

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

**September 1, 2014 – June 30, 2018**

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through the following funding partners:*

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## Summary of Youth Mental Health First Aid (YMHFA) Program Evaluation Findings for Coatesville-Affiliated Attendees (September 2014 – June 2018):

- **YMHFA Trainers and Trained CASD Employees and Community Members**

- A total of 20 persons (including 12 CASD employees) successfully completed the 5-day Train-the-Trainer program.
- Between September 2014 to June 2018, trainers facilitated 81 trainings (21 for CASD employees/high school students, 56 for community, 5 mixed CASD/community), reaching 1073 persons specifically affiliated with Coatesville and 361 persons not affiliated with Coatesville.

Of the 1386 YMHFA training attendees who consented to participate in the evaluation, 981 completed both pretest and posttest, and who could be identified as being affiliated with one of Coatesville's municipalities:

- CASD employees represented all schools and jobs such as teachers, administrators, custodians, and guidance counselors. The remainder of attendees were community members living, working, and/or volunteering in the Coatesville area. One-hundred and fifty-six individuals were parents or guardians of a CASD student.
- Evaluation participants were most likely to be female and reported their race as White/Caucasian or Black/African-American. Most participants were aged 25-60 years. Only 10% of participants in this evaluation reported they were employed as a mental health/substance abuse (MH/SA) professional. Approximately 58% 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 (52%).

- **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 10.9 out of 15 correct) to posttest (average of 12.9 out of 15 correct),  $p < .05$ .
- Specifically, 13 out of the 15 knowledge items exhibited statistical improvement from pretest to posttest (at  $p < .05$  level). Out of the two items that did not show a statistical improvement, one item demonstrated a high percentage of participants with a correct response at the pretest so an improvement would not be expected.
- 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) [66% correct at pretest to 93% at posttest]

- A first-aider can distinguish a panic attack from heart attack. (false) [37% to 64% correct]
- Mental health problems often develop during adolescence or young adulthood. (true) [72% to 93%]
- Youth are often resilient when they face difficulties. (true) [55% to 82% 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) [50% to 95% 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 seven 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 willingly accept a person who has a mental health challenge as a close friend.
  - 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.
  - **Moderate to large statistical increases from pretest to posttest in confidence** were demonstrated for the summary score and the eight individual items.
    - Recognize the signs and symptoms that a young person may be dealing with a mental health challenge or crisis.
    - 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.
  - Reach out to a young person who may be dealing with a mental health challenge.
- **Satisfaction with Program**
    - In participants who responded to the closed-ended program satisfaction items:
      - 98% 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.
      - 97% of respondents agreed or strongly agreed that the course content was practical/easy-to-understand.
      - 95% *agreed or strongly agreed* that they had adequate opportunity to practice the skills learned.
      - 97% *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.
      - 98% *would recommend* the YMHFA training course to others.
    - Over one-third (43%) reported they attended the course because their employer asked or assigned them, 45% reported personal interest in the course, 23% professional development, and 18% community/volunteer interest.
    - Approximately 74% of participants noted the YMHFA training will be of use to them at their workplace. More than half reported the training will be of use to them as a family/member (59%), peer/friend (59%), parent/guardian (45%) and/or as a volunteer/mentor (48%).
    - 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:
      - Overall response to course: overall positive; informative; necessary & relevant training for work and/or life
      - Program strengths: resources, activities, & video; informative; professionally executed
      - Program weaknesses: no weaknesses; too long or could be condensed; not enough time for activities or to dive deeper into content or practice skills
      - Topics wish would have been covered: none; more on applied skills; specific mental health diagnoses & related information

- **Referrals of CASD Youth to Local Agencies**

- Referral data from three local mental health/substance abuse agencies were 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 data (i.e., 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), Year 3 (September 2016 to June 2017) and Year 4 (September 2017 to June 2018) were compared. (NOTE: Year 4 Gaudenzia referral data were not available to include at the time of this report leading to slight underestimation of Year 4 referral rates.)
- The total number of referrals to the three agencies more than doubled from 174 in Year 0 to 416 in Year 1. Referrals slightly decreased in subsequent years but remained higher than the 174 referrals made in the pre-implementation Year 0 – 382 in Year 2, 347 in Year 3, and 223 in Year 4.
- Over the 4-year YMHFA program implementation period, a total of 1368 referrals of Coatesville youth were made to one of the three Coatesville mental health/substance abuse agencies – Child Guidance Resource Centers (1190 referrals), Gaudenzia (26 referrals), and Health Services Inc. (152 referrals). This total is a slight underestimate given Gaudenzia's Year 4 data was not yet available at the time of the report.
  - 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, 304 in Year 3, and 182 in Year 4.
  - 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., however, stayed stable from Year 1 to Year 2 (37 referrals), Year 3 (40 referrals), and Year 4 (41 referrals).
- The number of referrals at point of provider documented to be from CASD staff increased from 2 in Year 1 to 19 in Year 2 and 43 in Year 3, but then decreased to 5 in Year 4. Parental report of referral was considered a source of underestimation of referrals being specifically attributed to CASD staff.

- **Pennsylvania Youth Survey Depression Data**

- The routinely collected Pennsylvania Youth Survey (PAYS) data aided in assessing the impact of YMHFA training on youth self-reported depression. Data were compiled for years 2011, 2013, 2015 and 2017 for students in CASD, Chester County, and the State of Pennsylvania.
- PAYS data suggested an upward trend in the percentage of youth reporting they were depressed or sad most days in the past year in CASD, Chester County, and the State. CASD students, however, were disproportionately impacted as compared to Chester County and the State (CASD: 33% in 2011 to 45% in 2017; Chester County: 25% in 2011 to 31% in 2015; State: 31% in 2011 to 38% in 2017).
- The percentage of CASD students feeling depressed/sad most days in the past year has leveled off from 2011 (33%) to both 2013 (39%) and 2015 (39%), but demonstrated an upsurge in 2017 (45%). Given the YMHFA trainings began in 2014, it is possible the leveling of the percentage in 2015 was due to implementation. A 6% increase occurred from 2015 to 2017; however, it is important to note that the PAYS administration in 2017 occurred days after a racist incident occurred at the high school (i.e., hanging of a black baby doll). Hence, it is possible the timing of the incident impacted the PAYS self-reported depression data.

## **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 Philadelphia Health Partnership.

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 conducted through a partnership of Brandywine Health Foundation with West Chester University College of Health Sciences. The purpose of this evaluation was 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 included 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 four years of the project from September 2014 to June 2018 for Coatesville-affiliated attendees. The number of non-Coatesville-affiliated attendees trained is reported as well.

## **METHODOLOGY**

**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.**

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, Chief Impact Officer of Brandywine Health Foundation, Linda Hershey, and other trainers assisted in community member recruitment.

**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.**

### **Research Design:**

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.

### **Participants:**

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 includes the trainings delivered from September 2014 to June 2018.

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 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 Years 3 and 4 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 entered into SPSS for analysis including 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 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 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 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> 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, 2015, and 2017 are included in this report.

## RESULTS – September 1, 2014 to June 30, 2018

**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 2018, 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 2018 (n = 20)**

<b>Trainers</b>	<b>Title and Affiliation</b>
<b>Community Agency Staff (n = 8)</b>	
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 Lacreata, 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
<b>Coatesville Area School District (CASD) Staff (n = 12)</b>	
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 Gordon Early Literacy 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*

### Summary of YMHFA Trainings

Table 1b summarizes the 81 YMHFA Trainings delivered from September 2014 to June 2018, with Coatesville-affiliated and non-Coatesville affiliated individuals' attendance summarized in Table 1b. Out of the 81 trainings, 21 were primarily attended by CASD employees or Coatesville Area High School upperclassmen, 5 were mixed CASD employee and community resident trainings, and 56 were community trainings. Overall, 1434 persons who were in attendance, with 1386 consenting to the evaluation and 1372 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 1434 persons were trained across these 81 sessions, but only 1073 were identified as being affiliated with Coatesville (including 513 CASD employees or high school students). 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 Attendees, September 2014 to June 2018**

