Executive Summary

One in six children aged 2 to 8 years old, nationwide, has a diagnosed mental, behavioral, or developmental disorder. During the 2018-2019 school year, nearly 80,000 Georgia students in sixth through 12th grade reported having seriously considered attempting suicide. In Georgia, two in five children have trouble accessing the mental health treatment they need. It is evident that Georgia’s students could benefit from mental health support where they can easily access it — at school. School-based mental health programs provide a continuum of behavioral health care to students and their families, thereby mitigating transportation challenges, continuity-of-treatment issues, and, often, misbehavior within the school itself.

In 2015, Georgia’s Department of Behavioral Health and Developmental Disabilities (DBHDD) created the Georgia Apex Program (Apex), a school-based mental health pilot, to increase the availability of mental health services in Georgia’s elementary and middle schools. While a few school-based mental health programs were present in Georgia prior to Apex, the successful implementation of the pilot created a pathway for the state to scale up programs in every region by providing grants to fund clinicians’ school-based work. As of publication of this report, Apex has expanded to more than 430 schools in approximately 100 counties. As the state, philanthropy, and local districts continue to invest in such programs, understanding factors that contribute to a school-based mental health program’s success, as well as the obstacles that providers face in delivering these critical services, can make such investments most effective and help children grow healthy and strong.

This report captures the findings of, and makes recommendations based on, in-depth interviews with three long-standing school-based mental health providers in different regions of Georgia, with varied funding sources.

Key Findings

Generally, school-based programs are staffed with licensed and associate-level clinicians, on-site from one to five days per week. Many practitioners serve multiple schools and are funded via a blend of insurance (primarily Medicaid/ PeachCare for Kids®) and private and government grants, the latter of which can be used to support nonbillable, comprehensive interventions to serve an entire school population. Leveraging insurance billing and flexible grant funding for program implementation and sustainability are key for success, as are school buy-in and provider flexibility.

Once a child is referred to a provider (most often by teachers and school counselors), clinicians obtain verbal consent from the student’s parent or guardian prior to assessment or treatment. Parents and students are required to meet with the clinician in person for the initial assessment, where written consent is then obtained. All providers in this sample deliver three-tiered system supports, in addition to services after school and over the summer. Without exception, Tier 3 interventions (e.g., individual therapy) make up the majority of their workload, followed by Tier 2 interventions (e.g., group therapy), and then by Tier 1 (e.g., teacher trainings or schoolwide activities). Of interest is the effectiveness of such comprehensive school-based mental health, which results from increased opportunities to identify students’ needs and intervening early, preventing or offsetting further decline or complications. Comprehensive programs also increase the chances that misdiagnoses are avoided, particularly for students who may initially appear to have a mental health disorder but are actually experiencing another challenge — such as family instability, lack of access to food, or vision or hearing trouble. Additionally, these providers conduct home visits, provide crisis support, and manage medication as part of their treatment. Telemedicine for treatment and medication management, as well as home delivery of medication, are employed by some as necessary to help the families they serve.

Despite far-reaching service provision and heavy caseloads, however, clinicians report that their greatest burden is paperwork — either requesting treatment authorization from insurers or completing documentation required for billing. Committed parental involvement can also be elusive, by virtue of competing family or work priorities, or simply a lack of transportation.

Barriers to success include some of the same challenges as non-school-based pediatric mental health care, namely:

- Workforce shortage, salary constraints, and clinician burnout
- Blurred roles in schools and extra demands on clinicians’ time outside of service provision
- Lack of student transportation for afterschool and summer services
- Mental health stigma and generational barriers
- Limited parental involvement
Based on these findings, Voices for Georgia’s Children offers the following select recommendations for different audiences in three key areas. A comprehensive list of all recommendations can be found on pp. 25-27.

**Support School-Based Mental Health Program Success through Funding and Other Means:**

- Extend telemedicine reimbursement provisions to support increasing access (including summer services) and family engagement. Providers need to be reimbursed to provide these services.

- Streamline Medicaid eligibility determination policy and practices to reduce the number of uninsured children. Georgia’s high rate of uninsured children, most of whom are eligible for Medicaid or PeachCare, puts a great strain on the financial sustainability of community providers.

- Regularly publish outcomes, including clinical and educational measures, of state-funded school-based mental health programs.

- Build on the momentum of investment in school-based mental health by supporting comprehensive and integrated school-based health, such that students whose physical challenges are manifesting as behavioral problems can be properly diagnosed and treated.

- Leverage the Interagency Directors Team, System of Care State Plan, and other established channels to continue to strengthen coordination and collaboration between the Georgia Department of Education and DBHDD to increase comprehensive school-based mental health programs and reduce stigma.

- Ensure consistent reimbursement and tracking of school-based mental health services by Care Management Organizations.

- Continue to look for ways to reduce the administrative burden of insurance billing, such as by streamlining the authorization process, lengthening authorization periods, and making medical necessity determinations more transparent and consistent.

- Increase peer-to-peer opportunities for youth and families, e.g., integration of Sources of Strength, existing local chapters Federation of Families for Children’s Mental Health into school-based mental health programs.

Explore incorporation of Certified Peer Specialist “Ys” and “Ps” (youth and parents), staffed at Community Service Boards, into school-based mental health programs.

**Grow and Protect the Qualified Workforce:**

- Explore reasonable alternatives to the state salary schedule such that state behavioral health professionals are competitive in their field.

- Ensure degree pathways for behavioral health professions in technical colleges, four-year colleges and universities, and graduate schools around the state.

- Leverage Apex to develop a pipeline of graduating school-based mental health professionals.

- Study the feasibility of mobilizing school counselors, school psychologists, and school social workers with clinical licensure to provide therapeutic services in schools.

**Boost Partnerships with Schools:**

- Providers and schools: Evaluate program success in partnership, and collaborate to develop valuable measures that address the interests of various stakeholders.

- Providers: Develop partnerships with schools to gain buy-in. Identify schools’ needs, and consider facilitating school/community awareness activities for initial access to schools. Track and share outcomes data with schools to show the success of school-based mental health programs.

- Providers: Develop partnerships with afterschool or summer learning programs at the schools served by school-based mental health programs to broaden access to services and build on positive environments for students.

- Providers: Consider working with Regional Education Service Agencies, School Climate Specialists, and school Positive Behavioral Interventions and Supports (PBIS) coordinators.

Our research shows that there are distinct methods providers have found effective in establishing and operating a school-based mental health program successfully. Their insight and experience may prove useful for other providers and schools as they aim to create or expand programs. Such moves have potential to dramatically improve outcomes for Georgia’s children, as school-based mental health programs increase school attendance, support a positive school climate, reduce escalation of disciplinary incidents, and provide support for families when they may not receive it elsewhere.