Exhibit C

THE GEORGIA ADVOCACY OFFICE v. STATE OF GEORGIA
NO. 1:17-CV-03999-MLB (N.D. GA.)

REPORT OF KIMM R. CAMPBELL, MSW, LCSW

I. Introduction and Summary of Opinions

I have been retained by Plaintiffs' counsel to provide my expert opinions on issues related to the segregation of students with disabilities who are placed in the Georgia Network for Educational and Therapeutic Support (GNETS) or who have been referred to GNETS for possible placement.

Nearly all students with disability-related behaviors, including GNETS students and students at risk of being placed in a GNETS program, can be served in general education settings along with their non-disabled peers (i.e., integrated settings) if provided with appropriate services. In Georgia, however, GNETS students are unnecessarily segregated from their peers for several reasons, including:

1. The State of Georgia[1] does not provide GNETS students with well-established, evidence-based services in sufficient amounts and/or quality;

2. Georgia's system for providing services to students with disability-related behaviors is fractured and insufficient to ensure that GNETS students get needed services; and

3. Georgia fails to use or leverage available financial resources, including Medicaid, to pay for necessary services that GNETS students are entitled to receive.

II. Qualifications

I am a licensed clinical social worker who has spent over 25 years delivering and administering health and human services, including children's mental health services. I have

[1] Except where specifically indicated otherwise, the terms "State of Georgia" and "Georgia" refer collectively to the Defendants in this case.

worked with schools, child welfare programs, and children's mental health service agencies to support hundreds of children with mental health disabilities, including those with significant needs.

Since August 2022, I have served as Deputy County Administrator in Broward County, Florida. For the three years prior, I served as Assistant County Administrator. The Broward County Office of the County Administrator oversees a county with over two million residents and operations for over 60 agencies with more than 7,000 employees. Among my responsibilities is oversight of the Broward County Human Services Department, which provides services to thousands of Broward County residents, including services to children, adults, families, elderly, veterans, and homeless populations. The services provided include, among others, primary health care services, substance abuse services, rape crisis and sexual assault services, child welfare services, homeless services, juvenile justice prevention services, children's special needs services, HIV/AIDS-related services, family self-sufficiency services, and children's mental health services, including to pre-adjudicated youth.

From 2015 to 2019, I was the Director of the Broward County Human Services Department. During my tenure, the Department provided mental health screening, assessment, and case management services for juvenile offenders, and contracted with providers for mental health services, including "wraparound" intensive community-based services; individual, group, and family therapy; targeted case management; and substance abuse services. We provided forensic evaluations and assessments for children who had been abused and were served in the child welfare system. The Department also collaborated with the Broward County Public Schools to provide school-based counseling services to students. Before becoming Director, I served as Deputy Director of the Department from 2013 to 2015.

Prior to working in Broward County, from 2007 to 2013, I was the Director of the children's mental health system in Mecklenburg County, North Carolina, which includes the city of Charlotte. The coordinated system of care for children with mental health needs and their families in Mecklenburg County was called "MeckCARES." As Director, I provided clinical oversight and leadership for 80 child and adolescent mental health providers of services and supports to children and families. The MeckCARES providers, who served clients through individual child-family teams, consulted with me when they needed ideas for how to implement effective behavioral interventions with specific children. In this role, I worked with the most "at-risk" children in Mecklenburg County, similar to the students sent to GNETS, and consulted with providers when their clients were deemed "out of control." I have attended at least 1,000 child-family team meetings during my career. Each year, I also consulted with schools on about 75 individual students who were referred to school intervention teams for academic problems, behavioral issues, or both. I participated in many Individualized Education Program (IEP) teams for children with emotional disturbance.

During this time, I also consulted with Montgomery Public Schools in Montgomery, Alabama, on how it could better serve students with emotional disturbance. I have also consulted with advocates in Mississippi about how to serve students living in Psychiatric Residential Treatment Facilities (PRTFs) in their own homes and communities. Further, I have consulted with advocates in Louisiana, where I evaluated how the state's mental health system serves children with emotional disturbance and whether the system provides them with appropriate services. Similarly, I have consulted with advocates in California, Pennsylvania, and New York about children's mental health services there. In addition, I have consulted with the

United States Department of Justice regarding its efforts to enforce the Americans with Disabilities Act.

