

Guidance for Implementing the Secure Ammunition and Firearms Enforcement (SAFE) Act in OMH Psychiatric Centers

April 5, 2013

OMH Inpatient Programs:

- Initial and Interim Automated Solution: All inpatients residing in an OMH facility as of March 16, 2013 **who are on an involuntary status** will be electronically reported to the Integrated SAFE Act Reporting Site (ISARS) database which has been established by Central Office using data from MHARS.
- All involuntary admissions to a State PC from March 16 – April 5, 2013 will also be reported in the same manner.
- All admissions (both voluntary and involuntary) to a State PC from April 5, 2013 until the long term solution outlined below is in place, will also be automatically electronically reported, **unless** the treating physician documents that a particular person *does not meet* MHL 9.46 reporting requirements and he or she notifies John Allen by e-mail (within one business day of the admission) so that the report for that person can be deleted from the data transfer from OMH to the County Director of Community Services, or his or her designee. Procedures must be put in place to ensure that such reports are made in a timely manner to Mr. Allen, whenever appropriate.
- In all such cases in which a report is made, the admitting psychiatrist will be recorded as the reporting clinician.
- Long Term Automated Solution: The MHARS automated clinical record system will be modified to include a function for recording (for each admission regardless of voluntary or involuntary status) whether or not the individual meets criteria for reporting under the SAFE Act. Those that meet criteria will be reported through the Central Office MHARS process. Those that don't meet criteria will **not be** reported to the Integrated SAFE Act Reporting Site (ISARS) database established by Central Office. As above, the admitting psychiatrist will be recorded as the reporting clinician for all reports made under the SAFE Act.
- Documentation: In all cases, the admitting psychiatrist must document whether or not the individual being admitted meets the criteria for a report under the SAFE Act, MHL section 9.46. That criterion is as follows: "likely to engage in conduct that will cause serious harm to self or others." Once the MHARS function is enabled, the admitting psychiatrist will document on the 725 admission form by checking the box that indicates "meeting" or "not meeting" criteria for a SAFE Act report.

In addition, in all circumstances, any clinician who is mandated to report under MHL section 9.46 (i.e., physicians, psychologists, registered nurses, and licensed clinical social workers, who provide direct mental health treatment services) may at any time make an individual report using the Integrated SAFE Act Reporting Site (ISARS) under the provisions of the SAFE Act.

<https://nysafe.omh.ny.gov/>

OMH-operated Outpatient and Residential Programs:

- Each hospital shall have one or more designated staff member(s) to coordinate reporting activities and to accept reports from mandated reporters within the hospital who have direct knowledge of and / or individuals subject to Secure Ammunition and Firearms Enforcement (SAFE) Act reporting requirements (the designated staff member(s) must be one of the four types of mandated reporters).
- All mandated reporters who provide direct mental health treatment services and have direct knowledge of individuals subject to the SAFE Act reporting requirements, must notify the designated staff member of the information they have about the individual subject to the SAFE Act reporting requirements.
- Once one of the mandated reporters has made a report to the Integrated SAFE Act Reporting Site (ISARS) which has been successfully submitted, it is unnecessary for other mandated reporters to make separate additional reports to the ISARS.
- The designated staff member is responsible for confirming with the mandated reporter who made the report, that the report was successfully submitted and for obtaining from the mandated reporter the ISARS confirmation number.
- If the designated staff member is unable to confirm that a report was accepted and has reason to believe that the patient is subject to SAFE Act reporting requirements, the staff member is then personally responsible for making a report to ISARS.
- In the event that a mandated reporter who did not make a report to ISARS learns that a report was not accepted and the mandated reporter has reasonable cause to believe the individual patient is subject to SAFE Act reporting requirements that mandated reporter must also attempt to make a report.

In addition, in all circumstances, any clinician who is mandated to report under MHL section 9.46 (i.e., physicians, psychologists, registered nurses, and licensed clinical social workers, who provide direct mental health treatment services) may at any time make an individual report under the provisions of the SAFE Act.