

**Southwest Indiana Project AWARE
Evansville, Indiana**

Grant Number: SM062682

Report Date: November 30, 2017

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Lead Project Partners: Deaconess Health/Deaconess Cross
Pointe and St. Vincent Health

Project Evaluator: Diehl Consulting Group

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I. Executive Summary

A. Summary of Initiative

Southwest Indiana Project AWARE will strengthen community capacity to address adolescent mental health needs by bolstering community partnerships and increasing the number of youth-interacting adults in Vanderburgh County and Warrick County, Indiana who are trained in Youth Mental Health First Aid (YMHFA). The population of focus is adolescents aged 12-18 in Vanderburgh and Warrick Counties. The project has the following goals:

- 1) Increase capacity of adults to respond to behavioral health issues of adolescents
- 2) Increase the mental health literacy of youth-interacting adults
- 3) Link adolescents with behavioral health issues to mental, emotional, and behavioral health assistance and services
- 4) Increase the number of collaborative partnerships with youth-serving community agencies/programs
- 5) Conduct outreach and engagement strategies with adolescents and their families/caregivers to increase awareness of and promote positive behavioral health

To achieve these goals, our partnership is delivering YMHFA Instructor and First Aider training, developing a YMHFA sustainability plan, developing/strengthening partnerships with relevant youth-serving community agencies and programs, and developing a social marketing and awareness campaign.

B. Status of Project Implementation

To date, two trainings for Youth Mental Health First Aid Instructors and thirty-nine training sessions for First Aiders have been conducted. Memoranda of Understanding have been signed and maintained by seventeen partner organizations, demonstrating a commitment to collaboration. Additionally, the project team completed a sustainability plan and developed a social marketing and awareness campaign that included both social media and print materials. Further, individuals from 62 organizations have been trained in YMHFA as of the end of Year 2.

C. Role of Evaluation Report and Context within Overall AWARE-C Evaluation

This report provides key findings associated with Project AWARE goals, performance measures, and outcomes in Year 2 of the AWARE-C project. Throughout Year 2, the evaluator provided team members with updates regarding progress toward GPRA measure targets in the form of a monthly brief. Additional findings associated with the project have been communicated in the form of a quarterly brief, via email, and in regular project team meetings.

D. Summary of Major Findings

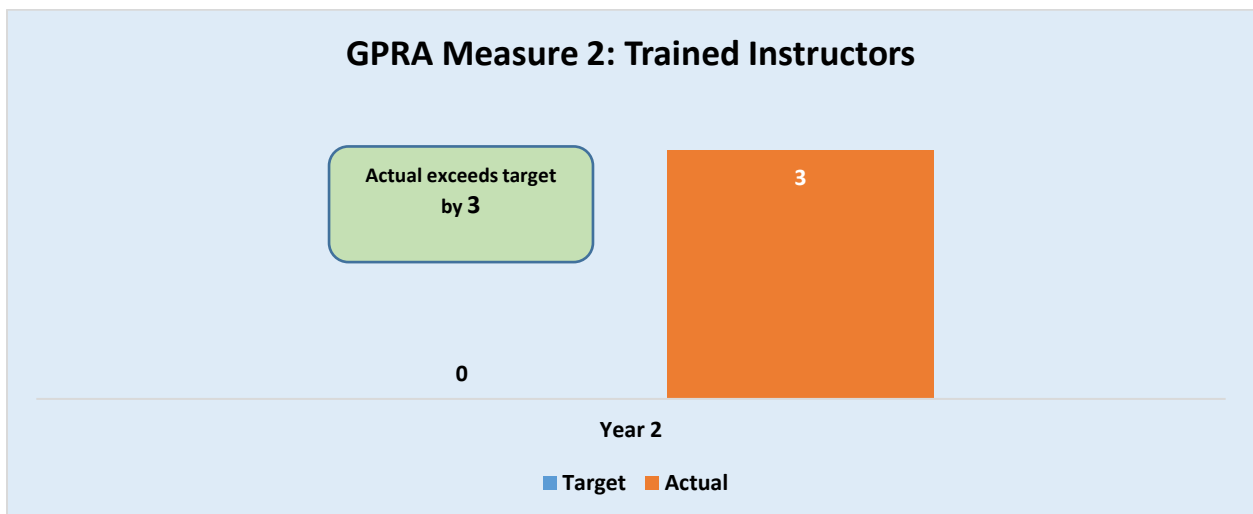
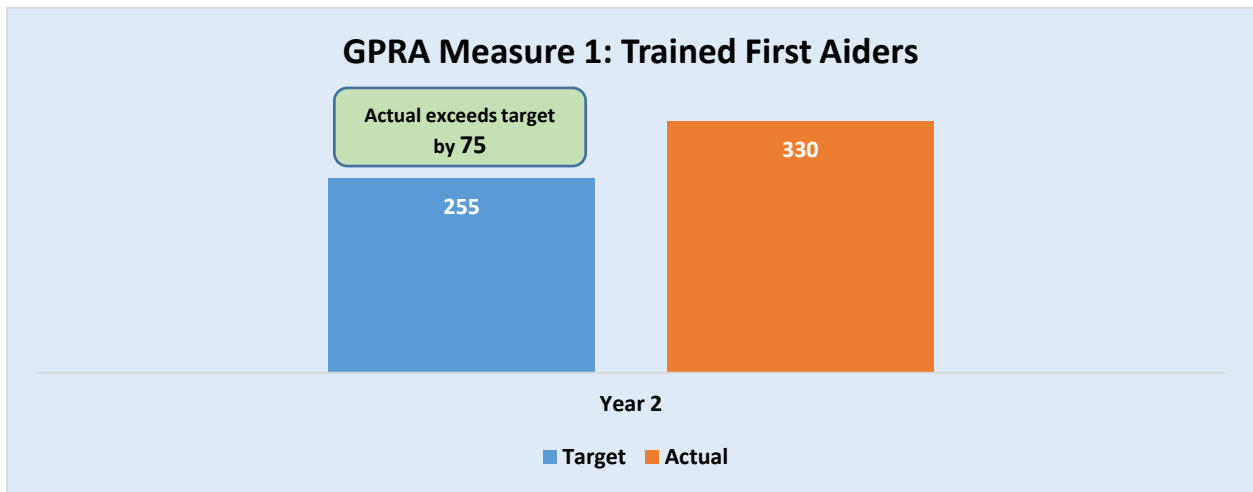
In Year 2, the Southwestern Indiana Project AWARE conducted nineteen **(19)** First Aider courses, representing **152** hours of instruction. A total of **three (3)** Instructors and **330** First Aiders were trained during the period. Overall, **41** organizations were represented by trained individuals, demonstrating the community reach and collaboration that the project has experienced. Trained Instructors and First Aiders made a total of **576** youth referrals to mental health resources in the community.

Program implementation demonstrated a high degree of fidelity as indicated by program summary sheets completed for each training, self-evaluations from Instructors, and participant feedback. Trainings were provided by certified Instructors who used the same curriculum and provided eight hours of instruction during each course. Instructors covered all required course topics in each training session. Self-evaluations demonstrated a high degree of self-reported Instructor knowledge and skill, as well as consistency in delivering required sections of the program. Participants reported a very high degree of satisfaction with the courses and Instructors, with at least **96%** agreement with Instructor-specific feedback items and at least **94%** agreement with course-specific feedback items. Overall, **98%** of participants indicated that they would recommend the YMHFA course to others.

The following results are associated with each of the project goals for the Southwestern Indiana Project AWARE. Results are primarily focused on progress toward each of the GPRA and additional required outcome measures.

Goal 1: Increase capacity of adults to respond to behavioral health issues of adolescents

Progress toward Goal 1 is measured by two required GPR performance measures, including the number of trained Youth Mental Health First Aiders and the number of Youth Mental Health First Aid Instructors. As shown in the figures below, the project met both of its targets for Year 2. The project trained **330** First Aiders in Year 1, exceeding its target of 255 by 75. Further, the project trained **3** Instructors in Year 1, exceeding its target of 0 by 3. The project met both targets in Year 1 as well.



Goal 2: Increase the mental health literacy of youth-interacting adults

Progress toward Goal 2 is measured by a required community- or population-level outcome related to First Aider confidence in being able to address youth mental health issues and by an optional outcome related to First Aider mental health awareness.

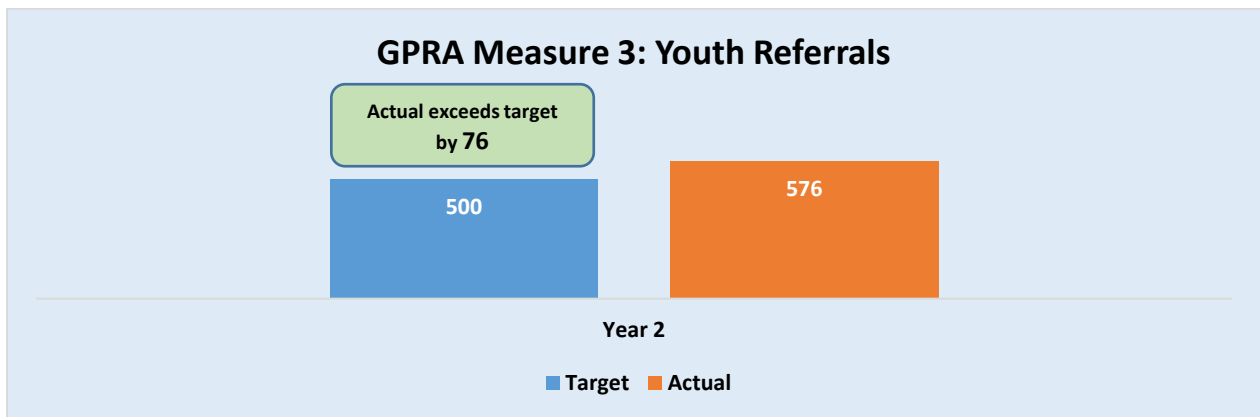
To measure the required community- or population-level outcome, the percent of First Aiders who increased (or maintained the highest level of) confidence between pre and post assessments was calculated. Pre and post confidence scale scores were comprised of responses to three separate confidence items contained on the pre and post evaluation measures completed by participants. Overall, **86%** of participants reported an increase in confidence or maintained the highest level from pre to post assessment. This was below the Year 2 target of 95%. While the project did not meet its target for this outcome, the change between pre and post was statistically significant ($p < .001$). The project did not meet its target in Year 1 either.

To measure the optional outcome related to mental health awareness, the percent of First Aiders who increased (or maintained the highest level of) awareness between pre and post assessments was calculated. Pre and post awareness scores were calculated by summing the total number of items answered correctly on the 15-item Opinions About Youth Mental Health quiz completed before and after the course. Overall, **79%** of participants reported an increase in awareness or maintained the highest level from pre to post assessment. This was below the Year 2 target of 90%. While the project did not meet its target for this outcome, the change between pre and post was statistically significant ($p < .001$). The project did not meet its target in Year 1 either.

