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Comprehensive Community Needs Assessment

Prepared for Serenity Behavioral Health Systems by TRX Development
Solutions, LLC

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Executive Summary: Comprehensive Community Needs Assessment

Introduction: Serenity Behavioral Health Systems (SBHS or Serenity) began providing mental health, addictive disease, and developmental disability services to the Richmond County community in 1974. Today, SBHS provides behavioral health and developmental disabilities care to communities across East Central Georgia. SBHS delivered services to over 3,600 individuals during Fiscal Year 2023. Serenity’s main clinic is located in Richmond County, in Augusta, which is the second largest city in Georgia. The organization serves individuals throughout Richmond, Columbia, McDuffie, Lincoln, Taliaferro, Wilkes, and Warren Counties. The current needs assessment, described herein, was undertaken in partial fulfillment of the requirements of SBHS’s SAMHSA-funded Certified Community Behavioral Health Center.

Methods of Data Collection: There were multiple sources of data used in this report. Publicly available data collected through government agencies and service providers offered an overview of the service area and the larger demographic and social trends impacting behavior in the community. Seven focus groups enable community members and stakeholders to explore more deeply the services, needs, challenges, and assets in the area. These included leadership, staff, community stakeholders, certified peer specialists, peers, consumers, and consumer family members. Finally, evaluators implemented a survey of Serenity consumers and community members to fill in any gaps in existing data and to bring their experiences and voices into the report.

Results and Recommendations:

Highest Priority

1. Increased outreach to the rural community
2. Expansion and enhancement of youth behavioral health services
3. Increased support for the transportation needs of clients and community members who may benefit from the SBHS CCBHC’s services

Medium Priority

1. Enhanced support services that address social drivers of health
2. Training in Evidence-Based Practices (EBPs)

Lowest Priority

1. Improve internal communication among program areas
2. Educate the community on the availability of behavioral care and resources to support wellbeing
3. Increased outreach to veterans in the community

I. Introduction and Methods

About Serenity Behavioral Health Systems

Serenity Behavioral Health Systems (SBHS) began providing mental health, addictive disease, and developmental disability services to the Richmond County community in 1974. Today, SBHS provides behavioral health and developmental disabilities care to communities across East Central Georgia. Serenity’s mission statement reads: “The mission of Serenity Behavioral Health is to provide the highest quality behavioral health and developmental disabilities care in a professional, responsive, and caring manner, which is valued by individuals, families, communities, and employees. We assist all individuals in achieving and living their best lives possible.”

SBHS delivered services to over 3,600 individuals during Fiscal Year 2023. Serenity’s main clinic is located in Richmond County, in Augusta, which is the second largest city in Georgia. The organization serves individuals throughout Richmond, Columbia, McDuffie, Lincoln, Taliaferro, Wilkes, and Warren Counties.

Purpose of the Needs Assessment

The purpose of the following report is to identify the behavioral health needs and concerns of the community that SBHS serves. Serenity Behavioral Health Systems and its consulting partner, TRX Development Solutions, LLC, completed a needs assessment with the community to determine cultural, linguistic, treatment, and service needs, and determine the accessibility and availability of the identified needed services. The community needs assessment was completed between January and March 2024, and consisted of publicly available data collected by government agencies and service providers, population surveys of individuals served, and focus groups with individuals served, peers, stakeholders, and SBHS staff.

Methods of Data Collection

Environmental Scan

An environmental scan for a needs assessment consists of researching information from data sources to include local, regional, state, and national data. The environmental scan for this community needs assessment included a literature review using a generalized list of topics. Topics include demographic profiles; identified needs; service provision; barriers to adequate and effective service delivery; social drivers of health; behavioral health conditions and treatment; substance use statistics including substance use disorders, addiction, treatment, and recovery; and other health-related data.

Research terms included combinations of the following: “data”, “Georgia”, “Augusta”, “metropolitan”, “rural”, “Richmond County”, “Columbia County”, “McDuffie County”, “Lincoln County”, “Taliaferro County”, “Wilkes County”, “Warren County”, “community”, “health”, “mental health”, “behavioral health”, “substance use”, “substance”, “opioid”, “tobacco”, “drug”, “inequities”, “medical”, “disparities”, “disparate”, “needs”, “assessment”, “demographics”, “hospitalization”, “emergency room”, “barriers”, “income”, “mortality”, “stigma”, “discrimination”, “LGBTQIA+”, “disability”,



“veterans”, “socioeconomic status”, “benefits”, “poverty”, “social determinants of health”, “social drivers of health”, “prevention”, “food security”, “food insecurity”, “youth”, “trauma”, “suicide”, “employment”, “income”, “disability”, “language”, “co-occurring”.

Primary Data Collection

As part of the data collection process, TRX staff surveyed community members and individuals served by SBHS and conducted seven focus groups including leadership staff, community stakeholders, certified peer specialists, peer consumers, individuals served, and family members of individuals served.

Qualitative Data Collection

The TRX team conducted seven focus groups with distinct groups of individuals.

- SBHS leadership staff
- community stakeholders
- certified peer specialist staff
- peer consumers
- mental health service consumers
- substance use service consumers
- family members of individuals served

Each group received a tailored focus group guide based on their specific connection to SBHS. Focus groups began on February 15, 2024, and ended on February 21, 2024. All groups met with discussion facilitators via the Zoom web meeting platform. Each discussion began with verbal informed consent to audio-record. Any individual who did not want to be recorded was given the opportunity to leave the Zoom meeting. All participants who appear in the recording consented to be recorded. Once all participants agreed to the informed consent, the discussion facilitator started the recording and began asking questions from the focus group guide. Once completed, the audio recording was transcribed, and the interview team identified meaningful quotes according to a pre-selected list of themes created using the relevant question guide and notes taken throughout the focus groups. The focus group guides can be found in Appendix B.

Quantitative Data Collection

TRX also fielded a survey to SBHS consumers and community members. The evaluation team created a survey that asked respondents about their top behavioral health concerns, barriers to care, trust in behavioral health providers, factors that lead to a lack of trust in behavioral health providers, and how to improve this trust. The survey was available electronically and via paper. The Community Needs Assessment Survey can be found in Appendix C. The results of the survey can be found below in the Shape of the Community section.

Programmatic Data from SBHS Leadership

The SBHS team provided several documents to help describe the organization’s current consumer population and their experiences receiving services. Information included consumer demographics, organizational climate survey results, consumer survey results, policies and procedures, program manuals, and quality improvement plans.



II. Community Characteristics

Environmental Scan

Demographics

State and County Assessment

According to the U.S. Census Bureau, Georgia has an estimated population of over 11 million people. The CCBHC’s service area covers approximately 2,030 square miles and has an estimated population of over 414,000 people (see Table 1).¹ Serenity serves urban, suburban, and rural communities, including a large part of the metropolitan area of Augusta, Georgia.² The area involves distinct population dynamics in different counties: Richmond is the home to the city of Augusta and its urban center. Columbia County, by far the fastest-growing county in the area, is a suburban area with higher income levels than the other counties. McDuffie and Lincoln are statistically part of the metropolitan area but they have a profile that is closer to the more exurban or rural counties of Wilkes, Warren, and Taliaferro.

Table 1. Population by County

County	%-/+ (2010-2022)	Population est. 2022	Population 2017	Population 2016	Population 2010
Richmond	3.03%	206,640	201,800	201,647	200,549
Columbia	30.90%	162,419	151,579	147,420	124,053
McDuffie	-0.75%	21,713	21,498	21,490	21,875
Wilkes	-9.38%	9,599	9,892	9,805	10,593
Lincoln	-1.90%	7,841	7,880	7,828	7,996
Warren	-11.60%	5,155	5,303	5,442	5,834
Taliaferro	-6.80%	1,600	1,628	1,593	1,717

In the state of Georgia, 23% of individuals are under the age of 18, and approximately 15% of the population is over the age of 65. Across the seven counties in Serenity’s service area, the rate of individuals under 18 ranges from 18.4% to 24.6%. The percentage of individuals over the age of 65 varies more significantly across the service area. Most notably, Taliaferro County (27.7%) and Lincoln County (25.6%) have significantly more older adults than the Georgia average (15%).³

¹ U.S. Census Bureau QuickFacts: Georgia; Richmond County; Columbia County; McDuffie County; Taliaferro County; Lincoln County; Wilkes County; Warren County. (n.d.). <https://www.census.gov/quickfacts/fact/table/GA/PST045222>

² The U. S. Census Bureau lists the “Augusta-Richmond County metropolitan statistical area” as including Richmond, Columbia, McDuffie, and Lincoln counties (in the SBSH service area) as well as others not in the service area: Burke County (Georgia) and Aiken and Edgefield Counties in South Carolina (across the Savannah River from Augusta). The population of the bi-state metropolitan areas is over 620,000 residents as of 2022.

³ Ibid.



Of the population of Georgia, 59.0% of individuals are White, 33.1% are Black or African American, 4.8% are Asian, 0.6% are American Indian and Alaska Native, 0.1% are Native Hawaiian and Other Pacific Islander, and 10.5% identify as Hispanic/Latinx. Table 2 below displays the racial and ethnic breakdown of each county in the primary service area. In Richmond County, 58.9% of residents are Black or African American, which is significantly greater than the Georgia average (33.1%). Five out of the seven counties in the CCBHC service area have a higher population of Black or African American residents than the state of Georgia.

Table 2. Race/Ethnicity

	Georgia	Richmond County	McDuffie County	Columbia County	Taliaferro County	Lincoln County	Wilkes County	Warren County
Race								
White alone	59.0%	35.9%	55.5%	70.5%	40.7%	70.9%	56.3%	41.1%
Black or African American alone	33.1%	58.9%	41.0%	20.6%	53.1%	26.1%	39.5%	56.1%
American Indian and Alaska Native alone	0.6%	0.4%	0.4%	0.5%	0.2%	0.5%	0.3%	0.3%
Asian alone	4.8%	1.8%	0.6%	4.6%	1.9%	0.5%	1.2%	0.8%
Native Hawaiian and Other Pacific Islander alone	0.1%	0.3%	0.1%	0.2%	0.0%	0.1%	0.1%	0.0%
Two or More Races	2.4%	2.9%	2.4%	3.6%	4.1%	1.9%	2.6%	1.7%
Hispanic or Latino	10.5%	5.5%	3.5%	7.7%	5.8%	2.2%	6.0%	2.0%
White alone, not Hispanic or Latino	50.4%	32.2%	53.0%	64.6%	37.3%	69.1%	51.6%	39.8%

Georgia is culturally and linguistically diverse. About 10% of Georgians were born outside of the United States.⁴ Of foreign-born residents, 48.1% were born in Latin America and 31.3% were born in Asia.⁵ Across Georgia, 14.5% of the population speaks a language other than English at home. This percentage ranges from 0.8% to 11% across the seven counties, with an average of 5% of individuals speaking a language other than English across Serenity’s service area. Throughout the state of Georgia,

⁴ Ibid.

⁵ Social Explorer Profiles. (n.d.). Data derived from: U.S. Census Bureau (2021). American Community Survey (ACS) 5-year estimates. <https://www.socialexplorer.com/profiles/essential-report/georgia.html>



about 8% (or 801,066 households) of households that speak a non-English language at home speak Spanish as their primary language. The second and third most common non-English languages spoken in Georgia are Vietnamese (54,826 households) and Chinese (including Mandarin and Cantonese) (51,344 households).⁶

The majority of the population in Georgia (88.7%) have a high school diploma or higher, which is similar to the CCBHC service area average (84.6%). Across Georgia, 33.6% of the population have a bachelor's degree or higher. This is slightly higher in Columbia County (37.4%) but significantly lower in the other six counties in the service area.⁷

Each of the seven counties in the service area has veteran populations, and the number of veterans in Columbia County (15.1%) is over twice the Georgia average (7.3%). Richmond County also has a large veteran population, at 11.3%.⁸

According to the Movement Advancement Project, 4.5% of the population 18 years and older in Georgia identify as part of the LGBTQ+ community, and 23.8% of the population under the age of 18 identify as LGBTQ+.⁹ According to an analysis by the Williams Institute, LGBTQ+ Georgians were more likely to be uninsured than non-LGBTQ+ Georgians (20% and 16% respectively). LGBTQ+ Georgians were also more likely to be food insecure than non-LGBTQ+ peers (26% to 17% respectively).¹⁰ Nationally, 61.6% of LGBTQ+ adults had a mental illness or substance use disorder, according to SAMHSA data from 2020, as cited in the Georgia CCBHC Planning Grant Needs Assessment.¹¹

Key Findings - Demographics

- The SBHS service area is observing a substantial shift in its population from more rural areas to suburban (Columbia County) and urban (Richmond County) areas.
- Suburban growth is largely White, with higher income levels than the surrounding area, as the discussion of social drivers of health will note in the next section.
- LGBTQ+ individuals show elevated levels of food insecurity and other social drivers of health.

⁶ Data USA: Georgia. (n.d.). Data derived from: U.S. Census Bureau (2021). American Community Survey (ACS) 5-year estimates. <https://datausa.io/profile/geo/georgia/#demographics>

⁷ U.S. Census Bureau QuickFacts: Georgia; Richmond County; Columbia County; McDuffie County; Taliaferro County; Lincoln County; Wilkes County; Warren County. (n.d.). <https://www.census.gov/quickfacts/fact/table/GA/PST045222>

⁸ U.S. Census Bureau: American Community Survey Tables. Veteran Status. (n.d.). <https://data.census.gov/table?q=Veterans&g=040XX00US13>

⁹ Movement Advancement Project. 2023. State Equality Profile: Georgia. https://www.lgbtmap.org/equality_maps/profile_state/GA

¹⁰ UCLA School of Law, Williams Institute. (2017). LGBT Portion of Population: Georgia. <https://williamsinstitute.law.ucla.edu/publications/adult-lgbt-pop-us/>

¹¹ Georgia State University, Andrew Young School of Policy Studies, Georgia Health Policy Center. (2024). Georgia CCBHC Planning Grant Needs Assessment.



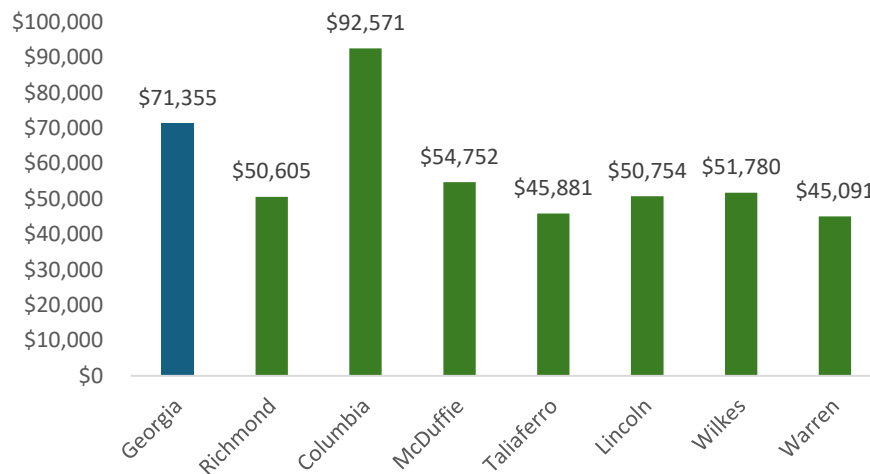
Social Drivers of Health

Social Drivers of Health (formerly Social Determinants of Health [SDOH]) are described by Healthy People 2030 as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.¹²

Income and unemployment

According to American Community Survey data from 2018-2022¹³, the median household income in Columbia County is \$92,571, which is much higher than the other counties in the service area and Georgia's average (\$71,355). The median household incomes in the other six counties that Serenity serves, Richmond, McDuffie, Taliaferro, Lincoln, Wilkes, and Warren, are all lower than the state average, as shown in Figure 1 and Table 3 below.

Figure 1. Median Household Income by County



As of December 2023, the unemployment rate in Georgia is 3.4% which is similar to the national unemployment rate (3.7%). The unemployment rate for counties in Serenity's service area ranges from 2.7% in Columbia County to 4.5% in McDuffie County.

Poverty Rate

A similar trend emerges in the rate of poverty throughout Serenity's service area. According to the U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) for 2022¹⁴, 12.7% of Georgians live in poverty. Columbia County has a lower poverty rate of 7.0%, but the rest of the counties in the service area have poverty rates that are greater than the Georgia average, ranging from 15.4% to 23.4% (Figure 2). According to the Piedmont August Community Health Needs Assessments by the Piedmont Hospital

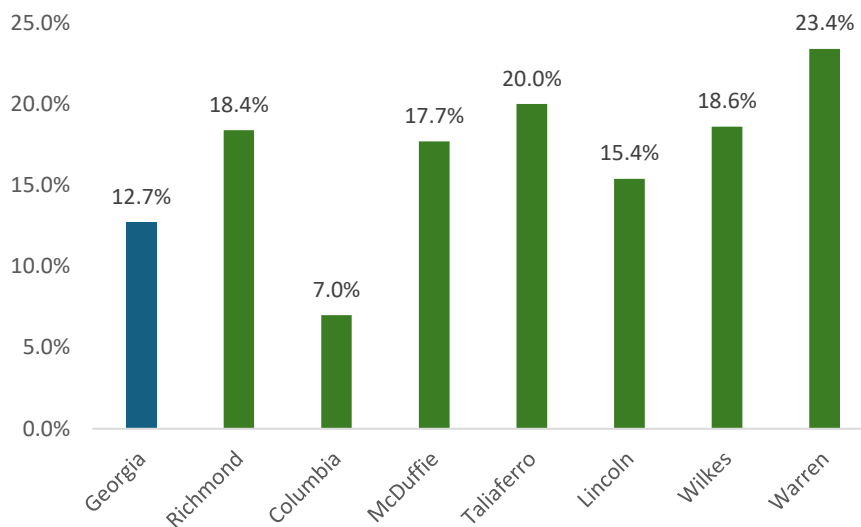
¹² Social Determinants of Health - Healthy People 2030 | health.gov. (n.d.). Health.gov.
<https://health.gov/healthypeople/priority-areas/social-determinants-health>

¹³ U.S. Census Bureau QuickFacts: Georgia; Richmond County; Columbia County; McDuffie County; Taliaferro County; Lincoln County; Wilkes County; Warren County. (n.d.). <https://www.census.gov/quickfacts/fact/table/GA/PST045222>

¹⁴ Ibid.

network, 39% of children in Richmond County and 34% of children in McDuffie County live at or below the poverty level, both significantly higher than the Georgia state average (20.09%).¹⁵

Figure 2. Poverty Rate by County



Supplemental Nutrition Assistance Program (SNAP)

According to the Piedmont McDuffie Community Needs Assessment, more than 17.75% of Georgia households received SNAP benefits in December 2020. Looking at the household demographics, 22.23% of households receiving SNAP benefits in Georgia were Black compared to 6.7% that were non-Hispanic white.¹⁶ According to data from the University of Georgia¹⁷, several of the counties in Serenity’s service area have similar rates of SNAP participation to Georgia, ranging from 16.0% to 23.7% (Table 3 below). However, only 6.6% of the population in Columbia County receives SNAP benefits compared to 28.1% of the population in Warren County. This indicates that among the communities Serenity serves, the extent of food insecurity may vary greatly.

Insurance

The number of individuals without health insurance also varies throughout the service area. Overall, about 13.6% of Georgians under the age of 65 do not have health insurance. Columbia County has a smaller uninsured population at 10.6%, but the rest of the counties that Serenity serves have larger populations of uninsured individuals than the state of Georgia.

