Harry Reese
Appellant's Brief & Exhibits
SCWCC #1322039

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November 23, 2015

Appellant's SCWCC Brief

Re: Harry Reese (Claimant) vs. SC Department of Mental Health
WCC File No. 1322039

I will present a duplicate copy of the brief with the exact locations of each evidence to Ms. Snyder via email on November 27, 2015 by end of the business day and to the Commission the day of the hearing.

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UNPAID BILLS

Exhibit 22: Palmetto Health Baptist
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Through ongoing documentation and evidence which hasn't been disputed by the Defendant, I proved that the ongoing illegal, unethical , and unfair treatment that I experienced by the Defendant which was intentional, reckless and malicious resulted in significant and ongoing work-related stress that ultimately caused my mental injury and illness. Because I successfully proved my claim, the Defendant and SAF resulted to not only unethical conduct, but illegal conduct as well – perjury (misrepresenting the facts and conspiring to deceive the Commission) and falsifying a legal document.

Civil Rights Violation – Violation of Due Process
Signed and effectuated a falsified legal document even though the first section of the Claimant's evidence clearly defined Mr. Edwards role during the period that I required hospitalization, Mr. Edwards described his role in the hearing, the Defendant requested Mr. Edwards attendance in the hearing based on his role and clearly Ms. Snyder vetting Mr. Edwards before the hearing; moreover, several documents within the Claimant's evidence displayed the role of Mr. Edwards during this period many which on agency stationery, email correspondences, signature on FMLA form, workplace accommodation correspondence under the American with Disabilities Act (ADA), etc.

I've been completely victimized by the Defendant since 2010 via their refusal to adhere to their own policies and procedures that governs the agency and now I'm being victimized by the Commission via not examining the Defendant's policies and procedures that will clearly demonstrate that I performed my job duties as required and that Defendant's ongoing abuse of power and systematic illegal acts against me which ultimately lead to my mental injury and illness. An array of evidence that has been presented from the deposition to medial/clinical assessments and opinion to email and written correspondences all confirmed that the ongoing stress that I experienced was 100% work-related which ultimately lead to my mental injury and illness – not any of CAMHC's clients, factors outside of the work environment, etc.

The two most significant pieces of evidence to that confirms the illegal acts against me by the Defendant – the 618 page document and the Defendant's policies and procedures, the Commissioner distorted the facts and did not examine the policies and procedures which was clearly designed to unjustly deny my claim.

I proved that I didn't have a pre-existing condition (Claimant's APA D, pg. 87, Medication List: Claimant's APA B, pgs. 43-51; Scott Medical Administrative Clinical Addendum, Claimant's APA B, pg. 32; Deposition pg. 57, Lines 17-19) and that my injury arise from my employment with the Defendant via the Defendant's ongoing unfair treatment and illegal, discriminatory, reckless and malicious behavior Claimant's APA, A-S, Yellow Folder: Defendant's Policies and Directives, and Claimant's Small Binder (tabbed A-Z): Articles re: stress and mental health of which no evidence is present that the Commissioner reviewed documents in both the Yellow Folder and the Small Binder.

Ignoring the issues and facts: No evidence of the Commissioner reviewing the Defendant's policies and procedures which demonstrated that I performed by job duties as required and the ongoing illegal, malicious and reckless behaviour of the Defendant resulted in my mental injury and illness. In addition, no evidence displayed in Commissioner Barden's order that she reviewed

the Small Binder admitted into evidence that would have oriented her to the symptoms related to my mental health illness.

Suborning Perjury and Perjury: Commissioner Barden was acutely aware that Mr. Edwards was my supervisor at the time that I required hospitalization via testimony and documentation; however, she signed and effectuated a falsified order.

Automatically Rule against Certain Classes of People: Due to my inability to secure legal counsel, the Commissioner did not provide a fair hearing and the ruling appears to be already render before the case was even heard via ignoring issues and facts, not allowing me to present all the facts, not reviewing all evidence that continues to substantiate my case; i.e., signing and effectuated a fraudulent order with deceptive information and false information presented by the Defendant which the Commissioner knew was deceptive and false upon reviewing the Claimant's APA (618 page document); and deceiving the Claimant leading the Claimant to believe that he was able to present factual information in the Claimant's 618 page document entered and accepted into evidence.

Denied Constitutional Rights to fundamental fairness, justice, and liberty denying me the right to present all the evidence.

Both Commissioner Barden and the Defendant was perfectly aware that I was unable to present additional evidence that's reflected in the 618 page APA during the appeal when I informed the Commissioner that "That's why I say, I know I need to prepare for an appeal (Worker's Comp Transcript pg. 8, Lines 15-25 and pg. 9, Lines 1-7 (no guidance on the appeal process was given by the Commissioner); pg. 48, Lines 10-15, pg. 95, Lines 6-8); Commissioner Barden's Question regarding Appeal" What do you mean you have to prepare for an appeal?" (Worker's Comp Transcript pg. 95, Line 11); Claimant's Response: "Because it's so much stuff in here that you're not hearing and they're not going to ask about". (Worker's Comp Transcript pg. 95, Lines 12-14) and ""But what I mean by prepare for an appeal, I – I'll have to go back down here and list date by date and reference each page so it's be much easier to follow along" (Worker's Comp Transcript pg. 95, Lines 22-25; Transcript pg. 80, Lines 22-25 and pg. 81, Lines 1-3 informing Commissioner Barden I would email additional documentation after the hearing and the Commissioner did not advise me that I couldn't and the Defendant did not object); yet both Commissioner Barden and the Defendant allowed me to think that I could. I didn't find out until November 19, 2015 by Ms. Eugenia Hollmon, SCWCC's Judicial Docketing Director" that I only had a mere "10 minutes" to present "legal or procedural error done at the first hearing so, nothing new is allowed" (Exhibit 2) and certainly not evidence related to the case and was ignored by Commissioner Barden. Transcript p. 97, Lines 7-25; Exhibit 1: Form 30 & attached "Reese SCWCC Questions & Concerns. Please see the attached documents that will demonstrate my train of thought and how I was preparing my case for the Appeals Process via the deception of the Defendant, Commissioner Barden, and the SCWCC Staff – please note the dates of the Email correspondences requesting staff to confirm that they reviewed the documentation on the Defendant's computer and the Global Assessment of Functioning (GAF) documentation – Exhibit 6; and Supporting Evidence After The SCWCC April 6, 2015 Hearing: pgs. 204 A – 204 L – Exhibit 7.

- Mr. Herbert Toney: April 14, 2015 documents #205A – 205D (New Alpha's Lease Agreement

- Mr. Tom Mercer: April 14, 2015; Claimant's APA G, pgs. 216-217; Claimant's APA G, pgs. 220-222; Claimant's APA G, pgs. 228-230; Claimant's APA G, pgs. 235-237; Claimant's APA G, pg. 242
- Mr. Ervin Jefferson: April 14, 2015; Claimant's APA G, pgs. 205 & 206; Claimant's APA H, pg. 254; Claimant's APA I, pgs. 376-377, Claimant's APA N, pgs. 513-516.
- Mr. Ervin Jefferson: April 16, 2015; Claimant's APA H, pg. 354

The Defendant was acutely aware that I wanted to present witnesses to the appeal via receiving the "Reese SCWCC Questions & Responses" document from Ms. Amy Bracy, SCWCC Judicial Director that she mailed to the Defendant on September 29, 2015.

Although SCWCC was acutely aware that I wanted to present witnesses and additional evidence to continue substantiating my case of which the SCWCC's staff received the "Reese SCWCC Questions & Responses" via email on August 17, 2015, I was notified by Ms. Hollmon on November 19, 2015 via email that I was unable to present witnesses to the hearing and only allowed to present "legal or procedural error done at the first hearing so, nothing new is allowed". Ms. Hollmon argument was that I should have sought guidance from SWCC regarding the appeal process upon receiving the October 12, 2015; however, based on the fact that Commissioner Barden and Ms. Snyder leading me to believe that I could present all the evidence in the appeal, it didn't cross my mind to inquire of the SCWCC regarding the appeals process; moreover, Ms. Bracy was in receipt of the "Reese SCWCC Questions & Responses" which demonstrates my intent in the appeal for 3 months and she did not advise me of otherwise.

Commissioner Refusing to Disqualify Herself: Commissioner is appointed by the Governor, confirmed by the Senate to perform the job duties of a State agency – Worker's Comp. Commission, presiding over a case against a State agency – there was no impartiality via observed illegal misconduct via ignoring issues and facts, signing and effectuating a fraudulent order; not hearing all the facts, etc.

Subrogation of Deception, Perjury and Deception: After hearing the testimony and reviewing the Claimant's 618 page document and becoming acutely aware of factual information, the Commissioner allowed the Defendant to input false and deceptive information into the order of which she effectuated.

Deception, Perjury, & Fraud #1: "Mr. Edwards was not Claimant's supervisor at the time of his alleged injuries, and his first hand testimony was limited". (Signed Order – Evidence of the Case, pg. 4). Commissioner Barden was acutely aware that Mr. Edwards was my supervisor at the time that I alleged my injury via testimony and an array of documentation in the Claimant's 618 page APA; yet, she signed the order allowing this fraudulent information. Reference pg. #9 of this document Reese SCWCC Questions & Concerns pgs. 58-61; Transcript: pg. 8 Lines 15-21; pg. 64 Lines 10-13; pg. 71 Lines 12-25; Claimant's APA C pg. 53; Claimant's APA H pg. 253, 255, & 265; pg. 291 1st bullet.

The Commissioner allowed SAF to include fraudulent statements in her signed order which changed the narrative of the hearing and misrepresent the situation regarding the staff not communicating with my supervisor at the time which was Mr. Harold Edwards as he testified in

the hearing, during his deposition with SAF; moreover, throughout the evidence that was presented. This fraudulent deceptive statement by the Defendant makes it appears that I committed perjury (Transcript pg. 10 Line 25 and pg. 11, Lines 1-9) in the hearing destroying my creditability which allowed the Commission to rely upon the Defendant's fraudulent statements even although both the Defendant's and Claimant's evidence confirms that Mr. Edwards was my supervisor during this period. In fact, the Defendant reckless behavior not only affected me; however, it also declares that their own witness committed perjury during his deposition and while under oath stating that he was my supervisor during the hearing. Is this a violation of Due Process? Perjury is a criminal offense punishable by jail time – interfering with both the Claimant's and Mr. Edwards' liberty. Transcript pg. 67 Lines 20-25; pg. 68; and pg. 69 Lines 1-9.

