Mid-Valley Behavioral Care Network
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Guidelines for Use of Crisis/Prevention Plans

We intend these to be meaningful recovery tools which empower the individual to obtain the most helpful responses when interacting with providers and supporters in times of difficulty. These are some of the critical considerations for their use:

1. Use when clinically indicated. These should never be seen as part of routine paperwork, never included in the agency's standard intake packet. Offer them to individuals who by history are likely to experience times of crisis or dysregulation, who experience suicidal or homicidal ideation or other high risk circumstances or behaviors.

2. Trust and timing are everything. Individuals are most able to complete a meaningful Plan when they are not in crisis and are working with a trusted person who can help them think through what they need. Consider using peers if possible. Often debriefing a previous crisis experience helps identify what the individual would prefer to have happen in a future event.

3. Any pressure or coercion, even if subtle, will reduce the helpfulness of the Plan. Never make this a requirement for staff or individuals you serve. Going through the exercise of developing a Plan when an individual is not invested in it does not mitigate risk nor address liability concerns. If a provider feels the need for a crisis response in the absence of a Plan, use CAMS, an alert to crisis staff, a screening for hospitalization or other clinically indicated intervention.

4. The MVBCN crisis Plan forms are provided as a suggestion. Agencies may use variations on the format and content and build templates within their EHR. For individuals who have participated in CAMS, a CAMS stabilization plan can be included to avoid duplication. Portions of a Wellness Recovery Action Plan might also be used.

5. The Plan cannot shape the response of crisis staff unless they have access to it. This should be explained to the individual and their understanding documented. There are two pathways:

FOR YOUTH	FOR ADULTS
Plan is sent to PCP and faxed to PCC at 503-585-4965	Plan is sent to PCP and to Stephanie Vieu at MVBCN (Fax 503-585-4989) or secure email to svieu@mvbcn.org She conveys Plan to PCC.

6. Plans are not helpful if they are out of date. Agencies are asked to create a system to trigger review and updating of Plans. Logical points in time would link to changes in the treatment plan or annual assessments. The most helpful approach may be to ask what has changed: how new skills, goals, or natural supports could be included to make a Plan more relevant.

7. People receiving mental health services have the right to execute a Declaration of Mental Health Treatment: http://www.oregon.gov/oha/amh/forms/declaration.pdf (ORS 127.703). The individual can identify a Representative to oversee their care in times of impairment, and request specific treatments. A physician can refuse a requested medication, but cannot give a different medication unless the Representative agrees. These requests can only be overridden if the person is civilly committed for care.