



Entering C-SSRS Data into ProviderConnect

A Step by Step Guide

Updated: July 3, 2018

Utah Division of Substance Abuse and Mental Health Mandate

All consumers 5 years and older must be screened for suicidal risk upon admission to treatment and anytime after when suicidal risk or ideation is present. Providers must use the Columbia Suicide Severity Rating Scale (C-SSRS) to record consumer responses. If the consumer responds YES to Question #1 and/or Question #2 on the C-SSRS, a safety plan must be developed on the same day.

1. Login to ProviderConnect
2. In the Main Menu, click "Lookup Client"
3. Enter the Client Name and/or ID Number
4. Select the correct consumer
5. Click "Suicide Severity Rating Scale" from the Menu on the lefthand side of the page
6. Click the "Add New Record" button
7. Complete all questions in **Red**. You will notice your provider name will automatically appear in the top row under "Provider". You will also notice other questions will turn **Red** based upon your answers.
8. When all items in **Red** are complete, click the "Save Changes" button at the bottom of the page.

If the C-SSRS is not utilized, be sure to complete #1 and #3 (see blue arrows).


Question 5 on the C-SSRS references "Suicide Intent with a Specific Plan" and includes 2 questions. Please enter the consumer's response to each question separately as items #9a and #10 on the ProviderConnect form (see green arrows).

Entry


Provider
Search for: Search

Optum/SLCo Suicide Severity Rating Screening Tool

Entry Date

1. Has a C-SSRS been utilized?
 No 
 Yes

2. If yes, date this screening tool was administered

3. If the C-SSRS was not completed, please indicate
 a. Consumer refused to participate
 b. Consumer not capable of participating 
 c. Consumer is in imminent crisis

Within the Past Month:

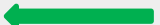
4. Have you wished you were dead or wished you could go to sleep and not wake up?
 No
 Yes


5. Have you actually had thoughts about killing yourself?
 No
 Yes

6. Have you been thinking about how you might kill yourself?
 No
 Yes

7. Have you had these thoughts and had an intention to act on them?
 No
 Yes

8. Have you started to work out or worked out the details of a plan of how to kill yourself?
 No
 Yes

9a. Do you intend to carry out this plan?
 No 
 Yes

10. Have you ever done anything, started to do anything, or prepared to do anything to end your life?
 No 
 Yes

If Y to 10 then when?
 Between 3 months and 1 year
 Over a year ago
 Within the last 3 months

11. Has a Safety Plan been developed?
 No
 Yes

12. If a Safety Plan has been developed, what is the date of the plan

13. If a Safety Plan has not been developed, please indicate
 d. Consumer refused to participate
 e. Consumer not capable of participating
 f. Consumer is in imminent crisis