

# YMHC Member Impact

## 2024-2025 Program Year

September  
2025



**Youth  
Mental  
Health  
Corps**



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In this evaluation, NSSC evaluators worked closely with Dr. Peter Nelson, who is the Principal Evaluator and Consultant at Slate Evaluation Group. Slate Evaluation provides low-cost program and assessment design services as well as evaluation services for initiatives in a range of issue areas.

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## Executive Summary

The Youth Mental Health Corps, led by the Schultz Family Foundation and Pinterest, is a collaborative initiative that supports youth mental health in schools and communities while giving young adults on-ramps into behavioral health careers. During the 2024-25 program year, YMHC helped create an opportunity for AmeriCorps members across four states and approximately 15 programs to provide mental health-related support to people in a variety of settings while getting transformative training, coaching, and experiences intended to sharpen career skills and increase rates of entry into the mental health workforce. This report focuses on end-of-year career outcomes and pre-post changes in career outcomes among YMHC members.

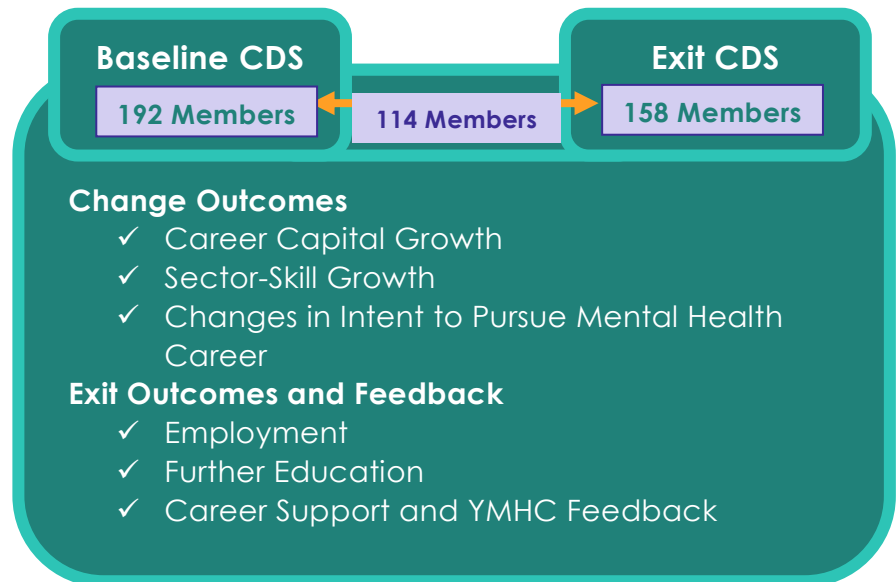
## Methods and Respondents

YMHC members were prompted to complete a Career Development Survey (CDS; ServeMinnesota, 2025) at the beginning of their service year (Baseline CDS) and conclusion of their service year (Exit CDS). The CDS captures a number of member characteristics and outcomes, including Career Capital, sector-specific skill growth, intent to pursue a career or further education in mental health, and employment outcomes.

A total of 158 YMHC members completed the Exit CDS and 114 completed both the Baseline and Exit CDS. In addition to items focused on outcomes, members also had the opportunity to reflect on YMHC career supports and provide qualitative feedback on their experience in YMHC.

A majority of responding YMHC members were located in Colorado (56%), followed by Minnesota (23%), Texas (11%), and Michigan (9%). Analyses generally focused on three

areas: Within-Year Impact, End-of-Year Outcomes, and Retrospective Feedback. Within-Year outcomes focused explicitly on members who completed both the Baseline and Exit CDS and outcomes and feedback in other areas leveraged the full sample of Exit CDS respondents.



## Members at a Glance

**56%**  
Bachelor's Degree

**42%**  
Income < \$25,000

**49%**  
White

**82%**  
Female

## Main Findings

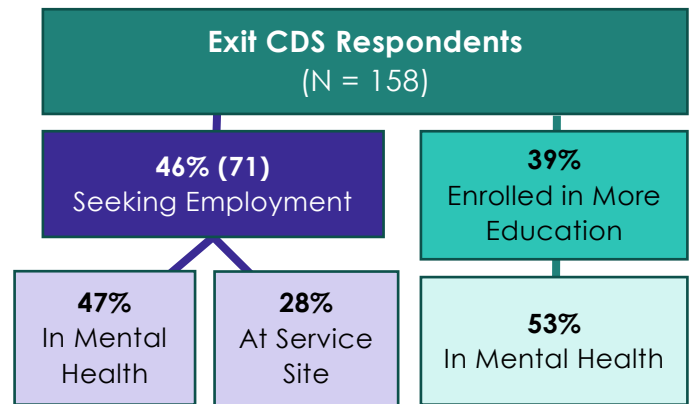
**Significant Increases in Member Career Capital and Sector-Skills.** Over the course of the year, current members demonstrated significant growth in their sense of purpose, career skills, and professional network ( $d = 0.41$ ). Those increases exceeded average growth among non-YMHC members completing the Baseline and Exit CDS.