No.	Dates	Trainers	Training Format	Training Location	Primary Attendee Affiliation	No. in Attendance at Start of Training	No. Consent to Evaluation	CASD Employee or HS Student	Coatesville-Affiliated Attendee	Receiving Certificate of Completion
1	8/21-22/14	Jacquelyn Taylor Beth Quinn	Two 4.5hr days	CASH	CASD Employees – Nurses and Mental Health Specialists	18	15	18	18	14
2	8/21-22/14	John LaCreta Linda Hershey	Two 4.5hr days	CASH	CASD Employees – Guidance Counselors	20	20	20	20	12
3	11/4/14	Linda Hershey Tracy Behringer	One 9hr day	CASH	CASD Employees – Secretaries	21	19	21	21	21
4	11/15/14	Beth Quinn John LaCreta	One 9hr day	Coatesville Courtyard Marriott	Community	29	29	0	29	29
5	11/25 & 12/10/14	Beth Quinn Linda Hershey	Two 4.5hr days	CASH	CASD – Cafeteria Workers	29	27	28	29	29
6	11/25 & 12/10/14	Jacquelyn Taylor Tracy Behringer	Two 4.5hr days	CASH	CASD – Cafeteria Workers	21	15	21	21	21
7	12/2, 12/9, & 12/16/14	12/2: Colleen Cooney, Linda Hershey; 12/9: Tracy Behringer, Linda Hershey; 12/16: Andy Kind-Rubin, Linda Hershey (Credit: Andy/Linda)	Three 3hr days	Brandywine Health Center	Community	16	15	1	16	16
8	12/29-30/14	Linda Hershey Jason Palaia Andy Kind-Rubin (Credit: Jason/Linda)	Two 4.5hr days	CASH	CASD Employees – Custodial Staff	22	21	21	22	22
9	12/29-30/14	Colleen Cooney Jennifer Miller	Two 4.5hr days	CASH	CASD Employees – Custodial Staff	23	15	23	23	23
10	2/21/15	Linda Hershey Krista Kapczynski	One 9hr day	Coatesville Courtyard Marriott	Community	21	19	1	10	21
11	3/10 & 3/24/15	Linda Hershey Beth Quinn	Two 4.5hr days	Brandywine Health Center	Community ( <u>Note:</u> one attendee completed day 2 earning his certificate in this session)	13	13	0	12	14

No.	Dates	Trainers	Training Format	Training Location	Primary Attendee Affiliation	No. in Attendance at Start of Training	No. Consent to Evaluation	CASD Employee or HS Student	Coatesville-Affiliated Attendee	Receiving Certificate of Completion
12	3/25/15	Krista Kapczynski Jennifer Miller	One 9hr day	TCHS – Brandywine	Community	13	13	0	13	13
13	4/18/15	Linda Hershey Jennifer Miller	One 9hr day	Coatesville Public Library	Community	25	25	1	24	25
14	5/5 & 5/19/15	John Reid Jason Palaia	Two 4.5hr days	9/10 Library	CASH Employees - Teachers	18	18	18	18	16
15	5/16/15	Andy Kind-Rubin Linda Hershey	One 9hr day	Coatesville Courtyard Marriott	Community	32	29	1	29	32
16	7/18/15	Jacquelyn Taylor Tracy Behringer	One 9hr day	Brandywine Center	Community	19	19	0	4	19
17	8/4 & 8/5/15	Tracy Behringer Beth Quinn	Two 4.5hr days	Coatesville Courtyard Marriott	CASD Nurses and Community	27	27	7	24	26
18	9/29 & 10/6/15	Andy Kind-Rubin Linda Hershey	Two 4.5hr days	Brandywine Center	Community	14	8	0	8	14
19	10/2/15	Linda Hershey Tracy Behringer	One 9hr day	West Chester University	Community – West Chester University Students	21	20	0	5	21
20	10/10/15	Andy Kind-Rubin Linda Hershey	One 9hr day	Courtyard Marriott	Community	6	6	0	3	6
21	10/27 & 10/28/15	John Reid Jason Palaia	Two 4.5hr days	9/10 Library	CASD – High School Students	8	8	8	8	8
22	11/3/15	John Reid Jason Palaia	One 9hr day	9/10 Library	CASD – School Aides and Para-professionals	20	20	20	20	20
23	11/14/15	Linda Hershey Krista Kapczynski	One 9hr day	Coatesville Public Library	Community	13	13	1	8	13
24	1/14 & 1/21/2016	Linda Hershey Krista Kapczynski	Two 4.5hr days	9/10 Library	Combination of CASD employee and Community	10	10	5	8	10
25	1/30/16	Linda Hershey Krista Kapczynski	One 9hr day	Coatesville Courtyard Marriott	Community	27	26	7	17	25
26	2/1 & 2/8/16	Jennifer Miller Linda Hershey	Two 4.5hr days	Chester County Public Safety Center	Community	17	17	0	17	15
27	2/20/16	Krista Kapczynski Jennifer Miller	One 9hr day	Chester County	Community	13	13	1	10	13

No.	Dates	Trainers	Training Format	Training Location	Primary Attendee Affiliation	No. in Attendance at Start of Training	No. Consent to Evaluation	CASD Employee or HS Student	Coatesville-Affiliated Attendee	Receiving Certificate of Completion
				Public Safety Center						
28	3/5/16	Linda Hershey Krista Kapczynski	One 9hr day	West Chester University	Community – West Chester University Students	22	22	0	22	22
29	3/10 & 3/17/2016	Linda Hershey Jeff Cupano	Two 4.5hr days	Greater Brandywine YMCA	Community	20	20	0	18	19
30	3/19/2016	Linda Hershey Coleen Cooney	One 9hr day	Coatesville Courtyard Marriott	Community	9	8	2	6	9
31	4/18 & 4/25/16	Coleen Cooney Andy Kind-Rubin	Two 4.5hr days	Chester County Public Training Center	Community	12	12	1	8	11
32	05/10& 5/17/2016	Krista Kapczynski Shella Grant	Two 4.5-hr days	9/10 Library	Community	9	8	3	6	8
33	5/21/2016	Linda Hershey Andy Kind-Rubin	One 9-hr day	Brandywine Center	Community	22	22	1	11	22
34	5/23& 5/24/2016	Krista Kapczynski Jennifer Miller	Two 4.5-hr days	Greater Brandywine YMCA	Community - Camp Counselors	20	20	3	20	20
35	6/6-7/16	Linda Hershey Krista Kapczynski	Two 4.5-hr days	Greater Brandywine YMCA	Community - Camp Counselors	24	24	4	24	24
36	6/21-2/16	Linda Hershey Brad Bentman	Two 4.5-hr days	9/10 Library	CASD	19	19	7	13	19
37	7/13/2016-7/14/2016	Linda Hershey Brad Bentman	Two 4.5-hr days	CASH	CASD - Administration, Community	22	21	17	20	21
38	8/1/2016-8/2/2016	Linda Hershey Brad Bentman	Two 4.5-hr days	CASH	CASD – Administration and Teachers, Community	15	15	10	12	15
39	8/13/2016	Linda Hershey Colleen Cooney	One 9-hr day	Chester County Public Training Center	Community	21	21	3	11	21
40	9/10/16	Linda Hershey Andy Kind-Rubin	One 9-hr day	Brandywine Center	Community	18	18	0	14	18
41	9/13/16	Linda Hershey Colleen Cooney	One 9-hr day	WCU Sykes Union Building	Community- West Chester University Students	10	10	0	1	10

No.	Dates	Trainers	Training Format	Training Location	Primary Attendee Affiliation	No. in Attendance at Start of Training	No. Consent to Evaluation	CASD Employee or HS Student	Coatesville-Affiliated Attendee	Receiving Certificate of Completion
42	10/10/16	Joseph Peleckis Jason Palaia	One 9-hr Day	Coatesville Intermediate School Room 201	CASD Employee	22	22	22	22	22
43	10/10/16	Linda Hershey Bridgette Miles	One 9-hr day	Coatesville Intermediate School Room 201/ 202	CASD Employee	22	22	22	22	22
44	11/9 & 11/10/16	Richard Mitchell Jason Palaia	Two 4.5-hr days	Coatesville Area High School	CASH ROTC Students	12	12	12	12	11
45	11/19/16	Linda Hershey Joseph Peleckis	One 9-hr day	Chester County Public Safety Center	Community	21	21	0	7	20
46	12/19 & 12/20/16	Jason Palaia Joseph Peleckis	Two 4.5-hr days	Coatesville Area High School Room #124	CASD HS Students, Community	16	16	16	16	16
47	1/21/17	Linda Hershey Krista Kapczynski	One 9-hr day	Chester County Public Safety Training Center	Community	17	17	2	7	17
48	1/23 & 1/30/17	Linda Hershey Bridgette Miles	Two 4.5-hr days	Coatesville Courtyard Marriott	Community	24	24	3	19	20
49	1/31 & 2/1/17	Krista Kapczynski Jennifer Miller	Two 4.5-hr days	Coatesville Area High School Room #226	CASH HS Students - Student Council, Glade, Students against Destructive Decisions (SADD)	13	13	13	13	13
50	2/4/17	Linda Hershey Colleen Cooney	One 9-hr day	Coatesville Courtyard Marriott	Community	15	15	1	10	15
51	2/21/17	Jennifer Miller Linda Hershey	One 9-hr day	Brandywine Hospital	Immaculata Nursing Students, Crime Victims staff	23	23	0	9	23
52	2/22/17	Linda Hershey Andy Kind-Rubin	One 9-hr day	Brandywine Hospital Library	Nursing students, Instructors, Crime Victim Workers	22	22	0	8	22

