



**SERENITY BEHAVIORAL HEALTH  
SYSTEMS**  
YOUR JOURNEY STARTS HERE

**Annual QI Plan FY 2026  
& 3 Year Strategic Plan  
FY 2025- FY 2027**

*"We can't become what we need to be by remaining what we are."*  
- Oprah Winfrey

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## I. Strategic Planning Methodology

Serenity Behavioral Health Systems (SBHS) conducts a Strategic Planning session annually to define agency goals and operational plans. In the wake of COVID-19, SBHS made the decision to meet individually with Program Directors to discuss programmatic goals and conduct Strategic Planning. 2024 marked the return to the annual strategic planning session that gathered the leadership team to review the accomplishments made by each program and SBHS in an all-day session held at the Fulcher Hagler law offices. This in person planning session continued in 2025. The planning session included a review of the risk registers and identified individual program goals for FY2026. Our vision is a clear picture of our destination. Our mission is our driving purpose. Our values continue to guide our decision-making and how we treat each other.

Our Strategic Planning for FY2026 focused on the following:

- Reviewing our Progress on FY25-FY27 Strategic Planning Goals
- Vision, Mission, and Values
- Strengths, Needs, Risks, and Safeguards
- Objectives, Strategies and Priorities
- Organizational Vision
- Assessing the Competitive Environment and Community Needs

Our objectives identify the measures to include data, audits, and stakeholder feedback. Our strategies identify how we are doing to meet the objectives. Last, our priorities identify who and what to ensure we excel. Finally, we discussed progress on SBHS' goals. The agency and individual program goals will be reviewed, at minimum, quarterly at our PRIME meeting, and modified as needed.

Data and information from a variety of sources were reviewed and used to synthesize the FY2026 Quality Assurance Plan. The schematic on the following pages represents the Strategic Planning process and the methods of informing employees, stakeholders, individuals served, external review organizations, and the community. The SBHS Leadership Team is responsible for monitoring, modifying, and completing all goals.

This past fiscal year Serenity's Leadership Team has seen some changes. The Facilities and Maintenance Manager position is currently vacant and Serenity is in search of a new leader for that role.

We have had four facilities managers fill the position and leave the role since 2020. Near the end of FY23 SBHS Compliance Officer, Audrey Hopkins, also left her role. Many of her duties were absorbed by current staff. However, a new position of Director of Fundraising and Community Awareness was created to fulfill her remaining duties along with some additional functions. Serenity welcomed a new staff into this new role who served for almost a year. However, this staff has since left the role and those duties were absorbed by current staff. Our

CEO Charles Williamson remained constant. He is serving his twentieth year as Serenity's Chief Executive Officer.

During FY 2025, we were attempting to return to service levels and activities that were in place prior to the COVID- 19 pandemic. Although the Covid-19 pandemic has ended, the candidate and workforce pool continued to present challenges, making staffing difficult. Staffing changes led to further recruitment and hiring for the CCBHC grant and other opportunities at Serenity. Recruitment and staffing, particularly for licensed clinicians, was challenging. SBHS continued our expanded telehealth opportunities with a platform integrated into our electronic health record (EHR). This software allows staff to connect to telehealth appointments directly through the EHR and provides a patient portal to allow individuals to connect to their telehealth appointments along with access to appointment reminders and parts of their health records. The Covid-19 public health emergency ended on May 11, 2023. The expanded telehealth rules changed and while most services returned to in person, telehealth is still available for most services with the use of appropriate telehealth software that includes video communication which is now made available directly through our EHR.

Following the finalization of our 501C3, Hearts of Serenity, we made great strides at establishing a rhythm of the organization. The board of directors held quarterly meetings throughout all of 2024 and continuing. They have established goals and are working on completing those. We have not been awarded any grants or additional funding through the 501C3, but a continued focus for FY 2026 will be establishing fundraising opportunities and marketing Hearts of Serenity. Hearts of Serenity has a planned fundraiser in FY 2026. A pickleball tournament is scheduled for November 2025.

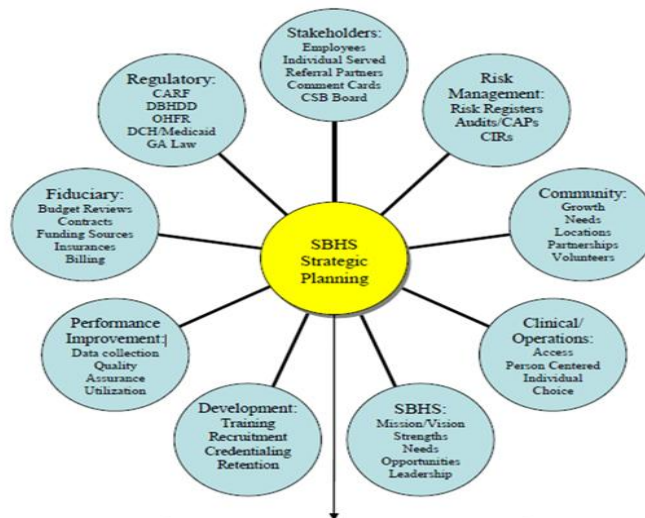
Another exciting opportunity Serenity is seeking is the Certified Community Behavioral Health Clinic (CCBHC) certification. In FY24, SBHS was awarded a grant through the Substance Abuse and Mental Health Services Administration (SAMHSA). This is a four-year grant award of up to 1,000,000 per year. This has been a huge undertaking to meet the criteria established for the CCBHC planning, development, and implementation grant. SBHS worked with Health Management Associates (HMA) to complete and submit this grant application and is grateful for their assistance in writing the proposal that secured this award. HMA continued on as a consultant through the first year of the grant providing assistance as needed toward Serenity meeting CCBHC criteria. Becoming a CCBHC will allow us to expand access to care while improving the quality of services we are already providing. There are six areas of requirements to include staffing, availability and accessibility of services, care coordination, scope of services, quality and other reporting, and organizational authority. The CCBHC certification is an opportunity for Serenity to improve service delivery by providing community-based mental and substance use disorder services, advancing integration of behavioral health and primary health care, assimilating and utilizing evidence-based practices on a more consistent basis, and promoting improved access to high quality care. As a result of this grant, SBHS has added two additional clinicians, care coordination as a program and staff for those supports, a training coordinator, a part-time data analyst, and have been able to outfit a van to be used as a mobile

mental health clinic. The data analyst added as a result of the grant, left the role in 2025 and we are still seeking to add this role.

As a result of the CCBHC grant, SBHS also conducted a community needs assessment to determine the needs within the surrounding community. TRX Development Solutions, whom SBHS contracted to serve as the evaluator for the SAMHSA grant, conducted and wrote the community needs assessment. This process identified gaps and needs in the community, particularly in our rural areas. This needs assessment will be completed again in three years or sooner. SBHS completed the attestation to submit to SAMHSA indicating we are meeting the outlined CCBHC criteria. The attestation to the criteria was completed, submitted and accepted by SAMHSA. SBHS is planning to move towards becoming certified as a CCBHC by the state of Georgia. This process is on hold currently as the State of Georgia has indicated they will complete the process for the initial agencies before opening the process to additional agencies to become certified. Serenity expects this process to become available sometime in 2026. Once SBHS is able to obtain the status of a certified CCBHC, the payment structure will become a Prospective Payment System (PPS). This payment structure is designed to work within the scope of state Medicaid Plans and will specifically apply to individuals who are enrolled in Medicaid. This system will allow SBHS to account for the additional services provided through CCBHC in its cost structure and is expected to support the additional cost of services and staff added to meet CCBHC criteria.

## II. Strategic Plan Development Matrix

Core Elements of Strategic Planning Input



- |   |
|---|
| <p style="text-align: center;">             CSB Board<br/>             Team/Employees/Leadership<br/>             Meetings/Postings<br/>             Committees<br/>             Annual Training<br/>             Serenity Email Memos<br/>             Policy and Procedure         </p> |
|---|

### **III. Overview of Serenity Behavioral Health Systems Mission, Vision, and Values**

Serenity Behavioral Health Systems is a comprehensive provider of mental health, developmental disability, and addictive disease services to the citizens of Georgia. Serenity has been serving the behavioral health needs of SBHS for 50 years and is responsible for providing services throughout the seven counties composed of Richmond, Columbia, McDuffie, Warren, Wilkes, Lincoln, and Taliaferro Counties. The service area includes Augusta, which is the second largest city in the state and is the location of our main clinic. Columbia County is one of the fastest growing counties in Georgia. The remaining five counties are rural with a mix of industry, agriculture, and small towns.

The Mission of Serenity is to provide the highest quality Behavioral Health, Substance Use Disorders, and Developmental Disabilities care in a professional, responsive, and caring manner, which is valued by individuals, families, communities, and employees. We will assist all individuals in achieving a life of independence and maximum quality.

Serenity's vision is to be the leading resource for Behavioral Health and Developmental Disability services in our communities.

Serenity's values guide our decisions and the quality of our interactions with individuals, employees, families, advocates, and community representatives. Respect, Integrity, Compassion, Competency, and Accountability comprise our core values at Serenity.

### **IV. Governance**

The Governing Board of Serenity Behavioral Health Systems is the Community Service Board of East Central Georgia. Serenity Behavioral Health Systems provides Mental Health, Developmental Disabilities and Addictive Disease Services in seven Georgia counties. The Community Service Board of East Central Georgia is comprised of representatives from each of the seven counties, Richmond, Columbia, McDuffie, Warren, Wilkes, Lincoln, and Taliaferro. Each County Commission appoints representative(s) to the Governing Board according to the county population. The individuals that form the Governing Board share an interest in the Mission, Vision, and Values of Serenity, have expertise in one of the major areas of the organization, and have a shared interest in the wellbeing of Serenity.

