



**Office of
Mental Health**

USER'S MANUAL

**Integrated SAFE Act Reporting System
Version 1.0.2.9**

**Release Date: March 15th, 2013
Updated: September 28th, 2015**



PREFACE

The New York State Office of Mental Health (OMH) has developed this Document to assist Licensed Mental Health Professionals / Clinicians in using the Integrated SAFE Act Reporting System (ISARS).

Section 9.46 of New York Secure Ammunition and Firearms Enforcement Act (“SAFE Act”) requires Mental Health Professionals (referred to as “Users” or “Reporting Professionals” in this document) to report to their local Director of Community Services (“DCS”) when, in their reasonable professional judgment one of their patients is **“likely to engage in conduct that would result in serious harm to self or others.”**

It is not intended to be a complete system or training manual, but an up-to-date reference guide for accessing reporting interface screens for the purposes of submitting reports about a mental health patient.

Periodic updates to this document will be distributed as new functional modules and screens are included and as changes are made to this application that affect the information contained in this reference. Beginning with version 1.0.2.5, OMH will publish “Release Notes” that describe new or modified functionality for each release. Release Notes will be available through a link on the NY SAFE Act page of the OMH website - http://www.omh.ny.gov/omhweb/safe_act/

REVISION HISTORY

Doc. Version	Date	Revision Description
1.0.0	03/11/2013	Document supports initial deployment of Integrated SAFE Act Reporting System (ISARS), scheduled for statewide release on March 15 th 2013.
1.0.1	03/25/2013	Added a note, for selecting provider professional type as applied to Nurse Practitioner.
1.0.2	03/28/2013	Added table of contents.
1.0.3	04/16/2013	Added changes for address, DOB and SSN entries of persons being reported. Also added new email validation error messages. (V 1.0.2.0)
1.0.4	5/3/2013	Added (V 1.0.2.2)
1.0.5	6/17/2013	Added v 1.0.2.5, GIS, explanation of validator callout and balloon help.
1.0.6	7/30/13	Added changes to professional relationship to person to submit when not part of the treatment team.
1.0.7	9/25/2013	Application v 1.0.2.6 - Added changes to the proxy submittal screen and attestation
1.0.8	9/28/2015	Application v 1.0.2.9- Added the ICD-10 diagnostic code changes

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1. INTEGRATED SAFE ACT REPORTING SYSTEM OVERVIEW

Mental Hygiene Law Section 9.46 (“MHL 9.46”) requires Mental Health Professionals to report to the county DCS or designee when, in their reasonable professional judgment, one of the persons for whom they are currently providing mental health treatment services is “likely to engage in conduct that would result in serious harm to self or others.”

NYS Licensed Mental Health Professional Clinicians, including Mental Health Physicians, Registered Nurses and Nurse Practitioners, Psychologists and Licensed Clinical Social Workers are eligible for SAFE Act reporting. Psychologists without a NYS license are also eligible for SAFE Act Reporting as applied to Section 9.46.

The Integrated SAFE Act Reporting System (“ISARS”) is a fully secure, hack-resilient, web based, online application to be used for reporting a potential threat to county Directors of Community Services (“DCS”) for compliance with MHL 9.46. It is composed of two web components:

- a) a Reporting Portal for Reporting Professionals, consisting of Data Entry/Submission and Self-Attestation pages for reporting threats to DCS and
- b) an Assessment Portal, consisting of Patient Data Review and Submission pages that enables the county DCS or their designees to select, review and submit one or multiple individuals’ data from the Assessment Portal to the New York State Division of Criminal Justice Service’s (“DCJS”) portal.

This User Guide is only for the Reporting Portal.

DCS will analyze each individual’s data being reported, cross check the individual’s identity when it has not been previously verified and will follow-up, if required, with the appropriate Reporting Professionals for compliance with MHL 9.46.

No Personal Health Information (“PHI”) data will be allowed to be passed on to DCJS. The system shall provide role-based access permission and authorization to each of the DCS designees through the Security Management System (“SMS”) environment of OMH.

ISARS has built in functionality to verify and authenticate most Reporting Professionals’ identities in order to filter out any extraneous data being transmitted from the Reporting Portal to the Assessment Portal for county DCS.

2. REPORTING PORTAL - GETTING STARTED

1. SAFE Act Users can enter the application in one of two ways:

- a. through the OMH home page at <http://www.omh.ny.gov> by clicking the “NY SAFE ACT” link, then clicking the “9.46 Reporting” link at http://www.omh.ny.gov/omhweb/safe_act/. (Additional SAFE ACT Reporting resources are available at this site).



- b. or by directly accessing the reporting portal by typing this URL in to their web browser: <https://nysafe.omh.ny.gov>

2. The system will then display a blank reporting portal data entry screen in the User’s web browser as shown below:

3. This data entry screen is divided into following four sections:

a. **Reporting Professional:** Information about the person who is submitting this report.

b. **Professional Relationship to Person:** Information about the Treatment Relationship with the patient being reported. Reporters that are not direct members of the patient’s treatment team must indicate this by unchecking the box under Treatment Team Member and completing information on the treatment team member they are reporting for. This can also record whether a patient is currently hospitalized.

Professional Relationship To Person:

Person Is Currently Hospitalized
 Hospitalized

Treatment Team Member 
 I am on the treatment team for person being reported.

Last Seen * Treatment Relationship *
 MM/DD/YYYY

Professional Relationship To Person:

Person Is Currently Hospitalized
 Hospitalized

Treatment Team Member 
 I am on the treatment team for person being reported.

Provide A Treatment Team Member Contact:

Contact Name
 First Name * Last Name *

Contact Profession Type *
 Physician Psychologist Psychologist (License Exempt) Registered Nurse LCSW

Contact Phone Number * Contact Phone Ext.

Last Seen * Treatment Relationship *
 MM/DD/YYYY

c. **Person Being Reported:** Demographic & Diagnostic information about the patient being reported.

Person Being Reported:

Name *
 First * Middle Last *

Other Name / Maiden Name

Address
 Street *
 Street 2
 Street is Unknown 

City * New York  ZipCode *

Postal Address Unknown

County of Residence *
 -- choose NY county -- 

Date of Birth or Approximate Age
 Date Of Birth * MM/DD/YYYY Social Security Number *
 Date Of Birth Unknown Social Security Number Unknown

Gender *
 Female Male Unknown

Race *
 White Black American Indian/ Alaskan Asian Pacific Islander Other Unknown

Diagnosis * 
 (for example: type F32 and a select list will appear. Either use arrows and press enter or choose with mouse)
 Start typing for diagnostic code or text then choose from list

Reason you believe the person is likely to engage in conduct that would result in serious harm to self or others including any specific threats, behaviors or actions.
 (for example: patient is found to be suicidal, has a detailed plan and is unwilling to contract for safety)
 Enter any specific threats, behaviors or actions here.

- d. **Security Check & Submission:** Once the Reporting Professional is done with their data entry and decides to complete the submission process, they will need to enter the security code and click on the “Submit” button. Clicking on the “Clear” button will erase all of the entered data and a new screen will be displayed to allow the User to start again.



2.1. Validator Callouts

The ISARS Reporting Portal is designed to guide the Mental Health Professional in filling out the report as completely and accurately as possible. To accomplish this, the developers use both “validator callouts” and “balloon help” (described in the next section.)

A **validator** is a computer program used to check the validity or syntactical correctness of a fragment of code or document. Validator callouts are yellow boxes that may be displayed when:

- the User tabs or clicks out of a required field without entering data (depending on the browser, it might not display until the User exits and clicks back into the field)
- a User tabs or clicks out of a field where data has been entered in an incorrect format

The text of the callout will offer guidance on how the field is to be filled out as shown in the following illustration of the validator callout for the reporting Professional’s First Name field:



Where possible, the application prevents Users from entering incorrectly formatted data. For example, it is not possible to enter numeric characters into the name field; it will only accept upper and/or lower case letters, an apostrophe/single quote, a space or a dash as they are all permissible for use in a person’s first or last name.

In fields where invalid data may be entered, (e.g., entering ‘32’ into the “DD” portion of a date field) a validator callout will display when the User tabs or clicks out of the field.