¹⁵ Piedmont Augusta (2022). FY23 Piedmont Augusta Community Health Needs Assessment. Retrieved from universityhealth.org/fullpanel/uploads/files/fy23-piedmont-augusta-chna-final.pdf.

¹⁶ Piedmont McDuffie (2022). FY23 Piedmont McDuffie Community Health Needs Assessment. Retrieved from <https://www.piedmont.org/media/file/Community-Benefit-Needs-Assessment-PMD.pdf>

¹⁷ University of Georgia, Carl Vinson Institute of Government, Interactive Data Pages: SNAP. Retrieved from <https://georgiadata.org/topics/public-assistance/SNAP>



Table 3. Income, Insurance, and Unemployment by County

	Georgia	Richmond County	Columbia County	McDuffie County	Taliaferro County	Lincoln County	Wilkes County	Warren County
Total Population	11,029,227	206,640	162,419	21,713	1,600	7,841	9,599	5,155
Median Household Income (USD)	\$71,355	\$50,605	\$92,571	\$54,752	\$45,881	\$50,754	\$51,780	\$45,091
Food insecurity	11.0%	16.0%	7.0%	13.0%	15.0%	14.0%	15.0%	15.0%
Households Receiving SNAP (%)	15.0%	23.7%	6.6%	23.3%	21.1%	16.0%	23.0%	28.1%
Persons in poverty (%)	12.7%	18.4%	7.0%	17.7%	20.0%	15.4%	18.6%	23.4%
Uninsured individuals (%)	13.6%	15.3%	10.6%	14.6%	17.4%	22.1%	18.6%	15.7%
Unemployment (January 2024)	3.7%	3.4%	4.1%	2.7%	4.5%	4.4%	3.4%	3.5%

Housing

According to Healthy People 2030¹⁸, households are considered to be cost-burdened if they spend more than 30% of their income on housing and severely cost-burdened if they spend more than 50% of their income on housing. Healthy People 2030 also cites a study from Harvard’s Joint Center for Housing Studies that reports that Black and Hispanic households are almost twice as likely as White households to be cost-burdened. The percentage of households with severe housing cost burden ranges from 8% to 18% among the seven counties in Serenity’s service area. Approximately 15% of households in Georgia experience severe housing problems, which means they experience at least one of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Among the counties that Serenity serves, the percentage of households with severe housing problems ranges from 8% in Columbia County to 20% in Richmond County.¹⁹

¹⁸ Housing Instability - Healthy People 2030 | health.gov. (n.d.). Health.gov. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/housing-instability>

¹⁹ Georgia. (n.d). County Health Rankings & Roadmaps. Retrieved from: <https://www.countyhealthrankings.org/explore-health-rankings/georgia?year=2023>



Table 4. Severe Housing Cost Burden and Severe Housing Problems

	Georgia	Richmond	McDuffie	Columbia	Taliaferro	Lincoln	Wilkes	Warren
% of Households with Severe Housing Cost Burden	-	18%	13%	8%	13%	14%	14%	10%
% of Households with Severe Housing Problems	15%	20%	16%	8%	16%	15%	14%	14%

Additionally, the Piedmont Augusta Community Health Needs Assessment reports that 35% of households in Richmond County have substandard housing compared to the state average of 29.5% and 20.91% of households in Richmond County have severe substandard housing, compared to the state average of 17.71%.²⁰ The Piedmont McDuffie Needs Assessment reports that 26.66% of households in McDuffie County have substandard housing and 19.3% have severe substandard housing compared to the state averages of 29.52% and 17.71% respectively.²¹

Key Findings – Social Drivers

- Race and SDOH such as income, food insecurity, and health insurance access are unequally distributed in the service area, with Richmond County have the most concentrated population of non-white residents with SDOH concerns or inequities.
- Columbia County stands out in appearing to be more prosperous and less impacted SDOH than the rest of the service area.
- In terms of income and other SDOH, Richmond and the smaller counties are statistically more like each other than Columbia County.

Health Conditions and Disparities

Quality of Life

CountyHealthRankings.org is a University of Wisconsin Department of Population Health project that compiles national data sources to rank U.S. counties on several population health indicators. Richmond County is ranked among the least healthy counties in Georgia, at #137 out of 159 ranked counties. By comparison, Columbia County is ranked among the healthiest counties at #7 out of 159

²⁰ Piedmont Augusta (2022). FY23 Piedmont Augusta Community Health Needs Assessment. Retrieved from universityhealth.org/fullpanel/uploads/files/fy23-piedmont-augusta-chna-final.pdf.

²¹ Piedmont McDuffie (2022). FY23 Piedmont McDuffie Community Health Needs Assessment. Retrieved from <https://www.piedmont.org/media/file/Community-Benefit-Needs-Assessment-PMD.pdf>

ranked counties. The table below depicts several quality-of-life indicators for Georgia and each of the counties in SBHS’s primary service area. Excluding Columbia County, the other six counties in the service area have a higher percentage of adults reporting poor or fair health compared to the state of Georgia.²²

Table 5. County Health Rankings – Quality of Life Indicators

	Georgia	Richmond	Columbia	McDuffie	Taliaferro	Lincoln	Wilkes	Warren
Percent of Adults Reporting Poor or Fair Health (age-adjusted)	15%	21%	12%	20%	25%	19%	22%	24%
Poor Physical Health Days in the past 30 days (age-adjusted)	3.2	4.1	3.0	4.0	4.5	3.9	4.3	4.4
Poor Mental Health Days in the past 30 days (age-adjusted)	4.5	5.4	4.6	5.1	5.2	5.2	5.5	5.2

Substance Use and Mental Health

The National Survey on Drug Use and Health (NSDUH) data from 2016-2018 depict several behavioral health and substance use-related concerns in the United States, Georgia, and the surrounding regions. Georgia’s substate regions are defined by the Georgia Department of Human Resources and based on the state’s 159 counties. The seven counties in the SBHS service area are included in Substate Region 2, along with 26 other counties in East Central Georgia.²³

Table 6. Substance Use-Related Measures, NSDUH 2016-2018

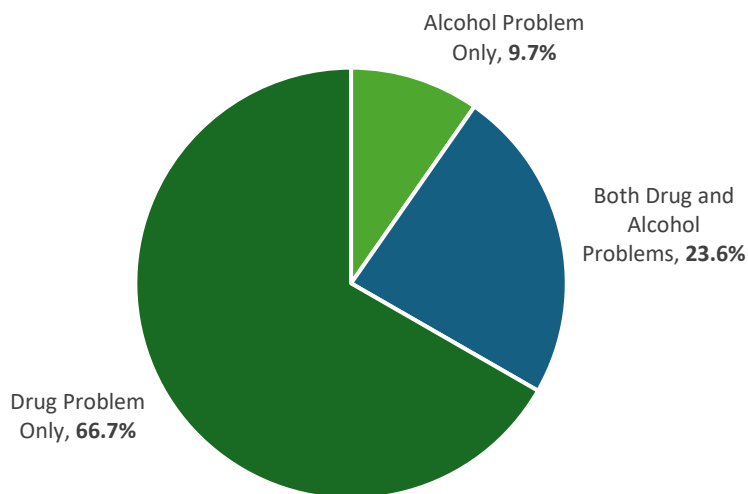
	United States	Georgia	Substate Region 2
Alcohol Use in the Past Year among Individuals Aged 12 or Older	5.44%	4.4%	4.69%
Tobacco Product Use in the Past Month among Individuals Aged 12 or Older	22.48 %	23.69%	27.18%
Marijuana Use in the Past Month among Individuals Aged 12 or Older	9.52%	7.46%	7.80%
Serious Mental Illness in the Past Year among Individuals Aged 18 or Older	4.45%	4.24%	4.64%
Serious Thoughts of Suicide in the Past Year among Individuals Aged 18 or Older	4.24%	4.12%	4.33%
Individuals 18 or Older Receiving Mental Health Services in the Past Year	14.74%	12.70%	13.64%

²² Georgia. (n.d). County Health Rankings & Roadmaps. Retrieved from: <https://www.countyhealthrankings.org/explore-health-rankings/georgia?year=2023>

²³ Substance Abuse and Mental Health Services Administration. 2016-2018 National Survey on Drug Use and Health Substate Region Definitions. (n.d.). samhsa.gov. Retrieved from: https://pdas.samhsa.gov/saes/data/substate/substate_region_definitions_2016-2018.pdf

SAMHSA compiles NSDUH indicators to create a Behavioral Health Barometer for each state. Based on 2019 NSDUH data, the annual average prevalence of past-year substance use disorders in Georgia was 5.8% (or 501,000), similar to the regional average (6.4%) but lower than the national average (7.4%). Additionally, a point-in-time count of Georgia residents enrolled in substance use treatment taken in March 2019 found that 66.7% of individuals received treatment for a drug problem only, 9.7% received treatment for an alcohol problem only, and 23.6% received treatment for both drug and alcohol problems.²⁴

Figure 3. Substance Use Treatment Type



Looking at the mental health-related NSDUH indicators, the annual average prevalence of past-year serious thoughts of suicide in Georgia was 3.8% (or 292,000), which is similar to both the regional average (4.2%) and the national average (4.5%) (The regional average includes data from Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee). The annual average prevalence of past-year serious mental illness or SMI in Georgia was 4.2% (or 327,000), which was also similar to the regional average (4.7%) and the national average (4.8%). However, the annual average prevalence of past-year mental health service use among those with any mental illness in Georgia was 36.6% (or 488,000), lower than both the regional average (42.0%) and the national average (43.6%).²⁵ Essentially, while Georgia has similar rates of suicidality and SMI to regional and national averages, the state has lower rates of mental health service use.

According to the National Alliance on Mental Illness (NAMI), in February 2021, 44.3% of adults in Georgia reported symptoms of anxiety or depression, but 29.4% were unable to get needed counseling or therapy. Additionally, of the 391,000 adults in Georgia who did not receive mental health care, 45.4% did not receive care because of cost. There is also a great need for mental health care among

²⁴ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Georgia, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA-20-Baro-19-GA. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

²⁵ Ibid., 33.

adolescents, with 68.4% of Georgians aged 12-17 who have depression but did not receive any care in the last year. NAMI also reports that almost 5 million people in Georgia live in a community that does not have enough mental health professionals.²⁶

According to the U.S. Department of Veterans Affairs, accounting for age differences, the Veteran suicide rate in Georgia (33 per 100,000) was significantly higher than the national general population suicide rate (18 per 100,000), though it is not significantly different from the national Veteran suicide rate (33.9 per 100,000).²⁷ Data compiled from Helpline Georgia (HODAC) found that 29% of helpline callers are active-duty military personnel with approximately one-fourth seeking assistance for substance abuse problems and one-third seeking assistance for alcohol-related problems.²⁸ Veterans are also at higher risk than the general population for both experiencing housing instability and suicide, and female veterans were at a higher risk for both, particularly those under the age of 40.²⁹

Emergency Room Visits

The table below shows behavioral health-related Emergency Room (ER) visits from the Georgia Department of Public Health and compiled by the Online Analytical Statistical Information System (OASIS)³⁰.

Table 7. ER Visits by Reason and County (2022)

	Georgia	Richmond	Columbia	McDuffie	Taliaferro	Lincoln	Wilkes	Warren
Reason: Disorders Related to Drug Use	34,763	539	249	58	4	11	31	20
Reason: All Other Mental and Behavioral Disorders	65,201	1,479	533	138	14	21	95	27
Total ER Visits	3,720,781	83,781	30,567	10,706	910	2,883	5,377	2,829

Mortality

The Georgia Department of Health³¹ compiles and ranks the top 10 leading causes of premature death in Georgia by county. The top 10 causes of premature death are measured by Years of Potential Life Lost (YPLL). Statewide, the top five causes of premature death were Accidental Poisoning and

²⁶ National Alliance on Mental Illness. Mental Health in Georgia: State Facts Sheet (2021). Retrieved from: <https://www.nami.org/NAMI/media/Nami-media/StateFactSheets/GeorgiaStateFactSheet.pdf>

²⁷ U.S. Department of Veteran Affairs. Georgia Veteran Suicide Data Sheet (2021). <https://www.mentalhealth.va.gov/docs/data-sheets/2021/2021-State-Data-Sheet-Georgia-508.pdf>

²⁸ Georgia Department of Behavioral Health & Developmental Disabilities. Georgia Veteran and Active Duty Military Personnel Fact Book (2007). https://dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/Veteran_Fact_Book1.pdf

²⁹ Montgomery, A. E., Dichter, M. E., & Blosnich, J. R. (2021). Gender Differences in the Predictors of Suicide-related Morbidity Among Veterans Reporting Current Housing Instability. *Medical care*, 59, S36–S41.

³⁰ Georgia Department of Public Health. Online Analytical Statistical Information System: Tools for Public Health and Public Policy Analysis. <https://oasis.state.ga.us/>

³¹ Ibid.



Exposure to Noxious Substances (9.09%), Motor Vehicle Crashes (6.41%), Ischemic Heart and Vascular Disease (6.12%), Assault (Homicide) (5.43%), and Intentional Self-Harm (Suicide) (5.27%). Notably, Intentional Self-Harm (Suicide) was the third leading cause of premature death for Columbia County (5.09%) and Warren County (8.41%), the fourth leading cause for Richmond County (5.29%), the tenth leading cause for Lincoln County (2.05%).

Serenity's Population of Focus

SBHS makes a concerted effort to outreach and create equitable access to services for all individuals. The organization has committed to a Disparity Impact Statement (DIS), as submitted to the Substance Abuse and Mental Health Association (SAMHSA) for their Certified Community Behavioral Health Clinic (CCBHC). The DIS states that SBHS will focus its CCBHC's disparity reduction efforts on uninsured children (ages 5 to 17) living under the Federal Poverty Line (FPL) who have experienced trauma.

As shown in Table 3 above, all counties in the service area except for Columbia County have a higher poverty rate than the Georgia average (12.7%), ranging from 15.4% to 23.4%. Additionally, 39% of children in Richmond County and 34% of children in McDuffie County live at or below the poverty level, which is higher than the Georgia state average (20.09%). Table 3 also shows that all counties in the service area except for Columbia County have a greater uninsured population than the state of Georgia (13.6%).

Outreach to rural communities may be especially important to engage the population of focus. The Georgia Rural Health Innovation Center reports that Georgians living in rural counties were more likely to live in households below 200% FPL (Federal Poverty Line) (41.3%) than in urban counties (30.5%) or the state (32.9%). Rural Georgians are more likely to be uninsured (14%) than urban counties (12.8%) or Georgia as a whole (13%). They are also more likely to receive Medicaid coverage (25.5%) compared to urban counties (18.3%) or the state (19.4%).³²

Results from the Youth Risk Behavior Surveillance System (YRBSS)³³ surveys demonstrate the need for behavioral health services and outreach targeted at children and adolescents. The CCBHC's DIS Population of Focus specifies children who have trauma-related experiences, and the 2021 YRBSS results found that 25.3% of youth respondents had seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood. Additionally, 43.5% of Georgia high school students surveyed felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities) during the 12 months before the survey. The 2021 surveys also found that 26.5% of Georgia high school students surveyed seriously considered attempting suicide during the 12 months before the survey. Looking at youth substance use, 24.7% of high school youth had at least one drink of alcohol in the past 30 days, 36% of youth respondents reported ever having used electronic vapor products, and 28.2% of youth respondents reported having ever used marijuana.

³² Georgia Rural Health Innovation Center, Health Indicators Report. (n.d.). <https://www.georgiaruralhealth.org/rural-health-information/health-indicators-report/>

³³ Centers for Disease Control and Prevention. [2021] Youth Risk Behavior Survey Data. Available at: www.cdc.gov/yrebs.

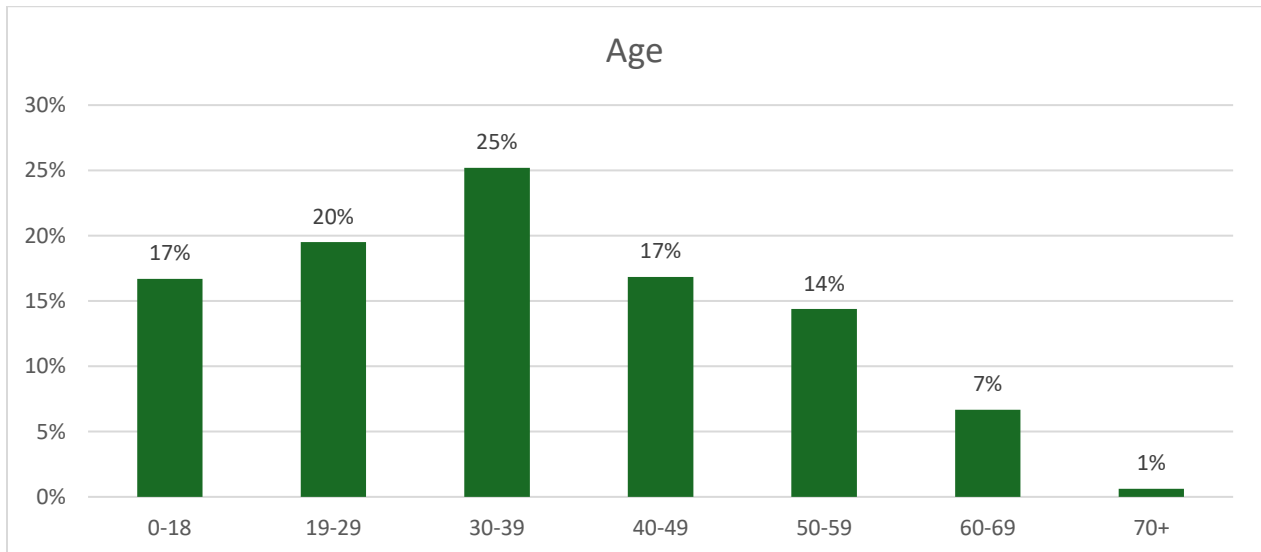
Key Findings - Health Conditions and Disparities

