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The Georgia Apex Program Annual Evaluation Results July 2018–June 2019

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

Georgia Apex Program Overview

The Georgia Apex Program (Apex) is a school-based mental health (SBMH) program designed to build infrastructure and increase access to mental health services for school-aged youth by placing mental health providers in school settings to deliver therapeutic support.



Apex Core Stakeholders

Georgia Department of Behavioral Health and
Development Disabilities
(DBHDD)

- State agency with oversight of public mental health system for children, youth, and adults; funds Apex programming.

Apex School Partners

- Schools and school districts implementing programming.

Youth and Families

- Direct beneficiaries and active participants of the Georgia Apex Program.

Apex SBMH Providers

- Community-based mental health agencies around the state that provide direct care to children and youth.

Center of Excellence for
Children's Behavioral Health
(COE)

- Conducts program evaluation and provides technical assistance support to the community-based mental health providers.

Georgia Department of Education
(GaDOE)

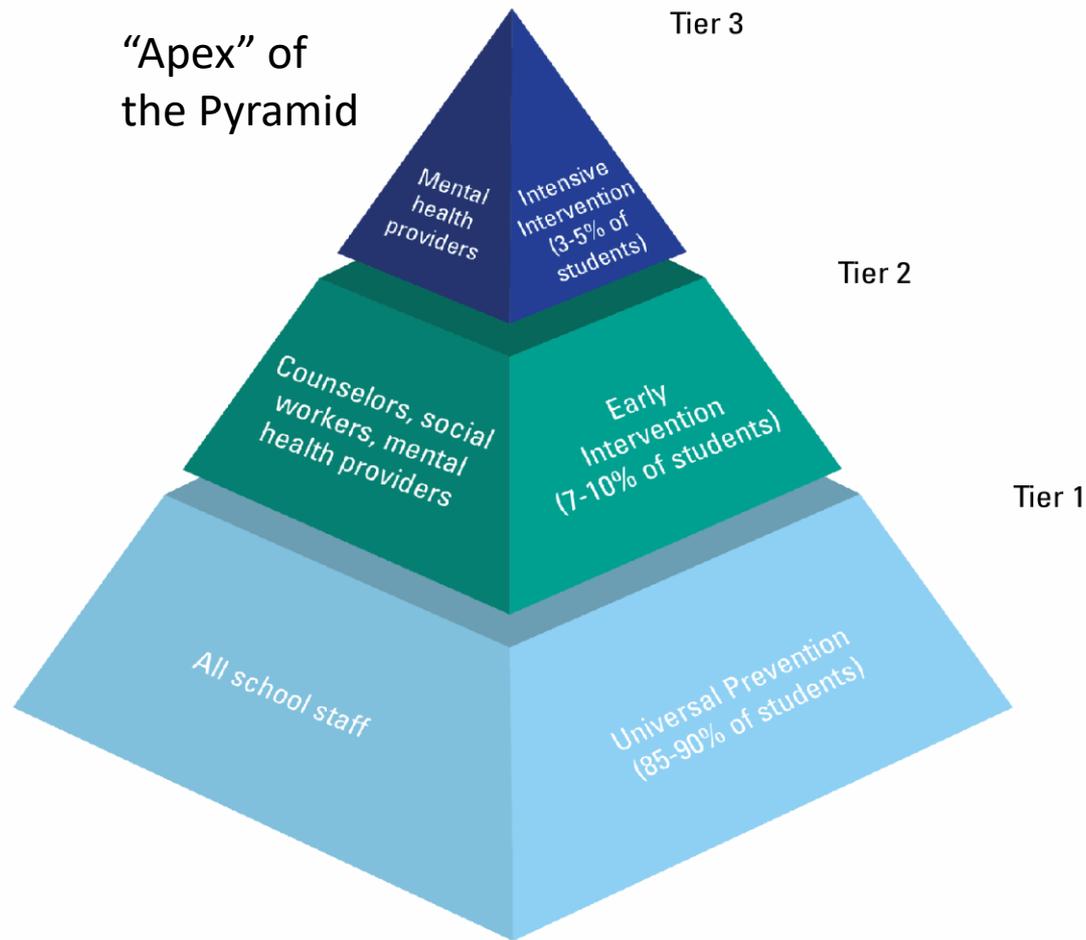
- Provides publicly available data regarding the educational outcomes and well-being of students.



Programmatic Goals of Apex



Three-Tiered Approach to SBMH



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



Apex Evaluation Goals

Demonstrate program's ability to meet intended goals/outcomes

Identify facilitators and barriers to sustainability and replication

Provide foundational information to support programs to tell their story



Apex Program Evaluation Design

Data Collection Tool	Information Collected	Respondent(s)	Frequency
Monthly Progress Report (MPR)	School and service data	Apex provider	Monthly
Mental Health Planning and Evaluation Template (MHPET)	Collaboration	Apex provider	Twice yearly (Sept. and May)
Year-End Survey (YES)	School service and provider data (engagement across tiers, diagnoses, staffing)	Apex provider	Yearly
Parent Survey	Service experience	Parents, enrolled student	Ongoing
School Partner/Provider Focus Group	Facilitators and barriers to SBMH services in schools	School partners (school and/or district level)	Yearly (winter 2019)
School Partner/Provider Key Informant Interview	Facilitators and barriers to SBMH services in schools	School partners (school and/or district level)	Yearly (spring 2019)
School Climate Star Rating	Student, personnel, parent perceptions; school attendance; school discipline	Students, school personnel, parents	Yearly
Child and Adolescents Needs and Strengths (CANS)	Exposure to trauma, needs, and strengths	Apex provider	Intake; every 90 days until discharge



Apex Year 4 Evaluation Outline

- Quantitative and qualitative evaluation findings are categorized by program implementation; program outcomes; and programmatic goals of detection, coordination, and access.
 - Analyses reflect school and services data reported on the MPR for all schools involved in programming ($n = 562$), as well as additional school, service, and programmatic data collected on the YES ($n = 416^*$)
- Lessons learned
- Future considerations for research

*The YES is administered to all engaged schools ($n = 436$); evaluation data are missing for 20 of the engaged schools.



Apex Year 4 Evaluation Outline

These icons will be used throughout the report to represent achievements that align with programmatic goals:



Detection



Access



Coordination



Program Implementation



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Apex Year 4 — By the Numbers

31 Mental health providers

562 Schools involved*; 436 schools engaged**

5,419 Students receiving first-time SBMH services

22,815 Referrals made to Apex SBMH services

89,642 SBMH services provided in schools

**Involved* means schools submitting at least one month of reported data.

***Engaged* means schools submitting three or more months of reported data.



Apex Schools



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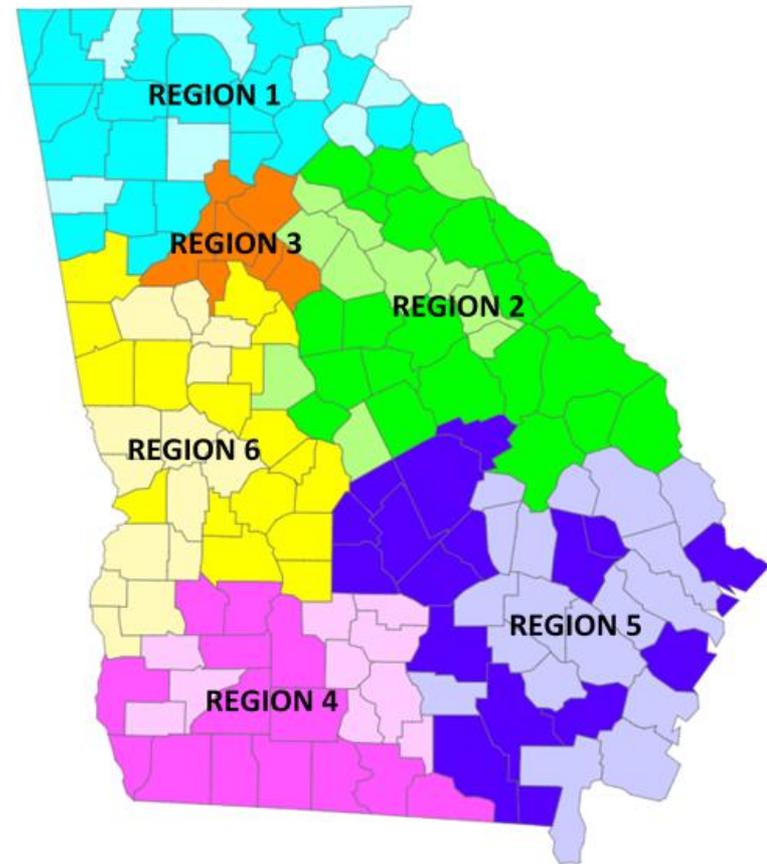


DBHDD Regional Representation

99 Counties (62%)

110 School districts (61%)

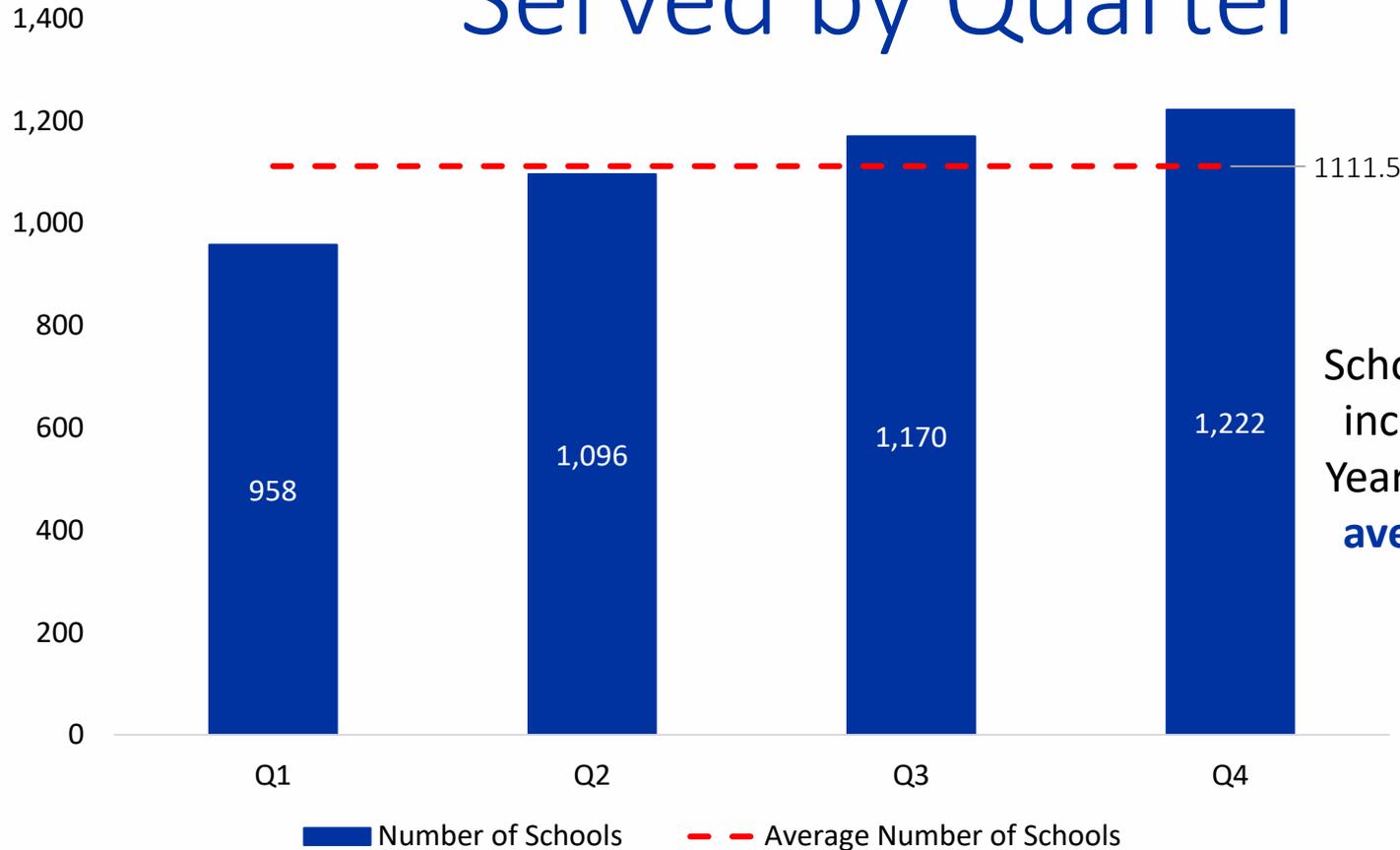
562 Schools (25%)



Darker shaded counties have at least one Apex school.



Aggregate Number of Apex Schools Served by Quarter



School involvement has increased throughout Year 4 with **higher than average participation** in Q3 and Q4.

Quarter 1 (Q1)

July, August, September

Quarter 2 (Q2)

October, November, December

Quarter 3 (Q3)

January, February, March

Quarter 4 (Q4)

April, May, June

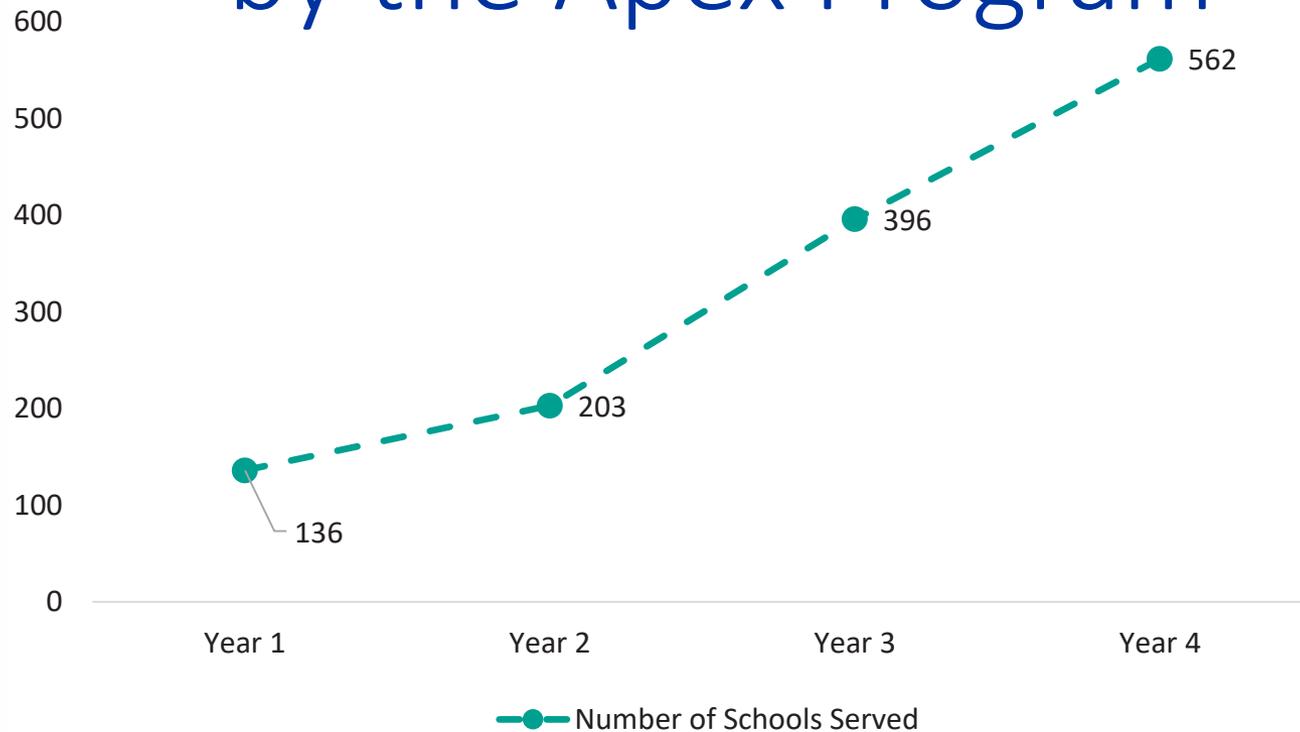
Source: Monthly Progress Report (MPR)



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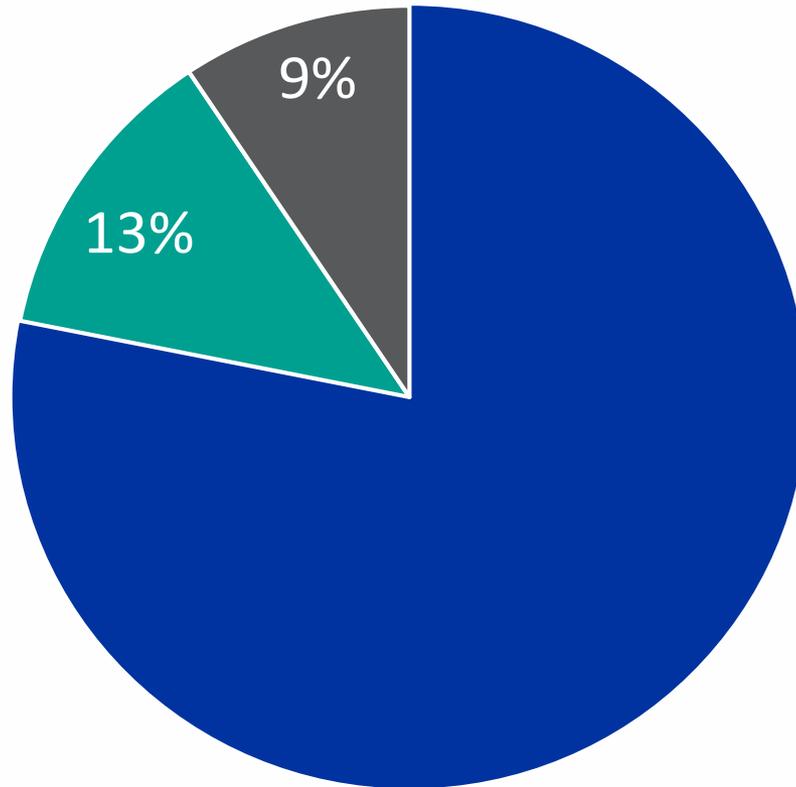
Growth in Schools Served by the Apex Program



119 schools have been engaged in providing SBMH services across four years of programming, representing a **76% retention rate**. Furthermore, there was a **313% increase** in schools served from Year 1 to Year 4.

