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The Georgia Apex Program Annual Evaluation Results

July 2020–June 2021

Prepared by the Center of Excellence for Children's Behavioral Health

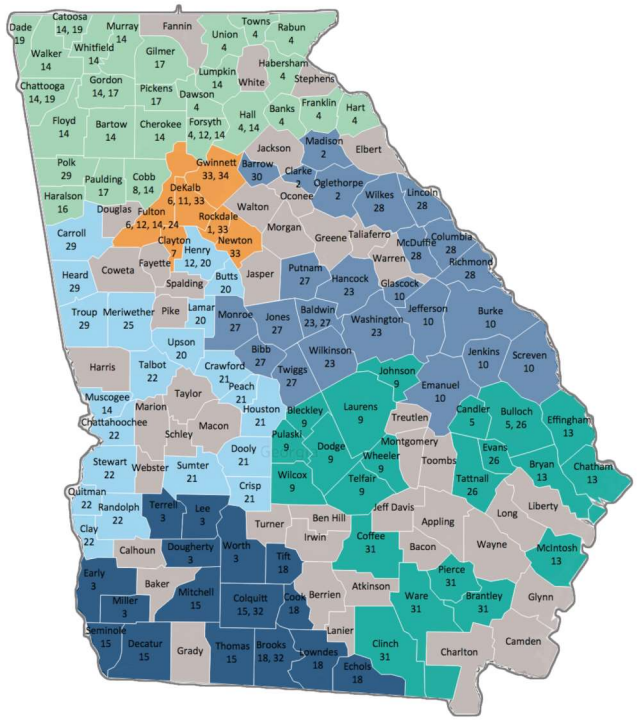
Georgia Health Policy Center
Georgia State University | Andrew Young School of Policy Studies

Executive Summary

The Georgia Apex Program, a partnership between community-based mental health providers and local school districts, with support from the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), has been increasing access to mental health services for Georgia students since its inception in 2015. Apex providers have sustained partnerships in 731 schools, representing 33% of all schools statewide, 69% of school districts, and 73% of all Georgia counties (see Figure 1). Providing early access to mental health services through schools broadens service delivery across the state. During Year 6, 10,962 students were served, 42,655 total services were delivered in schools, and 56,413 total telemedicine services were provided. The continuation of the COVID-19 pandemic throughout the 2020-2021 academic year required Apex providers to utilize temporary strategies developed early in the pandemic. The impacts of the sustained use of these strategies are discussed throughout this report.

Figure 1: Statewide Presence of Apex Schools and DBHDD Regions (as of June 2021)

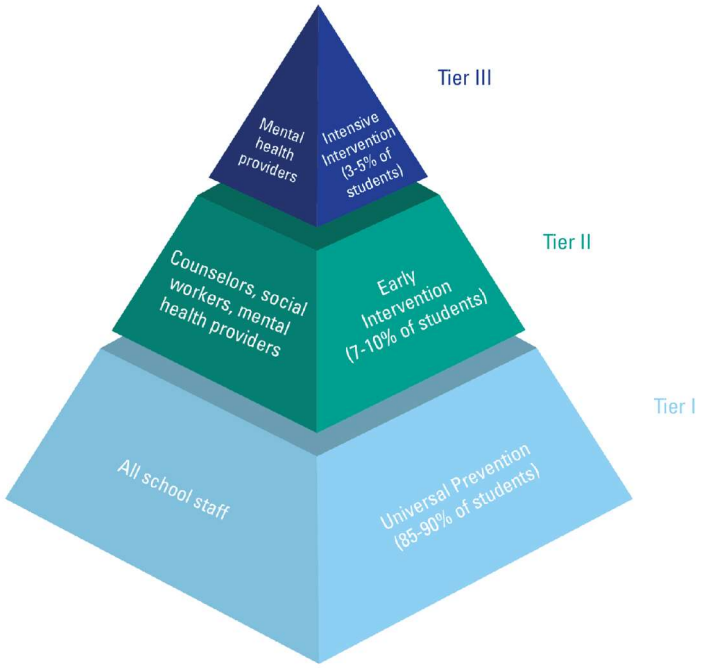
1 - Academy for Family Empowerment
2 - Advantage Behavioral Health Systems
3 - Aspire CSB
4 - Avita Community Partners
5 - Care Partners
6 - CHRIS 180
7 - Clayton CSB
8 - Cobb CSB
9 - CSB of Middle Georgia
10 - CSB of Middle Georgia - Ogeechee Division
11 - DeKalb CSB
12 - Family Ties Enterprises
13 - Gateway Behavioral Health Services
14 - Georgia HOPE
15 - Georgia Pines CSB
16 - Haralson Behavioral Health Services
17 - Highland Rivers Health
18 - Legacy Behavioral Health Services
19 - Lookout Mountain Community Services
20 - McIntosh Trail CSB
21 - Middle Flint Behavioral Healthcare
22 - New Horizons Behavioral Health
23 - Oconee Center
24 - Odyssey Behavioral Health
25 - Pathways Center
26 - Pineland Dept. DBHDD
27 - River Edge Behavioral Health Center
28 - Serenity Behavioral Health Systems
29 - Tanner Medical Center
30 - The Social Empowerment Center
31 - Unison Behavioral Health
32 - Vashti Center
33 - ViewPoint Health
34 - ViewPoint Health-ATL



