



# SAFE OUTCOMES USER GUIDE

Charlotte-Mecklenburg Police Department  
(CMPD)

[Charlotte-area citizens:](#)

Register a person with special needs to help create positive interactions.



# Safe Outcomes

Charlotte-Mecklenburg Police Department (CMPD)

User Guide

## Contents

Translations.....	2
What is the Safe Outcomes portal? .....	2
CMPD Community Wellness Team .....	2
Register to use the portal .....	3
Consent Release.....	3
Register a Person on the Safe Outcomes portal .....	6
Edit or Delete a person’s information.....	15
Forgot your password? .....	16
Manage your account .....	19
Translate Safe Outcomes Content into Spanish .....	21

## Translations

To translate the Safe Outcomes website content into Spanish or other language, please see this section on the last two pages of this user guide: [Translate Safe Outcomes Content into Spanish](#).

## What is the Safe Outcomes portal?

Residents of Charlotte-Mecklenburg, Huntersville and Davidson can register a person with special needs (for example autism, Alzheimer's, deaf, etc.) on this registration portal to help create a positive interaction in cases where Charlotte Mecklenburg Police Department (CMPD), Huntersville PD or Davidson PD needs to contact that person. CMPD developed this system to assist in providing accurate identification and emergency contact information to ensure positive interaction.

This can help us:

- Identify the person
- Contact you/care-givers
- Understand communication needs

You can provide:

- Picture
- Contact information
- Data

Follow the steps below to register yourself as a user of the Safe Outcomes portal, and to enter information regarding one or more citizens with special needs.

## CMPD Community Wellness Team

The staff at the CMPD Community Wellness Division is available to answer your questions.

Contact the CMPD Community Wellness team by email here:

[SafeOutcomes@cmpd.org](mailto:SafeOutcomes@cmpd.org)

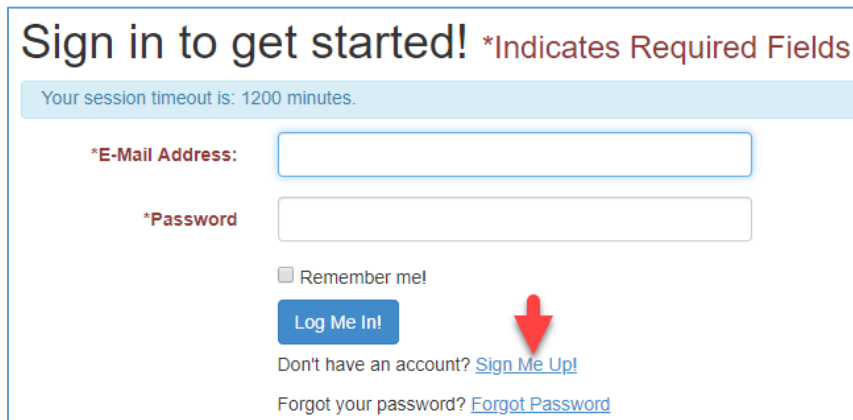
## Register to use the portal

You must be a registered user to access the portal and add one or more persons with disabilities to the Safe Outcomes portal.

1. Go to the Safe Outcomes portal website:

<https://safeoutcomes.charlottenc.gov/>

2. Click **Sign Me Up**.



3. Read the "Consent Release" and click the **I consent** checkbox on the website page.



### Consent Release

Please review the following before completing, signing or submitting this form:

"I understand I am enrolling myself, a close family member, or a person I am authorized to enroll in such a program to the Charlotte-Mecklenburg Police Department's Safe Outcomes. I understand enrollment in this program is completely voluntary. The attached information is knowingly and willfully provided to Charlotte-Mecklenburg Police Department (CMPD) for the sole purpose of aiding emergency responders in better assisting myself, a close family member, or a person I am authorized to enroll in such a program. I, therefore, authorize the use of this information for aforementioned purpose.

Any information provided will be stored in the Safe Outcomes and will be handled in accordance with CMPD's Directive(s) and Standard Operating Procedure. CMPD respects your right to confidentiality and will strive to ensure that your personal information remains confidential. I understand that any information provided to CMPD may become a public record as defined in

N.C.G.S. §132-1. However, CMPD will not release any information obtained under this program, except for as required by law. I understand that it will take ten (10) business days for the information entered in the Safe Outcomes website to be available to officers.

