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

July 1, 2017 – December 31, 2017

The Youth Mental Health First Aid program is made possible through the following funding partners:
Brandywine Health Foundation;
Aegon Transamerica Foundation;
The Applestone Foundation;
CCRES;
Coatesville Community Health Foundation, a fund of the Chester County Community Foundation;
The County of Chester, Department of Human Services;
The Dansko Foundation;
Genuardi Family Foundation;
The Gunard Berry Carlson Memorial Foundation Inc.;
Marshall-Reynolds Foundation;
Philadelphia Health Partnership;
Rotary Club of Coatesville;
Mr. Samuel Slater and Ms. Eleanor H. Forbes
Substance Abuse and Mental Health Services Administration;
The Thomas Scattergood Behavioral Health Foundation;
United Way of Chester County; and
van Ameringen Foundation Inc.

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May 2018

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Summary of Youth Mental Health First Aid (YMHFA) Program Evaluation Findings for Coatesville-Affiliated Attendees (July 2017 – December 2017):

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

  - A total of 17 persons (including 10 CASD employees) successfully completed the 5-day Train-the-Trainer program.

  - Between July 2017 and December 2017, trainers facilitated 9 trainings (3 for CASD employees/high school students and 6 for community), reaching 117 persons specifically affiliated with Coatesville and 41 persons not affiliated with Coatesville.

    Of the 106 YMHFA training attendees who consented to participate in the evaluation, completed both pretest and posttest, and who could be identified as being affiliated with one of Coatesville's municipalities:

    - Seventy-eight attendees were CASD employees representing all schools and jobs such as teachers, athletic coaches, and guidance counselors. The remainder of attendees were community members living, working, and/or volunteering in the Coatesville area. Twenty 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. The majority of participants were aged 25-60 years. Only 9% of participants in this evaluation reported they were employed as a mental health/substance abuse (MH/SA) professional. Approximately 78% 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 (50%).

- **Pretest-Posttest Mental Health Knowledge Improvement:**

  - Using a 15-item mental health knowledge survey, mental health knowledge summary score ***statistically improved*** from pretest (average of 11.0 out of 15 correct) to posttest (average of 13.0 out of 15 correct).

  - Specifically, 10 out of the 15 knowledge items exhibited statistical improvement from pretest to posttest (at $p < .05$ level). Out of the five items that did not show a statistical improvement, four items 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:
    - Not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head (false) *[61% at pretest to 95% at posttest correct]*

- First-aider can distinguish a panic attack from heart attack (false) *[39% to 67% correct]*
- People with mental health problems tend to have better outcome if family members/support systems not critical of them (true) *[71% to 93% correct]*
- Youth are often resilient when they face difficulties (true) *[53% to 83% 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) *[41% to 97% correct]*

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

- Although participants, on average, started at the pretest with a moderately favorable attitude, participants still reported ***small statistical improvements*** at the $p < .05$ level for the overall summary score and in six out of the eight attitude items.

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

- **Pretest-Posttest Improvement in Confidence Interacting or Helping Youth Experiencing Mental Health Challenges/Crises**

  - At pretest, participants, on average, reported moderate confidence interacting or helping youth experiencing mental health challenges or crises across the eight items. The items measure perceived confidence in implementing the ALGEE first aid behaviors.

  - **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:
    - 93% of respondents *agreed or strongly agreed* that the course goals were clearly communicated.
    - 94% of respondents agreed or strongly agreed that the goals/objectives were achieved.
    - 96% of respondents agreed or strongly agreed that the course content was practical/easy-to-understand.
    - 92% *agreed or strongly agreed* that they had adequate opportunity to practice the skills learned.
    - 96-99% *agreed or strongly agreed* that the course instructors' presentation skills were engaging/approachable, instructors demonstrated knowledge of the material presented, and facilitated activities/discussion in a clear/effective manner.
    - 98% *would recommend* the YMHFA training course to others.

  - Approximately one-third (65%) reported they attended the course because their employer asked or assigned them, 25% reported personal interest in the course, 14% professional development, and 21% community/volunteer interest.

  - Approximately 85% of participants noted the YMHFA training will be of use to them at their workplace. More than half reported the training to be as a family/member (43%), peer/friend (49%), parent/guardian (46%) and/or as a volunteer/mentor (41%).

  - 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, and necessary & relevant training for work and/or life
    - Program strengths: resources, activities & video, and informative
    - Program weaknesses: no weaknesses, too long or could be condensed, and not enough time for activities or to dive deeper into content
    - Topics wish would have been covered: none, more on applied skills, and specific mental health diagnoses & related information

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

  - Referral data from three local mental health/substance abuse agencies were and continue to be routinely collected to assist in identifying the YMHFA training impact on youth referrals to providers in the region. These three agencies include: Child Guidance Resource Centers, Human Services, Inc., and Gaudenzia. Referral data were compiled for clients younger than 20 years of age and who were living in the CASD.

  - Yearly aggregate 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 (preliminary data from September 2017 to December 2017) were compared. The total number of referrals to the three agencies increased from 174 in Year 0 to 416 in Year 1, but then slightly decreased to 382 in Year 2 and to 347 in Year 3.