Likewise, members reported increases in skills directly aligned with program activities ( $d = 0.59$ ). Members also increased their interest in a mental health career, with 82% reporting an interest in a mental health career at the end of the year.

### YMHC as Pathway to a Mental Health Career.

When examining employment among those who were seeking employment, 38% of members had obtained employment. This is particularly relevant because at the time of the Exit CDS, members were still actively serving as YMHC members.

Further over a quarter of those who had obtained employment were employed by their service site. On average, YMHC members earned at least one certification during their service year ( $M = 1.41$ )



### Members View YMHC as Supportive of their Career Goals and Impactful on Service Recipients.

In rating scales and qualitative responses, members overwhelmingly reported that YMHC supported their professional goals (90% agreement) and that service had a positive impact on the mental health of participants (96% agreement). For many members, their YMHC experience created an opportunity to learn and practice foundational mental health support strategies—over half of respondents cited real-world application of skills and the opportunity to build mental health skills as positive aspects of service. Members also specifically called out benefits that related to clarity and direction (e.g., opening or re-opening a career path), certification (e.g., obtaining a credential that they believe will make them more competitive in the job market), and/or networking benefits (e.g., making new professional relationships or benefitting from peer-coach relationships).

**“Youth Mental Health Corps...was extremely helpful in supporting my professional goals. The extra trainings, monthly meeting opportunities, and coaching all played a role in shaping me into a more successful prospective candidate for my future career.”**

**Room to Grow.** YMHC Members also identified areas for improvement in their reflections on the year. Engagement with YMHC career supports was relatively low during the year and feedback tended to focus on increasing awareness of the YMHC mission and available career supports and increasing flexibility in accessing those supports. With the current year underway, many of these concerns have been directly addressed, which may help create a shared identity and increase engagement.

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## Background

The Youth Mental Health Corps, led by the Schultz Family Foundation and Pinterest, is a collaborative initiative that supports youth mental health in schools and communities while giving young adults on-ramps into behavioral health careers. During the 2024-25 program year, YMHC helped create an opportunity for AmeriCorps members across four states and approximately 15 programs to provide mental health-related support to people in a variety of settings while getting transformative training, coaching, and experiences intended to sharpen career skills and increase rates of entry into the mental health workforce.

As part of the program, all YMHC members were expected to complete the Career Development Survey (CDS) at the outset of service (Baseline) and end of service (Exit). However, note that the timing of YMHC rollout required for baseline data to be collected near midyear. The CDS is managed by ServeMinnesota and provides insights for service (e.g. tailoring support to member needs) and impact evaluation (e.g., monitoring changes in member interest and Career Capital).

In this report, we examine pre-post change and post-service outcomes among all members. We center the report on six key questions:

1. What was the demographic makeup of YMHC members during the 2024-25 program year?
2. To what extent did YMHC members improve their Career Capital between the Baseline and Exit CDS?
3. To what extent did YMHC members improve their sector-related skills between the Baseline and Exit CDS?
4. Using data from the Exit CDS, to what extent did members increase their interest in a mental health career, obtain employment, and/or obtain a certification during their service year?
5. To what extent did members' YMHC experience help them in their post-service plans?
6. In what ways can YMHC improve the impact of the service experience as it relates to preparing members for a mental health career?

## Participant Characteristics

There are two samples of interest in the current report. To examine post-service outcomes, we consider all members who completed the Exit CDS. To examine pre-post changes, we restrict the sample to include members who complete the Baseline and Post CDS. A total of 158 YMHC members completed the Post CDS and 114 completed both the Baseline and Post CDS. In Table 1, we summarize some of the primary demographic features of members.

A majority of responding YMHC members were located in Colorado (56%), followed by Minnesota (23%). Across states, 49% of members identified as White, followed by Latino (17%) and Black or African American (15%). However, there were meaningful differences between states—Minnesota and Colorado tended to include more members who were White (46% and 57%, respectively) whereas Michigan and Texas tended to include more members of color. For example, 69% of members identified as Black in Michigan and 36% of members identified as Latino in Texas. A vast majority of members were female (82%) and in some states, nearly 100% of members were female (e.g., Texas).

