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Have you actually had any thoughts of killing yourself?	Over the past MONTH, have you wished you were dead or wished you could go to sleep and not wake up?	TRIAGE ACTION PLAN ON BACK	C-SSRS TRIAGE PLAN FOR Cass County Community Providers	Have you ever done anything, started to do anything, the past 3 m or prepared to do anything to end your life?	Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Have you had these thoughts and had some intention of action on them?	Have you been thinking about how you might do this?	If YES to 2, ask questions 3, 4, 5 and 6. If NO, go directly to question 6	Have you actually had any thoughts of killing yourself?	Over the past MONTH, have you wished you were dead or wished you could go to sleep and not wake up?	TRIAGE ACTION PLAN ON BACK	C-SSRS TRIAGE PLAN FOR Cass County Community Providers
Go to #3-6	Go to #2	YES	y Pro	Yes > 3 months to 1 year	Ξ	Ξ	Μ	o quest	Go to #3-6	Go to #2	YES	y Pro
Go to #6	Go to #2	NO	viders	Yes but > 1 yr ago or never	-	-	L	tion 6	Go to #6	Go to #2	NO	viders

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Have you ever done anything, started to do anything, or prepared to do anything to end your life?	Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Have you had these thoughts and had some intention of action on them?	3 Have you been thinking about how you might do this?	If YES to 2, ask questions 3, 4, 5 and 6. If NO, go directly to question 6	2 Have you actually had any thoughts of killing yourself?	Over the past MONTH, have you wished you were dead or wished you could go to sleep and not wake up?	TRIAGE ACTION PLAN ON BACK
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Yes > 3 months to 1 year	Μ	M	Ν	to quest	Go to #3-6	Go to #2	YES
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C-SSRS TRIAGE PLAN FOR Cass County Community Providers

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s?	s;?		o directly	lf?	ead or	СК	
3 3	≤ .	-	to quest	Go to #3-6	Go to #2	YES	
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Have you ever done anything, started to do anything, or prepared to do anything to end your life?	Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Have you had these thoughts and had some intention of action on them?	3 Have you been thinking about how you might do this?	If YES to 2, ask questions 3, 4, 5 and 6. If NO, go directly to question 6	2 Have you actually had any thoughts of killing yourself?	Over the past MONTH, have you wished you were dead or wished you could go to sleep and not wake up?	TRIAGE ACTION PLAN ON BACK
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Yes > 3 months to 1 year	Μ	R	Σ	to ques	Go to #3-6	Go to #2	YES
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IF COOPERATIVE: 24/7 call 2-1-1 and request Southeast Human Service Center for a risk assessment IF UNCOOPERATIVE: Transport by safest route (FM Ambulance or PD). Place hold as necessary.	HIGH RISK	C-SSRS TRIAGE PLAN	C-SSRS TRIAGE PLAN HIGH RISK IF COOPERATIVE: 24/7 call 2-1-1 and request Southeast Human Service Center for a risk assessment IF UNCOOPERATIVE: Transport by safest route (FM Ambulance or PD). Place hold as necessary.
Help person connect with 2-1-1 for a list of resources and suicide hotline.	MODERATE RISK	C-SSRS TRIAGE PLAN FOR Cass County Community Providers	C-SSRS TRIAGE PLAN FOR Cass County Community ProvidersHIGH RISKMODERATE RISKLOW RISKIF COOPERATIVE: 24/7 call 2-1-1 and request Southeast for a risk assessment Transport by safest route (FM Ambulance or PD). Place hold as necessary.Help person connect with 2-1-1 for a list of resources and suicide hotline.Help person connect with 2-1-1 for a list of resources and suicide hotline.
Help person connect with 2-1-1 for a list of resources and suicide hotline.	LOW RISK	ommunity Providers	LOW RISK LOW RISK Help person connect with 2-1-1 for a list of resources and suicide hotline.
IF COOPERATIVE: 24/7 call 2-1-1 and request Southeast Human Service Center for a risk assessment IF UNCOOPERATIVE: Transport by safest route (FM Ambulance or PD). Place hold as necessary.	HIGH RISK	C-SSRS TRI	C-SSRS TRIAGE PL HIGH RISK IF COOPERATIVE: 24/7 call 2-1-1 and request Southeast Human Service Center for a risk assessment IF UNCOOPERATIVE: Transport by safest route (FM Ambulance or PD). Place hold as necessary.
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ATIVE: 1-1 and theast ce Center essment RATIVE: y safest houlance hold as any. Help person 2-1-1 for a list of resources hotline.	RISK MODERATE RISK	C-SSRS TRIAGE PLAN FOR Cass County Community Providers	C-SSRS TRIAGE PLAN FOR Cass County Community ProvidersHIGH RISKMODERATE RISKLOW RISKIF COOPERATIVE: 24/7 call 2-1-1 and request Southeast Human Service Center for a risk assessment Transport by safest route (FM Ambulance or PD). Place hold as necessary.Help person connect with 2-1-1 for a list of resources and suicide hotline.Help person connect with 2-1-1 for a list of resources and suicide hotline.

