Mental Health First Aid™ Evaluation, Final Report: 2016-17, 2017-18

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Submitted To:

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Mental Health First Aid (MHFA™) Evaluation, Final Report: 2016-17, 2017-18
Executive Summary of Key Findings

As reported by the Health360 Executive Director and confirmed by Site Supervisors and AmeriCorps members, program implementation was stable across the 2016-17 – 2017-18 period. Health360 recruited the required number of host sites and AmeriCorps members, ensured they were properly trained and ensured sites and members were supported. Both Site Supervisors and AmeriCorps members provided positive feedback regarding the MHFA™ Corps. Two-thirds or more of the AmeriCorps members reported they had achieved desired AmeriCorps outcomes while serving as part of the MHFA™ Corps.

AmeriCorps members served their terms and conducted multiple MHFA™ training sessions (youth and adult versions) throughout the two-year period. Response to the training for both 2016-17 and 2017-18 showed impressive outcomes and 3rd party observation of select trainings showed effective program delivery. All observed AmeriCorps members were definitely able to successfully deliver the training as designed, and participant survey findings aligned with those observations. All participants at each observed site participated in all of the activities and exercises when prompted.

In addition to direct reports by Site Supervisors and AmeriCorps members and observation of select MHFA™ Corps trainings, comparative analyses of trainee feedback also showed that AmeriCorps Members were able to effectively deliver MHFA™ training. Across the two-year period, MHFA™ Corps attracted and trained a diverse and large group of professionals, offered both Youth and Adult versions of the MHFA™ training at multiple locations with multiple partners and were able to collect detailed registration, pre, post and to a more limited degree follow-up response to the training. The surveys showed that trainees with all different types of initial experiences reported positive outcomes. Even those with specific health care training benefitted from MHFA™ exposure. Large proportions of trainees reported destigmatized attitudes towards those suffering with mental health challenges, and they reported they used their training. These results were consistent/improved over the two-year period for each of the key outcome areas (knowledge and confidence change, de-stigmatization, training use), and were achieved by sites around the country. For those individuals who self-identified as initially having limited knowledge and confidence and negative attitudes, there were statistically significant changes in the proportion who reported increased knowledge and confidence and de-stigmatized attitudes. In addition to the immediate changes reported by training participants, for both YMHFA™ and AMHFA™ there were sustained changes, across the two-year period.

Individuals who participated in either YMHFA™ or AMHFA™ training reported acknowledgement that their participation in the course had increased their knowledge about mental health issues in general, increased their confidence in their ability to help persons demonstrating signs/symptoms of mental health issues, and increased their knowledge of strategies to help persons with mental health issues. This was true for individuals regardless of their initial knowledge, or confidence, and findings regarding these reports directly connects participation in the courses to consistent positive outcomes.

All of the findings associated with YMHFA™ and AMHFA™ trainees whose instructors were part of the MHFA™ Corps, regarding knowledge and confidence changes, and de-stigmatized attitudes are comparable to those achieved by non-AmeriCorps instructors. Results regarding consistent use of the MHFA™ strategies have been more illusive, both for prior external studies and for MHFA™ Corps (especially for YMHFA™). However, in 2017-18, the MHFA™ Corps program has documented important and positive changes in the numbers of people being assisted or referred to professional mental health services for 2017-18, using a new reporting strategy. Further, a substantial majority of the respondents (89%) reported they used at least one strategy, and many trainees from both YMHFA™ and AMHFA™ reported they used multiple strategies, potentially providing informed assistance to thousands of individuals as a result.

I. Overview

Health360 is a nonprofit organization, located in Waterbury, Connecticut, committed to addressing both local and national community health needs. Health360 administers multiple programs (including Mental Health First Aid Corps, Youth Health Services Corps, Collegiate Health Services Corps, Health Profession Student Community Based Training, Veterans' Mental Health) that engage students and volunteers in support of community health and provides a link to Connecticut's health insurance marketplace (http://www.health360.org/programs.html).

The Mental Health First Aid (MHFA™) Corps is a National Direct AmeriCorps program that places 20 AmeriCorps members at host sites nationally to implement both youth and adult MHFA™ programs. In keeping with MHFA™ program design (see box) the MHFA™ Corps' theory of change holds that lay people can effectively help individuals struggling with a mental illness when they possess knowledge and skills that enable them to identify signs and symptoms of mental illness and connect individuals with care. MHFA™ is an evidenced-based program of the National Council on Behavioral Health (www.thenationalcouncil.org) that is proven to increase the likelihood that lay people will provide appropriate help to others struggling with a mental illness. AmeriCorps members participate in a 40-hour training from the National Council to be certified as MHFA™ Instructors. AmeriCorps members then lead community-based classes that certify other adults, including those who work with youth, in MHFA™ or YMHFA™. The Health360 MHFA™ Corps is the only instance where the National Council is certifying AmeriCorps members as instructor/trainers. Health360 is operating its second three-year cycle of the MHFA™ Corps and has commissioned a third-party process evaluation for the 2016-17 through 2017-18 program cycle. This final report presents a two-year summary of findings regarding program implementation through 2017-18, including Host Site and AmeriCorps member feedback, and training results (2016-17, 2017-18).

National Council on Behavioral Health
Mental Health First Aid

MHFA™ is an 8-hour in-person training that teaches lay people how to help others developing a mental illness or in a mental health crisis.

Through a MHFA™ course participants learn risk factors and warning signs for mental health concerns, strategies for helping someone in both crisis and non-crisis situations, local mental health resources and where to turn for help. There are 8-hour MHFA™ courses for adults and youth. Both feature:

* Hands-on activities and practice
* ALGEE, the 5-step action plan
* An overview of local mental health resources support groups, other help
*A resource manual covering all topics presented in the course.

Mental Health First Aid Corps

The MHFA™ Corps engages AmeriCorps members to help meet critical mental health needs in communities across the nation. During their full time service term, AmeriCorps members are trained as MHFA™ instructors. They provide direct service by implementing[1] MHFA™ certification classes for community members at local venues, and by working on increasing agency impact and fundraising related to service activities (see logic model in the appendix).

Adult MHFA™ is appropriate for anyone 18 and older who wants to learn how to help a person who may be experiencing a mental health-related crisis or problem.

Youth MHFA™ is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help adolescents (age 12-18) experiencing mental health or addictions challenges or who are in crisis.

[1] Identifying partners, scheduling, serving as instructors, collecting assessment feedback.

Roles of Health360 and Key Collaborators

Health360 leads the MHFA™ Corps in partnership with the Corporation for National and Community Service (CNCS www.nationalservice.gov/programs/americorps) National Direct AmeriCorps, and the National Council for Behavioral Health (National Council www.thenationalcouncil.org). CNCS is the funding agency and the agency that sets and monitors performance measures. Health360 is a CNCS grantee, and the National Council, which developed and promotes MHFA™, provides training for all AmeriCorps instructors.

For 2016-17 through 2017-18, the Health360 MHFA™ Corps was awarded 20 full-time annual AmeriCorps member slots from CNCS. MHFA™ Corps members were trained as MHFA™ instructors by the National Council. Health360 recruited Host Sites and handled reporting, administrative requirements and compiling performance measure data for the AmeriCorps members so host sites can focus on building effective programs to improve people's lives and communities. Health360 is expected to ensure sites meet AmeriCorps compliance requirements, provide sites with oversight and training and regular networking opportunities. It also offers mentoring and other assistance as Host Site organizations develop MHFA™ Corps programs (see additional detail in the section on Host Sites).

Health360 has three staff members who ensured that MHFA™ was fully implemented through 2017-18. This included:

- Tricia Harrity, Health360 Executive Director who directed the project and was the liaison with key partner organizations. She worked closely with the National Council to ensure that AmeriCorps members got specific MHFA™ training. She also worked to recruit host sites, managed the stipends for the AmeriCorps members and met monthly by phone, throughout both years, with all host site organizations and all AmeriCorps members.

- Celia Meyer, Health360 National Programs Coordinator, helped with AmeriCorps member recruitment, and worked with all sites to enroll AmeriCorps members and manage the timesheets of those who enrolled. She provides orientation and training for both members and Site Supervisors including monthly training conference calls. Monthly call discussion topics educate, detect and correct compliance issues (e.g., branding – checking pictures and email signatures for AmeriCorps logo; supervision; time monitoring). In partnership with Tricia, Celia ensures compliance with AmeriCorps regulations and timely report submissions to CNCS.

- Jorge Martinez, Health360, IT Administrator was responsible for all MHFA™ participant training feedback data. He extracted and managed monthly data, reported how many community members have been trained, oversees collection and management of follow-up survey data, and manages CNCS report data.

Throughout the 2014 – 2016 program cycle, MHFA™ Corps was part of the CNCS Disaster Services focus area. Starting in 2016-17, MHFA Corps was moved to Healthy Futures focus area.

Evaluation

MHFA™ is an evidenced-based program listed on the SAMHSA's NREPP and has been independently assessed and rated for quality of research and readiness for dissemination. For 2016-17 - 2017-18 Health360 commissioned Evaluation Services, an independent evaluation firm, to conduct a comprehensive process evaluation of the MHFA™ Corps. The evaluation was commissioned to document the extent of implementation fidelity and to compare outcome results for participants trained by AmeriCorps MHFA™ instructors specifically and generally to those obtained in similar studies conducted on MHFA™. The project was designed to answer the following questions.

