



GEORGIA APEX PROGRAM: SERVICE DELIVERY DURING THE COVID-19 PANDEMIC

The GHPC COVID Collection

OVERVIEW

As a result of Gov. Brian Kemp's shelter-at-home restrictions due to the COVID-19 public health emergency, mental health providers transitioned traditional services offered in schools to be delivered virtually via telemedicine. The following is a synthesis of information shared during telephone interviews documenting the experience of eight individuals representing six Georgia Apex Program* community-based mental health organizations.

PROVIDER OBSERVATION OF STUDENT IMPACT

"They're [the students] being exposed to increased trauma, be that even if they come from a very supportive and successful and maybe not traumatizing home life, which is not the majority of our population, the global trauma that everyone is experiencing, the shared collective experience." —Georgia Apex provider

For some students, the school was a safe environment, and transitioning to home presented additional risk factors. For others, interactions in the school environment exacerbated their likelihood to self-harm, be more depressed or anxious, and miss classes, resulting in the decreased need for Apex services because of being removed from the environment.

Additional Risk Factors

"The other thing I think of was, school was a safe place for so many kids. It's where they made sure they got a meal. ... Home wasn't the safest place in the world. Now they're stuck there. ... There's certain kids that I haven't been able to get in touch with, and I'm concerned." —Georgia Apex provider

* The Georgia Apex Program is a partnership between community-based mental health providers and local school districts, with support from the Georgia Department of Behavioral Health and Developmental Disabilities, that has been increasing access to mental health services for Georgia students since its inception in 2015. The Apex Program currently exists in 27% of the state's 2,300 public schools, 65% of the state's 118 school districts, and 111 of the 159 counties in Georgia. During the 2019–2020 academic year, mental health clinicians provided 76,621 services in schools and served 15,607 unique students.



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Decreased Behaviors

“And we noticed that a lot of their symptoms went down because they didn’t have the constant drama of the interactions at school. ... A lot of our kids did really well at home without all of the interactions with the students. We did see a decrease in, believe it or not, we saw a decrease in ... self-harm.” —Georgia Apex provider

PROVIDER STAFF IMPACT AND PRODUCTIVITY

Providers shared feelings of uncertainty about implementing a school-based model outside of a school setting and how this change would impact service delivery or program funding moving forward. One program aspect providers were uncertain about transitioning was the referral process. Since the majority of referrals come from school partners, providers were concerned about students being outside of the school environment and how that could potentially lead to students’ mental health needs being unmet. Given that referrals lead to service delivery, providers were concerned about the ability to maintain a high quality and quantity of services. Providers mentioned early challenges with access to training on effective service delivery via telemedicine. Apex Program staff also expressed concerns about meeting billable goals. Outside of being impacted by shifts in their professional roles, providers also highlighted staff morale and personal well-being changes. Providers who maintained “feeling connected to their team” reported having organizational leadership who incorporated regular check-ins and virtual social meetings, which acknowledged the impact of COVID-19 on their personal lives.

Although the narrative below is an experience shared by one Apex provider, the themes identified in the narrative reflects the experience of many of the providers interviewed.

APEX PROVIDER EXPERIENCE

Impact on Service Delivery

I guess the biggest impact that COVID has had is really just put change in job environments and going from doing therapy face to face with kids, having that physical interaction with them, to doing it through computer screen and phone calls. It’s a complete 180, and I think it was probably more [of an] adjustment for myself than it was the kids, which I’m grateful for. I think ... that it was pretty natural for them to just do therapy through video call, but it was very different for me as a clinician, never having done that before. ... Having to adapt all my modalities and things like that would definitely be the biggest impact.

Adjusting to Service Delivery via Telemedicine

I’d say that my first week in, during child therapy was difficult. ... At first, I didn’t really have a plan on what I wanted to do with each client. I just was like, “Oh, surely there’s going to be enough to talk about with everything going on. It’ll be fine to just check in.” But I think the kids were just like, “Good.” So I was like, “OK.” And then I realized, “Oh, I need to plan more.” ... So, I definitely did get over that hump of just replanning everything. ... It was a lot of thinking on my feet. ... I had a lot of sessions at first where they were just like, all over the place. And then there’s like a lag, and the reception. So the first week was rough. ... But with my high schoolers, who I work a lot more with ... it was kind of just like hit the ground running, and I was surprised at how comfortable they were with it and how easy it was.