#### **Community Service Board Members**

<b>Brandon Garrett</b>	<b>Chairperson, Elected Official</b>	<b>Richmond County</b>
<i>Dr. Frank McPhail</i>	<i>Vice Chairperson</i>	Richmond County
<i>Susie Felz</i>	<i>Secretary/ Treasurer</i>	Richmond County
<i>Eleanor McMannon</i>		McDuffie County
<i>Mayor Roxanne Whitaker</i>	<i>Elected Official</i>	Columbia County
<i>Jeff Drake</i>		Richmond County
<i>Dr. Chris Mace</i>		Columbia County
<i>Delila Wilburn</i>		Wilkes County
<i>Vacant</i>		Warren County
<i>Vacant</i>		Taliaferro County
<i>Vacant</i>		Lincoln County

### Hearts of Serenity (501c3) Board Members

<b>Jeff Drake</b>	<b>Chairperson</b>	<b>Ivey Development, Land Development Project Manager and Former FQHC CEO</b>
<i>Jimmy Buchanan</i>	<i>Vice Chairperson</i>	<i>Accountant and Managing Partner at Rhodes Murphy</i>
<i>Charles Huggins</i>	<i>Secretary/ Treasurer</i>	<i>Attorney, Founding Partner at Huggins Peil Attorneys at Law</i>
<i>Jeff Pooser</i>	<i>Board Member</i>	<i>Richmond County Tax Commissioner's Office – Director of Motor Vehicles</i>
<i>Cliff Richards</i>	<i>Board Member</i>	<i>CEO/President Hale Foundation</i>

### Serenity Behavioral Health Systems Executive Leadership Team

<i>Charles Williamson</i>	Chief Executive Officer (CEO)
<i>Todd Deal</i>	Chief Financial Officer (CFO)
<i>John Moore, LPC</i>	Clinical Director
<i>Joseph McEvoy, MD</i>	Medical Director
<i>Valerie Lamb</i>	Human Resources Director
<i>Michelle Broadwater</i>	Quality Assurance/ Utilization Management Director

### **Serenity Behavioral Health Systems Leadership Team**

<i>Terrell Yelverton, RN</i>	Adult Outpatient Healthcare Director
<i>Cyndi Taylor, LPC, CPCS, MAC</i>	SUD/ MAT Program Manager
<i>Karen Paschal, LPC</i>	Adult Community Support Services Director
<i>Kretika Landells-Fraser, LPC</i>	Child and Adolescent Program Director
<i>Kim Hardiman, RNBC</i>	Crisis Stabilization Unit Nurse Manager
<i>Samuel Reyes</i>	IT Director
<i>Vacant</i>	Facilities Manager
<i>Laurie Bradford</i>	IDD Program Director

### **Serenity Behavioral Health Systems PRIME Team**

<i>Charles Williamson</i>	Chief Executive Officer (CEO)
<i>Todd Deal</i>	Chief Financial Officer (CFO)
<i>John Moore, LPC</i>	Clinical Director
<i>Joseph McEvoy, MD</i>	Medical Director
<i>Michelle Broadwater</i>	Quality Assurance and Utilization Management Director
<i>Valerie Lamb</i>	Human Resources Director
<i>Terrell Yelverton, APRN</i>	Adult Outpatient Healthcare Director
<i>Karen Paschal, LPC</i>	Adult Community Support Services Director
<i>Kretika Landells-Fraser, LPC</i>	Child and Adolescent Program Director
<i>Kim Hardiman, RNBC</i>	Crisis Stabilization Unit Nurse Manager
<i>Samuel Reyes</i>	IT Director
<i>Vacant</i>	Facilities Manager
<i>Stephanie Yelverton, APRN</i>	Infection Control and Monitoring

## V. Demographics & Culture of Service Area

The counties served cover approximately 2,030 square miles. The counties and populations are indicated below.

Source: [Census.gov County Population Totals: 2020-2024](https://www.census.gov/data/tables/2020/c2k10/states/26000.html)

County	%-/+ (2010-2024)	Population est. 2024	Population 2017	Population 2016	Population 2010
Richmond	+2.87%	206,303	201,800	201,647	200,549
Columbia	+35%	167,472	151,579	147,420	124,053
McDuffie	-.51%	21,764	21,498	21,490	21,875
Wilkes	-9.69%	9,567	9,892	9,805	10,593
Lincoln	.66%	8,049	7,880	7,828	7,996
Warren	-11.75%	5,148	5,303	5,442	5,834
Taliaferro	-5.65%	1,620	1,628	1,593	1,717
<b>Total</b>	<b>+10.93%</b>	<b>419,923</b>	<b>399,580</b>	<b>395,225</b>	<b>372,617</b>

Source: <https://www.census.gov/quickfacts>

	Under 18 Years %	Over 65 Years %	Veterans	w/o health insurance %	Employer Establishments	Median Household Income	Civilian Labor Force 16 years + %
Richmond	22.8%	15.7%	8.5%	15.3%	4,246	\$50,605	57.7%
Columbia	24.6%	15.5%	10.4%	10.6%	2,910	\$92,571	62.9%
McDuffie	24.6%	19.5%	6.4%	14.6%	442	\$54,752	58.8%
Wilkes	20.6%	24.3%	4.9%	18.6%	186	\$51,780	51.9%
Lincoln	19.4%	26.3%	5.2%	22.1%	157	\$50,754	51.4%
Warren	20.3%	24.4%	4.3%	15.7%	74	\$45,091	52.3%
Taliaferro	18.5%	28.2%	9.6%	17.4%	19	\$45,881	49.6%

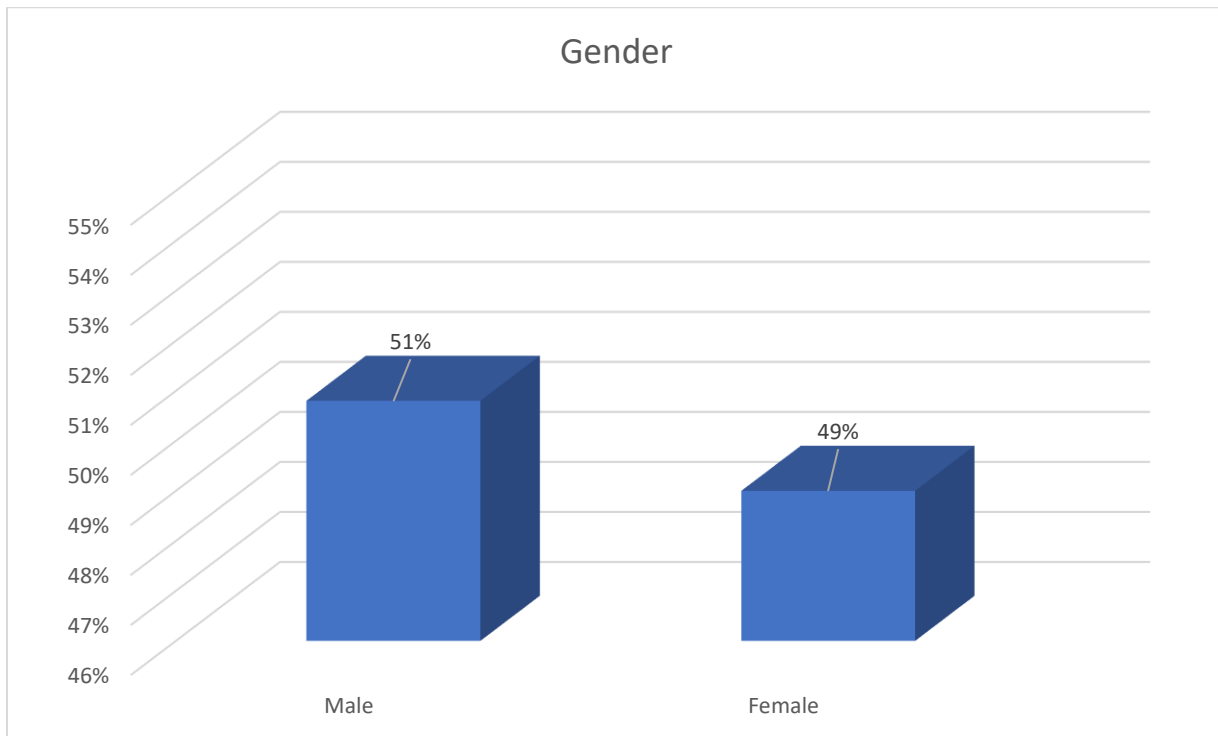
The seven counties served by Serenity are varied in nature, with some being rural, urban, industrial, commercial, and farming, which creates a diverse population base that requires a multifaceted approach to service delivery in order to meet the cumulative needs of individuals and families in our counties. Census data shows that in Columbia County alone, since 2010 the population is estimated to have grown by more than 43,000 people. However, in the smaller counties, the population actually decreased within the same time period.

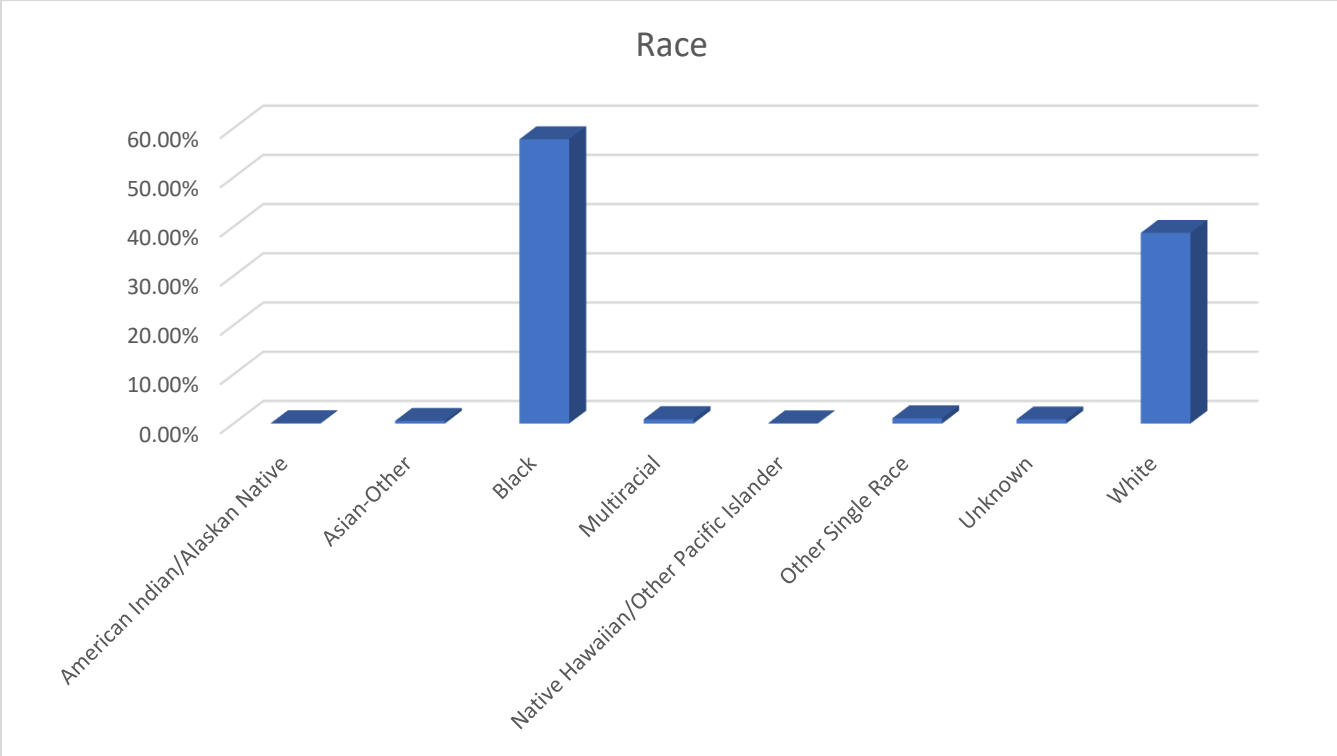
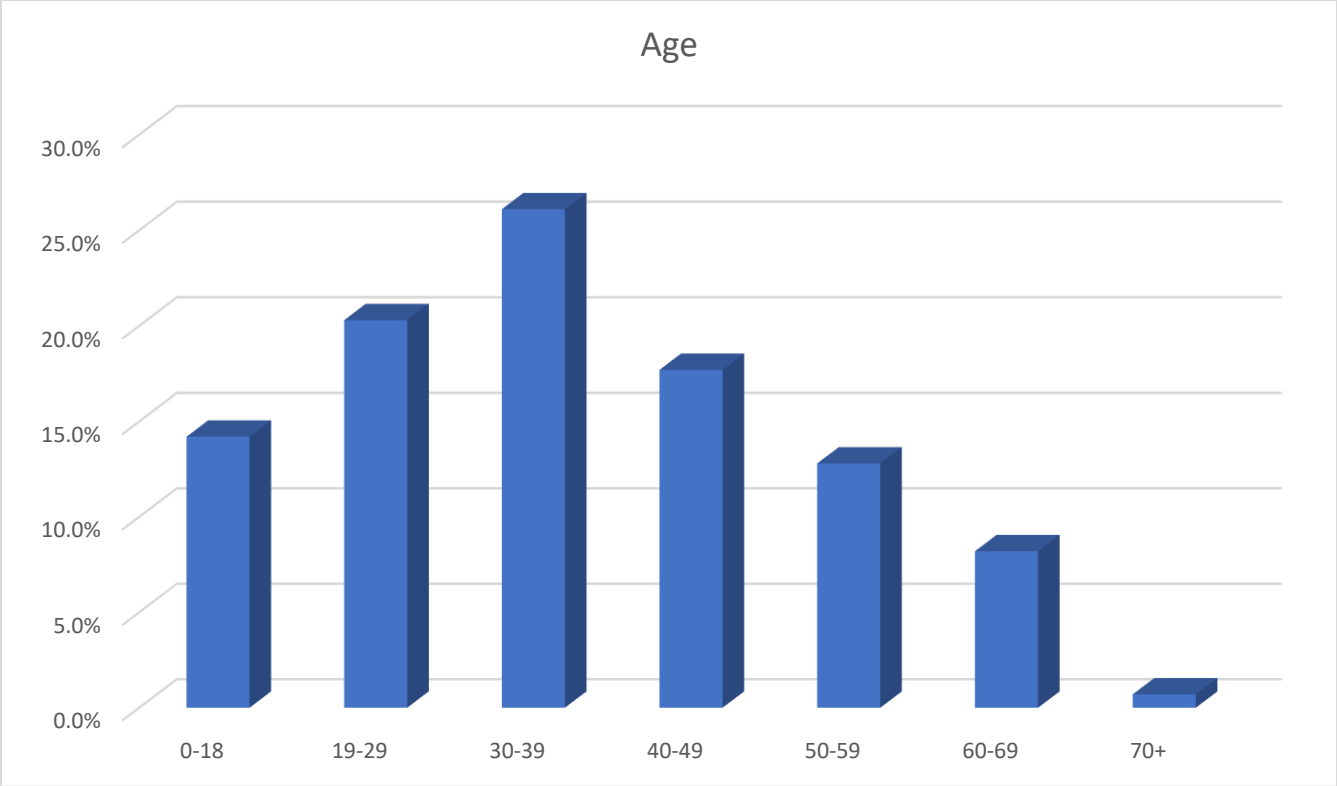
October 1, 2021, an Amazon distribution center in Columbia County opened for business. The facility is a 450,000 square-foot distribution center that will utilize hundreds of robots, 9 miles of conveyors, and associates to carry out the daily operations. At the ribbon cutting for the

