Youth Mental Health First Aid (YMHFA) in Coatesville-Affiliated Attendees:

July 1, 2016 – June 30, 2017 (Year 3)

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The Applestone Foundation;
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Summary of Youth Mental Health First Aid (YMHFA) Program Evaluation Findings for Coatesville-Affiliated Attendees (July 2016 – June 2017):

- **YMHFA Trainers and Trained CASD Employees and Community Members**
  - Project staff met goals for number of persons trained in YMHFA and for the number of CASD employees trained
    - A total of 20 persons (including 12 CASD employees) successfully completed the 5-day Train-the-Trainer program.
    - Between July 2016 and June 2017, trainers facilitated 22 trainings for CASD staff/students, community members, and West Chester University students. A total of 382 were certified (98% completion rate). Specifically, 286 attendees were affiliated with Coatesville.

      Of the YMHFA training attendees who were Coatesville-affiliated and who consented to participate in the evaluation:

      - CASD employees (n = 106) represented all schools (expect for the Gordon Learning Center) and jobs such as teachers, teacher aides, administrators, and school secretaries. The remainder of attendees were community members living, working, and/or volunteering in the Coatesville area or were West Chester University students in the allied health and education fields. Thirty-six individuals were parents or guardians of a CASD student, and 46 were CASD high school students.
      - Evaluation participants were most likely to be female and reported their race as White/Caucasian or Black/African-American. Participant age was fairly split across the three age groups of 16-24, 25-44, and 45-80. Only 9% of participants in this evaluation reported they were employed as a mental health/substance abuse (MH/SA) professional. Approximately 54% reported they worked with youth at their place of employment (but not as MH/SA provider) and/or had regular contact with a child or adolescent in the home (54%).

- **Pretest-Posttest Mental Health Knowledge Improvement:**
  - Using a 15-item mental health knowledge survey, mental health knowledge summary score ***statistically improved*** from pretest (average of 11 out of 15 correct) to posttest (average of 13 out of 15 correct).
  - Specifically, 13 out of the 15 knowledge items exhibited statistical improvement from pretest to posttest (at $p < .05$ level).

- Examples of knowledge items with large statistical improvement include:
  - It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head (false) [70% at pretest to 93% at posttest]
  - A first-aider can distinguish a panic attack from heart attack (false) *[36%* at pretest *to 65%* at posttest*]*
  - Mental health first aid teaches people to diagnose or to provide treatment (false) *[69% at pretest to 91% at posttest]*
  - Mental health problems often develop during adolescence or young adulthood. (true) *[71% to 91% correct]*
  - When a young person tells you they are thinking about suicide, it is important to ask if they have a plan for completing suicide. (true) *[56% to 96% correct]*

Pretest-Posttest Improvement in Attitudes towards Persons Experiencing Mental Health Challenges/Crises:

- Although participants, on average, started at the pretest with a moderately favorable attitude, participants still reported ***small statistical improvements*** at the $p < .05$ level for the overall summary score and in six out of the eight attitude items. These items include:
  - I feel that having a mental health challenge or crisis is a sign of weakness.
  - I would move next door to a person who shows signs and/or symptoms of a mental health challenge (e.g., depression, anxiety, etc.).
  - I would select a seat next to a person who shows signs and/or symptoms of a mental health challenge (e.g., depression, anxiety, etc.).
  - I would engage in a conversation with a person who shows signs and symptoms of a mental health challenge (e.g., depression, anxiety, etc.).
  - I believe there are effective treatments and supports for persons with mental health challenges.
  - I believe that recovery is possible for people with mental health challenges.

- **Pretest-Posttest Improvement in Confidence Interacting or Helping Youth Experiencing Mental Health Challenges/Crises**
  - At pretest, participants, on average, reported moderate confidence interacting or helping youth experiencing mental health challenges or crises across the eight items. The items measure perceived confidence in implementing the ALGEE first aid behaviors.
  - A **moderate to large statistical increase from pretest to posttest in confidence** was demonstrated for all the items and the summary score.
    - Recognize the signs and symptoms that a young person may be dealing with a mental health challenge or crisis.
    - Reach out to a young person who may be dealing with a mental health challenge.
    - Ask a young person whether s/he is considering killing her/himself.
    - Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.

    - Be aware of my own views and feelings about mental health problems and disorders.
    - Actively and compassionately listen to a young person in distress.
    - Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.
    - Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports.

- **Satisfaction with Program**

  - In participants who responded to the closed-ended program satisfaction items:
    - 99% of respondents *agreed or strongly agreed* that the course goals were clearly communicated.
    - 98% of respondents agreed or strongly agreed that the goals/objectives were achieved, and that the course content was practical/easy-to-understand.
    - 97% *agreed or strongly agreed* that they had adequate opportunity to practice the skills learned.
    - 99% *agreed or strongly agreed* that the course instructors' presentation skills were engaging/approachable, instructors demonstrated knowledge of the material presented, and facilitated activities/discussion in a clear/effective manner.
    - 99% *would recommend* the YMHFA training course to others.

  - Attendees reported on all the reasons they attended the course. Approximately one-third (38%) reported they attended the course because their employer asked or assigned them, 44% reported personal interest in the course, 21% professional development, and 18% reported community/volunteer interest.

  - Approximately 72% of participants noted the YMHFA training will be of use to them at their workplace. More than half reported the training to be as a family/member (65%), peer/friend (65%), parent/guardian (44%) and/or as a volunteer/mentor (44%).

  - Participants were asked to provide open-ended feedback on overall response to course, program strengths, program weaknesses, and topics they wish would have been covered in the training. Themes were generated from comments. In participants who responded to the open-ended program satisfaction items, the three most frequently reported themes included:
    - <u>Overall response to course</u>: overall positive, informative, and necessary & relevant training for work and/or life
    - <u>Program strengths</u>: resources, activities & video, and informative
    - <u>Program weaknesses</u>: no weaknesses, too long or could be condensed, and not enough time for activities or to dive deeper into content
    - <u>Topics wish would have been covered</u>: none, more on applied skills, and specific mental health diagnoses & related information

- **Referrals of CASD Youth to Local Agencies**
  - Referral data from three local mental health/substance abuse agencies were and continue to be routinely collected to assist in identifying the YMHFA training impact on youth referrals to providers in the region. These three agencies include: Child Guidance Resource Centers, Human Services, Inc., and Gaudenzia. Referral data were compiled for clients younger than 20 years of age and who were living in the CASD.
  - Yearly aggregate referral data for Year 0 (September 2013 to June 2014), Year 1 (September 2014 to June 2015), Year 2 (September 2015 to June 2016), and Year 3 (September 2016 to June 2017) were compared. The total number of referrals to the three agencies increased from 174 in Year 0 to 416 in Year 1, but then slightly decreased to 382 in Year 2 and to 347 in Year 3.
  - Specifically, Child Guidance Resource Centers saw a 30% increase from 111 in Year 0 to 366 in Year 1 and a slight reduction to 338 in Year 2 and 304 in Year 3. Gaudenzia experienced a 6% increase from 15 in Year 0 to 16 in Year 1 and a drop to 7 in Year 2 and 3 in Year 3. Due to a change in program offering at Human Services Inc., there was a 29% decrease for Human Services Inc. from 48 in Year 0 to 34 in Year 1. Referrals at Human Services Inc. stayed fairly stable at 37 in Year 2 and 40 in Year 3.

- **Pennsylvania Youth Survey Depression Data**
  - The routinely collected Pennsylvania Youth Survey (PAYS) data will assist in assessing the impact of YMHFA training on youth self-reported depression. Currently, data have been compiled for years 2011, 2013, and 2015 for students in CASD, Chester County, and the State of Pennsylvania.
  - The percentage of CASD students feeling depressed/sad most days in the past year has leveled off from 2011 (33%) to 2013 (38%) to 2015 (39%). It is possible the YMHFA training implementation in Coatesville has contributed to the leveling of the percentage of CASD students in 2015.
  - The percent of youth reporting feeling depressed/sad most days in the past year continues to climb in Chester County and State student counterparts from 2011 to 2015; however, the data show disproportionately higher percentages for CASD vs. Chester County and State students across all three years. Specifically, the gap between CASD and Chester County students increased from 2011 to 2013 (8% gap in 2011 and 12% gap in 2013) but returned to an 8% gap in 2015.
  - PAYS 2017 data will be included in the Year 4 report.

Youth Mental Health First Aid (YMHFA) in Coatesville-Affiliated Attendees

PURPOSE OF THE YMHFA TRAINING

The Brandywine Health Foundation (BHF) of Coatesville, PA was awarded grant funding in 2014 to implement the project entitled *Mental Health First Aid in the Coatesville Area School District: Reducing Depression in Some of Pennsylvania's Poorest Municipalities*. The funding collaborative included county, state, and federal officials as well as three private foundations including *The Thomas Scattergood Behavioral Health Foundation,* van Ameringen Foundation, Inc., and First Hospital Foundation.

Children living in the Coatesville Area School District (CASD) are disproportionately impacted by child neglect, abuse, and delinquency issues including drug, alcohol, and assault offenses. Likewise, the publicly accessible Pennsylvania Youth Survey (PAYS) 2009 and 2011 data demonstrated that in comparison to Chester County as a whole, there is a higher percentage of youth from CASD who do not graduate from high school and report feeling depressed/sad most days. Therefore, this 4-year project intends to strengthen partnerships between Coatesville community agencies, parents, and CASD by implementing the National Council for Behavioral Health's *Youth Mental Health First Aid* (YMHFA) training program in Coatesville, PA.

The YMHFA is an established and nationally recognized in-person 8-hour educational training program designed for adults to learn about mental illnesses and addictions, inclusive of warning signs, risk factors, and ways to bolster confidence in helping youth aged 12-18 with a mental health or substance use problem. This training can be offered in one to three days. The National Council on Behavioral Health certifies trainers to teach the training program across the U.S. (see http://www.thenationalcouncil.org/about/mental-health-first-aid/). In 2013, the *Mental Health First Aid* (adult version) training was added to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Registry of Evidence-based Programs and Practices (NREPP). The YMHFA training focuses specifically on helping youth with mental health problems.

The primary goals of the YMHFA training are to educate adults and high school upperclassmen on common mental health challenges for adolescents, to detail adolescent development, and outline a 5-step action plan for how to help youth who may be in the early stages of a mental health problem or in crisis. The 5-step action plan (ALGEE) includes: **A**ssess risk of suicide or harm, **L**isten non-judgmentally, **G**ive reassurance and information, **E**ncourage person to get appropriate professional help, and **E**ncourage self-help strategies. Adolescent-relevant topics include anxiety, depression, substance use, disorders in which psychosis may occur, and disruptive behavioral disorders (i.e., ADHD).

EVALUATION

The evaluation was and continues to be conducted through a partnership of Brandywine Health Foundation with West Chester University College of Health Sciences, The purpose of this evaluation is to assess the effectiveness of the YMHFA training provided to adults working, volunteering, or residing in Coatesville PA or servicing persons in the Coatesville region. Trainings include persons 16 and older.

The overall aims of the YMHFA project include:

(1) To train a select number of Coatesville Area School District (CASD) and key regional agency staff members as YMHFA trainers and provide the YMHFA training to key CASD staff, community members, and residents.

(2) To improve participant mental health knowledge, attitudes, and confidence in dealing with youth with a mental health or substance use problem from pretest to immediate posttest.

(3) To increase the number of referrals of CASD youth to the three behavioral health/substance abuse agencies in the Coatesville, PA region (including Child Guidance Resource Centers [CGRC], Human Services, Inc., and Gaudenzia).

(4) To decrease the percentage of CASD students 12-18 reporting they were feeling depressed/sad most days from pre- to post-trainings as captured by the publicly available Pennsylvania Youth Survey (PAYS) data from 2011 – 2017.

This report presents findings on all four aims for the first half of the third year of the project from July 2016 to June 2017 for Coatesville-affiliated attendees. The number of non-Coatesville-affiliated attendees trained is reported as well.

METHODOLOGY

<u>Evaluation Aim #1</u>: To train a select number of Coatesville Area School District (CASD) and key regional agency staff members as YMHFA trainers and provide the YMHFA training to key CASD staff, community members, and residents of Coatesville.

The Brandywine Health Foundation established a Planning Team of leaders from CASD, community providers, West Chester University, and government agencies in early 2014. This Planning Team identified eight regional agency and six CASD staff members to participate in the 5-day YMHFA training program to become a certified trainer by the end of 2014.

Ms. Linda Hershey, the primary Student Assistant Liaison assigned to CASD, was appointed as the coordinator/lead trainer in August 2014. Her duties included recruitment, training logistics, data collection, and liaison to evaluator. Recruitment for YMHFA training included means of flyers, emails, and word of mouth. John Reid, CASD Director of Pupil Services / Data & Assessment, helped to coordinate CASD employee trainings until his departure in December 2015 with Brad Bentman, Principal of Friendship Elementary School, coordinating trainings for CASD starting in January 2016. Dana Heiman, Senior Vice President of Brandywine Health Foundation, Linda Hershey, and other trainers assisted in community member recruitment.

<u>Evaluation Aim #2</u>: To improve participant mental health knowledge, attitudes, and confidence in dealing with youth with a mental health or substance use problem from pretest to immediate posttest.