Members were also predominately in lower income categories, with 42% of members reporting a household income below \$25,000 and roughly 20% reporting an income higher than \$55,000. Yet it is important to note that member reported income may be an imperfect indicator of income status given the large number of young people serving (e.g., just out of college), the number of returning members, and differing costs of living depending location (e.g., rural vs urban, state).

Across all states, a majority of members held a Bachelor's degree at the time of service and 29% of members reported their highest education as either high school or some college with no degree. At the time of service, over half of members were pursuing some form of additional higher education.

**Table 1. Demographic characteristics of members.**

<b>State (N = 158)</b>		<b>Household Size (n = 147)</b>	
Colorado	56%	1	46%
Michigan	9%	2	17%
Minnesota	23%	3	10%
Texas	11%	4	13%
<b>Race (n = 132)</b>		5	7%
White	49%	6	1%
Latino	17%	7	4%
Black or African American	15%	Prefer not to answer	2%
Asian	9%	<b>Highest Education (n = 136)</b>	
Multi-Racial	8%	High School Diploma or GED	10%
American Indian/Alaskan Native	2%	Some College - No Degree	19%
<b>Sex (n = 140)</b>		Certificate/Credential/License	1%
Female	82%	Associate's Degree	10%
Male	18%	Bachelor's Degree	56%
<b>Income (n = 147)</b>		Master's Degree or Higher	4%
Under \$24,999	42%	<b>Current Enrollment (n = 114)</b>	
Between \$25,000 and \$34,999	16%	M/B Health Certificate	28%
Between \$35,000 and \$44,999	8%	M/B Health Apprenticeship	4%
Between \$45,000 and \$54,999	7%	M/B Health Degree	18%
Between \$55,000 and \$64,999	3%	Other Certificate or Degree	10%
Between \$65,000 and \$74,999	5%	Not Enrolled	41%
Between \$75,000 and \$84,999	3%		
Between \$85,000 and \$94,999	1%		
Between \$95,000 and \$104,999	1%		
Between \$115,000 and \$124,999	1%		
\$125,000 or more	5%		
Prefer not to answer	9%		

## Within-Year Impact

To examine changes in member career outcomes across time, we include members who completed both the Baseline and Post CDS (N = 114). There were three primary pre-post metrics of interest: Career Capital, Sector Skills, and intent to pursue a career or further education in mental/behavioral health.

### Intent to Pursue a Career or Further Education in Mental/Behavioral Health

At Baseline and Post, all responding members reported their level of agreement with the item “I intend to work or pursue further training in the mental/behavioral health field” using a rating scale ranging from *Strongly Agree* to *Strongly Disagree*. At Baseline, 80% of members indicated some intention of pursuing a career or additional training in mental/behavioral health, with 37% indicating strong agreement. The overall agreement increased marginally on the Post CDS, with 82% of members indicating an interest in a mental health career or further training. That is, overall, agreement tended to increase across time whereas disagreement decreased slightly.

The rate of agreement and disagreement tended to remain relatively stable across time—members who entered the service year with an interest in a mental health career tended to keep or increase that interest. However, it is worth noting that 50% of members who were perhaps unsure (those who indicated slight agreement or uncertainty at Baseline) indicated a stronger interest in a mental health career on the Post CDS.

**Table 2. Member Intent to Pursue a Career or Further Training.**

Response Option	Baseline	Post
Strongly Agree	37%	37%
Agree	22%	23%
Slightly Agree	21%	22%
I am not sure	4%	3%
Slightly Disagree	2%	4%
Disagree	9%	8%
Strongly Disagree	5%	3%
<b>Overall Agreement</b>	80%	82%
<b>Overall Disagreement</b>	16%	15%

### Comparison with Non-YMHC Members

For a descriptive point of reference, we also examined intent to pursue a career or further education among members who were not included in YMHC but completed the Baseline and Exit CDS (N = 610). These data were obtained from the 2024-2025 CDS database and included members serving in the areas of education, environment, recovery, and housing navigation. In each case, members were asked to indicate their intent to pursue training or employment in a field aligned with their service. On the baseline CDS, 60% of members indicated some level of agreement, which increased to 68% on the Exit CDS. Using Table 2 as a reference, YMHC members tended to express a higher degree of intent to pursue a career or further education at the beginning of service (80%) and at the end of service (82%) relative to members in other programming areas.

