The Georgia Collaborative ASO

Gateway Behavioral Health Services

Housing Quality Review Final Assessment	
Address: **700 Coastal Drive, Brunswick, GA 31520**	
Assessors: **Amanda Hawes, LCSW; Leah Land, LCSW; Michelle McIntosh, LPC**	
Individual Records Reviewed: **5**	Current Review Frequency: **Annual**
Staff Records Reviewed: **2**	Date Range of Review: **1/26/2026 - 1/27/2026**

The Georgia Collaborative ASO, in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD), believes in accessible, high-quality care that leads to a life of recovery and independence. The provider should note any recommendations as an opportunity for quality improvement activities. The review is intended to measure the quality of your organization's systems and practices in adherence to DBHDD policies and standards. The Overall Score is calculated by averaging the categories below.

	Overall Score	Billing Validation	Site Visit	Assessment & Planning	Service Guidelines
Review Date: 06/02/2025	98%	100%	100%	96%	97%
Review Date: 11/18/2024	92%	80%	100%	90%	98%
FY25 Statewide Average	69%	25%	91%	84%	75%

Note: The FY25 Statewide Averages represent the mean of scores for all reviewed providers.

Summary of Significant Review Findings

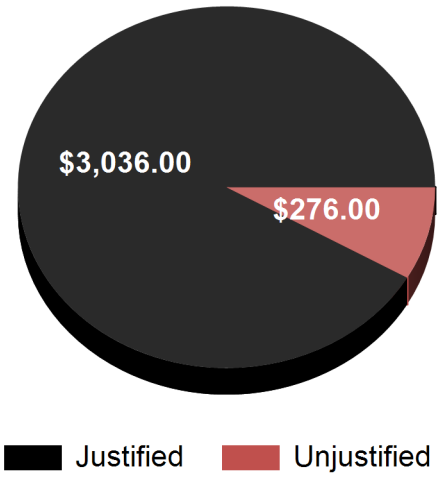
Strengths and Improvements:

- The message board in each record contains alerts that notify not only of clinically relevant details (i.e., suicide risk), but also tracks when assessments were completed or due.
- Two personnel records were reviewed for credentialing requirements, and both records contained all required documentation to support the staff member's credential (paraprofessional and certified peer specialist).
- Goals in individual recovery plans (IRP) were individualized and in language specific to the individual.
- All IRPs addressed co-occurring health conditions such as substance abuse. This is an improvement from the previous review (6/2025).
- Individuals have an integrated treatment plan that includes both residential and outpatient services, such as Assertive Community Treatment (ACT), Intensive Case Management (ICM), and Supported Employment (SE). This approach to treatment planning shows a team approach and assures all assessed needs are addressed.
- Residential staff continue to capture skills training and support in separate notes using the agency's Psychosocial Rehabilitation - Individual (PSR-I), Case Management (CM), and Group Outpatient Services note templates. The interventions within this documentation is specific to the individual and their housing needs and support the time documented.
    - Within this documentation, it was evident that residential staff were teaching budgeting and meal preparation, assisting with employment and housing searches, and coordinating and accompanying to medical appointments, among other interventions.

Opportunities for Improvement:

- Duplication was found within documentation, specifically the shift notes. This issue was identified in the previous review (6/2025).
- Suicidality was not included on the IRP for an individual who expressed frequent suicidal thoughts.
- The suicide risk flag was not updated when elevated suicide risk was identified. The individual endorsed "planning thoughts" but a moderate or high risk flag was not added to the record.
- Income was an identified barrier for an individual, but documentation lacked evidence that the individual was linked with Supported Employment services nor that the disability application process was started as planned.

Billing Validation



	State Funded Services	Total
Justified	$3,036.00	$3,036.00
Unjustified	$276.00	$276.00
Total	$3,312.00	$3,312.00

The Billing Validation Score is the percentage of justified billed units vs. paid/billed units for the reviewed claims. Paid dollars are calculated based on payer: Medicaid is the sum of paid claims; State Funded Services are Fee for Service and State Funded Encounters combined (State Funded Encounters is the estimated sum of the value of accepted encounters).