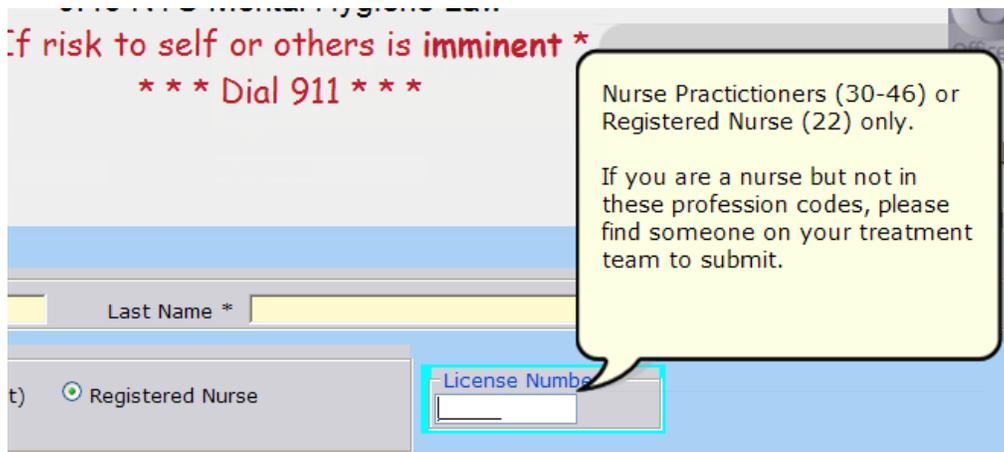
The screenshot shows a form with the following fields and values:

- Provider Profession Type ***: Radio buttons for Physician and LCSW.
- Last 4 SSN ***: An empty text input field.
- Date Of Birth ***: A text input field containing "01/00/0000".
- Email Address ***: An empty text input field.

A yellow error message box is overlaid on the "Date Of Birth" field, containing a warning icon and the text: "Invalid Date of Birth mm/dd/yyyy".

2.2. Balloon Help

Balloon Help is similar to validator callouts in that it displays in a box and offers guidance on how a field should be filled out. The difference is that Balloon Help does not perform validation; it merely provides guidance based on feedback that has been received from Users of the ISARS Reporting Portal.



The screenshot shows a form with the following elements:

- Red text at the top: "If risk to self or others is imminent *"
- Red text below: "*** Dial 911 ***"
- Last Name ***: A text input field.
- Registered Nurse**: A radio button that is selected.
- License Number**: A text input field.

A yellow Balloon Help callout box is positioned over the "License Number" field, containing the following text:

Nurse Practitioners (30-46) or Registered Nurse (22) only.

If you are a nurse but not in these profession codes, please find someone on your treatment team to submit.

3. DATA ENTRY FOR REPORTING PROFESSIONALS

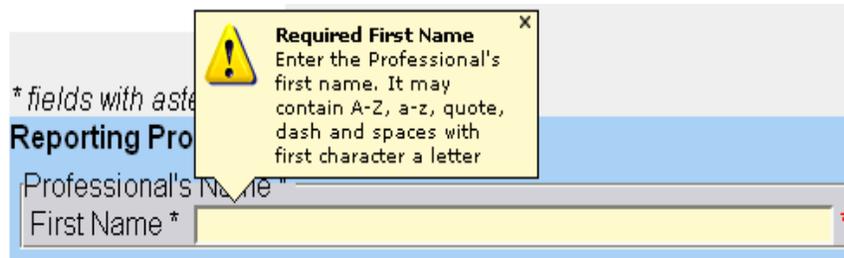
3.1. Navigation Tips

Users can enter data into a field by first navigating to that field by either clicking in to it, or using the tab key to move the cursor into it. The recommended method is to tab in to the field, which places the cursor at the beginning of the field.

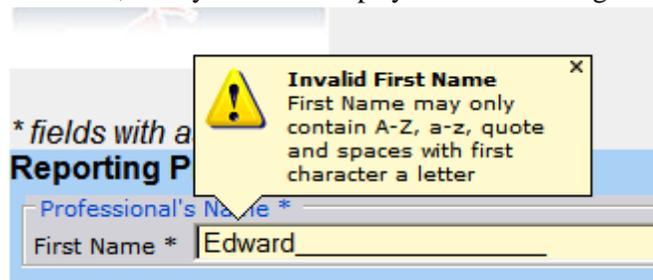
- Press the “Tab” key to move the cursor forward through the form fields
- Press “Shift + Tab” (press the shift key first and press the tab key while still holding down the shift key) to move the cursor backwards through the form fields
- To move through a row of “Radio Buttons” (round, checkable fields as pictured in the “Provider Profession Type” group box, below) click or tab into the first radio button and use the right or left arrow keys to move forward or back, respectively, through the radio buttons.
- To “Select” (check) a Radio Button either click on the radio button, or navigate to the radio button using the arrow keys as described above and press the spacebar.

3.2. First Name – (Required Field)

1. First Name is a required field. If it is left blank or contains all spaces, the system will popup an error message.



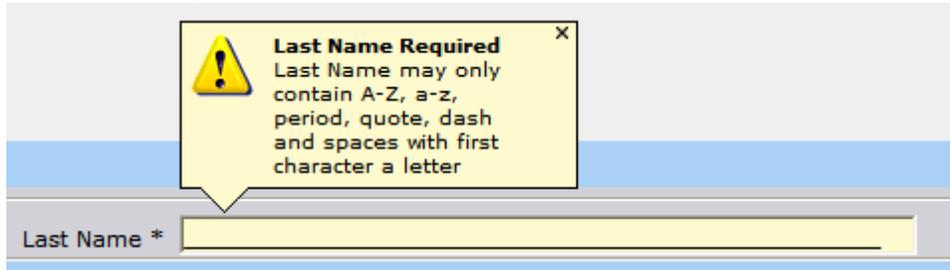
2. Numeric values are not allowed and cannot be entered. The First Name may only contain the values “A-Z”, “a-z”, a single quote (apostrophe), dash and spaces. The first character must be a letter.
3. For any invalid entries, the system will display an error message



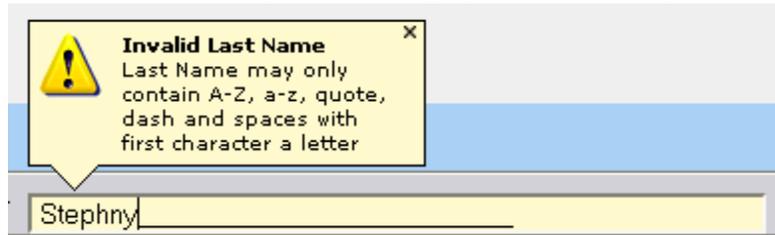
4. As the User tabs out of the first name field, any invalid data entry will prompt system to display a red “*” just after the text box, indicating that First Name is in error.
5. When the User re-enters a valid first name, the red “*” will disappear.

3.3. Last Name – (Required Field)

1. Last Name is a required field. If it is left blank or contains all spaces, the system will popup an error message.



2. Numeric values are not allowed. The Last Name may only contain the values “A-Z”, “a-z”, quotes, dash and spaces with first character must be a letter.
3. For any invalid entries, the system will display an error message



4. As the User tabs out of the last name field, any invalid data entry will prompt the system to display a red “*” just after the text box, indicating that Last Name is in error.
5. When the User re-enters a valid last name, the red “*” will disappear.

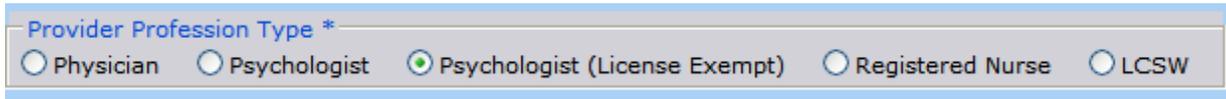
3.4. Provider Profession Type – (Required Field)

1. Provider Profession Type is a required field. The User must select any one of the radio buttons that match their profession type.
2. Except for “Psychologist (License Exempt)”, all other Profession Types are required to enter a NYS License Number in the box under “License Number”

Note: Since the system validates the providers, a Nurse Practitioner should always select “Registered Nurse” as their provider professional type.

Provider Profession Type * Physician Psychologist Psychologist (License Exempt) Registered Nurse LCSW

- If the User selects “Psychologist (License Exempt)”, the system will not display the box for entering a License Number as it is not required.

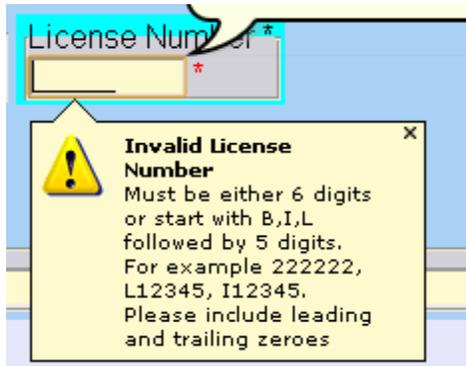


- Depending on which Provider Profession Type is selected, the system will display balloon help to guide the User in selecting the correct type.



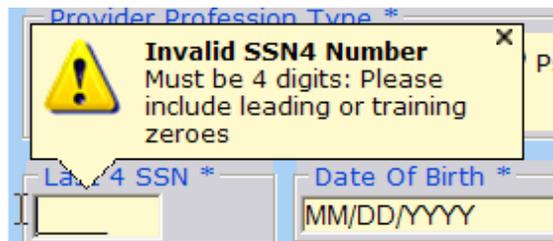
3.5. Provider License Number – (Required Field)

- The License Number must either have six numeric digits, or start with a “B”, “I”, or “L” followed by five digits. For any invalid entry, the system will popup an error message.