<u>Research Design</u>:

Evaluation Aim #2 was assessed via a pre-experimental one-group pretest-posttest program evaluation design. Trained adults were asked to complete a packet of surveys measuring knowledge, attitudes, and confidence outcomes before the training and immediately after the 8-hour training.

<u>Participants</u>:

The Brandywine Health Foundation, located in Coatesville, PA, as well as the partnering agencies have through word of mouth informed local agencies (especially those who work or deal with youth) of the opportunity to have their employees and volunteers trained in Youth Mental Health First Aid for no charge by our certified trainers.

The participants of this evaluation were employees and volunteers of Coatesville area organizations, residents, or members of Coatesville entities who request the training for their employees or members. If any organization/entity requests the YMHFA training for their employees, volunteers, and/or members, Linda Hershey, the lead training coordinator and certified trainer, was notified and arranged the day/time for the training.

The lead evaluator trained the lead certified YMHFA trainer, Linda Hershey, and the other YMHFA trainers (1) to hand out the Informed Consent Forms to those adults in attendance at the trainings (or Parental Consent and Youth Assent for those aged 16-17), (2) read a script introducing them to the training and evaluation, (3) to answer any questions, and (4) to collect all forms/surveys and keep them in a locked filing cabinet at their place of employment until they can be picked up

by Dr. Metz, the lead evaluator, following each training. No incentives were given to any person for participating in the evaluation.

Procedures:

Thirteen certified trainers were trained to deliver the curriculum, administer the informed consent, and pretests/posttests. On-going supervision by in-person meetings was given throughout the course of the program administration. The grant timeline is from 2014-2018. This report only includes the trainings delivered from July 1, 2016 to June 30, 2017.

The procedure of informed consent and data collection at each training includes the following. At the beginning of the YMHFA training, the certified YMHFA trainer has been instructed to disseminate a hard copy of the Informed Consent Form, read the introductory script asking them to read and sign the consent form and listed an email on a separate piece of paper for the 3/6-month online survey invitation if they wish to participate, and answer any questions from participants. The certified YMHFA instructor then collects the signed consent forms and passes out the pretest survey packets. Once pretests are complete, the training begins. Trainings are held in two formats: one 9-hour day or two 4.5-hour days. Fidelity of training across instructor is captured on a Trainer Summary Form where trainers (1) report what presentation slides were formerly covered in the training and (2) comment on the training flow, audience, and any other extraneous conditions during the training.

At the completion of the training, the certified trainers read a post-test script and hand out the posttest survey, as well as the Behavioral Health's *NCBH Course Evaluation Form* that is required to be completed by the National Council for Behavioral Health to become certified in Youth Mental Health First Aid. In order to receive their certificate, participants complete the anonymous *NCBH Course Evaluation Form* and turn into the instructor. The *NCBH Course Evaluation Forms* are only provided to the program evaluator for inclusion in the evaluation if the participants provided their informed consent at the beginning of the training.

Measures:

Mental Health Knowledge: A 15-item Mental Health Knowledge scale was used to assess knowledge about youth-specific mental health items. Initially, the Knowledge survey (Youth Mental Health Opinions Quiz) included with the YMHFA training was used during the first two training sessions in August 2014; however, trainers identified this survey was also used to assess the adult MHFA training and all items may not be relevant to the youth version. Therefore, the lead evaluator compiled a list of possible relevant items from published literature, the adult MHFA knowledge survey, and created 20 items from review of the instructor manual. This compiled list was sent to the initial 7 certified trainers in September 2014. Trainers were asked to rate relevance and to modify wording of any items. Results were summed and provided to trainers. Consensus at an in-person meeting resulted in the 15-item scale which retained 6 items from the Adult MHFA survey and added 9 newly created items.

Mental Health Attitudes: The 8-item Mental Health Attitudes scale was drawn from Drexel University's (2013) social distance items, used also by researchers Jorm and Kitchner. These items measured perceived social distance from persons living with mental health disorders and were assessed on a 4-pt Likert scale ranging from 0 (Very unlikely) to 3 (Very likely). Items b-h were reversed in order to have the higher response option as the more favorable attitude. Therefore, the final scale ranged from 0-3, with 3 more favorable attitude towards persons living with mental health disorders (i.e., less desire for more social distance). Pretest Cronbach's alpha of 0.73 indicates adequate internal consistency among the eight items in order to rationalize summary score creation.

Confidence: The 8-item Confidence scale included on the YMHFA Course Evaluation was also included at pretest. Items are directly linked to the 5-step action plan (ALGEE) taught in the training. This includes: **A**ssess risk of suicide or harm, **L**isten non-judgmentally, **G**ive reassurance and information, **E**ncourage person to get appropriate professional help, and **E**ncourage self-help strategies. These items were assessed by a 5-pt Likert scale ranging from 0 (Strongly disagree) to 4 (Strongly agree), with 4 representing more confidence. These items were also measured at pretest and immediate posttest. Pretest Cronbach's alpha of 0.88 indicates adequate internal consistency among item responses in order to rationalize summary score creation.

Behavior: Items were compiled that measured frequency and type of help offered to youth experiencing a mental health challenge or crisis after an extensive literature review. Items were drawn from Jorm et al. (2010) and Kitchener & Jorm (2002) and subsequently modified. These items measured the frequency and type of help participants provide to youth experiencing mental health challenges or crises in the past three to six months. All behavior items were measured at pretest.

Demographic Characteristics: Demographics were collected at the posttest including age group, gender, and race. Three items were also measured on the pretest measuring mental health/substance abuse professional status, contact with youth at place of employment, and contact with youth at home.

Process Evaluation – Program Satisfaction: The posttest process evaluation included close-ended items on course satisfaction, recommendation of course to others, instructor satisfaction, reasons for attending the course, and in what roles the YMHFA training will be of use. Open-ended questions included (1) overall response to the course, (2) course strengths, (3) course weaknesses, and (4) issues/topics expected to be covered but were not addressed in the course. Since it was anticipated to see different comments based on being a mental health professional or not, the open-ended comments were compiled by those who reported they were employed as a mental health/substance abuse professional and those who were not.

Process Evaluation – Trainer Fidelity: To ensure trainers delivered all content at each training, a trainer summary form was developed where trainers were instructed to indicate what presentation slides were not covered and why. The trainer summary form also assessed training format, primary group served, location of training, number of attendees, number participating in the evaluation (consented), and number of attendees obtaining the certificate of completion. Additional fidelity measures were employed during Year 3 including random in-person observations of trainers in session.

Statistical Analysis:

Pretest and posttest assessments were designed to measure any improvements in knowledge, attitudes, and confidence in helping youth with mental health problems. The de-identified data were and continue to be entered into SPSS for analysis and include descriptive and inferential statistics. Each set of outcomes were analyzed with the appropriate statistical procedure presented under the Results section in this report.

Evaluation Aim #3: increase the number of referrals of CASD youth to the three behavioral health/substance abuse agencies in the Coatesville, PA region (including Child Guidance Resource Centers [CGRC], Human Services, Inc., and Gaudenzia).

Evaluation Aim #3 was and will continue to be examined by acquiring the number of CASD referrals of youth and referrals of youth residing in the CASD (but not specific referrals from the CASD) from the three Coatesville-area behavioral health/substance abuse agencies -- Child Guidance Resource Centers [CGRC], Human Services, Inc., and Gaudenzia. Number of referrals is routinely collected per month by each of the three agencies and does not contain any identifiable data about the youth themselves beyond if it was a referral from CASD or not. Hence, a time-series design will be utilized to identify if number of referrals increased in the months before to after the trainings – monthly referral data from 2013 to 2018 will be utilized.

Evaluation Aim #4: To decrease the percentage of CASD students 12-18 reporting they were feeling depressed/sad most days from pre- to post-trainings as captured by the publicly available Pennsylvania Youth Survey (PAYS) data (these data are de-identified and free to public for access).

This aim was and will continue to be assessed by examining the publicly available and de-identified Pennsylvania Youth Survey (PAYS) county reports available at: http://www.episcenter.psu.edu/pays. These anonymous data are cross-sectional in nature and collected every two years by Penn State University. The surveys are administered to public school students in 6th, 8th, 10th, and 12th grades. Another time-series design will thereby be employed to examine the one PAYS question "C2. In the past 12 months have you felt depressed or sad MOST days, even if you feel OK sometimes?" every two years (2011, 2013, 2015, and 2017). Data are split by student participants in CASD, Chester County, and the state of Pennsylvania. Findings for years 2011, 2013, and 2015 are included in this report.

RESULTS - July 1, 2016 – June 30, 2017

Evaluation Aim #1: To train a select number of Coatesville Area School District (CASD) and key regional agency staff members as YMHFA trainers and provide the YMHFA training to key CASD staff, community members, and residents of Coatesville.

Planning Team

The Brandywine Health Foundation established a Planning Team of key leaders from CASD, the provider community, West Chester University, and government agencies in early 2014. The Youth Mental Health Advisory Board was established with the first meeting held in February 2015, meeting the overall Initiative Goal #1. Advisory board meetings continue to be held two to three times a year.

Certification of YMHFA Trainers

From program onset to June 2017, eight community agency members and twelve CASD staff members successfully completed the 5-day National Council of Behavioral Health's YMHFA training to serve as YMHFA trainers (see Table 1a). This meets the overall Initiative Goal #2 to train four CASD staff members, Ms. Linda Hershey (primary Student Assistant Liaison assigned to CASD), and three Child Guidance Resource Center (CGRC) staff members by the end of the four-year grant.

Table 1a. Persons Trained as YMHFA Trainers through June 2017 (*n* = 20)

Trainers	Title and Affiliation
Community Agency Staff (*n* = 8)	
Linda Hershey (Training Coordinator)	SAP Liaison/Prevention Specialist, Coatesville Area School District; The COAD Group, Exton, PA
Tracy Behringer	Consultant, Community Outreach/Education, Chester County Mental Health/Intellectual & Developmental Disabilities MH/IDD, West Chester, PA
Colleen Cooney	Staff Development Coordinator, Child Guidance Resource Centers (CGRC) – Havertown, PA
Beth Quinn	Mental Health First Aid Program Coordinator, The COAD Group
Jacquelyn Taylor	Executive Director, The COAD Group, Exton, PA
John Lacreta, MEd**	Clinical Case Manager, Child Guidance Resource Center (CGRC), Lima Detention Center, Lima, PA
Andy Kind-Rubin, PhD	VP for Clinical Services, Child Guidance Resource Center (CGRC), Havertown, PA
Sheila Grant	Family Support Specialist, Chesco LIFE Program
Coatesville Area School District (CASD) Staff (*n* = 12)	
John Reid**	Director of Pupil Services / Data & Assessment
David Krakower*	Director of High School & Curriculum Instruction / Special Education 6-12
Jennifer Miller	Family Specialist, Reach Program/Learning Center, Chester County Intermediate Unit
Jason Palaia	Director of Elementary Education & Curriculum Instruction 3-5 / Special Education K-5
Krista Kapczynski, MS/LBS	Training and Consultation, Chester County Intermediate Unit

Dr. Teresa Powell*	Director of Middle School Education Curriculum & Instruction
Brad Bentman	Principal of Friendship Elementary School
Jeff Cupano***	Administrator of Out of District Programs
Chris Watson *	Assistant Principal of 9-10 Center
Dr. Bridgette Miles	Administrator for Early Literacy Learning Center
Richard Mitchell	Assistant Principal of Coatesville Area Intermediate High School
Joseph Peleckis	Assistant Principal of Coatesville Area Senior High School

** Trained but did not conduct any trainings prior to leaving employer.*

*** Trained but only conducted trainings until left employer during Year 2 of Evaluation*

****Trained but only conducted trainings until left employer during Year 3 of Evaluation*

NOTE: John Reid will be continuing on as a community trainer in Year 3.

<u>Summary of YMHFA Trainings</u>

Table 1b summarizes the 22 YMHFA Trainings delivered from July 2016 to June 2017, with Coatesville-affiliated and non-Coatesville affiliated individuals' attendance summarized in Table 1b. Trainings included CASD staff and students, community members, and West Chester University students. Overall, 391 persons were in attendance, with 382 (98%) receiving the YMHFA Attendance Certificate from the National Council. Persons who did not receive the certificate of completion either came late to training or had to leave the training early for various reasons.

It is important to note that a total of 391 persons were trained across these sessions, but only 286 were identified as being affiliated with Coatesville. Again, this report only summarizes findings of those attendees who were affiliated with Coatesville as a resident, employee, volunteer, high school student, or a person servicing individuals who reside in Coatesville.