No.	Dates	Trainers	Training Format	Training Location	Primary Attendee Affiliation	No. in Attendance at Start of Training	No. Consent to Evaluation	CASD Employee or HS Student	Coatesville-Affiliated Attendee	Receiving Certificate of Completion
53	2/27 & 3/6/17	Linda Hershey Bridgette Miles	Two 4.5-hr days	Coatesville Courtyard Marriott	Community	8	8	3	6	7
54	3/18/17	Linda Hershey Richard Mitchell	One 9-hr day	Coatesville Courtyard Marriott	Community	13	13	0	6	13
55	4/6/17	Linda Hershey Richard Mitchell/ Krista Kapczynski	Three 3hr days	West Chester University	Community	25	25	1	24	21
56	4/14/17	Linda Hershey/ Andy Kind-Rubin	One 9-hr day	West Chester University Sykes Union Building	Community	16	14	0	11	13
57	4/24/17 & 5/2/17	Linda Hershey/ Bridgette Miles	Two 4.5-hr days	Coatesville Courtyard Marriott	Community churches – NAACP	16	15	2	9	15
58	6/27/17 & 6/28/17	Brad Bentman/ Joseph Peleckis	Two 4.5-hr days	Coatesville Area Senior High School Library	CASD –Admin & Secretaries; Community	26	26	22	26	26
59	8/14 & 8/21/17	Linda Hershey/ Bridgette Miles	Two 4.5-hr days	Saint Paul's Church	Community	11	11	0	11	10
60	9/16/2017	Jennifer Miller/ Linda Hershey	One 9-hr day	Coatesville Courtyard Marriott	Community	22	22	5	7	22
61	9/18/17 & 9/25/17	Linda Hershey & Bridgette Miles	Two 4.5-hr days	Coatesville Courtyard Marriott	Community	9	9	2	4	9
62	10/9/2017	Brad Bentman & Jason Palaia	One 9-hr day	CASD	CASD - Teachers	23	23	23	23	23
63	10/9/2017	Rich Mitchell & Joe Peleckis	One 9-hr day	CASH	CASD - Teachers	24	24	24	24	22
64	10/9/2017	Linda Hershey & Bridgette Miles	One 9-hr day	CASH, Room 202	CASD – Teachers	24	24	22	24	23
65	10/9/2017	Linda Hershey & Andy Kind-Rubin	One 9-hr day	Coatesville Courtyard Marriott	Community	9	9	0	4	9
66	10/16/2017, 10/23/2017 & 10/30/2017	Linda Hershey & Andy Kind-Rubin	Three 3hr days	Parkesburg Point	Parkesburg Point Volunteers/ Community	20	20	0	15	20
67	12/4/2017 & 12/11/2017	Linda Hershey & Krista Kapczynski	Two 4.5-hr days	Coatesville Courtyard Marriott	Community	16	16	0	5	13

No.	Dates	Trainers	Training Format	Training Location	Primary Attendee Affiliation	No. in Attendance at Start of Training	No. Consent to Evaluation	CASD Employee or HS Student	Coatesville-Affiliated Attendee	Receiving Certificate of Completion
68	1/20/2018 & 1/27/2018	Linda Hershey & Andy Kind-Rubin	Two 4.5-hr days	Freedom Village	Community Members, Residents at Freedom Village	15	15	0	11	14
69	2/5/2018 & 2/12/2018	Linda Hershey & Richard Mitchell	Two 4.5-hr days	Coatesville Courtyard Marriott	Community	8	8	0	5	8
70	3/3/2018	Krista Kapczynski & Jennifer Miller	One 9-hr day	St. Paul's Baptist Church	Community, Church Group	9	9	0	3	8
71	3/14/2018 & 3/15/2018	Linda Hershey & Joe Peleckis	Two 4.5-hr days	Coatesville Area Senior High Room 225	Coatesville Senior High Students	26	26	21	25	26
72	3/20/2018	Krista Kapczynski & Jennifer Miller	One 9-hr day	Immaculata University	Nursing Students/Professors	14	14	0	1	14
73	4/7/2018	Linda Hershey & Colleen Cooney	One 9-hr day	Coatesville Courtyard Marriott	Community	18	18	0	9	18
74	4/9/2018 & 4/16/2018	Linda Hershey & Bridgette Miles	Two 4.5-hr days	Coatesville Courtyard Marriott	Community	8	8	0	5	5
75	4/18/2018	Andy Kind-Rubin & Linda Hershey	One 9-hr day	Immaculata University	Nursing Students	16	16	0	1	16
76	4/17/2018 & 4/19/2018	Linda Hershey & Richard Mitchell	Two 4.5-hr days	Coatesville Area Senior High School Room 228	School Students Coatesville Area Senior High	24	24	23	24	20
77	4/5, 4/12, & 4/26/2018	Linda Hershey & Krista Kapczynski	Three 3hr days	WCU Room 329	West Chester University	29	24	0	3	24
78	4/28/2018	Andy Kind-Rubin & Linda Hershey	One 9-hr day	West Chester University	Graduate & undergraduate in counseling & other health services	6	6	0	1	5
79	5/7/2018 & 5/14/2018	Linda Hershey & Bridgette Miles	Two 4.5-hr days	Coatesville Courtyard Marriott	Community & New Life in Christ Fellowship	16	15	0	10	14
80	6/16/2018	Linda Hershey & Colleen Cooney	One 9-hr day	Coatesville Courtyard Marriott	Community	11	11	0	7	11
81	6/18/18 & 6/25/18	Linda Hershey & Bridgette Miles	Two 4.5-hr days	Coatesville Courtyard Marriott	Community	6	6	0	1	6
Total Participants						1434	1386	513	1073	1372

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 ( $n = 996$ ) from September 2014 to June 2018, 651 (65%) were employed by CASD or were a CASD high school student (see Table 1c). The 419 CASD employees represented all schools across the district.

The key CASD staff reached during the training sessions included administrators, guidance counselors, school secretaries, teachers, cafeteria workers, custodians, etc.

Out of the 996 completing the participant affiliation form, 156 (17%) reported being a parent/guardian of a CASD student.

Attendee non-CASD Organizational  
Affiliation:

Attendees who were not affiliated with CASD as an employee or high school student represented a number of community agencies such as Brandywine Health Foundation, Brandywine Hospital, Brandywine YMCA, Child Guidance Resource Centers, Coatesville Youth Initiative, Coatesville VA Medical Center, Crime Victims Center, First Baptist Church of Passtown, Handi-Crafters, Inc., Holcomb, Maternal and Child Health Consortium, New Life in Christ Fellowship, Inc., West Chester University, and an array of other organizations. A broad range of job titles were represented with some including teacher and volunteer.

**Table 1c. Affiliation of YMHFA Training  
Coatesville-Affiliated Attendees, Sept 2014 to  
June 2018 ( $n = 996$  completing Affiliation Form)**

Characteristic	$n$ (%)
<b>CASD Affiliation</b>	
Employee	419 (42.2)
High School Student	232 (23.3)
<b>For those employed by CASD:</b>	
<i>School employed at (could check all that apply)</i>	
Coatesville Area High School	149 (16.2)
North Brandywine Middle School	46 (5.0)
Scott Middle School	42 (4.6)
South Brandywine Middle School	41 (4.5)
Turning Point	10 (1.1)
Caln Elementary School	32 (3.5)
East Fallowfield Elementary School	16 (1.6)
Friendship Elementary School	35 (3.8)
King's Highway Elementary School	24 (2.6)
Rainbow Elementary School	42 (4.6)
Reeceville Elementary School	28 (3.0)
<i>CASD Job Title (could check all that apply)</i>	
<i>Of <math>n = 419</math>:</i>	
Administrator	29 (6.9)
Nurse	4 (<0.01)
Guidance Counselor/Mental Health Specialist	48 (11.4)
Police	1 (<0.01)
School Secretary	41 (4.1)
Teacher	160 (16.1)
Athletic Coach	12 (2.9)
Cafeteria Worker	43 (10.3)
Attendance Secretary	2 (<0.01)
Teacher Aide	21 (5.0)
Bus Driver	4 (<0.01)
Custodian	43 (10.3)
Other	43 (10.3)
<b>Parent/Guardian of CASD Student</b>	
Yes	156 (17.2)

**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 981 Coatesville-affiliated attendees who completed both pretest and posttest, as well as who consented to the evaluation. A quarter were female and various races were represented in the evaluation - White (62%), Black (21%), Hispanic (4%), of other race(s) (7%), or missing race (4%). Approximately a quarter were under the age of 24 and 64% were aged 25-60 years.

Participants were also asked three questions to capture professional mental health experience and any contact with youth at a place of employment or home. Most participants (88%) were not employed as a mental health or substance abuse professional. Over half (58%) worked with youth at a place of employment but not as a mental health/substance abuse professional. A little over half of participants noted having regular contact with youth in their home.

