

# 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
<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?	H	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?	H	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

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HIGH RISK	MODERATE RISK	LOW RISK
<p data-bbox="99 394 532 584"><b>IF COOPERATIVE:</b> Mobile Mental Health Team 24/7 at (800) 223-4512</p> <p data-bbox="99 638 553 827"><b>IF UNCOOPERATIVE:</b> Transport to ED by FM Ambulance Place hold as necessary</p>	<p data-bbox="616 348 1089 555">Call Mobile Mental Health Team 24/7 at (800) 223-4512</p> <p data-bbox="690 653 1021 855">Call First Link suicide line at 2-1-1</p>	<p data-bbox="1176 425 1607 778">Help person call First Link at 2-1-1 for a list of resources and suicide hotline</p>