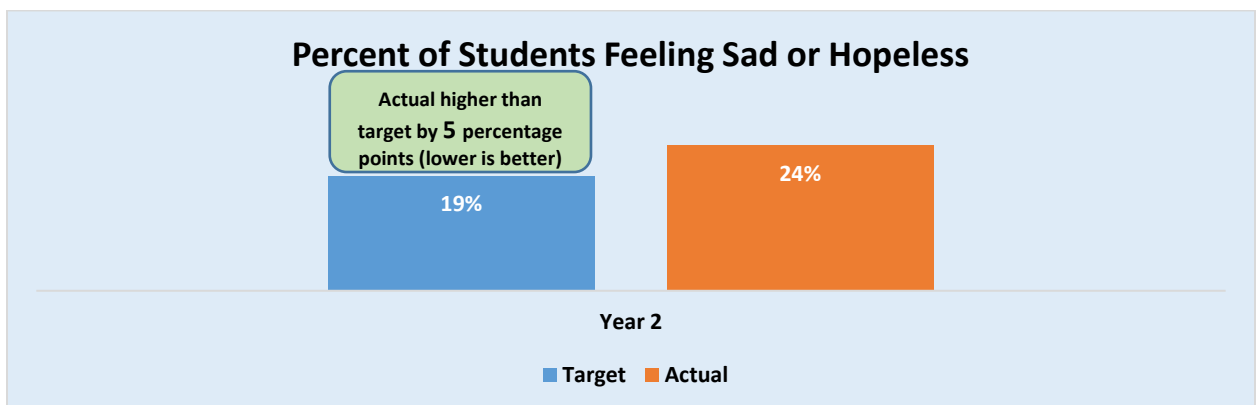
Goal 3: Link adolescents with behavioral health issues to mental, emotional, and behavioral health assistance and services

Progress toward Goal 3 is measured by the required GPRA performance measure related to youth mental health referrals and by the required adolescent or transition-aged youth performance measure related to youths' feelings of sadness or hopelessness.

As shown in the figure below, the project met its GPRA 3 target for Year 2. Trained Instructors and First Aiders referred **576** youth to mental health resources, exceeding the target of 500 by 76. The project met this target in Year 1 as well.



To measure the outcome related to adolescents or transition-aged youth, the project is using the Indiana Youth Survey completed by 6th-12th grade students in the Diocese of Evansville and Warrick County schools. The specific indicator for this outcome is the percent of adolescents in grades 6-12 who report feeling so sad or hopeless that they stopped doing some usual activities. The project has projected a 3 percentage point decrease in this rate by the end of the grant period. Given that the baseline results from the 2014/2015 school year indicated that 21% of students reported feeling sad or hopeless, the ultimate target was set at 18%, with a rate of 19% expected by the end of Year 2. Year 2 data from 2016/2017 showed that **24%** of students reported feeling sad or hopeless, which was a slight increase from the Year 1 rate of 23%. The total change will be assessed at the end of Year 3.



Goal 4: Increase the number of collaborative partnerships with youth-serving community agencies/programs

Progress toward Goal 4 is measured by the required performance measure related to the provision of behavioral health care services in the selected geographic catchment area, specifically the number of community partners with staff trained in YMHFA. This count is determined by the number of signed partner MOUs and the number of organizations with staff trained in youth mental health first aid.

As of August 2016 and maintained thereafter, the project obtained signed MOUs from 17 partner organizations in the community. An additional 32 organizations had staff trained as First Aiders in Year 2. Of all 49 organizations, 41 had staff trained in YMHFA in Year 2. Note that 3 organizations with MOUs had staff trained in Year 1. Based on this information, the project met its target for Year 2.



Goal 5: Conduct outreach and engagement strategies with adolescents and their families/caregivers to increase awareness of and promote positive behavioral health

Process data are collected to demonstrate progress toward Goal 5. In Year 2, Project AWARE announcements and updates were made monthly to several different groups and organization including but not limited to: SW Indiana Suicide Prevention Coalition, United Way Agency Directors meetings, Mental Health America Board, EVSC Big Table Community meeting, CHNA Behavioral Health/Substance Abuse meetings, FACES (System of Care) Governance Board Meeting and FACES (System of Care) Consortium meetings. These meetings take place monthly. Additionally, Project AWARE staff distributed information at local health fairs. Media appearances were also done to promote YMHFA.

A Facebook page has also been set up for the project. As a proxy measure for community exposure of the project, the number of Likes are tracked. Currently, the page has 219 Likes. Based on an assessment of demographics, the project appears to be reaching adults who interact with youth who have been trained or could potentially be trained as first aiders (89% are 25 years or older). Furthermore, analytics allow for tracking of where the Likes are coming

from. Data indicate that the project is making progress in reaching out to its catchment area. Additionally, the Facebook page allows the project to announce and advertise open trainings, share pictures from the trainings, recognize instructors, and share mental health information.

E. Lessons Learned

Based on a review of evaluation findings and feedback from the Project AWARE planning team, the following lessons were learned from Year 2 implementation of the Southwestern Indiana Project AWARE.

- (1)** Community partnerships continue to be very important in attracting individuals to YMHFA trainings and spreading awareness of youth mental health needs and resources.
- (2)** The project has been successful in meeting its referral targets because of the number of people trained as First Aiders, the fact that they are in positions that afford them contact with youth, and the ongoing communication project staff have with them after they complete training.
- (3)** The project has learned to be flexible in dealing with Instructor attrition. The loss of Instructors has necessitated a plan for training additional Instructors, not only for the remainder of the grant period but to ensure that activities may be sustained after the project.
- (4)** While many organizations throughout the community had staff trained as First Aiders in Year 2, there was still a small number with signed MOUs who did not have staff represented in the trainings. Efforts will be made in Year 3 to ensure those organizations have the opportunity to participate in available course offerings. It should be noted that the largest public school district in the area had several people trained in Year 2, which was a significant improvement over Year 1 participation.
- (5)** The Project AWARE Team has focused on sustainability planning and realizes the importance of continuing the work related to youth mental health needs after the grant funding ends.

F. Recommendations and Considerations

Based on results from the evaluation process in Year 2, the following recommendations are provided.

- (1)** The project was yet again successful in meeting its referral target. To ensure success in Year 3, continue to focus on the referral process during trainings to encourage participants to report numbers on a monthly basis. This includes an explanation for why referral tracking is important to the community, how it benefits youth and their families, and its impact on collaborations among community organizations. As indicated, referrals appear to be impacted by the school calendar, so it is important for First Aiders to continue addressing youth mental health issues even when students are not in school.
- (2)** Related to the above recommendation, continue to communicate clear and accurate referral resources and the definition of a referral. Also, ensure the referral list is updated.
- (3)** Review pre and post results for the mental health awareness assessment to determine areas where participants may still require additional instruction even after program completion. While participants significantly increased their awareness from pre to post assessment, there were a small number of individual scale items that continued to be answered incorrectly. Additional focus on those areas may be warranted.
- (4)** Note that confidence and awareness increases were slightly lower in Year 2 compared to Year 1. Ensure that Instructors are communicating information as effectively as possible to maximize impact on participants' confidence in addressing mental health issues and their understanding of mental health first aid principles.
- (5)** Review Instructors' open-ended comments to determine whether there are areas that should be addressed. Some Instructors cited the need for better management of participant discussion. Consider providing Instructors with tips about how to better facilitate conversation among participants.
- (6)** Review comments from participants regarding how the program may be improved to ensure the experience provides the greatest benefit possible to community members. While program feedback items demonstrated an overwhelmingly positive response to the program in Year 2, there were a few comments that noted how the program could be improved.

II. Verification of Implementation of the Approved Evaluation Plan

The evaluation plan approved by SAMHSA in July 2016 has been implemented, and data collection related to each required performance measure and process/fidelity measure is ongoing. No modifications have been made to the evaluation plan.

We are not required to receive approval from an IRB to complete the project. This project involves evaluation of a public service rather than research. All training participants sign an informed consent that fully describes any risks and benefits of participation in the training and data collection process. Participants are also informed about the confidentiality of the data they provide and the fact that participation is voluntary.

III. Findings and Results

Southwest Indiana Project AWARE will strengthen community capacity to address adolescent mental health needs by bolstering community partnerships and increasing the number of youth-interacting adults in Vanderburgh County and Warrick County, Indiana who are trained in Youth Mental Health First Aid (YMHFA). The population of focus is adolescents aged 12-18 in Vanderburgh and Warrick Counties. The project has the following goals:

- 1) Increase capacity of adults to respond to behavioral health issues of adolescents
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To achieve these goals, our partnership is delivering YMHFA Instructor and First Aider training, developing a YMHFA sustainability plan, developing/strengthening partnerships with relevant youth-serving community agencies and programs, and developing a social marketing and awareness campaign.

The following sections present results associated with each project goal shown above. Within each section, the following details are presented:

- Needs and gaps associated with the goal
- Activities implemented to address the needs
- Process and fidelity measures to demonstrate activity implementation progress
- Specific outcomes being measured that address progress toward the goal
- Key results associated with each outcome
- Analysis of barriers and limitations related to evaluation of the project goal
- Summary of findings and results related to the project goal

The information included in the sections that follow are aligned with the approved evaluation plan. Results are focused on progress made during Year 2 of the project, though targets for Years 1 and 3 are also indicated.

Project Goal 1: Increase capacity of adults to respond to behavioral health issues of adolescents

Needs and Gaps

Based on the 2015 County Health Rankings, Vanderburgh and Warrick Counties have rates higher than state and national averages for Poor Mental Health Days. Additionally, the suicide rate in Vanderburgh County is high and more than double the Healthy People 2020 target. Prior to implementation of the project, Deaconess Cross Pointe was the only provider of YMHFA training in Southwest Indiana, with only two employees with YMHFA Instructor certification. While there were 239 First Aiders already trained in the catchment area, stakeholders agreed that this number was inadequate to sufficiently safeguard our adolescents age 12-18. Having additional adults trained in mental health first aid is particularly important given the lack of prevention and early mental health intervention services, including lack of child psychiatrists, in the region. A recent Community Health Needs Assessment conducted by local health care providers cited this as a particular concern.

Activities Implemented to Address the Needs

To address the needs and gaps detailed above, the Southwest Indiana Project AWARE conducted YMHFA Instructor training to increase the number of trained Instructors in the region and has implemented YMHFA First Aider trainings to significantly expand the number of adults in the area who are trained as First Aiders.

Process and Fidelity Measures to Demonstrate Activity Implementation Progress

For each training conducted through the AWARE-C project, a consistent set of process and fidelity measures are implemented. A Program Summary sheet documents the total number of enrolled and completed trainees; program date, location, and duration; Instructor qualifications and backgrounds; an evaluation checklist to detail completion of all necessary evaluation steps; a curriculum checklist to note completion of all program sections; and open-ended items for Instructors to note program successes and areas for improvement.

The following table documents process-related data associated with each First Aider training conducted in Year 2. As shown in the table, a total of nineteen Instructor First Aider training programs were conducted in Year 2. First Aider trainings were conducted during a one-day, eight-hour session. The total number of completed trainees in each program ranged from 6-29, with an average attendance of 17.

From a fidelity standpoint, there was consistency in program implementation, including course length, inclusion of all program topics, and completion of all steps of the evaluation process.