### Career Capital

Career Capital is defined as the competencies, knowledge, and attributes one needs to succeed in their career (Table 3). There are three main elements of Career Capital: Knowing Why (understanding of career goals and confidence in achieving them), Knowing What (sector-specific, transferrable, and job-search skills), and Knowing Who (social and professional networks to support career goals).

**Table 3. Career Capital Items for Reference.**

**Knowing Why**

I have a clear understanding of what I want to achieve in my career

I have career goals that reflect my personal interests and values.

When I set goals for my career, I am confident I can achieve them.

**Knowing What**

I have many skills and competencies that I could use in a range of different occupations.

I know how to successfully obtain employment in my field.

**Knowing Who**

I know many people who support me in my career development.

I know how to build contacts with other people who are important to my career development.

I have the professional relationships and networks to support my career goals.

Career Capital items came from a validated Career Resources Questionnaire that assesses the key predictors of career success (Hirshi et al., 2018). Each item is a statement for which members rate their agreement. All items range from Strongly Disagree (1) to Strongly Agree (6). It follows that an average score of 6 is the highest possible value across items and an average score of 1 is the lowest possible value across items.

In general, members tended to have moderately high levels of Career Capital, with average scores at Baseline falling between “Slightly Agree” (4) and “Agree” (5) on the Career Capital scale. However, member responses tended to be more favorable on the Post CDS, providing evidence that members view themselves as having stronger Career Capital after a year of YMHC service.

It is relevant to note that the nature of the Career Capital scale can complicate meaningful interpretation. For example, it is difficult to interpret a raw score increase less than one without contextualizing that growth against the observed variation in change scores. To better capture the magnitude and statistical significance of Career Capital growth, we examined the statistical significance of change scores using a series of paired t-tests. In addition, we converted difference scores to standard deviation units (Cohen's *d*) for more meaningful interpretation. More specifically, we divided the average difference score derived from the t-tests by the standard deviation of the difference scores. The resulting value provides growth estimates expressed as standard deviation units. This is useful because it helps to contextualize the magnitude of change between the fall and spring periods. As a general guideline, Cohen's *d* values equal to 0.20 are considered small, 0.40 are considered medium, and effect sizes above 0.80 are considered large (Cohen, 1988). Average Career Capital scores on the Baseline and Exit CDS are displayed in Table 4, along with standardized change scores. Statistically significant change scores are denoted by asterisks and highlighted in bold.

**Statistically significant and positive gains** in Career Capital were observed among YMHC members during their service year.

**Table 4. Career Capital scores and Standardized Growth.**

Outcome	Know Why	Know What	Know Who	Career Capital
Baseline CDS	4.88	4.66	4.65	4.74
Exit-CDS	5.07	4.91	4.97	5.00
Cohen's <i>d</i> Effect Size for Baseline-Exit Change	<b>0.26**</b>	<b>0.27**</b>	<b>0.41**</b>	<b>0.41***</b>

\*  $p < .05$ ; \*  $p < .01$ ; \*\*\*  $p < .001$

There were significant increases in all areas of Career Capital. The magnitude of change scores was highest in regard to the Career Capital facet of “Knowing Who.” This indicates that members tended to perceive the most impact on their professional network and support from others in their career goals.

Standardized effect sizes ranged from 0.26 (Knowing Why) to 0.41 (Knowing Who and Overall Career Capital score). Using general interpretive guidelines, these effects were in the small to medium range for Knowing Why and Knowing What and in the medium range for Knowing Who and the overall Career Capital score. Collectively, the standardized effects reflect a meaningful increase in Career Capital across the service year.

### Within-State Career Capital Gains

When interpreting Career Capital scores within states, it is important to note that both Michigan and Texas had relatively low response rates ( $n = 9$  and  $18$ , respectively). Across states, Texas members tended to report the highest level of Career Capital at Baseline ( $M = 4.80$ ) and Exit ( $M = 5.29$ ). Further, the largest gains in Career Capital were observed in Texas.

The total number of members in Texas was relatively low; however, it may be useful to consider what state-specific reports and/or the nature of Texas programming to better understand why members in Texas reported larger increases in Career Capital.

