final tallies, which will be presented by objective and indicator in the results section of this report.

### *BYA's Program Satisfaction Survey*

BYA implemented an existing four-question satisfaction survey to clients who had participated in the program for at least 3 months and re-administered the survey an average of 226 days (approximately 7.4 months) later. Satisfaction survey questions contained positive statements about the program, to which respondents could answer on a five-point scale from "strongly disagree" to "strongly agree." BYA recorded client responses to their 4-question satisfaction survey on an Excel spreadsheet, which they gave annually to the evaluator, who cleaned and re-arranged the data for upload into the Statistical Package for the Social Sciences (SPSS). The evaluator analyzed the data in two ways:

1. Computed frequencies of responses to each of the four questions and created a bar graph depicting the percentage of respondents who gave each answer (See Results section). Frequencies were computed separately for each of the time periods (Time 1, or first time the respondents filled out a satisfaction survey and a follow-up survey at Time 2. The numbers of clients filling out a survey at T3, T4 and T5 was too small to generate meaningful frequencies).
2. Computed average responses to each question by assigning a number from 1 (strongly disagree) to 5 (strongly agree) and created a line chart to compare average responses for Time 1 and Time 2. The numbers of responses for Time 3, Time 4 and Time 5 were too small to generate meaningful averages.

### *Social Media Campaign Educational Materials and Hits*

The BYA data manager kept records of each social media post by date and contents and used web-based software to record the number of "hits" for each post.

## Process Evaluation Results by Evaluation Question

### What activities did the program implement?

BYA reported 70 outreach activities over 255 hours to recruit youth to their programs. BYA served a total of 62 unique youth in the Squash-It Peer Educator and Counseling programs. Table 2 provides the number of youth served by each program and explains the overlap in which several youth participated in more than one of these programs.

In addition to serving up to 25 to 60 youth in the Counseling Program each year, BYA had a separate objective to serve an additional 8 to 15 youth in years 2 and 3 who needed intensive case management, due to involvement in the justice system and heightened risk of using cannabis. Identified risk factors included dropping out of school, chronic absenteeism and diagnosed mental illness. BYA identified seven youth who were post-adjudication and added them to the Counseling Program. To supplement the Counseling intervention, these seven youth were enrolled in BYA's Probation Youth Employment Program, receiving mentoring, tutoring, and paid work experience.

**Table 2: Youth Participation in BYA Programs**

Program	Number of Youth	Overlap
Squash-It! Peer Educators	16	2 of the 16 also participated in counseling
Counseling	48	2 of the 48 also participated in Squash-It; 7 counseling clients were identified as being justice-involved and received additional services.

BYA provided community educational events, which were planned and implemented by staff with assistance from peer educators. BYA reported hosting 39 community educational events in which 279 youth participated. Peer educators attended 34 out of 39 community educational activities.

As explained further in the Process Evaluation Discussion section, BYA decided not to fully train peer educators to provide school-based events, concentrating instead on services to address immediate needs facing these young people, such as hunger, unstable housing and employability.

BYA reported hosting one school educational event with assistance from peer educators. Twenty-five students attended this event.

BYA reported 499 social media campaign educational activities, and 139 social media materials created (handouts/pamphlets, commercials, websites etc.)

### *Community Care Workgroup*

BYA reported that they established the Community Care Workgroup during quarter 12 (January – March 2024) to raise awareness of the risks of marijuana use among youth and their families and to prevent youth marijuana use. The Workgroup's objectives included supporting youth-led education and outreach campaigns, building partnerships with schools, parents, and local organizations, promoting healthy, drug-free lifestyles through positive youth development, and providing feedback and guidance on program activities and messaging.

BYA shared that the eight members of this Workgroup included Squash-It youth interns, community leaders, parents, BYA staff, and occasionally Reach Our Children (ROC) Counseling staff from BYA. BYA described the youth interns' roles and responsibilities as including learning about existing resources, fostering a culture of mutual peer support, leading outreach efforts, and representing the youth voice in

all planning processes. BYA described that community members and partners contributed by providing input, amplifying efforts, and connecting the Workgroup with broader networks.

BYA recounted that BYA staff facilitated monthly meetings, provided prevention training, and offered support to the interns. The workgroup chair or co-chairs guided meetings, oversaw the planning, and ensured that youth leadership remained central to the initiative. Workgroup activities included tabling at BYA outreach events (such as resource fairs and workshops) and providing leadership training for youth. The group also aimed to build connections with local cannabis-related resources.

### Did the interventions reach the target populations?

#### *Counseling Program Demographics*

All 48 youth in the Counseling Program met the inclusion criteria of age under 21 (Figure 1), residing in low-income City of Berkeley neighborhoods and experiencing at-risk situations such as exposure to or history of substance use and abuse (marijuana, alcohol), chronic absenteeism from school, dropped out or at-risk of dropping out, a history of incarceration or a history of mental health challenges.

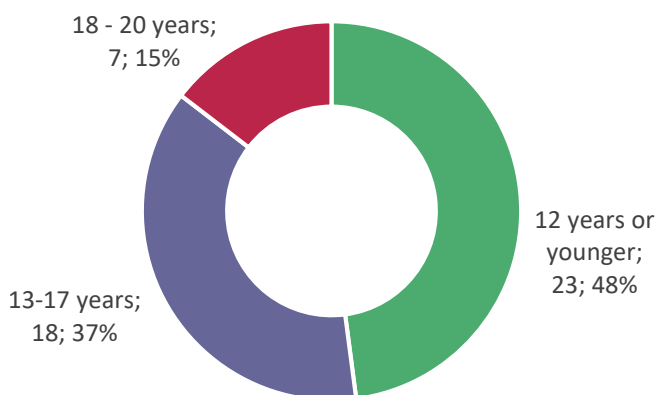
Eighty-five percent of youth counseling clients were black, indigenous or people of color (BIPOC). Figure 2 provides the distribution of race/ethnicity for counseling clients. Note that clients were allowed to choose more than one race or ethnicity, so the total number adds up to 48 rather than 50.

The program served more males (56%) than females (42%) and one non-binary youth (2%) (See chart in Appendix D, Figure a).

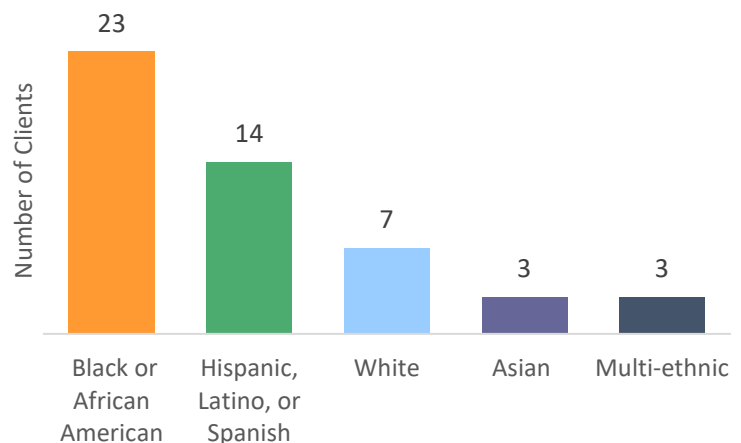
Eighty-eight percent of Counseling Program youth were enrolled in Elementary (36%), Middle (23%) or High School (31%). The remaining students were not enrolled in school or getting their GED (4%) or are in other school situations (6%), such as community college (Appendix D, Figure b.)

Eighty-eight percent of counseling youth were students not looking for employment (See chart in Appendix D, Figure c).

**Figure 1: Age of BYA Counseling Clients (n=48)**



**Figure 2: Race/Ethnicity of BYA Counseling Clients (n=48)**



### *Squash-It Program Demographics*

All 16 youth in the Squash-It program met the same inclusion criteria as in the Counseling Program: Age 21 or younger, (Figure 3), residing in low-income City of Berkeley neighborhoods and experiencing at-risk situations such as exposure to or history of substance use and abuse (marijuana, alcohol), chronic absenteeism from school, dropped out or at-risk of dropping out, a history of incarceration or a history of mental health challenges. In addition, all 16 met the additional Squash-It criteria of being BIPOC (either Black/African-American or Multi-Ethnic, Figure 4) and 16 to 21 years of age.

Squash-It served mostly male-identified youth (81%, Appendix D, figure d.)

Sixty-three percent of Squash-It participants were in high school, 31% were either High School or GED graduates and 6% attended Berkeley Community College (Appendix D, figure e.)

Half of Squash-It youth were “looking not employed, but looking for employment” (Appendix D, figure f.). These youth were co-enrolled in BYA’s Probation Youth Employment Program for assistance with job readiness and placement.

#### *Media Campaign*

BYA media campaigns received 1,516 “hits,” meaning someone clicked into the message to read it or respond. The age of the people making the hits is unknown.

