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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 illness are diagnosed and receive mental health services.
- 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.

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.
- Twenty-nine community-based 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.
- Seventy-one percent of schools were in rural areas. Seventy-one percent of schools had or were implementing Positive Behavioral Interventions and Supports (PBIS) or other social-emotional learning programs.
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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).

STUDY FINDINGS

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).

Follow-up scores significantly improved, compared to baseline, for partnerships with elementary schools, located in rural areas, 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, can be 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, is used to examine program and school staff efforts at creating sustainable partnerships, developing infrastructure, and assessing collaboration.

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