

# School Blue Envelope Packet

## 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.

**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.

**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 Next Steps and Columbia Response Recommendations Guide:** To be used for training all Level 2, school administration, counselors and leadership. The two 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 an Blue Envelope event.

**After a Blue Envelope Event:** To be used for Level 2, school administration, counselors and leadership training. This form (its content is also available within schools' Google Docs) is completed after each event and reported on a quarterly basis to Spectrum Health and the county suicide prevention coalition.

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

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# Pretest for Schools



## Suicide S.A.F.E. Team Response Training: "Blue Envelope"

<b>Profession:</b>				<b>Years in Profession:</b> _____		
<b>A. Teacher</b>		<b>F. Coach/Athletics</b>				
<b>B. Teacher Aid</b>		<b>G. Bus Driver</b>				
<b>C. Mental Health Professional</b>		<b>H. Custodial/Food Services</b>				
<b>D. Administration</b>		<b>I. Other</b>				
<b>E. Administrative Support</b>						
<b>Have you had previous suicide prevention training (i.e. QPR, safeTALK, be N.I.C.E.)?</b>				Yes	No	
<b>Circle previous training above or add other:</b>						
<b>Instructions:</b>						
Please circle the response that most closely indicates your agreement or disagreement with the following statements:						
<b>1. I am knowledgeable about suicide prevention (circle a number):</b>						
<b>1</b> Strongly Disagree	<b>2</b> Disagree	<b>3</b> Somewhat Disagree	<b>4</b> Neither Agree nor Disagree	<b>5</b> Somewhat Agree	<b>6</b> Agree	<b>7</b> Strongly Agree
<b>2. I have confidence with how to respond to a student who expresses suicidal thoughts:</b>						
<b>1</b> Strongly Disagree	<b>2</b> Disagree	<b>3</b> Somewhat Disagree	<b>4</b> Neither Agree nor Disagree	<b>5</b> Somewhat Agree	<b>6</b> Agree	<b>7</b> Strongly Agree
<b>3. I am knowledgeable of how to keep students and staff S.A.F.E.:</b>						
<b>1</b> Strongly Disagree	<b>2</b> Disagree	<b>3</b> Somewhat Disagree	<b>4</b> Neither Agree nor Disagree	<b>5</b> Somewhat Agree	<b>6</b> Agree	<b>7</b> Strongly Agree
<b>4. I feel unprepared with how to access help for a student who expresses suicidal thoughts:</b>						
<b>1</b> Strongly Disagree	<b>2</b> Disagree	<b>3</b> Somewhat Disagree	<b>4</b> Neither Agree nor Disagree	<b>5</b> Somewhat Agree	<b>6</b> Agree	<b>7</b> Strongly Agree
<b>5. I am competent in completing a safety plan:</b>						
<b>1</b> Strongly Disagree	<b>2</b> Disagree	<b>3</b> Somewhat Disagree	<b>4</b> Neither Agree nor Disagree	<b>5</b> Somewhat Agree	<b>6</b> Agree	<b>7</b> Strongly Agree
<b>6. I am comfortable with the steps I need to complete following an interaction with a student who expresses suicidal thoughts:</b>						
<b>1</b> Strongly Disagree	<b>2</b> Disagree	<b>3</b> Somewhat Disagree	<b>4</b> Neither Agree nor Disagree	<b>5</b> Somewhat Agree	<b>6</b> Agree	<b>7</b> Strongly Agree
<b>7. I am unable to identify what S.A.F.E. represents:</b>						
<b>1</b> Strongly Disagree	<b>2</b> Disagree	<b>3</b> Somewhat Disagree	<b>4</b> Neither Agree nor Disagree	<b>5</b> Somewhat Agree	<b>6</b> Agree	<b>7</b> Strongly Agree

# Post-test for Schools



## Suicide S.A.F.E. Team Response Training: "Blue Envelope"

### Instructions:

Please circle the response that most closely indicates your agreement or disagreement with the following statements:

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

#### 4. I feel unprepared with how to access help for a student who expresses suicidal thoughts:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

#### 5. I am competent in completing a safety plan:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

#### 6. I am comfortable with the steps I need to complete following an interaction with a student who expresses suicidal thoughts:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

#### 7. I am unable to identify what S.A.F.E. represents:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

## Thank you!

Please return this form to your instructor

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## Suicidal Thoughts: Use S.A.F.E. Steps

- S** Stay with the student
- A** Access help
- F** Feelings: Validate them
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**Emergency Contact:**

**Social Worker Contact:**

Ottawa County CMH: **866.512.4357**

Ottawa County Dispatch (24/7): **800.249.0911**

Holland Hospital ED: **616.394.3203**

North Ottawa Hospital: **616-847-5310**

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

Zeeland Community Hospital: **616.772.7526**

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

National Suicide Prevention Lifeline: **Call 800.273.8255 or text 741741**

**Contact physician or if an emergency, call 911**

**Emergency Contact:**

**Social Worker Contact:**

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**Contact physician or if an emergency, call 911**

# Suicidal Thoughts: Use S.A.F.E. Steps



Stay with the student



Access help



Feelings: Validate them



Eliminate lethal means

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Ottawa Department of  
Public Health



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# 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 2nd 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  
Link with Out-Patient Resources  
Contact Parent/Guardian

#### Moderate Risk

Assess Risk-Protective Factors -  
Decide if Low or High Risk steps are  
more appropriate

#### High Risk

Facilitate Immediate Mental Health  
Evaluation - CMH or ED With Verbal  
Call Ahead  
Parent/Guardian Education