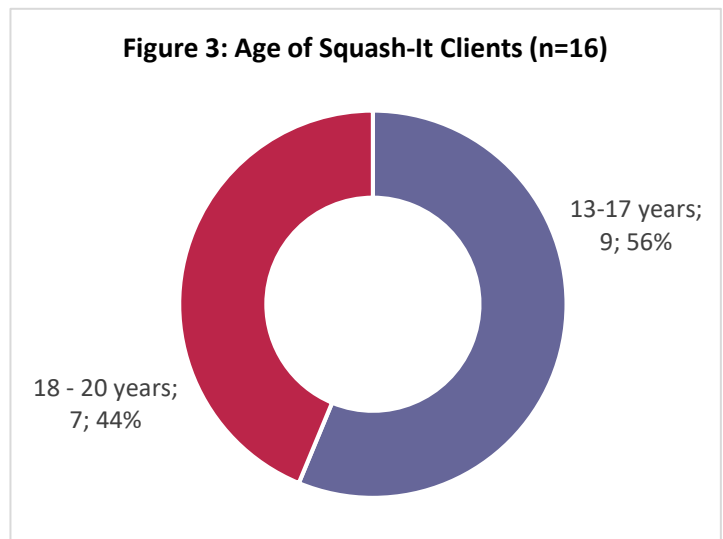
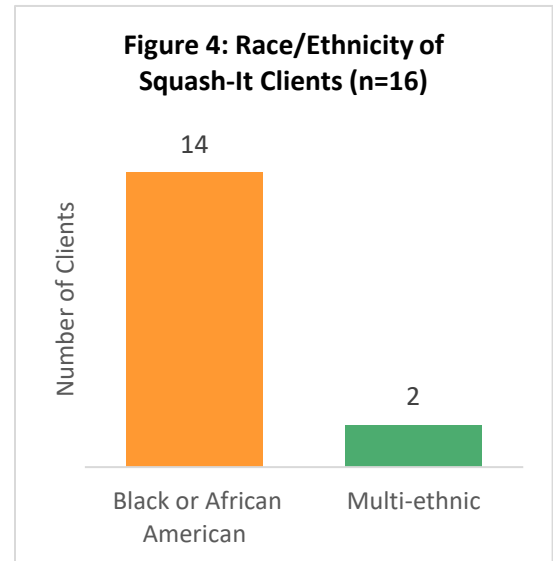
#### *Community Care Workgroup*

BYA met the goal of recruiting eight people from multiple sectors into the Community Care Workgroup. This workgroup included Squash-It youth interns, community leaders, parents, BYA staff, and occasionally ROC Counseling staff from BYA.

### **How much of the interventions did the target population receive?**

#### *Counseling Program*

Youth received an average of 34.5 counseling sessions, ranging from a low of 2 to a high of 125 sessions over the life of the project. Each client’s treatment was guided by an individual treatment plan (IDP). Table 3 lists the type of services received in rank order by frequency for the 48 Counseling Program clients.



**Table 3: List of Counseling Services Provided**

Type of Service
Listed from greatest to least number of sessions among all participants combined
Individual counseling
Pro-social activities/recreational events
Skill-building activities
Workshops
Life skills training
Individual/group mentoring
Academic support/tutoring
Ongoing assessment of risk/needs
Leadership/mentor training
Behavior change plans
Referral/linkage to community-based support services
Substance use awareness education
Career counseling/job shadowing
Individual/family support services
Referral/linkage to any other services

#### *Squash-It*

BYA stated that the average length of time in the program for Squash-It participants was 12 months. Information on the specific number or hours of training or other services provided were not made available.

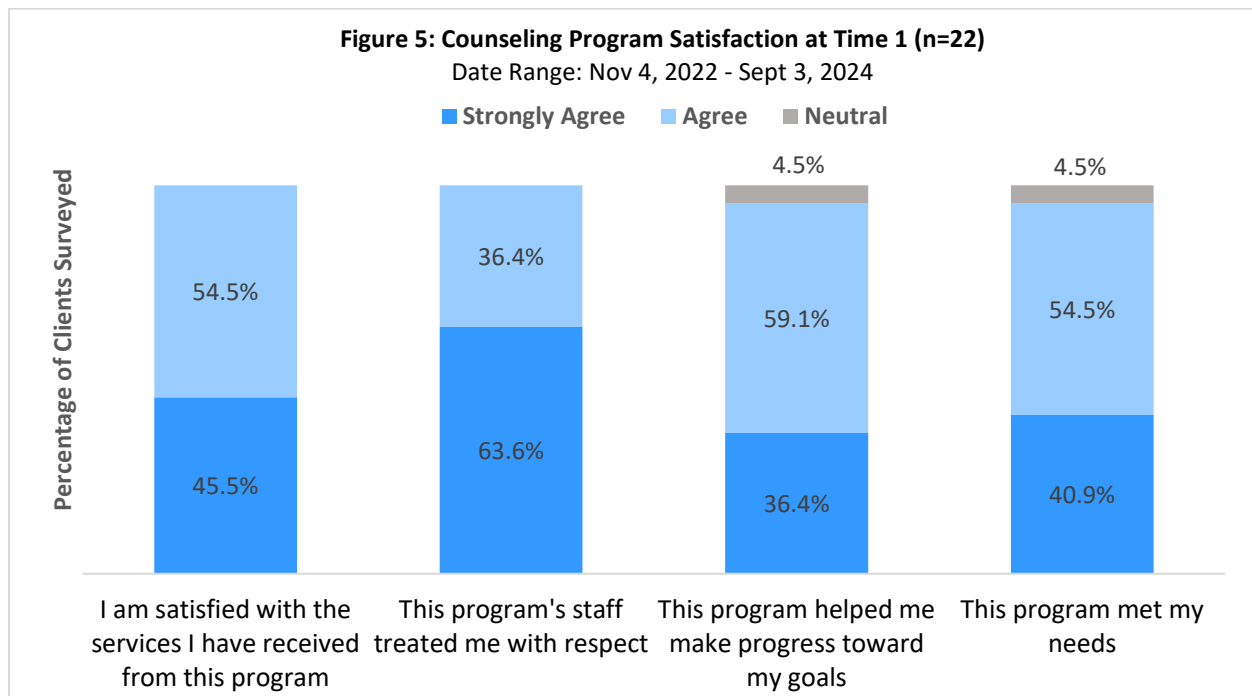
#### *Media Campaign*

BYA reported that its media campaigns received 1,516 “hits,” meaning someone clicked into the message to read it or respond. The age of the people making the hits and the content of the messaging is unknown.

#### **Were participants satisfied with the interventions? Why or why not?**

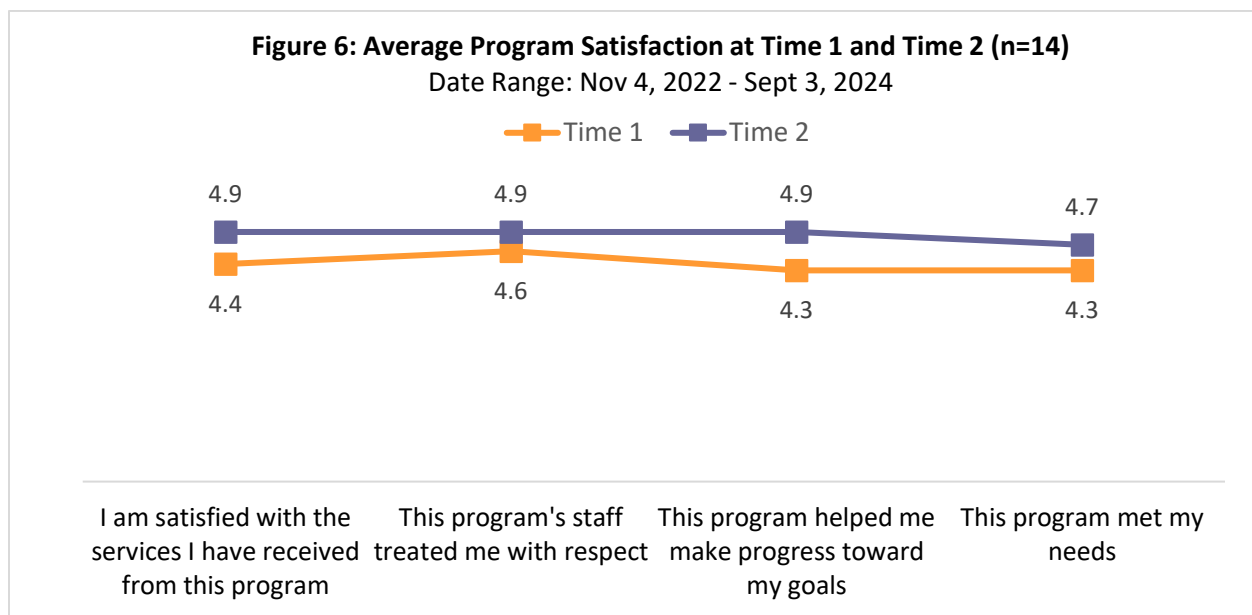
##### *Counseling Program Satisfaction Survey*

Figure 3 shows high levels of agreement with positive statements about the Counseling Program from 22 youth at Time 1.