At least three presentations that I co-authored and presented at children's mental health research conferences have been published in the conference proceedings. I have written over 20 additional presentations for conferences and meetings, or for use by MeckCARES, its partner schools, and other mental health providers.

My CV is attached as Exhibit A to this declaration and includes a list of my publications.

I have not testified as an expert at trial or by deposition in the past four years.

I am being paid $150 per hour for my work on this case.

III. Methodology

Plaintiffs' counsel retained me to provide my opinions regarding whether 1) students with disability-related behaviors are unnecessarily segregated or at risk of being unnecessarily segregated in the GNETS program; and 2) whether the State of Georgia could take reasonable steps to lessen or eliminate the unnecessary segregation of students in GNETS.

In forming my opinions, I reviewed the following materials:

- documents describing the Georgia mental health services system, including information about how Georgia provides mental health services to students and especially students with disability-related behaviors;
- documents describing and/or related to the GNETS program, the Apex program, and the Positive Behavioral Interventions and Supports (PBIS) program;
- excerpts from depositions taken in this case and in *United States v. State of Georgia*, Civil Action No. 1:16-cv-03088-ELR (N.D. Ga.);
- publicly available information on state agencies' websites, including the websites of the Georgia Department of Education and the Georgia Department of Behavioral Health and Developmental Disabilities;
- scholarly research related to services for students with disability-related behaviors;

- court papers filed in this case, including the Complaint and the Court's decisions on Defendants' Motion to Dismiss and Defendants' Motion for Judgment on the Pleadings;
- the "GNETS Rule," Ga. Comp. R. & Regs. 160-4-7-.15; and
- the Expert Reports submitted by Judy Elliott, Ph.D., and E. Sally Rogers, Sc.D., in this case.

A list of materials I have reviewed as part of preparing this report is attached as Exhibit B.

I have many years of experience designing, delivering, administering, and evaluating services for children with disability-related behaviors and their families, including services provided in schools. I follow the research, and I am knowledgeable about current professional standards and accepted practices. This relevant and substantial experience and expertise has informed the opinions I discuss in this report.

IV. Standards for Serving Students with Disability-Related Behaviors

There is now widespread agreement among mental health and education professionals experienced in working with students with disability-related behaviors that such students can be served in more integrated settings with non-disabled peers if they are provided with appropriate services. The idea that students with disability-related behaviors are best educated in integrated settings with their non-disabled peers is backed by research grounded in Social Learning Theory, Observational Learning Theory, and Guided Learning Theory, which provide an opportunity for students to learn academic and social skills through observation, modeling, the use of peer mentoring, scaffolding, and imitation of others (Lamport, et al., 2012). It has been shown for years that inclusive practices (meaning that special education students spend at least 80 percent of their school day with their non-disabled peers in general academic classrooms) lead to

academic gains. These gains include improvement on standardized tests, mastery of IEP goals, increases in on-task behavior, better grades, and increased motivation to learn. Non-disabled students also experience positive social benefits in inclusive settings (Salend, et al., 1999).

Early identification of disability-related behaviors and the need for intervention is important to student success. To be effective, services and interventions must be based on the strengths and needs of students. They must be individualized and provided with the appropriate frequency and consistency by qualified and trained professionals and other staff. In addition, the services must be implemented in accordance with recognized standards (often referred to as "fidelity") and produce measurable outcomes and other data useful in determining student success.

A. A "System of Care"

Providing effective services to children with disability-related behaviors requires many different elements. Accordingly, states, including Georgia, have created Systems of Care (SOC) to help these children and their families. Practically speaking, the SOC is a coordinated, school and community-based network of supportive services for children with disability-related behaviors. Typically, children with disability-related behaviors like those in GNETS qualify for special education services, need community-based mental health services, and may also be involved with the juvenile justice and/or child welfare systems. From an educational perspective, they fall into what is known as "Tier III" of the Multi-tier System of Supports (MTSS), discussed below, which offers the most intensive support to students with disability-related behaviors. There now exists decades of research documenting the effectiveness of using SOCs and MTSS to meet the needs of children with disability-related behaviors. When done

properly, this collaborative and coordinated approach to services can successfully meet the needs of children with disability-related behaviors and help them achieve success in school.