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If VES to 3 ack musctions 3 1 5 and 6 If NO an directly to musction 6	Have you actually had any thoughts of killing yourself?	Over the past MONTH, have you wished you were dead or wished you could go to sleep and not wake up?	TRIAGE ACTION PLAN ON BACK	C-SSRS TRIAGE PLAN FOR Clay County Community Providers	Have you ever done anything, started to do anything, the past a no prepared to do anything to end your life?	Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Have you had these thoughts and had some intention of action on them?	Have you been thinking about how you might do this?	If YES to 2, ask questions 3, 4, 5 and 6. If NO, go directly to question 6	Have you actually had any thoughts of killing yourself?	Over the past MONTH, have you wished you were dead or wished you could go to sleep and not wake up?	TRIAGE ACTION PLAN ON BACK	C-SSRS TRIAGE PLAN FOR Clay County Community Providers
	Go to #3-6	Go to #2	YES	y Prov	Yes > 3 months to 1 year	Z	R	Σ	o quest	Go to #3-6	Go to #2	YES	y Prov
y uur	Go to #6	Go to #2	NO	viders	Yes but > 1 yr ago or never	L	L	-	ion 6	Go to #6	Go to #2	NO	viders

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	Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Have you had these thoughts and had some intention of action on them?	3 Have you been thinking about how you might do this?	If YES to 2, ask questions 3, 4, 5 and 6. If NO, go directly to question 6	2 Have you actually had any thoughts of killing yourself?	Over the past MONTH, have you wished you were dead or wished you could go to sleep and not wake up?	TRIAGE ACTION PLAN ON BACK
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C-SSRS TRIAGE PLAN FOR Clay County Community Providers

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Yes but > 1 yr ago or never	F	F	-	tion 6	Go to #6	Go to #2	NO

C-SSRS TRIAGE PLAN FOR Clay County Community Providers

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Yes but >	-	-	-	stion 6	Go to #6	Go to #2	NO	

IF COOPERATIVE: Mobile Mental Health Team 24/7 at (800) 223-4512 IF UNCOOPERATIVE: Transport to ED by FM Ambulance Place hold as necessary	C-SSRS TRIAGE PLAN HIGH RISK	C-SSRS TRIAGE PLAN HIGH RISK IF COOPERATIVE: Mobile Mental Health Team 24/7 at (800) 223-4512 IF UNCOOPERATIVE: Transport to ED by FM Ambulance Place hold as necessary
Call Mobile Mental Health Team 24/7 at (800) 223-4512 Call First Link suicide line at 2-1-1	C-SSRS TRIAGE PLAN FOR Clay County Community Providers HIGH RISK MODERATE RISK LOW RISK	C-SSRS TRIAGE PLAN FOR Clay County Community ProvidersHIGH RISKMODERATISKLOW RISKHIGH RISKMODERATIVE:LOW RISKIF COOPERATIVE: Mobile Mental Health Team 24/7 at (800) 223-4512Call Mobile Mental Health Team 24/7 at (800) 223-4512Help person call First Link at 2-1-1 for a list of resources and sui- cide hotlineIF UNCOOPERATIVE: Transport to ED by FM Ambulance Place hold as necessaryCall First Link suicide line at 2-1-1Help person call First Link at 2-1-1 for a list of resources and sui- cide hotline
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IF COOPERATIVE: Mobile Mental Health Team 24/7 at (800) 223-4512 IF UNCOOPERATIVE: Transport to ED by FM Ambulance Place hold as necessary		
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