Among the 22 youth who did a satisfaction survey, 14 also completed a second satisfaction survey at Time 2. BYA aimed to give satisfaction surveys after 3 months of program participation and every 6 months after that. The average number of days between Time 1 and Time 2 was 210, approximately 7 months.

Figure 4 shows how the average level of satisfaction started high at Time 1 and increased at Time 2 (n=14). Note that the number “4” corresponds with “agree” and 5 with “strongly agree.”



BYA reported that they offered satisfaction surveys to Squash It participants, who generally prioritized their personal development goals over survey participation. These goals included: earning a GED; strengthening their life skills; addressing mental and physical health needs; and accessing employment support.

## **What were successes, challenges and lessons learned during each year of the program?**

Prop 64 successes are described in the results sections of this report. Challenges and steps taken to mitigate those challenges were explained in Quarterly Reports, and summarized below:

The project encountered delays stemming from staffing shortages and bureaucratic challenges within both the City of Berkeley and its partner/subcontractor, Berkeley Youth Alternatives (BYA). Several City of Berkeley staffing gaps impacted operations, including a vacancy in the YouthWorks manager position until June 2021 and shortages in City fiscal staff beginning in September 2021. Identification of a CBO partner was delayed until December 2021 due to a mandatory RFP process to choose a contractor.

Contractual delays also played a role in slowing the project's progress. The contract with BYA was postponed due to requested changes in the project's scope and budget. Originally expected to be finalized in March 2022, the contract was not executed until July 2022. As a result of these delays, several project goals and workgroup activities originally planned for the first year were postponed to the second and third years. These setbacks also contributed to an under-expenditure of the allocated project funds during the initial year.

During project quarters 4-13 (January 2022-September 2024), BYA identified additional barriers. Enrolling youth proved difficult due to administrative hurdles and youth reluctance toward in-person activities. Delays in obtaining fire clearance prevented mental health services from receiving payment. The COVID-19 pandemic further disrupted the program and led to an increased demand for counseling services, particularly among children under the age of 12. Throughout the project, BYA was unable to offer any payments to its Peer Educators due to reported problems with their payroll system. During quarter 11 (October – December 2023) BYA reported that they paused and then ended Squash-It Peer Educator recruitment due to funding shortages and conflicts with school schedules. BYA continued to provide the Counseling Program through quarter 15 (October 2024).

The City of Berkeley took action to mitigate challenges related to a late program start and staffing challenges. During program quarters 1 and 2 (May – September 2021), the City of Berkeley wrote and implemented an RFP and chose Berkeley Youth Alternatives as its Prop 64 partner/subcontractor. Some goals were adjusted due to the delayed start: for example, the number of peer educators was reduced from 20 to 12, and the number of counseling clients from up to 60 to 25 - 60 per program year. BYA and City of Berkeley staff co-facilitated communication and problem-solving through a monthly workgroup meeting, comprised of the City of Berkeley Project Manager, BYA Director, the BYA Data Manager, BYA staff and contractor, and the program evaluation contractor.

To boost Squash-It participation, BYA reported that they offered incentives such as financial rewards and hot meals to youth participants. The program also focused on addressing youths' primary needs (e.g., hunger, housing, and education) and used popular activities like basketball to deliver curriculum content, particularly cannabis education.

## **Process Evaluation Discussion**

With 48 counseling clients in total, BYA approached its contractual objectives of serving 25 - 60 counseling youth annually (and 75 – 180 youth across the full project term). BYA did not meet the objective of providing intensive case management to an *additional* 8 to 15 youth with criminal justice experience in years 2 and 3. BYA did serve 7 youth with prior involvement in the justice system as part of the regular Counseling Program. BYA reported providing extra support to these 7 students by enrolling

them in their existing Probation Youth Employment Program, but did not keep separate files on the progress and outcomes for these 7 youth.

BYA served 16 peer educators over the project term, surpassing the contractual goal of recruiting 12 peer educators. Squash-It was not able to implement the original objective of training a cohort of youth to become peer educators who would then give cannabis education presentations to middle and high school students.

BYA and its Media Campaign consultant (Upline Solutions) discontinued the objective to develop a youth-friendly and culturally relevant cannabis media campaign, citing the existence of other campaigns they could adapt. BYA and Upline Solutions did not include information documenting the strategy, goals or content of this campaign in their program reporting. Other BYA staff regularly sent out youth-oriented social media messages on their platform and materials, resulting in 1,516 “hits.”

BYA counseling clients reported high levels of satisfaction with the program at Time 1, and even higher satisfaction at Time 2. Counselors were able to collect satisfaction surveys from 22 out of the 48 counseling clients. BYA reported that its counselors tailor each session to the client's individual needs and priorities. Some counselors determined that requiring survey completion during these sessions could interfere with clients' goals and the support they needed. As a result, not all counseling clients completed the program satisfaction surveys.

BYA opted not to conduct focus groups with peer educators to identify program successes, challenges and lessons learned. Instead, BYA reported on program activities, challenges, and steps to mitigate challenges in the QPR. The Prop 64 evaluator collected these reports from 15 program quarters and wrote a summary of challenges and mitigation steps.

The City of Berkeley identified additional challenges and recommendations. BYA's “Squash It” Manager left the project before the end of the contract term. During BYA-City of Berkeley Check-in Sessions, he reported that many young people were simply not interested in cannabis prevention and education. Rather, he said that young people were more interested in getting help to deal with their more immediate, pressing needs, such as unstable housing, needing ID/driver's license, needing a GED, etc. Based on the basic needs presented by clients, he employed a strategy that focused on these immediate needs first, before addressing cannabis prevention. The evaluation model was not designed to collect and analyze information about the efficacy of meeting participants' immediate needs and, as a result, being able to effectively engage them in cannabis prevention activities.

City of Berkeley and BYA staff met regularly to discuss how implementation of services was contributing to achievement of the project's core objectives. The goal of these meetings was to ensure that both parties were aligned around the project goals and project implementation according to BSCC and contractual guidelines. BYA's Data Manager held meetings with BYA program staff to discuss the delivery of services, to check-in on data collection and support needs and to assess the effectiveness and alignment of activities with project goals. The evaluator consulted with the BYA Data Manager regularly to help monitor and as needed, adjust data collection through surveys, assessments, and progress reports.



## Outcome Evaluation

### Design and Methods

The evaluation team designed the outcome evaluation to involve comparing pre-tests with post-tests, examining change over multiple points in time, and reviewing client records to assess whether specific services had been provided.

The evaluation team developed the *Peer Educator Knowledge and Confidence Survey* (Appendix B) to determine baseline and post-training knowledge about cannabis and youth and confidence to provide cannabis education. The evaluator drafted a set of multiple-choice questions from several validated cannabis knowledge surveys<sup>3,4</sup> and the Squash-It director narrowed down the list to 16 multiple-choice questions based on the likely peer educator curriculum. One question asked youth to rate their confidence in giving cannabis awareness presentations to middle and high school students. The evaluator provided paper and online copies of the survey (in Microsoft Office Forms) accessible by a web link or a QR code. BYA did not administer this survey as a pre-test. Instead, they gave it as a post-test after one cannabis education event in October 2023.

The evaluation team assessed outcomes via assessment tools provided to counseling clients over time. After conferring with BYA, they decided to replace the construct of increasing “hope” with “resilience,” measured by a reliable and valid scale already in use (Resilience-14 Scale<sup>5</sup>). Studies had shown that scores on the RS-14 correlated with lower levels of depression, anxiety, and perceived stress in youth (Resilience Center), which have been linked with youth substance use.<sup>6</sup> Individual outcomes were also tracked through a valid and reliable tool, the Outcomes Rating Scale<sup>7</sup>, described in the data analysis section on page 16. BYA staff conducted quarterly reviews of client records to determine whether counseling clients had received individual development plans.

The outcome questions from our 2021 Local Evaluation Plan are below. The questions that were not evaluated, and the reason why are highlighted in gray.

