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Step-Up: Promoting Youth Mental Health and Development in Inner-City High Schools

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Abstract

African American and Latino youth who reside in inner-city communities are at heightened risk for compromised mental health, as their neighborhoods are too often associated with serious stressors, including elevated rates of poverty, substance abuse, community violence, as well as scarce youth-supportive resources, and mental health care options. Many aspects of disadvantaged urban contexts have the potential to thwart successful youth development. Adolescents with elevated mental health needs may experience impaired judgment, poor problem-solving skills, and conflictual interpersonal relationships, resulting in unsafe sexual behavior and drug use. However, mental health services are frequently avoided by urban adolescents who could gain substantial benefit from care. Thus, the development of culturally sensitive, contextually relevant and effective services for urban, low-income African American and Latino adolescents is critical. Given the complexity of the mental health and social needs of urban youth, novel approaches to service delivery may need to consider individual (i.e., motivation to succeed in the future), family (i.e., adult support within and outside of the family), and community-level (i.e., work and school opportunities) clinical components. Step-Up, a high school-based mental health service delivery model has been developed to bolster key family, youth and school processes related to youth mental health and positive youth development. Step-Up (1) intervenes with urban minority adolescents across inner-city ecological domains; (2) addresses multiple levels (school, family and community) in order to target youth mental health difficulties; and (3) provides opportunities for increasing youth social problem-solving and life skills. Further, Step-Up integrates existing theory-driven, evidence-based interventions. This article describes Step-Up clinical goals, theoretical influences, as well as components and key features, and presents preliminary data on youth engagement for two cohorts of students.

Keywords

Adolescent mental health; Urban youth; School-based; Family; Intervention

Introduction

Step-Up, a high school-based mental health service delivery model, has been developed to bolster key school, family and youth processes related to youth mental health and positive youth development. More specifically, the Step-Up model was developed specifically for inner-city urban minority high school aged (14–18 years) youth experiencing serious behavioral and/or academic difficulties. Step-Up is meant to intervene with urban minority adolescents across inner-city ecological domains. More specifically, the clinical program intends to address multiple ecological levels (school, family and community) in order to target youth mental health needs. Step-Up provides opportunities for increasing youth social problem-solving and life skills. Next, Step-Up integrates existing theory-driven, evidence-based interventions (McKay and Gopalan 2009). Finally, Step-Up emphasizes strong engagement practices across ecologies with youth, families, teachers, schools, and key community stakeholders for the purpose of creating a platform for dynamic and reciprocal mental health service delivery to support youth mental health and positive developmental outcomes.

This article describes Step-Up program goals, theoretical and empirical bases, as well as program and clinical components and key features. First, we provide the empirical and theoretical basis for Step-Up. Next, we describe how Step-Up approaches its mission to positive, “youth friendly” engagement, and how meaningful youth and family, engagement is sustained via Step-Up’s core program components. Then, a brief description of preliminary engagement outcomes for two cohorts of students across two New York City urban high schools is provided. Key clinical components of the program model are highlighted via case examples throughout. Implications for practice are also discussed.

Empirical and Theoretical Basis for Step-Up: Meeting the Needs of Urban, Minority Youth

Urban African American and Latino youth are at particular risk for the development of mental health difficulties, as they are much more likely to grow up in disadvantaged neighborhoods with acute, environmental stressors, including racism, poverty, substance abuse, exposure to high levels of community violence, deteriorating youth-supportive resources, and a serious shortage of mental health services (Bell and Jenkins 1993; Black and Krishnakumar 1998; Evans 2004; Hernandez 2004; Hill 2001). Many aspects of urban disadvantaged contexts have the potential to thwart successful youth development (Gorman-Smith et al. 1999; Hess and Atkins 1998; Weist et al. 2001). More specifically, rates of externalizing behavioral difficulties among urban, low-income African American and Latino youth range from 24 to 40% (Tolan and Henry 1996), more than four times the rate of national estimates of youth conduct problems (Angold and Costello 2001).