Table 1. Youth Mental Health First Aid Program Summary							
Course	Date	Total Enrolled	Total Completed	Course Length (Hours)	Were All Topics Covered?	Program Summary Sheet Submitted (Including Evaluation Checklist and Curriculum Checklist)?	Informed Consents Submitted?
FA Course 1	10/15/16	16	16	8	Yes	Yes	Yes
FA Course 2	11/8/16	7	6	8	Yes	Yes	Yes
FA Course 3	12/20/16	9	9	8	Yes	Yes	Yes
FA Course 4	1/20/17	15	13	8	Yes	Yes	Yes
FA Course 5	1/21/17	14	12	8	Yes	Yes	Yes
FA Course 6	1/25/17	15	14	8	Yes	Yes	Yes
FA Course 7	2/18/17	16	16	8	Yes	Yes	Yes
FA Course 8	3/31/17	27	13	8	Yes	Yes	Yes
FA Course 9	3/31/17	18	18	8	Yes	Yes	Yes
FA Course 10	5/17/17	27	27	8	Yes	Yes	Yes
FA Course 11	5/19/17	19	19	8	Yes	Yes	Yes
FA Course 12	5/23/17	27	26	8	Yes	Yes	Yes
FA Course 13	6/14/17	24	25	8	Yes	Yes	Yes
FA Course 14	6/23/17	29	29	8	Yes	Yes	Yes
FA Course 15	7/12/17	24	23	8	Yes	Yes	Yes
FA Course 16	7/18/17	9	8	8	Yes	Yes	Yes
FA Course 17	7/28/17	30	22	8	Yes	Yes	Yes
FA Course 18	9/13/17	8	8	8	Yes	Yes	Yes
FA Course 19	9/21/17	29	26	8	Yes	Yes	Yes

Instructors for each First Aider course responded to the following questions on the Program Summary sheet:

- 1) What went well during this program? (Successes)
- 2) What did not go well during this program? (Areas for Improvement)
- 3) How would you improve this program the next time you conduct the training?

Each item was analyzed for key themes across programs. The following key themes were identified.

What went well? (Successes)

- Participants very engaged
- Good discussion among participants
- Participants were interested in understanding how they could apply the information
- Good organization of materials

What did not go well? What could be improved? (Areas for improvement)

- Paperwork is time-consuming
- Some AV technical difficulties
- Discussions took longer than desired

How could the program be improved?

- Ensure room is prepared for training in advance
- Ensure all AV equipment works
- Do a better job of leading discussion (either limiting excess discussion or encouraging participant feedback)

After completion of each training program, YMHFA Instructors complete the Youth Mental Health First Aid USA Quality Evaluation Scoring Rubric as a self-evaluation of their training performance. In addition to being a self-reflection and improvement tool for the Instructor, the measure is used for fidelity purposes to assess the consistency with which Instructors rate themselves on each item. The following table provides a collapsed summary of ratings across all programs conducted in Year 2. Specifically, Sessions 1 and 2 of Section 4 (Curriculum Knowledge) have been collapsed since they include every single topic covered during the training. As noted, there was a great deal of consistency in ratings across programs. The vast majority of Instructors rated themselves as 4 or 5 on each item. These self-evaluations help to demonstrate the fidelity of program implementation. The following items were the highest rated by Instructors:

- **Course materials**
- **First aiders assist individual in identifying options so the individual can make choices – First Aider not act as an expert**
- **Revisit Mental Health Opinions Quiz**
- **Evaluations and certificates**
- **Accessibility of materials**
- **Mental health disorders are real and everyone deserves support and intervention**
- **Use of person-first language (i.e., schizophrenia vs schizophrenic)**
- **Demonstrate/reinforce the application of ALGEE**

While the following areas were rated fairly high overall, they may demonstrate some additional room for improvement.

- **Adequately support evidence-base of content (i.e., data including prevalence treatment)**
- **Appropriately manages participant interactions**
- **Speak in a volume and pace appropriate for the room size and participants**
- **Use an appropriate tone for the content**

Table 2. YMHA Instructor Self-Evaluations			
Course Requirements			
Item	Yes	No	N
Provide manuals for each participant	100%	0%	26
Use current course slides for observed sections	96%	4%	26
Use course videos for observed sections	100%	0%	26
Provide a resource list to participants	100%	0%	26
Is the instructor credentialed to teach the course they are giving?	100%	0%	26

1. Preparation and Planning							
Item: To what extent do you see evidence that the instructor adequately prepared for the course?	1 Not at all	2	3 Somewhat	4	5 Completely	Average Rating*	N
Course materials	--	--	--	--	100%	5.0	26
Accessibility of materials	--	--	--	8%	92%	4.9	26
Time management of course agenda	--	--	12%	4%	85%	4.7	26
Room set-up	--	--	--	22%	78%	4.8	23
Coordination between instructors	--	--	4%	15%	81%	4.8	26
Section 1 Totals	0%	0%	3%	9%	87%	4.8	127
2. Values							
Item: To what extent does the instructor reinforce the following values of the Mental Health First Aid course?	1 Not at all	2	3 Somewhat	4	5 Completely	Average Rating*	N
Mental health disorders are real and everyone deserves support and intervention	--	--	--	4%	96%	5.0	26
Recovery is possible	--	--	--	31%	69%	4.7	26
Use course terminology appropriately and avoid use of stigmatizing language	--	--	--	27%	73%	4.7	26
Use of person-first language (i.e., schizophrenia vs schizophrenic)	--	--	--	4%	96%	5.0	26
First aiders assist individual in identifying options so the individual can make choices – First Aider not act as an expert	--	--	--	--	100%	5.0	26
Section 2 Totals	0%	0%	0%	13%	87%	4.9	130

3. Concepts							
Item: To what extent did the instructor...	1 Not at all	2	3 Somewhat	4	5 Completely	Average Rating*	N
Demonstrate/reinforce the application of ALGEE	--	--	--	4%	96%	5.0	26
Adequately support evidence-base of content (i.e., data including prevalence treatment)	--	--	--	50%	50%	4.5	26
Section 3 Totals	0%	0%	0%	27%	73%	4.7	52
4. Curriculum Knowledge							
Session 1 and 2							
Item: To what extent did the instructor adequately cover the following teaching points and activities under each course section?	1 Not at all	2	3 Somewhat	4	5 Completely	Average Rating*	N
Section 4 Session 1 Totals	0%	0%	0%	6%	94%	4.9	661
Section 4 Session 2 Totals	0%	0%	1%	7%	93%	4.9	561
Concluding Activities							
Item	1 Not at all	2	3 Somewhat	4	5 Completely	Average Rating*	N
Revisit Mental Health Opinions Quiz	--	--	--	--	100%	5.0	12
Youth Mental Health First Aid Exam	13%	--	--	6%	81%	4.4	16
Evaluations and certificates	--	--	--	--	100%	5.0	22
Concluding Activities Totals	4%	0%	0%	2%	94%	4.8	50
5. Scope and Role of Mental Health First Aider and Instructor							
Item: To what extent did the instructor...	1 Not at all	2	3 Somewhat	4	5 Completely	Average Rating*	N
Convey the role and limitations of a First Aider	--	--	--	23%	77%	4.8	26
Use personal disclosure of experiences appropriately	--	--	--	17%	83%	4.8	23
Demonstrate the appropriate role of Mental Health First Aid Instructor	--	--	--	27%	73%	4.7	26
Section 5 Totals	0%	0%	0%	23%	77%	4.8	75
6. Instructor Presentation and Facilitation Skills							
Item: To what extent did the instructor...	1 Not at all	2	3 Somewhat	4	5 Completely	Average Rating*	N
Speak in a volume and pace appropriate for the room size and participants	--	--	--	42%	58%	4.6	26
Use an appropriate tone for the content	--	--	--	42%	58%	4.6	26

Appropriately manages participant interactions	--	--	--	50%	50%	4.5	26
Encourage active engagement by participants through use of interactive techniques	--	--	--	35%	65%	4.7	26
Section 6 Totals	0%	0%	0%	42%	58%	4.6	104

*Note: Given that self-evaluation ratings were very high and most resulted in a median of 5, the average rating is presented to better identify distinctions among the different self-evaluation sections.

Another aspect of fidelity measured after completion of each course was participant feedback related to the course itself and the facilitator. As shown in Figure 1, participants were in strong agreement that the Instructors were knowledgeable about the topic and were effective in presenting the material. There was also a high level of agreement about the course content and the belief that it was practical and easy to understand (Figure 2).

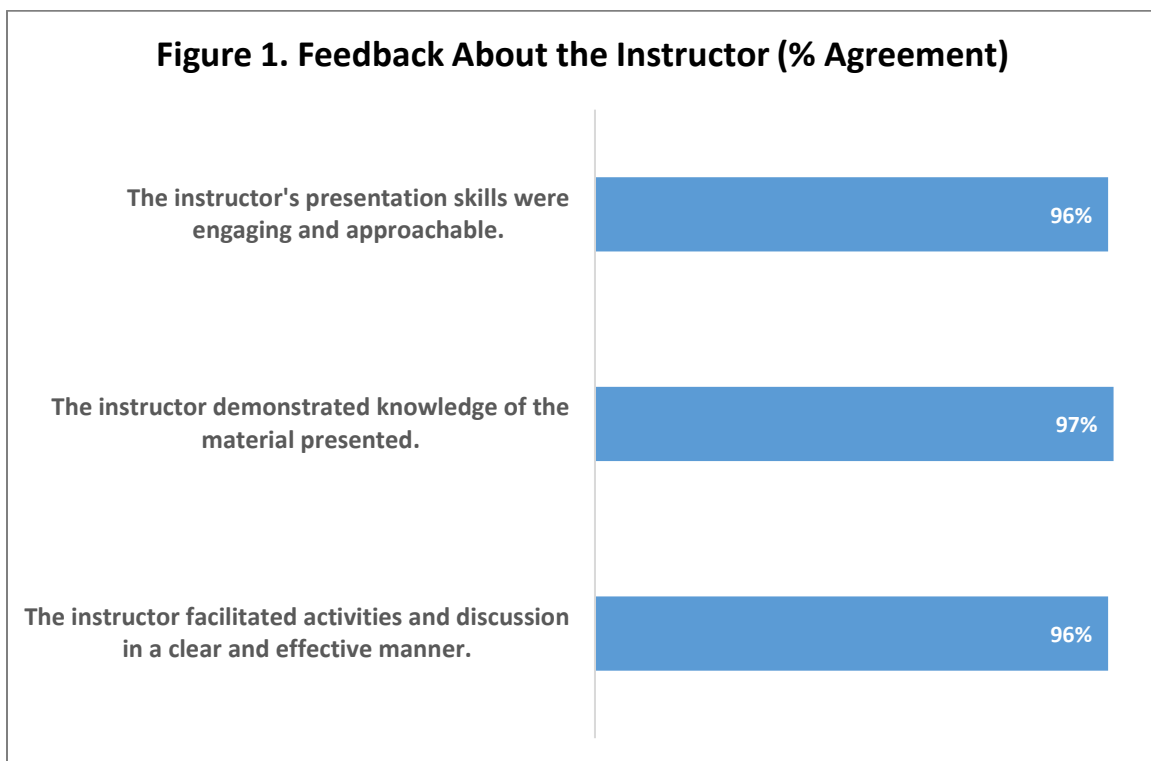
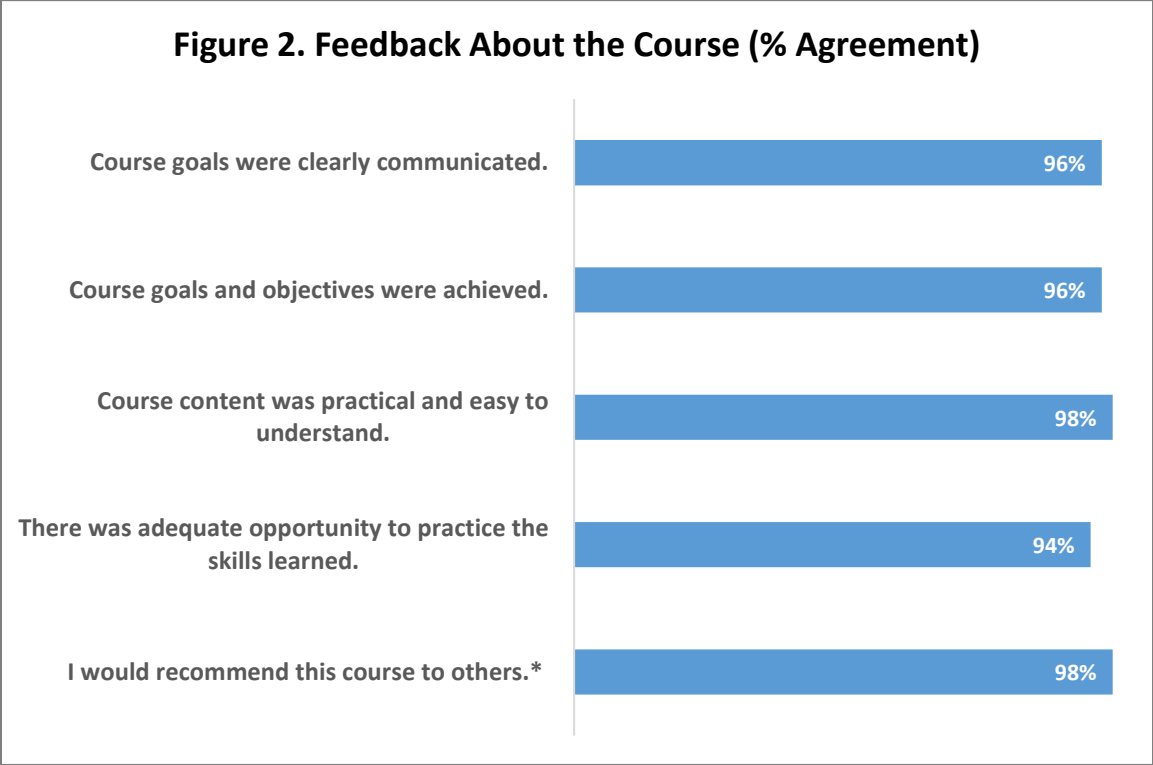