- 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)? [Hope was not assessed for peer educators].
- Did youth attending peer education increase their knowledge of youth and cannabis, and their ability to refuse cannabis when offered? [Peer educators did not provide peer education in schools, and youth attending community education events were not assessed].
- Has the Taskforce formed a successful collaboration that can work together to address youth violence? [The Taskforce did not meet long enough to assess the collaboration]

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<sup>3</sup> <https://med.stanford.edu/cannabispreventiontoolkit/empowering-you-th-smart-talk-curriculum.html>

<sup>4</sup> <https://cannabisdecoded.org/>

<sup>5</sup> <https://www.resiliencecenter.com/products/short-resilience-scale-rs14/>

<sup>6</sup> Konaszewski, K., Niesiobędzka, M. & Surzykiewicz, J. Resilience and mental health among juveniles: role of strategies for coping with stress. *Health Qual Life Outcomes* **19**, 58 (2021). <https://doi.org/10.1186/s12955-021-01701-3>  
<https://www.hqlo.biomedcentral.com/articles/10.1186/s12955-021-01701-3>

<sup>7</sup> <https://www.corc.uk.net/outcome-experience-measures/directory-of-outcome-measures/outcome-rating-scale-ors-child-outcome-rating-scale-cors/>

- 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?

The following table contains outcome objectives, indicators, evaluation tools, reporting, and timelines. Note that outcome objectives related to program activities that were not implemented are shaded in gray.

**Table 2: Outcome Objectives, Indicators, Evaluation Tools, Responsible and Timelines**

Outcome Objective	Outcome Indicators	Evaluation Tools	Responsible & Timelines
<b>Area 1: Prevention and Intervention</b>			
At least 80% of youth presentation participants will report they have learned a new fact about youth and cannabis use	Number and percentage of peer educators who increase knowledge and confidence of youth presentation participants who report they have learned a new fact about cannabis use	<i>Online Survey for Youth Attending Cannabis Presentations</i> , to be developed by the evaluation consultant	BYA did not implement youth presentations at schools, so the survey was not done.
At least 80% of youth reviewers will identify media messages as comprehensible, youth-friendly and culturally competent on their websites. (3B in the original goals, changed to 1B in the Local Evaluation Plan)	Number and percentage of youth identifying media messages as described.	The media contractor will include a youth survey in focus groups.	Note: The media contractor did not implement focus groups with youth.
By end of Year 2 and Year 3, at least 50% of Berkeley cannabis retailers who received materials and outreach will agree to display ads regarding under-aged sales either on their physical location or on their websites. (3D in the original goals, changed to 1C in the Local Evaluation Plan)	Number and percentage of cannabis retailers who agree to display materials as described.	BYA will visit retailers and record those who agree to display materials.	Note: BYA did not implement visits and materials distribution with cannabis retailers.

Outcome Objective	Outcome Indicators	Evaluation Tools	Responsible & Timelines
<b>Outcome Objectives Added to Goal 1 in the Local Evaluation Plan, August 2022</b>			
80% of Peer educators will: 1) increase knowledge of youth and cannabis use; 2) report being “very confident” to provide cannabis education.	Number and percentage of peer educators who increase knowledge and confidence	<i>Peer Educator Knowledge and Confidence Survey</i> , developed by BYA staff and the evaluation consultant	BYA gave surveys to peer educators who participated in multiple sessions of cannabis education for youth.
All youth receiving wraparound or case management services will receive an individual care plan.	Number and percentage of peer educators in wraparound or case management services who receive an individual care plan	<i>BYA Database</i>  <i>Prop 64 Excel Workbook &amp; State Quarterly Progress Report (QPR)</i>	BYA entered monthly and quarterly data into the <i>Prop 64 Excel Workbook</i> , which City of Berkeley reported in the <i>State Quarterly Progress Report (QPR)</i> .
80% of youth receiving wraparound or case management services will demonstrate improvement in at least 1 functional area (e.g. social, academic) or strength (e.g. family relationships, recreation)	Number and percentage of peer educators who demonstrate improvement in at least 1 functional area	<i>Outcome Rating Scale (ORS)</i>	Counselors gave the ORS to clients for four to six consecutive sessions at the beginning of their treatment, and periodically as counselors wanted the information for treatment purposes.
At least 80% of peer educators who have participated in the program for 3 months or more will experience an increase in hope for a successful future (“Hope” measured in BYA Resilience Scale)	Number and percentage of youth in counseling who increase hope, as measured by an increase in scores on the Resilience-14 scale.	BYA will administer the <i>Resilience-14</i> scale to peer educators	BYA recorded scores on an excel spreadsheet, which they shared with the evaluation manager annually.
<b>Areas 2 &amp; 3: Public Health &amp; Safety/Violence Prevention</b>			
<b>Outcome Objectives Added to Goal 2 in the Local Evaluation Plan, August 2022</b>			
8 Taskforce members will sign MOUs to commit to participation.	Number of taskforce members who sign an MOU	BYA will keep a roster of Taskforce members and MOUs signed	Note: During the implementation phase, BYA did not pursue MOUs with Taskforce members
Taskforce members will report development of stronger partnerships to reduce youth cannabis use and violence.	Number and percentage of taskforce members who report the development of stronger partnerships	The evaluator will work with BYA to choose and implement a reliable and valid partnership development survey.	Same note as above

Data analysis for outcome measures is described below.

#### *Peer Educator Knowledge and Confidence Survey*

BYA administered this survey to five peer educators who had participated in a cannabis awareness activity in 2024, and recorded answers into a spreadsheet. The number and percentage of clients answering each knowledge question correctly and the average number of correct answers per client were computed in SPSS. The evaluator analyzed answers to the question about the level of confidence

peer educators had in providing cannabis education to other youth by generating frequencies of responses: “very confident,” “fairly confident,” “slightly confident,” “not at all confident” using SPSS software.

#### *Resilience-14 scale<sup>8</sup>*

The RS-14 has 14 questions measuring resilience on a 7-point scale from strongly agree (7) to disagree (1) strongly. Composite Scores can range from 14 to 98. BYA aims to give the RS-14 to counseling clients every 3 to 6 months. The evaluator analyzed RS-14 scores in several ways using SPSS software:

- Computed an average response for each question separately for Time 1, which is usually given close to the third month of the program, Time 2, given an average of 125 days and (approximately 4 months) and Time 3, an average of 190 days (approximately 6 months) after that. Average scores were not computed for Time 4 and Time 5, since only 6 clients took the RS-14 more than three times.
- Added scores on the 14 questions to compute composite scores for Times 1-3 for each and then the average score for all clients at Times 1-3.
- Subtracted the composite scores between each point in time for individual clients to compute the average change in scores between Time 1 and Time 2 and Time 2 and Time 3.

#### *State Quarterly Progress Report (QPR)*

BYA reviewed client records and reported the percentage who had received an individual development plan to the evaluator.

#### *Outcome Ratings Scale and Session Rating Scale*

BYA's Counseling Program shared the clients' Outcome Rating Scale (ORS) assessments with BYA's Data Manager. The ORS is an assessment tool that measures clients' perceptions of their functioning in various life domains, including personal well-being, interpersonal relationships, social roles, and overall functioning. Along with the Session Rating Scale (SRS) assessment tool. The SRS assesses clients' experiences of the therapeutic relationship and their satisfaction with each session.<sup>9</sup>

Since BYA offers tailored interventions to each client and enrolls many in multiple program components (such as their Counseling, Probation Youth Employment and social activity programs), it is difficult to determine which strategy resulted in observed outcomes. A “dose-response” affect, in which clients have better outcomes the more time and activities they complete with BYA would indicate that BYA involvement is contributing to positive outcomes.

## **Outcome Evaluation Results**

### **Did peer educators increase their knowledge of youth and cannabis, and the confidence to provide cannabis education to their peers?**

In 2024, BYA's CDC Program held a Marijuana Awareness workshop, attended by five Squash-It Peer Educators. Participants completed cannabis knowledge surveys. Of the participants, four were in high school, and one had graduated. Following the workshop, a session was organized where the young adults facilitated an open discussion about the effects of marijuana and Squash-It youth were given paper copies of the *Peer Educator Knowledge and Confidence Survey*.

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<sup>8</sup> <https://www.resiliencecenter.com/products/resilience-scales-and-tools-for-research/the-rs14/>

<sup>9</sup> Bringham, D. L., Watson, C. W., Miller, S. D., & Duncan, B. L. (2006). The reliability and validity of the Outcome Rating Scale: A replication study of a brief clinical measure. *Journal of Brief Therapy*, 5(1), 23-30.

Survey results showed that participants averaged an overall score of 87% in answering all questions correctly. Each participant reported learning new facts about refusing Cannabis. Additionally, they acknowledged the importance of developing coping skills rather than relying on Cannabis to handle challenges. See Appendix D for full results of the *Peer Educator Knowledge and Confidence Survey*.

### **Did youth receiving counseling receive individualized development plans?**

BYA reported that all counseling participants received an individualized development plan. They explained that individualized development plans outlined client goals related to mental health and emphasized strategies for addressing these issues in therapy sessions and within the broader community and school environments. These plans empowered therapists and BYA staff to support clients by addressing their external needs, ensuring a comprehensive and integrated approach to care. Additional assessment tools were used throughout treatment to track progress and guide necessary adjustments. A key focus of these plans was to identify and address the underlying causes of mental health challenges, including the use of substances like marijuana as a coping mechanism for life stressors. Ultimately, the goal was to help clients develop healthier and more effective coping strategies.

