



2022-2023

FINAL EVALUATION REPORT: Youth First's School Focused Prevention Project

*Indiana Family and Social
Services Administration
(FSSA), Division of Mental
Health and Addiction*

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Final Evaluation Report Youth First's School Focused Prevention Project

Performance Period: August 2022 to May 2023

Submitted: August 23, 2023

Executive Summary

Youth First, Inc. is a nonprofit organization with a mission of strengthening youth and families by providing evidence-based programs that promote mental health, prevent substance misuse, and maximize student success. Located in Indiana, the organization is a regional leader in the effort to improve youth mental health and prevent substance misuse in Daviess, Dubois, Gibson, Lawrence, Martin, Morgan, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick counties in Indiana.

Youth First's School Student Assistance Program is the delivery system for evidence-based prevention and early intervention strategies that reduce risk factors and enhance protective factors linked to problem behaviors. The organization also utilizes afterschool programs that involve parents and strengthen the family unit. In the process, Youth First removes barriers to learning and well-being, which in turn helps students succeed in school and in life. Using a three-tiered approach to evidence-based prevention, Youth First School-Based Mental Health Professionals and Program Coordinators implement (1) indicated (for at-risk individuals), (2) selective (for at-risk groups), and (3) universal (for general audiences) prevention strategies that target students, parents, schools, and communities. For more than twenty years, Youth First has developed, measured, and refined this approach in partnership with public, parochial, and private schools and other community partners.

Youth First received funding through the Indiana Family and Social Services Administration (FSSA), Division of Mental Health & Addiction to implement a comprehensive school-focused prevention program. Specifically, the overall purpose of this funding is maintaining and expanding Youth First's evidence-based model of Student Assistance Program work and prevention programs in schools. Diehl Consulting Group was commissioned to provide external evaluation of the various prevention strategies being implemented through this model. This evaluation report summarizes progress toward project implementation along with outcomes from annual evaluation reports available from the 2022-2023 academic year.

Overview of Evaluation

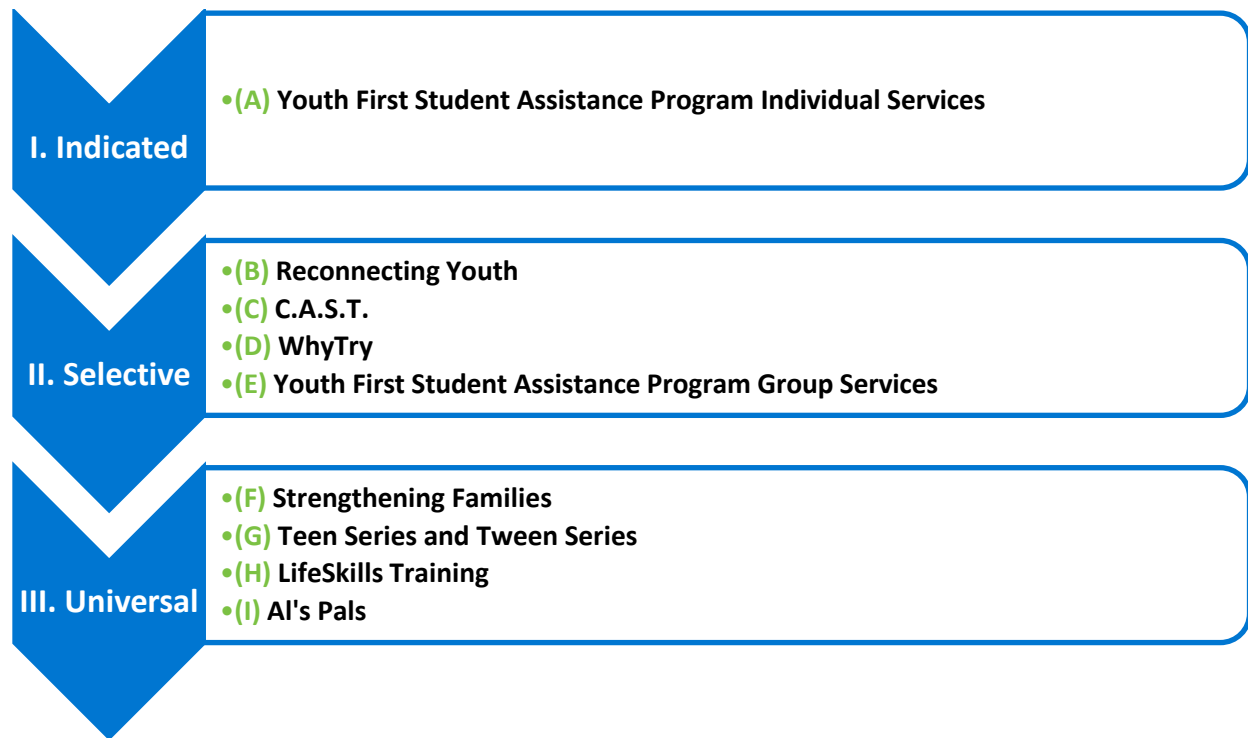
A comprehensive process and outcome evaluation design is being used to assess progress toward the goals and objectives of this initiative. Diehl Consulting Group is serving as the lead evaluator by providing analytical support through planning meetings, data management and analysis, technical reports related to process and outcome data, and ongoing consultation on all aspects of the project evaluation. Diehl Consulting Group has served as the external evaluator for Youth First programs and services for over fifteen years. Therefore, established process and outcome evaluation measures have been identified for most of the core strategies.

As part of the evaluation, monthly program committee meetings are held with Youth First staff, partners, and evaluators. As available, data are reviewed and areas for improvement identified. Evaluators also prepare full technical evaluation reports for all prevention programs at the end of the school year and facilitate review meetings to further identify areas of strength and needs for improvement.

This comprehensive evaluation report for the FSSA contract award summarizes evaluation methods and findings contained within 2022-2023 annual program evaluation reports submitted to Youth First. A summary of evaluation methods and selected findings from evaluation reports are provided in the technical report section of this report. Unless otherwise noted, findings represent the 2022-2023 academic year. Detailed findings are presented in annual evaluation reports presented to Youth First.

Summary of Evaluation Findings

Selected findings are presented in relation to the three-tiered approach to evidence-based prevention being used to achieve the project goals and objectives: indicated (for at-risk individuals), selective (for at-risk groups), and universal (for general audiences). Results are based on annual evaluation reports and reflect aggregated findings from the 2022-2023 school year, unless otherwise noted.



I. Indicated Prevention Strategies (for at-risk individuals)

Youth First Student Assistance Program Individual Services: Youth First's Student Assistance Program is the delivery system for evidence-based prevention and early intervention strategies that reduce risk factors and enhance protective factors linked to problem behaviors. Evaluation of this program continues to be positive. Key evaluation findings are discussed below in relation to the impact on students and families.

Final outputs for 2022-2023 are presented in the accompanying Annual Regional Summary Report.

Student Level

- **Improvement in Behavioral Concerns.** At baseline, 3-month, and 5-month evaluation periods, teachers, parents, and students (grades 6-12) were asked to complete Individual Concerns Forms. These are measures in which parents and teachers, in behavioral terms, identify their concerns about the student, and the student identifies concerns for himself or herself. Overall, significant immediate and sustained decreases in scores were noted across evaluation time periods.
 - Specifically, teachers and parents reported significant decreases in the intensity of behavioral concerns identified for students across the time periods of baseline, 3 months, and 5 months. Typical examples of the types of concerns identified by teachers included not turning in homework, fighting, academic

problems, truancy, and oppositional behaviors. Typical examples of the types of concerns identified by parents included parent-child conflict, sibling conflict, drug or alcohol use, and academic problems.

- Students (grades 6-12) also reported significant decreases in the intensity of self-reported concerns across the same time periods. Typical examples of the types of concerns identified by students for himself/herself included peer relationship issues, low self-esteem, and drug or alcohol use.
- **Improvement in School Adjustment and Behavior.** Teachers were also asked to complete the School Adjustment Scale (e.g., positive attitude toward school, attendance, and school performance) for all students and the Behavior Rating Index for Children for elementary students. Measures were completed across baseline, 3-month, and 5-month evaluation periods. Based on these measures, significant increases in students' school adjustment for students in grades 9-12 from baseline to 3 month were found. Further, significant decreases in problematic behaviors were observed from the baseline evaluation period to the 5 month evaluation period. When viewed with the findings from the Individual Concerns Forms, findings suggest that students are not only experiencing decreases in specific areas of concern but also showing significant improvement in aspects of school adjustment.
- **Improved Student-level Risk and Protective Factors.** Finally, students and parents were asked to complete a survey at baseline and 3 months to assess changes in risk and protective factors. Specific to student-level outcomes, the following significant improvements from baseline to 3 months were found:
 - Students reported significant improvement in the following subscales: *Coping Skills* ("I am able to calm down when I get mad"), *Resilience* ("I get upset easily"), *Decision Making* (e.g., "Most of the time, I make good decisions"), *School Bonding and Commitment* ("Most of the time, I enjoy being in school"), and *Hope* (e.g., "When I have a problem, I can come up with lots of ways to solve it").
 - In addition, parents reported significant improvement in the following subscales: *Mood Management* (e.g., "My child argues with me"), *Communication* (e.g., "My child has the skills to clearly communicate his or her feelings to others"), *Resilience* ("My child gets upset easily"), *Coping Skills* (e.g., "My child is able to calm down when he/she gets mad"), and *Decision-making* (e.g., "My child stops to think about how his/her decisions affect others' feelings").

Family Level

- **Improved Family-level Risk and Protective Factors.** As mentioned previously, students and parents were asked to complete a survey at baseline and 3 months to assess risk and protective factors. Specific to family-level outcomes, the following significant improvements from baseline to 3 months were found.
 - Students reported significant improvement in *Family Conflict* (e.g., “People in my family have serious arguments.”).
 - In addition, parents reported significant improvement in *Parent Child Affective Quality Bonding* (e.g., “...getting angry with my child when spending time together”).

II. Selective Prevention Strategies (for at-risk groups)

Reconnecting Youth: Reconnecting Youth (RY) is a school-based, research-proven program designed to reengage students into the school environment. The program’s main objectives are to increase participants’ school performance, decrease drug involvement, and improve mood management. In 2022-2023, a total of 122 students participated in programs.

- **Participant characteristics at pre-survey.** Participants presented significant risk factors associated with school maladjustment issues, as well as alcohol, tobacco, and other drug use. At pre-survey, a large percentage of participants reported vaping (37%), using marijuana (35%), using cigarettes/tobacco/nicotine (25%), and using alcohol (24%) at least once within the past month. Further, 30% of participants reported vaping on school property in the past month. Finally, 28% reported receiving Cs and Ds or worse in the past semester, 72% had skipped school or cut classes at least one time, and 32% reported below average school performance.
- **Drug use frequency.** The observed decreases in drug use did not reach statistical significance. Still, the following accomplishments from pre-survey to post-survey should be noted:
 - Cigarettes/tobacco/nicotine usage and e-cigarettes/vaporizer usage decreased by 10 percentage points
 - E-cigarette/vaporizer use on school property decreased by 18 percentage points.
 - Marijuana usage decreased by 9 percentage points.
 - Decreases were also observed for alcohol usage and pill/prescription drug usage.
- **Perceptions of harm.** Statistically significant improvements were not observed on the perceptions of harm (associated with drug/alcohol use) scale from pre-survey to post-survey.

- The perception of **marijuana** and **e-cigarettes/vaporizers** being harmful or extremely harmful increased by 2 percentage points from pre-survey to post-survey.
- **Drug involvement.** Students demonstrated a statistically significant improvement on the adverse drug use consequences scale across all evaluation periods. Also, though not statistically significant, there was an observed improvement in drug use control problems among participations from pre- to post-survey.
- **Mood and Healthy Behaviors.** Students demonstrated a statistically significant improvement in the Depressed Affect, Family Distress, and Perceived Stress subscales. Additionally, for each mood subscale that did not yield statistical significance, improvements in mean score were observed.

C.A.S.T.: C.A.S.T. (short for Coping And Support Training) is a school-based, research-proven program designed to reengage students into the school environment. The program's main objectives are to increase participants' school performance, decrease drug involvement, improve mood management, and increase healthy behaviors. The target audience includes students in grades 6 through 8 who are at-risk for school dropout. The program addresses multiple risks, making it an ideal program for high-risk students. It also encourages and builds school bonding, a protective factor against substance use and poor school performance. In 2022-2023, a total of 56 students participated in programs.

- **Participant characteristics.** Participants presented significant risk factors associated with school maladjustment issues, as well as alcohol, tobacco, and other drug use. At pre-test, multiple participants reported vaping (23%), using marijuana (23%), using cigarettes/nicotine/tobacco (17%), and drinking alcohol (14%) at least once within the past month. Additionally, 24% reported receiving Cs and Ds or worse in the past semester, and 40% reported below average school performance.
- **Drug use frequency.** Students reported a statistically significant decrease in drug use frequency from pre- to post-survey. The following decreases in usage of 1 or more times in the past 30 days were observed:
 - **E-cigarettes/vaporizer** and **LSD or other psychedelics** usage decreased by 12 percentage points.
 - **Marijuana** usage and **binge drinking** decreased by 9 percentage points.
 - Decreases were also observed for **cigarettes/tobacco/nicotine** usage, **methamphetamine/amphetamine** usage, having **at least one drink of alcohol**, and **pill/prescription drug** usage.
- **Perceptions of harm.** No significant improvements were observed on the perceptions of harm (associated with drug/alcohol use) scale from pre-survey to post-survey.
 - The perception of **alcohol** being harmful or extremely harmful increased by 11 percentage points from pre-survey to post-survey.

- The perception of **e-cigarettes/vaporizers** being harmful or extremely harmful increased by 1 percentage points from pre-survey to post-survey.
- **Mood and Healthy Behaviors.** Participants reported statistically significant improvement on the **Depressed Affect** and **Self-Esteem/Personal Control** subscales. Improvements in mean scores from pre- to post-survey were also observed for the following scales: Anger/Aggression, Satisfaction, Family Distress, and Family Support.

WhyTry: WhyTry is a cognitive-behavioral intervention designed to teach youth the value of putting effort into challenges at home, at school, and with peers. The WhyTry program communicates to students that although it may be difficult to make good decisions, doing so results in more opportunity, freedom, and self-respect. In 2022-2023, a total of 191 students participated in programs. Participants are asked to complete pre- and post-measures assessing specific program focus areas as well as children's hope. Findings are summarized below.

WhyTry Index: The WhyTry Index is composed of items identified by the program developers. As recommended from prior evaluations, the index was rescaled to create a consistent rating for each of the items of interest. The scale is composed of ten items, presented below.

1. When I have a problem, I do not give up until it is resolved.
 2. My decisions and actions today will affect my future.
 3. I focus on my strengths.
 4. I am likely to lash back at someone who treats me badly.
 5. I am not likely to give into negative peer pressure.
 6. I work hard to create my own solutions to problems.
 7. I have the skills I need to solve my problems.
 8. Following rules and obeying laws limit my ability to overcome challenges.
 9. I am likely to let others help me when I have a problem.
 10. I see my future as positive and full of potential.
- Participants reported significant improvements on the WhyTry index.

Children's Hope Scale. The Children's Hope Scale (i.e., dispositional hope scale) was used to examine agency, which is described as the ability to initiate and sustain action towards goals, and pathways, which is described as the capacity to find a means to carry out goals (Snyder et al., 1997). Scores for individual items range from 1-6, in which 1 = none of the time, 2 = a little of the time, 3 = some of the time, 4 = a lot of the time, 5 = most of the time, and 6 = all of the time. Odd numbered items represent agency, while even numbered items represent pathways. In each case, higher scores represent higher levels of goal-oriented action and capacity. The scale is composed of 6 items, presented below.

1. I think I am doing pretty well.

2. I can think of many ways to get the things in life that are most important to me.
3. I am doing just as well as other kids my age.
4. When I have a problem, I can come up with lots of ways to solve it.
5. I think the things I have done in the past will help me in the future.
6. Even when others want to quit, I know that I can find ways to solve the problem.

- Participants reported significant improvements on the dispositional hope scale, with improvement observed on all of the individual items.

Youth First Student Assistance Program Group Services: In addition to indicated services, Youth First School-Based Mental Health Professionals provide various groups in response to individual school needs (e.g., anger management, support, social skills). Specifically, the focus of the groups and topics discussed are determined by the students and their needs as a group.

Main objectives of Student Assistance Program Groups relate to increasing hope, coping skills, decision making, mood management, and school bonding and commitment. In addition, each group included respective objectives based on the need being addressed (e.g., social skills, mood management, personal control, life transition, or life skills).

In 2022-23, a total of 601 students participated in Student Assistance Program Group Services

- **Common Group Outcomes:** Evaluation of the Student Assistance Program Groups demonstrated promising results for common outcomes across groups. Overall, significant improvements from pre- to post-survey were observed on the following scales:
 - **Children's Hope** (e.g., When I have a problem, I can come up with lots of ways to solve it)
 - **Coping Skills** (e.g., I am able to calm down when I get mad)
- **Engagement:** Overall, 87% of students reported that they liked the group.

III. Universal Prevention Strategies (for general audiences)

Strengthening Families (SFP): The Strengthening Families Program addresses alcohol prevention in the context of family interaction. Parents are trained to become more effective communicators and disciplinarians to improve interactions with their children. Family meals and interaction periods allow parents to practice their new skills. Children are taught the social skills, including problem solving and ways to resist peer pressure, and the dangers of drug and alcohol use (Kumpfer, 2006). The techniques in the program address risk factors for alcohol use evident in existing research while building bonds among family members to foster resilience in children. The program's focus is on improving parenting skills, building youth life skills, and strengthening family bonds.

- In 2022-2023, 123 individuals participated in SFP 3-6 (Family First Growth) programs.
- In 2022-2023, 172 individuals participated in SFP 7-17 (Family First Success) programs.

SFP (3-6)

Significant positive effects were found for the 9 out of 12 scales. Specifically, parents reported significant improvements in Family Conflict, Family Cohesion, Family Attachment, Family Prosocial Involvement, Parenting Skills—Consistency/Authoritative Style, Mood Management, Communication, Resilience/Coping Skills, Accountability/Personal Responsibility.

