**Suicide Prevention Safety Plan**

##  Offender Information

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

**Warning Signs**

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| Warning signs (thoughts, images, mood, situation, or behavior) that my suicide thoughts are increasing: |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Coping Skills**

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| Coping skills – Things I can do to help feel better during stressful times (relaxation techniques, deep breathing, physical activity, positive self-talk): |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Goals and Plans**

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| My identified reasons to live and/or plans for the future: |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Protective Factors**

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| My protective factors (relationships, beliefs, thoughts, and helpful services that reduce my suicidal thoughts): |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Asking for Help**

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| People whom I can ask for help: |
| **Name:** |  | **Relationship:** |  | **Phone:** |  |
| **Name:** |  | **Relationship:** |  | **Phone:** |  |
| **Name**  |  | **Relationship:** |  | **Phone:** |  |
| **Suicide Prevention Lifeline Phone:** | **1-800-273-TALK (8255)** |
| **Alaska Careline** | **1-877-266-HELP**  |

**Interventions**

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| *Specific* clinical interventions designed by the MHC to address and reduce suicidal ideation: |
| 1. |  |
| 2. |  |
| 3. |  |

**Signatures**

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| --- | --- | --- | --- |
| **Offender Signature:** |  | **Date:** |  |
| **Staff Signature:** |  | **Date:** |  |

Copy to offender and posted on cell door.