### **Did youth receiving wrap-around services and case management demonstrate improvement in functional areas and/or individual strengths?**

#### *Counseling Program*

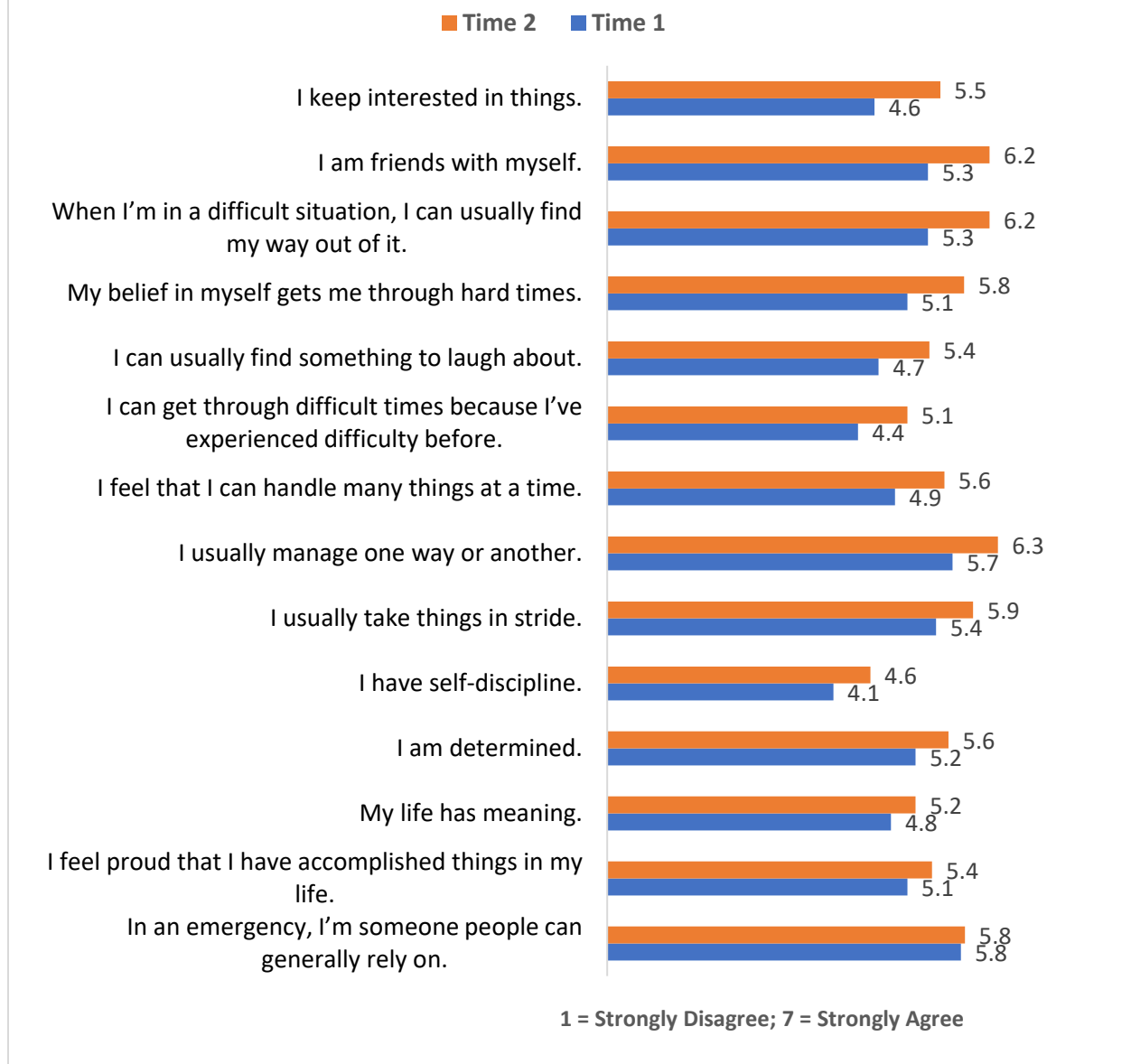
##### *Resilience-14 Scale*

Twenty-two clients filled out an RS-14 at Time 1, after they had participated in an average of 12 sessions. Eighteen clients completed a second RS-14 (Time 2), an average of 21 sessions, or 125 days (approximately 4 months) later. Ten counseling clients completed one more RS-14 (Time 3) after that, an average of 31 sessions or 190 days (approximately 6 months) later.

Composite scores on all fourteen RS-14 items increased over time. Clients who completed an RS-14 at Time 2 and Time 3 had lower scores at Time 1, and experienced higher increases over time. At the first administration (Time 1), the average score was 72.1 for the 22 clients who filled out the RS-14. For the eighteen clients who completed a second RS-14, their composite score at Time 1 was 69.3, increasing to 77.2 at Time 2. Among the ten clients who completed an RS-14 at Time 3, their average composite scores increased from 66.0 at Time 1, to 76.4 at Time 2 and 78.8 at Time 3.

Figure 7 depicts Time 1 and Time 2 average scores on the individual items in the RS-14, listed in order of the largest to the smallest increase over time. The three items with the greatest changes were “I keep interested in things,” “I am friends with myself” and “when I am in a difficult situation, I can usually find my way out of it.”

**Figure 7: Average scores for for RS-14 Items at T1 and T2  
(N=18 counseling clients)**



#### *Outcome Rating Scale (ORS) and Session Rating Scale (SRS)*

BYA reported the following outcomes for the Outcome Rating Scale (ORS) and Session Rating Scale (SRS). Seventy-five percent of counseling clients demonstrated an increase in their total Outcome Rating Scale (ORS) scores, reflecting improved personal well-being, interpersonal relationships, and day-to-day functioning. Eighty percent of participants reported improved (Session Rating Scale) scores, indicating stronger satisfaction with counseling sessions and the therapeutic relationship. Counselors used results for individual clients to adjust their approaches to meet client needs, reinforce progress, and provide targeted support.

BYA described how they offered the RS-14 survey to Squash-It participants; however, most chose not to complete it. Squash-It participants generally prioritized their personal development goals over survey participation. These goals included: earning a GED; strengthening their life skills; addressing mental and physical health needs; and accessing employment support.

**For youth receiving wrap-around and intensive case management services, was the amount of participation (“dose”) related to outcomes generated (“response?”)**

For the subset of counseling clients who did an RS-14 a second time (18 clients), composite scores increased an average of 10.4 points between Time 1 and Time 2, demonstrating an increase in resilience. For the ten clients who also did an RS-14 at Time 3, composite scores increased 2.4 points. This pattern shows participation in more counseling sessions (“dose”) is associated with higher RS-14 scores (“response”).

**What impact have the interventions had on Berkeley youth?**

The evaluation team determined that 62 clients was not a sufficient number to decrease citywide youth cannabis use, abuse, connections to the school and caring adults or feelings of safety at school. A significantly larger number of clients would be necessary to show these population-level changes.

**Outcome Evaluation Discussion**

*Evaluation* results indicate that BYA has an effective counseling model. Clients who stayed in counseling long enough to receive a *Satisfaction Survey* and an *RS-14* reported high levels of satisfaction with the program and increases in resilience, which can protect them from depression, anxiety and stress. In turn, higher resilience may also protect youth from initiating or continuing cannabis use. Fewer than half of counseling clients completed the *Satisfaction Survey* or the *RS-14*, resulting in data that was too limited to draw a significant conclusion.

Scores on the Outcomes Rating and Sessions Rating Scales corroborated findings of high satisfaction and improved outcomes for counseling Clients. Increasing RS-14 scores between a first and second administration, an average of four months and 21 sessions later suggest a dose-response relationship, in which more time and counseling sessions improve outcomes.

Squash-It gave the Knowledge and Confidence Survey to five youth in October 2023, after the five had attended several community events and educational sessions on cannabis. The other 11 Squash-It youth did not complete the survey. Survey results from these five individuals may suggest that youth increased their knowledge about the health and social issues related to youth and cannabis youth and felt moderately confident to lead peer education sessions. At the same time, the number of participants surveyed was quite limited making it difficult to draw a conclusion.

According to BYA and the City of Berkeley, clients benefited from BYA’s ability to offer several programs at one time to clients. BYA offered a range of programs and was able to weave together these opportunities so that, for example, counseling clients and interns were able to benefit from BYA’s jobs center, food pantry, and more. In another example, the students in BYA’s Afterschool Program participated in Boys and Girls group that included cannabis prevention information and mental health and wellness components.

An important factor that affected the progress of project goals was BYA’s reputation as a trusted community services provider, particularly among the African American/Black population of Berkeley. This reputation may have reduced some of the barriers that participants may otherwise have experienced, particularly accessing sensitive services, such as mental health counseling.