  - At the time of this report, only September to December 2017 data for CGRC and Human Services Inc. were available. When examining partial Year 4 referral data, total number of referrals was higher in September and October of 2017 (n = 51 and n = 43 respectively) than in those same months in 2016 (n = 13 and n = 22). Total number of referrals was similar in November and December 2017 (n = 33 and n = 31) to those in the same months in 2016 (n = 31 and n = 31). Full Year 4 referral data will be presented and discussed in comparison to previous years in the year-end report.

- **Pennsylvania Youth Survey Depression Data**

  - The routinely collected Pennsylvania Youth Survey (PAYS) data will assist in assessing the impact of YMHFA training on youth self-reported depression. Currently, data have been compiled for years 2011, 2013, and 2015 for students in CASD, Chester County, and the State of Pennsylvania.

  - The percentage of CASD students feeling depressed/sad most days in the past year has leveled off from 2011 (33%) to 2013 (39%) to 2015 (39%). It is possible the YMHFA training implementation in Coatesville has contributed to the leveling of the percentage of CASD students in 2015.

  - The percent of youth reporting feeling depressed/sad most days in the past year continues to climb in Chester County and State student counterparts from 2011 to 2015; however, the data show disproportionately higher percentages for CASD vs. Chester County and State students across all three years. Specifically, the gap between CASD and Chester County students increased from 2011 to 2013 (8% gap in 2011 and 12% gap in 2013) but returned to an 8% gap in 2015.

  - PAYS 2017 data will be included in the Year 4 report.

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

PURPOSE OF THE YMHFA TRAINING

The Brandywine Health Foundation (BHF) of Coatesville, PA was awarded grant funding in 2014 to implement the project entitled *Mental Health First Aid in the Coatesville Area School District: Reducing Depression in Some of Pennsylvania's Poorest Municipalities*. The funding collaborative included county, state, and federal officials as well as three private foundations including *The Thomas Scattergood Behavioral Health Foundation,* van Ameringen Foundation, Inc., and 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 and continues to be conducted through a partnership of Brandywine Health Foundation with West Chester University College of Health Sciences, The purpose of this evaluation is to assess the effectiveness of the YMHFA training provided to adults working, volunteering, or residing in Coatesville PA or servicing persons in the Coatesville region. Trainings include persons 16 and older.

The overall aims of the YMHFA project include:

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

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

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

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

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

METHODOLOGY

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

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

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

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

<u>Research Design</u>:

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

<u>Participants</u>:

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

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

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

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

Procedures:

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

The procedure of informed consent and data collection at each training includes the following. At the beginning of the YMHFA training, the certified YMHFA trainer has been instructed to disseminate a hard copy of the Informed Consent Form, read the introductory script asking them to read and sign the consent form, and 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 have been 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 and continue to be entered into SPSS for analysis and include descriptive and inferential statistics. Each set of outcomes were analyzed with the appropriate statistical procedure presented under the Results section in this report.

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

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

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

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

RESULTS - July 1, 2017 – December 31, 2017

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

Planning Team

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

Certification of YMHFA Trainers

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

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

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

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

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

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

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

Summary of YMHFA Trainings

Table 1b summarizes the 9 YMHFA Trainings delivered from July 2017 to December 2017, with Coatesville-affiliated and non-Coatesville affiliated individuals' attendance summarized in Table 1b. Out of the 9 trainings, three were primarily attended by CASD employees; whereas, the remainder were primarily community trainings. Overall, 158 persons who were in attendance, with 151 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 158 persons were trained across these 9 sessions, but only 117 were identified as being affiliated with Coatesville. Again, this report only summarizes findings of those attendees who were affiliated with Coatesville as a resident, employee, volunteer, high school student, or a person servicing individuals who reside in Coatesville.

Table 1b. Summary of YMHFA Trainings, Coatesville-Affiliated Attendees, July – December 2017

No.	Dates	Trainers	Training Format	Training Location	Primary Attendee Affiliation	Total No. in Attendance at Start of Training	CASD Employee or HS Student	Coatesville-Affiliated Attendee	Receiving Certificate of Completion
1	8/14 & 8/21/17	Linda Hershey/ Bridgette Miles	Two 4.5-hr days	Saint Paul's Church	Community	11	0	11	10
2	9/16017	Jennifer Miller/ Linda Hershey	One 9-hr day	Coatesville Courtyard Marriott	Community	22	5	7	22
3	9/18/17 & 9/25/17	Linda Hershey & Bridgette Miles	Two 4.5-hr days	Coatesville Courtyard Marriott	Community	9	2	4	9
4	10/9/17	Brad Bentman & Jason Palaia	One 9-hr day	CASD	CASD - Teachers	23	23	23	23
5	10/9/17	Rich Mitchell & Joe Peleckis	One 9-hr day	CASH	CASD - Teachers	24	24	24	22
6	10/9/17	Linda Hershey & Bridgette Miles	One 9-hr day	CASH, Room 202	CASD - Teachers	24	24	24	23
7	10/9/17	Linda Hershey & Andy Kind-Rubin	One 9-hr day	Coatesville Courtyard Marriott	Community	9	0	4	9
8	10/16/17, 10/23/17 & 10/30/17	Linda Hershey & Andy Kind-Rubin	Three 3hr days	Parkesburg Point	Parkesburg Point Volunteers/ Community	20	0	15	20
9	12/4/17 & 12/11/17	Linda Hershey & Krista Kapczynski	Two 4.5-hr days	Coatesville Courtyard Marriott	Community	16	0	5	13
					Total Participants	158	78	117	151

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* = 103) from July to December 2017, 78 (76%) were employed by CASD (see Table 1c). The 78 CASD employees represented all schools across the district.

