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	
If YES to 2, ask questions 3, 4, 5 and 6. If NO, go directly to question 6				
3	Have you been thinking about how you might do this?	М	L	
4	Have you had these thoughts and had some intention of action on them?	Н	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?	Н	L	
6	Have you ever done anything, started to do anything, or prepared to do anything to end your life?	Yes > 3 months to 1 year	Yes but > 1 yr ago or never	

C	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 of wished you could go to sleep and not wake up?	or	Go to #2	Go to #2	
2	Have you actually had any thoughts of killing yourself?		Go to #3-6	Go to #6	
	If YES to 2, ask questions 3, 4, 5 and 6. If NO, go dire	ectly	to ques	tion 6	
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?		Н	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?			L	
6	Have you ever done anything, started to do anything, or prepared to do anything to end your life?	așt 3	Yes > 3 months to 1 year	Yes but > 1 yr ago or never	

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	
If YES to 2, ask questions 3, 4, 5 and 6. If NO, go directly			tion 6	
3	Have you been thinking about how you might do this?	М	L	
4	Have you had these thoughts and had some intention of action on them?		L	
5	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?		L	
6	Have you ever done anything, started to do anything, or prepared to do anything to end your life?	Yes > 3 months to 1 year	Yes but > 1 yr ago or never	

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	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	
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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?		Н	L	
6	Have you ever done anything, started to do anything, or prepared to do anything to end your life?		Yes > 3 months to 1 year	Yes but > 1 yr ago or never	

(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		
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	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?		н	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?		Н	L		
	6	Have you ever done anything, started to do anything, or prepared to do anything to end your life?	Yes > 3 months to 1 year	Yes but > 1 yr ago or never		

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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
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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		Yes > 3 months to 1 year	Yes but > 1 yr ago or never

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	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
If YES to 2, ask questions 3, 4, 5 and 6. If NO, go directly			tion 6
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?		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?		L
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1	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	
2	Have you actually had any thoughts of killing yourself?	Go to #3-6	Go to #6	
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	TRIAGE ACTION PLAN ON BACK	YES	NO	
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C-SSRS TRIAGE PLAN FOR Cass County Community Providers

HIGH RISK	MODERATE RISK	LOW 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.	Help person connect with 2-1-1 for a list of resources and suicide hotline.

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

C	C-SSRS TRIAGE PLAN FOR Clay 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	
	If YES to 2, ask questions 3, 4, 5 and 6. If NO, go directl	y to ques	tion 6	
3	3 Have you been thinking about how you might do this?		L	
4	4 Have you had these thoughts and had some intention of action on them?		L	
5	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?		L	
6	Have you ever done anything, started to do anything, or prepared to do anything to end your life?	Yes > 3 months to 1 year	Yes but > 1 yr ago or never	

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C	C-SSRS TRIAGE PLAN FOR Clay 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		
	If YES to 2, ask questions 3, 4, 5 and 6. If NO, go directly	to ques	tion 6		
3	Have you been thinking about how you might do this?		L		
4	Have you had these thoughts and had some intention of action on them?		L		
5	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?		L		
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	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		
	If YES to 2, ask questions 3, 4, 5 and 6. If NO, go directly	to ques	tion 6		
3	3 Have you been thinking about how you might do this?		L		
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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?		L		
6	Have you ever done anything, started to do anything, or prepared to do anything to end your life?	Yes > 3 months to 1 year	Yes but > 1 yr ago or never		
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C-SSRS TRIAGE PLAN FOR Clay 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	
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3	3 Have you been thinking about how you might do this?		L	
4	Have you had these thoughts and had some intention of action on them?		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?		Н	L	
6	Have you ever done anything, started to do anything, or prepared to do anything to end your life?	Yes > 3 months to 1 year	Yes but > 1 yr ago or never	

C-SSRS TRIAGE PLAN FOR Clay County Community Providers				
	TRIAGE ACTION PLAN ON BAC	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
2	Have you actually had any thoughts of killing yourself?			Go to #6
	If YES to 2, ask questions 3, 4, 5 and 6. If NO, go	to ques	tion 6	
3	Have you been thinking about how you might do this?			L
4	4 Have you had these thoughts and had some intention of action on them?			L
5	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?			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	Yes > 3 months to 1 year	Yes but > 1 yr ago or never

	TRIAGE ACTION PLAN ON BAC	YES	NO	
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?		lf?	Go to #3-6	Go to #6
	If YES to 2, ask questions 3, 4, 5 and 6. If NO, go	to ques	tion 6	
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?		н	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?		Н	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	Yes > 3 months to 1 year	Yes but >

	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
	If YES to 2, ask questions 3, 4, 5 and 6. If NO, go	to ques	tion 6	
3 Have you been thinking about how you might do this?			M	L
Have you had these thoughts and had some intention of action on them?				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?			Н	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	Yes > 3 months to 1 year	Yes but > 1 yr ago o never

C-SSRS TRIAGE PLAN FOR Clay County Community Providers				
	TRIAGE ACTION PLAN ON BACK	YES	NO	
Over the past MONTH, have you wished you were dead or wished you could go to sleep and not wake up?			Go to #2	
2	Have you actually had any thoughts of killing yourself?	Go to #3-6	Go to #6	
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C-SSRS TRIAGE PLAN FOR Clay County Community Providers

HIGH RISK	MODERATE RISK	LOW 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	Help person call First Link at 2-1-1 for a list of resources and suicide hotline

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