Some factors that impeded the goals of this project include the delays in early implementation of this project. The required RFP process and the extended negotiation of project scope and budget set the start of the actual service delivery back at least a year.

Another challenge was BYA's limited administrative and staffing infrastructure. BYA is a relatively small, local nonprofit. Producing invoices was challenging, as was staffing projects. An example of how this impeded progress: the City accepted BYA's request to run all aspects of the internship program and payments. It turned out that BYA was administratively unprepared to house an onboarding and payroll system for the internship. Unfortunately, the realization around the limited administrative capacity and results were communicated too late to make corrective changes. It is the City's understanding that that the internships that BYA offered were unpaid, which may have contributed to the limited participation and high turnover of interns.

In retrospect, the evaluator would recommend that the City of Berkeley manage youth intern onboarding and payroll. BYA struggled with getting this component up and running, which overstressed its administrative and fiscal capacity. The City has these systems in place. While other issues may have arisen with the City managing the internship component, it likely would have been a more successful model.

Another recommendation would be to create an alternate mechanism for the school presentations by the youth interns. It can be difficult for outside agencies to obtain permission from school districts to present to their students in school settings. This challenge is particularly great when dealing with sensitive issues, such as cannabis.

An example of how a project component was adjusted involved the need to issue an RFP at the beginning of the BSCC grant period. The City is required to conduct a fair bidding process for contracted services. Once awarded to BYA, the contract had to be significantly negotiated to adjust the expected deliverables to be realistic, given a shorter contract term than originally expected.

The evaluator on this project recommended various improvements over the course of the project. These included providing samples of pre- and post-screening tools for youth interns who were participating in cannabis education. The evaluator also became familiar with tools already in use at BYA and guided key BYA personnel to implement them in a more consistent and reliable manner. An example is the use of the *Resilience-14 Survey*, which this project uses to assess progress for BYA's counseling clients.



### **Jalen: A Case Study in Youth Empowerment and Preventive Education**

By Sydni Gamba, Berkeley Youth Alternatives Data Manager

Jalen, a 17-year-old high school student, enrolled in BYA's Counseling Program. Initially quiet and hesitant, he was referred to the Squash-It program due to concerns about anxiety, social isolation, and a growing curiosity about cannabis use.

While participating in the Squash-It program, Jalen also joined BYA's Career Development Center. He continued to attend weekly counseling sessions and took part in cannabis education workshops. In these cannabis sessions and Marijuana Awareness workshops, he completed surveys that indicated he learned important facts about cannabis, including information on vaping, the dangers of ingesting cannabis through edibles, the relationship between cannabis smoking and COVID-19, and how cannabis affects anxiety and severe mental health issues. He recognized that cannabis can impair reaction time, coordination, and concentration, and he learned about its negative impact on learning, memory, and focus, which can hinder academic success.

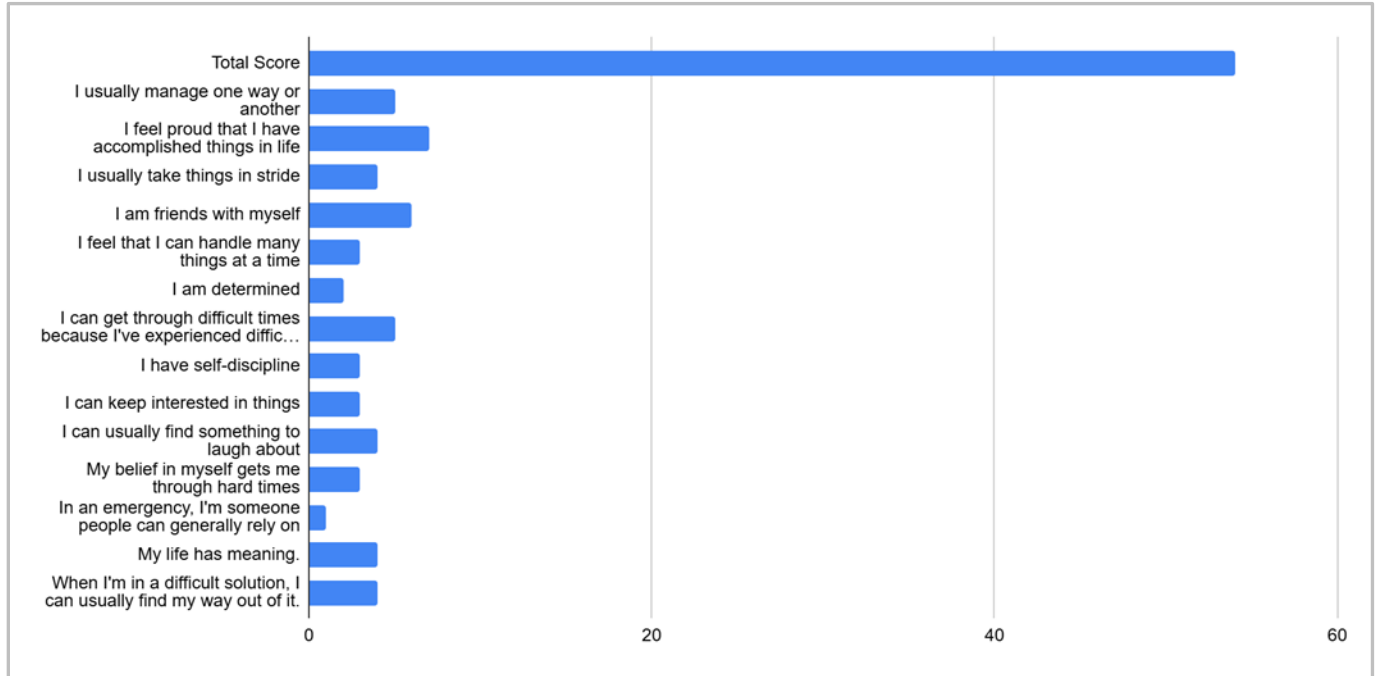
Jalen also identified that young people might use cannabis to escape uncomfortable and sometimes painful aspects of teenage life. He understood the importance of developing coping skills rather than relying on cannabis to deal with life's challenges. Additionally, he learned about the consequences of being under 21 and being caught in possession of cannabis.

As the program progressed, Jalen began to open up. He actively contributed to group discussions on cannabis, peer pressure, self-worth, and emotional regulation, and he participated in discussions focused on positive coping skills from the listening sessions provided by BYA's Youth Suicide Prevention program.

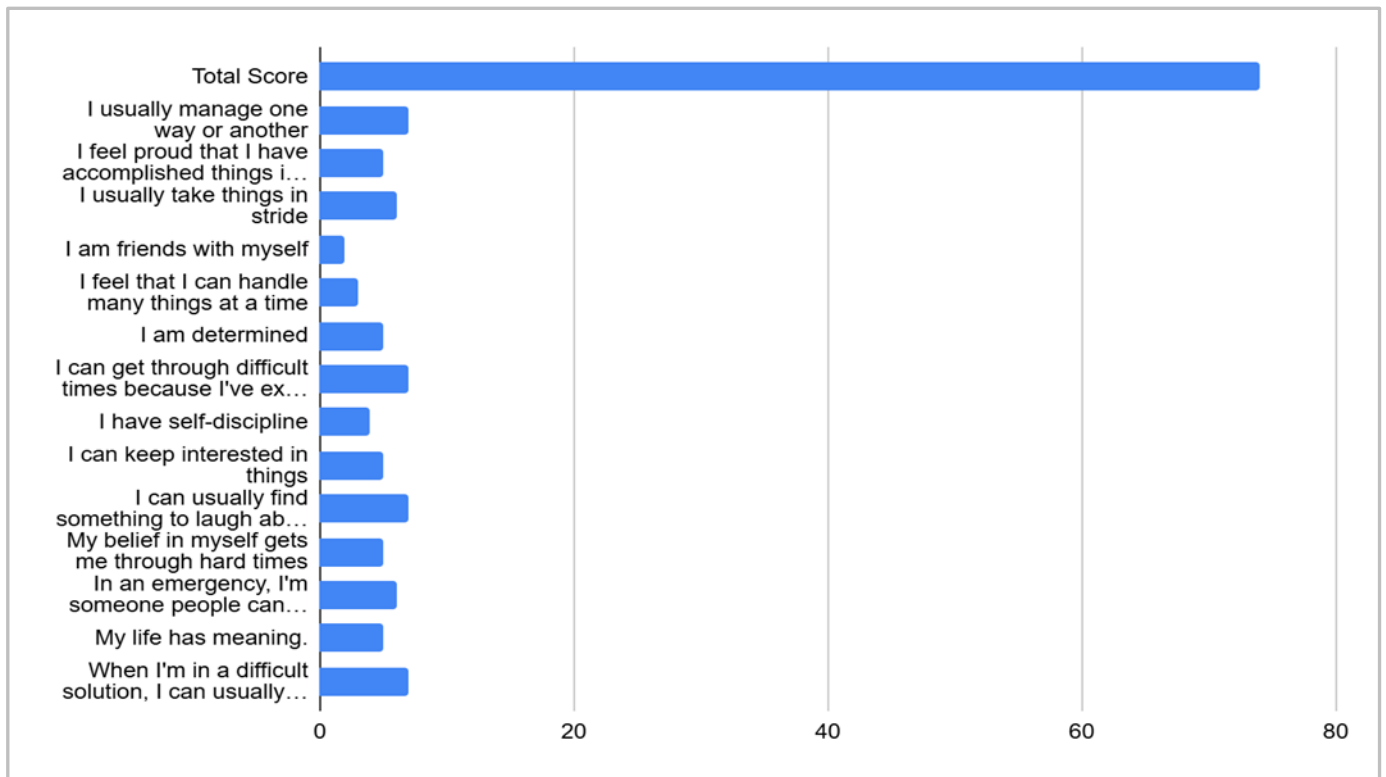
As a result of his participation, Jalen secured a part-time job with AutoZone through the CDC partnership. He expressed that he now feels "more in control of [his] choices" and is looking forward to applying to college in the fall. Notably, he showed a significant increase in his resilience score from the start of counseling to the end of the Squash-It program.