SFP (7-17)

Significant positive effects were found for 9 scales for parents. Youth reported no significant improvement. Note, the low number of youth respondents likely contributed to the lack of statistical significance.

Teen Series and Tween Series: Teen Series provides high school freshmen with prevention education and an introduction to the Youth First School-Based Mental Health Professional. A key goal of the series is to expose new students to the Youth First School-Based Mental Health Professional to help remove the stigma of seeking assistance in the future. Sessions are delivered most often during health classes and cover six key topics: drug awareness, stress, brain development, parent/teen relationships, communication, and suicide prevention.

The Tween Series program for middle school students shares the objective of removing stigma around seeking assistance. Additionally, the key Tween Series lessons address distress, coping skills, communication, and suicide prevention.

Participants in the Teen Series and Tween Series were invited to complete a pre-test prior to the beginning of the program and were asked to complete a post-test following the completion

of the program. The surveys asked participants eight questions related to drugs, stress/distress, coping skills, brain development, parent/teen relationships, communication, suicide prevention, and knowing the Youth First School-Based Mental Health Professional in their building. In addition, the post survey included items for program feedback. The evaluation design allowed for both process and outcome related data to be collected. A description of these measures follows.

- In 2022-2023, 2,423 students participated in Teen Series programs.
- In 2022-2023, 1,794 students participated in Tween Series programs.

Program Outcomes for Teen Series

Improved Drug Awareness

- Teens demonstrated a significant improvement in drug awareness from pre- to post-test.

Improved understanding of Brain Development

- A significant improvement from pre- to post-test was observed for Teens on the Brain Development Scale.

Improved Communication Skills

- Teens reported a significant improvement on the I-Messages Scale from pre- to post-test.

Improved Suicide Prevention Knowledge

- Participants displayed significant improvements on the Suicide Prevention Scale from pre- to post-test.

Improved willingness to connect with their school's Youth First School-Based Mental Health Professional

- A significant increase from pre- to post-test for items related to connecting with the Youth First School-Based Mental Health at their was observed for Teens. Additionally, 69% agreed or strongly agreed that it's a good idea to talk about topics covered in the program with their Youth First School-Based Mental Health.

Program Outcomes for Tween Series

Improved Distress Skills

- Tweens demonstrated a significant improvement from pre- to post-test on the Distress Scale.

Improved Coping Skills

- A significant improvement from pre- to post-test on the Coping Skills Scale was observed for program participants.

Improved Communication Skills

- Tweens reported a significant improvement on the Online Communication Scale from pre- to post-test.

Improved Suicide Prevention Knowledge

- Participants displayed significant improvements on the Suicide Prevention Scale from pre- to post-test.

Improved willingness to connect with their school's Youth First School-Based Mental Health Professional

- A significant increase from pre- to post-test for items related to connecting with the Youth First School-Based Mental Health at their was observed for Tweens. Additionally, 78% agreed or strongly agreed that it's a good idea to talk about topics covered in the program with their Youth First School-Based Mental Health Professional.

LifeSkills Training: LifeSkills Training (LST) is a school-based, research-validated substance abuse prevention program designed to target the primary causes of substance abuse. The LST program has been proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors (Botvin, 2015). LST addresses multiple risk and protective factors and teaches students the skills needed to build resilience to pro-drug influences (SAMHSA/NREPP, 2015). The LST program has been designed for use with middle/junior high school students; however, separate LST programs can be offered to target students in elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12).

In 2022-2023, 1,322 students participated in LST programs.

Increased Knowledge of Anti-Drug Skills and Life Skills

Statistically significant increases in knowledge were observed. Specifically, elementary and middle school students demonstrated significant increases in overall knowledge, anti-drug knowledge, and life skills knowledge.

- 67% of elementary school students increased or maintained the best possible score for overall knowledge, 67% for anti-drug knowledge, and 59% for life skills knowledge.
- 57% of middle school students increased or maintained the best possible score for overall knowledge, 47% for anti-drug knowledge, and 48% for life skills knowledge.

Increased Anti-Substance Use Attitudes

For elementary students, significant increases in anti-smoking attitudes and anti-drinking attitudes were observed. When students with the highest possible score at pre-test (i.e., no room to improve) were excluded from the analysis, significant increases for middle school students were observed for anti-smoking attitudes and anti-drinking attitudes.

- 62% of elementary school students increased or maintained the best possible score for anti-smoking attitudes, and 67% increased or maintained the best possible score for anti-drinking attitudes.
- 74% of middle school students increased or maintained the best possible score for anti-smoking attitudes, and 72% increased or maintained the best possible score for anti-drinking attitudes.

Increased Life Skills

A significant increase was observed for overall life skills for elementary school students.

- 52% of elementary school students increased or maintained the best possible score for life skills.

Middle school students demonstrated significant increases in drug refusal skills and assertiveness skills.

- 80% of middle school students increased or maintained the best possible score for drug refusal skills.
- 46% of middle school students increased or maintained the best possible score for assertiveness skills.
- 52% of middle school students increased or maintained the best possible score for relaxation skills.
- 46% of middle school students increased or maintained the best possible score for self-control skills.

Increased Perceptions of Harm

Statistically significant increases in perceptions of harm were observed for elementary school students. When excluding students with perfect scores at pre-test, a significant increase in perceptions of harm were observed for middle school students.

- 76% of elementary school students increased or maintained the best possible score for perceptions of harm.
- 83% of middle school students increased or maintained the best possible score for perceptions of harm.

Program Feedback

Program feedback items were completed by all students. Collectively, results indicate that students responded positively to the program.

- 65% of elementary students and 62% of middle school students indicated that the program has helped them.
- 68% of elementary students and 64% of middle school students indicated that they were satisfied with the program overall.

AI's Pals: AI's Pals is a comprehensive curriculum and teacher training program that develops social-emotional skills, self-control, problem-solving abilities, and healthy decision-making in children ages 3-8 years old. The program is nationally recognized as an evidence-based model prevention program and received top rating by the National Center on Quality Teaching and Learning in their Social-Emotional Preschool Curriculum Consumer Report.

Through fun lessons, engaging puppets, original music, and effective teaching approaches, AI's Pals strives to a) help young children regulate their own feelings and behavior, allowing educators more time for creative teaching by reducing the need for discipline, b) create and maintain classroom environments of caring, cooperation, respect, and responsibility, c) teach

conflict resolution and peaceful problem-solving, d) promote appreciation of differences and positive social relationships, e) prevent and address bullying behavior, f) convey clear messages about the harms of alcohol, tobacco and other drugs, and g) build children's abilities to make healthy choices and cope with life's difficulties.

In 2022-2023, 953 individuals participated in AI's Pals programs.

The AI's Pals teacher survey examines three constructs. Specifically, teachers are asked to provide pre- and post-ratings related to students' ability to work well with others, use words to express feelings, and positively manage behavior. Paired-samples t-tests were conducted to examine the extent to which participants improved on each construct.

Significant increases were observed from pre-test to post-test for working well with peers, using words to express feelings, and positively managing behavior.

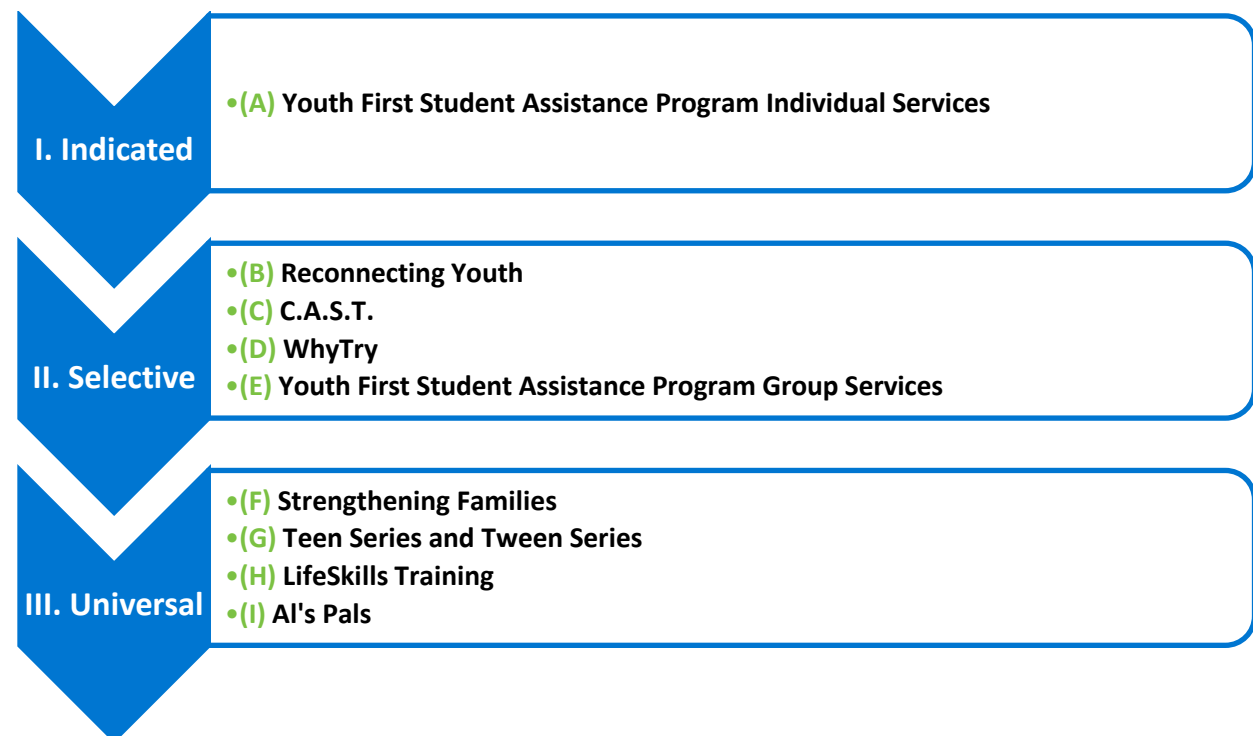
Technical Report

The purpose of this report is to summarize progress toward project goals and objectives, summarize evaluation methods associated with Youth First School-Based Prevention Project, and present a summary of findings from annual evaluation reports submitted to Youth First.

The Technical Report first summarizes progress toward strategy implementation. Next, each of the indicated, selective, and universal prevention strategies are described in relation to selected outcomes from annual evaluation reports and methodology.

Indicated, Selective, and Universal Prevention Strategies

This section details the methods for process and outcome evaluation of programs and services provided under the Youth First School-Focused Prevention Project. Prevention strategies are organized under the three-tiered approach to evidence-based prevention: indicated (for at-risk individuals), selective (for at-risk groups), and universal (for general audiences). For each program/service, process and outcome evaluation methods are described and summary evaluation findings are presented. Data are based on annual evaluation reports submitted to Youth First following the 2022-2023 school year.



I. Indicated Prevention Strategy (for at-risk individuals)

A. Youth First Student Assistance Program Individual Services

Youth First School-Based Mental Health Professionals provide crisis intervention, support, family interventions, and assistance with identification of young people at risk or who already use alcohol and other drugs (Youth First, Inc., 2014).

The Youth First Student Assistance Program is based on a risk and resiliency model of prevention and intervention. This model focuses on reducing student and family risk factors by building protective factors. These protective factors aid youth and their families in adapting to the many demands of the school environment.

Methodology: Youth First Student Assistance Program Individual Services

The methods for data collection and analyses are patterned after those reported in the article *Evaluation of a Community-School Social Work Model* (Diehl & Frey, 2008). All Youth First School-Based Mental Health Professionals were trained in data collection procedures to ensure reliability of data collection. The evaluation design allowed for both process and outcome related data to be collected. A description of these measures follows.

Evaluation Design

A pre-experimental design with repeated measures was used to answer the evaluation questions. This design is illustrated as $O_1 X O_2 O_3$ (See Table A1):

- O₁** equals baseline measures,
- X** indicates implementation of the student assistance program model,
- O₂** represents the dependent variable measures at 3 months after the model's implementation, and
- O₃** represents the dependent variable measures at 5 months after the model's implementation.

Table A1. Evaluation Design				
Dependent Measures by Raters	Baseline	Strategy	3 Months	5 Months
Elementary Teachers				
<i>Individual Concerns Teacher Form (IC-T)</i>	O ₁	X	O ₂	O ₃
<i>School Adjustment Scale (SAS)</i>	O ₁	X	O ₂	O ₃
<i>Behavior Rating Index for Children (BRIC)</i>	O ₁	X	O ₂	O ₃
Middle/High School Teachers				
<i>Individual Concerns Teacher Form (IC-T)</i>	O ₁	X	O ₂	O ₃
<i>School Adjustment Scale (SAS)</i>	O ₁	X	O ₂	O ₃
Parents				
<i>Individual Concerns Parent Form (IC-P)</i>	O ₁	X	O ₂	O ₃
<i>Parent Risk and Protective Factor Survey</i>	O ₁	X	O ₂	NA
Students (3-5 grade)				
<i>Youth Risk and Protective Factor Survey</i>	O ₁	X	O ₂	NA
Students (6-12 grade)				
<i>Individual Concerns Student Form (IC-S)</i>	O ₁	X	O ₂	O ₃
<i>Youth Risk and Protective Factor Survey</i>	O ₁	X	O ₂	NA

Dependent Measures (Outcomes)

Multiple dependent measures were used to examine effects of student assistance program's individual services, including: (a) Individual Concerns Parent Form, (b) Individual Concerns Teacher Form, (c) Individual Concerns Student Form, (d) School Adjustment Scale, (e) the Behavior Rating Index for Children, and (f) Youth and Parent Risk and Protective Factor Survey. These instruments are described below.

Individual Concerns: Parent Form (IC-P), Student Form (IC-S), and Teacher Form (IC-T) (Diehl, 2003). Individual Concerns Forms measure student concerns identified of students, teachers and parents (Diehl, 2003). These are measures in which parents, in behavioral terms, identify their concerns about the student, teachers identify concerns that they have about students, and students identify concerns for self. Next, participants are asked to rate these concerns on a 7-point Likert-type scale related to the frequency with which these behaviors are exhibited, from never to always. The parent and family form yields individual concerns for their child. The student form yields concerns for self. The teacher form yields individual concerns related to the student. Using a formula developed by van Zyl (personal communication, M. A. van Zyl, December 10, 2002), ratings for all of the concerns identified can be transformed into overall intensity scores. This allows scores to be weighted and the intensity of the ratings to be combined with the number of concerns. For example, if a teacher lists 3 concerns and provides the following ratings 6, 5, and 7, respectively, the transformation would result in an intensity score of 42.86, which represents the overall intensity rating of concerns for the student. Transformations result in three dependent variables: *student intensity score for self*, *teacher intensity score for student*, and *parent intensity score for student*. Reliability was examined using test-retest correlations from baseline to 1 month for the intensity scores. Correlations

ranged from .57 to .84. Construct validity was examined by correlating the Individual Treatment Concerns Teacher (.46) and Parent Forms (.38) with the total problem behavior score from the Burks Behavior Rating Scales (Diehl, 2003). Definitions for resulting dependent variables provided below.

- ***Teacher Intensity Score for Student.*** Defined as the intensity score calculated from the total number of concerns that the teacher identified for the student during the initial assessment. Typical examples of the types of concerns identified by teachers include: not turning in homework, fighting, academic problems, truancy, oppositional behaviors, etc.
- ***Parent Intensity Score for Student.*** Defined as the intensity score calculated from the total number of concerns that the parent identified for the student during the initial assessment. Typical examples of the types of concerns identified by parents include: parent-child conflict, sibling conflict, drug or alcohol use, academic problems, etc.
- ***Student Self-Reported Intensity Score.*** Defined as the intensity score calculated from the total number of concerns that the student identified for himself or herself during the initial assessment. Typical examples of the types of concerns identified by students for himself/herself include: peer relationship issues, low self-esteem, drug or alcohol use.

School Adjustment Scale (Diehl, 2006). The School Adjustment Scale is a 9-item instrument completed by classroom teachers as an assessment of students' school adjustment. The measure is a brief and easy-to-administer rating scale designed to record a teacher's observations of student attitudes, peer relations, school attendance, classroom performance, homework completion, class participation, compliance with academic and classroom directions, and test taking performance. The SAS has high internal consistency with alphas greater than .94.

Behavior Rating Index for Children (Stiffman, Orme, Evans, Feldman, & Keeney, 1984). The Behavior Rating Index for Children (BRIC) is a 13-item instrument designed to measure the degree of children's behavior problems. Teachers can complete the measure. The BRIC has fair to good internal consistency with alphas ranging from .80 to .86 for adults, and .60 to .70 from children. The scale also has good concurrent validity with correlations of .76 with the 118-item Child Behavior Checklist.

Youth and Parent Risk and Protective Factor Surveys. The Youth Survey is a 41-item (31 items for grades 3-5) measure administered at baseline and again after 3 months, while the Parent Survey is a 32-item measure administered during the same time periods. Youth receiving Student Assistance Program individual services and their parents provide ratings related to protective factors such as family cohesion and family attachment, and risk factors such as family conflict.

- **Parents:** Family Conflict; Mood Management; Family Attachment; Communication; Resilience; Coping Skills; Parent Child Affective Quality; and Decision-making.
- **Youth:** Family Conflict; Parental Favorable Attitudes; Family Attachment; Communication; Coping Skills; Resilience; Decision-making; School Bonding and Commitment; and Children’s Hope; Peer Resistance/Assertiveness; and Modified Interaction with Prosocial Peers.
- Beginning with the 2020-2021 academic year, a small number of Youth First School-Based Mental Health Professionals piloted the Resiliency Scales for Children and Adolescents—Sense of Mastery Subscale. This scale measures optimism, self-efficacy, and adaptability at baseline and 5 months.

Dependent Measures (Process)

In addition to measures used for outcome evaluation, three sources of information yielded process-level results to support continuous quality improvement efforts. A summary of each of these process related data sources is provided below.

- **Monthly Reports.** Youth First School-Based Mental Health Professionals complete monthly reports that describe various services and the types of referrals made during the month. These monthly reports illustrate the broader impact Youth First Social Workers have within the school community. Importantly, while not all students receive all evaluation measures, the monthly report provides the full scope of services being provided by the Youth First School-Based Mental Health Professional.
- **Semester Report.** At the conclusion of each semester, Youth First School-Based Mental Health Professionals provide a summary of students served on their caseload (e.g., homeless, graduation status).

