

Level 1 training packet

Berrien County

School S.A.F.E. team response: Blue envelope

Suicidal thoughts: Use S.A.F.E. steps

S

Stay with the student

A

Access help

F

Feelings: validate them

E

Eliminate lethal means

Level 1: Initial responder

Mini S.A.F.E resource card

County resources

spectrumhealth.org/blueenvelope

Suicide S.A.F.E. Team Response



Level 1: Initial and 2nd responder

Student has expressed thoughts of suicide or self-harm behaviors



Student or parent/guardian is present in the office:

- **S Stay** with student: don't leave them alone.
- **A Access** help: "I'm going to stay with you while we get help."
- Contact second adult and/or main office with code words: blue envelope.
- **F Feelings**: "This is important. I'm glad you shared this."
- Escort to the main office - "Let's walk together to get help."
- **E Eliminate risk**: Ask student if they have any weapons, pills or other self-harm items in their possession.
- Remove lethal means if possible - if student refuses call 911 immediately.
- Obtain phone number for parent/guardian.



If the threat is identified via text, email or social media:

- **S** – Determine current student location and verify if they are with someone and safe.
- If student cannot be located, call 911 to report the concern and ask for a safety check.
- **A** – Alert another adult who can contact Level 2 team member of the situation.
- **F** – "This is important. I'm glad you shared this."
- "I am concerned about your safety. I will get help."
- **E** – Ask student if they have any weapons, pills or other self-harm items in their possession.
- Remove lethal means if possible. If student refuses, call 911 immediately.
- **If after hours: notify school administrator and/or parent. If no response, contact 911 for a safety check.**

Access help - code word:
blue envelope

Escort student to the
main office

Level 2 responder
complete C-SSRS

Level 2 - Professional support staff or school administration speak with the student to assess:

Risk level | Protective factors | Release of information | C-SSRS | Determine next steps | Parent education

Low risk

Complete safety plan
Contact parent/guardian.

Moderate risk

Assess risk-protective factors –
Decide if low or high risk steps are more appropriate.
Link with out-patient resources.

High risk

Facilitate immediate mental health evaluation – CMH or ED with verbal call ahead.
Parent/guardian education.



Suicidal thoughts: Use S.A.F.E.

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Eliminate lethal means



Emergency contact:

Level 2 contact:

If a student has expressed thoughts of suicide or self-harm behaviors, stay with the student. Some phrases to help in this situation include:

- “I’m going to stay with you while we get help.”
- “This is important. I’m glad you shared this.”
- “Let’s walk together to get help.”
- “I am concerned about your safety. I will get help.”
- “Do you have any weapons, pills or other self-harm items in your possession?”

Berrien County mental health and suicide prevention resources



Community Mental Health & Children’s Mobile Crisis 269.934.0747

- Services up to age 21
- Operates 9 a.m. to 9 p.m. weekdays, weekends and holidays.
- It’s your choice how the team will respond, whether at school, home, physician office or alternate location.
- Access services by calling Community Mental Health directly at 269.925.0585

For further county resources, visit: riverwoodcenter.org

Emergency

If there is an immediate risk or fear of safety, please go to the nearest emergency department

Emergency 911
 Berrien County Sherriff’s Office 229.686.7071
 Berrien County Crisis Negotiation Team 269.983.7141
 National Suicide Prevention Lifeline 988 or 800.273.TALK (8255)
 Española 888.628.9454 (call)
 TTY: 800.799.4TTY (4889)
 Chat at 988lifeline.org
 Corewell Health Grand Rapids Hospitals - Helen DeVos Children’s Hospital 616.267.1680
 Corewell Health - Lakeland Hospitals Niles Hospital – 31 N. St. Joseph Ave. 269.683.5510
 Corewell Health - Lakeland Hospitals Watervliet Hospital – 400 Medical Drive 269.463.3111
 Corewell Health - Lakeland Hospitals St. Joseph Hospital – 1234 Napier Ave. 269.983.8300
 Pine Rest Psychiatric Urgent Care (300 68th St., Grand Rapids, MI) 616.455.9200
 Pine Rest Christian Hospital Crisis Line 800.678.5500
 Crisis Text Line Text “start” to 988 or 741.741
 The Trevor Project Crisis Line for LGBTQ Youth 866.488.7386 or Text “start” to 678.678
 Trans Lifeline 877.565.8860