You must review and update or confirm your listing(s) in the registry:

- Every 12 months even if there are no changes.
- Or as soon as possible when there are changes.

This is to ensure accuracy in the event of an emergency.

I certify that all information I have provided to the Charlotte-Mecklenburg Police Department is true to the best of my knowledge.”

Remember to click the **I consent** checkbox on the website page  **I consent**.

4. Type your **E-mail Address**, and a **Password** (and type your password again to confirm it).

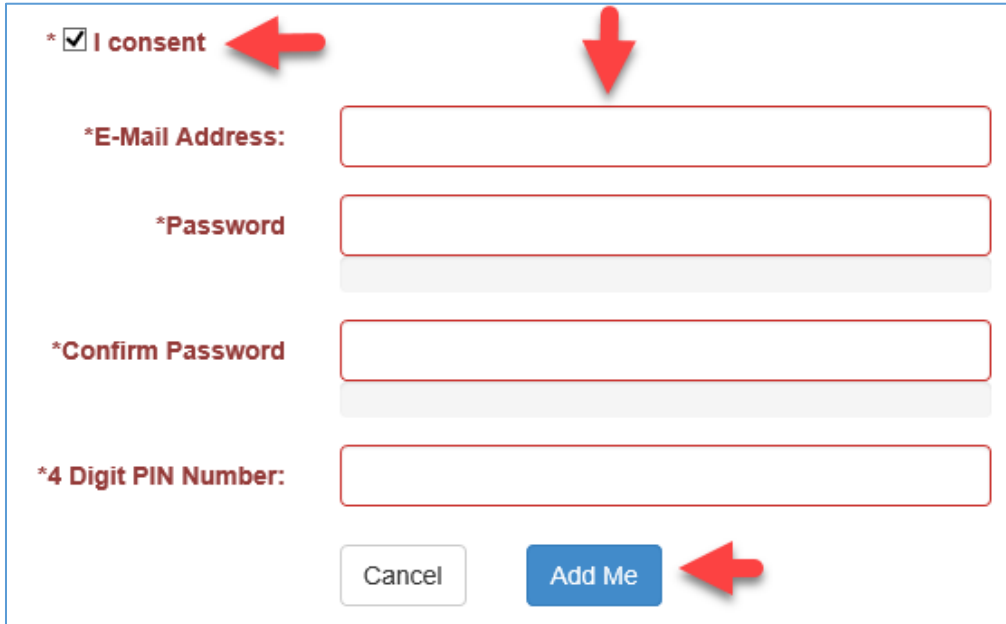
Read the instructions on the page to be sure your password meets the requirements. When this guide was published, those requirements stated that your password must:

- Be at least 8 characters long.
- Contain both upper-case and lower-case characters.
- Contain at least one numeric character.
- Not repeat a previous password used on the account.
- Not contain your account name or full name.

5. Type four digits for your **PIN**.

This is used to reset your password. Instructions indicate, “Used for password reset. The PIN can be any 4 digits, for example the last 4 digits of your SSN, last 4 digits of your phone number, or last 4 digits of your birth date in the YYYYMM format.”

6. Click **Add Me**.



\*  I consent

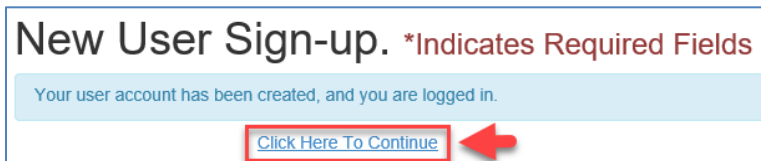
\*E-Mail Address:

\*Password

\*Confirm Password

\*4 Digit PIN Number:

7. On the confirmation page, click **Click Here to Continue**.



**New User Sign-up.** \*Indicates Required Fields

Your user account has been created, and you are logged in.