Adolescents with elevated mental health needs are more likely than non-disordered peers to evidence impaired judgment, poor problem-solving skills, and conflictual interpersonal relationships, resulting in disruptive behavior, including unsafe sexual behavior, and drug use (Bauman and Germann 2005; Capaldi et al. 2002; Houck et al. 2006; Murphy et al. 2000; Tubman et al. 2003), potentially further compromising their mental health (Capaldi et al. 2002; Tubman et al. 2003). Disruptive behavioral difficulties can also be especially problematic in low-income, inner-city contexts, as the consequences of behavioral missteps

can place the youth's safety and well-being in serious jeopardy (Tolan and Henry 1996; Tolan et al. 1995).

Although portions of the child mental health service delivery system may exist within inner-city community contexts, community-based clinics are not always effectively integrated with existing community structures and resources. Moreover, traditional mental health services are frequently avoided by teens who could gain substantial benefit from mental health care (Atkins et al. 2006; Cavaleri et al. 2009; Logan and King 2001). Thus, many youth miss the opportunity to address serious mental health needs and do not have appropriate contact with clinical services (Tolan and Dodge 2005; Malti and Noam 2008). Consequently, minority adolescents manifesting serious mental health needs and risk-taking behaviors without linkage to mental health care during this critical developmental juncture may be on a negative trajectory just prior to the transition to early adulthood.

However, the literature suggests that youth who are able to take advantage of course-correcting resources during adolescence can be redirected onto healthier pathways into adulthood (Werner and Smith 1992; Quinton et al. 1993; Rutter 1996; Rutter and Quinton 1984). However, adolescent mental health care may need to target individual (i.e., motivation to succeed in the future), adult and family (i.e., adult support within and outside of the family), and community-level (i.e., work and school opportunities) factors (Werner and Smith 1992; Masten et al. 2004; Quinton et al. 1993; Rutter and Quinton 1984) in order to be effective. In sum, there is a serious service need to prioritize the development and expansion of culturally sensitive, contextually relevant and effective mental health and youth development services for urban, low-income African American and Latino adolescents.

Clinical Illustration of Need of Urban Minority Youth

Lisa, a 17 year old Latina adolescent, was recommended for involvement in Step-Up by her school guidance counselor due to serious academic difficulties that put her off track to graduate. Lisa's school attendance was poor and she seemed withdrawn and disinterested in her classes. Her failing grades caused the school to respond by offering her tutoring and summer school. However, these natural supports were not associated with any notable improvements. When Lisa first came to Step-Up group meetings she was extremely quiet and withdrawn. During initial individual meetings with her assigned One-on-One (a MSW Step-Up staff member) she was equally quiet and guarded. She shrugged her shoulders and gave one word responses to questions. However, interestingly, she attended Step-Up meetings and trips without the attendance difficulties noted in her academic classes. During the first few weeks of enrolling with Step-Up, Lisa had contact with her One-on-One (MSW Step-Up staff) during group and individual meetings, as well as trips and via text messaging. During one of her individual meetings with her One-on-One, Lisa disclosed that she was having trouble sleeping and kept thinking about a specific incident. She disclosed witnessing a friend assaulted at gunpoint a few months ago. Her One-on-One assessed that Lisa was experiencing signs of post-traumatic stress disorder (PTSD). After further discussion with her One-on-One, Lisa agreed to discuss her concerns more openly with her primary caregiver, her mother.

Urban Families Rearing Youth with Mental Health Needs

Family, for the purposes of Step-Up clinical care, is broadly defined to include a range of relationships that may or may not include biological parents as the primary caregivers. Existing literature suggests a strong association between protective, positive family processes and successful adolescent development and mental health outcomes. Youth who believe they are an important member of their family tend to have higher self-esteem,

healthier self-concepts, less depression, greater overall well-being (Reinherz et al. 2008; Taylor and Turner 2001; Youngblade et al. 2007), perform better in school, and are more likely to pursue further education (Broussard 2003). Existing evidence clearly links positive youth outcomes and high family functioning, which is often related to families' access to resources.

Low-income families often face structural (i.e., lack of access to basic resources related to poverty, no health insurance, language barriers) and perceptual barriers (negative views of mental health services,) to accessing needed resources and supports that meet the mental health and developmental needs of the youth in their care (Schwarz 2009). Yet, research reveals that if barriers to engagement are overcome, family-centered interventions can be effective in reducing youth problem behaviors, enhancing competencies, and improving interfamilial relationships (Spoth et al. 2002). Moreover, services that provide opportunities for low income families to build social capital and support networks within their communities can help to reduce isolation and stress, therefore helping to decrease the likelihood of negative youth mental health outcomes (Terrior 2006). Thus, Durlak's et al. (2007) review of youth clinical interventions sums up existing knowledge that finds that services targeting the family system were significantly associated with positive youth mental health and development over time (Durlak et al. 2007).

