

JAIL TRIAGE CLINICAL FOLLOW-UP RISK ASSESSMENT

Inmate Name: _____ **SS#** _____ **DOB:** _____
JAIL: _____ **Follow up for last Triage #** _____
Date: _____ **Start Time:** _____ **End Time:** _____
Clinician Name: _____ **Credential:** _____
Provided via - Telephonic: _____ **Face to Face:** _____ **Video:** _____

Suicide Intent/Behavior

Yes No

1. Continues to express suicidal intent or threats Comments:		
2. Continues to exhibit suicidal behavior, i.e. head banging, self-injury Comments:		
3. Charge related risk is high, charges increased or sentenced, i.e. Charge is life altering, embarrassing, high profile or violent Comments:		
4. Next Court date and expected outcomes: Comments:	Date:	
5. Feels hopeless, helpless and/or trapped, lacks future orientation Comments:		
6. Feels like a burden to and/or abandoned by family or friends Comments:		

Lack of Suicide Protective Factors

Yes No

1. Low external protective factors i.e. not connected to family, friends, significant others, Jail staff are concerned or cultural issues present Comments:		
2. Low internal protective factors i.e. Lack of faith or a belief system, coping skills, resilience, future orientation, or family history of suicide Comments:		
3. Still under the influence or withdrawing from substances Comments:		

Lack of Goal Directed Behaviors

Yes No

1. Self-care has deteriorated, i.e. Not eating or bathing or taking meds Comments:		
2. No evidence of external involvement, i.e. Not taking recreation, asking for commissary, receiving visitors or taking calls; lacks goal directed plans Comments:		
3. External involvement appears related to saying goodbye, i.e. making calls, writing letters and settling affairs, (ask to see) Comments:		

Symptoms of Mental Illness or Physical Illness

Yes No

1. Has acute psychosis, mania or a SPMI diagnosis without med. care Comments:		
2. Has high levels of depression, or acute anxious distress Comments:		
3. Is acutely emotionally distressed and in psychological pain Comments:		
4. Has an acute physical illness or physical pain Comments:		

Clinical Follow up Risk Assessment Decision Matrix

Instructions:

- Using the Risk Assessment form, note all the yes answers. The greater the number, the greater the risk.
- Use the following guidelines to determine your leveling decision.
- Level one step at a time – i.e. Do not go from high to low

Moving from Critical Risk to High Risk

1. Individual is no longer exhibiting self-injurious behavior
 - May still have suicidal thinking and intent
 - May still have risk related to mental illness or substance abuse
 - May have low external and internal protective factors

Maintaining High Risk Protocol

Any or all are reason to maintain High Risk Protocol for 24-72 hours (specify time)

1. Suicide intent or behavior continues

OR

2. Charge related risk is high with any one of the following
 - Low external and/or Internal protective factors
 - Lack of evidence of positive goal directed behavior
 - Any of the acute symptoms of mental illness/physical illness or pain

OR

3. Has high degree of mental illness or psychological distress that requires high level of supervision and safe cell even if no suicidal intent or behaviors exist

Moving from High Risk to Moderate Risk

The presence of these factors indicate risk can be lowered within 12-48 hours (specify time)

1. No current suicide intent and behavior
3. Has evidence of external or internal protective factors
4. Has evidence of goal directed behavior
5. Has no acute symptoms of mental illness/ physical illness or pain or they are being monitored and maintained by jail medical/clinical staff

Moving from Moderate to Low Risk

The presence of these factors indicate risk is low

1. No suicide intent or behavior
2. Evidence of internal or external protective factors
3. Evidence of goal directed behavior
4. No active symptoms of mental illness/ physical illness or pain or they are being monitored and maintained at the jail.

Jail Management Protocols (Responsibility of the Jail, based upon risk level)

Options	CRITICAL	HIGH	MODERATE	LOW
HOUSING	Restraint Chair	Single Safe Cell	General Population	General Population
OBSERVATION	Constant	Frequent and Staggered	Individualized	Normal
PROPERTY	None	None/suicide blanket	Full	Full
DRESS	Regular	Suicide Smock	Jump Suit	Jump Suit
FOOD	Finger	Finger	Regular	Regular