**Table 5. Baseline and Exit Career Capital Scores within States.**

Outcome	Baseline				Exit				Overall Change
	Know Why	Know What	Know Who	Career Capital	Know Why	Know What	Know Who	Career Capital	
Colorado ( $n = 61$ )	4.91	4.68	4.68	4.77	4.99	5.00	5.05	5.01	+ 0.24
Michigan ( $n = 9$ )	4.81	4.39	4.51	4.60	5.11	4.50	4.44	4.71	+ 0.11
Minnesota ( $n = 26$ )	4.71	4.65	4.64	4.66	4.92	4.71	4.82	4.83	+ 0.17
Texas ( $n = 18$ )	5.06	4.72	4.61	4.80	5.56	5.08	5.17	5.29	+ 0.49

## Comparison with Non-YMHC Members

Similar to the previous section, we used CDS data from members who were not part of YMHC as a reference point for YMHC Career Capital growth. The comparison data highlight the potentially unique experience of YMHC members in building Career Capital. For example, members not involved in YMHC tended to report very high Career Capital at the outset of the year ( $M = 5.58$ ); however, members also tended to report lower levels of Career Capital on the Exit CDS ( $M = 4.87$ ). Thus, YMHC members tended to enter the year with lower Career Capital scores but reported significant growth over the course of the year whereas an opposite trajectory was observed for Career Capital among the subsample of non-YMHC members for comparison.

## Sector Skills

In addition to general Career Capital ratings, members rated their sector-specific skills. The list of skills was developed at the program-level and consequently, the items differed across programs. Yet, there were a number of broader similarities that cut across states. In Table 6, we outline the identified skills in each state and organize the skills into three potential categories cutting across states: *Near Peer Support and Clinical Response Skills*, *Contextual Knowledge*, and *Culture and Systems*.

The Near Peer Support and Clinical Response Skills category is the largest and encompasses a broad set of skills that relate to the provision of 1:1 support. This includes more general skills related to supporting participants (e.g., relationship building, resource navigation, goal setting), skills with a more specific evidence base (e.g., motivational interviewing), and those specifically related to clinical response (e.g., trauma-informed care, mental health first aid, crisis intervention). These skills were the most predominant and generally reflect the focus of YMHC activities on direct service provision.

The Contextual Knowledge category explicitly related to foundational knowledge about youth mental health challenges and needs. This category likely overlaps with the direct support category (e.g., the trauma-informed care skill is primarily focused on the provision of care but certainly involves foundational learning on what trauma-informed care is). Finally, the Culture and Systems category includes skills and knowledge related to systemic issues related to youth mental health, focusing less on direct service provision and more on the ways in which a systemic view can inform the provision of direct support.

Organizing related skills in this way helps illustrate the overlapping priorities of different states receiving YMHC funding despite smaller differences in the nature of program-level skills. For example, Michigan—which had the largest number of skills—included skills from each category whereas other programs were either exclusively or predominately focused on direct service skills.

**Table 6. Sector Skills across States.**

Category Key	Near Peer Support and Clinical Response Skills	Culture and Systems	Contextual Knowledge
<b>Colorado</b>		<b>Minnesota (Recovery Corps)</b>	
De-escalation	Motivational interviewing		
Trauma-informed care	Resource navigation		
SEL (social-emotional learning) supports/activities	Goal setting and action planning		
<b>Cultural competency</b>		<b>Minnesota (Promise Fellows)</b>	
Mental health first aid	Mentorship		
Crisis intervention	Motivational interviewing		
<b>Michigan</b>		Relationship building	
Identifying youth in need of mental health support or experiencing a mental health emergency	Service learning		
Providing resources to youth experiencing mental health issues	Academic support		
Applying Youth Mental Health First Aid in a mental health emergency	<b>Understanding youth mental health needs</b>		
Identifying barriers to mental/behavioral health care	<b>Texas</b>		
Addressing barriers to mental/behavioral health care	Case management		
Identifying gaps in cultural competency in mental/behavioral health care	Supportive guidance services		
Addressing gaps in cultural competency in mental/behavioral health care	Trauma-informed care		
Identifying health disparities/inequities in mental/behavioral health care	Application of foundational mental health knowledge		
Addressing health disparities/inequities in mental/behavioral health care			
<b>Understanding the factors contributing to the youth mental health crisis</b>			

For each skill, members categorized their skill using one of five possible response options and were numerically coded to examine pre-post changes:

- (1) *Novice* ("little or no knowledge or skill of basic concepts")
- (2) *Advanced Beginner* ("common knowledge or some experience but need support or assistance")
- (3) *Competent* ("can usually perform skills or tasks independently but may need support or assistance")
- (4) *Proficient* ("can identify what needs to be done without assistance and may train others on tasks")
- (5) *Expert* ("known as an expert in this area and can provide guidance and answer questions").

When examining changes in sector skill ratings, we averaged overall skill at Baseline and Exit using the numerically coded skill ratings. Similar to Career Capital scores, we examined sector skills at Baseline and Exit along with average changes in raw scores and standardized scores (Table 7). In addition, we examined pre-post changes for sector skills by state. There were 99 members who provided Baseline and Exit skill ratings.

