

### C-SSRS TRIAGE PLAN FOR Cass County Community Providers

#### TRIAGE ACTION PLAN ON BACK

|   | YES   | NO  |                             |
|---|---|---|-----------------------------|
| 1   | Over the past MONTH, have you wished you were dead or wished you could go to sleep and not wake up?                   | Go to #2  | Go to #2                    |
| 2   | Have you actually had any thoughts of killing yourself?   | Go to #3-6  | Go to #6                    |
| <b>If YES to 2, ask questions 3, 4, 5 and 6. If NO, go directly to question 6</b> |   |   |                             |
| 3   | Have you been thinking about how you might do this?   | M   | L                           |
| 4   | Have you had these thoughts and had some intention of action on them?   | M   | L                           |
| 5   | Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? | M   | L                           |
| 6   | Have you ever done anything, started to do anything, or prepared to do anything to end your life?                     | Yes, within the past 3 months<br>Yes > 3 months to 1 year | Yes but > 1 yr ago or never |

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|---|--|--|
| <p><b>IF COOPERATIVE:</b><br/>24/7 call 2-1-1 and request Southeast Human Service Center for a risk assessment</p> <p><b>IF UNCOOPERATIVE:</b><br/>Transport by safest route (FM Ambulance or PD). Place hold as necessary.</p> | <p>Help person connect with 2-1-1 for a list of resources and suicide hotline.</p> | <p>Help person connect with 2-1-1 for a list of resources and suicide hotline.</p> |

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