

## JAIL TRIAGE FOLLOW-UP RISK ASSESSMENT

Name of Inmate: \_\_\_\_\_ SS# \_\_\_\_\_

JAIL: \_\_\_\_\_ Follow up for last Triage # \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Face to Face \_\_\_\_\_ Video \_\_\_\_\_

Suicide Intent/Behavior	YES	NO
1. Continues to express suicidal intent or threats		
2. Continues to exhibit suicidal behavior, i.e. head banging, self injury		
3. Charge related risk is high, charges increased or sentenced, i.e. Charge is life altering, embarrassing, high profile or violent		
4. Feels hopeless, helpless and/or trapped		
5. Feels like a burden to and/or abandoned by family or friends		

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		
2. Low internal protective factors i.e. Lack of faith or a belief system, resilience or future orientation		
3. Still under the influence or withdrawing from substances		

Goal Directed Behaviors	Yes	No
1. Self care has deteriorated, i.e. Not eating or bathing or taking meds.		
2. No evidence of external involvement, i.e. Not taking recreation, asking for commissary, receiving visitors or taking calls		
3. External involvement appears related to saying goodbye, i.e. making calls, writing letters and settling affairs, (ask to see)		

Symptoms of Mental Illness or Physical Illness	Yes	No
1. Has acute psychotic or manic features		
2. Has high levels of depression or acute physical agitation		
3. Is acutely emotionally distressed and in psychological pain		
4. Has an acute physical illness or physical pain		

**Recommended Risk Level \_\_\_\_\_ Summarize Yes answers, give rationale for risk level, time frame for level & if re-triage is needed to lower the risk level**

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

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

\_\_\_\_\_  
**Clinician Name/Signature and Credential** **Date**  
 Community Mental Health Center \_\_\_\_\_