

Policy Clarification Memo

Date: 12/2/2013

Re: Reporting Clients in Possession of Firearms

<p>Policy/Procedure</p> <p>Stuff we really, really, really need to know.</p>	<p>MCBH outpatient services providers are to break confidentiality to report clients possessing firearms ONLY in situations where the client poses a danger to self and/or others, or if the client poses a threat to safety while gravely disabled due to mental health illness. In these situations, MCBH outpatient services providers should consider initiating an involuntary psychiatric hold (aka "5150" hold) and the Tarasoff reporting process (if applicable) with the assistance of local law enforcement.</p>
<p>Clarification</p> <p>Stuff we should read. Should clear up some confusion, we think (We hope).</p> <p>YOU CAN SERIOUSLY STOP READING AFTER THIS SECTION!</p>	<p>Even if a client has a firearms possession prohibition (i.e. a prior involuntary mental health hospitalization or conviction as a felon) and is in possession of a firearm but is not a immediate threat to himself or others, there is no legal exception to confidentiality that allows mental health providers to report such possession to local law enforcement. The legal exception triggers when the client poses a danger to self and/or others or is so gravely disabled due to mental health issues that they pose a threat to their safety or the safety of others.</p> <p>The reporting of possession of firearms for mental health clients discharged after an inpatient mental health unit admission is a mandate for inpatient mental health services and has clearly defined regulations and guidelines. This mandate does not extend to outpatient mental health services.</p>
<p>Background</p> <p>Stuff that you want to read but won't admit to it because you're a QI nerd at that point.</p>	<p>For further clarification, please read California Welfare and Institutions (W&I) Code 8100 - 8108 and all pertinent Federal (i.e. HIPAA) and State laws and regulations regarding confidentiality of client information.</p> <p>From a clinical practice perspective, this can be viewed as falling in the same realm as a mental health client informing their mental health provider that they are regularly involved in crime (i.e. vandalism, burglary, auto theft) that do not pose a suicidal or homicidal threat to themselves or others. It has long been accepted that these are not reportable situations that allow breaching the client's confidentiality. Illegal possession of a firearm is a crime and it can be frightening to consider that certain clients may possess firearms illegally but this, in of itself, does not create a condition for breaching the client's confidentiality. If the provider genuinely believes that such possession is a danger, 5150 and/or Tarasoff procedures should be followed.</p>