

CONFIDENTIAL

**Canadian Evaluation Society and
Canadian Evaluation Society Educational Fund
Student Evaluation Case Competition 2011**

Preliminary Round Case

February 5, 2011

**Evaluation of MARC's Crystal Clear Peer-Based
Harm Reduction Project**

**The material contained in the following case is a combination of actual and
hypothetical information about a peer-based harm reduction project and has been
assembled for educational purposes only.**

**Canadian Evaluation Society – Canadian Evaluation Society Educational Fund
Student Evaluation Case Competition 2011**

**Case for the Preliminary Round
February 5, 2011**

Evaluation of MARC’s Crystal Clear Peer-Based Harm Reduction Project

Welcome to the Preliminary Round of the 2011 CES/CESEF Student Case Competition!

We thank Stephen Reichert of Reichert and Associates for providing the material to support this case. This request for proposal is hypothetical and was developed for purely educational purposes.

SCENARIO

Your consulting firm has been invited to respond to the attached Request For Proposals issued by the Methamphetamine Response Committee (MARC) to evaluation the impacts of the Crystal Clear Peer-Based Harm Reduction Project on street youth in South Vancouver.

The Crystal Clear Peer-Based Harm Reduction Project is funded by Health Canada and has operated for three years – first as a one-year pilot project, followed by three cycles of training over a period of two years. Funding has been approved for a fourth cycle of training, but Health Canada wants to understand the impact of the training on the targeted youth population; both past participants and those in the next cycle. The Chair of MARC, the local manager for Vancouver Coastal Health (VCH), and the regional manager for Health Canada together will be reviewing the evaluation proposals. They are interested in learning about the overall strategy you propose for conducting this evaluation, the challenges that you anticipate and how you might address them, and the type of evidence expected from the evaluation regarding program impacts. Based on the submissions, they will select the three finalist teams to be given further consideration for the “contract” award.

We look forward to your submission at the end of the day.

The CES Student Case Competition Working Group:

Bea Courtney, Helen Hsu, Brian McGowan, Véronique Paradis, Marie-Michelle Racine,
Patricia Rice

RULES

1. Case Competition organizers will email the designated contact person for the team (coach or team member) at their requested start time to give them the key to an evaluation case file that has been hidden on the Web.
2. The submission must be emailed either as an MS Word, WordPerfect or PDF file to: casecomp@evaluationcanada.ca **no later than 5 hours and 30 minutes** after organizers provide the key to the evaluation case file that has been hidden on the Web.
3. Judges must not know the real identity of the teams. Throughout their submission, teams should identify themselves only by an imaginative, non-revealing code name, such as Noble Consultants. In the e-mail message to which their submission is attached, teams must provide the following information. (This information will be removed when the submissions are sent to the judges.)
 - a. Code name for the team
 - b. University or College of the team
 - c. School, Department or Program
 - d. Team Coach (if applicable)
 - e. Names of team members
4. Judges may take up to one month to select the three best submissions and provide feedback to each team.

JUDGING CRITERIA

The criteria by which submissions will be assessed are as follows:

Criteria	Weight
Demonstration of an understanding of the project	5%
Appropriateness of the logic model	10%
Clarity, completeness and appropriateness of evaluation matrix	25%
Appropriateness of the evaluation design, data collection and analysis plan	25%
An assessment of challenges and how these will be addressed	15%
Attention to issues of diversity and culture	15%
Innovative ideas or detailed practical suggestions that go above and beyond the questions	5%
Total	100%

Questions or Problems

To communicate with organizers on the day of the competition, please call one of the following or email casecomp@evaluationcanada.ca:

Name	Telephone Number	Times Available (EST)
Patti Rice (enquiries in English)	709-746-2875	8:00 am to 6:00 pm
Marie-Michelle Racine (enquiries in French)	1-418-681-8787, poste 3817.	9:00 am to 6:00 pm

Have fun and good luck!

