

# Level 1 training packet

## Mason 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 risk

**Level 1:** Initial responder

Safety plan-English and Spanish

Mini S.A.F.E resource card

County resources

**[spectrumhealth.org/blueenvelope](https://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 person:

- **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 social media or phone:

- **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 words:  
**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. steps

**S**

Stay with the student

**A**

Access help

**F**

Feelings: validate them

**E**

Eliminate risk

**Emergency contact:**

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**Level 2 contact:**

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**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?”
- “Are you thinking of killing yourself?”

# Mason County mental health and suicide prevention resources



West Michigan CMH & Children's Mobile Crisis ..... **800.992.2061**  
 • Services all ages. • Access services by calling West Michigan CMH (Mason)  
 • Operates 24/7. directly at **231.845.6294**.  
 For further county resources, visit: **wmcmhs.org**

## Emergency

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

Emergency ..... **911**  
 Mason County Sheriff's Office ..... **231.843.3475**  
 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 Ludington Hospital Emergency ..... **231.845.2390**  
 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**  
 Native & Strong Lifeline ..... **988** (Press Option 4)

## Counseling/Outpatient - Local agencies

Psychology Today – Michigan ..... **psychologytoday.com/us/therapists/michigan**  
 Counseling Center of West Michigan ..... **616.805.3660**  
 Pine Rest Christian Mental Health ..... **866.852.4001**  
 Corewell Health Psychiatric Clinic – 2750 E. Beltline Ave. NE ..... **616.447.5820**  
 Toby Wessel ..... **231.690.9742**  
 Serenity Point Counseling ..... **231.425.3180**  
 Jan Smallwood ..... **630.835.4046**  
 Michael Whitehead ..... **231.233.0115**  
 Harbor Counseling ..... **231.845.2827**  
 Lighthouse Associates ..... **231.425.4414**  
 Northern Clinical Diagnostics ..... **231.845.2900**  
 Rhythm of Life Counseling ..... **231.690.9637**  
 West Michigan CMH ..... **800.992.2061**  
 Corewell Health Children's Behavioral Health – 1545 68th St. SE (Youth Behavioral Health Clinic) ..... **616.447.5820**  
 Corewell Health Addiction Clinics (care for patients 13 years & up) ..... **616.391.6120** (Press option 1)

## Other helpful resources

Mental Health Information and Referrals ..... **211**  
 Self-Injury Crisis Hotline ..... **800.366.8288**  
 Sexual Assault Hotline ..... **877.995.5247**  
 Domestic Violence Hotline ..... **800.799.7233**  
 Substance Abuse & Mental Health Services Hotline ..... **800.662.4357**  
 Veteran's Crisis Line ..... **800.273.8255**  
 Michigan Warmline (10-2 a.m. everyday) ..... **888.733.7753**  
 National Alliance on Mental Health (NAMI) ..... **nami.org**  
 BetterHelp – Online counseling service ..... **betterhelp.com**

# 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 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: \_\_\_\_\_

Student name: \_\_\_\_\_

# Plan de seguridad



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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**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. \_\_\_\_\_
3. \_\_\_\_\_

**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 \_\_\_\_\_
2. Nombre \_\_\_\_\_ Teléfono \_\_\_\_\_
3. Nombre \_\_\_\_\_ Teléfono \_\_\_\_\_

**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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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: \_\_\_\_\_

Nombre del estudiante: \_\_\_\_\_



# Level 2 training packet

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Feelings: validate them

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Eliminate risk

**Level 2:** Administrators, leadership,  
and social workers

**Level 1:** Initial responder-for reference only

**Level 2:** Columbia suicide severity rating scale

Columbia responder recommendations

Safety plan-English and Spanish

After the blue envelope event

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Level 2 responder  
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# Safety plan



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Date completed: \_\_\_\_\_

Student name: \_\_\_\_\_

# Plan de seguridad



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

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**Paso 4: Personas a quienes puedo pedir ayuda:**

1. Nombre \_\_\_\_\_ Teléfono \_\_\_\_\_
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3. Nombre \_\_\_\_\_ Teléfono \_\_\_\_\_