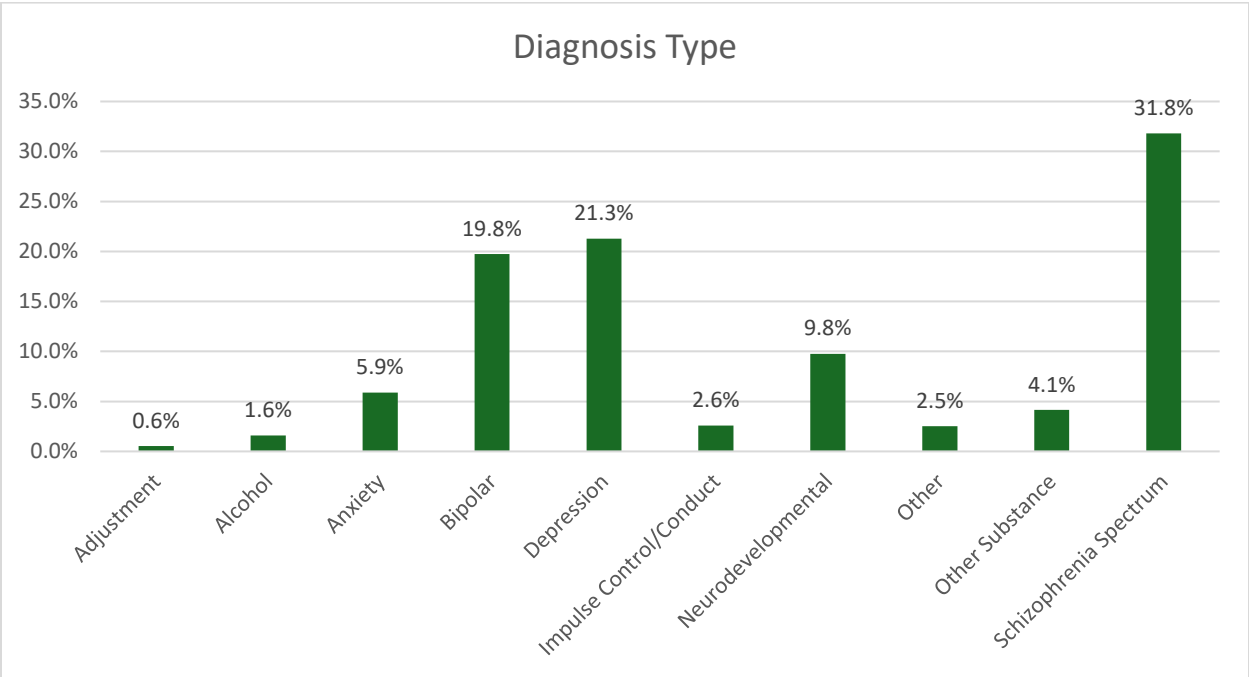
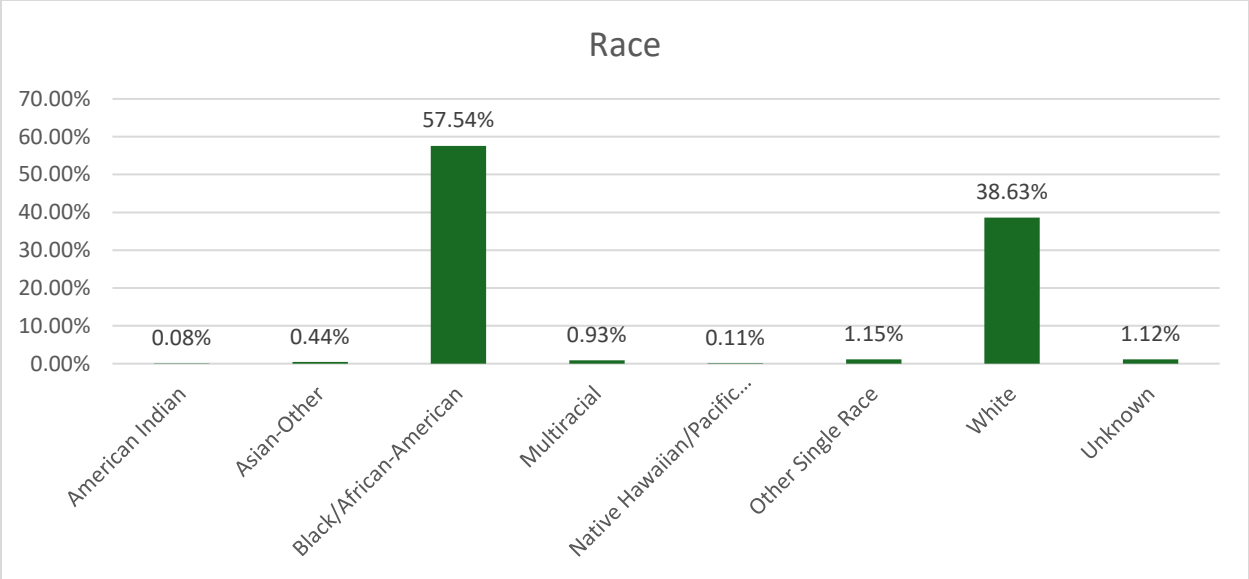
- Health rankings and quality of life repeat the pattern observed in the area demographics: The urban area of Richmond County and suburban and rural areas other than Columbia County resemble each in statistical terms.
- Substance use in Substate Area 2 is higher than the rate overall for Georgia, and in some cases higher than the U.S. averages as well (e.g. see Table 6, tobacco use).

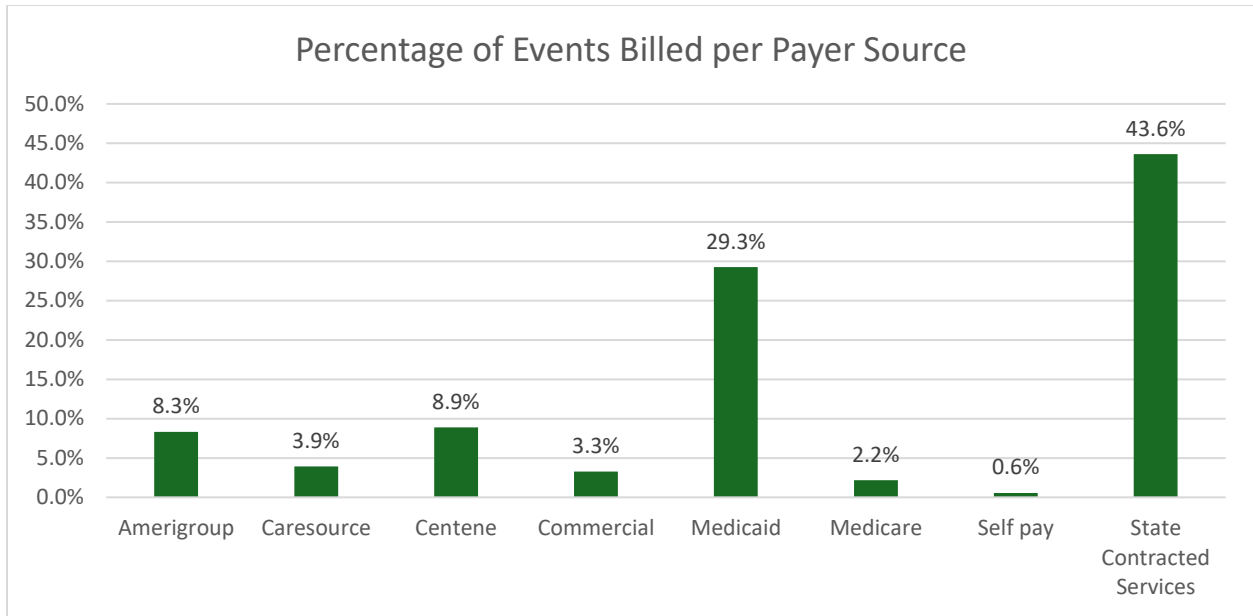
III. Individuals Served

Demographics

During Fiscal Year 2023, Serenity Behavioral Health Systems served 3,655 unduplicated individuals. Of these individuals served, 52% identified as female, and 48% identified as male. Almost half of the individuals served were between age 19 and age 39. About 58% of the population served was Black/African American and 39% was white. The top three diagnoses among individuals served at Serenity were schizophrenia spectrum (31.8%), depression (21.3%), and bipolar (19.8%). Additionally, in Fiscal Year 2023, 43.6% of events were billed to state-contracted services, 29.3% to Medicaid, and 2.2% to Medicare.





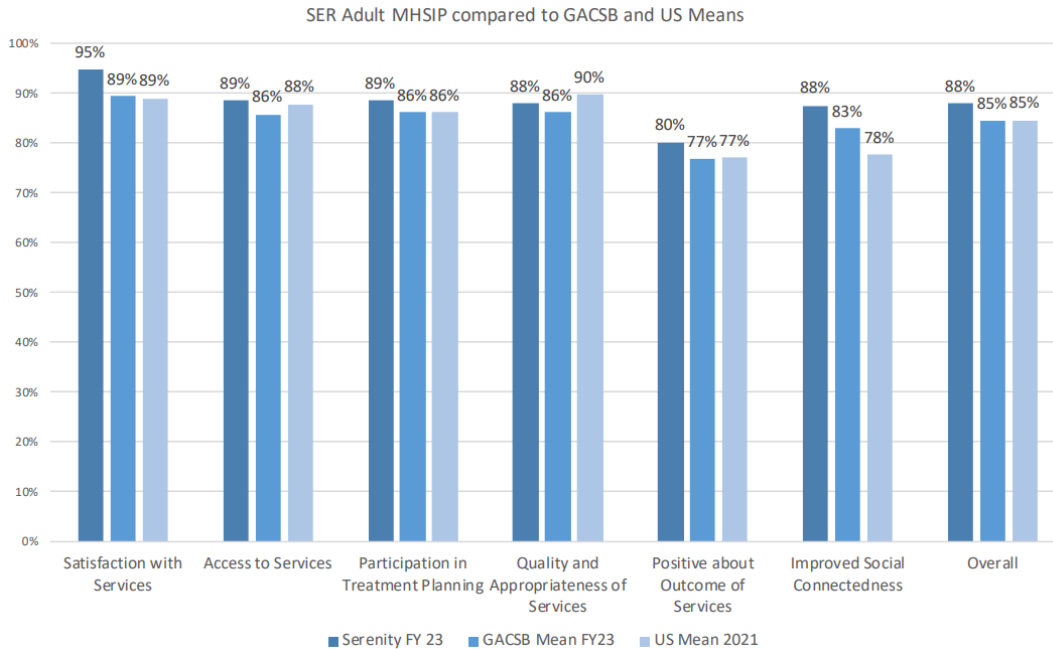


Consumer Satisfaction Surveys

SBHS collected 74 Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Surveys in Fiscal Year 2023. The MHSIP consumer surveys measure concerns that are important to consumers of publicly funded mental health services.

- 67.12% of consumers strongly agreed and 32.88% agreed with the statement: “Overall, I am satisfied with the services I received here.” 98.6% (73) of respondents agreed or strongly agreed with this statement.
- 98.6% (73) of consumers strongly agreed or agreed with the statement: “I would recommend this agency to a friend or family member.”
- When given the statement: “The location of services was convenient (parking, public transportation, distance, etc.)”, 45 consumers (62.5%) selected Strongly Agree, 19 (26.39%) selected Agree, 2 (2.78%) selected Unsure, 4 (5.56%) selected Disagree and 1 (1.39%) selected Strongly Disagree.
- When given the statement: “I was able to get all the services I thought I needed.”, 43 consumers (60.56%) selected Strongly Agree, 24 consumers (33.8%) selected Agree, 3 (4.23%) selected Unsure, and 1 individual (1.41%) selected Disagree.
- 60 consumers (82.2%) strongly agreed or agreed with the statement: “Staff were sensitive to my cultural background (race, religion, language, etc.)”

Overall, respondents were satisfied with the services received at Serenity and felt staff were culturally sensitive. When compared to the Georgia Association of Community Service Boards (GACSB) and the United States averages, Serenity’s Adult MHSIP surveys generally report higher levels of satisfaction.



Finally, Serenity’s “Annual QI Plan & 3 Year Strategic Plan, 2022-2024” included an organizational climate survey (n=32) of staff in the agency. Overall, respondents tend to understand the SBHS mission (71%), feel that leadership is committed to quality care (84%), and that people of all cultures and backgrounds are respected (84%).

- When given the statement: “I am familiar with the mission, vision, and values of the organization”, 18 respondents (58.06%) strongly agreed, 12 (38.71%) agreed, and 1 respondent selected Neutral/Don’t know
- When given the statement: “Leadership is committed to providing the best possible quality of care to our clients given the resources available”, 51.61% (16) of respondents strongly agreed, 32.36% (10) agreed, 9.68% (3) selected Neutral/Don’t know, 3.23% (1) Disagreed, and 3.23% (1) Strongly Disagreed.
- When given the statement: “People of all cultures and backgrounds are respected and valued here”, 29.04% (9) strongly agreed, 54.84% (17) agreed, 12.9% (4) selected neutral/don’t know, and 3.23% (1) strongly disagreed. 83.88% of respondents agreed or strongly agreed.

Key Findings – Individuals Served

- The area's Black population is highly concentrated in Richmond County and Augusta, where Black or African American persons account for 55% of the population, vs. 18% in Columbia County.
- According to Consumer Satisfaction Surveys, SBHS's services and agency overall are generally satisfactory for their consumers. This is echoed in Serenity's organizational climate survey, in which staff found the agency to be generally respectful of consumer background and culture, along with indicating general familiarity with the organizational mission

IV. Shape of the Community

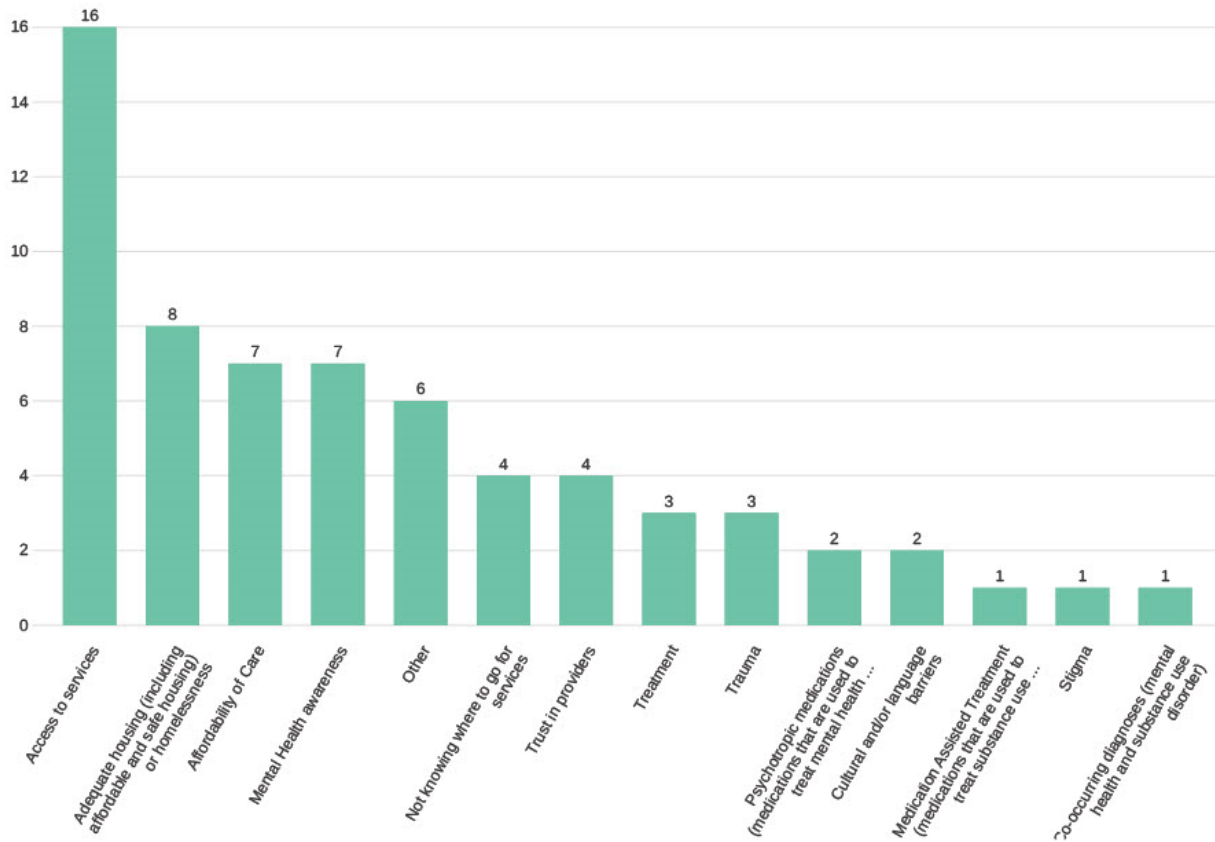
Primary Data Collection

For primary data collection, TRX staff surveyed community members and individuals served by SBHS and conducted seven focus groups including leadership staff, community stakeholders, peers, individuals served, and family members of individuals served.

The Community Needs Assessment Survey was distributed to SBHS consumers and community members to collect responses related to community health needs and concerns. The survey included multiple choice and open-ended response questions; meaning the data collected was both quantitative and qualitative. To analyze the survey data, the data was cleaned to remove extraneous variables, condense open-ended responses thematic categories, and recode variables so all multiple-choice questions with scales could be compared. The survey data were analyzed utilizing Qualtrics's analytic tools. The survey collected 27 total responses. The results of the survey are detailed below.

The survey begins by asking respondents to identify the top behavioral health concerns in their community. The top three concerns among all respondents were Access to Services (25%), Adequate Housing or Homelessness (12.3%), and Affordability of Care (11%).

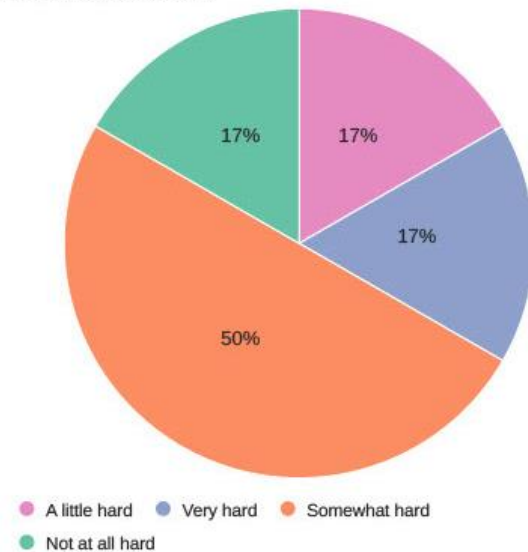
Top 3 Mental Health & Substance Use Concerns in the Community



Respondents were asked how hard it was to seek or receive services for their Behavioral Health concerns, and 36% of respondents noted that it was “Somewhat Hard” or “Very Hard” to access Behavioral Health services. Nearly sixty percent (58%) of respondents felt that accessing Housing or Homeless services was “Somewhat Hard” or “Very Hard.” Finally, fifty percent of respondents said that accessing affordable care was “Somewhat Hard”, and 83% of respondents identified some level of difficulty accessing affordable care.

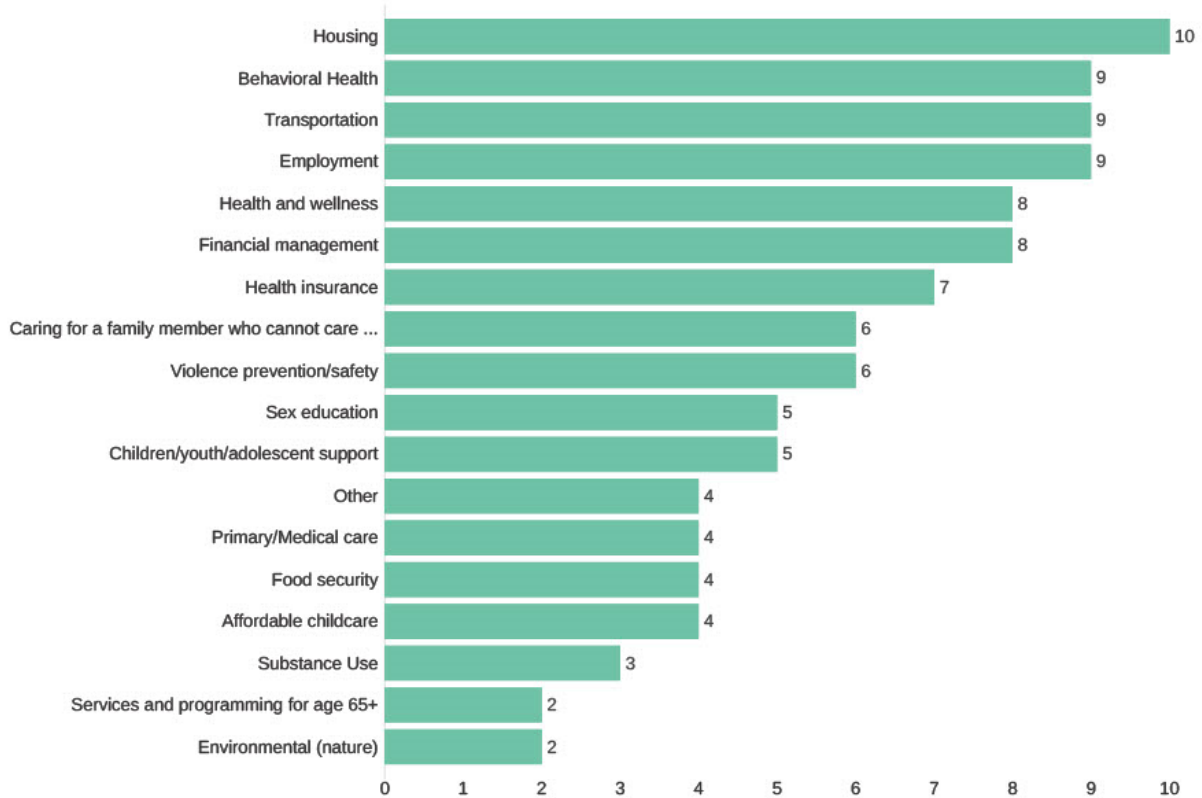
The survey then asks what are the top five services that are needed by their community. A full breakdown of needed services in the community can be found below in the *Most Needed Services in the Community* chart. The top five most needed services in the community are

Affordable Care



Housing (10%), Behavioral Health services (9%), Transportation (9%), Employment (9%), and Health & Wellness Services (8%).