Table 1b. Summary of YMHFA Trainings, Coatesville-Affiliated and Non-Coatesville Affiliated Attendees, July 2016 – June 2017

Train-ing	Dates	Trainers	Train-ing Format	Training Location	Primary Attendee Affiliation	No. of non-Coatesville Affiliated Attendees in Attendance at Start of Training	No. of Coatesville Affiliated Attendees in Attendance at Start of Training	Receiving Certificate of Completion	
37	7/13 & 7/14/16	Linda Hershey/ Brad Bentman	Two 4.5-hr days	CASH	CASD-Admin-istration, Community	1	20	21	100%
38	8/1 & 8/2/16	Linda Hershey/ Brad Bentman	Two 4.5-hr days	CASH	CASD – Administrat ion and Teachers, Community	3	12	15	100%

Train-ing	Dates	Trainers	Train-ing Format	Training Location	Primary Attendee Affiliation	No. of non-Coatesville Affiliated Attendees in Attendance at Start of Training	No. of Coatesville Affiliated Attendees in Attendance at Start of Training	Receiving Certificate of Completion	
39	8/13/16	Linda Hershey/ Colleen Cooney	One 9-hr day	Chester County Public Training Center	Community	10	11	21	100%
40	9/10/16	Linda Hershey/ Andy Kind-Rubin	One 9-hr day	Brandy-wine Center	Community	4	14	18	100%
41	9/13/16	Linda Hershey/ Colleen Cooney	One 9-hr day	WCU Sykes Union Building	Community - West Chester University Students	9	1	10	100%
42	10/10/16	Joseph Peleckis/ Jason Palaia	One 9-hr Day	Coatesville Inter-mediate School Rm 201	CASD Employee	0	22	22	100%
43	10/10/16	Linda Hershey/ Bridget Miles	One 9-hr day	Coatesville Inter-mediate School Rm 201/ 202	CASD Employee	0	22	22	100%
44	11/9 & 11/10/16	Richard Mitchell/ Jason Palaia	Two 4.5-hr days	Coatesville Area High School	CASD ROTC Students	0	12	12	100%
45	11/19/16	Linda Hershey/ Joseph Peleckis	One 9-hr day	Chester County Public Safety Center	Community	15	7	20	95%
46	12/19 & 12/20/16	Jason Palaia/ Joseph Peleckis	Two 4.5-hr days	Coatesville Area High School Room #124	CASD Students, Community	0	16	16	100%
47	1/21/2017	Linda Hershey/ Krista Kap-cyznski	One 9-hr day	Chester County Public Safety Training Center	Community	10	7	17	100%

Train-ing	Dates	Trainers	Train-ing Format	Training Location	Primary Attendee Affiliation	No. of non-Coatesville Affiliated Attendees in Attendance at Start of Training	No. of Coatesville Affiliated Attendees in Attendance at Start of Training	Receiving Certificate of Completion	
48	1/23 & 1/30/17	Linda Hershey/ Bridgette Miles	Two 4.5-hr days	Coatesville Courtyard Marriott	Community	1	19	20	100%
49	1/31 & 2/1/17	Krista Kap-cyyznski/ Jennifer Miller	Two 4.5-hr days	Coatesville Area High School Room #226	CASD Students - Student Council Glade, Students against Destructive Decisions (SADD)	0	13	13	100%
50	2/4/17	Linda Hershey/ Colleen Cooney	One 9-hr day	Coatesville Courtyard Marriott	Community	5	10	15	100%
51	2/21/17	Jennifer Miller/ Linda Hershey	One 9-hr day	Brandy-wine Hospital	Immaculata U. Nursing Students, Crime Victims staff	13	10	23	100%
52	2/22/17	Linda Hershey/ Andy Kind-Rubin	One 9-hr day	Brandy-wine Hospital, Library Conference Room	Nursing students/ instructors, Crime Victim workers	14	8	22	100%
53	2/27 & 3/6/17	Linda Hershey/ Bridgette Miles	Two 4.5-hr days	Coatesville Courtyard Marriott	Community	2	6	7	88%
54	3/18/17	Linda Hershey/ Richard Mitchell	One 9-hr day	Coatesville Courtyard Marriott	Community	7	6	13	100%
55	4/6/17	Linda Hershey/ Richard Mitchell/ Krista Kap-cyyznski	Three 3- hr days	West Chester University	WCU students	1	24	21	84%

Train-ing	Dates	Trainers	Train-ing Format	Training Location	Primary Attendee Affiliation	No. of non-Coatesville Affiliated Attendees in Attendance at Start of Training	No. of Coatesville Affiliated Attendees in Attendance at Start of Training	Receiving Certificate of Completion	
56	4/14/17	Linda Hershey/ Andy Kind-Rubin	One 9-hr day	West Chester University	WCU students	3	11	13	93%
57	4/24 & 5/2/17	Linda Hershey/ Bridgette Miles	Two 4.5-hr days	Coatesville Courtyard Marriott	Community churches – NAACP	6	9	15	100%
58	6/27 & 6/28/17	Joseph Peleckis/ Brad Bentman	Two 4.5-hr days	Coatesville Area Senior High School Library	CASD – Admin & Secretaries and Community	0	26	26	100%
					Jul16-Jun17 Total	**105**	**286**	**382**	**98%**

Coatesville-Affiliated Attendee Organizational Affiliation and CASD Parent/Guardian Status

Attendee Organizational Affiliation:

Among all individuals who self-identified as Coatesville-affiliated attendees on the organizational affiliation form (*n* = 286) from July, 2016 – June, 2017, 106 (38.5) were employed by CASD (see Table 1c). The 106 CASD employees represented all schools across the district.

The key CASD staff reached during the training sessions included teachers, administrators, secretaries and others.

Out of those completing the participant affiliation form, 36 (13%) reported being a parent/guardian of a CASD student.

Table 1c. Affiliation of YMHFA Training Coatesville-Affiliated Attendees, July 2016 – June 2017 (*n* = 286)

Characteristic	*n (%)*
Employed by Coatesville Area School District (CASD) employee	
Yes	106 (38.5)
CASD Employee Affiliation†	
School *(could check all that apply)*	
Coatesville Area High School	59
North Brandywine Middle School	13
Scott Middle School	9
South Brandywine Middle School	8
Turning Point	4
Caln Elementary School	13
East Fallowfield Elementary School	7
Friendship Elementary School	8
King's Highway Elementary School	10
Rainbow Elementary School	15
Reeceville Elementary School	10
Gordon Learning Center	0
CASD Job Title *(could check all that apply)*	
Teacher	45
Teacher Aide	4
Administrator	25
School Secretary	17
Athletic Coach	4
Guidance Counselor	3
Nurse	1
Mental Health Specialist	1
Bus Driver	3
Other	12
Parent/Guardian of CASD Student†	
Yes	36 (13.5)
CASD High School Student	
Yes	46 (16.0)

Attendee non-CASD Organizational Affiliation:

Attendees who were not employed by CASD represented a number of community agencies such as Child Guidance Resource Centers, Crime Victim Center of Chester County, Handi-crafters, VA Coatesville and West Chester University Students (*n* = 40).

Evaluation Aim #2: To improve participant mental health knowledge, attitudes, and confidence in dealing with youth with a mental health or substance use problem from pretest to immediate posttest.

Demographics of YMHFA Attendees Participating in the Evaluation

Table 2a summarizes the demographics of the 274 Coatesville-affiliated attendees who consented to the evaluation. More than half were female and various races were represented in the evaluation - White (61.7%), Black (17.5%), Hispanic (4%), of other race(s) (8.4%), or missing race (6.6%). Approximately 65% were under the age of 45.

Participants were also asked three questions to capture professional mental health experience and any contact with youth at a place of employment or home. Approximately 9% of participants were employed as a mental health or substance abuse professional and 54% worked with youth at a place of employment but not as a mental health/substance abuse professional. Half of the participants also noted having regular contact with youth in their home.

Table 2a. Demographic Summary of YMHFA Training Attendees Participating in the YMHFA Program Evaluation (*n* = 274)

Characteristic	*n (%)*
Gender	
Male	70 (25.5)
Female	189 (69.0)
Missing	15 (5.5)
Race/Ethnicity	
Black or African-American	48 (17.5)
Caucasian or White	169 (61.7)
Hispanic or Latino Origin	11 (4.0)
Asian	5 (1.8)
Other (including 2+ races)	23 (8.4)
Missing	18 (6.6)
Age Group, y	
16-24	85 (31.0)
25-44	92 (33.6)
45-60	61 (22.3)
61-80	22 (8.0)
Missing	14 (5.1)
Employed as a mental health or substance abuse professional	
Yes	24 (8.8)
No	247 (90.1)
Missing	3 (1.1)
Work with youth at place of employment, but not employed as a mental health or substance abuse professional	
Yes	147 (53.6)
No	125 (45.6)
Missing	2 (0.7)
Have regular contact with a child or adolescent in the home (e.g., parent/guardian, grandparent, etc.)	
Yes	141 (51.5)
No	131 (47.8)
Missing	2 (0.7)

Pretest-Posttest Mental Health Knowledge Scale

Pretest-posttest mental health knowledge survey results are depicted in Table 2b. The knowledge survey contained 15 items, rated by participants as agree, disagree, or don't know. The items were coded as correct or incorrect and summed to form a summary score (0-15 correct). The don't know option was coded as an incorrect response.

Overall mental health knowledge statistically improved from pretest (M = 11.0 correct out of 15, SD = 2.4) to posttest (M = 13.0 correct out of 15, SD = 1.9), $t(245)$ = -15.114 , p = .000, *Cohen's* d = -1.063. The effect size measure of Cohen's d indicates a large change from before to after the training (Cohen, 1988: .20 small, .50 medium, .80 large effect). Specifically, using separate McNemar tests, 10 items demonstrated statistical improvement from pretest to posttest in the percent of participants answering with a correct response. Among these 10 items, five items showed greater than a 20% increase in the correct response from pretest to posttest.

Five items demonstrated a ***large statistical improvement*** greater than a 20% increase in a correct response from pretest to posttest:

- It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head (false) [70% at pretest to 93% at posttest]
- A first-aider can distinguish a panic attack from heart attack (false) *[36%* at pretest *to 65%* at posttest*]*
- Mental health first aid teaches people to diagnose or to provide treatment (false) *[69% at pretest to 91% at posttest]*
- Mental health problems often develop during adolescence or young adulthood. (true) *[71% to 91% correct]*
- When a young person tells you they are thinking about suicide, it is important to ask if they have a plan for completing suicide. (true) *[56% to 96% correct]*

Nine items demonstrated a statistically ***small to moderate improvement*** in percent correct from pretest to posttest:

- People with mental health problems tend to have a better outcome if family members or other support systems are not critical of them. (true) *[76% to 85% correct]*
- The language we use when talking to a young person about mental health concerns can have a significant impact on the outcome. (true) *[94% to 99% correct]*
- A mental health disorder is a diagnosable illness that affects a person's thinking, emotional state, and behavior, as well as disrupts the person's ability to attend to school/work, carry out daily activities, and engage in satisfying relationships. (true) *[89% to 96% correct]*
- Youth are often resilient when they face difficulties.(true) *[61% to 80% correct]*
- Dramatic changes in hygiene/weight in an adolescent do not signal possibility of a mental disorder (false) *[81% to 89% correct]*
- Adolescents may injure themselves (e.g., cutting, picking, self-hitting, or burning) for other reasons besides suicide. (true) *[96% to 97% correct]*

- If you feel a youth is in immediate danger from a mental health crisis, but their parents tell you they do not want any help, it is recommended to respect the family's wishes and not offer more support. (false) *[74% to 84% correct]*
- Listening nonjudgmentally to a youth makes it easier for a youth to talk about their problems and ask for help (true) *[93% to 98% correct]*
- Medications combined with therapy or other treatment may be more effective than either treatment alone. (true) [76% at pretest to 90% at posttest]

One item did not show statistical significance, but were not expected to improve from pretest to posttest due to the majority of participants getting it correct at both pretest and posttest, indicating high pretest awareness.

- Adolescents may injure themselves for other reasons besides suicide (true) *[96% to 97% correct]*

Two items did not show statistical change from pretest to posttest, although the first bulleted item below changed in the correct direction from pretest to posttest while the second item showed no change.

- Â youth is in immediate danger from a mental health crisis, but their parents tell you they do not want any help, it is recommended to respect the family's wishes and not offer more support (false) *[74% to 84% correct]*
- If someone has a traumatic experience, it is best to make them talk about it as soon as possible. (false) *[66% to 64% correct]*

It is important to note that the three items regarding making someone talk about a traumatic experience as soon as possible, youth are often resilient when they face difficulties and having an ability to distinguish between a panic attack and heart attack showed fewer than 80% of individuals getting the correct response at posttest.

