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

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

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia Department of Behavioral Health and Development Disabilities (DBHDD)</td>
<td>• State agency with oversight of public mental health system for children, youth, and adults; funds Apex programming.</td>
</tr>
<tr>
<td>Apex School Partners</td>
<td>• Schools and school districts implementing programming.</td>
</tr>
<tr>
<td>Youth and Families</td>
<td>• Direct beneficiaries and active participants of the Georgia Apex Program.</td>
</tr>
<tr>
<td>Apex SBMH Providers</td>
<td>• Community-based mental health agencies around the state that provide direct care to children and youth.</td>
</tr>
<tr>
<td>Center of Excellence for Children’s Behavioral Health (COE)</td>
<td>• Conducts program evaluation and provides technical assistance support to the community-based mental health providers.</td>
</tr>
<tr>
<td>Georgia Department of Education (GaDOE)</td>
<td>• Provides publicly available data regarding the educational outcomes and well-being of students.</td>
</tr>
</tbody>
</table>
Programmatic Goals of Apex

- Improve access to mental health services for children and youth.
- Provide early detection of child and adolescent behavioral health needs.
- Sustain increased coordination between Georgia’s community mental health providers and local schools and districts in their service areas.
Three-Tiered Approach to SBMH

“ Apex” of the Pyramid

Tier 3
- Intensive Intervention (3-5% of students)

Tier 2
- Early Intervention (7-10% of students)

Tier 1
- Universal Prevention (85-90% of students)

Apex Evaluation Goals

1. Demonstrate program’s ability to meet intended goals/outcomes
2. Identify facilitators and barriers to sustainability and replication
3. Provide foundational information to support programs to tell their story
# Apex Program Evaluation Design

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

Quarter 1 (Q1)  
July, August, September  

Quarter 2 (Q2)  
October, November, December  

Quarter 3 (Q3)  
January, February, March  

Quarter 4 (Q4)  
April, May, June

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

Source: Monthly Progress Report (MPR)
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
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

Source: Year End Survey (YES)
## Apex-Engaged Schools by School Type

<table>
<thead>
<tr>
<th>School Type</th>
<th>Number of Schools</th>
<th>Percent of Schools</th>
<th>Overall Student Enrollment</th>
<th>Percent Overall Student Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary school</td>
<td>199</td>
<td>46%</td>
<td>130,763</td>
<td>41%</td>
</tr>
<tr>
<td>Middle school</td>
<td>107</td>
<td>25%</td>
<td>82,186</td>
<td>26%</td>
</tr>
<tr>
<td>High school</td>
<td>109</td>
<td>25%</td>
<td>106,054</td>
<td>33%</td>
</tr>
<tr>
<td>Alternative schools</td>
<td>21</td>
<td>4%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>436</strong></td>
<td><strong>100%</strong></td>
<td><strong>319,003</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*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.
75% of Apex providers offer a summer program for Apex students.

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

Source: YES
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.

Summer Program Partners

- School: 219
- DBHDD Clubhouse: 110
- Other: 95
- Boys & Girls Club: 48
- YMCA: 14

Source: YES
Apex Students
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.
Total Number of First-Time Apex Students by Quarter

Quarter 1 (Q1)
July, August, September

Quarter 2 (Q2)
October, November, December

Quarter 3 (Q3)
January, February, March

Quarter 4 (Q4)
April, May, June

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

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

* Some referrals may not result in services

Source: YES
Majority of students were referred by counselors. 

70% Counselors

Counselor: 13,343
Parent: 1,993
Other: 1,471
Social Worker: 1,289
Principal: 441
Support Staff: 244
Teacher: 197
*State Entity: 119
*Primary Care: 55
*Self-referral: 29
Nurse: 13
*Lipt: 1

Source: MPR

LIPT= Local Interagency Planning Team

* New referral source in Quarter 4
Majority of first-time students were also referred by counselors.
Top Three Referral Reasons:
Behavior outside classroom, classroom conduct, and depression
(% of providers reporting, n = 31)

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

Source: MPR
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
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.
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

- **Q1**: Services 22,259, Students 9,073
- **Q2**: Services 29,963, Students 13,166
- **Q3**: Services 35,891, Students 15,437
- **Q4**: Services 34,066, Students 14,117