The Georgia System of Care was designed to provide a range of resources and services from myriad providers across multiple systems, as articulated in Georgia's state SOC plan. At the state-level, the membership of the SOC includes:

- Georgia Department of Education (GaDOE), which is responsible for providing special education to students with disability-related behaviors. GaDOE funds and administers GNETS, which it operates on a statewide basis through 24 GNETS programs. Through its Office of Whole Child Supports, GaDOE assists schools in providing positive behavioral interventions and supports (PBIS), which, as discussed below, is a framework for helping students decrease problem behaviors that interfere with their learning.

- Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), which contracts with Community Service Boards (CSBs) across the state to provide clinical services, including assessments, individual, group and family counseling, peer support, and case management as well as specialty services. DBHDD also administers the Apex program, through which DBHDD partners with CSBs and other providers to offer mental health services in schools.

- Georgia Department of Community Health (DCH), which funds services to eligible children with disability-related behaviors provided both in and out of schools through Medicaid and PeachCare for Kids.

- Georgia Department of Juvenile Justice, which provides community supervision and community-based services for adjudicated youthful offenders assigned to probation.

- Georgia Department of Vocational Rehabilitation, which provides vocational assessments, supportive employment services, and transitional support services for youth aged 14 and older.

Notably, there appears to be little or no involvement of GNETS in the Georgia SOC, which is quite striking given that GNETS is the program responsible for providing educational and mental health services to thousands of students with disability-related behaviors each year.

GNETS is not even included in the description of GaDOE's work related to the SOC.[2] Indeed, the SOC State Plan for 2020, which serves as the SOC's "strategic framework for 2020-2023" (p. 6) does not mention the GNETS program at all.[3]

B. Multi-tier System of Supports

Evidence gathered over decades demonstrates that exclusionary practices, including the use of segregated classrooms and facilities such as those in the GNETS program, produce harmful consequences, are ineffective in changing problem behaviors, and do not produce desirable academic outcomes. In contrast, there is now significant experience and research showing that a Multi-tier System of Supports (MTSS) leads to academic success, particularly for students with behavioral health needs. A MTSS is a comprehensive framework for supporting students in general education settings with necessary services. When buttressed by an effective System of Care, MTSS leads to students with disability-related behaviors being educated in integrated settings with their non-disabled peers.

Positive behavioral interventions and supports (PBIS) are a core component of MTSS. The federal government and others have promulgated a specific framework for the delivery of PBIS that is used in many schools, including schools in Georgia. PBIS "is an evidence-based, tiered framework for supporting students' behavioral, academic, social, emotional, and mental health. When implemented with fidelity, PBIS improves social emotional competence, academic success, and school climate."[4]

---

[2] https://gacoeonline.gsu.edu/soc/idt/.

[3] Georgia System of Care State Plan 2020 (GEORGIA3541190-1208).

[4] Center on Positive Behavioral Interventions and Supports, www.pbis.org/pbis/what-is-pbis.

PBIS uses three tiers to provide students with services and other supports tied to their specific needs. Tier I applies to everyone and provides low-intensity support to all students in the school and classroom. Tier II offers more intensive services targeted to a small percentage of the student population requiring additional intervention. Finally, Tier III, where students in or at risk of being sent to GNETS fall, provides highly individualized and intensive services. Tier III services are required by a small percentage of students (generally less than five percent of the student population).

An essential element of a successful PBIS program is the generation, collection, and analysis of data. Such data, including the frequency and severity of negative behaviors, disciplinary actions (including removals from classroom and/or suspensions), attendance, and academic progress, are used to determine the effectiveness of the services provided, including whether students in Tier III are receiving sufficiently intensive services.[5]

C. Services

There exists a constellation of services that have been proven effective in enabling children with disability-related behaviors to be educated alongside their non-disabled peers in general education classrooms in their zoned schools[6] and communities. While these services could be provided by school districts alone, many districts establish relationships with local mental health agencies and other providers through contracts or other arrangements. Such

[5] I have reviewed the discussion of PBIS in the expert report of Judy Elliott. I agree with her description of PBIS and its importance in ensuring that children with disability-related behaviors are appropriately served in integrated settings with their non-disabled peers.