Table 2b. Pretest-Posttest Change in Mental Health Knowledge, YMHFA Trainings July 1, 2016 – June 30, 2017 (*n* = 255 with complete data)

Item	*n*	Pretest *n (%) with correct response*	Posttest *n (%) with correct response*	*p*
a. It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head. (D)	255	178 (69.8)	238 (93.3)	.000*
b. If someone has a traumatic experience, it is best to make them talk about it as soon as possible. (D)	255	169 (66.3)	163 (63.9)	.532
c. A first-aider can distinguish a panic attack from a heart attack. (D)	253	91 (36.0)	165 (65.2)	.000*
d. People with mental health problems tend to have a better outcome if family members or other support systems are not critical of them. (A)	253	191 (75.5)	215 (85.0)	.001*
e. The language we use when talking to a young person about mental health concerns can have a significant impact on the outcome. (A)	255	240 (94.1)	253 (99.2)	.002*
f. Mental health first aid teaches people to diagnose or to provide treatment. (D)	255	177 (69.4)	232 (91.0)	.000*
g. Mental health problems often develop during adolescence or young adulthood. (A)	254	180 (70.9)	230 (90.6)	.000*
h. A mental health disorder is a diagnosable illness that affects a person's thinking, emotional state, and behavior, as well as disrupts the person's ability to attend to school/work, carry out daily activities, and engage in satisfying relationships. (A)	255	227 (89.0)	245 (96.1)	.001*
i. Youth are often resilient when they face difficulties. (A)	251	153 (61.0)	200 (79.7)	.000*
j. Dramatic changes in hygiene and weight in an adolescent do not signal the possibility of a mental disorder. (D)	255	206 (80.8)	227 (89.0)	.006*
k. Adolescents may injure themselves (e.g., cutting, picking, self-hitting, or burning) for other reasons besides suicide. (A)	255	244 (95.7)	246 (96.5)	.824
l. Listening nonjudgmentally to a youth makes it easier for a youth to talk about their problems and ask for help. (A)	255	236 (92.5)	251 (98.4)	.000*
m. Medications combined with therapy or other treatment may be more effective than either treatment alone. (A)	254	194 (76.4)	229 (90.2)	.000*
n. If you feel a youth is in immediate danger from a mental health crisis, but their parents tell you they do not want any help, it is recommended to respect the family's wishes and not offer more support. (D)	255	189 (74.1)	213 (83.5)	.002*
o. When a young person tells you they are thinking about suicide, it is important to ask if they have a plan for completing suicide. (A)	255	142 (55.7)	245 (96.1)	.000*
		Mean ± SD	*Mean ± SD*	*p*[†]
Knowledge Summary Score *(0 - 15 correct)*	246	11.0 ± 2.4	13.0 ± 1.9	.000*

[†]A paired t-test demonstrated significance, *t(245)* = -15.114 , *p* = .000, *Cohen's d* = -1.063.

Pretest-Posttest Mental Health Attitudes Scale

Table 2c presents the pretest-posttest 8-item mental health attitudes scale results. These items measured perceived attitude toward interacting or being socially close to a person experiencing a mental health challenge or towards these persons in general. The recoded scale for each item ranged from 0-3 with 3 being the most favorable attitude towards person living with mental health challenges or crises (aka, low social distance). Due to adequate internal consistency (*Cronbach's* $\alpha = 0.717$), the responses of the eight items were summed to create an attitudes summary score ranging from 0 to 24, with 24 most favorable attitude.

The overall mental health attitudes summary score showed small statistical improvement from pretest ($M = 21.0$, $SD = 2.9$) to posttest ($M = 21.9$, $SD = 2.6$), $t(247) = -5.666$, $p = .000$, *Cohen's* $d = -0.342$. Individual item statistical change from pretest to posttest was assessed via individual paired t-tests. Six out of the eight items showed small statistical improvement in attitudes from pretest to posttest. All pretest averages started at pretest as somewhat favorable to highly favorable; therefore, moderate to large improvements were not expected.

Attitude items showing a ***small statistical improvement*** from pretest to posttest include:

- I feel that having a mental health challenge or crisis is a sign of weakness.
- I would move next door to a person who shows signs and/or symptoms of a mental health challenge (e.g., depression, anxiety, etc.).
- I would select a seat next to a person who shows signs and/or symptoms of a mental health challenge (e.g., depression, anxiety, etc.).
- I would engage in a conversation with a person who shows signs and symptoms of a mental health challenge (e.g., depression, anxiety, etc.).
- I believe there are effective treatments and supports for persons with mental health challenges.
- I believe that recovery is possible for people with mental health challenges.

Two items did not exhibit improvement:

- I would willingly accept a person who has a mental health challenge as a close friend.
- I do not fear interacting with persons who are experiencing mental challenges or crises.

Overall, participants displayed a favorable attitude towards interacting or being socially close to a person experiencing a mental health challenge/crisis.

Table 2c. Pretest-Posttest Change in Attitudes towards Persons with Mental Health Challenges or Crises, July 1, 2016 – June 30, 2017 (*n* = 274 with complete pretest-posttest data)

Item†	*n*	Pretest *M* ±*SD*	Posttest *M* ±*SD*	*p*
a. I feel that having a mental health challenge or crisis is a sign of weakness.	253	2.7 ± 0.7	2.8 ± 0.7	.039*
b. I would willingly accept a person who has a mental health challenge as a close friend. *(R)*	254	2.6 ± 0.6	2.7 ± 0.6	.162
c. I do not fear interacting with persons who are experiencing mental challenges or crises. *(R)*	253	3.0 ± 0.7	2.6 ± 0.8	.561
d. I would move next door to a person who shows signs and/or symptoms of a mental health challenge (e.g., depression, anxiety, etc.). *(R)*	269	2.3 ± 0.8	2.5 ± 0.7	.000*
e. I would select a seat next to a person who shows signs and/or symptoms of a mental health challenge (e.g., depression, anxiety, etc.). *(R)*	270	2.4 ± 0.7	2.6 ± 0.6	.000*
f. I would engage in a conversation with a person who shows signs and symptoms of a mental health challenge (e.g., depression, anxiety, etc.). *(R)*	268	2.7 ± 0.6	2.8 ± 0.4	.000*
g. I believe there are effective treatments and supports for persons with mental health challenges. *(R)*	269	2.9 ± 0.4	3.0 ± 0.2	.000*
h. I believe that recovery is possible for people with mental health challenges. *(R)*	267	2.8 ± 0.2	3.0 ± 0.2	.000*
		Mean ± SD	*Mean ± SD*	*p*††
Attitudes Summary Score *(0 – 24, with 24 the most favorable attitude towards persons living with mental health challenges or crises) (Cronbach's α = .717)*	248	21.0 ± 2.9	21.9 ± 2.6	.000*

R = Reversal of item from 0 (very likely) to 3 (very unlikely) to 0 (very unlikely) to 3 (very likely)

† Items were measured from 0-3, with 3 being the most favorable attitude towards persons living with mental health challenges or crises.

††A paired t-test demonstrated significance, *t(247)* = -5.666, *p* = .000, *Cohen's d* = -0.342.

Pretest-Posttest Confidence in Interacting/Helping Youth with Mental Health Challenges/Crises

Table 2d presents participants' pretest-posttest ratings of confidence in applying the YMHFA ALGEE 5-step action plan to helping youth experiencing a mental health challenge or crisis. The eight items were rated on a 5-pt scale from 0-4, with 4 representing the highest rating of confidence. High internal consistency of the eight items at pretest (*Cronbach's α* = 0.894) permitted sum of the eight items yielding a summary score range of 0 to 40, with 40 the highest confidence.

Table 2d. Pretest and Posttest Perceived Level of Confidence in Interacting and Helping Youth with Mental Health Challenges or Crises, July 1, 2016 – June 30, 2017 (*n* = 274 with complete pretest-posttest data)

Perceived Level of Confidence in the following items†:	*n*	Pretest *M ±SD*	Posttest *M ±SD*	*p*
a. Recognize the signs and symptoms that a young person may be dealing with a mental health challenge or crisis.	259	2.6 ± 0.9	3.7 ± 0.7	.000*
b. Reach out to a young person who may be dealing with a mental health challenge.	261	3.1 ± 0.8	3.7 ± 0.6	.000*
c. Ask a young person whether s/he is considering killing her/himself.	259	2.6 ± 1.0	3.6 ± 0.7	.000*
d. Actively and compassionately listen to a young person in distress.	261	3.5 ± 0.7	3.8 ± 0.6	.000*
e. Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	258	2.9 ± 1.0	3.7 ± 0.6	.000*
f. Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	257	3.2 ± 0.8	3.8 ± 0.6	.000*
g. Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports.	259	3.2 ± 0.8	3.7 ± 0.6	.000*
h. Be aware of my own views and feelings about mental health problems and disorders.	260	3.3 ± 0.9	3.8 ± 0.6	.000*
		Mean ± SD	*Mean ± SD*	*p*††
Confidence Summary Score *(0 – 40, with 40 the most favorable attitude towards persons living with mental health challenges or crises) (Cronbach's α = .889)*	248	24.4 ± 5.1	30.0 ± 4.5	.000*

† Items were measured from 0-4, with 4 being the most confidence in interacting with persons living with mental health challenges or crises.

††A paired t-test demonstrated significance, *t(247)* = -13.407, *p* = .000, *Cohen's d* = -0.875.

Overall, the confidence summary score showed large statistical improvement from pretest (*M* = 24.4, *SD* = 5.1) to posttest (*M* = 30.0, *SD* = 4.5), *t(247)* = -13.407, *p* = .000, *Cohen's d* = -0.875. All the items demonstrated a statistical improvement from pretest to posttest.

All eight confidence items did show statistical improvement from the pretest to posttest and these include:

- Recognize the signs and symptoms that a young person may be dealing with a mental health challenge or crisis.
- Reach out to a young person who may be dealing with a mental health challenge.
- Ask a young person whether s/he is considering killing her/himself.
- Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.
- Be aware of my own views and feelings about mental health problems and disorders.
- Actively and compassionately listen to a young person in distress.
- Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.
- Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports.

Pretest Self-Reported Frequency and Type of Help Offered to Youth Experiencing Mental Health Challenges or Crises

At pretest, participants reported the frequency and type of help they provided to youth experiencing a mental health challenge or crisis in the past three months (see Table 2e).

Overall, 64% of the participants reported having contact with a young person with a mental health problem in the past three months. Approximately 65% were in contact with 1-4 youth experiencing a mental health problem in the past three months, with about 28% in contact with five or more. Participants reported what type of help they offered youth and could check all types that applied.

The ***most frequently reported*** types of help offered by all the 284 participants reporting being in contact with a youth experiencing a mental health challenge or crisis included:

- Spent time listening to their problem (*n* = 163)
- Helped to calm them down (*n* = 137)
- Referred/assisted in seeking help from a school counselor (*n* = 86)
- Referred/assisted in seeking help from a mental health professional (*n* = 74)
- Shared a resource (e.g., website, book, hotline) (*n* = 72)
- Talked to them about suicidal thoughts (*n* = 55)
- Referred/assisted in seeking help from crisis support center (*n* = 37)
- Referred/assisted in seeking help from primary care physician/family practitioner (*n* = 33)
- Referred/assisted in seeking help from public community mental health agency (*n* = 31)

Table 2e. Pretest Self-Reported Behavior in Interacting and Helping Youth with Mental Health Challenges or Crises in the Last 3 Months, July 1, 2016 – June 30, 2017 (*n* = 284)

Items	*n* (%)†
Contact with Young Person with a Mental Health Problem within Last 3 Months	
No	83 (31.1)
Yes	183 (68.5)
If Reported Contact, Approximate No. of Youth?	*In n = 183*
0	8 (4.4)
1-4	119 (66.1)
5-9	24 (13.3)
10-19	29 (16.1)
20 or more	-
Unsure	-
Type of Help Offered *(could check all that apply)*	
Spent time listening to their problem	163 (89.6)
Helped to calm them down	137 (75.3)
Talked to them about suicidal thoughts	55 (30.2)
Shared a resource (e.g., website, hotline)	72 (39.6)
Referred/assisted in seeking professional help or community support from:	
Primary care physician or family practitioner	33 (18.1)
Mental health professional	74 (40.7)
School counselor	86 (47.3)
Public community mental health agency	31 (17.1)
Private community mental health agency	10 (5.5)
Crisis support center	37 (20.3)
Suicide hotline	18 (9.9)
Religious leader/clergy	24 (13.2)
Other professional/community source	23 (12.6)
Called emergency responder	16 (8.8)
Other help provided	24 (13.2)

†Valid percents out of the number responding to question

Posttest Process Evaluation – Program Satisfaction – Closed-Ended Items

Participants provided closed-ended feedback on program satisfaction at posttest (see Tables 2f and 2g).

In participants who responded to the closed-ended program satisfaction items,

- 99% of respondents *agreed or strongly agreed* that the course goals were clearly communicated.
- 98% of respondents agreed or strongly agreed that the goals/objectives were achieved, and that the course content was practical/easy-to-understand.
- 97% *agreed or strongly agreed* that that they had adequate opportunity to practice the skills learned.
- More than 99% *agreed or strongly agreed* that the course instructors' presentation skills were engaging/approachable, instructors demonstrated knowledge of the material presented, and facilitated activities/discussion in a clear/effective manner.
- 99% *would recommend* the YMHFA training course to others.

Approximately 38% reported they attended the course because their employer asked or assigned them, 44% reported personal interest in the course, 21% professional development, and 18% community/volunteer interest. Approximately 72% of participants noted the YMHFA training will be of use to them at their workplace. More than half reported the training to be as a family/member (64%), peer/friend (65%), parent/guardian (44%) and/or as a volunteer/mentor (44%).

