

School blue envelope packet

S A F E

Suicide is everyone's responsibility

Within this packet you will find tools for school personnel and administration that will provide training on the S.A.F.E. steps:

- S** – Stay with the student
- A** – Access help
- F** – Feelings: validate them
- E** – Eliminate lethal means

Pretest and Posttest: To be distributed to all participants in the trainings; both Level 1 and Level 2. The trainers will develop increased confidence and competence because of the School Blue Envelope training.

Mini S.A.F.E Reference Card: To be printed four per page on blue paper. The small S.A.F.E. card can be issued to each person in the trainings for use as a reference card for those officially trained in the Blue Envelope process.

Level 1 School Safe Guidelines: To be used at Level 1 all-staff training. This form will guide initial and second responders with S.A.F.E. steps.

Columbia Questions and Columbia Response Guide: To be used for training, school administration, counselors and leadership. The two evidence-based tools provide specific questions to ask, a brief risk stratification and next steps recommendations.

Safety Plan: To be co-created by school personnel along with the student and/or family/support person. This document reflects the plan to keep the student safe if future events occur. It must be completed any time he or she is determined to be safe to return home. The only time you would not complete this form is if they were transferred urgently to a higher level of care; such as an emergency department or psychiatric facility.

Community Resource List: Provided as a resource list for student and family after a Blue Envelope event.

After a Blue Envelope Event: To be used for Level 2 advanced training for school administration, counselors and leadership training. The content in this form is also available with a school electronic link given to Level 2 responders to complete after event. De-identified, data trends, shared best practices and overcoming barriers will be reviewed regularly at county clinical review meetings 4 to 5 times each school year.

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[81 FR 31465, May 16, 2016; 81 FR 46613, July 18, 2016]

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Pretest for schools

S A F E

Suicide S.A.F.E. Team response training: "blue envelope"

1. Training date (mm/dd/yyyy): _____

2. For the purposes of matching your pre/post test, what is your email address? (this will not be shared)

3. Profession:

A. Teacher

B. Teacher aid

C. Mental health professional

D. Administration

E. Administrative support

F. Coach/athletics

G. Bus driver

H. Custodial/food services

I. Other

Years in profession: _____

4. School district: _____

5. Type of Blue Envelope Training (circle one):

A. New level 1

B. New level 2

C. Refresher level 1

D. Refresher level 2

6. Have you had previous suicide prevention training? (Circle all that apply)

A. Be nice.

B. Blue envelope

C. Mental health first aid

D. QPR training

E. Safe TALK

F. Other

G. None

7. I am knowledgeable about suicide prevention (circle a number):

1

Strongly
agree

2

Moderately
agree

3

Slightly
agree

4

Neutral

5

Slightly
disagree

6

Moderately
disagree

7

Disagree

8. I have confidence with how to respond to a student who expresses suicidal thoughts:

1

Strongly
agree

2

Moderately
agree

3

Slightly
agree

4

Neutral

5

Slightly
disagree

6

Moderately
disagree

7

Disagree

9. I am knowledgeable of how to keep students and staff S.A.F.E.:

1

Strongly
agree

2

Moderately
agree

3

Slightly
agree

4

Neutral

5

Slightly
disagree

6

Moderately
disagree

7

Disagree



**Spectrum
Health**

10. I feel prepared to access help for a student who expresses suicidal thoughts:						
1 Strongly agree	2 Moderately agree	3 Slightly agree	4 Neutral	5 Slightly disagree	6 Moderately disagree	7 Disagree
11. I am competent in completing a safety plan:						
1 Strongly agree	2 Moderately agree	3 Slightly agree	4 Neutral	5 Slightly disagree	6 Moderately disagree	7 Disagree
12. I am comfortable with the steps I need to complete following an interaction with a student who expresses suicidal thoughts:						
1 Strongly agree	2 Moderately agree	3 Slightly agree	4 Neutral	5 Slightly disagree	6 Moderately disagree	7 Disagree
13. I am able to identify what S.A.F.E. represents:						
1 Strongly agree	2 Moderately agree	3 Slightly agree	4 Neutral	5 Slightly disagree	6 Moderately disagree	7 Disagree

Post-test for schools

S A F E

Suicide S.A.F.E. Team response training: "blue envelope"

1. Training date (mm/dd/yyyy): _____						
2. For the purposes of matching your pre/post test, what is your email address? (this will not be shared) _____						
3. School district: _____						
4. Type of Blue Envelope Training (circle one): A. New level 1 B. New level 2 C. Refresher level 1 D. Refresher level 2						
5. I am knowledgeable about suicide prevention (circle a number):						
1 Strongly agree	2 Moderately agree	3 Slightly agree	4 Neutral	5 Slightly disagree	6 Moderately disagree	7 Disagree
6. I have confidence with how to respond to a student who expresses suicidal thoughts:						
1 Strongly agree	2 Moderately agree	3 Slightly agree	4 Neutral	5 Slightly disagree	6 Moderately disagree	7 Disagree
7. I am knowledgeable of how to keep students and staff S.A.F.E.:						
1 Strongly agree	2 Moderately agree	3 Slightly agree	4 Neutral	5 Slightly disagree	6 Moderately disagree	7 Disagree
8. I feel prepared to access help for a student who expresses suicidal thoughts						
1 Strongly agree	2 Moderately agree	3 Slightly agree	4 Neutral	5 Slightly disagree	6 Moderately disagree	7 Disagree
9. I am competent in completing a safety plan:						
1 Strongly agree	2 Moderately agree	3 Slightly agree	4 Neutral	5 Slightly disagree	6 Moderately disagree	7 Disagree
10. I am competent in completing a safety plan:						
1 Strongly agree	2 Moderately agree	3 Slightly agree	4 Neutral	5 Slightly disagree	6 Moderately disagree	7 Disagree
11. I am comfortable with the steps I need to complete following an interaction with a student who expresses suicidal thoughts:						
1 Strongly agree	2 Moderately agree	3 Slightly agree	4 Neutral	5 Slightly disagree	6 Moderately disagree	7 Disagree

Thank you!