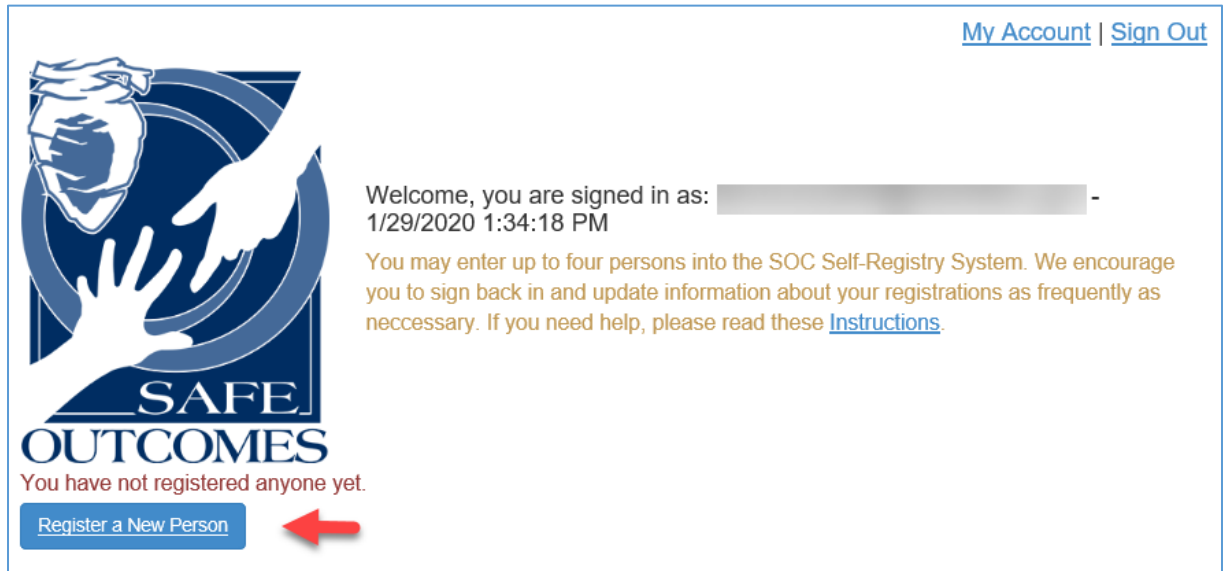
[Click Here To Continue](#)

## Register a Person on the Safe Outcomes portal

Once you are a registered user, you can register one or more persons with disabilities on the Safe Outcomes portal.

**Note that it will take 10 business days for the information entered on the Safe Outcomes portal website to be available to CMPD Officers.**

1. On the Welcome page, click **Register a New Person**.



[My Account](#) | [Sign Out](#)

Welcome, you are signed in as: [redacted] -  
1/29/2020 1:34:18 PM

You may enter up to four persons into the SOC Self-Registry System. We encourage you to sign back in and update information about your registrations as frequently as necessary. If you need help, please read these [Instructions](#).

**SAFE  
OUTCOMES**

You have not registered anyone yet.

[Register a New Person](#)

2. Under **Safe Outcomes Person**, complete the following fields with the information related to the person who has the disability:
  - a. **Last Name**
  - b. **First Name**
  - c. **Name to Call Me**
  - d. **Home Phone**
  - e. **Diagnosis/Disability** – Press the **Ctrl** key on your keyboard to select more than one item in the list.
  - f. Other optional fields such as **Middle Name**, and so on.

### Safe Outcomes Person

\*Last Name:

\*First Name:

Middle Name:

Suffix:

\*Name To Call Me:

\*Home Phone:

\*Diagnosis/Disability:

- ADHD
- ALZHEIMERS
- AUTISM/ASPERGERS
- BLIND/LOW VISION
- BRAIN INJURY
- CEREBRAL PALSY
- DEAF/LOW HEARING
- DIABETIC
- DOWN SYNDROME
- EPILEPSY/SEIZURES
- HUNTINGTON DISEASE
- INTELLECTUAL DISABILITY
- MENTAL ILLNESS
- OTHER BRAIN ILLNESS
- OTHER DEVELOPMENTAL DISABILITY
- OTHER MENTAL DISABILITY

3. Under the **Address** section, complete the following fields with the information related to the person who has the disability:
- a. **Address Number**
  - b. **Address Street**
  - c. **City**
  - d. **State**
  - e. **Zip Code**
  - f. Other optional fields such as **Street Direction, Street Type**, and so on.