The key CASD staff reached during the training sessions included teachers, athletic coaches, guidance counselors, and others (including police officer, mental health specialist, and student teachers).

Out of the 103 completing the participant affiliation form, 20 (19%) reported being a parent/guardian of a CASD student.

Table 1c. Affiliation of YMHFA Training Coatesville-Affiliated Attendees, July – December 2017 (*n* = 103)

Characteristic	*n (%)*
Employed by Coatesville Area School District (CASD)	
Yes	78 (75.7)
No	25 (24.3)
CASD Employee Affiliation†	
School *(could check all that apply)*	
Coatesville Area High School	33
North Brandywine Middle School	8
Scott Middle School	9
South Brandywine Middle School	12
Caln Elementary School	3
East Fallowfield Elementary School	2
Friendship Elementary School	4
King's Highway Elementary School	3
Rainbow Elementary School	4
Reeceville Elementary School	2
CASD Job Title *(could check all that apply)*	
Teacher	69
Athletic Coach	6
Guidance Counselor	3
Other	6
Parent/Guardian of CASD Student†	
Yes	20 (19.4)
No	83 (80.6)

Attendee non-CASD Organizational Affiliation:

Attendees who were not employed by CASD (*n* = 21) represented a number of community agencies such as Parkesburg Point, Octorara Area School District, Valley Youth House, Inc., and an array of other organizations. A broad range of job titles were represented with some including teacher and volunteer.

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

<u>Demographics of YMHFA Attendees Participating in the Evaluation</u>

Table 2a summarizes the demographics of the 100 Coatesville-affiliated attendees who completed both pretest and posttest, as well as who consented to the evaluation. More than half were female and various races were represented in the evaluation - White (79%), Black (12%), Hispanic (3%), of other race(s) (3%), or missing race (3%). Eighty-four percent 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. Approximately 9% of participants were employed as a mental health or substance abuse professional and 78% worked with youth at a place of employment but not as a mental health/substance abuse professional. Half of the participants also noted having regular contact with youth in their home.

Table 2a. Demographic Summary of YMHFA Training Attendees Participating in the YMHFA Program Evaluation (*n* = 100 with complete pretest-posttest data)

Characteristic	*n (%)*
Gender	
Male	43 (43.0)
Female	55 (55.0)
Missing	2 (2.0)
Race/Ethnicity	
Black or African-American	12 (12.0)
Caucasian or White	79 (79.0)
Hispanic or Latino Origin	3 (3.0)
Other (including 2+ races)	3 (3.0)
Missing	3 (3.0)
Age Group, y	
16-24	5 (5.0)
25-44	45 (45.0)
45-60	39 (39.0)
61-80	9 (9.0)
Missing	2 (2.0)
Employed as a mental health or substance abuse professional	
Yes	9 (9.0)
No	89 (89.0)
Missing	2 (2.0)
Work with youth at place of employment, but not employed as a mental health or substance abuse professional	
Yes	78 (78.0)
No	21 (21.0)
Missing	1 (1.0)
Have regular contact with a child or adolescent in the home (e.g., parent/guardian, grandparent, etc.)	
Yes	50 (50.0)
No	47 (47.0)
Missing	3 (3.0)

Pretest-Posttest Mental Health Knowledge Scale

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

Overall mental health knowledge statistically improved from pretest (*M* = 11.0 correct out of 15, *SD* = 2.4) to posttest (*M* = 13.0 correct out of 15, *SD* = 1.6), *t(99)* = -10.25, *p* = .000, *Cohen's d* = -1.01. The effect size measure of Cohen's d indicates a large change from before to after the training (Cohen, 1988: .20 small, .50 medium, .80 large effect). Specifically, using separate McNemar tests, 10 items demonstrated statistical improvement from pretest to posttest in the percent of participants answering with a correct response. Among these 10 items, five items showed greater than a 20% increase in the correct response from pretest to posttest.