Source: MPR
Total Number of **First-Time** Students and Services by Quarter

<table>
<thead>
<tr>
<th>Quarter</th>
<th>First-time Services</th>
<th>First-time Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>3,270</td>
<td>1,181</td>
</tr>
<tr>
<td>Q2</td>
<td>3,734</td>
<td>1,445</td>
</tr>
<tr>
<td>Q3</td>
<td>4,008</td>
<td>1,593</td>
</tr>
<tr>
<td>Q4</td>
<td>3,536</td>
<td>1,200</td>
</tr>
</tbody>
</table>

Source: MPR
The average unique number of students served by Apex providers per school has **increased** over the past three years.
Total Number of Services by Type

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Outpatient Services (IOS)</td>
<td>42,502</td>
</tr>
<tr>
<td>Community Supports and Individual Services (CSIS)</td>
<td>20,656</td>
</tr>
<tr>
<td>Psychiatric Interventions</td>
<td>10,218</td>
</tr>
<tr>
<td>Behavioral Health Assessment</td>
<td>9,606</td>
</tr>
<tr>
<td>Group Outpatient</td>
<td>6,460</td>
</tr>
<tr>
<td>Family Outpatient</td>
<td>3,453</td>
</tr>
<tr>
<td>Diagnostic Assessments</td>
<td>3,379</td>
</tr>
<tr>
<td>Crisis Invention</td>
<td>1,124</td>
</tr>
<tr>
<td>Medication Management*</td>
<td>374</td>
</tr>
</tbody>
</table>

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

Source: MPR
Total Number of First-Time Services by Type

Behavioral Health Assessment: 4,170
Individual Outpatient Services (IOS): 3,244
Other: 3,110
Community Supports and Individual Services (CSIS): 1,418
Psychiatric Interventions: 890
Diagnostic Assessments: 844
Crisis Invention: 308
Family Outpatient: 284
Group Outpatient: 252
Medication Management*: 28

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

Source: MPR
Barriers and Facilitators to Implementing SBMH Services
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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Schools Implementing PBIS:</td>
<td>184</td>
</tr>
<tr>
<td>Schools with Available SBMH Services:</td>
<td>84</td>
</tr>
<tr>
<td>Number of Schools Providing Other Behavioral Health Services:</td>
<td>50</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom Consultation/Observation</td>
<td>39%</td>
</tr>
<tr>
<td>Students Services Team Staffing</td>
<td>37%</td>
</tr>
<tr>
<td>Parent Education</td>
<td>27%</td>
</tr>
<tr>
<td>School Events</td>
<td>67%</td>
</tr>
<tr>
<td>In-service Trainings</td>
<td>20%</td>
</tr>
<tr>
<td>Support Groups for Teachers</td>
<td></td>
</tr>
<tr>
<td>Participation in IEP or 504 Plans</td>
<td>37%</td>
</tr>
<tr>
<td>Mental Health Awareness Events</td>
<td>46%</td>
</tr>
<tr>
<td>Family and/or Parent Therapy</td>
<td>16%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
</tr>
</tbody>
</table>

Other activities included:
- Consultations
- Local interagency planning teams
- Phone calls

Source: YES

IEP= Individualized Education Program
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

- **Group Therapy for At-risk Students**: 19.85
- **Individual Therapy for At-risk Students**: 15.51
- **Targeted Screening**: 3.00
- **Telebehavioral Health (Diagnostic)**: 7.84
- **Telebehavioral Health (Therapeutic)**: 5.41
- **Mental Health and/or Substance Abuse and/or Co-occurring Clubhouse Referral**: 3.12
- **RTI Assessment and Referral Services**: 2.46
- **Other Tier II Services**: 1.31

Average: 7.31

Source: YES
Individual therapy, behavior assessments, and community support services for indicated students are the most frequently reported Tier III activities.
Monthly Average of Tier III Early Intervention Activities per School

