Project Step-Up

Stacey Alicea, MPH
Project Director, Department of Psychiatry

Mary M. McKay, Ph.D.
Professor of Psychiatry & Community Medicine

Geetha Gopalan, Ph.D.
Post Doctoral Fellow, Department of Psychiatry

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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

<table>
<thead>
<tr>
<th>ENVIRONMENTAL</th>
<th>INDIVIDUAL</th>
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<tbody>
<tr>
<td>Racism</td>
<td>Sexual risk taking</td>
</tr>
<tr>
<td>Poverty</td>
<td>Substance use</td>
</tr>
<tr>
<td>Community Violence</td>
<td>Impulsive</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Existing mental health services are frequently avoided by urban teens</td>
</tr>
<tr>
<td>Deteriorating Youth Supportive Resources</td>
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<td>Shortage of Mental Health Services</td>
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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:
  - Education: 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.
  - Resources: Financial/self-sufficiency, How to find resources for self, Assist youth in accessing services, Helping youth assert their rights.

Curriculum Intervention Components (cont)

- Healthy Relationships: Negotiating safe sex/sexual situations, Fostering positive peer and family relationships and communication, Partner/Relationship Violence, Conflict resolution, Peer pressure.
- Healthy Living: Drug and Alcohol abuse prevention, Dealing with stress, Check-ups/nutrition & exercise/hygiene, Emotional and Anger management, Puberty/sexual risk.

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

Mean Comparison of Outcomes Before and After Step-Up Youth Group

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

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<thead>
<tr>
<th></th>
<th>Average # of absences</th>
<th>Average # of tardy incidences</th>
<th>Final GPA%</th>
<th># of suspensions</th>
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</thead>
<tbody>
<tr>
<td>Term 1</td>
<td>7.3</td>
<td>25.9</td>
<td>66.3</td>
<td>0.4</td>
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<tr>
<td>Term 2</td>
<td>6.6</td>
<td>21.6</td>
<td>67.3</td>
<td>0.2</td>
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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

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
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<td>☐ Advance knowledge regarding how to enhance outreach and engagement by specifying processes and skills necessary for service delivery with “hard to reach” families</td>
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<td>☐ 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</td>
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