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

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INTRODUCTION

- An estimated one in five youth aged 13-18 years has a diagnosable mental health disorder; but only 20% of children with mental illnesses are diagnosed and receive mental health services.[1]
- School-based mental health (SBMH) services may not only increase children's access to behavioral health care services, but may also facilitate early detection and intervention.
- The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) developed the Georgia Apex Program (GAP) to build infrastructure for SBMH services and increase access to mental health care for students.
- In the pilot year (2015-2016 school year), 29 community mental health providers across Georgia partnered with school districts and local schools to provide intensive mental health services in the school setting.

RESEARCH OBJECTIVE

To present qualitative and quantitative results from the pilot-year evaluation of the GAP in achieving its three strategic objectives:

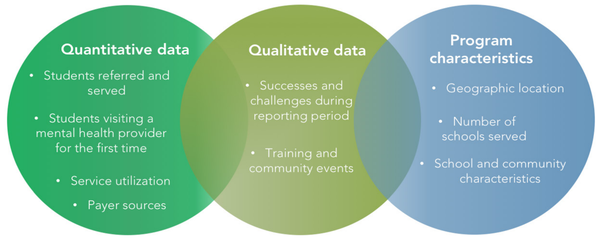
Detection: Provide early detection of child and adolescent behavioral health needs.

Access: Improve access to mental health services for children and youth.

Coordination: Sustain increased coordination between Georgia's community mental health providers and local schools/districts.

STUDY DESIGN

A mixed-methods approach was used to assess whether GAP achieved its strategic objectives using three primary data collection instruments: (1) school-level, monthly progress reports (MPRs); (2) provider-level, mid-point and year-end surveys; and (3) the Mental Health Planning and Evaluation Tool (MHPET).[2]



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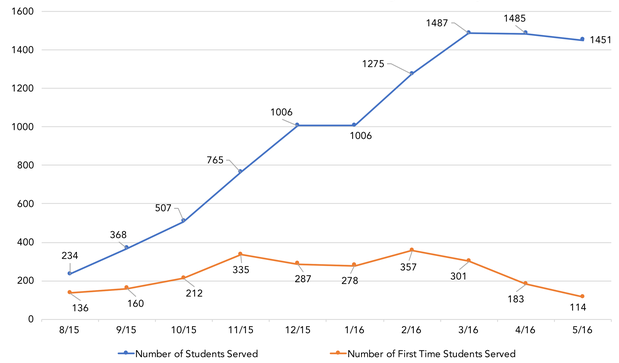
STUDY POPULATION

- Twenty-nine community-based behavioral health providers began the pilot year serving 104 elementary, middle, high, and alternative schools throughout Georgia (August 2015), increasing the number served to 136 schools by the end of the first school year (May 2016).
- Eighty-three percent of all schools served received Title I funding.
- Sixty-one percent of schools had or were implementing Positive Behavioral Interventions and Supports (PBIS) or other social-emotional learning programs.
- Seventy-one percent of schools were in rural areas.

PRINCIPAL FINDINGS

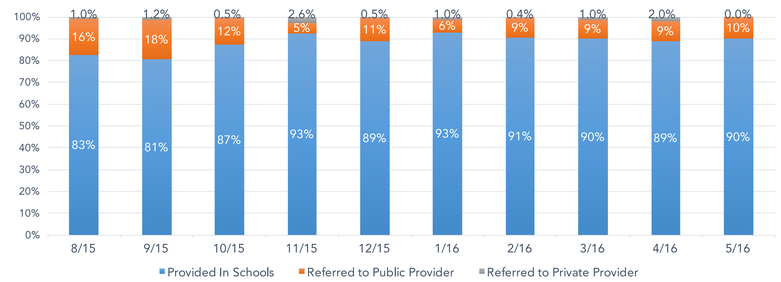
GAP behavioral health providers reported steady growth in the number of students served throughout the pilot year — serving more than 950 students on average per month. GAP increased access to care for 2,419 students who had not previously received care.

Number of students served via GAP from August 2015 - May 2016



The Georgia Apex Program provided 22,640 behavioral health services during the pilot year – with the clear majority provided in the school setting (89%). Only 11% required referrals to public and private providers for services (9.7% and 1.1%, respectively).

Number of services and referrals provided via GAP from August 2015 – May 2016



The MHPET, a multidisciplinary, multistakeholder tool that includes input from both mental health providers and school staff, was used to examine provider and school efforts at creating sustainable partnerships, developing infrastructure, and assessing collaboration.

MHPET Mean Scores by Dimension
MHPET response options range from 1 (Not at all in Place) - 6 (Fully in Place)

Dimension	Baseline Mean (M_1)	Follow-up Mean (M_2)	Difference in Means (Δ)
D1. Operations	5.06	5.38	+0.33*
D2. Stakeholder Involvement	4.54	4.82	0.28
D3. Staff and Training	5.61	5.64	0.02
D4. Identification, Referral, and Assessment	4.92	5.21	0.29
D5. Service Delivery	4.84	5.18	+0.34*
D6. School Coordination and Collaboration	4.68	5.01	0.33
D7. Community Coordination and Collaboration	4.57	4.99	+0.42*
D8. Quality Assessment and Improvement	4.00	4.57	+0.57**
Average Total (D1-D8)	4.84	5.15	+0.32*

* p < .05 ** p < .01 *** p < .001

MHPET results indicate improved partnerships across all eight dimensions. Significant differences were observed for four dimensions: operations, service delivery, community coordination and collaboration, and quality assessment and improvement.

MHPET Mean Scores by School-Level Attributes
MHPET response options range from 1 (Not at all in Place) - 6 (Fully in Place)

School-level Attributes	M_1	M_2	Δ
School Type			
Elementary	4.6	5.09	+0.49*
Middle	5.16	5.27	0.11
High	5.04	5.14	0.1
Alternative	5.28	5.4	0.12
Urbanicity			
Rural	4.66	5.13	+0.47**
Urban	5.26	5.33	0.07
SBMH prior to Apex			
Yes	5.04	5.01	-0.03
No	4.62	5.28	+0.66**
PBIS prior to Apex			
Yes	4.68	5.06	0.38
No	4.9	5.28	+0.38*

*p < .05, **p < .01, ***p < .001

Follow-up scores significantly improved, compared to baseline, for partnerships with elementary schools, schools located in rural settings, and schools that did not have SBMH or PBIS programs in place prior to GAP.

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.

CONCLUSION

Over the pilot period, GAP providers successfully achieved the three objectives associated with the pilot. GAP increased access to mental health services for students of all ages; increased early detection of students with mental health concerns by allowing students to receive mental health services for the first time; expanded access to services in rural areas; and encouraged community collaboration between mental health providers, local schools, school staff, school districts, and other community organizations. As a result of the pilot's success, DBHDD extended funding to support GAP for two additional years.

ACKNOWLEDGEMENTS
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