

4500 N. LEWIS AVE
SIOUX FALLS, SD 57104

F#: (605) 606-0402 P#: (855) 346 7763

Patient Name: Test, Avel
DOB: 03/18/1985 **Sex:** Male

Facility: Rapid City, SD - Pennington County Sheriff's
Office

Crisis Care

Time Call Received (All time is central time zone)

04/05/2024 18:56

Call Source

Sheriff Department

Officer Name

Officer Test

Officer's Callback Number

555-555-5555

Officer Badge Number

525

eCare Staff

Amber Reints, RN

Individual Location

Community

Individual Phone Number

555-554-4444

Crisis Care Assessment

Video Start Time

04/05/2024 18:57

Crisis Care Communication Method

BYOD

Electronic Signature

Amber Reints 4/5/2024 19:06 CDT



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**Officer Report
Comments**

Officer was dispatched due to individual making suicidal statements when at his place of employment. His employer contacted 911 stating he was concerned for individual's safety. Officer does not have prior records for this individual. Since officer arrive don scene, individual has been cooperative.

Individual verbally agreed to assessment

Yes

Report

Per individual, he became overwhelmed at work. He started to have suicidal thoughts. States this is the first time he has experienced suicidal thoughts. States that he told his employer after he became overwhelmed.

States his current stressors are conflict at home with his spouse. States they had a fight prior to him going to work today. Denies other stressors.

Do you currently take any psychiatric medications?

No

Are you taking medications as prescribed?

N/A

Do you have a history of substance abuse?

No

Do you have any medical concerns?

No

Medication / Substance Abuse / Medical Concern Details

Denies medications, substance abuse or medical concerns.

Suicidal Ideation


Yes

1) Wish to be dead ->>- Have you wished you were dead or wished you could go to sleep and not wake up?

Yes

**Electronic
Signature**

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2) Current suicidal thoughts ->>- Have you actually had any thoughts of killing yourself?

Yes

3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act) ->>- Have you been thinking about how you might do this?

No

4) Suicidal Intent without Specific Plan ->>- Have you had these thoughts and had some intention of acting on them?

No

5) Suicidal Intent w/ Plan *Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*

No

6) Have you ever done anything, started to do anything, or prepared to do anything to end your life? (In the last 30 days)

No

Additional Suicidal Ideation

Comments

States he has suicidal thoughts but denies plan or intent to act on these thoughts.

Risk stratification

Moderate

Treatment history

Agreeable to start outpatient treatment

No outpatient therapy

Means Safety Completed (Explained rationale for means safety, identified potential means, discussed impulsivity and poor problem solving when highly stressed, discussed importance of means safety and security means)

Means safety counseling completed

Access to firearms

No

Access to medications

No

Electronic Signature | Amber Reints 4/5/2024 19:06 CDT



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**Access to Means in Suicidal
Plan**

N/A - No suicidal plan

Means safety counseling completed

Yes

**Electronic
Signature**

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Crisis Care Safety Plan

Can patient complete the Safety Plan?

Yes

Warning Signs

Conflict with others

When overwhelmed at work

Coping Skills

Talking to a friend, Going for a 15-minute walk, Watching Sports

Reasons for Living

Mom, Sister, New Opportunity at work

Social Support System

Mom, Sister

Crisis and Professional Service

Call My Doctor

Call/Text Crisis Hotline: 988

Safeguard Your Home Following these simple steps can help protect you or your family member when experiencing a mental health crisis

Firearms: Ask a trusted family member or friend to keep firearms until the situation improves.

Medications: Store all medications in a lock box or locked medicine cabinet. Dispose of unused medications at your local pharmacy.

Finish

Video/Assessment Completion Time

04/05/2024 19:04

Disposition plan

Remain in Place at home: Reviewed assessment with activating agency. Subject denies any suicidal/self harm thoughts/intent.

Subject feels safe to remain in place and in agreement to follow up with mental health services. Subject was made aware of follow up call from community mental health organization.

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Crisis Care Recommended Outcome

Remain in place

Crisis Care Encounter Outcome Summary

Individual denies suicidal plan or intent. States that he does not feel he needs to go to a higher level of care. States he has since called his mom and she plans to spend the evening with him. He is in agreement with starting therapy and understands he will receive a call from community mental health center. States he will contact 988 if he begins to have these thoughts. Individual states he feels safe remaining in place at this time. Reviewed with activating officer and he is in agreement with this plan.

Interpreter used

Yes

CC Assessment Completed

Yes

Electronic Signature

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