Project Step-Up

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Step-up Program Description

- A multi-level, multi-component school-based and family-linked mental health service for youth evidencing academic failure and mental health difficulties

Responding to an Inner-City Child Mental Health Crisis

- Two thirds of children in need of mental health care do not receive services

- Rates of service use are at their lowest in low income, urban communities

- No show rates can be as high as 50%

- Drop outs occurring after two or three sessions are common

Serious Barriers Impede Engagement for Highly Vulnerable Urban Youth & Families

- Triple threat: poverty, single parent status and stress

- Concrete obstacles: time, transportation, child care, competing priorities

- Attitudes about mental health, stigma

- Previous negative experiences with mental health services or institutions

Increased Mental Health Risk For Urban Adolescents of Color

ENVIRONMENTAL	INDIVIDUAL
Racism	Sexual risk taking
Poverty	Substance use
Community Violence	Impulsive
Substance Abuse	Existing mental health services are frequently avoided by urban teens
Deteriorating Youth Supportive Resources	
Shortage of Mental Health Services	

Step-Up Goals

- To deliver a school, family and community-based mental health intervention for adolescents (14 to 17 yrs old) with serious impairments in behavioral and educational functioning due to complex and unmet mental health difficulties, specifically conduct problems;

Step-Up Goals (cont)

☐ To provide the proposed mental health intervention within urban high school programs and neighboring inner-city communities;

☐ To evaluate the impact of the intervention on youth mental health, impairment and functioning across inner-city ecological contexts

Collaboration is a Necessary Foundation to Enhance Outreach and Engagement

Program of research based on core assumptions :
Collaboration with consumers (youth, parents, providers, and communities) lead to services and prevention programs that potentially are:

- acceptable to consumers
- relevant to consumer's context, specific needs and core values
- potentially effective when...
- implemented in "real world" settings by naturally existing providers and resources (sustainable)

Process of Development: Theoretical Perspectives

☐ Social action theory
☐ Asset theory: specifically the incentives and reinforcements associated with the accumulation of resources that serve as the foundation of adulthood
☐ Theories guiding youth community level involvement and civic participation
☐ Family focused, evidence-based intervention models

Process of Development: Evidence-Based Interventions (I)

☐ Multiple Family Groups (MFG)
  ▪ A family-based mental health promotion program for early adolescents with behavioral impairments
  ▪ MFG Goal: To reduce inner-city youth conduct difficulties via strengthening protective family-level processes such as family organization, parental skills and leadership, family communication and positive family relationships

Process of Development: Evidence-Based Interventions (II)

☐ SUUBI Program
  ▪ An HIV prevention and mental health promotion program for adolescents orphaned by AIDS
  ▪ Relies on asset theory to assist youth in future planning, life skill development and accumulation of savings to support educational and vocational success
  ▪ Mentorship provided by young adults from the target community is also a core component of SUUBI

Process of Development: Evidence-Based Interventions (III)

☐ CHAMP (Collaborative HIV Prevention and Adolescent Mental Health Program)
  ▪ Developed to bolster key family and youth processes related to youth mental health and risk taking behaviors
  ▪ Provides opportunities for increasing youth social problem-solving and life skills

Process of Development: Curriculum Committee

- ☐ A collaborative planning youth group consisting of 41 14-17 year old adolescents attending two inner-city schools in East Harlem and Bronx, NY

- ☐ Youth group charged with making decisions regarding the specific content and service delivery processes

Curriculum Intervention Components

- ☐ **Group delivered service via Youth Board vehicle.** Youth Board topics include:
  - ■ <u>Education:</u> Tutoring/study skills, Educational/Informational field trips in/out of community, Time management, Focus on academic success, Post-high school opportunities (college, vocational), How to fill out applications, create resumes, interviewing.
  - ■ <u>Resources:</u> Financial/self-sufficiency, How to find resources for self, Assist youth in accessing services, Helping youth assert their rights.

Curriculum Intervention Components (cont)

- ■ <u>Healthy Relationships:</u> Negotiating safe sex/sexual situations, Fostering positive peer and family relationships and communication, Partner/Relationship Violence, Conflict resolution, Peer pressure.
- ■ <u>Healthy Living:</u> Drug and Alcohol abuse prevention, Dealing with stress, Check-ups/nutrition & exercise/hygiene, Emotional and Anger management, Puberty/sexual risk.
- ■ <u>Pride:</u> Pride/Cultural Awareness, Positive expressions/self-esteem/respect, Tolerance.

Additional Intervention Components

- ☐ Study group sessions/personal tutoring
- ☐ One-on-one contact with MHS and PS
- ☐ Summer internships/jobs
- ☐ Incentive-based asset structure
- ☐ Family outreach, support and mental health intervention
- ☐ Strong collaboration with school staff
- ☐ Crisis Intervention
- ☐ Fun, youth engaging trips and challenges!

Program Delivery

- ☐ Prosocial adult mentors of color
  - ■ Peer Parent Advocates
  - ■ Trained Youth Specialists
  - ■ Public Health Practitioners
  - ■ Social Work Clinicians
 - ■ College/Master's level Tutors

Program Delivery (cont)

- ☐ Collaborative interdisciplinary teams
  - ■ Behavior
  - ■ Family
  - ■ Academics
  - ■ Life Skills Curriculum
  - ■ Summer Institute
  - ■ School Staff
  - ■ Youth board

Methods

- Examine rates of attendance and retention
- Examine the relationship between level of engagement in Step-Up groups and school absences, tardiness, grades, and suspensions
- Focus on data pre-intervention (end of Fall Term 2007) and mid-intervention (end of Spring Term 2008)
- N = 41

Percent Attendance at Spring 2008 Step-Up Sessions

(in comparison to 50% national show rates)
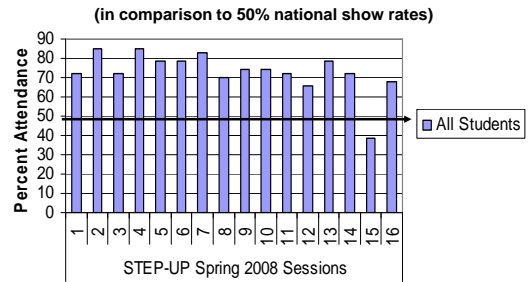
Mean Comparison of Outcomes Before and After Step-Up Youth Group

Descriptive statistics for Step-Up Students (N = 41)

	Average # of absences	Average # of tardy incidences	Final GPA%	# of suspen-sions[a]
Term 1	7.3	25.9	66.3	0.4
Term 2	6.6	21.6	67.3	0.2

a. N = 21 (only data for 1 school available)

Retention in program over 1 year

- February 2008: 41 students began attending Step-up youth group
- February 2009: 36 students are actively participating in Step-up youth group and/or one-on-one mental health specialist meetings
- 89% retention rate!

Summary: Project Step-Up

- Designed to, and has successfully, engaged at-risk youth, families and participating schools
- Integrates existing theory-driven, evidence-based interventions at a critical developmental juncture
- Fills serious research gap regarding expectations, views, wishes of youth and families for services

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Summary: Project Step-Up (cont)

- Collaborative model has successfully engaged a range of partners in working toward common design, delivery and research goals
- Initial data suggests trending toward reduction in problem behaviors and academic improvements

Next Steps

- Advance knowledge regarding how to enhance outreach and engagement by specifying processes and skills necessary for service delivery with "hard to reach" families

- Currently seeking funding for a rigorous impact evaluation of the intervention on youth risk behavior, mental health and impairment and functioning across inner-city ecological contexts