Source: MPR

Apex School Setting



78% of Apex schools
($n = 416$) are located in
rural Georgia.

“The climate in rural counties is becoming more conducive to mental health services. There is greater awareness and need in these counties.”

—Apex provider



■ Rural ■ Urban ■ Suburban

Source: Year End Survey (YES)



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Apex-Engaged Schools by School Type

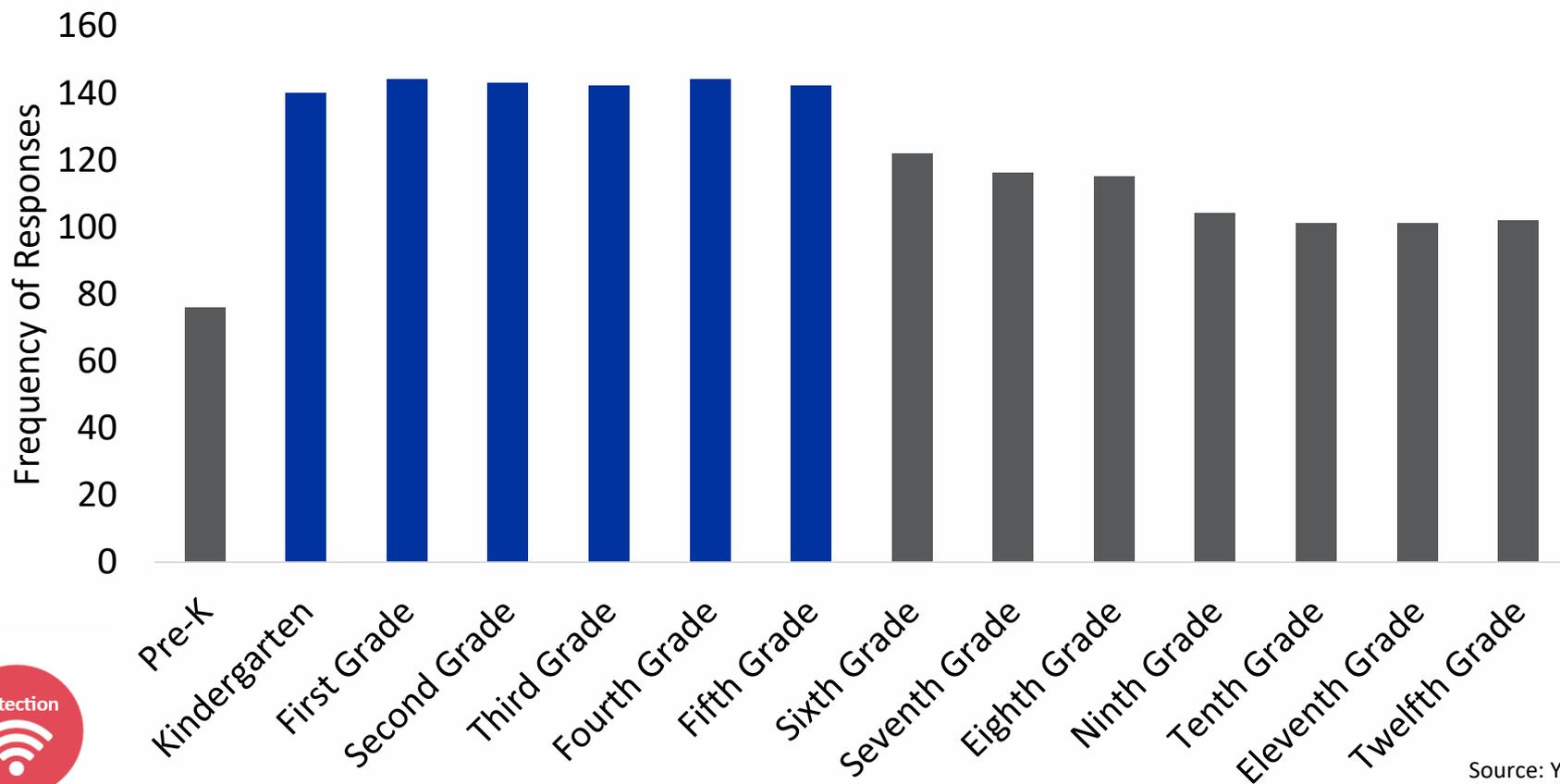
School Type (<i>n</i> = 436)	Number of Schools	Percent of Schools	Overall Student Enrollment	Percent Overall Student Enrollment
Elementary school	199	46%	130,763	41%
Middle school	107	25%	82,186	26%
High school	109	25%	106,054	33%
Alternative schools	21	4%	N/A	N/A
Total	436	100%	*319,003	*100%

*Totals exclude alternative schools

 **319,003** students had access to SBMH services during the 2018–2019 academic year.

Source: YES

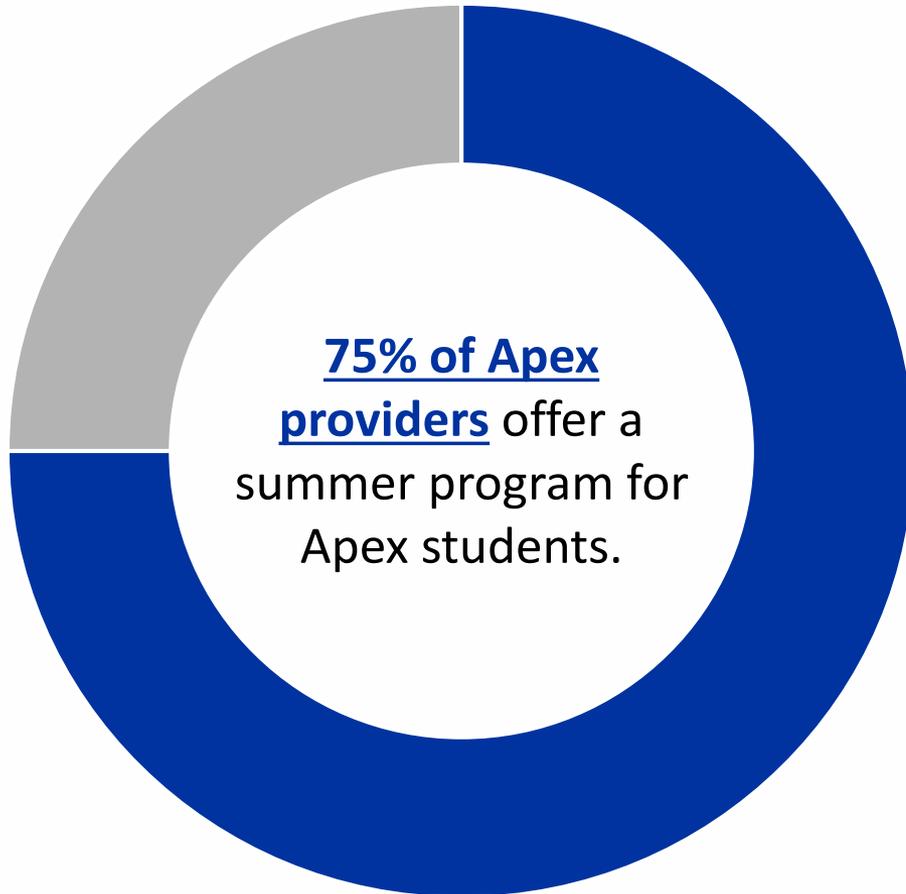
The majority of providers responded to serving mostly elementary schools (n = 199), in comparison to middle and high schools.



Source: YES



Apex Summer Programming



The implementation of **summer programming** has **fostered ongoing engagement with schools.**

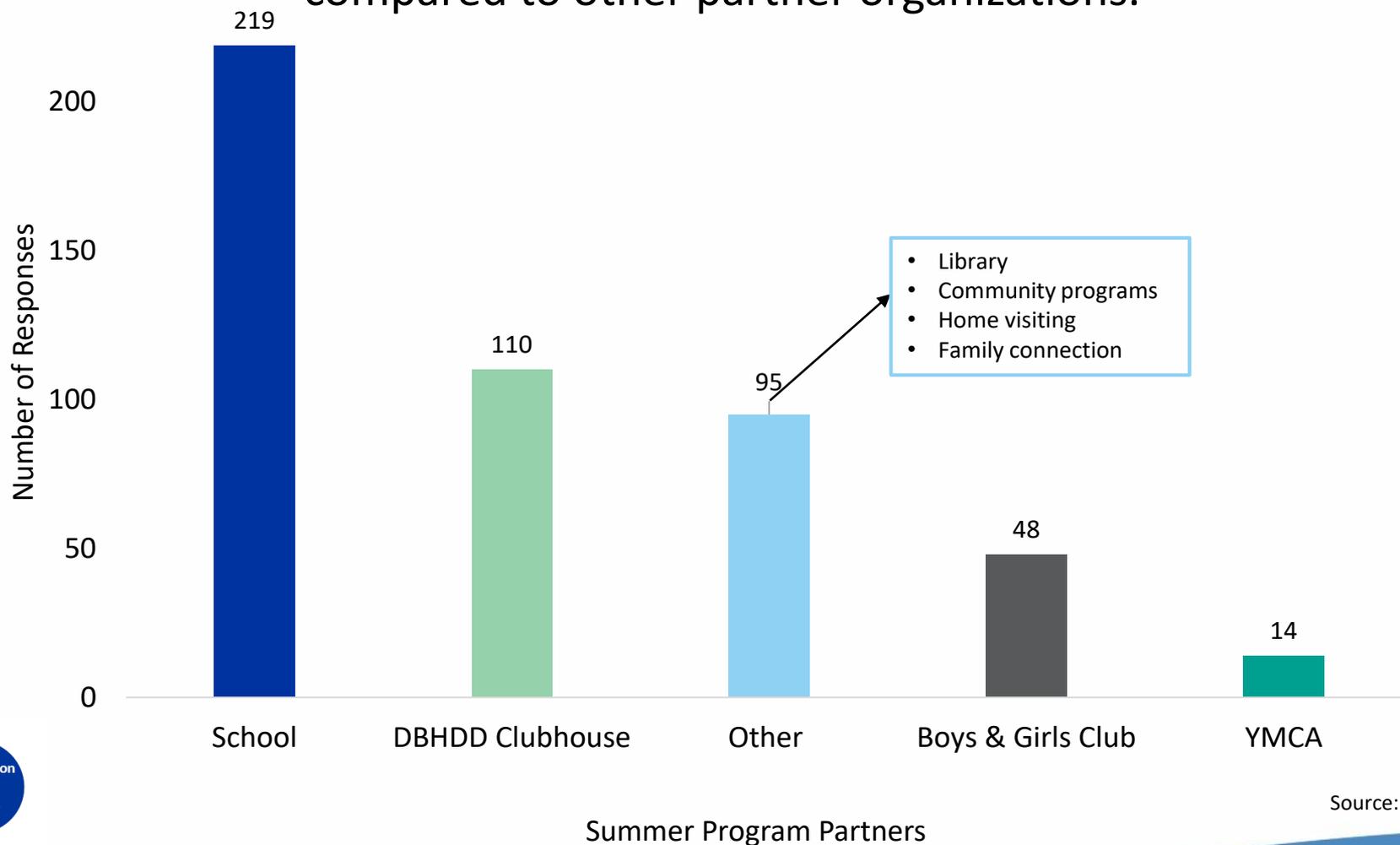
Source: YES



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In accordance with the programmatic goal of coordination, Apex providers partner with [schools](#) to implement summer programs more frequently, as compared to other partner organizations.



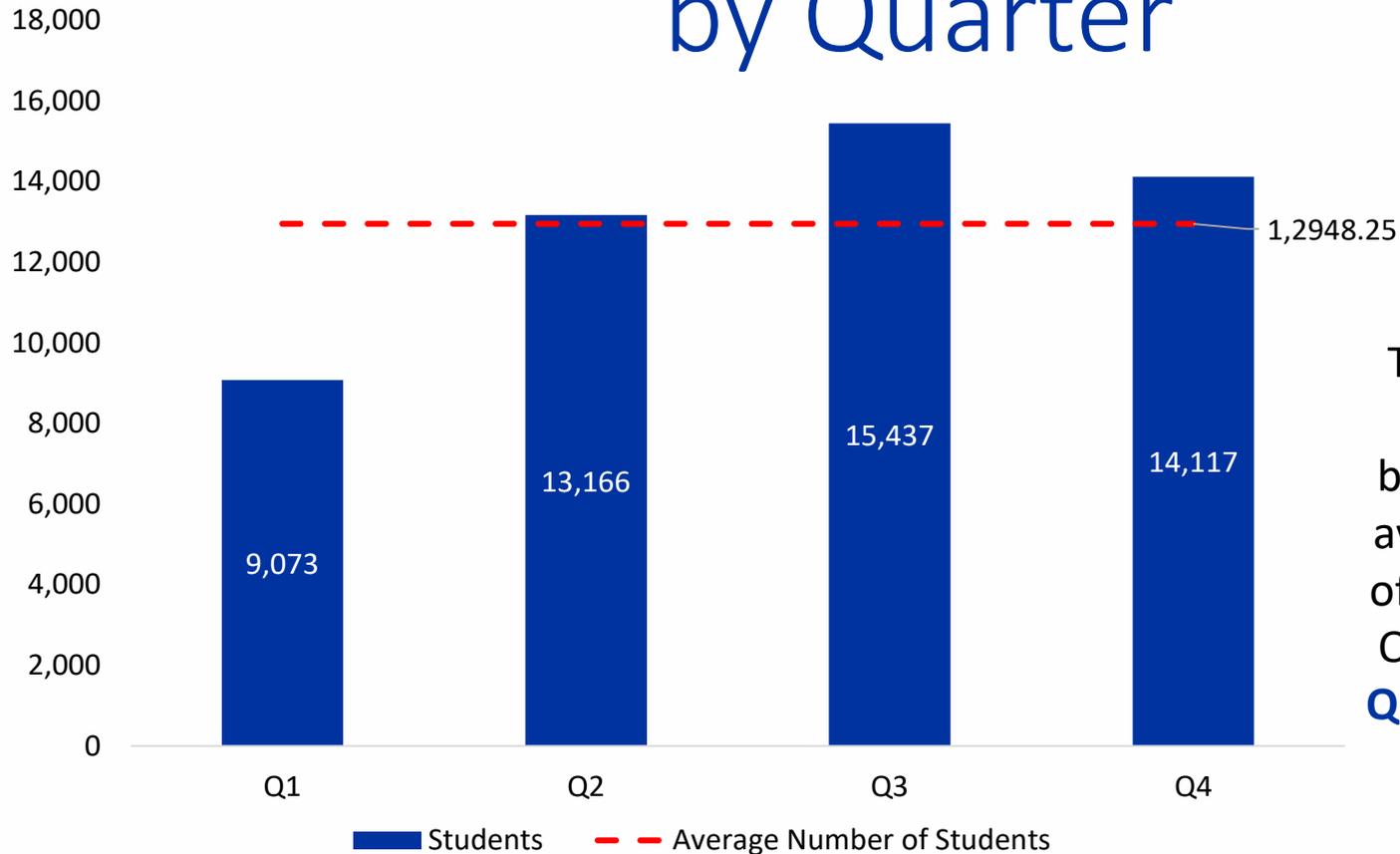
Apex Students



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Total Number of Apex Students by Quarter



The total number of Apex students has been higher than the average total number of students served for Q2, Q3, and Q4, with **Q3 having the highest participation.**

Quarter 1 (Q1)

July, August,
September

Quarter 2 (Q2)

October, November,
December

Quarter 3 (Q3)

January, February,
March

Quarter 4 (Q4)

April, May, June

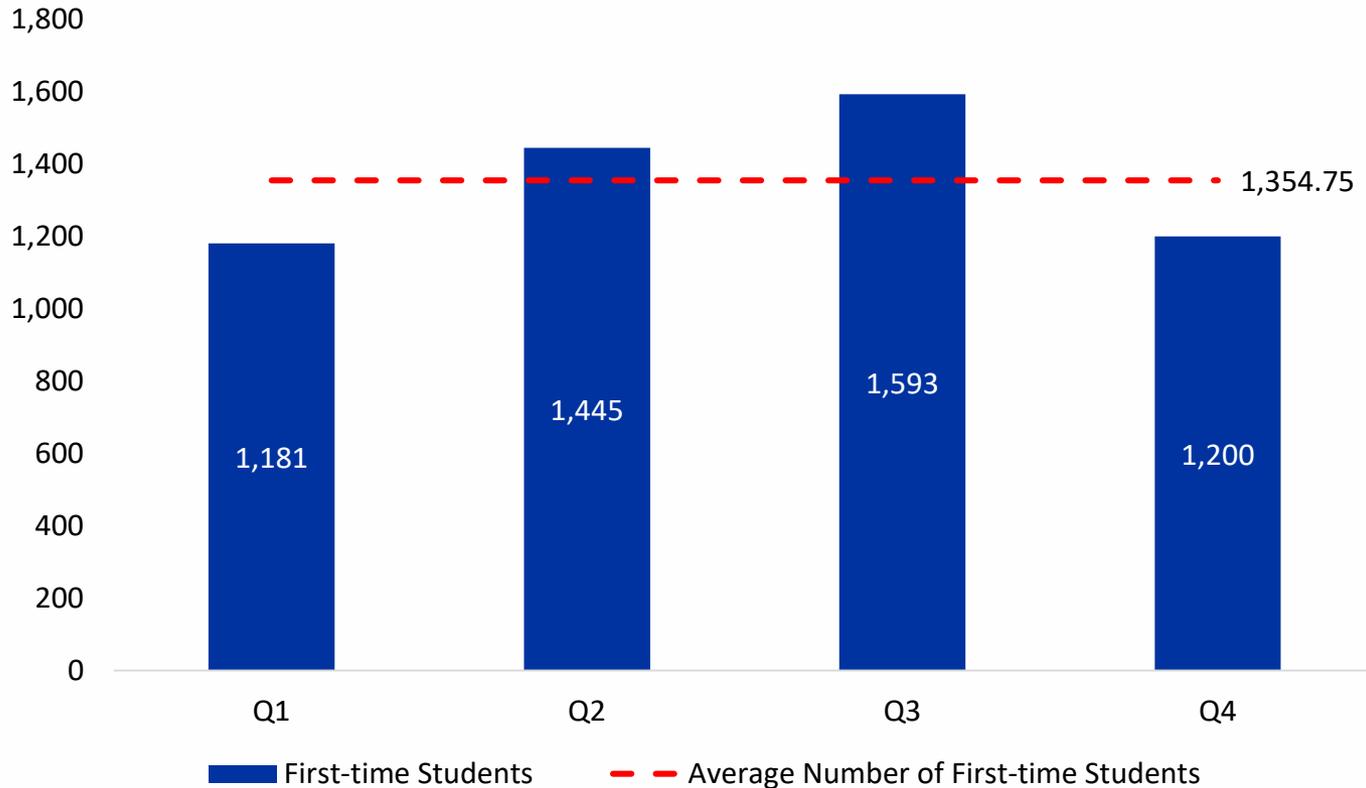
Source: MPR



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Total Number of First-Time Apex Students by Quarter



The Apex program provided first-time access to services for **5,419 students** in Year 4.