1. What are the key design elements for the MHFA™ Corps, why were they selected and how closely do they match related projects?
2. How is MHFA™ being implemented in each of the Host Sites?
   a. How is initial training delivered to MHFA™ AmeriCorps members?
   b. To what extent do AmeriCorps MHFA™ instructor trainees learn the content, indicate it is sufficient to render desired assistance, and express readiness to deliver the training to others?
   c. How are AmeriCorps members supervised and supported and is this sufficient?
   d. To what extent do the AmeriCorps members deliver the MHFA training at local community-based sites according to NCBH/MHFA™ standards? Does administration differ among the sites? How many local trainees are involved, what are their background characteristics, and how do they assess the training? What outcomes are achieved by local training participants certified in MHFA?
3. To what extent do participants from community-based MHFA training achieve desired outcomes?

Data to answer these questions were collected for 2016-17 and 2017-18 using multiple strategies. This included annual, in-person interviews with the MHFA™ Corps executive director, surveys of Host Site Supervisors and AmeriCorps member MHFA™ instructors, observation of selected training events (N=4 sites), and review of participant response to the training (N=5654). The executive director interviews as well as surveys and observations of MHFA™ Site Supervisors and AmeriCorps Members were conducted directly by Evaluation Services staff; participant response to the training was extracted from Health360 central sources, secondarily analyzed, combined, and compared after each year[2] to historical data (see final section of this report and Appendix for summary of historical data) and initial data for 2018-19.

Host Sites

As stated above, Health360 worked with multiple organizations around the country, that served as host sites for AmeriCorps members. Figure 1 following, shows the sites where AmeriCorps members were assigned to implement MHFA™ during 2016-17 – 2017-18. A total of 20 -25 sites were recruited each year, and one in 2016-17 (Washington DC) and four in 2017-18 (New York, Washington, Michigan, and Kansas) were discontinued or put on hold. Sites were replaced to maintain 20 each year.

[2] Interim evaluation reports were provided to Health 360 after each program year; results are combined for this report.

Figure 1: Host Sites 2016-17 through 2017-18

MHFA™ Host Sites, 2016-17		MHFA™ Host Sites, 2017-18	
West Central Alabama AHEC - Greensboro, AL	**Windsor Board of Education -** Windsor, CT	**Catholic Charities of the East Bay,** Oakland, CA	**RISE -** Livingston, MT
Regional Center for Border Health Arizona Western AHEC - Somerton, AZ	**East Indiana AHEC -** Batesville, IN	**Tarzana Treatment Centers, Inc. -** Tarzana, CA	**Charlotte AHEC, Carolinas Healthcare System -** Charlotte, NC
Kern Co. Superintendent of Schools -Bakersfield, CA	**Northeast Indiana AHEC** Muncie, IN	**Colorado Behavioral Health Council –** Denver, CO	**Center for Alternative Sentencing and Employment Services -** Brooklyn, NY
Colorado Behavioral Health Council -Denver, CO	**Corbin Independent Schools -** Corbin, KY	**Mental Health Center Denver -** Denver, CO	**Compeer West, Inc. -** Buffalo, NY
Mental Health Center Denver Community Reach Center - Denver, CO	**HCC of Rural Missouri – West Central MO AHEC** Lexington, MO	**Health360** - Waterbury, CT	**Hostos Community - College,** Bronx, NY
Central Colorado AHEC - Denver, CO	**Eastern Montana AHEC -** Billings, MT	**Peace River Center for Personal Development –** Bartow, FL	**Recovery Resources -** Cleveland, OH
NAMI Colorado-Denver,CO	**Dona Ana County, HHS Department -** Las Cruces, NM	**Central IL AHEC, Illinois State University -** Normal, IL	**Cascadia Behavioral Healthcare -**Portland, OR
EdAdvance - Litchfield, CT	**Compeer West, Inc -** Buffalo, NY	**Corbin Independent Schools -** Corbin, KY	**Dept. of Behavioral Health and Intellectual DisAbility Services -** Philadelphia, PA
City of New Haven Health Department - New Haven, CT	**InterAct for Change -** Cincinnati, OH	**Lousiana Primary Care Association -** Baton Rouge, LA	**Region 10 Community Services Board -** Charlottesville, VA
Health360 - Waterbury, CT	**Green Door, Inc.** - Washington, DC	**NAMI St Tammany -** Mandeville, LA	

While initially Health360 focused on AHEC sites, increasingly other sites for which MHFA™ was a good fit were identified. The National Council provided advertising for host sites and each year Health360 received both continuation and new site requests. The sites each paid a fee of $7000 per year to host a full-time AmeriCorps member for 10 months (most sites hosted only a single AmeriCorps member). Health360 enrolled AmeriCorps members and helped match them with available sites by sending resumes (the sites also did some local recruitment, conducted interviews, made the final selections and provided supervision and placement). Health360 also

oversaw MHFA™ training for members, handled payments including payroll taxes, unemployment insurance and workers' compensation, managed stipend payments and helped to support the work of the members by hosting monthly phone meetings where members interacted, shared practices and resources and talked through problems. Rotating members ran the calls giving them additional leadership opportunities. Site Supervisors participated in orientation and training via monthly conference calls.

Program Challenges and Design Changes

As reported by the Health360 Executive Director, the most challenging aspect of implementing MHFA™ Corps was recruiting Host Sites, and for the Host Sites to recruit and retain AmeriCorps members. Effective sites were those where, as described by the Health360 Executive Director, the Host Site Supervisor was responsive to Health360 communication, where the Host Site Supervisor actively participated in monthly calls, made sure the Host Site agreement was returned and utilized the training they received from Health360 to effectively recruit and retain AmeriCorps members. Though not all Host Sites maintained their partnership with Health360 (sometimes the institutional partner or the Host Site Supervisor was not a good fit for the program), with limited exceptions, most Host Site relationships were effective as evidenced by recruitment and retention of AmeriCorps members and delivery of MHFA™ training to multiple trainees via multiple community partnerships.

Making sure that all AmeriCorps members got training and supervision required considerable oversight. As stated above, Health360 purchased training for all MHFA™ AmeriCorps members ($1,800 per participant). The training was delivered by the National Council at a central location (senior Health360 staff and sometimes other Host Site organization staff attended with AmeriCorps members). Host Sites covered travel costs for AmeriCorps members, and some Host Sites identified other ways to obtain training locally. Through 2016-17 most training and program implementation was focused on the youth version of MHFA™. The Host Sites for 2017-18 were allowed to choose if they wanted their AmeriCorps member to participate in the youth or adult version of the training and most selected the adult version as there was evidence that adult support was a pressing community need**.**

The centralized training strategy was described as cost effective and the relationships between almost all Host Sites and Health360 and the AmeriCorps members were reportedly productive. Though recruitment and retention remained somewhat challenging throughout the two-year period and there were some programmatic changes, overall the MHFA™ Corps was faithfully implemented and as described in the following section, desired service delivery and participant outcomes were achieved.

II. Key Findings

As reported by the Health360 Executive Director and confirmed by Site Supervisors and AmeriCorps members, program implementation was stable. Health360 recruited the required number of host sites and AmeriCorps members, ensured they were properly trained and ensured sites and members were supported. AmeriCorps members served their terms and conducted multiple MHFA™ training sessions (youth and adult versions). Response to the training for both 2016-17 and 2017-18 showed impressive outcomes (see discussion in the following section and results in Tables 7 – 12), and 3rd party observation of select training showed effective program delivery.

Program Implementation and Oversight

Each year participating AmeriCorps members and their Site Supervisors were surveyed to obtain feedback regarding MHFA™ Corps program support, status and challenges. Surveys also allowed AmeriCorps members to provide feedback regarding their overall experiences. As stated above, results confirmed implementation fidelity and informed ongoing program operations.

- **Both Site Supervisors and AmeriCorps members provided positive feedback regarding the MHFA™ Corps** (see Table 1a below). A total of 91% of respondents rated MHFA™ Corps as *Good/Excellent* overall, 91% rated site resources as *sufficient,* and most (79%) rated the support they were receiving positively. Further, as shown in Appendix Table 1a, this was consistent across the two years of the project and has extended to the 2018-19 cohort.

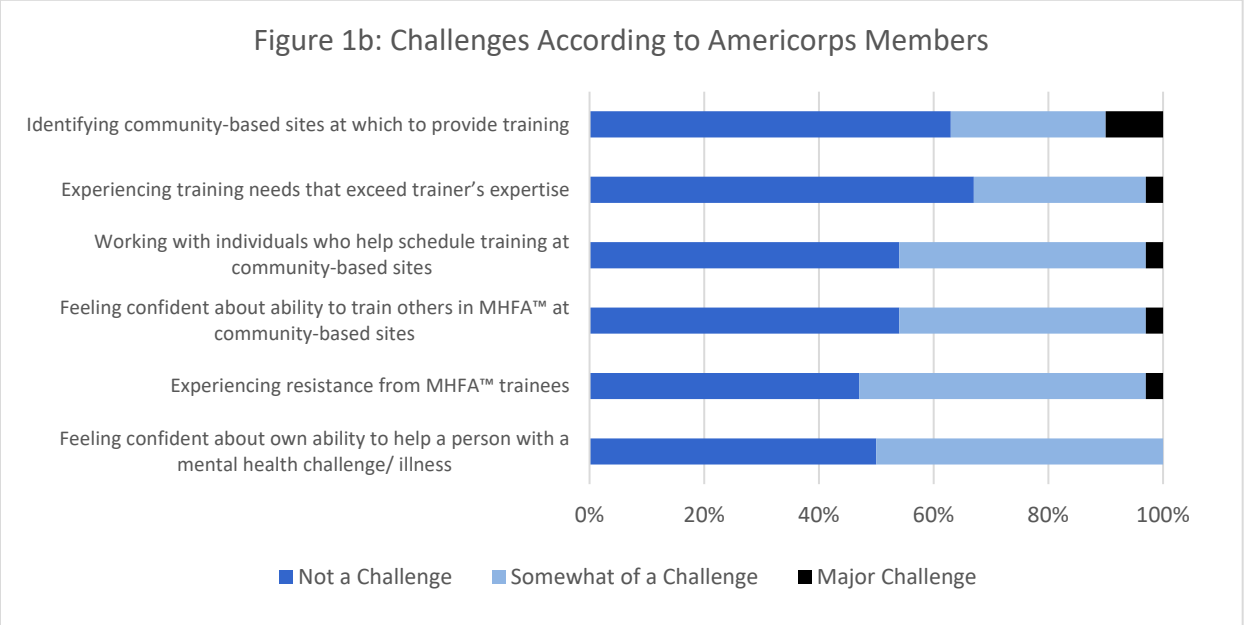
- All of the Site Supervisors (100%) reported their AmeriCorps members were at least *somewhat* effective including 79% who rated their members as *effective/very effective*. Additionally, 82% of Site Supervisors reported that *all/almost* all AmeriCorps members they had worked with over the years had been effective. AmeriCorps members also provided positive feedback regarding their overall experiences (see Table 2, following).