Table 3. Frequency Statistics for Instructor Feedback Items						
Item	1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree	N*
1. The instructor’s presentation skills were engaging and approachable.	1%	1%	2%	34%	61%	622
2. The instructor demonstrated knowledge of the material presented.	1%	--	2%	31%	66%	621
3. The instructor facilitated activities and discussion in a clear and effective manner.	1%	--	2%	29%	67%	621

*Note: Participants responded to these items about two instructors, which explains why the totals are approximately twice the number of total participants.



*Item answered with a Yes/No response. Percent represents those who answered “Yes.”

Table 4. Frequency Statistics for Course Feedback Items						
Item	1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree	N
1. Course goals were clearly communicated.	1%	--	2%	39%	58%	308
2. Course goals and objectives were achieved.	1%	1%	2%	40%	56%	306
3. Course content was practical and easy to understand.	1%	--	1%	35%	63%	308
4. There was adequate opportunity to practice the skills learned.	2%	1%	4%	34%	60%	307

Participants in each First Aider course responded to the following open-ended questions on the Course Evaluation Form:

- 1) What is your overall response to this course?
- 2) What do you consider to be the strengths of the course?
- 3) What do you consider to be the weaknesses of the course?
- 4) Was there any issue/topic that you expected this course to cover which it did not address?

Each item was analyzed for key themes across programs. The following key themes were identified.

1) What is your overall response to this course?

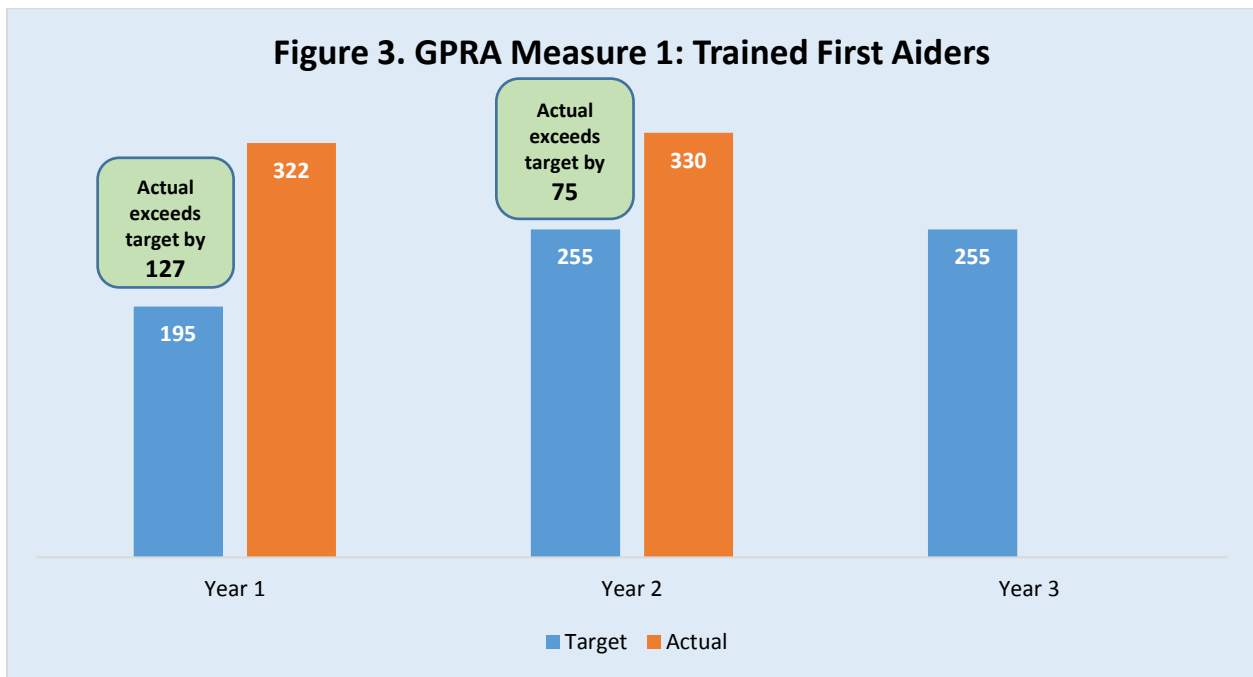
- Informative
- Helpful/beneficial
- Somewhat long
- Vast majority of the comments were positive

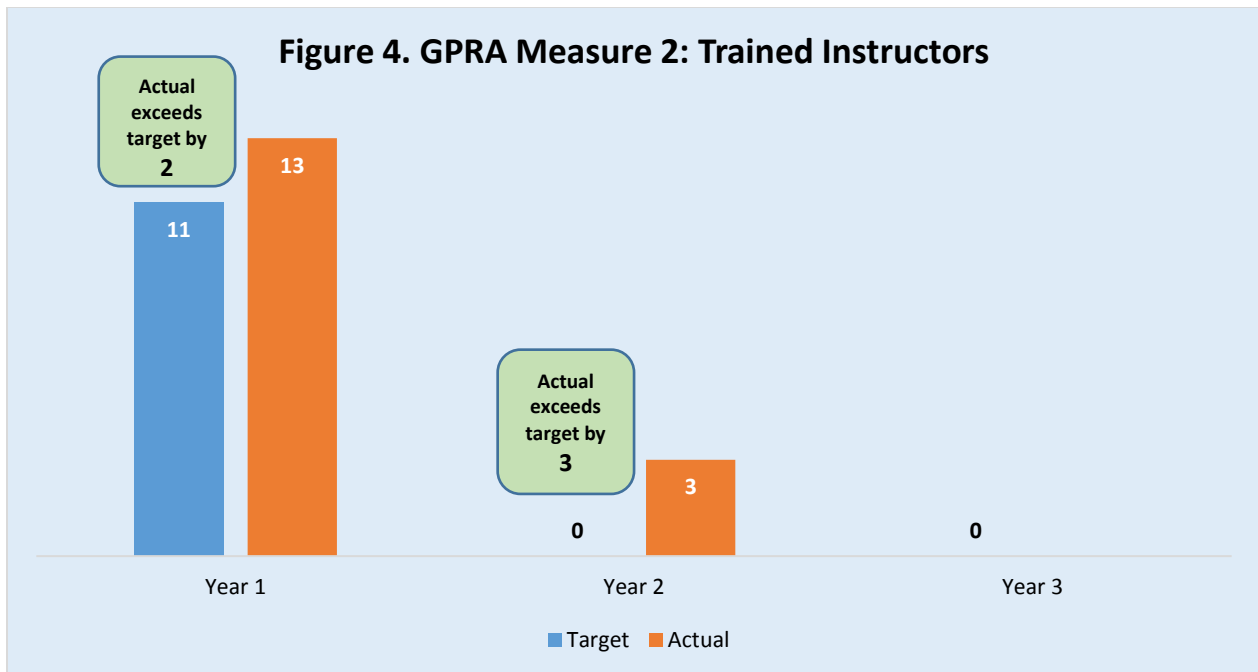
2) What do you consider to be the strengths of the course?

- Interactive
- Activities/exercises
- Facts and research
- Provides words/actions that can be used in real-life situations
- Good/substantial information
- Practical
- Open discussions

specific to GPRA Measures 1 and 2. As noted, the Southwest Indiana Project AWARE exceeded targets for both GPRA Measures 1 and 2.

Table 5. GPRA Measures 1 and 2 Year 2 Quarterly and Annual Totals							
Measure	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year 2 Total	Year 2 Target	Target Met?
GPRA Measure 1: The number of individuals who were trained as MHFA or YMHA <u>First Aiders</u> during each quarter of the grant.	31	86	126	87	330	255	Yes
GPRA Measure 2: The number of individuals who were both trained and certified to be MHFA or YMHA <u>Instructors</u> during each quarter of the grant.	3	0	0	0	3	0	Yes





Analysis of Barriers and Limitations Related to Evaluation of Project Goal 1

Although the project experienced some attrition in Instructors, additional individuals were trained to provide training programs. Training programs have been consistently offered throughout the community at a rate of approximately four to five per quarter.

As noted by the Year 2 training participant counts, the project exceeded targets for both trained Instructors and First Aiders. The evaluator will continue to provide project team members with monthly training counts to ensure continual monitoring of progress toward annual goals.

Summary of Findings and Results Related to Project Goal 1

In Year 2, the Southwestern Indiana Project AWARE exceeded targets for GPRA Measures 1 and 2. For GPRA Measure 1 (First Aider trainees), 330 individuals in the community were trained as First Aiders. This count exceeded the target of 255 by 75. For GPRA Measure 2 (Instructor trainees), 3 individuals in the community were trained as Instructors. This count exceeded the target of 0 by 3.

Instructors and project staff demonstrated a high degree of fidelity in implementing YMHFA courses. Instructors consistently covered all course topics, provided a consistent dosage of training, and closely followed all evaluation procedures. The project employs staff members who coordinate data collection to ensure that each course follows the same processes. This has been a significant benefit to maintaining fidelity. Further, Instructors provided fairly consistent self-evaluation ratings for the courses they taught. The self-evaluation allows Instructors to reflect on their instructional practices and to identify areas of improvement. One specific area

of improvement noted by Instructors was the need to more effectively manage discussions, either limiting excessive conversation or encouraging input from participants. Instructors will work to ensure discussions are appropriate for the program sessions.