The egregious and illegal conduct continues to demonstrate that the Defendant continues to victimize me because I'm financially unable to secure legal presentation. The Defendant & SAF committed perjury and should face legal repercussions. This type of reckless and malicious behavior should not be acceptable by the Commission; however, the Commission allowed it which again illegal changed the narrative of the situation through deception and perjury. Moreover, this misconduct is a violation of South Carolina 407 Rules of Professional Conduct

Deception, Perjury, & Fraud #2: Egregiously accusing the allege mistreatment claims from clients as one of the contributing factors that resulted in my mental injury.
The Defendant misrepresented the facts upon questioning Mr. Edwards regarding allegations presented by clients: SCWCC Hearing Transcript p.70.

There's nothing that I've documented or verbalized to anyone involved; i.e., service providers, co-workers, management, SAF, etc., etc., etc. that the clients false claims against me attributed to the work-related stress which ultimately lead to my mental injury and illness.

In fact, during my deposition with SAF, I informed Ms. Snyder on the process of which I handle false claims against me alleged by clients "Attack the behavior and not the client": Deposition pg. 47; lines 11 – 24; pg. 31 Lines 16-23; Transcript pg. 43, Lines 5-25 (Legislature statement); hence, the SCDMH's Client Advocacy Program –Claimant's J, pgs. 394-397; and Transcript pg. 84., Lines 14-21 – client alleging abuse is normal, the Defendant's behavior isn't normal).

Although it's clearly documented and has been verbalized by myself that my mental injury and illness was the direct results of significant ongoing work-related stress "caused" by management's ongoing illegal, intentional, grossly negligent, reckless, and malicious conduct of which my ongoing efforts to resolve and cease management's behavior were consistently ignore, it is clearly defined in my Leave Slips – Claimant's Section A; pgs. 4-8 of which all of the Sick Leave forms were signed by my supervisor - Mr. Harold Edwards.

*An array of misconceptions are responded to in the Claimant's response to Commissioner Barden's signed order included in this brief.

RULE 3.4: FAIRNESS TO OPPOSING PARTY AND COUNSEL
A lawyer shall not:

(a) unlawfully obstruct another party's access to evidence or unlawfully alter, destroy or conceal a document or other material having potential evidentiary value. A lawyer shall not counsel or assist another person to do any such act;
(b) falsify evidence, counsel or assist a witness to testify falsely, or offer an inducement to a witness that is prohibited by law;
(c) knowingly disobey an obligation under the rules of a tribunal, except for an open refusal based on an assertion that no valid obligation exists;
(d) in pretrial procedure, make a frivolous discovery request or fail to make a reasonably diligent effort to comply with a legally proper discovery request by an opposing party;
(e) in trial, allude to any matter that the lawyer does not reasonably believe is relevant or that will not be supported by admissible evidence, assert personal knowledge of facts in issue except when testifying as a witness, or state a personal opinion as to the justness of a cause, the credibility of a witness, the culpability of a civil litigant or the guilt or innocence of an accused; or
(f) request a person other than a client to refrain from voluntarily giving relevant information to another party unless:
(1) the person is a relative or an employee or other agent of a client; and
(2) the lawyer reasonably believes that the person's interests will not be adversely affected by refraining from giving such information.

RULE 4.1: TRUTHFULNESS IN STATEMENTS TO OTHERS

In the course of representing a client a lawyer shall not knowingly:
(a) make a false statement of material fact or law to a third person; or
(b) fail to disclose a material fact when disclosure is necessary to avoid assisting a criminal or fraudulent act by a client, unless disclosure is prohibited by Rule 1.6.

Crime or Fraud by Client

[4] Under Rule 1.2(d), a lawyer is prohibited from counseling or assisting a client in conduct that the lawyer knows is criminal or fraudulent. Paragraph (b) states a specific application of the principle set forth in Rule 1.2(d) and addresses the situation where a client's crime or fraud takes the form of a lie or misrepresentation. Ordinarily, a lawyer can avoid assisting a client's crime or fraud by withdrawing from the representation. Sometimes it may be necessary for the lawyer to give notice of the fact of withdrawal and to disaffirm an opinion, document, affirmation or the like. In extreme cases, substantive law may require a lawyer to disclose information relating to the representation to avoid being deemed to have assisted the client's crime or fraud. If the lawyer can avoid assisting a client's crime or fraud only by disclosing this information, then under paragraph (b) the lawyer is required to do so unless the disclosure is prohibited by Rule 1.6. http://www.sccourts.org/courtReg/index.cfm

I've consistently demonstrated via testimony and years of documentation that if the Defendant would have adhere to the Agency's policies and procedures that governs the agency rather than the Defendant's personal biases, discretions and vendettas none of the following that resulted in my mental injury and illnesses wouldn't have taken place:

I. Civil Rights Violations: Systematic Discrimination – age, gender, and race, Bullying, Harassment, Retaliation, Slander, Defamation of Character which commenced immediately after I provided Ms. Marin my April 9, 2010 notarized letter which was included in the Claimant's APA evidence which was a clear demonstration of the first display of ongoing retaliation that I continued to suffer from at the hands of the Defendant.

- Systematic Breach of Policies
- Consistently Denied Grievance Rights
- Failure to Ensure a Safe & Healthy Environment (Ms. Marin close proximity; continue to make false claims against me; failure to follow policy which lead to client decompensated and she attack me)
- Falsely accusing me of a HIPPA Violation - Discuss Referral Process; Edwards' incident
- Falsifying Documentation
- Falsely accusing me of Sexual Harassment – 365+ days later
- Falsely accusing me of a Dual Relationship after I documented a CAMHC employee negligent to a client and committing perjury in court.
- Unwarranted Reprimands even after exonerated of any wrongdoings
- Consistent Unfair Treatment
- Interference of Investigations
- Providing a false employee appraisal
- American Disability Act Violation: Failure to provide appropriate workplace accommodations
- Jeopardizing Livelihood, Employment and Future Employment Claimant's APA H, pg. 294 and 295 5th para.
- Public Humiliation – Transcript 78, Lines 21-25 and pg. 79, Lines 1-17
- Unfair allocation of resources to ensure a safe and healthy working environment – Dr. Bank's use of PSO
- Denied advancement opportunities Link (advertised), Connections and New Horizon
- Interference with performing job duties and advocating on client's behalf which ultimately paced clients lives in jeopardy
- Additional Undue Stress – false claim that Lt Baker was a SLED officer – Transcript pg. 56, Lines 10-25; pg. 57, pg. 59, Lines 16-25, and pg. 60, Lines 4-14
- Falsely accusing me of sexual harassment of a female employee at Independence House after I was working at New Horizons for 365 days
- Dr. Bank's Interference of an investigation which was confirmed by Ms. Vicki Brown stating..."Harry, I just did what I was told to do". If Ms. Brown would have not been hindered and prevented from investigated the manner, an appropriate resolution would have reached. Rather Dr. Bank engage in force behavior with submitting a letter (Claimant's APA F, pg. 157) forbidding staff to discuss the matter to return to a harmonious environment that Ms. Marin distracted.
- Refusing staff to discuss the April Fool's incident and interfering and preventing the Human Resource Officer from thoroughly investigating the matter – intimidation (Claimant's APA F, pgs. 169-170).
- Denied Grievance Rights Three Times

- Harold Edwards –receives the "You Made A difference" award for intervening with a client in another CAMHC's programs (Claimant's I, pg. 378) yet he is awarded while I accused on a HIPPA violation for doing the exact thing – helping a client in another program of which his Case Manager caused the client to decompensate via deceiving the client. The client of which Mr. Edwards intervene with, he elicited my help and I was able to contact his wife to prevent a deadly incident of which the client was threatening to kill his wife and even though my efforts were documented not only myself, but Mr. Edwards of which he noted in his documentation of my interventions upon eliciting my help, my agency didn't acknowledge me at all – Claimant's APA H, pgs. 349-351.
- Client BJ Incident: Falsifying documentation accusing me of failing to perform my job duties which ultimately lead to a client decompensating and assaulting his parents via disrespectful and aggressive behaviors of which the client garnished a knife against his parents. Even after the management discuss the matter, Ms. Marin falsified the document in EMR identifying me as a negligent worker via not ensuring that the client received essential mental health services in a timely manner that would have prevented him from decompensating. Ms. Marin falsified the document in the client's record, because she was perfectly aware by history that upper management wasn't going to do anything to her.
- Client BJ incident: Ms. Marin encouraged the father to report the negligent behavior that she accused me of to the agency's Patient Advocate – Dr. Arnold when such negligent verbalized by an individual which could have been deadly, should have been reported to PSO, and ultimately to DSS and SLED. To protect the agency and Ms. Marin, the agency ignored its' policies and allowed and encouraged Ms. Marin's ongoing attacks against me.
- 2012: Falsely accusing me of a dual relationship with a housing provider and once exonerated by the agency's internal investigation, I continued to suffer from this false accusation; in that, Dr. McNeil inquired of the relationship of which she had no knowledge of the 2012 report since she wasn't my supervisor during the period the false accusation was presented which continues to demonstrate evidence of slander, harassment, intimidation, defamation of character, etc.
- Accused of HIPPA violation and despite demonstrating, even with an attorney present, that I followed the agency's policies and procedures within performing my job duties, I was reprimanded for insubordination. There was no HIPPA violation; therefore, there can't be insubordination especially when the Defendant's policies and directives requires the documentation of clinical interactions.
- Accused me of assaulting a client and after I was cleared of any wrongdoings via the individuals that Ms. Marin elicited to investigate the manner and I was reprimanded for Insubordination and re-assigned to another facility.
- Refusal to provide and ensure a safe and healthy working environment via relocating Ms. Marin within close proximity, the same clinic, of which she begun her assaults against me and management did absolutely nothing to stop her attacks Deposition, pg. 34, Lines 8-25; Transition pg. 90, Lines 20-25 (which should reflect April 9, 2010), Transcript pgs. 91, Lines 1-7.
- SC Dept. of Mental Health Director, Mr. John Magill, consistently ignored my efforts to cease the agency's illegal, malicious, and reckless attacks against me even when shared via email with the Director that the agency's conduct resulted in a client overdosing on a control substance and another client could have denied if it wasn't for the quick response of the housing provider. Rather than Mr. Magill employing appropriate interventions, he

merely instructed his administrative assistive to inform me that..."He doesn't like to be involved in stuff like that". Dr. Bank used his position in the department to distort the facts; therefore, Mr. Magill refused meetings with me. Although he was deceived by Dr. Bank, the concerns presented warranted his attention especially since the agency was engaging in illegal behaviors; moreover, the agency place the lives of client's in jeopardy.

