**Safety Plan: Suicidal Ideation** **Date**\_                \_

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| --- | --- |
| Client |  |
| Age/Birthdate |  |
| Client Phone # |  |
| Guardian |  |
| Guardian Phone # |  |

Safety Plan Recommendation areas:

1. Address access to means
2. Provide 24/7 supervision/support
3. Protocol around accessing higher level support
4. Mental Health Treatment
5. Crisis support
6. Long term mental health treatment
7. Positive prosocial relationships and activities

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| **Guardian/Caregivers** |
| 1. Caregivers will lock up sharps, medications, weapons, tools, ropes and cleaning products.
2. Caregivers will provide 24/7 supervision during non-school hours. This will include an adult presence in the home at all times, frequent “check in’s” and a no locked doors policy in the home.
3. Should \_\_\_\_\_\_ leave adult supervision or express suicidal intentions, caregiver’s will call law enforcement.
4. Caregivers will support mental health treatment through communication and coordination with treatment team.
5. Caregivers will engage \_\_\_\_\_\_ in relational activities as well as support hobbies and interests. Caregivers will support positive peer and family relationships.
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| **School** |
| 1. Access will be addressed on campus through supervision (#2).
2. If \_\_\_\_\_ expresses suicidal ideation, one of the following options will be accessed for additional evaluation/triage:
* Two Feathers clinician or psychologist
* School Counselor \_\_\_\_\_\_\_
* Kimaw Medical Center
* Law Enforcement
1. School will support mental health treatment through communication, collaboration and assistance in \_\_\_\_\_\_accessing treatment apt’s.
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| **Agency Name:** |
| 4. Mental Health Treatment             A. Crisis Support                                     B. Long Term Mental Health Treatment  |

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| **Support Person** | **Relationship** | **Phone Number** |
|  | Caregiver |  |
|  | Caregiver/Other Family Support |  |
|  | Principle/Vice Principle |  |
|  | School Counselor |  |
|  | Student Support Coordinator |  |
|  |  |  |
|  | District Nurse |  |
|  | Student Services Navigator |  |
|  | Clinical Director |  |
|  | Crisis Counselor/Director |  |
|  | Counselor Assigned to case |  |
|  |  |  |

\*Plan will remain active until \_\_\_\_\_\_ when re-assessment will occur by treatment team.