The Apex model is a multitiered service delivery model[1] (see Figure 2). Providers embed into schools and implement services across all three tiers:

- Tier I interventions promote universal prevention benefiting the entire school (e.g., tables at parent-teacher organization and family meetings, information sessions for teachers and students, etc.)
- Tier II refers to targeted early interventions for at-risk students with emerging mental health needs, which can be provided by counselors, social workers, and other mental health professionals (e.g., psychoeducation groups)
- Tier III refers to intensive intervention for students identified as living with mental health disorders. Apex prioritizes addressing the intensive intervention needs for identified students (e.g., crisis intervention, individual sessions, family sessions, etc.)

Figure 2: Three-Tiered Approach to School-Based Mental Health



Adapted from: Bieber, B., Hotchkiss, H., & Palmer, B. (2007). A Guide to School Mental Health Services. Denver, CO: Colorado Department of Education.

The Center of Excellence for Children's Behavioral Health (COE), housed in the Georgia Health Policy Center in the Andrew Young School of Policy Studies at Georgia State University, provides program monitoring, evaluation, and technical assistance support to the community-based mental health providers and schools involved with the Georgia Apex Program. The DBHDD and COE's partnership helps to identify measures to assess the achievement of programmatic and outcome goals and supports mental health providers in the delivery and sustainability of programming within schools. Programmatic goals formalized in 2015 continue to serve as the foundation for program monitoring. The program's three goals are as follows:

[1] Adapted from Bieber, B., Hotchkiss, H., & Palmer, B. (2007). A Guide to School Mental Health Services. Denver, CO: Colorado Department of Education.

- **Detection** — Provide early detection of child and adolescent behavioral health needs.
- **Access** — Improve access to mental health services for children and youth.
- **Coordination** — Promote increased coordination between Georgia's community mental health providers and local schools and school districts in their service areas.

The ongoing COVID-19 pandemic presented various challenges for students, schools, Apex providers, and the COE evaluation team during the 2020-2021 academic year. Both DBHDD and COE worked collaboratively to support the continued implementation of the Apex Program. This included supporting providers in maintaining school partnerships and access to students with the ever-changing academic instruction modalities (i.e., face-to-face, virtual, and hybrid). Evaluation findings discussing COVID-19–related program impact are denoted with a mask icon ( ) throughout the report. The current evaluation findings provide evidence of reaching the programmatic goals of early detection, increased access, and increased sustained coordination between community-based mental health providers and schools and school districts, which are subsequently discussed in greater detail.

Evaluation Design

During Year 6 (2020-2021 academic year), four new community-based behavioral health providers were awarded contracts to participate as Apex providers through Gov. Brian Kemp's school-based mental health budget appropriation in summer 2019; thus, the findings presented include data from 34 Apex provider agencies. Additionally, the analyses reflect partnerships in schools reporting three or more months of engaged activity as reported through the monthly progress report (MPR). Table 1 provides a detailed list of all evaluation tools used by COE to track the aforementioned programmatic goals. The evaluation results are organized by Apex Program characteristics, programmatic goals, student outcomes, a synthesis of parent outcomes, and provider perceptions. In the summary, we also continue reporting on the transitions of care and implementation impacts observed due to COVID-19.