- Client CS: Due to the agency's ongoing grossly negligent behavior and assaults against me, this client has digressed to the most intensive Case Management program that the Center offers moving from the LINK, to Connections, and now to Impact of which I have been assigned as his Case Manager. This client has been re-hospitalized (psychiatrically – three times this year alone and chemically), due to the negligent behavior of the mental health staff which resulted in the client's decompensation and agitation.
- Public Humiliation – HIPPA refresher, seeking assistance from others outside the agency, receiving mental health treatment, etc.
- Dr. Bank use every resource at his disposal to ensure that he was protected; however, refused to protect me under the policies and procedures that governs the agency. Calling Public Safety officer to be on stand-by during the Proposed Suspension meeting. Unfortunately for Dr. Bank and fortunately for me, the PSO went to the wrong building.
- Defendant and SAF: Conspiring with another to pervert the course of justice, Perjury, Unethical Conduct, and Civil Rights Violation
- The Defendant committed provable acts of perjury and deception in an attempt to have my worker's compensation benefits denied which proved effective via the Commissioner denying my claim.
- The Defendant intentional disposal of evidence to influence the Commissioner and obstruct and prevent a favourable decision on my behalf based on the overwhelming amount of evidence that has consistently supported my claim.
- subornation of perjury as committed by my employer's attorney
- The Defendant disposed of medical evidence that clearly demonstrated that my mental injury and mental illness was directly related to "Significant and ongoing work-related stress" and no other social factors. I wanted to inquire of many issues of Ms. Snyder including missing documents; however, was informed by Commissioner Barden that I was unable to. Transcript pg. 97, Lines 24-25 and pg. 98, Lines 1-10.
- Misrepresentation of the Facts & Fraud
- Claimant filing an Equal Employment Opportunity Commission (EEOC) claim which is in the investigative process
- Describe now as a Whistleblower

Claimant's Response to Commissioner Barden's Finding of Fact

Finding of Fact 1: Claimant alleges that he sustained acute work-related mental-mental injuries on October 18, 2013, and August 12, 2014, but contends that work stressor symptoms have been occurring since 2010 (testimony of Claimant; Claimant's Deposition, pages 13-14 and 51; Defendants' APA, pages 14 and 16; Claimant's APA, "B,", page 28; Claimant's APA, "D," pages 87 and 1 02).

Transcript pg. 89 Lines 20-25 and pg. 90, Claimant's APA A, pg. 2. I have no idea of the reason that I alleged the acute work-related mental-mental injuries on October 18, 2013, and August 12, 2014; however, the evidence will demonstrate that I sustained an acute work-related mental injury on after been falsely accused by the Defendant of causing the client to be allegedly abused by an individual that the Defendant described as..."The housing provider" and enduring the same type of behavior by the Defendant that I've experience since providing Ms. Marin with the April 9, 2010 notarized correspondence. The injury was exacerbated with Defendant inappropriately applying the incorrect policy to resolve concerns/complaints presented by a client, refused to engage members of the client's family that would have refuted the client's allegation, and forewarning me that I would be under a DSS/SLED investigation of which the client was able to provide his account of the incident on August 9, 2013 with the Public Safety officer; whereas, it took the Defendant two weeks to provide my accounts of the incident two weeks later even though I was in the same building with the client, approximately 20-25 feet away, when the Defendant allowed the client to provide his accounts of the alleged incident to the Public Safety Officer – rather extraordinary and unusual. The Defendant continue to exacerbate my injury via provided accusing me of a HIPPA violation for receiving an adverse incident report as required by the Defendant's policy.

On September 5, 2013, I requested EAP services from my employer because the injury became so intense and unbearable and Ms. Vickie Brown provided me with a referral for EAP services on September 6, 2013 which clearly demonstrates that the Defendant was acutely aware of the injury and was notified in a timely manner. Claimant's APA A, pg. 2. In addition, on June 3, 2014, the Defendant finally offered EAP services via Santee-Wateree Community Health Center, 45 minutes away for a person experiencing insomnia and the inability to focus, rather than here in Columbia. Claimant APA M, pg. 456.

My initial appointment with Mr. Donald Helms, SC Vocational Rehabilitative Counselor who manages the EAP program for the Defendant, was on September 11, 2013. Claimant's APA A, pg. After discussing my issue with Mr. Helms, he immediately deduced that my condition was caused by work-related stress and provided me with a referral to Scott Psychiatric Center scheduled for October 4, 2013 Claimant APA A, pg. 10; therefore, of I immediately notified the Defendant via my Leave slips of which Mr. Harold Edwards signed, my supervisor during this period, which clearly identifies the source of my work-related injury "Work-related stress via CAMHC's management for effectively performing my job duties" Claimant's A, pgs. 4-8. The same leave slips was also inputted in the system by a Defendant's employee with the initials "KB" which is most likely Ms. Karen Brown who's employed in the CAMHC's Human Resource office; so that, my Sick and Annual leave could be used to cover the time that I was receiving partial

hospitalization with Palmetto Health Behavioral Care Day Treatment. Claimant's APA A, pgs. 4-8 and 10.

I consistently followed up with Mr. Helms regarding the referral to Scott Psychiatric, and he consistently replied, that he couldn't provide the referral until he had received my medical records from my primary medical provided - Dr. Bell (Deposition pg. 41, Lines 3-13). Because my mental status was rapidly deteriorating, I called Dr. Bell's office and was provided an emergency appointment. After evaluating me, Dr. Bell immediately referred me to Palmetto Health Behavioral Care Day Treatment and prescribed psychotropic medications to aid in stabilizing me. Claimant's APA D, pg. 82. Deposition, pg. 41; Lines 14-21.

I was reinjured on April 23, 2014 by the Defendant due to their negligence within refusing to combat Ms. Marin's ongoing reckless, illegal and unethical behavior for something that I absolutely had no control over. If the Defendant's policies and procedures were followed, this incident wouldn't have taken place. Please reference Finding of Fact 12 response for details.

Even when I provided Dr. McNeil with the September 16, 2013 email (Claimant's H, pg. 290) with the attached policies along with additional supporting documents that demonstrated that I effectively performed my job duties as required by the Defendant's policies and directives, the Defendant maliciously upheld the proposed disciplinary action which continued to exacerbate my injury much like the Defendant did in 2010 when members of the Defendant's Patient Advocacy program cleared me of any wrongdoings which ultimately lead me to seek legal representation to assist me within addressing the 2010 incidences (Claimant APA F, pgs. 159-168); however, my efforts were unsuccessful and caused additional stress and depression as shared with the Commissioner Barden during the hearing. Transcript pg. 99, Lines 16-25 and pg. 100, Lines 1-9.

Finding of Fact 2: Claimant does not plead injury by repetitive trauma, but rather two discrete dates of injury (Commission's file containing Claimant's Form 50).

"Ongoing is synonymous with repetitive; and stress (significant) is synonymous with trauma".

The Defendant by admission substantiated the aforementioned and my claim in the hearing recognizing that it was a "Buildup of issues". Transcript pg. 88, Lines 14-25; Claimant's verifying build-up statement by Ms. Snyder prior to the Defendant acknowledging it was a build-up that ultimately caused the mental injury and illness – Transcript pg. 49, Lines 1-8.

Merriam-Webster Dictionary defines "Build-up" as:

- an increase in something that occurs as time passes
- things that are said to cause people to feel excited about something (such as a future event) or someone (such as a performer)
- a series of things that lead to an important event or occurrence

http://www.merriam-webster.com/dictionary/buildup

Oxford Dictionaries defines "Build-up" as:

- A gradual accumulation or increase, typically of something negative that leads to a problem: the build-up of carbon dioxide in the atmosphere

More example sentences

- It's an inflammatory bone condition that causes a build-up of poisons that erupt into painful skin abscesses.
- But the more it goes on, the more it encourages a build-up of household debt.
- The use of sprays can lead to an indoor build-up of large quantities of carcinogenic vapours.

http://www.oxforddictionaries.com/us/definition/english/build-up

The dates on the Claimant's Form 50 are incorrect, please reference Finding of Fact 1 response. South Carolina Code 42-1-160. "Injury" and "personal injury" law doesn't require repetitive trauma to prove that the stress was work-related only the conditions of the employment that caused the injury. Clearly throughout this document, the 618 page evidence packet provided to the Commission and SAF of which majority of the information presented to the Commission on April 6, 2015 was provided to SAF during my deposition with SAF along with a two-page presentation format on October 22, 2014, the Defendant's policies and directives will demonstrates that the Defendant enabled and maintained a hostile and unsafe working environment that consistently created "employment conditions causing the stress, mental injury, or mental illnesses were extraordinary and unusual in comparison to the normal conditions of the particular employment" which required medical intervention to aid in reaching medical maximum benefit; moreover, to sustain life.

Finding of Fact 3: Claimant was earlier advised of his right to counsel, but instead represented himself at the hearing before the undersigned (Order of Commissioner James, dated December 2014).

As Commissioner Barden noted in her findings that Commissioner James informed me that I could have legal representation during the hearing. I exhausted all efforts to seek and secure legal representation (Exhibit 11); however, was unable to do so. In the evidence that I provided to both the State Accident Fund and The Workers Compensation Board in APA S – Mr. George Sink, Attorney; page 618, you will clearly be made aware as to the reason that my efforts to secure and attorney did not produce a favorable outcome. According to the only attorney that responded to my request for legal assistance, he states that..."It would cost more to represent you in this matter than you are likely to recover" Claimant's APA S, pg. 618. It is in my opinion that Mr. Sink's rationale for not taking on the case, not making enough money, clearly is the consensus of all the attorneys that I contacted of which there's no evidence that Commissioner Barden reviewed Mr. Sink's correspondence in Claimant's APA S, pg. 618. When attempting to discuss Mr. Sink's correspondence with Commissioner James, she denied me in doing so because she states that another Commissioner would be hearing the case and not her. I exhausted all efforts to secure legal representation including contacting and discussing my case with Ms. Holly Atkins, Former Chairman of the SC Workers Compensation Commission. I guess she too thought that there wasn't enough money to make in representing my case muck like Mr. Sink. Based on the Defendant's and SAF illegal conduct, I certainly did not want to or desire to represent myself in this tedious matter. Ms. Snyder was perfectly aware that I was exhausting efforts to secure an attorney via and email sent to her.

Finding of Fact 4: Claimant did not subpoena or otherwise bring any witness to the hearing to corroborate his testimony of harassment or hostility in the workplace. However, from Claimant's testimony, there is no question that Claimant and Ms. Marin did not see "eye to eye" (See e.g., Claimant's APA, "F," pages 139, 141-168, 170, 173, 191-195, and 203; Claimant's APA, "L," page 426).

I did not subpoena any other staff members to the hearing because I'm not an attorney (Exhibit 11, pg. 583U) and I did not want any of the other Defendant's employees to suffer the same consequences that I've consistently experienced for years. August 16, 2015 Form 30 Reese SCWCC Questions and Response pg. 18, 2nd para.