Despite the evidence of the crucial role families play in youth development and positive mental health outcomes, the integration of families in services is not always prioritized in adolescent mental health service delivery (McKay and Bannon 2004; Gopalan et al. 2010). Additionally, most family involvement strategies are problem-based, rather than strengths-based and collaborative (James and Partee 2005), and for programs that do adopt a family-centered focus, parental engagement and participation can be quite difficult to secure (Perrino et al. 2001). Knowing the critical role families play in the positive development of youth, Step-Up aims not just to involve parents, but to do so in an active and meaningful way by making them partners in the delivery of services. Evidence indicates that intensive engagement interventions implemented during initial contacts with youth and their families can successfully increase service use (McKay and Bannon 2004; McKay et al. 1996, 1998). Step-Up engages families early (i.e., prior to a crisis), creates active partnerships with families, and looks to address perceptual (i.e., stigma) and concrete (i.e., lack of insurance) barriers to services.

Clinical Illustration of Urban Family Need for Those Rearing Adolescents

Step-Up staff reached out to Lisa's mother via telephone and met with her both at the school and in the family home. Lisa's One-on-One staff member discussed treatment options with both Lisa and her mother in joint meetings. Although Lisa and her mother expressed a willingness to become involved with the Step-Up program, both expressed serious skepticism about mental health counseling services in general. In fact, Lisa's mother disclosed that she held highly negative views of "helping" systems. Lisa's mother described experiencing mental health care directly as an adolescent and having at least one psychiatric hospitalization at a similar age to that of Lisa.

Over the course of several meetings and discussions, Lisa and her mother described a number of threats embedded in their family life. Lisa's mother has been recently diagnosed with a serious, chronic illness. However, her public insurance health benefits had been terminated due to her failing to attend a required financial benefits meeting. She also described a negative relationship with a caseworker who she blamed for her difficulty navigating the financial benefits system.

As a single parent, Lisa's mother is responsible for not only her adolescent daughter's care, but also two younger children. Over time, she described high levels of parenting stress and expressed concern about not only Lisa's school performance and emotional health, but also the behavioral functioning of her two younger children.

Urban Youth and Inner-City Schools

Youth, like Lisa, are supposed to spend most of their waking hours in the classroom, which is where they can be highly influenced by their peers and the school environment (Pianta and Hamre 2009). Schools also play an important role in impacting youths' cognitive, socio-emotional and behavioral development, all of which are associated with academic performance (Eccles and Roeser 2009; Zins et al. 2004). Consequently, schools are a central domain for promoting mental health and an important platform for service delivery (Roeser et al. 2000). Eccles and Roeser (2009) assert that in order to best help the adolescent develop and address difficulties, schools must change in ways that positively influence youth development and mental health functioning. This perspective presents a service challenge, as youth mental health and development is influenced on multiple levels within a school, from teacher-student interactions in the classroom to school-wide policies.

There are a growing number of school-based mental health service approaches. Related research suggests school-based mental health programs can reduce the stigma of seeking services and may be more accessible to youth in comparison to community-based clinic care models. Yet, some researchers have argued that the current model of school-based mental health service delivery is not a true match for and struggle to address complex difficulties within urban school environments (Stephan et al. 2007; Levy and Shepardson 1992). A small group of school-based researchers have responded to such concerns. Their findings suggest that structured and collaborative school-based programs can provide mental health benefits for children living in urban poverty (Frazier et al. 2007; Rones and Hoagwood 2000; Epstein 2009). However, there is little information available about school-based mental health programs collaborating between and within individual, family, school and community level systems at the high school level (Epstein 2009). The Step-Up program acknowledges the importance of partnering with schools and collaboration around monitoring youth's academic progress, influencing positive development, and providing appropriate mental health services and supports.