**Table 2a. Demographic Summary of YMHFA Training Attendees Participating in the YMHFA Program Evaluation (*n* = 981 with complete pretest-posttest data)**

Characteristic	<i>n</i> (%)
<b>Gender</b>	
Male	245 (25.0)
Female	712 (72.6)
Missing	24 (2.4)
<b>Race/Ethnicity</b>	
Black or African-American	208 (21.2)
Caucasian or White	606 (61.8)
Hispanic or Latino Origin	41 (4.2)
Other (including 2+ races)	64 (6.5)
Missing	42 (4.3)
<b>Age Group</b>	
16-24	231 (23.5)
25-44	316 (32.2)
45-60	315 (32.1)
61-81	943 (9.6)
Missing	25 (2.5)
<b>Employed as a mental health or substance abuse professional</b>	
Yes	100 (10.2)
No	857 (87.4)
Missing	24 (2.4)
<b>Work with youth at place of employment, but not employed as a mental health or substance abuse professional</b>	
Yes	567 (57.8)
No	396 (40.4)
Missing	18 (1.8)
<b>Have regular contact with a child or adolescent in the home (e.g., parent/guardian, grandparent, etc.)</b>	
Yes	509 (51.9)
No	439 (44.8)
Missing	33 (3.4)

### 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 ( $M = 10.9$  correct out of 15,  $SD = 2.5$ ) to posttest ( $M = 12.9$  correct out of 15,  $SD = 2.0$ ),  $t(901) = -30.36$ ,  $p = .000$ , *Cohen's d* = -1.05. 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, 13 items demonstrated statistical improvement from pretest to posttest in the percent of participants answering with a correct response. Among these 13 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) [66% correct at pretest to 93% at posttest]
- A first-aider can distinguish a panic attack from heart attack. (false) [37% to 64% correct]
- Mental health problems often develop during adolescence or young adulthood. (true) [72% to 93%]
- Youth are often resilient when they face difficulties. (true) [55% to 82% 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) [50% to 95% correct]

Eight 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) [77% to 87% 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 98% correct]
- Mental health first aid teaches people to diagnose or to provide treatment. (false) [69% to 88%]
- 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) [91% to 96% correct]
- Dramatic changes in hygiene and weight in an adolescent do not signal the possibility of a mental disorder. (false) [78% to 88% correct]
- Listening nonjudgmentally to a youth makes it easier for a youth to talk about their problems and ask for help. (true) [95% to 98% correct]

- Medications combined with therapy or other treatment may be more effective than either treatment alone. (true) [74% to 90% 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) [73% to 86% correct]

One item did not show statistical significance, but was 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 (e.g., cutting, picking, self-hitting, or burning) for other reasons besides suicide. (true) [96% to 96% correct]

It is important to note, though not statistically significant, the one item regarding making someone talk about a traumatic experience as soon as possible decreased in the amount of positive responses from pretest to posttest.

- If someone has a traumatic experience, it is best to make them talk about it as soon as possible. (false) [63% to 61% correct]

**Table 2b. Pretest-Posttest Change in Mental Health Knowledge, YMHFA Trainings July 1, 2014 – June 30, 2018 (*n* = 981 with complete pretest-posttest data)**

Item	<i>n</i>	Pretest <i>n</i> (%) with correct response	Posttest <i>n</i> (%) with correct response	<i>p</i>
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)	933	619 (66.3)	868 (93.0)	.000*
b. If someone has a traumatic experience, it is best to make them talk about it as soon as possible. (D)	931	586 (63.0)	572 (61.4)	.413
c. A first-aider can distinguish a panic attack from a heart attack. (D)	929	349 (37.6)	598 (64.4)	.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)	931	714 (76.7)	809 (86.9)	.000*
e. The language we use when talking to a young person about mental health concerns can have a significant impact on the outcome. (A)	933	881 (94.4)	913 (97.9)	.000*
f. Mental health first aid teaches people to diagnose or to provide treatment. (D)	934	648 (69.4)	823 (88.1)	.000*
g. Mental health problems often develop during adolescence or young adulthood. (A)	930	673 (72.4)	864 (92.9)	.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)	933	845 (90.6)	899 (96.4)	.000*
i. Youth are often resilient when they face difficulties. (A)	926	510 (55.1)	758 (81.9)	.000*
j. Dramatic changes in hygiene and weight in an adolescent do not signal the possibility of a mental disorder. (D)	934	724 (77.5)	817 (87.5)	.000*
k. Adolescents may injure themselves (e.g., cutting, picking, self-hitting, or burning) for other reasons besides suicide. (A)	931	892 (95.8)	891 (95.7)	1.000
l. Listening nonjudgmentally to a youth makes it easier for a youth to talk about their problems and ask for help. (A)	933	885 (94.9)	915 (98.1)	.000*
m. Medications combined with therapy or other treatment may be more effective than either treatment alone. (A)	932	686 (73.6)	836 (89.7)	.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)	933	681 (73.0)	806 (86.4)	.000*
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)	930	461 (49.6)	884 (95.1)	.000*
		<i>Mean ± SD</i>	<i>Mean ± SD</i>	<i>p</i> <sup>†</sup>
Knowledge Summary Score (0 - 15 correct)	902	10.9 ± 2.5	12.9 ± 2.0	.000*

<sup>†</sup>A paired t-test demonstrated significance,  $t(901) = -30.36$ ,  $p = .000$ , *Cohen's d* = -1.05

### 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*  $\alpha = 0.765$ ), 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 ( $M = 20.5$ ,  $SD = 3.3$ ) to posttest ( $M = 21.6$ ,  $SD = 2.9$ ),  $t(903) = -11.93$ ,  $p = .000$ , *Cohen's*  $d = -0.410$ . Individual item statistical change from pretest to posttest was assessed via individual paired t-tests. Seven 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 willingly accept a person who has a mental health challenge as a close friend.
- 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.

One item did not exhibit statistical change from pretest to posttest.

- I do not fear interacting with persons who are experiencing mental challenges or crises.

Overall, participants displayed a favorable attitude toward accepting a person who has a mental health challenge as a close friend and do not fear interacting with persons experiencing mental health challenges or crises.

**Table 2c. Pretest-Posttest Change in Attitudes towards Persons with Mental Health Challenges or Crises, YMHA Trainings July 1, 2014 – June 30, 2018 ( $n = 981$  with complete pretest-posttest data)**

Item <sup>†</sup>	$n$	Pretest $M \pm SD$	Posttest $M \pm SD$	$p$
a. I feel that having a mental health challenge or crisis is a sign of weakness.	948	$2.7 \pm 0.7$	$2.8 \pm 0.6$	.000*
b. I would willingly accept a person who has a mental health challenge as a close friend. ( <i>R</i> )	947	$2.6 \pm 0.7$	$2.6 \pm 0.6$	.002*
c. I do not fear interacting with persons who are experiencing mental challenges or crises. ( <i>R</i> )	948	$2.5 \pm 0.7$	$2.5 \pm 0.8$	.913
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.). ( <i>R</i> )	958	$2.2 \pm 0.8$	$2.4 \pm 0.7$	.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.). ( <i>R</i> )	961	$2.3 \pm 0.8$	$2.5 \pm 0.7$	.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.). ( <i>R</i> )	966	$2.6 \pm 0.6$	$2.7 \pm 0.5$	.000*
g. I believe there are effective treatments and supports for persons with mental health challenges. ( <i>R</i> )	960	$2.8 \pm 0.4$	$2.9 \pm 0.3$	.000*
h. I believe that recovery is possible for people with mental health challenges. ( <i>R</i> )	961	$2.8 \pm 0.5$	$2.9 \pm 0.3$	.000*
		<i>Mean <math>\pm</math> SD</i>	<i>Mean <math>\pm</math> SD</i>	$p^{\dagger\dagger}$
Attitudes Summary Score ( $0 - 24$ , with $24$ the most favorable attitude towards persons living with mental health challenges or crises) ( <i>Cronbach's <math>\alpha = .775</math></i> )	904	$20.5 \pm 3.3$	$21.6 \pm 2.8$	.000*

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

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

<sup>††</sup> A paired t-test demonstrated significance,  $t(903) = -11.93$ ,  $p = .000$ , *Cohen's d* = -0.417

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*  $\alpha = 0.894$ ) 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, YMHFA Trainings July 1, 2014 – June 30, 2018 ( $n = 981$  with complete pretest-posttest data)**

Perceived Level of Confidence in the following items <sup>†</sup> :	<i>n</i>	Pretest <i>M</i> $\pm$ <i>SD</i>	Posttest <i>M</i> $\pm$ <i>SD</i>	<i>p</i>
a. Recognize the signs and symptoms that a young person may be dealing with a mental health challenge or crisis.	955	2.6 $\pm$ 0.9	3.6 $\pm$ 0.7	.000*
b. Reach out to a young person who may be dealing with a mental health challenge.	957	3.1 $\pm$ 0.8	3.6 $\pm$ 0.7	.000*
c. Ask a young person whether s/he is considering killing her/himself.	953	2.5 $\pm$ 1.1	3.6 $\pm$ 0.8	.000*
d. Actively and compassionately listen to a young person in distress.	954	3.5 $\pm$ 0.8	3.8 $\pm$ 0.7	.000*
e. Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	951	2.8 $\pm$ 1.0	3.7 $\pm$ 0.7	.002*
f. Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	949	3.2 $\pm$ 0.9	3.7 $\pm$ 0.7	.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.	950	3.2 $\pm$ 0.9	3.7 $\pm$ 0.7	.000*
h. Be aware of my own views and feelings about mental health problems and disorders.	951	3.3 $\pm$ 0.8	3.8 $\pm$ 0.7	.000*
		<i>Mean</i> $\pm$ <i>SD</i>	<i>Mean</i> $\pm$ <i>SD</i>	<i>p</i> <sup>††</sup>
Confidence Summary Score (0 – 40, with 40 the most confidence) ( <i>Cronbach's</i> $\alpha = .885$ )	907	24.2 $\pm$ 5.4	29.6 $\pm$ 5.0	.000*

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

<sup>††</sup>A paired t-test demonstrated significance,  $t(906) = -24.608$ ,  $p = .000$ , *Cohen's*  $d = -0.566$ .