Table 2f. Posttest Process Evaluation – Overall Course and Instructor Satisfaction (*n* = 280 with posttest data)

Items	*Mean ± SD*[†]	*n (%)*[††] *Reporting Strongly Agree or Agree*
Overall Course Evaluation		
Course goals clearly communicated	4.7 ± 0.6	254 (98.5)
Course goals and objectives achieved	4.7 ± 0.6	255 (98.9)
Course content practical and easy to understand	4.7 ± 0.6	254 (98.4)
Adequate opportunity to practice skills learned	4.7 ± 0.6	247 (96.5)
Instructor Engaging		
Instructor #1	4.7 ± 0.6	255 (98.4)
Instructor #2	4.7 ± 0.6	253 (97.7)
Instructor Knowledgeable		
Instructor #1	4.8 ± 0.6	255 (98.5)
Instructor #2	4.8 ± 0.5	256 (98.9)
Instructor Clear/Effective		
Instructor #1	4.8 ± 0.6	253 (97.7)
Instructor #2	4.8 ± 0.6	254 (98.1)

[†] Items measured from 1-5, with 5 being strong agreement with the statement.

[††] Percent represents the valid percent out of those answering the item.

Table 2g. Posttest Process Evaluation – Satisfaction and Reasons for Attendance (*n* = 280)

Items	*n (%)*
Would Recommend Course to Others[†]	
Yes	253 (98.8)
No	3 (1.2)
Reason Attended Course *(could check all that apply)*	
Employer asked/assigned me	97 (37.9)
Personal interest	112 (43.9)
Other professional development	54 (21.1)
Community or volunteer interest	46 (18.0)
Other	43 (16.8)
In What Role Will YMHFA Training Be of Use *(could check all that apply)*	
At work	183 (72.3)
As parent/guardian	112 (44.1)
As family member	166 (64.3)
As peer/friend	169 (65.3)
As volunteer/mentor	112 (43.6)
Other	18 (7.1)

Posttest Process Evaluation – Program Satisfaction – Open-Ended Items

Four open-ended items provided participants with the opportunity to provide feedback to the following questions: (1) overall response to course, (2) course strengths, (3) course weaknesses, and (4) any issues/topics expected the course to cover which it did not address. These responses are provided in Tables 2h-k.

Table 2h. Open-Ended Participant Feedback - Participant Overall Response to Course (*n* = 243 responding to item)

Comments on Overall Response to Course
• A good experience increasing my confidence in talking about suicide. • A wonderful resource - a lot of info. • Awesome • Brief and to the point. • Educational and informative. • Effective snapshot of how to help a student in crisis. • Enjoyed. • Enjoyed it. • Everything was well taught. • Excellent. • Excellent course. • Excellent course and well spent day! • Excellent info and materials. • Excellent information • Excellent material, powerfully presented. • Excellent Thanks!! • Excellent- very informative. • Excellent! Very useful. • Excellent. • Eye opening to the severity of mental health issues and how they can go unnoticed. • Favorable. • Feel more confident and equipped to give resources. • Gives class lots of knowledge. • Glad I took it I feel as if I could handle any situation very well. • Good (*n*=4). • Good content, Very interesting. • Good information. • Good information, would have liked more about how to engage a youth in crisis. • Good job. • Good practice for any possible situations. • Good, but too long. • Got new information about suicide I was not aware of. • Great. • Great content and presentation. • Great course. (*n*=2) • Great course, I feel like it could have been shorter.

- Great course.
- Great for me.
- Great information. (*n*=4)
- Great overview of mental health and how I can assist individuals.
- Great program.
- Great training. Everyone should take it!
- Great, much needed info.
- Great! Everyone should have it!
- Great! Thank you!
- Great. Glad I took it. Would like it presented at work.
- Helpful and practical.
- Helpful.
- Helping people.
- I found very helpful. I knew most of the info anyway due to experiences I have had but putting the info together was beneficial.
- I am grateful for this opportunity as an educator of the Coatesville area school district.
- I believe it is a well put together course and offers a lot of information for only 8hrs.
- I enjoyed it and learned a lot.
- I enjoyed it, it was a new experience.
- I enjoyed it.
- I feel as though this course has helped me gain more information and intellect about youth mental health.
- I feel like I could confidently ask a youth if they are having suicide thoughts.
- I feel more confident about talking to students if suicide presents itself.
- I feel more confident dealing with crisis.
- I feel more informed and able to help.
- I feel more informed.
- I feel more people should take it.
- I felt it was helpful in understanding symptoms and how to approach kids with mental health disorders.
- I felt it was very helpful and something everyone should take.
- I found it to be very interesting, informative and valuable.
- I have learned a lot on handle anyone that needs help.
- I already had this information through my school counseling graduate program.
- I learned a lot and built on skills I already knew.
- I learned a lot from this course-very informative
- I learned a lot about suicide prevention.
- I learned appropriate responses and assessments; very helpful and encouraging.
- I learned how to be a better first aider.
- I liked it, little long.
- I loved it. (*n*=2)
- I loved it. I am a young person and so many of us are hurting, so I hope this will help me to help others.
- I really enjoy it.
- I really felt more aware as I learned more.
- I thought it was extremely informing and I am confident to deal with a situation if necessary

- I think it was helpful in learning different strategies to help the students we will be working with.
- I thought it was necessary and informational.
- I was disappointed because the majority of training was information I already know.
- Important.
- Informational.
- Informative. (*n*=3)
- Informative + thought provoking.
- Informative and helpful.
- Informative, extremely helpful.
- Informative! Glad I took the course.
- Interesting and important for people working with youth.
- It gave me a better understanding.
- It has helped.
- It helped a lot and I learned things I didn't know.
- It is very beneficial.
- It is very helpful.
- It is very important for most people to learn and I am glad I took it.
- It really helps me to recognize more about mental illness.
- It was a great course I learned a lot.
- It was a great experience.
- It was a very good informational course.
- It was a very long day, I learned a lot.
- It was an eye opening experience.
- It was beneficial and the book is a good resource to have.
- It was educational.
- It was excellent.
- It was eye opening.
- It was eye opening to the amount of suicidal threats especially young white males.
- It was good to teach me the correct ways to respond to situations.
- It was great.
- It was helpful and engaging.
- It was helpful in allowing me to assess this critical situation in an educated way.
- It was informational.
- It was informative. (*n*=2)
- It was informative and gave its message across.
- It was necessary and extremely helpful.
- It was very educational.
- It was very engaging and I did not know how important mental health was.
- It was very eye opening.
- It was very helpful and interesting.
- It was very helpful both personally and professionally.
- It was very helpful.
- It was very informational.
- It was very informative and allowed me to become more consistent.
- It was very informative and helpful to recognize if I encounter a young student.
- It was very informative. I am confident about helping people with mental health problems

- It was very well done.
- It was very worthwhile.
- It was wealth of information.
- It's too much for one day.
- Learned a lot of info.
- Lessons learned how to work with individual who manifest a problem.
- Loved it- very helpful and good overview of mental health.
- Mental health illness should be discussed more in this setting.
- Much need, I learned a lot.
- Much needed!
- Much needed course, great to discuss the topic.
- Much needed in this community.
- Opened my eyes to lot of questions.
- Overall I liked the course. It was very informational and important especially for us as young adults.
- Positive. (*n*=3)
- Positive, useful 1st step.
- Positive, well presented.
- Positive- I learned a lot on how to help a youth with a mental health illness.
- Positive/Eye opening.
- Really great- I feel grateful that I had to opportunity to take it.
- Should have more discussion.
- Shows great awareness for mental health and wanting to help people that suffer from mental illness.
- Thank you!! I learned a lot.
- The course was great and helpful and eye opening.
- The course was helpful in understanding mental health.
- The course was informative.
- The course was very informative and enlightening.
- The information was helpful.
- This course is great for any/everyone.
- This course provided great information that is applicable to profession.
- This course was very enlightening and informative as I work with children and youth at my church.
- This course was very helpful and informative.
- This was an excellent course, very informative.
- This was course was great.
- This was helpful and eye opening. I have a deeper understanding of what mental health first aid means.
- This was very good. I would recommend this for all educators, volunteers and college students.
- Thoroughly enjoyed the class, the ability to network, and learn new things.
- Understandable.
- Useful information.
- Valuable info.
- Valuable to our work.
- Very educational course that is recommended.
- Very educational, gave me confidence to deal with YMHFA.

- Very engaging and knowledgeable.
- Very enlightening.
- Very eye-opening even for a teacher at elementary level.
- Very favorable.
- Very good course, well done.
- Very good information and very well explained.
- Very good information.
- Very good. (*n*=2)
- Very helpful. (*n*=3)
- Very helpful and descriptive.
- Very helpful and skills were developed.
- Very helpful- enjoyed the course.
- Very important and useful.
- Very informative. (*n*=14)
- Very informative & useful
- Very informative and helpful.
- Very informative and many can benefit from it.
- Very Informative and needed. (*n*=2)
- Very informative and relevant.
- Very informative and such an important message.
- Very informative class. Teachers were pleasant.
- Very informative, feel better equipped.
- Very informative. (*n*=2)
- Very interactive.
- Very interesting.
- Very positive. Essential training for school and community teachers and parents.
- Very productive.
- Very surface level, basic information. A good start.
- Very useful information.
- Very useful teaching.
- Very well done.
- Very worthwhile.
- Was a good course, good material.
- Well done and informative.
- Well done!
- Well informed.
- Well organized.
- Well-presented and appropriate for a wide variety of participants.
- Wonderful.
- Would recommend the course to others.

Table 2i. Open-Ended Participant Feedback – Participant-Reported Course Strengths (*n* = 280 responding to item)

Comments on Course Strengths
• A generous amount of information. • A lot of valuable information. • Able to help someone with mental health. • Actions to take in regards to people dealing with mental health issues. • Activities. (*n*=3) • Activities to keep us engaged. • Activities to practice what we have learned. • Activities working together. • Actual real life scenario video. • ALGEE. (*n*=2) • All covered fields. • All of them- practice + case study activities- interactive :). • All the information given. • All the resources that were given to us and that help is out there and recovery is possible. • All the resources. • Allowing us to share how we feel. • An awareness of issues in greater depth. • Assisting. • Background info. • Basic knowledge to know how to handle. • Being interactive. • Book and information. • Booklet, practice scenarios. • Clear presentation. • Comments for participants, practical scenarios. • Communication. • Communication/ approach skills to help/understand. • Content. • Current and relative information. Also local and national information provided. • Detailed information. Signs and symptoms well described and presented. • Dialogue. • Different scenarios. • Different scenario to consider. • Direct students to resources- having a plan. • Discussing common scenarios and how we would respond. • Discussing the scenarios and putting them into best practices. • Discussions for different situations. • Easy for lay people to understand. • Easy to learn. • Easy to understand. • Educational. • Engaging. • Enlisted method. • Everything was great! Thank You!

- Everything. (*n*=3)
- Everything I did not know most of the material presented.
- Examples and activities.
- Exercise are realistic and thought provoking.
- Exercises.
- Familiarizing staff with available resources.
- Great communication
- Group participation.
- Hands on.
- Hands on working with group & sharing personal experiences.
- Helpful for suicidal persons.
- Helping more.
- Helping people learn about suicide.
- Helping to identify the signs and practicing it.
- Hotline numbers.
- How instructions seem to have own experience.
- How to access a situation.
- How to understand people's mental state of mind.
- I believe the entire course is a strength information is useful.
- I liked the video portion and discussion.
- Idea on how to help people.
- Ideas on how to assist children in crisis.
- Info/ materials and practical knowledge.
- Information
- Information and interactions of scenarios.
- Information obtained.
- Information.
- Informational.
- Instructors and informal approach.
- Instructors and videos.
- Instructors clearly explained the materials and responded to the questions.
- Instructors!
- Interaction.
- Interaction and case studies.
- Interactive. (*n*=3)
- Interactive activities.
- Interactive, role playing.
- It gives you real life situations and how to respond.
- It went to great details about the steps needed to take to help someone out.
- Just make sure to remember that the participants do bring experience.
- Knowing having the skills to help.
- Knowing what it likes to go through the loss of someone who took their life.
- Knowledge of suicide and other risks.
- Learning ALGEE.
- Learn to not judge.
- Learned new ways to communicate with children and signs to read.
- Learning about how to approach a student who may be experiencing difficulty.
- Learning about the different mental health issues.

- Learning what to do when someone's in crisis.
- Listeners became educated in symptoms of mental disorders.
- Lots of activities, conversation, information.
- Lots of good, practical info.
- Material.
- Materials, testimonial from Kevin.
- More knowledge.
- Moved quickly.
- Movement activities.
- Noticing the signs of mental health.
- Now I am able to pick up on a little bit more.
- Open conversation.
- Open dialogue about mental health.
- Opportunities to apply content in scenarios.
- Other people talk.
- Personal connection.
- Potential real world knowledge.
- Practical important information.
- Practical, ALGEE acronym good way to remember key words.
- Practice the skills.
- Practice, examples.
- Practical application of info
- Practical and engaging.
- Presentation and material.
- Presentation, interaction.
- Presenters made information very understanding.
- Presenters and interactive format.
- Presenters were good.
- Presenters were knowledgeable and used real life experiences.
- Presents a sensitive subject in an approachable way scenarios.
- Providing resources and language to become confident to talk to youth.
- Quality of materials and excellent presenters.
- Reaction skills.
- Reading material.
- Recognizing signs and symptoms.
- Relating experiences to the researched material.
- Relative issues.
- Relevant and necessary for life in general.
- Renewing into multiple times and real story lines to discuss.
- Repetitive.
- Resources.
- Role playing and scenario discussions.
- Role play, video, engaging.
- Role playing
- Scenarios were helpful.
- Scenarios/ practical application.
- Sharing of personal experience and access to resources.
- Skills and encouragement of the presenters.