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1. Nombre del profesional clínico \_\_\_\_\_ Teléfono \_\_\_\_\_  
Nro. de localizador del profesional clínico o nro. de contacto de emergencia \_\_\_\_\_
2. Nombre del profesional clínico \_\_\_\_\_ Teléfono \_\_\_\_\_  
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 \_\_\_\_\_
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**Paso 6: Cómo hacer que el entorno sea seguro (guardar bajo llave o eliminar los objetos letales):**

1. \_\_\_\_\_
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**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: \_\_\_\_\_

Nombre del estudiante: \_\_\_\_\_



# Columbia suicide severity rating scale



Suicide ideation definitions and prompts:	In the last month	
	Yes	No
<b>Ask questions that are in bold.</b>		
<b>Ask questions 1 and 2 (in the last month)</b>		
<b>1. Wish to be dead:</b> Student endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up? <b>In the last month, have you wished you were dead, or wished you could go to sleep and not wake up?</b>		
<b>2. Suicidal thoughts:</b> 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. <b>In the last month, have you had any actual thoughts of killing yourself?</b>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3. Suicidal thoughts with method (without specific plan or intent to act):</b> 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." <b>In the last month, have you been thinking about how you might do this?</b>		
<b>4. Suicidal intent (without specific plan):</b> 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." <b>In the last month, have you had these thoughts and had some intention of acting on them?</b>		
<b>5. Suicide intent with specific plan:</b> Thoughts of killing oneself with details of plan fully or partially worked out and student has some intent to carry it out. <b>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?</b>		
<b>6. Suicide behavior question:</b> <b>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</b> 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. <b>If YES, ask: Was this within the past 3 months?</b>		

## After a blue envelope event

### 1. Document event (Student information/counseling log)

- 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 blue envelope event 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	<b>Low</b>	<ul style="list-style-type: none"> <li>Consider referral to social worker or outpatient mental health.</li> <li>Complete <b>SAFETY PLAN</b> with student, provide copy and follow-up next day.</li> <li>Consider student/parent education and local resources with crisis contacts.</li> </ul>
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)	<b>Moderate</b> Consider C-SSRS answers plus risk factors/protective factors	<ul style="list-style-type: none"> <li>Assess risk factors and protective factors to determine if low or high-risk disposition is more relevant – follow associated steps.</li> <li>Complete <b>SAFETY PLAN</b> with student/parent, provide copy and follow-up next day.</li> <li>Consider recommending a mental health evaluation with social work or at a community mental health organization.</li> </ul>
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)		
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	<b>High</b> Consider C-SSRS answers plus risk factors/protective factors	<ul style="list-style-type: none"> <li>Facilitate immediate mental health evaluation with                             <ul style="list-style-type: none"> <li>– Community mental health <b>OR</b></li> <li>– Social work <b>OR</b></li> <li>– Pine Rest Psychiatric Urgent Care Center <b>OR</b></li> <li>– Emergency department</li> </ul> </li> <li>Educate student/parent on signs of suicide, risk factors and, safety measures with resources and crisis contacts.</li> </ul>
6. Have you ever: Done anything, Started to do anything, or Prepared to do anything to end your life?	Behavior		
		<b>Moderate</b> Lifetime	<ul style="list-style-type: none"> <li>Assess risk factors and determine if low or high-risk disposition is more relevant – follow associated steps.</li> <li>Educate student/parent on signs of suicide risk factors and safety measures with crisis contacts.</li> <li>Complete <b>SAFETY PLAN</b> with student/parent, provide copy and follow-up next day.</li> </ul>
		<b>High</b> Past 3 months	<ul style="list-style-type: none"> <li>Facilitate immediate mental health evaluation with                             <ul style="list-style-type: none"> <li>– Community mental health <b>OR</b></li> <li>– Social work <b>OR</b></li> <li>– Emergency department</li> </ul> </li> <li>Educate student/parent on signs of suicide, risk factors, and safety measures with resources and crisis contacts.</li> </ul>