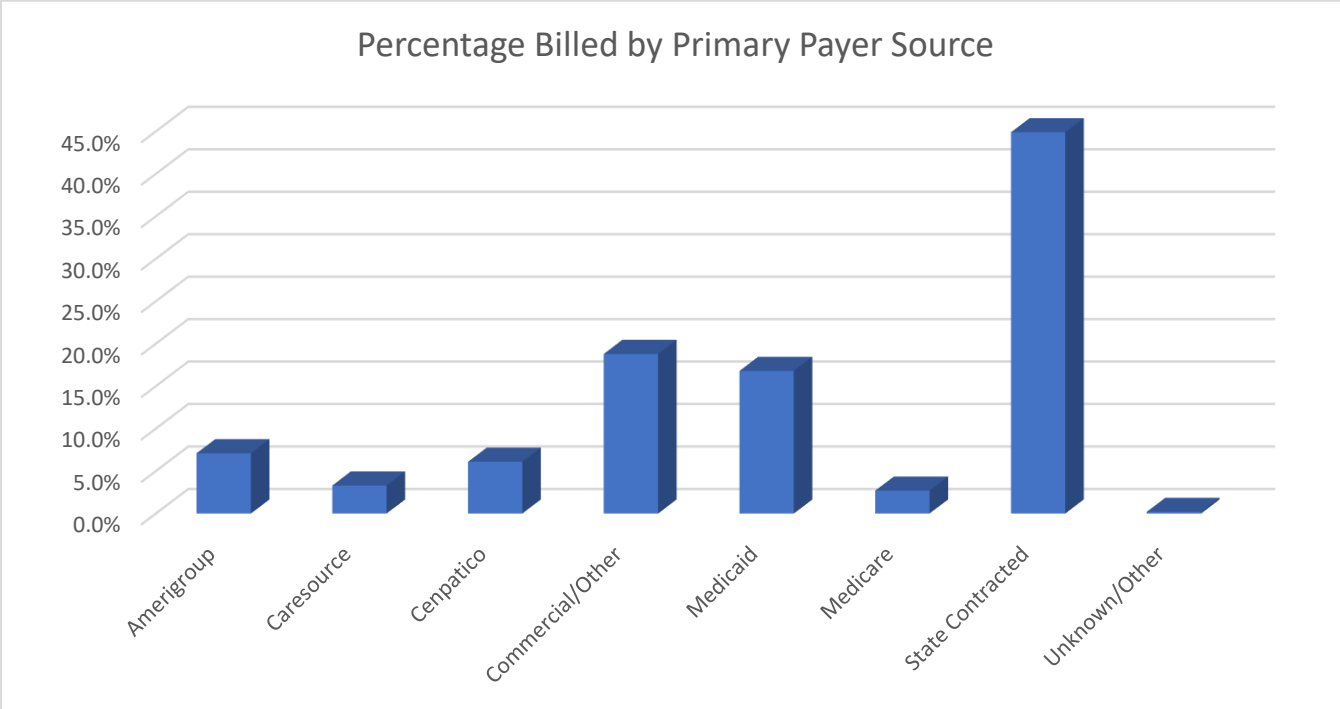
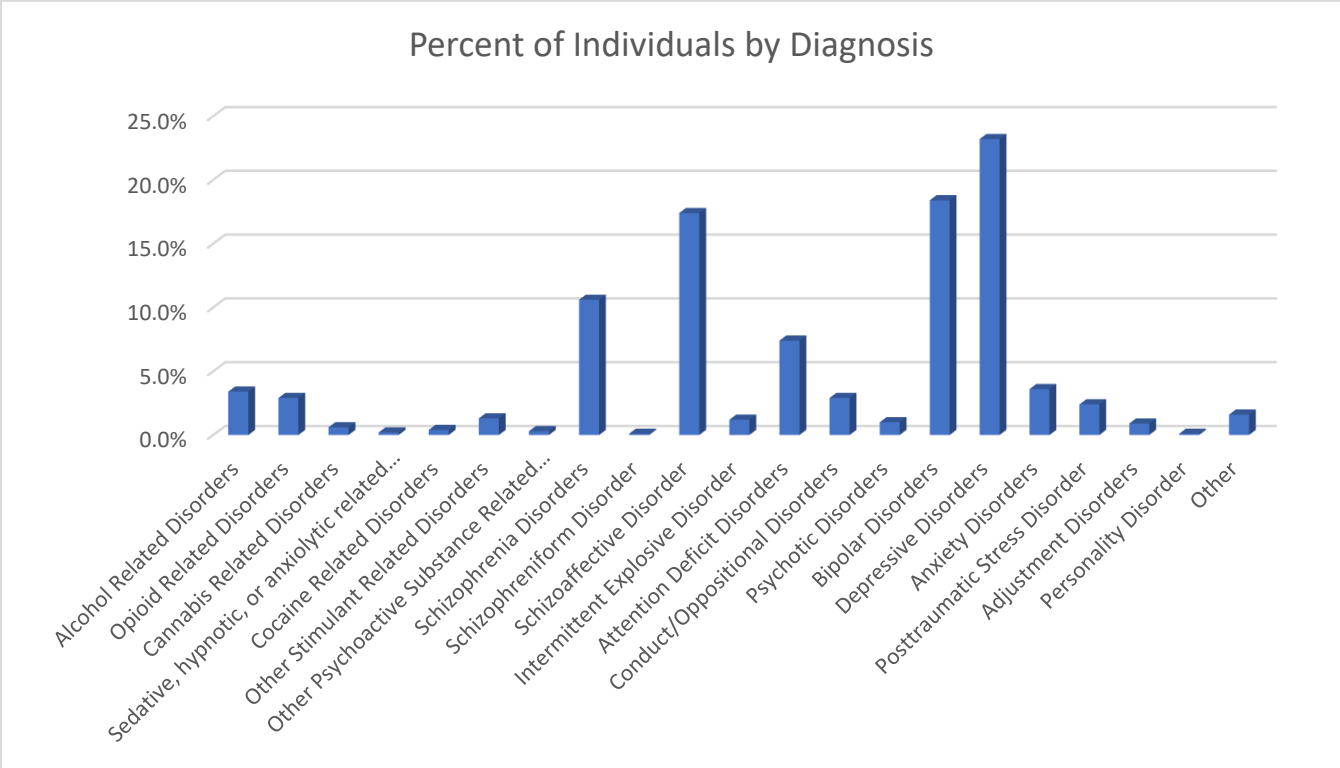
facility, Governor Kemp said “Well, I think it’s just great not only for Columbia County but our commission to strengthen jobs in rural Georgia. I think about people in McDuffie County and Lincoln County, it creates great opportunity for them if they don’t have it in their home county,” The facility is projected to diversify the economy, diversify the tax base, and create job opportunities. Currently this facility employs approximately 4,500 people, which is above the numbers originally expected.

In the FY 2023 budget Governor Kemp included \$3.8 Million for a new Behavioral Health Crisis Center (BHCC) and that facility designation has been awarded to Serenity. We have been designated to receive continuation funding for the project. We received the initial contract from DBHDD. The new BHCC will replace our existing Crisis Stabilization Unit (CSU) and will include 24 additional beds. There will be 16 Temporary Observation beds and 24 crisis stabilization beds to replace our current 16 bed unit. Construction was started in 2025 and is continuing with the project getting closer to completion. Dickinson Architects, and Allen+Batchelor Construction have continued efforts towards this build, and we anticipate the project to be completed in early 2026.