- Small group interaction.
- Step by step actions and clear warning signs.
- Stories.
- Strengths of the course include presenting variety of information
- Suicide
- Taught a lot in a small amount of time.
- Taught a lot, useful.
- Teachers were knowledgeable.
- Teaching and material.
- Teaching how to handle the situations.
- Teaching people about health and decrease stigmas.
- Teaching the signs and teaching how to handle it
- Text.
- Textbook.
- The activities.
- The activities and co-operative learning structure.
- The activities and videos.
- The activities we did.
- The ALGEE plan broke down all the info and made it easier to comprehend.
- The book and all the information.
- The class participation.
- The context.
- The course's strengths were being interactive, giving us plenty of information and effectively training us to assess and interact with people who may have or already have mental health deficiencies.
- The details that were given. A lot was learned.
- The discussions.
- The exercises helped me to understand a scenario of each situation.
- The Facilitator & handouts.
- The group interaction and video.
- The helpfulness.
- The hotline materials, the group involvement.
- The information between moderators and participants.
- The information that it provided.
- The information- love learning about the resources.
- The instructor clarification.
- The instructor could explain things.
- The instructors.
- The instructors. Also, Kevin video was quite powerful.
- The interaction.
- The interactions.
- The interactive and case studies.
- The interactive nature of the course.
- The interactive portions.
- The knowledge + confidence I have in being able to help kids or anyone in need. Things to look for in someone in distress.
- The many interactions and visual slides.
- The meaningful connection to our daily work lives.

- The mentors were enthusiastic & engaging.
- The objectives of the course are met, resources given, instructors.
- The open truth.
- The openness to the class-engaging.
- The personal example.
- The personal stories/encouragement.
- The plethora of information.
- The practical applications.
- The presentation.
- The presentations as well as the group work scenarios.
- The presenters and videos.
- The presenters/instructors.
- The real life examples/ scenarios.
- The real life video was helpful.
- The scenarios
- The scenarios proving the difficulty of handling crisis situations.
- The scenarios and discussing them along with Kevin's video very powerful story
- The second day was more effective. Dialogue between trainer & trainees.
- The slide that were used along with the manual allowing questions and offering suggestions.
- The strength it the course is the ALGEE help evaluate and identify a problem.
- The teaching of dealing with situation.
- The use of ALGEE.
- The variation in activities.
- The video of Kevin.
- The video with Kevin Hines
- The videos and exercises.
- These are real-life illnesses that need to be discussed.
- To help people who need it the most.
- To take a role in others life.
- To understand more.
- To know what to say about someone dealing with being suicidal.
- Updated information.
- Variety and breath of info.
- Variety of teaching approaches, activities etc.
- Very helpful in our field.
- Very honest and good examples.
- Very informative, easy to follow, very engaging.
- Very interactive.
- Video. (*n*=3)
- Visual.
- Ways to approach people.
- What mental health is!
- What to do when a person is suicidal, need to know the positive signs, addressing strangers for helping youth with mental health problems.
- Working in groups/collaborative work.

Table 2j. Open-Ended Participant Feedback – Participant-Reported Course Weaknesses (*n* = 100 responding to this item)

Comments on Course Weaknesses
• A great deal of info covered in a short period of time. • A little long. • A little too Black and White- every situation is different. • A little too much sitting and lecture • A lot of content in a short amount of time. • A lot of information at once. • A lot of information in one day. • A lot of material to cover in a short period of time. • Being prone to suggestions. • Bit longer. • Breadth of content, short time frame. • Content can be dry, but it is vital. • Could use more time practicing. • Did not use book much. • Didn't go into course details on some subjects etc. • Didn't see any. • Food. • Having 4 instructors. • Heavy on suicide- would like more on other mental issues. • I didn't. • I didn't think it was any weakness. • I don't have a firsthand experience. • I don’t consider any weakness. • I found everything to be educational. • I really do not see any weakness of the course. • I think need a little more time. • I would explain more what different mental disorders are. • I'd like more info on panic attacks and handling of them. • Inaccurate info on slide show. • Identify mental illness. • It got boring at times. • It seems repetitive. • It was informing. • It’s too long. • It’s very long, so people may lose interest. • Jumped around some. • Just more experience/ repetitive. • Knowing exactly what to do for the person in crisis. • Lecture material. • Lectures. • Length of time. • Length. (*n*=3) • Long. (*n*=3) • Long day of sitting.

- Long day/time.
- Long, lots of info at once.
- Lots of information in one day.
- Make more time for questions.
- May be not having additional activities.
- More collaborative time.
- More dialogues and discussions between trainer & trainees.
- More discussion.
- More physical movement.
- N/A. (*n*=31)
- Need a little more info on mental health specifics.
- No real weaknesses.
- No way to truly remember all the info.
- No weakness that I can assess.
- None. (*n*=24)
- Not being able to have the PowerPoint.
- Not enough role playing.
- Not enough time.
- Not enough time to learn a bit more about the more common mental health issues (but I am glad I have the book).
- Not getting firsthand experience or not having first hand presenter.
- Not many opportunities to share experiences.
- Not much info about how to communicate with the youth in crisis.
- Not really.
- Not sharing real life examples.
- Nothing. (*n*=12)
- Nothing, I have learned a lot.
- Off topic discussions.
- One weakness of the course is that sometimes people were a little too chatty.
- Organization.
- Overload of information.
- Poorly structured. Lots of time spent off topic, not as much time spent addressing the actual issues of First aid.
- Possibly not enough time to cover all the topics.
- Provided at night. Would have preferred weekday.
- Remembering ALGEE.
- Seems to be repeated info after you get to a certain point.
- Should do more role play.
- Shows in one time is long for this information.
- Slightly repetitive in information.
- Slightly unorganized.
- Small room.
- So much information for non-mental health trained professionals for one day.
- So much to fit in short amount of time.
- Some of the material was common sense.
- Some people don't take it seriously.
- Some topics are things.
- Some was outdated.

- Structure.
- Talking.
- Technology not working- not a major issue. Kept it moving.
- Temperature in room!
- That every person is different.
- That I couldn't help a person.
- The course is crammed in to three classes.
- The length.
- The time.
- There should be more discussion with examples from our own experience.
- There was a lot of information to cover in one session.
- There was a lot of PowerPoints.
- There was no weaknesses. I loved it.
- This course info could be condensed to 4 hours it felt very drawn out.
- Time. (*n*=4)
- Time is limited.
- Time limitation.
- Time limitation for more discussion time.
- Time of the workshop.
- Time span.
- Too damn long.
- Too long for one day. (*n*=2)
- Too long. (*n*=2)
- Too many breaks.
- Too much activity going on in the room not associated with the course.
- Too much focus on suicide and not on other issues.
- Too much in one day.
- Too much information given at once
- Too much sitting.
- Unsure.
- Very lengthy and PowerPoint was little boring.
- Very long and emotional, but worth it.
- Very repetitive.
- When exactly to call child line.
- When the video (DVD) didn't work.
- Working with students ages 8-11 years
- Would be ideal if it could be completed in 1 day.
- Want more verbiage to use.
- Would recommend more on trauma.

Table 2k. Open-Ended Participant Feedback – Participant-Reported Issues/Topics Not Covered (n = 280 responding to this item)

Comments on Issues or Topics Not Covered in the Course
• Covering everything I expected and none. • How to handle people, specific types of mental illness ex. depression/anxiety. • How to use our certificates in our community. • I expected more information on abuse as well. • I would have liked a more specific plan of the school district so there is a clear communication. • It covered what I expected. • It was good. • Kids telling truth i.e. trying to get attention. • Legal aspects. • More abuse recovery. • N/A. (*n*=33) • No. (*n*=81) • No, all expected. • No, everything was addressed. • No, great presentational aids • No, there was not. • No. All was covered. • None. (*n*=21) • Nothing. • Panic attacks and causes. • Personality disorders. • Real life scenarios that we could discuss in a confidential way. • Reporting chain of command in schools. • School (elementary aged mental health). • Someone after attempting suicide. • Specific wording and language to use in a crisis situation and more real world examples. • The depth of how mental illness came or appear. • What to do when someone does die by suicide. • What to do with suicidal adults. • Who to recommend people to. • Would have liked more on PTSD.

Evaluation Aim #3: increase the number of referrals of CASD youth to the three behavioral health/substance abuse agencies in the Coatesville, PA region (including Child Guidance Resource Centers [CGRC], Human Services, Inc., and Gaudenzia)

Referral data from three regional behavioral health/substance abuse agencies were collected pre and during implementation of the YMHFA training. Yearly aggregate referral data for Year 0 (September 2013 to June 2014), Year 1 (September 2014 to June 2015), Year 2 (September 2015 to June 2016), and Year 3 (September 2016 to June 2017) is included in Table 3a. Referral data were only compiled for clients who were younger than 20 years of age and who were living in the CASD. Information on referral source, age, gender, and race were also collected. Data by month and total for Year 0-2 from the three agencies are provided in Table 3b-3d.

In examining Table 3a, the total numbers of referral data for Year 0 (September 2013 to June 2014), Year 1 (September 2014 to June 2015), Year 2 (September 2015 to June 2016), and Year 3 (September 2016 to June 2017) were compared. The total number of referrals to the three agencies increased from 174 in Year 0 to 416 in Year 1, but then slightly decreased to 382 in Year 2 and to 347 in Year 3. Specifically, Child Guidance Resource Centers saw a 30% increase from 111 in Year 0 to 366 in Year 1 and a slight reduction to 338 in Year 2 and 304 in Year 3. Gaudenzia experienced a 6% increase from 15 in Year 0 to 16 in Year 1 and a drop to 7 in Year 2 and 3 in Year 3. Due to a change in program offering at Human Services Inc., there was a 29% decrease for Human Services Inc. from 48 in Year 0 to 34 in Year 1. Referrals at Human Services Inc. stayed fairly stable at 37 in Year 2 and 40 in Year 3.

The number of referrals made from CASD to one of the three agencies increased from 2 in Year 0 to 19 in Year 2 and 3 in Year 3. Parental report of referral may be a source of underestimation of referrals from CASD staff. New strategies such as a CASD referral form was employed by CASD project staff at the end of Year 2 which is hoped to capture a more accurate number of YMHFA-trained CASD employees who have referred a student. In Year 3, 27 referrals were reported through this referral form process.

Table 3a. Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 0 (Sep 2013 – Jun 2014), Year 1 (Sep 2014 – Jun 2015), Year 2 (Sep 2015 – Jun 2016), and Year 3 (Sep 2016 – Jun 2017) of YMHFA Training Implementation

Month-Year	Agency	Total No. Referrals	Type of Referral		Age					Gender			Race				
			CASD	Other	0-4	5-10	11-13	14-19	Unk	M	F	Unk	Cauc	AA	Hisp	Other	Unk
TOTAL Sep-13 to Jun-14	CGRC	111	0	111	0	68	24	19	0	62	47	2	40	53	10	8	0
	HSI	48	0	48	0	15	8	25	0	22	26	0	16	16	2	8	6
	Gaudenzia	15	2	13	0	0	0	15	0	10	5	0	2	9	2	0	0
	TOTAL	174	2	172	0	83	32	59	0	94	78	2	58	78	14	16	6
TOTAL Sep-14 to Jun-15	CGRC	366	3	363	15	153	82	117	0	224	142	0	137	131	54	40	0
	HSI	34	5	27	0	11	6	17	0	18	16	0	13	12	0	4	4
	Gaudenzia	16	2	14	0	0	0	14	0	11	5	0	4	10	2	0	0
	TOTAL	416	10	404	15	164	88	148	0	253	163	0	154	153	56	44	4
TOTAL Sep-15 to Jun-16	CGRC	338	6	332	9	135	78	116	0	200	138	0	113	151	39	27	8
	HSI	37	6	31	0	11	5	21	0	32	14	0	8	8	3	1	17
	Gaudenzia	7	7	0	0	0	0	7	0	3	4	0	4	2	1	0	0
	TOTAL	382	19	363	9	146	83	144	0	226	156	0	125	161	43	28	25
TOTAL Sep-16 to Jun-17	CGRC	304	41	263	11	96	64	120	13	166	124	14	136	76	47	30	15
	HSI	40	1	39	0	5	12	22	1	25	15	0	11	13	1	1	14
	Gaudenzia	3	1	0	0	0	0	3	0	2	1	0	1	2	0	0	0
	TOTAL	347	43	302	11	101	76	145	14	193	140	14	148	91	48	31	29

Table 3b. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 0 of YMHFA Training Implementation (Sept 2013 – Jun 2014)