Impact on Parent Engagement

I will say that something that changed a lot when I switched to teletherapy is the amount of general engagement I've had with the parents. ... I can't stress it enough. I say "blessing in disguise" because when you're in the school, it's like your parents don't even know really when you see the kid. ... When I would see my kids in the school, I'd try and check with my parents, but it gets really hard to do that because that will be calling like 60 parents once a month while seeing 60 kids four times a month. So it's just, there's not enough time. But with teletherapy ... I just got to know so many more parents and had so many more family sessions, and like sessions without the client, just to hear the parents out. That's been a big change for me when I switched to teletherapy — a lot more parent engagement, which is awesome. And that's going to change how I do things in the future. I know I'm going to try and check with the parents more and do more family sessions. Because it shouldn't have been a pandemic that makes me check with my parents more.

High Schoolers versus Younger Students

But as far as what my sessions look like ... Honestly, they're pretty similar to what they looked like in person, especially with my high schoolers. With my younger kids, I don't do as much play therapy with them as I did in person, but I also don't see them as often as I would if I did in person. ... And the little kids, a lot of them have ADHD, and that's kind of what we work on. And that's more of a problem when they're in school than it is at home where there's something to focus on or sit still about. ... But like a lot of my clients, their primary stressors were in school. So with my high schoolers, it's pretty similar to how we do in school. Just talk therapy. They're always engaged and talkative, which is nice.

Need for Support

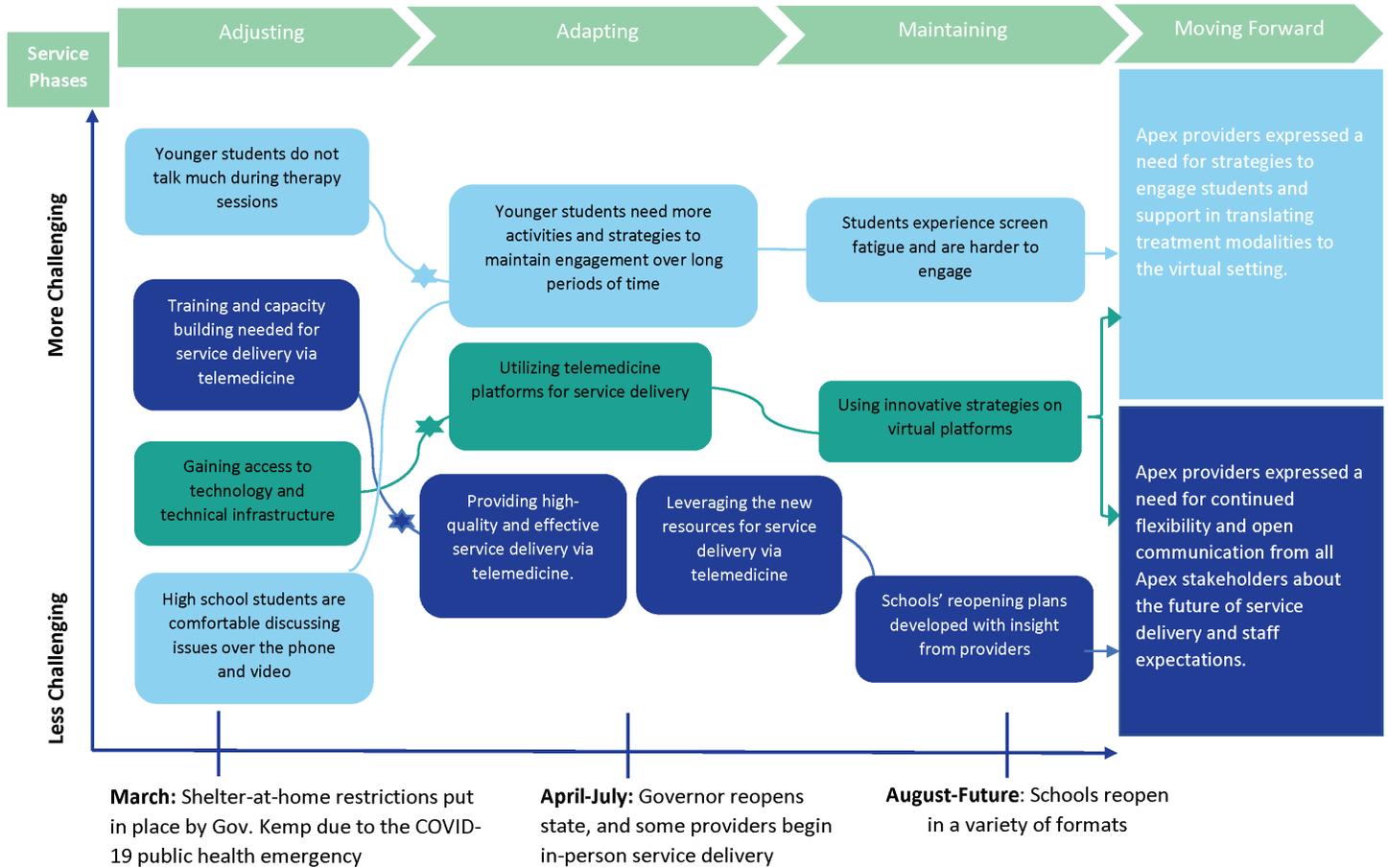
I guess resources, even just when it comes to trainings for teletherapy and stuff like that, would always be good. ... Whether it [is] just ... CEUs, or just courses to take to help keep us informed on best ways to support clients through teletherapy. Because I had ... the couple of weeks leading up to know teletherapy, to research. But now I haven't had a lot of time to research different modalities and stuff like that to use for teletherapy.