Participants provided extremely positive feedback about the First Aider courses. No less than 96% of participants reported satisfaction with the Instructors, and no less than 94% of participants reported satisfaction with the course. Across all twenty First Aider courses, 98% of participants indicated they would recommend the YMHFA course to others.

The following comments are indicative of the positive response provided by participants.

- *He [the Instructor] was entertaining and made learning these subjects easy and relatively painless.*
- *Even though I have a school guidance degree, I still feel this was very beneficial to me. I am sure others agree.*
- *I feel this course was influential in my understanding of how to deal with a youth in crisis.*
- *I found it to be informational in terms of speaking appropriately to mental health sufferers.*
- *Positive, excellent information and practice with scripting.*
- *The course was very interactive which helps with long term memory and practice.*

Project Goal 2: Increase the mental health literacy of youth-interacting adults

Needs and Gaps

In addition to the needs identified under Project Goal 1, inadequate mental health education and training among youth-serving individuals was a key deficit noted in the original grant application for this AWARE-C project. The need for increased mental health education and training was identified in the Vanderburgh and Warrick County Community Health Needs Assessments conducted by local health care providers.

Activities Implemented to Address the Needs

To address the needs and gaps detailed above, the Southwest Indiana Project AWARE conducted YMHFA Instructor training to increase the number of trained Instructors in the region and has implemented YMHFA First Aider trainings to significantly expand the number of adults in the area who are trained as First Aiders. More specifically, the content included in the training programs is designed to teach individuals techniques to quickly and effectively identify mental health concerns in youth. Training participants are provided with a community resource guide to educate them about the services available to youth and their families. In addition to building knowledge among adults, Instructors attempt to instill confidence in First Aiders to be able to address mental health needs among youth when they are identified.

Process and Fidelity Measures to Demonstrate Activity Implementation Progress

Process and fidelity measures associated with implementation of the YMHFA training program were detailed under Project Goal 1. Of particular relevance to Project Goal 2 are the curriculum topics covered during each training. As noted previously, Instructors for every program conducted in Year 2 confirmed that they covered all required course topics. Further, there was a high degree of consistency in self-ratings related to course knowledge. Instructors believe they are imparting the knowledge necessary to educate First Aider trainees on essential mental health first aid techniques and skills.

In addition to course topics, First Aider trainees are provided with a community resource guide that details the available mental health services in the area. For many trainees, this is the first time that they have been provided with a comprehensive list of resources to address mental health needs, which greatly supports the information they receive through the training program.

Specific Outcomes Related To Project Goal 2

To measure progress toward **Goal 2**, the following outcomes are being assessed throughout the grant period. The focus of the current evaluation is on Year 2.

Required Outcome Performance Measure focused on a community- or population-level

outcome: At the end of each training, **95%** of participants will increase confidence in their awareness of mental health issues and their ability to recognize, communicate, and provide assistance to adolescents dealing with a mental health challenge.

Annual Targets for Required Performance Measure:

Year 1=95%
Year 2=95%
Year 3=95%

Optional Outcome: At the end of each training, **90%** of participants will increase (or maintain the highest score) knowledge and understanding of mental health issues (mental health awareness).

Annual Targets for Optional Outcome:

Year 1=90%
Year 2=90%
Year 3=90%

Key Results Associated with Each Outcome for Project Goal 2

Required Outcome Performance Measure

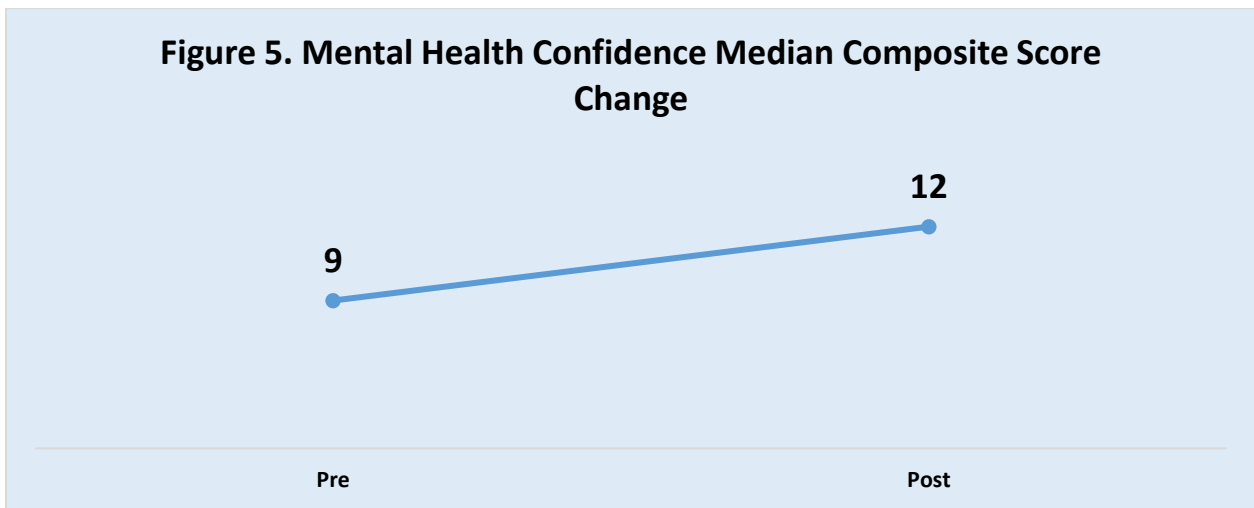
To assess the required performance measure above, participants respond to three confidence-related items on the Opinions About Youth Mental Health Problems measure administered before and after program completion. Each item uses a five-point Likert type scale, where 1=Strongly Disagree and 5=Strongly Agree. For each participant, a pre and post composite confidence score is calculated by adding the three confidence-related items together. The total possible score range is 3 to 15.

The table below indicates the pre and post median scores for Year 2, as well as the percent of participants who increased their score from pre to post. For purposes of this evaluation, the pre score serves as the baseline, and the percentage of participants who increased or maintained the highest score from pre to post serves as the targeted outcome. As indicated in Table 6 and Figure 5, median scale scores increased from 9 to 12, and 86% of participants increased their confidence score or maintained the highest level. This percentage is lower than the target for the outcome (95%).

An additional analysis was conducted on the pre and post composite scores to determine whether the change was statistically significant. As noted below, results of a nonparametric Wilcoxon test conducted on the pre and post scores indicates there was a statistically significant increase in confidence scale scores from pre- to post-survey ($Z=-13.308, p < .001$).

Table 6. Mental Health Confidence Composite			
Pre Median	Post Median	Percent of Participants Increasing from Pre to Post (or maintaining highest level)	Significance
9	12	86% (258/299)	$p < .001$

Possible composite score range: 3 – 15



The table below presents the individual items that form the confidence score composite. Frequency statistics for pre and post assessments are provided.

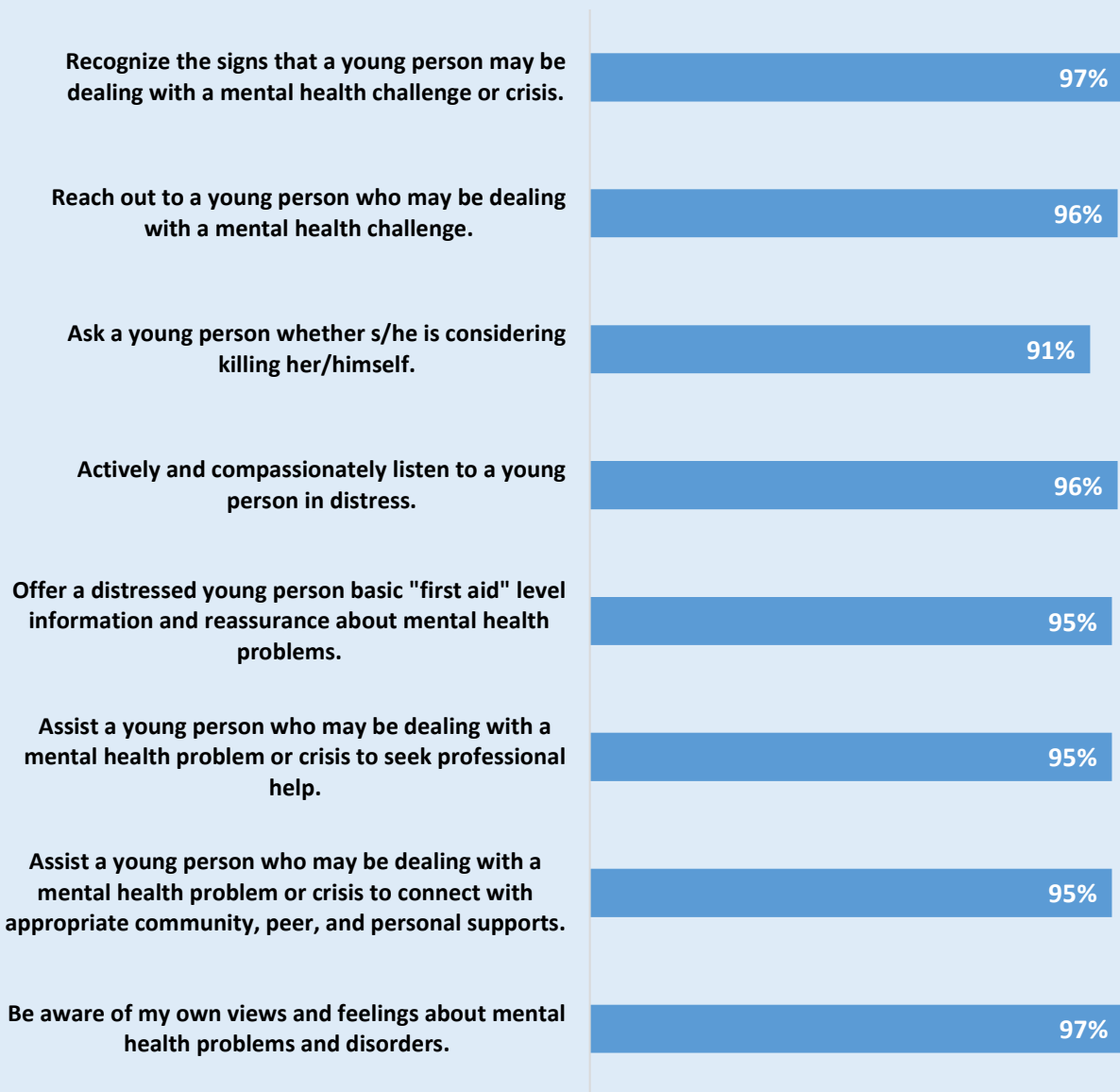
Table 7. Frequency Statistics for Mental Health Confidence Items (Pre and Post Assessments)							
Item	Assessment	1 Strongly Disagree	2 Disagree	3 In the Middle	4 Agree	5 Strongly Agree	N
1. I am confident in my ability to recognize when youth are dealing with a mental health challenge or crisis.	Pre	2%	19%	52%	22%	5%	299
	Post	1%	--	10%	66%	23%	299
2. I am confident in my ability to communicate with and provide assistance to youth who are dealing with a mental health challenge or crisis.	Pre	2%	29%	41%	23%	6%	299
	Post	1%	1%	12%	62%	25%	299
3. I am confident in my own awareness of mental health problems and disorders.	Pre	2%	17%	43%	32%	6%	299
	Post	1%	1%	9%	63%	26%	299

In addition to the confidence items contained on both the pre and post Opinions measure, participants respond to confidence-related items on the post-only Course Evaluation Form. As shown in the table and figure below, participants indicated a high level of confidence in being able to address mental health issues among youth.