Overall, the confidence summary score showed a moderate statistical improvement from pretest ( $M = 24.2$ ,  $SD = 5.4$ ) to posttest ( $M = 29.6$ ,  $SD = 5.0$ ),  $t(906) = -24.608$ ,  $p = .000$ , *Cohen's d* = -0.566.

All confidence items showed **statistical improvement** from pretest to posttest:

- Recognize the signs and symptoms that a young person may be dealing with a mental health challenge or crisis.
- 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.
- Reach out to a young person who may be dealing with a mental health challenge.

#### *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, 71% ( $n = 620$ ) of the participants reported having contact with a young person with a mental health problem in the past three months. Approximately 75% of those individuals were in contact with 1-4 youth experiencing a mental health problem in the past three months. 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 75 participants reporting being in contact with a youth experiencing a mental health challenge or crisis included:

- Spent time listening to their problem ( $n = 553$ )
- Helped to calm them down ( $n = 472$ )
- Referred/assisted in seeking help from a school counselor ( $n = 270$ )
- Referred/assisted in seeking help from a mental health professional ( $n = 262$ )
- Shared a resource (e.g., website, book, hotline) ( $n = 226$ )
- Talked to them about suicidal thoughts ( $n = 170$ )
- Referred/assisted in seeking help from religious leader/clergy ( $n = 104$ )

**Table 2e. Pretest Self-Reported Behavior in Interacting and Helping Youth with Mental Health Challenges or Crises in the Last 3 Months, YMHFA Trainings July 1, 2014 – June 30, 2018 (*n* = 981 with complete pretest-posttest data)**

Items	<i>n</i> (%) <sup>†</sup>
Contact with Young Person with a Mental Health Problem within Last 3 Months	
Yes	620 (63.2)
If Reported Contact, Approximate No. of Youth?	
1-4	421 (67.9)
5-9	82 (13.2)
10-19	76 (12.2)
20+	33 (5.3)
Unsure	8 (1.3)
Type of Help Offered ( <i>could check all that apply</i> )	
Spent time listening to their problem	553
Helped to calm them down	472
Talked to them about suicidal thoughts	170
Shared a resource (e.g., website, hotline)	226
Referred/assisted in seeking professional help or community support from:	
<i>Primary care physician or family practitioner</i>	111
<i>Mental health professional</i>	262
<i>School counselor</i>	270
<i>Public community mental health agency</i>	93
<i>Private community mental health agency</i>	56
<i>Crisis support center</i>	99
<i>Suicide hotline</i>	50
<i>Religious leader/clergy</i>	104
<i>Other professional/community source</i>	65
Called emergency responder	47
Other help provided	65

<sup>†</sup>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:

- 98% 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.
- 97% of respondents agreed or strongly agreed that the course content was practical/easy-to-understand.
- 95% *agreed or strongly agreed* that that they had adequate opportunity to practice the skills learned.
- More than 97% *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.
- 98% *would recommend* the YMHFA training course to others.

Participants were asked to report all the reasons they attended the course. Forty-three percent noted they attended the course because their employer asked or assigned them, 45% reported personal interest in the course, 23% professional development, and 18% community/volunteer interest. Approximately 74% of participants noted the YMHFA training will be of use to them at their workplace. Close to half reported the training will be of use to them as a parent/guardian (45%), family/member (59%), peer/friend (59%), and/or as a volunteer/mentor (48%).

**Table 2f. Posttest Process Evaluation – Overall Course and Instructor Satisfaction  
(*n* = 1032 with posttest data)**

Items	Mean $\pm$ SD <sup>†</sup>	<i>n</i> (%) <sup>††</sup> Reporting Strongly Agree or Agree
Overall Course Evaluation		
Course goals clearly communicated	4.7 $\pm$ 0.6	941 (97.5)
Course goals and objectives achieved	4.7 $\pm$ 0.6	944 (97.7)
Course content practical and easy to understand	4.7 $\pm$ 0.6	938 (97.3)
Adequate opportunity to practice skills learned	4.6 $\pm$ 0.7	917 (95.1)
Instructor Engaging		
Instructor #1	4.7 $\pm$ 0.5	950 (98.4)
Instructor #2	4.7 $\pm$ 0.6	945 (97.5)
Instructor Knowledgeable		
Instructor #1	4.8 $\pm$ 0.5	957 (98.8)
Instructor #2	4.8 $\pm$ 0.5	958 (98.9)
Instructor Clear/Effective		
Instructor #1	4.8 $\pm$ 0.5	954 (98.5)
Instructor #2	4.7 $\pm$ 0.6	945 (97.8)

<sup>†</sup> Items measured from 1-5, with 5 being strong agreement with the statement.

<sup>††</sup> Percent represents the valid percent out of those answering the item.

**Table 2g. Posttest Process Evaluation – Satisfaction and Reasons for Attendance (*n* = 1032)**

Items	<i>n</i> (%)
Would Recommend Course to Others <sup>†</sup>	
Yes	932 (97.8)
No	21 (2.2)
Reason Attended Course ( <i>could check all that apply</i> )	
Employer asked/assigned me	418 (43.4)
Personal interest	435 (45.3)
Other professional development	220 (22.9)
Community or volunteer interest	170 (17.7)
Other	96 (8.9)
In What Role Will YMHFA Training Be of Use ( <i>could check all that apply</i> )	
At work	707 (73.9)
As parent/guardian	428 (44.8)
As family member	568 (59.1)
As peer/friend	566 (58.8)
As volunteer/mentor	461 (48.1)
Other	69 (7.3)

### 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. Examples of comments by the most frequently reported themes are provided in Tables 2h-k. A fully inclusive list of all participant responses per question are available upon request.

#### Overall response to course:

Themes generated from the participant feedback to the overall course response as well as examples of comments by theme are found in Table 2h. The three most frequently reported themes to overall response to course included:

- Overall positive
- Informative
- Necessary and relevant training for work and/or life

Table 2h. Open-Ended Select Participant Feedback to Overall Response to the Course by Most Frequently Reported Theme

Overall Positive:
• Both administrators were very knowledgeable and communicated the information effectively.
• Great training. Everyone should take it!
• Group activities were well thought-out and engaging.
• Helpful and hopeful.
• Helpful and practical.
• 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.
• It was an eye-opening experience.
• It was beneficial and the book is a good resource to have.
• Like the recovery focus and focus on non-judgmental support.
• Mental health illness should be discussed more in this setting.
• One of the best in-services I have attended.
• Overall, I liked the course. It was very informational and important especially for us as young adults.
• Positive and would recommend it to others.
• This course may help the general public treat those with mental health issues with more compassion and less fear.
• This was helpful and eye opening. I have a deeper understanding of what mental health first aid means.
• Very good course, most was common sense but made me realize that there are a lot of mental health issues that kids are dealing with.
• Very enlightening. Happy I attended.
• Very eye-opening even for a teacher at elementary level.
• Very positive for the community.
• Very positive; glad I took it and am looking forward to adult course.