During FY25, SBHS served 3,444 unduplicated individuals. The following are the demographics:







## **VI. Continuous Quality Improvement Data**

SBHS tracks various data points to monitor how our agency is performing across standards. Reporting on information such as key performance indicators, satisfaction survey (i.e., MHSIP, GADDSS, Discharge Satisfaction calls, Stakeholder surveys) trends, outcome measure (ANSA/CANS or DLA-20) scoring trends, incident reporting trends (nonfatal overdose, suicide attempts, mortality- deaths due to suicide, overdose and all other causes), and hospital readmission (psychiatric and overdose) rates. In addition, each program develops annual goals in addition to identifying their needs and strengths.

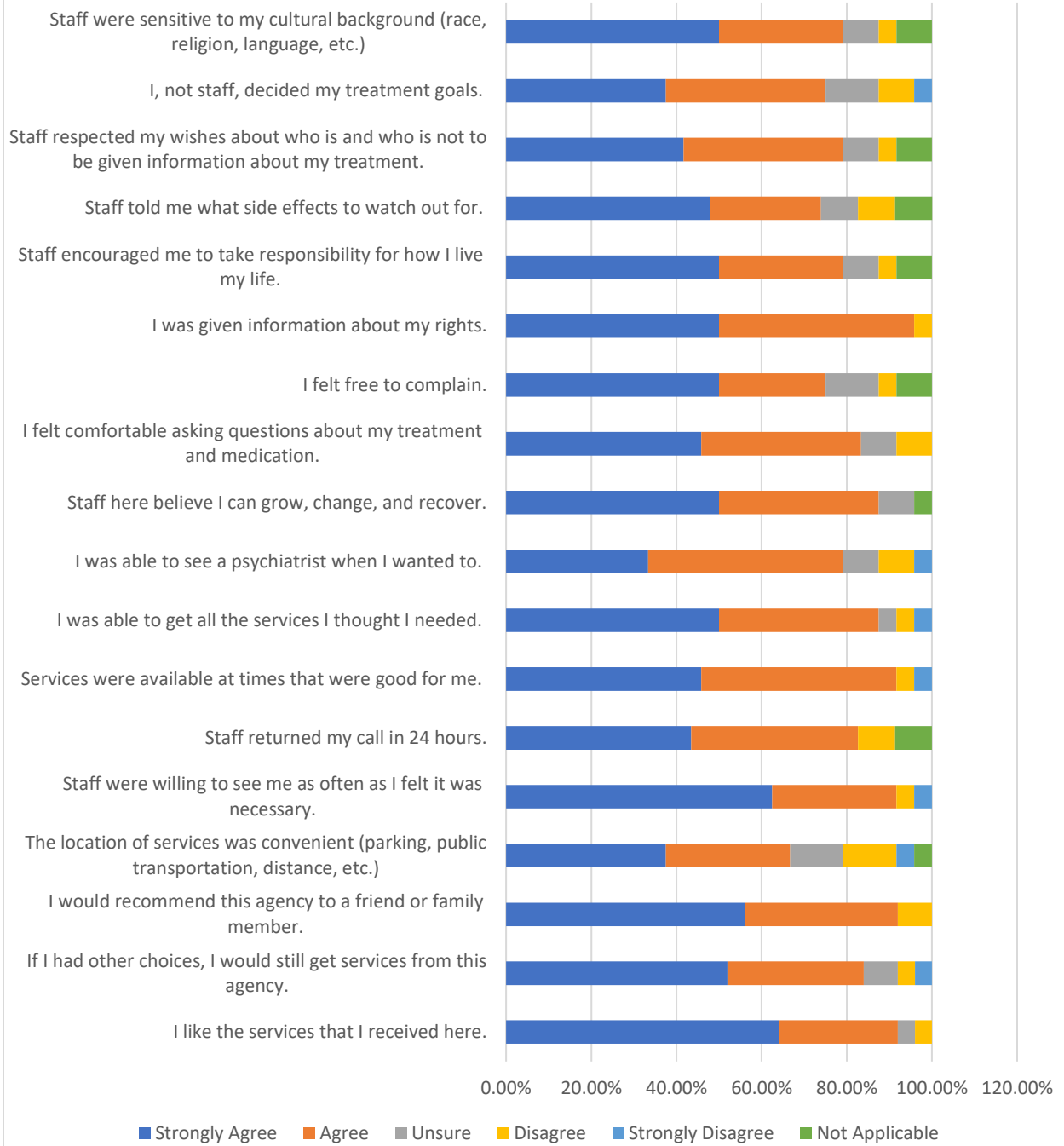
### **MHSIP**

For FY25, SBHS did not increase the number of satisfaction surveys received from individuals receiving both adult and child and adolescent services. The number of completed surveys decreased from FY24. For FY25 an incentive was not provided for staff to request individuals to complete the surveys. In FY26, we will continue to work to increase the number of surveys received and work to improve scoring. Increased feedback will give a broader perspective of the quality of services being delivered and in addition provide information on how to further improve service delivery and individual outcomes.

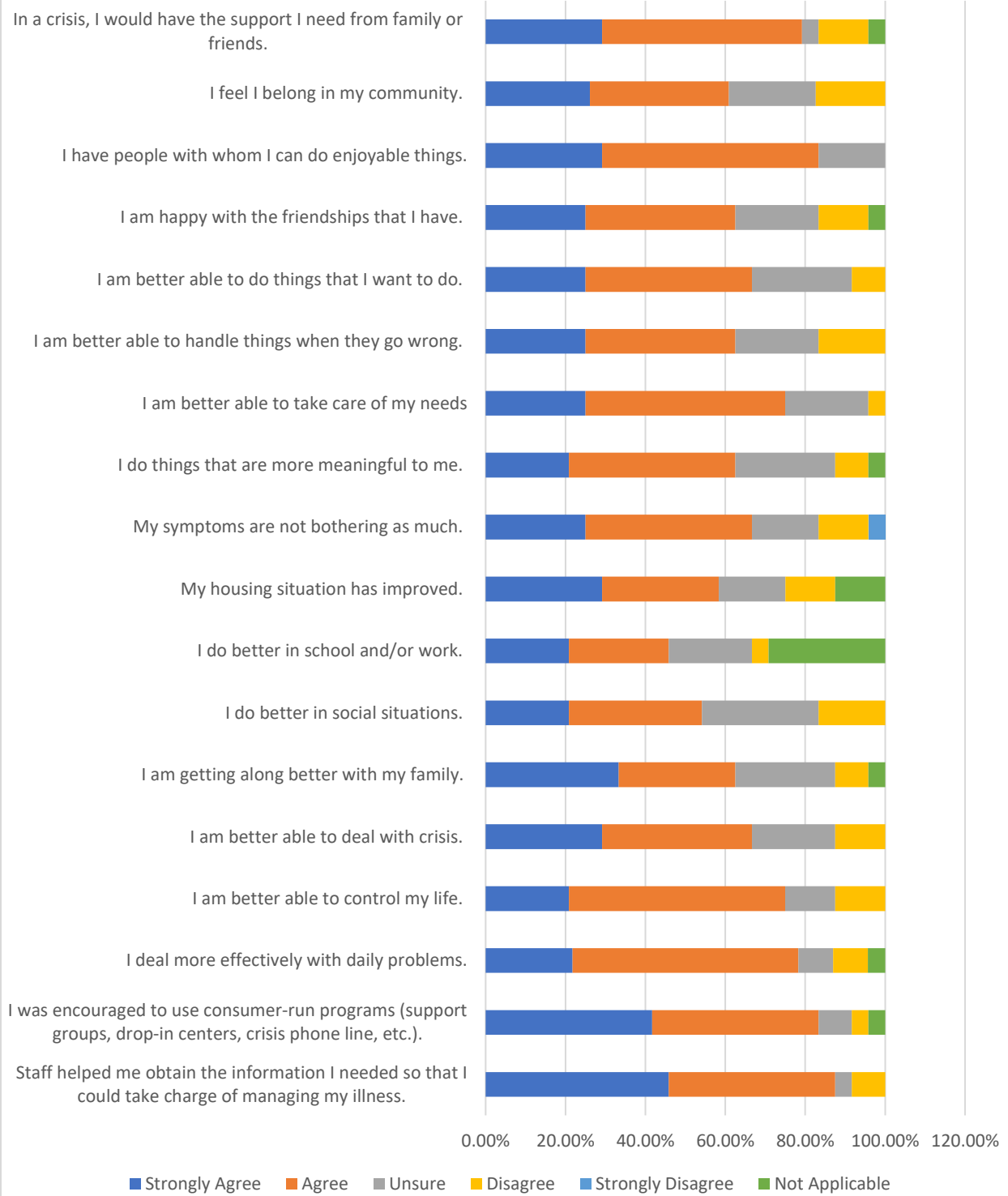
#### **Adult FY25**

From FY24 to FY25, there was a decrease in satisfaction scores across all areas. The number of surveys completed decreased from FY24 (155) to FY25 (25). The decreased number of surveys was likely due to not continuing the incentive for staff to remind individuals served of the surveys as most surveys are completed in paper form and in person. Our Satisfaction with Services score went from 96% to 89%. Our Access to Services score went from 94% to 85% and our Participation in Treatment changed from 94% to 79%. The Quality and Appropriateness of Services moved from 94% to 87% and the Positive About Outcome of Services changed from 75% to 68%. The Improved Social Connectedness also changed from 75% to 73%, Our overall decreased from 88% to 80%.

## FY2025 MHSIP



## FY25 MHSIP Continued



## **YSS-F FY25**

For FY25, there were 0 satisfaction surveys completed for those receiving C&A services. This is a decrease over FY24 when there were 95 surveys completed.