Quarter 1 (Q1)

July, August, September

Quarter 2 (Q2)

October, November, December

Quarter 3 (Q3)

January, February, March

Quarter 4 (Q4)

April, May, June

Source: MPR



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Over the course of four years, the Apex program has provided first-time access to 14,124 students, a 124% increase in students served from Year 1 to Year 4.

Access



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22,815 referrals* were made for
Apex services in Year 4.

* Some referrals may not result in services

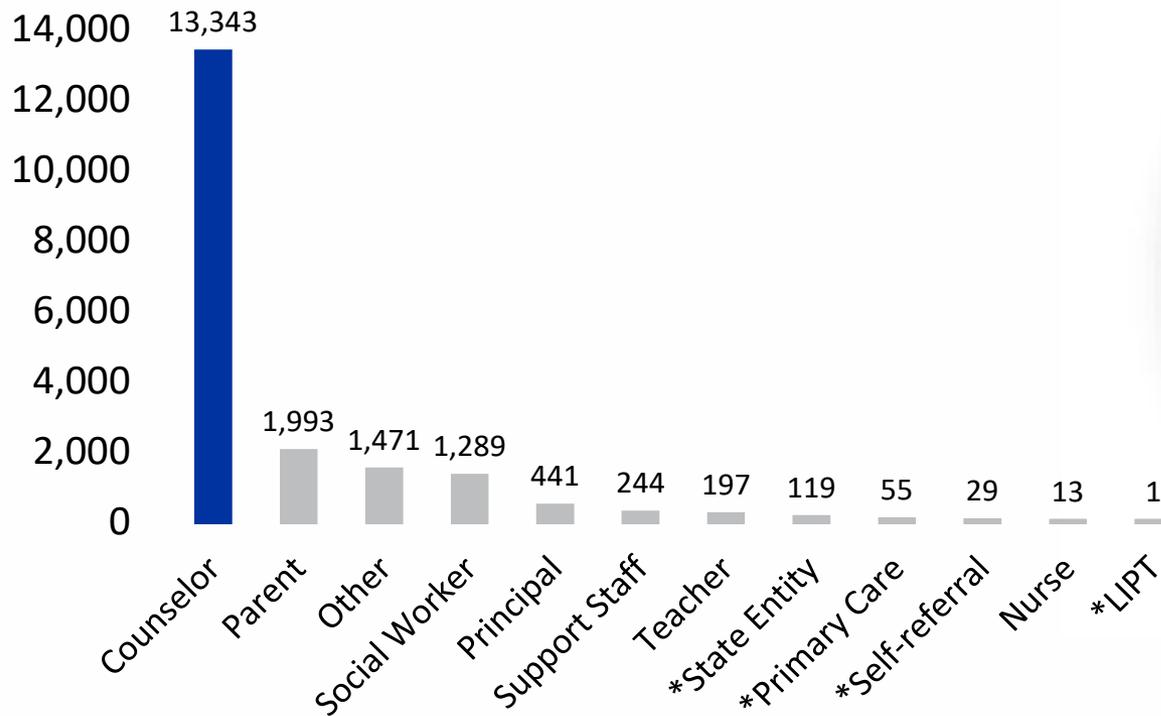
Source: YES



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Majority of students were referred by counselors.

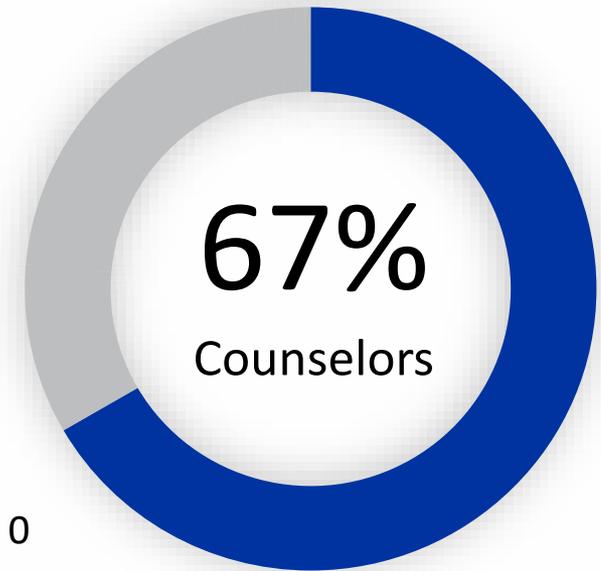
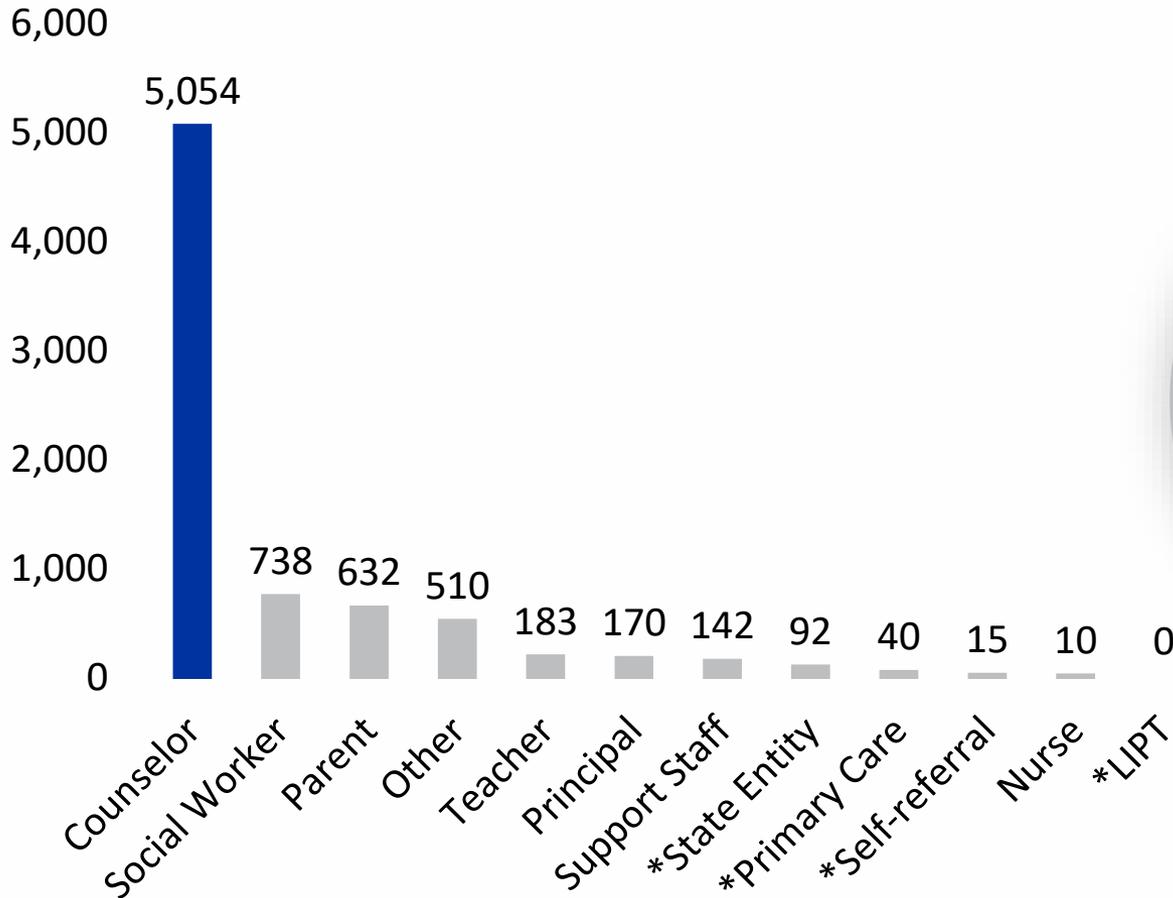


* New referral source in Quarter 4
Source: MPR

LIPT= Local Interagency Planning Team



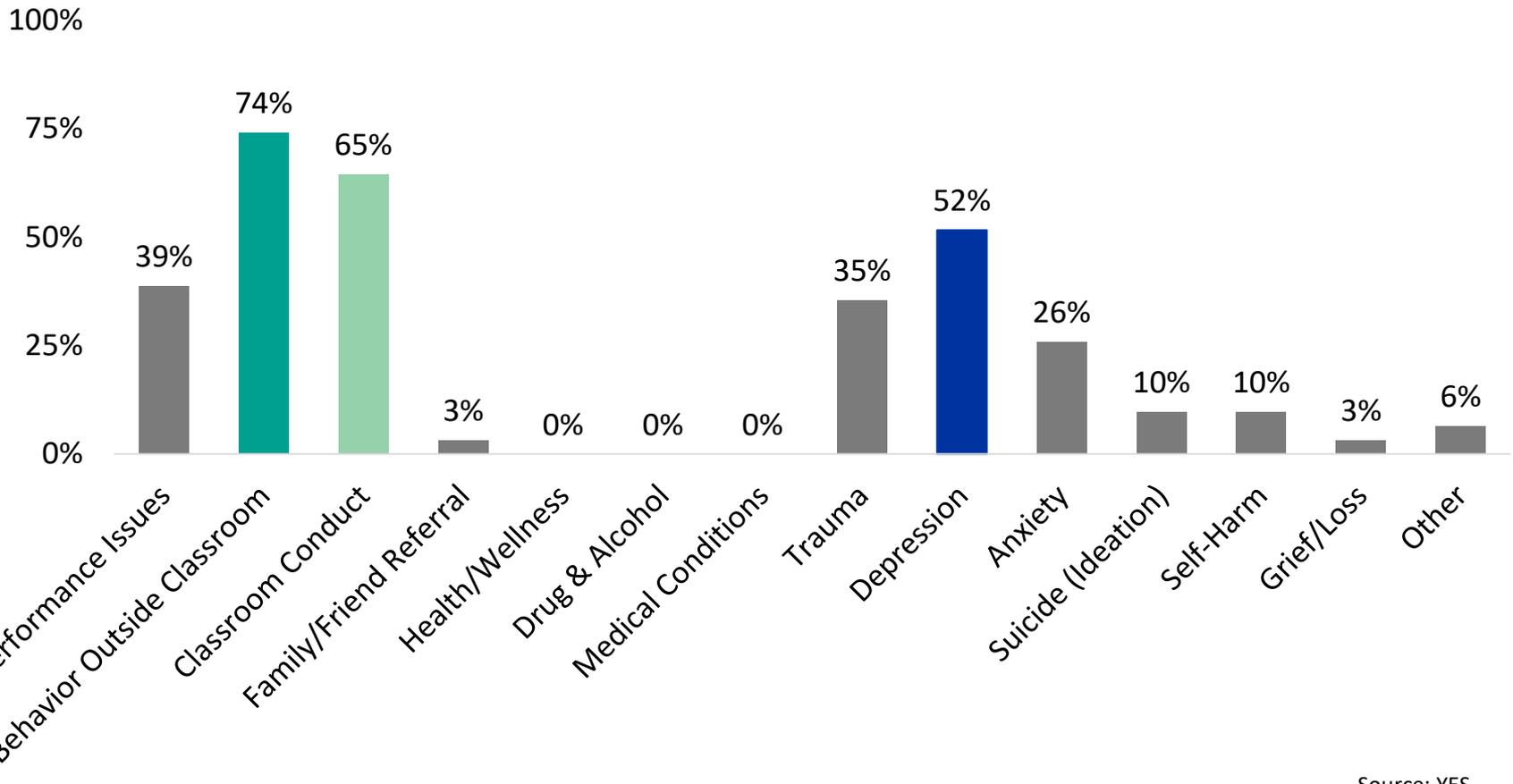
Majority of first-time students were also referred by **counselors**.



* New referral source in Quarter 4
Source: MPR

Top Three Referral Reasons:

Behavior outside classroom, classroom conduct, and depression
(% of providers reporting, $n = 31$)



Source: YES

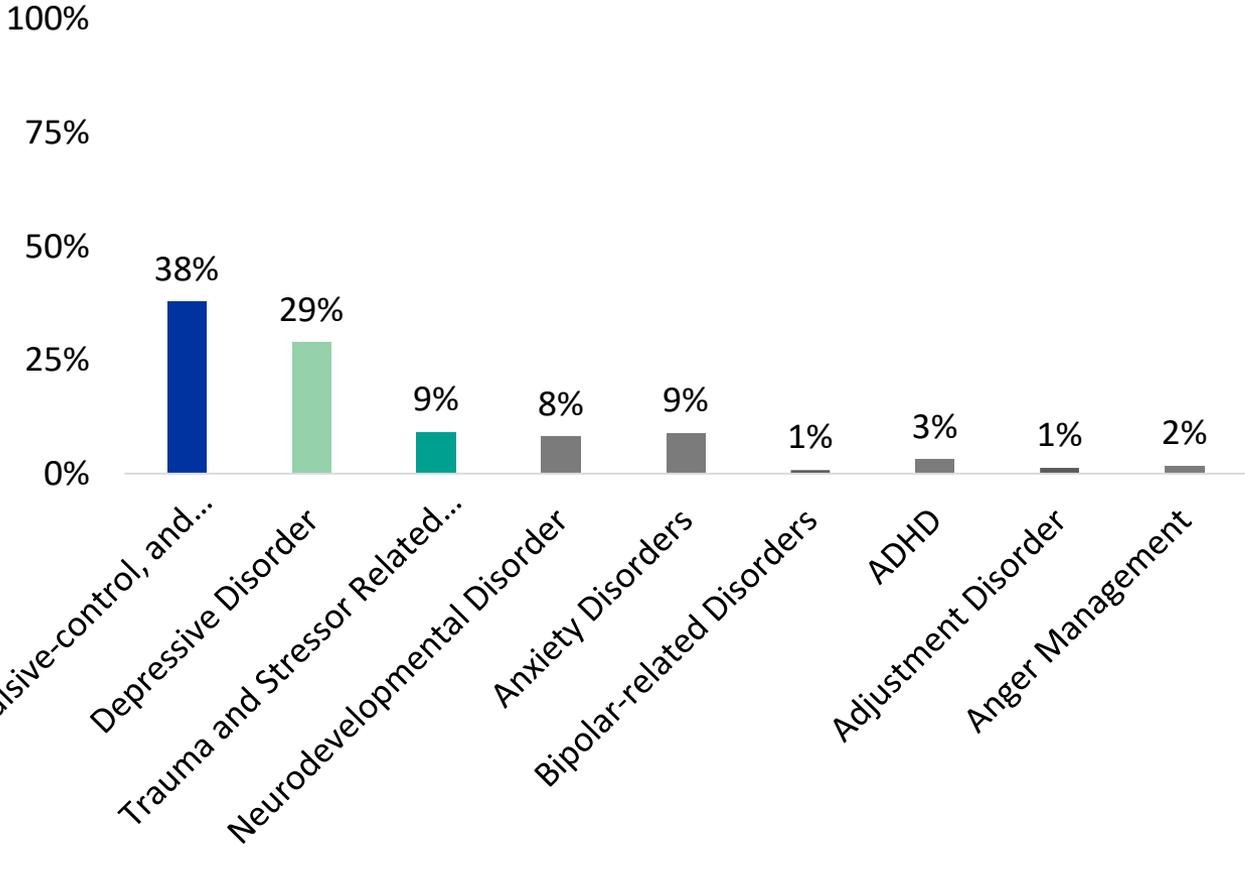


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Top Three Diagnoses

(No. of unique students presenting)



Disruptive, impulse-control, and conduct disorders

(1,855 students)

Depressive disorder

(1,418 students)

Trauma and stressor-related disorders

(450 students)

Source: YES



Apex Services



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A total of 89,642 SBMH services were delivered in schools during Apex Year 4.