Counseling/Outpatient - Local agencies

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 Haelan Counseling Services – Niles 269.683.8972
 Hinman Counseling Services – Berrien Springs 269.471.5968
 Peace of Mind Counseling – Saint Joseph 269.428.4789
 Riverwood Center – Benton Harbor 269.925.0585
 Shepard House Counseling – Saint Joseph 269.985.2000
 Victory Counseling Services – Benton Harbor 269.925.8222
 OutCenter of Southwest Michigan 269.934.5633

Other helpful resources

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 Mental Health Information and Referrals 211
 Self-Injury Crisis Hotline 800.366.8288
 Sexual Assault Hotline - Safe Helpline 877.995.5247
 National Domestic Violence Hotline 800.799.7233 Text “start” to 88788
 Substance Abuse & Mental Health Services Hotline 800.662.4357
 Veteran’s Crisis Line 800.273.8255 Text 838255
 SMART Recovery Support Group meetings.smartrecovery.org

Safety plan



Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____
4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician name _____ Phone _____
Clinician pager or emergency contact # _____
2. Clinician name _____ Phone _____
Clinician pager or emergency contact # _____
3. Local urgent care services
Urgent care services address _____
Urgent care services phone _____
4. Provide Suicide Prevention Lifeline phone: 988 or 1.800.273.TALK (8255) or text “HELP” to 988 or 741.741

Step 6: Making the environment safe (lock or eliminate lethal means):

1. _____
2. _____

Step 7: For referral information regarding ongoing behavioral health services:

Step 8: The one thing that is most important to me and worth living for is:

Date completed: _____

Plan de seguridad



Paso 1: Señales de alerta (pensamientos, imágenes, estado de ánimo, situación, comportamiento) de una posible crisis inminente:

1. _____
2. _____
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Paso 2: Estrategias internas de afrontamiento – cosas que yo puedo hacer para desviar mi mente de los problemas sin contactar a otra persona (técnica de relajación, actividad física):

1. _____
2. _____
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Paso 3: Personas y entornos sociales que proporcionan distracción:

1. Nombre _____ Teléfono _____
2. Nombre _____ Teléfono _____
3. Lugar _____
4. Lugar _____

Paso 4: Personas a quienes puedo pedir ayuda:

1. Nombre _____ Teléfono _____
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Paso 5: Profesionales o agencias a quienes puedo contactar durante una crisis:

1. Nombre del profesional clínico _____ Teléfono _____
Nro. de localizador del profesional clínico o nro. de contacto de emergencia _____
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Nro. de localizador del profesional clínico o nro. de contacto de emergencia _____
3. Centro local de atención de urgencias _____
Dirección del centro de atención de urgencias _____
Teléfono del centro de atención de urgencias _____
4. Proporcionar el número de la Línea Telefónica para la Prevención de Suicidios: 988 o 1.800.273.TALK (8255) o, por mensaje de texto, "HELP" a 988 o 741.741

Paso 6: Cómo hacer que el entorno sea seguro (guardar bajo llave o eliminar los objetos letales):

1. _____
2. _____

Paso 7: Para información de derivación con respecto a servicios continuos de salud conductual:

Paso 8: Lo más importante para mí y la razón por la que vale la pena vivir es:

Fecha de compleción: _____

Level 2 training packet

Berrien County

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Level 2: Administrators, leadership
and social workers

Level 1: Initial responder- for reference only

Level 2: Columbia suicide severity rating scale
and response recommendations

Safety plan-English and Spanish

After the blue envelope event

Mini S.A.F.E resource card

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Level 2 responder
complete C-SSRS

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High risk

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Parent/guardian education.