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

- Not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head (false) *[61% at pretest to 95% at posttest correct]*
- First-aider can distinguish a panic attack from heart attack (false) *[39% to 67% correct]*
- People with mental health problems tend to have better outcome if family members/support systems not critical of them (true) *[71% to 93% correct]*
- Youth are often resilient when they face difficulties (true) *[53% to 83% 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) *[41% to 97% correct]*

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

- Mental health first aid teaches people to diagnose or to provide treatment. (false) *[77% to 91% correct]*
- Mental health problems often develop during adolescence or young adulthood. (true) *[76% to 93% correct]*
- A mental health disorder is a diagnosable illness that affects a person's thinking, emotional state, and behavior, as well as disrupts the person's ability to attend to school/work, carry out daily activities, and engage in satisfying relationships. (true) *[92% to 99% correct]*
- Medications combined with therapy/other treatment may be more effective than either treatment alone (true) *[78% to 90% correct]*
- Â youth is in immediate danger from a mental health crisis, but their parents tell you they do not want any help, it is recommended to respect the family's wishes and not offer more support (false) *[74% to 91% correct]*

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

- Language we use when talking to a young person about mental health concerns can have a significant impact on the outcome (true) *[96% to 99% correct]*
- Adolescents may injure themselves for other reasons besides suicide (true) *[99% to 98% correct]*
- Listening nonjudgmentally to a youth makes it easier for a youth to talk about their problems and ask for help (true) *[98% to 98%]*
- Dramatic changes in hygiene/weight in an adolescent do not signal possibility of a mental disorder (false) *[81% to 90% correct*]

It is important to note the one item regarding making someone talk about a traumatic experience as soon as possible showed fewer than 60% of individuals getting the correct response at posttest.

- If someone has a traumatic experience, it is best to make them talk about it as soon as possible. (false) *[64% to 52% correct]*

Table 2b. Pretest-Posttest Change in Mental Health Knowledge, YMHFA Trainings July 1, 2017 – December 31, 2017 (*n* = 100 with complete pretest-posttest data)

Item	*n*	Pretest *n (%) with correct response*	Posttest *n (%) with correct response*	*p*
a. It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head. (D)	100	61 (61.0)	95 (95.0)	.000*
b. If someone has a traumatic experience, it is best to make them talk about it as soon as possible. (D)	100	64 (64.0)	52 (52.0)	.058
c. A first-aider can distinguish a panic attack from a heart attack. (D)	100	39 (39.0)	67 (67.0)	.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)	100	71 (71.0)	93 (93.0)	.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)	100	96 (96.0)	99 (99.0)	.250
f. Mental health first aid teaches people to diagnose or to provide treatment. (D)	100	77 (77.0)	91 (91.0)	.004*
g. Mental health problems often develop during adolescence or young adulthood. (A)	100	76 (76.0)	93 (93.0)	.002*
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)	100	92 (92.0)	99 (99.0)	.039*
i. Youth are often resilient when they face difficulties. (A)	100	53 (53.0)	83 (83.0)	.000*
j. Dramatic changes in hygiene and weight in an adolescent do not signal the possibility of a mental disorder. (D)	100	81 (81.0)	90 (90.0)	.093
k. Adolescents may injure themselves (e.g., cutting, picking, self-hitting, or burning) for other reasons besides suicide. (A)	100	99 (99.0)	98 (98.0)	1.00
l. Listening nonjudgmentally to a youth makes it easier for a youth to talk about their problems and ask for help. (A)	100	98 (98.0)	98 (98.0)	1.00
m. Medications combined with therapy or other treatment may be more effective than either treatment alone. (A)	100	78 (78.0)	90 (90.0)	.008*
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)	100	74 (74.0)	91 (91.0)	.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)	100	41 (41.0)	97 (97.0)	.000*
		Mean ± SD	*Mean ± SD*	*p*[†]
Knowledge Summary Score *(0 - 15 correct)*	100	11.0 ± 2.4	13.0 ± 1.6	.000*

[†]A paired t-test demonstrated significance, $t(99) = -10.25$, $p = .000$, *Cohen's d* = -1.01

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* $\alpha = 0.775$), 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 ($M = 20.2$, $SD = 3.3$) to posttest ($M = 21.3$, $SD = 2.6$), $t(98) = -4.29$, $p = .000$, *Cohen's d* $= -0.442$. Individual item statistical change from pretest to posttest was assessed via individual paired t-tests. Six out of the eight items showed small statistical improvement in attitudes from pretest to posttest. All pretest averages started at pretest as somewhat favorable to highly favorable; therefore, moderate to large improvements were not expected.

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

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

Two items did not exhibit improvement:

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

Overall, participants displayed a favorable attitude 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, July 1, 2017 – December 31, 2017 (*n* = 100 with complete pretest-posttest data)