Most Needed Services in the Community



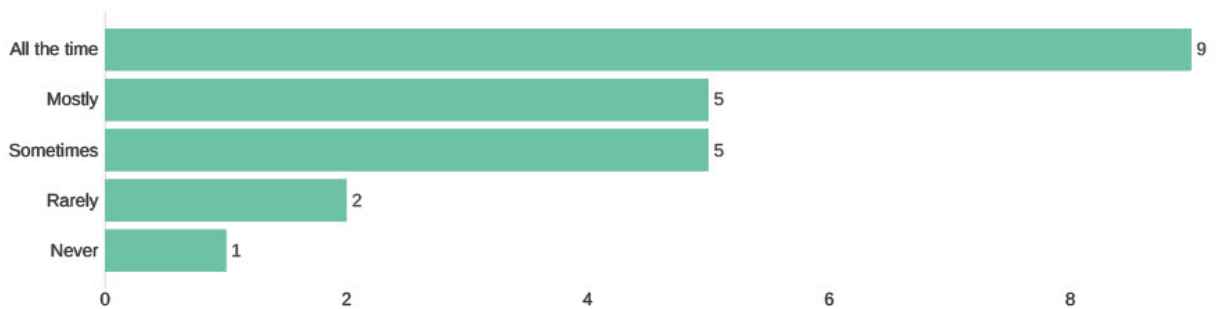
When asked about the accessibility of these needed services in the community, 60% of survey participants responded that Housing services are “Somewhat Hard” and “Very Hard” to access, 66% responded that transportation services were “Somewhat Hard” and “Very Hard” to access, 66% noted that employment services were somewhat or very hard to access, and 41% responded that financial management services were “Somewhat Hard” and “Very Hard” to access. Over half (55%) noted that Behavioral Health services were somewhat or very hard to access.

Table 8. How hard is it to seek or receive these services?

	Not at all hard		A little hard		Somewhat hard		Very hard		Total
	%	#	%	#	%	#	%	#	
Behavioral Health	22%	2	11%	1	44%	4	11%	1	9
Caring for a family member who cannot care for themselves	33%	2	33%	2	0%	0	33%	2	6
Children/Youth/Adolescent Support	20%	1	20%	1	60%	3	20%	1	5
Employment	11%	1	44%	4	22%	2	44%	4	9
Environmental (nature)	50%	1	0%	0	0%	0	0%	0	2
Financial Management	25%	2	38%	3	13%	1	38%	3	8
Food Security	0%	0	75%	3	25%	1	75%	3	4
Health & Wellness	50%	4	25%	2	13%	1	25%	2	8
Health Insurance	0%	0	71%	5	29%	2	71%	5	7
Primary/Medical Care	0%	0	75%	3	25%	1	75%	3	4
Housing	30%	3	50%	5	10%	1	50%	5	10
Services & Programming for Age 65+	0%	0	50%	1	50%	1	50%	1	2
Sex Education	20%	1	20%	1	40%	2	20%	1	5
Substance Use	0%	0	33%	1	33%	1	33%	1	3
Transportation	33%	3	33%	3	33%	3	33%	3	9
Violence Prevention/Safety	17%	1	33%	2	50%	3	33%	2	6

Survey respondents were asked, “How important is substance use, addiction, or recovery in your community?” Over half of survey respondents said that substance use, addition, or recovery is very important in their community. The survey then asks, “How much do mental health and substance use providers care about you?” The majority (64%) of survey respondents noted that their mental health and substance use providers “completely” care about them. Similarly, 41% responded that their providers “completely” care about their life story and 27% “mostly” care about their life story. Finally, the survey asks, “Do your providers try to answer your questions in a way that you can understand?” Two-thirds of respondents responded that their providers try to answer their questions “all of the time” or “mostly.”

Do your providers try to answer your questions in a way that you can understand?



Finally, the survey ends by asking demographic questions, such as race, ethnicity, gender identity, age, and sexual orientation. Half of respondents identified as heterosexual or straight, 70% identified as male, 65% identified as not Hispanic or Latinx/a/o, and 57% identified as Black or African American.

Community Needs

SDOH and SDOH-related services

SDOH data show a consistently distinct profile when comparing the counties of the SBHS service area. SDOH involving poverty, lower levels of education, housing affordability and availability, food insecurity, lack of access to care, and other issues are uniformly more present in all of the SBHS service area counties except for Columbia, which has a much more affluent profile than the rest of the area. Benefits counseling and advocacy should be enhanced at Serenity to assist those who are not aware of services available or who have given up trying to access benefits due to difficulties with the bureaucracy and requirements of enrollment. This need is present both in urban Richmond County and sometimes even more acutely in SBHS's rural service areas.

Transportation

Transportation difficulties were cited across multiple focus groups. Transportation availability and options, even in urban Augusta and Richmond County, are not sufficiently available to allow community members to access services easily and conveniently. Public transit is for many cost-prohibitive while other, private transportation options are even more expensive. The lack of affordable transit alternatives acts as a barrier that can lock other SDOH in place: even without addressing all SDOH at once, simply enabling transportation services would enable them to apply for and receive services that could help them address the behavioral health concerns that emerge from inequities in SDOH.

Trauma-informed care and services

When discussing substance use and its relation to mental health, focus group participants cited childhood trauma as a pervasive and common experience in the SBHS service area. Physical, emotional, and sexual abuse of children results in lasting emotional and mental health issues that are often in play for individuals with substance abuse issues. For many, self-medicating with alcohol and other substances seems to be the only easily available coping mechanism they have to deal with the long-term effects of post-traumatic stress disorder (PTSD). Therapies and recovery support that integrate the central place of childhood trauma into the treatment of substance use and co-occurring disorders should be available to community members.

Safe spaces

Stigma was cited across multiple focus groups—by staff, peers, and consumers alike—as a major barrier to care. Many individuals with emotional, mental health, and substance use concerns live in fear of their families or communities finding out about their “problem.” The fear of being regarded as mentally ill, an addict, or the victim of abuse is strong enough to deter many from seeking help. Outreach, community engagement, and the creation of safe and confidential spaces will be needed to address this need and provide community members with a way to address the experiences that feed stigma, isolation, and elevated behavioral risks including substance use and suicide.

Challenges

Many factors related to an individual's physical and behavioral health affect their ability to receive care. These barriers keep individuals from seeking or receiving the care they need and make it more difficult for Serenity providers and support staff to help the individuals they intend to serve.

Stigma

One barrier that was discussed by staff, peers, and individuals served is the stigma surrounding mental health, substance use, and receiving treatment. A peer focus group participant explained how they see stigma in their community:

“Because they don’t want to feel judged. They don’t want people to look at them in a certain way. They feel like they have no protection. And they just don’t want people to know. They feel ashamed so they don’t want anybody to know.” **Consumer - Peer Focus Group, P2, 2024-02-20; sbh_fg05: Lines 432-435.**

A participant in the leadership staff focus group discussed the stigma present in Columbia County communities, especially surrounding substance use.

“But there is a, I guess a bit of a stigma still that’s prevalent in Columbia County, I live there. But sometimes a large portion of that population tries to pretend that they don’t have behavioral health issues and that there are. But in meeting with the leadership, they do acknowledge that there are substance abuse issues in particular in that county that need [to be] addressed.” **Leadership Focus Group, P1, 2024-02-16; sbh_fg03: Lines 135-138.**

The leadership focus group also discussed cultural stigmas and stigma among older adults. Both participants mentioned that people often see seeking treatment for mental health as a weakness.

“So, different communities, whether it is the African American Community, whether it’s the Latino community, whether it’s the Hispanic community. Whether it’s the Middle Eastern community. They have built inside of their own culture, ideas and what’s the word that I wanna use? Cultural norms to where what’s in the family stays in the family and we don’t talk about it. And so, when we’re talking about stigma, we’re talking about looking at receiving mental health as a weakness that can be facilitated, especially in the African American community, through church.” **Leadership Focus Group, P2, 2024-02-16; sbh_fg03: Lines 248-257**

“So, I feel like some of the barriers around stigma, in terms of age might be with the older population in terms of feeling like seeking mental health treatment is a sign of weakness or things of that nature.” **Leadership Focus Group, P3, 2024-02-16; sbh_fg03: Lines 338-341**

Knowledge of Services

Another challenge or barrier discussed in multiple focus groups was a lack of knowledge of services and resources available in the community. Community members do not always know where to go for their behavioral health needs. A participant in the peer focus group shared,

“Especially a younger person who doesn’t have a bunch of experience, friends around them, or older friends around them to tell them this, this, and that. And your parents, they’re not open to

trying to get you help. Then, you can go for a long time suffering thinking there is no option for help.” Consumer - Peer Focus Group, P3, 2024-02-20; sbh_fg05: Lines 221-225

Another participant shared that their child wouldn’t have started receiving services at Serenity if they hadn’t known someone who worked at Serenity and recommended services.

“I can say for me in terms of my community is really just having a resource, having someone who knows about the program and can speak to it.” Youth Family - Consumer Focus Group, P1, 2024-02-15; sbh_fg02: Lines 236-238

Cost of Services

Some individuals may have knowledge of community resources, but the cost of services is another barrier that may keep individuals from receiving the care they need. Several focus group participants cited economic challenges and issues with insurance as common barriers, echoing the results of the Community Needs Assessment Survey results where 83% of respondents cited the affordability of care as a barrier.

“And I think getting access to certain assistance, not to say that people who maybe have more money or more resources available to them, but in certain neighborhoods and in certain places, I do feel that their economic and socioeconomic profiles do certainly cause barriers with being able to get the help that they need.” Youth Family - Consumer Focus Group, P3, 2024-02-15; sbh_fg02: Lines 339-344

“Our insurance companies don't want to pay enough to help people afford to be able to go to therapy if they need it.” Youth Family - Consumer Focus Group, P1, 2024-02-15; sbh_fg02: Lines 171-172

“It probably would be health insurance. Certain health insurances cover things, don’t cover things. I think here at Serenity, you would be better off not having any health insurance than having certain types that make you have a big co-pay for things.” Consumer - Peer Focus Group, P3, 2024-02-20; sbh_fg05: Lines 259-262

Transportation

Finally, transportation was mentioned as a barrier in several focus group discussions, as it was identified as a barrier to care in the Community Needs Assessment Survey. Participants mentioned limited public transportation options in the service area and explained that while Serenity provides some options for transportation, they are not accessible to everyone, especially uninsured individuals.

“Real quick...another concern I have is with transportation. I complete standing orders for our peers but Modivcare only accepts Medicaid. That limits some of our peers who has Medicaid QMB and Medicare. Richmond County needs more transportation to help with the ones who have no insurance so they can get to their mental health appointments.” Certified Peer Specialist Staff Focus Group, P5, 2024-02-20; sbh_fg04: (Zoom chat 16:25:20)

Other participants mentioned the challenges of bus transportation in the area:

“I think there is just one issue with transportation that would be a big problem, but they do try to manage that by getting bus tickets and things like that. But again, it takes time, you know what I

mean? Sometimes people don't wanna wait for the bus, things like that." **Mental Health - Consumer Focus Group, P1, 2024-02-21; sbh_fg06: Lines 363-367**

"And we're somewhat isolated in terms of the amount of bus transfers and the amount of work it takes some people, particularly underprivileged people, to get to our center." **Leadership Focus Group, P1, 2024-02-16; sbh_fg03: Lines 16-19**

One stakeholder emphasized that transportation can be especially difficult for younger patients. Parents need reliable transportation and time off work to get their children to the clinic.

"D. mentioned it before, but actual transportation is a huge issue with a lot of the patients and would be patients, potential patients. We've referred kids to Serenity for some issues related to childhood trauma, and Serenity has been awesome about, 'Hey. Yes, send them to us and we'll get them scheduled,' but it's left up to the parent to get them there." **Stakeholder Focus Group, P2, 2024-02-15; sbh_fg01: Lines 671-676**

Assets and Resources

Serenity's main clinic is located in Augusta, Georgia's second-largest city. The clinic offers several behavioral health and intellectual and developmental disability (IDD) related programs. Outside of outpatient services for children, adolescents, and adults, Serenity has Community Support Services, a Crisis Stabilization Unit (CSU), and a Mental Health Community Residential Rehabilitation program. The IDD programs offered include Family Support/Respite, Supported Living, Community Housing, and Host Home/Life Sharing. A description of each program can be found in Table 9 below.

The addition of the Certified Community Behavioral Health Clinic (CCBHC) enables Serenity to provide comprehensive care to all individuals requesting services and support, regardless of diagnosis/es or ability to pay. The CCBHC also enables Serenity to begin implementing plans to create a mobile unit to increase access to care for rural communities.

Embedded within Serenity programs are Certified Peer Specialists, who are seen as trusted staff members whose lived experience helps individuals served feel comfortable and engaged in their care. One consumer said,

"For me, it's peer group and my counselor. Both of them are beneficial. It's very helpful. And you feel more comfortable talking to someone who you feel like was sitting in your seat at one point." **Consumer - Peer Focus Group, P3, 2024-02-20; sbh_fg05: Lines 346-349**

Peers could also be an effective partner in reducing internal stigma. One peer said,

"And then we also try to demonstrate commonality by having other peers talk about their diagnosis. Once you get a person to see themselves different, that's the beginning of breaking that internal stigma about your own self of having that diagnosis." **Certified Peer Specialist Staff Focus Group, P3, 2024-02-20; sbh_fg04: Lines 304-307**

Table 9. Serenity Behavioral Health Systems - Programs

Program	Description of Services
Adult Outpatient Services	Provide outpatient clinical services for individuals with persistent and moderate to severe mental illness. Program goals include enhancing the individual's quality of life, supporting their recovery and well-being, reducing symptoms or needs, building resilience, restoring and/or improving overall functioning, and supporting the integration of the person into the community.
Child and Adolescent Services	A range of outpatient and school-based services are available to treat children and adolescents, to educate each individual about his/her illness, and to support the development of skills necessary to function in the community in which he/she lives. Family involvement and education for school personnel are important components of treatment.
Community Services (CS) Program	Community Support services strive to help individuals achieve their goals through obtaining and maintaining their recovery in their natural environments and homes. Should an individual have a special need outside the scope of this agency's services, he/she would be referred to the most appropriate services in the community.
Community Residential Rehabilitation III (Semi-Independent/Level 3)	Provide a supported living environment 24 hours, 7 days a week, and provide Skill Training and Personal Support Activities that are defined individually in the Treatment Plan to help the individual become more independent in areas he or she would want/need assistance. Semi-Independent Residential is designed for individuals within a residential setting to assist them in successfully maintaining stable housing, continuing with their recovery, and increasing self-sufficiency.
Crisis Stabilization Unit	The Crisis Stabilization Unit (CSU) is a medically monitored, short-term residential service operated for the purpose of providing psychiatric stabilization and detoxification services. This program is a residential alternative to, or diversion from, inpatient hospitalization.
IDD Community Housing	Provides long-term housing that is safe, affordable, accessible, acceptable, and stable. The services/supports are focused on home and community integration and engagement in productive activities. Community Housing also focuses on person-centered training, independence, dignity, safety, personal choice, and privacy of the individuals. SBHS has three (3) group homes which have 24-hour supervision and operate 365 days a year.
IDD Family Support/Respite	<i>Planned or Scheduled Respite/Maintenance Respite:</i> Brief periods of support or relief for caregivers or individuals. The services can be provided in the individual's home or the family's home, or outside the home in a private residence of a respite services provider. <i>Emergency/Crisis Respite:</i> Short-term service for an individual experiencing a crisis (usually behavioral) and who requires a period of structured support.
IDD Host Home/Life Sharing	<i>DD Host Home/Life Sharing:</i> Living with and sharing life experiences with supportive persons who form a caring household. A Host Home/Life Sharing residential setting is recognized as being both a close personal relationship and a place to live. <i>Host Home/Life Sharing Provider:</i> An individual or a family who has made a commitment to share his/her home, to develop long-term relationships as well as provide identified support to the individual(s) with intellectual/developmental disabilities.
IDD Supported Living	Provides support services to individuals living in long-term housing that is safe, affordable, accessible, acceptable, stable, and chosen by the individual. The support services are designed to assist individuals in becoming integrated into the community and engaging in productive activities. Supportive Living focuses on and enhances the independence, dignity, autonomy, personal choice, and privacy of the individuals.

Serenity's success is attributable in part to the work of the quality team under the leadership of the Quality Assurance & Utilization Management Director & HIPAA Privacy Officer. The agency has a stated policy to develop and maintain a Quality Improvement system that continually monitors clinical and operational performance, identifies areas for improvement, implements meaningful and effective problem-solving strategies, and reviews the effects of decisions based on collected data. Serenity utilizes the PDSA model (Plan, Do, Study, Act) for quality improvement projects at program and agency levels.

V. Recommendations

Highest Priority

- 1. Outreach to Rural Communities.** The CCBHC's DIS Population of Focus is uninsured, children (ages 5 to 17) living under the Federal Poverty Line (FPL) who have experienced trauma. As described in the environmental scan section, these disparities are highly pronounced in rural areas served by SBHS. Outreach can have ramifying effects of not only making services available but in so doing reducing stigma about behavioral health and shining a light on alternatives that can improve the lives of community members.

SBHS is already making plans to increase its rural reach, including mobile units to reach populations further from the main clinic in Augusta. SBHS can enhance its capacity for outreach by bringing specific evidence-based practices of assertive community outreach and models of assertive community treatment (ACT).

"Yeah, as I said before, access is a big deal. We have a fairly large population around here. And some of it is urban. But there's still some rural places. That it's very difficult to get to our services." **Leadership Focus Group, P1, 2024-02-16; sbh_fg03: Lines 130-132.**

"We have a large percentage of people maybe not in the grand scheme of Serenity but a good chunk of folks that are in the rural community that used to go to the Thompson Office before it closed. And those folks are not getting – I do know several that are not getting services, their shots, or anything because they have no transportation. No transportation into Augusta."

Certified Peer Specialist Staff Focus Group, P4, 2024-02-20; sbh_fg04: Lines 601-606.

