The Georgia Apex Project: Increasing Access to Intensive Mental Health Services through Community Partnership

Sara Redd, MSPh; Susan McLaren, MPH, FACHE; Jana Pruett, MSW; Ann DiGirolamo, PhD, MPH; Stephanie Pearson, PhD; Matt Yancey, MSW, MPA

INTRODUCTION
An estimated one in five youth ages 13-18 has a diagnosable mental health problem; approximately half have unmet mental health needs.

School-based mental health (SBMH) programs are a strategy for minimizing barriers to accessing needed services.

In an effort to build infrastructure for SBMH services and increase access to mental health care for students, the Georgia Department of Behavioral Health and Developmental Disabilities developed the Georgia Apex Project (GAP).

By December 2015, 29 provider agencies were serving 1,006 students in 127 schools. At the beginning of May 1, at baseline in August 2015, 26 provider agencies were participating in GAP, serving 234 students in 109 schools.

Overall, the number of students served through GAP has steadily increased throughout the pilot. As seen in Figure 1, at baseline in August 2015, 26 provider agencies were participating in GAP, serving 234 students in 109 schools. Across the pilot period, an average of 34% of students served through the pilot were receiving mental health services for the first time.

RESEARCH OBJECTIVE
The objective of this poster is to present qualitative and quantitative results from the ongoing evaluation of the project, including program successes, challenges, and lessons learned.

STUDY DESIGN
The study population for GAP is 29 community mental health providers in Georgia. Provider agencies contracted with between one and fifteen school partners serving elementary, middle and high school youth. The three objectives of this project were:

• Increase access to mental health services
• Increase early detection of mental health disorders
• Increase sustained community collaboration between mental health providers and schools

GAP's objectives are examined using qualitative and quantitative data collected from provider agencies monthly.

GAP's objectives are examined using qualitative and quantitative data collected from provider agencies monthly. Data elements that are gathered include:

<table>
<thead>
<tr>
<th>Quantitative data</th>
<th>Qualitative data</th>
<th>Program characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students referred and served</td>
<td>Students visiting a MH provider for the first time</td>
<td>Geographic location</td>
</tr>
<tr>
<td>Services provided</td>
<td>Billing mechanisms</td>
<td>Number of schools served</td>
</tr>
<tr>
<td>Number of schools served</td>
<td>School and community events</td>
<td>School and community climate</td>
</tr>
<tr>
<td>Number of students served</td>
<td>Training and community events</td>
<td>Holding community forums with community stakeholders, school officials, and local representatives of state agencies</td>
</tr>
</tbody>
</table>

The most common successes were increased access to care for children in need, relationship building within the schools and communities, and high levels of engagement and collaboration between GAP providers and school staff.

CONCLUSION
Over the pilot project period, GAP providers have successfully achieved the three objectives associated with the pilot. GAP has increased access to mental health services for students of all ages, increased early detection of students with mental health issues by allowing students to receive mental health services for the first time, and encouraged community collaboration between mental health providers, local schools, school staff members, and school districts, and other community organizations.

IMPLICATIONS FOR POLICY OR PRACTICE
SBMH programs such as GAP are a budding avenue for providing mental health services to children and reducing access barriers faced by children and families across the country. Lessons learned from Georgia’s investment in SBMH can be applied to other providers, jurisdictions, and states wishing to implement this type of program.