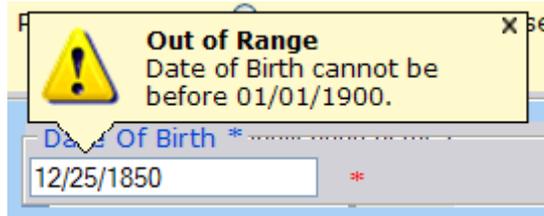
3.6. Last 4 of SSN – (Required Field)

- The Reporting Professional must enter last four digits of their SSN. For any invalid entry the system will popup an error message.

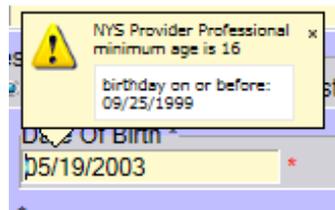


3.7. Date of Birth – (Required Field in MM/DD/YYYY)

1. Date of Birth is a required field. If it is missing or invalid, the system will display appropriate error messages.

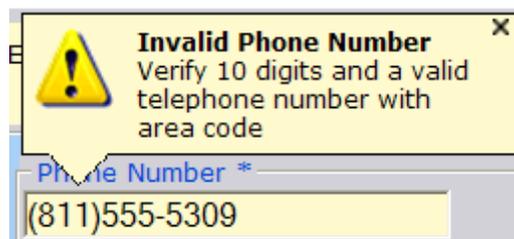


2. For NY SAFE Act reporting, the minimum age of the Reporting Professional must be 16 years.
3. Age is calculated based on the current date minus the date of birth (DOB). The result should be greater than or equal to 16 years.
4. If the age is less than 16 years, the system will display an error message.



3.8. Phone Number – (Required Field)

1. Phone Number is a required field. If it is missing or invalid, the system will display an appropriate error message.
2. Phone Number should be entered in the standard format (999) 999-9999



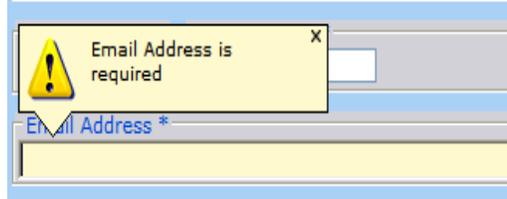
3.9. Phone Number Extension – (Optional Field)

1. This is an optional field. If entered, it should contain a valid extension number.

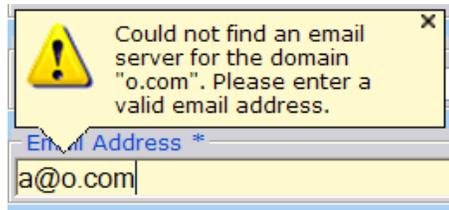
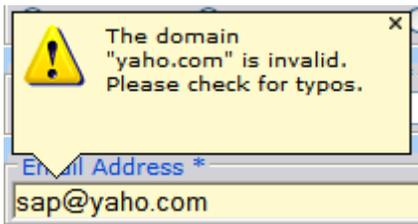
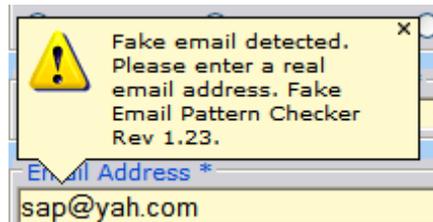
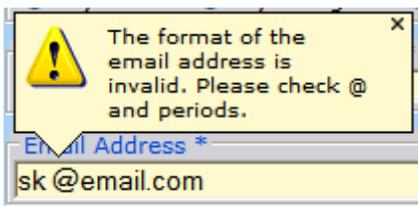
Phone Ext.

3.10. Email Address – (Required Field)

1. E-mail Address is a required field. If it is missing, the system will display an error message.



2. A valid email address should be entered in the standard format. For any invalid entry, the system will display error messages, as shown below:



4. DATA ENTRY - “PROFESSIONAL RELATIONSHIP TO PERSONS”

4.1. Person is Currently Hospitalized

1. If the patient being reported is hospitalized and the Reporting Professional is submitting the details on behalf of the hospital, then the “Hospitalized” check box should be checked.

Hospitalized

2. A valid hospital name is required to be entered. For any invalid entry, an error message will popup.

4.2. Treatment Team Member

1. All Reporting Professionals must indicate if they are directly seeing or on the treatment team of the Person Being Reported. The following pop-up guidance is displayed when the user clicks the “Help” icon alongside the “Treatment Team Member” label:

Treatment Team Member

Under some circumstances, you as submitter of a 9.46 report are not directly on the treatment team for the person.

In that case, you must still meet all NY SAFE Act 9.46 requirements and qualifications.

Additionally, you must specify someone who is on the person's treatment team, is qualified to submit a 9.46 report and has directed you to file this report on his or her behalf.

To reduce submittal effort, the treatment team member's NY SED license, last four ssn and date of birth are not required as you will attest under your credentials.

2. By default, the “I am on the treatment team for person being reported” checkbox is “checked” when the reporting profession first opens the Safe Act Reporting portal.

If the Reporting Professional is not a member of the treatment team then contact information for a member of the treatment team must be provided. When the “I am on the treatment team for person being reported” checkbox is unchecked by the Reporting Professional, then the system will display a group box for the Reporting Professional to provide contact information for the treatment team member. Note that the License Number is not collected for the treatment team member as the submitter is submitting the report using their own credentials. (see: [Proxy Reporter Attestation – \(Required Action\)](#))

Provide A Treatment Team Member Contact:

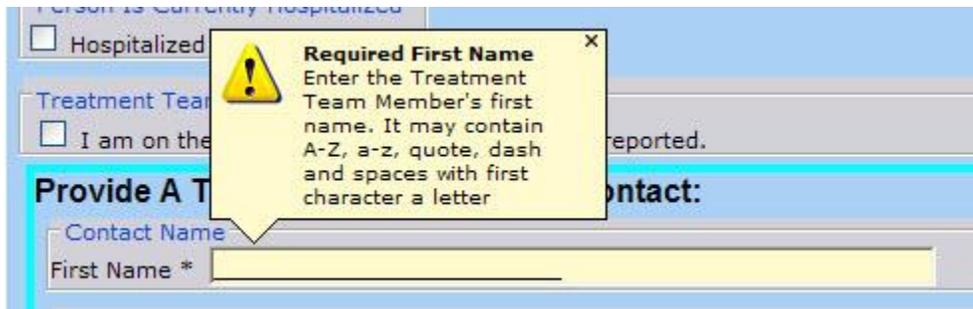
Contact Name
 First Name * Last Name *

Contact Profession Type *
 Physician Psychologist Psychologist (License Exempt) Registered Nurse
 LCSW

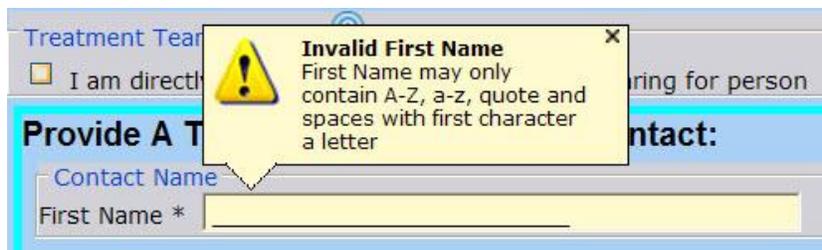
Contact Phone Number * Contact Phone Ext.

4.2.1. First Name – (Required Field)

1. First Name is a required field. If it is left blank or contains all spaces, the system will popup and error message.



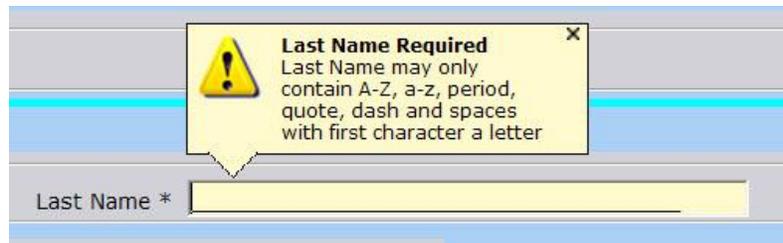
2. Numeric values are not allowed and cannot be entered. The First Name may only contain the values “A-Z”, “a-z”, a single quote (apostrophe), dash and spaces. The first character must be a letter.
3. For any invalid entries, the system will display an error message.



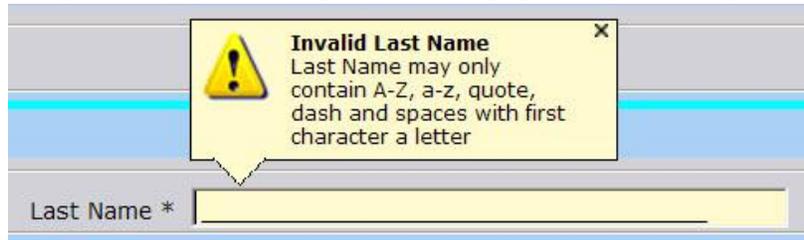
4. As the User tabs out of the first name field, any invalid data entry will prompt the system to display a red “*” just after the text box, indicating the First Name is in error.
5. When the User re-enters a valid first name, the red “*” will disappear.