Table 1. Data Source Options

Data Collection Tool	Information Collected	Respondent(s)	Frequency
Monthly Progress Report	School and service data	Apex provider	Monthly
Year-End Survey	School service and provider data (Referrals, billing, diagnoses, staffing)	Apex provider	Yearly (June 2021)
Mental Health Planning and Evaluation Template	Collaboration between Apex providers and school partners	Apex provider	Twice yearly (September 2020 and March 2021)
Child and Adolescents Needs and Strengths	Level of functioning, exposure to trauma, needs, and strengths	Apex provider	Intake; every 90 days until discharge
Parent Survey and Interview	Parent perspective on a child's mental health progress, self-efficacy	Parents	Ongoing

Please visit https://gacoeonline.gsu.edu/resources/ for previous program reports, evaluation briefs, and additional school-based mental health-related resources.

Data Collection Tool	Information Collected	Respondent(s)	Frequency
Georgia Department of Education Student Wellness Survey	Nonacademic barriers to learning	Georgia middle and high school students	Yearly (March 2021)
School Partner/Provider Focus Group	Facilitators and barriers to implementation of school-based mental health services	Apex provider/school partners	Yearly (June 2021)

Year 6 Findings

Program Characteristics

Engaged elementary schools (n = 315) constituted the most frequently reported school type in the Apex Program during Year 6. School counselors (76%) served as the primary referral source for students, including those receiving first-time services (66%). Primary health care providers (n = 280) and state entities (n = 8), for example, the Georgia Division of Family and Children Services, were identified as other referral sources outside of the school. Apex providers reported utilizing a variety of evidence-based practices (EBPs) to guide their practice. Cognitive behavioral therapy was the most frequently used EBP, followed by art therapy and dialectical behavioral therapy. Providers reported using these EBPs for a variety of reasons, such as having access to training on these clinical methods (52%), staff familiarity (32%), and because the method is considered evidence-based (19%).

Year 6 by the Numbers

- **34** Apex behavioral health provider agencies
- **731** schools involved in the Apex Program
- **681** schools reporting engaged partnership
- **12,203** referrals made for school-based mental health services
- **2,742** total students receiving first-time services
- **10,962** unique students served
- **42,655** Tier 2 and 3 services provided
- **56,413** telemedicine services provided

Strong school partnerships are an integral component of successful Apex program implementation. These partnerships include both sharing information and building relationships with school personnel. Ninety-four percent of providers reported building relationships with school personnel as the primary strategy to access and collect data. These relationships are vital to overcoming program implementation barriers. Many providers noted that a huge barrier to accessing student and school data was the administrative burden on school staff. The extent to which providers are embedded into the school environment strengthens these relationships. Year 6 findings suggest that the extent to which providers are embedded into a school environment varies, as noted below:

Top Referral Reasons:
Classroom conduct (58%)
Behavior outside classroom (58%)
Depression (55%)

Top Diagnoses:
ADHD (2,683 students)
Depressive disorder (1,575 students)
Adjustment disorder (1,108 students)

- 67% of providers having private office space in schools
- 77% of providers attending school staff or committee meetings
- 65% of providers participating in disciplinary teams or protocols
- 48% of schools issuing a school ID to providers
- 29% of schools giving providers a school email address

Implementation of the Georgia Apex program also strengthens when school environments have a culture supporting students' mental well-being. Having behavioral health programs or services in the school prior to Apex establishes the foundation for this culture. Sixty-six percent of providers reported conducting Tier 1 or universal prevention activities at schools, including faculty consultations, staff meetings, school and parent education events, and in-service trainings. In order to support providing Tier 2 and 3 services, Apex providers are often able to bill to cover service provision. This year, Medicaid and care management organizations accounted for 89% of billable services.

Achieving Programmatic Goals

The evaluation findings continue to provide evidence of the Apex program reaching the programmatic goals of early detection, increased access, and increased sustained coordination between community-based mental health providers and schools and school districts as further detailed below.

Goal: Early Detection

Outcome: Apex Providers mostly serve elementary schools (n = 315) compared to middle (n = 166), high (n = 167), or alternative schools (n = 33).

Consideration: This pattern has been observed since program inception. The prominent presence of Apex programming in elementary schools enables opportunities for preventive care and early detection of mental health needs. Research has shown the importance of addressing social-motional and mental health concerns early in a child's life.[2] Similarly, providers' delivery of Tier 1 services focusing on universal prevention, despite not always having funding to cover those activities, further enhances the program's ability to address youth needs.