I informed you that in 2010 if Dr. Bank, and in fact both SCDMH/CAMHC's Human Resource Directors, would have appropriately intervened, the events surrounding the April Fools prank which lead to Ms. Marin accusing me of sexually harassing a client between one year prior to me being re-assigned to the New Horizon Center, there wouldn't be any 2012, 2013, and 2014 incidences which again was maliciously reported to have me terminated or voluntarily quit my employment with the agency. As shared with Commissioner Barden and is documented, Dr. Bank encouraged me to talk with the accusing client (Claimant APA F; page 192); therefore, Ms. Marin and no authority to ignore and go against his instructions; therefore, I would have never received a write up for insubordination, involuntarily re-assigned to the Cottages; moreover, wouldn't have continue to experience the work-related stress that ultimately lead to my mental injury and diagnosed mental illnesses.

In Commissioner Barden's report, she provided quotation marks around "eye-to-eye" reflecting that these are my words to describe the relationship amongst myself and Ms. Marin. I've never shared with anyone that myself and Ms. Marin didn't see "eye-to-eye". During the my deposition with SAF and the hearing, I clearly stated that the client said that she and I didn't see "eye-to-eye" and upon the individuals that Ms. Marin elected to intervene in this matter, they reported that according to the client, her meaning on me and her not seeing "eye-to-eye" was that I didn't look her in the eyes while I was facilitating groups (Reese SAF Deposition: pg. 16, Lines 6-25 & pg. 17, Lines 1-25; Reese SCWCC Transcript: pg. 30, Lines 7-20). Furthermore, I also discussed the possible reason that the Defendant re-assigned me to the Cottages – bad blood between myself and Ms. Marin. I didn't have bad blood as discussed in the hearing and I consistently exhausted all efforts to amicably resolve this matter and was ignored and denied my earned grievance rights (Reese SCWCC Transcript: pg. 37, Lines 21-25 and pg. 38, Lines 1-14; Claimant's APA F, pg. 173; Claimant's APA M, pgs. 435-441 and 464-465; and Claimant's APA N, pgs. 476-479.

Years of documentation has clearly demonstrated that Ms. Marin was the ongoing aggressor and the only actions that I took were defending myself which is well documented through the 618 page evidence and was constantly ignored and overlooked by management which is also documented. Again, being treated fairly as other SCDMH employees, the hearing and other unwarranted investigation and attacks against me wouldn't have been experienced. Moreover, if Dr. Bank and both SCDMH and CAMHC's Human Resource Managers would have appropriately intervened in 2010, Ms. Marin attacks and antics wouldn't have been experienced. Rather than appropriately intervening via the Defendant's policies and directives, the Defendant minimized my complaint and belittle me stated that the reason that I submitted my formal complaint was because "My

feelings was hurt" (Claimant APA F, pg. 171; Transcript pg. 38, Lines 1-14). In fact, Ms. Brown in a conversation with her stated that she only did what she was told to do (Claimant APA M, pg. 454 2nd para, pg. 455 Lines 1-2, and 4th para Lines 9-11) of which her immediate supervisor is Dr. Bank. Her statement also concludes that she would have appropriately intervened if she wasn't inappropriately interfered and instructed not to do so by Dr. Bank (Claimant's APA F, pg. 157); thus, the outcome would have been beneficial for all stakeholders which to include myself, the agency, staff members (heavier workloads in my absence); moreover, the clients missing their essential mental health services due to my absences and not being advocated for when faced with intimidated by management (Claimant's N, pgs. 489-490) which is documented in my May 2, 2014 employee evaluation of which was completed by my supervisor – Mr. Harold Edwards of which Commissioner Barden demonstrated that she reviewed in Finding of Fact # 9).

Due to the Defendant allowing, condoning, and encouraging Ms. Marin's ongoing assault and attacks against me, after she failed to meet the needs of the client which resulted in him decompensating and branding a knife against his parents, Ms. Marin blamed me for the client's relapse. If it wasn't for the fact that I was able to present evidence refuting her allegation, I surely would have faced disciplinary actions from the Defendant based on the Defendant's history – Transcript pg. 65, Lines 12-25, and pg. 66, Lines 1-20. Ms. Arnold investigated the allegation and emailed me stating..."You did nothing wrong". I would have never continue to experience the assaults and attacks from Ms. Marin and the Defendant if the Defendant would have appropriately intervene in 2010 especially when the individuals that Ms. Marin elicited to investigate exonerated me from the false allegations made against me of which Ms. Marin wasn't forthcoming regarding the client's allegation. None of the Defendant's employees would experience the ongoing illegal and unethical assaults and attacks that I consistently experienced if the Defendant treated everyone fairly and correctly employ and adhere to their own policies and directives which governs and protects the agency. Claimant's APA L, pgs. 420-427, particularly pg. 426 - Ms. Marin's falsified documentation that she submitted in the client's Electronic Medical Record with malice intent. The evidence and Dr. Arnold's clearly demonstrated that I wasn't the cause of the client decompensating, but Ms. Marin was. Claimant's APA L, pgs. 422-425.

Even though Claimant's APA L, pg. 426 is Ms. Marin's falsified documentation, let's examine the document which clearly demonstrates the Defendant's claim that I committed a HIPPA violation for documenting in a client's file that I wasn't the Case Manager, wasn't on my treatment team and that I wasn't treating and continues to display that the Defendant consistently treated me unfairly.

	Documentation Clinical Interactions	
Staff Member	Ms. Maria Marin	Harry Reese (Claimant)
Evidence	Claimant's APA, pg. 426	Claimant's APA, pg. 285
Date of Entry	February 4, 2013	August 15, 2013
Incident	Based on the false premise that I was the client's CM as documented by Ms. Marin. Assisted a client's father due to the client decompensating and terrorizing both parents – brandishing a knife, physically assaulting them, verbally abusive, pestering daily for money to purchase drugs, doing drugs; missed 3 injections; and declining services; Ms. Marin referred the client's father to Dr. Arnold, Client Advocate to report claims of CM neglect of Case Manager	Assisted a client of the Link program who decompensate due to the unethical behaviors of his Case Manager (informing client that he was going to relocate him to an alternate placement of which the Case Manager was documenting otherwise and had not intent of relocating the client based on the Case Manager's documentation of which he documented that he informed the client that he should focus on recovery rather than relocating him.
Direct Contact with client	No	Yes
Location	At the clinic	At the client's placement
CM	Harry Reese	Mr. Melvin Malone
CM Present	Yes	No
Supervisor	Mr. Cornell Ruff	Ms. Maria Marin
CM's Supervisor Present	Yes	No
Consequence	None	HIPPA Violation - Perceived threat of being terminated (Claimant's APA, pg. 255).

- It's truly and extraordinary and unusual that Ms. Marin would purposely elected to employ the incorrect policy to appropriately investigate and resolve the client's father's concern of the client decompensation. The client's father is and was not a client of CAMHC and was in his right frame of mind and competent when presenting his complaint to Ms. Marin (the client's father is currently deceased); therefore, the Defendant's "Abuse, Neglect, or Exploitation of Patients and Clients Prohibited policy (pg. 44) should have been employed. The reason that Ms. Marin elected to employ the incorrect policy to investigate and resolve the client's father compliant of which the Defendant allowed her to do so, is because based on the Defendant's policy, PSO would have been involved to take the report, DSS/SLED

would have investigated the complaint via a comprehensive and inclusive approach and discovered that Ms. Marin, which the Defendant allowed, neglected the client causing him to consistently missed essential mental health treatment which to include the client receiving his monthly injection for 3 months; ultimately, causing the client to terrorize his parents, the need for a Judicial Pick-Up Order, and hospitalization. The DSS/SLED report would have been placed on Ms. Marin's record and the Defendant could have faced a liability suit if the client would have caused physical harm to his parents or if the client's father would have been told of the truth, that the Defendant's negligent caused the client's decompensation. Not only did Ms. Marin neglect the client, mislead the father, employ the incorrect policy to protect herself, but falsely accused me of neglect and entered a falsified entry into the client's medical record which displays me as a negligent employee - surely this is extraordinary and unusual conditions of employment. Claimant's APA H, pg. 291 2nd bullet and pg. 292, 1st para.

Finding of Fact 5: Claimant is 47 years of age (Claimant's Deposition, page 5).

Is the Commissioner suggesting that based on my age, I should have been able to continue enduring the ongoing assaults and attacks against me by the Defendant. My age is irrelevant in this matter - the Defendant's ongoing illegal acts are paramount and caused my mental injury and illnesses. Documentation clearly demonstrates that if Defendant would had appropriately intervene, Ms. Marin's ongoing assaults and attacks against me; moreover, client's being placed in harms way to the point of one client almost lost his life, wouldn't have existed and there would be no need for the mental health treatment that I received and continue to receive and certainly not the Worker's Comp, the illegal acts committed against me at the hearing and certainly not this Appeal. People have caused self-harm and harm to others as it relates to experiencing stress related issues at their place of employment; hence, going postal. I loved myself enough to go get help to prevent self-harm; moreover, harm to others and to maintain a "Harmonious work environment".

Finding of Fact 6: Claimant has a Master's degree in social work (testimony of Claimant; Claimant's Deposition, page 8).

No Objection

Finding of Fact 7: Claimant's employment history includes work as a cook, work at a Head Start facility as a case manager, and work as a teacher/coordinator at a child development center (Claimant's Deposition, pages 9-10).

No Objection

Finding of Fact 8: Claimant's job with employer is Human Resources Coordinator II case manager (testimony of Claimant; Claimant's Deposition, pages 10-11 and 56). Please verify title by transcript-it may be Human Services Coordinator/case manager

Human Services Coordinator I/Mental Health Professional (MHP)

Finding of Fact 9: Based upon written evidence, Claimant appears to be an excellent employee who (a) cares very much about his job, and (b) takes great pride in the performance of that job. Claimant is documented as (a) requiring "minimal supervision and prompting in obtaining needed services for his clientele," (b) having "outstanding and consistent case management services," and being an "efficient" and "hardworking, caring, and compassionate professional" (testimony of Claimant; Defendants' APA, pages 1 and 3; Claimant's submissions, unnumbered pages containing employee evaluations; Claimant's Deposition, page 42; Claimant's APA, "D," page 112; Claimant's APA, "1," page 375).

Commissioner Barden noted my quality contributions within my ability to effectively perform my job duties. The aforementioned should have afforded me with the same dignity and respect offered to Ms. Marin and other staff members; however, I was consistently denied it. I was ignored when pleading for assistance within ceasing Ms. Marin's ongoing attacks against me. After reviewing all the documents, you will discover that I was never the aggressor in any incident involving myself and Ms. Marin; however, I only defended myself via pleading for assistance from SCDMH Senior Management and that only frustrated Ms. Marin and Dr. Bank to the point that she consistently made false allegations against me of which the agency consistently failed to adhere to their own policies and directives that governs the staff's behavior; moreover, the agency. Yellow Folder: Defendant's Policies: Policy of Ethical Principles, pg. 36; Workplace Violence, pg. 7, Harassment Free Workplace, pg. 11, and Employee Grievance and Appeal Policy and Directives, pg. 3. I was committed and loyal to the agency; however, the agency wasn't committed and loyal to me which is demonstrated throughout the Claimant's evidence.