Request For Proposals:

**Evaluation of MARC's Crystal Clear Peer-Based
Harm Reduction Project**

February 5, 2011

1. Intent of this Request For Proposals

The Chair of the Methamphetamine Response Committee (MARC), together with the manager of the local office of Vancouver Coastal Health, and the regional manager for Health Canada are inviting proposals from qualified consultants to conduct an evaluation of the Crystal Clear Peer-Based Harm Reduction Project.

2. Overview of the Crystal Clear Peer-Based Harm Reduction Project

Project History

Crystal Clear Peer-Based Harm Reduction Project (Crystal Clear) is designed to deliver harm reduction training to street-involved youth in downtown south Vancouver. The program employs a “peer-based” model. That is, the youth in the program have significant involvement in the program’s overall operation and content. The target population includes a high proportion of youth living in abject poverty, some are in conflict with the law, some have experienced abuse, exploitation and violence, and all have a history of addictions.

Crystal Clear began as a pilot project in 2007. The pilot was a direct result of the development of the Methamphetamine Response Committee (MARC) in 2006. MARC was initiated to provide a co-ordinated response to the growing trend of Crystal Meth use among street-involved youth. MARC members included Vancouver Coastal Health, the Vancouver Police Department, the RCMP, the British Columbia Centre for Disease Control, Vancouver School Board, and numerous other social service agencies that provide services to youth. In the pilot phase, two full-time staff were hired and a budget of \$100,000 was established. Crystal Clear operated in spaces provided by community based agencies such as Dusk to Dawn and YouthCO Aids Society. With the completion of the pilot, the program became operational in 2008 within Vancouver Coastal Health’s Three Bridges Community Health Centre. The staff complement remained the same and the budget of \$100,000 per year was continued.

During the pilot phase of the program, staff concentrated on developing relationships with youth as well as designing core training components that could be delivered using a peer-based model. Two groups of youth were provided with training during this phase of the program. A number of these youth were still active in the program more than two years later. Some became integral in the program’s operation and design while others showcased their new skills by presenting at national, civic and provincial conferences as well as providing outreach services for Vancouver Coastal Health and other community agencies. A few of the youth have developed and presented training modules to new youth who have entered the program and others have become involved in the recruitment of new participants.

Since the pilot phase, the project conducted three training cycles, each of approximately one month in length. These three training groups have included new recruits and

involved youth who had participated in previous groups for a total of 42 participants. These numbers also include some youth who had participated in the pilot project. As the project has evolved, it has expanded from providing harm reduction training to include a Needle Exchange/Outreach component, and the production and distribution of a weekly newsletter.

Nature and Extent of the Need for the Program

According to a 2006 survey by Pacific Community Resources, among 2000 youth aged 12-24 in the Lower Mainland, 19% reported having tried Crystal Methamphetamines, 8% reported use in the last 30 days, and 45% reported being able to obtain it within 24 hours. This kind of prevalence and close contact with methamphetamine drastically increases with disadvantaged youth. According to anecdotal evidence, methamphetamine predominates as the drug of choice for the 700 to 1000 street youth in Vancouver's downtown south. In preliminary results from a survey of street youth in Vancouver's downtown south, over 70% of the 74 responding individuals reported having tried the drug, and 47% of those youth (24 individuals) reported using methamphetamine in the last seven days. A BC Coroner's Report suggests that there were 33 methamphetamine related deaths in Vancouver in 2007.

This high incidence rate greatly affects many different communities in the city's most populated area. By empowering methamphetamine users to make safer, healthier choices, and by linking street involved youth to appropriate services, this project is designed to enable individuals to address underlying factors that perpetuate homelessness and problematic substance use. These factors include trauma, abuse, poverty, depression and other linked mental health concerns.

