**Suicide Prevention Safety Plan**

## Offender Information

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

**Warning Signs**

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

**Coping Skills**

|  |  |
| --- | --- |
| 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**

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

**Protective Factors**

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

**Asking for Help**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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**

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

**Signatures**

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

Copy to offender and posted on cell door.