Table 8. Frequency Statistics for Mental Health Confidence Items (Post Assessment Only)							
Item	1 Strongly Disagree	2 Disagree	3 In the Middle	4 Agree	5 Strongly Agree	N	
1. Recognize the signs that a young person may be dealing with a mental health challenge or crisis.	1%	1%	1%	57%	40%	304	
2. Reach out to a young person who may be dealing with a mental health challenge.	1%	--	3%	54%	42%	306	

3. Ask a young person whether s/he is considering killing her/himself.	1%	1%	7%	49%	42%	306
4. Actively and compassionately listen to a young person in distress.	2%	--	2%	40%	56%	307
5. Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	1%	--	4%	53%	42%	306
6. Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	2%	--	3%	47%	47%	306
7. Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports.	1%	--	3%	48%	47%	306
8. Be aware of my own views and feelings about mental health problems and disorders.	2%	--	1%	44%	53%	306

Figure 6. As a result of this training, I feel more confident that I can...*



*Reported percentages represent participants who agreed or strongly agreed to the item.

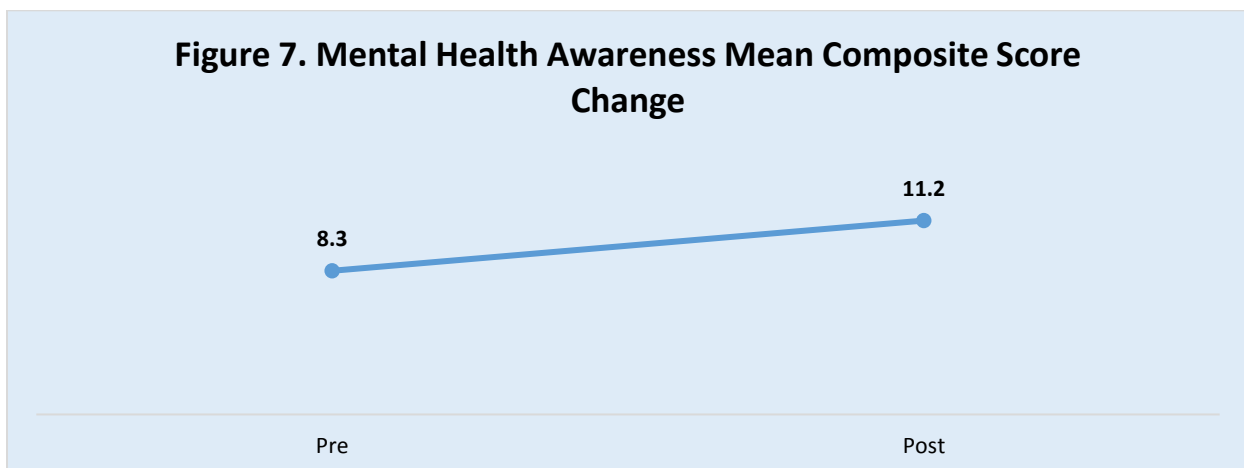
Optional Outcome

In addition to measuring participant confidence associated with addressing mental health issues among youth, the AWARE-C project also measures participants' awareness regarding mental health issues and conditions. A total of fifteen items administered pre and post using the Opinions About Youth Mental Health Problems measure form the total awareness score. Scores are calculated by adding the total number of items a participant correctly answers. For purposes of this evaluation, the pre score serves as the baseline, and the percentage of participants who increased or maintained the highest score from pre to post serves as the targeted outcome. As indicated in Table 9 and Figure 7, mean scale scores increased from 8.3 to 11.3, and 79% of participants increased their mental health awareness score or maintained the highest level. This percentage is lower than the target for the outcome (90%).

An additional analysis was conducted on the pre and post composite scores to determine whether the change was statistically significant. As noted below, results of a t test conducted on the pre and post scores indicates there was a statistically significant increase in mental health awareness scale scores from pre- (M=8.32, SD=2.98) to post-survey (M=11.23, SD=2.22); ($t(310)=-18.206, p < .001$).

Table 9. Mental Health Awareness Composite			
Pre Mean	Post Mean	Percent of Participants Increasing from Pre to Post	Significance
8.3	11.2	79% (246/311)	$p < .001$

Possible composite score range: 0 – 15



The table below presents the individual items that form the confidence score composite. Frequency statistics for pre and post assessments are provided.

Table 10. Frequency Statistics for Mental Health Awareness Items					
Item	Assessment	Agree	Disagree	Don't Know	N
1. It is not a good idea to ask someone if they are feeling suicidal in case you put the idea into his or her head.	Pre	10%	74%	16%	311
	Post	2%	97%	1%	311
2. Depression tends to show up earlier in a young person's life than anxiety.	Pre	15%	49%	36%	311
	Post	14%	77%	9%	311
3. If a young person experiences a trauma, it is best to make him or her talk about it as soon as possible.	Pre	28%	47%	25%	311
	Post	44%	41%	15%	311
4. They may not need it right away, but eventually everyone with a mental health problem needs professional treatment.	Pre	41%	38%	22%	311
	Post	42%	52%	6%	311
5. Knowledge about the impact of medication for youth is limited compared to what we know about adults.	Pre	48%	21%	31%	311
	Post	70%	19%	11%	311
6. It is best to get a person having a panic attack to breathe into a paper bag.	Pre	14%	51%	35%	311
	Post	12%	71%	17%	311
7. A first-aider can distinguish a panic attack from a heart attack.	Pre	31%	38%	31%	311
	Post	28%	61%	11%	311
8. Exercise can help relieve depressive and anxiety disorders.	Pre	90%	3%	7%	311
	Post	93%	2%	5%	311
9. Schizophrenia is a relatively common diagnosis for youth under the age of 18.	Pre	8%	56%	36%	311
	Post	8%	85%	7%	311
10. It is best not to try to reason with people having delusions.	Pre	42%	19%	39%	311
	Post	69%	21%	11%	311
11. People who talk about suicide don't complete suicide.	Pre	6%	81%	14%	311
	Post	10%	87%	4%	311

12. When talking to someone about suicide, it is best to be indirect and not use the word “kill” so that you don’t upset the person.	Pre	20%	46%	34%	311
	Post	11%	86%	4%	311
13. Trauma is a risk factor in almost every type of mental illness.	Pre	53%	23%	25%	311
	Post	67%	25%	8%	311
14. Spirituality can be a protective factor – keeping a young person from developing a mental illness or minimizing the impact of the illness.	Pre	47%	29%	24%	311
	Post	81%	15%	4%	311
15. People with mental health problems tend to have a better outcome if family members are not critical of them.	Pre	71%	8%	21%	311
	Post	89%	6%	5%	311

Note: Options shaded in green indicate the correct answer. Bold numbers indicate the response chosen by the largest percentage of respondents.

Analysis of Barriers and Limitations Related to Evaluation of Project Goal 2

The current evaluation measures two specific aspects of mental health literacy—confidence and awareness of mental health issues and conditions. The project acknowledges that other constructs comprise mental health literacy, which are not being measured at the local level.

Summary of Findings and Results Related to Project Goal 2

In Year 2, the Southwestern Indiana Project AWARE was below targets for both the required outcome performance measure focused on a community- or population-level outcome and the optional outcome related to mental health awareness. For the community- or population-level outcome, 86% of participants increased or maintained the highest level of confidence in their awareness of mental health issues and their ability to recognize, communicate, and provide assistance to adolescents dealing with a mental health challenge. This was lower than the target of 95%. For the optional outcome, 79% of participants increased or maintained the highest level of knowledge and understanding of mental health issues (mental health awareness). This was lower than the target of 90%. Although the project did not meet its Year 2 targets for the outcomes shown above, analyses did show a statistically significant improvement in participant scores from pre- to post-survey. Participants demonstrated significant increases in both confidence related to addressing mental health issues and awareness about mental health issues.

As noted under Goal 1, there was a high degree of fidelity associated with program implementation. Specific to Goal 2, Instructors believe they are imparting the knowledge necessary to educate First Aider trainees on essential mental health first aid techniques and skills, as demonstrated by high ratings in the curriculum knowledge areas of the self-evaluation.

In addition to course topics, First Aider trainees are provided with a community resource guide that details the available mental health services in the area. For many trainees, this is the first time they have been provided with a comprehensive list of resources to address mental health needs, which greatly supports the information they receive through the training program.

The following participant comments highlight participants' growth related to confidence and mental health awareness.

- *Very good information. I feel more confident with how I have handled situations at my school.*
- *Information is easy to understand and is relevant to what the real issues are in our schools.*
- *Relatable to real life.*
- *The scenarios were helpful in seeing what we were learning in action.*
- *I am more knowledgeable and confident in this area.*
- *I feel this course was influential in my understanding of how to deal with a youth in crisis.*
- *It greatly increased my understanding.*

Project Goal 3: Link adolescents with behavioral health issues to mental, emotional, and behavioral health assistance and services

Needs and Gaps

The recent Community Health Needs Assessment conducted by local health care organizations indicated a lack of awareness of available mental health and related support services in the region as a priority concern. This is coupled with the significant risk factors faced by youth and their families, including lack of youth hope and resiliency (Youth First, Inc. Southwest Indiana Youth Survey Report, 2014), youth substance use (Indiana State Epidemiological Report), and family issues such as family conflict, child abuse, and poor parental support (Evansville Vanderburgh County Commission on Domestic and Sexual Violence Annual Report, 2014). Overall, there is a need to link youth to available resources to limit risk factors and increase protective factors in those adolescents.

Activities Implemented to Address the Needs

To address the needs and gaps detailed above, the Southwest Indiana Project AWARE provides trained First Aiders with a comprehensive resource guide related to mental health issues. The guide includes contact information for 40 mental health service organizations in the community. During each training, the Instructor reviews the guide and discusses how First Aiders can refer youth and their families to resources. Because the First Aiders represent many different types of organizations and community entities throughout Southwest Indiana, the project has expanded the community's capacity to connect youth with needed services and supports. To ensure continued support for First Aiders after training, the Project Director contacts each First Aider on a monthly basis as part of the referral data collection process for the project, which is described below. This provides the First Aider with a continued opportunity to learn information about mental health resources available in the community.

Process and Fidelity Measures to Demonstrate Activity Implementation Progress

The Southwest Indiana Project AWARE tracks monthly First Aider training participation counts and documents the organizations associated with each person. As indicated previously, 330 individuals were trained as First Aiders in Year 2, and each participant was provided with the resource guide and procedures for referring youth to services. To date, trained First Aiders represent 62 individual organizations, which further demonstrates the reach of the project. Many of those organizations employ additional staff who have the professional capacity to connect youth and their families to needed mental health resources.

As noted in a previous section, 95% of trained First Aiders agreed that they have the confidence to assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports. This high level of confidence

provides further evidence that community members report capacity to connect youth to needed resources.

Referrals are tracked on a monthly basis and reported to the project team each month. This provides the team with an ongoing update of progress toward the annual goal.

Specific Outcomes Related To Project Goal 3

To measure progress toward **Goal 3**, the following outcomes are being assessed throughout the grant period. The focus of the current evaluation is on Year 2.

Required GPRA Measure 3: The number of adolescents and transition age youth referred by an Instructor or First Aider to mental health or related services, resources, or supports.

Annual Targets for GPRA Measure 1: Year 1=300
 Year 2=500
 Year 3=500

Required Outcome Performance Measure focused on adolescents or transition-aged youth:

There will be a 3 percentage point decrease in the percent of adolescents in grades 6-12 who report feeling so sad or hopeless that they stopped doing some usual activities.