<ul style="list-style-type: none"><li>• <i>Very well-organized and planned.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Very valuable investment of my time!</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Well-presented and appropriate for a wide variety of participants.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Well worth the time. Good mix of activities.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Wonderful, fun, friendly.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Would recommend the course to others.</i></li></ul>
Informative:
<ul style="list-style-type: none"><li>• <i>Clearly differentiated what a "first aider" is and is not.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Course was very insightful and put me in scenarios I would never think I'd be in.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Effective snapshot of how to help a student in crisis.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>An excellent resource for all adults interacting with teens in our society.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Got new information about suicide I was not aware of.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I feel more confident about talking to students if suicide presents itself.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>A good experience increasing my confidence in talking about suicide.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I feel like I could confidently ask a youth if they are having suicidal thoughts.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I have learned a lot in the class that will help me in my own classroom.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Great course. It assists us with feeling comfortable with dealing with youth with mental illness.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I felt it was helpful in understanding symptoms and how to approach kids with mental health disorders.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I learned a lot and built on skills I already knew.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>It was very informative; was also a great review for someone who has been in mental health for a while.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>So glad I took this course. Very informative and I feel much more comfortable with topic of mental health and first aid content was easy to remember and understand.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Taught me some useful tools on how to address kids who may be suffering from a mental illness.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>This course was very enlightening and informative as I work with children and youth at my church.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Very informative and empowering.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Very informative and interactive, lots of resources!</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Very informative. Can be used in the school setting where I work.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Very informative, changed my view about my own mental health.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Very informative, learned a great deal about crisis and non-crisis situations.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Very very informative! Thoroughly enjoyed, excellent speakers - make it very interesting.</i></li></ul>
Necessary and relevant training for work and/or life:
<ul style="list-style-type: none"><li>• <i>Anyone who has any involvement with youth should take this course.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Excellent and should be offered to every church in the city.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Good to have when working at the YMCA.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I am grateful for this opportunity as an educator of the Coatesville Area School District (CASD).</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I am more positive I can assist our students with mental health issues.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I believe that this is a necessary course, especially the increase incidence of mass shootings and teen suicide.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I feel it should be a requirement at Coatesville Area School District (CASD).</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I felt the course was very pertinent to my job and life in general. It is a subject that more people need to be educated on.</i></li></ul>

<ul style="list-style-type: none"> <li>• <i>I felt this to be relevant with many of our students having or showing signs of several of the topics covered.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>I now have a much better idea how to handle everyday situations I am faced with at my job.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>I would recommend this course to my coworkers.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>It is very helpful to me as both a parent and teacher.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>It should be required every two years for all who work with kids.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>It was helpful in response to implementing Act 71 requirements.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>It's a very good course for teens to take and youth because we can engage with each other.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>More members of the community should be aware of this as well as resources available.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>The training will prove to a very meaningful tool in my professional career.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>This information is very pertinent for anyone working with children to be able to offer assistance and provide support to children and families.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Very great, this should be taught at every elementary school through college/university.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Very helpful to me a mother of 3 daughters, 2 of which have been/are going through a crisis.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Very positive. Essential training for school and community, and teachers and parents.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Worthwhile and necessary. Should be mandatory for middle and high school staff.</i></li> </ul>

#### Program strengths:

Themes generated from the participant feedback to the question on program strengths as well as examples of comments by theme are found in Table 2h. The three most frequently reported themes to program strengths included:

- Resources, activities, and Kevin Hine's video
- Informative
- Professionally executed

Table 2i. Open-Ended Select Participant Feedback to *Program Strengths* by Most Frequently Reported Theme

Resources, Activities, and Video
<ul style="list-style-type: none"> <li>• <i>Active course activities made the long training more enjoyable.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Activities and opportunities for discussion.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Activities to practice what we have learned.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>ALGEE</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>All the resources that were given to us and that help is out there and recovery is possible.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Book and PowerPoint presentation.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Current and relative information. Also, local and national information provided.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Familiarizing staff with available resources.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Getting manual, interactive, not just lecture.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Good opportunities for discussions with peers.</i></li> </ul>

• Got the ALGEE approach across very well!
• Great video. Engaging in structure and activities.
• Group activities, examples and video of Kevin.
• Hands on working with group and sharing personal experiences.
• Having a book to refer back to after course.
• Having the book and being able to use the ALGEE piece in different situations.
• Helping to identify the signs and practicing it.
• Interactive activity and Kevin Hines video.
• Interactive and informative with real life scenarios.
• Kevin's story reduces stigmatism of mental illness.
• Opportunities to practice scenarios, given resources in the area.
• Presents a sensitive subject in an approachable way scenarios.
• Providing resources and language to become confident to talk to youth.
• Realistic scenarios and role-play.
• Resources and referral - community info.
• Resources in the area.
• Role play/materials/book/opportunities to practice skills.
• Role-playing and breadth of resources from instructors.
• Sharing by group participants, group activities.
• Sharing of personal experience and access to resources.
• The ability to discuss case studies and determine the best course of action when presented with a scenario.
• The activities were impactful. Kevin's story was impactful.
• The ALGEE action plan was a great resource. The community resources and contacts for referral were helpful.
• The ALGEE plan broke down all the info and made it easier to comprehend.
• The scenarios and discussing them along with Kevin's video, a very powerful story.
• The second session on ALGEE (2nd 4 hrs), role playing, and discussions on language to use when addressing hypothetical situations.
Informative
• A strength was helping educators become more aware of appropriate steps to be taken in mental health crisis situations.
• Addressing issues that come with neutral stigma even in professions working with youth.
• Addressing the realities of completed suicide: making sure you ask the appropriate questions.
• Awareness of mental health signs.
• Being able to ask, "Do you want to kill yourself?"
• Brings topic to public awareness and takes away stigma and fear.
• Effective ways to talk to a suicidal youth.
• Emphasis on listening rather than diagnose and fixing.
• Enhance my knowledge of mental health and that it is okay to ask if someone is thinking about suicide.
• Giving us appropriate vocabulary is very useful.
• Helpful language to use with youth.
• How to see symptoms of disorders early and how to help out.
• How to deescalate situations.

<ul style="list-style-type: none"><li>• <i>I was familiar with adult mental health symptoms and strategies, but did not know how different they are for youth!</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Instill confidence in handling suicide prevention crisis.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>It removes stigma and makes me confident in my ability to help.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>It teaches you to be a front-line identifier of problems and how to get the ball rolling toward making qualified help accessible.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Kevin's testimony.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Raising awareness, diminishing stigma, and open and non-judgmental discussion.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Recognize signs and symptoms.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Reminders that asking the suicide questions won't put thoughts in people's heads.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Teaches the importance of reaching out and help people realize how common and concerning mental health is.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>The strengths of the course were learning the different disorders and the signs and symptoms.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>This could be a life-saving training for a suicidal youth- teaching others how to help a person in crisis is a great resource.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>To learn to recognize the signs of suicide and harming themselves.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Understanding role of a first aider; making aware of things to look for and ways to help.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Ways to approach people.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Words, phrases and practices modeled will be helpful in application.</i></li></ul>
Professionally Executed
<ul style="list-style-type: none"><li>• <i>Caring leaders.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Course materials and instructor knowledge.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Easy for lay people to understand.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Energetic presenters.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Engagement and respectful/safe.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Experience of both instructors - makes it relatable.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Explains situations in a way non-mental health providers can understand</i></li></ul>
<ul style="list-style-type: none"><li>• <i>First hand experiences of the facilitators.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Fun, interactive, well organized.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Instructors clearly explained the materials and responded to the questions.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Instructors, good course materials, community sponsorship and support.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Instructors' knowledge and experience; amount of material covered Kevin's video and sharing among participants.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Knowledge, passion of instructors.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Layout, design, information, and guidelines.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Multiple presenters and modes of learning.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Pace, transitions of activities.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Quality of materials and excellent presenters.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Stayed on topic and it flowed very well.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Tailored to various learning styles.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>The activities and co-operative learning structure.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>The amount of information given in such a professional and enjoyable way with such enthusiasm.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>The instructors were engaged and encouraged hands on practice.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>The instructors, design of training (activities intermittently).</i></li></ul>

<ul style="list-style-type: none"> <li>• <i>Variety of learning tools- videos, scenarios, speakers, discussion and manual.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Workbook, teamwork, video, kindness, location, attentiveness and knowledge of facilitators.</i></li> </ul>

#### Program weaknesses:

Themes generated from the participant feedback to the question on program weaknesses as well as examples of comments by theme are found in Table 2h. The three most frequently reported themes to program weaknesses included:

- No weaknesses
- Too long or could be condensed
- Not enough time for activities or to dive deeper into content or practice skills

Table 2j. Open-Ended Select Participant Feedback to *Program Weaknesses* by Most Frequently Reported Theme

<b>No Weaknesses (<i>most similarly worded comments</i>)</b>
• <i>Don't know, it was an excellent course.</i>
• <i>I don't consider any weakness.</i>
• <i>I don't consider anything to be a weakness of this course.</i>
• <i>I found everything to be educational.</i>
• <i>I really do not see any weakness of the course.</i>
• <i>No weakness as far as I'm concerned.</i>
• <i>No weaknesses.</i>
• <i>None.</i>
• <i>None I can think of.</i>
• <i>None, need more updated info/stats.</i>
• <i>None, really, just the need to update certain data.</i>
• <i>None/thought you did excellent job.</i>
• <i>Nothing.</i>
• <i>Nothing, I have learned a lot.</i>
• <i>There was no weak part.</i>
• <i>There were no weaknesses. I loved it.</i>
• <i>There was none that I could see.</i>
<b>Too Long or Could Be Condensed</b>
• <i>A little repetitive. Could be shortened.</i>
• <i>A lot of material to cover in a short period of time.</i>
• <i>A lot to take in at one time.</i>
• <i>Breadth of content, short time frame.</i>
• <i>Could be done in a shorter time period.</i>
• <i>Could be split into a few days and not one whole day.</i>
• <i>It is very long.</i>
• <i>There wasn't really any weakness except maybe the length.</i>
• <i>Length of sitting still.</i>
• <i>Length of time- could have been somewhat condensed.</i>