4.2.2. Last Name – (Required Field)

1. Last Name is a required field. If it is left blank or contains all spaces, the system will pop up an error message.



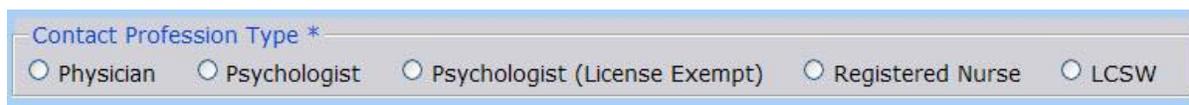
2. Numeric values are not allowed. The Last Name May only contain the values “A-Z”, “a-z”, quotes, dash and spaces with first character must be a letter.
3. For any invalid entries, the system will display an error message



4. As the User tabs out of the last name field, any invalid data entry will prompt the system to display a red “*” just after the text box, indicating that Last Name is in error.
5. When the User re-enters a valid last name, the red “*” will disappear.

4.2.3. Contact Profession Type – (Required Field)

1. Contact Profession Type is a required field. The Reporting Professional must select any one of the radio buttons that matches the profession type for the treatment team member aware of the submission.
2. Unlike the mental health professional above, the profession type must be chosen to verify compliance with 9.46; however the treatment team member's license number, dob and last four ssn are not requested.



4.2.4. Contact Phone Number – (Required Field)

1. Contact Phone Number is a required field. If it is missing or invalid, the system will display an appropriate error message.
2. Contact Phone Number should be entered in the standard format (999) 999-9999



4.2.5. Contact Phone Extension – (Optional Field)

1. This is an optional field. If entered it should contain a valid extension number.

Contact Phone Ext.
12345

4.3. Last Seen – (Required Field)

1. Last Seen is required field. A valid date may be entered, or selected from the drop down calendar. This should be the date when the patient was last seen by the Reporting Professional .

Valid Date Required
mm/dd/yyyy

March, 2013

Su	Mo	Tu	We	Th	Fr	Sa
24	25	26	27	28	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Today: March 8, 2013

4.4. Treatment Relationship – (Required Field)

1. This is a required text field. The Reporting Professional must enter their professional relationship with the patient being reported.
2. The system will display an error message for any invalid entry (e.g., the first character is not a letter).

Invalid Relationship Text
It may contain A-Z,a-z,0-9,quote,comma,period,\$,!,&,#,@,(,) with first character a letter

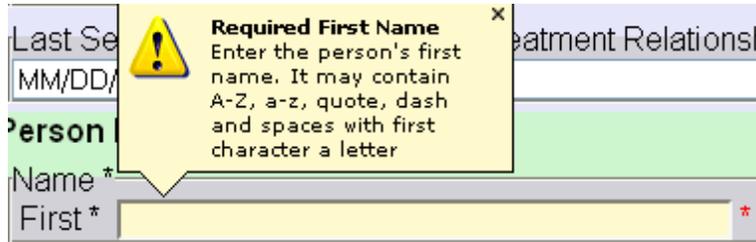
Treatment Relationship *

\$1Physician

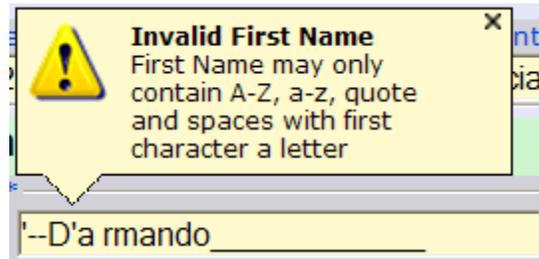
5. DATA ENTRY - “PERSON BEING REPORTED”

5.1. First Name – (Required Field)

1. First Name is a required field. If it is not entered, the system will display an error message.



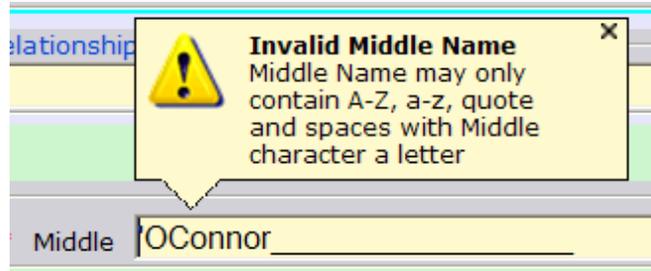
2. For any invalid entries, the system will display an error message.



3. Numeric values are not allowed (and cannot be entered). First Name may only contain the values “A-Z”, “a-z”, quotes, dash and spaces and the first character must be a letter.
4. First Name must not have all spaces.
5. As the User tabs out of the First Name field, any invalid data entry will prompt the system to display a red “*” just after the text box, indicating that First Name is in error.
6. When the User re-enters a valid first name, the red “*” will disappear.

5.2. Middle Name – (Optional Field)

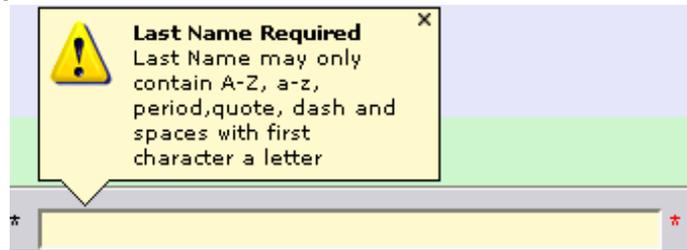
1. This is an optional field.
2. For any invalid entries, the system will display an error message.



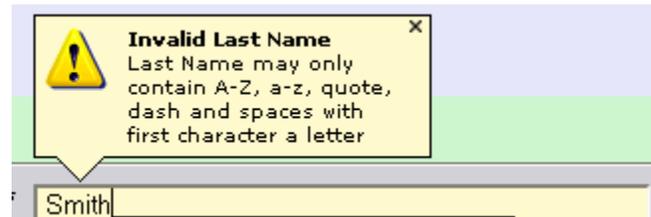
3. Numeric values are not allowed and can not be entered. May only contain values “A-Z”, “a-z”, quotes, dash and spaces and the first character must be a letter (message will be corrected from “...spaces with Middle...” to “First” in next release).
4. Middle Name can be left blank, but cannot contain all spaces.

5.3. Last Name – (Required Field)

1. Last Name is a required field. If it is not entered, the system will display an error message.

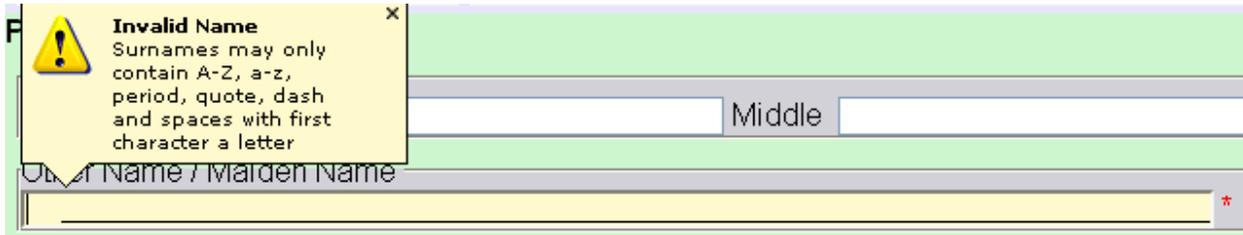


2. For any invalid entries, system will display an error message.
3. Numeric values are not allowed. Last Name may only contain the values “A-Z”, “a-z”, quotes, dash and spaces, and the first character must be a letter.
4. Last Name cannot contain all spaces.
5. As the User tabs out of the Last name field, any invalid data entry will prompt the system to display a red “*” just after the text box, indicating that Last Name is in error.
6. When the User re-enters a valid Last Name, the red “*” will disappear.



5.4. Other Name / Maiden Name – (Optional Field)

1. This is an optional field.
2. For any invalid entries, the system will display an error message.



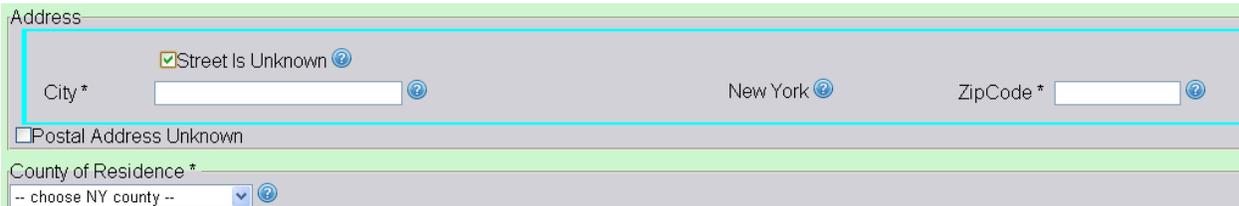
3. Numeric values are not allowed. Other Name / Maiden Name may only contain the values “A-Z”, “a-z”, quotes, dash and spaces, and the first character must be a letter.
4. Other Name / Maiden Name may be left blank, but must not contain all spaces.
5. Alias last names can be provided, separating each with a comma.

