**SAFE – T**

**Offender Information**

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

**Risk Factors**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**: \_