### Address

\*Address Number:

Street Direction:  ▼

\*Address Street:

Street Type:  ▼

Street Suffix:  ▼

Apt. or Suite:

\*City:  ▼

\*State:  ▼

\*Zip Code:

Address Confirmation:  ▼

#### EXAMPLE

Each part of the address is entered in the appropriate field as shown below:

“101 East Wade Street, Apt. 10B” looks like this:

### Address

\*Address Number:

Street Direction:  ▼ (W - West)

\*Address Street:

Street Type:  ▼ (ST-Street)

Street Suffix:  ▼ (Ext)

Apt. or Suite:

4. Under **Physical Description**, complete the following fields with the information related to the person who has the disability:
  - a. **Date of Birth**
  - b. Other optional fields such as **Race, Sex, Height**, and so on.

### Physical Description

**\*Date of Birth:**

**Race:**  ▼

**Sex:**  ▼

**Height:**  feet  inches

**Weight:**

**Eye Color:**  ▼

**Hair Color:**  ▼

5. Under **Special Information**, complete the following fields with the information related to the person who has the disability:

- a. All fields are optional such as **Home Type, Wander Tendency, Communication Method** and so on.

### Special Information

**Home Type:**  ▼

**Wander Tendency:**  ▼

**Communication Method:**

- ASSISTED COMMUNICATION DEVICE
- HEARING DIFFICULTY
- LANGUAGE OTHER THAN ENGLISH
- NON-COMMUNICATIVE
- NONVERBAL
- PICTURE COMMUNICATION SYSTEM
- SIGN LANGUAGE ASL
- SPEECH DIFFICULTY
- VERBAL

**Medication Endangered:**  ▼

6. Continuing under **Special Information**, complete the remaining fields with the information related to the person who has the disability:
- All fields are optional such as **Spoken Language, Medical/Psych Issues, Commonly Worn Items**, and so on.

<b>Spoken Languages:</b>	<input type="text"/>
<b>Medical/Psych Issues:</b>	<input type="text"/>
<b>Commonly Worn Items:</b>	<input type="text"/>
<b>Approach Suggestions:</b>	<input type="text"/>
<b>Noted Behaviors:</b>	<input type="text"/>
<b>Special Considerations:</b>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>COMBATIVE</li> <li>COMBATIVE IF RESTRAINED</li> <li>DISROBES OR PREFERS NUDITY</li> <li>FEAR OF DOGS</li> <li>FEAR OF POLICE</li> <li>HAS ACCESS TO WEAPONS</li> <li>HUGS</li> <li>LIGHT SENSITIVE</li> <li>NOISE SENSITIVE</li> <li>PARANOID</li> <li>REPEATS PHRASES</li> <li>RUN TENDENCY</li> <li>SELF STIMULATION BEHAVIOR</li> <li>SENSITIVE TO STIMULATION</li> <li>TOUCH SENSITIVE</li> <li>UNRESPONSIVE TO STRANGERS</li> </ul>

7. Under **Primary Contact**, complete the following fields with the information related to the person who should be contacted regarding the person who has the disability:
- Relationship**
  - Full Name**
  - Address**
  - City**
  - State**
  - Zip**
  - One or more phone numbers – **Home Phone, Mobile Phone, or Other Phone.**

## Primary Contact

<b>*Relationship:</b>	<input type="text"/>	<input type="button" value="v"/>
<b>*Full Name:</b>	<input type="text"/>	
<b>*Address:</b>	<input type="text"/>	
<b>*City:</b>	<input type="text"/>	
<b>*State:</b>	<input type="text"/>	<input type="button" value="v"/>
<b>*Zip:</b>	<input type="text"/>	


\* At Least one of the three following contact phone numbers is required.

<b>*Home Phone:</b>	<input type="text"/>
<b>* Mobile Phone:</b>	<input type="text"/>
<b>*Other Phone:</b>	<input type="text"/>
<b>Email:</b>	<input type="text"/>

*Note that your email address, as the registered user, will be automatically populated in the Email field.*

8. Under **Secondary Contact**, complete the following fields with the information related to the person who should be contacted regarding the person who has the disability if the primary contact cannot be reached:
- a. All fields are optional such as **Relationship, Full Name, Address**, and so on.