[6] A zoned school is a local or neighborhood school that a student would normally attend based on where the student lives. Complaint, ¶ 5.

relationships exist in communities throughout the country. Often, they are used to connect schools to the state's System of Care.

The following paragraphs describe several of the key services that are delivered across the country to students with disability-related behaviors and that enable them to be educated in integrated settings in general education schools and classrooms.

1. Mental Health Diagnostic Assessments

Mental health screening and assessment processes are established and followed to identify in a timely way students who are not responsive to the support offered in PBIS Tiers I and II. Students in Tier III, i.e., those with the greatest needs, like the students in or most likely to be sent to GNETS, require individualized interventions based on assessments that identify their strengths and needs. Screening and assessment should include identification of potential trauma histories, strengths upon which services can be built, needs, and cultural factors that impact functioning in the academic setting. Mental health diagnostic evaluations are essential. In addition to clinical interviews, standardized measures such as the Strengths and Difficulties Questionnaire, Child Behavior Checklist, and the Child & Adolescent Strengths and Needs Assessment should be used by both school districts and mental health providers during this phase of intervention with students.

Mental health diagnostic assessments have a different scope than the educational Psychological Evaluations that are completed for special education eligibility purposes or for Functional Behavioral Assessments (FBAs), the purpose of which are to uncover antecedents of problematic behavior. Mental health diagnostic evaluations inform decision-making relative to clinical services and interventions and also allow for reimbursement for ongoing services under Medicaid and other funding streams.

The data from the mental health assessment and diagnostic process are critical to the creation of effective IEPs and to effective student Behavior Intervention Plans (BIPs).[7]

2. Intensive Care Coordination

Students with disability-related behaviors, including those enrolled in GNETS, are often involved with multiple service systems, i.e., they receive services from the mental health system (and perhaps other systems) while also receiving special education services at school. When this is the case, care coordination through a teaming process is essential to ensure that needed services are identified, included in the students' plans, and provided as required. This service is often called "Wraparound." In Georgia, it is also known as "Intensive Customized Care Coordination," or "IC3."

Care coordinators convene team meetings with students and their families, caregivers, providers, system partners, educational staff, and informal supports to facilitate development of service plans that inform IEPs and BIPs. They also monitor services to ensure students receive what the team has agreed is necessary to support the student in a general education setting. Ideally, there is one team and one plan for each student. If, however, this is not possible due to system barriers and requirements, the team members ensure that their separate plans are complementary and consistent with one another in order to avoid duplicated and fragmented services and resources.

Care coordinators also facilitate the development of crisis plans and often advocate for the child as needed. Typically, care coordinators convene teams at least monthly, which would be required to adequately support GNETS students being educated in integrated settings. It is

---

[7] I have reviewed the discussion of FBAs and BIPs in the expert report of Judy Elliott. I agree with her description of these services and their importance in enabling children with disability-related behaviors to be educated in integrated settings with their non-disabled peers.

important to note that the membership and frequency of meetings can change over time as student needs evolve and progress towards goals is made. Team members have shared responsibilities for plan implementation.

3. Clinical Services

Students with disability-related behaviors, such as those enrolled in GNETS, will need a range of clinical services to address behaviors that manifest as a result of their mental health condition. These services, such as individual, family, and group therapy, can be provided in the school setting by qualified clinicians.[8] They can help students understand their emotions, develop the capacity for appropriate self-regulation, and improve both their coping skills and decision-making capabilities. The decision regarding which services are provided should be made based on the data from the mental health diagnostic assessment process and guided by clinicians within the context of student strengths and needs.

4. Staff Support

Support for teachers and school staff is essential to enabling students with disability-related behaviors, like GNETS students, to be educated in general education classrooms in their zoned schools. Leadership is a vital element of successful inclusion of these students. State and local leaders set the tone, culture, and vision for how schools function. Leadership must ensure that teachers and other school staff get the support they need, including training, access to outside professionals and technical assistance, and constructive feedback.

[8] As long as the assessment and evaluation documentation, as well as the IEP and BIP, are clear, it is not necessary for the clinician who completed the evaluations to also provide the services.