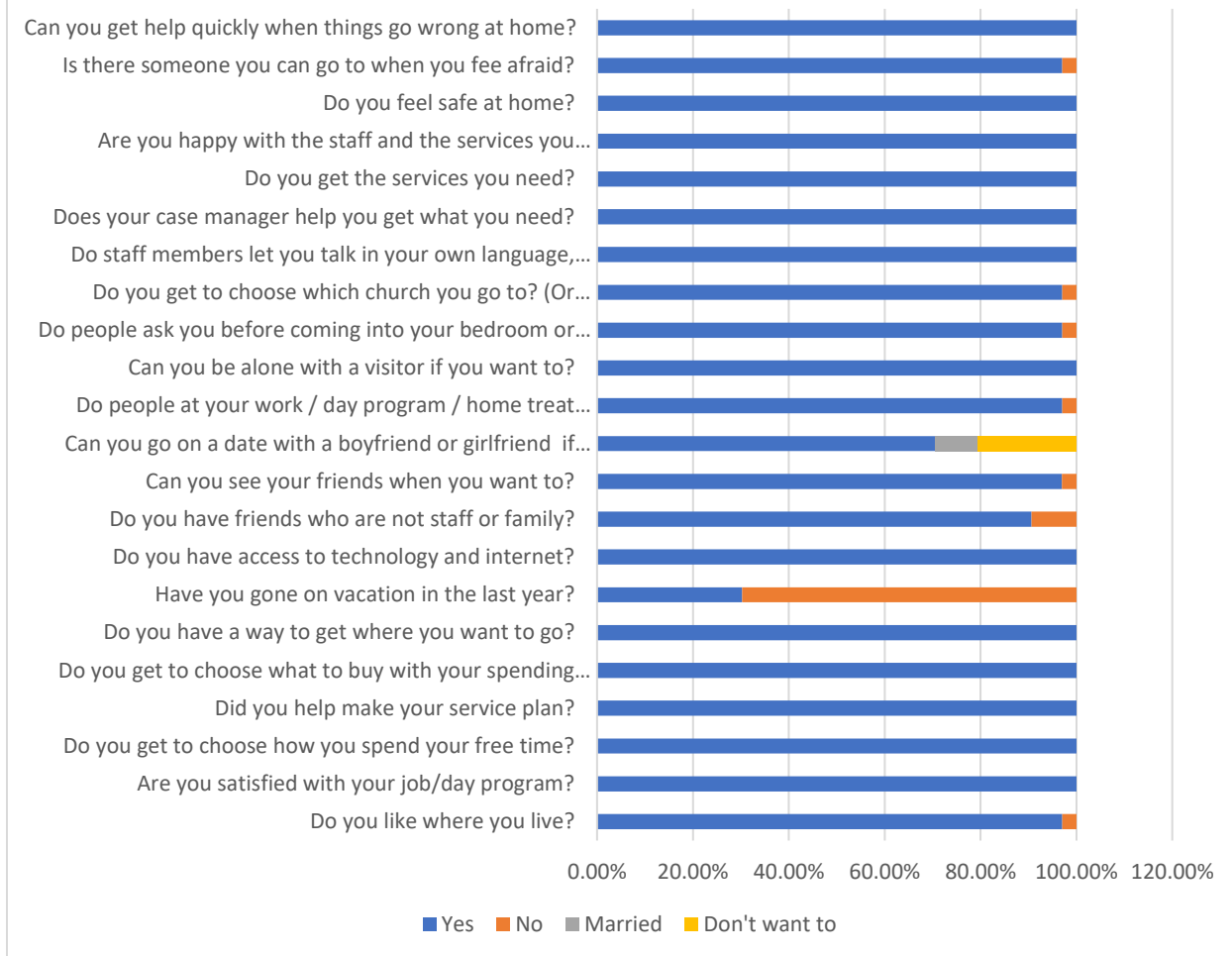
## **GADDSS**

For FY26, Serenity will continue to work to have 100% of individuals served complete a survey for those receiving IDD services. Increased feedback will give a broader perspective of the quality of services being delivered and in addition provide information on how to further improve service delivery and individual outcomes. Serenity will also work to improve scores across the areas surveyed, particularly in social inclusion and community participation which is the area with the lowest domain scores.

## **GADDSS FY25**

For FY25, 34 individuals in our Intellectual and Developmental Disabilities (IDD) program were interviewed across domains such as Life, Choices, Social, Personal, Respect, Services, and Safety. This was an increase from the number of individuals surveyed in FY24 (9) and the two previous years. These domains asked questions about the individuals' feelings about satisfaction, freedom of choice, engagement in care, safety, and whether their needs are being met. Serenity Behavioral Health Systems received scores of 91% for life satisfaction an increase from FY24 when it was 89%, 100% choices and self-determination the same as FY24, 64% social inclusion and community participation an increase from FY24 when it was 54%, 89% personal relationships an increase from FY24 when it was 84%, 97% respect, rights and dignity a decrease from FY24 when it was 98%, 99% satisfaction with services which was a decrease from FY24 when it was 100%, and 99% safety an increase from FY24 when it was 93%.

## GADDSS FY2025

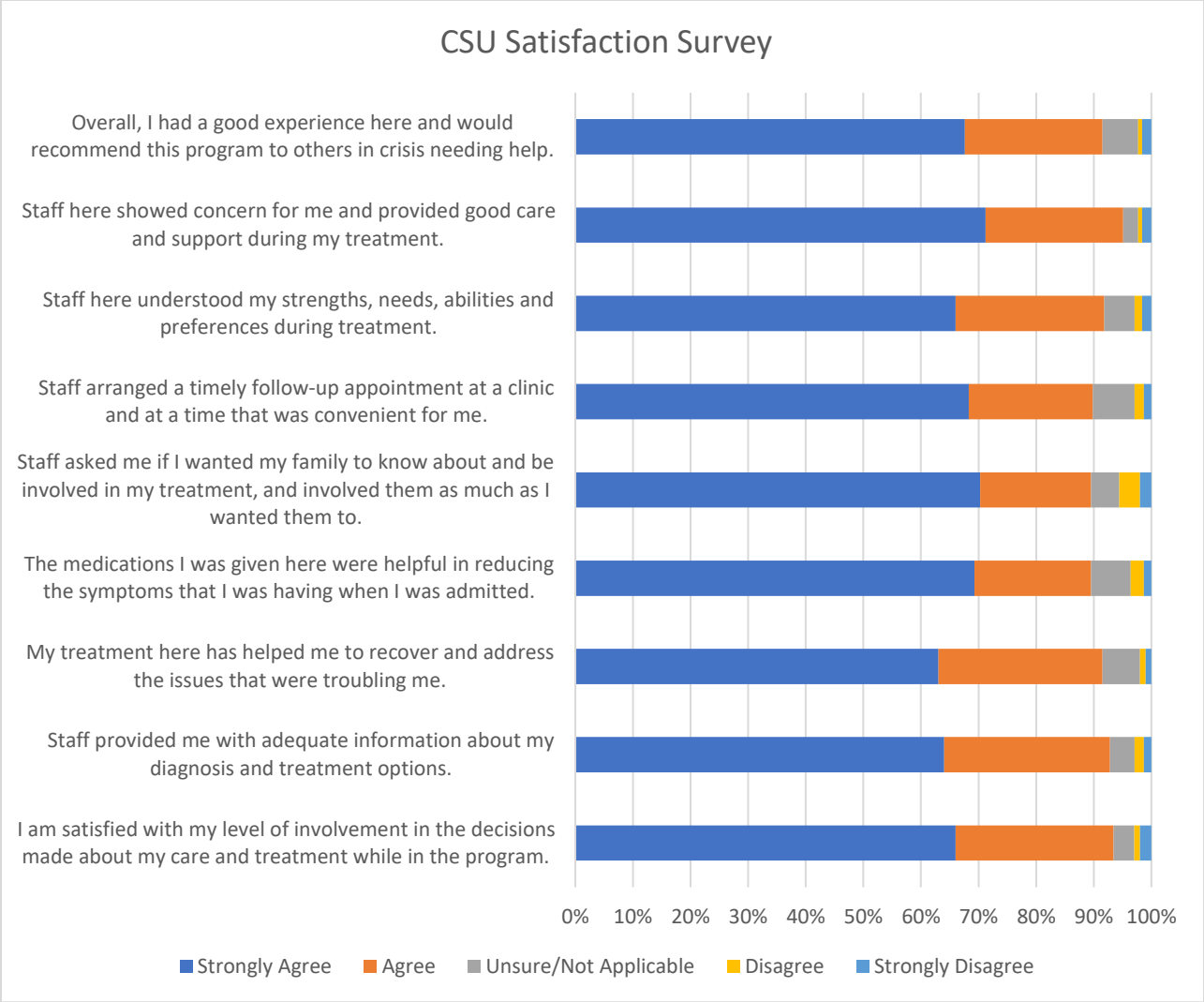


### Adult CSU Satisfaction Survey

Each year and ongoing the CSU has individuals complete the CSU satisfaction survey. For FY26, the CSU will work to increase the number of surveys completed and improve overall scores to meet or exceed the survey benchmarks.

#### FY25

For FY25 306 surveys were completed versus FY24 when 271 surveys were completed. Scores ranged from 90% to 97% across items scored, which was an improvement from FY24 when scores ranged from 87% to 99% across the items scored. All Serenity scores were higher than the GACSB mean.



### DLA-20 Trends

Beginning with FY25, SBHS started monitoring outcomes using the DLA-20. Completion of the ANSA will be discontinued as it is no longer a required measure by DBHDD, and the CANS will be completed for those receiving APEX services only. The DLA-20 will be the primary measure for determining service outcomes.

#### FY25

In FY25, based on scoring for 1,125 unique individuals there was an average improvement in DLA-20 scores of 2.6% with 53.6% of individuals, or 606 individuals showing improvement. The mean initial scores were 113.85 and the mean last score was 116.81. The areas showing the most improvement in scoring from the initial score to the last score included Managing Money (.28), Health Practices (.27), Community Resources (.24), Safety (.23), Social Network (.20), and Coping Skills (.20).

## Stakeholder Data

Our stakeholders are those with whom we work in the community to better serve and assist individuals. Their partnership and perception of SBHS is important feedback to receive.

During FY25, SBHS returned to collecting stakeholder data. We had four stakeholders respond to the survey. In addition, DBHDD surveyed our stakeholders during the annual reporting period. These questions are similar to those we ask our stakeholders. The DBHDD scoring from FY24 gave Serenity a score of 77.52% demonstrating effective coordination with community stakeholders. The surveys and scoring for FY25 indicated a score of 100% an increase from the previous year. For FY26 SBHS will continue to survey stakeholders directly to obtain specific feedback to address potential concerns.

### FY25 Stakeholder Data

Our stakeholders are those with whom we work in the community to better serve and assist individuals. Their partnership and perception of SBHS is important feedback to receive.

During FY25, we collected stakeholder data with 11 questions in regard to access to services, responsiveness and professionalism of staff, and satisfaction with Serenity as an agency. For this survey only four stakeholders responded. When asked if length of time between initial call/referral and first scheduled appointment was acceptable, 100% responded yes. For IDD community opportunities, 75% responded there were opportunities and 25% responded N/A. In regard to timeliness of response, 100% responded that they were able to reach the appropriate staff in a timely manner. 75% of respondents strongly agreed or agreed that the location(s) of SBHS was convenient and 25% responded that they neither agreed nor disagreed. When asked if SBHS staff members were courteous and professional, 75% responded they strongly agreed and 25% responded that they agreed. We also asked whether our stakeholders are accessing our social media sites, including our website. 50% responded yes and 50% responded no. Question 7 asked whether our stakeholders believe the treatment services at SBHS were beneficial to those we serve and 25% responded they strongly agreed and 75% responded they agreed. When asked whether services provided at SBHS are person-centered and/or recovery focused, 50% responded they strongly agreed and 50% responded they agreed our services are person-centered and/or recovery focused. 75% of those surveyed are aware of SBHS Open Access model. Lastly, we asked whether our stakeholders would be willing to recommend SBHS to others in the community, and 100% responded yes. There was one response in regard to suggestions to improve services noting "The staff is very professional and the services rendered to clients are effective!"

## **Discharge Satisfaction Calls Data**

For FY25, we will continue to work to improve consumer response to surveys. The survey has a low response rate as often individuals cannot be reached post discharge. For FY25 we will review if there are potential ways to engage individuals served for the discharge satisfaction surveys through additional means such as surveys administered through our patient portal.

