

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?	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>IF COOPERATIVE: 24/7 call 2-1-1 and request Southeast Human Service Center for a risk assessment</p> <p>IF UNCOOPERATIVE: 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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