5. Promoting Social Development Through Peers

Peer support, provided as part of or in support of the student's IEP, often has a profound impact, helping students like those in GNETS programs to improve their behavior and succeed in school. Peer relationships provide opportunities for enhancement of social skills. Access to spaces used by peers, such as school libraries, cafeterias, and gyms, provides opportunities for interactions with non-disabled students. In addition, participation in non-academic school-based activities, such as clubs, organizations, and sports similarly provide students with the space and opportunity to practice skills, experience successes, and cope with disappointments, all of which are transferrable to the classroom setting. Peer support is typically available through a state's SOC. It can also be deliberately cultivated as part of a student's IEP. It facilitates healthy, age-appropriate relationships and contributes to the development of leadership capacities.

V. Georgia Does Not Provide Students with the Services They Need to Avoid Segregation in GNETS

As discussed above, educating students like those in GNETS in general education settings along with their non-disabled peers leads to academic gains, improvement on standardized tests, mastery of IEP goals, increases in on-task behavior, and more motivation to learn. Segregating students in separate classrooms and buildings, like those maintained by GNETS, impedes learning and social-emotional development, including because it limits the development of relationships with non-disabled peers.

Students with disability-related behaviors can and will thrive in general education settings when they are provided the services they need. Professionals in the field agree that the great majority of students like those in GNETS can be educated in integrated settings in their home schools, provided they receive appropriate services.

In my opinion, based on the information I have reviewed as well as my experience in the field, students with disability-related behaviors in Georgia do not receive the amount and type of services they need to avoid being segregated in GNETS. While Georgia has, to some degree, the elements needed for a functioning system for serving children with disability-related behaviors, it fails to provide services sufficient to allow such children to benefit from being educated in integrated settings with non-disabled peers. Georgia has structured its system of services in such a way that students in or at risk of entering GNETS do not receive the assessments, intensive care coordination, positive behavioral interventions and support, and other services they need to be educated in integrated settings and avoid being segregated in GNETS.

Because of the State's policies and practices, local school districts in Georgia do not have the resources needed to prevent students with disability-related behaviors from being segregated in GNETS. On the contrary, Georgia has established and provides an infrastructure that both diverts resources from local school districts and creates an incentive for districts and zoned schools to remove students needing services for their disability-related behaviors and place them in the segregated GNETS program. Instead of providing local districts and zoned schools with the resources necessary to appropriately serve these students, Georgia allocates tens of millions of dollars annually to fund the separate network of 24 GNETS programs around the state. The existence and continued funding of the segregated GNETS system provides a powerful incentive to local districts and zoned schools to send their students with disability-related behaviors away from their non-disabled peers, instead of providing them the services that would allow them to remain and thrive in integrated settings. Georgia does not take reasonable actions to ensure that services, such as those discussed in Section IV above, are available as needed in local districts

and zoned schools. As a result, a high percentage of students with disability-related behaviors are transferred unnecessarily and inappropriately to GNETS.

The State's policies have created a philosophy, culture, and practice statewide that children with disability-related behaviors should be sent away to GNETS where, it is said, they will have their needs met. Georgia's creation and administration of GNETS incentivizes segregation by creating a ready "solution" for local districts and zoned schools challenged by meeting the needs of students with disability-related behaviors. But, as described throughout this report, GNETS is no solution at all and instead results in unnecessary segregation and harm.

A. The Apex Program and Its Deficiencies

Apex is the DBHDD program for providing mental health services in schools. 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.[9]

Apex has at least two serious deficiencies that, if addressed by the State, would help reduce the unnecessary segregation of students with disability-related behaviors in GNETS. First, the services provided by the Apex program are only provided to a small subset of Georgia students who need school-based mental health services. As of July 2022, the end of its seventh year, Apex served only 13,778 students,[10] just 0.8 percent of all Georgia students.[11] In addition,

---

[9] Georgia Apex Program Annual Evaluation Results July 2021-June 2022 (GEORGIA03542411-486), page 2.

[10] Georgia Apex Program Annual Evaluation Results July 2021-June 2022 (GEORGIA03542411-486), page 12.

[11] According to GaDOE, Georgia had 1,686,318 students in its public schools during the 2021-22 school year. https://www.gadoe.org/External-Affairs-and-Policy/communications/Pages/Quick-Facts-on-Georgia-Education.aspx (last visited August 17, 2023).