Finding of Fact 10: Claimant was admitted to the Palmetto Health Behavioral Intensive Outpatient Program in September 20 13-the month prior to the October 2013 event he alleges to be an unusual and extraordinary condition of employment. During his treatment, Claimant reported "continuous conflict with his supervisors." One of the goals mentioned during this treatment protocol was for Claimant "[t]o learn how to take better care of myself, so that I can deal with the job stress." Claimant expressed anger at being accused of something he didn't do at work and being treated unfairly. One of these records states that Claimant's response to the "not uncommon" personnel issue is "uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally" (Defendants' APA, pages 1-2,6-9, 11-14, and 16-17).

Objection: Misleading. From Commissioner Barden's statement, it appears that I was arbitrarily not taking care of myself. As the medical evidence demonstrates, I now have a diagnosis of Major Depressive Disorder (due to the mental injury sustained due to significant and ongoing work-related stress) and prescribed and appropriately self-administering antidepressants APA B: pgs. 28 (Chief Complaint), 31 (Basis for Diagnosis and Justification for Treatment), and 32; APA C: pgs 54(#4), 56, and APA D, pgs. 82, 83, 86, 87 (Precipitating Event/Presenting Problem/Current Symptoms), 88 (Diagnosis), 92 (#4), 95, 96, 97, 101, 102 (Identified Problems/Outcome), 103 (Discharge Diagnosis).

Major Depressive Disorder
(From Wikipedia, the free encyclopedia)

Major Depressive Disorder (MDD) (also known as clinical depression, major depression, unipolar depression, or unipolar disorder; or as recurrent depression in the case of repeated episodes) is a mental disorder characterized by a pervasive and persistent low mood that is accompanied by low self-esteem and by a loss of interest or pleasure in normally enjoyable activities. The term "depression" is used in a number of different ways. It is often used to mean this syndrome but may refer to other mood disorders or simply to a low mood. Major depressive disorder is a disabling condition that adversely affects a person's family, work or school life, sleeping and eating habits, and general health.

Symptoms and signs

Major depression significantly affects a person's family and personal relationships, work or school life, sleeping and eating habits, and general health.[6] Its impact on functioning and well-being has been compared to that of chronic medical conditions such as diabetes.[7]
A person having a major depressive episode usually exhibits a very low mood, which pervades all aspects of life, and an inability to experience pleasure in activities that were formerly enjoyed. Depressed people may be preoccupied with, or ruminate over, thoughts and feelings of worthlessness, inappropriate guilt or regret, helplessness, hopelessness, and self-hatred.[8] In severe cases, depressed people may have symptoms of psychosis. These symptoms include delusions or, less commonly, hallucinations, usually unpleasant.[9] Other symptoms of depression include poor concentration and memory (especially in those with melancholic or psychotic features),[10] withdrawal from social situations and activities, reduced sex drive, and thoughts of death or suicide. Insomnia is common among the depressed. In the typical pattern, a person wakes

very early and cannot get back to sleep.[11] Hypersomnia, or oversleeping, can also happen.[11] Some antidepressants may also cause insomnia due to their stimulating effect.[12]

A depressed person may report multiple physical symptoms such as fatigue, headaches, or digestive problems; physical complaints are the most common presenting problem in developing countries, according to the World Health Organization's criteria for depression.[13] Appetite often decreases, with resulting weight loss, although increased appetite and weight gain occasionally occur.[8] Family and friends may notice that the person's behavior is either agitated or lethargic http://en.wikipedia.org/wiki/Major_depressive_disorder - Articles Present, APA Z.

Uncommon simply means that it's rare. It doesn't mean that it doesn't happen. The same therapist Dr. Chuck Roundy, who made the uncommon notation is the same therapist that completed the FMLA form stating..."As of a result of significant and ongoing work-related stress" (Claimant's APA D, pg. 92 #4) of which Dr. McKinney signed, moreover, Chuck referred me to Dr. Donna Upchurch to continue treatment so that my condition wouldn't result in me causing self-harm (please reference sustain life in Claimant's APA pg.) coping strategies. I was so desperate for assistance within ceasing the agency's reckless, negligent, illegal, unprofessional, and unethical behavior and conduct which to include bullying against me, that I requested aid from the Palmetto Health Behavioral Care provider which is documented in Chuck's documentation (please reference Claimant's APA D pg. 95); however, the hearing was focused on Dr. Roundy "uncommon" statement of which Ms. Snyder requested that I read out loud the statement in the hearing and both Commissioner Barden and Ms Snyder arbitrarily elected to ignore the fact that Dr. Roundy continued treatment and referred me to Dr. Upchurch for ongoing treatment (Claimant APA D, pg. 90 ELOS/Discharging Planning).

Let's put this in a better visual perspective:

1. Defendant referred me to EAP services twice (Claimant APA A; pg. 2 & Claimant's APA M, pg. 456), pgs.
2. SC Vocational Rehabilitation Department: Mr. Don Helms/Counselor – referred to Scott's Psychiatry Services twice (Claimant APA A; Pg. 10 & 17) also review emails
3. Dr. Gary Bell (Claimant APA D; Pg. 82 & 87): Assigned initial diagnosis, prescribed psychotropic medications, and referred to Palmetto Health Behavioral Care Partial Hospitalization program while visited in his office – Chief Complaint: Depression, Anxiety, and Stress.
    - Celexa 10 mg - used to treat depression Claimant's APA D, pg. 82
    - Xanax .5mg - used to treat anxiety and panic disorders Claimant's APA D, pg. 82
4. Palmetto Health Behavioral Care Partial Hospitalization – initial assessment (Claimant APA D; pgs. 87-91) Please note Global Assessment of Functioning (GAF) numeric value assigned. GAF Supporting Document – note date the document was printed.
5. Palmetto Health Behavioral Care Partial Hospitalization - engaged in group treatment via several therapist (Claimant APA D; pg. 88: Treatment Team Interventions; Claimant APA D; pg. 89: Patient Symptoms/Functioning Treatment Barriers)
6. Palmetto Health Behavioral Care Partial Hospitalization Ms. Rachel Bush, Registered Nurse, Claimant APA D, pgs. 87-91; Claimant APA D; pgs. 88 & 90: Patient Stressors

7. Palmetto Health Behavioral Care Partial Hospitalization - Dr. Thornton McKinney provided psychiatry services and prescribed psychotropic medications
   - Celexa 20 mg – used to treat depression an increase of 10 mg from Dr. Bell's prescription Claimant's APA D, pg. 82 & Claimant APA D; pg. 83
   - Trazodone 50 mg – for sleeping Claimant APA D; pg. 83
8. Palmetto Health Behavioral Care Partial Hospitalization – Dr. Chuck Roundy(therapist) referred me to Dr. Donna Upchurch (Claimant APA D; pg. 100) for additional counseling and completed the FMLA form of which Dr. Thornton McKinney reviewed and concurred with Dr. Roundy's assessment and signed (Claimant APA D, pgs. 92-94; Claimant APA D, pgs. 89 & 90 ELOS/Discharging Planning). Dr. McKinney Correspondence – never responded – also Reese SCWCC Questions & Concerns emailed on 8/17/15.
9. (Location) Dr. Sarah Schumaker APA D, pg. 97 which to include Symptoms, Assessment, & Plan.
10. Palmetto Health Behavioral Care Partial Hospitalization - Dr. Nicholas Depace, Conducted Psychological Testing – Claimant's APA D, pg. 89 – "Consults"
11. Dr. Donna Upchurch – provided additional counseling via referral from Palmetto Health Behavioral Care Partial Hospitalization via the Palmetto Health Behavioral Care Partial Hospitalization staff of which, my advocate Dr. Chuck Roundy (therapist) – Transcript pg. 85, Lines 13-25, pg. 86-87 is a member of and was my main point of contact person while I received inpatient treatment via the behavioral healthcare provider (Claimant APA C; pg. 54 # 4). Dr. Roundy as noted in his uncommon statement was my "Advocate" while receiving treatment at Palmetto Health Baptist - not my doctor.
12. Scott Psychiatric Institute – Ms. Carol Anderson, LISW, provides counseling via EAP referral from Mr. Don Helms, SC Vocational Rehabilitation Counselor and requested intervention from the psychiatrist to aid in reaching a level of stabilization, and considered re-hospitalization, sustaining life, and reaching a level of maximum medical benefit - Exhibit 4 of which the Defendant disposed of medical evidence to aid in denying my case and Claimant APA; pg. 17.
13. Scott Psychiatric Institute - Dr. James Kirkland (Claimant APA B; pgs. 43-51): prescribed psychotropic medications to aid in preventing re-hospitalization
    - **Lamitical (Lamotrigine) 100 mg** - used to help prevent the extreme mood swings initially prescribed 25 mgs on 8/11/14 - Claimant APA B; pg. 49; increased dosage to 100 mg on 9/2/14 - Claimant APA B; pg. 49
    - **Lexapro (Escitalopram) 20 mg** - used to treat depression and anxiety; initially prescribed 10 mg 8/11/14 - Claimant APA B; pg. 49; increased dosage on 9/2/14 to 20 mg - Claimant APA B; pg. 49
    - **Ambien (Zolpidem) 10 mg** - used to treat sleep problems (insomnia) in adults added on 8/26/14 Claimant APA B; pg. 49
    - **Seroquel (Queliapine Furmarate) 25 mg** - an anti-psychotic drug used to treat certain mental/mood conditions added on 9/2/14 - Claimant APA B; pg. 49
    - **Wellbutrin XL (Buprion) 300 mg** - used to treat depression added medication - initially prescribed 150 mg on 10/30/14 - Claimant's APA B, pg. 50; increased dosage on 11/25/14 to 300 mg - Claimant's APA B, pg. 50
14. Dr. Kirkland's Opinion Claimant's APA B, pg. 31

15. Dr. Bell now prescribes the following psychotropic medications (90 day supply) - Exhibit 16, pgs. 10-13
    - **Wellbutrin XL (Buprion) 300 mg** - used to treat depression
    - **Ambien (Zolpidem) 10 mg** - used to treat sleep problems (insomnia) in adults
    - **Seroquel (Queliapine Furmarate) 25 mg** - an anti-psychotic drug used to treat certain mental/mood conditions
    - **Lexapro (Escitalopram) 20 mg** - used to treat depression and anxiety
16. Carol Anderson, LISW (formerly of Scott's Psychiatry Institute); Palmetto Center for Change - Counseling

Commissioner's as you will note that all service providers identified the causer of my mental injury and illnesses to "work-related stress" of which ongoing is also noted. As you will discover from my Wal-Mart's Pharmacy Order, I wasn't taken any psychotropic medications only till after the Defendant caused my mental injury and illnesses. Claimant's APA B, pgs. 43-51.