Table 1a: Site Supervisor and AmeriCorps Member Feedback about MHFA™ 2016-17 – 2017-18

	AmeriCorps Members N=34	Site Supervisors N=26	TOTAL N=60
Rated MHFA™ *Good/Excellent* overall*	90%	92%	91%
Rated site resources as *Sufficient*	87%	96%	91%
Rated support from Health360 *Good/Excellent* overall*	77%	88%	82%
Rated support from National Council as *Sufficient***	81%	77%	79%
Reported they worked with other MHFA™ providers	69%	79%	73%
Reported their community as *saturated/somewhat saturated*	74%	69%	72%

*** All other respondents rated this as *fair*, no *poor* ratings. ** A total of 94% of Site Supervisors rated the training their AmeriCorps workers got from National Council as *Good/Excellent.***

- Though the program is complex and experienced differently by role, very few Site Supervisors or AmeriCorps members reported *major challenges* with the work/service (see Figure 1b for members and Figure 1b for Site Supervisors below). There were some shifts in what was experienced as challenging, especially among AmeriCorps members, across the two years. (see Appendix Tables 1b for Members and Site Supervisors).



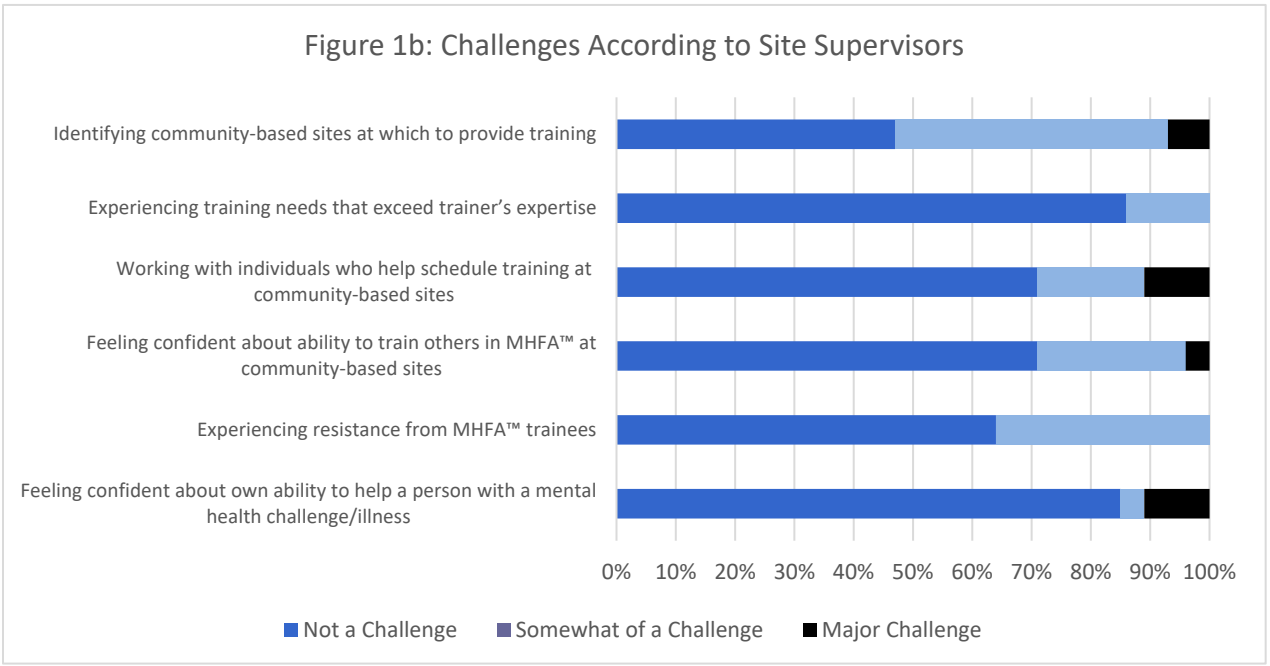


Table 2: AmeriCorps Member Feedback Regarding Overall MHFA™/AmeriCorps Experience

% Who Agreed/Strongly Agreed with the Following Statements	AmeriCorps Members N=34
I felt I made a contribution to the community.	97%
I gained an understanding of the community(s) where I served.	97%
I felt part of a community.	94%
I felt I made a difference in the life of at least one person.	94%
I gained an understanding of the solutions to the challenges faced by the community(s) where I served.	87%
I was exposed to new ideas and ways of seeing the world.	87%
I re-examined my beliefs and attitudes about myself.	84%
I learned more about the "real" world or "the rest" of the world.	81%
I figured out what my next steps are in terms of career/professional goals.	71%
I figured out what my next steps are in terms of educational goals.	70%
I re-examined my beliefs and attitudes about other people.	68%
I did things I never thought I could do.	65%
I spent a lot of time doing meaningless "make work" tasks	23%
I felt defeated by the scope of the problems I worked on.	10%
The majority of my work did not make a difference in the community.	6%
I did not get along well with my supervisor and/or my teammates	3%

As shown above, **two-thirds or more of the AmeriCorps members reported they had achieved desired AmeriCorps outcomes while serving as part of the MHFA™ Corps.** This included almost all members (90% or more) stating that they *gained an understanding of the community where they served, felt a part of it*, and *felt they made a contribution to it*, while also *making a difference in the life of at least one person*. Very few members reported they spent time on "*make work*" tasks, *felt defeated* or *worked on things that didn't make a difference*. Only 1 member indicated they *did not get along well with supervisors/teammates*.

Observation Results

In addition to the survey and interview strategies, the evaluators observed one Adult Mental Health First Aid (AMHFA™) and three Youth Mental Health First Aid (YMHFA™) training sessions to gain additional insight about programs conducted during 2016-17 – 2017-18. Per implementation requirements, AmeriCorps Members worked with individuals from their host site organizations and their partners to deliver MHFA/YMHFA information and materials. At each of the observations, AmeriCorps Member instructors effectively delivered training content, facilitated activities, and answered participant questions. Despite some challenges typically faced by trainers at any program workshop (e.g., late arrivals, cell phone distractions), all AmeriCorps members were able to complete the delivery of the workshop at each of the sites observed. Each of the AmeriCorps members received an overall score using an observation rubric created in conjunction with Health360 which showed that **all observed members were definitely able to deliver the training as designed, and participant survey findings aligned with those observations.** The following programs were observed for this report:

- November 8, 2016: YMHFA™ training, conducted in East Hartford, Connecticut.
- December 7-8, 2017, a two-day YMHFA™ program, conducted in Philadelphia, Pennsylvania.
- June 15, 2018: YMHFA™ program, conducted in Livingston, Montana.
- November 11, 2018: Adult MHFA™ program, conducted in New Orleans, Louisiana (by an AmeriCorps member finishing a term she began during the 2017-18 cycle).

Between 10 and 29 adult participants attended the trainings. Most participants were female, and most were professionals or community leaders including counselors, case managers, clergy members, teachers, guidance counselors, school psychologists, and mentors. At all sites, participants were actively engaged and stayed for the duration of the training. Most received certificates of completion for their participation.

From the beginning of the trainings, AmeriCorps Members at each of the observation sites consistently demonstrated effective presentation protocols that included:

- Creating an organized environment that included prepared agendas and handouts in an appropriate training space
- Establishing ground rules for the training and building group cohesion through ice-breakers
- Introducing themselves and the MHFA™/YMFA™ learning goals and objectives
- Having and utilizing technology with ease
- Covering all material as specified in the agenda
- Demonstrating respect for participants and colleagues

At each observation, members demonstrated a thorough command of the subject matter, teaching techniques, and the capacity to make connections to participants through use of examples relevant to the experiences of the communities in which participants worked.

MHFA™/YMHFA™ Content Delivery. At all four observation sites, AmeriCorps Members discussed types of mental health problems/disorders/illnesses and their signs and symptoms; interventions; recovery; and appropriate use of non-stigmatizing language. Members also reinforced the concept of confidentiality during the training. Training at all four sites focused on the ALGEE method (assessment, listening, giving reassurance and information, encouraging appropriate professional help, and encouraging self-help and other support) through breakout discussions and multiple, specific activities. AmeriCorps Member instructors faithfully adhered to the course syllabus and delivered the content in non-threatening, comprehensive, and respectful styles. For example, at one site, a member gently reminded a participant of the correct terminology to use after he used stigmatizing language in a question. Members also shared evidence-supported information including data on prevalence and treatment of mental illness, as well as citing relevant sources. At one site, when a participant asked a detailed question that was not covered in the course material, the member referred the participant to the manual and offered to do additional research to respond to that individual's question at a later time.