Goal: Increased Access

Outcome: With the ongoing COVID-19 pandemic, providers continued to utilize telemedicine services. A total of 56,413 Apex services were delivered through telemedicine during Apex Year 6.
Consideration: Providers quickly adapted service delivery to virtual platforms at the beginning of the COVID-19 pandemic to maintain student access. In Year 6, 51% of Apex schools were located in rural communities where broadband and other infrastructure barriers present many challenges to utilizing telemedicine, but virtual adaptations and the Apex Program were successfully

[2] Harvard Center on Developing Child. (2015, March). Early childhood mental health. Viewed on Aug. 30, 2021: https://developingchild.harvard.edu/science/deep-dives/mental-health/

implemented to meet student needs. Conversely, providers servicing predominantly nonrural communities cited telehealth as a useful resource. Telehealth services increased family and youth engagement and allowed flexible hours for service provision for both youth and providers.

"I was also gonna speak to the flexibility that telehealth has provided. As a provider in schools, we have been able to, when we went back to school, we were still able to see our clients in person. But then any child that was doing digital learning, we were able to see after school or before school. ...Zoom has provided us with that opportunity because they can log on, when mom or dad get home from work and have a quick session, rather than trying to get to the outpatient center or something like that, sinceschools are closed during the summer."
–Apex provider focus group participant

Goal: Sustained Coordination

Outcome: Providers shared school data with community leadership (68%), school partners (84%), and agency leadership (77%).

Consideration: The relationships sustained through data and information sharing further enhance the school environment to support awareness of the needs of the community, in addition to overall mental health knowledge. Twenty of the 34 providers reported sharing Apex-specific data developed by the COE to support these relationships.

Outcome: There were statistically significant increases in five of the eight dimensions of collaboration (operations, stakeholder involvement, school collaboration and coordination, community coordination and collaboration, and quality) included on the Mental Health Planning and Evaluation Template (MHPET) from September 2020 to May 2021.

Consideration: The MHPET is a self-assessment that measures school and provider collaboration across eight dimensions. The significant, positive findings across the entire community coordination and collaboration domain highlight the Apex providers' dedication to ensuring that students and their families are aware of resources in the school and community and that Apex providers can connect them to additional providers when the support needed goes beyond their capacity.

Outcome: Of the 10,962 unique students served in Year 6, 2% were placed in a higher level of care (n = 960), and 4% transitioned from a higher level of care (n = 352) to community-based care.

Consideration: This pattern continues to be observed since Year 5, highlighting the importance of the sustained coordination between providers serving students and the community resources to support their additional needs over time.

Program Outcomes

The Year 6 evaluation findings also support positive program outcomes in student outcomes, parent perception, and provider perception.

Student Outcomes

The Child and Adolescent Needs and Strengths (CANS) assessment tool provides information about the level of functioning for students in the program. It was developed to be administered upon initial intake and at the end of every 90-day service period, according to the DBHDD provider manual. Of those students with baseline and reassessment CANS data (*n* = 5,135), 64% improved functioning during the 90-day service period, a 5% increase from Year 5.

1,602

Total Student Discharges

- Lack of engagement (*n* = 706)
- Completing treatment goals (*n* = 460)
- Scheduled school break (*n* = 117)
- Withdrawing attendance from school (*n* = 101)
- Referred to a different level of care (*n = 86)*
- Insurance (*n* = 19)
- "Other" reasons (*n* = 113)

While 29% of students successfully completed their treatment goals, many were discharged due to lack of engagement (44%). While this is only a 3% increase from Year 5 (41%), there remain opportunities to improve engagement with innovative programmatic solutions. Schools across the state continue to cycle between face-to-face, virtual, and hybrid instruction, which impacts access to the students.[3]

A new indicator of student outcomes during Year 6 was measured using the Georgia Student Wellness Survey (GSWS), administered in April 2021 by the Georgia Department of Education. The GSWS was utilized in place of the annual Georgia Student Health Survey (GSHS) in response to the ongoing COVID-19 pandemic. Unlike the GSHS, the GSWS was administered to middle and high schools only. It was completed voluntarily, with 24% of all middle and high school students completing the survey (*n* = 235,450). The goal is to "provide districts and schools with data regarding the nonacademic barriers to learning being faced by their students."[4] The data analyzed and presented below includes only middle and high school student respondents (*n* = 105,344) attending an Apex school. Since the GSWS is completed anonymously, there is no way of knowing if the respondents are receiving or have previously received Apex services. Furthermore, the survey

[3] It is important to note that reasons for the discharge were first reported in Year 5, and response options were expanded for the current evaluation based on provider feedback. Future data-collection efforts will continue to track these data to develop additional response options and a better understanding of discharge reasons.