Clinical Illustration of Mental Health Collaboration Embedded in Urban High Schools

Lisa was referred to the Step-Up program by her high school guidance counselor. However, numerous adults within her high school context were both concerned about her and also emphasized that her poor academic performance presented serious challenges to the success of her teachers and school. More specifically, Lisa was described by numerous teachers as "disinterested" or "unmotivated." Her mother was described as "uninvolved" and "difficult to reach." Further, the principal of Lisa's high school noted the pressure to have all students either achieve or be placed elsewhere as his school was contextually situated in a larger educational environment where schools are judged solely on the student body meeting academic performance standards.

The same principal also noted prior experiences with traditional organized mental health services, either embedded within his school or in the immediate community. He emphasized prior difficulties in communicating with providers and questioned whether mental health systems could accommodate student attendance at school and grades as important treatment goals.

When asked about her grades and attendance Lisa responded, “Why bother coming to school when I am failing anyway. My teachers probably think I am just lazy and don’t want to do the work.”

Theoretical and Evidence-Based Framework Informing Step-Up Service Delivery

Step-Up is informed by a number of theoretical perspectives and existing evidence-based interventions. Social action theory (SAT) (Ewart 1991) was applied during the development of Step-Up to guide understanding of youth mental health and functioning within families and multiple inner-city ecological contexts. SAT also allowed for applying an inner-city community focus on key youth mental health outcomes, including empowerment, critical consciousness, community capacity, and social capital. SAT was chosen as it had traditionally been used to guide an understanding of health problems that disproportionately affect under-resourced communities, including drug and alcohol use among adolescents in poor neighborhoods.

In addition, asset theory (Sherraden 1990, 1991), which posits that assets (i.e., savings and educational opportunities) have important psychological, social and economic benefits for youth, also guided Step-Up service development and delivery model. Asset-building involves efforts that enable people with limited financial and economic resources or opportunities to acquire and accumulate long-term productive assets. Asset building is increasingly viewed as a critical factor for reducing poverty, positively impacting attitudes and behaviors, and improving one’s psychosocial functioning (Page-Adams and Sherraden 1997; Yadama and Sherraden 1996; Zhan and Sherraden 2003). Step-Up incorporates asset theory in order to enable highly vulnerable youth to envision their future with optimism, improve their mental health functioning, and promote future planning, educational goal setting, and behavioral change among youth who might otherwise engage in harmful risk behaviors.

Finally, a Positive Youth Development (PYD) approach was taken to guide Step-Up. PYD seeks to promote developmental competencies that are required of productive, contributing members of society. PYD challenges the conventional problem focus and emphasizes the strengths, resources, and potential of young people. PYD advocates programming that considers personal choice, values, and culture of its youth participants (Damon 2004).

Further, Step-Up draws upon existing aspects of three evidence-based interventions, funded by the National Institute of Mental Health, which exclusively focus on vulnerable adolescents situated within poverty-impacted school, family and community contexts. More specifically, Step-Up draws on empirically supported intervention components from an existing multiple family group (MFG) intervention protocol meant 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 (McKay et al. 2004, 2010). MFGs for both children and adults have been associated with positive mental health and community functional outcomes (Bradley et al. 2006; Chien and Chan 2004; Davey 2004; Gorman-Smith et al. 2007; Hazel 2004; McDonnell 2004; Quinn and Van Dyke 2004).

Next, empirically supported aspects of a NIMH-funded HIV prevention and mental health promotion program for adolescents orphaned by AIDS which relies on asset theory to assist youth in future planning, life skill development and accumulation of savings to support educational and vocational success (SUUBI Program; Ssewamala 2005). Men-torship

provided by young adults from the target community is also a core component that was applied to Step-Up.

Finally, an evidence-based HIV prevention and mental health promotion program developed for inner-city early adolescents and their families, the CHAMP (Collaborative HIV Prevention and Adolescent Mental Health Program) Family Program (McKay et al. 2000; Madison et al. 2000.) was adapted to specifically target the reduction of sexual and drug risk taking behaviors. Originally, CHAMP was developed to bolster key family and youth processes related to youth mental health and risk taking behaviors, including providing opportunities for youth and their adult caregivers to strengthen family communication skills, within family support and involvement. Increasing youth social problem-solving and life skills are also important goals for CHAMP.