<ul style="list-style-type: none"><li>• <i>Length of time- long.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Length without break/discussion time.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>One long session.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Repetitive information.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Slightly repetitive in information.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>So much information for non-mental health trained professionals for one day.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Somewhat long.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>The constant repetition.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>The course was a bit long.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>The course was too long.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>The length could be cut down an hour or two.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Time constraints and some important topics being cut short.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Time, need some more "out of seat" activities. Sitting so long is hard.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Too lengthy.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Too long - no real conclusion.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Too much information given at once.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Very long and repetitive.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Was a little long but probably had to be.</i></li></ul>
<b>Not Enough Time for Activities or To Dive Deeper into Content or Practice Skills</b>
<ul style="list-style-type: none"><li>• <i>Could offer more opportunity to practice responding to a crisis.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Didn't get into very much details about other disorders, mainly suicide.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Discuss more about effects of socioeconomics on youth.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Fast paced - could go more in depth.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Heavy on suicide - would like more on other mental issues.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I think we should spend a little more time discussing how exhausting it can be to have a close person attempt suicide and plan for self-care.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I would explain more what different mental disorders are.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I would have loved more info on behavior and creating a calm environment.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Information about mental illness types/statistics. Some information felt like generalizations about mental illness. Not enough time to fairly/fully explain mental health.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>It isn't a weakness but I would like more info on dealing with trauma in students.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>It seemed more focused on the older age students, not so much elementary.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Knowing exactly what to do for the person in crisis.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Lack of info on cultural aspects/stigmas related to mental health.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Less time for application discussion.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Little more time for the activities.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Lots of focus on bipolar disorder. Greater discussion of other mental health conditions would be helpful.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Maybe more time, to talk about the harder topics.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>More case studies.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>More collaborative time.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>More of how to help the family of the youth with mental health issues.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>More practice of using the material.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>More role play/opportunities to practice.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Not enough opportunity to discuss and engage with material.</i></li></ul>

<ul style="list-style-type: none"> <li>• <i>Not enough time to learn a bit more about the more common mental health issues (but I am glad I have the book).</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Please teach what to do after asking about suicide and how to refer mental health resources.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Timing and not being able to express more about other mental health conditions.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Too little practical practice time, i.e., specifically how does one respond nonjudgmentally? Vague concept.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>What do we do after we determine a minor, non-crisis.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>When exactly to call the ChildLine.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Would like to have opportunity to identify symptoms.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Wish more "what to do" in classroom.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Would like more verbiage to use.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Would need a little more time for group discussion.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Would recommend more on trauma.</i></li> </ul>

#### Issue/Topic Not Covered:

Themes generated from the participant feedback to the question on any issue or topic not covered by the program as well as examples of comments by theme are found in Table 2k. The three most frequently reported themes included:

- None
- More on applied skills
- Specific mental health diagnoses and related information

Table 2k. Open-Ended Select Participant Feedback to *Issues or Topics Not Covered* by Most Frequently Reported Theme

<b>None (most similarly worded comments)</b>
<ul style="list-style-type: none"> <li>• <i>Covered all my concerns.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Covering everything I expected and none.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>It addressed mostly all the issues described in the course.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>It covered what I expected.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>It was clear to me.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>It was good.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>No, all expected.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>No, everything was addressed.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>No, great presentational aids.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>No, I thought everything was very informative.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>No. Thank you so much! Great job!</i></li> </ul>
<b>More on Applied Skills</b>
<ul style="list-style-type: none"> <li>• <i>Could be a little stronger about suicidal ideation intervention - not so rushed.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Expand how to immediately interact to prevent escalation.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Handling misbehaviors in the children I work with.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Helping someone who refuses to admit there is a problem.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Helping those close to someone who has a mental health problem.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>How to actually do it.</i></li> </ul>

• <i>How to deal with parents that have mental health disorders and they are having a crisis.</i>
• <i>How to effectively express empathy in words and nonverbal body language.</i>
• <i>How to get help for students whose parents will not assist.</i>
• <i>How to handle people, specific types of mental illness ex. depression/ anxiety.</i>
• <i>How to help.</i>
• <i>How to use our certificates in our community.</i>
• <i>How we are to cope in reference to our mental health and dealing with the situation.</i>
• <i>I would have liked a more specific plan of the school district so there is a clear communication.</i>
• <i>More assessment guidelines to determine level of risk. Information on additional resources.</i>
• <i>More scenarios/examples.</i>
• <i>More school specific scenarios.</i>
• <i>More training to deal with day to day behaviors.</i>
• <i>More usage for the classroom.</i>
• <i>Needed more information on confidentiality, on addressing crisis, on responding to certain situations, on when to break confidentiality.</i>
• <i>Our role as CASD employee, what our limits are with situations?</i>
• <i>Real life scenarios that we could discuss in a confidential way.</i>
• <i>Reporting chain of command in schools.</i>
• <i>What do we do after we determine a minor issue, non-crisis?</i>
• <i>What if us as teachers needed help or how to handle the impact on us?</i>
• <i>What to do when someone does die by suicide.</i>
• <i>What to do with suicidal adults.</i>
<b>Specific Mental Health Diagnoses and Related Information</b>
• <i>302s and 301.</i>
• <i>ADHD.</i>
• <i>All aspects of youth mental health not focusing mostly on suicide.</i>
• <i>Autism.</i>
• <i>Autism and Eating Disorders.</i>
• <i>Autism and other diagnoses.</i>
• <i>Concussions and mental health.</i>
• <i>Cultural approaches.</i>
• <i>Cultural aspects/stigmas related to mental health.</i>
• <i>Cultural influence.</i>
• <i>Differences in culture.</i>
• <i>Domestic violence and teen dating violence.</i>
• <i>Drug and alcohol.</i>
• <i>Eating disorders.</i>
• <i>Elementary age children.</i>
• <i>Emotional support students in class.</i>
• <i>Examples of common problems, text cues, code words kids use what things to look for – cutting.</i>
• <i>Expected to learn more about mental health and current 'Hot Topics.'</i>
• <i>Go more in depth with all eating disorders as they are very prevalent in youth, not covered in course.</i>

<ul style="list-style-type: none"><li>• <i>How to guard against the internet influencing suicide.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I expected more information on abuse as well.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I expected more regarding substance use/abuse since it is so invasive and many adolescents with mental health issues self-medicate.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I think providing an overview on statistics on mental health in the Chester County area and follow up on how we can use it to address the community!</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I expected more information on abuse as well.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I expected more regarding substance use/abuse since it is so invasive and many adolescents with mental health issues self-medicate.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I think providing an overview on statistics on mental health in the Chester County area and follow up on how we can use it to address the community!</i></li></ul>
<ul style="list-style-type: none"><li>• <i>I would have liked a more specific plan of the school district so there is a clear communication.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Impact of bullying.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Kids who know how to hide the signs.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Legal aspects.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Liability issues if your assistance should return an unintended/unexpected result.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Mental health affecting addictive behavior.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>More about innate resiliency of a person? Maybe?</i></li></ul>
<ul style="list-style-type: none"><li>• <i>More abuse recovery.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>More details of anorexia and other eating disorders.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>More focus on diet and its role.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>More on trauma and abuse, also mention of learning disabilities.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Motivational interviewing.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Not too much info on psychosis.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Obsessive Compulsive Disorder.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Panic attacks and causes.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Perhaps more discussion on resources.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Perhaps resources for autism.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Personality disorders.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Postpartum depression in teens.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Self-help/support groups for illnesses (not including AA or NA).</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Specific resources to refer the person to.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Specific wording and language to use in a crisis situation and more real-world examples.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Taking care of first aider's mental health.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>The depth of how mental illness came or appear.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>The responsibilities of a mandated reporter vs. ordinary citizen.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>We discussed a lot of issues that apply to older children. I would have liked to learn more on helping the mental health of children 5-11.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Who to recommend people to.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Would have liked more on cutting and other non-suicidal issues. Would love to know how to motivate treatment for resisted family and for families without resources.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Would have liked more on PTSD.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Would have liked to hear about ADHD/ADD a little more.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Would like to see further breakdown of demographics in statistics (i.e. sex, gender, race, economic status.).</i></li></ul>

**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 assessed by examining 2013-2017 referral data to three regional behavioral health/substance abuse agencies – Child Guidance Resource Centers, Gaudenzia, and Health Services Inc. Table 3a presents yearly aggregate referral data for Year 0 – Pre-implementation Year (September 2013 to June 2014), Year 1 (September 2014 to June 2015), Year 2 (September 2015 to June 2016), Year 3 (September 2016 to June 2017), and Year 4 (September 2017 to December 2018). Referral data (i.e., referral source, age, gender, and race) were collected on agency clients who were younger than 20 years of age and who were living in the CASD. Data by month and total for Years 0-4 from the three agencies are provided in Tables 3b-f.