Apex services were provided in only 738 schools (with only 704 reporting "engaged partnerships"),[12] just 32 percent of all Georgia schools.[13] Approximately one in five children has a mental, emotional, or behavioral disorder.[14] The Apex program in its current form is plainly underutilized and insufficient to meet the existing and future needs of students with disability-related behaviors.

Second, and more problematic, as a practical matter the Apex program effectively excludes most GNETS students from obtaining its services. DBHDD explicitly declines to allow Apex services in any of the GNETS standalone centers.[15] This exclusion exists even though the Apex program purports to serve Tier III students, i.e., the small percentage of students most in need of individualized and intensive services.[16] The Apex Program Manager, who oversees and coordinates with providers of mental health services who participate in the Apex program, has testified that she has no involvement with GNETS or those who work for the GNETS program, nor has she ever visited a GNETS classroom. "It's just known when I got there, we don't work

---

[12] Georgia Apex Program Annual Evaluation Results July 2021-June 2022 (GEORGIA03542411-486), page 11.

[13] According to GaDOE, Georgia had 2,306 public schools during the 2021-22 school year. https://www.gadoe.org/External-Affairs-and-Policy/communications/Pages/Quick-Facts-on-Georgia-Education.aspx (last visited August 17, 2023).

[14] Center for Disease Control and Prevention, Children's Mental Health, https://www.cdc.gov/childrensmentalhealth/access.html#ref (last visited August 17, 2023); American Academy of Family Physicians, "Nearly One in Six U.S. Children Have a Mental Illness," https://www.aafp.org/news/health-of-the-public/20190318childmentalillness.html (last visited August 17, 2023).

[15] *United States v. State of Georgia*, March 9, 2023, Rule 30(b)(6) deposition of Dante McKay, pages 62-63; Apex 3.0 FAQs (GEORGIA00025611).

[16] Georgia Apex Program Annual Evaluation Results July 2021-June 2022 (GEORGIA03542411-486), pages 3 and 20; *United States v. State of Georgia*, March 9, 2023, Rule 30(b)(6) deposition of Dante McKay, page 35.

with GNETS programs," she said.[17] In addition, the Director of the North Metro GNETS, which in the 2021-22 school year had more than 300 students, has testified that Apex services are not available to her students at all.[18]

In my opinion, Apex and GNETS should work together, instead of operating separately. They both involve helping students in need of behavior services and support. Ideally, Apex and GNETs would be integrated into Georgia's System of Care. The current situation, in which those responsible for Apex and GNETS rarely interact,[19] do not collect and share data on students, and know little about how the other program operates,[20] is a disservice to students with disability-related behaviors and makes it more, rather than less, likely that such students are unnecessarily segregated.

B. Lack of Effective PBIS

More than 15 years ago, GaDOE created a Positive Behavior Support Unit "to provide professional learning and technical assistance in tiered behavioral supports to address the high rates of exclusionary disciplinary practices used in Georgia K-12 schools, including the disproportionate rates of suspension of students with disabilities."[21] At that time, "schools did

---

[17] *United States v. State of Georgia*, June 24, 2022, deposition of Layla Fitzgerald, page 17-19; 49-51.

[18] *The Georgia Advocacy Office v. State of Georgia*, July 29, 2022, Rule 30(b)(6) deposition of Dr. Cassandra Holifield, page 13; 62-63.

[19] *United States v. State of Georgia*, January 27, 2022, deposition of Dante McKay, page 49 ("My interaction with GNETS program directors has been little to none."); page 66 ("I'm not aware of anyone else [at DBHDD] meeting with GNETS.").

[20] *United States v. State of Georgia*, January 27, 2022, deposition of Dante McKay, page 74-75 (DBHDD does not receive any regular data reporting regarding children in GNETS program); page 137-39.

[21] Positive Behavioral Supports and Interventions of Georgia, Strategic Plan 2014-2024 (Updated 2018), page 4 (GEORGIA1602574-616).

not have a continuum of behavioral interventions nor did they have established processes of data review or analysis in place to prevent or address problems before they reached a level resulting in exclusionary practices like suspension."[22] Based on the information I have reviewed, despite this years-long commitment, Georgia's implementation of the PBIS framework falls far short of what is required to adequately serve students in Georgia, especially students in or at risk of being sent to GNETS.