Staff Morale

I know that a lot of my team members are struggling working from home and really don't care for it. And it's draining them mentally to not be able to be in person with their clients. ... Some of my co-workers cannot stand the fact that we're just sitting behind their screen the whole time. My program manager has done everything possible to support us and make sure that we feel supported during this time. We have check-ins. ... Even if we don't talk about work, she wants us to be like, "How are you doing?" with everything. ... And we use Microsoft Teams now, which means everything, because now we have such easy access to each other, and we can chat. So I hope we get to keep that. ... I love it. I think as a program, we're trying to keep as consistent as we can. Like on a normal schedule. ... We'll still do our Apex reports together and things like that. Just the small things that we would do in the office trying to keep [normal schedule] now. ... So that's been nice, but it's a lot of communication, a lot of meetings, a lot of check-ins. And so we're all saying, "We're in this together."

The figure below illustrates the Apex provider experience in transitioning services to be delivered via telemedicine visualized with the COVID-19 timeline of events in Georgia during the months of March-August 2020. Of notable importance are the quick transitions adapted across providers, resulting in continuity of services and maximizing opportunities for parent engagement as indicated by the increase in delivery of family services. Apex providers also discussed future planning regarding how to maintain high-quality and effective service delivery as well as identification of innovative strategies.

The Journey of the Georgia Apex Program During COVID-19



- ★ During the months of March-June, there was a 145% increase in family therapy session from Year 4 through Year 5 of the Georgia Apex Program.
- ★ The percentage of Apex Program participants who reported decreased productivity due to COVID-19, lessened by over 18% and by July, about 23% of Apex providers reported no change in their productivity.
- ★ The total number of telemedicine services delivered in April-June this program year increased about 68% ($n = 1743$) when compared to the same quarter last year ($n = 554$).

OPPORTUNITY TO DEVELOP PARENT-THERAPIST RELATIONSHIP

Historically, Apex providers discussed experiencing difficulties engaging parents, especially since the delivery of school-based mental health services does not require direct contact between therapists and parents. While some providers expressed that this challenge persists during the pandemic, many reported opportunities for better connection and engagement since the therapists have to interact with the parents for the consent process and to coordinate sessions. As a result of many parents and students being home, providers were able to foster relationships that support better coordination of needed resources for families, more holistic identification of students' needs, and in some cases inclusion of family therapy sessions to service plans.

“And I think just having a good relationship with the school and school leaders kind of helped us because we were able to piggyback off of each other. ... If they had an issue where someone was struggling with needing some resources, they would reach out to us. So [I] think overall it kind of tested our system of being able to work together and that partnership, that collaboration, that easy access of not even being on site, but still we were still available to each other.” —Georgia Apex provider

SCHOOL PARTNERSHIPS REMAIN CRUCIAL

Provider and school district relationships vary by organization and district. Providers discussed feeling rushed for school closures, but those that spoke of positive relationships with school districts had hope for the future and felt they would be more prepared for schools reopening.

UNPREDICTABLE CIRCUMSTANCES DRIVE INNOVATION

Delivering services outside of the school environment provided opportunities for Georgia Apex providers to be innovative in their programming, communication channels with families and schools, and considerations for moving forward. Examples of adapting to meet family and student needs include distributing food, tablets and WiFi mobile hotspots, and “cool down” kits with jump ropes, snacks, and play items for students. Communication channels have been enriched to incorporate online training for staff and teachers on mental health awareness and to partner with schools in placing Apex flyers in school lunches. Ongoing considerations on how to best provide services include accounting for students' privacy in their homes and strategies to engage younger children.

MOVING FORWARD

In looking ahead as the global pandemic continues and school districts make local decisions regarding school instruction, it will be necessary for Apex providers to continue to be adaptive in this complex environment. Relaxation of federal regulations will continue to support service delivery via telemedicine. Additionally, providers will need to continue engaging with schools and districts to be a resource and thought partner as schools operationalize state and federal guidelines regarding safe COVID-19 practices and protocols within their buildings to support in-person service delivery. Evolving COVID-19 lessons learned and guidance will inform how Apex providers continue adapting to support their communities.