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), Year 3 (September 2016 to June 2017) and Year 4 (September 2017 to June 2018) were compared. It is important to note that Gaudenzia Year 4 data were not available at the time of this report, therefore, were not included in the total number of referrals to the three agencies for Year 4. The total number of referrals to the three agencies more than doubled from 174 in Year 0 to 416 in Year 1. Referrals slightly decreased in subsequent years but remained higher than the 174 referrals made in the pre-implementation Year 0 – 382 in Year 2, 347 in Year 3, and 223 in Year 4. In all, over the 4-year YMHFA program implementation period, a total of 1368 referrals of Coatesville youth were made to one of the three Coatesville behavioral health/substance abuse agencies – Child Guidance Resource Centers (1190 referrals), Gaudenzia (26 referrals), and Human Services Inc. (152 referrals).

Specifically, Child Guidance Resource Centers saw a 30% increase in referrals from 111 in Year 0 to 366 in Year 1, and then demonstrated a slight reduction to 338 in Year 2, 304 in Year 3, and 182 in Year 4 (Table 3a). 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 stable at 37 in Year 2, 40 in Year 3, and 41 in Year 4.

The number of referrals at point of provider documented to be from CASD staff increased from 2 in Year 1 to 19 in Year 2 and 43 in Year 3, and then decreased to 5 in Year 4. Parental report of referral was considered a source of underestimation of reporting that

the referral originated from discussion with CASD employee. To capture additional numbers of YMHFA-trained CASD employees who referred a student to one of the three providers, a CASD referral form was employed by CASD project staff at the end of Year 2. In the initial year of data capture through this mechanism, 27 referrals were reported through the 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), Year 3 (Sep 2016 – Jun 2017) and Year 4 (Sep 2017 – Jun 2018) of YMHFA Training Implementation [NOTE: Gaudenzia Year 4 data not available at time of the report]**

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 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), Year 3 (Sep 2016 – Jun 2017) and Year 4 (Sep 2017 – Jun 2018) of YMHFA Training Implementation [NOTE: Gaudenzia Year 4 data not available at time of the report]**

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-17 to Jun-18	CGRC	182	5	159	10	68	37	76	0	101	81	0	70	58	23	7	24
	HSI	41	0	41	0	13	10	18	0	25	16	0	4	3	1	1	29
	Gaudenzia	--															
	TOTAL	223	5	200	10	81	47	94	0	126	97	0	74	61	24	8	53
TOTAL Sep-14 to Jun-18	CGRC	1190	55	1117	45	452	261	429	13	691	485	14	456	416	163	104	47
	HSI	152	12	138	0	40	33	78	1	100	61	0	36	36	5	7	64
	Gaudenzia	26	10	14	0	0	0	24	0	16	10	0	9	14	3	0	0
	TOTAL	1368	77	1269	45	492	294	531	14	807	556	14	501	466	171	111	111

**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

**Table 3f. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 4 of YMHFA Training Implementation (Sep 2017 – Jun 2018) [NOTE: Gaudenzia Year 4 data not available at time of report]**

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-17	CGRC	43	4	39	0	16	12	15	0	26	17	0	16	13	8	3	3
	HSI	1	0	1	0	0	0	1	0	1	0	0	0	0	0	0	1
	Gaudenzia	--															
	TOTAL	44	4	40	0	16	12	16	0	27	17	0	16	13	8	3	4
Oct-17	CGRC	41	0	41	2	15	7	17	0	28	13	0	16	11	6	4	4
	HSI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gaudenzia	--															
	TOTAL	41	0	41	2	15	7	17	0	28	13	0	16	11	6	4	4
Nov-17	CGRC	23	1	22	0	7	7	9	0	14	9	0	9	7	2	4	1
	HSI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gaudenzia	--															
	TOTAL	23	1	22	0	7	7	9	0	14	9	0	9	7	2	4	1
Dec-17	CGRC	29	0	29	1	8	10	10	0	15	14	0	5	12	7	2	3
	HSI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gaudenzia	--															
	TOTAL	29	0	29	1	8	10	0	0	15	24	0	5	12	7	2	3

**Table 3f. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 4 of YMHFA Training Implementation (Sep 2017 – Jun 2018) [NOTE: Gaudenzia Year 4 data not available at time of report]**

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-18	CGRC	35	2	33	0	13	10	12	0	16	19	0	12	13	5	2	3
	HSI	1	0	1	0	0	0	1	0	0	1	0	0	0	0	0	1
	Gaudenzia	--															
	TOTAL	36	2	34	0	13	10	13	0	16	20	0	12	13	5	2	4
Feb-18	CGRC	34	1	33	3	11	7	22	0	17	17	0	9	18	4	2	1
	HSI	2	0	2	0	2	0	0	0	1	1	0	0	0	0	0	2
	Gaudenzia	--															
	TOTAL	36	1	35	3	13	7	22	0	18	18	0	9	18	4	2	3
Mar-18	CGRC	20	2	0	1	4	5	10	0	9	11	0	7	7	2	2	2
	HSI	1	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0
	Gaudenzia	--															
	TOTAL	21	2	1	1	4	5	11	0	9	12	0	7	7	2	2	2
Apr-18	CGRC	26	0	26	0	15	2	9	0	17	9	0	11	8	2	0	5
	HSI	2	0	2	0	1	1	0	0	1	1	0	0	0	0	0	0
	Gaudenzia	--															
	TOTAL	28	0	28	0	16	3	9	0	18	10	0	11	8	2	0	5

**Table 3f. Monthly Summary of Referrals of CASD Youth across Coatesville Behavioral Health and Substance Abuse Agencies in Year 4 of YMHFA Training Implementation (Sep 2017 – Jun 2018) [NOTE: Gaudenzia Year 4 data not available at time of report]**

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-18	CGRC	37	0	37	3	13	7	14	0	23	14	0	18	7	4	0	8
	HSI	4	0	4	0	1	1	2	0	4	0	0	1	0	0	0	3
	Gaudenzia	--															
	TOTAL	41	0	41	3	14	8	16	0	27	14	0	19	7	4	0	11
Jun-18	CGRC	30	0	30	3	12	6	9	0	19	11	0	13	5	6	1	5
	HSI	30	0	30	0	9	8	13	0	18	12	0	3	3	1	1	22
	Gaudenzia	--															
	TOTAL	60	0	60	3	11	14	22	0	37	23	0	16	8	7	2	27
TOTAL Sep-17 to Jun-18	CGRC	182	5	159	10	68	37	76	0	101	81	0	70	58	23	7	24
	HSI	41	0	41	0	13	10	18	0	25	16	0	4	3	1	1	29
	Gaudenzia	--															
	TOTAL	223	5	200	10	81	47	94	0	126	97	0	74	61	24	8	53

**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.**

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. In 2017, the percent remained stable in the State sample, while increased to 45% in CASD youth.

It is possible the leveling of the percent of CASD youth reporting they were “depressed or sad on most days in the past year” from 2013 to 2015 was due the mid-2014 initiation of the YMHFA program implementation in Coatesville. However, an increase in the percent was reported in 2017. A possible explanation for the jump in percent of CASD youth was that the 2017 PAYS administration occurred days after a racist incident occurred at the high school (i.e., hanging of a black baby doll); hence, it is possible the timing of the incident impacted the immediate emotional well-being of the youth.

Overall, the data suggested an upward trend in the percentage of youth reporting they were “depressed or sad most days in the past year” in CASD, Chester County, and the State. CASD students, however, remain disproportionately impacted as compared to Chester County and the State (CASD: 33% in 2011 to 45% in 2017; Chester County: 25% in 2011 to 31% in 2015; State: 31% in 2011 to 38% in 2017).

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

**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	6 <sup>th</sup>	26.4	20.0	27.6
	8 <sup>th</sup>	36.9	22.8	30.1
	10 <sup>th</sup>	38.6	28.6	32.8
	12 <sup>th</sup>	36.0	29.2	33.4
	All	33.4	25.3	31.1
2013	6 <sup>th</sup>	31.0	21.6	26.4
	8 <sup>th</sup>	37.9	25.0	30.9
	10 <sup>th</sup>	50.7	30.6	36.0
	12 <sup>th</sup>	38.0	29.5	32.6
	All	38.9	26.6	31.7
2015	6 <sup>th</sup>	37.9	26.3	33.9
	8 <sup>th</sup>	40.0	29.1	37.7
	10 <sup>th</sup>	40.3	33.1	40.6
	12 <sup>th</sup>	-	36.4	-
	All	39.2	31.2	38.3
2017	6 <sup>th</sup>	39.3	N.A.	32.3
	8 <sup>th</sup>	46.3	N.A.	36.9
	10 <sup>th</sup>	53.5	N.A.	41.4
	12 <sup>th</sup>	43.4	N.A.	40.8
	All	44.9	N.A.	38.1

N.A. Not yet available.

implementation in Coatesville may have been a contributing factor in the plateauing of the 2015 CASD estimate. Still, 39% of CASD youth reported feeling depressed or sad on most days in the past year. In 2017, the data illustrated 45% of CASD students reporting depression symptoms as compared to 2015 (39%). The State data show no change from 2015 to 2017, remaining stable at 38%.

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*as of November 2018*

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