The Step-Up Service Delivery Collaborative Team

Many studies have suggested that youth exposed to multiple risks function better with the presence of supportive adult-child relationships, which promote social, emotional and academic development (Murray and Malmgren 2005). Thus, the Step-Up team consists of clinicians and non-clinicians who reflect the communities where youth and families live. While each staff member brings unique skills and background, all staff are responsible for the same core components of the program: youth board group facilitation, curriculum development, One-on-One mental health sessions with youth, and family home visits. The team consists of social workers (LCSW and MSW) Public Health professionals (MPH), social work and public health graduate interns, and youth and parent specialists. The youth and parent specialist are non-clinicians that receive training on youth development and group facilitation; they also reside in similar communities as the youth and families in the program. In addition, Step-Up tries to include key school staff members and family members as essential part of the collaborative planning and implementation teams. This dynamic team approach aims to engage and foster positive relationships across various youth contexts by connecting with youth, families, and schools to tackle mental health and risk-related challenges, while promoting positive youth development.

Recruitment and Initial Engagement of Youth and Families

Administrators and guidance staff at each school nominate students who are at high risk for drop-out. Eligibility criteria included a grade average of less than 75, 1 year behind in school and/or insufficient credits to graduate, poor attendance and academic performance, behavioral difficulties with teachers and with peers, and problems at home that may be getting in the way of academic achievement. After the school identifies and nominates students for participation in Step-Up and provides them with consent forms, a Step-Up orientation is held for parents/guardians and youth. Dinner is provided and an informal discussion is had with parents to hear about their hopes for, and concerns about, their teen. The orientation is an opportunity for youth and families to learn about the program, ask questions, and complete the consent process. The orientation process is meant to empower parents to explore what Step-Up has to offer for their child and family, and it allows for parents to participate in the process from the onset.

In relation to parent engagement, parents' early participation in the program is thought to be significant in creating real and meaningful collaborative partnerships with Step-Up staff. Immediately after the Step-Up orientation, parents and youth are then contacted via phone. A series of brief phone calls focus on the needs and perceptions of parents and youth, and are structured to be positive and focused on family and youth strengths. Next, home visits and in-person meetings at the school, or in the family's home or community, are conducted; as much contact as possible occurs across the first 2 weeks of initially meeting with the

youth and their key family members. Engagement of both youth and families is considered an ongoing process taking place at every contact, no matter how brief.

School Collaboration Within Inner-City Communities

Strong collaboration between participating schools and Step-Up is essential to the functioning of the service program. In addition to school staff identification of eligible students, Step-Up staff participate in monthly guidance meetings to monitor: (1) student academic progress; (2) issues and concerns related to academic progress and potential avenues for intervention; (3) crisis management and intervention; and (4) logistics related to program delivery on school premises. School and Step-Up staff also communicate frequently through e-mail and phone. If there is a concern or crisis with a student in school, administrators and guidance staff immediately inform Step-Up staff. Step-Up then acts as a support for the student and intervenes as necessary, as they can give students and families in crisis additional support that the school may not have the resources to give.

Step-Up Youth Focused Services

The goal of the youth component of Step-Up is to build life skills, promote positive youth development, identify and address individual student needs, and sustain engagement via opportunities for interaction with peers and staff throughout the program. As such, these clinical components consist of (1) youth group board meetings centered around a life skills curriculum; (2) One-on-One meetings between Step-Up staff and youth; (3) academic incentives; (4) trips and retreats; and (5) summer internships.

Youth Group Board Meetings

The goal of the youth board meetings is to foster life skill development among youth. Youth board meetings are held once a week for 2 hours directly following school hours. They begin with snack time followed by announcements, which lead directly to a brainstorming session regarding the session topic. The brainstorm is followed by a structured activity, which often includes an opportunity to put into practice a life skill related to the topic of the day. A discussion of the topic ends the session as it allows the students to understand the meaning of the activity and discuss what was learned during the group session, which is followed by goal setting time.

The Step-Up program contains twenty rotating sessions. Table 1 provides detailed information regarding five of those sessions, including skill goals and informational content. Goals of these sessions include building life skills, such as communication and initiating and maintaining relationships, and promoting positive youth development, such as handling anger and managing stress. Topics covered in the curriculum have been suggested by Step-Up staff based on student needs, or in feedback provided by Step-Up youth board members. Thus, sessions are altered to appropriately adapt to the specific group needs of participating students, though the core content in each session is always covered. Students are also given approximately 20 min at the end of every youth board meeting to work on a current goal, whether it is writing a resume, finishing homework or talking with their One-on-One Step-Up staff member. This time provides space for the student to complete a task or goal that they would not otherwise complete.