Only about 60 percent of Georgia's schools have begun to implement PBIS, with approximately 1,400 schools implementing Tier I.[23] A little more than 400 schools have implemented Tier II.[24] But, at least as of March 2023, GaDOE was unaware whether or how many schools have implemented Tier III, the tier that is supposed to deliver services to students with the greatest need, like those who are sent to GNETS.[25] In addition, at least as of March 2023, it appears that no school in Georgia has received formal PBIS Tier III training from GaDOE or its Office of Whole Child Supports, which is responsible for managing the PBIS program.[26]

---

[22] Positive Behavioral Supports and Interventions of Georgia, Strategic Plan 2014-2024 (Updated 2018), page 4 (GEORGIA1602574-616).

[23] *United States v. State of Georgia*, March 6, 2023, Rule 30(b)(6) deposition of Justin Hill, pages 35, 37.

[24] *United States v. State of Georgia*, March 6, 2023, Rule 30(b)(6) deposition of Justin Hill, page 37.

[25] *United States v. State of Georgia*, March 6, 2023, Rule 30(b)(6) deposition of Justin Hill, page 37 ("Tier III is typically not provided by us [GaDOE]."

[26] *United States v. State of Georgia*, March 6, 2023, Rule 30(b)(6) deposition of Justin Hill, page 49.

Georgia's failure over the past decade and a half to implement PBIS, especially at the Tier III level, is one of the major reasons for students with disability-related behaviors being segregated in GNETS. As stated previously, "when implemented with fidelity, PBIS improves social emotional competence, academic success, and school climate."[27] The lack of effective positive behavioral interventions and supports in zoned schools is a major cause of the unnecessary segregation of students with disability-related behaviors in GNETS.

C. Lack of Mental Health Services Generally

Georgia's System of Care is limited in its reach. The high number of students sent to and remaining at GNETS (approximately 3,000 in the 2020-21 school year)[28] demonstrates that the SOC has not been used effectively to prevent students with significant disability-related behaviors from being unnecessarily segregated.

Overall, the resources of the Georgia mental health system have not been used to prevent students with disability-related behaviors being sent to GNETS. As discussed above in Section IV, professionals in the field know the type of services these children need to remain in integrated settings in their zoned schools and communities. Georgia's mental health system recognizes the need to provide these services to children with significant mental health needs. However, Georgia's mental health system fails to provide these services to many of the children that need them, with the result that thousands are segregated in GNETS. The reality in Georgia is that children with disability-related behaviors have limited access to needed services, including because Georgia has failed to fully implement its System of Care.

---

[27] Center on Positive Behavioral Interventions and Supports, www.pbis.org/pbis/what-is-pbis.

[28] Expert Report of E. Sally Rogers, page 5.

This is true even for children who qualify for Medicaid and thus, under federal law, are legally entitled to needed mental health services.[29] One service that Medicaid funds in Georgia is Intensive Customized Care Coordination, or IC3, an intensive service, discussed above, designed specifically for children like those in or at risk of being admitted to GNETS. IC3 is a

> provider-based High Fidelity Wraparound intervention … comprised of a team selected by the family/caregiver in which the family and team identify the goals and the appropriate strategies to reach the goals. Intensive Customized Care Coordination assists individuals in identifying and gaining access to required services and supports, as well as medical, social, educational, developmental and other services and supports, regardless of the funding source for the services to which access is sought.[30]

Although many children with disability-related behaviors require IC3, they do not receive it because it is not available in sufficient amounts in Georgia. As of July 2022, just 328 children were receiving IC3 services through Georgia's Medicaid program.[31] This number is far less than one would expect and nowhere close to meeting the existing need. There are nearly 3,000 children in GNETS alone, and many more children in Georgia who require this service. One reason IC3 is not available to those who need it is that Georgia has not established a sufficient provider network; there is a lack of qualified providers who can deliver the service. As of

---

[29] 42 C.F.R. § 441.50 et seq.

[30] DBHDD Provider Manual for Community Behavioral Health Providers, Fiscal Year 2024, Quarter 1, page 89.