**Across states, there was a statistically significant and positive change in skill ratings across the service year** with an average rating of 3.00 at Baseline (Competent) and 3.49 at the time of the Exit CDS (between Competent and Proficient). The largest gains across time were observed among members who viewed themselves as Novices or Advanced Beginners at Baseline (n = 16), who tended to view themselves as Competent (~1.5 score increase) by the end of the year.

The standardized change scores help contextualize the magnitude of growth in sector related skills. Across states, members increased their scores by 0.59 standard deviation units, which is in the moderate range (Cohen, 1988). Statistically significant differences were also observed in Texas (1.06 SD units) and Colorado (0.49 SD units). The difference between Baseline and Exit skill ratings was not significant in Minnesota and Michigan; however, those states also had very low response rates for the skill ratings, significantly decreasing statistical power to detect effects.

Collectively, the Baseline and Exit skill ratings provide evidence that members viewed their sector-specific skills as stronger after their service year—particularly those who began the year as self-described Novices or Advanced Beginners. The growth in sector related skills was also larger in magnitude than the more general area of Career Capital, although both demonstrated positive and meaningful growth.

**Table 7. Baseline and Exit Skill Ratings Across and Within States.**

Outcome	All (n = 99)	MN (n = 11)	TX (n = 18)	MI (n = 9)	CO (n = 61)
Baseline Skill Ratings	3.00	3.15	2.63	3.03	3.08
Exit Skill Ratings	3.49	3.62	3.67	3.42	3.43
Cohen's d Effect Size for Baseline-Exit Change	<b>0.59***</b>	0.45	<b>1.06***</b>	0.72	<b>0.49***</b>

## Post-Service Outcomes

### Employment and Further Education

To examine employment and related end-of-year career outcomes, we used data from all members who completed the Exit CDS (n = 158).

Across all members, 20% had secured employment before the end of the service year. Although it is also relevant to note that many members were not seeking employment. **When examining employment among those who were seeking employment, 38% of members had obtained employment before the end of the service year.**

Among those employed, 47% were employed in the mental health field and 28% were employed by their service site. Further, of those employed, 66% indicated that having YMHC experience on their resume helped secure employment, 71% of members indicated that the skills they obtained during YMHC during service helped secure employment, and 61% of members indicated that professional connections made during service helped secure employment.

Finally, 39% of members indicated that they were currently enrolled in further education with over half of those pursuing additional training or credentialing in the mental health field. State specific employment and further education data are displayed in Table 8. Texas and Colorado tended to have the highest employment rates. Mental health employment and employment at service site are subset within the employed members and the smaller samples are influenced by sample size; however, Michigan and Texas tended to have the highest rate of employment and enrollment in further education in the mental health field.

Figure 1. Member post-service plans.

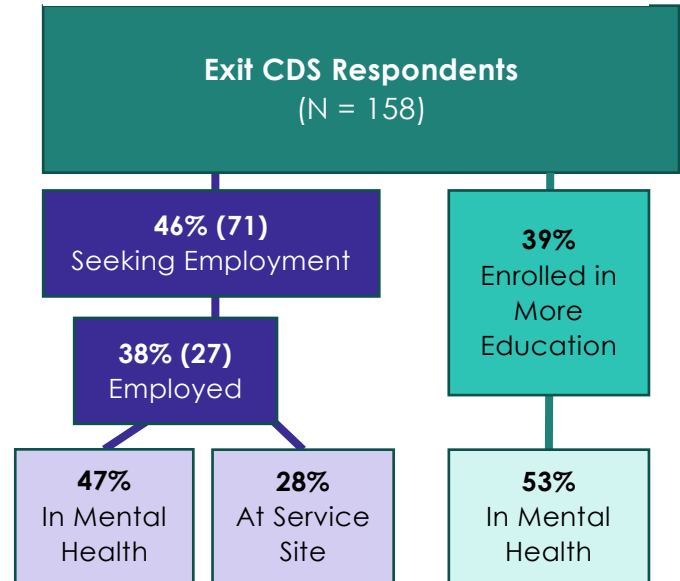


Table 8. Within-State Career Outcomes

Career Outcome	Colorado (n = 89)	Texas (n = 18)	Minnesota (n = 37)	Michigan (n = 14)
<b>Employed</b>	25% (22)	22% (4)	14% (5)	7% (1)
Mental Health Employment	37% (8)	75% (3)	20% (1)	100% (1)
At Service Site	27% (6)	25% (1)	20% (1)	100% (1)
<b>Enrolled in More Education</b>	36% (32)	50% (9)	41% (15)	36% (5)
In Mental Health	56% (18)	65% (6)	53% (8)	75% (6)

Collectively, the 2024-25 career outcomes for YMHC members provide insight into the positive impact of YMHC on the employment and professional training plans among members. This is particularly true considering the fact that many members simply plan to serve another year—these members may not be pursuing further education or obtaining employment but a return to service is another testament to the experiential value of YMHC.