Columbia suicide severity rating scale



Suicide ideation definitions and prompts:	In the last month	
	Yes	No
Ask questions that are in bold.		
Ask questions 1 and 2 (in the last month)		
1. Wish to be dead: Student endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up? In the last month, have you wished you were dead, or wished you could go to sleep and not wake up?		
2. Suicidal thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. In the last month, have you had any actual thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3. Suicidal thoughts with method (without specific plan or intent to act): Student endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it." In the last month, have you been thinking about how you might do this?		
4. Suicidal intent (without specific plan): Active suicidal thoughts of killing oneself and student reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." In the last month, have you had these thoughts and had some intention of acting on them?		
5. Suicide intent with specific plan: Thoughts of killing oneself with details of plan fully or partially worked out and student has some intent to carry it out. In the last month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6. Suicide behavior question Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: Was this within the past 3 months?	Lifetime	
	Past 3 months	

After a blue envelope event

1. Document event (student information/counseling log)

Include:

- Columbia-SSRS results - suicide thoughts, intent, plan, student denies current risk, etc.
- Safety plan completed?
- Lethal means reduced and addressed?
- Follow-up plan.

2. Notify parent/guardian

- Provide warning signs education and resources.
- Obtain release of information for seamless transition of care.
- Provide safety plan.

3. Report unidentified incident data

- Complete the school blue envelope tracking tool.
- Attend clinical review meetings to review data trends, best practices and eliminate barriers to safe services.

Student safety measures and response protocols based on C-SSRS responses

C-SSRS quick screen questions (in the last month)			Action for highest “yes” response
Question	“Yes” indicates	Level of risk	Schools
1. In the last month, have you wished you were dead in the last month or wished you could go to sleep and not wake up?	Wish to be dead	Low	<ul style="list-style-type: none"> Consider referral to social worker or outpatient mental health. Complete SAFETY PLAN with student/parent, provide copy and follow-up next day. Consider student/parent education and local resources with crisis contacts.
2. In the last month, have you actually had any thoughts of killing yourself?	Nonspecific thoughts		
3. In the last month, have you been thinking about how you might kill yourself?	Thoughts with method (without specific plan or intent to act)	Moderate Consider C-SSRS answers plus risk factors/protective factors	<ul style="list-style-type: none"> Assess risk factors and protective factors to determine if low or high-risk disposition is more relevant – follow associated steps. Complete SAFETY PLAN with student/parent, provide copy and follow-up next day. Consider recommending a mental health evaluation with social work or at a community mental health organization.
4. In the last month, have you had these thoughts and had some intention of acting on them?	Thoughts with some intent (without specific plan)	High Consider C-SSRS answers plus risk factors/protective factors	<ul style="list-style-type: none"> Facilitate immediate mental health evaluation with <ul style="list-style-type: none"> – Community mental health OR – Social work OR – Pine Rest Psychiatric Urgent Care Center OR – Emergency department. Educate student/parent on signs of suicide risk factors and safety measures with resources and crisis contacts.
5. In the last month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Thoughts, intent with plan		
6. Have you ever: Done anything, Started to do anything, or Prepared to do anything to end your life?	Behavior	Moderate Lifetime	<ul style="list-style-type: none"> Assess risk factors and determine if low or high-risk disposition is more relevant – follow associated steps. Educate student/parent on signs of suicide risk factors and safety measures with crisis contacts. Complete SAFETY PLAN with student/parent, provide copy and follow-up next day.
		High Past 3 months	<ul style="list-style-type: none"> Facilitate immediate mental health evaluation with <ul style="list-style-type: none"> – Community mental health OR – Social work OR – Emergency department. Educate student/parent on signs of suicide risk factors and safety measures with resources and crisis contacts.

Safety plan



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