Standard	Reason	# of Discrepancies
Performance Standards	Content of documentation is not unique	3
	Content of note does not match service definition	1

Billing Validation: 92%

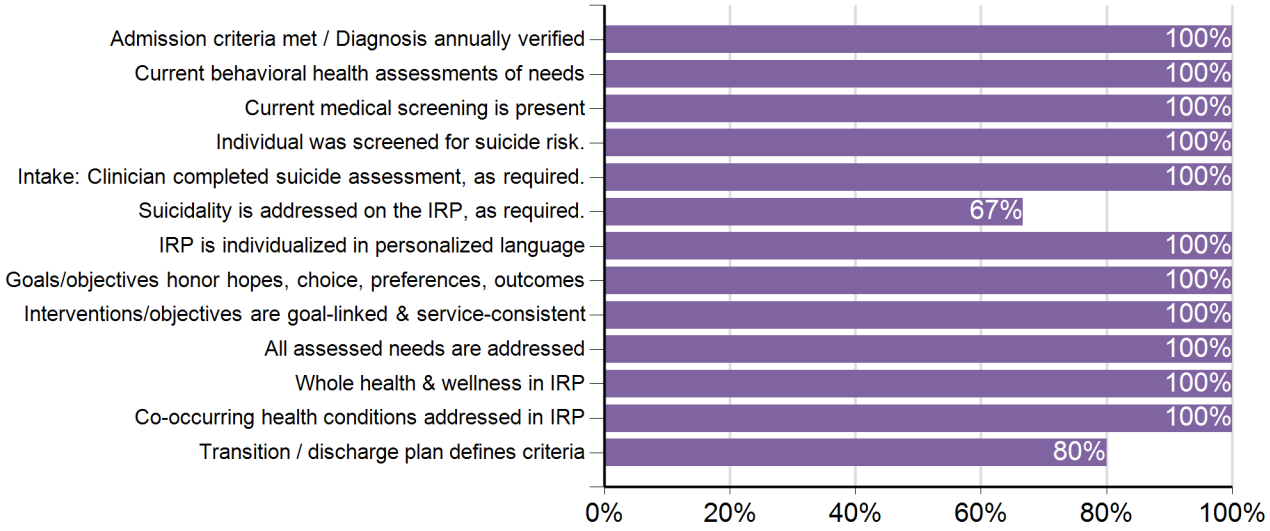
Strengths and Improvements:

- Two personnel records were reviewed for credentialing requirements, and both records contained all required documentation to support the staff member's credential (paraprofessional and certified peer specialist).

Opportunities for Improvement:

- Three encounters were unjustified as the content of the documentation for that day was duplicated from a previous day. For these encounters, the duplicated note was the only documented contact from any agency staff member on that day.
- One encounter was unjustified as the encounter was submitted when the individual was admitted to the crisis stabilization unit (CSU). While the bed should remain open to the individual during short-term stays away from the apartment, encounters must not be submitted when the individual is not present in the program (i.e., their head is not "in the bed").

Assessment & Planning



When all responses to a question are "Not Applicable", no percentage is displayed.

Assessment and Planning: 96%

Indicators scoring below 80%

	Yes	No	NA	%
Suicidality is addressed on the IRP, as required.	2	1	2	67%

Assessment & Planning

Strengths and Improvements:

- Goals in individual recovery plans (IRP) were individualized and in language specific to the individual. For example,
  - *"to get my inspection completed to be able to move into my own place in Statesboro."*
  - *"to get more comfortable with catching the bus independently."*
  - *"to find ways to help me when I feel my medication is not working well so that I will not have thoughts to hurt myself or anyone else."*
- All IRPs addressed co-occurring health conditions such as substance abuse. This is an improvement from the previous review (6/2025).

Opportunities for Improvement:

- Suicidality was not addressed on the IRP of an individual who experienced frequent suicidal thoughts. The only goal related to possible crises/risk was to stay out of the hospital.
- The transition/discharge plan in one record expired 12/29/2025.