Summary of Key Findings: Youth First Student Assistance Program Services

Final outputs for 2022-2023 are presented in the accompanying Year-End Project Report. Outcomes are presented in the following sections.

Individual Concerns Scales

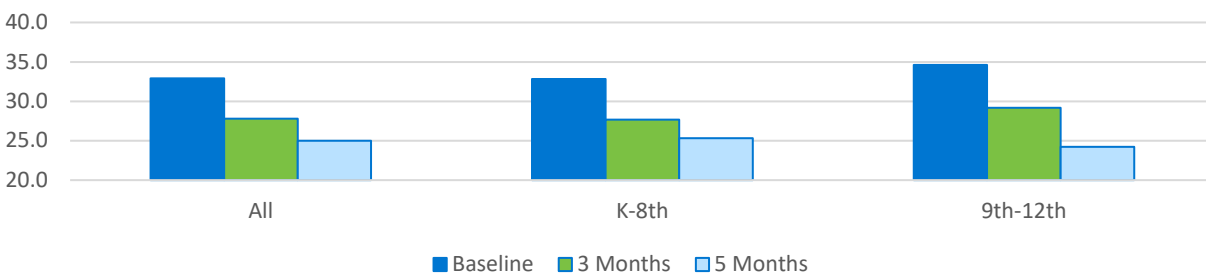
- **Changes Observed by Teachers from baseline, to 3 months, and to 5 months.** Teachers reported significant decreases in the intensity of concerns identified for students across the time periods of baseline and 3 months. Significant decreases in the intensity of concerns continued to be observed at 5 months. Collectively, this indicates that immediate changes in students were observed, as were sustained benefits.
 - **All Students:** Significant improvements were observed from baseline to 3 months ($p < .01$, $d = .36$), baseline to 5 months ($p < .01$, $d = .57$), and from 3 months to 5 months ($p < .01$, $d = .21$), $F(1.7, 1180.8) = 338.65$, $p < .01$.
 - **PK-8th Grade:** Significant improvements were observed from baseline to 3 months ($p < .01$, $d = .36$), baseline to 5 months ($p < .01$, $d = .53$), and from 3 months to 5 months ($p < .01$, $d = .18$), $F(1.7, 977.9) = 245.05$, $p < .01$.
 - **9th-12th Grade:** Significant improvements were observed from baseline to 3 months ($p < .01$, $d = .42$), baseline to 5 months ($p < .01$, $d = .84$), and from 3 months to 5 months ($p < .01$, $d = .42$), $F(1.7, 187.0) = 119.90$, $p < .01$.

Table A2. Means and Standard Deviations for Teacher Concerns Baseline, to 3 Months, and to 5 Months			
Dependent Measure	N	Mean	Standard Deviation
All Students/Schools			
Teacher Initial Intensity Score	676	32.92	14.78
Teacher Three Month Intensity Score	676	27.79 ^a	13.36
Teacher Five Month Intensity Score	676	25.00 ^{ab}	12.74
K-8th Grade Students			
Teacher Initial Intensity Score	560	32.81	14.98
Teacher Three Month Intensity Score	560	27.68 ^a	13.53
Teacher Five Month Intensity Score	560	25.32 ^{ab}	13.02
9th-12th Grade Students			
Teacher Initial Intensity Score	108	34.60	13.37
Teacher Three Month Intensity Score	108	29.18 ^a	12.35
Teacher Five Month Intensity Score	108	24.21 ^{ab}	11.15

^aSignificant improvement from baseline.

^bSignificant improvement from 3 months.

Figure A1. Teacher Intensity Rating of Concerns for Student Baseline-3 Months-5 Months



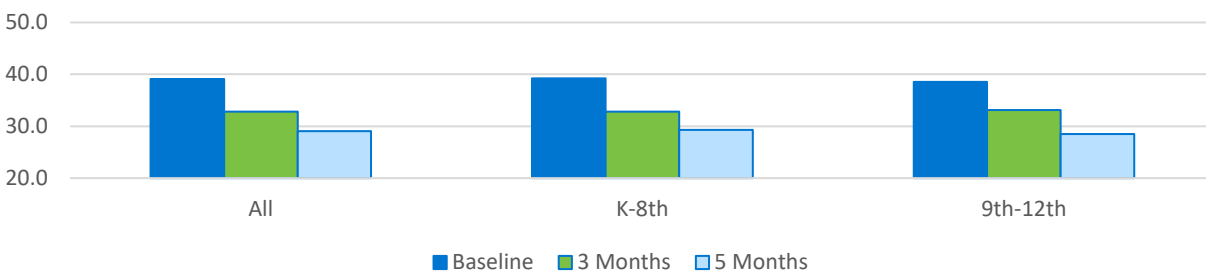
- **Changes Observed by Parents from baseline, to 3 months, and to 5 months.** Parents reported significant decreases in the intensity of concerns identified for their child across the time periods of baseline and 3 months. Significant decreases in the intensity of concerns continued to be observed at 5 months. Collectively, this indicates that immediate changes in students were observed, as were sustained benefits.
- **All Students:** Significant improvements were observed from baseline to 3 months ($p < .01$, $d = .49$), baseline to 5 months ($p < .01$, $d = .79$), and from 3 months to 5 months ($p < .01$, $d = .31$), $F(1.7, 1054.3) = 532.27$, $p < .01$.
- **PK-8th Grade:** Significant improvements were observed from baseline to 3 months ($p < .01$, $d = .50$), baseline to 5 months ($p < .01$, $d = .78$), and from 3 months to 5 months ($p < .01$, $d = .29$), $F(1.7, 867.0) = 420.63$, $p < .01$.
- **9th-12th Grade:** Significant improvements were observed from baseline to 3 months ($p < .01$, $d = .43$), baseline to 5 months ($p < .01$, $d = .80$), and from 3 months to 5 months ($p < .01$, $d = .40$), $F(1.5, 171.4) = 103.76$, $p < .01$.

Table A3. Means and Standard Deviations for Parent Concerns Baseline, to 3 Months, and to 5 Months			
Dependent Measure	N	Mean	Standard Deviation
All Students/Schools			
Parent Initial Intensity Score	637	39.10	13.28
Parent Three Month Intensity Score	637	32.84 ^a	12.03
Parent Five Month Intensity Score	637	29.08 ^{ab}	11.91
PK-8th Grade			
Parent Initial Intensity Score	516	39.20	13.20
Parent Three Month Intensity Score	516	32.81 ^a	12.13
Parent Five Month Intensity Score	516	29.29 ^{ab}	12.07
9th-12th Grade			
Parent Initial Intensity Score	115	38.58	13.74
Parent Three Month Intensity Score	115	33.14 ^a	11.76
Parent Five Month Intensity Score	115	28.52 ^{ab}	11.19

^aSignificant improvement from baseline.

^bSignificant improvement from 3 months.

Figure A2. Parent Intensity Rating of Concerns for Student Baseline-3 Months-5 Months



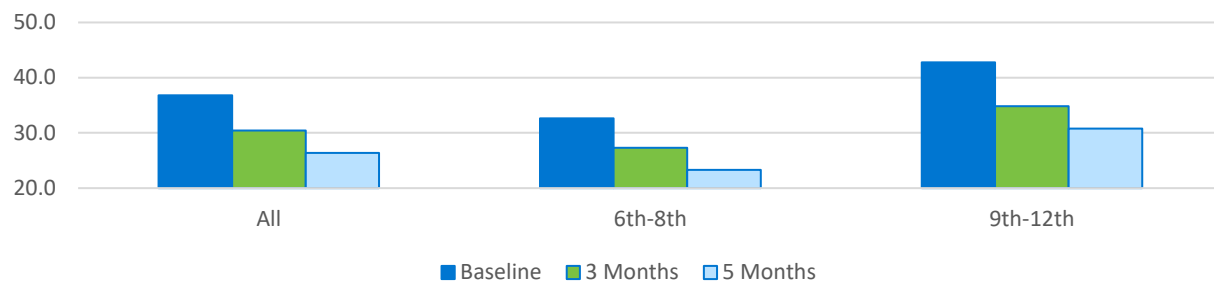
- **Changes Observed by Students from baseline, to 3 months, and to 5 months.** Students (grades 6 and up) reported significant decreases in the intensity of concerns identified for self across the time periods of baseline and 3 months. Significant decreases in the intensity of concerns continued to be observed at 5 months. Collectively, this indicates that immediate changes were observed, as were sustained benefits.
 - **All Students:** Significant improvements were observed from baseline to 3 months ($p < .01$, $d = .45$), baseline to 5 months ($p < .01$, $d = .76$), and from 3 months to 5 months ($p < .01$, $d = .31$), $F(1.8, 655.8) = 293.24$, $p < .01$.
 - **6th-8th Grade:** Significant improvements were observed from baseline to 3 months ($p < .01$, $d = .38$), baseline to 5 months ($p < .01$, $d = .68$), and from 3 months to 5 months ($p < .01$, $d = .30$), $F(1.7, 376.7) = 138.97$, $p < .01$.
 - **9th-12th Grade:** Significant improvements were observed from baseline to 3 months ($p < .01$, $d = .67$), baseline to 5 months ($p < .01$, $d = 0.99$), and from 3 months to 5 months ($p < .01$, $d = .35$), $F(1.8, 264.1) = 156.06$, $p < .01$.

Table A4. Means and Standard Deviations for Student Concerns Baseline, to 3 Months, and to 5 Months

Dependent Measure	N	Mean	Standard Deviation
All Students/Schools			
Student Initial Intensity Score	374	36.81	14.54
Student Three Month Intensity Score	374	30.46 ^a	13.44
Student Five Month Intensity Score	374	26.39 ^{ab}	13.02
6th-8th Grade			
Student Initial Intensity Score	217	32.64	14.42
Student Three Month Intensity Score	217	27.29 ^a	13.80
Student Five Month Intensity Score	217	23.32 ^{ab}	13.07
9th-12th Grade			
Student Initial Intensity Score	149	42.78	12.42
Student Three Month Intensity Score	149	34.86 ^a	11.35
Student Five Month Intensity Score	149	30.80 ^{ab}	11.76

^aSignificant improvement from baseline; ^bSignificant improvement from 3 months.

Figure A3. Student Intensity Rating of Concerns for Self Baseline-3 Months-5 Months



Individual Concerns Categories

As data were entered, Youth First School-Based Mental Health Professionals assigned individual concerns into one of the following categories:

1. Academic (e.g., grades, attendance, disengagement)
2. Mood (e.g., anxiety, depression, anger)
3. Behavioral (e.g., defiance, aggression, conduct issues, lying)
4. Personal Management (e.g., inattention, negative self-image, poor decision making skills, communication)
5. Peer Relationships (e.g., peer conflict, bullying victim, dating relationship strain)
6. Family Relationships (e.g., family conflict, home life concerns)
7. Substance Abuse (e.g., alcohol use, drug use, alcohol and drug use, sneaky behaviors)
8. Other

For each participant type (e.g., teacher, parent, student), a breakdown of individual concerns is provided.

Table A5. Distribution of Concerns Identified by Teachers

Group	Academic	Mood	Behavioral	Personal Management	Peer Relationships	Family Relationships	Substance Abuse	Other	N
PK-8 th	12.7%	16.2%	33.0%	27.1%	9.7%	0.7%	--	0.5%	1500
9 th -12 th	32.2%	20.6%	11.9%	26.0%	6.4%	1.6%	0.3%	22.8%	311
All	16.1%	16.9%	29.3%	27.0%	9.1%	0.9%	0.1%	0.6%	1830

Table A6. Distribution of Concerns Identified by Parents

Group	Academic	Mood	Behavioral	Personal Management	Peer Relationships	Family Relationships	Substance Abuse	Other	N
PK-8 th	3.6%	26.8%	35.1%	21.5%	5.3%	6.5%	--	1.2%	1768
9 th -12 th	6.0%	34.3%	21.7%	16.9%	7.2%	10.2%	0.9%	2.7%	332
All	4.0%	27.9%	32.9%	21.2%	5.5%	7.0%	0.1%	1.4%	2136

Table A7. Distribution of Concerns Identified by Students									
Group	Academic	Mood	Behavioral	Personal Management	Peer Relationships	Family Relationships	Substance Abuse	Other	N
PK-8 th	14.1%	25.0%	20.1%	26.0%	8.6%	4.6%	--	1.6%	547
9 th -12 th	8.7%	29.5%	9.7%	32.2%	5.8%	4.8%	4.8%	4.5%	484
All	11.4%	27.0%	15.0%	29.6%	7.2%	4.6%	2.3%	2.9%	1061

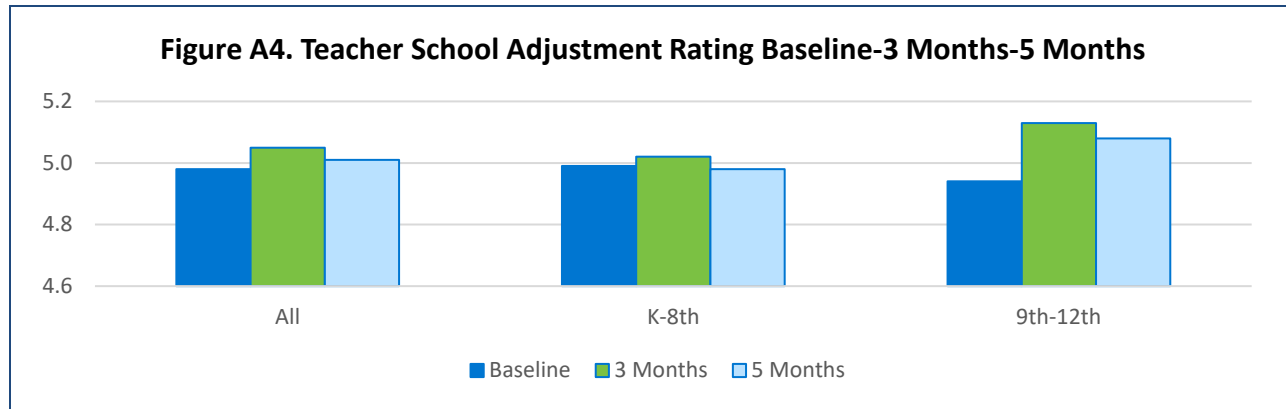
School Adjustment Scale

- **Changes Observed by Teachers from baseline to 3 months for high school students.**
Teachers in grades 9-12 reported significant increases in school adjustment from baseline to 3 months.
 - **All Students:** Improvements from baseline to 3 months and baseline to 5 months were observed for all students, but these improvements did not reach statistical significance.
 - **PK-8th Grade:** No statistically significant improvements were observed.
 - **9th-12th Grade:** Significant improvements were observed from baseline to 3 months ($p < .01$, $d = .16$), $F(1.5, 236.0) = 2.40$, $p < .01$.

Table A8. Means and Standard Deviations for School Adjustment Scale Baseline, to 3 Months, and to 5 Months			
Dependent Measure	N	Mean	Standard Deviation
All Students/Schools			
Student Initial School Adjustment Score	817	4.98	1.09
Student Three Month Adjustment Score	817	5.05	1.22
Student Five Month School Adjustment Score	817	5.01	1.44
PK-8th Grade Students			
Student Initial School Adjustment Score	651	4.99	1.08
Student Three Month Adjustment Score	651	5.02	1.23
Student Five Month School Adjustment Score	651	4.98	1.43
9th-12th Grade Students			
Student Initial School Adjustment Score	156	4.94	1.13
Student Three Month Adjustment Score	156	5.13 ^a	1.18
Student Five Month School Adjustment Score	156	5.08	1.53

^aSignificant improvement from baseline

^bSignificant improvement from 3 months.

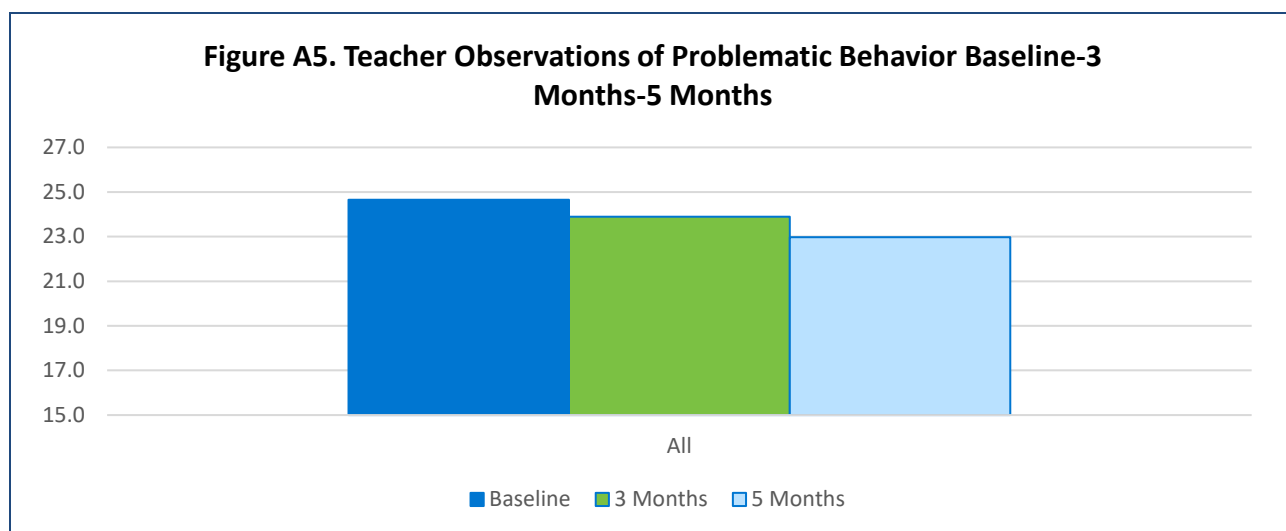


Behavioral Rating Index for Children

- **Changes Observed by Teachers from baseline to 5 months.** Teachers reported significant increases in school adjustment from baseline to 5 months.
- **All Students (Elementary Only):** Significant improvements were observed from baseline to 5 months ($p < .05$, $d = .11$), $F(1.9, 812.8) = 4.51$, $p < .01$.

Table A9. Means and Standard Deviations for Teacher Behavior Ratings Baseline, to 3 Months, and to 5 Months			
Dependent Measure	N	Mean	Standard Deviation
All Students/Schools			
BRIC: Baseline	421	24.65	15.45
BRIC: Three Months	421	23.90	14.56
BRIC: Five Months	421	22.98 ^a	14.67

^aSignificant improvement from baseline; ^bSignificant improvement from 3 months.