One-on-Ones

Step-Up staff is assigned students (One-on-Ones) whom they meet with individually. These individual meetings focus on reviewing student's academic progress and goals, discussing student concerns, and following up on any clinical issues. During the initial One-on-One meeting, a contract stating both the responsibilities of the student and the One-on-One is

signed by both parties. Students also complete a goal worksheet in which they identify goals for the coming academic year and develop a plan to achieve those goals. A goal may be to pass a certain class, behave better in class, or to fight less with their parent. This goal sheet is then used as a discussion tool during One-on-Ones. A main focus of these meetings is on enhancing youths' emotional well-being, promoting strengths, and providing support.

Following up with youth on their goals, concerns, or a specific situation they may be struggling with is crucial, but follow-up need not take place just in the context of a regular meeting or session. In fact, it takes place where and when makes most sense and is realistic for youth. This may mean meeting youth before and after group, or for lunch during a school day. A key, innovative way in which this takes place is via text messaging. Text messaging is used in the Step-Up program to follow up with youth regarding concerning issues, or simply to ask how the youth's day is going, as text messaging is a key form of communication for youth today. It provides an instant and easy way to communicate with others. The physical distance and perceived sense of privacy or anonymity often facilitates greater communication. One-on-Ones are able to reach out, engage and respond to teens instantly through the use of text messages. This creates opportunity for enhanced engagement and connection between youth and the One-on-One. It must be clearly noted that boundaries and confidentiality are always stressed and adhered to regardless of where meetings with youth take place.

Academic Incentives

Step-Up provides students with monetary incentives for improving and maintaining positive report card grades. As such, students are given ten dollars for each class they pass (receiving a 65 or higher) during the first marking period. In order to earn ten more dollars the following marking period, they must raise their initial grade by five points. A grade that stays above eighty receives ten dollars every marking period. A grade of one hundred is rewarded with a twenty-five dollar gift certificate to the store of the student's choice.

Trips and Retreats

Aside from youth board meetings, monthly trips are planned for students, including two weekend teambuilding retreats. Trips can include ice skating, rock climbing, bowling or going to the movies. The weekend retreat offers students a chance to get to know other students and the Step-Up staff on a different level and build leadership and cohesiveness, as all Step-Up members must work together in teambuilding activities while at the retreat.

Summer Internships

In order to provide year long engagement and continued opportunities for youth to practice implementing skills and goals of program and continue One-on-One contact, Step-Up staff assists students in finding summer jobs or internships, sometimes providing them with a position in the Step-Up office. Summer Internship and Employment Resource Manuals are given to youth to provide them with ideas of jobs, internships, classes or camps to participate in during the summer. Step-Up staff is available to assist students with applying to a summer job, internship, camp or class.

Family Intervention Component

We use a variety of strategies to sustain our engagement and partnership with families including, (1) home visits; (2) parent workshops; (3) follow-up phone calls and meetings; (4) parent newsletter; (5) family weekend retreat; and (6) the parent contract. Some of these strategies are highlighted below.

Families face an array of obstacles to accessing and utilizing mental health services. Step-Up addresses some of those barriers by focusing on the goals and expectations of families and by meeting families on their terms, which allows for stronger engagement and building of trust. Families do not need to make an appointment at a program office, but rather are given the choice of where and when to meet. Often, meetings take place in their home after work, eliminating transportation, and childcare issues. Parents are also invited to attend workshops held throughout the year by the parent specialist and other staff members. The parent specialist is a parent who resides in the same community as Step-Up parents, and who brings experience and insight about being a parent and raising a teen in an urban community.

The parent workshops are an opportunity for parents to interact, connect and gain support from other parents. In our very first meeting with parents, a parent contract is also created. This is an agreement parents write in collaboration with staff indicating that they are part of a team and are partnering with their child, school and Step-Up to achieve positive outcomes. The family retreat weekend is an opportunity for youth and parents to share common experiences and structured activities devoted to building stronger communication.