### Secondary Contact

**Relationship:**  

**Full Name:**

**Address:**

**City:**

**State:**  

**Zip:**

**Home Phone:**

**Mobile Phone:**

**Other Phone:**

**Email:**

9. Under **Photo**, click **Choose File** or **Browse** to navigate to a picture of the person with the disability.

Select a photo that meets the guidelines listed on the page.

- a. Click **Upload**.
- b. Complete these fields:
  - **Age in Photo in Years**
  - **Photo Date**.


The above fields are required if you upload a photo.

### Photo

Upload Photo:

Photo Guidelines:

- Photos should be Passport Quality
- Front facing picture
- Clearly visible eyes
- Images Only (.jpg & .gif)
- 2MB or smaller file size recommended



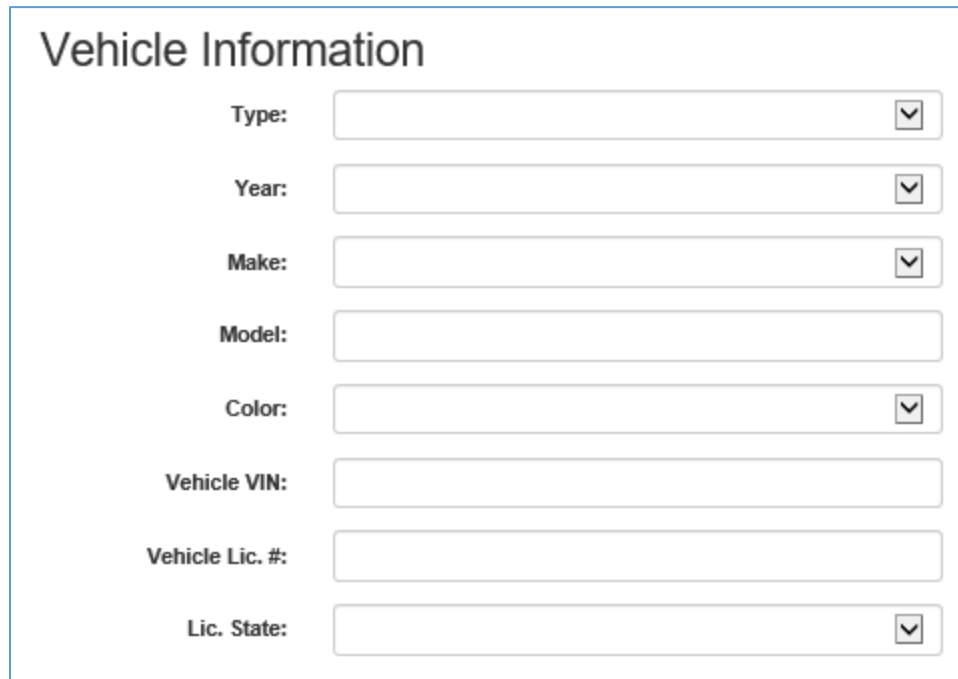
Ideal Photo

**Age in Photo in Years:**

**Photo Date:**

10. Under **Vehicle Information**, complete the following fields with the information related to the vehicle of the person who has the disability:

- a. All fields are optional such as vehicle **Type, Year, Make**, and so on.

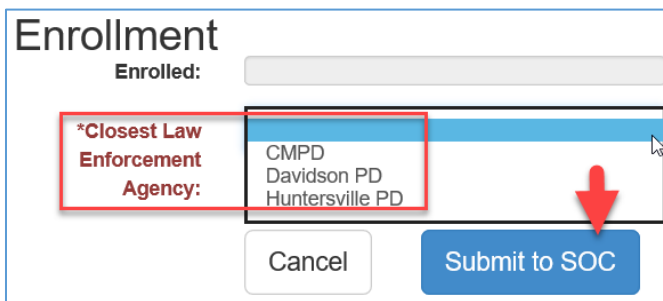


The screenshot shows a form titled "Vehicle Information" with the following fields: Type (dropdown), Year (dropdown), Make (dropdown), Model (text input), Color (dropdown), Vehicle VIN (text input), Vehicle Lic. # (text input), and Lic. State (dropdown).