5.5. Street Address Unknown

If the Street Address of the subject of the report is not known to the Reporting Professional, and cannot be obtained through any means, the User should check the “Street Is Unknown” checkbox located just below the “Street2” text Entry line:



Doing so will hide the “Street” and “Street2” text entry lines but still enable the entry of the subject’s “City”, “State” (which is always “NY”) “Zip Code” and “County of Residence”.



5.6. Postal Address Unknown

If neither the Street Address, City, Zip Code, nor County of Residence for the subject are known, and are not attainable by any means, the User must check the “Postal Address Unknown” box. They will then be required to click “Understood” to the following message before proceeding with data entry:

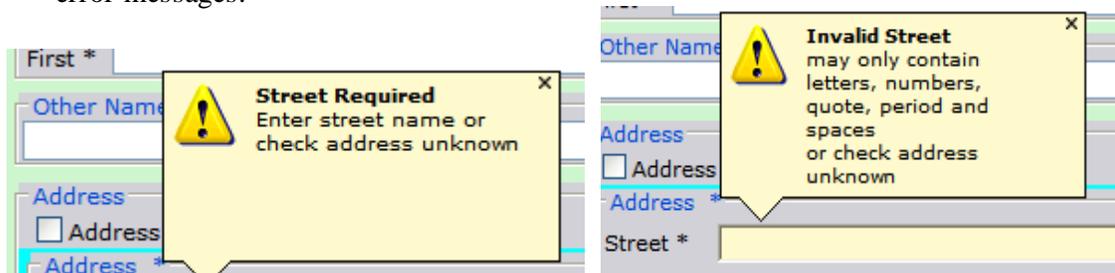


5.7. Street/City/State/Zip Code – (Required fields if address is known)

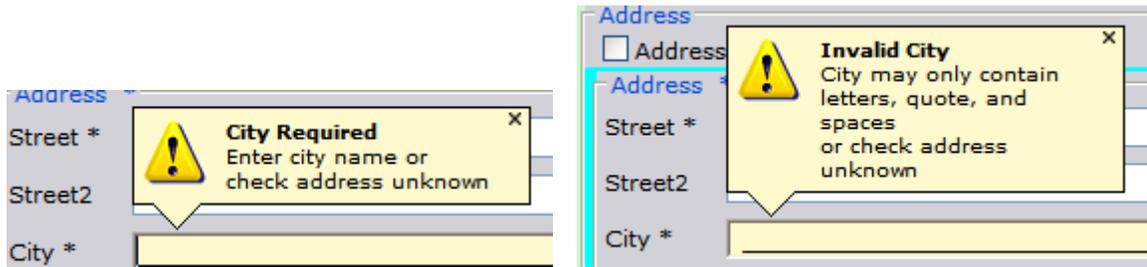
New in Version 1.0.2.5: Geographic Information System will automatically fill in the Zip Code and County when a valid Street Address and City are entered, or a valid City and County when a valid Street Address and Zip Code are entered.

1. If the address is known, then the User must enter the street address, street address 2(optional), city name, and zip code. All fields should be valid entries.
2. “New York” State is selected by default and cannot be changed as Users should only report on New York State residents.

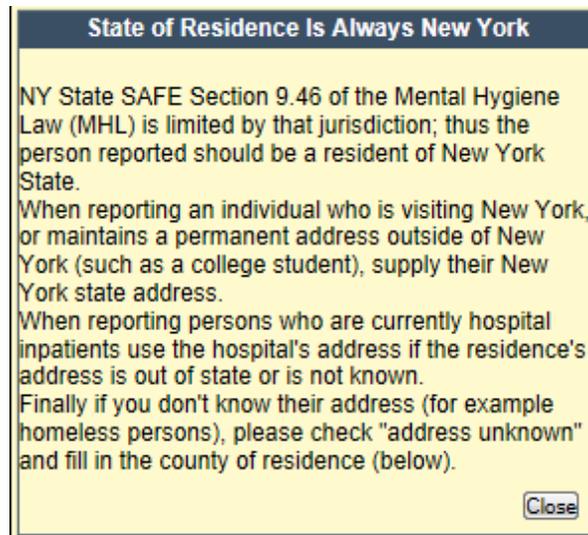
3. Street: The Street field will not accept special characters; only letters, numbers, quotes, periods, or spaces may be entered. Any missing or invalid entries for street will generate error messages:



4. Street2: is an optional field.
5. City: Other than a single quote (apostrophe) the City field will not accept special characters or numbers. Any invalid entries for a city (e.g., spaces in the first character) will generate error messages:



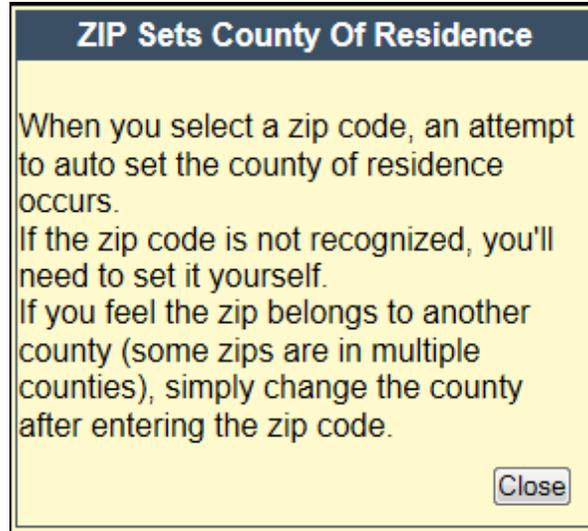
6. State: This is preselected as “New York “. Clicking the  will pop up a message window describing the requirements for this field. Select “Close” to close this.



7. Zip Code: Enter a valid Zip Code. This field will not accept letters, special characters, or spaces.



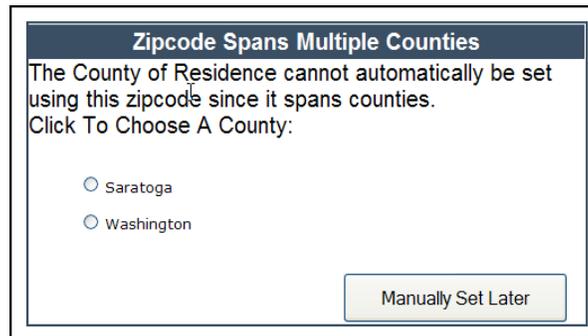
A click on the , will pop up a message window, describing the requirements for this field, select “Close” to close this.



In the following example, the entered zip code is “12110”; the system will automatically populate the county of residence as “Albany”



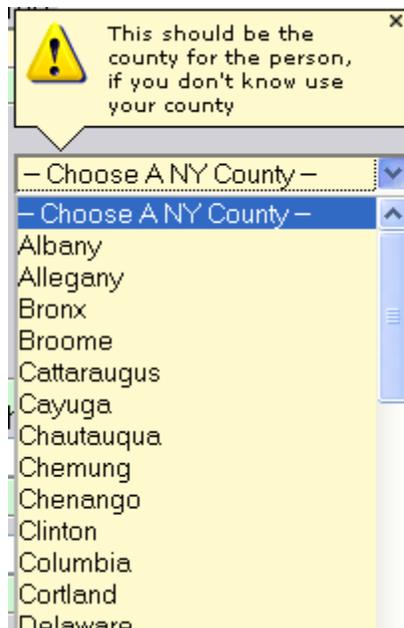
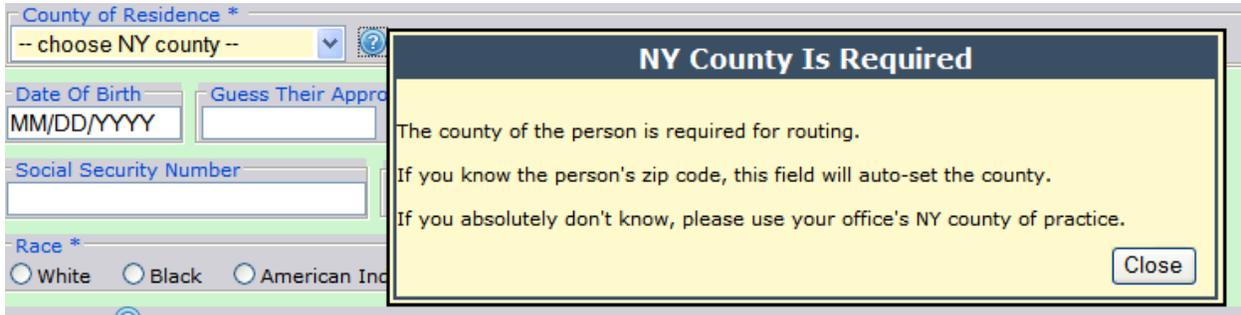
In this example, the entered zip code of “12828” belongs to multiple counties. The User must select a county or opt to manually set it by clicking the “Manually Set Later” button and selecting the county of residence from the “County of Residence” drop-down



5.8. Address: County of Residence – (Required Field)

1. If address of the patient being reported is known and a valid zip code is entered correctly, the County of Residence that matches the Zip Code will either be automatically populated, or the User will be presented with the option of selecting matching counties from a pop-up message, as shown in #7 of [Section 5.5](#), above.