## Certifications

Similar to the skill data, all YMHC programs provided a list of potential certifications that members may obtain during their service. The nature of these certifications varied (see Table 9) and on average, members obtained between one and two certifications. The number of certifications also varied somewhat across states, with the highest average observed in Michigan, where there were six specialized certificates and one certification in healing centered engagement offered. In Minnesota, there was only one formal certification outlined; however, some members reported other certifications (e.g., mandated reporter), which increased the average above one.

**Table 9. List of Certifications and Average Number of Certificates Obtained.**

Variable	All States	Colorado	Texas	Minnesota	Michigan
<b>Total Certifications Earned</b>	1.41	1.09	1.61	1.76	2.21
<b>Certification Type</b>	<b>Colorado</b>				
	(1) Behavioral Health Plus				
	(2) Behavioral Health I				
	(3) Community Health Worker Registered Apprenticeship				
	(4) Masters of Social Work Practicum				
<b>Certification Type</b>	<b>Texas</b>				
	(1) Cognitive Behavioral Intervention for Trauma in Schools (CBITS)				
	(2) Mental Health First Aid for Youth				
	(3) AS+K? Suicide Certification Training				
	(4) Perspectives Bridging Curriculum				
<b>Certification Type</b>	(5) Motivational Interviewing				
	(6) CPR & First Aid Certificate				
	(7) Developmental Relationships Framework				
	(8) Trauma-Informed Care				
	<b>Certification Type</b>	<b>Minnesota</b>			
(1) Peer Recovery Specialist Certification					
<b>Certification Type</b>	<b>Michigan</b>				
	(1) Specialized Certificate in Youth Mental Health: An Emerging Crisis				
	(2) Specialized Certificate in Youth Mental Health: Addressing the Crisis				
	(3) Specialized Certificate in Youth Mental Health: Peer-to-Peer Support Strategies				
	(4) Specialized Certificate: Successful Strategies for Job Searching				
	(5) Specialized Certificate: Navigating into Higher Education with Success				
<b>Certification Type</b>	(6) Healing Centered Engagement Certification				

## Member Retrospective

The CDS also captures members' general reflection on the value of YMHC—both in regard to their own career development and the impact of their service on individuals and communities. In both cases, members used an agreement-based rating scale (see Table 10). Overall, data from these items provides evidence that members viewed YMHC as a meaningful factor in supporting their professional goals (90% agreement) and that their work as YMHC members was making an impact on service recipients (96% agreement). Perceptions were generally consistent across states; however, Minnesota members tended to view YMHC support for professional goals as generally favorable but less than other states.

**Table 10. Member Perceptions of YMHC Within and Across States.**

Item	All States		Colorado		Texas		Minnesota		Michigan	
	A	D	A	D	A	D	A	D	A	D
YMHC supported my professional goals.	90%	10%	94%	6%	94%	6%	79%	21%	93%	7%
Service had a positive impact on the mental health of participants.	96%	4%	94%	6%	94%	6%	100%	0%	100%	0%

### Participation and Perception of YMHC Career Supports

Throughout the year, members were provided access to a number of different career supports. In some cases, those career supports were offered by their program or state commission; however, YMHC also offered support from the Peer Health Exchange and Inside Track universally.

Members indicated their participation and perception of support provided by Inside Track and the Peer Health Exchange (Table 11). Overall, engagement with the career supports was relatively low. For example, 64% of members indicated that they did not participate in either support. The reasons for not using career services varied; however, the most common reasons cited included timing/scheduling challenges (26%), existing confidence in achieving career goals (20%), and duplicity with existing career support provided at the program level (21%).

As this was the first year of YMHC, the logistics and procedures for communicating and engaging with members was an area of learning across the program and future years will provide more robust insight into the value of career supports. For example, 18% of members indicated they simply did not know about the services offered. Nevertheless, members who participated in the career supports this year reflected on the value of those supports, which may inform future implementation. It is important to note, however, that these ratings reflect the perceptions of only 34 members for Inside Track and 33 members for the Peer Health Exchange.