Month-Year	Agency	Total No. Referrals	Type of Referral		Age					Gender			Race				
			CASD	Other	0-4	5-10	11-13	14-19	Unk	M	F	Unk	Cauc	AA	Hisp	Other	Unk
Sep-13	CGRC	16	0	16	0	7	4	5	0	9	7	0	6	8	1	1	
	HSI	3	0	3	0	1	0	2	0	1	2	0	2	1	0	0	0
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	19	0	19	0	8	4	7	0	10	9	0	8	9	1	1	
Oct-13	CGRC	22	0	22	0	14	6	2	0	13	9	0	7	11	2	2	0
	HSI	6	0	6	0	3	0	3	0	2	4	0	1	0	1	3	1
	Gaudenzia	3	1	2	0	0	0	3	0	2	1	0	0	3	0	0	0
	TOTAL	31	1	30	0	17	6	8	0	17	14	0	8	14	3	5	1
Nov-13	CGRC	11	0	11	0	6	2	3	0	7	4	0	5	5	1	0	0
	HSI	4	0	4	0	1	1	2	0	4	0	0	1	3	0	0	0
	Gaudenzia	3	0	3	0	0	0	3	0	2	1	0	0	1	0	0	0
	TOTAL	18	0	18	0	7	3	8	0	13	5	0	6	9	1	0	0
Dec-13	CGRC	10	0	10	0	4	4	2	0	8	2	0	3	3	2	2	0
	HSI	2	0	2	0	0	0	2	0	0	2	0	2	0	0	0	0
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	12	0	12	0	4	4	4	0	8	2	0	5	3	2	2	0

Table 3b. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 0 of YMHFA Training Implementation (Sept 2013 – Jun 2014)

Month-Year	Agency	Total No. Referrals	Type of Referral		Age					Gender			Race				
			CASD	Other	0-4	5-10	11-13	14-19	Unk	M	F	Unk	Cauc	AA	Hisp	Other	Unk
Jan-14	CGRC	11	0	11	0	6	2	3	0	7	4	0	5	5	1	0	0
	HSI	5	0	5	0	2	2	1	0	1	4	0	1	0	0	4	0
	Gaudenzia	1	0	1	0	0	0	1	0	0	1	0	1	0	0	0	0
	TOTAL	17	0	17	0	8	4	5	0	8	9	0	7	5	1	4	0
Feb-14	CGRC	7	0	7	0	5	1	1	0	4	2	1	3	3	0	1	0
	HSI	2	0	2	0	0	0	2	0	1	1	0	1	0	1	0	0
	Gaudenzia	1	1	0	0	0	0	1	0	1	0	0	0	0	1	0	0
	TOTAL	10	1	9	0	5	1	4	0	6	3	1	4	3	2	1	0
Mar-14	CGRC	5	0	5	0	4	0	1	0	2	3	0	3	1	1	0	0
	HSI	2	0	2	0	0	0	2	0	1	1	0	0	2	0	0	0
	Gaudenzia	1	0	1	0	0	0	1	0	1	0	0	1	0	0	0	0
	TOTAL	8	0	8	0	4	0	4	0	4	4	0	4	3	1	0	0
Apr-14	CGRC	7	0	7	0	5	1	1	0	4	2	1	3	3	0	1	0
	HSI	7	0	7	0	1	2	4	0	3	4	0	4	2	0	1	0
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	14	0	14	0	6	3	5	0	7	6	1	7	5	0	2	0

Table 3b. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 0 of YMHFA Training Implementation (Sept 2013 – Jun 2014)

Month-Year	Agency	Total No. Referrals	Type of Referral		Age					Gender			Race				
			CASD	Other	0-4	5-10	11-13	14-19	Unk	M	F	Unk	Cauc	AA	Hisp	Other	Unk
May-14	CGRC	8	0	8	0	7	1	0	0	4	4	0	3	3	2	0	0
	HSI	3	0	3	0	2	0	1	0	2	1	0	0	2	0	0	1
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	11	0	11	0	9	1	1	0	6	5	0	3	5	2	0	1
Jun-14	CGRC	14	0	14	0	10	3	1	0	4	10	0	2	11	0	1	0
	HSI	4	0	4	0	1	1	2	0	2	2	0	0	2	0	0	2
	Gaudenzia	1	0	1	0	0	0	1	0	1	0	0	0	1	0	0	0
	TOTAL	19	0	19	0	11	4	4	0	7	12	0	2	14	0	1	2
TOTAL Sep13-Jun14	CGRC	111	0	111	0	68	24	19	0	62	47	2	40	53	10	8	0
	HSI	48	0	48	0	15	8	25	0	22	26	0	16	16	2	8	6
	Gaudenzia	15	2	13	0	0	0	15	0	10	5	0	2	9	2	0	0
	TOTAL	174	2	172	0	83	32	59	0	94	78	2	58	78	14	16	6

Table 3c. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 1 of YMHFA Training Implementation (Sep 2014 – Jun 2015)

Month-Year	Agency	Total No. Referrals	Type of Referral		Age					Gender			Race				
			CASD	Other	0-4	5-10	11-13	14-19	Unk	M	F	Unk	Cauc	AA	Hisp	Other	Unk
Sep-14	CGRC	17	0	17	0	7	5	5	0	11	6	0	7	4	3	2	0
	HSI	2	0	2	0	0	0	2	0	1	1	0	1	1	0	0	0
	Gaudenzia	3	2	1	0	0	0	3	0	1	2	0	1	2	0	0	0
	TOTAL	22	2	20	0	7	5	10	0	13	9	0	9	7	3	2	0
Oct-14	CGRC	21	1	20	1	7	6	7	0	16	5	0	10	6	3	2	0
	HSI	7	1	6	0	3	2	2	0	3	4	0	2	5	0	0	0
	Gaudenzia	2	0	2	0	0	0	1	0	2	0	0	0	2	0	0	0
	TOTAL	30	2	28	1	10	8	10	0	21	9	0	12	13	3	2	0
Nov-14	CGRC	32	0	32	1	15	6	11	0	16	16	0	11	9	6	6	0
	HSI	3	1	2	0	2	0	1	0	1	2	0	1	1	0	0	1
	Gaudenzia	3	0	3	0	0	0	3	0	1	2	0	2	1	0	0	0
	TOTAL	38	1	37	1	17	6	15	0	18	20	0	14	11	6	6	1
Dec-14	CGRC	40	0	40	2	21	10	7	0	23	17	0	12	20	6	2	0
	HSI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gaudenzia	2	0	2	0	0	0	2	0	1	1	0	0	1	1	0	0
	TOTAL	42	0	42	2	21	10	9	0	24	18	0	12	21	7	2	0

Table 3c. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 1 of YMHFA Training Implementation (Sep 2014 – Jun 2015)

Month-Year	Agency	Total No. Referrals	Type of Referral		Age					Gender			Race				
			CASD	Other	0-4	5-10	11-13	14-19	Unk	M	F	Unk	Cauc	AA	Hisp	Other	Unk
Jan-15	CGRC	70	0	70	6	28	14	22	0	38	32	0	38	16	10	6	0
	HSI	3	1	0	0	0	1	2	0	1	2	0	0	1	0	1	0
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	73	1	70	6	28	14	22	0	39	34	0	38	16	10	7	0
Feb-15	CGRC	74	2	72	4	33	17	20	0	46	28	0	24	36	7	7	0
	HSI	1	0	1	0	1	0	0	0	1	0	0	1	0	0	0	0
	Gaudenzia	1	0	1	0	0	0	1	0	1	0	0	0	1	0	0	0
	TOTAL	76	2	74	4	34	17	21	0	48	28	0	25	37	7	7	0
Mar-15	CGRC	22	0	22	0	6	2	14	0	14	8	0	5	11	2	4	0
	HSI	3	0	3	0	1	0	2	0	0	3	0	2	1	0	0	0
	Gaudenzia	2	0	2	0	0	0	1	0	2	0	0	1	0	1	0	0
	TOTAL	27	0	27	0	7	2	17	0	16	11	0	8	12	3	4	0
Apr-15	CGRC	20	0	20	0	4	4	12	0	15	5	0	9	2	2	4	0
	HSI	5	1	4	0	1	1	3	0	3	2	0	3	1	0	1	0
	Gaudenzia	1	0	1	0	0	0	1	0	1	0	0	0	1	0	0	0
	TOTAL	26	1	25	0	5	5	16	0	19	7	0	12	4	2	5	0

Table 3c. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 1 of YMHFA Training Implementation (Sep 2014 – Jun 2015)

Month-Year	Agency	Total No. Referrals	Type of Referral		Age					Gender			Race				
			CASD	Other	0-4	5-10	11-13	14-19	Unk	M	F	Unk	Cauc	AA	Hisp	Other	Unk
May-15	CGRC	25	0	25	0	11	7	7	0	17	8	0	8	9	7	1	0
	HSI	4	1	3	0	0	2	2	0	3	1	0	1	2	0	0	1
	Gaudenzia	1	0	1	0	0	0	1	0	1	0	0	0	1	0	0	0
	TOTAL	30	1	29	0	11	9	10	0	21	9	0	9	12	7	1	1
Jun-15	CGRC	45	0	45	1	21	11	12	0	28	17	0	13	18	8	6	0
	HSI	6	0	6	0	3	0	3	0	5	1	0	2	0	0	2	2
	Gaudenzia	1	0	1	0	0	0	1	0	1	0	0	0	1	0	0	0
	TOTAL	52	0	52	1	24	11	16	0	34	18	0	15	19	8	8	2
TOTAL Sep-14 to Jun-15	CGRC	366	3	363	15	153	82	117	0	224	142	0	137	131	54	40	0
	HSI	34	5	27	0	11	6	17	0	18	16	0	13	12	0	4	4
	Gaudenzia	16	2	14	0	0	0	14	0	11	5	0	4	10	2	0	0
	TOTAL	416	10	404	15	164	88	148	0	253	163	0	154	153	56	44	4

Table 3d. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 2 of YMHFA Training Implementation (Sep 2015 – Jun 2016)

Month-Year	Agency	Total No. Referrals	Type of Referral		Age					Gender			Race				
			CASD	Other	0-4	5-10	11-13	14-19	Unk	M	F	Unk	Cauc	AA	Hisp	Other	Unk
Sep-15	CGRC	46	0	46	1	21	11	13	0	28	18	0	12	25	4	5	0
	HSI	1	0	1	0	1	0	0	0	1	0	0	0	1	0	0	0
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	47	0	47	1	22	11	13	0	28	18	0	12	26	4	5	0
Oct-15	CGRC	54	1	53	1	27	12	14	0	31	23	0	23	20	4	5	2
	HSI	6	0	6	0	1	2	3	0	5	1	0	3	1	0	0	2
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	60	1	59	1	28	14	17	0	36	24	0	26	21	4	5	4
Nov-15	CGRC	42	0	42	1	21	13	7	0	26	16	0	14	22	5	1	0
	HSI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	42	0	42	1	21	13	7	0	26	16	0	14	22	5	1	0
Dec-15	CGRC	55	0	55	0	26	16	13	0	34	21	0	15	26	8	5	1
	HSI	6	1	5	0	2	0	4	0	2	4	0	1	1	0	0	4
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	61	1	60	0	28	16	17	0	36	25	0	16	27	8	5	5

Table 3d. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 2 of YMHFA Training Implementation (Sep 2015 – Jun 2016)

Month-Year	Agency	Total No. Referrals	Type of Referral		Age					Gender			Race				
			CASD	Other	0-4	5-10	11-13	14-19	Unk	M	F	Unk	Cauc	AA	Hisp	Other	Unk
Jan-16	CGRC	25	1	24	0	7	4	14	0	12	13	0	7	11	5	2	0
	HSI	2	0	2	0	1	1	0	0	2	0	0	0	0	0	0	2
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	27	1	26	0	8	5	14	0	14	13	0	7	11	5	2	2
Feb-16	CGRC	23	0	23	1	9	4	9	0	19	4	0	7	11	3	1	1
	HSI	8	2	6	0	2	0	6	0	5	3	0	2	1	2	0	3
	Gaudenzia	1	1	0	0	0	0	1	0	1	0	0	1	0	0	0	0
	TOTAL	32	3	29	1	11	4	16	0	25	7	0	9	12	5	1	4
Mar-16	CGRC	23	2	21	0	4	6	13	0	14	9	0	9	11	1	2	0
	HSI	5	1	4	0	1	0	4	0	3	2	0	0	2	1	1	1
	Gaudenzia	1	1	0	0	0	0	1	0	1	0	0	1	0	0	0	0
	TOTAL	29	4	25	0	5	6	18	0	18	11	0	10	13	2	3	1
Apr-16	CGRC	23	0	23	3	10	3	7	0	11	12	0	11	6	2	2	2
	HSI	6	1	5	0	2	1	3	0	4	2	0	2	2	0	0	2
	Gaudenzia	4	4	0	0	0	0	4	0	1	3	0	2	1	1	0	0
	TOTAL	33	5	28	3	12	4	14	0	16	17	0	15	9	3	2	4

Table 3d. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 2 of YMHFA Training Implementation (Sep 2015 – Jun 2016)