Annual Targets for Required Performance Measure: **Baseline=21%**
 Year 1=20%
 Year 2=19%
 Year 3=18%

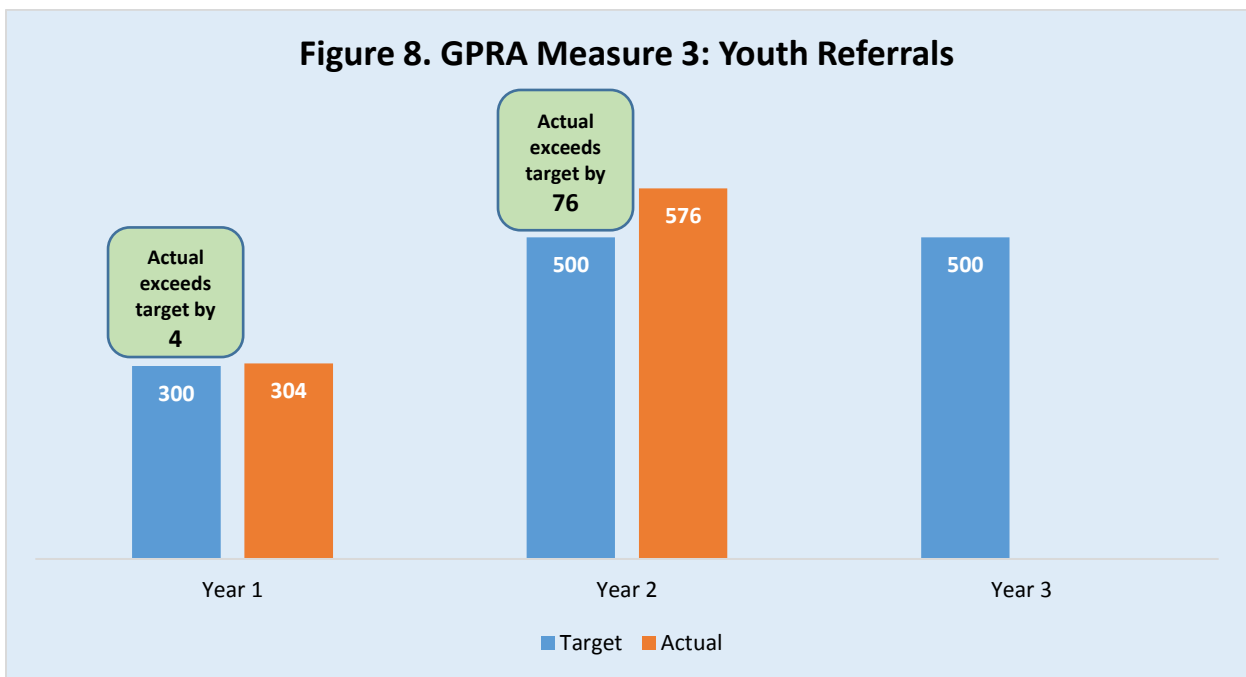
Key Results Associated with Each Outcome for Project Goal 3

Required GPRA Measure 3

To assess GPRA Measure 3, trained First Aiders submit monthly referral counts to an online data portal. At the beginning of each month, the Project Director emails each participant who has chosen to participate in data collection to inform them that the data collection portal for the previous month is open and will remain open for a two-week period. Individuals submit their organization affiliation, when they were trained, and the total number of referrals made during the previous month. Names and associated organizations are entered into a spreadsheet, which are maintained separate from participant survey data. At the end of each quarter, referral counts are communicated to the project team and entered into the online SPARS system. The following tables indicate the Year 2 quarterly and annual data specific to GPRA Measure 3.

As noted, the Southwest Indiana Project AWARE reported 576 referrals for Year 1 and exceeded the Year 2 target by 76 referrals.

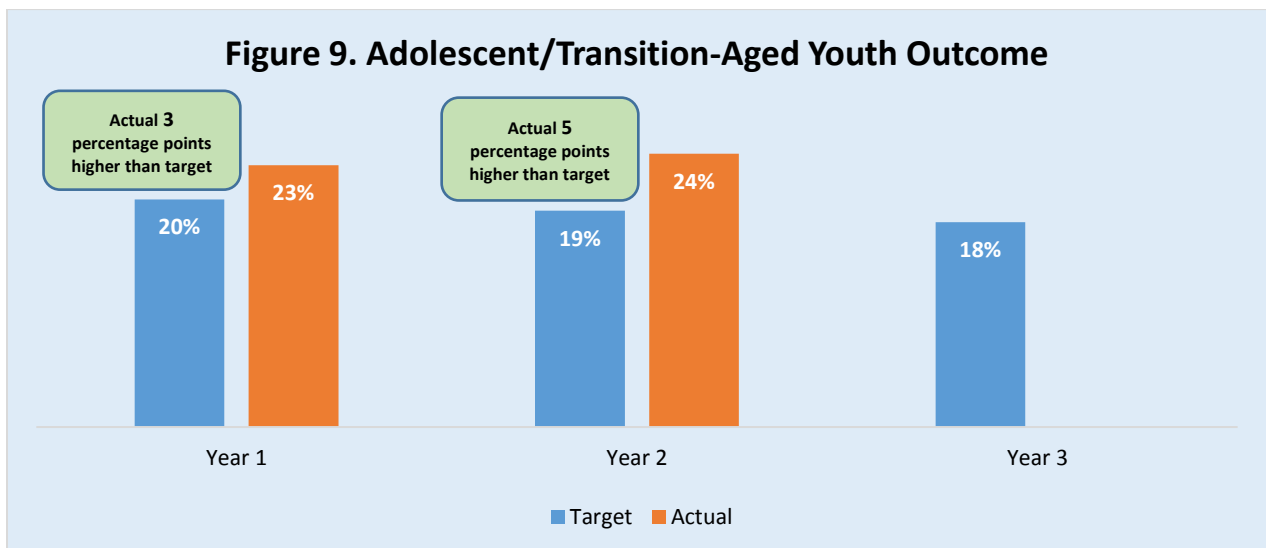
Table 11. GPRA Measure 3 Year 2 Quarterly and Annual Totals							
Measure	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year 2 Total	Year 2 Target	Target Met?
GPRA Measure 3: The number of adolescents and transition age youth referred to an Instructor or First Aider to mental health or related services, resources, or supports.	113	133	127	203	576	500	Yes



Required Outcome Performance Measure

To assess the required performance measure above, data collected from the Indiana Prevention Resource Center’s (IPRC) Indiana Youth Survey completed by 6th-12th grade students in Evansville Diocese and Warrick County schools. An aggregated data point was obtained from IPRC for the percent of adolescents in grades 6-12 who report feeling so sad or hopeless that they stopped doing some usual activities. The project has projected a 3 percentage point decrease in this rate by the end of the grant period. Given that the baseline results from the 2014/2015 school year indicated that 21% of students reported feeling sad or hopeless, the ultimate target was set at 18%, with a rate of 19% expected by the end of Year 2. Year 2 data from 2016/2017 showed that **24%** of students reported feeling sad or hopeless, which was a slight increase from the Year 1 rate of 23%. The total change will be assessed at the end of Year 3.

Table 12. Adolescent/Transition-Aged Youth Outcome				
Measure	Baseline	Year 2	Year 2 Target	Target Met?
Percent of adolescents in grades 6-12 who report feeling so sad or hopeless that they stopped doing some usual activities	21%	24%	19%	No



Analysis of Barriers and Limitations Related to Evaluation of Project Goal 3

In terms of referrals of youth to mental health services, the greatest challenge is the long-term sustainability of referral tracking by trained First Aiders. During each training program, efforts are made by Instructors and support staff to explain the importance of monthly reporting, both for project requirements but also for the impacts on youth and families in the community. First Aiders learn what it actually means to connect youth in need of services to vital resources and how that can make a significant difference in their lives and the community-at-large. Clear,

concise information is also provided about how to make a referral, including the appropriate channels for communication and the resources to share with youth and families. As indicated previously, the Project Director sends a monthly reminder email to each First Aider to encourage them to submit referrals. To remain in the habit of submitting data, First Aiders are asked to submit data even if they had zero referrals for a particular month. This helps the First Aider stay connected to the project and the data collection process.

In terms of data collected through the IPRC survey, the key limitation is the absence of the public school system in Vanderburgh County, which is due to the schedule on which they administer the survey. The school district does not administer the survey every year. However, with the inclusion of the Diocese of Evansville schools, the project is collecting data from many schools in Vanderburgh County, and data collection overall represents a combination of both public and private/parochial schools. Additionally, as noted in the reporting above, results from the Indiana Youth Survey are not immediately available, and schools must wait a period of time before receiving reports. The delay impacts this project's ability to report data for the adolescent/transition-aged outcome.

Summary of Findings and Results Related to Project Goal 3

In Year 2, the Southwestern Indiana Project AWARE exceeded the target for GPRA Measure 3. A total of 576 youth were referred by Instructors and First Aiders to mental health resources in the community. This count exceeded the target of 500 by 76. In terms of the outcome measure related to adolescents or transition-aged youth, 21% of adolescents in grades 6-12 reported feeling so sad or hopeless that they stopped doing some usual activities at baseline (2014/2015 school year). Year 2 data (2016/2017) indicated that 24% of youth felt sad and hopeless, which was an increase from the baseline and resulted in the target for Year 2 (19%) not being met.

Feedback data collected after program completion indicated that 95% of trained First Aiders agreed that they have the confidence to assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports. This high level of confidence provides further evidence that community members report capacity to connect youth to needed resources.

The following comments are related to First Aiders' ability to directly assist youth and their families.

- *I liked going over what to say/not to say in a crisis situation.*
- *I think it will be beneficial for my career.*
- *It was very informative and helpful for my profession (teaching).*
- *Can be easily applied to school setting.*
- *Confirmation of common sense to reach out to youth. No one else is talking about mental health.*
- *Explaining how to approach and talk to young people.*
- *Learning about local resources for mental health.*

Project Goal 4: Increase the number of collaborative partnerships with youth-serving community agencies/programs

Needs and Gaps

As noted in the Project AWARE grant application, the southwestern region of Indiana has many organizations that are already providing mental health and mental health-related services. The community demonstrates collaboration through efforts such as the Community Health Needs Assessment Mental Health Sub-Committee, multi-sector partnerships among businesses, healthcare organizations and faith-based organizations, as well as collaborations between schools and many school-community partnerships. However, we recognize the need to partner together more effectively and efficiently to address mental health needs of youth and the barriers that families face when attempting to access services.

Activities Implemented to Address the Needs

While there are many activities occurring in the community that enhance collaboration, the ones specific to Project AWARE include increasing the number of organizations represented by trained YMHFA Instructors and First Aiders, engaging trained First Aiders in the process of referring youth to mental health resources and supporting their continued efforts, and connecting the project to currently existing efforts in the community.

Process and Fidelity Measures to Demonstrate Activity Implementation Progress

In addition to continual monitoring of the organizations represented by trained Instructors and First Aiders, the project collects information from each First Aider regarding why they attended the program and the role in which they expect the training to be used. The data in the tables below demonstrate the multiple ways that mental health first aid information may be used throughout the community. Findings show that many participants attended at least in part because of a connection to their employer and/or job. Approximately half had a personal interest in the topic. Further, approximately 79% of participants expect to use the information in their jobs, and approximately half of the participants intend to use mental health first aid information in their personal lives.