Facilitation Skills. At each of the sites, AmeriCorps Members demonstrated proficient training skills. They paced the trainings very well, allowing sufficient time for each section and activity to be covered. With the exception of one site, that started nearly an hour late due to conflicts with the newly-opened host site's schedule, all sites kept to the stated schedule, did not rush through any material, and made adjustments to the agenda as needed. At each site, there was time for questions and answers during and after the workshop, and the site that had the delayed start also allowed time for additional discussion during the on-site lunch. In general, AmeriCorps Members presented using an enthusiastic tone that was sensitive to the serious topics, used clear transitions between topics, clarified main points, and summarized topics presented as needed. They also worked effectively with co-facilitators even though in many cases they were working with individuals they did not know well or had not worked with previously.

Participant Comprehension and Engagement. Throughout the training at each site, participants were engaged with the material, asking questions and interacting with the AmeriCorps member and each other. A few participants had moments of distraction by cell phones or side conversations, but members were generally able to manage participant interactions. Participants asked questions that demonstrated connections between highlighted skills or topics, and **all participants at each site participated in all of the activities and exercises when prompted.** During each activity or when posing a group interaction to participants, AmeriCorps Members were easily able to solicit responses that were thoughtful and on-topic. As desired, AmeriCorps Members periodically checked participants' comprehension of the content by asking for participants to review the sections that were covered or to solicit synopses of activities conducted. Although at all of the workshops observed, a couple of participants had to leave before the end of the training, most had notified the AmeriCorps Members in advance that they had scheduling conflicts.

Training Closure. At the end of each of the trainings, AmeriCorps Members highlighted the main concepts learned, offered additional resources, and provided post-surveys. Several participants at each site approached the members after the training with additional questions or compliments.

Member and Host Site/Co-Facilitator Interactions. In general, the AmeriCorps Members and the host site partnering staff had very professional and positive interactions. At one site, an AmeriCorps Member led the entire training herself, with only a few additional comments made by the partnering facilitator. However, at another site, the host site staff conducted about half of the training. After the training, the AmeriCorps member expressed surprise that she did not have more of a lead role in the training, which the host site staff person acknowledged, but did not find problematic. The AmeriCorps Member indicated she would have liked more time to provide instruction. AmeriCorps members pointed out on the surveys and at the observations that this was one of the hardest parts of the training as they were often working with individuals they did not know well, and had to identify which sections to cover only shortly before the training took place. Despite these demands, AmeriCorps members made significant contributions/lead training throughout their terms of service and learned valuable skills of co-facilitation. Most of the AmeriCorps members reported they had worked with others, and the four individuals observed demonstrated that aspect of the MHFA™ Corps program, though challenging, was effective.

Challenges. At two of the observations, AmeriCorps Members indicated that participant enrollment was higher than actual attendance. Though class sizes varied, the observed instructors managed their groups well and all participants were engaged. One site in particular struggled with finding balance with sharing instruction time between the AmeriCorps Member and the co-facilitator. At this site, the break times were also slightly longer than allotted for on the agenda, and it was somewhat of a challenge to get the class to regroup and get back on task. At that same site, some of the time for activities was longer than necessary, which also encouraged side conversations. Time management and co-facilitation, especially given the comprehensive nature of the program and training duration will always require dedicated and enhanced effort.

My overall experience was phenomenal! I often reflect back on my time in Americorps as a MHFA instructor. It is definitely something I am proud to have been involved with. [Comment from an MHFA AmeriCorps trainer.]

I enjoyed the training . . . the opportunity to grow my skills for leading, organizing, marketing, managing, communication and etc. . . . and I found value in the MHFA program's message and goals. [Comment from an MHFA AmeriCorps trainer.]

Amita Health – Chicago, Il MHFA Training, 2018

Comparative Analyses of Trainee Feedback

In addition to direct reports by Site Supervisors and AmeriCorps members, and observation of select MHFA Corps training, comparative analyses of trainee feedback, 2015-16, 2016-17 and 2017-18 also showed that AmeriCorps Members were able to effectively deliver MHFA™ training (see appendix for copies of the pre- post- and follow-up survey instruments). The following tables show that across the two-year period, MHFA™ Corps attracted and trained a diverse group of professionals, offered both Youth and Adult versions of the MHFA™ training at multiple locations with multiple partners and were able to collect detailed registration, pre, post and to a more limited degree follow-up response to the training. The surveys showed that trainees with all different types of initial experiences reported substantial changes in knowledge and confidence regarding how to help individuals suffering with mental health challenges. Large proportions of trainees reported destigmatized attitudes towards those suffering with mental health challenges, and they reported they used their training. For those individuals who self-identified as initially having limited knowledge and confidence, there were statistically significant changes in the proportion who reported increased knowledge and confidence. The same was true for those who initially expressed negative attitudes regarding mental health challenges; there were statistically significant changes in the proportion who reported destigmatized attitudes after the training. These results were consistent/improved over the two-year period for each of the key outcome areas (knowledge and confidence change, de-stigmatization, training use), and were achieved by sites around the country. Specific results follow.

As shown in Table 3, a diverse group of professionals were trained during the two-year cycle, 2016-17 and 2017-18.

Table 3: Background Characteristics of MHFA™ Training Participants, 2015-16 through 2017-18

	TOTAL 2015-16 N=1698	TOTAL 2016-17 N=2573	TOTAL 2017-18 N=3081	Two-Year Total N=5654
GENDER				
Female	79%	79%	75%	**77%**
Male	21%	21%	25%	**23%**
RACE				
American Indian/Alaskan Native	2%	2%	1%	**1%**
Asian	2%	3%	2%	**2%**
Black	19%	17%	20%	**19%**
Hawaii/Pacific Islander	1%	<1%	<1%	**<1%**
White	69%	69%	72%	**71%**
More than one race	8%	8%	5%	**6%**
ETHNICITY				
Hispanic	20%	21%	13%	**17%**
MILITARY SERVICE				
Active Duty Military	<1%	<1%	<1%	**<1%**
Veteran	2%	2%	3%	**3%**
Military Family Member	3%	3%	2%	**2%**
Veteran Family Member	7%	5%	7%	**6%**
AGE GROUP				
18 – 25	Data Not Available	28%	15%	**21%**
26 – 35		21%	25%	**23%**
36 – 45		18%	21%	**20%**
46 – 55		18%	19%	**19%**
Older than 55		16%	20%	**18%**

- A total of 5654 trainees provided data through surveys for the two-year period (with a historical comparison group of 1698 as well). This included 2573 respondents who participated in 2016-17 and 3018 respondents who participated in 2017-18. (Among these, 2921 participated in YMHFA™ and 2733 participated in Adult MHFA™ see Appendix).
- Most trainees (77%) identified their gender as female.
- Training was provided to persons from diverse racial/ethnic backgrounds (e.g., 71% of trainees identified as white, 19% identified as black, 1% identified as American Indian/Alaskan Native, 2% identified as Asian, and 6% identified as multi-racial; about 17% of all trainees across the two-year period identified as Hispanic). The group participating in Adult MHFA™ was somewhat more diverse that the group that participated in YMHFA™
- Trainees included a small number of active duty members of the military or veterans, or family members of same.

- Training was provided to both older and younger adult participants: a total of 21% of trainees 18 to 25, 43% were between the ages of 26 and 45, and 37% were 46 or older including 18% older than 55. The age distributions were different in 2017-18 (slightly more older participants) than in prior years.
- With the exception of small differences in trainee ages, the demographic characteristics of trainees were similar overall to 2015-16 trainees (see also Appendix Tables 3a and 3b for background characteristics by year).

The MHFA™ Corps delivered a substantial amount of training, 2016-17 – 2017-18. As shown in Table 4a and 4b (below), this occurred at multiple sites and included both versions of the training. Some sites had AmeriCorps members trained in more than one program, or had more than one AmeriCorps member, so they could offer both YMHFA™ and AMHFA™

Table 4a: Numbers of Participants, by Site, YMHFA™ and AMHFA™ 2016-17

	YMHFA™ N=1941		AMHFA™ N=632		TOTAL N=2573	
	#	%	#	%	#	%
Alabama – West Central	107	6%	7	1%	114	4%
Arizona – Western	136	7%	0		136	5%
California – Kerns County	26	1%	2	<1%	28	1%
Colorado - BHC	103	5%	0		103	4%
Colorado – Central	60	3%	0		60	2%
Colorado – CRC	50	3%	0		50	2%
Colorado – MH Center Denver	7	<1%	12	2%	19	1%
Connecticut – Ed Advance	386	20%	0		386	15%
Connecticut – Health 360	265	14%	349	55%	614	24%
Connecticut – Project Aware	13	1%	206	33%	219	9%
Kentucky – CIS	6	<1%	2	<1%	8	<1%
Indiana – NE IN AHEC	48	3%	3	<1%	51	2%
New York – Compeer	112	6%	3	<1%	115	5%
Missouri – HCC of Rural MO	76	4%	14	2%	90	4%
Montana – Eastern MO	241	12%	25	4%	266	10%
North Carolina – Charlotte AHEC	160	8%	9	1%	169	7%
New Mexico – Dona Ana Co.	142	7%	0		142	6%
Washington, D.C. – Green Door, Inc.	3	<1%	0		3	<1%

Table 4b: Numbers of Participants, by Site, YMHFA™ and AMHFA, ™ 2017-18

	YMHFA™ N=980		AMHFA™ N=2101		TOTAL N=3081	
	#	%	#	%	#	%
California - Tarzana	158	16%	0		158	5%
Colorado – BHC*	19	2%	157	8%	176	6%
Colorado – MH Center Denver*	35	4%	134	6%	169	5%
Connecticut – Health 360*	8	1%	249	12%	257	8%
Illinois – Central IL AHEC	211	22%	258	12%	469	15%
Kentucky – CIS*	97	10%	0		97	3%
Louisiana – Louisiana Primary Care	0		187	9%	187	6%
Louisiana – NAMI St Tammany	50	5%	123	6%	173	6%
Montana – RISE	103	11%	0		103	3%
North Carolina – Charlotte AHEC*	0		409	19%	409	13%
New York – CASES	0		143	7%	143	5%
New York – Compeer*	191	19%	0		191	6%
Ohio – Recovery Resources	0		192	9%	192	6%
Oregon – Cascadia Behavioral	0		140	7%	140	5%
Pennsylvania – DBHIDS*	108	11%	0		108	4%
Virginia – Region 10 CSB	0		109	5%	109	4%

- As they had in 2015-16 (see Appendix Table 4c), sites from across the country provided training at multiple locations and on multiple dates throughout the two-year period. There was a shift to include more Adult Mental Health First Aid (AMHFA™) training, and there were more trainee records collected in 2017-18.