- 2. Youth Behavioral Health.** SBHS should expand suicide prevention programs, school-based mental health services, and general outreach to children and adolescents. The environmental scan indicates strongly that these kinds of services are needed by young people in the area. SBHS's DIS and the environmental scan in the needs assessment document the disparities faced by young people in the area. Focus group participants discussing substance use and recovery cited childhood trauma as the major cause of substance abuse and other mental health concerns.

Addressing youth mental health issues must be done in the context of reducing stigma. Stakeholders and SBHS leaders in focus groups cited pushback to integrating youth mental health services in the schools or even building relationships with schools in Columbia County because many people in the community do not believe that their students have mental health or substance abuse issues that need to be addressed.

- 3. Transportation.** Work with current community partners or contracted companies that provide transportation services and evaluate their effectiveness. Many individuals served, peers, and staff members cited limited public transportation options to the main clinic in Augusta. While there are options like Modivcare or bus tickets, these are not available to everyone.
"And Richmond County is really the only area and it's only mainly in the city of Augusta with bus transportation. So, outside of that, it's using medical transportation, if you have Medicaid, if you

have a vehicle. Some other public types of transport like Uber and other things that could be more expensive.” Leadership Focus Group, P3, 2024-02-16; sbh_fg03: Lines 349-353.

Medium Priority

- 1. SDOH Support Services.** Expand SDOH-related services, across the service area in both urban Richmond County and the rural counties including Wilkes, Warren, Lincoln, and Taliaferro. Warren County has the lowest median household income, highest poverty rate, and highest percentage of households on SNAP, compared to Georgia and other counties in the service area. Benefits counseling should address employment assistance, food security-related services, housing stability-related services, and benefits and entitlements. Build partnerships with other organizations in the community if Serenity cannot provide these services directly.
- 2. Evidence-Based Practice (EBP) Trainings.** Expand evidence-based practice training to all clinicians under the CCBHC. All CCBHC staff complete general trainings through the Relias training platform. To the extent possible, SBHS should bring in EBP’s that can be provided and taught to staff in standardized forms, to enable evaluation and measurement of effectiveness, identification of gaps or shortfalls, and the creation of corrective actions to address performance. EBPs may include trauma-informed care,” assertive community outreach, and trauma- and stigma-reduction interventions such as “Seeking Safety.”

Lowest Priority

- 1. Internal Communication.** Improve internal communication between program areas by providing staff training to strengthen understanding of available internal programming and referral processes. Additionally, a review of the electronic health record should be conducted to ensure it can support internal referral management to support timely referrals and access to internal services.
“My biggest issue with Augusta is it seems like everybody’s kind of working in silos. Nobody communicates with each other.” Certified Peer Specialist Staff Focus Group, P5, 2024-02-20; sbh_fg04: Lines 615-616
- 2. Community Partnerships.** Develop a community resource guide of available behavioral health care and resources to support well-being. To further support access to care, Serenity should strengthen and formalize DCO and MOU agreements with community partners. These DCOs and MOUs should include agreed and trained-upon referral workflows and pathways to promote effective and efficient referrals. As part of this Serenity should provide partner organizations with trainings about the services it provides, and request partner organizations provide Serenti teams with similar trainings. Focus group participants noted a lack of coordination and understanding about community organizations.
“We like to say about Augusta, Augusta is full of resources but we lack relationships. So again, not doxing that the amazing organization is doing incredible work all over the city, but nobody knows about them or they can’t get to them.” Stakeholder Focus Group, P3, 2024-02-15; sbh_fg01: Lines 170-173

“I also think coordination between different agencies in the county is an issue. Whether they expect us to do too much and they don’t understand what we can do or where we can help, but people don’t know that.” Leadership Focus Group, P4, 2024-02-16; sbh_fg03: Lines 313-316

3. **Veteran Outreach.** Expand and strengthen relationships with veteran community organizations, particularly veteran organizations in Columbia and Richmond counties. Columbia County’s veteran population (15.1%) is twice the average of the Georgia average (7.3%). Similarly, Richmond County has a large veteran population of 11.3%.³⁴ Publicly available data also shows that veterans are at higher risk for housing instability and suicide. It was noted by a focus group participant that there is a large veteran community in need of services.

“And I’ve always felt like the veteran’s community is something that we’ve badly underserved around here. Because we do have a large, Fort Eisenhower is a large installation around here and there’s just a large veteran presence.” Leadership Focus Group, P1, 2024-02-16; sbh_fg03: Lines 26-30

VI. Summary and Conclusion

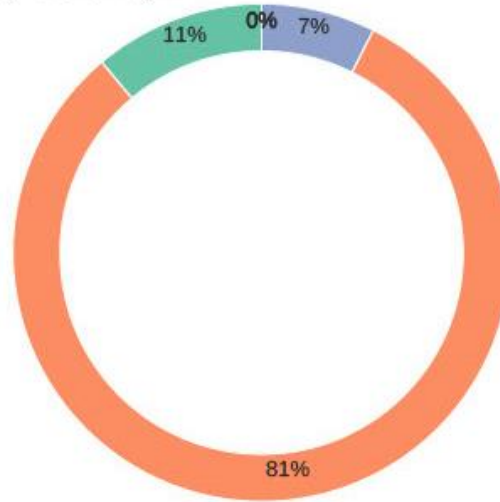
Serenity is poised to improve upon existing program and service offerings through the implementation of the Certified Community Behavioral Health Clinic, which will enable Serenity to provide access to rural communities through its mobile unit, create and enhance partnerships with community organizations through the development of MOUs and DCO agreements, and improve the quality of care and integration of wraparound care for the community served in East Central Georgia, including Richmond, Columbia, McDuffie, Lincoln, Taliaferro, Wilkes, and Warren Counties. These seven counties are diverse in the disparities they face, however, many of the individuals seeking care share common characteristics. Serenity will focus on these underserved and under-accessed populations, specifically uninsured children living under the Federal Poverty Line who have experienced trauma, to reduce the health disparities found within these communities.

Independent evaluators at TRX Development Solutions, LLC conducted an environmental scan of publicly available data and collected primary source data through focus groups and community surveys to help the Serenity team make informed decisions as they continue to improve access and quality of care for all individuals. The recommendations above are related to outreach to rural communities to increase access, increased behavioral health services for youth, transportation, expanding access to SDOH supportive services, and expanding staff capacity to provide Evidence-Based Practice services through training. This needs assessment should be viewed as a dynamic project that will be reviewed at a minimum every three years, to review progress on goals and make updates relevant to the Serenity community environment.

³⁴ U.S. Census Bureau: American Community Survey Tables. Veteran Status. (n.d.).
<https://data.census.gov/table?q=Veterans&g=040XX00US13>

Appendix A: Data Tables

Are you currently being served by Serenity?

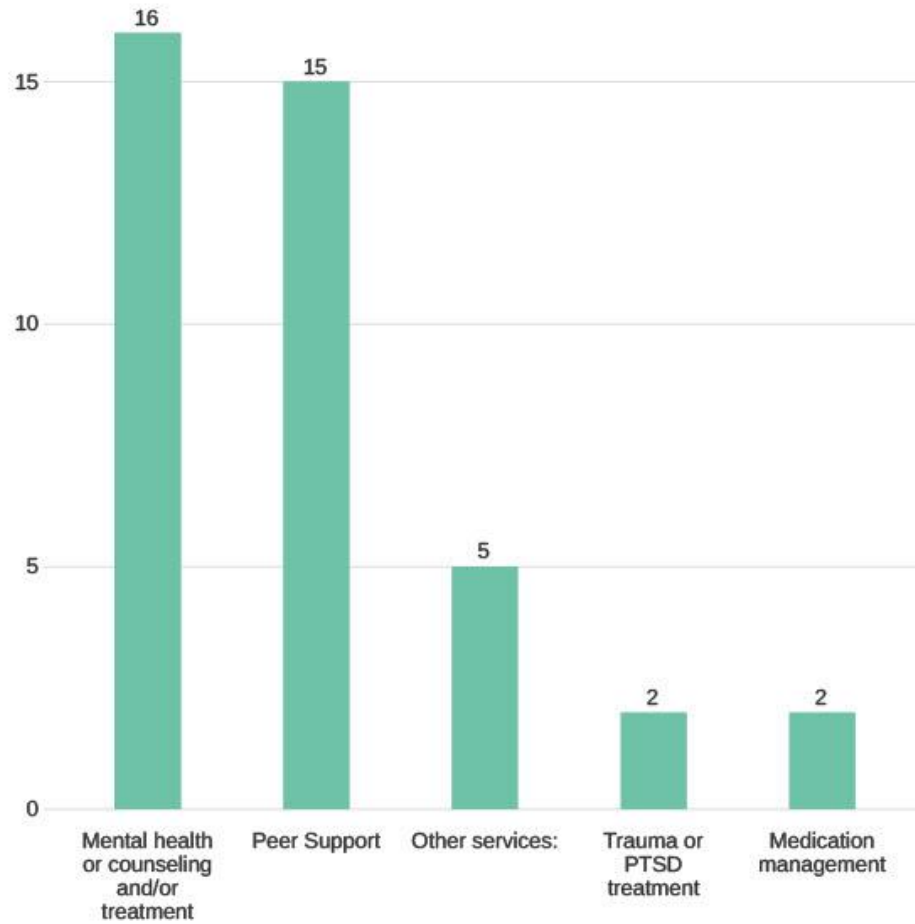


● I am not, but I previously received services from Serenity.
 ● I don't know, or I am not sure.
 ● I am not, but someone I know is.
 ● Yes
 ● No

Are you currently being served by Serenity?

Field	Choice Count
Yes	22
No	3
I am not, but someone I know is.	2
I am not, but I previously received services from Serenity.	0
I don't know, or I am not sure.	0

Services Received by Survey Participants



Other Services Received by Survey Participants

Other services: - Text

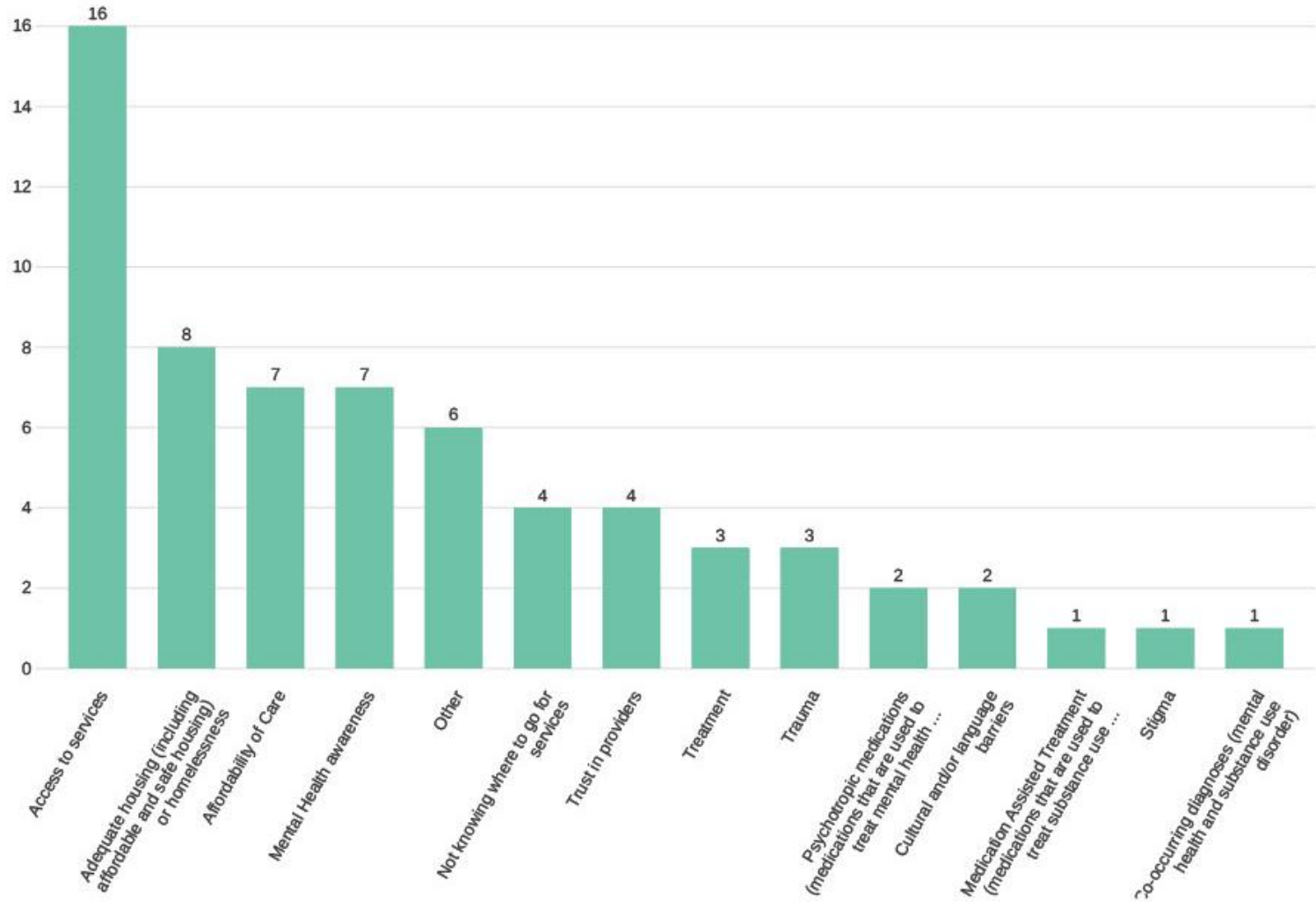
NONE

case manager

case manager

Case Management

Top 3 Mental Health & Substance Use Concerns in the Community

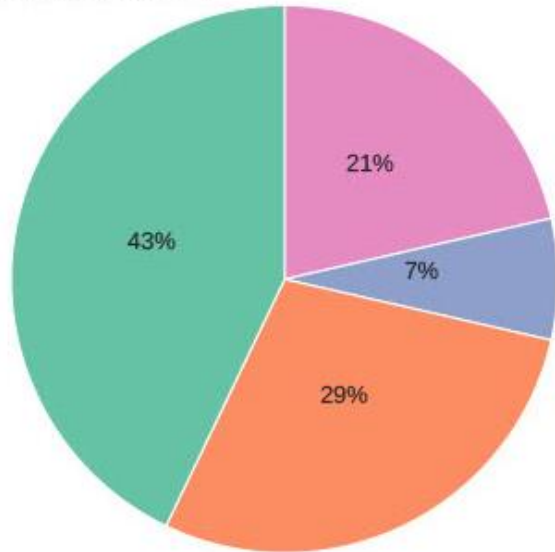


Top 3 Mental Health & Substance Use Concerns in the Community

Field	Choice Count
Access to services	24.62% 16
Adequate housing (including affordable and safe housing) or homelessness	12.31% 8
Affordability of Care	10.77% 7
Mental Health awareness	10.77% 7
Other	9.23% 6
Not knowing where to go for services	6.15% 4
Trust in providers	6.15% 4
Treatment	4.62% 3
Trauma	4.62% 3
Psychotropic medications (medications that are used to treat mental health conditions)	3.08% 2
Cultural and/or language barriers	3.08% 2
Medication Assisted Treatment (medications that are used to treat substance use disorders)	1.54% 1
Stigma	1.54% 1
Co-occurring diagnoses (mental health and substance use disorder)	1.54% 1
Total	65

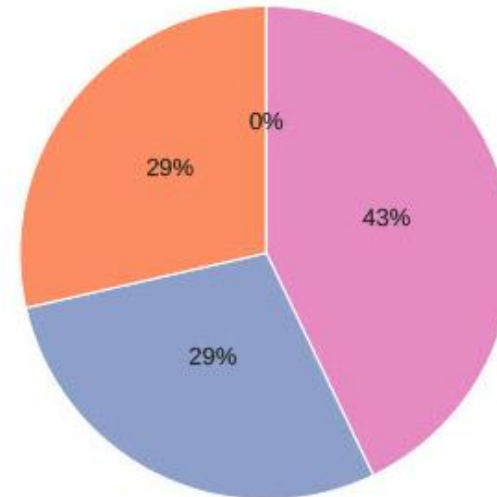
How hard is it to seek or receive services for the top 3 mental health & substance use concerns in the community?

Access to Services



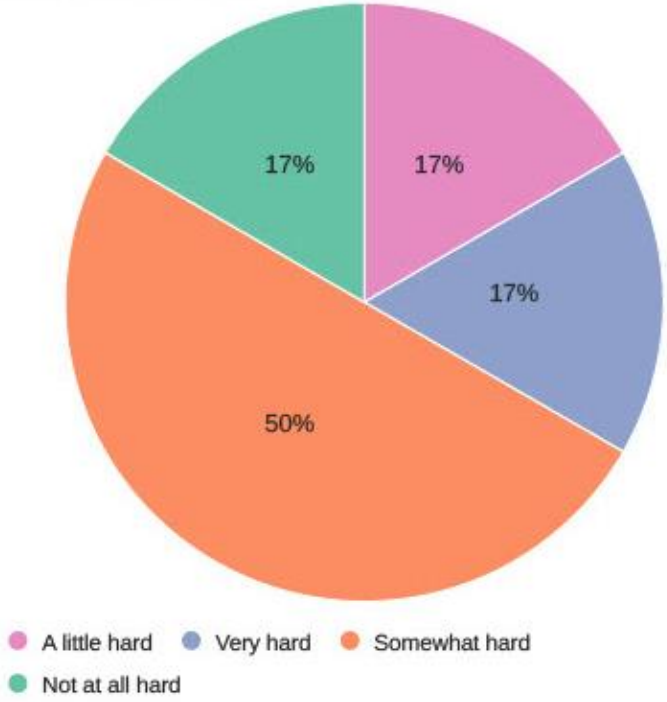
● A little hard ● Very hard ● Somewhat hard ● Not at all hard