- Individual Therapy for Indicated Students: 20.33
- Classroom Consultation with Observation by BHS: 4.79
- Group Therapy for Indicated Students: 32.54
- Behavior Assessments: 3.67
- Intensive Customized Care Coordination: 2.28
- Intensive Family Intervention: 0.00
- Crisis Management Services: 2.26
- Community Support Services: 22.32
- Service Plan Development: 4.63
- Other: 2.98

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
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

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

Note: **p < .01

Source: MPR
### MHPET Scores (continued)

**Dimensions: 3, 4, and 5**

<table>
<thead>
<tr>
<th>Dimension Description</th>
<th>Mean (SD) Sept. 2018</th>
<th>Median Sept. 2018</th>
<th>Mean (SD) May 2019</th>
<th>Median May 2019</th>
<th>z Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Training and ongoing support and supervision in implementing evidence-based intervention (D 3: Staff and Training)</td>
<td>5.13 (1.34)</td>
<td>6.00</td>
<td>5.40 (.846)</td>
<td>6.00</td>
<td>-3.58**</td>
</tr>
<tr>
<td>12. Training, support, and supervision in strengths-based culturally competent services (D 3: Staff and Training)</td>
<td>5.18 (1.26)</td>
<td>6.00</td>
<td>5.38 (.868)</td>
<td>6.00</td>
<td>-2.34*</td>
</tr>
<tr>
<td>14. Adopted a shared protocol that clearly defines when and how to refer students (D 4: Identification (ID), Referral, and Assessment)</td>
<td>5.35 (1.11)</td>
<td>6.00</td>
<td>5.30 (.985)</td>
<td>6.00</td>
<td>-1.17</td>
</tr>
<tr>
<td>18. A range of activities and services provided for youth in general and special education (D 5: Service Delivery)</td>
<td>4.52 (1.69)</td>
<td>5.00</td>
<td>4.72 (1.35)</td>
<td>5.00</td>
<td>-2.11*</td>
</tr>
</tbody>
</table>

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

Source: MPR
MHPET Scores (continued)

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

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.
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.

My child is able to see the same behavioral health provider when school is not in session
- **94%** strongly agree/agree
- **5%** strongly disagree/disagree

My child’s symptoms are not bothering him/her as much
- **60%** strongly agree/agree
- **25%** neutral
- **19%** strongly disagree/disagree
- **5%** don’t know

My child is better able to cope when things go wrong
- **59%** strongly agree/agree
- **25%** neutral
- **23%** strongly disagree/disagree
- **3%** don’t know

My child is doing better in school and/or work
- **69%** strongly agree/agree
- **20%** neutral
- **23%** strongly disagree/disagree
- **5%** don’t know

My child gets along better with friends and other people
- **67%** strongly agree/agree
- **24%** neutral
- **23%** strongly disagree/disagree
- **4%** don’t know

My child gets along better with family members
- **67%** strongly agree/agree
- **23%** neutral
- **23%** strongly disagree/disagree
- **3%** don’t know

My child is better at handling daily life
- **68%** strongly agree/agree
- **23%** neutral
- **23%** strongly disagree/disagree
- **3%** don’t know

My child is better able to do things he or she wants to do
- **75%** strongly agree/agree
- **19%** neutral
- **20%** strongly disagree/disagree
- **5%** don’t know

Overall I am satisfied with the services that my child has received
- **94%** strongly agree/agree
- **5%** strongly disagree/disagree
- **5%** don’t know

Source: Parent Survey
Parent’s Self-Efficacy ($n = 314$)

- I know how to access appropriate resources for my child: 83% (Strongly agree/Agree) - 15% (Strongly disagree/Disagree)
- I have improved in my ability to advocate for the needs of my child: 80% (Strongly agree/Agree) - 18% (Strongly disagree/Disagree)
- I am more equipped to respond to my child's symptoms: 78% (Strongly agree/Agree) - 19% (Strongly disagree/Disagree)

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

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

310

Source: Parent Survey
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
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

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

*Note: *p <= .05; **p <= .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
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
• 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**.
Contact us:

Center of Excellence for Children’s Behavioral Health
Georgia Health Policy Center
Georgia State University
55 Park Place NE, 8th floor
Atlanta, GA 30303
404.413.0075 (phone)
404.413.0316 (fax)
gacoe@gsu.edu
gacoeonline.gsu.edu