Risk Assessment & Safety Planning Quick-Reference

Quick-reference handout for behavioral health providers to assess safety risk, match response to risk level, create a collaborative safety plan, and document key decisions. Use with clinical judgment, consultation/supervision as needed, organizational policy, and legal/reporting requirements.

Quick-Use Guide

Use this sequence during assessment, triage, and treatment planning.

1. Identify the primary concern: suicide/self-harm, harm to others, grave disability, substance-related risk, or other safety issue.
2. Ask directly about ideation, plan, intent, access to means, history, risk factors, and protective factors.
3. Determine current risk level using clinical judgment, client report, available records, and collateral information when appropriate.
4. Match the response to the risk level, including emergency evaluation or a higher level of care when indicated.
5. Create or update a written, individualized safety plan when clinically appropriate.
6. Document assessment findings, rationale, interventions, consultation, referrals, and follow-up.

Risk Assessment Essentials

Area	Clarify
Ideation	Passive vs. active thoughts; frequency, intensity, duration, triggers.
Plan	Method, timing, preparation, rehearsal, access to means.
Intent	Desire or perceived likelihood of acting; ability to delay or control behavior.
History	Prior attempts, self-injury, violence, hospitalizations, crises, escalation.
Risk factors	Loss, trauma, acute symptoms, substance use, impulsivity, legal/financial stressors, isolation, access to lethal means.
Protective factors	Supports, reasons for living, responsibilities, treatment engagement, coping skills, beliefs, willingness to use help.

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Risk Level and Suggested Response

Level	Indicators	Response
Low	Passive ideation only; no plan or intent; strong protective factors; engaged in care.	Continue outpatient care, reinforce coping skills/supports, consider safety plan if history or escalation is present.
Moderate	Ideation with some planning but no current intent; limited supports; worsening symptoms, stressors, or substance use.	Increase contact, complete a safety plan, involve supports when appropriate, consult, and consider IOP/PHP or higher care.
High	Active ideation with plan/intent; access to means; recent attempt/rehearsal; agitation, psychosis, intoxication, or inability to maintain safety.	Do not leave the client alone if in person. Arrange emergency evaluation, reduce access to means, contact crisis/emergency services, and consider hospitalization per policy/law.

Safety Planning Steps

Use a written, individualized, collaborative safety plan. A safety plan is not a "no-harm contract."

1. **Warning signs:** Thoughts, feelings, behaviors, situations, or physical cues that signal increasing risk.
2. **Internal coping:** Skills the person can use alone, such as grounding, music, walking, paced breathing, or distraction.
3. **Distraction/support settings:** Safe people or places that reduce isolation.
4. **People to ask for help:** Trusted contacts who can support safety and next steps.
5. **Professional/crisis resources:** Providers, crisis lines, mobile crisis, emergency departments, and local crisis services.
6. **Means safety:** Remove, lock, limit, or transfer access to firearms, medications, sharp objects, ligatures, substances, or other identified means.
7. **Follow-up:** Confirm next appointment, outreach plan, support involvement, and what to do if risk increases.

Provider Documentation Checklist

- ☑ Risk type assessed and direct questions asked.
- ☑ Client responses regarding ideation, plan, intent, access to means, history, and risk/protective factors.
- ☑ Risk level and clinical rationale.
- ☑ Interventions completed, including means-safety steps.
- ☑ Safety plan created, reviewed, updated, or declined, including reason if not completed.
- ☑ Consultation, supervision, collateral contacts, mandated reports, crisis calls, emergency/higher-care referrals.
- ☑ Follow-up timing and instructions if risk escalates.

National Reference Resource List

The resources below are intentionally limited to nationally available, high-yield resources that directly support this handout.

Need	National Resource	Use / Access
Immediate crisis support	988 Suicide & Crisis Lifeline	Call or text 988; national 24/7 crisis support. 988lifeline.org
Suicide screening / clinical pathway	Ask Suicide-Screening Questions (ASQ) Toolkit – NIMH	Brief validated screening tool with youth/adult materials, brief suicide safety assessment guides, and clinical pathways. nimh.nih.gov
Suicide screening / assessment	Columbia Protocol / C-SSRS	Structured questions addressing suicidal ideation and behavior. Versions are available for healthcare and community settings. cssrs.columbia.edu
Youth-specific tools	NIMH Youth ASQ Toolkit; AAP/AFSP Blueprint for Youth Suicide Prevention	Youth-focused screening, brief suicide safety assessment, clinical pathways, parent/guardian materials, safety planning, and pediatric guidance. NIMH Youth ASQ | AAP Blueprint
Suicide assessment / triage	SAFE-T – SAMHSA	Five-step framework for identifying risk/protective factors, conducting suicide inquiry, determining interventions, and documenting the plan. library.samhsa.gov
Evidence-based clinical guidance	VA/DoD Clinical Practice Guideline: Assessment and Management of Patients at Risk for Suicide (2024)	Comprehensive guideline, provider summary, pocket guide, safety plan, crisis response plan, and lethal-means resources. healthquality.va.gov
Safety planning	SAMHSA Safety Plan (modified from Stanley & Brown)	Printable collaborative safety plan covering warning signs, coping, supports, professional resources, and environmental/means safety. samhsa.gov/resource
Domestic/family violence	National Domestic Violence Hotline	National 24/7 support and individualized safety-planning resources. Call 800-799-SAFE (7233); text START to 88788. thehotline.org
Violence prevention	CDC Violence Prevention / Intimate Partner Violence Resources	National public-health information on violence risk/protective factors and prevention. cdc.gov
School threat assessment / safety	SchoolSafety.gov – Threat Assessment & Reporting Resources	Federal interagency resources for K-12 threat assessment, reporting, and school safety. schoolsafety.gov

Core References

National Institute of Mental Health. Ask Suicide-Screening Questions (ASQ) Toolkit. National Institutes of Health. Updated toolkit materials available at: https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials

The Columbia Lighthouse Project. The Columbia Protocol (Columbia-Suicide Severity Rating Scale [C-SSRS]) for Healthcare and Other Community Settings. https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/

Substance Abuse and Mental Health Services Administration. SAFE-T: Suicide Assessment Five-Step Evaluation and Triage. Publication No. PEP24-01-036. https://library.samhsa.gov/product/safe-t-suicide-assessment-five-step-evaluation-and-triage/pep24-01-036

Department of Veterans Affairs & Department of Defense. VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide. Version 3.0; 2024. https://www.healthquality.va.gov/guidelines/mh/srb/

Substance Abuse and Mental Health Services Administration. Safety Plan. Modified from Stanley & Brown. Last updated April 22, 2025. https://www.samhsa.gov/resource/988/safety-plan

988 Suicide & Crisis Lifeline. National crisis support and provider/public resources. https://988lifeline.org/

National Domestic Violence Hotline. Plan for Safety. https://www.thehotline.org/plan-for-safety/

Centers for Disease Control and Prevention. Intimate Partner Violence Prevention: Risk and Protective Factors and prevention resources. https://www.cdc.gov/intimate-partner-violence/

SchoolSafety.gov. Threat Assessment and Reporting Resources for K-12 Schools. Federal interagency school-safety resources. https://www.schoolsafety.gov/

This resource is provided for educational and informational purposes only. It does not establish a standard of care and is not a substitute for professional clinical judgment, supervision, organizational policy, or applicable legal and regulatory requirements. Providers remain responsible for independently assessing each patient's circumstances and determining appropriate evaluation, treatment, safety interventions, documentation, and follow-up.