Item†	*n*	Pretest *M* ±*SD*	Posttest *M* ±*SD*	*p*
a. I feel that having a mental health challenge or crisis is a sign of weakness.	100	2.6 ± 0.7	2.8 ± 0.6	.029*
b. I would willingly accept a person who has a mental health challenge as a close friend. *(R)*	100	2.5 ± 0.6	2.6 ± 0.6	.145
c. I do not fear interacting with persons who are experiencing mental challenges or crises. *(R)*	100	2.5 ± 0.7	2.5 ± 0.7	.470
d. I would move next door to a person who shows signs and/or symptoms of a mental health challenge (e.g., depression, anxiety, etc.). *(R)*	100	2.1 ± 0.8	2.4 ± 0.7	.001*
e. I would select a seat next to a person who shows signs and/or symptoms of a mental health challenge (e.g., depression, anxiety, etc.). *(R)*	100	2.2 ± 0.7	2.5 ± 0.6	.000*
f. I would engage in a conversation with a person who shows signs and symptoms of a mental health challenge (e.g., depression, anxiety, etc.). *(R)*	100	2.5 ± 0.7	2.7 ± 0.5	.018*
g. I believe there are effective treatments and supports for persons with mental health challenges. *(R)*	100	2.9 ± 0.4	3.0 ± 0.2	.020*
h. I believe that recovery is possible for people with mental health challenges. *(R)*	99	2.8 ± 0.5	2.9 ± 0.3	.049*
		Mean ± SD	*Mean ± SD*	*p*††
Attitudes Summary Score *(0 – 24, with 24 the most favorable attitude towards persons living with mental health challenges or crises) (Cronbach's α = .775)*	99	20.2 ± 3.3	21.3 ± 2.6	.000*

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

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

††A paired t-test demonstrated significance, $t(98) = -4.29$, $p = .000$, *Cohen's d* = -0.442

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

Table 2d presents participants' pretest-posttest ratings of confidence in applying the YMHFA ALGEE 5-step action plan to helping youth experiencing a mental health challenge or crisis. The eight items were rated on a 5-pt scale from 0-4, with 4 representing the highest rating of confidence. High internal consistency of the eight items at pretest (*Cronbach's α* = 0.885) permitted sum of the eight items yielding a summary score range of 0 to 40, with 40 the highest confidence.

Table 2d. Pretest and Posttest Perceived Level of Confidence in Interacting and Helping Youth with Mental Health Challenges or Crises, July 1, 2017 – December 31, 2017 (*n* = 100 with complete pretest-posttest data)

Perceived Level of Confidence in the following items†:	*n*	Pretest *M* ±*SD*	Posttest *M* ±*SD*	*p*
a. Recognize the signs and symptoms that a young person may be dealing with a mental health challenge or crisis.	100	2.4 ± 0.8	3.4 ± 0.8	.000*
b. Reach out to a young person who may be dealing with a mental health challenge.	100	2.8 ± 0.8	3.4 ± 0.8	000*
c. Ask a young person whether s/he is considering killing her/himself.	99	2.2 ± 1.1	3.4 ± 0.8	000*
d. Actively and compassionately listen to a young person in distress.	99	3.4 ± 0.7	3.7 ± 0.8	001*
e. Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	99	2.5 ± 1.1	3.6 ± 0.7	000*
f. Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	98	2.9 ± 0.9	3.6 ± 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.	99	2.9 ± 0.9	3.6 ± 0.7	000*
h. Be aware of my own views and feelings about mental health problems and disorders.	99	3.2 ± 0.8	3.6 ± 0.8	000*
		Mean ± SD	*Mean ± SD*	*p*††
Confidence Summary Score *(0 – 40, with 40 the most favorable attitude towards persons living with mental health challenges or crises) (Cronbach's α = .885)*	98	22.3 ± 5.4	28.0 ± 5.6	000*

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

††A paired t-test demonstrated significance, *t(97)* = -8.890, *p* = .000, *Cohen's d* = -0.906.

Overall, the confidence summary score showed a large statistical improvement from pretest (*M* = 22.3, *SD* = 5.4) to posttest (*M* = 28.0, *SD* = 5.6), *t(97)* = -8.890, *p* = .000, *Cohen's d* = -0.906.

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* = 75) 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* = 60)
- Helped to calm them down (*n* = 50)
- Referred/assisted in seeking help from a school counselor (*n* = 44)
- Shared a resource (e.g., website, book, hotline) (*n* = 20)
- Referred/assisted in seeking help from a mental health professional (*n* = 18)
- Referred/assisted in seeking help from religious leader/clergy (*n* = 11)
- Talked to them about suicidal thoughts (*n* = 10)

Table 2e. Pretest Self-Reported Behavior in Interacting and Helping Youth with Mental Health Challenges or Crises in the Last 3 Months, July 1, 2017 – December 31, 2017 (*n* = 75)

Items	*n (%)*[†]
Contact with Young Person with a Mental Health Problem within Last 3 Months	
Yes	75 (70.8)
If Reported Contact, Approximate No. of Youth?	*In n = 75*
1-4	56
5-9	7
10-19	2
Missing	10
Type of Help Offered *(could check all that apply)*	
Spent time listening to their problem	60 (84.5)
Helped to calm them down	50 (70.4)
Talked to them about suicidal thoughts	10 (14.1)
Shared a resource (e.g., website, hotline)	20 (28.2)
Referred/assisted in seeking professional help or community support from:	
Primary care physician or family practitioner	9 (12.7)
Mental health professional	18 (25.4)
School counselor	44 (62.0)
Public community mental health agency	6 (8.5)
Private community mental health agency	4 (5.6)
Crisis support center	6 (8.5)
Suicide hotline	3 (4.2)
Religious leader/clergy	11 (15.5)
Other professional/community source	1 (1.3)
Called emergency responder	3 (4.2)
Other help provided	7 (9.9)

†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,

- 93% of respondents *agreed or strongly agreed* that the course goals were clearly communicated.
- 94% of respondents agreed or strongly agreed that the goals/objectives were achieved.
- 96% of respondents agreed or strongly agreed that the course content was practical/easy-to-understand.
- 92% *agreed or strongly agreed* that that they had adequate opportunity to practice the skills learned.
- More than 96% *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.