Student and Parent Risk and Protective Factors

Reduced risk factors and improved protective factors: Finally, students and parents were asked to complete a survey at baseline and 3 months to assess risk and protective factors. Students reported significant improvements on 6 out of 12 risk and protective factor subscales, while parents reported significant improvements on 6 out of 8 subscales.

- **Student-Level:** Students reported significant improvement in the following subscales: *Coping Skills* (“I am able to calm down when I get mad”), *Resilience* (“I get upset easily”), *Decision Making* (e.g., “Most of the time, I make good decisions”), *School Bonding and Commitment* (“Most of the time, I enjoy being in school”), and *Hope* (e.g., “When I have a problem, I can come up with lots of ways to solve it”).
 - In addition, parents reported significant improvement in the following subscales: *Mood Management* (e.g., “My child argues with me”), *Communication* (e.g., “My child has the skills to clearly communicate his or her feelings to others”), *Resilience* (“My child gets upset easily”), *Coping Skills* (e.g., “My child is able to calm down when he/she gets mad”), and *Decision-making* (e.g., “My child stops to think about how his/her decisions affect others’ feelings”).
- **Family-Level:** Students reported significant improvement in *Family Conflict* (e.g., “People in my family have serious arguments.”).
 - In addition, parents reported significant improvement in *Parent Child Affective Quality Bonding* (e.g., “...getting angry with my child when spending time together”).

Table A10. Youth and Parent Survey Ratings by All Scales—All Students								
Scale and Participant Type	Median Composite Score		Participants Demonstrating Change in at Least 1 Scale Point			Significance	N	
	Pre-test	Post-test	Improve	No Change	Decline			
FAMILY CONFLICT*								
Students	9	8	39.7%	29.3%	31.0%	✓	468	
Parents	6	6	32.6%	38.7%	28.7%		729	
PARENT FAVORABLE ATTITUDE TOWARD DRUG USE*								
Students	2	2	10.2%	74.0%	15.7%		235	
LACK OF MOOD MANAGEMENT*								
Parents	19	18	46.6%	22.0%	31.4%	✓	726	
FAMILY ATTACHMENT**								
Students	8	8	32.3%	39.3%	28.5%		471	
Parents	9	9	24.8%	52.7%	22.5%		730	
COMMUNICATION**								
Students	11	12	37.4%	34.8%	27.8%		468	
Parents	11	11	41.7%	30.5%	27.9%	✓	732	
COPING SKILLS**								
Students	13	14	42.6%	27.1%	30.3%	✓	462	
Parents	16	17	54.4%	18.8%	26.8%	✓	720	
RESILIENCY SKILLS**								
Students	6	6	37.2%	39.4%	23.4%	✓	465	
Parents	4	5	44.1%	33.7%	22.2%	✓	724	
DECISION MAKING**								
Students	14	15	46.5%	24.8%	28.7%	✓	467	
Parents	11	13	50.8%	27.3%	21.9%	✓	729	
SCHOOL BONDING AND COMMITMENT**								
Students	14	14	32.7%	23.7%	43.6%	✓	468	
CHILDREN’S HOPE**								
Students	22	22	47.0%	20.8%	32.2%	✓	457	
PEER RESISTANCE/ASSERTIVENESS**								
Students	12	12	36.3%	34.5%	29.2%		466	
MODIFIED INTERACTION WITH PROSOCIAL PEERS**								
Students	17	17	31.1%	37.8%	31.1%		241	
ADULT BONDING**								
Students	16	16	31.3%	45.5%	23.2%		246	
PARENT/CHILD AFFECTIVE QUALITY – BONDING**								
Parents	31	32	38.7%	30.6%	30.6%	✓	708	

*Lower scores are better; **Higher scores are better

Table A11. Student and Parent Survey Ratings—Significant Improvement by Disaggregated Group			
Scale and Participant Type	All Schools	K-8 th Grade Students	9 th -12 th Grade Students
FAMILY CONFLICT*			
Students	✓		
Parents			
PARENT FAVORABLE ATTITUDE TOWARD DRUG USE*			
Students			
LACK OF MOOD MANAGEMENT*			
Parents	✓	✓	✓
FAMILY ATTACHMENT**			
Students			
Parents			
COMMUNICATION**			
Students			
Parents	✓	✓	✓
COPING SKILLS**			
Students	✓		✓
Parents	✓	✓	✓
RESILIENCY SKILLS**			
Students	✓	✓	✓
Parents	✓	✓	✓
DECISION MAKING**			
Students	✓	✓	✓
Parents	✓	✓	✓
SCHOOL BONDING AND COMMITMENT**			
Students	✓	✓	
CHILDREN'S HOPE**			
Students	✓	✓	✓
PEER RESISTANCE/ASSERTIVENESS**			
Students			✓
MODIFIED INTERACTION WITH PROSOCIAL PEERS**			
Students			
ADULT BONDING**			
Students			✓
PARENT/CHILD AFFECTIVE QUALITY – BONDING**			
Parents	✓	✓	

Resiliency Scales for Children and Adolescents—Mastery Subscale

During the 2022-2023 academic year, the Resiliency Scales for Children and Adolescents—Mastery Subscale was administered to a group of youth at baseline (pre) and after 5 months (post), yielding scores on 4 subscales and an overall *resiliency* score. Matching pre- and post-survey data were available for 200 participants. Nonparametric Wilcoxon Signed Ranks Tests were conducted for each subscale to examine change from baseline to 5 month time periods. Students reported significant improvements on the *Optimism* (e.g., “I can control what happens to me”) *Self-efficacy* (e.g., “If I try hard, it makes a difference”), and *Adaptability* (e.g., “I can learn from my mistakes”) subscales as well as the combined *Resiliency* scale.

Table A12. Resilience Scales for Children and Adolescents Survey Ratings by All Scales—All Students								
Scale and Participant Type	Median Composite Score		Participants Demonstrating Change in at Least 1 Scale Point			Significance	N	
	Pre-test	<u>Post-test</u>	Improve	No Change	Decline			
OPTIMISM**								
Students	24	26	57.0%	10.0%	33.0%	✓	200	
SELF-EFFICACY**								
Students	34	36	63.0%	6.5%	30.5%	✓	200	
ADAPTABILITY**								
Students	10	11	47.5%	25.0%	27.5%	✓	200	
TOTAL RESILIENCY**								
Students	69	72	63.0%	6.5%	30.5%	✓	200	

**Higher scores are better

II. Selective Prevention Strategies (for at-risk groups)

B. Reconnecting Youth

Reconnecting Youth (RY) is a school-based, research-proven program designed to reengage students into the school environment. The program's main objectives are to increase participants' school performance, decrease drug involvement, and improve mood management. The target audience includes students in grades 9 through 12 who are at-risk for school dropout. The program addresses multiple risks, making it an ideal program for high-risk students. It also encourages and builds school bonding, a protective factor against substance use and poor school performance (SAMHSA/NREPP, 2014).

Reconnecting Youth is one semester in duration and offered during the regular school day. School and community activities are utilized in RY to promote bonding to the school and healthy lifestyle choices. Additionally, parent involvement is required for student participation. Teachers maintain contact with parents through phone calls, letters, and progress reports to encourage support of the student's new skills at home. Finally, teachers and school personnel are provided with crisis response guidelines to address suicide prevention and to identify high-risk behaviors (SAMHSA, 2014). The curriculum is divided into five modules: introduction to the program, self-esteem enhancement, decision-making, personal control, and interpersonal communication.

Module One: Introduction to the program. During the introduction to the program, the facilitator gives participants an overview of the program. Participants establish group rules, practice giving each other helpful feedback, learn to monitor their moods and drug use, and set goals for improvement, all under the guidance of the facilitator. Following the 10-session introduction to the program, approximately one month is spent on each module. This module serves to socialize students for the remainder of the program.

Module Two: Self-esteem enhancement. The self-esteem enhancement module builds individual and group self-esteem by promoting positive self-images, changing negative self-talk, and teaching participants methods of managing stress and mood changes.

Module Three: Decision-making skills. In the decision-making module, participants learn planned decision-making skills, time management skills, and ways to use these skills to boost school performance and resistance to drug use.

Module Four: Personal control. The personal control module highlights techniques for stress management and anger control. These techniques are then applied to drug resistance and school achievement.

Module Five: Communication skills. The final module in the curriculum builds communication skills by exploring conflict negotiation, active listening, and effective communication techniques.

Methodology: Reconnecting Youth

Students in grades 9 through 12 who were characterized as at-risk for school dropout were invited to participate. All students were required to have a permission slip signed by a parent or guardian on file at the school before beginning participation. The evaluation design allowed for both process and outcome related data to be collected. A description of these measures follows.

Evaluation Design

A pre-experimental design with repeated measures was used to measure the evaluation questions. Specifically, participants completed a survey before, during, and after the program. The Reconnecting Youth Completion Survey (RYCS) was administered at the end of the program. Evaluation questions were developed based on previous research supporting key outcome domains: (a) increased school adjustment, (b) decreased drug involvement, and (c) increased mood management (SAMHSA, 2009). A final evaluation domain examined participant perceptions with regard to program implementation.

This design is illustrated as $O_1 \times O_2 \ O_3$:

- O₁** equals baseline measures,
X indicates implementation of the Reconnecting Youth Program,
O₂ represents the dependent variable measures at the mid-point of the program, and
O₃ represents the dependent variable measures at program completion.

Table B1. Evaluation Design				
Dependent Measures	Baseline	Strategy	Mid-point	Completion
Student Survey				
	O ₁	X	O ₂	O ₃
Reconnecting Youth Completion Survey (RYCS)				
RYCS	O ₁	X	O ₂	O ₃

Dependent Measures (Outcomes)

Multiple measures were used to examine evaluation questions. Copies of instruments may be obtained through Youth First, Inc. upon request. A summary of these instruments follows.

Revised School Achievement Checklist

A revised School Achievement Checklist was implemented beginning 2019/2020 to evaluate the effectiveness of the Reconnecting Youth program. The instrument contains several scales used to measure various outcomes of program participation.

Positive School Bonding. The Positive School Bonding Scale measures school bonding by examining the following three items: (a) students' overall school performance; (b) grades; and (c) attendance.

Drug Use Frequency Scale and Subscales. The Drug Use Frequency Scale is comprised of subscales that measure total drug use and by drug type (e.g., tobacco, alcohol, etc.). High scores on the Drug Use Frequency Subscales indicate higher frequency of drug use.

Drug Use Involvement Subscales. There are two Drug Use Involvement Subscales, which measure problems related to drug involvement: the Adverse Drug Use Consequences Subscale and the Drug Use Control Problems Subscale. High scores on the Adverse Drug Use Consequences Scale indicate higher frequency of negative consequences associated with drug use. High scores on the Drug Use Control Problems Subscale indicate greater problems controlling drug use (Herting, 2004).

Mood and Experiences Scales. The Mood and Experiences Checklist is comprised of several subscales, some of which are comprised of a single-item indicator. Subscales include Depressed Affect, Anger/Aggression, Hopelessness, and Self-esteem/Personal Control. Single-item indicators measure Family Distress, Family Support, Anxiety, and Perceived Stress (Herting, 2004).

Reconnecting Youth Completion Survey (RYCS)

The Reconnecting Youth Completion Survey (RYCS) was developed by Youth First, Inc. to provide feedback related to program implementation.

Procedures and Frequency of Data Collection

The revised School Achievement Checklist was administered to youth before the program, at the program's mid-point, and after program completion. The Reconnecting Youth Completion Survey (RYCS) was completed at the end of the program. Procedures are further described below in relation to specific research questions.

Summary of Key Findings: Reconnecting Youth

School Adjustment

Students were asked to indicate what grades they mostly received at pre-, mid-, and post-survey. Friedman non-parametric statistical analyses were conducted to examine the extent participants increased grades across the evaluation period. **Students demonstrated a statistically significant increase in grades across evaluation periods ($p < .05$).**

Table B2. Grades Mean Data Comparison (1 [As and Bs] to 6 [Failing])							
Subscale	Pre-survey		Mid-survey		Post-survey		N
	Mean	SD	Mean	SD	Mean	SD	
Grades	2.68	1.37	2.29	1.30	2.44	1.28	58

Participants rated their overall school performance (i.e., grades, turning in assignments) during the past semester. Higher scores on the item indicate greater school performance. A non-parametric Friedman test was conducted. **There was a statistically significant increase in school performance from baseline to program completion ($p < .01$).**

Table B3. Positive School Bonding Scale Mean Data Comparison (0 [very poor] to 6 [outstanding])							
Subscale	Pre-survey		Mid-survey		Post-survey		N
	Mean	SD	Mean	SD	Mean	SD	
School Performance	2.80	1.31	3.56	1.49	3.48	1.59	61

Drug Use Frequency

The Drug Use Frequency Scale is comprised of subscales that measure total drug use and by drug type (i.e., tobacco, alcohol, marijuana). High scores on the Drug Use Frequency Subscale indicate higher frequency of drug use. Pre-, mid- and post-survey scores on the scale were compared using a non-parametric Friedman test. While decreases were observed, the change did not reach statistical significance.

Table B4. Drug Use Frequency Scale Mean Data Comparison							
Subscale	Pre-survey		Mid-survey		Post-survey		N
	Mean	SD	Mean	SD	Mean	SD	
Drug Use Frequency	13.08	4.41	12.43	4.17	12.15	3.78	61

Table B5. Percent Difference for Type of Drug/Alcohol Use in the Past Month				
During the last month, I used...	Used 1 or More Times			% Point Difference (Pre- to Post-survey)
	Pre-survey	Mid-survey	Post-survey	
1. Cigarettes/tobacco/nicotine	24.6%	16.4%	14.8%	9.8%
2. E-Cigarettes/vaporizer	36.6%	24.6%	26.2%	10.4%
3. At least one drink of alcohol	24.1%	22.4%	18.3%	5.8%
4. Five or more drinks of alcohol in a row, that is, within a couple of hours	16.4%	16.4%	16.4%	0.0%
5. Marijuana	35.0%	27.9%	26.2%	8.8%
6. Inhalants	0.0%	0.0%	0.0%	0.0%
7. Cocaine	0.0%	0.0%	0.0%	0.0%
8. Methamphetamine/ amphetamine	0.0%	0.0%	0.0%	0.0%
9. LSD or other psychedelics	0.0%	1.6%	1.6%	-1.6%
10. Pills/prescription drugs	1.6%	0.0%	0.0%	1.6%

Table B6. Percent Difference for Type of Drug/Alcohol Use in the Past Semester on School Property				
During the past semester in school, on how many days did you do the following on school property?	Used 1 or More Times			% Point Difference (Pre- to Post- survey)
	Pre-survey	Mid-survey	Post-survey	
1. Smoke cigarettes	0.0%	0.0%	0.0%	0.0%
2. Use e-cigarettes/ vaporizer	29.5%	14.8%	11.5%	18.0%
3. Have at least one drink of alcohol	6.7%	3.3%	3.3%	3.4%
4. Smoke marijuana	9.8%	8.2%	8.2%	1.6%
5. Consumed edibles	3.3%	3.3%	1.6%	1.7%
6. Taken pills/prescription drugs to get high	0.0%	0.0%	0.0%	0.0%

Perceptions of Harm

The Perceptions of Harm Scale measures the perceived harm associated with drug type (i.e., tobacco, alcohol, marijuana). *Due to the nature of the response options, lower scores indicate higher levels of perceived harm.* A Friedman non-parametric test did not yield a statistically significant improvement in students' perception of harm across evaluation periods.

Table B7. Perceptions of Harm Scale Mean Data Comparison							
Subscale	Pre-survey		Mid-survey		Post-survey		N
	Mean	SD	Mean	SD	Mean	SD	
Perceptions of Harm	11.31	4.86	10.26	3.82	10.61	4.18	61

Table B8. Percent Difference for Perceptions of Drugs				
How harmful do you think it is to use the following substances frequently?	Extremely Harmful/Harmful			% Point Difference (Pre- to Post-survey)
	Pre-survey	Mid-survey	Post-survey	
Cigarettes/nicotine/tobacco	85.2%	81.7%	80.0%	-5.2%
Alcohol	77.0%	73.3%	76.7%	-0.4%
Marijuana	46.7%	46.7%	48.3%	1.7%
E-cigarettes/vaporizer	75.4%	75.4%	77.0%	1.6%
Prescription Drugs (to get high)	95.0%	96.7%	95.0%	0.0%
Other Drugs	95.0%	96.7%	95.0%	0.0%

Drug Use Consequences and Drug Use Control Problems

Higher scores on the Adverse Drug Use Consequences and Drug Use Control Problems Subscales indicate higher frequency of problems associated with drug use. The Consequences scale is comprised of items 1, 2, 4, 5, and 8 from Table 9b below. The Control Problems scale is comprised of items 3, 6, and 7.

Pre-, mid-, and post-survey scores on the scale were compared using a Friedman non-parametric test. **Students demonstrated a statistically significant improvement in the Adverse Drug Use Consequences ($p < .05$).** Although not statistically significant, a decrease in adverse drug use consequences was observed across evaluation periods.

Table B9. Drug Involvement Subscales Mean Data Comparison							
Subscale	Pre-survey		Mid-survey		Post-survey		N
	Mean	SD	Mean	SD	Mean	SD	
Adverse Drug Use Consequences	7.10	3.71	5.87	1.99	6.13	2.64	61
Drug Use Control Problems	3.95	2.11	3.48	1.29	3.75	1.76	61

Note: Higher mean scores indicate higher frequency of problems.