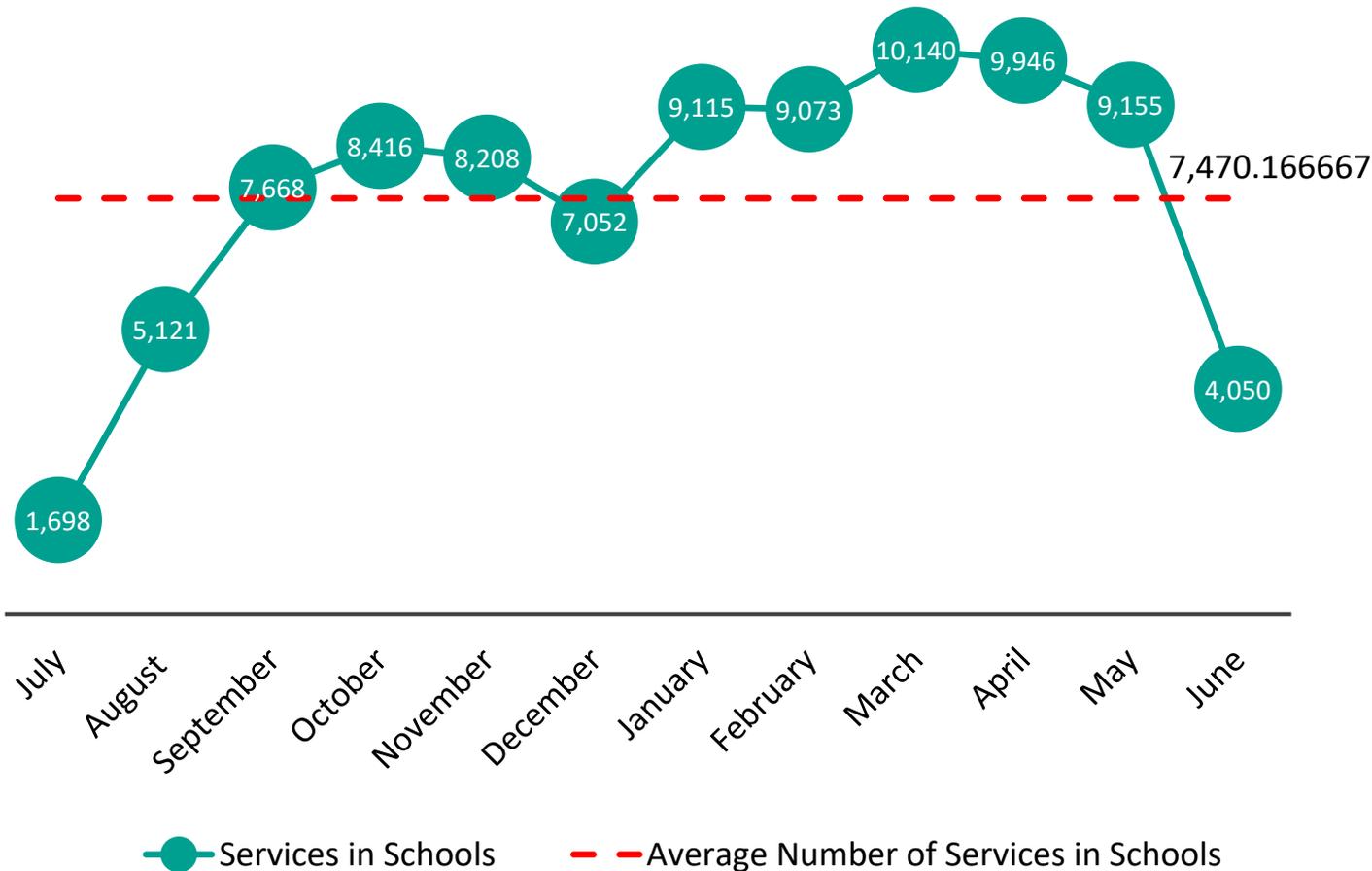
Source: MPR



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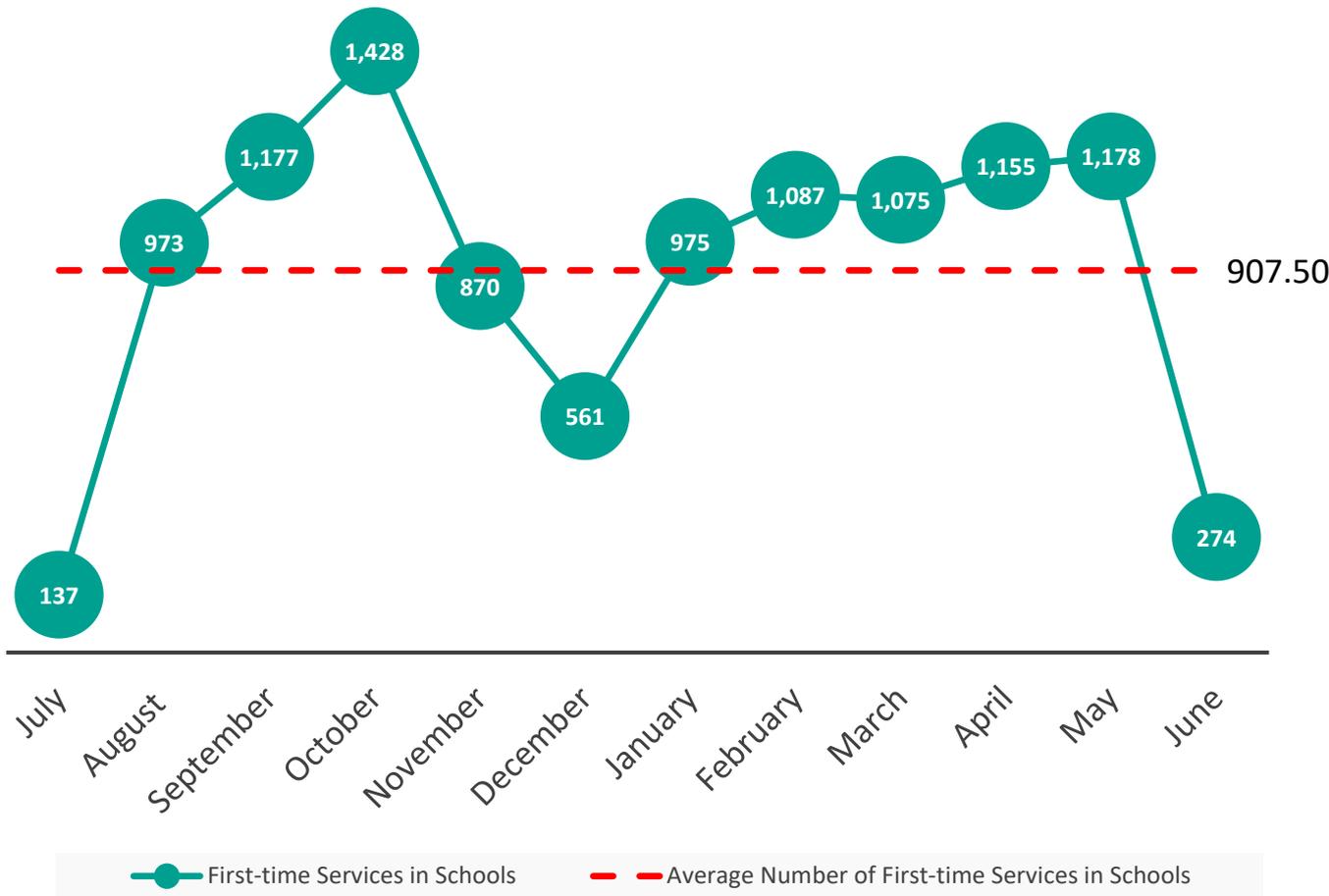
Total Number of Services in Schools by Month



Services peak in the months of **March and April**, which are also typically testing months.

Source: MPR

Total Number of First-time Services in Schools by Month



First-time services peak in October allowing sufficient time for processing new referrals and intakes.

Source: MPR

Across four years of implementation, 212,644 SBMH services have been provided in schools — a 295% increase since Year 1.



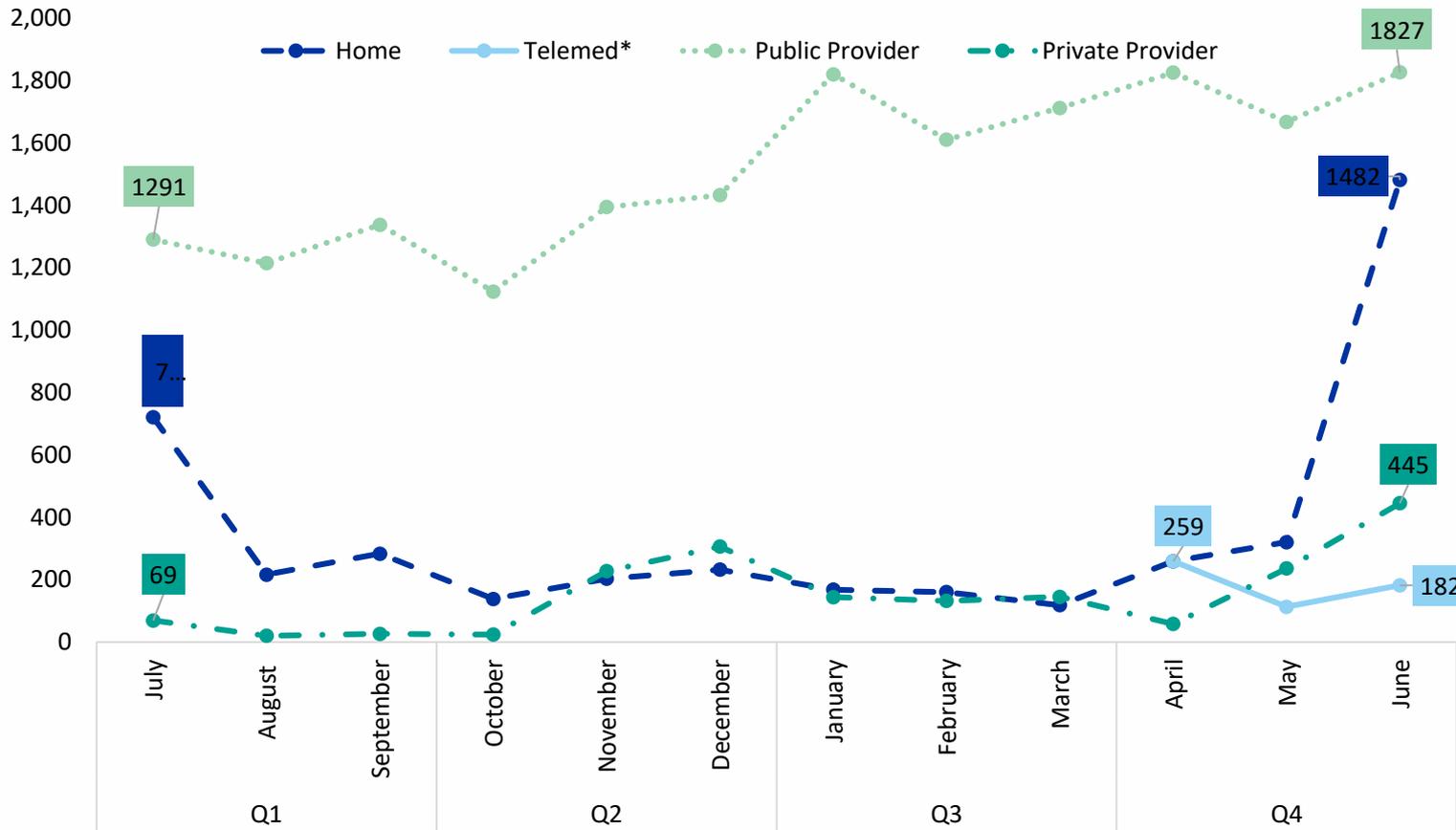
Source: MPR



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Total Number of Services by Location



Services delivered in summer months are often provided in the public provider clinic or the home.

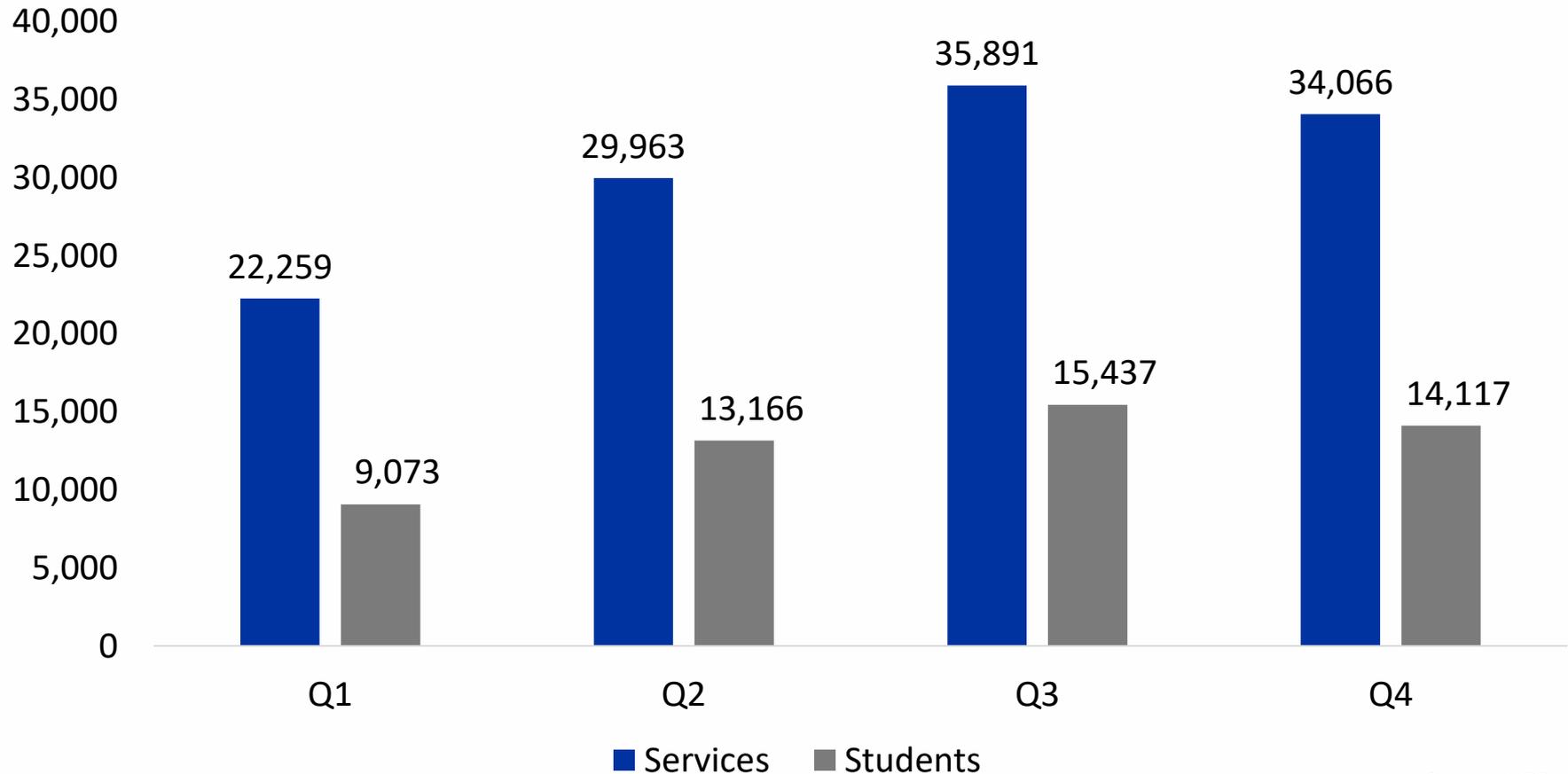
*Telemedicine became a new location option in Quarter 4.

Source: MPR

Based on the number of SBMH services provided in comparison to the number of students served, the data suggest that Apex providers are providing multiple SBMH services to students served.

