**SAFE – T**

**Offender Information**

|  |  |
| --- | --- |
|  **Date Assessed:** |  |
|  **Offender Name:** |  |  **Offender #:** |  |

**Risk Factors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Suicide Behavior History** | [ ]  |  None  | [ ]  |  Yes, please check all that apply |
| [ ]  |  Hx of prior suicide attempts | [ ]  |  Hx aborted suicide attempts | [ ]  |  Hx of self-injurious behavior |
|  Details: |
|  **Current/Past Psychiatric Disorders** | [ ]  |  None  | [ ]  |  Yes, please check all that apply: |
| [ ]  |  Cluster B personality  | [ ]  |  Comorbidity present | [ ]  |  Mood disorder  |
| [ ]  |  Psychotic disorder | [ ]  |  PTSD | [ ]  |  Substance use disorder |
| [ ]  |  Recent onset of illness | [ ]  |  TBI |
|  Details: |
|  **Current Key Symptoms (Reported/observed)** | [ ]  |  None  | [ ]  |  Yes, please check all that apply |
| [ ]  |  Aggression | [ ]  |  Anhedonia  | [ ]  |  Anxiety/panic |
| [ ]  |  Command hallucinations | [ ]  |  Hopelessness | [ ]  |  Impulsivity |
| [ ]  |  Insomnia |
|  Details: |
|  **Family History** | [ ]  |  None  | [ ]  |  Yes, please check all that apply |
| [ ]  | Completed suicide in first degree relative | [ ]  | Family member hospitalized for mental illness | [ ]  |  Suicide attempts |
|  Details: |
|  **Current Precipitants/Stressors** | [ ]  |  None  | [ ]  |  Yes, please check all that apply |
| [ ]  |  Change in legal status | [ ]  |  Family turmoil/chaos  | [ ]  |  First incarceration |
| [ ]  |  High profile offense | [ ]  |  Hx physical/sexual abuse | [ ]  |  Intoxication |
| [ ]  |  Ongoing illness/chronic pain | [ ]  |  Social isolation |
| [ ]  |  Triggering events leading to humiliation, shame, or despair (including loss) |
|  Details: |
|  **Recent Change in Treatment** | [ ]  |  None  | [ ]  |  Yes, please check all that apply |
| [ ]  | Change or discontinuation of meds | [ ]  | Discharge from psychiatric hospital | [ ]  |  Provider or treatment change |
|  Details (including date):   |
|  **Current Access to Lethal Means** | [ ]  |  No | [ ]  |  Yes |
|  | [ ]  |  Limited due to restrictive environment |
|  Description of means: |

**Current Protective Factors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  |  Access to MH services | [ ]  |  Coping/problem solving skills | [ ]  |  Cultural/religious beliefs |
| [ ]  |  Family support | [ ]  |  Frustration tolerance | [ ]  |  Future oriented |
| [ ]  |  Motivation for treatment | [ ]  |  Positive relationships with staff | [ ]  |  Restricted access to lethal means |
| [ ]  |  Responsibility taking care of others | [ ]  |  Sense of optimism | [ ]  |  Social support |
| [ ]  |  None | [ ]  |  Other: |
| Details: |

**Suicide Inquiry**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  |  Suicide ideation | [ ]  |  Suicide plan | [ ]  |  Suicide behaviors |
| [ ]  |  Suicide intention | [ ]  |  Homicide ideation/plan | [ ]  |  Denies |

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| --- |
|  **Suicide Ideation Details** |
|  If reported suicide ideation and/or homicide ideation, please describe frequency, intensity, duration in last 48 hours, past month, and most severe ever: |
|  **Suicide Plan Details** |
|  If reported suicide plan or homicide plan, please describe timing, location, lethality, availability, preparatory acts: |
|  **Suicide Behavior Details** |
| If reported suicide behavior, please describe past attempts, aborted attempts, rehearsals, (tying noose, loading gun) vs. non-suicidal self-injurious behavior: |
|  **Suicide Intention Details** |
| If reported suicide intention, please describe extent to which patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious. Explore ambivalence: reasons to die vs. reasons to live: |

**Risk Level/Intervention**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Risk Level** |  **Risk/protective factor** |  **Suicidality** |  **Possible Interventions** |
|  **High** | Psychiatric diagnosis with severe symptoms or acute precipitating event; protective factors not relevant  | Potentially lethal suicide attempt or persistent ideation with strong intent to suicide rehearsal | Immediate placement on suicide prevention status, possible admission to a mental health unit, suicide prevention safety plan. |
|  **Moderate** | Multiple risk factors, few protective factors | Suicidal ideation with plan, but no intent or behavior | Immediate placement on suicide prevention status, possible admission to mental health unit, suicide prevention safety plan |
|  **Low** | Modifiable risk factors, strong protective factors | Thoughts of death, no plan, or behavior | Increase level of interaction with mental health staff, possible placement on suicide prevention status, suicide prevention safety plan |

**Documentation of Risk Level and Rationale**

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| --- |
| **If no identified suicide risk observed or reported, check here:** [ ]   |
| Risk level and rationale; suicide safety plan to address/reduce current risk; removal of lethal means (if relevant), follow up plan. |

**Staff Signature**: **Date**: \_