Table B10. Percentage Point Difference for Drug/Alcohol Use Consequences/Control Problems in the Past Month					
During the last month...	Once or More			% Point Difference (Pre- to Post-survey)	
	Pre-survey	Mid-survey	Post-survey		
1. There were problems between my friends and me because of my using substances.	9.8%	6.6%	9.8%	0.0%	
2. There were conflicts between my family and me because of my using substances.	18.0%	11.5%	8.2%	-9.8%	
3. I usually didn't stop with just one or two drinks.	14.8%	16.4%	18.0%	+3.3%	
4. I felt guilty about how much alcohol and/or drugs I used.	19.7%	8.2%	9.8%	-9.8%	
5. I was late for class, missed appointments, or work.	13.1%	4.9%	3.3%	-9.8%	
6. I kept drinking/drugging even though I'd had plenty already.	13.3%	3.3%	9.8%	-3.5%	
7. I used more than one drug at the same time.	16.7%	4.9%	8.2%	-8.5%	
8. I lied to my family or friends because I was using.	18.0%	4.9%	11.5%	-6.6%	

Mood Management

The Mood and Experiences Checklist is comprised of several subscales, some of which are comprised of a single-item indicator. Pre-, mid-, and post-survey scores on the Mood Subscales were compared using Friedman non-parametric tests. **Students demonstrated a statistically significant improvement for the following subscales: Depressed Affect ($p < .05$), Family Distress ($p < .01$), and perceived stress ($p < .01$).** Additionally, improvements in mean score from pre- to post-survey were observed for all the mood scales.

Table B11. Mood Scales Mean Data Comparison							
Subscale	Pre-survey		Mid-survey		Post-survey		N
	Mean	SD	Mean	SD	Mean	SD	
Depressed Affect	18.72	7.35	16.34	6.73	16.18	7.14	61
Anger/Aggression	10.77	4.61	10.36	4.39	9.66	4.56	61
Satisfaction*	3.64	1.74	3.83	1.61	3.87	1.77	60
Self-esteem/Personal Control*	11.98	4.44	12.52	4.22	12.62	4.65	61
Family Distress	2.30	1.74	1.64	1.20	1.69	1.41	59
Family Support*	3.80	1.74	3.95	1.78	3.98	1.75	60
Perceived Stress	4.52	1.87	3.75	1.77	4.15	1.97	58

*Higher scores are better.

Healthy Behaviors

The Healthy Behaviors Scale is comprised of several items. However, due to the strong internal consistency of the items ($\alpha = .94$ based on 2022/2023 pre-survey), the scale is analyzed as a whole. Pre-, mid-, and post-survey scores on the Healthy Behaviors Scale were compared using a Friedman non-parametric test. Despite an observed increase in mean score from pre- to post-survey, no statistically significant change was observed for healthy behaviors.

Table B12. Positive Healthy Behaviors Scale Mean Data Comparison							
Subscale	Pre-survey		Mid-survey		Post-survey		N
	Mean	SD	Mean	SD	Mean	SD	
Healthy Behaviors	110.38	21.47	110.93	25.65	112.44	22.34	61

Program Feedback

Participants reported benefits from the drug and alcohol use lessons, school smarts lessons, mood management lessons, and the RY class leader.

Table B13. Frequency Statistics for Reconnecting Youth Completion Survey (5-point scale)							
Questions	Strongly Disagree	Disagree	In The Middle	Agree	Strongly Agree	Total % Agreement	N
The lessons in RY about drug and alcohol use decisions were helpful.	1.2%	1.2%	7.2%	43.4%	47.0%	90.4%	83
The lessons in RY about school smarts were beneficial to me.	--	--	12.0%	47.0%	41.0%	88.0%	83
The lessons in RY about mood management were helpful to me.	--	1.2%	7.2%	39.8%	51.8%	91.6%	83
The RY class leader was helpful to me.	--	--	4.8%	25.3%	69.9%	95.2%	83

Participants reported moderate to high levels of agreement with each of the survey questions.

Table B14. Frequency Statistics for Reconnecting Youth Completion Survey							
Questions	Strongly Disagree	Disagree	In The Middle	Agree	Strongly Agree	Total % Agreement	N
I have improved my attendance since taking this class.	--	7.2%	24.1%	27.7%	41.0%	68.7%	83
I am more interested in doing better in school since taking this class.	--	4.8%	16.9%	37.3%	41.0%	78.3%	83
I have decreased my substance use since taking this class.	3.8%	2.5%	13.9%	26.6%	53.2%	79.8%	79
I have been making better decisions since taking this class.	--	3.6%	13.3%	42.2%	41.0%	83.2%	83
I would recommend this class to other students.	--	--	6.0%	26.5%	67.5%	94.0%	83
Overall, I am very satisfied with the RY program.	--	--	6.0%	25.3%	68.7%	94.0%	83

C. C.A.S.T.

Defining C.A.S.T.: Independent Variable

C.A.S.T. (short for Coping And Support Training) is a school-based, research-proven program designed to reengage students into the school environment. The program's main objectives are to increase participants' school performance, decrease drug involvement, improve mood management, and increase healthy behaviors. The target audience includes students in grades 6 through 8 who are at-risk for school dropout. The program addresses multiple risks, making it an ideal program for high-risk students. It also encourages and builds school bonding, a protective factor against substance use and poor school performance (SAMHSA/NREPP, 2015).

C.A.S.T. is offered during the regular school day over multiple sessions. School and community activities are utilized in C.A.S.T. to promote bonding to the school and healthy lifestyle choices. Additionally, parent involvement is required for student participation. Teachers maintain contact with parents through phone calls, letters, and progress reports to encourage support of the student's new skills at home. Finally, teachers and school personnel are provided with crisis response guidelines to address suicide prevention and to identify high-risk behaviors (SAMHSA, 2015).

Methodology: C.A.S.T.

The target audience includes students in grades 6 through 8 who are at-risk for school dropout. The program addresses multiple risks, making it an ideal program for high-risk students. It also encourages and builds school bonding, a protective factor against substance use and poor school performance.

Evaluation Design

A pre-experimental design with repeated measures was used to measure the evaluation questions. Specifically, participants completed a survey before and after the program. Evaluation questions were developed based on previous research supporting key outcome domains: (a) increased school adjustment, (b) decreased drug involvement, (c) increased mood management, and (d) increased healthy behaviors (SAMHSA, 2009). A final evaluation domain examined participant perceptions with regard to program implementation.

This design is illustrated as $O_1 \times O_2$:

- O_1** equals baseline measures,
- X** indicates implementation of C.A.S.T.,
- O_2** represents the dependent variable measures at program completion.

Table C1. Evaluation Design			
Dependent Measures	Baseline	Strategy	Completion
Student Survey			
	O ₁	X	O ₂

Dependent Measures (Outcomes)

Multiple measures were used to examine evaluation questions. Copies of instruments may be obtained through Youth First, Inc. upon request. A summary of these instruments follows.

Revised School Achievement Checklist

A revised School Achievement Checklist was implemented beginning 2022/2023 to evaluate the effectiveness of the C.A.S.T. program. The instrument contains several scales used to measure various outcomes of program participation.

Positive School Bonding. The Positive School Bonding Scale measures school bonding by examining the following three items: (a) students' overall school performance and (b) grades.

Drug Use Frequency Scale and Subscales. The Drug Use Frequency Scale is comprised of subscales that measure total drug use and by drug type (e.g., tobacco, alcohol, etc.). High scores on the Drug Use Frequency Subscales indicate higher frequency of drug use.

Drug Use Perceptions of Harm Scale. The Perceptions of Harm Scale is comprised of subscales that measure participant perception of harm by drug type. Low scores on the Perception of Harm Subscales indicate higher levels of perceived harm.

Mood and Experiences Scales. The Mood and Experiences Checklist is comprised of several subscales, some of which are comprised of a single-item indicator. Subscales include Depressed Affect, Anger/Aggression, Hopelessness, and Self-esteem/Personal Control. Single-item indicators measure Family Distress, Family Support, Anxiety, and Perceived Stress (Herting, 2004).

Healthy Behaviors Scale. The Healthy Behaviors Scale is comprised of several items frequency of participants performing or being able to perform different healthy behaviors.

Procedures for Data Collection

The revised School Achievement Checklist was administered to youth before the program and after program completion. Procedures are further described below in relation to specific research questions.

Summary of Key Findings: C.A.S.T.

School Adjustment

Students were asked to indicate what grades they mostly received at pre- and post-survey. Wilcoxon signed-ranks statistical analyses were conducted to examine the extent participants increased grades from pre- to post-survey. Students reported a statistically significant decrease in grades from the beginning to the completion of the program ($p < .05$).

Table C2. Grades Mean Data Comparison (1 [As and Bs] to 6 [Failing])					
Subscale	Pre-survey		Post-survey		N
	Mean	SD	Mean	SD	
Grades	2.37	1.41	2.97	1.53	29

Note: Lower values indicate missing class more frequently.

Participants rated their overall school performance (i.e., grades, turning in assignments) during the past semester. Higher scores on the item indicate greater school performance. A Wilcoxon signed-ranks test was conducted. However, no statistically significant change was observed.

Table C3. Overall School Performance Scale Mean Data Comparison (0 [very poor] to 6 [outstanding])					
Subscale	Pre-survey		Post-survey		N
	Mean	SD	Mean	SD	
School Performance	3.74	1.58	3.60	1.46	35

Note: Higher mean scores indicate greater school performance.

Drug Use Frequency

The Drug Use Frequency Scale measures total drug use by drug type (i.e., tobacco, alcohol, marijuana). High scores on the Drug Use Frequency Subscale indicate higher frequency of drug use. Pre- and post-survey scores on the scale were compared using a non-parametric Wilcoxon signed-ranks test. **Students reported a statistically significant decrease in drug use frequency ($p < .05$).**

Table C4. Drug Use Frequency Scale Mean Data Comparison					
Subscale	Pre-survey		Post-survey		N
	Mean	SD	Mean	SD	
Drug Use Frequency	9.20	4.44	8.03	2.54	35

Note: Higher mean scores indicate higher frequency of drug use.

Table C5. Percent Difference for Type of Drug/Alcohol Use in the Past Month			
During the last month, I used...	Used 1 or More Times		% Point Difference (Pre- to Post-survey)
	Pre-survey	Post-survey	
1. Cigarettes/tobacco/nicotine	17.1%	11.8%	-5.3%
2. E-Cigarettes/vaporizer	22.9%	11.4%	-11.5%
3. At least one drink of alcohol	14.7%	11.4%	-3.3%
4. Five or more drinks of alcohol in a row, that is, within a couple of hours	14.3%	5.7%	-8.6%
5. Marijuana	22.9%	14.3%	-8.6%
6. Inhalants	0.0%	2.9%	2.9%
7. Cocaine	2.9%	2.9%	0%
8. Methamphetamine/ amphetamine	17.1%	11.8%	-5.3%
9. LSD or other psychedelics	22.9%	11.4%	-11.5%
10. Pills/prescription drugs	14.7%	11.4%	-3.3%

Perceptions of Harm

The Perceptions of Harm Scale measures the perceived harm associated with drug type (i.e., tobacco, alcohol, marijuana). *Due to the nature of the response options, lower scores indicate higher levels of perceived harm.* A Wilcoxon signed-ranks test yielded no statistically significant improvement in student's pre- and post-survey perception of harm. However, there was an observed improvement in mean scores from pre- to post-survey.

Table C6. Perceptions of Harm Scale Mean Data Comparison					
Subscale	Pre-survey		Post-survey		N
	Mean	SD	Mean	SD	
Perceptions of Harm	10.17	4.20	9.94	4.19	35

Table C7. Percent Difference for Perceptions of Drugs			
How harmful do you think it is to use the following substances frequently?	Extremely Harmful/Harmful		% Point Difference (Pre- to Post-survey)
	Pre-survey	Post-survey	
Cigarettes/nicotine/tobacco	82.3%	77.1%	-5.2%
Alcohol	71.4%	82.4%	+11.0%
Marijuana	71.5%	62.8%	-8.7%
E-cigarettes/vaporizer	73.5%	74.3%	+0.8%
Prescription Drugs (to get high)	97.1%	88.2%	-8.9%
Other Drugs	97.0%	85.7%	-11.3%

Mood Management

The Mood and Experiences Checklist is comprised of several subscales, some of which are comprised of a single-item indicator. Pre-, and post-survey scores on the Mood Subscales were compared using Wilcoxon signed-ranks tests. Students demonstrated statistically significant improvements on the **Depressed Affect** ($p < .05$) and **Self-Esteem/Personal Control** ($p < .05$) subscales.

Table C8. Mood Scales Mean Data Comparison					
Subscale	Pre-survey		Post-survey		N
	Mean	SD	Mean	SD	
Depressed Affect	20.57	8.25	18.46	6.96	35
Anger/Aggression	12.26	5.20	11.17	3.94	35
Satisfaction*	3.74	2.11	3.88	1.95	34
Self-esteem/Personal Control*	11.49	5.11	12.51	4.80	35
Family Distress	2.74	2.01	2.49	1.72	34
Family Support*	4.24	1.84	4.29	1.81	34
Perceived Stress	4.15	2.13	4.17	1.98	34

*Higher scores are better.

Healthy Behaviors

The Healthy Behaviors Scale is comprised of 40 items. However, due to the strong internal consistency of the items ($\alpha = .95$ based on 2022/2023 pre-survey), the scale is analyzed as a whole. A Wilcoxon signed-ranks test used to compare pre- and post-survey scores on the Healthy Behaviors Scale yielded a statistically significant increase ($p < .01$).

Table C9. Positive Healthy Behaviors Scale Mean Data Comparison					
Subscale	Pre-survey		Post-survey		N
	Mean	SD	Mean	SD	
Healthy Behaviors	128.47	33.29	136.83	34.86	34

Program Feedback

Over half of the program participants reported usually or always completing assigned work, using STEPS to help make decisions, and using QR to get or remain calm when triggered.

Table C10. Frequency Statistics for C.A.S.T. Post-Survey							
Questions	Never	Sometimes	About half of the Time	Usually	Always	Total % Usually or Always	N
Throughout this program, I did the weekly Lifework assigned to me.	7.3%	17.1%	26.8%	26.8%	22.0%	48.8%	41
I use the "STEPS" decision making process to make healthy choices for triggers.	7.1%	7.1%	33.3%	26.2%	26.2%	52.4%	42
I use the QR (Quiet Response) to get calm or stay calm when something triggers me.	11.9%	11.9%	23.8%	33.3%	19.0%	52.3%	42

Participants reported moderate to high levels of agreement with each of the program feedback questions with all participants agreeing or strongly agreeing that they would recommend the program to others.

Table C11. Frequency Statistics for C.A.S.T. Post-Survey							
Questions	Strongly Disagree	Disagree	In The Middle	Agree	Strongly Agree	Total % Agreement	N
The instructor(s) (youth and/or adults) who taught the program were knowledgeable about the program.	5.1%	--	10.3%	30.8%	53.8%	84.6%	39
I believe the program has helped me.	7.5%	2.5%	17.5%	42.5%	30.0%	72.5%	40
The C.A.S.T. program was interesting.	4.9%	--	19.5%	36.6%	39.0%	75.6%	41
I liked the C.A.S.T. program.	5.1%	2.6%	7.7%	35.9%	48.7%	84.6%	39
The lessons provided in the C.A.S.T. program will help me in the future.	9.8%	2.4%	7.3%	41.5%	39.0%	80.5%	41
Overall, I am satisfied with the C.A.S.T. program.	4.9%	2.4%	12.2%	36.6%	43.9%	80.5%	41
I would recommend the C.A.S.T. program to others.	4.9%	--	17.1%	31.7%	46.3%	78.0%	41

D. WhyTry

WhyTry is a cognitive-behavioral intervention designed to teach youth the value of putting effort into challenges at home, at school, and with peers. The goal of the program is to answer the question: “WhyTry in life when frustrated with, confused by, or angry about life’s pressures and challenges?” By presenting ten visual analogies and corresponding questions for discussion, the WhyTry program communicates to students that, although it may be difficult to make good decisions, doing so results in more opportunity, freedom, and self-respect.

Methodology: WhyTry

Before the start of the WhyTry program and again after program completion, students completed a survey assessing their likelihood of putting forth effort when faced with challenges and striving to make good decisions. The evaluation design allowed for both process and outcome related data to be collected. A description of these measures follows.

Evaluation Design

A pre-experimental design was used to answer the evaluation questions. This design is illustrated as $O_1 X O_2$:

- O₁** equals baseline measures,
- X** indicates implementation of the WhyTry program,
- O₂** represents the dependent variable measures at completion of the program.

Table D1. Evaluation Design			
Dependent Measures	Baseline	Strategy	Completion
WhyTry Survey			
<i>WhyTry Index</i>	O ₁	X	O ₂
<i>Children’s Hope Scale</i>	O ₁	X	O ₂
Process Evaluation			
<i>Program Feedback Survey</i>	N/A	N/A	O ₂

Dependent Measures (Outcomes)

The WhyTry Survey is composed of two sections: the WhyTry Index and the Children's Hope Scale. These instruments are described below.

WhyTry Index. The WhyTry Index is composed of items identified by the program developers. As recommended from prior evaluations, the index was rescaled to create a consistent rating for each of the items of interest. The scale is composed of ten items, presented below.

7. When I have a problem, I do not give up until it is resolved.
8. My decisions and actions today will affect my future.
9. I focus on my strengths.
10. I am likely to lash back at someone who treats me badly.
11. I am not likely to give into negative peer pressure.
12. I work hard to create my own solutions to problems.
13. I have the skills I need to solve my problems.
14. Following rules and obeying laws limit my ability to overcome challenges.
15. I am likely to let others help me when I have a problem.
16. I see my future as positive and full of potential.

Children's Hope Scale. The Children's Hope Scale was used to examine agency, which is described as the ability to initiate and sustain action towards goals, and pathways, which is described as the capacity to find a means to carry out goals (Snyder et al., 1997). Scores for individual items range from 1-6, in which 1 = none of the time, 2 = a little of the time, 3 = some of the time, 4 = a lot of the time, 5 = most of the time, and 6 = all of the time. Odd numbered items represent agency, while even numbered items represent pathways. In each case, higher scores represent higher levels of goal-oriented action and capacity. The scale is composed of 6 items, presented below.

17. I think I am doing pretty well.
18. I can think of many ways to get the things in life that are most important to me.
19. I am doing just as well as other kids my age.
20. When I have a problem, I can come up with lots of ways to solve it.
21. I think the things I have done in the past will help me in the future.
22. Even when others want to quit, I know that I can find ways to solve the problem.

Procedures and Frequency of Data Collection

Students completed the WhyTry Survey before the start of the WhyTry program and again after program completion. Data were provided to the evaluators for analysis.

Summary of Key Findings: WhyTry

Evaluation of the WhyTry program continues to demonstrate promising results. Overall, significant effects were found for Dispositional Hope. Key evaluation findings are presented below.