Adequate Housing or Homelessness

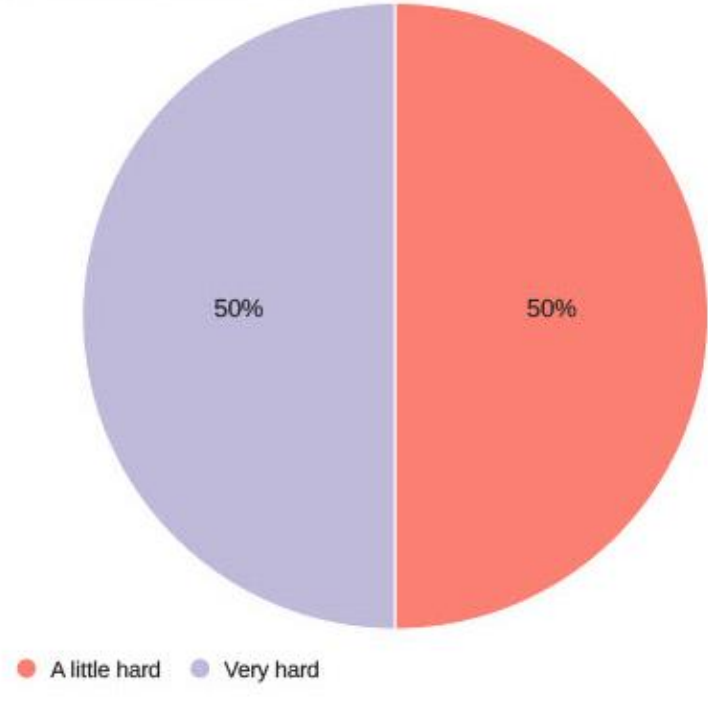


● A little hard ● Very hard ● Somewhat hard ● Not at all hard

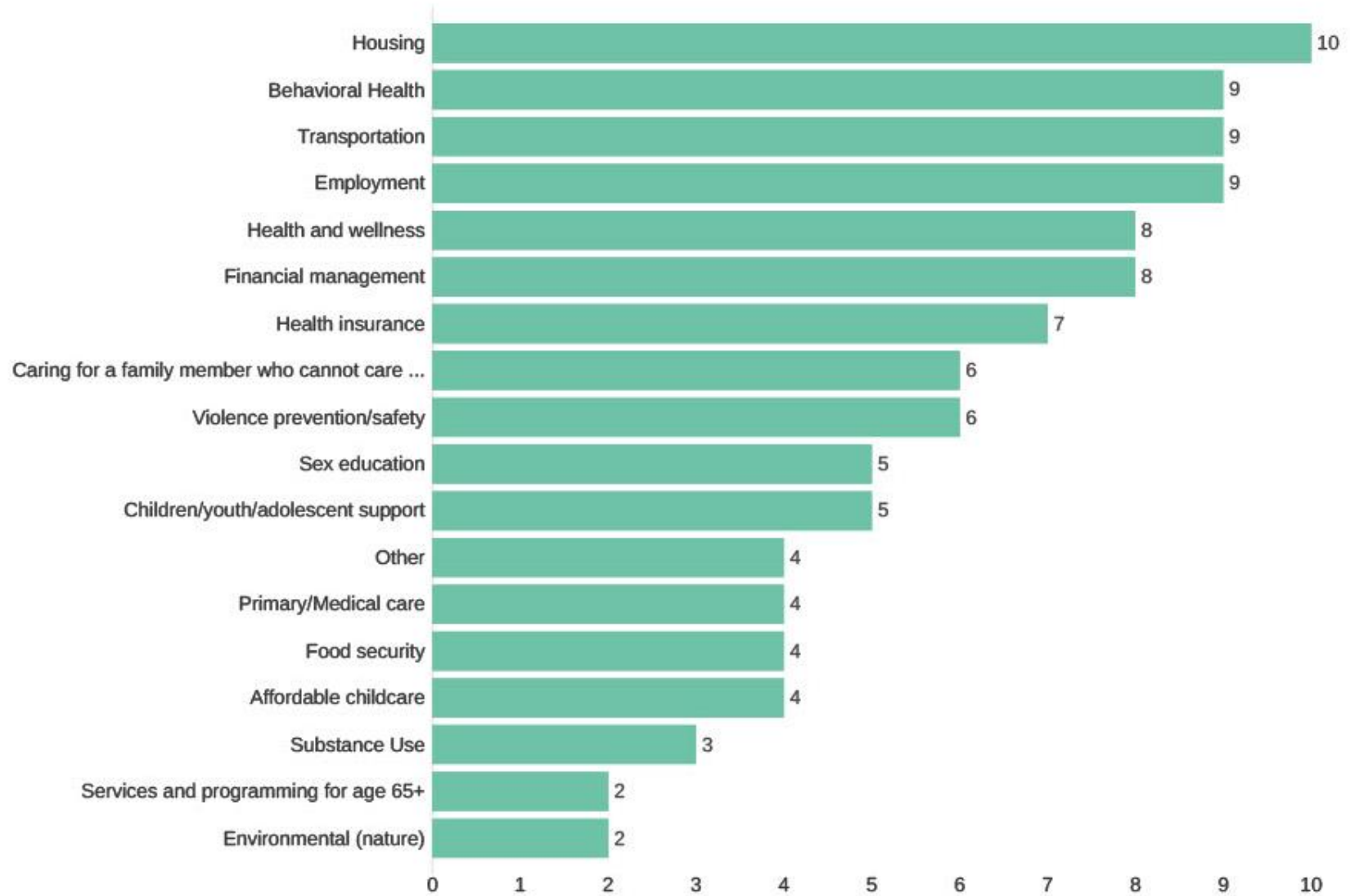
Affordable Care



Mental Health Awareness



Most Needed Services in the Community

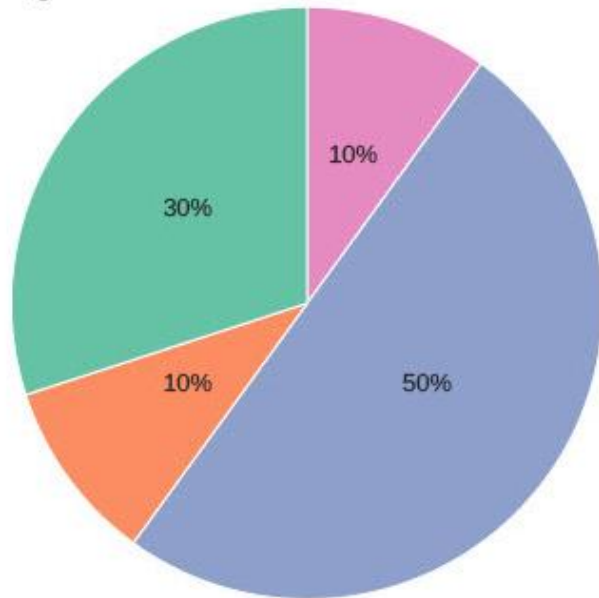


Most Needed Services in the Community

Field	Choice Count
Housing	10% 10
Behavioral Health	9% 9
Transportation	9% 9
Employment	9% 9
Health and wellness	8% 8
Financial management	8% 8
Health insurance	7% 7
Caring for a family member who cannot care for themselves	6% 6
Violence prevention/safety	6% 6
Sex education	5% 5
Children/youth/adolescent support	5% 5
Other	4% 4
Primary/Medical care	4% 4
Food security	4% 4
Affordable childcare	4% 4
Substance Use	3% 3
Services and programming for age 65+	2% 2
Environmental (nature)	2% 2
Total	105

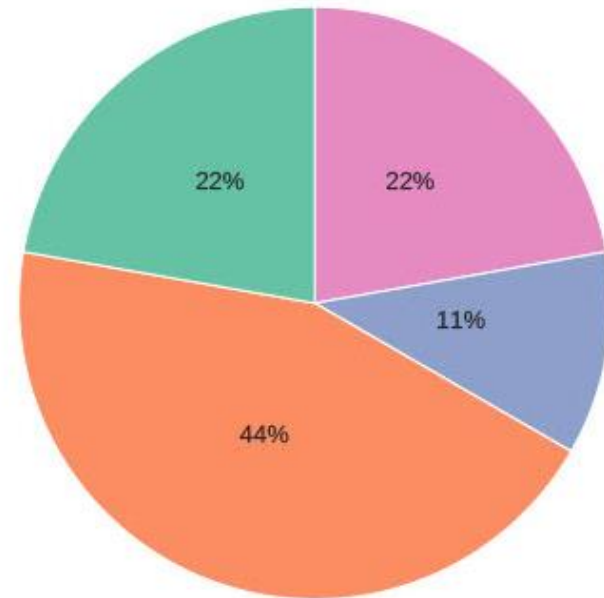
How hard is it to seek or receive the top 5 needed services in the community?

Housing



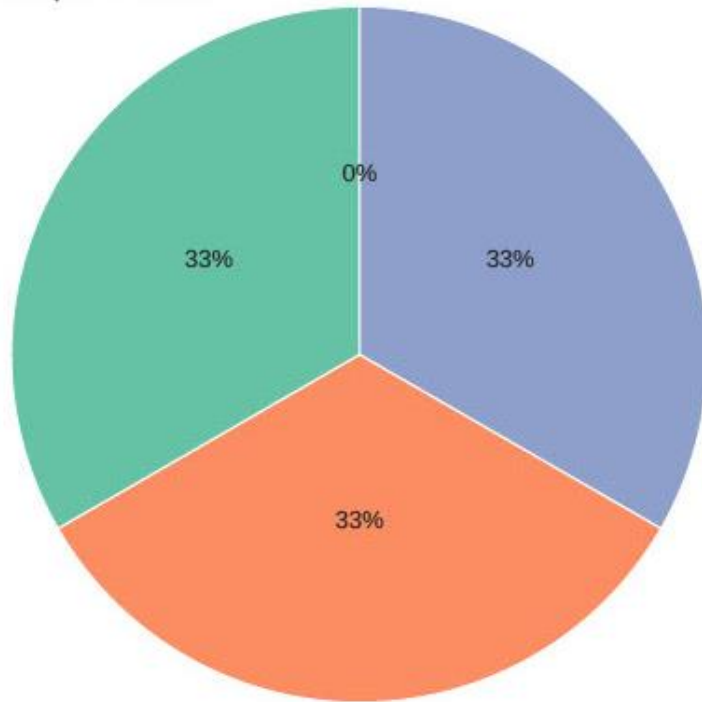
● A little hard ● Very hard ● Somewhat hard ● Not at all hard

Behavioral Health



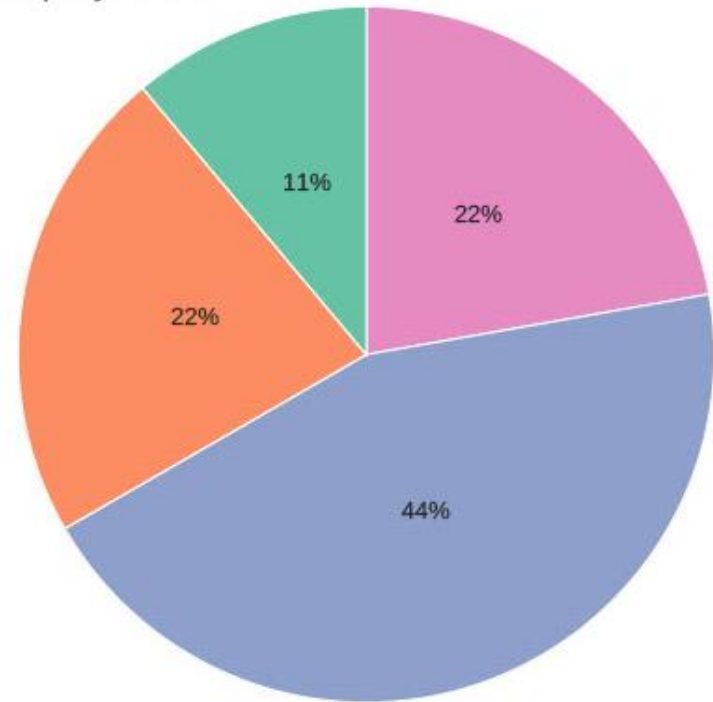
● A little hard ● Very hard ● Somewhat hard ● Not at all hard

Transportation



● A little hard ● Very hard ● Somewhat hard ● Not at all hard

Employment

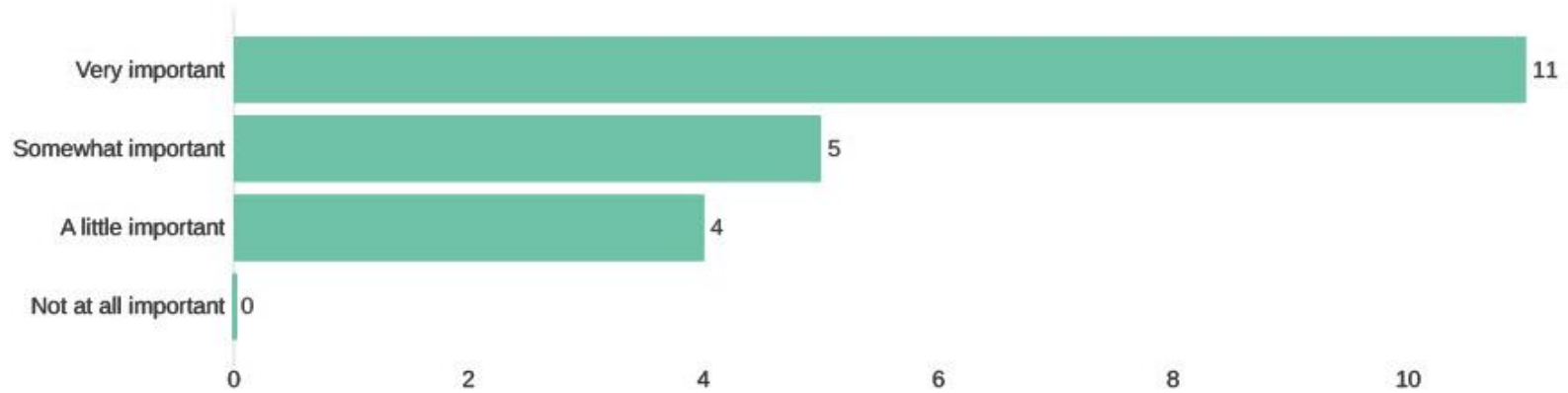


● A little hard ● Very hard ● Somewhat hard ● Not at all hard

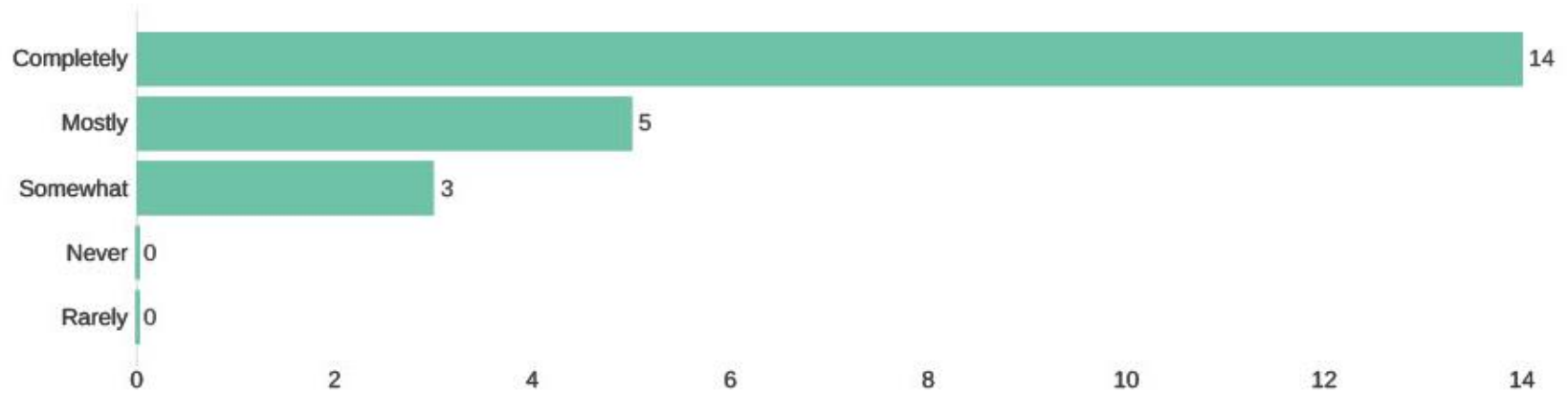
How hard is it to seek or receive these services?

Field	Choice Count
Not at all hard	22% 2
A little hard	22% 2
Somewhat hard	44% 4
Very hard	11% 1
Total	9

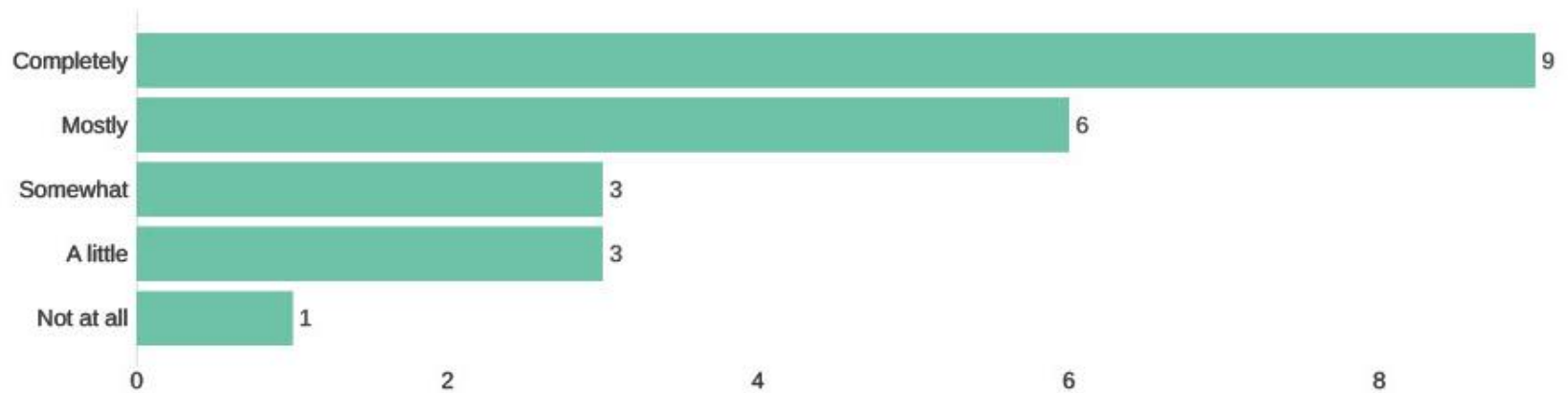
How important is substance use, addiction, or recovery in your community?



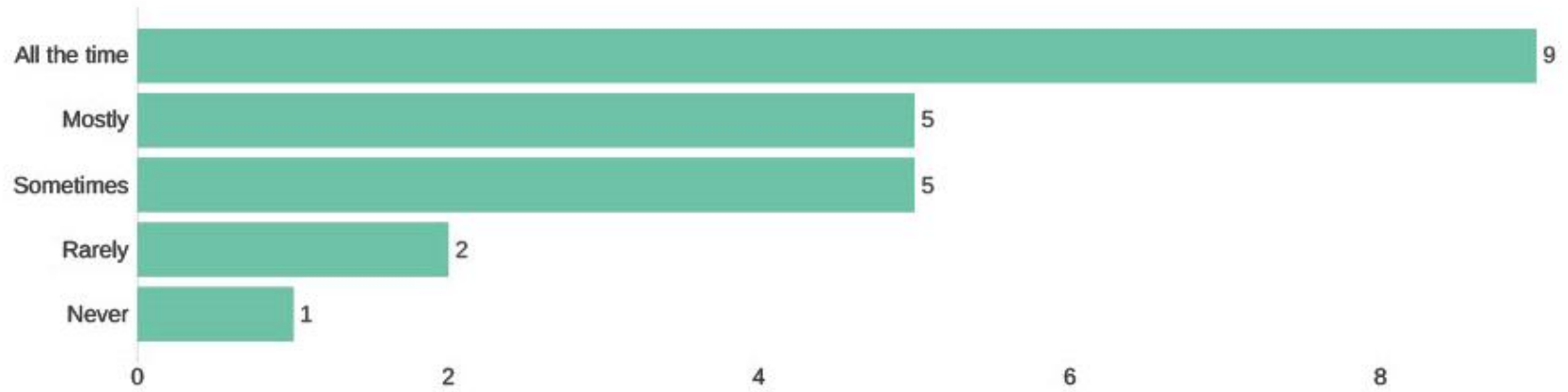
How much do mental health and substance use providers care about you?



How much do your providers care about your life story?

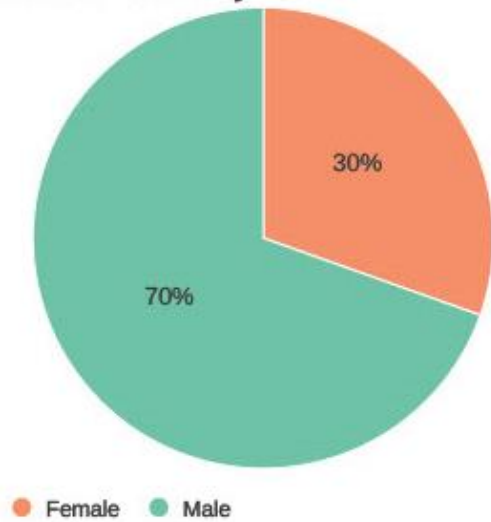


Do your providers try to answer your questions in a way that you can understand?