Overall, members tended to indicate that both supports were valuable and interesting. In regard to Inside Track, members tended to report the most favorable results for the value of “motivating me toward my goals” (80% reporting valuable or very valuable); however, across the board, members tended to report similar levels of value.

One potential exception to this pattern relates to the value of connecting members with appropriate resources and understanding finances and budgeting. In both cases, a large number of members indicated that these topics were either not discussed or less valuable. Given that resource access in particular is an important component of success, this may be an area to consider for future implementation. In regard to the Peer Health Exchange, members tended to view each of the connection points as interesting; however, many members who participated in the peer exchange did so only intermittently.

**Table 11. YMHC career support engagement and perception.**

Career Service Use (n = 156)		Reason for not using Career Services (n = 101)	
Peer Health Exchange	12%	Already feel confident in achieving career goals	20%
Inside Track	14%	Did not find descriptions appealing	7%
Both Supports	10%	Timing/Scheduling Challenges	26%
No Supports	64%	AmeriCorps program already offers similar services	21%
		Did not know about services	18%
		Other	8%

Career Service Ratings					
Inside Track (n = 34)	Not too valuable	Somewhat valuable	Valuable	Very valuable	Not discussed
Managing commitments	0%	15%	47%	29%	9%
Health and support	9%	6%	50%	21%	15%
Motivating me towards goals	0%	15%	33%	47%	6%
Increasing ability to get things done	0%	18%	36%	33%	12%
Attaining career goals	0%	18%	38%	38%	6%
Connecting me with appropriate resources	3%	15%	29%	29%	24%
Connecting with my support network	6%	9%	35%	32%	18%
Understanding finances and budgeting	6%	12%	26%	24%	32%
Overall	3%	24%	47%	26%	-

Peer Health Exchange (n = 33)	Not Interesting	Somewhat Interesting	Interesting	Very Interesting	Did not Participate
Intro to Monthly Meetings and Community Logistics	3%	6%	28%	19%	44%
Secondary Trauma and Compassion Fatigue	0%	0%	30%	30%	40%
Intro to Mental Health Support	0%	0%	35%	31%	34%
Youth Advocacy from a Young Person's View	0%	0%	20%	33%	47%
Resume Building and Salary Negotiations	0%	7%	30%	17%	47%
Day in the Life of MSW	0%	3%	23%	27%	47%

## Member Qualitative Feedback

There were two additional items on the Exit CDS that asked members to reflect on their year and provide an open text response: (1) "Please explain why Youth Mental Health Corps did or did not support your professional goals," and (2) "What suggestions, if any, do you have for Youth Mental Health Corps to improve the career resources they provide to members? Are there any additional resources that would have been helpful to you?"

There were 87 members who responded to the item asking about YMHC support for professional goals. There were primarily two themes in the member responses which generally align with the rating scale data described above.

For many members, their YMHC experience created an opportunity to learn and practice foundational mental health support strategies and this was by far the most predominant response—over half of respondents cited real-world application of skills and the opportunity to build mental health skills as positive aspects of service.

Members also highlighted the impact of YMHC on their career. They specifically called out benefits that related to clarity and direction (e.g., opening or re-opening a career path), certification (e.g., obtaining a credential that they believe will make them more competitive in the job market), and/or networking benefits (e.g., making new professional relationships or benefitting from peer-coach relationships).

"Youth Mental Health Corps...was extremely helpful in supporting my professional goals. The extra trainings, monthly meeting opportunities, and coaching all played a role in shaping me into a more successful prospective candidate for my future career."

## Areas for Improvement

It follows that member feedback was overwhelmingly positive and those who did use the new career resources tended to see real value. When members reflected on areas for improvement (65 responses) they tended to focus more on elements of communication, accessibility, and general awareness of YMHC and its goals. For example, many members were serving in existing programs that aligned very closely to YMHC goals, but were not sure if/how their service or support would differ as a result of being part of YMHC. Thus, one area for improvement might include more clear communication about YMHC, with explicit attention to normalizing the career resources and coaching supports. A better and more consistent understanding among members may help create a shared identity and increase engagement in the additional career resources.

Relatedly, many members were aware of the resources but struggled to engage with them in meaningful ways due to logistical constraints. For example, scheduling time with a peer coach or attending monthly meetings was likely difficult for members who were expected to be actively serving youth during the day. As such, suggestions for improvement included offering more flexible (e.g., evening) coaching opportunities as well as different or multiple times for monthly meetings. Members also suggested asynchronous options for some content to help improve accessibility. Finally, approximately 20 of the responding members indicated that they would benefit from more peer groups, cohort calls, and other opportunities to connect with their YMHC peers.