### **FY25 Discharge Satisfaction Calls**

During FY25, we made quarterly phone calls to rate individual satisfaction with services for individuals that had been discharged recently from services. Calls were made at the end of the first three quarters for those discharged within the previous 3 months. As of the time of completion of this review, fourth quarter calls had not yet been completed. We had a total of 19 individuals that were contacted. This was a decrease from FY24 when 40 individuals were reached. In FY25 we attempted to reach a total of 98 individuals, which is also a decrease from FY24 when we attempted to contact 144 individuals.

Three questions are asked to individuals discharged from services:

- 1) Since you left SBHS treatment, do you feel as though you/your child's main problem identified for treatment, your/their diagnosis, has improved, worsened, or stayed the same? 95% stated they had improved, 5% stated they worsened, and 0% reported they stayed the same.
- 2) Have you/your child seen a primary care physician during the last 12 months? 68% of those surveyed reported they saw a PCP during the last year and 32% reported they had not seen a PCP during the last 12 months.
- 3) Do you know what to do during a behavioral health crisis? Of those 19 surveyed, 74% reported they knew how to access GCAL and 26% did not know how to access GCAL.

## **HIPAA Compliance**

For FY26 we will work to achieve 100% HIPAA compliance across each program location. The threshold to pass the audits is a score of 95%.

### **FY25**

For FY25, data was collected for three of the four quarters. Data was collected across the following programs: AOP, C&A, Community Supports, CSU, IDD, and Peer. In Quarter 1, no programs were surveyed. For Quarter 2, all programs were in compliance except C&A and IDD. For Quarter 3, all programs scored were in compliance except the CSU and IDD. For Quarter 4, the only programs that were in compliance were Community Supports and Peer. Peer and

Community Supports scored above the threshold in all three quarters. All other programs scored out of compliance on at least one of the three quarters with IDD scoring out of compliance in each of the three quarters.

### Key Performance Indicators (KPIs)

Starting in 2017, the Department of Behavioral Health and Developmental Disabilities (DBHDD) began requiring all Community Service Boards (CSB) to monitor and track KPIs on multiple performance targets. These KPIs are submitted annually, in September. All CSBs, including Serenity, are held to these standards surrounding engagement, access, recidivism, and billing. These are the results from our most recent KPIs for FY2025 to be submitted in September 2025.

KPI 1.1-Days from Initial Intake to Assessment (Standard is 0-1 business days) Serenity: 0.5 days

KPI 1.1b-Days from Assessment to Initial Scheduled Appointment (Standard is 0-4 business days) Serenity: 3.56 days

KPI 1.1c-Days from Assessment to Initial MD Appointment (Standard is 0-14 business days) Serenity: 6.99 days

KPI 1.2-Cancelled by Staff (Should not exceed 5%) Serenity: 3.09%

KPI 2.2-Percentage of individuals served that have less than 3 admissions to a higher level of care (should be at least 95%): 99.93%

KPI 3.1-Days from Hospital Discharge to Credentialed Staff Appointment (Should be at least 75%) Serenity: 92.65%

KPI 3.2-Days from Hospital Discharge to MD Appointment (Should be at least 75%) Serenity: 87.5%

KPI 4.1-No Show for Initial Intake (Should not exceed 15%) Serenity: 2.97%

KPI 4.2-No Show for Outpatient Appointments (Should not exceed 20%) Serenity: 19.78%

KPI 4.3-No Show for Initial Diagnostic Assessment (Should not exceed 20%) Serenity: 17.29%

KPI 5.1- Substance Abuse screening (Should be at least 95%) Serenity Adults:%, C&A: %

KPI 5.2-Substance use referrals (Should be at least 95%) Serenity Adults:, C&A:

KPI 9.5-Medicaid Claims Submitted within 90 days (Should be at least 90%) Serenity: 91.6%

KPI 9.6-SCS Claims Submitted within 90 days (Should be at least 95%) Serenity: 92.45%

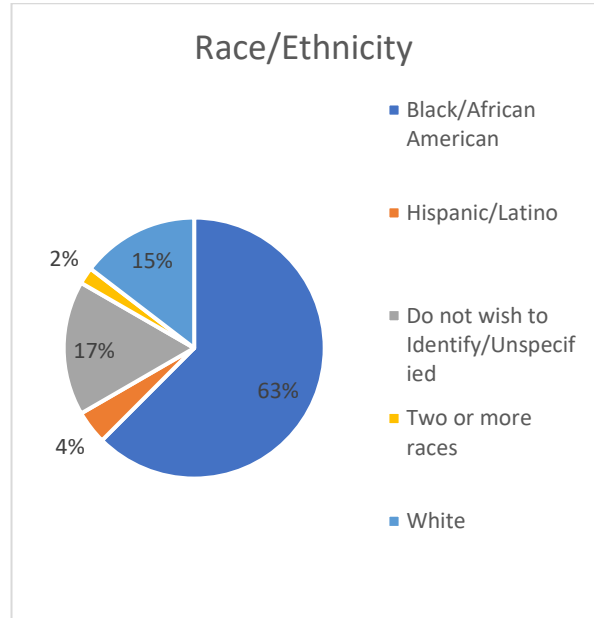
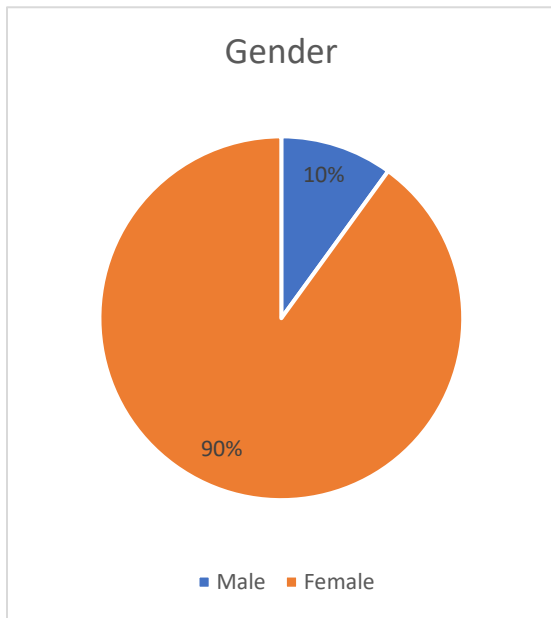
**The highlighted areas indicate where Serenity is not meeting KPI standards.**

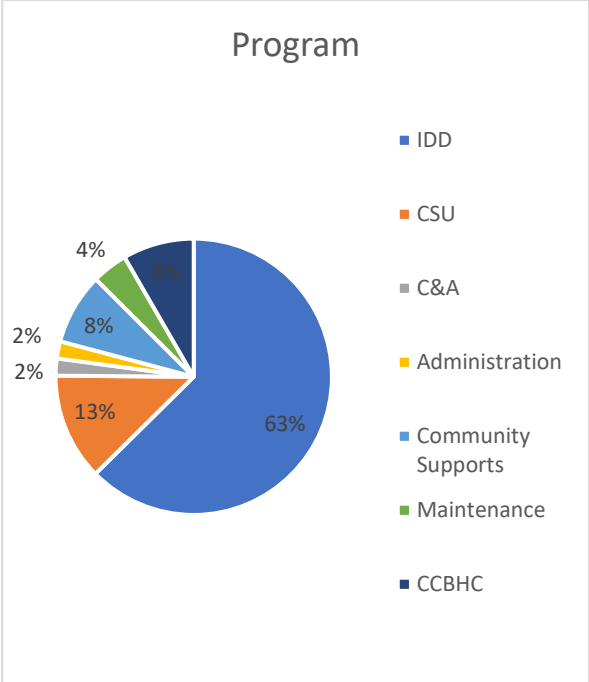
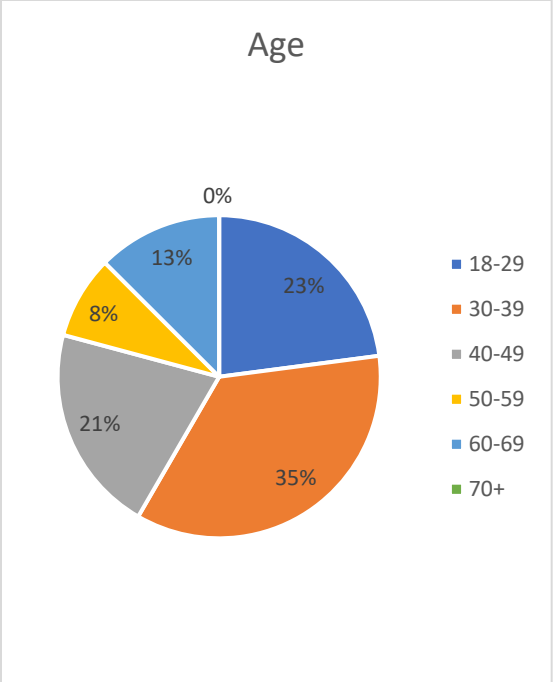
**This highlighted area was not calculated**

### Human Resources Data

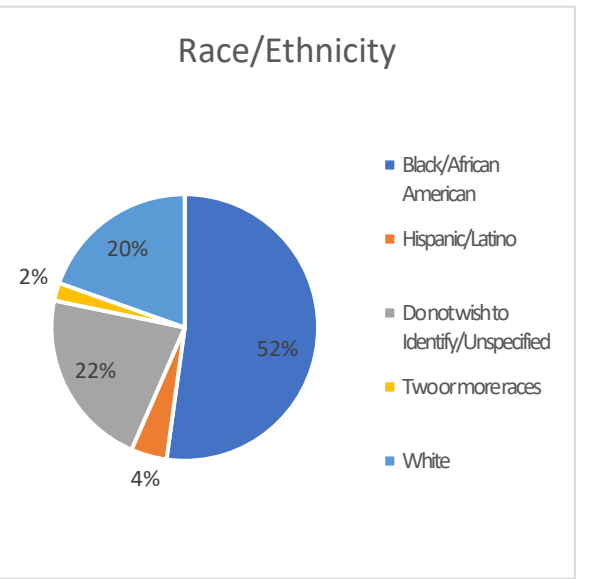
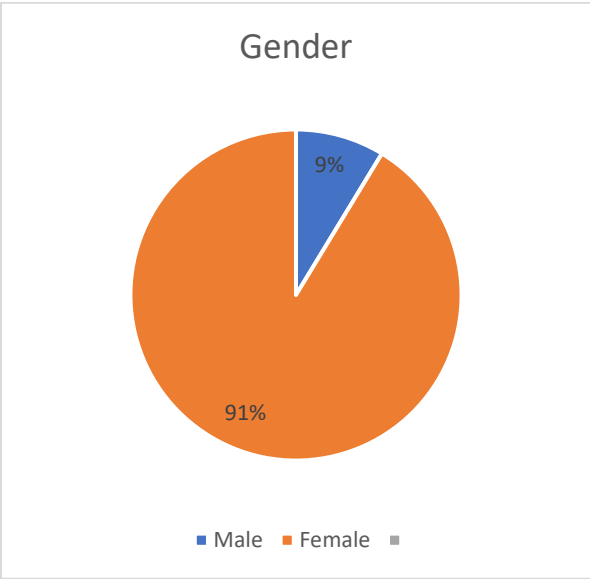
During FY24 we hired 48 new employees, 43 females and 5 males. Of those 48 the majority were African American, followed White, and two or more races or unspecified. Of those hires, 23% were 18-29, 35% were 30-39, 21% were 40-49, 8% were 50-59, and 13% were 60-69 and 0% were 70 and older. The majority of those hired were for the IDD Program, 63%, followed by the CSU 13%, Community Supports 8%, CCBHC 8%, Maintenance 4%, Child and Adolescent 2% and Administration 2%. There were 46 people terminated in FY24. The majority of terminations were due to resignation of staff, 61% and most terminations were female, 91%, and the majority were African American, 52%. The programs with the majority of terminations included IDD 59%, and Community Supports, 13%.