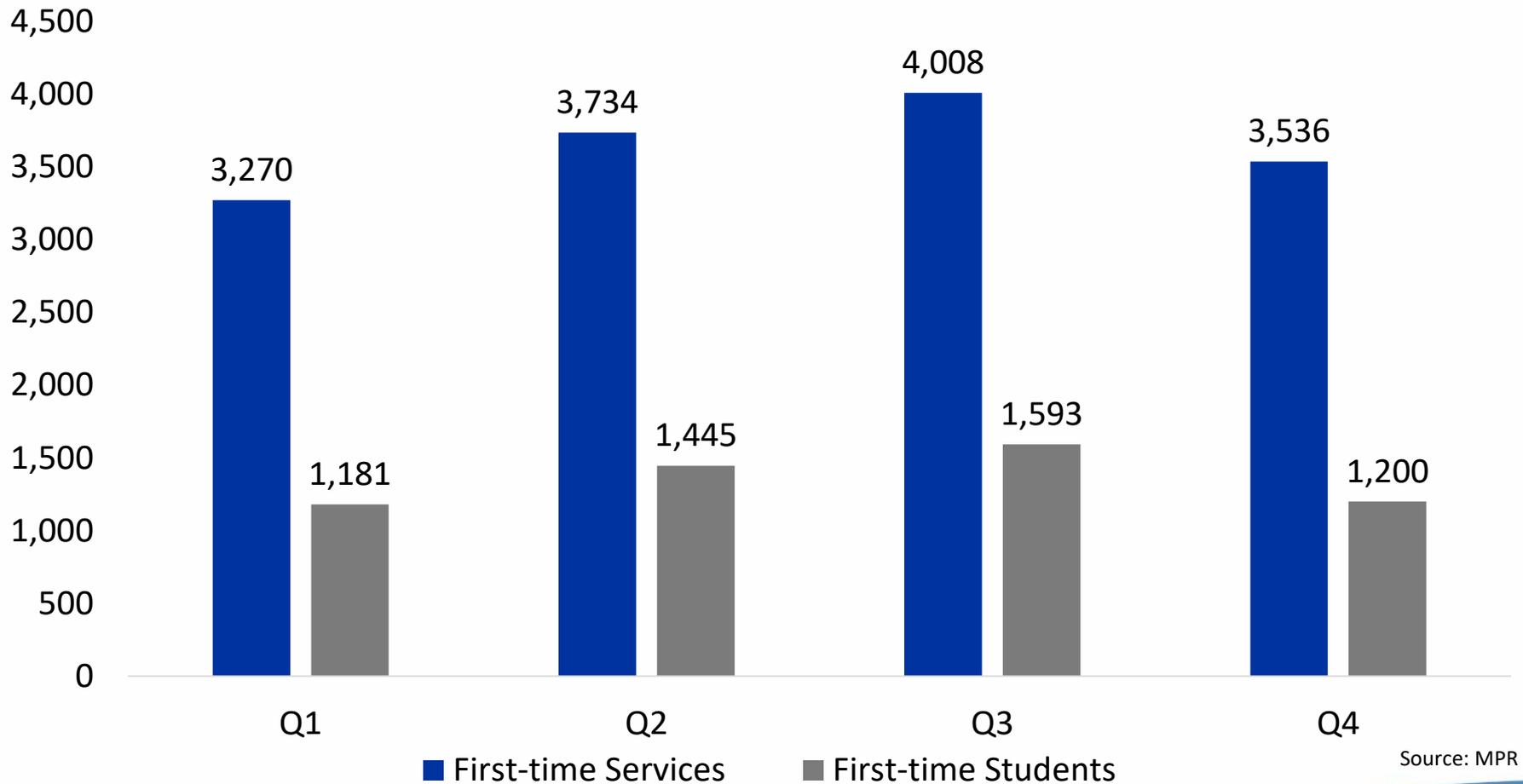


Total Number of Students and Services by Quarter



Source: MPR

Total Number of First-Time Students and Services by Quarter

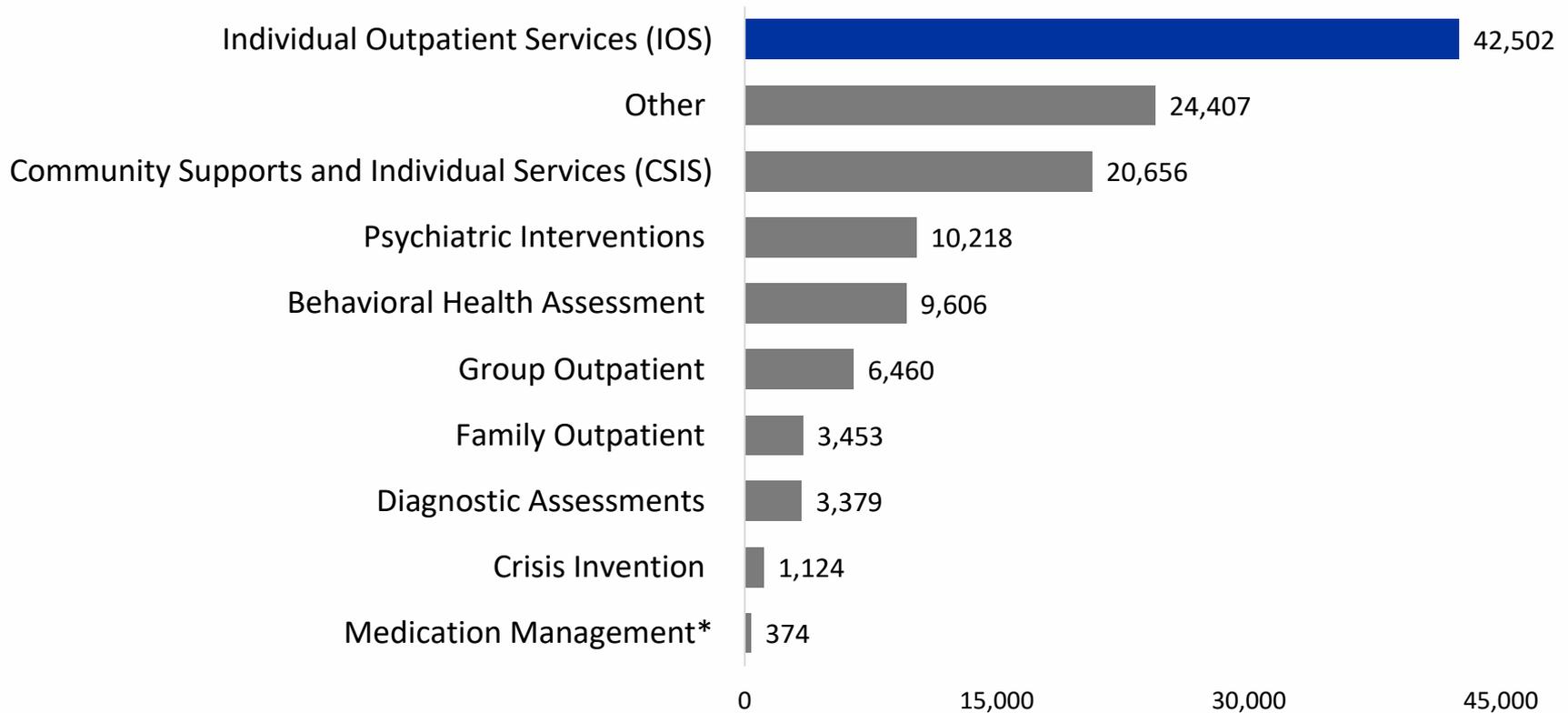


The average unique number of students served by Apex providers per school has increased over the past three years.



Source: YES

Total Number of Services by Type

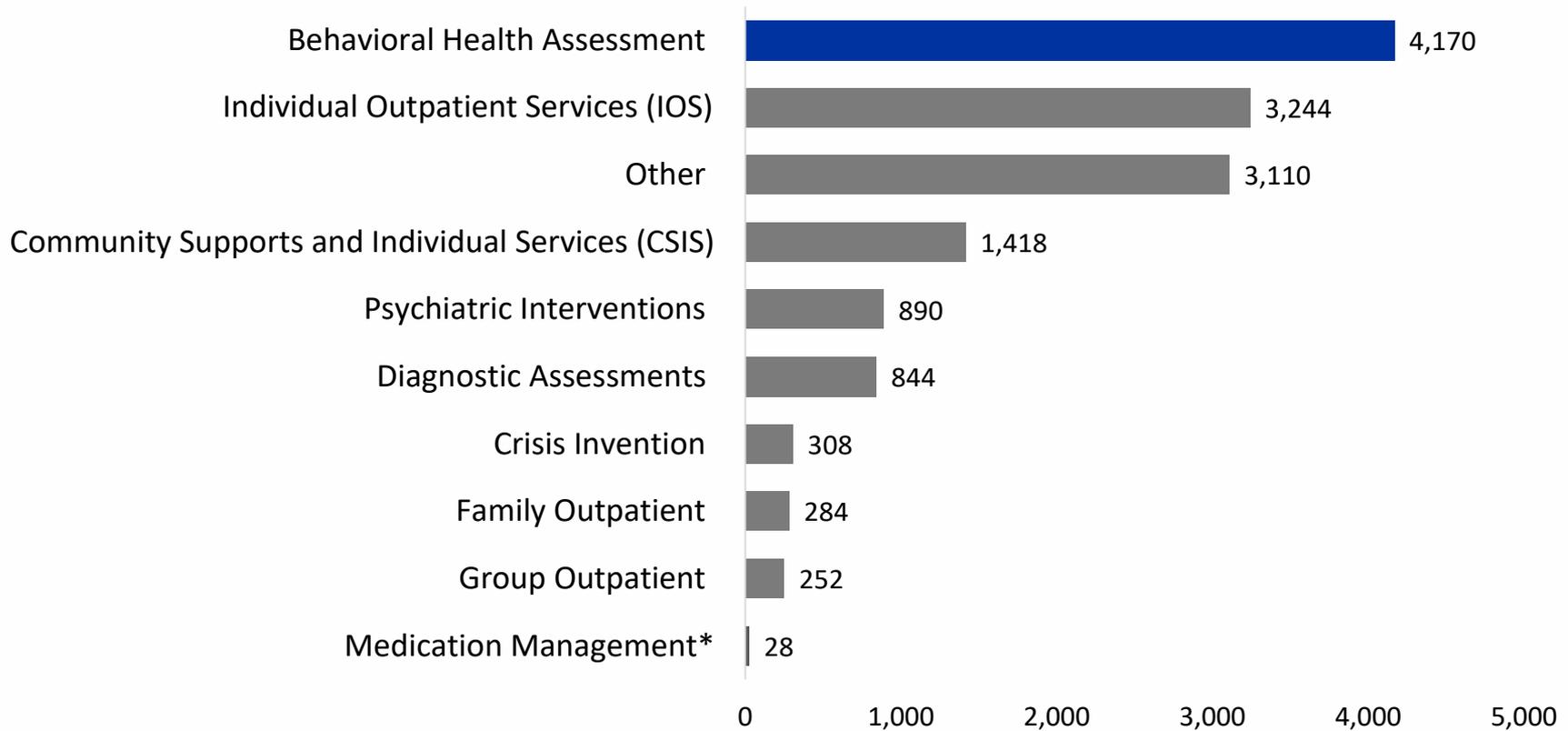


*Medication management became a new service type in Quarter 4.

Source: MPR



Total Number of First-Time Services by Type



*Medication management became a new service type in Quarter 4.

Source: MPR

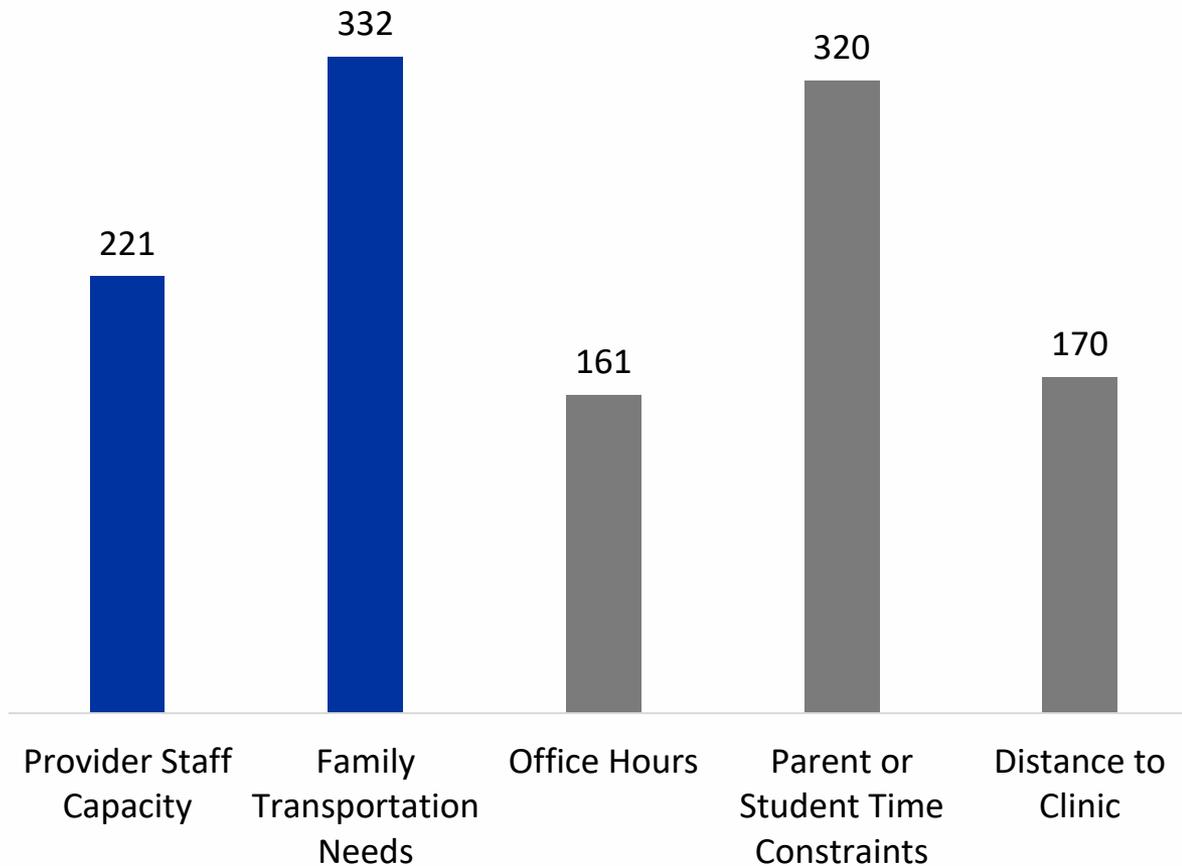
Barriers and Facilitators to Implementing SBMH Services



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As reported by providers, family transportation needs (28%) and parent/student time constraints (26%) are the biggest barriers to general access to behavioral health services in the community.



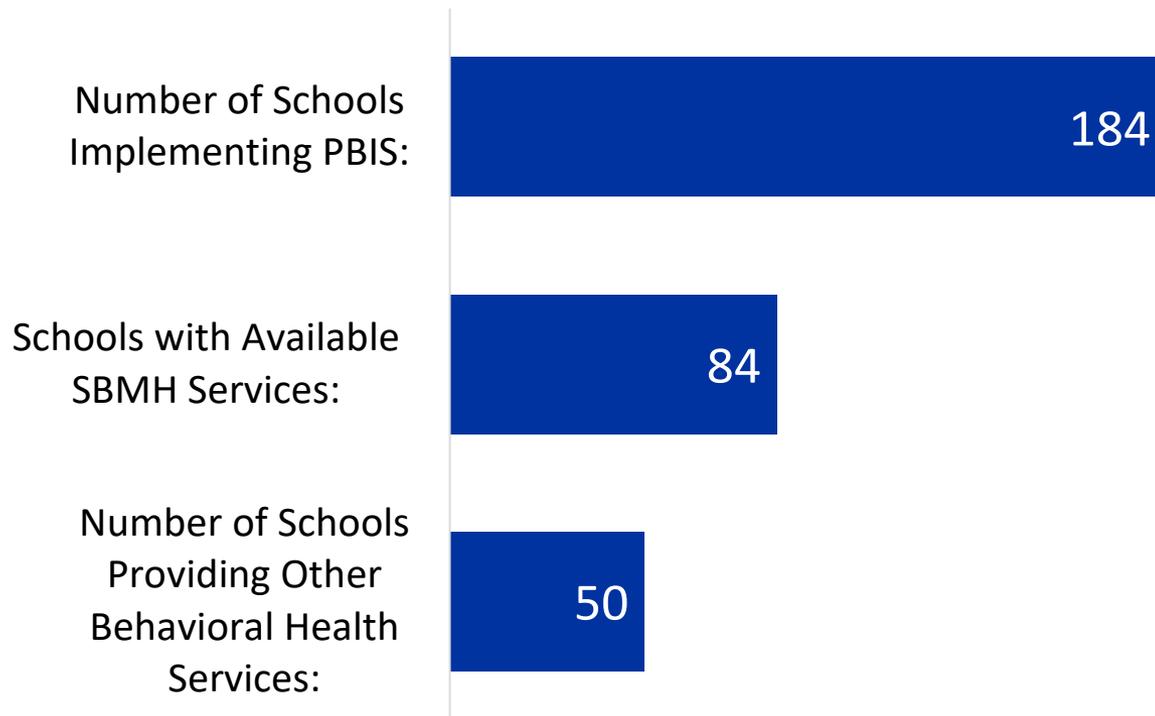
Providers are becoming more creative in their approach to circumventing transportation barriers.

“We transport, pick them up, do therapy or assessments in their homes, or meet them in the community.”

—Apex provider

Source: YES

Prior to implementing the Apex program, schools were offering various school- and behavioral health–based programs.



58% of schools served were implementing Positive Behavioral Interventions and Supports (PBIS) prior to implementing Apex, which may lead to some level of readiness for Apex implementation.

Source: YES

Other School-Based Mental Health Services Offered

20% (82 providers) reported providing Youth Mental Health First Aid Training

8% (33 providers) reported providing Trauma Informed Practice

6% (26 providers) reported providing Social Emotional Learning curricula

“Youth Mental Health First Aid is changing school culture by bringing awareness to mental health challenges that might be disguised as misbehavior.”