In addition, I was so stressed out, depressed, and desperate for help that I had to visit Senator Harvey Peeler's office, Chairman, Senate Medical Affairs Committee, of which his assistant referred me to Ms. Caton's office – Transcript pg. 48, Lines 19-25 and pg. 49, Lines 1-22. Upon discussing the matter with Ms. Caton she informed me that the reason that I was facing such hardship was because I supported Mr. Rick Nickles' New Alpha program (please reference Claimant's APA M, pg. 454; Lines 36-38 of which Ms. Caton's observation was provided to the Defendant via email.

The therapist, Dr. Roundy, didn't say that I was malingering; he just simply noted an observation from his experience only which was the reason that he wanted to continue to explore the situation. In fact, no psychiatrist or any service provider diagnosed me as malingering; moreover, malingering "is not" noted in any of the medical evidence documentation that I provided to the Commissioner; moreover, the Defendant. In addition, Dr. Roundy was acutely aware that I was suffering mentally; therefore, he referred me to Dr. Upchurch for additional counseling to aid in sustaining life , preventing re-hospitalization; moreover, to achieve maximum medical benefit. Again, this was cherry picked information to deny my claim and ignore the facts (Claimant's APA D, pgs. 95 & 100).

Clearly I was taking it both personally and professionally. The Defendant consistently treated me unfairly, accused me of sexual harassing a female staff member some 365 days later, falsely accused me of harming clients and upon being cleared of any wrongdoings, I was still reprimanded; consistently denying me my "earned" grievance rights, ignored by the State Director of which he merely stated via his administrative assistance after several request since 2010 that..."He don't like to be involved in stuff like that". Even when it was about a client almost dying as a result of the illegal, reckless, and malicious acts of the mental health staff, the State Director of the Department of Mental Health merely states via his administrative assistance states..."He don't like to be involved in stuff like that" Claimant's H, pg. 323-324; Claimant's APA, H, pg. 327 and pg. 455 Lines 35-38; Claimant's H, pgs. 299-305 particularly pg. 305; and Claimant APA H, pgs. 325-326. It is evident that Mr. Magill didn't appropriately intervene due to the inappropriate interference of Dr. Bank and Dr. Bank's easily accessibility to Mr. Magill. Dr. Bank is a member of Mr. Magill's leadership team (Claimant's APA J, pg. 398); employing efforts to have me

terminated which could have caused my entire family to become homeless, the Defendant's ongoing illegal behaviors and attacks against me could have prevented me from working in the human service field of which I worked so diligently to achieve the opportunity to do so which includes receiving student loans and the State Director rather than appropriately intervening he merely states via his administrative assistance after several follow-up calls from me states…"He don't like to be involved in stuff like that", consistently denied advancement in the organization, falsified documents against me, could have prevented me from receiving my license in Social Work, causing harm to client of which a client almost died, falsely accusing me of a dual relationship with a housing provider and even after being exonerate of any wrongdoings and unethical behavior, I continue to suffer based on retaliatory behavior of Ms. Marin which is evident upon her describing me as a "crook and that I was destroying client's lives" to a housing provider that's not employed by the agency (Claimant's APA H, pg. 304 #8); moreover, hinder the appropriate investigation of a complaint presented by a client which wouldn't allow any objective to be displayed by the Defendant which ultimately caused several clients in harms way via the grossly negligent, reckless, and malicious conduct of the mental health staff (see Dr. McNeil's correspondence – Claimant's APA H, pgs. 288-289). Dr. Bank was acutely aware that I had nothing to do with arranging client's transportation (Deposition, pg. 20, Lines 6-18; Claimant's APA H, pgs. 256-259) to the clinic via email provided on June 14, 2012 prior to the hotline Dual Relationship complaint– Claimant's APA G pgs. 214-215; yet he elected not to appropriately intervene. Dr. Bank appropriately intervening in this matter would have enable objectivity during the incident that the client reported by I was the result he was verbally abused by the housing provider; thereby preventing the array of illegal attacks against me that eventually caused my mental injury (please compare dual relationship report Claimant's APA G pg. 214 to Claimant's APA H pgs. 258-259) which clearly demonstrates that I had nothing to do with making the clients transportation arrangements Transcript pg. 39, Lines 3-25; causing additional undue stress via informing me that I was under a DSS/SLED investigation of which SAF (Form 50 to DSS/SLED) was perfectly aware that I wasn't well before I did; in that, SAF didn't receive any documentation from these agencies regarding the client's claim, etc., etc., etc, Claimant's APA, pg.

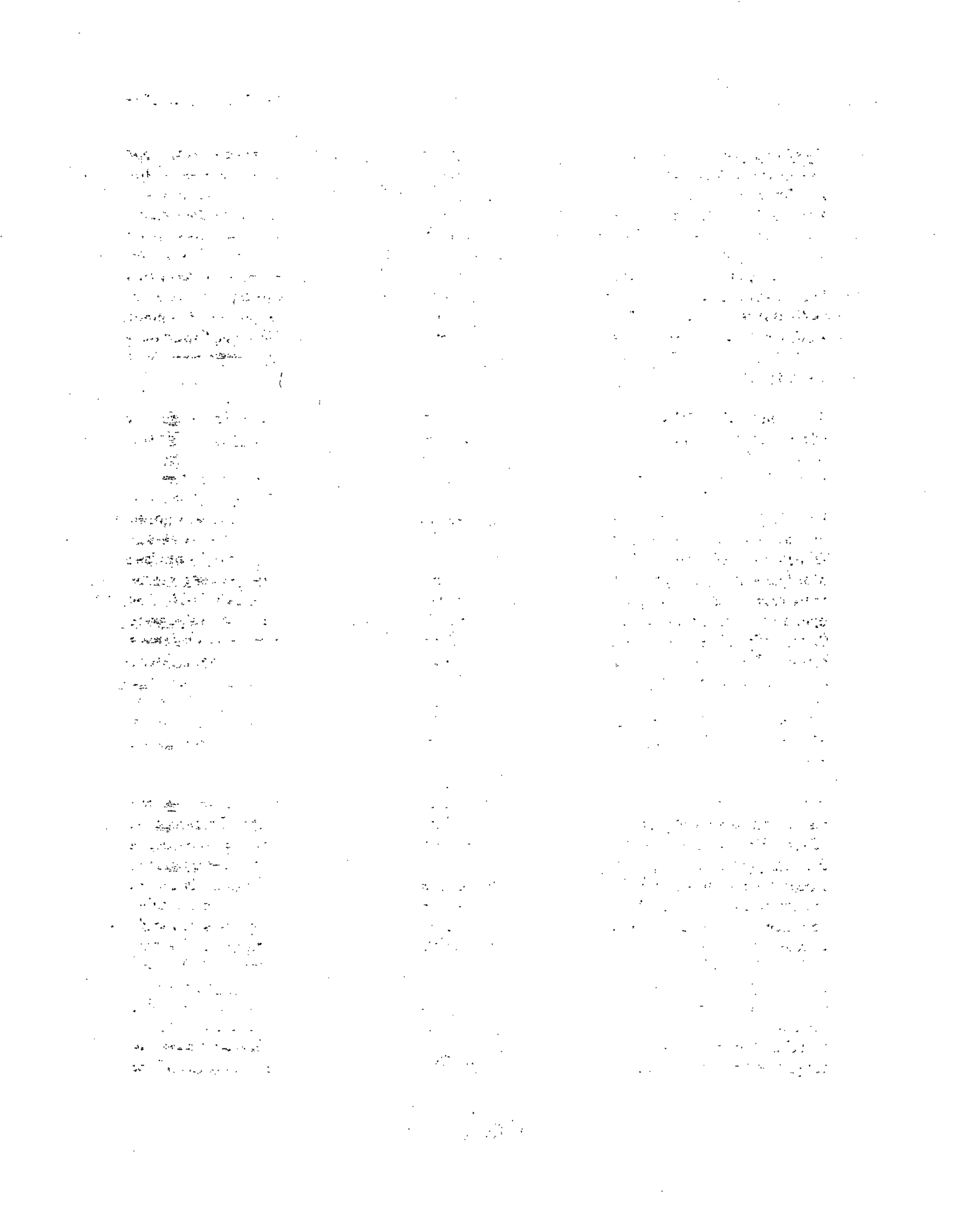
Jeopardizing my liberty and freedom could have been taken away from me if I would have responded to Ms. Marin attack against me on April 23, 2014, rather I called for assistance a second time, to cease Ms. Marin's attack for a situation that she caused. Please see this document page for details regarding this matter.

All of these factors were ignored by Commissioner Barden to merely deny my claim which ultimately condones and rewards the Defendant and any employer for engaging in illegal and unethical behavior.

Commissioner Barden did not reference Dr. Upchurch's evidence; in that, it continues to provide vivid and visual evidence of the ongoing stress that I experienced by the Defendant when I clearly demonstrated, by the Defendant's policies and directives, that I effectively performed my job duties; yet, Commissioner Barden ignored this revelation and it only appears that she cherry picked information to deny my claim rather than being impartial: Claimant's APA C, pgs. 77-81. Claimant's APA C pgs. 52 – 53 also clearly displays that the Defendant's witness, Mr. Harold Edwards was my supervisor during this period of which the completed FMLA form was submitted to Ms. Vicki Brown, CAMHC Human Resource Director via email. The Defendant purposely

omitted to include the Claimant's APA C pg. 53 in both Commissioner's Barden and James evidentiary packets.

Clearly Dr. Upchurch didn't only submit pgs. 25-27 in the Defendant's Commissioner James evidentiary packet and pgs. 18-20 and in the Defendant's Commissioner Barden's evidentiary packet because the Defendant clearly did not want the Commission to witness the illegal, unjust and unfair conduct that I consistently experienced by the Defendant. In fact, Dr. Upchurch provided me with a copy of the same documents that she provided to SAF that aren't present in either Commissioner James or Barden's Pre-Hearing Briefs provided by the Defendant: Claimant's APA C pgs. 78-81 (Exhibit 3) - Dr. Upchurch's medical documentation reflects page numbers.



Finding of Fact 11: It is difficult to follow Claimant's testimony at times, but it appears that the October 2013 incident relates to an investigation and Claimant's ultimately being reprimanded for insubordination stemming from an alleged HIPAA violation, after which Claimant was made to take a HIPAA refresher course. The disciplinary documents specifically states that Employer considered the offense to have been without malicious intent. The tone of the disciplinary write-up does not appear to be extraordinary and unusual, and although Claimant adamantly disagrees with the write-up, it was not done in a hostile manner (testimony of Claimant; Claimant's Deposition, e.g., pages b 32-35 and 58; Defendants' APA, "C," unnumbered pages; Claimant's APA, unnumbered pages; Claimant's APA, "H," pages 277, 283-286, 288-295,323, and 325-326; See also Claimant's APA, "L," page 422; Claimant's APA, "M," pages 433 and 436-445; Claimant's APA "0," page 547).

