

THE GEORGIA APEX PROJECT: INCREASING ACCESS TO INTENSIVE MENTAL HEALTH SERVICES THROUGH COMMUNITY PARTNERSHIP

Sara Redd, MSPH¹; Susan McLaren, MPH, FACHE¹; Jana Pruet, MSW¹; Ann DiGirolamo, PhD, MPH¹; Stephanie Pearson, PhD²; Matt Yancey, MSW, MPA³
¹Georgia State University, Atlanta, GA; ²Georgia Department of Behavioral Health and Developmental Disabilities, Atlanta, GA; ³Tennessee Department of Mental Health and Substance Abuse Services, Nashville, TN

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).
- Through this pilot, which ran the duration of the 2015-2016 school year, community mental health providers across Georgia partnered with school districts and local schools in their service area to provide intensive mental health services in the school setting.

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 the project were to:

- 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. Data elements that are gathered include:



PRINCIPAL FINDINGS

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. By December 2015, 29 provider agencies were serving 1,006 students in 127 schools. At the beginning of May 2016, nearly 1,500 students were receiving services in 135 schools. Across the pilot period, an average of 34% of students served through the pilot were receiving mental health services for the first time.

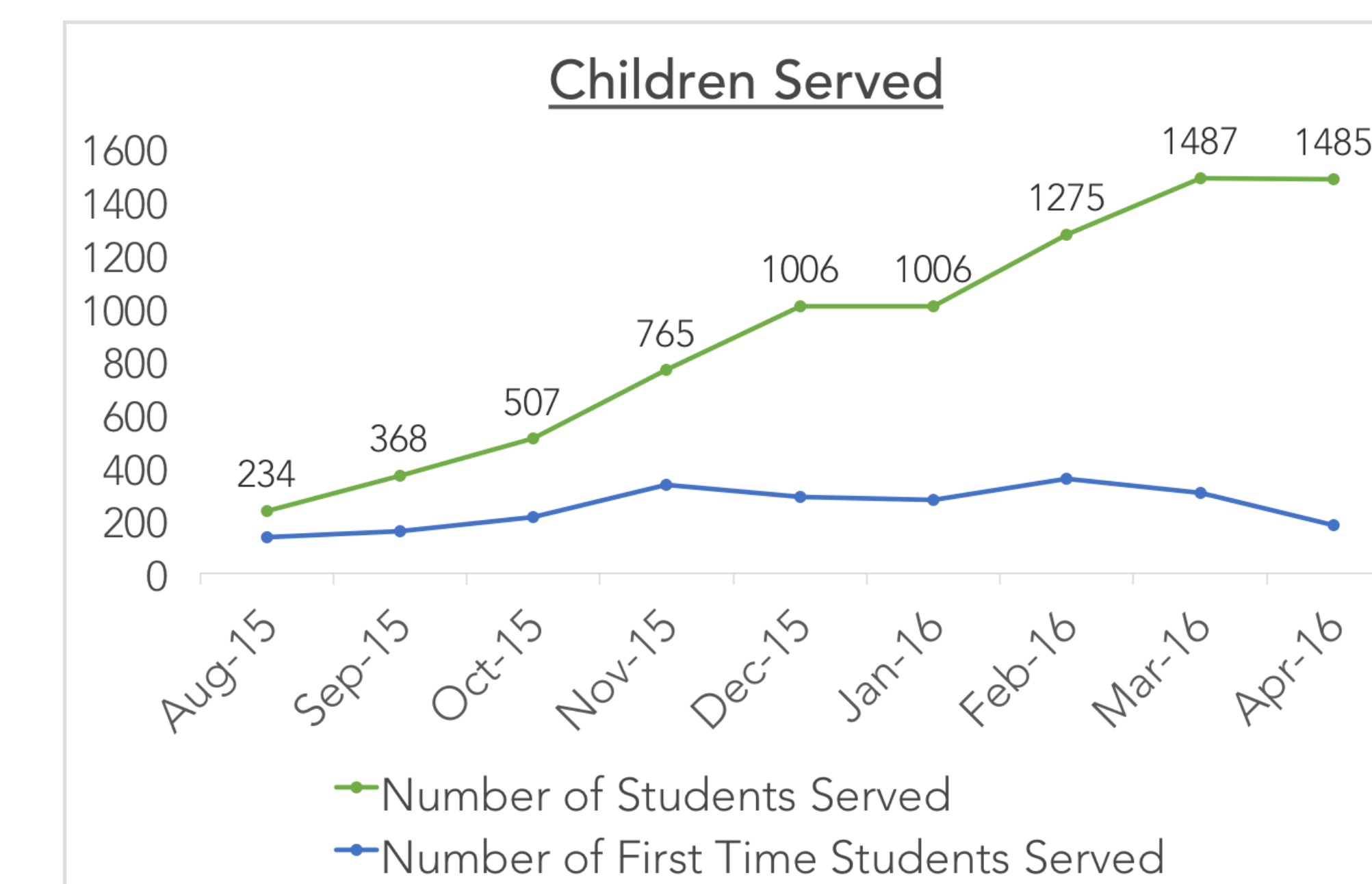


Figure 1. Number of students served via GAP from August 2015 – March 2016

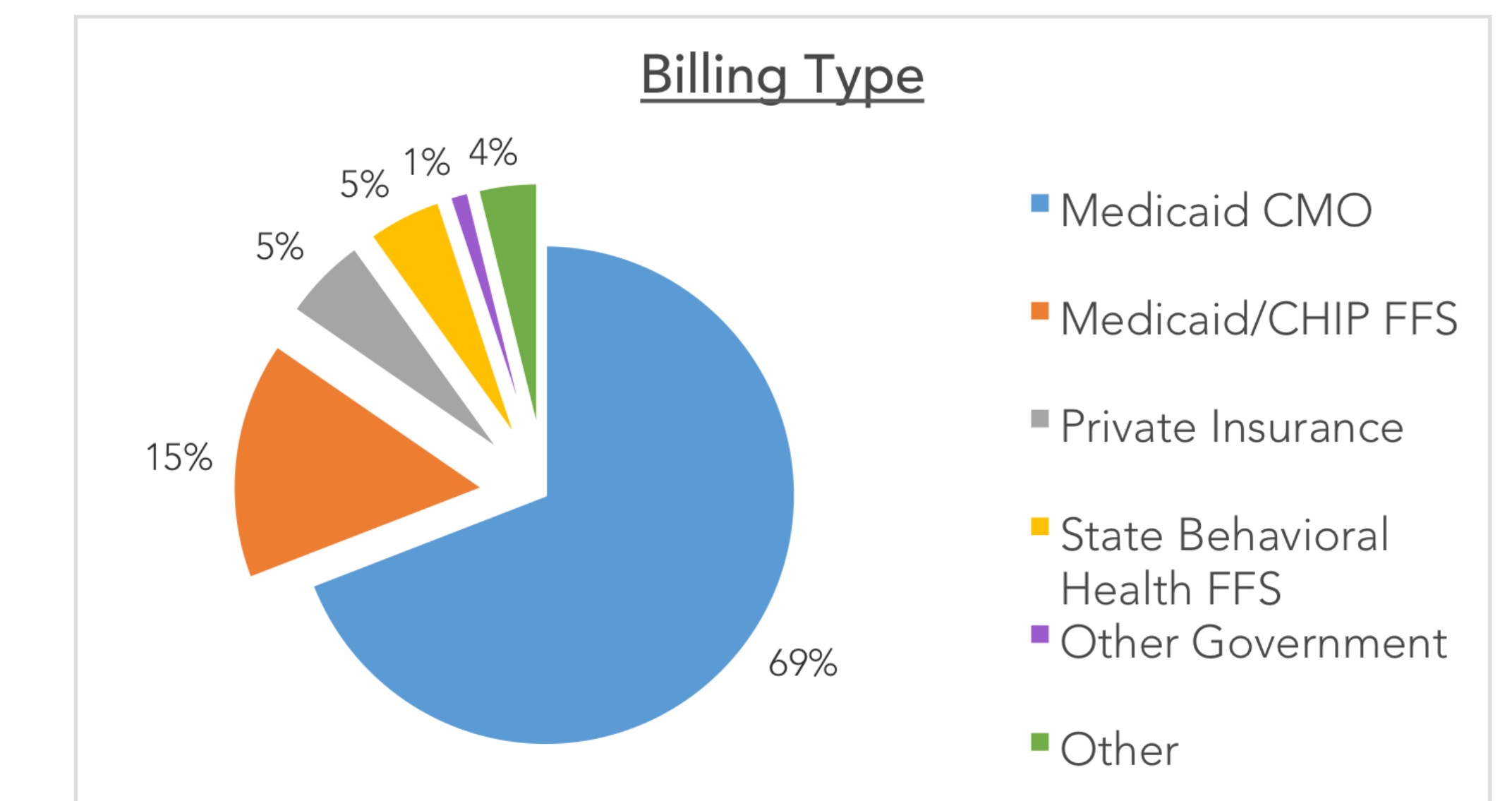
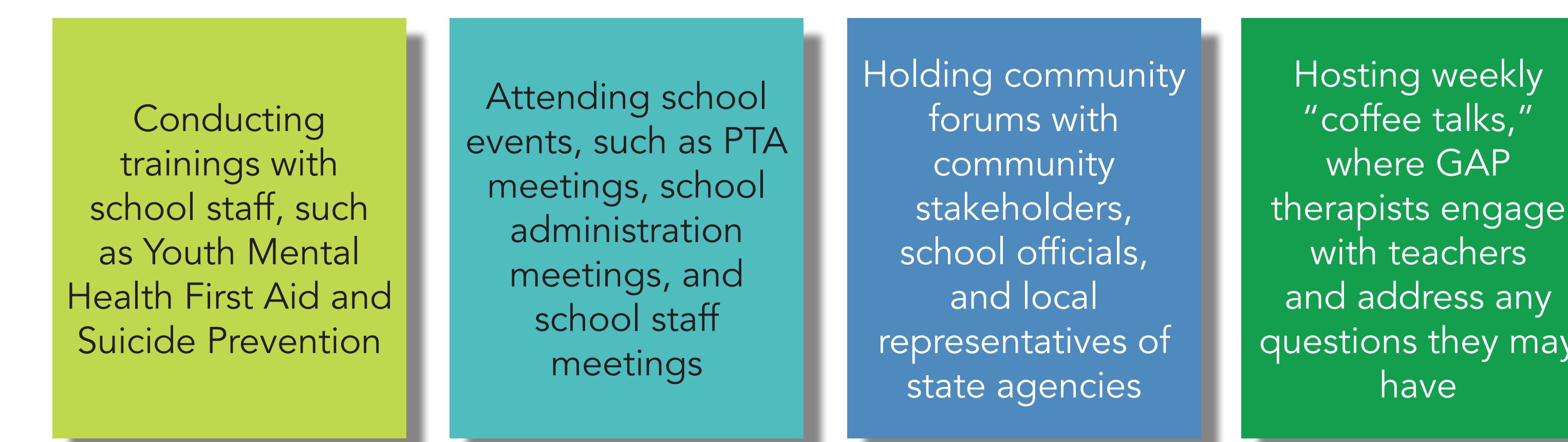


Figure 2. Average percent of services billed to various sources over pilot period

Students were referred to GAP providers from a variety of sources, the most common of which were school staff members and parents. On average throughout the project, providers delivered most services within the school setting (88%), with only 12% of services being referred to external providers. The three most commonly delivered services included individual therapy, community supports and individual services, and behavioral health assessments.

Providers were able to bill for a majority of the students that they served through GAP, and that number increased from 76% in September 2015 to 87% in August 2016. As seen in Figure 2, the majority of services were billed to Georgia's Medicaid Care Management Organizations.

In order to facilitate integration of GAP providers into the schools, grantees conducted a variety of trainings and participated in various school activities to better incorporate the vision of GAP. Examples include:



The most common challenges providers faced included family involvement and follow-up, acquiring office space for GAP providers, and reporting requirements. 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.