–Apex provider

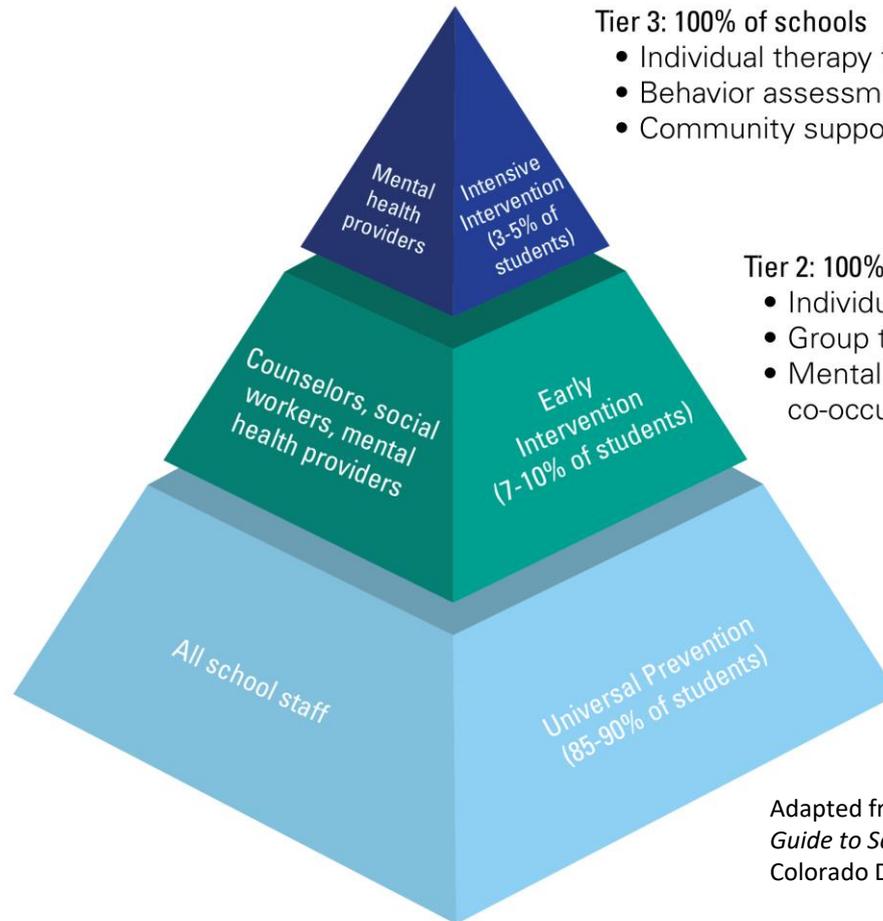
Source: YES



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Mental Health Activities with Apex Schools, 2018-2019



Tier 3: 100% of schools

- Individual therapy for indicated students: 89%
- Behavior assessment: 77%
- Community support services: 66%

Tier 2: 100% of schools

- Individual therapy for at-risk students: 83%
- Group therapy for at-risk students: 34%
- Mental health and/or substance abuse and/or co-occurring clubhouse referral: 18%

Tier 1: 92% of schools

- School events: 67%
- Mental health awareness events: 45%
- Classroom observation: 39%

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



Providers, in collaboration with schools, have indicated success **in expanding access to care** across Tiers 1, 2, and 3.

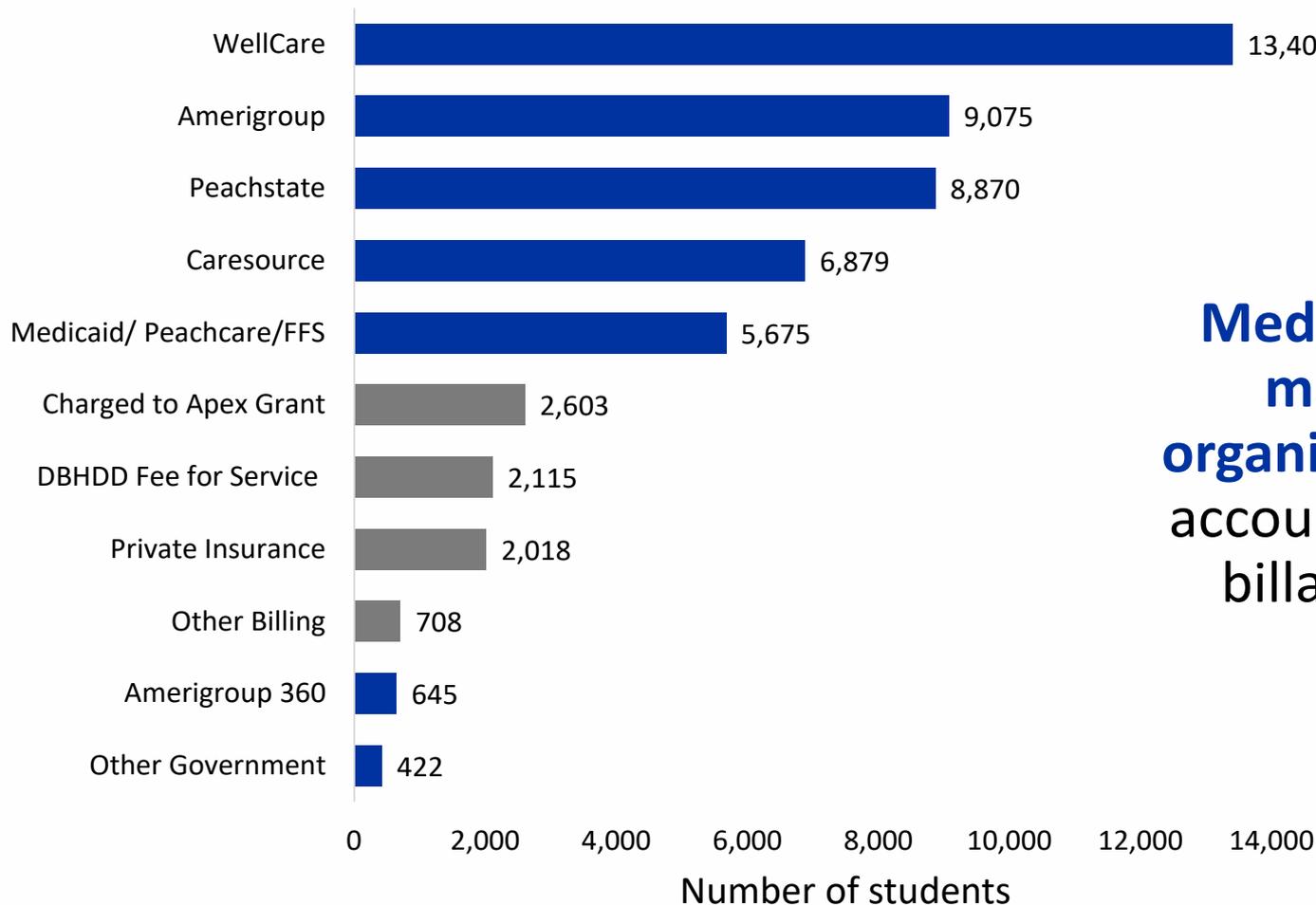
Source: YES



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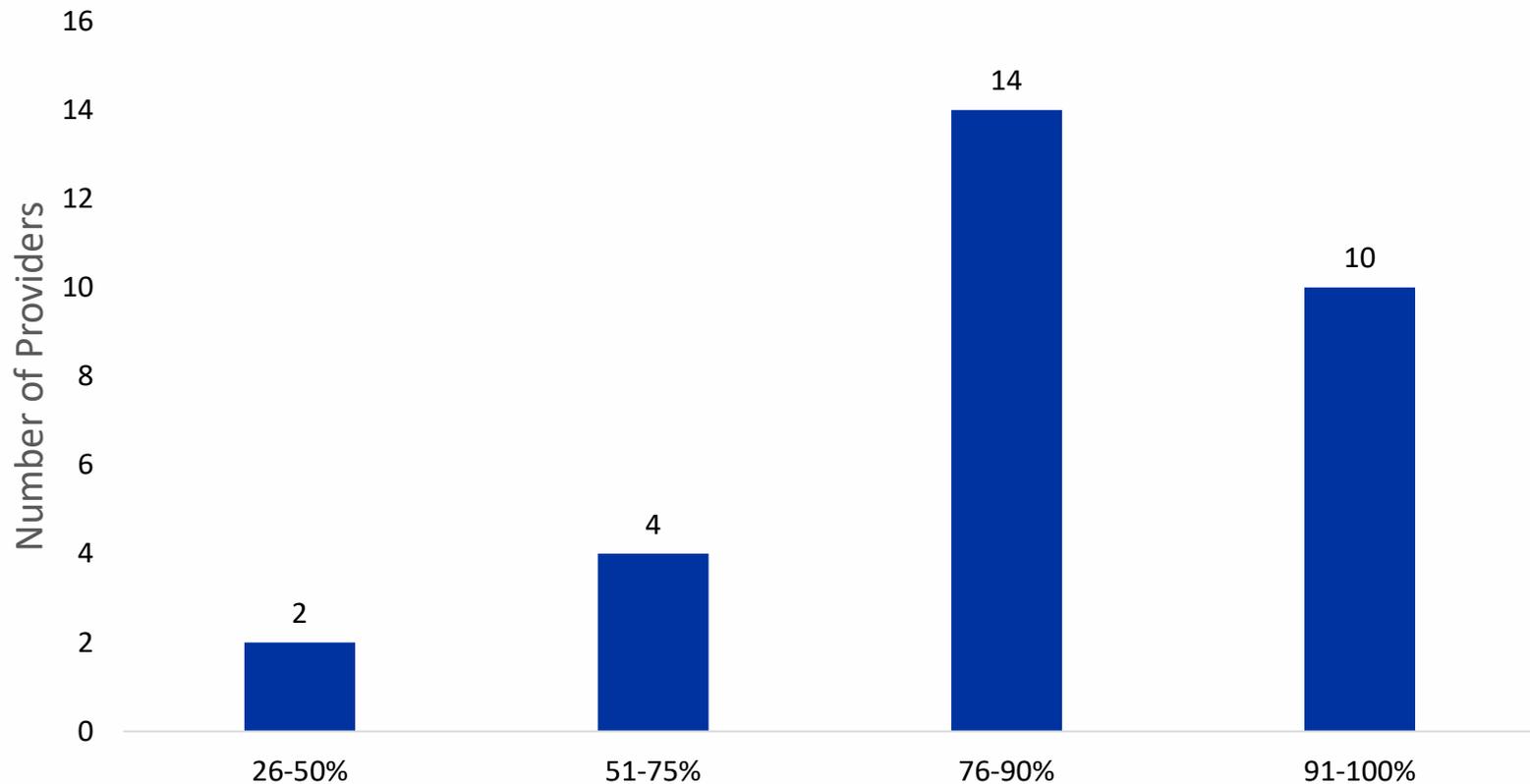
Apex Billing by Payer Source



Medicaid and care management organizations (CMOs) accounted for 86% of billable students.

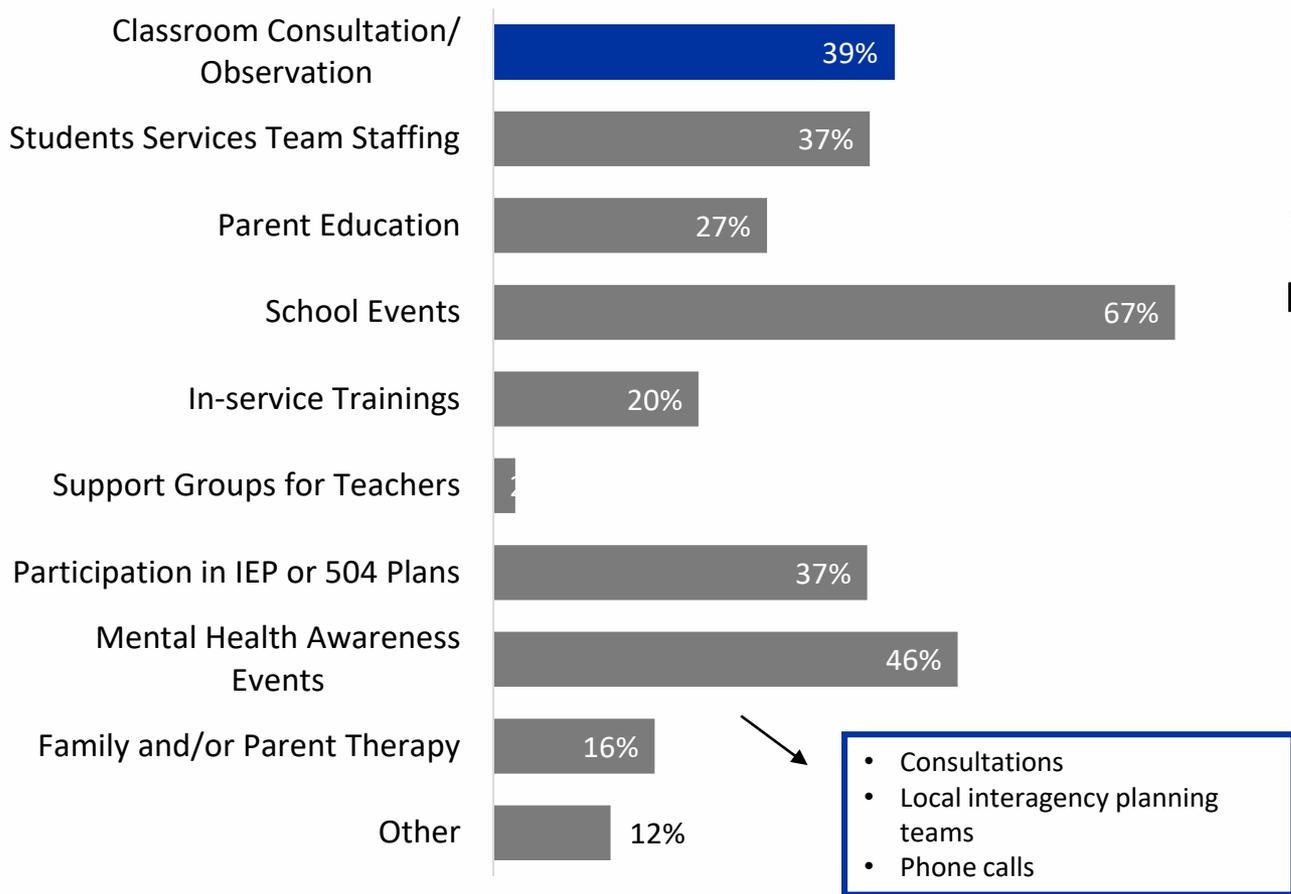
Source: MPR

Percentage of Services Billed to a Third-Party Payer — Medicaid, CMOs, or Private Insurance (*n* = 30)



Source: YES

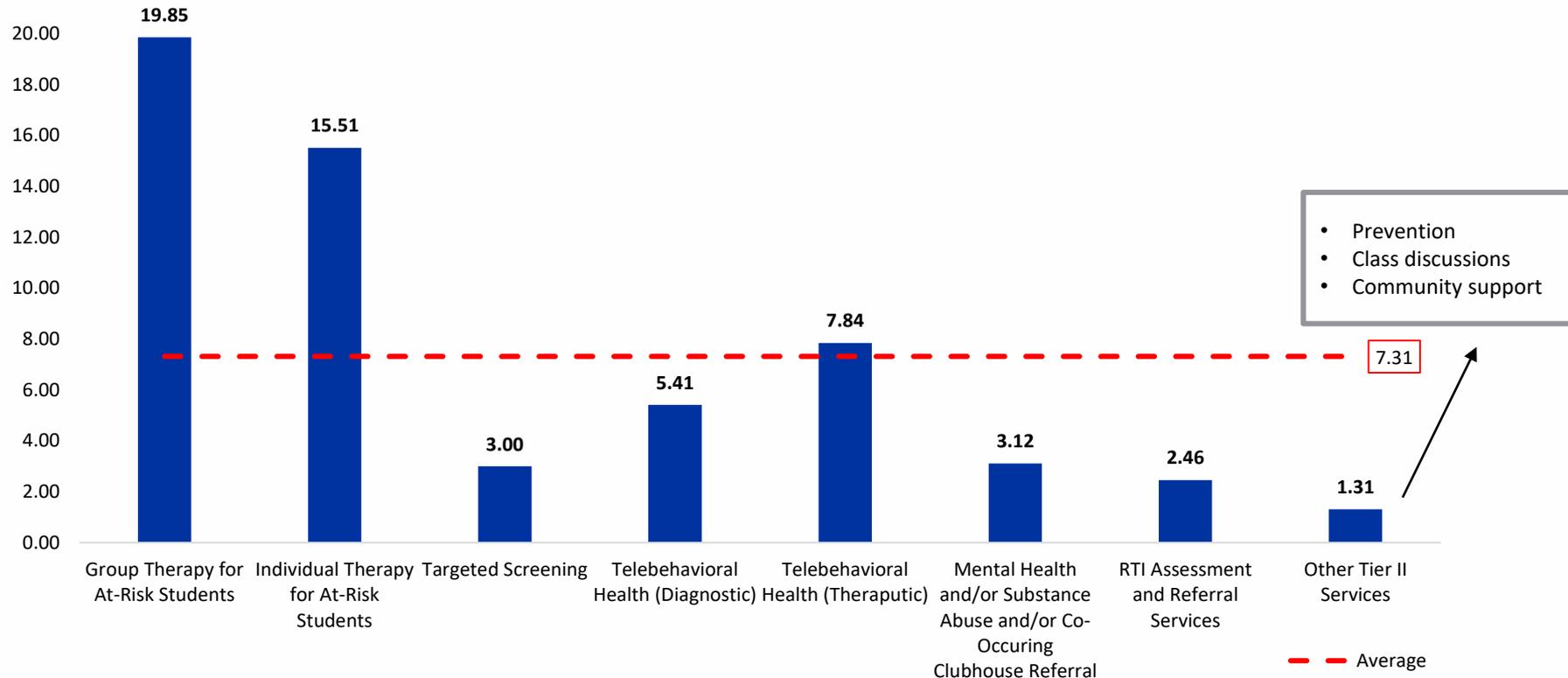
Tier 1 — Universal Prevention: Nonbillable Activities Reported per School for the Year