### Local Emergency Resources

Ottawa Community Mental Health: **866.512.4357**  
Holland Hospital ED Charge Nurse: **616.394.3203**  
Helen DeVos Children's Hospital: **616.391.9000**  
Helen DeVos Children's Hospital ED Social Work Pager 24/7:  
**616.479.4990**

Ottawa County Sheriff Department: **911 or 800.249.0911**  
Zeeland Community Hospital: **616.772.7562**  
Holland Hospital ED MSW: **616.394.4217**  
Pine Rest Psychiatric Urgent Care Center: **616.455.9200**  
**National Suicide Prevention Life Line: 800.273.8255**



# Suicide S.A.F.E. Team Response

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

A Community Collaborative supported by  Ottawa County Suicide Prevention Coalition |  Ottawa Department of Public Health |  Ottawa Area ISD

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# 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)		
<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>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>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 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." <b>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 oppose to "I have the thoughts but I definitely will not do anything about them." <b>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>Have you started to work out or worked out the details of how to kill yourself?</b> <b>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>		<b>More Than 1 Year Ago</b>
		<b>4 to 12 Months</b>
		<b>1 to 3 Months</b>

## Local Emergency Resources

Ottawa Community Mental Health: **866.512.4357**  
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# Columbia Suicide Severity Rating Scale



## Response Recommendation Guide for Schools

C-SSRS Quick Screen Questions (in the last month)			Action for Highest "Yes" Response
Question	"Yes" Indicates	Level of Risk	Schools
1. Have you wished you were dead 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/parent, provide copy and follow-up next day</li> <li>Consider student/parent education and local resources with crisis contacts</li> </ul>
	Nonspecific thoughts		
2. Have you actually had any thoughts of killing yourself?	Nonspecific thoughts	<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>
3. Have you been thinking about how you might kill yourself?	Thoughts with method (without specific plan or intent to act)		
4. Have you had these thoughts and had some intention of acting on them?	Thoughts with some intent (without specific 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>
5. 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: <ul style="list-style-type: none"> <li>Done anything?</li> <li>Started to do anything?</li> <li>Prepared to do anything to end your life?</li> </ul>	Behavior	<b>Low</b> >1 year ago	<ul style="list-style-type: none"> <li>Consider referral to social worker or outpatient mental health organization</li> <li>Complete <b>SAFETY PLAN</b> with student/parent, provide copy and follow-up next day</li> <li>Consider student/parent education and local resources with crisis contacts</li> </ul>
		<b>Moderate</b> 1-12 months ago	<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 4 weeks	<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>

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# 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: 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



## 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: Información 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:

\_\_\_\_\_

Reproduced with permission (© 2013 Stanley & Brown). [www.suicidesafetyplan.com](http://www.suicidesafetyplan.com) Stanley, B. & Brown, G. K. (2012).  
Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19, 256-264

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إذا كنت تتحدث اللغة العربية، فيمكنك الحصول على المساعدة اللغوية المتاحة مجاناً. اتصل على الرقم 1.844.359.1607 (TTY: 771).



# Ottawa County Mental Health & Suicide Prevention Resources



## Emergency

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

Emergency.....	9.11
Ottawa County CMH Crisis Line.....	866.512.4357
National Suicide Prevention Lifeline .....	800.273.TALK (8255)
.....	Española 888.628.9454
.....	TTY:800.799.4TTY (4889)
Pine Rest Psychiatric Urgent Care-300 68th Street, GR, MI .....	616.455.9200
Crisis Text Line.....	Text "start" to 741.741
Crisis Intervention & Suicide Prevention for LGBTQ Youth.....	866.488.7386
Pine Rest Christian Hospital Crisis Line .....	800.678.5500
Veteran's Crisis Line .....	800.273.8255

## Counseling/Outpatient - Local Agencies

Ottawa County Community Mental Health.....	877.588.4357
.....	TTY: 616.494.5508
Holland Hospital.....	616.396.5141
Spectrum Health Zeeland.....	616.447.5820
Bethany Christian Services - Holland .....	616.396.0623
Catholic Charities of West MI - Holland .....	616.796.9595
Arbor Circle - Holland .....	616.396.2301
Pine Rest Christian Mental Health.....	866.852.4001
Mosaic Counseling (formerly TCM Counseling) .....	616.842.9160
Holland Behavioral Health.....	616.355.3926
Beacon of Hope.....	616.594.5380
Midtown Counseling .....	616.594.7135
North Kent Guidance Services.....	616.361.5001

## Survivors of Suicide - Grief Recovery

West Michigan SOS Meetings.....	angelfire.com/mi2/westmisos
West Michigan Survivors of Suicide .....	wmsos.com
SOS - Muskegon.....	231.766.0064
.....	Myz2ryd@comcast.net
Loss to Suicide Support Group - Grand Haven.....	616.847.9723
.....	survivoroflosstosucide@gmail.com
Hospice - Holland .....	616.396.2972

## Other Helpful Resources

Mental Health Information and Referrals.....	2.11
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
Momentum Center - Mental Health Family & Teen Support Groups.....	616.502.2078
SMART Recovery Support Group - Grand Haven.....	smarthollandmi@gmail.com

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# After a Blue Envelope Event



## 1. Document Event (Student Information/Counseling Log)

Include:

- Columbia-SSRS Results – thoughts intent plan
- 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. Unidentified Data to Suicide Prevention Leader

- Complete the Suicide Metrics
- Provide Quarterly Summaries to:
  - Spectrum Health - Jody Sprague
  - Ottawa County Public Health - Amy Sheele  
and Jodie Reimink Suicide Prevention Coalition

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