More than half (61%) reported they attended the course because their employer asked or assigned them, 24% reported personal interest in the course, 13% professional development, and 20% community/volunteer interest. Approximately 80% of participants noted the YMHFA training will be of use to them at their workplace. More than half reported the training to be as a family/member (46%), peer/friend (43%), parent/guardian (41%) and/or as a volunteer/mentor (39%).

Table 2f. Posttest Process Evaluation – Overall Course and Instructor Satisfaction (*n* = 106 with posttest data)

Items	*Mean ± SD*[†]	*n (%)*[††] *Reporting Strongly Agree or Agree*
Overall Course Evaluation		
Course goals clearly communicated	4.4 ± 0.8	92 (93.0)
Course goals and objectives achieved	4.5 ± 0.8	93 (93.9)
Course content practical and easy to understand	4.6 ± 0.7	95 (96.0)
Adequate opportunity to practice skills learned	4.4 ± 0.9	91 (91.9)
Instructor Engaging		
Instructor #1	4.7 ± 0.6	99 (99.0)
Instructor #2	4.7 ± 0.6	98 (98.0)
Instructor Knowledgeable		
Instructor #1	4.7 ± 0.6	99 (99.0)
Instructor #2	4.7 ± 0.6	99 (99.0)
Instructor Clear/Effective		
Instructor #1	4.7 ± 0.6	99 (99.0)
Instructor #2	4.7 ± 0.6	96 (96.9)

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

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

Table 2g. Posttest Process Evaluation – Satisfaction and Reasons for Attendance (*n* = 106)

Items	*n (%)*
Would Recommend Course to Others[†]	
Yes	93 (97.9)
No	2 (2.1)
Reason Attended Course *(could check all that apply)*	
Employer asked/assigned me	65 (61.3)
Personal interest	25 (23.6)
Other professional development	14 (13.2)
Community or volunteer interest	21 (19.8)
Other	2 (1.9)
In What Role Will YMHFA Training Be of Use *(could check all that apply)*	
At work	85 (80.2)
As parent/guardian	43 (40.6)
As family member	49 (46.2)
As peer/friend	46 (43.4)
As volunteer/mentor	41 (38.7)
Other	2 (1.9)

Posttest Process Evaluation – Program Satisfaction – Open-Ended Items

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

Overall response to course:

Themes generated for feedback to the overall course response as well as applicable comments 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

Some examples of comments included:

- 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.
- Both administrators were very knowledgeable and communicated the information effectively.
- Course was very insightful and put me in scenarios I would never would think I'd be in.
- It was very informative; was also a great review for someone who has been in mental health for a while.
- Very informative. Can be used in the school setting where I work.
- I am more positive I can assist our students with mental health issues.

Table 2h. Open-Ended Participant Feedback - Participant Overall Response to Course (n = 86 responding to item)

Overall Response to Course
• Awesome! • Beneficial. • Beneficial for our population of students. • Both administrators were very knowledgeable and communicated the information effectively. • Contains useful information that can be practical for the future. • Course was helpful but should discuss more in depth about socioeconomics in mental health. • Course was very insightful and put me in scenarios I would never would think I'd be in. • Enjoyed and good quality. • Excellent. • Extremely helpful. • Eye-opening in many ways. • Glad to have the info. • Good. • Good for all staff. • Good information. • Good information, practical to our environment. • Good scenarios. • Good useful info. • Great very informative well worth my time. • Great! Informative. • Helpful, informative, useful. • Helpful, thank you! • Highly informative. • I am more positive I can assist our students with mental health issues. • I appreciate this course. • I feel more capable of dealing with student illness. • I felt this to be relevant with many of our students having or showing signs of several of the topics covered. • I felt very uncomfortable and wished that we had an idea of what to expect so I could be mentally and emotionally prepared. • I have taken it before, but enjoyed a refresher. • I liked it well enough. The length was a bit wearing. • I thought it was very beneficial. • Important information to have. • Incomplete - [illegible] focused on suicide prevention but not other illnesses. • Informative. • Informative - helpful to think through these issues. • Interesting, useful. • It is done really well. It gives a ton of information that is easy to understand. • It reminded me of a personal issue of this nature. • It was good info just too long of a session. • It was good.