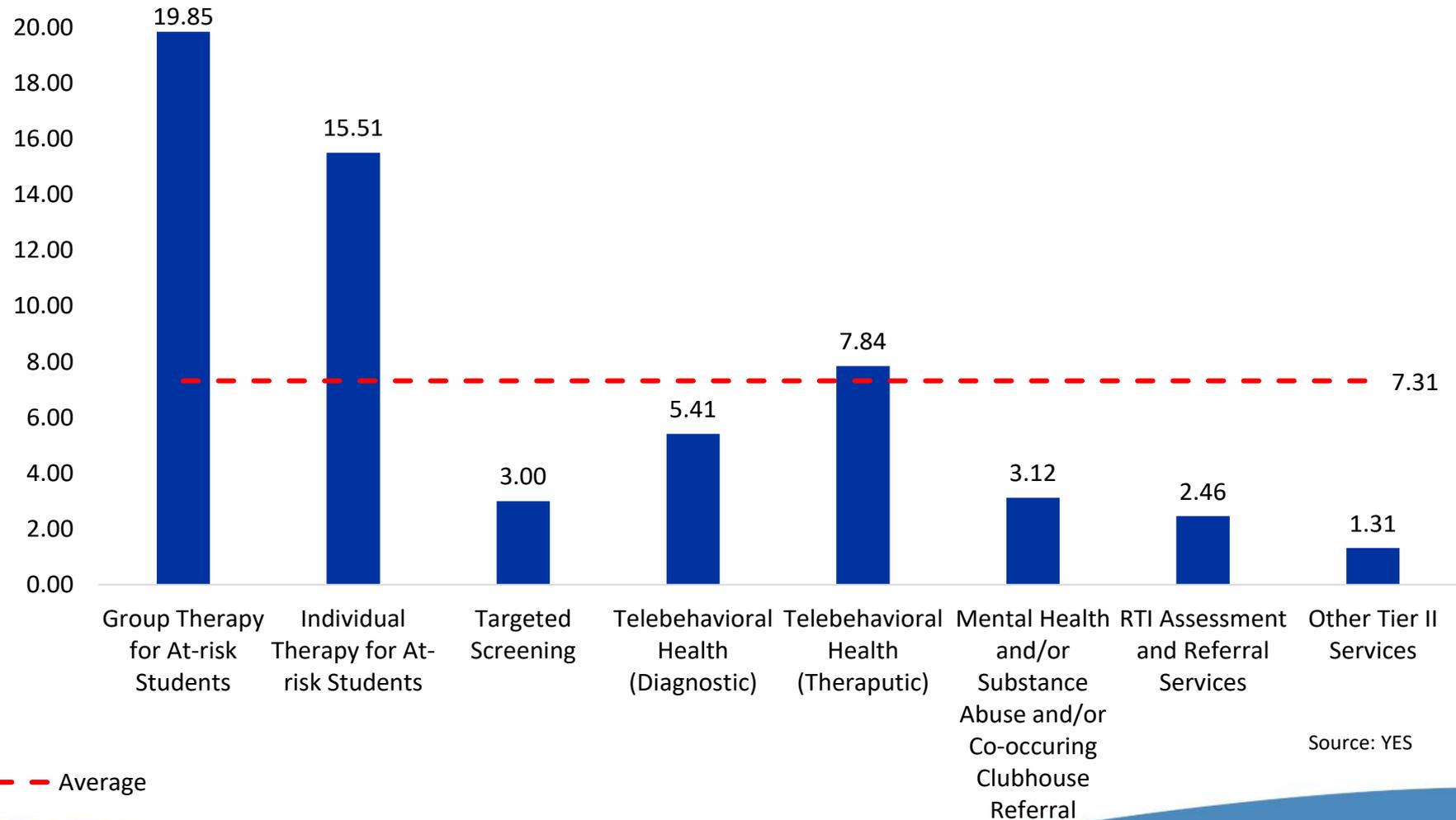
For all Apex schools, providers reported engaging in over **21,181** nonbillable activities during Year 4.

Source: YES

Individual therapy for at-risk students is the most frequently reported Tier 2 activity per school.



Monthly Average of Tier II Early Intervention Activities per School



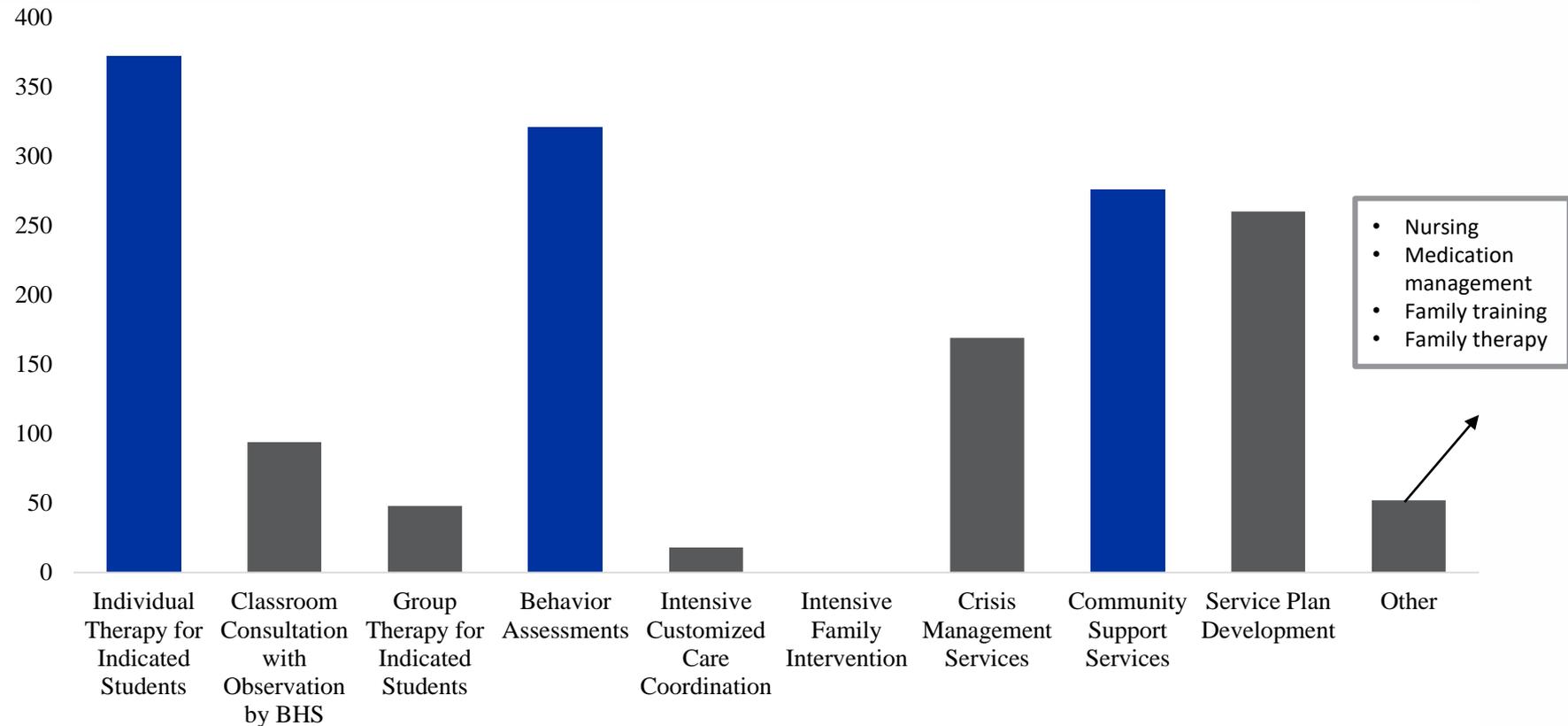
Source: YES



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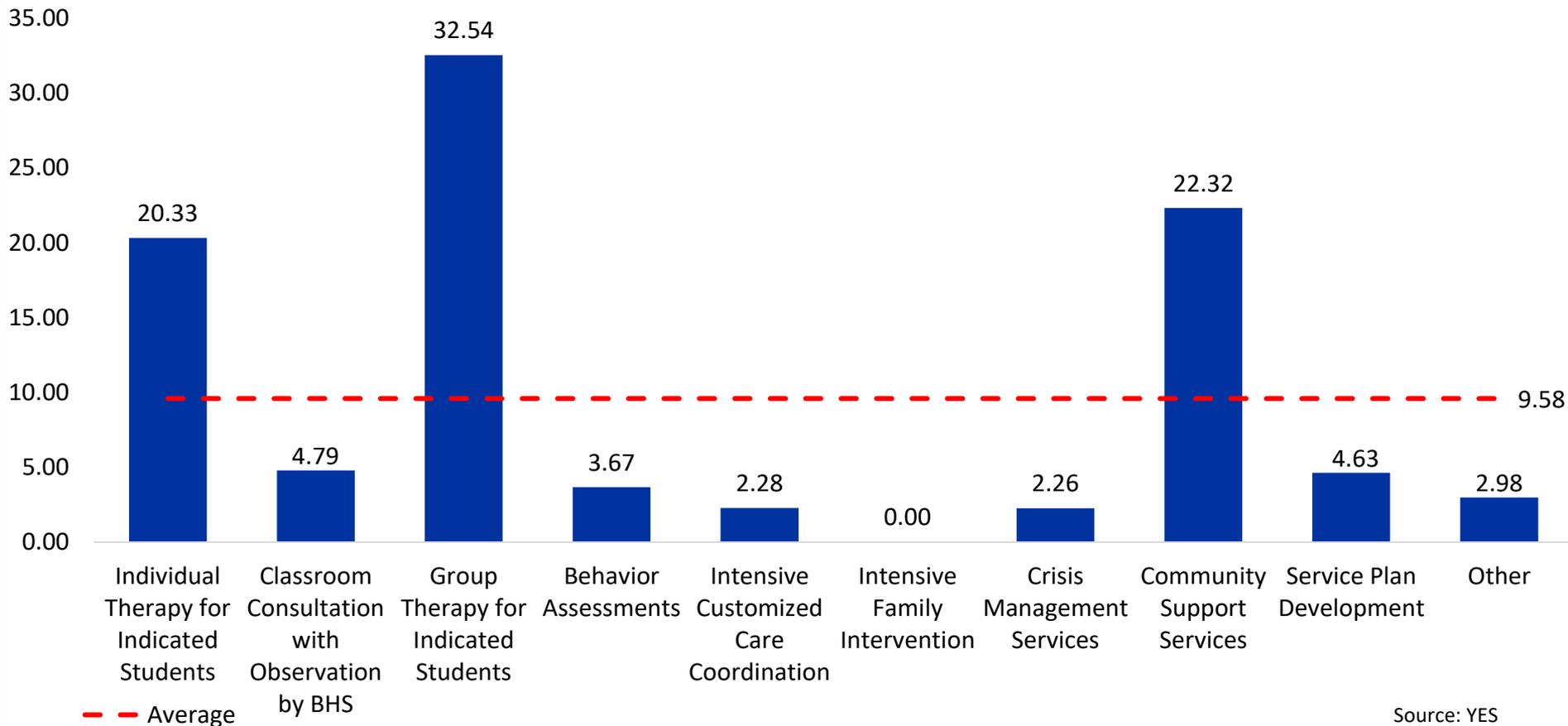


Individual therapy, behavior assessments, and community support services for indicated students are the most frequently reported Tier III activities.



Source: YES

Monthly Average of Tier III Early Intervention Activities per School

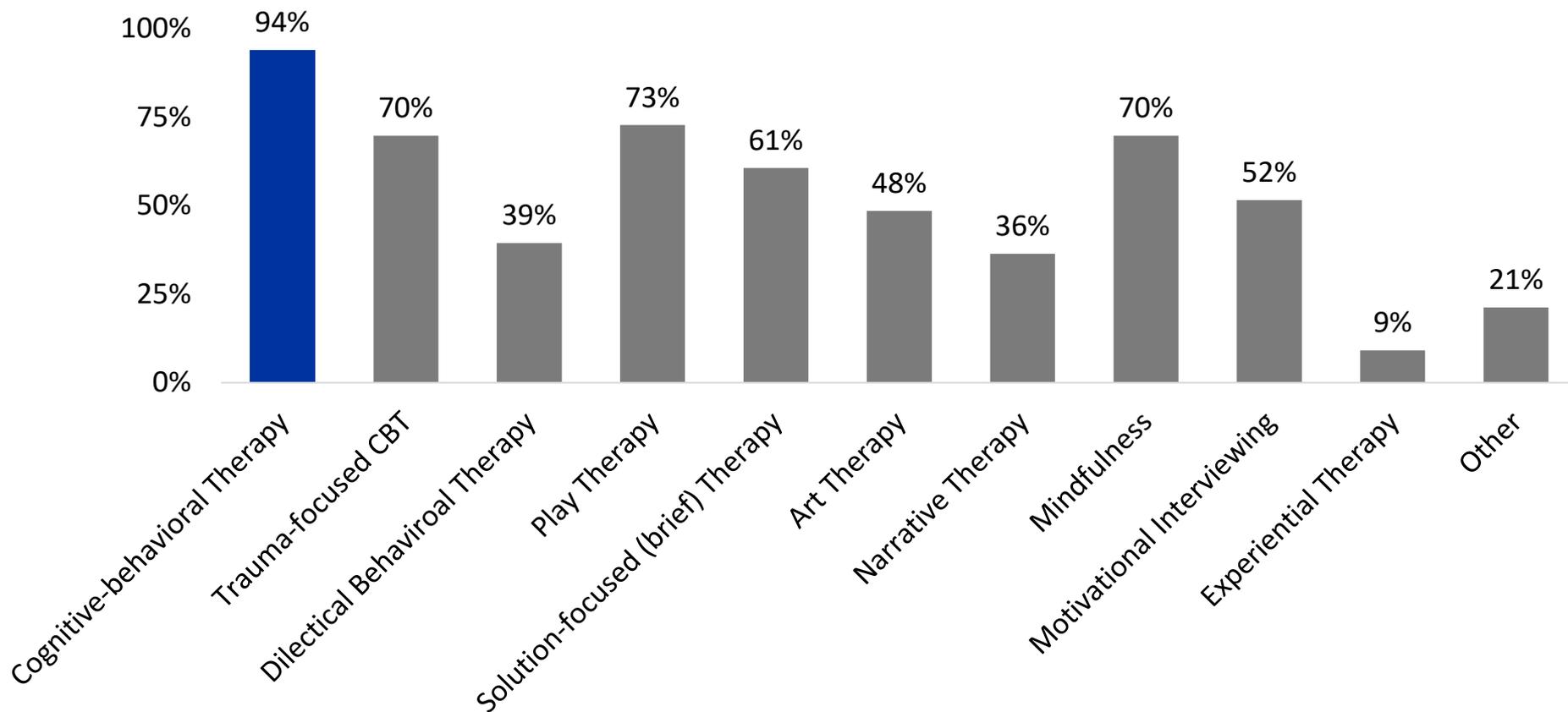


Source: YES

In addition to participating in mental health promotion activities and embedding themselves in the school culture, providers are actively implementing a variety of evidence-based practices (EBPs) to meet the needs of the students they serve.



Cognitive-behavioral therapy (CBT) is the most frequently reported evidence-based practice utilized by providers.



Strong partnerships between the **provider** and **schools** are also critically important components of successful SBMH implementation





447 therapists are providing services in Apex schools;

HOWEVER,

Only 151 or 1/3 of the therapists are staffed at the school all day.

The majority of providers deliver services during school hours (48%), in comparison to after school hours (26%) or during school breaks (26%).

Source: YES

Integration of Behavioral Health Providers Into Apex Schools

Almost half of the responding providers have a private office within the school (**49%**).

45% responded that they have a shared space in which they operate.

Providers reported attending staff/committee meetings (**37%**), as well as serving on the disciplinary team/protocol (**23%**).

Providers reported that a school ID (**18%**) or email (**16%**) had been issued to them.

Source: YES



Lessons Learned

Information derived from qualitative analysis helps to validate the importance of relationship-building between school partners and providers.

Key themes illuminate the lessons learned from providers and school partners that warrant further exploration:

Assessing School and Provider Readiness for Implementation

Best Practices

Workforce Development



Assessing School and Provider Readiness for Services

- Develop formal and informal **application processes** to help inform school selection.
- Ensure clear **understanding of the expectations** of both partners.
- Confirm availability of space, sufficient scheduling options, referral processes, and other appropriate resources to ensure **constant and consistent presence** of a provider.



Best Practices

- **Foster relationships** with schools/districts to ensure buy-in for programming.
- **Engage in nonbillable activities** early and often.
- **Educate school staff** on mental well-being to ensure appropriate referrals.



Workforce Development

- Draft appropriate **job descriptions** to ensure appropriate applicants.
- Offer adequate administrative and clinical **supervision** to school-based staff.
- Align clinical staffing model for **school-based therapists** with educational staffing model.



Apex Program Outcomes



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Mental Health Planning and Evaluation Template (MHPET)

- A 34-indicator measure using a Likert scale that operates as a quality team assessment tool.
- Developed to improve the quality of mental health services delivered within school-based settings.
- Targets areas of strength and improvement in school-based mental health.