Outcome Domain: WhyTry Index

A paired samples T-test yielded significant improvement from pre- ($M = 31.37$, $SD = 5.57$) to post-test ($M = 33.45$, $SD = 5.07$; $t [102] = -4.45$, $p < .01$, $d = 0.39$) on the WhyTry Index.

Table D2. WhyTry Survey Section One: Pre-test and Post-test Total Agreement Percentage Point Differences					
Survey Item	Total Agreement Percentage				% Point Difference (Pre-to Post-test)
	Pre-test	n	Post-test	n	
1. When I have a problem, I do not give up until it is resolved.	39.4%	132	48.5%	132	9.1%
2. My decisions and actions today will affect my future.	51.1%	131	61.1%	131	10.0%
3. I focus on my strengths.	39.9%	128	56.3%	128	16.4%
4. I am likely to lash back at someone who treats me badly.*	45.8%	129	45.8%	129	0.0%
5. I am not likely to give in to negative peer pressure.	49.2%	126	50.0%	126	0.8%
6. I work hard to create my own solutions to problems.	42.8%	126	61.1%	126	18.3%
7. I have the skills I need to solve my problems.	41.5%	130	53.9%	130	12.4%
8. Following rules and obeying laws limit my ability to overcome challenges.*	41.3%	126	42.1%	126	0.8%
9. I am likely to let others help me when I have a problem.	44.6%	128	47.7%	128	3.1%
10. I see my future as positive and full of potential.	56.8%	132	56.1%	132	-0.7%

*Note: Lower percent is better

Outcome Domain: Dispositional Hope

Participants displayed a significant increase from pre- ($M = 9.88$, $SD = 3.12$) to post-test ($M = 11.15$, $SD = 3.23$) on the Children's Hope Scale Agency Subscale, $t(125) = -4.48$, $p < .01$, $d = 0.40$. A significant increase on the Children's Hope Scale Pathways Subscale was observed from pre- ($M = 10.62$, $SD = 3.33$) to post-test ($M = 11.48$, $SD = 3.29$); $t(119) = -2.72$, $p < .01$, $d = 0.26$.

Table D3. Agency and Pathways Questions: Pre-test and Post-test Total Agreement Percentage Point Differences					
Survey Item	Total Affirmative Percentage*				% Point Difference (Pre-to Post-test)
	Pre-test	n	Post-test	n	
Agency Questions (i.e., 11, 13, 15)					
11. I think I am doing pretty well.	83.2%	131	84.7%	131	1.5%
13. I am doing just as well as other kids my age.	61.8%	128	78.1%	128	16.3%
15. I think the things I have done in the past will help me in the future.	72.6%	131	81.7%	131	9.1%
Pathways Questions (i.e., 12, 14, 16)					
12. I can think of many ways to get the things in life that are most important to me.	83.3%	126	93.7%	126	10.4%
14. When I have a problem, I can come up with lots of ways to solve it.	72.7%	128	82.0%	128	9.3%
16. Even when others want to quit, I know that I can find ways to solve the problem.	74.2%	128	79.7%	128	5.5%

*Note: Questions are answered using a 6-point Likert Scale ((1) None of the time; (2) A little of the time; (3) Some of the time; (4) A lot of the time; (5) Most of the time; (6) All of the time)). Total Affirmative Percentage is equal to the total percentage of participants responding to the questions with a 3 or higher.

Process Evaluation

Following program completion, students were asked to provide feedback related to their experience with WhyTry. Specifically, participants were asked to rate the quality of the program and its instructors.

Table C4. Program Feedback							
Check whether you agree or disagree with the statements below:	1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree	4 Agree	5 Strongly Agree	Total % Agree	n
1. The instructors (youth and/or adults) teaching the program were prepared.	0.6%	1.3%	15.1%	30.8%	52.2%	83.0%	159
2. The instructors (you and/or adults) teaching the program were knowledgeable about the program.	0.6%	--	12.5%	31.3%	55.6%	86.9%	160
3. The instructors (youth and/or adults) teaching the program did a good job teaching.	0.6%	--	9.9%	22.2%	67.3%	89.5%	162
4. I believe the program has helped me.	1.9%	4.4%	25.6%	36.9%	31.3%	68.2%	160
5. The WhyTry program was interesting.	1.9%	3.8%	25.0%	35.0%	34.4%	69.4%	160
6. I liked the WhyTry program.	2.5%	5.0%	15.6%	33.1%	43.8%	76.9%	160
7. The lessons provided in the WhyTry Program will help me in the future.	1.3%	2.5%	23.3%	39.0%	34.0%	73.0%	159
8. Overall, I am satisfied with the program.	--	1.3%	21.3%	30.6%	46.9%	77.5%	160

E. Youth First Student Assistance Program Group Services

In addition to indicated services, Youth First School-Based Mental Health Professionals provide various groups in response to individual school needs (e.g., anger management, support, social skills). Specifically, the focus of the groups and topics discussed are determined by the students and their needs as a group.

The Student Assistance Program Group Services survey utilizes a retrospective design and presents a series of 21 items regarding children's hope, coping skills, decision making, mood management, and school bonding and commitment. Improvement in these categories was determined to be a goal of every Student Assistance Program Group program, regardless of focus. The second half of the survey contains five different categories of items that are to be completed based on the focus of the group. These categories are socials skills, mood management, personal control, life transition, life skills, and open group. Additionally, the survey contains eight feedback questions

Methodology: Student Assistance Program Group Services

Participants completed a survey assessing their level of agreement with a series of items regarding hope, coping skills, decision making, mood management, and school bonding and commitment both before they started the group and after completing it. A description of these measures follows.

Evaluation Design

A post-test retrospective design was used to answer the evaluation questions. This design is illustrated as $O_1 \times O_2$:

- O₁** equals baseline measures,
- X** indicates implementation of the Student Assistance Program Group program,
- O₂** represents the dependent variable measures at completion of the program.

Table E1. Evaluation Design			
Dependent Measures	Baseline	Strategy	Completion
Student Assistance Program Group Service Survey: Items for all participants			
<i>Children's Hope Scale</i>	N/A	X	O ₂
<i>Coping Skills Scale</i>	N/A	X	O ₂
<i>Decision Making Scale</i>	N/A	X	O ₂
<i>Mood Management Scale</i>	N/A	X	O ₂
<i>School Bonding and Commitment Scale</i>	N/A	X	O ₂
Student Assistance Program Group Services Survey: Items completed based on group focus			
<i>Social Skills Scale</i>	N/A	X	O ₂
<i>Mood Management Scale</i>	N/A	X	O ₂
<i>Personal Control Scale</i>	N/A	X	O ₂

<i>Life Transition Scale</i>	N/A	X	O ₂
<i>Life Skills Scale</i>	N/A	X	O ₂
Process Evaluation			
<i>Program Feedback questions</i>	N/A	N/A	O ₂

Dependent Measures (Outcomes)

As illustrated above, the Student Assistance Program Group Services Survey is composed of ten sections. The first five sections, Children's Hope Scale (Snyder et al., 1997), coping skills, decision making, mood management, and school bonding and commitment, are completed by all participants. Participants completed either the social skills, mood management, personal control, life transition, or life skills section based on the focus of their group. These instruments are described below.

Completed by all participants:

Children's Hope Scale. A modified version of the Children's Hope Scale was used to examine agency, which is described as the ability to initiate and sustain action towards goals, and pathways, which is described as the capacity to find a means to carry out goals (Snyder et al., 1997). Scores for individual items range from 1-5 on an agreement scale. Odd numbered items represent agency, while even numbered items represent pathways. In each case, higher scores represent higher levels of goal-oriented action and capacity. The modified version of the scale is composed of five items ($\alpha = .78$), presented below.

1. I think I am doing pretty well.
2. I can think of many ways to get the things in life that are most important to me.
3. I am doing just as well as other kids my age.
4. When I have a problem, I can come up with lots of ways to solve it.
5. I think the things I have done in the past will help me in the future.

Each of the following scales were developed by the program evaluators together with two Youth First program leaders.

Coping Skills Scale. The coping skills scale consists of five items ($\alpha = .61$), presented below. I am able to calm down when I am mad.

6. I get upset easily.
7. I talk about my feelings with others when I'm upset.
8. When I have a problem, I give up easily.
9. When I get upset, I do positive things to feel better (e.g., talk about it, walk away, count to ten.)

Decision Making Scale. The decision making scale consists of four items ($\alpha = .76$), presented below:

10. I stop to think about my choices.

11. I stop to think about how my decisions affect others' feelings.
12. I stop to think about all of the things that may happen as a result of my decision.
13. I make good decisions.

Mood Management Scale. The mood management scale consists of three items ($\alpha = .55$), presented below.

14. I argue with my parents.
15. I get angry easily.
16. I feel good about myself.

School Bonding and Commitment Scale. The school bonding and commitment scale consists of four items ($\alpha = .75$), presented below.

17. I enjoy being in school.
18. I feel that the school work I am assigned is meaningful and important.
19. I try to do my best in school.
20. I dislike being in school.

Summary of Key Findings: Student Assistance Program Group Services

Evaluation of the Student Assistance Program group programs demonstrated promising results. Overall and for each of the grade level breakdowns, significant positive effects were found for the Children's Hope and Coping Skills. However, given the relatively low internal consistency for some scales, analyses were conducted at the individual item-level. Respondents improved their total agreement percentage from pre- to post-survey for 14 items.

Outcome Domains: Children's Hope, Coping Skills, Decision Making, Mood Management, and School Bonding and Commitment

Table E2. Social Work Groups Survey Section One: Retrospective Total Agreement Percentage Point Differences				
Survey Item	Total Agreement Percentage			% Point Difference
	Before	Now	N	
Children’s Hope				
1. I think I am doing pretty well.	61.6%	70.6%	310	9.0%
2. I can think of many ways to get the things in life that are most important to me.	61.3%	67.7%	310	6.5%
3. I am doing just as well as other kids my age.	43.2%	51.6%	310	8.4%
4. When I have a problem, I can come up with lots of ways to solve it.	46.5%	53.9%	310	7.4%
5. I think the things I have done in the past will help me in the future.	54.5%	62.6%	310	8.1%
Coping Skills				
6. I am able to calm down when I am mad.	42.9%	43.2%	310	0.3%
7. I get upset easily. (reverse score)	57.7%	54.5%	310	-3.2%
8. I talk about my feelings with others when I’m upset.	31.9%	38.7%	310	6.8%
9. When I have a problem, I give up easily. (reverse score)	22.3%	22.6%	310	0.3%
10. When I get upset, I do positive things to feel better (e.g., talk about it, walk away, count to ten.)	41.9%	50.0%	310	8.1%
Decision Making				
11. I stop to think about my choices.	46.8%	47.4%	310	0.6%
12. I stop to think about how my decisions affect others’ feelings.	63.5%	60.3%	310	-3.2%
13. I stop to think about all of the things that may happen as a result of my decision.	53.5%	50.0%	310	-3.5%
14. I make good decisions.	51.3%	51.0%	310	-0.3%
Mood Management				
15. I argue with my parents. (reverse score)	38.7%	35.8%	310	-2.9%
16. I get angry easily. (reverse score)	48.1%	46.5%	310	-1.6%
17. I feel good about myself.	47.1%	55.1%	310	8.0%
School Bonding and Commitment Scale				
18. I enjoy being in school.	43.5%	44.8%	310	1.3%
19. I feel that the school work I am assigned is meaningful and important.	53.5%	49.0%	310	-4.5%
20. I try to do my best in school.	84.5%	84.5%	310	0.0%
21. I dislike being in school. (reverse score)	27.4%	29.7%	310	2.3%

*Significant improvement from pre to post.

Process Evaluation

Following program completion, students were asked to provide feedback related to their experience with Student Assistance Program Group Services. Specifically, participants were asked to rate the quality of the program and its instructors.

Table E3. Program Feedback							
Check whether you agree or disagree with the statements below:	1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree	4 Agree	5 Strongly Agree	Total % Agree	n
1. The leader(s) knew what they were talking about.	0.3%	1.3%	9.4%	41.1%	47.9%	89.0%	309
2. It was easy for me to pay attention in this group.	1.3%	3.2%	20.6%	45.2%	29.7%	74.8%	310
3. The leader(s) appeared to be prepared for each session.	0.6%	1.6%	11.3%	36.5%	50.0%	86.5%	310
4. I liked this group.	1.0%	1.9%	10.4%	25.9%	60.8%	86.7%	309
5. I think that my friends would like this group.	2.6%	5.2%	17.7%	33.2%	41.3%	74.5%	310

III. Universal Prevention Strategies (for general audiences)

F. Strengthening Families Program (SFP)

The Strengthening Families Program addresses alcohol prevention in the context of family interaction. Parents are trained to become more effective communicators and disciplinarians to improve interactions with their children. Family meals and interaction periods allow parents to practice their new skills. Children are taught the social skills, including problem solving and ways to resist peer pressure, and the dangers of drug and alcohol use (Kumpfer, 2006). The techniques in the program address risk factors for alcohol use evident in existing research while building bonds among family members to foster resilience in children. The program's focus is on improving parenting skills, building youth life skills, and strengthening family bonds.

SFP (3-6), which is intended for youth aged 3-6 years and is delivered over ten weeks and SFP (7-17), which is intended for youth aged 7-17 and is delivered over ten weeks.

Methodology: Strengthening Families Program

Pre- and post-surveys were completed at the beginning and end of the program, respectively. For youth in the 7-17 program, surveys contained 34 items that formed a total of 9 separate scales, which are listed in the table below. These measures were administered as a true pre/post design. For adults in both the 3-6 program, surveys contained 56 items that formed 12 scales. For adults in the 7-17 programs, surveys contained 55 items that formed a total of 15 scales. The post-survey for the 3-6 adults allowed for a traditional pre/post comparison design. The post-survey for the 7-17 adults was a retrospective measure with most items containing a Before and After rating (i.e., how participants felt or thought before beginning and after completing the program). Due to many participants not answering the Before rating on the post-survey, the pre-survey and the post After ratings were used to measure program change. An additional 20 questions were included on post-surveys for adults and 15 for youth to gather feedback about the program. Three of items for both adults and youth were open-ended items.

Dependent Measures (Outcomes)

Table F1. Strengthening Families Survey Scales		
Scale	Definition	Survey Forms
Family Conflict	The degree to which the family demonstrates conflict through verbal means (e.g., arguing)	<ul style="list-style-type: none"> SFP (3-6) Adult SFP (7-17) Adult
Family Cohesion	The degree to which the family bonds through communication, support, and activities	<ul style="list-style-type: none"> SFP (3-6) Adult SFP (7-17) Adult SFP (7-17) Youth
Family Attachment	The degree to which family members feel close to and share feelings/thoughts with one another	<ul style="list-style-type: none"> SFP (3-6) Adult SFP (7-17) Adult
Family Prosocial Involvement	The degree to which parents and youth engage in positive interactions with one another	<ul style="list-style-type: none"> SFP (3-6) Adult SFP (7-17) Adult
Rewards for Prosocial Involvement	The degree to which youth are rewarded for engaging in positive behaviors	<ul style="list-style-type: none"> SFP (3-6) Adult SFP (7-17) Adult
Parenting Skills-Consistent/Authoritative Style	The degree to which parents provide consistent, authoritative discipline and support	<ul style="list-style-type: none"> SFP (3-6) Adult SFP (7-17) Adult SFP (7-17) Youth
Mood	The moods demonstrated by youth	<ul style="list-style-type: none"> SFP (3-6) Adult SFP (7-17) Adult SFP (7-17) Youth
Accountability/Personal Responsibility	The degree to which youth take responsibility for their actions and engage in positive, productive behaviors	<ul style="list-style-type: none"> SFP (3-6) Adult SFP (7-17) Adult SFP (7-17) Youth
Adult Communication	The degree to which adults engage in positive communication techniques	<ul style="list-style-type: none"> SFP (7-17) Adult
Youth Communication	The degree to which youth engage in positive communication techniques	<ul style="list-style-type: none"> SFP (3-6) Adult SFP (7-17) Adult
Resilience/Coping Skills	The degree to which youth maintain control of their feelings and are able to cope with stressful or difficult situations	<ul style="list-style-type: none"> SFP (3-6) Adult SFP (7-17) Adult SFP (7-17) Youth
Decision Making	The degree to which youth put thought into making and actually make good decisions	<ul style="list-style-type: none"> SFP (3-6) Adult SFP (7-17) Adult
Parent/Child Affective Quality-Bonding	The degree to which parents demonstrate positive behaviors and express positive feelings toward their children	<ul style="list-style-type: none"> SFP (3-6) Adult SFP (7-17) Adult SFP (7-17) Youth
Peer Resistance/Assertiveness	The degree to which youth deal with peer pressure	<ul style="list-style-type: none"> SFP (7-17) Youth
Youth Alcohol, Tobacco, and Drug Use	The degree to which youth use alcohol and other drugs.	<ul style="list-style-type: none"> SFP (7-17) Youth
Parent Coping Skills	The extent to which parents have developed positive coping skills	<ul style="list-style-type: none"> SFP (7-17) Adult
Drug & Alcohol Prevention	The degree to which families have discussed rules about alcohol and drugs	<ul style="list-style-type: none"> SFP (7-17) Adult SFP (7-17) Youth

Dependent Measures (Process)

In addition to measures used for outcome evaluation, program administrators tracked the number of families who participated in each program and attendance for each session. These data were used to calculate the percentage of families who “graduated” (completed at least 70.0%) and the percentage of families who completed the program (at least 80%).

Summary of Key Findings: Strengthening Families Program

SFP (3-6)

Significant positive effects were found for the 9 out of 12 scales. Specifically, parents reported significant improvements in Family Conflict, Family Cohesion, Family Attachment, Family Prosocial Involvement, Parenting Skills—Consistency/Authoritative Style, Mood Management, Communication, Resilience/Coping Skills, Accountability/Personal Responsibility.

Table F2. Summary Table Depicting Adult Participant Scores by All Scales		
Scale	Significant Improvement	N
Family Conflict	✓	29
Family Cohesion	✓	27
Family Attachment	✓	30
Family Prosocial Involvement	✓	30
Rewards for Prosocial Involvement		30
Parenting Skills – Consistency/Authoritative Style	✓	27
Mood Management	✓	25
Communication	✓	27
Resilience/Coping Skills	✓	27
Decision Making		27
Accountability/Personal Responsibility	✓	27
Parent/Child Affective Quality – Bonding		29

SFP (7-17)

Significant positive effects were found for 9 scales for parents. Youth reported no significant improvement. Note, the low number of youth respondents likely contributed to the lack of statistical significance.