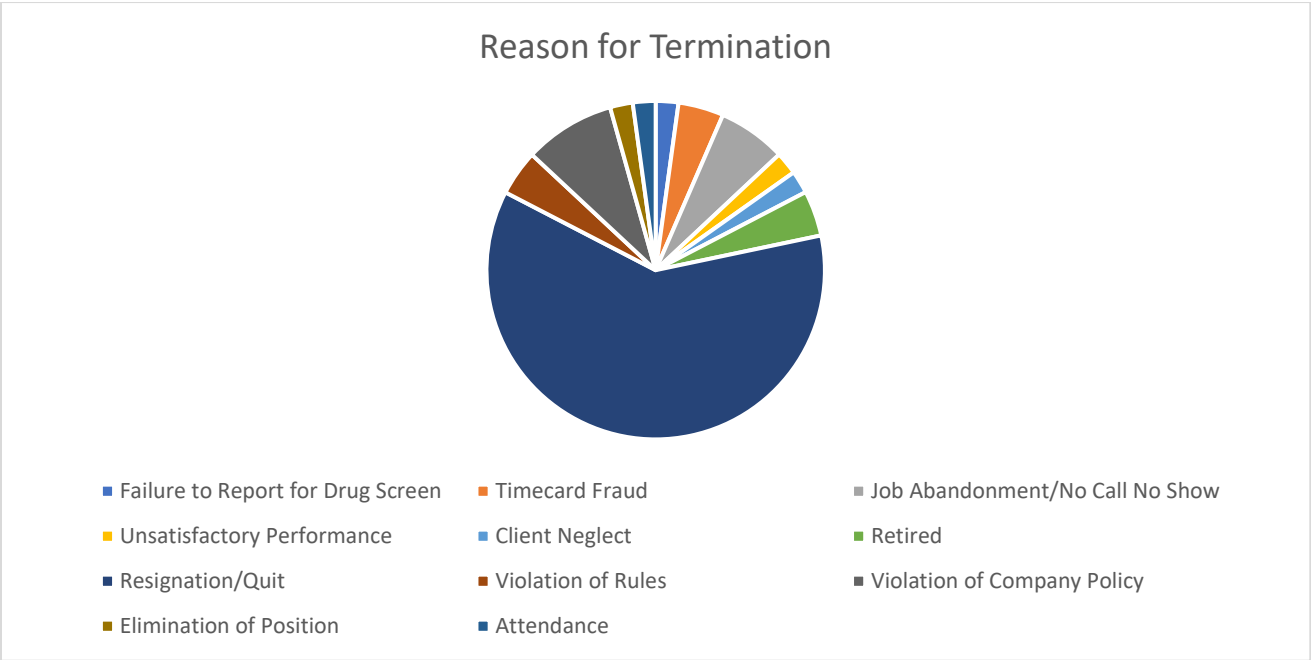
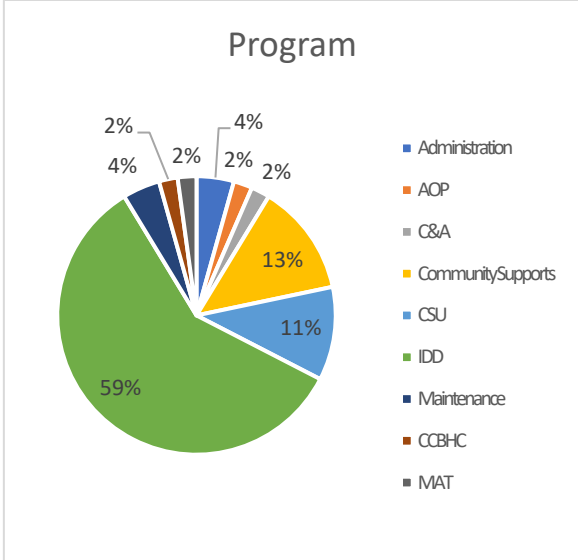
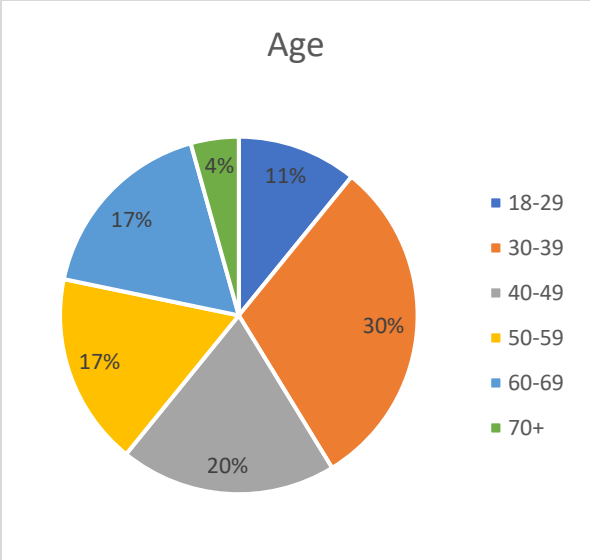
**New Hires**





## Terminations





**VII. FY26 Strengths & Needs by Program/Department**

<i>Department/ Program</i>	Strengths	Needs
<b>Agency Wide</b>	Dedicated staff, Committed Board Members and Community Connections, Stable Leadership Team, Good relationships with Stakeholders, 501c3 Growth Potential, Resiliency through COVID, Unified Employee Base after departing from staffing agency.	Employee recruitment and Engagement, MRL gap to maximization, IDD Program finances, poor campus safety.

**Finance**

**Clinical**

<p>Stable staff, Open conversations with leadership about needs</p>	<p>Staff skills improvement, Backup functions</p>
<p>Leadership team has been in place consistently for the last 6 years; Leadership is fully committed to the process of becoming a CCBHC; Started process to build BHCC.</p> <p>Fluid communication.</p> <p>Experienced Program managers.</p> <p>Internal training coordinator that delivers and tracks training and the efficacy of their implementation.</p> <p>Senior leadership that is well established and operates fiscally responsibly</p> <p>Weekly Team meeting in programs</p> <p>Monthly program meetings with program managers</p> <p>Regularly scheduled Leadership, Board Ethics, Health and Safety meetings and participation in and with community partners</p>	<p>Additional certified staff in a range of Evidence-Based Practices to offer more to the community; Develop weekend and evening access to better serve community with nontraditional schedules; Maximize pathways to ensure all insurances we receive are profitable; Develop BHCC programmatic and staffing plan; Develop and expand our community involvement and steering committee for the sheriff’s offices throughout our catchment.</p> <p>Actively engage in reviewing policies and practices to enhance service delivery and incorporate in-house trainings to develop practitioners</p> <p>Ability to compensate at competitive rates to increase staffing and sustain longevity of providers</p> <p>Consistency and accuracy in Documentation of services in an individuated and person-centered way when treatment planning and behavioral health assessments</p> <p>Consistent communication and dissemination of referrals to our internal CSU from the Adult outpatient and discharge from our CSU to our Adult patient clinic</p> <p>Meeting all training drills fire, psychiatric, active shooter, medical emergencies and crisis triage</p>
<p>Existing protocols</p>	<p>More training for staff</p>
<p>Knowledgeable and stable staff</p>	<p>Increase in available reporting and increase in ease of generating and retrieving reports</p>
<p></p>	<p></p>
<p>Professional staff, team cohesion, productivity</p>	<p>Growth in SA/MAT, decrease in no-shows, failed claims, and lost revenue, In-house advanced training per professional group</p> <p>Retain and replace staff to maintain adequate resources to serve and meet the demands of our target population.</p>

**Compliance**

**Quality**

**Assurance/Utilization**

**Management**

**(QA/UM)**

**Human Resources**

**(HR)**

**Adult Outpatient**

**Program (AOP)**

**Child and  
Adolescence Program  
(C&A)  
Community Supports  
Program (CS)**

<p>Weekly treatment team meeting, outstanding team moral</p>	<p>Another fully licensed clinician</p>	
<p>CSS is fully staffed in all programs. The Teams are eager to perform jobs well and are open to learning and growing. The Case Management team supports, motivates, and encourages one another. Ongoing case manager training during weekly meetings and bi-monthly meetings to review expired tx plans and expired discharges (resulting in fewer failed claims and increased productivity). We've initiated quarterly Program Manager team meetings, which have significantly strengthened camaraderie among the team. These gatherings provide a valuable opportunity for program managers to exchange ideas, offer encouragement, and support one another. Additionally, the role of the Community Transition Liaison has proven highly effective, as evidenced by the increase in referrals stemming from enhanced awareness and communication between State hospitals and the courts.</p>	<p>Understanding contract changes for budget cuts, Full time security in building E, Funding loss due to Medicare and Ambetter.</p>	
<p><b>Crisis Stabilization Unit (CSU)</b></p>	<p>Knowledgeable/ Experienced employees, Teamwork, Flexibility, Positive relationships with referral sources, Admission planning and referral screening, Continuity of Care.</p>	<p>Continue implementation of safety measures per DBHDD, maintain KPI compliance, adequate staffing coverage/recruitment, staff training- MH first aid, CPI manual holds, S&amp;R training (within agency), full EMR documentation to include MD orders and EMARS, pyxis, additional funding from DBHDD for upcoming staffing needs</p>
<p><b>Facilities, Maintenance, &amp; Fleet</b></p>	<p>Security, maintenance, and facilities firmly believe that safety for our patients and employees is top priority. Facilities manager is highly visible throughout campus and "hands on." Maintenance and grounds personnel are self driven. Grounds crew are dedicated to maintaining a clean campus, inside and out.</p>	<p>Additional employees to sustain workload and company growth. Continued resources for maintenance, grounds, and the facilities . PM service contract for HVAC and similar areas of concern to lessen the opportunity of a campus shutdown and costly repairs.</p>