2. If the address is not known, but the County of Residence of the person being reported is known, the correct county should be selected from the drop down list of NYS counties.
3. If the subject's County of Residence is not available, the Reporting Professional should select his/her own County of Residence.



5.9. Date of Birth or Approximate Age – (Required Field if DOB is known)

1. For SAFE Act reporting, the minimum age of the patient being reported must be between 0 -120 years.

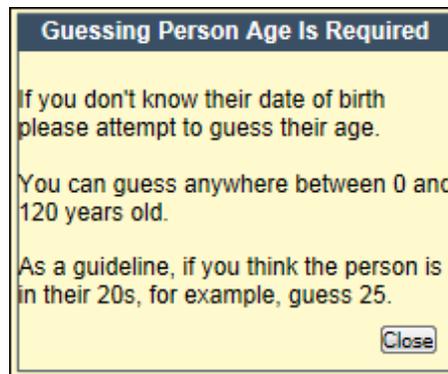
2. If birth date of the person being reported is known, a valid date must be entered. Any invalid date entries will cause the system to display error messages.

3. If DOB of the person being reported is not available, the Reporting Professional must select and check the “Date of Birth Unknown” check box. A pop up message window will then display the requirements for this field; clicking on the “Understood” button will close this.

- If DOB of the person being reported is not available, the Reporting Professional must guess his/her approximate age and enter it in the “Guess Person’s Age” field.

The screenshot shows a form with the following fields: "County of Residence *" (dropdown menu), "Date of Birth or Approximate Age" (text input), and "Guess Person's Age *" (text input). A yellow warning pop-up box is overlaid on the "Guess Person's Age" field, containing a warning icon and the text: "A Guess At Their Age is Required".

- Clicking on the  for the “Guess Person’s Age” field will display a pop-up message window, explaining the requirements for this field; clicking on the “Close” button will close it.



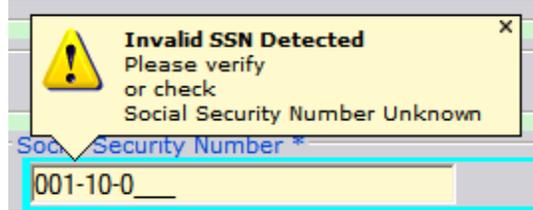
- The system will validate the age range and will generate error message if it is more than 120 years.

The screenshot shows the same form as before, but the "Guess Person's Age" field now contains the value "125". A yellow error pop-up box is overlaid on the field, containing a warning icon and the text: "Invalid Age Max age to guess is 120".

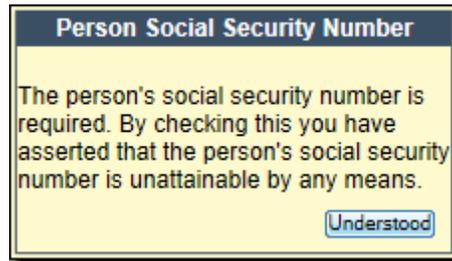
5.10. Social Security Number – (Required Field)

- Social Security Number (SSN) of the person being reported is a required field. If known, it must be reported. Any invalid entry will generate an error message.

The screenshot shows a form with a "Social Security Number *" field. The text "123-45-6789" is entered into the text input box. Below the input box is a checkbox labeled "Social Security Number Unknown", which is currently unchecked.

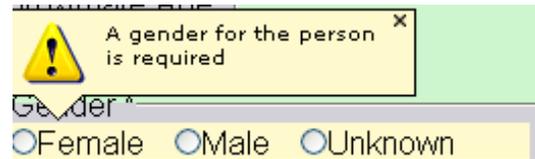


2. If the SSN of the person being reported is not available or not attainable by any means, the Reporting Professional must select and check the “Social Security Number Unknown” check box. A pop up message window will then display the requirements for this field. Clicking on the “Understood” button will close this.



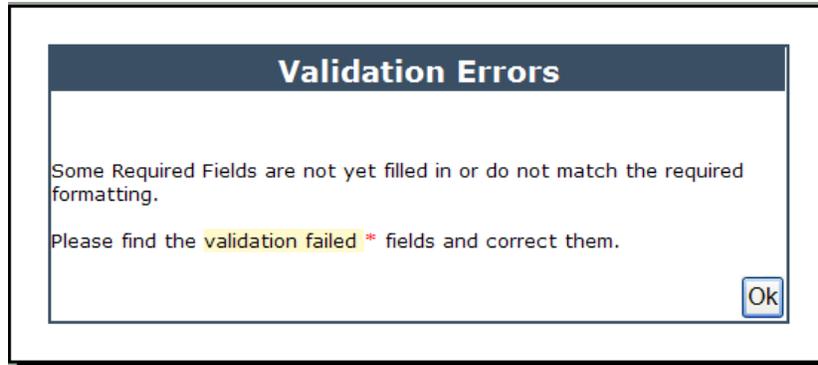
5.11. Gender – (Required Field)

1. Gender is a required field. If none of the radio buttons for gender are selected, the system will display an error message.



5.12. Race – (Required Field)

1. Race is a required field. If none of the radio buttons for race are selected, the system will alert the User when they attempt to submit the report.

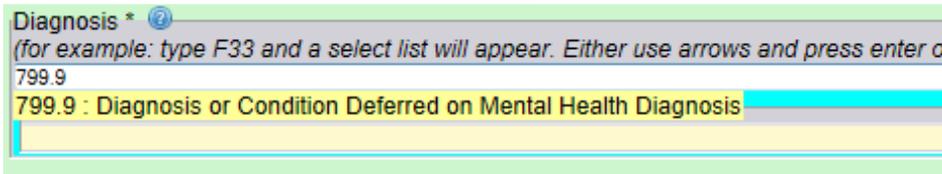


Clicking “Ok” will close the “Validation Errors” message. The User should then go and select one of the radio buttons must be selected for the appropriate race.

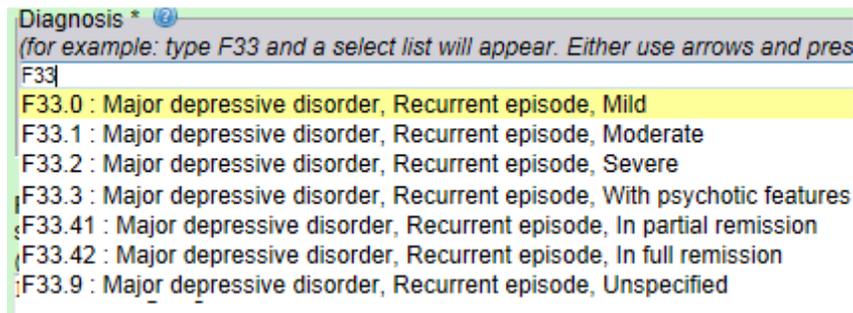


5.13. Diagnosis – (Optional Field If Unknown)

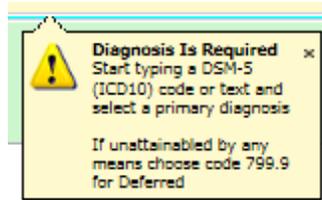
1. This is an optional field only if the Diagnosis is unknown. If the Diagnosis Code is unattainable by any means, the Reporting Professional should select code “799.9:Diagnosis of Condition Deferred on Mental Health Diagnosis”.