- In 2016-17, only the Connecticut sites had substantial numbers of adult MHFA™ trainees. In 2017-18, the Colorado – BHC and MH Center Denver, Connecticut – Health 360, Illinois – Central IL AHEC, and Louisiana – NAMI, St. Tammany sites provided training for and collected data from trainees who had participated in Youth MHFA™ and those who had participated in Adult MHFA. ™

As shown in Table 5, participants had diverse professional backgrounds as well, including about 20% who identified as health professionals. This shifted slightly in 2017-18 as Adult MHFA™ training was offered.

Table 5: Background Characteristics of Participants, 2015-16 through 2017-18

	TOTAL 2015- 16 N=1698	TOTAL 2016-17 N=2573	TOTAL 2017-18 N=3081	Two-Year Total N=5654
HEALTH PROFESSIONALS	20%	16%	24%	**20%**
COMMUNITY SERVED				
Medically Underserved	47%	42%	40%	**41%**
Primary Care	20%	23%	38%	**31%**
Rural	32%	26%	28%	**27%**

- Trainees included individuals from many different professions and job types (full list available on request). As stated above, about 20% of trainees identified as health professionals, but this included about 30% of those involved in AMHFA™ training during 2017-18 (see also Appendix Table 5). AmeriCorps Members increasingly had to serve more experienced trainees, but as shown in the next section, results remained very positive. **Even those with specific health care training benefitted from MHFA™ exposure.**
- For health professionals trained, close to half (41%) indicated they worked in *medically underserved* communities, about 31% worked in *primary care*, and about one-fourth (27%) reported they worked in rural communities. (While the proportion working in rural communities was similar to prior years, the proportion of trainees who reported they provided primary care increased.)

Table 6: Data Availability for Training Participants, 2016-17 through 2017-18, N=5654

	YOUTH (N=2921)		ADULT (N=2733)		TOTAL (N=5654)	
	Number	**%**	**Number**	**%**	**Number**	**%**
Registration/Pre-Survey Only	470	16%	489	18%	959	17%
Post Survey Only	167	6%	110	4%	279	5%
Pre and Post Surveys*	**2250**	77%	**2109**	77%	**4359**	77%
Pre and Follow-up Surveys only	24	1%	18	1%	42	1%
Post and Follow-up Surveys only	8	<1%	7	<1%	15	<1%
Pre, Post and Follow-up Surveys	**290**	10%	**208**	8%	**498**	9%

***Note the number with pre and post surveys includes those with pre, post and follow-up surveys.**

Throughout the two-year period, trainees completed surveys before training as part of their registration (pre), after training (post) and after three months (follow-up). **The MHFA™ Corps sites were able to capture substantial amounts of pre-post comparative data, and a robust (non-random) sample of follow-up data as well, three months after training. This was true across both years and for both types of training** (see also Appendix Table 6a and 6b for details by year). Among YMHFA™ participants (total N=2921), 2250 individuals completed pre- and post-surveys including 290 who completed pre-, post-, and follow-up surveys. Among adult MHFA™ participants (total N=2733), 2109 completed pre- and post-surveys including 208 who completed pre-, post-, and follow-up surveys. Analyses comparing responses from one time to another (e.g., pre – post; or pre- follow-up), were conducted for participants with matched completed surveys.

As shown in Table 7a, Table 7b and Table 7c (following), **very positive outcomes were achieved by both YMHFA™ and AMHFA™ trainees over the two-year period**. This included substantial, statistically significant increases in the proportion of trainees who reported their knowledge and confidence regarding ability to assist those with mental health challenges, improved. It also included important and statistically significant changes in attitudes toward those struggling with mental health challenges and attitudes regarding self-disclosure.

- The proportion of YMHFA™ trainees who identified as *moderately/extremely* knowledgeable increased by 40 percentage points from 42% before training to 82% after (see also Table 9a for differentiated analyses). [3] A total of 97% of trainees said they were at least *somewhat* knowledgeable after training. The results show impressive and consistent gains in response to the training (see also Appendix Table 7a 2016-17, and Appendix Table 7a 2017-18).
- The proportion of trainees who identified as *moderately/extremely* confident in their abilities to help a person demonstrating signs/symptoms of a mental health issue increased by 48 percentage points from 37% before training to 85% after (see also Table 9A for differentiated analyses). A total of 98% of trainees said they were at least *somewhat* confident after training. These results also show impressive and consistent gains.
- The proportion of trainees who changed their perception of people with mental health issues also changed:
  - The proportion who *disagreed* that people with mental health issues are dangerous increased (by 18 percentage points from 50% before training to 68% after), and the proportion who were neutral about this misconception also decreased substantially (from 43% to 27%).
  - Most participants (90% before training and 94% after) *disagreed* that people with mental health issues should be avoided.
  - About three-fourths (74%) of trainees reported after training that they *disagreed* they wouldn't tell (i.e., indicated they would disclose their own mental health issues if faced with them), and many fewer remained neutral about the issue.

[3] Trainees were asked to assess their own level of knowledge and confidence on a 5-pt scale (*not at all, slightly, somewhat, moderately, extremely*) at registration and again immediately following training (see instruments in the appendix). Differences reported here reflect changes in these assessments.

Table 7a: Change in Knowledge, Confidence and Attitudes for YMHFA™ Respondents, 2016-17 – 2017-18

	Pre+	Post+	Change Two-Year	CHANGE 2015-16
Knowledgeable	**N=2250**			**N=1186**
Not at all/slightly	21%	3%	-18	-18
Somewhat	37%	15%	-22	-23
Moderately/Extremely	42%	82%	+40	+42
Confidence Level	**N=2250**			**N=1186**
Not at all/slightly	27%	2%	-25	-26
Somewhat	36%	13%	-23	-23
Moderately/Extremely	37%	85%	+48	+48
People with MH Issues are Dangerous	**N=2250**			**N=1186**
Strongly Disagree/Disagree	50%	68%	+18	+21
Neutral	43%	27%	-16	-19
Agree/Strongly Agree	7%	5%	-2	-2
People with MH Issues Should be Avoided	**N=2250**			**N=1186**
Strongly Disagree/Disagree	90%	94%	+4	+7
Neutral	8%	5%	-3	-6
Agree/Strongly Agree	2%	1%	-1	-2
If I had MH Issues, I Would Not Tell	**N=2250**			**N=1186**
Strongly Disagree/Disagree	64%	74%	+10	+12
Neutral	29%	21%	-8	-10
Agree/Strongly Agree	7%	5%	-2	-2

+ includes all respondents with both pre- and post-responses. Note: changes > 9 percentage points are considered remarkable.

Equally positive outcomes were reported for Adult MHFA™ Participants, in all three areas -- knowledge, confidence and attitudes towards people with mental health challenges, **and over both years.**

- The proportion of AMHFA™ trainees who identified as *moderately/extremely* knowledgeable increased by 39 percentage points from 49% before training to 88% after (see also Table 9b for differentiated analyses). A total of 98% of trainees said they were at least *somewhat* knowledgeable after training. Like those for YMHFA™ the results show impressive and consistent gains in response to the training (see also Appendix Table 7b for annual results).

- The proportion of trainees who identified as *moderately/extremely* confident in their abilities to help a person demonstrating signs/symptoms of a mental health issue increased by 45 percentage points from 43% before training to 88% after (see also Table 9b for differentiated analyses). A total of 99% of trainees said they were at least *somewhat* confident after training. These results also show impressive and consistent gains across the two-year period (see also Appendix Table 7b 2016-17 and Appendix Table 7b 2017-18).

Table 7b: Change in Knowledge, Confidence and Attitudes for Adult MHFA™ Respondents, 2016-17–2017-18

	Pre[+]	Post[+]	Change Two-Year
Knowledgeable	**N=2019**		
Not at all/slightly	17%	2%	-15
Somewhat	35%	12%	-23
Moderately/Extremely	49%	88%	+39
Confidence Level	**N=2019**		
Not at all/slightly	24%	1%	-23
Somewhat	33%	11%	-22
Moderately/Extremely	43%	88%	+45
People with MH Issues are Dangerous	**N=2019**		
Strongly Disagree/Disagree	51%	73%	+22
Neutral	42%	22%	-20
Agree/Strongly Agree	7%	5%	-2
People with MH Issues Should be Avoided	**N=2019**		
Strongly Disagree/Disagree	88%	95%	+7
Neutral	8%	5%	-3
Agree/Strongly Agree	4%	1%	-3
If I had MH Issues, I Would Not Tell	**N=2019**		
Strongly Disagree/Disagree	65%	75%	+10
Neutral	28%	19%	- 9
Agree/Strongly Agree	8%	6%	-2

[+] includes all respondents with both pre- and post-responses. Note: changes > 9 percentage points are considered remarkable.