Project Objectives:

The stated objectives of the Crystal Clear project are:

- to increase the amount of crystal meth related harm reduction information available to street-involved youth in Vancouver;
- to increase access to training for street-involved youth interested in harm reduction, related peer support and outreach;
- to increase capacity to liaise between street-involved youth and the community at large;
- to increase public awareness; and
- to build and maintain partnerships between street-involved youth and relevant service agencies.

The target population of the program is street-involved youth in the downtown south area of Vancouver. This population includes a high proportion of youth who are living in economically and socially disadvantaged situations, experiencing homelessness, may be in conflict with the law and more often than not, have a history of addictions. Within the street youth community, there are minority groups with added vulnerability,

such as aboriginal, LGBT (Lesbian, Gay, Bisexual, Transgender), and youth who speak English as a second language.

Project Components:

As the project has evolved from the pilot stage, five distinct components have been developed. These are described as follows:

- **Harm Reduction Training.** This component includes the development of curriculum. It was intended that the youth would be involved in planning and developing the training. It was also intended that external experts and agencies would be consulted and involved. Over the three training groups that have operated since the program moved from a pilot, there have been variations in the training activities and topics organized for each group. The involvement of the youth and of external agencies has also varied from group to group.
- **Needle Exchange/Outreach.** This component of the program began during the pilot phase. This is a program activity that was initiated by youth in Crystal Clear to fill a gap in service that they identified as a result of their street involvement. Crystal Clear youth provide service to a defined area on Friday evenings and Sundays. The youth involved are provided with specialized training from Vancouver Coastal Health and are paid for their work. Besides providing needle exchange, the youth utilize their harm reduction skills to promote awareness.
- **Youth Support Meetings.** Each Friday at 6 pm, youth are invited to attend a peer support meeting held at Three Bridges. At this meeting, youth are presented with other group opportunities as well as the ability to be involved in planning and programming initiatives. An important aspect of this meeting is the group building that occurs with the youth. It is intended to encourage a sense of belonging. The Friday night meeting includes a dinner.
- **Newsletter.** Each week, four youth are invited to work on the development and production of a newsletter. This is a paid opportunity for the youth. The newsletter usually contains stories and artwork done by the youth as well as information about access to other services. All youth are invited to submit content.
- **Speaking Opportunities.** Youth have been invited to represent Crystal Clear at various events, conferences and forums. This has provided youth with an opportunity to share their experiences with others as well as connect and develop relationships with other organizations.

Organization of Support Meetings

Group support meetings are held each Friday night at 6 pm at the Three Bridges Community Health Centre. The meetings usually last about 2 hours and include having a dinner. Discussions at the meetings include youth sharing how they are feeling, what

they are doing, as well as any speaking engagements or other opportunities that they know about. In some cases, other organizations are invited to come and talk to the youth. At the conclusion of the Friday night group, a couple of the youth stay to do Needle Exchange and Outreach work. This work is also done on Sundays.

On Thursday nights, a group of 4 youth meet to produce the Newsletter. Participants are typically selected at the Friday night support meeting.

Current Status

The operational information collected about the project to date provides the opportunity to review basic progress against the project objectives (see Appendix A), but Health Canada is also interested in assessing the impact of the project activities on the targeted street youth. Data on outcomes has not been collected.

Based on their involvement in the development of this project, a generally positive perception in the community, and their observations as a stakeholder, Health Canada has agreed to fund another cycle of training. However, they now require an evaluation of the impacts of the project which is to include all 42 participants from the past three cycles of training (excluding the pilot) as well as the new youth who are anticipated to participate in the next cycle of training.

The project manager has experienced difficulty tracking participant youth to obtain their feedback, so it has been decided to hire a professional team to conduct the necessary evaluation. The selected team will be engaged before the new cycle of training begins.