Crisis Respite Apartments
Site Visit

Unit exterior is in good repair, maintained, safe for the provision of services; free of trash, debris, or other hazards.	Yes
Unit has all utilities required: electricity, water, gas, sewer, etc.	Yes
All electrical outlets are properly installed (no exposed wiring, cover plates present, etc.).	Yes
Windows are in state of good repair, lockable on ground floor, free of rot/deterioration, sealed properly.	Yes
Ceilings, walls, and floors are in good repair and free of: holes, loose or falling surfaces or paint, water damage, water or air infiltration, etc.	Yes
Emergency food supply (at least three days' worth) is present (water, canned food, dry food, etc.).	Yes
Medications are properly stored (refrigerated as needed), secure, safe, etc.	Yes
Individual has access to private space in home (own bed, shower/bathing facility does not require access through another's bedroom, living space is not shared with provider's administrative office space).	Yes
Living space is clean, accessible, and free of: pests, hazards, bad odors, trip hazards, dirt, etc.	Yes
Living space is age-appropriate, respectful of individual(s) served.	Yes
Lighting is adequate to the needs of individuals present/served.	Yes
Individual has access to kitchen that is clean, in good repair, is functional, and refrigerator maintains food at appropriate temperatures.	Yes
Individual has 24-hour access to outside communication via telephone.	Yes
Individuals have emergency contact numbers / numbers for all supports.	Yes
First aid kit is present and residents know where it is stored.	Yes
Smoke detector, CO2 detector, and fire extinguisher are present and in working order.	Yes
If residents use wheelchair, walker, etc., unit is ADA accessible to them (both interior and exterior - ramps, grab bars, etc.).	Yes
Do individuals have access to public transportation (i.e., bus stop) within walking distance (NA if rural)?	Yes
If individuals do not have access to public transportation (i.e., bus stop within walking distance), is there a viable plan to access transportation?	N/A

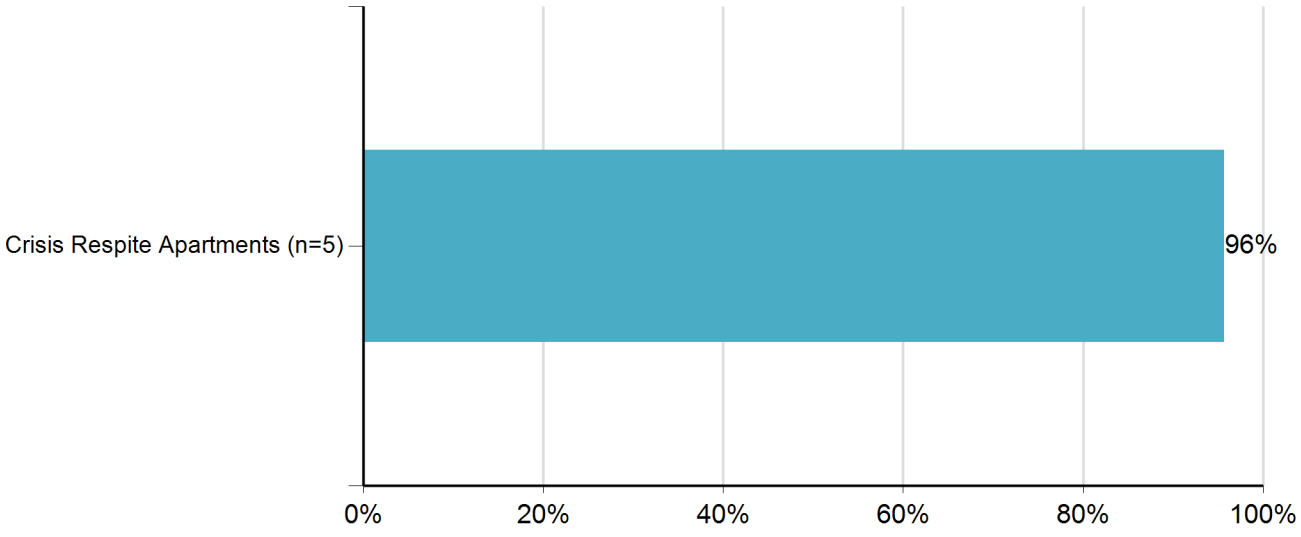
# Yes	# No	# N/A	SCORE
18	0	1	100%

Crisis Respite Apartments Site Visit: 100%

The Crisis Respite Apartment (CRA) program consists of three double occupancy apartments, and an office for a total capacity for six individuals. They are all located in the same complex within proximity to each other. The local bus route is within a few yards of the buildings, and the complex is within walking distance of local convenience stores.