- A Wilcoxon signed-rank test was used to compare the MHPET scores from September to May.
- The z statistic is the test statistic used, along with the p -value, to determine if there is a significant difference between two sets of responses (i.e., September and May) on a Likert scale test.
- There were **significant increases** in the September 2018 to May 2019 MHPET scores in the following areas:

Policies/operations adherence

Evidence-based/strength-based training

Service delivery

Training on competency



Mental Health Planning and Evaluation Template (MHPET) Scores

Dimensions 1 & 2 1 (Operations) 2 (Stakeholder Involvement)	Mean (SD) Sept. 2018	Median	Mean (SD) May 2019	Median	Z Statistic
4. Clear protocols and supervision for handling student's problems and crises (D 1: Operations)	5.06 (1.33)	6.00	5.23 (1.00)	6.00	-1.67
5. Clear policies and procedures to share information (D 1: Operations)	5.43 (1.14)	6.00	5.65 (.730)	6.00	-3.46**
7. Families are partners in developing and implementing services. (D 2: Stakeholder Involvement)	4.90 (1.48)	6.00	4.87 (1.37)	5.00	-.495
8. Teachers, administrators, and school staff understand the rationale for mental health services. (D 2: Stakeholder Involvement)	4.94 (1.35)	6.00	4.91 (1.08)	5.00	-.734

Note: ** $p < .01$

Source: MPR

MHPET Scores (continued)

Dimensions: 3, 4, and 5
 3 (Staff Training and Support)
 4 (ID, Referral, and Assessment)
 5 (Service Delivery)

Mean (SD)
Sept. 2018

Median

Mean (SD)
May 2019

Median

z
Statistic

11. Training and ongoing support and supervision in implementing evidence-based intervention (D 3: Staff and Training)	5.13 (1.34)	6.00	5.40 (.846)	6.00	-3.58**
12. Training, support, and supervision in strengths-based culturally competent services (D 3: Staff and Training)	5.18 (1.26)	6.00	5.38 (.868)	6.00	-2.34*
14. Adopted a shared protocol that clearly defines when and how to refer students (D 4: Identification (ID), Referral, and Assessment)	5.35 (1.11)	6.00	5.30 (.985)	6.00	-1.17
18. A range of activities and services provided for youth in general and special education (D 5: Service Delivery)	4.52 (1.69)	5.00	4.72 (1.35)	5.00	-2.11*

Note: * $p < .05$; ** $p < .01$

Source: MPR

MHPET Scores (continued)

Dimensions: 6, 7, and 8 6 (School Coordination and Collaboration) 7 (Community Coordination and Collaboration) 8 (Quality Assessment and Improvement)	Mean (SD) Sept. 2018	Median	Mean (SD) May 2019	Median	z Statistic
24. Staff develops and maintains relationships and participates in training and meetings. (D 6: School Coordination and Collaboration)	4.73 (1.70)	6.00	4.91 (1.28)	5.00	1.20
30. Services are coordinated with community-based mental health and substance abuse organizations. (D 7: Community Coordination and Collaboration)	4.58 (1.59)	5.00	4.64 (1.40)	5.00	-.436
33. A stakeholder-informed mental health quality assessment and improvement (QAI) plan is implemented. (D 8: Quality Assessment and Improvement)	4.40 (1.74)	5.00	4.46 (1.57)	5.00	-.353

Source: MPR

The Child and Adolescent Needs and Strengths (CANS)

The CANS assesses exposure to trauma, needs, and strengths through the following domains: life functioning, child risk behaviors, acculturation, child behavioral/emotional needs, traumatic stress symptoms, traumatic/adverse childhood experiences, child strengths, substance use, and caregiver(s) needs and strengths.



CANS

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) GEORGIA COMPREHENSIVE – 5-17

Please appropriate use: Initial CANS Reassessment (indicate time of reassessment) _____ Date: _____
 Discharge

Child's Name _____ SSN _____ DOB _____ Sex M F Race/Ethnicity _____

Assessor (Print Name): _____ OASIS/DJJ/DOE # _____

Current Placement: Home Group Home PRTF Family/Relation Home Other (indicate placement) _____

Planned Permanent Caregiver: _____ Relation: _____

LIFE DOMAIN FUNCTIONING				
	0 = No evidence of problems	1 = History, Mild	2 = Moderate	3 = Severe
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational Developmental (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acculturation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLANNED PERMANENCY CAREGIVER STRENGTHS AND NEEDS				
	Not applicable - No Caregiver Identified			
	0 = No evidence of problems	1 = Minimal Needs	2 = Moderate Needs	3 = Severe Needs
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD STRENGTHS				
	0 = Centerpiece	1 = Useful	2 = Centerpiece	3 = Useful
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents / Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual / Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL / EMOTIONAL NEEDS				
	0 = No evidence of problems	1 = History, Watch/Prevent	2 = Causing problems, consistent with diagnosable disorder	3 = Causing severe/dangerous problems
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse / Hyper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCHOOL				
	0 = No evidence of problems	1 = Minimal Needs	2 = Moderate Needs	3 = Severe Needs
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK BEHAVIORS

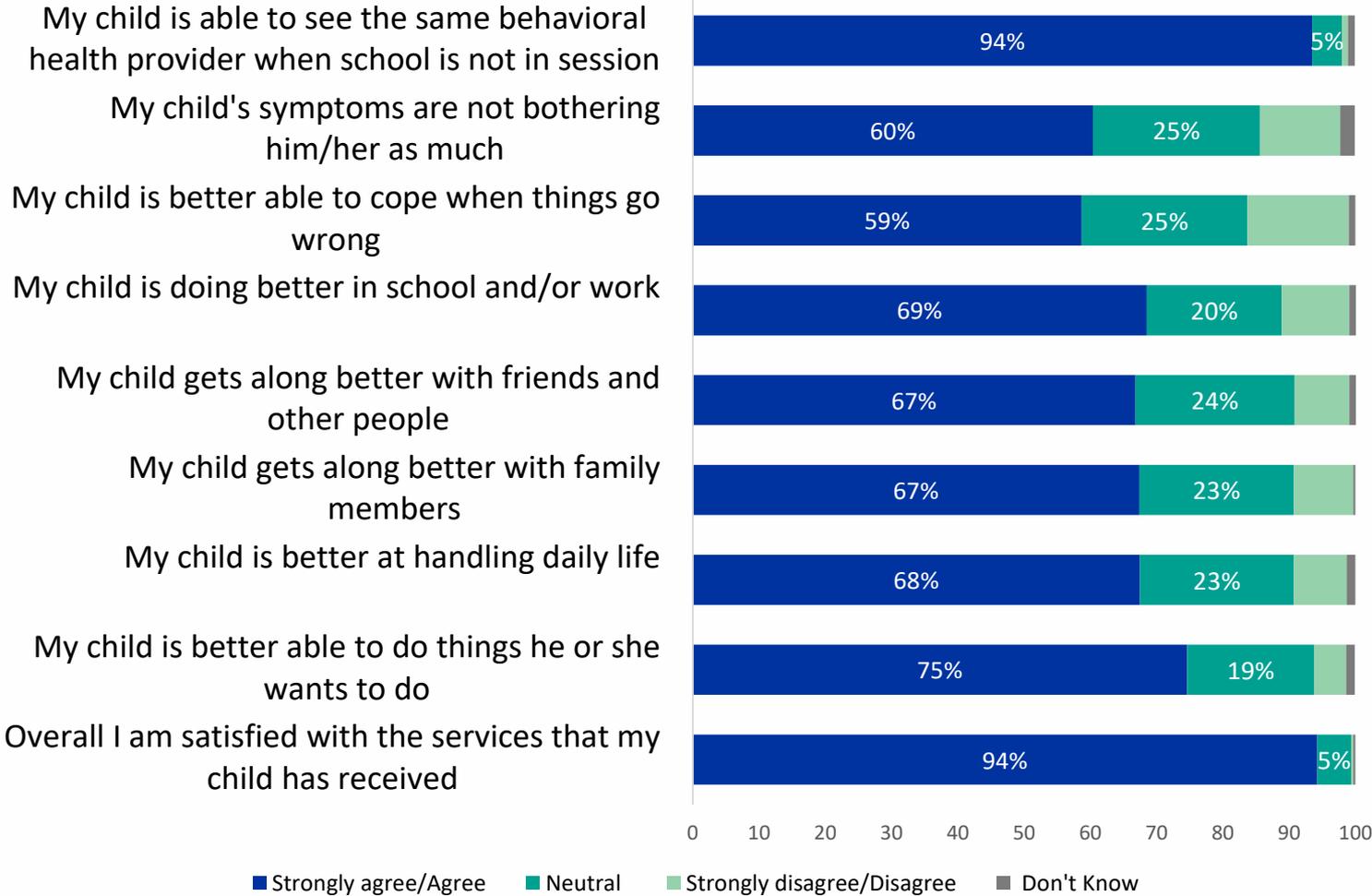
56% of reassessed students showed improvement.

Parent Survey

- 14-item instrument designed to explore parents' perspectives on how receiving services has impacted the behavioral health of their children.
- Questions address child's functioning since joining Apex, satisfaction with the services the child has received, the child's ability to handle daily life, and improvement in work and school.



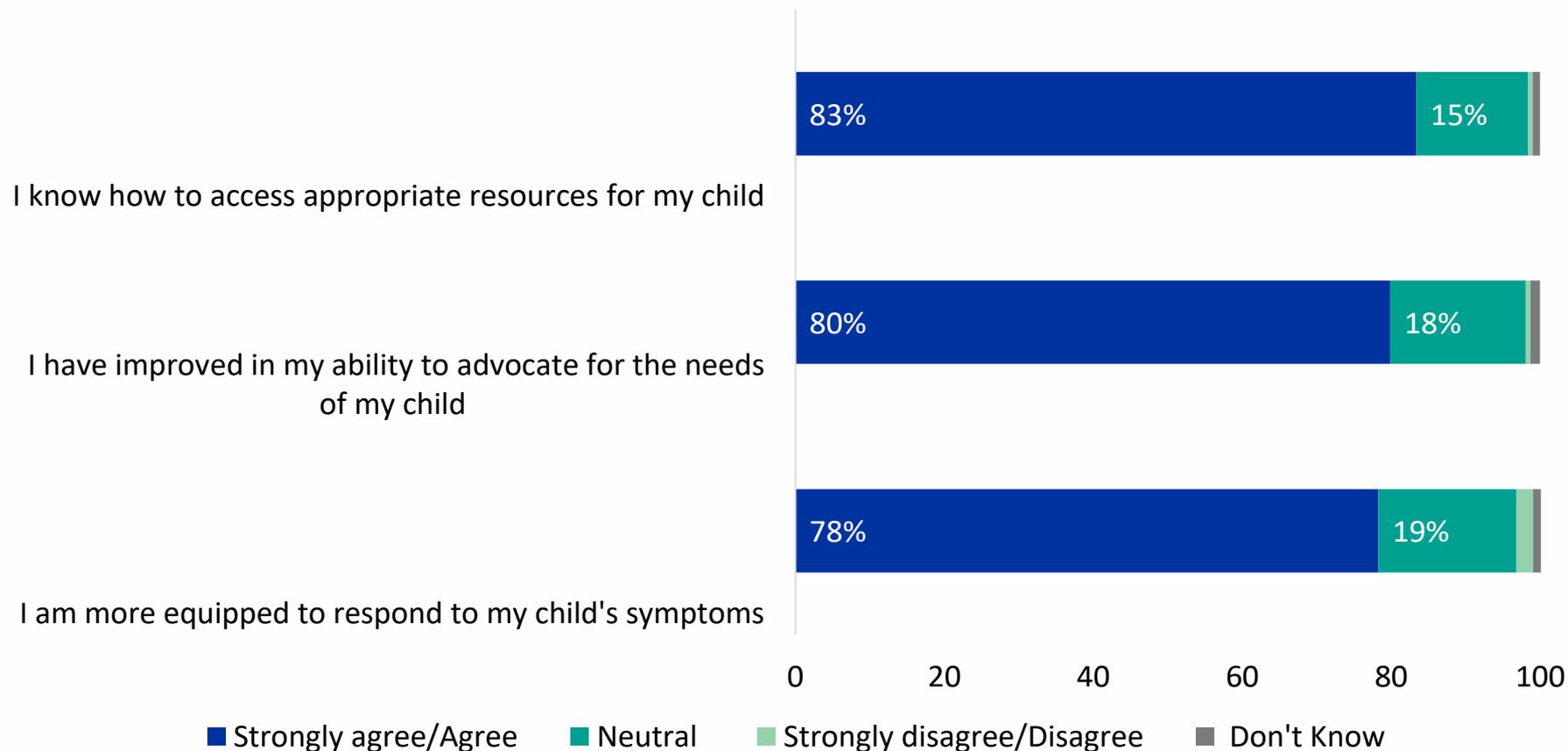
Child's Mental Health Progress (n = 314)



94% of parents report they are satisfied with the services their child has received.

Source: Parent Survey

Parent's Self-Efficacy ($n = 314$)



Source: Parent Survey

80% of parents reported being able to spend more time at work since their child received services at school.

72% are satisfied with their family life right now.



Length of Enrollment in Apex

310

Average number of days in service across Year 4 as reported by the parent.

Source: Parent Survey



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Higher Level of Care

Average of one student per school required a higher level of care* (e.g., short-term crisis stabilization, inpatient hospitalization or extended residential treatment).

This number remained steady from Year 3 to Year 4, indicating that very few students receiving Apex services were hospitalized due to crisis or required more intensive external services during the program year.

*Information related to a higher level of care was reported for the first time in Year 3. Future data-collection efforts will continue to track this data in order to detect meaningful changes in the program outcomes related to student functioning.

Source: YES



School Climate Analysis



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What Is School Climate?

School climate refers to the quality and character of school life.

School climate is based on patterns of students', parents', and school personnel's experience of school life and reflects norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structures.

National School Climate Center:

<https://www.schoolclimate.org/school-climate>



School Climate Data

Publicly available data from the Georgia Department of Education (GaDOE) and the Governor's Office of Student Achievement (GOSA) provide descriptive information such as enrollment, school type, and Title I status, as well as information related to school climate.

School Climate Star Rating is calculated by the GaDOE annually and awards each school a rating of 1 to 5. The star rating consists of four components: Georgia Student Health Survey, school discipline, safe and substance-free learning environment, and schoolwide attendance.



Apex, Apex + PBIS, and Statewide Schools: Changes in School Outcomes From 2015–2018

	Statewide (n = 1980)	Apex Schools (n = 52)	Apex Schools + PBIS Implementation (n = 60)
Mean Differences in Averages per School from 2015 to 2018:			
Student Discipline Incidents	-.85**	-1.40	-2.50
Bullying/Harassment Incidents	-24.29**	-27.66**	-25.72**
In-School Suspension Rate	+1.94**	+1.90	+ .78
Out-of-School Suspension Rate	+.92**	+.92	+1.65
Violent Incidents	+11.05**	+10.89**	+14.42**
Drugs/Alcohol Score	-1.80**	-1.47*	-.50
Schoolwide Attendance***	-2.16**	-2.27*	-1.50**
Student Attendance***	-9.80**	-13.67**	-8.86**
Climate Star Rating	-.35**	-.44**	-.68**
Final Climate Score	-3.71**	-3.34**	-5.47**
Student Perception Score	-2.24**	-4.39**	-1.32*
Parent Perception Score	-2.54**	-2.35	-3.30**
Personnel Perception Score	-3.56**	-3.99**	-4.44*
Safe and Substance-Free Environment Score	-.98**	-2.09**	-.63

Note: * $p \leq .05$; ** $p \leq .01$

Apex and Apex + PBIS schools reported larger, significant mean differences across most school-related outcomes. Overall, all schools improved in outcomes over time.

*** Lower student and schoolwide attendance scores calculated by the GaDOE reflect lower average numbers of unexcused absences.

Source: GaDOE

“We had a lot of discipline go down because now teachers and administrators know there may be other things going on. People are looking for the root instead of defaulting to discipline.”

—School Partner

Source: GaDOE



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Apex and Apex + PBIS Results:

Changes from 2015 to 2018

- 
- Decreased bullying/harassment for Apex and Apex + PBIS schools

- 
- Fewer student and school-wide unexcused absences for Apex and Apex + PBIS schools

- 
- Increased average School Climate Star Ratings and final school climate score for Apex and Apex + PBIS schools

- 
- Increased average scores of student perception, parent perception, and personnel perception of school climate for Apex and Apex + PBIS schools

- 
- Increased safe and substance-free environment and drugs/alcohol scores for Apex-only schools

Source: GaDOE

Apex Year 4 Recap



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- Findings from the evaluation continue to provide evidence of **advancing the programmatic goals: increased access, early detection**, and increased **sustained coordination** between community-based mental health providers and schools/school districts.
- Providers are collaborating with schools to advance mental health promotion and prevention strategies by **delivering services across all three tiers** identified in the SBMH framework.
- As it relates to school climate, Year 4 Apex schools **report significant positive changes in outcomes related to school climate, attendance, and discipline**.
- Providers and school partners reported many lessons learned related to **assessing readiness for implementation, workforce development**, as well as identifying **best practices**.



Considerations for Apex Year 5 Evaluation

- Focus on collecting data to support the achievement of **programmatic and evaluation goals**.
- Continue to collate **best practices**.
- Identify opportunities to **track student-level data** across time.
- Understand the unique experiences to implementing in **rural areas**.
- Investigate opportunities and barriers for **provider-school partnerships**.





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