**Health and Safety**

<p>Our staff realizes the importance of work orders and minimizing down time.</p>	<p>Landscape contract to boost morale and ensure the campus is aesthetically pleasing to patients and employees. Implementation of an active shooter protocol, along with dangerous situation, inclement weather, and fire plans. OSHA certification and additional training in areas such as maintenance, grounds, sensitivity, etc.</p>
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<p>Additional instructor trained for CPR/1<sup>st</sup> Aid &amp; Employee Health. Stop the bleed trainer has been trained. Supportive administration. Supportive program management. Flexibility in the hours class is offered/taught. Supportive program managers. Scheduling staff for classes has worked extremely well and not asking when they want to attend.</p>	<p>Lack of computer knowledge regarding use of Share Point. Lack of computer program for employee health charts/information. Lack of time to focus on H&amp;S/Infection Control requirements since starting APRN position. Disorganization of orientation process. Staff cont. to start working prior to having employee health requirements completed. Lack of time to update policies and procedures in Policy Tech. Lack of H&amp;S meetings.</p>
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**Intellectual & Developmental Disabilities Program (IDD)**

<p>Committed managers, common vision, longevity of workforce, commitment to provide quality care, here for the people we support more than the job, family atmosphere</p>	<p>Strengthen our relationships with our partners (support coordination, DFCS, etc.) so that individuals served receive timely updates to services. In addition to strengthening relationships with our partners, we need to clearly define our charts (currently using both paper and EMR and neither place has the same information), give our managers some relief (they wear many, many hats and have to adhere to many different standards- it's a lot when you are also making sure those we support are receiving quality care.</p>
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**Information Technology (IT)**

	<p>Increased asset inventory license SysAid, cost of recycling/return services, new devices to replace old out of compliance devices, possibly software management cost for assistance in configuring CMBD database services</p>
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**VIII. FY26 QI Goals by Program/Department**

**AOP**

Develop staff resources and fill current vacancies to effectively serve the goals of our Annual Operating Plan (AOP), maintain Key Performance Indicators (KPIs), meet the demands of our current clinic needs, and ensure adequate clinic flow in all areas and disciplines.

Financial Solvency

### **Community Supports**

Increase revenue for the CSI program

Expand the community transition liaison/BHC program

Increase TORS billing and employment rate for SE

Increase billing for CST

Create co-responder program

### **CSU**

Implement safety measures recommended by DBHDD, as possible due to budget constraints and building limitations.

Ensure Unit is staffed adequately per DBHDD guidelines, keep beds online and maintain KPI requirement of occupancy rate of 85% on average for the reporting period, reduce amount of overtime and improve safety.

Provide required documentation per provision of individualized care, improve audits, reduce medication administration and transcription errors, increase safety, provide adequate training to staff, reduce time and potential for missed documentation during EMR unanticipated down time.

Function at optimal level within budget confinements

### **C&A**

To finish the fiscal year positive on the profit/loss statement.

To promote and increase the CPP (Child Parent Psychotherapy) and extend services to other Boys & Girls clubs to facilitate groups

Continue increasing the APEX program from 87 students to 120 over the next fiscal year

Add both a CPS-Y and CPS-P to the C&A program

### **IDD**

The I/DD program will minimize the risk of non-specific and generic daily notes by completing the HCBS setting rule documentation training with all IDD staff and having each use the IDD documentation checklist when writing the daily note (CRA/CLS).

The I/DD program will minimize the risk of care staff “burn-out,” overtime, and staffing “health crises” (ER visits, appointments, 1:1) by scheduling appropriate coverage that meets the needs of program participants.

### **Clinical**

CCBHC accreditation

Program financial stability

Co-responder development

### **Facilities**

Maintenance agreement with HVAC contractor to perform semi-annual preventative maintenance to all HVAC systems for the facilities on Serenity campus.

Create a preventative maintenance plan.

### **Health and Safety**

Improve new hire and annual employee health completion requirements with 95% compliance

Improve compliance with infection control, health, and safety practices with 90% compliance

Increase/Provide Stop the Bleed training campus wide with 95% compliance

### **IT**

Increase the availability of IT knowledge to everyday users and admins

Increase use of SysAid for ticket information, reporting, and activity information

Increase cybersecurity effectiveness in the form of Data Loss Prevention and security

Create an organized and uniform Organizational infrastructure and Lifecycle for all Assets

### **HR**

Move all Workers compensation files to electronic filing

Renew pay charts

Move all Schedules to Subjective Scheduling

### **Finance**

Build BHCC

Improve Financial Data

### **QA/UM**

Implement 100% of quality measures and develop appropriate reports for 100% of those measures stratified to the appropriate level across all measures

Re-establish an active Consumer/Individual Served Advisory Committee for SBHS

Create and implement a plan to monitor nonfatal overdoses and readmission rates to hospitals for FY26

### **Executive**

Board Member expansion- Expand board to have better and more consistent participation

Hearts of Serenity- Hearts of Serenity needs more consistent oversight and momentum

Public Image- Negative feedback on social media needs to be reviewed and responded to as appropriate

## **IX. FY25- FY27 Agency Wide Strategic Goals**

The pandemic had a substantial impact on the financial operations of Serenity. Serenity received some additional one-time funding through the CARES Act and fixed monthly funding amounts from DBHDD through a large part of the pandemic. The Fee for Service payments started back in FY22, and the transition went much smoother than anticipated. We were still facing some challenges, which made billing at full capacity almost impossible. Our counselors providing the school-based program through the APEX Program, were having difficulties getting back into schools due to COVID restrictions. Serenity ended FY22 \$186,896 in the positive and that is mostly due to the CARES Act funding. Serenity was projected to break even for FY23 and finished with a loss of \$38,623.25. Serenity finished FY24 with a loss of \$20,745.67. However, for FY25 DBHDD updated reimbursement rates for services to more closely reflect current costs. With those changes and the volume of services provider, Serenity was projecting to break even but ended FY25 \$1,184,987 in the positive.

While reviewing our competitive environment we see that as a Community Service Board we are the safety net provider for mental illness, intellectual and developmental disabilities, and addictive disease for East Central Georgia. Compared to other behavioral health service providers in the area, we are the sole provider for behavioral health services for State Contracted Individuals. One area we can improve is insurance billing. We have identified that it would be helpful to identify those other providers that have a better return on insurance billing claims. We also realize we need to identify the best way to operate as an instrument of the state and maximize other billing opportunities.

According to Piedmont Hospital FY2023 Community Health Needs Assessment (CHNA) conducted separately with one in Richmond and one in McDuffie counties, access to mental health care including inpatient, outpatient, and low-cost care were three of the five most important items for improving the health of community members and mental health was also noted as a problem (lack of resources), cause (trauma, lack of knowledge of resources) and solution (collaboration, telehealth) to the overall health of community members in the Richmond County area (Source: FY23 Piedmont Augusta Community Health Needs Assessment). Mental health and lack of access to mental health services and veterans with PTSD were noted by respondents as major issues facing McDuffie County. The need for expanded access and services to rural areas were also noted as a need in McDuffie County (Source: FY23 Piedmont McDuffie Community Health Needs Assessment). The 2019 CHNA by the same hospital system broke down the number of people per mental health provider (this includes Psychiatrists, counselors, and therapists). Richmond County has 350 per provider while Columbia County has 1,300 (Source: National Provider Identification registry, CMS). In FY24 Serenity conducted a community needs assessment which indicated the top concerns for those surveyed included access to services, housing, affordability of care and mental health awareness. The needs assessment identified priorities for the Serenity service area including outreach to rural communities, youth behavioral health, and transportation.

One of the strategic goals is to Implement a Mobile Behavioral Health Services Program. Serenity applied for a SAMHSA Grant (CMHC Grant in May 2021), but we were not awarded at that attempt. In May 2023, we included a mobile services clinic as a part of our second SAMHSA grant application to become a CCBHC. Serenity was awarded a four-year CCBHC planning, demonstration and implementation grant through SAMSHA in September 2023. Serenity has had a vehicle interior outfitted to house a mobile clinic and is awaiting final completion of the vehicle exterior. Serenity has contacted community partners to become sites for the mobile clinic to operate and looks to begin services in FY25. The second goal to Become a Certified Community Behavioral Health Clinic is also still in progress. Since we were awarded the CCBHC grant through SAMHSA, we are currently working towards completing the attestation for SAMHSA to indicate we are compliant with and implementing the CCBHC criteria. To fully meet the criteria, Serenity does still have to implement ASAM level 2.1 services for substance use treatment. This service has been added to our current Drug Abuse and Treatment Education Program (DATEP) license and is in the process of being implemented. This application is currently being prepared for submission to the Georgia Department of Community Health (DCH). After the attestation is accepted by SAMHSA, Serenity will begin the process of becoming a CCBHC certified through the state of Georgia. Lastly, we set a goal to Build a Strong Staff Development and Engagement Program. One of the other ramifications of the pandemic was the toll it took on staff. Employees were isolated and secluded from each other, individuals they serve, and the community. They were doing hard work in a really hard and uncertain time. Once the restrictions were lifted, we realized that everyone was just surviving. They were tired

from the work and from navigating such uncertainty. October 2020 we were able to bring all contracted staff that were contracted through HealthCare Staffing back on as Serenity employees. That was great for morale and made for a much more cohesive team. The HR Director also reinstated the Sunshine Committee Meetings. That committee is strictly designed for employee engagement and lifting morale. They have been implementing staff engagement opportunities throughout the year and the goal is to implement quarterly development and engagement events. We look forward to completing the plan and working toward achieving our goals. Serenity would also like to add a staff tranquility room. This is a project we pursued through a grant application previously, but we were not awarded the grant. We would like to still pursue implementing this space and are looking at if there is available space on campus particularly once the new CSU opens in 2026. This room will provide a means of staff having a place to decompress during the day to assist in decreasing staff stress and burnout. In the interim, we have also provided training for staff on reducing stress and the risk of burnout and other opportunities for staff to decompress.

### FY25- FY27 Strategic Goals and Objectives

<p><b>Goal 1: Implement Mobile Behavioral Health Services Program</b></p>	<ul style="list-style-type: none"> <li>- Develop a Service Without Walls Strategy</li> <li>- Further develop locations in the community for operation of the Mobile Services Unit</li> <li>- Create a Rural Communities Outreach program that can be partially carried out by the Mobile Services Unit</li> <li>- Increase intakes from rural communities by 50% at the end of year 3</li> </ul>
<p><b>Goal 2: Become A Certified Community Behavioral Health Clinic (CCBHC)</b></p>	<ul style="list-style-type: none"> <li>- Continue the process for preparing to become a CCBHC</li> <li>- Utilize SAMHSA grant funding to develop the CCBHC services and staff required to implement CCBHC</li> <li>- Educate and train staff on CCBHC</li> <li>-Work to become a certified CCBHC in Georgia</li> </ul>
<p><b>Goal 3: Build A Strong Staff Development and Engagement Program</b></p>	<ul style="list-style-type: none"> <li>- Continue to expand the Sunshine Committee and staff engagement opportunities throughout the year</li> <li>- Implement a Tranquility Room to assist with staff stress and reduce staff burnout</li> <li>- Implement quarterly staff engagement events with a focus on team building and staff development opportunities</li> </ul>