- The proportion of Adult MHFA™ trainees who changed their perception of people with mental health issues also changed:
  - The proportion who *disagreed* that people with mental health issues are dangerous increased (by 22 percentage points from 51% before training to 73% after), and the proportion who were neutral about this misconception also decreased substantially (from 42% to 22%).
  - Most participants (88% before training and 95% after) *disagreed* that people with mental health issues should be avoided.
  - A total of three-fourths (75%) of trainees reported after training that they *disagreed* they wouldn't tell (i.e., indicated they would disclose their own mental health issues if faced with them), and many fewer remained neutral about the issue.

As shown in Table 7c, for both youth and adults, most of those whose initial assessments of their own knowledge or confidence were low, reported increases in knowledge and confidence on the post assessment. The changes were statistically significant (at p<.000). Table 7c shows that this was also true for changes in attitudes regarding whether those suffering from mental health challenges were dangerous and whether mental health challenges should be disclosed.

Table 7c: Percent with Changes in Knowledge, Confidence and Attitudes for MHFA™ Respondents, 2016-17–2017-18, Among Those who Initially Reported Low Levels of Knowledge or Confidence and Negative Attitudes Regarding Mental Health Challenges

	Initial Report	% Increased	x^2	probability
KNOWLEDGE – Youth N=1307	Not at all/slightly	91%	.215	.000
	Somewhat	80%		
KNOWLEDGE – Adult N=1079	Not at all/slightly	93%	.182	.000
	Somewhat	81%		
CONFIDENCE – Youth N=1408	Not at all/slightly	95%	.183	.000
	Somewhat	86%		
CONFIDENCE – Adult N=1193	Not at all/slightly	98%	.134	.000
	Somewhat	88%		
	Initial Report	**% Changed Attitude**	x^2	**probability**
DANGEROUS – Youth N=1125	Neutral	54%	.289	000
	Agree/Strongly Agree	72%		
DANGEROUS – Adult N=1027	Neutral	57%	.289	000
	Agree/Strongly Agree	71%		
WOULD NOT TELL – Youth N= 801	Neutral	52%	.210	000
	Agree/Strongly Agree	78%		
WOULD NOT TELL – Adult N=737	Neutral	49%	.314	000
	Agree/Strongly Agree	71%		

In addition to the immediate changes reported by training participants, for both YMHFA™ and AMHFA™ there were sustained changes, across the two-year period. A total of 290 individuals responded to a follow-up survey about YMHFA™ training three months after the training, and 208 individuals responded to follow-up surveys about AMHFA™ training. Knowledge, confidence and attitudes remained at desired levels.

- The data in Table 8a show the same results as those in 7a for the sample of YMHFA™ trainees who completed pre- post- and follow-up surveys. They also show that the changes were sustained through the three-month follow-up period. Where changes between pre and post responses were substantial, the differences between post and follow-up were unremarkable (i.e., maintained) after three- months:
  - A total of 97% or more of trainees described themselves as at least *somewhat* knowledgeable on the post and follow-up surveys (most said they were *moderately or extremely* knowledgeable).
  - A total of 97% or more of trainees described themselves as at least *somewhat* confident they could help a person who is demonstrating signs or symptoms of a mental health issue (most said they were *moderately or extremely* confident).
  - On the follow-up survey, the proportion perceiving people with mental health issues as dangerous (4%) or to be avoided (1%), remained very small. The proportion (69%) who indicated they would disclose their own mental health issues actually increased slightly in the time post training (76%).

- Similarly, the data in Table 8b show the equivalent results as those in 8a for the sample of Adult MHFA™ trainees who completed pre- post- and follow-up surveys. Available results show that changes were sustained through the three-month follow-up period. Where changes between pre and post responses were substantial, the differences between post and follow-up were again unremarkable (i.e., consistent), after three-months:
  - A total of 96% or more of trainees described themselves as at least *somewhat* knowledgeable on the post and follow-up surveys (most said they were *moderately or extremely* knowledgeable).
  - A total of 98% or more of trainees described themselves as at least *somewhat* confident that they could help a person who is demonstrating signs or symptoms of a mental health issue (most said they were *moderately or extremely* confident).
  - On the follow-up survey, the proportion perceiving people with mental health issues as dangerous (3%) or to be avoided (1%), remained very small. The proportion who indicated they would disclose their own mental health issues (73%) remained high.

Table 8a: Sustained Change in Knowledge, Confidence Levels and Attitudes for YMHFA™ Respondents, 2016-17 and 2017-18 Responses Combined

	Pre+	Post+	Follow-up2+
Knowledgeable	**N=290**		
Not at all/slightly	18%	3%	1%
Somewhat	35%	15%	20%
Moderately/Extremely	47%	82%	79%
Confidence Level	**N=290**		
Not at all/slightly	27%	2%	3%
Somewhat	37%	9%	20%
Moderately/Extremely	37%	89%	77%
People with MH Issues are Dangerous	**N=290**		
Strongly Disagree/Disagree	51%	72%	72%
Neutral	43%	23%	25%
Agree/Strongly Agree	6%	5%	4%
People with MH Issues Should be Avoided	**N=290**		
Strongly Disagree/Disagree	92%	94%	97%
Neutral	8%	4%	3%
Agree/Strongly Agree	1%	1%	1%
If I had MH Issues, I Would Not Tell	**N=290**		
Strongly Disagree/Disagree	66%	69%	76%
Neutral	75%	21%	19%
Agree/Strongly Agree	7%	9%	5%

+ includes only those respondents with both pre, post and follow-up responses to the adult MHFA ™training
Note: changes from the post surveys to the follow-up surveys > 9 percentage points are considered remarkable.

Table 8b: Sustained Change in Knowledge, Confidence Levels and Attitudes for AMHFA ™Respondents, 2016-17 and 2017-18 Responses Combined

	Pre+	Post+	Follow-up2+
Knowledgeable	**N=208**		
Not at all/slightly	18%	3%	4%
Somewhat	37%	12%	18%
Moderately/Extremely	45%	85%	78%
Confidence Level	**N=208**		
Not at all/slightly	27%	1%	2%
Somewhat	35%	11%	22%
Moderately/Extremely	38%	88%	77%
People with MH Issues are Dangerous	**N=208**		
Strongly Disagree/Disagree	62%	83%	80%
Neutral	34%	16%	17%
Agree/Strongly Agree	5%	1%	3%
People with MH Issues Should be Avoided	**N=208**		
Strongly Disagree/Disagree	91%	96%	97%
Neutral	7%	2%	3%
Agree/Strongly Agree	2%	2%	1%
If I had MH Issues, I Would Not Tell	**N=208**		
Strongly Disagree/Disagree	66%	73%	79%
Neutral	26%	23%	16%
Agree/Strongly Agree	8%	4%	6%

+ includes only those respondents with both pre, post and follow-up responses to the Adult MHFA™ training
Note: changes from the post surveys to the follow-up surveys > 9 percentage points are considered remarkable.

Tables 9a and 9b (following) show that **individuals who participated in either YMHFA™ or AMHFA™ training reported acknowledgement that their participation in the course had increased their knowledge about mental health issues in general, increased their confidence in their ability to help persons demonstrating signs/symptoms of mental health issues, and increased their knowledge of strategies to help persons with mental health issues. This was true for individuals regardless of their initial knowledge, or confidence**, and findings regarding these reports directly connecting participation in the

courses to positive outcomes were consistent over the two-year period[4] (see also Appendix Table 9a and Appendix Table 9b).

Table 9a: Change in Knowledge and Confidence Directly Attributed to Course Participation, by Initial Levels, for YMHFA™ Respondents, 2016-17 and 2017-18 Responses Combined

% who reported on the post survey . . .	Low+	Mid++	High+++	Total
YMHFA™ Course Increased Knowledge	**N=467**	**N=841**	**N=935**	**N=2242**
Not at all/slightly	11%	6%	8%	8%
Somewhat	6%	5%	8%	7%
Moderately/Extremely	83%	89%	84%	85%
YMHFA™ Course Increased Confidence in Ability to Help A Person Demonstrating Signs/Symptoms of a MH Issue	**N=597**	**N=811**	**N=835**	**N=2243**
Not at all/slightly	3%	2%	2%	2%
Somewhat	9%	7%	6%	8%
Moderately/Extremely	88%	91%	92%	90%
YMHFA™ Increased my Knowledge of Strategies to Help a Person with a MH Issue	**Item Asked ONLY on Post SURVEY**			**N=2248**
Not at all/slightly				2%
Somewhat				8%
Moderately/Extremely				91%

+ includes respondents who reported on the pre-survey, they were *not at all* or *slightly* knowledgeable about MH, confident about helping a person.

++ includes respondents who reported on the pre survey, they were *somewhat* knowledgeable about MH, confident about helping a person.

+++ includes respondents who reported on the pre survey, they were *moderately or extremely* knowledgeable about MH, confident about helping a person.