Step-Up Mental Health Service Delivery Model

Step-Up is based upon the premise that not all youth may need or are ready for the formal structure of individualized mental health care or that this model may not be the best way to meet the needs of a specific youth. To meet the needs of youth, engagement and mental health support takes place not in a program office, but where the students exist: the school hallways, lunch room, classrooms, after school, in the community, in their homes, or online (e-mail and texting).

This flexible model aims to meet youth where they are both physically and emotionally. It meets them in the context of their real world environments. This service delivery model also helps to reduce the stigma associated with seeing a “counselor” that can often be a barrier to receiving needed support. In addition, Step-Up staff are not referred to as therapists, counselors or social workers, but rather as One-on-Ones. The flexibility of having formal and informal communications and relationships with students normalizes the idea of “talking to an adult” and seeking support when needed. In not being constrained by a set appointment times, youth can reach out and talk to an adult when help is needed to cope with every day issues before they escalate via in-person meetings or text messaging.

However, there are clearly also times when students and families face crises that requires a different level of intervention. In such a case, Step-Up staff work with both the youth and their family to create a plan, for addressing issues as they arise. Step-Up addresses the mental health needs of our youth through the following core clinical components: (1) One-on-Ones; (2) youth life skills group; (3) family partnership; (4) referral to more intensive resources and crisis intervention; and (5) informal support from positive adults.

Clinical Illustration of Step-Up Clinical Care Model

Lisa consistently had contact with her One-on-One across the school year. These contacts took place in a range of settings, from private individual meetings at school and the program office to more informal meetings in the cafeteria or hallways. Further, Lisa attended group board meetings after school. Over time, Lisa became a more active participant in group; she interacted and gained support from peers and other program staff. Group provided an additional opportunity for her One-on-One and other program staff to monitor how Lisa was coping and to have supportive contact. In addition, Lisa participated in many informal activities such as trips and retreats, and regular texting with her One-on-One. Lisa’s active

involvement in Step-Up impressed school staff members. Teachers noted her engagement and began to express more optimism that she was capable of meeting the academic standards of the school. As Lisa's mental health needs were being met she became more motivated to improve academically. Lisa also became better able to ask for help and support when needed.

Her One-on-One also had frequent contact with Lisa's mother. These contacts were about routine things like event updates, as well as check-ins regarding Lisa. Step-Up Parent Specialist provided support to Lisa's mother around parenting stress through home visits and parent workshops. Step-Up staff also worked with Lisa's mother encouraging her to follow-up on her health concerns, and on the needs of her two younger children. Clinically, the Step-Up team considered the work with Lisa to be highly successful in that Lisa received needed support from a mental health practitioner, peers and other positive adults. Lisa's clinical symptoms decreased over time, her mood and coping skills improved and she will graduate only 2 months behind her class. These improvements were seen over the course of an academic year and were a result not just of the work done with the One-on-One but the collective of the various program components.

Preliminary Step-Up Engagement Outcomes

To date, Step-Up has involved two cohorts of students at two New York City urban high schools located in East Harlem and the South Bronx. Recruitment across the two cohorts of participating youth has resulted in a total of 91 youth and their families who have consented to participate in Step-Up. Of these 91 youth, 88 attended at least the first 1–2 sessions of the Step-Up Youth Board. Of the three youth who did not attend any Step-Up Youth Board sessions, two declined without a clear reason and one youth graduated before the Youth Board Sessions began. After attending at least one Youth Board session, four additional youth dropped out of service without a clear reason, leaving three students who did not continue their participation in the program due to existing commitments with after-school work and receipt of mental health services elsewhere. However, the remaining 81 students continued on in the program in one or more of the program components (i.e., Youth Board Group, One-on-One sessions, trips), resulting in a retention rate of 89% across the two cohorts. This percentage defines the total students who continued with the Step-Up program throughout the duration of their attendance at the school in which they were recruited. Of the 89 students, 22% successfully transferred during their involvement in the program. Because they were engaged with Step-Up and the program helped to facilitate a successful transfer, they met the program completion criteria. Program completion is defined as mutual agreement that either positive outcomes have been achieved or an alternative plan for supports and appropriate intervention has been put in place (i.e., vocational programs, alternative or specialized school placements, GED/ work programs) that better meet the needs of the youth and family, or graduation from high school. Of the 81 completers, 27 graduated from high school within 1 year of being enrolled or completing Step-Up, 18 transferred to another program/school facilitated by the Step-Up team while maintaining involvement in the program, and 36 completed their service contracts and are currently completing high school. A new cohort of students has been recruited from the two Step-Up sites to participate in a new round of services for the 2010–2011 school years. Additionally, the 16 remaining students in the second cohort, who did not transfer or graduate, requested some continued contact with Step-Up, which has resulted in the development of an extended leadership component to be implemented in the 2010–2011 school year (Fig. 1).