[31] Department of Behavioral Health and Developmental Disabilities (DBHDD), Division of Community Mental Health Office of Children, Young Adults, and Families, Care Management Entities (CME) Continuous Quality Improvement (CQI) Report Card. Individual Provider Level Data, View Point Health CME, May 2022-July 2022.

January 2022, there were only two IC3 providers statewide and a plan to add two additional providers.[32]

In addition, Georgia does not adequately leverage available financial resources, especially Medicaid, to increase the availability of services, including the services that would prevent children with disability-related behaviors from being segregated in GNETS. Under Medicaid, the federal government covers a significant portion of the cost of providing services. In the case of Georgia, for every dollar spent by the state to provide Medicaid-reimbursable services, the federal government matches that dollar with another $1.93.[33] The services needed to prevent segregation in GNETS can be funded under Georgia's Medicaid program. Georgia already uses Medicaid to help fund the school-based mental health services provided via the Apex program. By better leveraging state dollars, including those used to pay for GNETS, to increase federal funding via Medicaid, Georgia can cost-effectively increase the provision of services needed to keep students with disability-related behaviors in integrated settings and thus prevent their unnecessary segregation in GNETS.

VI. Georgia Can and Should Take Reasonable Steps That Would Prevent the Segregation of GNETS Students

In my opinion, Georgia unnecessarily segregates students with disability-related behaviors in GNETS. This segregation occurs despite years of experience and research showing that the great majority of students now sent to and kept at GNETS could and should be educated in integrated settings in zoned schools. There are several reasonable actions that Georgia could

---

[32] *United States v. State of Georgia*, January 27, 2022, deposition of Dante McKay, page 118-119; 133.

[33] https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier (last visited August 18, 2023).

take to prevent this unnecessary segregation of students in GNETS and transition current GNETS students back to integrated settings to be educated alongside their non-disabled peers:

1. Georgia, through GaDOE, DBHDD, and otherwise, can and should increase the state's capacity to deliver needed services to students with disability-related behaviors, both in their schools and in their communities.

2. Georgia's System of Care should be reformed and/or restructured so that its benefits extend to all children with disability-related behaviors, including those currently being served in GNETS or at risk of being sent to GNETS. The participants in the SOC need to collaborate and communicate effectively in order to ensure that these children receive the services they need in integrated settings in their zoned schools and communities.

3. Georgia's systems for providing PBIS and MTSS should be expanded and strengthened throughout the state to meet the needs of students with disability-related behaviors, including those needing an intensive Tier III level of service, and allow them to be educated alongside their non-disabled peers.

4.. Georgia could make better use of national models and accepted practices implemented in other states that meet the needs of students with disability-related behaviors and that prevent their placement in segregated classrooms and schools. Georgia could study those models, identify effective practices it is not using or using ineffectively, and create an implementation plan to make necessary reforms.

5. Georgia could make better use of available resources, especially by more effectively leveraging Medicaid funding, to increase the availability of services that help children with disability-related behaviors avoid unnecessary segregation. Georgia receives a generous match from the federal government for services provided through the Medicaid program, which

allows Georgia to maximize the impact of the state dollars it invests. Additional funding may also be available from other sources, such as the Bipartisan Safer Communities Act and the Community Mental Health Block Grant. In addition, Georgia could reallocate all or at least some part of the tens of millions of dollars it currently spends on the GNETS program to providing services that support students in integrated settings. Doing so could generate substantial additional Medicaid funds that could be used to increase school-based and other mental health services designed to prevent unnecessary segregation.

6. Georgia, through GaDOE, DBHDD, its System of Care, and otherwise could and should create an infrastructure that prioritizes and supports educating students with disability-related behaviors in integrated settings. Such an infrastructure should include data collection and analysis, implementation monitoring, corrective action plans, high-quality training for administrators and other school staff, and technical assistance.

In my opinion, if Georgia took these reasonable steps, it could prevent the unnecessary segregation of students with disability-related behaviors in GNETS.

I reserve the right to supplement this report if new information becomes available and to respond to opinions offered by the State of Georgia's experts in their reports or testimony.

Kimm R. Campbell, MSW, LCSW Date