3. Evaluation Objectives

It is expected that the evaluation will assess both program design and delivery and outcomes. In addition, Health Canada has identified the following specific concerns they would like addressed:

- **Diversity and Culture.** The data on the characteristics of the participant population indicates both diversity and a mix of cultures. Health Canada is interested in how the team plans to handle the diversity and cultural mix of the target population as well as any anticipated issues associated with these elements.
- **Exit Strategy.** After reviewing the project, Health Canada has noted that there is no specific exit strategy in place for participants. What are the implications for operations and what alternatives might be worthy of consideration given the intent of the project and the nature of the participants?
- **Operational Support.** The project staff are experienced in dealing with the targeted population; however their management and administration skills are not as well developed. The evaluation is intended to comment and provide support or

suggestions for improvement as appropriate. How will the team handle this role and maintain its objectivity in evaluation of the project?

4. Proposal Requirements

The Steering Committee expects proposals from the responding teams to provide (but not be limited to):

- An overview of your understanding of the Crystal Clear Peer-Based Harm Reduction Project
- Project logic model
- An evaluation matrix including the evaluation questions, indicators and proposed data sources
- A brief description of your evaluation design, each of the data collection methods you propose and your rationale for each method. In addition, for one of these methods, your plan for analysis of the data collected
- Anticipated challenges for conducting the evaluation and how you propose to deal with these through your methods

The steering committee does not require a project budget.

Proposals **must**:

- be no longer than ten (10) pages, excluding the cover letter, cover page and table of contents. **Text over 10 pages, including any appendices, will not be read.**
- use a font size of at least 12 pt. Times New Roman or equivalent
- 1 inch margins (top, bottom, left and right sides)
- use 8 ½" x 11" paper.

Appendix A – Program Data

The following data has been gathered by program staff over the program period.

Participants – Numbers and Gender

Following the pilot phase, 3 training cycles were conducted. In addition to the new recruits, 7 participants from the pilot phase returned for further training.

Gender	Veteran Group (from Pilot Phase)	Training Cycle 1	Training Cycle 2	Training Cycle 3	All Cycles to date (excluding Pilot)
Female	1	6	6	6	19
Male	6	6	6	5	23
Total	7	12	12	11	42

Participant Demographics – Age

Gender	Veteran Group (from Pilot Phase)	Training Cycle 1	Training Cycle 2	Training Cycle 3	All Cycles to date (excluding Pilot)
Female	Range - N/A Average - 23 Median - 23	Range – 18-22 Average – 19.5 Median - 19	Range – 15-28 Average – 20.5 Median - 20	Range – 15-21 Average – 19.8 Median - 21	Range – 15-28 Average - 20 Median - 20
Male	Range – 23-25 Average – 24.5 Median - 24	Range – 20-26 Average – 22.5 Median - 22	Range – 19-23 Average - 22 Median - 21	Range – 21-24 Average – 22.8 Median - 23	Range – 19-26 Average – 22.8 Median - 22

Participant Demographics – Education

The average education level of all participants was Grade 9. This average was consistent through all of the cycles. Another consistency was the lower education levels of the females. On average, females indicated having completed Grade 9, whereas males said that they had attained an average education of Grade 11. Males were also much more likely to have attained Grade 12. Overall, participant education ranged from Grade 7 to Grade 12.

Participant Demographics – Ethnicity

Ethnic Roots	Veteran Group (from Pilot Phase)	Training Cycle 1	Training Cycle 2	Training Cycle 3	All Cycles to date (excluding Pilot)
European Decent	5	9	8	8	30
First Nations	2	3	2	2	9

Metis	0	0	2	1	3
Total	7	12	12	11	42

Participant Demographics – Economic Well Being

Main Source of Income	Veteran Group (from Pilot Phase)	Training Cycle 1	Training Cycle 2	Training Cycle 3	All Cycles to date (excluding Pilot)
Wages from a job	3	0	2	0	5
Social Assistance	3	5	8	5	21
School	0	2	0	0	2
Other*	1	5	2	6	14
Total	7	12	12	11	42

* Other often included panhandling or family members

Participant Demographics – Living Situation

22 of the participants indicated that they did not have a fixed address (homeless). 14 males indicated that they were homeless and 8 females said they did not have a fixed address.

