A message from the Georgia Department of Community Health.

CORE Provider Memorandum

It is the policy of all CMOs to consistently have “CORE Providers” adhere to the following to ensure successful outcomes of members served.

Key CORE Crisis Policy requirements:

All CORE Provider staff should be trained in the de-escalation of youth in crisis for a minimum of four (4) hours. (The current 4 hours of online training is acceptable).

The CORE provider should at all times, have established written procedures and protocols for handling any and all emergency and crisis situations to ensure that the plan is complete, current, adequate, and communicated to all appropriate parties. The procedures and protocols must:

- include a comprehensive development of crisis plans between the individual, organization, Tier 1 or Tier 2 provider, and other providers where the organization is engaged with the individual being served;
- include an evaluation of the continued adequacy of the individual’s crisis plan and its implementation should occur at periodic intervals including post-crisis;
- respect the individual’s crisis plan and identified points of first response;
- acknowledge the role of the Tier 1 or Tier 2 provider agency as the primary responsible provider for the provision of crisis supports and interventions as clinically appropriate.

Safety/crisis planning should be directed by the youth/family and their needs/wishes to the extent possible and as clinically appropriate to ensure engagement and follow through.

Plans should not contain elements/components that are not agreed upon, meaningful or realistic for the youth/family.

All CORE provider must have policies and procedures in place for appropriate professional staff to respond to crisis situations at all times.

Key CORE Crisis Service requirements to be followed:

Crisis response time is a minimum of 2 hours.

Crisis services will be available 24 hours a day, 7 days a week.

Crisis services may be offered by phone or telemedicine (as appropriate) or face-to-face in the appropriate setting.

A mandated suicide risk assessment must be conducted.

Crisis/safety planning to be developed at enrollment, implemented and updated as necessary.

Psychiatric advanced directives should be developed during the Behavioral Health Assessment/IRP process and should be reviewed and updated (or developed if the individual is a new consumer) as part of services to help prevent or manage future crisis situations.

The individualized Recovery/Resiliency Plan may indicate that the Crisis Intervention service is provided as needed. If Crisis Intervention is a part of the services outlined in the IRP, it is expected that a Crisis Plan be developed and in place to direct the crisis service.