Table 13. Why did you attend this course? (check all that apply)	
Response	Percent of Total (N=311)
My employer asked/assigned me	37%
Personal interest	53%
Professional development	33%
Community or volunteer interest	19%
Other	6%

Note: Percents do not add to 100% because participants selected all options that apply.

Table 14. In what role do you see your mental health first aid training being of use? (check all that apply)	
Response	Percent of Total (N=311)
At work	79%
As a parent guardian	49%
As a family member	56%
As a peer/friend	50%
As a volunteer/mentor	47%
Other	6%

Note: Percents do not add to 100% because participants selected all options that apply.

Specific Outcomes Related To Project Goal 4

To measure progress toward **Goal 4**, the following outcome is being assessed throughout the grant period. The focus of the current evaluation is on Year 2.

Required Outcome Performance Measure focused on the provision of behavioral health care services in the selected geographic catchment area: By August 2016 (and maintained annually), there will be 17 youth serving community partners with staff trained in YMHFA (First Aid personnel).

Annual Targets for Required Performance Measure:

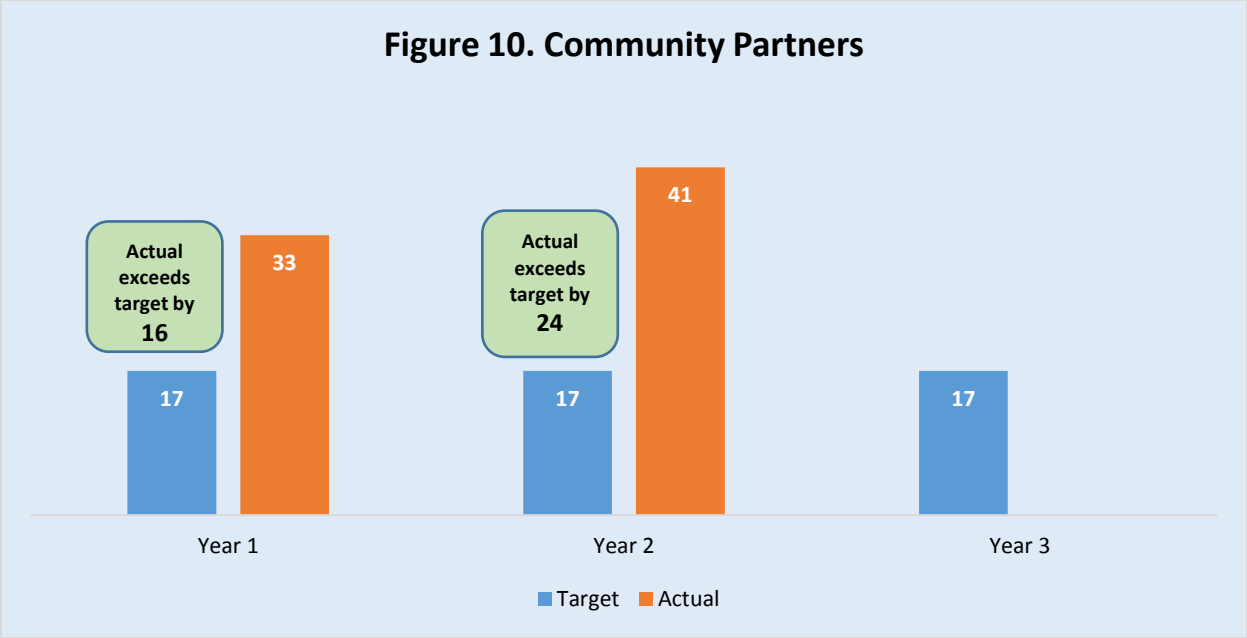
Baseline=0
Year 1=17
Year 2=17 Maintained
Year 3=17 Maintained

Key Results Associated with Each Outcome for Project Goal 4

To assess the required performance measure above, signed MOUs obtained from partnering organizations and a listing of organizational affiliations for trained First Aiders was utilized.

As of August 2016 and maintained thereafter, the project obtained signed MOUs from 17 partner organizations in the community. An additional 32 organizations had staff trained as First Aiders in Year 2. Of all 49 organizations, 41 had staff trained in YMHFA in Year 2. Note that 3 organizations with MOUs had staff trained in Year 1. Based on this information, the project met its target for Year 2. It should be noted that multiple schools in the community are represented in the total organization count below, further demonstrating the reach and impact of the project.

Table 15. Provision of Behavioral Health Care Services Outcome				
Measure	Baseline	Year 2	Year 2 Target	Target Met?
Number of partners with signed MOUs plus additional organizations with staff trained as First Aiders	0	41	17	Yes



The following table indicates the organizations that had staff trained in YMHFA during Year 2 of the project and/or had signed MOUs.

Table 16. Partner Organizations	
Organization	Total Trained
Advanced Pain Care Clinic	1
Always Hope Counseling	1
Anthem	2
Big Brothers Big Sisters	5
Bluegrass Methodist Church	3
Boy Scouts [#]	14
CASA-Spencer County	1
CASA-Vanderburgh County	34
CASA-Warrick County	1
Christian Counseling	1
Courier and Press	1
Deaconess ^{**}	1
Diocese of Evansville ^{**}	47
Evansville Housing Authority	1
Evansville Vanderburgh Public Library	20
Evansville Vanderburgh School Corporation [#]	71
Girl Scouts [#]	2
Greater Vision Baptist Church	1
Hillcrest Youth	1
Immanuel United Church of Christ	1
InSource	1
Ireland Home Based Services	5
Ivy Tech	3
Job Training for HS Students	1
Lifeline	17

Living Word Christian	1
Mental Health America*#	3
Muhlenberg Job Corps	6
Nazarene Baptist	2
North Gibson School Corporation	1
Parenting Time Center	1
Project Search	1
SES	1
St. Mark United Church of Christ	1
St. Paul's United Church of Christ	6
St. Vincent#	2
University of Southern Indiana	31
Warrick County School Corporation#	30
Within Sight	2
Youth First**	5
YWCA	1

*Staff Trained as YMHFA Instructors

Signed MOU submitted

The following organizations signed MOUs as community partners but have not had any staff trained as First Aiders by the end of Year 2.

- Lampion
- Warrick Purdue Extension
- ECHO Community Healthcare
- Boys & Girls Club
- Evansville Psychiatric Children's Center

Analysis of Barriers and Limitations Related to Evaluation of Project Goal 4

There are no specific barriers or limitations related to the evaluation of Goal 4. St. Vincent collected signed MOUs from partners and provided a list to the evaluator. The evaluator documents the organizations represented by trained Instructors and First Aiders. In Year 3, the evaluator will work with St. Vincent to ensure maintenance of the MOUs and continue to collect organization names for participants.

Summary of Findings and Results Related to Project Goal 4

In Year 2, the Southwestern Indiana Project AWARE met the target for the outcome performance measure focused on the provision of behavioral health care services in the selected geographic catchment area. A total of 49 youth serving community partners had signed MOUs and/or staff trained in YMHFA. This count represents multiple schools throughout the region. Of the 49 organizations, 41 actually had staff trained in YMHFA. Note that 3 organizations with MOUs had staff trained in Year 1. A total of five organizations with signed MOUs still have not had staff trained as First Aiders as of the end of Year 2, but efforts will be made to ensure those organizations are provided the opportunity to attend training in Year 3.

Feedback collected from participants at the end of each course demonstrates the multiple ways that mental health first aid information may be used throughout the community. Findings show that many participants attended at least in part because of a connection to their employer and/or job. Approximately half had a personal interest in the topic. Approximately 79% of participants expect to use the information in their jobs, and approximately half of the participants intend to use mental health first aid information in their personal lives.

Project Goal 5: Conduct outreach and engagement strategies with adolescents and their families/caregivers to increase awareness of and promote positive behavioral health

Needs and Gaps

The 2013/2014 Community Health Needs Assessments for both Vanderburgh and Warrick Counties cited lack of awareness of available mental health and related support services in the region as a priority concern. Risk factors noted earlier (family conflict, poor parenting support and bonding, sexual abuse, domestic violence and child abuse) show the significant need for services and the importance of linking youth and their families to mental health resources.

Activities Implemented to Address the Needs

To address the need indicated above, the Southwestern Indiana Project AWARE has implemented a social marketing and awareness campaign in the region. This is a particular focus in Years 2 and 3 of the project.

Process and Fidelity Measures to Demonstrate Activity Implementation Progress

Process data collected throughout the project will demonstrate progress toward Goal 5. The following information was collected in Year 2. The project team will work to identify additional process measures associated with this goal for Year 3. Measures will focus on numbers of contacts with community members and degree of exposure to the project, including training opportunities and available resources.

In Year 2, Project AWARE announcements and updates were made monthly to several different groups and organization including but not limited to: SW Indiana Suicide Prevention Coalition, United Way Agency Directors meetings, Mental Health America Board, EVSC Big Table Community meeting, CHNA Behavioral Health/Substance Abuse meetings, FACES (System of Care) Governance Board Meeting and FACES (System of Care) Consortium meetings. These meetings take place monthly. Additionally, Project AWARE staff distributed information at local health fairs. Media appearances were also done to promote YMHA.

A Facebook page has also been set up for the project. As a proxy measure for community exposure of the project, the number of Likes are tracked. Currently, the page has 219 Likes. Based on an assessment of demographics, the project appears to be reaching adults who interact with youth who have been trained or could potentially be trained as first aiders (89% are 25 years or older). Furthermore, analytics allow for tracking of where the Likes are coming from. Data indicate that the project is making progress in reaching out to its catchment area. Additionally, the Facebook page allows the project to announce and advertise open trainings, share pictures from the trainings, recognize instructors, and share mental health information.

IV. Conclusion

In conclusion, the Southwestern Indiana Project AWARE experienced another successful annual period. The project exceeded all three of its GPRA targets. The target for referrals, in particular, was significantly higher in Year 2 than Year 1 but was successful nonetheless. Further, the project met one of its local objectives and saw a significant improvement in two others. A total of nineteen First Aider courses were conducted, and an additional three Instructors were trained.

The continued level of collaboration in Year 2 is another major accomplishment. Although the project targeted maintenance of 17 community partners in Year 2, we actually had 49 organizations with signed partner MOUs and/or trained First Aiders and 41 organizations with trained First Aiders. This includes multiple schools in Vanderburgh and Warrick Counties. Additionally, information about First Aider training opportunities have been shared with multiple groups throughout the community, including the SW Indiana Suicide Prevention Coalition, United Way Agency Directors meetings, Mental Health America Board, EVSC Big Table Community meeting, CHNA Behavioral Health/Substance Abuse meetings, FACES (System of Care) Governance Board Meeting and FACES (System of Care) Consortium meetings. The Project AWARE planning team will continue to identify ways to collaborate with community partners and to promote sustainability of partnerships after completion of the grant project. This is particularly important given that the project is moving into its final year.

One specific concern from Year 1, lack of involvement from local school corporations, was addressed through increased training of staff members in these systems. Efforts will continue to encourage staff members in these systems to become trained as First Aiders in Year 3. The project will also focus on ensuring that the five organizations with MOUs but without trained First Aiders will become more engaged with training opportunities.

In Year 3, much of the planning focus will be on sustainability of activities after completion of the project. The planning team has met several times to discuss sustainability. Partners recognize the ongoing need for youth mental health awareness and connection to resources, and are committed to supporting efforts to maintain and advance the great progress achieved in this area.