- Almost all (85%) of the trainees who answered the post survey said the course *moderately* or *extremely* increased their knowledge of mental health issues: this was true for trainees who described their initial/incoming knowledge of the issues as minimal and those who described their initial/incoming knowledge of mental health issues as substantial (83% of trainees who answered on the pre-survey that they were *not at all* or only *slightly* knowledgeable about mental health reported after the training that the YMHFA™ course increased their knowledge *moderately/extremely*; 84% of trainees who answered on the pre-survey that they were

[4] The items summarized on Table 9a and Table 9b are different from those summarized on Tables 7a, 7b, 8a and 8b. Respondents were asked immediately post training to assess whether the training specifically had increased their knowledge generally, their confidence to help, and their knowledge of useful strategies. The former tables show assessments before and after training, rather than participant assessment of change due to training.

moderately or *extremely* knowledgeable about mental health reported after the training that the YMHFA™ course increased their knowledge *moderately/extremely.)*

- Almost all (90%) of trainees who answered the post survey said the course *moderately* or *extremely* increased their confidence in their abilities to help persons demonstrating signs/symptoms of mental health issues: this was also true for trainees who described their initial/incoming confidence as minimal and for those who described their initial/incoming confidence as substantial.
- Almost all (91%) of trainees who answered the post survey said the course *moderately* or *extremely* increased their confidence in their knowledge of strategies to help persons with mental health issues (no initial measure of this knowledge was obtained on the pre survey).

Table 9b: Changes in Knowledge and Confidence, Directly Attributed to Course Participation, by Initial Levels, for Adult MHFA™ Respondents, 2016-17 and 2017-18 Responses Combined

% who reported on the post survey . . .	Low+	Mid++	High+++	Total
YMHFA™ Course Increased Knowledge	**N=366**	**N=713**	**N=1027**	**N=2106**
Not at all/slightly	9%	9%	8%	9%
Somewhat	2%	4%	6%	4%
Moderately/Extremely	89%	88%	85%	87%
YMHFA™ Course Increased Confidence in Ability to Help A Person Demonstrating Signs/Symptoms of a MH Issue	**N=507**	**N=685**	**N=910**	**N=2102**
Not at all/slightly	2%	2%	2%	2%
Somewhat	6%	5%	5%	5%
Moderately/Extremely	93%	93%	93%	93%
YMHFA™ Increased my Knowledge of Strategies to Help a Person with a MH Issue	**Item Asked ONLY on Post SURVEY**			**N=2224**
Not at all/slightly				1%
Somewhat				4%
Moderately/Extremely				95%

+ includes respondents who reported on the pre-survey, they were *not at all* or *slightly* knowledgeable about MH, confident about helping a person.

++ includes respondents who reported on the pre survey, they were *somewhat* knowledgeable about MH, confident about helping a person.

+++ includes respondents who reported on the pre survey, they were *moderately or extremely* knowledgeable about MH, confident about helping a person.

- As shown in Table 9b, almost all (87%) of trainees who answered the post AMHFA™ survey said the course *moderately* or *extremely* increased their knowledge of mental health issues: this was true for trainees who described their initial/incoming knowledge of the issues as minimal and

those who described their initial/incoming knowledge of mental health issues as substantial (89% of trainees who answered on the pre-survey that they were *not at all* or only *slightly* knowledgeable about mental health reported after the training that the YMHFA™ course increased their knowledge *moderately/extremely*; 85% of trainees who answered on the pre-survey that they were *moderately* or *extremely* knowledgeable about mental health reported after the training that the YMHFA™ course increased their knowledge *moderately/extremely.)*

- Almost all (93%) of trainees who answered the post survey said the course *moderately* or *extremely* increased their confidence in their abilities to help persons demonstrating signs/symptoms of mental health issues: this was also true for trainees who described their initial/incoming confidence as minimal and for those who described their initial/incoming confidence as substantial.
- Almost all (95%) of trainees who answered the post survey said the course *moderately* or *extremely* increased their confidence in their knowledge of strategies to help persons with mental health issues

Mental Health First Aid has been the subject of multiple studies and a meta-analysis of results (Bahn, Goldman, and Yoon, 2015; Svennson and Hansson, 2014; Brooks and Burrow, 2014; Hadlaczky, Hokby, Carli, and Wasserman, 2014). **All of the findings associated with YMHFA™ and AMHFA™ trainees whose instructors were part of the MHFA™ Corps, regarding knowledge and confidence changes, and de-stigmatized attitudes are comparable to those achieved by non-AmeriCorps instructors.** Results regarding consistent use of the MHFA™ strategies have been more illusive both for prior studies and for MHFA™ Corps (especially for YMHFA™). However, **the MHFA™ Corps program has documented important and positive changes in the numbers of people being assisted or referred to professional mental health services** for 2017-18, using a new reporting strategy. Specific findings are shown in Table 10a for YMHFA™ and Table 10b for AMHFA™

- Results regarding use of the strategies were positive for YMHFA™ but did not show changes in behavior. A total of 72% of trainees indicated they routinely implemented MHFA-like strategies with people experiencing MH issues, in the 3-months before they participated in the training and 74% of trainees indicated they routinely implemented MHFA-like strategies in the 3-months after they participated in training. Interestingly there was a reduction in the proportion who reported they used the strategies *most of the time*, perhaps from greater recognition of what strategies were best to use. These results have been variable across the two years (and in 2015-16 too), and indicate a need to continue focusing on when and how to use the strategies as well as proper measurement of them.
- As stated above, results regarding numbers of people assisted were positive and show improvement. Most respondents (74%) indicated that in the three months after the training they helped between 1 and 19 people (this was true for only 56% of trainees in the three months before the training). A total of 78% had helped at least 1 person, which roughly equates to as many as 1264 people or more having been helped by a Mental Health First Aider (only 63% reported helping 1 or more persons in the three months before the training). These results and trends were similar to those in 2016-17 (but they are not shown here or combined for the two-year period as counting strategies were modified during the two-year cycle).

Table 10a: Use of Strategies, People Assisted and People Referred to MH Professionals by YMHFA™ Respondents, 2017-18

	3 Months Before[+]	3 Months After [+]	Change
Routinely Implemented MHFA-like Strategies with People Experiencing MH Issues	**N=81**		
Never	28%	26%	-2
Some of the Time	41%	52%	+11
Most of the Time	31%	22%	-11
Numbers of People Assisted with MH First Aid Strategies	**N=81**		
Zero (0)	37%	22%	-15
1 to 19 People	56%	74%	+18
20 or more People	7%	4%	-3
Numbers of People Referred to Professional MH Services	**N=81**		
Zero (0)	53%	46%	-7
1 to 19 People	43%	53%	+10
20 or more People	4%	1%	-3

[+] includes only those respondents with both post and follow-up-responses. Please note that use of the strategies is dependent on encountering persons who are presenting with mental health issues, an act independent of any training activities.

- Results regarding numbers of people being referred to professional mental health services also showed increases (for 2017 they were unchanged). A total of 43% of trainees reported they had referred between 1 and 19 people in the 3-months before they participated in the training where 53% reported they had done so in the 3-month period after the training.

Table 10B: Use of Strategies, People Assisted and People Referred to MH Professionals by Adult MHFA™ Respondents, 2017-18

	3 Months Before[+]	3 Months After [+]	Change
Routinely Implemented MHFA-like Strategies with People Experiencing MH Issues	**N=174**		
Never	27%	16%	-9
Some of the Time	58%	58%	0
Most of the Time	15%	26%	+11
Numbers of People Assisted with MH First Aid Strategies	**N=174**		
Zero (0)	31%	15%	-16
1 to 19 People	61%	79%	+18
20 or more People	8%	6%	-2
Numbers of People Referred to Professional MH Services	**N=174**		
Zero (0)	44%	32%	-12
1 to 19 People	52%	66%	+14
20 or more People	5%	2%	-3

[+] includes only those respondents with both post and follow-up-responses. Please note that use of the strategies is dependent on encountering persons who are presenting with mental health issues, an act independent of any training activities.

- Unlike those for YMHFA™, **results for use of the strategies with adults were positive and showed changes in behavior.** A total of 73% of trainees indicated they routinely implemented MHFA-like strategies with people experiencing MH issues, in the 3-months before they participated in the training and 84% of trainees indicated they routinely implemented MHFA-like strategies in the 3-months after they participated in training. There was a definite increase in the proportion who reported they used the strategies *most of the time*, from 15% in the 3 months before the training to 26% in the three months after. As for YMHFA™ these results have been variable across the two years (and in the prior year too). Continued emphasis on consistent use of the strategies is encouraged.
- Results regarding numbers of people assisted were also positive and showed improvement. Most respondents (79%) indicated that in the three months after the training they helped between 1 and 19 people (this was true for only 61% of trainees in the three months before the training). A total of 85% had helped at least 1 person, which roughly equates to as many as 2958 people or more having been helped by a Mental Health First Aider. These results and trends were similar to those in 2016-17 (though not shown here as counting strategies were modified).
- Results regarding numbers of people being referred to professional mental health services also showed increases (in 2016-17 they were unchanged). A total of 52% of trainees reported they had referred between 1 and 19 people in the 3-months before they participated in the training where 66% reported they had done so in the 3-month period after the training.

Respondents to the follow-up survey were asked to identify strategies they had used with people experiencing mental health issues. As shown in Tables 11 and 12, almost all of the **respondents (89%) used at least one strategy and many trainees from both YMHFA™ and AMHFA™ used multiple strategies.** Though the question was modified some on the 2017-18 assessment, these results are consistent with reports of multiple strategy use by 2016-17 trainees (and also those in the preceding cycle (2015-16).