Please return this form to your instructor

12. I am able to identify what S.A.F.E. represents:

1	2	3	4	5	6	7
Strongly agree	Moderately agree	Slightly agree	Neutral	Slightly disagree	Moderately disagree	Disagree

13. Comments/suggestions:

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

S

Stay with the student

A

Access help

F

Feelings: validate them

E

Eliminate lethal means



**Spectrum
Health**

Emergency contact:

Social worker contact:

Kent Community Mental Health- Network
180: **616.336.3909**

Spectrum Health Butterworth Emergency
Department: **616.391.1447**

Social Work 24/7: **616.352.8145**

Spectrum Health Blodgett ED:
616.774.7740

Social Work Pager 24/7: **616.382.0022**

Metro Health University of Michigan:
616.252.7123

Mercy Health: **616.685.4990**

Pine Rest Psychiatric Urgent Care Center:
616.455.9200

Kent County Sheriff Department: **911** or
616.774.2398

Crisis Intervention & Suicide Prevention for
LGBTQ Youth **866.488.7386 (National)**

Helen DeVos Children's Hospital:
616.391.9000 | Social Work Pager 24/7:
616.479.4990

Pine Rest Psychiatric Urgent Care Center:
616.455.9200

National Suicide Prevention Life Line:
800.273.8255 or text **"HELP"** to **741741**

Contact physician or if an emergency, call 911



Suicidal thoughts:

Use S.A.F.E. steps

S A F E

S

Stay with the student

A

Access help

F

Feelings: validate them

E

Eliminate lethal means

Suicide S.A.F.E. Team Response

S A F E

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

Emergency resources

Helen DeVos Children's Hospital: **616.391.9000**

Helen DeVos Children's Hospital ED Social Work Pager 24/7:

616.479.4990

Pine Rest Psychiatric Urgent Care Center: **616.455.9200**

National Suicide Prevention Life Line: 800.273.8255



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Suicide S.A.F.E. Response – Next Steps

Level 2 responder: professional support staff or school administrator

**S**

Stay with the student

A

Access help

F

Feelings: validate them

E

Eliminate lethal means

Suicide is Everyone's Responsibility

See Reverse Side for Questions That Can Save a Life

Columbia suicide severity rating scale

S A F E

Suicide ideation definitions and prompts:	In the last month	
Ask questions that are in bold.	Yes	No
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 a 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 oppose 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?	More than 1 year ago 4 to 12 months 1 to 3 months 	

Emergency resources

Kent Community Mental Health- Network 180: **616.336.3909**
 Spectrum Health Butterworth Emergency Department:
616.391.1447 Social Work 24/7: **616.352.8145**
 Spectrum Health Blodgett Emergency Department:
616.774.7740 Social Work Pager 24/7: **616.382.0022**
 Metro Health University of Michigan: **616.252.7123**
 Mercy Health: **616.685.4990**

Pine Rest Psychiatric Urgent Care Center: **616.455.9200**
 Kent County Sheriff Department: **911** or **616.774.2398**
 Crisis Intervention & Suicide Prevention for LGBTQ Youth
866.488.7386 (National)
 Helen DeVos Children's Hospital: **616.391.9000** | Social
 Work Pager 24/7: **616.479.4990**
 Pine Rest Psychiatric Urgent Care Center: **616.455.9200**
National Suicide Prevention Life Line: 800.273.8255
or text "HELP" to 741741

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Columbia suicide severity rating scale



Response recommendation guide for schools

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	- 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	- 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	- Facilitate immediate mental health evaluation with – 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	Low >1 year ago	- Consider referral to social worker or outpatient mental health organization - Complete SAFETY PLAN with student/parent, provide copy and follow-up next day - Consider student/parent education and local resources with crisis contacts
		Moderate 4-12 months ago	- 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 Within 3 months	- Facilitate immediate mental health evaluation with – 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



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Safety plan

S A F E

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: 1-800-273-TALK (8255) or text "HELP" to 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:

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Plan de seguridad

S A F E

Paso 1: Señales de riesgos

1. _____
2. _____
3. _____

Paso 2: Estrategias para manejar riesgos por mi cuenta – cosas que puedo hacer sin la ayuda de otros para distraerme de mis problemas:

1. _____
2. _____
3. _____

Paso 3: Personas y espacios sociales que me puedan distraer:

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

Paso 4: Personas a quienes puedo llamar para pedirle ayuda:

1. Nombre _____ Número _____
2. Nombre _____ Número _____
3. Nombre _____ Número _____

Paso 5: Profesionales o agencias que puedo contactar durante una crisis:

1. Nombre del médico _____ Número _____
Contacto de emergencia # _____
2. Nombre del médico _____ Número _____
Contacto de emergencia # _____
3. Local urgent care services _____
Urgent care services address _____
Urgent care services phone _____
4. Dirección del servicio de emergencia: _____ Número de servicio de emergencia: _____
5. Red Nacional de Prevención del Suicidio: 1.800 TALK (8255) text 741.741

Paso 6: Como puedo mejorar la seguridad en mi ambiente:

1. _____
2. _____

Paso 7: Informacion sobre el seguimiento del cuidado de la salud mental:

1. _____
2. _____

Paso 8: Una cosa que es lo mas importante para mi y vale le pena vivir:

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Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19, 256-264

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After a blue envelope event

S A F E

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

3. Report unidentified incident data

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



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