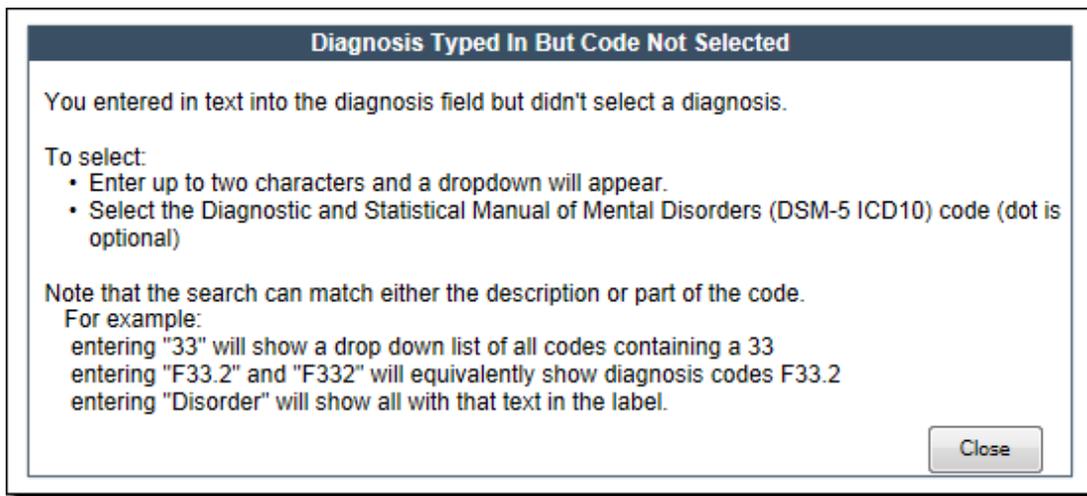
2. To search for a diagnosis code, enter at least one letter or number. For example if the User has entered “F33”, system will display a list of DSM codes containing a “F33” as shown below:



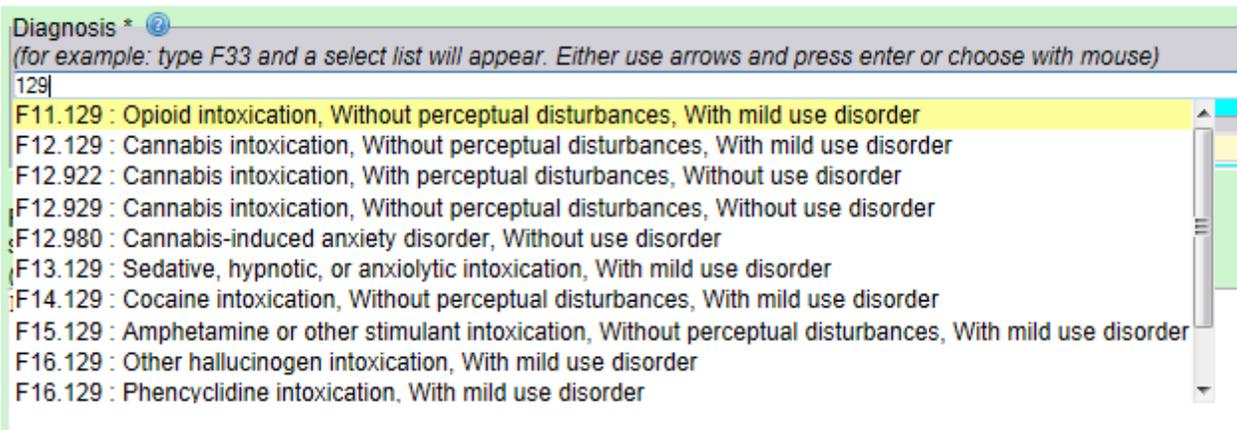
3. The User should select the most appropriate diagnosis code from the drop down list.
4. If a Diagnosis code is not selected, the system will display the following message:



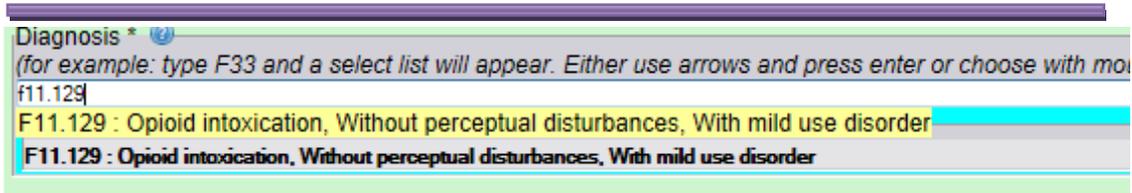
- If Characters are entered into the “Diagnosis” field, but no Diagnosis is selected from the drop-down the following warning message will display. Click “Close” to close it.



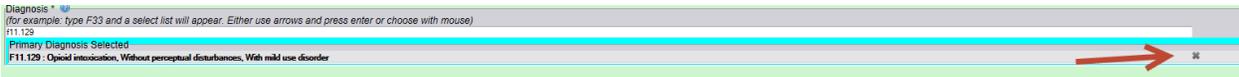
- Now click on the “Close” button and enter, for example, ”129”
- Select the desired Diagnosis (in this example, “F11.129” is selected)



- The system will display the selected Diagnosis in the “Primary Diagnosis Selected” field.

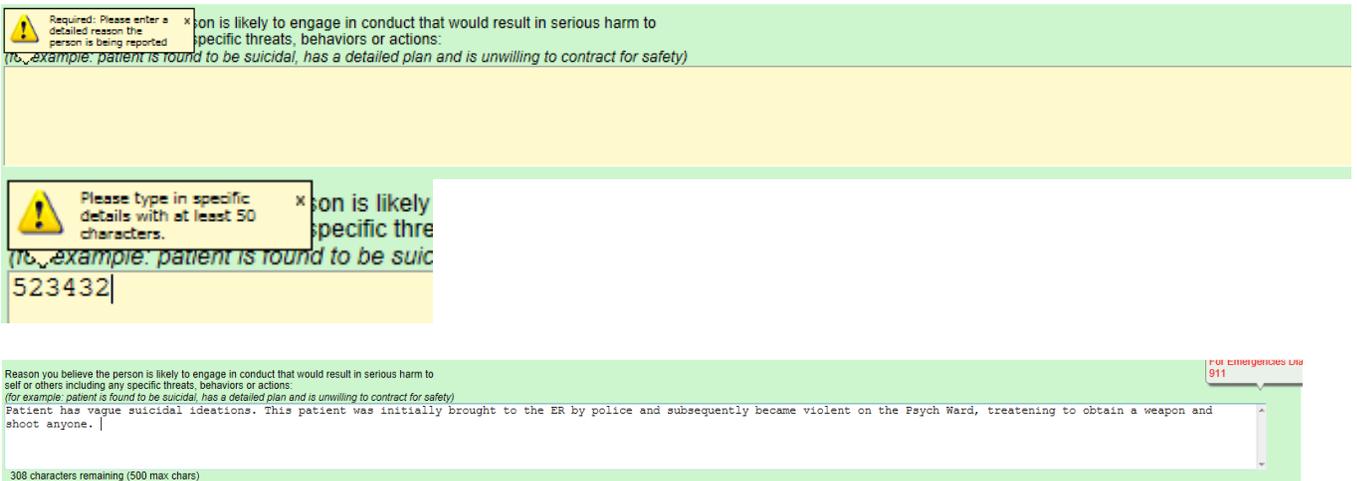


- To delete a selected Diagnosis code and select another one, click on the “X” button and repeat the process for selecting a Diagnosis.



5.14. Reason – (Required Field)

- This is a required field. The Reporting Professional must enter the reason why they believe the patient being reported is a specific threat. This text field has a minimum requirement of 50 characters, and an upper limit of 500 characters. The system will display either the amount of characters needed to reach 50, or the amount of remaining characters in the bottom of this box.



- Also when working in the reason field a balloon will show up with the following message “For Emergencies Dial 911”

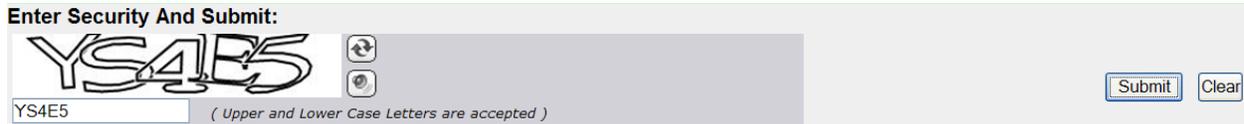


6. SUBMISSION AND REPORTING

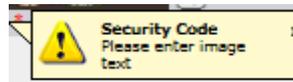
6.1. Security & Submit – (Required Action)

1. This is a required action for security check.
2. Enter the CAPTCHA security code exactly as shown and click on the “Submit” button.

Enter Security And Submit:



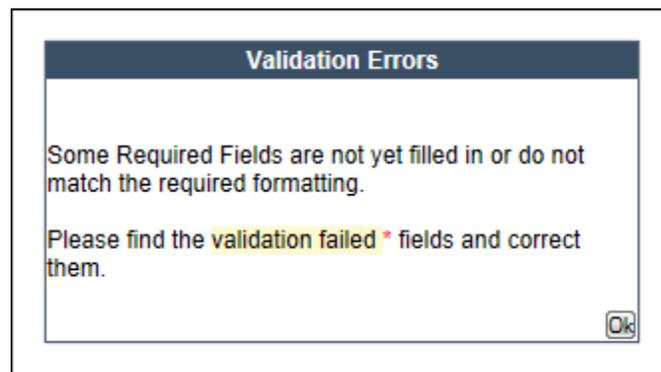
3. If the CAPTCHA security code is not entered, the system will display the following message:



4. If the Reporting Professional cannot read the Captcha code, they can click on this refresh button to receive a new one: 
5. If the reporting Professional cannot read the Captcha code due to visual impairment or other reasons, they can click the “speaker” icon to listen to an audio version of the CAPTCHA code: 

6.2. Validation & Resubmission - (Required Action)

1. Once a User has clicked on the “Submit” button, the system will verify and validate all of the entered data. If any entries are invalid or missing, the system will display a “Validation Error” message.
2. Click on the “OK” button.