Participant Demographics – Place of Origin

Where Originally From	Veteran Group (from Pilot Phase)	Training Cycle 1	Training Cycle 2	Training Cycle 3	All Cycles to date (excluding Pilot)
BC	3	4	2	7	16
Alb	2	3	1	0	6
Sask	0	1	0	0	1
Man	0	1	3	0	4
Ont	1	1	4	1	7
Quebec	1	2	1	0	4
Foreign	0	0	1	0	1
No Response	0	0	0	3	3
Total	7	12	12	11	42

Participant Demographics – Drug Usage

Drug	Use A Lot (everyday)	Use Sometimes (1 or 2 per week)	Use Not Much (1 or 2 per month)	Never Used It (or not within the past year)	Total
Alcohol	Males – 5 Females – 2	Males – 9 Females – 3	Males – 8 Females – 12	Males – 1 Females – 2	Males – 23 Females - 19
Crack/Cocaine	Males – 3 Females – 2	Males – 8 Females – 7	Males – 7 Females – 5	Males – 5 Females – 5	Males – 23 Females - 19
Heroin	Males – 4 Females – 3	Males – 4 Females – 7	Males – 8 Females – 3	Males – 7 Females – 6	Males – 23 Females - 19
Crystal Meth	Males – 7 Females – 8	Males – 12 Females – 6	Males – 3 Females – 5	Males – 1 Females – 0	Males – 23 Females - 19
Psychedelics	Males – 4 Females – 4	Males – 3 Females – 0	Males – 9 Females – 11	Males – 7 Females – 4	Males – 23 Females - 19
Cannabis	Males – 16 Females – 15	Males – 5 Females – 2	Males – 1 Females – 1	Males – 1 Females – 1	Males – 23 Females - 19
Ecstasy	Males – 4 Females - 2	Males – 7 Females - 2	Males – 6 Females - 9	Males – 6 Females - 6	Males – 23 Females - 19

Training Provided During Cycles 1, 2 and 3

After the pilot phase, training was organized in three cycles, each approximately one month in duration. This training was a condensed version of the training curriculum that was developed during the pilot phase of the project. Typically, the training was organized into several topic modules and delivered in training sessions that lasted between 2 and 3 hours. In contrast, some of the modules in the pilot phase lasted more than a day. However project staff felt that the longer sessions were problematic for many of the youth.

The training delivered in cycles 1, 2, and 3 varied somewhat but all contained a set of core curricula. In most cases, the training was provided over the course of 12 group meetings. The meetings took place either at the Three Bridges Community Health Centre or at another nearby agency such as YouthCO or Directions. Some of the training modules were developed and delivered by program staff and some by staff from other agencies.

Finally, all cycles provided an opportunity for youth to showcase their knowledge. Typically, youth who received training in a previous group were given the opportunity to work with staff and develop and deliver a training module. This training module centred around “What is a Peer”.

The mix of training modules delivered to each cycle was as follows:

Training Module or Topic	Cycle 1	Cycle 2	Cycle 3
Group Building/Orientation	✓	✓	✓
What Is Harm Reduction?	✓		✓
Working In A Peer Group	✓	✓	✓
Crystal Meth Information	✓	✓	✓
HEP C And HIV	✓	✓	✓
Leadership Training	✓		
Sexual Health	✓		
Rights Of A User	✓	✓	✓
Understanding Violence	✓		
Safer Using	✓	✓	✓
Understanding Psychosis		✓	✓

Other Program Activities

In addition to the core training modules, the project includes a range of activities intended to build the group, develop the youths' self-confidence, and provide opportunities for them to use their newly developed skills and knowledge. The program has organized recreational activities that support the group building efforts and that are just fun. The range of activities falling into this category includes attending a play, playing paint ball, attending or presenting at conferences, doing Needle Exchange and Outreach, receiving more specialized training such as CPR training, work opportunities at other agencies, and putting together a weekly newsletter.