Table F3. Summary Table Depicting Youth and Adult Participant Scores by All Scales		
Scale and Participant Type	Significant Improvement	N
FAMILY CONFLICT		
Adult	✓	38
FAMILY COHESION		
Youth		8
Adult	✓	39
PARENTING SKILLS – CONSISTENCY/AUTHORITATIVE STYLE		
Youth		10
Adult	✓	40
MOOD MANAGEMENT		
Youth		12
Adult		41
RESILIENCE/COPING SKILLS		
Youth		12
Adult	✓	42
PEER RESISTANCE/ASSERTIVENESS		
Youth		12
ACCOUNTABILITY/PERSONAL RESPONSIBILITY		
Youth		12
Adult		35
PARENT/CHILD AFFECTIVE QUALITY – BONDING		
Youth		13
Adult	✓	44
DRUG AND ALCOHOL PREVENTION		
Youth		13
Adult	✓	42
FAMILY ATTACHMENT		
Adult	✓	42
PARENT COPING SKILLS		
Adult		37
FAMILY PROSOCIAL INVOLVEMENT		
Adult		42
REWARDS FOR PROSOCIAL INVOLVEMENT		
Adult		41
ADULT COMMUNICATION		
Adult	✓	42
YOUTH COMMUNICATION		
Adult		42
DECISION MAKING		
Adult	✓	41
DRUG USE		
Youth		13

G. Teen Series and Tween Series

Teen Series consists of several sessions presented by Youth First School-Based Mental Health Professionals in school health classes. Sessions focus on drug use, stress, brain development, parent/teen relationships, communication, and suicide prevention. In addition to providing universal prevention information, Teen Series serves to introduce the Youth First School-Based Mental Health Professional to new students and remove the stigma of seeking support from a Youth First School-Based Mental Health Professional.

Specifically, the Teen Series is classroom education (universal programming) that is offered in a series of weeks in high school classrooms with freshman students. As freshmen, the students are in transition and at the most risk in the building. They are offered extra support through this series as well as the opportunity to identify the Youth First School-Based Mental Health Professional easily and to be provided with information relevant to high school development.

The four lessons covered include: (1) Being a Teenager, (2) Suicide Prevention/Coping Skills, (3) Substance Abuse Prevention, and (4) Internet Safety.

The series is offered within a four-week period during the fall and spring semester.

Beginning with the 2020-2021 school year, Tween Series was implemented in middle schools. The content and methodology for Tween Series largely mirrored Teen Series and covers three lessons throughout the program: (1) Internet Safety, (2) Distress, and (3) Suicide Prevention.

Methodology: Teen Series and Tween Series

Participants in the Teen Series and Tween Series were invited to complete a pre-test prior to the beginning of the program and were asked to complete a post-test following the completion of the program. The surveys asked participants eight questions related to drugs, stress/distress, coping skills, brain development, parent/teen relationships, communication, suicide prevention, and knowing the Youth First School-Based Mental Health Professional in their building. In addition, the post survey included items for program feedback. The evaluation design allowed for both process and outcome related data to be collected. A description of these measures follows.

Evaluation Design

A pre-experimental design was used to answer the evaluation questions (Bloom, Fischer, & Orme, 2003; Campbell & Stanley, 1963; Rubin & Babbie, 1997). This design is illustrated as O₁ X O₂ (See Table G1):

- O₁** equals baseline measures,
- X** indicates implementation of the Teen Series program,
- O₂** represents the dependent variable measures at completion of the program.

Table G1. Evaluation Design			
Dependent Measure	Baseline	Strategy	Completion
Student Survey: Teen Series	O ₁	X	O ₂
Student Survey: Tween Series	O ₁	X	O ₂

Dependent Measures (Outcomes)

TS Student Surveys. The Teen Series survey examines seven domains (Drug Awareness, Stress, Brain Development, Parent/Teen Relationships, Communication, Suicide Prevention, and Connecting with the Youth First School-Based Mental Health Professional). The Tween Series examines five domains (Distress, Coping Skills, Communication, Suicide Prevention, and Connecting with the Youth First Social Worker)

Summary of Key Findings: Teen Series and Tween Series

1. Drug Awareness

Teen Series – Drug Awareness

Students were asked to identify which drug was not a gateway drug in the pre- and post-test. A paired-samples t-test was conducted to examine the extent to which participants increased their knowledge of gateway drugs.

A significant increase was observed for this item ($t(920) = -6.10, p < .01, d = 0.24$).

Table G2. Drug Awareness mean data comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Drug Awareness	0.41	0.49	0.53	0.50	921

Note: These scores are based on correct = 1 and incorrect = 0.

2. Stress/Distress

Teen Series – Stress

Students were asked one question in both the pre- and post-test related to how stress affects people. A paired-samples t-test was conducted to examine the extent to which participants increased their understanding how stress affects people.

No significant change was observed. However, this is likely due to the high percentage of students who had the correct answer in the pre-test.

Table G3. Stress affects mean data comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Stress	0.98	0.15	0.98	0.14	971

Note: These scores are based on correct = 1 and incorrect = 0.

Tween Series – Distress

Students were asked three questions regarding distress in the pre- and post-test. These three items make up the distress scale. The correct answers for each item are shaded green in the frequency tables below. A paired-samples t-test was conducted to examine the extent to which students increased their knowledge of distress from pre- to post-test.

A significant increase was observed for the distress scale ($t(630) = -6.04, p < .01, d = 0.26$).

Table G4. Distress mean data comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Distress	2.38	0.71	2.61	0.60	794

Note: These scores are based on three items with a correct answer earning the participant a score of 1. Therefore, maximum possible score is 3.

Table G5. Percentage improvement by item from pre- to post-test			
Question	Pre-test % Correct	Post-Test % Correct	% Difference from pre- to post-test
What is distress?	77.9%	79.5%	1.6%
Distress affects a persons...	92.3%	95.0%	2.7%
Which of the following is a system of distress?	68.2%	86.8%	18.6%

3. Coping Skills

Tween Series – Coping Skills

Participants were asked about examples of positive coping skills. A paired samples t-test was conducted to examine the extent to which participants increased their knowledge of positive coping skills from pre- to post-test.

A significant increase was observed for this item ($t(864) = -6.73, p < .01, d = 0.26$).

Table G6. Coping Skills mean data comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Coping Skills	0.72	0.45	0.83	0.38	865

Note: These scores are based on correct = 1 and incorrect = 0.

4. Brain Development

Teen Series – Brain Development

Students were asked to select at what age the brain reaches full development. A paired-samples t-test was conducted to examine the extent to which participants increased their understanding of when the brain reaches full development from pre- to post-test.

A significant increase was observed for this item ($t(979) = -15.55, p < .01, d = 0.65$).

Table G7. Full Brain Development mean data comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Full Brain Development	0.73	0.44	0.96	0.20	980

Note: These scores are based on correct = 1 and incorrect = 0.

5. Parent/Teen Relationships

Teen Series – Parent/Teen Relationships

Students were asked about benefits of having a good parent/teen relationship. A paired-samples t-test was conducted to examine the extent to which participants increased their understanding of the benefits of a good parent/teen relationship.

No significant change was observed. However, this is likely due to the high percentage of students who had the correct answer in the pre-test.

Table G8. Parent/teen relationships mean data comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Parent/teen relationships	0.88	0.33	0.89	0.31	964

Note: These scores are based on correct = 1 and incorrect = 0.

6. Communication

Teen Series – “I- Messages”

Participants were asked to identify why “I-messages” are helpful. A paired-samples t-test was conducted to examine the extent to which participants increased their understanding of why “I-messages” are helpful.

A significant increase was observed for this item ($t(917) = -3.81, p < .01, d = 0.15$).

Table G9. “I-messages” mean data comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
“I-Messages”	0.72	0.45	0.79	0.41	918

Note: These scores are based on correct = 1 and incorrect = 0.

Tween Series – Online Communication

Participants were asked a true-false question about inappropriate communication online. To gauge the extent to which participants increased their understanding of appropriate communication online, a paired-samples t-test was conducted.

A significant increase from pre- to post-test was observed for this item ($t(888) = -3.74, p < .01, d = 0.15$).

Table G10. Inappropriate Messaging mean data comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Inappropriate Messaging	0.91	0.28	0.95	0.21	889

Note: These scores are based on correct = 1 and incorrect = 0.

7. Suicide Prevention

Participants were asked to rate their agreement with two statements regarding suicide prevention at pre- and post-test. Higher scores indicate strong understanding of suicide prevention. A paired-samples t-test was conducted to see how student understanding improved from pre- to post-test.

A significant increase from pre- to post-test was observed for this scale for both Teen Series: ($t(965) = -8.60, p < .01, d = 0.28$) and Tween Series: ($t(874) = -12.75, p < .01, d = 0.47$).

Table G11. Suicide Prevention mean data comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Suicide Prevention—Teen Series	7.93	1.57	8.36	1.46	966
Suicide Prevention—Tween Series	7.83	1.52	8.51	1.41	875

Table G12. Total agreement percentage improvement by item from pre- to post-test			
Statement	Pre-test % Total Agree	Post-Test % Total Agree	% Difference from pre- to post-test
Teen Series			
If I am concerned that a friend/peer might be thinking about suicide, I know specific ways to help that friend.	62.2%	78.2%	16.0%
It is always best to tell a trusted adult if a friend/peer is thinking about suicide.	81.6%	84.0%	2.4%
Tween Series			
If I am concerned that a friend/peer might be thinking about suicide, I know specific ways to help that friend.	52.5%	84.0%	31.5%
It is always best to tell a trusted adult if a friend/peer is thinking about suicide.	76.3%	89.4%	13.1%

8. Connecting with Youth First Mental Health Professional

Participants were asked to rate their agreement the statements concerning whether they know the Youth First School-Based Mental Health Professional in their School. A paired-samples t-test was conducted to examine the difference in knowing the Youth First School-Based Mental Health Professional in students' buildings from pre- to post-test.

A significant increase from pre- to post-test was observed for this scale for Teen Series participants: ($t(976) = -21.29, p < .01, d = 0.74$). A significant increase was also observed for Tween Series Participants: ($t(891) = -13.29, p < .01, d = 0.49$).

Table G13. Knowing the Youth First Social Worker in Student's Building mean data comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Knowing the Youth First Mental Health Professional in Student's Building – Teen Series	3.01	1.25	3.87	1.06	977
Knowing the Youth Mental Health Professional in Student's Building—Tween Series	3.88	1.16	4.38	0.85	892

Table G14. Total agreement percentage improvement by item from pre- to post-test			
Statement	Pre-test % Total Agree	Post-Test % Total Agree	% Difference from pre- to post-test
Teen Series			
I know the Youth First Mental Health Professional in my building.	39.1%	69.1%	30.0%
Tween Series			
I know who the Youth First Mental Health Professional is at my school.	68.8%	86.8%	18.0%

9. Program Feedback

Students were asked to rate their agreement with two statements related to outcomes from the program.

Table G15. Program Outcomes Frequency Data							
Rate your agreement with the following statements:	Strongly Disagree	Disagree	In the Middle	Agree	Strongly Agree	Total Agreement %	N
Teen Series							
During Teen Series, I learned something new that I can apply to my life.	2.6%	7.2%	21.2%	48.4%	20.6%	69.0%	1,635
I think it's a good idea to talk about these topics with my Youth First Mental Health Professional.	2.5%	5.6%	23.3%	46.1%	22.5%	68.6%	1,632
Tween Series							
During Tween Series, I learned something new that I can apply to my life.	1.3%	4.5%	23.7%	46.4%	24.1%	70.5%	1,280
I think it's a good idea to talk about these topics with my Youth First Mental Health Prof	0.9%	2.8%	18.3%	45.3%	32.7%	78.0%	1,274

Students were also asked to indicate which lesson was their favorite. The results are presented below in Figures G1 and G2.

Figure G1. My favorite lesson of Teen Series was...

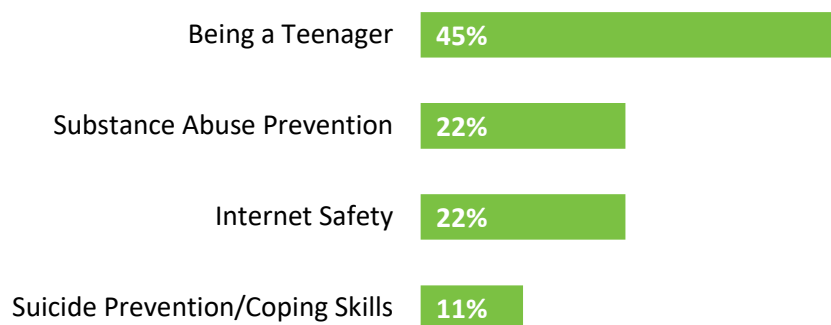
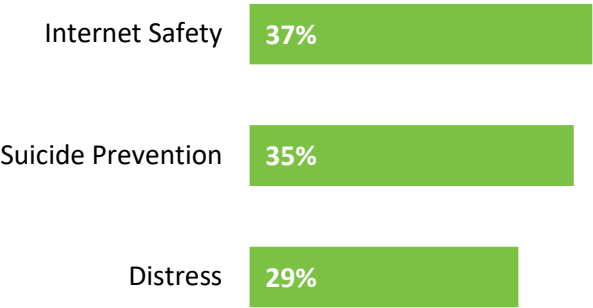


Figure G2. My favorite lesson of Tween Series was...



H. LifeSkills Training

LifeSkills Training (LST) is a school-based, research-validated substance abuse prevention program designed to target the primary causes of substance abuse. The LST program has been proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors (Botvin, 2015). LST addresses multiple risk and protective factors and teaches students the skills needed to build resilience to pro-drug influences (SAMHSA/NREPP, 2015). The LST program has been designed for use with middle/junior high school students; however, separate LST programs can be offered to target students in elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12).

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2015) identifies LifeSkills as a model prevention program. The following outcomes have been reported: (a) decreased substance use (alcohol, tobacco, inhalants, marijuana, and polydrug), (b) established normative beliefs about substance use and substance use refusal skills, and (c) decreased violence and delinquency.

LifeSkills Training Curriculum

LifeSkills Training is one semester in duration and offered during the regular school day. The program consists of three levels, with Level 1 serving as the core of the program and Levels 2 and 3 serving as booster sessions to reinforce and sustain the positive effects of the program (Botvin, 2013). Level 1 is comprised of 12 units; designed to be taught in sequence, plus 3 optional violence prevention units.

Unit One: Self-Image and Self-Improvement. The self-image and self-improvement unit starts by defining *self-image* and discussing how it is formed. Then, students work to identify ways to increase self-image and identify something that makes them proud.

Unit Two: Making Decisions. In the making decisions unit, the influence of group pressures on decisions is demonstrated and reasons why people are influenced by group members are discussed. Students then identify everyday decisions, describe how important decisions are made, and identify a process for making decisions.

Unit Three: Smoking – Myths and Realities. The myths and realities of smoking unit first aims to dispel myths surrounding tobacco use by informing students that the majority of teenagers and adults do not smoke cigarettes and that smoking is becoming less socially acceptable. Students also discuss reasons young people have for smoking or not smoking, realities of what a cigarette can and cannot do, the immediate and long-term effects of cigarette smoking, and nonsmokers' rights.

Unit Four: Smoking and Biofeedback. The smoking and biofeedback unit further discusses the immediate and long-term effects of cigarette smoking, including changes in heart rate and hand steadiness.

Unit Five: Alcohol – Myths and Realities. In the myths and realities of alcohol unit, alcohol myths are addressed as alcohol is identified as a drug. The actual amount and frequency of alcohol consumption amongst adults is also discussed. Students additionally discuss the reasons why people do or do not drink as well as the realities of what alcohol can and cannot do.

Unit Six: Marijuana – Myths and Realities. The myths and realities of marijuana unit describes what marijuana is and informs students that the majority of teenagers and adults do not smoke marijuana. Students additionally discuss the reasons some teenagers use marijuana, the realities of what marijuana can and cannot do, the immediate and long-term effects of marijuana, and the legal status of the drug.

Unit Seven: Advertising. In the advertising unit, the purpose of advertising is discussed, and students identify common advertising techniques as well as analyze cigarette and alcohol advertisements.

Unit Eight: Violence and the Media (optional). The violence and the media unit first defines *media*, then helps students identify that the media influence behavior, distort ideas about violence, and create attractive images as models for violent behavior. Students also identify reasons for media violence and discuss the prevalence of violent behavior, the violent imagery in video games and music, the harmful effects of media violence, and ways to resist the media influence.

Unit Nine: Coping with Anxiety. In the coping with anxiety unit, students learn to recognize the symptoms of anxiety as well as the tools to effectively cope with it. Additionally, students discuss common situations which produce nervousness.

Unit Ten: Coping with Anger (optional). The coping with anger unit teaches students about the physical effects of anger, and students practice techniques for controlling their anger. Students also discuss common situations that provoke anger and reasons for keeping anger under control.

Unit Eleven: Communication Skills. In the communication skills unit, students learn how to use verbal and nonverbal communication skills to avoid misunderstandings and to get their messages across clearly. Student discussions cover how misunderstandings develop and how they can be avoided.

Unit Twelve: Social Skills (A). In the first social skills unit, the skills learned in the communication skills unit are built upon to help students gain more confidence in interacting

with other people. Students are informed that many people feel uncomfortable in social situations, and ways to overcome shyness are discussed and practiced.

Unit Thirteen: Social Skills (B). In the second social skills unit, social situations that arise as students mature are addressed. Students discuss qualities that attract individuals to each other, including physical and nonphysical qualities, as well as ways to approach others with ideas for social activities and ways of responding when invited to a social activity.

Unit Fourteen: Assertiveness. The assertiveness unit helps students learn to recognize different ways people exert pressure, as well as identify and practice verbal and nonverbal techniques to help them say “no.” Students practice these skills and discuss ways for dealing with drug- and alcohol-related peer pressure.