The tone of Dr. McNeil's September 5, 2013 disciplinary action against me is absolutely and totally irrelevant. The disciplinary action could have been placed on a Hallmark Card and it still would have been extraordinary and unusual based on the Defendant's policies and directives that required me to intervene as a responsible and competent professional employee of the Defendant; moreover, to aid in meeting the need of the client. Based on the Defendant's policies and directives, Dr. McNeil had no authority to hinder, prevent, demand, request, etc., etc. etc., me to not to document my clinical interaction with any of the Defendant's clients. Defendant's Policies and Directives (Yellow Folder): Filing/Scanning of clinical documentation, pg. 27; Transfer of Case Management, pg. 24 "receives majority of their services and that the clinical and computer records must reflect the current case manager for each client" – Transcript pg. 83, Lines 12-20. The operative word in that clause is majority of which the framers of this policy were perfectly aware that the client, based on their need, certainly would receive services from other program staff that's employed by the Defendant. For example, a nurse for the Connections program may administer a client an injection from the nurse of Link program. Or in this particular case, I intervene aiding a client that had decompensated due to the poor actions of his case manager; "Reporting of Adverse Incidents", pgs. 33-34; particularly pg. 34, 1st and 5th paragraphs. Again, the tone is irrelevant. The act was malicious and only used to demean, ridicule, belittle, devalue, marginalize, etc., etc., etc.

In the same disciplinary action that Dr. McNeil presented to me, she states that I communicated with an unauthorized person – please reference Claimant's APA H, pgs. 263 – 267. I received an adverse incident report regarding a client that overdose on a controlled substance (a medication that was prescribed by a CAMHC's psychiatrist) and the client provided the control substance to a peer (who's not prescribed the medication) that required emergency medical care. According to the attending Lexington Medical Center doctor, the peer could have died if he didn't receive emergent care which was a result of the immediate reaction of the responsible New Alpha staff. Certainly the aforementioned was an adverse incident and I received and documented the incident as the Defendant's policy requires of me (Yellow Folder: Defendants Adverse Incident Policy, pg. 33: #8, 17, 21, and 23; pg. 34, 1st and 5th paragraphs and the Defendant's Policy: Family Inclusion, pg. 28, particularly #5. The fact to the matter is, when it comes to receiving an adverse incident, there's absolutely no such thing as an "Unauthorized Person" – it's an adverse incident. An individual makes an incident report was unknown to any member of the Defendant's staff, we simply receive the report without acknowledging whether or not the client is a client of the

Defendant. Please review the exampled offered by Dr. McNeil (Claimant's APA H, pg. 291, 3rd para) of which she states that a mental health client could report an adverse incident on another mental health client and staff should intervene; however, an individual who's acutely aware of the client's mental health status as was referred to the housing provider's program by the mental health center staff, provides/pays for food, clothing, client's medication co-pays, haircuts, movies, etc. and does not request any reimbursement from the clients, the housing provider is not a client of the Defendant and this individual is defined by the agency as an "Unauthorized Person". No! This was merely harassment and an attempt to bully and intimidate me.

Certainly the housing provider is considered a part of the client's network of support; however, the agency only defined the housing provider in Dr. McNeil's disciplinary action against me as a "Boarding home operator". This boarding operator served as more of a network than many of the clients who received housing at the boarding home of which the Probate Court considers structured placement and the Defendant recognized the benefits that the housing provider provided to the clients, Claimant's APA H, pg. 259. Also review Claimant's APA G, pg. 206 which describes additional services that the "boarding home operator" provides which is outside of the operator's lease. Yellow Folder: Defendant's Policies & Procedures – Family Inclusion, pg. 28; Alternate Placement evidence prior to Dual Relationship claim that continues to disprove the Dual Relationship accusation via discussing the client's complaint with my supervisor which the clients admitted making false claims - Claimant's G, pgs. 205-206; and Claimant's G, pg. 220 (Bennett – satisfying court order for restrictive placement) & pg. 226 (Manaiza – desire to leave the placement).

Due to the reckless, negligent, illegal, unprofessional, and unethical behavior and conduct of the Defendant, I deliberately rejected a call from a client's brother who's a CAMHC's board member and attorney. This same board member, upon informing him of the guidance of Defendant replied...."That's a bunch of nonsense". Clearly as a board member, he knows the policies and directives of Defendant because he's responsible, as a team, of reviewing and developing policies; moreover, governing the agency. Defendant's Policy: Designated Authority for Establishing Policies, pg. 29. Once Mr. Childs replied, "That's a bunch of nonsense" (Transcript pg. 61, Lines 1-14), the inappropriate behavior of the Defendant should have immediately ceased; moreover, there should have been no need for me to attend a HIPPA refresher (Claimant's APA H, pg. 307) on October 9, 2013 and I was only force to engage in a HIPPA refresher course out of malicious and not necessity based on the Defendant's policies and directives; Claimant's APA H, pgs. 299 – 306 (please also note the names of the individuals that the email was provided and the date which included my immediate supervisor of whom the Defendant failed and refused to engage in the investigative process and confirmed by Mr. Edwards during the hearing; moreover, provided documentation confirming that I followed the Defendant's policies and directives – Claimant's APA D, pg. 112).

The fact to the matter is the evidence demonstrates that the Defendant exhausted all measures to devalue and marginalize me to the point that they recklessly and purposely informed me that I was under a DSS/SLED investigation when they were acutely aware that the claim was untrue. In fact, the aforementioned egregious bullying conduct only attributed to my mental injury via maliciously causing unwarranted and undue stress. Dr. McNeil was acutely aware that I wasn't under a

DSS/SLED investigation via her "Stay out of it" statement (Claimant's APA K, pg. 416-419); yet she maliciously led me to believe that I was.

In fact, the Defendant never apprised me that I wasn't under a DSS/SLED investigation. The only way that I discovered that I wasn't under a DSS/SLED investigation, a year later (Claimant's APA K, pg. 399, 2nd para) was requesting a copy of the report the Defendant assisted the client with filing on August 2013 with PSO. My request was ultimately denied based on the fact, my name wasn't on the report (Claimant APA K, pg. 404). SAF was perfectly aware, well before I was, that I wasn't under a DSS/SLED investigation when they received no report from the agency's regarding any suspected involvement in harming a vulnerable adult; therefore, SAF was acutely aware of the Defendant's reckless and malicious behavior. Claimant's APA H, pg. 302; APA K, pgs. 399-415; moreover, not receiving documentation that she requested from DSS/SLED.

Due to the Defendant's reckless, negligent, illegal, unprofessional, and unethical behavior and conduct in condoning behavior Ms. Marin's illegal behavior and the Defendant's systematically refusal to employ any effort to cease her illegal behaviors as mandated by the Defendant's policies and directives, Ms. Marin publically humiliated me to a housing provider calling me a crook and that I was destroying client's lives, Claimant's APA H, pgs. 293-294.

Due to the Defendant's reckless, negligent, illegal, unprofessional, and unethical behavior and conduct in condoning Ms. Marin's illegal behavior and the Defendant's systematically refusal to employ any effort to cease her illegal behaviors as mandated by the Defendant's policies and directives, Ms. Marin caused a client to decompensate of which he begun terrorizing his parents which to include garnishing a knife against them and blamed me for it. The fact to the matter is, if I didn't keep my emails for protection, I surely, based on the history with the Defendant, would have faced consequences – Transcript pg. 84, Lines 3-14. Claimant's L, pgs. 420-427. Ms. Marin's reckless and illegal behavior which has attributed to my mental injury and illnesses; moreover, that has caused significant harm to the vulnerable adults that the Defendant serves, should have resulted in her immediate termination from the agency; however, due to her relationship with management, they consistently awarded her illegal and negative behavior and encouraged and allowed her to create and maintain a hostile and unhealthy working environment.

Mr. Edwards received the "You've made a Difference Award" for doing the exact same thing I did – assisting a client that was not assigned to the Connections program. Mr. Edwards wasn't forced to take a HIPPA refresher course, accused of HIPPA violation for documenting in a client's medical record as required by the Defendant's policies and directives, he wasn't experiencing the threat of being suspended for 3 days without pay or losing employment; his future employment possibilities and livelihood wasn't threatened as mine was; his family wasn't placed in jeopardy of becoming homeless; etc. Mr. Edwards merely got rewarded for his efforts assisting a client in the Link program of which Ms. Marin a served as supervisor of the Link program during this period. Upon receiving the referenced document, you will discover that Mr. Edwards eliciting my assistance within this matter and I discovered information that prevented the client's wife from being harmed by the client; however, I didn't received any award for my efforts. In fact, I was instrumental in preventing the client's wife from being harm, because I was able to access the client's medical record and make contact with the client's wife to duly warn her of the situation (please reference Claimant's APA H, pg. 350; and APA I, pg. 378). If I would have receive the

same fair treatment that Mr. Edwards received, the mental injury that I sustained which resulted in my mental illnesses and receiving ongoing mental health treatment which to include medication administration, wouldn't have taken place. Clients are assigned to a particular CAMHC's program based on their functioning level and will on occasions, based on the need and circumstances, receive assistance from other members of the Defendant staff as warranted. The following are examples that reflect the holistic and responsible approach of meeting the client's need and the staff wasn't maliciously accused of a HIPPA violation like I was:

There are additional incidences in the Claimant's 618 page evidence that reflects other staff members assisting clients that are not assigned to their program and they weren't accused of violating HIPPA, faced intimidation, or expected to meet with the Executive Director with PSO on stand-by.

The Defendant continue to degrade, belittle, devalue, and marginalize me via presented me with an Ethics policy that has absolutely nothing to do with HIPPA to demonstrate the reason that I had no authority to document my clinical interactions with a client that wasn't initially via Dr. McNeil..."On my caseload...my treatment team....then I'm not treating". Ms. Sims presented the Defendant's Workplace Ethics Policy pgs. 30-32 ethical principle #11 (Claimant's Yellow Folder) only presenting the last clause..."And should not be documented in the client's medical record" as to the reason that I shouldn't have documented my clinical interaction in the client's medical file Claimant's APA M, pgs. 435-441 which is referenced on Claimant's APA M, pg. 439, 2nd bullet and Transcript 14-25. I immediately reviewed the principle and replied..."This clause relates to personal disagreements and I didn't document any personal disagreements. I documented the facts of the incident concerning a change in the client's condition as of the result of his CAMHC Case Manager (Mr. Melvin Malone) egregiously advising the client that he was going to relocate him to an alternate placement while documenting something entirely different of which he took advantage of this vulnerable adult and is being rewarded for his misconduct which resulted in the client decompensated by the Defendant promoting him to Acting Program Director (Supervisor) of the Link program Claimant's APA H, pgs. 357-374, particularly pg. 364. This evidence also demonstrates that I was lead to believe that I was able to present additional evidence during the appeal after the hearing (Date of Document: 12/22/2014).