- It was helpful in teaching how to intervene with youth at risk due to mental illness.
- It was informative and I'm glad these classes exist.
- It was ok.
- It was very informative.
- It was very informative and I feel I learned a lot.
- It was very informative; was also a great review for someone who has been in mental health for a while.
- It was very well done.
- Lots of information in a short amount of time!
- Much needed, very helpful!
- Needed course...get the community involved.
- Positive. (*n* = 5)
- Positive, informative.
- Positive! But some of the other people who got trained were disruptive and had outrageous views on mental health.
- Really glad it was made possible...the more people are aware the more they can help others.
- This was a good use of time and a valuable training.
- This was a very valuable course.
- This was very good information and I appreciate the training!
- Training was very good and informative.
- Very educational.
- Very good. (*n* = 3)
- 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 helpful and will be more able to help.
- Very helpful. Eye opening.
- Very helpful/interesting.
- Very important topic that should be covered again.
- Very informational and interactive.
- Very informative. (*n* = 5)
- Very informative and applicable.
- Very informative and necessary for people who work with youth.
- Very informative. Can be used in the school setting where I work.
- Very much needed.
- Very positive. (*n* = 2)
- Very useful.
- Well done, absolutely needed.
- Well explained and relevant.

Program strengths:

Table 2i highlights the participant-reported program strengths. The top four most frequently reported strengths of the training included:

- Resources
- Activities and video
- Informative
- Professionally executed

Some examples of these strengths included:

- A strength was helping educators become more aware of appropriate steps to be taken in mental health crisis situations.
- The structured outline.
- The instructors were engaged and encouraged hands on practice.
- Raising awareness/diminishing stigma/open and non-judgmental discussion.
- Quality and clarity of information; good scenarios and stories.
- Info was very easy to understand. Info was very practical with applying the info to different scenarios.
- Gave me a perspective, which would give me reassurance if I were to confront a scenario such as these.
- Fact vs. fiction - knowing the difference as it related to mental illness.
- Being able to interact with others and sharing ideas.

Table 2i. Open-Ended Participant Feedback – Participant-Reported Course Strengths (*n* = 86 responding to item)

Course Strengths
• A strength was helping educators become more aware of appropriate steps to be taken in mental health crisis situations. • Ability to ask questions. • Activities. • Activities and scenarios. • ALGEE. • All of it. • All the activities done in small groups. • Awareness. • Awareness of certain behaviors. • Basic education is an important topic. • Being able to interact with others and sharing ideas. • Being aware that mental health illness is as real as the [illegible]...it's just harder to "see" but still treatable. • Being engaged in the info. • Clear and helpful information. • Collaboration working with other teachers.

- Content.
- Depth of content.
- Different methods to use in dealing with mental illness.
- Easy to understand.
- Engaging.
- Engaging, interactive, helpful for all.
- Fact vs. fiction - knowing the difference as it related to mental illness.
- Full of great, important information about suicide & how to minimize signs.
- Gave me a perspective, which would give me reassurance if I were to confront a scenario such as these.
- Gives me another tool to help kids.
- Good opportunities for discussions with peers.
- Got us really discussing.
- Great teachers!
- Helps me understand my students.
- How engaging the activities were.
- I like the group exercises.
- Info was very easy to understand. Info was very practical with applying the info to different scenarios.
- Information and hands on.
- Informative.
- Informative, applies to life/work.
- Instill confidence in handling suicide prevention crisis.
- Instructors.
- Instructors, knowledge and experience; amount of material covered; Kevin's video and sharing among participants.
- Interactive.
- Interactive; informative.
- Knowledge.
- Learning the signs and gaining knowledge of content.
- Look at the behaviors of our students more carefully.
- Material.
- None.
- Overall information.
- Pace, transitions of activities.
- Practical information delivered in an easy to access format.
- Providing ways to interact with students who require assistance.
- Quality and clarity of information; good scenarios and stories.
- Raise awareness.
- Raising awareness/diminishing stigma/open and non-judgmental discussion.
- Real world situations.
- Recognize problems.
- Resource information.
- Resources in the area.
- Resource materials.
- Scenarios.
- Scenarios - more scenarios.
- Scenarios/talking.

- Specific skills/words to use when speaking with kids in crisis.
- The ability to interact with students in crises.
- The chance to debrief in groups was helpful to gain more knowledge.
- The guest speaker's stories.
- The information.
- The information was clear and concise.
- The instructors.
- The instructors were engaged and encouraged hands on practice.
- The interactive nature of the course.
- The movement.
- The presenters.
- The statistics, they were shocking.
- The strengths of the course were the information on suicide prevention.
- The structured outline.
- The video and having a firsthand story was great.
- The video on Kevin Hines.
- The videos with the man who suffered.
- They did many activities to keep us involved. (group activities)
- Tools to provide help.
- Touched on a lot about approaching youth regarding suicide.
- Tries to address many issues.
- Understanding mental health & what to do to help.
- Very informative.
- Very organized.
- Video; interactive component.
- Working with the scenarios.

Program weaknesses:

Program weaknesses are summarized in Table 2j. The 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

Some examples of these weaknesses included:

- Not enough opportunity to discuss and engage with material.
- Time, need some more "out of seat" activities. Sitting so long is hard.
- It seemed more focused on the older age students, not so much elementary.
- Heavy amounts of topic information in a short amount of time.
- Could be split into a few days and not one whole day.
- Need more practice with skills.