Please refer to the next page for a comparative graph of the participants' resilience scores.

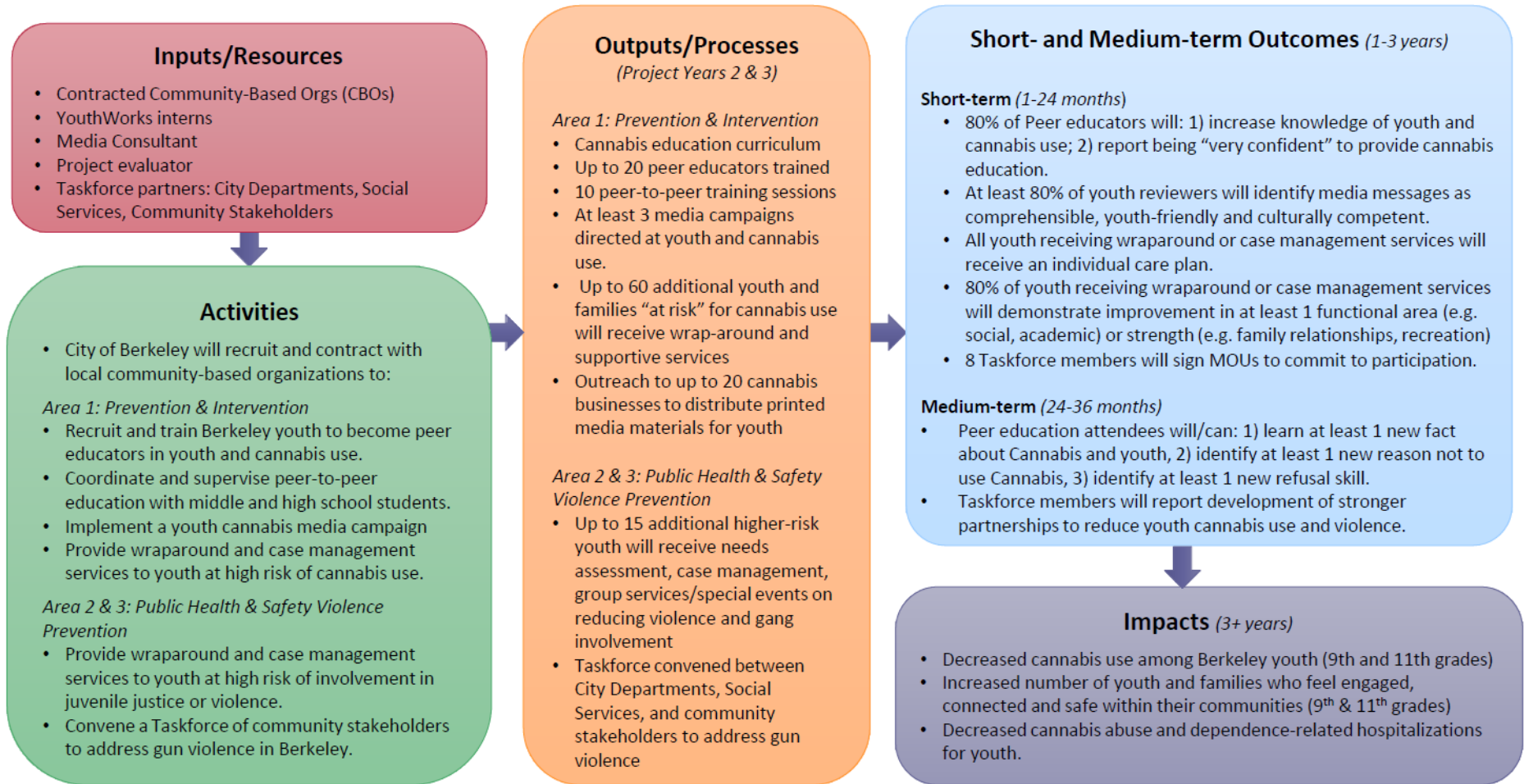
### Initial Resilience Score: 54



### Most Updated Resilience Score: 74



## Appendix A: City of Berkeley Prop 64 Logic Model (based on the City's grant proposal as documented in the June 2021 grant agreement with BSCC)



Edited 11/3/21 lm

## Appendix B: Cannabis Knowledge and Confidence Survey for Youth Educators

### **Cannabis Knowledge and Confidence Survey for Youth Educators February 15, 2024**

***Teacher's Copy (correct answers are in purple italics)***

How to access the survey online:

<https://forms.office.com/g/ZiDX2FDE8T>

And through a QR Code:



Correct Answers are in *purple italics*

1. Which of the following are facts about cannabis?
  - a. It can be addictive
  - b. You cannot die from a direct overdose
  - c. THC and CBD are found in it
  - d. All of the Above***
2. When vaping, about how long does it take to feel the effects?
  - a. 5 seconds
  - b. 1-2 minutes***
  - c. 30 seconds
  - d. None of the above
3. When taking edibles, how long does the high usually last?
  - a. 30 minutes
  - b. Several hours***
  - c. 2 days
  - d. None of the above
4. The THC level in vaping, dabs, Joints and edibles is:
  - a. About the same for each
  - b. Lower for edibles, higher for others
  - c. Higher for edibles, rest the same
  - d. Different for each type***

5. Which of the following statements about the active ingredients in cannabis are correct?
  - a. THC is psychoactive (responsible for the “high”) and addictive
  - b. CBD is non-psychoactive and safe to use
  - c. *We don’t know all of the long-term effects of using CBD and THC*
6. Some of the dangers of ingestion of cannabis via edibles is:
  - a. Cookies and brownies and other edibles increase calorie intake
  - b. Edibles can cause Willy Wonka syndrome
  - c. *You have no way of really knowing how much THC is in an edible*
  - d. None of the above
7. Inhalation of THC can cause...
  - a. Irritation of the respiratory system, which includes the lungs
  - b. Blunts have nicotine, which is highly addictive
  - c. Vaping is not water vapor, but aerosol, which can damage the respiratory system
  - d. *All of the above*
8. How is smoking/vaping cannabis related to coronavirus/COVID-19 (check all that apply)?
  - a. *Smoking/vaping can make a coronavirus infection worse and/or make it easier to become infected by the coronavirus*
  - b. Smoking/vaping leads to coronavirus infection
  - c. Smoking/vaping makes the lungs more prepared to fight the infection
9. Regular users of cannabis/marijuana are how much more likely than non-users to possibly experience anxiety or severe mental health problems?
  - a. Not more likely
  - b. *Ten times more likely*
  - c. Same amount of likelihood
  - d. Only if you get caught
10. True or False: Driving while high increases your risk of getting into a car crash, because cannabis can affect your reaction time, coordination, and concentration.
  - a. *True*
  - b. False
11. True or False: Cannabis use can impact your ability to learn, remember, and focus, making it more difficult to succeed in school.
  - a. *True*
  - b. False
12. According to recent national surveys, the percentage of youth NOT using cannabis is about:
  - a. *80% (8 out of 10 youth)*
  - b. 10% (1 out of 10 youth)
  - c. 40% (4 out of 10 youth)
  - d. 99% (99 out of 100 youth)

13. Why might a young person use cannabis to avoid uncomfortable and sometimes painful parts of teen life?
- a. There is little adult support at home and school
  - b. Friends around them are using cannabis too
  - c. Still figuring out which coping skills work best
  - d. *All of above*
14. Why should a young person learn more coping skills instead of using cannabis to cope with life? (Check all that apply.)
- a. To help later in adulthood when new challenges come up
  - b. To avoid relying on cannabis or any other drug to feel better about life
  - c. To build healthy habits
  - d. *All of the above*
15. True or False: If you are under 21 and are caught in possession of cannabis, you can get a "Minor in Possession (MIP)" and be required to complete drug counseling and community service.
- a. *True*
  - b. False
16. True or False: A charge of "Minor in Possession (MIP)" can mess up your education plans. It can result in the loss of federal financial aid, and get you suspended or removed from sports teams or other school activities.
- a. *True*
  - b. False

These multiple-choice questions do not have correct answers

On a scale from 1 to 5, how confident do you feel to give Cannabis Awareness presentations to middle school and high school students?