[4] Georgia Department of Education, Georgia student health survey. Viewed on Aug. 26, 2021: https://www.gadoe.org/wholechild/GSHS-II/Pages/Georgia-Student-Health-Survey-II.aspx

reflects only the reported nonacademic barriers at a single point in time (April 2021), not across the academic year.

Last, an unexpected finding of this evaluation is the extent to which services addressed students' experiences, antecdotally reported by providers, of students' personal racism in their daily lives. Apex providers participating in the focus groups cited racism as contributing to youths' decline in overall mental health. Recognizing the implications of racism, one provider noted how this influenced their agency's hiring decisions and hired staff that could better meet the needs of the youth.

> ***"And so we've been very intentional in our hiring for Apex program because a lot of the Black youth in our area have experienced a lot of racism. … There were other mental health providers working within the school system that were pairing a lot of white therapists with these Black youth, and they didn't have the ability or rather training background to be able to work effectively with them."***
> ***–Apex provider focus group participant***

Parent Outcomes

The Parent Survey is collected on an ongoing basis to understand parents' perception of their child's mental health progress and their self-efficacy and satisfaction with Apex services. One hundred and fifty-eight parents, representing 15 Apex provider agencies, completed the survey. The survey is administered through an emailed online link or paper survey returned to the COE. Overall, 96% of parents were satisfied with their child's services, 87% of parents reported improvement in their ability to advocate for their child, and 72% reported that their child is doing better in school. There were fewer Parent Surveys submitted in Year 6 (n = 158) than in Year 5 (n = 210). Additionally, the COE evaluation team did not conduct Apex parent interviews because many parents were juggling childcare, managing conflicting school and work schedules, and dealing with the long-term emotional toll of the ongoing pandemic.

Overall, the primary results from the Georgia Student Wellness Survey are positive:

- 82% of students feel supported by peers (n = 87,729) or an adult (n = 85,882) at school if they need help.
- The majority of students have not been bullied (83%), received harassing texts (93%), been mocked on social media (91%), or had rumors spread about them (82%).
- 87% of students reported often feeling stressed due to problems with peers (65%) and problems with a romantic partner (61%).
- 56% of students reported feeling depressed, sad, or withdrawn.
- Students reported intentionally harming themselves (11%), seriously considered attempting suicide (12%), and attempting suicide (6%). The primary reason reported was dealing with the demands of school work.

Provider and School Partner Perceptions of the Apex Program Implementation

In June 2021, the COE conducted virtual focus groups with Apex providers and school partners. The purpose was to learn about the program's impact, successes, and continued challenges. Programmatic impacts discussed include challenges and opportunities specific to rural communities, threats to program sustainability, and the continued need for the program overall.

"The Tier 1, Tier 2 service needs funding, because insurance won't necessarily pay for it. So, if we can just do Tier 3 therapy services, 'a go and see our client kind of model,' then yes, we can sustain it, but I … think then we don't have the benefit of Apex, you know, trying to work with [the] full system to support the whole school."
–Apex provider focus group participant

Technology continues to be a challenge for rural agencies and providers. Participants specified that the impact of poverty ontributes to the difficulty of providing services because youth and their caregivers often do not have access to the internet or necessary equipment. Providers also cited transportation and stigma as barriers to the Apex program in rural communities; they discussed strengths and opportunities regarding programming in rural communities. Providers shared that overall, small communities share a sense of camaraderie that facilitates relationship-building and trust between Apex providers, school staff, and collaborators.

Apex providers and school partners also discussed that state funding is essential to the success of the program. If state funding were to cease, Apex providers contend that they would be challenged to provide Tier 1 and Tier 2 services. Newly funded providers shared that while they could provide services without state funding, the new funding has positively impacted their ability to expand the array of services they were able to provide (e.g., group therapy). The school partners that participated in the focus groups shared that they support the continuation of the Apex program within their schools and view it as a necessity. Additionally, school partners cited increased parent engagement and overall improved family communication due to the Apex program.