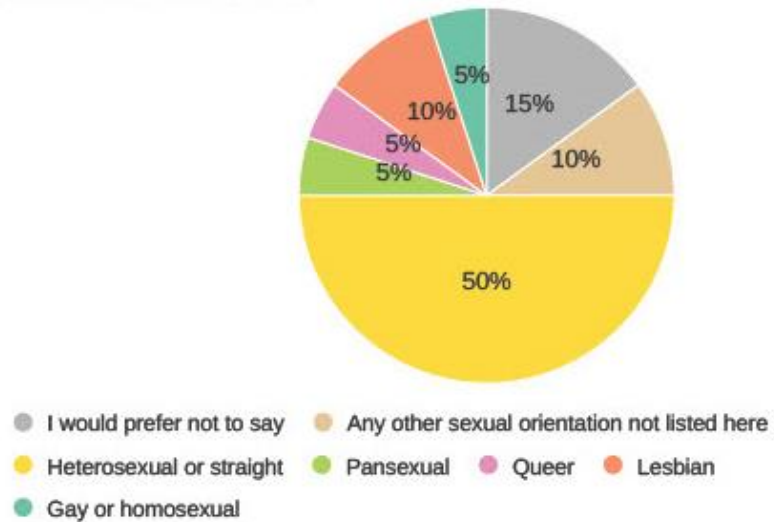


Demographic Breakdown of Survey Respondents

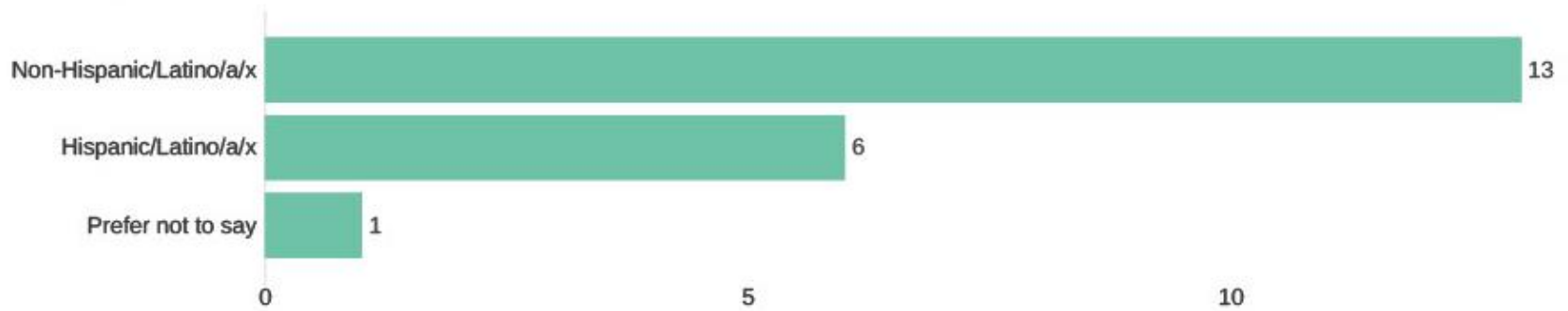
Gender Identity



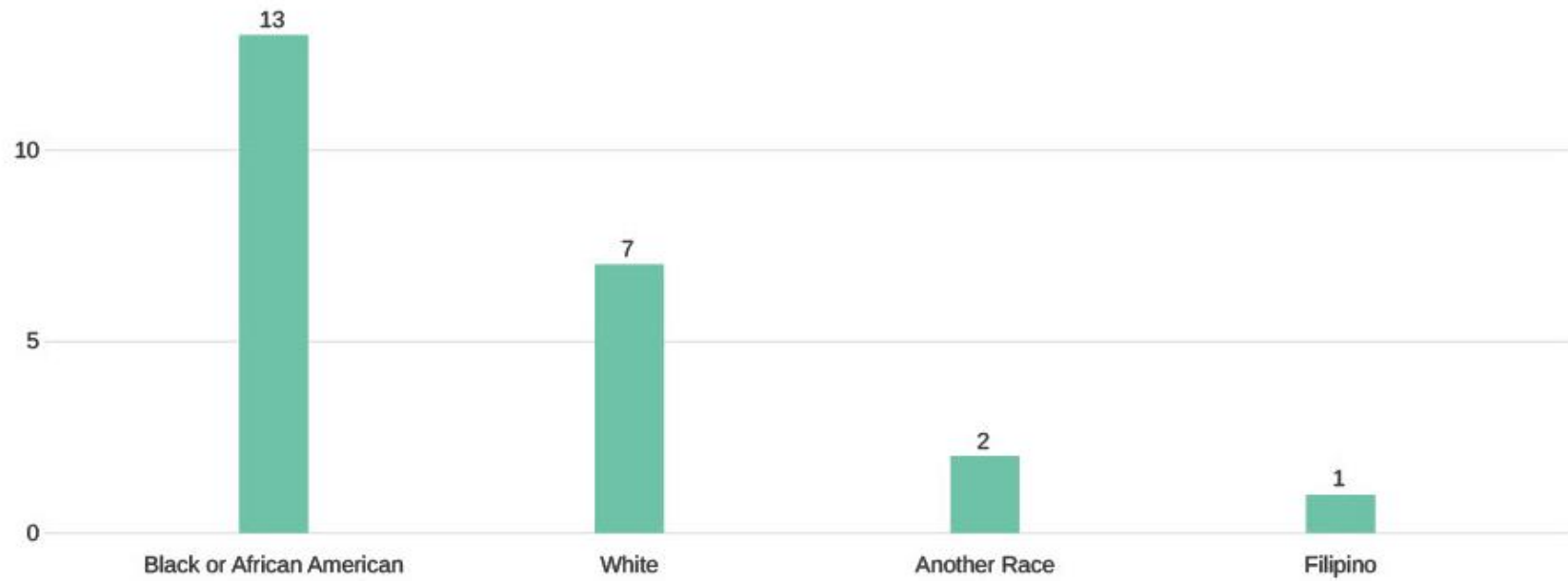
Sexual Orientation



Ethnicity



Race



Race

Field		Choice Count
Black or African American	57%	13
White	30%	7
Another race {please describe}	9%	2
Filipino	4%	1
Total		23

Appendix B: Interview Guide and Focus Group Guides

Serenity – Georgia
Community Needs assessment

Focus Group Question Guide: Stakeholders
v1.0 // 03 February 2024

NOTES TO FACILITATOR

Questions to be asked are numbered in brackets and appear in Bold regular type.

Probes and clarifying questions are in plain text.

ASK all the BOLD, numbered questions. Ask probing questions as needed.

Instructions to the interviewer are preceded by “Note:”

Test your recording device before the focus group to make sure it is working properly and has the appropriate levels of power and memory to record for at least 120 minutes.

THE GOALS OF THE FOCUS GROUP ARE, FOR THE COMMUNITY SERVED BY SERENITY:

To identify peers’ perceptions of community behavioral health needs, challenges, and supports.

To identify service gaps and disparities in access for different subpopulations.

To identify needs that apply to specific groups within the larger community.

To explore what has worked for peers and community members in the past and how to continue these processes.

To inform SERENITY how it can best serve the community.

INTERVIEWER SCRIPT TO BEGIN [Please follow this script closely.]

Thank you very much for agreeing to speak with us today. This focus group is part of a needs assessment being conducted by SERENITY.

The purpose of our focus group today is to help us understand your perceptions and experiences with behavioral health needs and concerns in your community. This conversation should help SERENITY’s leadership create programming to address these needs and concerns.

This focus group will take about 40-45 minutes to complete, and we’ll be done by [STATE TIME]. We, the facilitators of the focus group are from an independent consultant group, TRX Development Solutions, that has been contracted by SERENITY for the needs assessment.

As independent evaluators, we assure you that this focus group is confidential. This means that we are promising that your name will not appear on any needs assessment documents or in the transcript of this focus group. However, since we are all virtually face-to-face and some of you may know each other, the process is not perfectly anonymous. To help assure the confidentiality of our conversation today, we will ask that everyone promise that what is said today will “stay in the room.” That means we ask you to not speak about this focus group with others after we conclude.

We are going to audio-record this focus group. The audio file will be digital and stored in a password-protected file system that only the TRX evaluators have access to. We will have the audio file transcribed so that we will

have a paper version of the conversation today that we will study to understand your experiences. Any names said in the course of the focus group will be transcribed as initials (for example, Terrance Hines will be “TH”). The audio files and transcripts will not be available to staff or leadership at SERENITY. The needs assessment report will be confidential and aimed at providing aggregate results to SERENITY.

Statements that you make in the focus group may be quoted in needs assessment reports. No individual will be identified by name, though the source of the focus group will be noted, as in: “A participant in a peer focus group stated ...”

If you wish to participate we will ask you to state, verbally, your consent to participating and to the recording of the conversation. If you do not wish to participate, you may decline and leave the group before we begin recording. Declining to participate will **not** affect your job or the services you may receive from SERENITY and other organizations that provide health and human services. We can pause for a minute to see if anyone has questions.

Facilitator: After addressing questions, allow a minute for those who wish to leave to do so. When the group is settled, begin the audio recording with a statement of the date, location, focus group ID code, and the following:

“All persons included in this audio recording were given a statement of informed consent describing the purpose of this focus group before the start of this recording. All who appear on the recording have consented to participate in this focus group.”

State to the group: Please note that when we have finished, I will give you a link to a form to fill out to evaluate our session today and help us see how we did.

[1] Let’s begin by going around the room and everyone name one or two behavioral health concerns that you feel are important to the community. This includes issues of mental and emotional health, psychological distress and stressors, adult and childhood trauma, childhood adverse experiences, crisis care, substance use, addiction, recovery, and other concerns.

If a previous speaker has put forward a concern you feel is important, you can say “I share the concern about X already stated,” and then offer one or two other concerns. While you speak, we will put the issues into a list in the chat, so please open up your chat in Zoom if you’re online so you can see the topics.

Follow-up questions should be asked right away after a speaker identifies a concern:

Why is this a concern?

Is this a new concern?

Was this different in the past?

The assistant facilitator should type the issues into the chat in Zoom, so all can see them. The assistant facilitator will keep a tally of concerns so that the top three or four concerns can be specifically discussed in the following question.

[2] Let’s discuss how these concerns are addressed in the community by SERENITY and other behavioral health agencies. Where can the community go to address [choose the first

issues on the list] and what can they expect in terms of services? (Repeat for three or four of the issues.)

Follow-up questions and probes include: asking for specificity. Ask for participants to describe things, ask for specifics: names of agencies, distances, challenges, barriers to service.

[3] Are these concerns more or less important for specific population groups? For example, do some of these concerns break down by age group? By race? By ethnicity? By different towns or communities in your county? In the metro area?

Follow-up questions can include:

What efforts have been taken by SERENITY to address or respond to community cultural concerns? To language issues?

What can SERENITY do to become more culturally responsive to different communities?

Are there examples of successful efforts at community and linguistic responsiveness?

[4] What things make it hard for you and people in the community to seek and receive behavioral health services?

Follow-up questions and probes include:

Make sure to have people address transportation, child care, cost of services, stigma, and/or work (or time off from work) if these are not already raised.

[5] Do people in your community generally trust their behavioral health care and service providers?

Follow-up questions and probes include:

Are their stigmas around behavioral health issues?

Are there specific barriers to services in these areas for people like yourselves and those who share your experiences?

What makes it easier to trust service providers?

What makes it hard to trust service providers?

What could change the feelings of mistrust that some people have?

[6] Serenity offers a comprehensive array of mental health and substance use services that address the needs of the whole person. What can Serenity do to make community members aware of what they can offer? What can they do to help community members take advantage of services and programs?

Serenity – Georgia
Community Needs assessment

Focus Group Question Guide: Consumer
v1.0 // 04 February 2024

NOTES TO FACILITATOR

Questions to be asked are numbered in brackets and appear in Bold regular type.

Probes and clarifying questions are in plain text.

ASK all the BOLD, numbered questions. Ask probing questions as needed.

Instructions to the interviewer are preceded by “Note:”

Test your recording device before the focus group to make sure it is working properly and has the appropriate levels of power and memory to record for at least 120 minutes.

THE GOALS OF THE FOCUS GROUP ARE, FOR THE COMMUNITY SERVED BY SERENITY:

To identify consumers’ perceptions of community behavioral health needs, challenges, and supports.

To identify service gaps and disparities in access for different subpopulations.

To identify needs that apply to specific groups within the larger community.

To explore what has worked for peers and community members in the past and how to continue these processes.

To inform SERENITY how it can best serve the community.

INTERVIEWER SCRIPT TO BEGIN [Please follow this script closely.]

Thank you very much for agreeing to speak with us today. This focus group is part of a needs assessment being conducted by SERENITY.

The purpose of our focus group today is to help us understand your perceptions and experiences with behavioral health needs and concerns in your community. This conversation should help SERENITY’s leadership create programming to address these needs and concerns.

This focus group will take about 40-45 minutes to complete, and we’ll be done by [STATE TIME]. We, the facilitators of the focus group are from an independent consultant group, TRX Development Solutions, that has been contracted by SERENITY for the needs assessment.

As independent evaluators, we assure you that this focus group is confidential. This means that we are promising that your name will not appear on any needs assessment documents or in the transcript of this focus group. However, since we are all virtually face-to-face and some of you may know each other, the process is not perfectly anonymous. To help assure the confidentiality of our conversation today, we will ask that

everyone promise that what is said today will “stay in the room.” That means we ask you to not speak about this focus group with others after we conclude.

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Statements that you make in the focus group may be quoted in needs assessment reports. No individual will be identified by name, though the source of the focus group will be noted, as in: “A participant in a peer focus group stated ...”

If you wish to participate we will ask you to state, verbally, your consent to participating and to the recording of the conversation. If you do not wish to participate, you may decline and leave the group before we begin recording. Declining to participate will **not** affect your job or the services you may receive from SERENITY and other organizations that provide health and human services. We can pause for a minute to see if anyone has questions.

Facilitator: After addressing questions, allow a minute for those who wish to leave to do so. When the group is settled, begin the audio recording with a statement of the date, location, focus group ID code, and the following:

“All persons included in this audio recording were given a statement of informed consent describing the purpose of this focus group before the start of this recording. All who appear on the recording have consented to participate in this focus group.”

[1] Let’s begin by going around the room and everyone name one or two behavioral health concerns that you feel are important to the community. This includes issues of mental and emotional health, psychological distress and stressors, adult and childhood trauma, childhood adverse experiences, crisis care, substance use, addiction, recovery, and other concerns.

If a previous speaker has put forward a concern you feel is important, you can say “I share the concern about X already stated,” and then offer one or two other concerns. While you speak, we will put the issues into a list in the chat, so please open up your chat in Zoom if you’re online so you can see the topics.

Follow-up questions should be asked right away after a speaker identifies a concern:

Why is this a concern?

Is this a new concern?

Was this different in the past?

The assistant facilitator should type the issues into the chat in Zoom, so all can see them. The assistant facilitator will keep a tally of concerns so that the top three or four concerns can be specifically discussed in the following question.

[2] Let’s discuss how these concerns are addressed in the community by SERENITY and other behavioral health agencies. Where can the community go to address [choose the first

issues on the list] and what can they expect in terms of services? (Repeat for three or four of the issues.)

Follow-up questions and probes include:

Ask for specificity. Ask for participants to describe things, ask for specifics: names of agencies, distances, challenges, barriers to service.

What organizations have Serenity referred you to, to provide additional support? What were you referred for and to which organization?

[3] Are these concerns more or less important for specific population groups? For example, do some of these concerns break down by age group? By race? By ethnicity? By different towns or communities in your county? In the metro area?

Follow-up questions can include:

What efforts have been taken by SERENITY to address or respond to community cultural concerns? To language issues?

What can SERENITY do to become more culturally responsive to different communities?

Are there examples of successful efforts at community and linguistic responsiveness?

[4] What things make it hard for you and people in the community to seek and receive behavioral health services?

Follow-up questions and probes include:

Make sure to have people address transportation, child care, cost of services, stigma, and/or work (or time off from work) if these are not already raised.

[5] Do people in your community generally trust their behavioral health care and service providers?

Follow-up questions and probes include:

Are their stigmas around behavioral health issues?

Are there specific barriers to services in these areas for people like yourselves and those who share your experiences?

What makes it easier to trust service providers?

What makes it hard to trust service providers?

What could change the feelings of mistrust that some people have?

[6] Can you describe your community? Do staff at SERENITY understand your community?

If yes or no, can you tell me more about that, maybe with an example?

What can staff at Serenity do to improve services to your community?

[7] Serenity offers a comprehensive array of mental health and substance use services that address the needs of the whole person. What can Serenity do to make community

members aware of what they can offer? What can they do to help community members take advantage of services and programs?

Serenity – Georgia

Certified community behavioral health center (ccbhc)

Community Needs assessment

FOCUS GROUP Question Guide: CCBHC Leadership

v1.0 // 03 February 2024

NOTES TO INTERVIEWER

Questions to be asked are numbered in brackets and appear in Bold regular type.

Probes and clarifying questions are in plain text.

ASK all the BOLD, numbered questions. Ask probing questions as needed.

Instructions to the interviewer are in brackets [...]

Test your recording device before the focus group to make sure it is working properly and has the appropriate levels of power and memory to record for at least 120 minutes.

THE GOALS OF THE INTERVIEW ARE:

To identify leadership perceptions of community behavioral health needs, challenges, and supports.

To understand leadership goals for the CCBHC program and its expansion.

To identify service gaps and disparities in access for different subpopulations.

To identify what staff need to do their jobs at the highest level of community service and alignment with SERENITY's mission.

To identify challenges faced by staff that could also hinder the implementation of the CCBHC.

To inform SERENITY and the CCBHC leadership how the CCBHC can best serve the community.

INTERVIEWER SCRIPT TO BEGIN [Please follow this script closely.]

Thank you very much for agreeing to speak with us today. This interview is part of a needs assessment being conducted by SERENITY for the continued implementation of its Certified Community Behavioral Health Center program.

The purpose of this focus group today is to help us understand how you as a staff member in leadership at SERENITY perceive the behavioral health needs and concerns in this community and how the CCBHC may serve the community members. This conversation should help the team create programming to address these needs and concerns. This interview will take about 30 to 40 minutes to complete, and we will be done by [STATE TIME].

I am with an independent consulting group, TRX Development Solutions, that has been contracted by SERENITY to complete the needs assessment and provide program evaluation services to SERENITY.

As an independent evaluator, I assure you that this interview is confidential. This means that we promise that your name will not appear on any needs assessment documents or in the interview transcript. We will not provide the recording or transcript of the interview to SERENITY staff or leadership; only my TRX colleagues will read or work with your interview.

We are going to audio-record this interview. The audio file will be digital and stored in a password-protected file system that only the TRX evaluators have access to. We will have the audio file transcribed so that we will have a paper version of the conversation today that we will study to understand your experiences. Any names said in the course of the focus group will be transcribed as initials (for example, Terrance Hines will be "TH"). The audio files and transcripts will not be available to staff or leadership at SERENITY. The needs assessment report will be confidential and aimed at providing aggregate results to SERENITY.

Statements that you make in the focus group may be quoted in needs assessment reports. No individual will be identified by name, though the source of the focus group will be noted, as in: "A participant in a leadership focus group stated ..."