- a. Very Confident
- b. Fairly Confident
- c. Slightly confident
- d. Not at all confident

What is your current level of education?

- a. I am in middle school
- b. I am in high school
- c. I have graduated high school

## Appendix C: Results from the Cannabis Knowledge and Confidence Survey

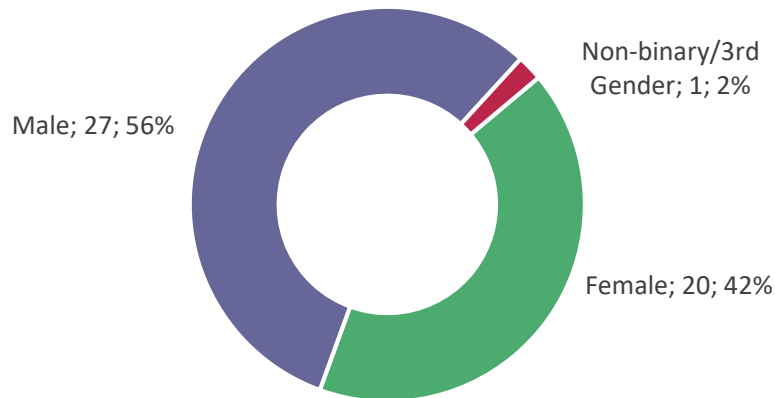
BYA's CDC Program recently held a Marijuana Awareness workshop, which was attended by five young adults. Participants completed cannabis knowledge surveys, and BYA received their responses this month. Of the participants, four were in high school, and one had graduated. Following the workshop, a session was organized where the young adults facilitated an open discussion about the effects of marijuana and h-It youth who took the knowledge and confidence survey.

The Cannabis Knowledge surveys showed that participants averaged an overall score of 87% in answering all questions correctly. Each participant reported learning new facts about refusing Cannabis. Additionally, they acknowledged the importance of developing coping skills rather than relying on Cannabis to handle life's challenges.

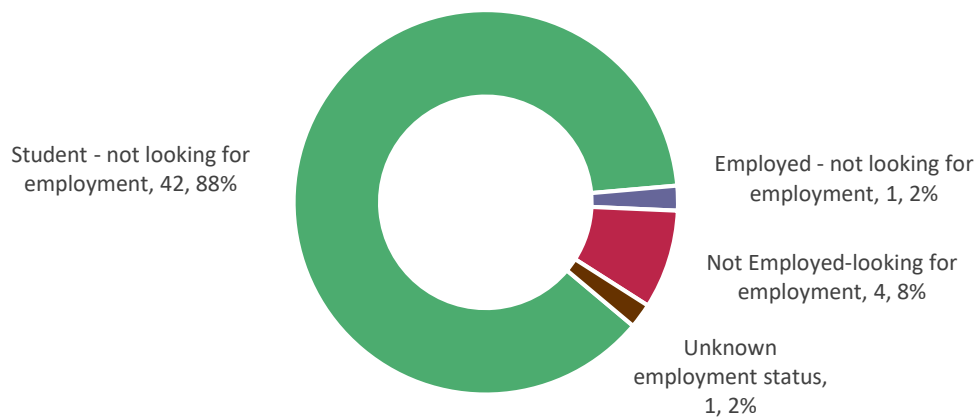
- For the first question regarding facts about cannabis, all participants answered correctly.
- In the second question about vaping, 60% of respondents answered correctly.
- All participants answered correctly regarding edibles.
- When asked about THC content in vaping, dabs, joints, and edibles, everyone who answered did so correctly.
- Regarding the active ingredients in cannabis, 80% of participants answered correctly.
- All respondents correctly identified the dangers of ingesting cannabis via edibles.
- Additionally, 100% answered correctly regarding the inhalation of cannabis.
- For the question relating cannabis smoking to COVID, all participants answered correctly.
- When asked how cannabis affects anxiety and severe mental health problems, 100% responded correctly.
- All participants also correctly noted that cannabis can affect reaction time, coordination, and concentration.
- Regarding the impact of cannabis use on learning, memory, and focus—making it more difficult to succeed in school—100% answered correctly.
- One participant answered correctly regarding the percentage of youth not using cannabis in a recent national survey.
- All respondents correctly identified that young people might use cannabis to avoid uncomfortable and sometimes painful aspects of teenage life.
- They also recognized the importance of learning coping skills instead of relying on cannabis to cope with life's challenges.
- For the question about the consequences of being under 21 and caught in possession of cannabis, 80% answered correctly.
- Furthermore, all participants acknowledged that a charge of "Minor in Possession (MIPS)" could adversely affect their educational plans.
- In the survey, two participants expressed being "slightly confident," while the rest responded feeling "fairly confident" about delivering cannabis awareness presentations to middle and high school students.

## Appendix D: Additional Demographics of Youth Receiving Counseling

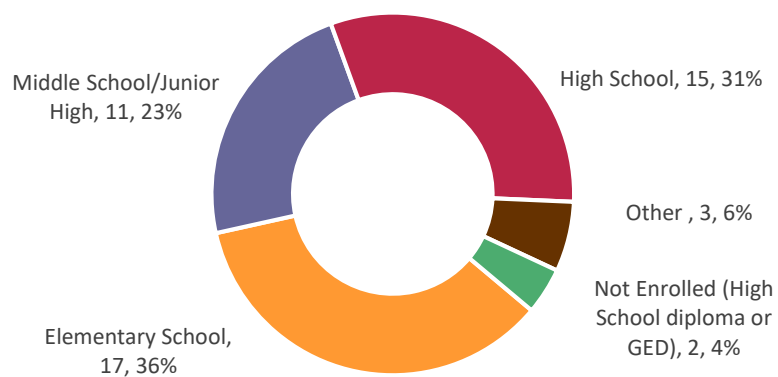
**Figure a: Gender Identity of BYA Counseling Clients (n=48)**



**Figure b: Employment Status of BYA Counseling Clients (n=48)**

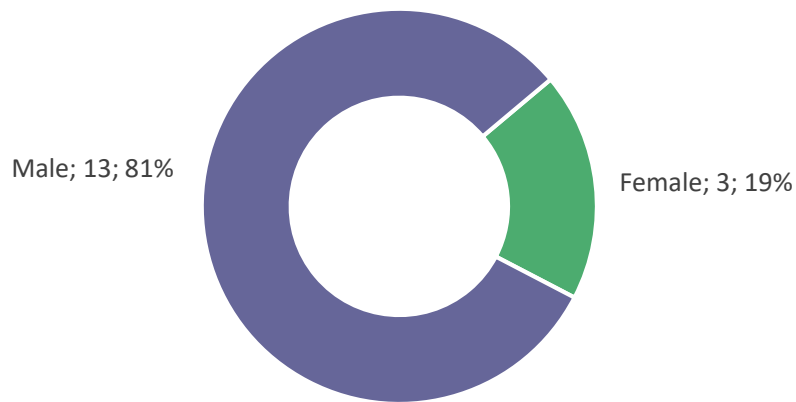


**Figure c: Education Status of BYA Counseling Clients (n=48)**

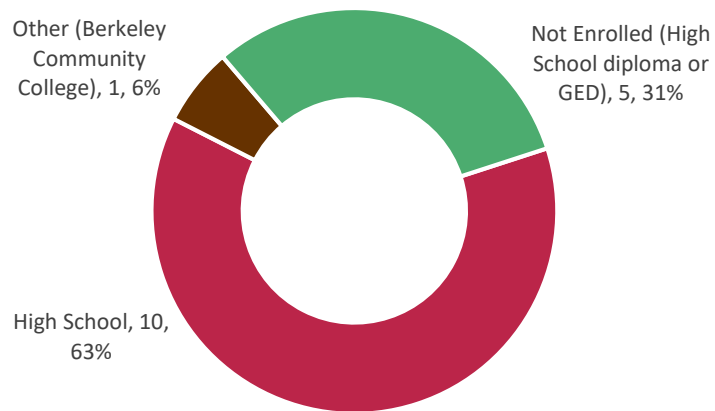




**Figure d: Gender Identity of Squash-It Clients (n=16)**



**Figure e: Education Status of Squash-It Clients (n=16)**



**Figure f: Employment Status of Squash-It Clients (n=16)**

