

Grant Outcomes Report

A Mental Health Early Intervention Program for Rural Elementary School Children

I. Executive Summary

The Resilience Project provided a school-based mental health program for young children in kindergarten through third grade in four rural Cayuga County, New York school districts. Paraprofessional mentors, closely supervised by a mental health clinician, used

standardized resilience mentoring techniques with children shown to have emerging behavioral and social-emotional problems. Combining the results of the fall and spring treatment groups, the youth had substantial and statistically significant improvements across three measures (assertiveness, behavior control, and task orientation), and no change in the fourth (peer sociability).

II. The Problem

More than 30% of rural Cayuga County children in kindergarten through grade three have emerging mental health and behavior problems that could be addressed effectively through early intervention. Access to mental health services in rural areas, however, is hampered by chronic poverty, limited insurance coverage, a shortage of mental health professionals, limited transportation, and great distances between health care access points. Left unaddressed, children's mental health issues can worsen over time and lead to high rates of violence, substance abuse, and academic underachievement in the middle school years—setting the stage for lifelong difficulties.

III. Grant Strategy

To improve early mental health intervention services to high-risk rural children, the Resilience Project—previously attempted only in urban schools—was implemented in an underserved rural area of New York State. The goal was to promote positive social, behavioral, and emotional development among high-risk children in kindergarten through third grade in the four largest rural school districts in Cayuga County: Port Byron, Union Springs, Jordan-Elbridge, and Cato.

KEY INFORMATION:

GRANTEE

Partnership for Results

GRANT TITLE

Resilience Project: A Rural Expansion of a Mental Health Early Intervention Program for Elementary School Children

DATES

February 1, 2007–July 31, 2009

GRANT AMOUNT

\$147,545

“This particular region of New York State has a clear need for mental health resources, especially for children,” says Sara Timen, former senior program associate, New York State Health Foundation (NYSHealth). “The topic area of the grant—mental health—and the target population it served—rural upstate children—made it an attractive grantmaking opportunity.”

“We had had good outcomes for kids who participated in the program in the Auburn School District, which is a more urban setting, and we were looking to expand the program to rural districts in our county,” says Katie Moran, Project Director and Executive Director of the Partnership for Results. “We also wanted to see whether results in rural schools would be different and whether we would need to tweak the program for rural students.”

IV. Grant Activities

During the summer of 2007, project staff recruited, screened, and hired four paraprofessional staff members to act as mentors in the program. All the mentors had experience working with young children and working in schools. All were willing and able to learn and implement a standardized approach to skill development and to empathize with students using reflective listening and other skills. The mentors were trained in the three critical modules of the Resilience Project: building the mentor-child relationship, learning about and managing feelings, and developing behavioral competencies and coping skills.



Partnership staff, in collaboration with Resilience Project developers at the University of Rochester Department of Psychiatry, selected and trained a project supervisor.

EXPECTED OUTCOMES

The project team’s plan was for teachers to screen all children in kindergarten through third grade in the four Cayuga County districts for emerging behavioral and emotional disorders. Project team members expected that approximately 120 students identified in the screening would receive project services, and they hoped to see significant improvements in behavior control, peer sociability, self-confidence, emotional coping skills, and overall school performance.

Resilience Project staff anticipated that parents would be receptive to their services, because they were free and school-based. In addition, participating students would have greater access to other services through recommendations made by project staff to school personnel.

Children were identified to receive the intervention based on teachers' screenings. The screening test they used has been shown to be accurate by researchers at the Children's Institute of Rochester. Parents provided consent for their children to participate.

Participants were assigned in equal numbers either to an intervention group or a waiting list. The first group received services in the fall semester and the latter in the spring. In this way, the waitlist group functioned as a control group.

During one-on-one sessions with students, the mentors provided structured opportunities for children to discuss and label feelings in a supportive environment, introduced problem-solving skills, were supportive and reflective listeners, and coached the children on ways to rehearse critical skills.

Participants were assessed using the Teacher-Child Rating Scale (T-CRS) before and after the intervention. The T-CRS screening tool measures four areas:

- **BEHAVIOR CONTROL**—a child's skill in adapting and tolerating limits imposed by the school environment or the child's own limitations. This measure assesses frustration, tolerance, and acting-out behavior.
- **ASSERTIVENESS**—a child's level of interpersonal functioning and confidence in dealing with peers. This measure incorporates assessments of assertive social skills and withdrawn or anxious behavior.
- **TASK ORIENTATION**—a child's attention span and ability to focus on school tasks at hand, even with distractions.
- **PEER SOCIABILITY**—a child's likeability and popularity with peers and how well the child interacts with peers.