- System will display the data entry screen along with highlighted erroneous or invalid fields that are required to be fixed.

Reporting Professional:

Professional's Name *
 First Name * Greg Last Name * Thomas

Provider Profession Type *
 Physician Psychologist Psychologist (Unlicensed) Registered Nurse LCSW License Number * 123456

Last 4 SSN * 1234 Date Of Birth * MM/DD/YYYY Phone Number * Phone Ext. 2345

Email Address * sdt@gmail.com

Required Field Missing
 Please provide a Date of Birth.

- Once all the fields in error are fixed with valid entries, the Reporting Professionals must enter a new CAPTCHA security code and click on the “Submit” button as before.

Enter Security And Submit:

 For security purposes please enter the code shown X6VF2

(Upper and Lower Case Letters are accepted)

6.3. Self Attestation - (Required Action)

- After the system has successfully checked and validated all the data fields, and all are found to be complete and correctly formatted, a self attestation window will be displayed (see below).
- Reporting Professionals will need to check the “Affirm All of the Above” check box, and click on the “Submit” button that displays when the “Affirm...” button is pressed.
- If the Reporting Professional wishes, they can cancel the attestation process by clicking on the “Cancel” button without checking the “Affirm All of the Above” check box.

Attest and Submit Report For NYS Section 9.46 of the Mental Hygiene Law

John Smith, declares, under penalty of perjury, that the following is true and correct:

- That the information provided on the report page is true and correct. I am submitting this information as required by Section 9.46 of the Mental Hygiene Law.
- I understand that providing the name, aliases, address, date of birth, ssn, gender, race, and primary diagnosis is important and omissions should only be for persons where it is not known.
- I am currently providing mental health treatment services to the individual who is the subject of this report.
- That the sole purpose of the disclosure of this information is for determining whether a firearm license issued pursuant to Section 400.00 of the Penal Law should be suspended or revoked, for determining whether a person is ineligible for a license issued pursuant to Section 400.00 of the Penal Law, or is no longer permitted under State or federal law to possess a firearm.
- I understand that if the individual has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to self or others, I should also call 911, contact my local DCS or designee or take other appropriate action for possible removal and transport to a hospital for an examination.

Affirm All of the Above Fri Sep 25 2015 15:35:13

6.4. Proxy Reporter Attestation – (Required Action)

1. After the system has successfully checked and validated all the data fields, and all are found to be complete and correctly formatted, a proxy report attestation window will be displayed (see below).
2. Reporting Professionals will need to check the “Affirm All of the Above” check box, and click on the “Submit” button that displays when the “Affirm...” button is pressed.
3. If the Reporting Professional wishes, they can cancel the attestation process by clicking on the “Cancel” button without checking the “Affirm All of the Above” check box.

Attest and Submit Proxy Report for NYS Section 9.46 of the Mental Hygiene Law

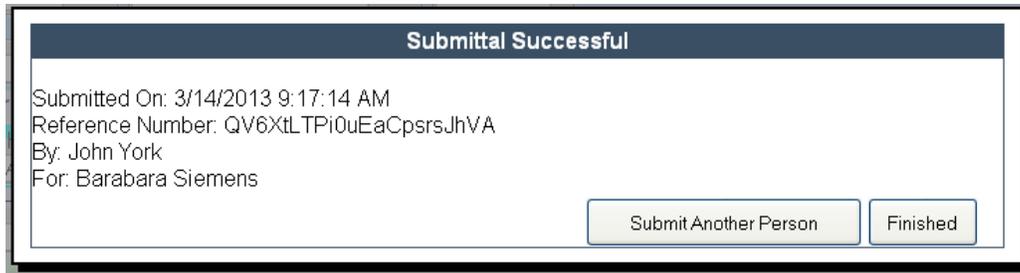
John Smith, declares, under penalty of perjury, that the following is true and correct:

- I am a physician, psychologist, registered nurse or licensed clinical social worker and I am submitting this report on behalf of the professional identified in this report, who also is a physician, psychologist, registered nurse or licensed clinical social worker and who has recently provided mental health treatment services to the subject of this report and determined that, in his/her reasonable professional judgment, the subject of this report has a mental illness and is likely to engage in conduct that would result in serious harm to self or others.
- The identified treating professional has specifically directed me to file this report on his/her behalf, is aware that I am submitting this report, and has communicated to me the clinical reasons upon which he/she has determined that the subject is such a person. I have confirmed that the information provided in this report is complete, true and correct and is fully in accordance with the provisions of Section 9.46 of the Mental Hygiene Law, and I have included those reasons in this report.
- I have provided sufficient contact information so that the treating professional can be contacted to confirm such report or to provide additional information as required by the appropriate DCS or his/her designee.
- I understand that providing the name, aliases, address, date of birth, ssn, gender, race, and primary diagnosis is important to correctly identify the person who is the subject of this report and if any such information is omitted it is only because such information is unknown.
- That the sole purpose of the disclosure of this information is for determining whether a firearm license issued pursuant to Section 400.00 of the Penal Law should be suspended or revoked, for determining whether a person is ineligible for a license issued pursuant to Section 400.00 of the Penal Law, or is no longer permitted under State or federal law to possess a firearm.
- I understand that if the individual has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to self or others, I should also call 911, contact my local DCS or designee or take other appropriate action for possible removal and transport to a hospital for an examination.

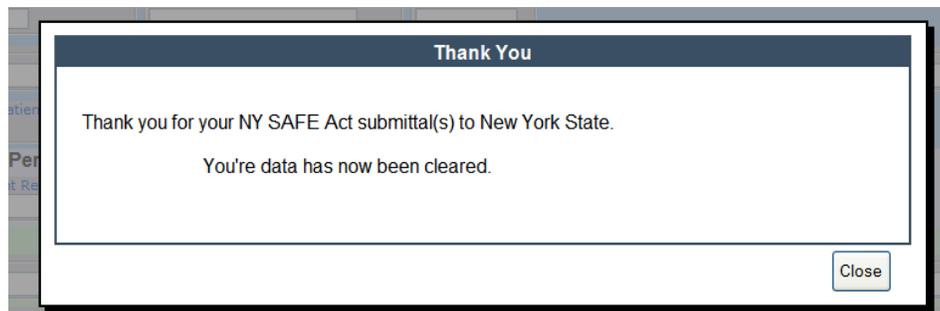
Affirm All of the Above Cancel

6.5. Submit another Person - (Optional Action)

1. For all successful submissions, the system will display the following window, showing details (date and time of submission, reference number, names of Reporting Professional and Patient). The For line will only be displayed for proxy submissions.
2. To submit another patient, the User must click on the “Submit another Person” button. To end the reporting process, the User must click on the “Finished” button.



3. The system will then display a "Thank You" message. Users must click on the "Close" button to end the session.



7. NEED HELP & "CONTACT US" OPTIONS

7.1. Need Help - (Optional Action)

1. If you need any help, just click on the "Help" link, system will open the reporting portal user guide.

Help

7.2. Contact us for further Assistance - (Optional Action)

1. ISARS Users needing further assistance can click on the "Contact Us" link. The system will then display the following window with information on calling the OMH Helpdesk and a clickable link to send e-mail to the "OMH Helpdesk."

Contact Us

NY SAFE Act Reporting - Contact OMH Help Desk

If you need assistance, please email using this link [OMH Helpdesk](#) or call (518) 474-5554 or 1-800-HELP-NYS (1-800-435-7697).

Be sure to specify that you are having trouble with the NY SAFE Act Reporting system.

You should receive an NYS OMH ticket number to aid in follow up communication.

2. Clicking on the “[OMH Helpdesk](#)” link will open a mail message window (see below), for Users to enter their issues along with their name, email, and a description of the issue.

IMPORTANT: This message is sent by Unsecure mail, therefore, visitors should **NOT** transmit personal or medical information about themselves or other persons using this “Contact the Help Desk” function. **OMH CANNOT GUARANTEE THE PROTECTION/ INACCESSIBILITY BY OTHERS OF INFORMATION INCLUDED ON THIS FORM AND SENT TO OMH.**

This help request is then sent by clicking on the “[Send Mail](#)” button. The OMH Help Desk will respond as soon as possible.

Mail Message

Please enter your name, e-mail address and message below, then press 'Send Mail'.

Your Name:

Your E-Mail:

Message:
Please note that although the message box does not change size the limit to the amount of content you can enter is 1000 characters. If the content is larger than the message box a scroll bar will appear (to the right of the box) so you can review all of your text before submitting.

called 

Enter the words above:

[Get another CAPTCHA](#)
[Get an audio CAPTCHA](#)
[Help](#)

This form enables visitors to www.omh.ny.gov to submit information to OMH by **UNSECURE EMAIL**. E-mail sent to OMH through this site is not secure, so visitors should **NOT** transmit personal or medical information about themselves or other persons using this function. **OMH CANNOT GUARANTEE THE PROTECTION/ INACCESSIBILITY BY OTHERS OF INFORMATION INCLUDED ON THIS FORM AND SENT TO OMH.**