

Help person
connect with 9-8-8
for support or a list
of resources.

LOW RISK

Help person
connect with 9-8-8
for support and
create a plan to
stay safe for now.

MODERATE RISK

IF COOPERATIVE:
24/7 call 9-8-8 and
request the local
mobile crisis
response team.
IF UNCOOPERATIVE:
Transport by safest
route (call 9-1-1, PD,
or ambulance). Place
hold as necessary.

HIGH RISK

C-SSRS Triage Plan for Community Providers

C-SSRS Triage Plan

For Community Providers

WARNING SIGNS:

Verbal and Emotional Signs: Talking about death or feeling hopeless.

Behavioral Changes: Increased substance use, withdrawal from others or abrupt behavior changes.

Physical and Mood Symptoms: Extreme mood swings or disrupted sleep patterns.



C-SSRS Triage Plan for 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 last 3
months

Yes > 3
months
to 1 year

Yes but >
1 yr ago
or never