Table 11: Strategies Used by Trainees During the Three Months Post Training, 2017-18

	YMHFA™ (n=90)	AMHFA™ (n=187)	TOTAL (n=277)
NONE			**11%**
Assess for risk of suicide or harm	**48%**	**51%**	**50%**
Listen nonjudgmentally	**84%**	**90%**	**88%**
Give reassurance and information	**77%**	**84%**	**82%**
Encourage appropriate professional help	**59%**	**76%**	**70%**
Encourage self-help and other support strategies	**71%**	**81%**	**78%**

- About half of the MHFA™ trainee respondents including 48% of YMHFA™ and 51% of AMHFA™ trainees reported they had *assessed for risk of suicide or harm*.
- Almost all (88%) of the MHFA™ trainee respondents including 84% of YMHFA™ and 90% of AMHFA™ trainees reported they had *listened nonjudgmentally*.
- Almost all (82%) of the MHFA™ trainee respondents including 77% of YMHFA™ and 84% of AMHFA™ trainees reported they had *given reassurance and information*.
- About three-quarters (70%) of the MHFA™ trainee respondents including 76% of AMHFA™ but only 59% of YMHFA™ trainees reported they had *encouraged professional help*.
- More than three-quarters (78%) of the MHFA™ trainee respondents including 81% of AMHFA™ but only 71% of YMHFA™ trainees reported they had *encouraged self-help and other support strategies.*

As shown in Table 12, **most participants who used any of the strategies, used more than one. A total of 86% used 2 or more strategies, 69% used all or almost all of the strategies presented to them in training**.

Table 12: Number of Strategies Used by Trainees During the Three Months Post Training, 2017-18

0	1	2	3	4	5
11%	3%	5%	12%	27%	42%

III. Next Steps and Issues for Further Consideration

Summary of Key Findings

As reported by the Health360 Executive Director and confirmed by Site Supervisors and AmeriCorps members, program implementation was stable across the 2016-17 – 2017-18 period. Health360 recruited the required number of host sites and AmeriCorps members, ensured they were properly trained and ensured sites and members were supported. Both Site Supervisors and AmeriCorps members provided positive feedback regarding the MHFA™ Corps. Two-thirds or more of the AmeriCorps members reported they had achieved desired AmeriCorps outcomes while serving as part of the MHFA™ Corps.

AmeriCorps members served their terms and conducted multiple MHFA™ training sessions (youth and adult versions) throughout the two-year period. Response to the training for both 2016-17 and 2017-18 showed impressive outcomes and 3rd party observation of select training showed effective program delivery. All observed AmeriCorps members were definitely able to deliver the training as designed, and participant survey findings aligned with those observations. All participants at each observed site participated in all of the activities and exercises when prompted.

In addition to direct reports by Site Supervisors and AmeriCorps members, and observation of select MHFA™ Corps trainings, comparative analyses of trainee feedback also showed that AmeriCorps Members were able to effectively deliver MHFA™ training. Across the two-year period, MHFA™ Corps attracted and trained a diverse and large group of professionals, offered both Youth and Adult versions of the MHFA™ training at multiple locations with multiple partners and were able to collect detailed registration, pre, post and to a more limited degree follow-up response to the training. The surveys showed that trainees with all different types of initial experiences reported substantial changes in knowledge and confidence regarding how to help individuals suffering with mental health challenges. Even those with specific health care training benefitted from MHFA™ exposure. Large proportions of trainees reported destigmatized attitudes towards those suffering with mental health challenges, and they reported they used their training. These results were consistent/improved over the two-year period for each of the key outcome areas (knowledge and confidence change, de-stigmatization, training use), and were achieved by sites around the country. In addition to the immediate changes reported by training participants, for both YMHFA™ and AMHFA™ there were sustained changes, across the two-year period.

Individuals who participated in either YMHFA™ or AMHFA™ training reported acknowledgement that their participation in the course had increased their knowledge about mental health issues in general, increased their confidence in their ability to help persons demonstrating signs/symptoms of mental health issues, and increased their knowledge of strategies to help persons with mental health issues. This was true for individuals regardless of their initial knowledge, or confidence, and findings regarding these reports directly connects participation in the courses to consistent positive outcomes.

All of the findings associated with YMHFA™ and AMHFA™ trainees whose instructors were part of the MHFA™ Corps, regarding knowledge and confidence changes, and de-stigmatized attitudes

are comparable to those achieved by non-AmeriCorps instructors. Results regarding consistent use of the MHFA™ strategies have been more illusive, both for prior external studies and for MHFA™ Corps (especially for YMHFA™). However, in 2017-18, the MHFA™ Corps program has documented important and positive changes in the numbers of people being assisted or referred to professional mental health services for 2017-18, using a new reporting strategy. Further, a substantial majority of the respondents (89%) reported they used at least one strategy, and many trainees from both YMHFA™ and AMHFA™ reported they used multiple strategies, potentially providing informed assistance to thousands of individuals as a result.

Next Steps and Issues for Further Consideration

The results summarized above, sustained interest by partner organizations, along with reports that there is still room to grow regarding saturation make the case for continuation of the MHFA™ Corps. Health 360 has already initiated the next round. As shown in the final section of the appendix, a total of 20 sites have been identified including 12 that are continuing.[5] Three-year project feedback results through 2018-19 (see Appendix Tables 1a and 1b) show very similar AmeriCorps Member and Site Supervisor feedback trends. Additionally, Site Supervisors and members provided some new information regarding new directions for the project, and in the case of AmeriCorps members, additional summary information regarding Corps impacts.

- A total of 82% of former MHFA™ Corps respondents indicated they were *satisfied/very satisfied* with their AmeriCorps experience. Most respondents (65%) reported the service they did as an MHFA ™ Corps member was aligned with their original career goals, but 24% indicated their career paths shifted toward mental health/nonprofit work as a result of participating. A total of 94% of the respondents indicated they would recommend AmeriCorps involvement to friends or family members.

- About half of the respondents (47%) got jobs in the nonprofit sector, 41% went on to graduate school (some did both).

- A total of 82% of the respondents agreed their involvement with MHFA™ Corps encouraged them to work in the mental health field, 100% said it helped them build their resume and 82% reported it helped them decide what to do after completing their AmeriCorps service year.

As part of the ongoing data collection/evaluation, Health360 commissioned additional survey contact with all current and prior sites. This survey is still being conducted, but initial results show the following.

- About half of the Site Supervisor respondents agreed they would be interested in having an AmeriCorps member in the future.

- Most former sites ended their relationship because the grant ended, and a few because the AmeriCorps member was not a good fit. Among the current group, 72% would be interested to do an MHFA Corps-like program again, and another 15% indicated they might be interested, especially if there were other intervention options.

[5] One site (Vancouver, WA), was initially involved in 2017-18. Full involvement is underway 2018-19.

- A total of 11 former sites and 10 of the 2018-19 sites expressed interest in future intervention options. A total of 11 indicated they would like to pursue QPR, 13 chose SafeTALK, and 3 individuals provided their own write-in answers including: MHFA for veterans and for first responders, another indicated suicide prevention as well as drug/alcohol prevention, and one other site indicated they would like to see a Corps-like program for mindfulness/restorative practices training.

The Health360 Project Director has remarked that the hardest part of the work is recruiting sites and then for the sites to recruit/retain members. Even though both elements have been fully accomplished for two 2-yr cycles and though 2018-19 is already in initiation stage, it is still challenging looking ahead. Health360 is interested in using the AmeriCorps model to potentially deliver other evidenced-based training and as shown above, sites are interested in doing so. Feedback through 2017-18 shows that sites and members felt supported, got the training they needed and had sufficient resources. Again the case for continued and modified AmeriCorps programming is well documented. Health360 is poised to branch out into other content areas, and to make some modifications to MHFA, to allow for tailored/community-specific approaches. For example, feedback from training participants has shown that the training is too long. While it works for individuals with 8-hour work days, important potential participants such as teachers, after school providers, shift workers, are unable to participate easily. Additionally, modules/modified training for specific sub-communities or specialists (e.g., Pharmacists, EMT professionals, those dealing with opioid addiction) are definitely needed. Health360 is encouraged to continue pursuing opportunities to respond to those needs, again building on current standards.

In conclusion, Health360 and the host sites it engages are clearly able to partner with other organizations and likely able to deliver other training and definitely able to insure that both YMHFA and AMFHA are widely available at multiple sites across the country. Future, different content/programs could be monitored similarly – with pre/post/follow-up surveys, review of feedback and select observations – and the model of using AmeriCorps members to both deliver health/mental health-related support while also providing meaningful experiences with potential for future benefits to the AmeriCorps member, can be readily replicated and tested. In addition to thoughts/planning for expansion or modification, for MHFA Corps, continued tracking/assessment of strategies use should remain a priority. It should receive specialized attention during monthly calls and also remain a top priority ongoing assessment, building on the positive developments seen in 2017-18.

Health360 has structured a remarkably flexible, useful model for providing mental health support services, along with an especially meaningful AmeriCorps service experience, while also addressing a critical community need. Results are clear that the capacity for continuation and possible expansion along with ongoing delivery of desired MHFA training outcomes has been successfully developed at Health360.

I found the staff at Health360 to be very organized and supportive. I enjoyed the monthly collaborative meetings with the other supervisors to learn about the work of other sites and also to share challenges, successes and to generally receive information. It was a very positive experience for me and when the AmeriCorps member experienced medical challenges the response and support was first rate. Thanks for selecting us. We do continue to have MHFA trainings at our site delivered by trainers from the county's health and mental hygiene department. This collaboration was started by the AmeriCorps member and the city trainers were very impressed with her and have since continued the trainings benefiting our agency staff and members of the community. I hope Health360 can continue and have success supporting the creation of a MHFA training that is for youth and young adults about youth and young adults. **[Comment from a former Site Supervisor]**

APPENDIX