Implications

Urban youth living in low -income communities can be more vulnerable to negative developmental outcomes including mental health difficulties. In part, this is due to a lack of needed social supports and resources in the most important contexts of family, school, and communities (Malti and Noam 2008). Despite what is known about the mental health needs of youth and the factors that can reduce risk, mental health service gaps exist. These gaps are more pronounced for urban youth living in low- income communities. Among adolescents with mental health needs, the vast majority do not receive needed care. Additionally, adolescents tend to avoid or discontinue their participation in mental health services. Thus, effective mental health services and interventions for urban adolescents of color and their families must first be able to effectively engage youth in services by providing a youth centered approach.

In addition, involvement at various ecological levels (individual, family, community), across multiple contexts (schools, homes, youth group) with various partners (youth, One-on-Ones, parents/caregivers, teachers, school staff, clinicians) is critical. Step-Up preliminary engagement outcomes suggest that models that are partnership-based and comprised of blended teams of clinicians and non-clinicians, including target populations, can increase engagement in mental health services for youth; the first critical step to youth uptake of mental health services. Thus, the youth-centered, family-linked and school-based clinical framework described in this paper has clear implications for clinical practice. For clinicians in more traditional mental health settings, there are several strategies from this framework that can be implemented, such as involving youth and families as partners in their own care from the onset to develop their own service plan. Another strategy is focusing on engagement, not just at initial contact, but throughout a youth and family's involvement with services. More informal contacts (i.e., phone calls and text messages between appointments) can be opportunities for engaging youth and families beyond the formal scheduled time. Text messaging, in particular, can be an effective engagement and communication tool in working with youth. In addition, if a specific agency setting allows, seeking out contact with youth and families in their home, community, or school, not just in the program office provides additional engagement opportunities. The flexibility of having formal and informal positive contacts with youth and families enhance the engagement process and can normalize the idea of seeking support when needed. In an agency or program settings where youth have contact with clinicians and non-clinicians, every adult who youth interact with can be a positive adult in that youth's life. Thus, support for all program staff that interact with youth is needed. Overall, the Step-Up program framework suggests creating a flexible service model that works on multiple levels and across multiple contexts in order to meet the needs of urban youth and families.

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Fig. 1.
Step-Up alternative mental health clinical model. Each *circle* represents a clinical component of Step-Up. The components are fluid and flexible. All components may be implemented at the same time or they may be implemented at different times to different degrees to meet the needs of youth and families.

Table 1

Youth board curriculum session topics and goals

Session topic	Specific skill(s)	Life skill category	Examples of informational content
Communication	Communication	Social	Identifying communication techniques Learning effective ways to communicate Understanding body language
Gender	Critical thinking, self evaluation, Identity exploration, empathy and Perspective taking	Cognitive and social	Defining biological sex, gender and sexual orientation Identifying stereotypes associated with biological sex, gender and sexual orientation Fostering tolerance and respect in regards to gender and sexual orientation
Conflict resolution (handling anger)	Managing feelings and stress, problem solving, decision making, communication, assertiveness, negotiation	Emotional coping, cognitive, social	Identifying reactions to anger Understanding roles of the aggressor, victim and bystander Learning how to prevent anger from leading to violence
HIV/STD	Communication, negotiation, Problem solving, Assertiveness, Managing feelings, Identity exploration	Emotional coping, cognitive, social	Determining what defines a risky behavior Developing an understanding of risky behavior, in relation to HIV/STDs Understanding the consequences of participating in risky behavior
Careers/goal setting	Goal setting, decision making, Critical thinking, Identity exploration, Prioritizing, Interviewing, Communication	Vocational, cognitive, social	Developing a plan for post-high school Designing ways to implement a plan Identifying when goals are achieved