The four subscales measure aspects of social and emotional competency relevant to school adjustment.

The Youth Policy Institute (YPI), a Hamilton, New York-based nonprofit professional evaluation and technical assistance agency, independently evaluated the project with extensive experience in the assessment of early childhood programs.

FUNDING INITIATIVE

The Resilience Project was one of NYSHealth's inaugural grants, funded under its 2006 request for proposals (RFP). Under this RFP, which sought projects that would have a broad, enduring impact on the health of New Yorkers, the Foundation received more than 600 proposals, and ultimately funded only 23 projects. The Resilience Project addressed the Foundation's goal to expand access to health care.

V. Challenges

The NYSHealth program officer had initial concerns that the program would be more research-focused than service-oriented. “We were less interested in proving that the program was strong and effective and more interested in meeting the mental health needs of New York children in these rural schools,” says Timen.

The project staff met with some resistance initiating the program in the schools. For example, some principals wanted more control over the screening tool. “At the beginning of the project, the schools were not very interested,” says Timen. “But once the leadership saw that it really was focused on helping their students, they became more responsive and enthusiastic.”

Classroom activities are part of the Resilience Project, as students learn to apply social and emotional skills in the classroom. However, some planned project activities, such as rehearsing self-regulation skills in the classroom setting, proved too demanding—from a training and supervisory standpoint—to implement during the grant period.

“It was hard to get going, because it took a lot of work on everybody’s part to become comfortable with mentors in the classroom,” says Moran. “We also had to retrain the thinking of the mentors—who were more accustomed to working with children—to work with teachers, too.”

But after the slow start-up, the teacher-mentor lessons came to be valued by teachers. “The teachers now want more teacher-mentor sessions, and they ask for them,” says Moran. “The demand is outpacing our capacity to provide all that the teachers want.”

Because start-up hiring and training took longer than anticipated, the grantee asked to extend the grant from the original 18 months to two years.

VI. Key Findings

During the first year of the project, 122 students received Resilience Project services through the funding provided by NYSHealth. During the second year, NYSHealth and additional funding from the Port Byron Central School District served 86 additional students through a no-cost extension. Thus, the program reached more than 200 students, surpassing the original goals of the grant.



Based on interviews with mentors, school administrators, the supervisor, and program developers, YPI evaluators found that the preventive intervention was implemented with a high degree of fidelity to the program model.

At the end of the 2007–08 school year, the evaluation team from YPI, combined results of the fall and spring treatment groups and found significant improvements across three of the T-CRS subscales: behavior control, assertiveness, and task orientation. The modest gains in peer sociability were not statistically significant, according to YPI. Children in the control group made no improvement or regressed in all areas measured before they received Resilience Project services in the spring.

“The Resilience Project’s impact on rural schools was positive irrespective of school, grade, gender, or identity of the mentor,” according to YPI’s evaluation report. “This is a clear indication of effective implementation and program monitoring by the Partnership, as well as of a robust and effective program design.”

“When we help kids who have social and emotional adjustment problems at school—behavior control and peer sociability—we are improving their mental health while they are in school,” says Moran. “We know that mental health influences educational attainment and future success in life, so it is important to start young kids off on the right foot.”

VII. Lessons Learned

School leadership and teachers may need time to adjust to new programs brought into their schools; however, once a program is shown to significantly benefit their schools and students, they enthusiastically support these initiatives.

The Resilience Project model can be implemented without alteration in a rural school district. “It is a pretty easy model to implement,” says Moran, “and requires minimal resources—a supervisor, a small amount of space, and part-time mentors.”

VIII. The Future

The Resilience Project is continuing until at least 2013 in five rural school districts in Cayuga County with funding from a Safe Schools grant (one of four such grants in New York State and 29 in the United States). Sustaining the program beyond that, however, is uncertain given State budget woes and pressure to cut school services.

If, over the near-term funded period, project staff could further document the cost effectiveness of such a strong evidence-based program, they may be able to succeed in making the case for long-term funding for early interventions.

BACKGROUND INFORMATION:

ABOUT THE GRANTEE

Partnership for Results: Working for Safe Schools and Healthy Communities, is dedicated to fostering the healthy development of children and youth through improved communitywide collaboration, the effective implementation of evidence-based programs, the development of multi-disciplinary assessment systems, and the design of user-friendly interagency databases.

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