11. Under **Enrollment**, select the Closest Law Enforcement Agency:

- a. **CMPD** (Charlotte-Mecklenburg Police Department)
- b. **Davidson PD**
- c. **Huntersville PD**

12. Click **Submit to SOC** (Safe Outcomes).



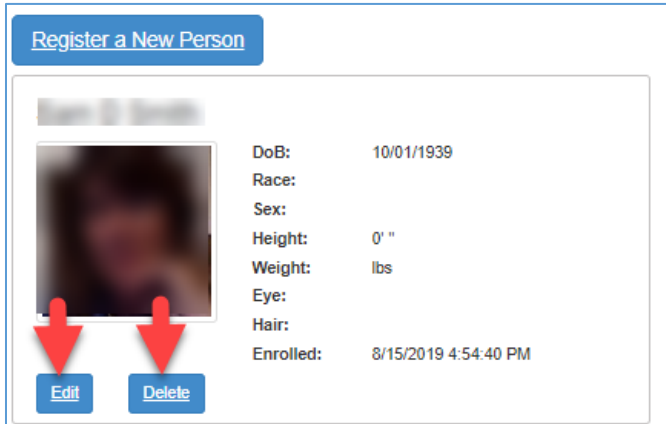
The screenshot shows a form titled "Enrollment" with an "Enrolled:" field. Below it is a dropdown menu for "Closest Law Enforcement Agency" with options: CMPD, Davidson PD, and Huntersville PD. A red box highlights the dropdown menu, and a red arrow points to the "Submit to SOC" button. There is also a "Cancel" button.

The Home page opens with the information you entered displayed with the option to edit or delete that information, or to register a new person.

## Edit or Delete a person's information

After you register a person on the Safe Outcomes portal, you can easily edit or delete that information.

1. On the Home page, click the **Edit** or **Delete** button for the person whose information you want to edit or delete.
2. Follow the prompts to edit or delete the information and save your changes.



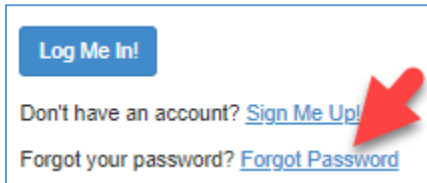
The screenshot shows a user interface for managing person information. At the top left, there is a blue button labeled "Register a New Person". Below this, a person's profile is displayed. On the left is a blurred profile picture. To the right of the picture, the following information is listed: DoB: 10/01/1939, Race: (blank), Sex: (blank), Height: 0", Weight: lbs, Eye: (blank), Hair: (blank), and Enrolled: 8/15/2019 4:54:40 PM. Below the profile picture, there are two blue buttons: "Edit" and "Delete". Two red arrows point from the top of the "Edit" and "Delete" buttons up towards the profile picture, indicating that these actions apply to the person shown in the picture.



## Forgot your password?

If you can't log in because you forgot your password, take these steps to receive a new password and then the system will prompt you to create a new one.

1. On the Home page under the **Log Me In** button, click **Forgot Password**.



2. On the **Password Reset** page, type the following information:
  - a. **E-mail Address** – Type the email address you used to register in the field.
  - b. **4 Digit PIN** – Type the four-digit PIN you created when you registered.
3. Click **eMail Me a Password!**

A screenshot of the "Password Reset" page for "SAFE OUTCOMES". The page features a logo on the left with the text "SAFE OUTCOMES" and an illustration of hands. The main heading is "Password Reset." Below this, a light blue banner reads "Please use this form to receive a temporary password." The form contains two input fields: "\*E-Mail Address:" and "\*4 Digit PIN". A red box highlights these two fields. Below the fields are two buttons: "Cancel" and "eMail Me a Password!". A red arrow points down to the "eMail Me a Password!" button. At the bottom, there is a link: "[Back to SOC Login!](#)".

You will receive a confirmation if the information you entered is accurate, stating that a new password has been sent to your email address.

Your password has been reset and the new password has been emailed to your email address on file.