Unit Fifteen: Resolving Conflicts (optional). The final module in the curriculum teaches students to pull together the skills they’ve learned during the LifeSkills Training program to resolve conflicts before they worsen. Students learn that negotiation is the preferred method for resolving conflicts and review previously learned skills (e.g., controlling anger) and how to apply them to conflict situations.

Methodology: LifeSkills Training

A pretest-posttest design was used to measure the evaluation questions. Specifically, The LifeSkills Training Questionnaire (LSTQ) was administered to students before the LST intervention and after the intervention to look at the effect of the program on relevant outcomes over time. The instrument was designed by the National Health Promotion Associates (NHPA) to survey pre-post changes in students’ knowledge, attitudes towards smoking and drinking, and life skills as a result of participating in the LST program (NHPA, 2007). Evaluation questions were developed based on previous research supporting key outcome domains: (a) decreased substance use, (b) normative beliefs about substance use and refusal skills, and (c) decreased violence and delinquency (SAMHSA, 2015). A final evaluation domain examined participant perceptions with regard to program implementation and satisfaction.

Evaluation Design

A pre-experimental design was used to answer the evaluation questions (Bloom, Fischer, & Orme, 2003; Campbell & Stanley, 1963; Rubin & Babbie, 1997). This design is illustrated as $O_1 X O_2$:

- O_1 equals baseline measures,
- X indicates implementation of the LifeSkills Training program,
- O_2 represents the dependent variable measures at completion of the program.

Table H1. Evaluation Design			
Dependent Measure	Baseline	Strategy	Completion
LifeSkills Training Questionnaire	O_1	X	O_2

Dependent Measures (Outcomes)

LifeSkills Training Questionnaire-Elementary School Version

The LSTQ-ES is composed of four sections. Section A requests students' demographic information, Section B measures students' knowledge through true/false items, Section C measures students' anti-smoking and anti-drinking attitudes, and Section D measures students' life skills. For confidentiality reasons, gender was the only demographic information collected.

LifeSkills Training Questionnaire-Middle School Version

The LSTQ-MS is composed of four sections. Section A requests students' demographic information, Section B measures students' knowledge through true/false items, Section C measures students' anti-smoking and anti-drinking attitudes, and Section D measures students' life skills. For confidentiality reasons, gender was the only demographic information collected.

Summary of Key Findings: LifeSkills Training

Paired-samples t-tests and frequency statistics were conducted to examine evaluation questions.

1. Increased Knowledge of Anti-Drug Skills and Life Skills

LSTQ – Elementary School Results: Increased Knowledge

Students completed 18 true/false items to test their overall knowledge of anti-drug skills and life skills. Test items were completed at pre- and post-test. An overall knowledge summary score, as well as anti-smoking summary scores and life skills summary scores were calculated for each participant. Paired-samples t-tests were conducted to examine the extent to which participants increased their knowledge. Higher scores indicated greater knowledge of anti-drug skills and life skills.

Significant increases were observed from pre-test to post-test for overall knowledge ($t(643) = -16.70, p < .01, d = .57$), anti-smoking knowledge ($t(482) = -14.41, p < .01, d = .74$), and life skills knowledge ($t(643) = -10.89, p < .01, d = .47$).

Table H2. Knowledge Summary Scores Mean Data Comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Overall Knowledge	0.64	0.15	0.73*	0.16	644
Anti-Smoking Knowledge	0.61	0.20	0.75*	0.18	482
Life Skills Knowledge	0.75	0.16	0.83*	0.15	643

*Significant increase from pre-test.

Table H3. Knowledge Summary Score Changes				
Construct/Item	Changes in Knowledge Summary Scores from pre- to post-test			
	Increased or Maintained Highest Score	No Change	Decreased	N
Overall Knowledge Summary Score	66.9%	17.4%	15.7%	644
Anti-Smoking Knowledge Summary Score	66.7%	19.0%	14.3%	483
Life Skills Knowledge Summary Score	59.0%	21.6%	19.4%	644

LSTQ – Middle School Results: Increased Knowledge

Students completed 33 true/false items to test their overall knowledge of anti-drug skills and life skills. Test items were completed at pre- and post-test. An overall knowledge summary score, as well as anti-drug summary scores and life skills summary scores were calculated for each participant. Paired-samples t-tests were conducted to examine the extent participants

increased their knowledge. Higher scores indicated greater knowledge of anti-drug skills and life skills.

Significant increases were observed from pre-test to post-test for overall knowledge ($t(672) = -6.82, p < .01, d = .21$), anti-drug knowledge ($t(672) = -5.99, p < .01, d = .24$), and life skills knowledge ($t(672) = -4.67, p < .01, d = .15$).

Table H4. Knowledge Summary Scores Mean Data Comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Overall Knowledge	0.76	0.13	0.78*	0.13	673
Anti-Drug Knowledge	0.67	0.14	0.70*	0.15	673
Life Skills Knowledge	0.81	0.15	0.84*	0.16	673

*Significant increase from pre-test.

Table H5. Knowledge Summary Score Changes				
Construct/Item	Changes in Knowledge Summary Scores from pre- to post-test			
	Increased or Maintained Highest Score	No Change	Decreased	N
Overall Knowledge Summary Score	57.2%	12.2%	30.6%	673
Anti-Drug Knowledge Summary Score	47.1%	22.6%	30.3%	673
Life Skills Knowledge Summary Score	48.0%	24.1%	27.9%	673

2. Improved Anti-Substance Use Attitudes

LSTQ – Elementary School Results:

Improved Anti-Smoking and Anti-Drinking Attitudes

Students rated their level of agreement with eight items regarding attitudes towards smoking and drinking at pre- and post-test. Higher scores indicate stronger attitudes against smoking and drinking. Significant increases were observed from pre-test to post-test for anti-smoking attitudes ($t(572) = -2.57, p < .05, d = .12$) and for anti-drinking attitudes ($t(572) = -2.72, p < .01, d = .13$).

Table H6. Attitude Summary Scores Mean Data Comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Anti-Smoking Attitudes	3.86	1.31	4.03*	1.24	493
Anti-Drinking Attitudes	2.25	0.92	2.41*	0.80	493

*Significant increase from pre-test.

Table H7. Attitude Summary Score Changes				
Construct/Item	Changes in Overall Knowledge Summary Scores from pre- to post-test			
	Improved or Maintained Best Score	No Change	Declined	N
Anti-Smoking Attitudes Summary Scores	62.3%	14.4%	23.3%	493
Anti-Drinking Attitudes Summary Scores	66.9%	14.4%	18.7%	493

LSTQ – Middle School Results: Improved Anti-Smoking and Anti-Drinking Attitudes

Students rated their level of agreement with eight items regarding attitudes towards smoking and drinking at pre- and post-test. Higher scores indicate stronger attitudes against smoking and drinking. Neither of the observed increases reached statistical significance.

Table H8. Attitude Summary Scores Mean Data Comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Anti-Smoking Attitudes	4.75	0.54	4.70	0.59	668
Anti-Drinking Attitudes	4.69	0.59	4.65	0.61	668

Note, after excluding students with perfect scores at pre-test (i.e., no room to improve), statistically significant increases were observed for anti-smoking attitudes ($t(199) = -3.84, p < .01, d = .33$) and anti-drinking attitudes ($t(226) = -5.00, p < .01, d = .39$).

Table H9. Attitude Summary Score Changes				
Construct/Item	Changes in Overall Knowledge Summary Scores from pre- to post-test			
	Improved or Maintained Best Score	No Change	Declined	N
Anti-Smoking Attitudes Summary Scores	74.4%	5.2%	20.4%	668
Anti-Drinking Attitudes Summary Scores	71.7%	6.3%	22.0%	668

3. Increased Life Skills

LSTQ – Elementary School Results: Increased Life Skills

Students completed 13 items to measure life skills. Consistent with the published instruction manual for the program, a single life skills score was computed with higher scores representing higher levels of skills. Significant increases were observed from pre-test to post-test for life skills ($t(637) = -4.02, p < .01, d = .18$).

Table H10. Life Skills Summary Scores Mean Data Comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Life Skills	28.44	4.56	29.22*	4.22	638

*Significant increase from pre-test.

Table H11. Life Skills Summary Score Changes				
Construct/Item	Changes in Overall Knowledge Summary Scores from pre- to post-test			
	Improved or Maintained Best Score	No Change	Declined	N
Life Skills Summary Scores	51.7%	9.7%	38.6%	638

LSTQ – Middle School Results: Increased Life Skills

Students completed 12 items to measure life skills. For the drug refusal, assertiveness, and relaxation skills items, students rated the likelihood that they would do what the item described (e.g., “Say “no” when someone tries to get you to smoke a cigarette?”) using a scale from 1 = Definitely Would to 5 = Definitely Would Not. For the self-control skills, students rated their level of agreement with the items presented. Drug refusal, assertiveness, relaxation, and self-control skills summary scores were created where higher scores represent higher levels of these skills.

Significant increases were observed from pre-test to post-test for drug refusal skills ($t(665) = -3.12, p < .01, d = .16$) and assertiveness skills ($t(665) = -2.31, p < .05, d = .10$).

Table H12. Life Skills Summary Scores Mean Data Comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Drug Refusal Skills	4.65	0.93	4.77*	0.63	666
Assertiveness Skills	3.46	0.83	3.55*	0.86	666
Relaxation Skills	3.69	1.16	3.76	1.18	646
Self-control Skills	3.69	0.93	3.73	0.89	639

*Significant increase from pre-test.

Table H13. Life Skills Summary Score Changes				
Construct/Item	Changes in Overall Knowledge Summary Scores from pre- to post-test			
	Improved or Maintained Best Score	No Change	Declined	N
Drug Refusal Skills Summary Scores	79.9%	4.8%	15.3%	666
Assertiveness Skills Summary Scores	46.4%	15.2%	38.4%	666
Relaxation Skills Summary Scores	51.9%	17.8%	30.3%	646
Self-control Skills Summary Scores	46.2%	24.3%	29.6%	639

4. Perceptions of Harm

LSTQ – Elementary School Results: Perceptions of Harm

Students completed 5 items to measure the extent to which they perceived various behaviors to be potentially harmful. A single perceptions of harm score was computed with higher scores representing higher perceptions of harm. Statistically significant increases were observed for perceptions of harm ($t(427) = -5.44, p < .01, d = .33$).

Table H14. Perceptions of Harm Summary Scores Mean Data Comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Perceptions of Harm	3.95	1.32	4.35*	1.11	428

*Significant increase from pre-test.

Table H15. Perceptions of Harm Summary Score Changes				
Construct/Item	Changes in Overall Scores from pre- to post-test			
	Improved or Maintained Best Score	No Change	Declined	N
Perceptions of Harm	75.7%	6.8%	17.5%	428

LSTQ – Middle School Results: Perceptions of Harm

Students completed 5 items to measure the extent to which they perceived various behaviors to be potentially harmful. A single perceptions of harm score was computed with higher scores representing higher perceptions of harm. No statistically significant increase was observed for perceptions of harm.

Table H16. Perceptions of Harm Summary Scores Mean Data Comparison					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Perceptions of Harm	4.59	0.88	4.66	0.79	637

Note, after excluding students with perfect scores at pre-test (i.e., no room to improve), statistically significant increases were observed for perceptions of harm ($t(364) = -11.55, p < .01, d = .95$)

Table H17. Perceptions of Harm Summary Score Changes				
Construct/Item	Changes in Overall Scores from pre- to post-test			
	Improved or Maintained Best Score	No Change	Declined	N
Perceptions of Harm	82.7%	7.1%	10.2%	637

5. Program Feedback

LSQT – Elementary School Results: Program Feedback

Following program completion, elementary school students were asked to provide feedback related to their experience with LifeSkills Training. Specifically, participants were asked to rate the quality of the program and its instructors.

Table H18. Program Feedback				
Check whether you agree or disagree with the statements below:	Disagree	Not Sure	Agree	N
1. The instructors (youth and/or adults) who taught the program were prepared.	4.9%	19.9%	75.2%	879
2. The instructors (youth and/or adults) who taught the program were knowledgeable about the program.	2.9%	17.3%	79.8%	885
3. The instructors (youth and/or adults) who taught the program did a good job teaching.	3.4%	11.7%	84.9%	880
4. I believe the program has helped me.	8.5%	26.4%	65.1%	883
5. The LifeSkills program was interesting.	12.3%	21.3%	66.4%	881
6. I liked the LifeSkills program.	11.3%	25.9%	62.9%	878
7. The lessons provided in the LifeSkills Program will help me in the future.	7.6%	21.1%	71.2%	876
8. Overall, I am satisfied with the LifeSkills program.	9.1%	23.2%	67.7%	888

LSQT – Middle School Results: Program Feedback

Following program completion, middle school students were asked to provide feedback related to their experience with LifeSkills Training. Specifically, participants were asked to rate the quality of the program and its instructors.

Table H19. Program Feedback							
Check whether you agree or disagree with the statements below:	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Total % Agree	N
1. The instructors (youth and/or adults) who taught the program were prepared.	4.6%	2.5%	14.2%	37.9%	40.7%	78.6%	796
2. The instructors (youth and/or adults) who taught the program were knowledgeable about the program.	3.9%	2.1%	12.1%	36.7%	45.1%	81.8%	791
3. The instructors (youth and/or adults) who taught the program did a good job teaching.	4.4%	3.2%	13.1%	34.4%	44.9%	79.3%	788
4. I believe the program has helped me.	7.3%	5.9%	25.2%	33.9%	27.7%	61.6%	791
5. The LifeSkills program was interesting.	11.0%	12.4%	25.3%	30.8%	20.5%	51.3%	791
6. I liked the LifeSkills program.	11.7%	10.4%	31.2%	27.6%	19.0%	46.6%	778
7. The lessons provided in the LifeSkills Program will help me in the future.	7.3%	4.8%	20.4%	34.1%	33.5%	67.6%	795
8. Overall, I am satisfied with the LifeSkills program.	8.2%	5.5%	22.0%	35.3%	28.9%	64.2%	795

I. Al's Pals

Al's Pals is a comprehensive curriculum and teacher training program that develops social-emotional skills, self-control, problem-solving abilities, and healthy decision-making in children ages 3-8 years old. The program is nationally recognized as an evidence-based model prevention program and received top rating by the National Center on Quality Teaching and Learning in their Social-Emotional Preschool Curriculum Consumer Report.

Through fun lessons, engaging puppets, original music, and effective teaching approaches, Al's Pals strives to a) help young children regulate their own feelings and behavior, allowing educators more time for creative teaching by reducing the need for discipline, b) create and maintain classroom environments of caring, cooperation, respect, and responsibility, c) teach conflict resolution and peaceful problem-solving, d) promote appreciation of differences and positive social relationships, e) prevent and address bullying behavior, f) convey clear messages about the harms of alcohol, tobacco and other drugs, and g) build children's abilities to make healthy choices and cope with life's difficulties.

Methodology: Al's Pals

Following completion of Al's Pals, teachers completed a survey rating their students on key constructs. In some cases, teachers also provided qualitative information through a separate program evaluation questionnaire. The evaluation design allowed for both process and outcome related data to be collected. A description of these measures follows.

Evaluation Design

A pre-experimental design was used to answer the evaluation questions (Bloom, Fischer, & Orme, 2003; Campbell & Stanley, 1963; Rubin & Babbie, 1997). This design is illustrated as $O_1 X O_2$ (See Table I1):

- O_1 equals baseline measures,
- X indicates implementation of the Al's Pals program,
- O_2 represents the dependent variable measures at completion of the program.

Table I1. Evaluation Design			
Dependent Measure	Baseline	Strategy	Completion
Al's Pals Teacher Survey	O_1	X	O_2

Dependent Measures (Outcomes)

AI's Pals Teacher Survey. The AI's Pals teacher survey examines three constructs. Specifically, teachers are asked to provide pre- and post-ratings related to students' ability to work well with others, use words to express feelings, and positively manage behavior. Ratings were provided using a five-point scale ranging from "Almost Never" to "Almost Always."

Dependent Measures (Process)

Teachers completed program summary sheets for each program. Further, Youth First staff conducted structured program observations to assess fidelity of implementation.

Summary of Key Findings: AI's Pals

Program observations were conducted at various points throughout the program. Please note, no program implementation data was available for programs in 2022-2023. All other instruments were completed upon the conclusion of the program.

Program Fidelity

No program implementation data was available for AI's Pals programs in 2022-2023.

Table 12. Percent of Programs During which Key Aspects of Program Fidelity were Observed	
Fidelity Checklist	Percentage of Observations
1. The teacher introduced the lesson according to the curriculum directions	--
2. The teacher seemed prepared for conducting the lesson	--
3. The children grasped the concept(s) targeted by the lesson	--
4. The teacher used program materials as indicated in the lesson plan	--
5. The teacher used a facilitative style appropriately in interacting with the children	--
6. The teacher was warm and caring in her interactions with the children	--
7. The teacher conveyed high expectations of success for the children	--
8. The teacher offered children meaningful opportunities to participate in activities	--
9. The teacher gave children opportunities to make decisions	--
10. The teacher served as a role model and/or gave information about safe and healthy choices	--
11. Overall, the teacher seemed to have effective classroom management skills	--
12. This lesson was implemented with integrity to the intended MESSAGE of the lesson	--
13. The teacher adhered to the integrity of the APPROACHES AND TECHNIQUES for guiding children's resiliency	--
14. The teacher completed most or all of the lesson's activities	--
15. The teacher made no changes to the program	--

Program Outcomes

The AI's Pals teacher survey examines three constructs. Specifically, teachers are asked to provide pre- and post-ratings related to students' ability to work well with others, use words to express feelings, and positively manage behavior. Paired-samples t-tests were conducted to examine the extent to which participants improved on each construct.

Significant increases were observed from pre-test to post-test for working well with peers ($t(635) = -9.52, p < .01, d = .44$), using words to express feelings ($t(617) = -15.43, p < .01, d = .68$), and positively managing behavior ($t(615) = -12.26, p < .01, d = 0.48$).

Table 13. AI's Pals Social Skills					
Scale	Pre-test		Post-test		N
	Mean	SD	Mean	SD	
Works well with peers	3.88	1.54	4.42	0.78	636
Uses words to express feelings	3.60	1.08	4.27	0.89	618
Positively manages behavior	3.79	1.06	4.27	0.92	616

*Significant increase from pre-test.

Figure 11. Improving Social Skills