- This is the third consecutive review where the agency's site visit score is 100%.
- The office is onsite near the apartments and is staffed 24 hours a day every day of the week.
  - Snacks, drinks, board games, puzzles, craft supplies, and other leisure items are available for individuals in the office.
  - The office is decorated with vision boards and words of affirmation and other bulletin boards that contained a calendar of events, emergency phone numbers, community resources, and other information for individuals.
  - A bucket with 72 hours' worth of meals-ready-to-eat (MREs) and a case of water is stored in the office for each bed in the program.
  - Medications are stored in labeled bins in a locked cabinet in the office. The key to the cabinet is kept in a lockbox installed on the office wall.
  - The office also has a landline phone for individuals to use if they do not have a personal cellular phone. Staff also assist individuals in obtaining a phone when needed.
- All bedrooms are locked with a pin pad entry. The pin is unique to each individual and is known only to the individual and staff. The pin is updated with each new resident.
- Kitchens were equipped with a microwave, a coffee maker, plenty of cooking tools, plates, and utensils. Further, all apartments were well-stocked with food.
- In addition to utilities, each apartment has a television with access to local channels.
- Emergency phone numbers are posted on refrigerators and evacuation routes are posted in each bedroom next to the door.
- While not affecting scoring, the following was noted:
  - There was a loose tile next to the bed in one apartment.
  - The bathtub in another apartment had some peeling lining and rust on the bottom of the tub and the ceiling in the bathroom had black spots indicating mold is present.
  - Each apartment has two smoke detectors, one in the common area near the kitchen and another in the hallway between the bedrooms. In one apartment, there was no smoke detector in the bedroom hallway, but the other smoke detector was a few feet away and was functioning.
  - Several light fixtures had exposed light bulbs and were missing the light covers. Within one apartment, the floor lamp in the living room (the only source of light in the room) was missing a light bulb, but light was provided from the dining room due to the open floor plan.

Service Guidelines



n = the sample size (records) reviewed specific to the service

Service Guidelines: 96%	*Indicators scoring below 80%*			
Crisis Respite Apartments - 96%	**Yes**	**No**	**NA**	**%**
When barriers are identified, documentation demonstrates that alternatives are explored.	3	1	1	75%
The medical record is flagged high or moderate risk for suicide, as applicable. If the individual/youth was hospitalized or in a CSU for suicidal ideation/behavior, their record has been flagged for high risk of suicide for three months following discharge.	0	1	4	0%

Service Guidelines

Strengths and Improvements:

- Individuals were routinely seen at least twice per day, even after seven days from admission.
- Residential staff members documented interventions and support efforts to address the individuals' needs and goals related to housing. In most records, residential staff documented at least three skills training, resource coordination, and/or group skills training contacts each week.
- Residential staff connected individuals with community resources like a medical doctor, the food bank, food stamps, and obtaining a driver's license or identification.
- All individuals had the Housing Choice and Needs Evaluation completed within the last year. This is a continued strength identified in previous reviews.

Opportunities for Improvement:

- Income was an identified barrier for an individual, but documentation lacked evidence that the individual was linked with Supported Employment services nor that the disability application process was started as planned.
- The suicide risk flag was not updated when elevated suicide risk was identified. The individual endorsed "planning thoughts" but a moderate or high-risk flag was not added to the record.

Overall Programmatic

The Programmatic standards below, relevant to services reviewed during this BHQR, are not currently calculated into any scored area of the review; however, Quality Improvement Recommendations are made based on findings.

