Program Evaluation

All three providers reported conducting program and outcome evaluation activities; however, each to a different extent.

**Georgia Apex Program Statewide Evaluation**

As mental health agencies participating in the Georgia Apex Program, Aspire and View Point participate in the statewide evaluation conducted by the Center of Excellence for Children’s Behavioral Health (COE) in the Georgia Health Policy Center at Georgia State University. The COE captures monthly, quarterly, and annual data on a wide variety of metrics from all mental health agencies that participate in the Georgia Apex Program and analyzes and reports programmatic and outcomes data, yearly, in aggregate for the entire state.

As the Apex program has matured, so has the program evaluation. The first three years focused on understanding the penetration, number, and type of services delivered among and within schools, billing, and diagnoses served. In year four, the COE, in collaboration with DBHDD and Georgia Apex providers, worked to improve accuracy for overall programmatic outcomes — including clinical effectiveness.

Current Apex evaluation metrics include, but are not limited to:
- Number (and type) of schools served
- Number of services rendered (by tier)
- Number of students served (including number of first-time students)
- Referral sources (e.g., school counselor, parent)
- Diagnoses frequency
- Program setup/school integration
- Parent satisfaction
- Student functioning (utilizing the Child and Adolescent Needs and Strengths (CANS) tool)
- School outcomes — such as school climate, discipline incidents, and attendance

Additionally, school climate data collected by GaDOE through its Georgia Student Health Survey 2.0 has offered some quick gut-checks for the program. The Apex Year 4 Annual Evaluation reports that on average, schools with the Georgia Apex Program alone or with Apex plus PBIS have better Climate Star Ratings and scores; lower incidence of violence, student discipline, out-of-school suspension, bullying, and harassment; and better personnel, student, and parent perception scores.

**Other Evaluation Activities**

As providers within DBHDD’s network, all three providers measure individual student outcomes using the CANS assessment tool, as well as progress against individualized treatment plan goals — which may include social and/or academic goals (e.g., goals related to grades, discipline, or absenteeism). All providers also conduct continuous quality improvement (CQI) activities at their agencies, and two of the providers (Aspire and CarePartners) carry out CQI activities specific to their school-based mental health program services. View Point conducts similar school-based mental health program reviews; however, they are conducted separately from their organization’s overall CQI activities. Another similarity between all three providers is that due to capacity, they do not regularly publicly report their organization’s school-based mental health program evaluation findings — but rather share this information on an ad hoc basis with schools and key stakeholders.

Aspire’s evaluation is carried out as part of its school-based CQI initiative, where Aspire reviews its own data submitted to the COE for the overall Apex evaluation, as well as clinical data (e.g., CANS and progress against individualized treatment plan goals), results of biannual key stakeholder surveys conducted with schools served, and mental health crisis data by school. These last data — including number of crisis calls from students in each school, and number of calls resulting in higher level of care — allow Aspire to assess their ability to help prevent crises through their school-based mental health programs. These data are not regularly published; however, they are shared on an ad hoc basis with relevant stakeholders, particularly when needed to garner support for their programs.

View Point conducts its school-based mental health program review separately from its agency’s CQI activities and has a
designated staff member to collect and analyze program data. View Point’s school-based mental health program internal evaluation has a large focus on individual student clinical progress; however, the organization is looking to develop practical, meaningful ways to measure clinical outcomes at the aggregate level for their programs. In particular, because the results of Tier 2 early detection and prevention services, such as group therapy or brief student or teacher interventions, aren’t captured in typical clinical reporting, View Point has started to explore its own ways to evaluate the impact of these services. Currently, they deliver and analyze pre- and post-tests for Tier 2 brief interventions and share results with key stakeholders and funders to underscore the value of investing in these nonbillable services. View Point also conducts reporting (using the same metrics they collect for the COE) for school districts on an ad hoc basis, or when trying to enter a new school.

CarePartners, which is not a part of Apex, conducts a more limited evaluation of its school-based mental health work, without any outside support. It tracks number of schools served, students served, as well as number of services provided in each school. On an individual-patient level, like the other providers, CarePartners clinicians use typical clinical tools to measure student functioning: CANS before and during service provision (as well as before discharge) and student progress against case management plans.

The latter is informed by student self-report; clinician observation; and clinician follow-up with teachers, school personnel, and family members. Due to a lack of time and resources, these clinical data are not aggregated and evaluated for CarePartners’ school-based mental health programs as a whole. They are, however, provided to schools on an ad hoc basis, when requested by school leadership, or in select stakeholder meetings. Unlike the Apex providers, CarePartners does not track other nonclinical school outcomes (e.g., discipline, attendance, or academic metrics) for their program, though some of the schools that they serve track these outcomes on their own.

Two important ways CarePartners measures the overall success of their program is through their quarterly parent and school personnel satisfaction surveys, as well as yearly or biannual parent and school personnel focus groups. These data are collected, analyzed, reviewed, and acted upon by CarePartners’ internal CQI team. CarePartners reports that over the last 10 years, these surveys have shown yearly average satisfaction ratings over 90 percent for their school-based mental health services, including telemedicine. CarePartners believes that this high level of satisfaction is driven not only by quality of services, but also because their programs provide sorely needed children’s mental health services, filling a broad, previously existing access gap.

**Evaluation Challenges**

While all providers noted the importance of school-based mental health program evaluation and outcomes reporting, they also reported facing various challenges to conducting it. For all provider agencies (particularly the one without Apex funds), a lack of sufficient staff time and resources to conduct evaluation activities was a barrier. Providers also reported difficulty in gathering data — noting trouble getting input from school staff and parents, or securing the regular release of highly protected school data.

One provider described how looking at overall agency results across different school systems can be particularly complicated, as school systems may define the same measure differently. For example, an “unexcused absence” may be defined by one system as missing the entire school day, by another as missing after lunch, or by another as missing one class. Additionally, the provider noted that mental health services are often very individualized, so showing the impact at an aggregate level, with aggregate-level data, can be difficult and may miss important pieces of what the services accomplish, or fail to account for distinctions like differences in lengths of services. Another provider noted that it remains challenging to find accurate measures that capture the benefit of prevention and early intervention activities for children without diagnosable conditions.

Regardless of the challenges, all providers agreed that program evaluation is extremely important for maintaining and gaining new buy-in from schools and other key stakeholders, and will continue to look for ways to improve upon their program evaluation activities.