

Level 1 training packet

Montcalm 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

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

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Access help

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Feelings: validate them

E

Eliminate risk

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

Montcalm County mental health and suicide prevention resources



Montcalm Care Network & Children's Mobile Crisis.....**989.831.7520**

- Services up to age 21.
- Goes to schools and homes.
- Operates Monday to Friday, 8 a.m. to 6 p.m.
- Access services by calling Montcalm Care Network directly at **989.831.7520**.

For further county resources, visit: montcalmcare.net

Emergency

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

Emergency.....	911
Montcalm County Sheriff's Office.....	989.831.7590
National Suicide Prevention Lifeline.....	988 or 800.273.TALK (8255)
.....	Española 888.628.9454
.....	TTY: 800.799.4TTY (4889)
.....	Chat at 988lifeline.org
MyMichigan Medical Center	989.463.1101
Corewell Health Grand Rapids Hospitals – Helen DeVos Children's Hospital	616.267.1680
Corewell Health Greenville Hospital Emergency	616.225.6580
Sheridan Community Hospital Emergency Department.....	989.291.6350
Sparrow Carson Hospital Emergency Department.....	989.584.0975
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
Alternative Counseling Center	989.831.9111
Catholic Charities West Michigan.....	616.855.5923
.....	(616.456.1443 after hours)
Community Hope Christian Counseling.....	616.225.8220
North Kent Guidance Services.....	616.754.2364
Transitions Counseling.....	616.439.0889 or 616.754.9420
Belle Tower Group.....	616.835.9292
Michelle Woodison – Evans	616.690.0652
Lake Michigan Counseling Services.....	616.226.6522
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. _____
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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. _____
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Paso 3: Personas y entornos sociales que proporcionan distracción:

1. Nombre _____ Teléfono _____
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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. _____
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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: _____

Level 2 training packet

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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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Fecha de compleción: _____

Nombre del estudiante: _____

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?		

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	Low	<ul style="list-style-type: none"> Consider referral to social worker or outpatient mental health. Complete SAFETY PLAN with student, 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)		
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	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.
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.