The email you receive provides instructions:

**CMPD SOC Self-Registry Account Information.**  
**SafeOutcomes@cmpd.org**  
to me ▾  
This email was auto-generated, please do not reply to this email message.  
Your Safe Outcomes Self-Registry password has been reset. Your new password is: [REDACTED]  
This password will allow you to login and then require you to set a new password. Login at:  
<https://safeoutcomes.charlottenc.gov>  
Copy and paste the password from this email into the login form. You will then be asked to change your password and you should paste the same password from this email in the old password field. You can pick a new password and enter it into the new password and confirm fields.  
The new password you choose cannot repeat a previous password, cannot be any part of your lastname, firstname, userid, must be at least 8 characters long, contain at least 1 numeric, 1 uppercase letter and 1 lowercase letter.

4. Copy the new password from the email you received.
5. Click the link in the email where it says to log in.
  - a. Type the email address you used to register in the **E-mail Address** field.
  - b. Paste the new password you received in the **Password** field.
  - c. Click **Log Me In!**

\*E-Mail Address:  
[REDACTED]  
\*Password  
[REDACTED] [REDACTED]  
 Remember me!  
Log Me In!

The **Change Password** page opens.

6. On the **Change Password** page, complete the following fields:

- a. **E-Mail Address** – Type the email address you used when you registered.
  - b. **Old Password** – Paste the password you copied from the email you received (see Step 4 above).
  - c. **New Password** – Type a new password that meets the criteria listed on the page.
  - d. **New Password Confirm** – Type that same new password again.
7. Click **Change Password**.

**SOC Self-Registry, Change Password!**

Please fill out the form to change your password.

**\*E-Mail Address:**  
donnabus Kirk@outlook.com

**\*Old Password**  
|

**\*New Password**  
Type your new password here

**\*New Password Confirm**  
Re-Type your new password again here

Cancel Change Password

A confirmation page opens.

8. Click **Click Here To Continue**.

**SOC Self-Registry, Change Password!**

Your password has been changed.

[Click Here To Continue](#)

The next time you log in, you can use your new password.

## Manage your account

You can change your password, and/or change your registered email address and PIN.

1. On the Home page, click **My Account** near the top right.



The **Update User** page opens.

2. On the Update User page, you can:
  - a. Click **Change Password** to follow the steps to create a new password.
  - or-
  - b. Complete the following required fields and click **Update**.
    - **Current E-mail Address**
    - **New E-mail Address**
    - **Current 4 Digit PIN Number**
    - **New 4 Digit PIN Number**

## Update User! \*Indicates Required Fields

Please use this form to update your profile.

Change Password 

\*Current E-Mail  
Address:

\*New E-Mail Address:

\*Current 4 Digit PIN  
Number:

\*New 4 Digit PIN  
Number:

Cancel 

Update

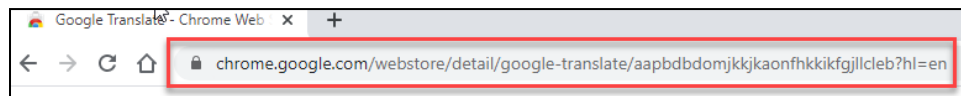
## Translate Safe Outcomes Content into Spanish

To translate the Safe Outcomes website content to a language other than English, start by adding the Google Translate plugin to a Chrome browser by following the steps below. You can learn more about Google Translate at their website: <https://support.google.com/translate>.

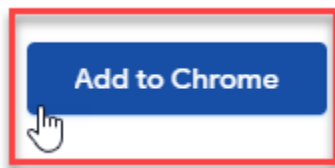
1. Copy the following website address:

<https://chrome.google.com/webstore/detail/google-translate/aapbdbdomjkkjkaonfhkkikfgjllcleb?hl=en>

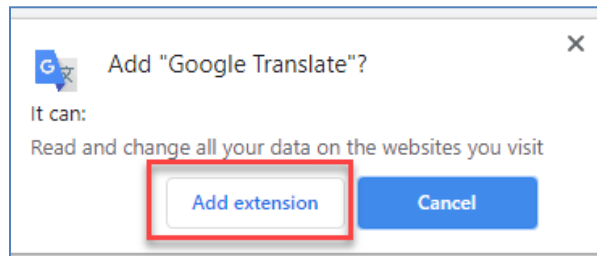
- a. Open a Chrome browser window and paste the above address into the address bar.