Provider-Level Indicators				
1	The provider has obtained the appropriate DBHDD-approved criminal records background check on all reviewed staff members by their hire date.			Yes
2	If deficiencies were noted during the self-inspection, the provider has created a self-corrective plan to address.			Yes
3	Fire and other safety drills are completed (NA if CRA only).			N/A
	# Yes	**# No**	**# N/A**	**SCORE***
	2	**0**	**1**	**100%**

Crisis Respite Apartments Indicators				
1	Provider has a 24/7 Staffing Plan that includes on-call coverage with a response time of 30 minutes.			Yes
2	Provider has a Crisis Respite Service Organizational Plan that contains all required components.			Yes
	# Yes	**# No**	**# N/A**	**SCORE***
	2	**0**	**0**	**100%**

** Overall Programmatic Score is not calculated into the Overall score at this time.*

Individual Interviews

Each individual is asked a standard set of questions; a sampling of responses is listed below. Individual interviews are not calculated into the Overallscore. For a complete list of questions, please refer to the Georgia Collaborative's website.

Individual Interviews Conducted: 2

Two individuals enrolled in the program were interviewed during the site visit. Both individuals stated that:

- they find staff to be accessible and respond in a timely manner. One individual shared, *"Staff are easy to get in touch with. I have had to learn patience when it comes to getting an immediate response. I had to learn that other people are busy at times and I have learned that since I've been here."*
- they are supported in moving toward their desired goals and community involvement.
  - *"I am making progress. I've been able to work through emotions instead of ignoring them or reacting in a negative way."*
  - *"I am currently trying to get a job, and they are helping me with that."*
- they are treated with respect and dignity. An individual shared, *"I'm always treated with respect. I feel confident that I can come to them and be honest about what I need help with."*

When asked, "what are some things this agency does exceptionally well regarding residential services?", individuals stated:

- *"They do a lot of groups here, at least two times a week."*
- *"The first day I came here we had a group [with the residential staff]. I was really impressed by that."*
- *"They teach you how to motivate yourself and stay motivated."*
- *"They go above and beyond to help us get back into the community."*

Additional Comments on Practices

Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- In all records, it was noted that the CRA-specific Case Management note (the shift note) was duplicated from note to note with only minor changes such as the phrase after the "Life Skills Training Provided Today" prompt.
- As noted in the previous review, one staff member referenced themselves as "CSW" (client support worker) within the body of the progress notes. This is not a DBHDD-approved credential.
- A potential rights restrictive activity by staff were noted within one record. The individual called the CRA office asking to be picked up from the day program as she was not feeling well and wanted to meet with missionaries who were coming by the apartment, but the individual was told she could not leave the program early without permission from CRA program manager.
- Within one record, there was incongruence within suicide risk assessments. The individual is frequently documented as endorsing suicidal thoughts without plan or intent, but there are several screenings where all questions are scored "no", even when it was known that she was experiencing suicidal thoughts within the last couple weeks.

Quality Improvement Requirements

Providers are reminded of the responsibility to maintain internal processes which ensure immediate and permanent corrective actions on issues identified during the quality review process. DBHDD may request corrective action plans (CAPs) as quality review findings warrant as well as review agencies' internal documentation regarding corrective actions and ongoing quality assurance and quality improvement. Please refer to the comments documented in each section above for specific information pertaining to the requirements below.

Requirements: Current Review
Billing Validation • Performance documentation standards must be met for all submitted claims.
Assessment and Planning • Suicidality must be addressed on the IR/RP when the individual is assessed as having any suicide risk.
Compliance w/Service Guidelines - CRA • The record must be flagged for high risk of suicide for at least four months following discharge if the individual was hospitalized or in a CSU within the last six months for suicidal ideation/behavior. • Barriers to service access or progress should be identified and alternatives explored.

Providers have the opportunity to appeal review findings for up to ten (10) business days following notification that their written Final Assessment has been saved to the Collaborative's website. For appeals procedures and submission requirements, access the Georgia Collaborative's website to review the appeals process in the Quality Management section of the Provider Handbook and for a current version of the Review Appeal Form at this link: https://www.georgiacollaborative.com/providers/behavioral-health-providers/