Month-Year	Agency	Total No. Referrals	Type of Referral		Age					Gender			Race				
			CASD	Other	0-4	5-10	11-13	14-19	Unk	M	F	Unk	Cauc	AA	Hisp	Other	Unk
May-16	CGRC	23	1	22	1	8	3	11	0	14	9	0	7	9	4	1	2
	HSI	1	1	0	0	0	0	1	0	1	0	0	0	0	0	0	1
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	24	2	22	1	8	3	12	0	15	9	0	7	9	4	1	3
Jun-16	CGRC	24	1	23	1	2	6	15	0	11	13	0	8	10	3	3	0
	HSI	2	0	2	0	1	1	0	0	0	2	0	0	0	0	0	2
	Gaudenzia	1	1	0	0	0	0	1	0	0	1	0	0	1	0	0	0
	TOTAL	27	2	25	1	3	7	16	0	11	16	0	8	11	3	3	2
TOTAL Sep-15 to Jun-16	CGRC	338	6	332	9	135	78	116	0	200	138	0	113	151	39	27	8
	HSI	37	6	31	0	11	5	21	0	23	14	0	8	8	3	1	17
	Gaudenzia	7	7	0	0	0	0	7	0	3	4	0	4	2	1	0	0
	TOTAL	382	19	363	9	146	83	144	0	226	156	0	125	161	43	28	25

Table 3e. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 3 of YMHFA Training Implementation (Sep 2016 – Jun 2017)

Month-Year	Agency	Total No. Referrals	Type of Referral		Age					Gender			Race				
			CASD	Other	0-4	5-10	11-13	14-19	Unk	M	F	Unk	Cauc	AA	Hisp	Other	Unk
Sep-16	CGRC	8	1	7	0	1	1	4	2	2	3	3	4	1	0	0	3
	HSI	4	0	4	0	0	1	3	0	2	2	0	2	0	0	0	2
	Gaudenzia	1	1	0	0	0	0	1	0	1	0	0	0	1	0	0	0
	TOTAL	13	2	11	0	1	2	8	2	5	5	3	6	2	0	0	5
Oct-16	CGRC	17	3	14	0	6	3	7	1	11	5	1	8	5	3	0	1
	HSI	5	0	5	0	1	2	2	0	2	3	0	1	3	0	0	1
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	22	3	19	0	7	5	9	1	13	8	1	9	8	3	0	2
Nov-16	CGRC	29	4	25	0	8	8	12	1	16	12	1	12	5	5	6	1
	HSI	4	0	4	0	1	2	1	0	3	1	0	1	0	0	0	3
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	33	4	29	0	9	10	13	1	19	13	1	13	5	5	6	4
Dec-16	CGRC	25	2	23	1	9	4	10	1	17	7	1	12	5	3	4	1
	HSI	6	1	5	0	1	1	4	0	5	1	0	2	2	1	0	1
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	31	3	28	1	10	5	14	1	22	8	1	14	7	4	4	2

Table 3e. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 3 of YMHFA Training Implementation (Sep 2016 – Jun 2017)

Month-Year	Agency	Total No. Referrals	Type of Referral		Age					Gender			Race				
			CASD	Other	0-4	5-10	11-13	14-19	Unk	M	F	Unk	Cauc	AA	Hisp	Other	Unk
Jan-17	CGRC	46	7	39	2	10	14	19	1	24	22	0	16	20	5	5	0
	HSI	3	0	3	0	0	1	1	1	2	1	0	0	0	0	0	3
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	49	7	42	2	10	15	20	2	26	23	0	16	20	5	5	3
Feb-17	CGRC	31	7	24	1	8	10	9	3	15	12	4	8	8	10	0	5
	HSI	5	0	5	0	0	1	4	0	5	0	0	1	4	0	0	0
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	36	7	29	1	8	11	13	3	20	12	4	9	12	10	0	5
Mar-17	CGRC	40	7	33	2	17	6	13	2	17	22	1	24	11	4	0	1
	HSI	3	0	3	0	0	1	2	0	1	2	0	1	1	0	0	1
	Gaudenzia	1	1	0	0	0	0	1	0	1	0	0	1	0	0	0	0
	TOTAL	44	8	36	2	17	7	15	2	19	24	1	26	12	4	0	2
Apr-17	CGRC	43	9	34	2	12	9	19	1	23	17	3	18	7	9	6	3
	HSI	1	0	1	0	0	0	1	0	1	0	0	0	0	0	0	1
	Gaudenzia	1	1	0	0	0	0	1	0	0	1	0	0	1	0	0	0
	TOTAL	45	10	35	2	12	9	21	1	24	18	3	18	8	9	6	4

Table 3e. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 3 of YMHFA Training Implementation (Sep 2016 – Jun 2017)

Month-Year	Agency	Total No. Referrals	Type of Referral		Age					Gender			Race				
			CASD	Other	0-4	5-10	11-13	14-19	Unk	M	F	Unk	Cauc	AA	Hisp	Other	Unk
May-17	CGRC	39	0	39	0	15	6	17	1	23	16	0	21	11	4	3	0
	HSI	6	0	6	0	1	2	3	0	3	3	0	2	3	0	0	1
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	45	0	45	0	16	8	20	1	26	19	0	23	14	4	3	1
Jun-17	CGRC	26	1	25	3	10	3	10	0	18	8	0	13	3	4	6	0
	HSI	3	0	3	0	1	1	1	0	1	2	0	1	0	0	1	1
	Gaudenzia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	29	1	28	3	11	4	11	0	19	10	0	14	3	4	7	1
TOTAL Sep-16 to Jun-17	CGRC	304	41	263	11	96	64	120	13	166	124	14	136	76	47	30	15
	HSI	40	1	39	0	5	12	22	1	25	15	0	11	13	1	1	14
	Gaudenzia	3	1	0	0	0	0	3	0	2	1	0	1	2	0	0	0
	TOTAL	347	43	302	11	101	76	145	14	193	140	14	148	91	48	31	29

<u>Evaluation Aim #4</u>: To decrease the percentage of CASD students 12-18 reporting they were feeling depressed/sad most days from pre- to post-trainings as captured by the publicly available Pennsylvania Youth Survey (PAYS) data.

Table 4 presents percentages of students reporting having symptoms of depression by year, grade, and group (CASD, Chester County, and State). The percent reported feeling "depressed or sad most days in the past year" increased from 33% to 39% in all CASD youth from 2011 to 2013, with the percent stabilizing to 39% in 2015. The percent also increased from 2011 to 2015 in Chester County and State samples with the biggest increase from 2013 to 2015.

The data highlight disproportionately higher percentages of self-reported depression symptoms for CASD vs. Chester County students and this gap continues to be an eight percentage point difference in 2015.

Table 4. Summary of Percent of Students Feeling Depressed/Sad Most Days in the Past Year for Students Surveyed in the Coatesville-Area School District (CASD), Chester County, and in Pennsylvania (Pennsylvania Youth Survey [PAYS] Data 2011 - 2017)

Year	Grade	CASD	Chester County	State
2011	6th	26.4	20.0	27.6
	8th	36.9	22.8	30.1
	10th	38.6	28.6	32.8
	12th	36.0	29.2	33.4
	All	33.4	25.3	31.1
2013	6th	31.0	21.6	26.4
	8th	37.9	25.0	30.9
	10th	50.7	30.6	36.0
	12th	38.0	29.5	32.6
	All	38.9	26.6	31.7
2015	6th	37.9	26.3	33.9
	8th	40.0	29.1	37.7
	10th	40.3	33.1	40.6
	12th	-	36.4	-
	All	39.2	31.2	38.3
2017	6th			
	8th			
	10th			
	12th			
	All			

Specifically, in 2011, for combined grades, 33% of CASD vs. 25% Chester County students reported feeling "depressed or sad most days in the past year." The gap widened in 2013 with 38% of CASD vs. 27% of Chester County students reporting symptoms. In 2015, this gap remained - 39% versus 31%. It appears that CASD students' percent plateaus close to 48% while Chester County and State estimate continues to increase. Possibly, the YMHFA program implementation in Coatesville may have been a contributing factor in the plateauing of the 2015 CASD estimate. Still, 39% of CASD youth report feeling depressed or sad on most days in the past year. This evidence supports the continuation of the YMHFA program in Coatesville. The PAYS 2017 data, once reported, will help to identify any trends and continued impact of the YMHFA training on CASD self-reported depression symptoms.

Youth Mental Health First Aid
Advisory Board
as of 10.17

Linda Thompson Adams, RN, DrPH, FAAN, *Advisory Board Chair (retired from position at end of fiscal year)*
Professor of Nursing and Dean
College of Health Sciences
West Chester University

Claudia Hellebush, Executive Director, Advisory Board Co-Chair
United Way of Chester County

Amanda Blue, Outreach Business Manager
College of Health Sciences, West Chester University

Casey Bohrman, Assistant Professor, Undergraduate Social Work Department
West Chester University

Kim Bowman, Director
Chester County Human Services

Betty Brennan, RN, EdD, MSN, CEN, CNML, Emergency Department Director *(retired from position at end of fiscal year)*
Chester County Hospital

Mel Bwint, Executive Director
Child and Family Focus

Renée M. Cassidy, MD, FAAP, FACP, Public Health Physician
Chester County Health Department

Lawrence R. Davidson, Director of Veterans Affairs
County of Chester

Chief Joseph Elias
Caln Township Police Department

Gary F. Entrekin, Administrator *(retired from position at end of fiscal year)*
Chester County Dept. of Mental Health/Intellectual & Developmental Disabilities

Ann Marie Healy, Executive Director
First Hospital Foundation
James Hills, School Board Member
Coatesville Area School District

James Hills, School Board Member
Coatesville Area School District

Gregory V. Hines, Sr.
Magisterial District Justice

Jeff Hunt, MS, Chief Executive Officer
Brandywine Hospital

Chief Jack Laufer III
City of Coatesville Police Department

Regina Horton Lewis, Director, Special Projects
ChesPenn Health Services

Andrew Kind-Rubin Ph. D., VP for Clinical Services
Child Guidance Resource Centers

Jeanne Meikrantz, Executive Director
The ARC of Chester County

Stacie Metz, PhD, MSW, MPH, MA, Assistant Chair/Graduate Coordinator, Professor
Department of Graduate Social Work, West Chester University

Dr. Richard Newman, Trustee
Marshall-Reynolds Foundation

Joseph J. O'Brien, Ed. D., Executive Director
Chester County Intermediate Unit

Joseph Pyle, MA, President
Scattergood Behavioral Health Foundation

Chaya Scott, Executive Director
Coatesville Youth Initiative

Jacquelyn C. Taylor, Executive Director
The COAD Group

Dr. Cathy Taschner, Superintendent
Coatesville Area School District

Debbie Thompson
NAMI PA, Chester County

Jayne Van Bramer, Vice President of Behavioral Health
Brandywine Hospital

Debbie Willett
Community Member

Sonia Williams, Program Officer *(left the Advisory Board 12.31.16)*
First Hospital Foundation

Ex officio:
Jean M. Bennett, Ph.D., Regional Administrator, Region III
SAMHSA

Dr. Roy Wade Jr., Pediatrician
Children's Hospital of Philadelphia

New YMHFA Advisory Board Members as of Year 4:

Donna Carlson, Deputy Director for Managed Care
Chester County Department of Human Services

Linda Cox, Administrator
Chester County Department of MH/IDD

Candy Craig, Deputy Administrator
Chester County Department of MH/IDD

Chief Curt Martinez
West Caln Township Police Department

Staff:
Vanessa Briggs, President and CEO
Brandywine Health Foundation

Dana M. Heiman, Senior Vice President
Brandywine Health Foundation

Youth Mental Health First Aid
Planning Team Committee Members
as of 6.17

Jacquelyn C. Taylor, Executive Director, Planning Team Chair
The COAD Group

Linda K. Hershey, SAP
Liaison/Prevention Specialist and YMHFA coordinator
The COAD Group

Amy Barcus, Supervisor, Coatesville
Human Services, Inc.

Tracy Behringer, Community Outreach, Education
Chester County Mental Health/Intellectual & Developmental Disabilities

Brad Bentman, Friendship Elementary School Principal
Coatesville Area School District

Jarvis Berry, Community Mobilizer
Coatesville Youth Initiative

Chelsea Buckley, Program Coordinator
Home of the Sparrow

Colleen Cooney, Staff Development Coordinator (left the Planning Team 4.30.17)
Child Guidance Resource Centers

Cathy Copley-Henderson, Community Liaison
Brandywine Hospital

Tandy Costello, Community Volunteer
The Blanket Lady

Alyson Ferguson, MPH, Director of Grantmaking
Scattergood Behavioral Health Foundation

Ann Marie Healy, Executive Director
First Hospital Foundation

Krista Kapczynski, MS/LBS, Training and Consultation
Chester County Intermediate Unit

Andrew Kind-Rubin Ph.D., VP for Clinical Services
Child Guidance Resource Centers

Stacie Metz, PhD, MSW, MPH, MA, Assistant Chair/Graduate Coordinator, Professor
Department of Graduate Social Work, West Chester University

Bridgette Miles, Ed.D.,Principal
Coatesville Area School District

Jennifer Miller, Family Specialist
Reach Program/Learning Center, Chester County Intermediate Unit

Jason Palaia, Director of Special Education K-5 and Curriculum and Instruction K-5
Coatesville Area School District

Beth Quinn, Mental Health First Aid Mental Health First Aid Program Coordinator
The COAD Group

Christopher J. White, MBA, MA, Program Director
Gaudenzia Coatesville Outpatient

Sonia Williams, Program Officer *(left the Planning Team 12.31.16)*
First Hospital Foundation