Table 2j. Open-Ended Participant Feedback – Participant-Reported Course Weaknesses (n 68 responding to this item)

Course Weaknesses
• A break would have been helpful to remained focused. • Assuming issues apply to adolescence only. • At times, there seemed to be lack of clarity as to the presenter's role or what they're doing when. • Bad projector. • Could be done in a shorter time period. • Could be split into a few days and not one whole day. • Could have been done over seven days. • Describing adjectives. • Discuss more about effects of socioeconomics on youth. • Encourage people to do more...IE Pro team for your school. • Getting everyone to be engaged for a long period of time. • Heavy amounts of topic information in a short amount of time. • Hours of sitting. • I don't know (*n* = 2). • Include more emphasis on specific illness. • It seemed more focused on the older age students, not so much elementary. • It was sooooooooo long. • Length. (*n* = 3) • Length of time- long. • Length without break/discussion time. • Lots of info in a short time period. • More concrete examples could be used. • More real-life stories aka Kevin Hines.

- More training on the First aid portion needed.
- N/A (*n* = 11)
- Need more practice with skills.
- None. (*n* = 12)
- Not enough opportunity to discuss and engage with material.
- Not enough time to talk.
- Nothing comes to mind.
- One long session.
- Please teach what to do after asking about suicide and how to refer mental health resources.
- Sitting in uncomfortable chairs all day.
- Slides could be updated :)
- The back-dated stats.
- The course was too long.
- The length, it felt a bit like overkill. Presenters need to address participant's offensive beliefs.
- The snippets of film created more questions than they addressed.
- Time. (*n* = 2)
- Time constraints.
- Time format.
- Time, need some more "out of seat" activities. Sitting so long is hard.
- Too long. (*n* = 2)
- Too long - no real conclusion.
- Too much info too little time.
- Too short.
- Very repetitive.
- Will like to have opportunity to identify symptoms.
- Would have liked resources for other places.

Issue/Topic Not Covered:
Issues and topics expected to be covered but were not are summarized in Table 2k. Issues mentioned were across topics.

Table 2k. Open-Ended Participant Feedback – Participant-Reported Issues/Topics Not Covered (n = 65 responding to this item)

Comments
• All aspects of youth mental health not focusing mostly on suicide. • Emotional support students in class. • Expand how to immediately interact to prevent escalation. • Helping those close to someone who has a mental health problem. • How to actually do it. • How we are to cope in reference to our mental health and dealing with the situation. • Mental illness can affect anyone, even popular students, rich students, etc. • More focus on strategies for kids with disorders. • N/A (*n* = 8) • No. (*n* = 42) • None. • None that I know of. • Nope. • SAP in each school. • 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. • What [illegible] if us as teachers needed help or how to handle the impact on us? • Would like to see further breakdown of demographics in statistics (i.e., sex, gender, race, economic status).

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 (preliminary data from September 2017 to December 2017) were compared. The total number of referrals to the three agencies increased from 174 in Year 0 to 416 in Year 1, but then slightly decreased to 382 in Year 2 and to 347 in Year 3. At the time of this report, only September to December 2017 data for CGRC and Human Services Inc. were available. When examining partial Year 4 referral data, total number of referrals was higher in September and October of 2017 (n = 51 and n = 43 respectively) than in those same months in 2016 (n = 13 and n = 22). Total number of referrals was similar in November and December 2017 (n = 33 and n = 31) to those in the same months in 2016 (n = 31 and n = 31).

Specifically, Child Guidance Resource Centers saw a 30% increase from 111 in Year 0 to 366 in Year 1 and a slight reduction to 338 in Year 2 and 304 in Year 3 (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 fairly stable at 37 in Year 2 and 40 in Year 3. Full Year 4 referral data will be presented and discussed in the year-end report.

The number of referrals made from CASD to one of the three agencies increased from 2 in Year 0 to 19 in Year 2 and 3 in Year 3. Parental report of referral may be a source of underestimation of referrals from CASD staff. A newer strategy such

as a CASD referral form was employed by CASD project staff at the end of Year 2 which was hoped to capture a more accurate number of YMHFA-trained CASD employees who have referred a student. In Year 3, 27 referrals were reported through this referral form process. Full Year 4 referral data will be presented and discussed in the year-end report.

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

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

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																
	HSI																
	Gaudenzia																
	TOTAL																
TOTAL Sep-14 to Jun-18	CGRC																
	HSI																
	Gaudenzia																
	TOTAL																

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)

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

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)

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																
	HSI																
	Gaudenzia																
	TOTAL																
Feb-18	CGRC																
	HSI																
	Gaudenzia																
	TOTAL																
Mar-18	CGRC																
	HSI																
	Gaudenzia																
	TOTAL																
Apr-18	CGRC																
	HSI																
	Gaudenzia																
	TOTAL																

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)

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																
	HSI																
	Gaudenzia																
	TOTAL																
Jun-18	CGRC																
	HSI																
	Gaudenzia																
	TOTAL																
TOTAL Sep-17 to Jun-18	CGRC																
	HSI																
	Gaudenzia																
	TOTAL																

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

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

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

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

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

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

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as of 12.17

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