If you wish to participate we will ask you to state, verbally, your consent to participate at the beginning of the recording. If you do not wish to participate, you may decline and leave. Declining to participate will not affect your work or any services you may receive from SERENITY and other organizations that provide health and human services. do you have questions about the process before we get started?

Facilitator: After addressing questions, allow a minute for those who wish to leave to do so. When the group is settled, begin the audio recording with a statement of the date, location, focus group ID code, and the following:

"All persons included in this audio recording were given a statement of informed consent describing the purpose of this focus group prior to the start of this recording. All who appear on the recording have consented to participate in this focus group."

State to the group: Please note that when we have finished, I will give you a link to a form to fill out to evaluate our session today and help us see how we did.

[1] Let's begin by going around and describing your role at SERENITY and in the CCBHC. That includes both service provision and administrative functions. [Ice-breaker questions – move quickly for folks to introduce themselves and get a feel for how the group relates to their clients.]

How often do you interact with clients?

Did you previously work as a clinician or service provider?

What are general staff perceptions of clients?

Are staff open-minded to clients' experiences, or regard them in a more disconnected way?

[2] Based on your work, what would you say are the two or three most important behavioral health concerns in the community?

Follow-up questions and probes include asking for details about issues they raise or an example of their concern if it isn't clear. Some types of follow-ups are:

Why is this a concern?

Is this a new concern?

Was this different in the past?

The assistant facilitator should type the issues into the chat in Zoom, so all can see them. The assistant facilitator will keep a tally of concerns so that the top three or four concerns can be specifically discussed in the following question.

[3] Of these concerns that we have listed, which can be addressed at SERENITY and which cannot?

Follow-up questions and probes include: asking for specificity. Ask participants for specific descriptions: names of agencies, distances, challenges, and barriers of service.

Can you describe this concern further?

What barriers do you see in accessing services that address X concern?

What can you do to help the CCBHC address these concerns?

Why do you think SERENITY in the past was unable to address these community concerns?

[Explore what services are duplicated by multiple agencies and which are provided by only one or two, including services that are specific to SERENITY.]

Have you seen services offered elsewhere that address your concern?

Do you think it would make sense for SERENITY to offer potential services if they are readily found elsewhere in multiple organizations?

[4] Are these concerns more or less important for specific population groups? For example, do some of these concerns break down by age group? By race? By ethnicity? By different towns or communities in your county? In the metro area?

Follow-up questions can include:

What efforts have been taken by SERENITY to address or respond to community cultural concerns? To language issues?

What can SERENITY do to become more culturally responsive to different communities?

Are there examples of successful efforts at community and linguistic responsiveness?

[5] What kinds of collaboration are there between SERENITY and other organizations that serve the community?

Follow-up questions and probes include:

Do you collaborate to address client problems?

Do you participate in collaboration to address cultural and linguistic responsiveness at SERENITY?

What makes community collaboration work when it does?

What challenges or breaks down community collaborations?

Do you share information about persons served through referral pathways?

Do you share resources?

[6] What resources outside of SAMHSA might be helpful to improve or enhance the CCBHC or SERENITY's capacity to deliver CCBHC services?

Follow-up questions and probes include:

Why would this be helpful?

Have you brought this up with other staff or supervisors before?

If other staff or supervisors were not open to discussing things such as cultural humility or whole-person-centered care, why do you think that is?

How many other staff, in your view, share these concerns?

[7] How is SERENITY or the CCBHC (or both) affected by staffing issues?

Follow-up questions and probes include:

Is it difficult to recruit and hire staff?

What challenges do you face?

Are these specific to SERENITY? Your city or region?

Which fields have the most difficult shortages?

[8] Do people in your community generally trust their behavioral health care and service providers?

Follow-up questions and probes include:

If not, why would that be?

How has this issue surfaced at SERENITY?

Are there stigmas around behavioral health issues?

Are there specific barriers to services in these areas for people like yourself and those who share your experiences?

What makes it easier to trust service providers?

What makes it hard to trust service providers?

What could change the feelings of mistrust that some people have?

[9] The CCBHC offers a comprehensive array of mental health and substance use services that address the needs of the whole person. What can SERENITY do to make community members aware of what they can offer through the CCBHC? What can they do to help community members take advantage of the CCBHC's services and programs?

Serenity – Georgia
Certified community behavioral health center (ccbhc)
Community Needs assessment

FOCUS GROUP Question Guide: staff
v1.0 // 03 February 2024

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To identify staff perceptions of community behavioral health needs, challenges, and supports.

To identify service gaps and disparities in access for different subpopulations.

To identify what staff need to do their jobs at the highest level of community service and alignment with SERENITY's mission.

To identify challenges faced by staff that could also hinder the implementation of the CCBHC.

To inform SERENITY and the CCBHC leadership how the CCBHC can best serve the community.

INTERVIEWER SCRIPT TO BEGIN [Please follow this script closely.]

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The purpose of this focus group today is to help us understand how you as a staff member, perceive the behavioral health needs and concerns in this community and how the CCBHC may serve the community members. This conversation should help SERENITY's leadership create programming to address these needs and concerns. This interview will take about 40 to 45 minutes to complete, and we'll be done by [STATE TIME].

I am with an independent consulting group, TRX Development Solutions, that has been contracted by SERENITY to complete the needs assessment and provide program evaluation services to SERENITY.

As an independent evaluator, I assure you that this interview is confidential. This means that we promise that your name will not appear on any needs assessment documents or in the transcript of this interview. We will not provide the recording or transcript of the interview to SERENITY staff or leadership, only my colleagues at TRX will read or work with your interview.

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State to the group: Please note that when we have finished, I will give you a link to a form to fill out to evaluate our session today and help us see how we did.

[1] Let’s begin by going around and describing what you do here at SERENITY. That includes both service provision and administrative functions. [Ice-breaker questions – move quickly for folks to introduce themselves and get a feel for how the group relates to their clients.]

How often do you interact with clients?

What are general staff perceptions of clients?

Are staff open-minded to clients’ experiences, or regard them in a more disconnected way?

[2] Based on your work, what would you say are the two or three most important behavioral health concerns in the community you serve?

Follow-up questions and probes include asking for details about issues they raise or an example of their concern if it isn’t clear. Some types of follow-ups are:

Why is this a concern?

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Why do you think SERENITY in the past was unable to address these community concerns?

Explore what services are duplicated by multiple agencies and which are provided by only one or two, including services that are specific to SERENITY.

Have you seen services offered elsewhere that address your concern?

Do you think it would make sense for SERENITY to offer potential services if they are readily found elsewhere in multiple organizations?

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Follow-up questions can include:

What efforts have been taken by SERENITY to address or respond to community cultural concerns? To language issues?

What can SERENITY do to become more culturally responsive to different communities?

Are there examples of successful efforts at community and linguistic responsiveness?

[5] What kinds of collaboration are there between SERENITY and other organizations that serve the community?

Follow-up questions and probes include:

Do you collaborate to address client problems?

Do you participate in collaboration to address cultural and linguistic responsiveness at SERENITY?

Do you share information about persons served through referral pathways?

Do you share resources?

Is there any institutional process for sending and receiving referrals?

[6] What are two or three things that would help you do your job more effectively?

Follow-up questions and probes include:

Why would this be helpful?

Have you brought this up with other staff or supervisors before?

If other staff or supervisors were not open to discussing things such as cultural humility or whole-person-centered care, why do you think that is?

How many other staff, in your view, share these concerns?

[7] How is SERENITY or the CCBHC (or both) affected by staffing issues?

Follow-up questions and probes include:

Is it difficult to recruit and hire staff?

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What makes it easier to trust service providers?

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[9] The CCBHC offers a comprehensive array of mental health and substance use services that address the needs of the whole person. What can SERENITY do to make community members aware of what they can offer through the CCBHC? What can they do to help community members take advantage of the CCBHC's services and programs

Serenity Community Needs Assessment Survey 2024

Start of Block: Default Question Block

Q2 Purpose of the Survey

Serenity Behavioral Health Care is working to improve services by finding gaps in their service delivery and adding services the community needs. In this survey, we will ask a few questions about your experience as a community member or as an individual receiving services at Serenity. Your response will help us provide better care.

If you do not want to answer any question, just skip it. Some questions provide the option to say, "prefer not to say." You can quit at any time by closing your browser or changing the page you are viewing. If you stop the survey but wish to continue later, use the same link on the same computer and browser to enter the survey and you will pick up where you left off. The survey itself will not ask for your name, which means it is anonymous. The company implementing the survey for Serenity, TRX Development Solutions, is an independent organization.

Accommodations

Serenity and TRX Development Solutions want to welcome all to access this survey. The survey is available in other formats on request. Please contact Michelle Broadwater at (706) 513-8644 to make a request for a printed (hard copy) format. For persons who need help completing the survey over the phone, please contact Maddy Hatch at mrhatch@trxdevelopment.com with a call back number.

If you wish to proceed, please choose the “Yes” option to the question below. If you do not want to participate, chose the “No” option and you will leave the survey.

Yes (1)

No (2)

Skip To: End of Survey If Purpose of the Survey Serenity Behavioral Health Care is working to improve services by finding g... = No

Q1 Are you currently being served by Serenity?

- No (1)
- Yes (2)
- I am not, but someone I know is. (3)
- I am not, but I previously received services from Serenity. (6)
- I don't know, or I am not sure. (4)

Display This Question:

If Are you currently being served by Serenity? != Yes

Q2 If you are not being served by Serenity, what is your connection to Serenity or the community?
(choose all that apply)

- I am a youth in the community (1)
- I am an adult (age 18-64) in the community (13)
- I am an adult (age 65+) in the community (14)
- I am a parent in the community (2)
- I represent the business sector in the community (3)
- I am a media representative in the community (4)
- I am a school representative in the community (5)
- I represent a service organization in the community (6)
- I represent law enforcement in the community (7)

I represent a religious or fraternal organization in the community (8)

I represent civic or volunteer group[s] in the community (9)

(10)

I am a healthcare professional or represent a healthcare organization in the community

I represent a state, local, and/or tribal government agency in the community (11)

community (12)

I represent another local organization involved in reducing substance use in the

Display This Question:

If Are you currently being served by Serenity? = Yes

Q6 If you are being served by Serenity, what kinds of services do you receive? (choose all that apply)

- Mental health or counseling and/or treatment (1)
 - Substance use counseling and/or treatment (2)
 - Medication management (3)
 - Group counseling (4)
 - Family counseling (5)
 - Peer Support (16)
 - LGBTQ-related services (6)
 - Trauma or PTSD treatment (7)
 - Access to recovery housing (17)
 - Access to recovery services (18)
 - Transportation (19)
 - Trauma-informed care (20)
 - Recovery treatment for pregnant women (21)
 - Other services: (11) _____
-

Q7 What are the top 3 mental health and substance use concerns in your community?

- Access to services (9)
- Adequate housing (including affordable and safe housing) or homelessness (25)
- Affordability of Care (14)
- Co-occurring diagnoses (mental health and substance use disorder) (10)
- Cultural and/or language barriers (11)
- Mental Health awareness (12)
- Not knowing where to go for services (29)
- Psychotropic medications (medications that are used to treat mental health conditions) (26)
- Medication Assisted Treatment (medications that are used to treat substance use disorders) (27)
- Lack of providers that look like the populations served (31)
- Staff changes to my care team (32)
- Stigma (15)
- Trauma (16)
- Treatment (17)
- Trust in providers (18)

Violence (20)

Other (24) _____

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Access to services

Q9 You selected $\{Q7/ChoiceDescription/9\}$: How hard is it to seek or receive services for this concern?

Not at all hard (1)

A little hard (4)

Somewhat hard (2)

Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Adequate housing (including affordable and safe housing) or homelessness

Q34 You selected $\{Q7/ChoiceDescription/25\}$: How hard is it to seek or receive services for this concern?

Not at all hard (1)

A little hard (4)

Somewhat hard (2)

Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Affordability of Care

Q35 You selected $\{Q7/ChoiceDescription/14\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
 - A little hard (4)
 - Somewhat hard (2)
 - Very hard (3)
-

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Co-occurring diagnoses (mental health and substance use disorder)

Q36 You selected $\{Q7/ChoiceDescription/10\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
 - A little hard (4)
 - Somewhat hard (2)
 - Very hard (3)
-

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Cultural and/or language barriers

Q37 You selected $\{Q7/ChoiceDescription/11\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Mental Health awareness

Q38 You selected $\{Q7/ChoiceDescription/12\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
- A little hard (4)
- Somewhat har (2)
- Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Not knowing where to go for services

Q64 You selected $\{Q7/ChoiceDescription/29\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
- A little hard (4)
- Somewhat har (2)
- Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Psychotropic medications (medications that are used to treat mental health conditions)

Q39 You selected $\{Q7/ChoiceDescription/26\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Medication Assisted Treatment (medications that are used to treat substance use disorders)

Q40 You selected $\{Q7/ChoiceDescription/27\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Lack of providers that look like the populations served

Q65 You selected $\{Q7/ChoiceDescription/31\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Staff changes to my care team

Q66 You selected $\{Q7/ChoiceDescription/32\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Stigma

Q41 You selected $\{Q7/ChoiceDescription/15\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Trauma

Q42 You selected $\{Q7/ChoiceDescription/16\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Treatment

Q43 You selected $\{Q7/ChoiceDescription/17\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Trust in providers

Q44 You selected $\{Q7/ChoiceDescription/18\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Violence

Q45 You selected $\{Q7/ChoiceDescription/20\}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 3 mental health and substance use concerns in your community? = Other

Q46 You selected $\${Q7/ChoiceTextEntryValue/24}$: How hard is it to seek or receive services for this concern?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

*If If What are the top 3 mental health and substance use concerns in your community?
q://QID6/SelectedChoicesCount Is Greater Than 0*

Top3BH Please describe the challenges you face seeking or receiving these services.

Q8 What are the top 5 services that are needed by the community?

- Affordable childcare (10)
- Behavioral Health (27)
- Caring for a family member who cannot care for themselves (26)
- Children/youth/adolescent support (11)
- Employment (12)
- Environmental (nature) (13)
- Financial management (14)
- Food security (15)
- Health and wellness (25)
- Health insurance (16)
- Primary/Medical care (17)
- Housing (18)
- Services and programming for age 65+ (28)
- Sex education (19)
- Substance Use (20)
- Transportation (21)

Violence prevention/safety (22)

Other (23) _____

Display This Question:

If What are the top 5 services that are needed by the community? = Affordable childcare

Q23 You selected $\{Q8/ChoiceDescription/10\}$: How hard is it to seek or receive these services?

Not at all hard (1)

A little hard (4)

Somewhat hard (2)

Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Behavioral Health

Q62 You selected $\{Q8/ChoiceDescription/27\}$: How hard is it to seek or receive these services?

Not at all hard (1)

A little hard (4)

Somewhat hard (2)

Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Caring for a family member who cannot care for themselves

Q61 You selected $\{Q8/ChoiceDescription/26\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
 - A little hard (4)
 - Somewhat hard (2)
 - Very hard (3)
-

Display This Question:

If What are the top 5 services that are needed by the community? = Children/youth/adolescent support

Q47 You selected $\{Q8/ChoiceDescription/11\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
 - A little hard (4)
 - Somewhat hard (2)
 - Very hard (3)
-

Display This Question:

If What are the top 5 services that are needed by the community? = Employment

Q48 You selected $\{Q8/ChoiceDescription/12\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Environmental (nature)

Q49 You selected $\{Q8/ChoiceDescription/13\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Financial management

Q50 You selected $\{Q8/ChoiceDescription/14\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Food security

Q51 You selected $\{Q8/ChoiceDescription/15\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Health and wellness

Q52 You selected $\{Q8/ChoiceDescription/25\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Health insurance

Q53 You selected $\{Q8/ChoiceDescription/16\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Primary/Medical care

Q54 You selected $\{Q8/ChoiceDescription/17\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Housing

Q55 You selected $\{Q8/ChoiceDescription/18\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Services and programming for age 65+

Q63 You selected $\{Q8/ChoiceDescription/28\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Sex education

Q56 You selected $\{Q8/ChoiceDescription/19\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Substance Use

Q57 You selected $\{Q8/ChoiceDescription/20\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Transportation

Q58 You selected $\{Q8/ChoiceDescription/21\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Violence prevention/safety

Q59 You selected $\{Q8/ChoiceDescription/22\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If What are the top 5 services that are needed by the community? = Other

Q60 You selected $\{Q8/ChoiceTextEntryValue/23\}$: How hard is it to seek or receive these services?

- Not at all hard (1)
- A little hard (4)
- Somewhat hard (2)
- Very hard (3)

Display This Question:

If If What are the top 5 services that are needed by the community? q://QID7/SelectedChoicesCount Is Greater Than 0

Top5Services Please describe the challenges you face seeking or receiving these services.

Q9 What are the main challenges to seeking and receiving services for you or other people who need mental health or substance use care? Please list and describe up to three:

- 1. (4) _____
- 2. (5) _____
- 3. (6) _____

Q28 What language would you like to use when receiving services at Serenity?

- English (1)
 - Spanish (2)
 - Another language not listed above (4)
-

Display This Question:

If What language would you like to use when receiving services at Serenity? != English

Q29 If you if you would like to use a language other than English, how hard is it to receive services in this language?

- Not at all hard (1)
 - A little hard (6)
 - Somewhat hard (2)
 - Very hard (5)
-

Display This Question:

If What language would you like to use when receiving services at Serenity? != English

Q30 Please describe how hard it is seeking or receiving a service in the language you would like to use.

Q10 Are there things that Serenity could do to make the experience of seeking and receiving services better? Please describe them in a few words:

Q11 How important is substance use, addiction, or recovery in your community?

- Not at all important (1)
- A little important (4)
- Somewhat important (2)
- Very important (3)

Q12 How much do mental health and substance use providers care about you?

- Completely (1)
 - Mostly (2)
 - Somewhat (3)
 - Rarely (4)
 - Never (5)
-

Q13 How much do your providers care about your life story?

- Not at all (1)
 - A little (2)
 - Somewhat (3)
 - Mostly (4)
 - Completely (5)
-

Q14 Do your providers try to answer your questions in a way that you can understand?

- Never (1)
 - Rarely (2)
 - Sometimes (3)
 - Mostly (4)
 - All the time (5)
-

Q22 What is your age?

- Please type your age: (4) _____
 - Prefer not to say (5)
-

Q16 How do you identify?

Male (1)

Female (2)

Transgender (male to female) (3)

Transgender (female to male) (4)

Gender non-conforming (5)

Another gender: (6) _____

Prefer not to say (7)



Q17 Do you consider yourself as...

- Gay or homosexual (1)
- Lesbian (2)
- Bisexual (3)
- Queer (4)
- Pansexual (5)
- Heterosexual or straight (6)
- Any other sexual orientation not listed here (7)
- I would prefer not to say (8)

Q18 Are you Hispanic, Latino/a, or of Spanish origin?

- No (1)
 - Yes (2)
 - Prefer not to say (4)
-

Q19 What is your race? (choose all that apply)

- Black or African American (1)
- White (2)
- American Indian (3)
- Alaska Native (4)
- South Asian (5)
- Chinese (6)
- Filipino (7)
- Japanese (8)
- Korean (9)
- Vietnamese (11)
- Other Asian (12)
- Native Hawaiian (13)
- Guamanian or Chamorro (14)
- Samoan (15)
- Other Pacific Islander (16)
- Multiracial (17)

Another race {please describe} (18)

Prefer not to say (19)

End of Block: Default Question Block
