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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 illnesses 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.

**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 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 study 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.

<table>
<thead>
<tr>
<th>Number of First Time Students Served</th>
<th>160</th>
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<tbody>
<tr>
<td>Number of services and referrals provided via GAP from August 2015 – May 2016</td>
<td>22,640</td>
</tr>
</tbody>
</table>

**MHPET Results**

- 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.

**IMPLICATIONS FOR POLICY OR PRACTICE**

- SBMH programs, such as GAP, are a budding avenue for providing mental health services to children in rural areas; and encouraged community collaboration between mental health providers, local schools, school districts, and other community organizations. As a result of the pilot’s success, DBHDD extended funding to support GAP for two additional years.

**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 districts, and other community organizations. As a result of the pilot’s success, DBHDD extended funding to support GAP for two additional years.

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