"I think that everybody would probably agree that the Apex services that are provided are greatly needed, and we want them to continue. Our collaboration and efforts for students, as a whole, have been wonderful. And we always look at how we can enhanve those policies, those processes, those procedures. But overall, I think, during, COVID-19, and on, we were able to continue and enhance those collaborations and efforts and kind of think outside the box and figure it out. I want you to know; I just want to thank Apex for the services that they provide and continuing the efforts for us and our students' behalf."
–School partner focus group participant

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Continued Impact of COVID-19

Although the governor's COVID-19 pandemic shelter-at-home restrictions ended in April 2021, the impact of the pandemic continued through Year 6 of the Apex program. The following section discusses these impacts for both Apex providers and the COE evaluation team.

> ***"The number of referrals for mental health services to us [was] down this year because, what we found within our community, a lot of the kids who previously would have been referred to us for services were the same kids who were being taken out of school and enrolled in the virtual programs. Which we then actually saw had an increased deterioration on their mental health."***
> ***–Apex provider focus group participant***

Impact of COVID-19 for Providers

The long-term continuation of the pandemic has highlighted additional challenges, specifically referrals and changing student needs. The Apex program referral process has historically relied upon the ability to have in-person contact within the schools. In-person interactions between school staff, teachers, school counselors, Apex therapists, social workers, and youth have been essential to detecting, preventing, and treating mental health needs. The pandemic challenged the Apex program's referral processes, pressing Apex providers and collaborators to amend the process to meet the needs of their clients in the virtual world. Providers pivoted and created new referral processes for both completely virtual and hybrid models. Some of the strategies mentioned include training school staff (i.e., teachers and others) and parents to recognize and detect prominent mental and behavioral health signs and needs.

> ***"I think it's just getting in there and getting the teachers and other school staff educated, particularly the people that are involved in the discipline process because that seems to be where we have a lot of issues with the kids."***
> ***–Apex provider focus group participant***

Providers discussed seeing a change in student needs and the types of referrals they were receiving. Some saw higher suicidal ideation, a higher number of overdoses, increased substance use, and higher reported domestic violence incidents among students. Other mental health concerns such as social disconnectedness and the need for trauma and grief counseling increased. These can likely be attributed to higher levels of social disconnectedness due to the pandemic, contributing to higher levels of substance abuse and domestic problems throughout the United States.[5]

[5] Czeisler, M. É., Lane, R. I., Petrosky, E., et al. (2020, June 24-30). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic — United States, *Morbidity and Mortality Weekly Report, 69,* 1049-1057.

"I mean, every time we spoke with them [social workers and school counselors], it was just a hit – they were just overburdened in a lot of ways that it was difficult for our referrals, we had lower referral numbers, and the types of referrals we were getting were very different, It was, it was about major trauma or grief or loss in a kid's life instead of the more behavioral referrals that we would normally see; it would notmally be intense behavioral referrals."
–Apex provider

Impact of COVID-19 for COE Evaluation and Technical Assistance

As mentioned throughout the discussion of the evaluation findings, the current evaluation experienced lower data responses (e.g., MHPET, Parent Surveys) and instances where previously available data were not available at all (e.g., parent interviews, School Climate Star Rating.) The COE evaluation team adjusted the evaluation plan to include alternative data sources (e.g., GSWS). The evaluation team hosted evaluation technical assistance meetings and webinars to assist individual providers facing data-collection barriers.

Additionally, the COE technical assistance team engaged providers through webinars, peer networking opportunities, disseminating relevant webinars, informational websites, and COVID-19 school guidance resources.

The COE technical assistance team hosted four webinars through peer learning groups, four Apex therapist network calls, 11 individual technical assistance meetings, and 11 evaluation orientations and provided 49 new resources that were via curated compendium resources.

Conclusions and Future Considerations

The Apex program continues to achieve its programmatic goals. Although the COVID-19 pandemic required Apex providers to continue using virtual platforms to provide services, accommodate and treat new student needs, and adjust methods of student engagement, service delivery continued. The Apex program as a whole also continued to grow, adding more schools and providers. Moving into Year 7 of the program, DBHDD and the COE evaluation team are examining new evaluation methods to match the ever-changing data-collection landscape. This may include providing technical assistance to providers supporting parent engagement and data collection, to exploring new strategies of embedding providers in their respective schools. Additionally, further examination of the school-based mental health workforce's capacity, such as provider and staff trainings to address changing student needs, is warranted to inform clinical best practices.