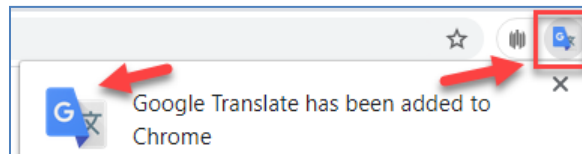
- b. On the page that opens, click **Add to Chrome** (top right).



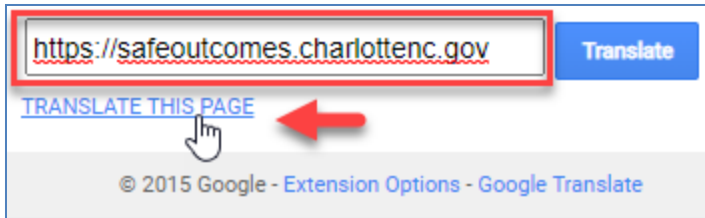
- c. In the next window, click **Add extension**.



- d. Click the Extensions icon and click the Google Translate icon.

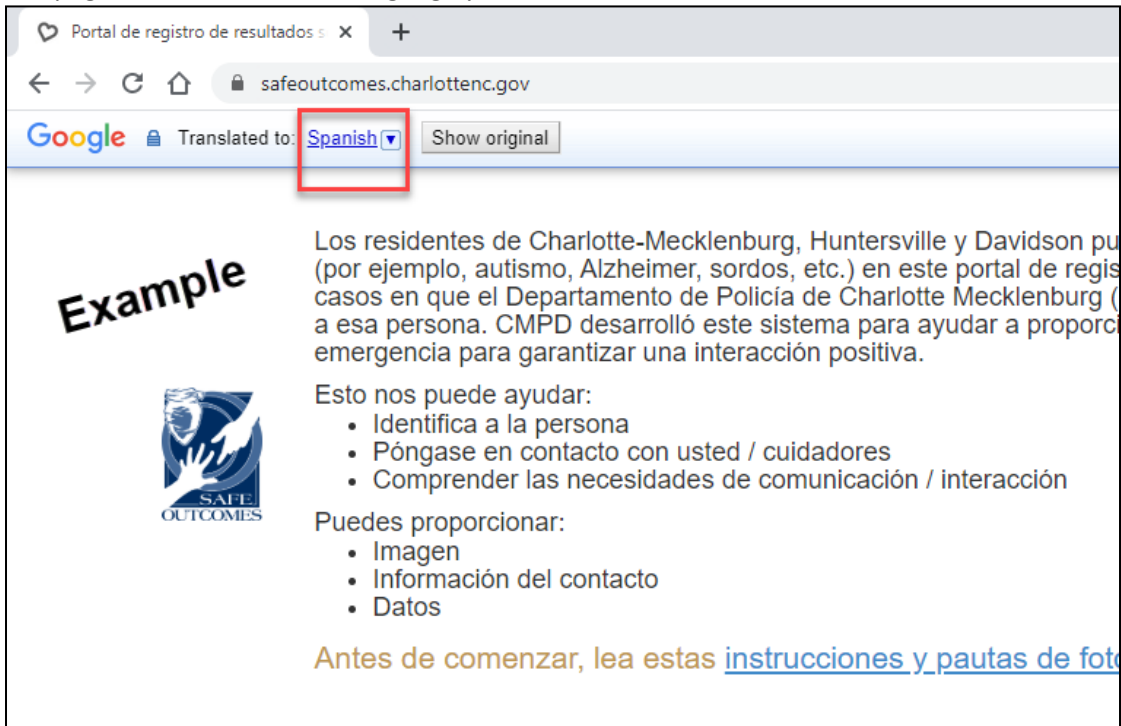


2. Type or paste the website address for Safe Outcomes (provided below) into the Translate field and click **TRANSLATE THIS PAGE**: <https://safeoutcomes.charlottenc.gov>



3. Select the language in the drop-down list next to **Translate to:** (top left).

The page is translated to the language you selected.



4. After you click **Sign me up**, you can follow these same steps to translate each page of the Safe Outcomes website.