Clients are assigned to a particular CAMHC's program based on their functioning level and will on occasions, based on the need and circumstances, receive assistance from other members of the Defendant staff as warranted.

In fact when Dr. McNeil initially discussed this matter with me, she accused me of discovering that the client's Link's Case Manager was going to move the client and shared this information with the housing provider which ultimately caused the housing provider to verbally abuse the client which is totally untrue. When Dr. McNeil accused me of the aforementioned, she never, during this initially contact accuse me of a HIPPA violation. The Defendant's violation of HIPPA claim on came about after senior management plotted against me in their attempt to terminate me Claimant APA H, pg. 255 – email sent to my supervisor - Mr. Edwards).

The fact to the matter is, if I didn't secure legal counsel to meet with me during the November 4, 2013 HIPPA meeting with Dr. Bank, certainly I would have been suspended for 3 days without

pay and possible terminated. I suspect that I would have been terminated in that Dr. Bank requested that PSO be on standby. Unfortunately for Dr. Bank and fortunately for me, PSO went to AIS building rather than the administration building. What's even more extraordinary and unusual, is that the Defendant disciplined me for insubordination when Dr. Bank himself, the Executive Director of CAMHC and the signer of the agency's policies and directives, was unable and did not present any policy or directive that I violated, Claimant's APA H, pg. 316-317). I paid the attorney $250.00 to represent me and I accomplished the task coupled with his presence of reviewing the Defendant's policies and directives that required me to perform my job duties as I did. In fact, prior to the meeting Dr. Bank informed me that either me or my representative would be able to talk – not both of use (Transcript pg. 76, Lines 6-25 and pg. 77, Lines 1-11). Therefore I spoke in the meeting because I was acutely aware of the policies and directives (Deposition, pg. 33, Lines 12-22). I certainly want to be reimbursed for those funds. Claimant's APA M, pg. 440, 3rd bullet. I requested a number of persons to be attend the November 4, 2013 HIPPA meeting which to include members of the Defendant's accreditation body and my immediate supervisor – Mr. Harold Edwards; however, my request was denied. It is the opinion of this Claimant that my request was denied based on the persons that I requested to be present; i.e., Solicitor – The Honorable Dan Johnson, Mr. Alan Keck – SCDHHS State Director, family members of client's adversely affected, etc.. Claimant's APA H, pg. 305.

The "Designated Family Member" form, Claimant's H, pg. 327A. This form is not a policy; in that, it wasn't developed by the board, it doesn't have a developed date, isn't assigned a category, doesn't have an official title; moreover, it's not signed by the Executive Director making the form invalid; in that, the Defendant has an official "Authorization to Disclose Form, Defendant's policy packet, pg. 62. Best of the interest of the clients and society, the agency will never introduce, develop, approve, implement, etc., etc., etc., a policy that clearly states that no staff member is to provide clinical support and document their clinical interaction with a client based on the mere fact that the client is not on the Case Manager's "Caseload…treatment team…or they are not treating". Surely this type of grossly negligent mandate will certainly lead to a number of liability claims and result in the funding sources refusal to fund the agency. So many consequences would be experienced if such a policy or directive is developed and implemented which to include the agency not meeting the needs of the client and achieving the Defendant's mission statement…" To support the recovery of people with mental illnesses" - http://www.state.sc.us/dmh/mission.htm.

Finding of Fact 12: It also appears that Claimant has particular difficulty with stress in dealing with his managers, particularly Ms. Marin, who supervised Claimant for a 6-month period in 2009-2010 (Ms. Marin's supervision of Claimant ended in May 2010). However, Claimant alleges an incident in 2014 when Ms. Marin blocked him a copy room and badgered him. Claimant contends that he is the subject on ongoing retaliation and harassment. Claimant testified at his deposition that he was warned by "the folk at Independence House," who told Claimant that Ms. Marin was "crazy." However, Claimant called no witnesses on his behalf to describe Ms. Marin in this manner. Otherwise, the outcome of this case might have been vastly different. However, in any event, Ms. Marin has not supervised Claimant since 2010 (testimony of Claimant; Claimant's Deposition, pages 36-41 and 57; Claimant's Deposition, page 15; Claimant's APA, "F," pages 137 and 187).

Ms. Marin not supervising me after 6 months which is actually 11 months isn't relevant; however, her ongoing illegal, reckless, and malicious behavior coupled with the Defendant's refusal to appropriately intervene via the Defendant's policies and directives is relevant. Years of documentation has overwhelmingly substantiated my claim that the Defendant condone and, in many cases, encouraged her behavior and the Defendant's gross negligence and personal biases and discretions ultimately caused my mental injury and illnesses. The Defendant is my witness; in that; in every email that I presented facts (Transcript pg. 95, Lines 2-9), the Defendant didn't dispute, refute, deny, etc., etc., etc., the emails, they merely ignored my efforts to resolve the matters as amicable as possible; moreover, the emails will prove that the Defendant only continued their assaults against me. The Defendant also never disputed, refuted, denied, etc., etc., etc., the facts presented in the documentation during the worker's compensation hearing.

In addition, when Dr. McNeil, a member of the Defendant's Senior Manager team, provides me with a disciplinary action referencing additional senior management staff agreeing with her observation that I violated HIPPA and I reply via emailing the Defendant their own policies and directives requiring and expecting me to take the actions that I did to meet the needs of the client as well as to document my clinical intervention with the client, and the disciplinary action is upheld clearly an employee is deemed powerless via the Defendant's ongoing illegal, malicious, and reckless attacks; thus, contributing to my mental injury and illnesses.

Claimant's APA H, pg. 288-289; APA H, pgs. 290-298 and 299-305; APA J, pg. 398
The fact to the matter is that I was never going to receive any level of objectivity and fairness because Dr. Bank, CAMHC's Executive Director, consistently refused to appropriately intervene since 2010 is also a member of the SCDMH Senior Management team and has a close relationship with Mr. Magill, SCDMH State Director; is over the Corporate Compliance, and has historically applied no efforts to cease Ms. Marin's assaults and attacks against me even when the Defendant's policies and directives requires him to do so. If the Defendant which to include both the SCDMH Human Resource Director – Ms. Eleanor Odom and CAMHC's Human Resource Director – Ms. Vicki Brown would have adhered to its' "Workplace Violence, Harassment Free Workplace, Workplace Ethic Policy, and Employee Grievance and Appeal Policy and Procedures" after Ms. Marin informed me that I was going to face hardship if I placed my concerns in writing pg., the policies that were entered into evidence and Commissioner Barden failed to review, none of the incidences that ultimately contributed to my mental injury and illnesses wouldn't have taken place. Claimant's APA J, pg. 398.

According to Ms. Caton, the only reason that I continued to suffer additional ongoing hardship caused by the Defendant was because I supported the New Alpha program. Claimant's APA M, pg. 454. The Defendant's own investigative report clearly depicts and confirms the reason that I support the New Alpha program because of the benefits and significant outcomes that the program produces and provides to the clients of whom the Defendant serves. Claimant's APA H, pg. 259. Also reference APA pg. for additional reasons that I support the New Alpha program. Claimant's APA G, pg. 206.

The Defendant even allowed a female staff member state that she was uncomfortable with me; however, upon consistently probed regarding her comment, she was unable to offer any response - rationale or not. When I requested Dr. Bank to intervene, he basically threatened my employment via stating..."I would suggest that you focus on your work" of which in fact that what I was doing at the time of the request to use a larger group room to provide group treatment for the comfortability of the clients. Claimant's APA O, pgs. 517-562; particularly pg. 547.

When someone presents an allegation or complaint to Dr. Bank about me, I face hardship even when the allegations and complaints are fabricated; moreover, the Defendant don't apply and adhere to their own correct policies and directives. However, when I express concerns, my concerns aren't taken seriously and I'm consistently ignored; moreover, minimize complaint and concerns to "My feelings are hurt". Claimant's APA F, pg. 171. Certainly, if the Defendant would have intervened and treated me fairly in 2010 as the Defendant afforded Ms. Marin and other employees, there wouldn't be any 2012, 2013, and 2014 incidences (Transcript pg. 96, Lines 14-25 and pg. 97) which resulted into my mental injury and illnesses.

The Defendant is clearly fully responsible for all the distractions and consequences experienced throughout this entire ordeal; in that, in 2010, they deduced that Ms. Marin and I could not co-exist as co-workers and to re-establish and maintain a harmonious working environment which by the way Ms. Marin disrupted by evidence; therefore, they reassigned me to the Cottages and Ms. Marin remained at New Horizon. Two years later, the Defendant re-assigned Ms. Marin's job relocation within close proximity to me of which she continued her intentional, reckless and malicious "hardship" efforts against me as she promised that I would face in 2010 (Claimant's APA F, pg. 151; 2nd para, Lines 9-11) and the Defendant consistently offered no relief, aid, assistance, etc., etc., etc., within ceasing her attacks against me as I consistently requested and was consistently ignored. If the Defendant would have appropriately intervene in 2010 and wouldn't have recklessly re-assigned Ms. Marin within close proximity to me, none of the events that resulted in my mental injury and illnesses would have taken place; moreover, the client's wouldn't have been placed in harms ways of which a client almost died.

I've been managed by approximately 17 supervisors (Exhibit 12) which to include individuals serving in the supervisory role in the absence of the immediate supervisor and only Ms. Marin has reprimanded for something the individuals that Ms. Marin elicited to investigate me for client abuse exonerated me of which Ms. Vicki Brown signed the disciplinary action. The only reason that I was written up by Mr. Brown and Dr. McNeil was due to fabrications by Ms. Marin and the management failure to adhere to their own policies and directives.

My employee appraisals that you reviewed doesn't confirm your assessment that I have difficulty dealing with stress with managers, particularly Ms. Marin. I have problems whether it be managers, subordinate staff or any other individual outside the work environment accusing me of heinous acts I guess Commissioner Barden expected me to allow individuals to accuse me of harming clients, sexually harassing a female employee, jeopardizing my employment with the Defendant and perspective employers – Transcript pg. 58, Lines 16-25, describing me as a crook and that I was destroying client's lives, accuse me of violating client's HIPPA rights, accuse me of having a unethical dual relationship with a housing provider, allowing their personal bias dictate actions rather than adhering to their policies and directives that governs the agency, etc., etc. etc. and Commissioner Barden based on her fraudulent ruling expects me to sit idly by and do nothing. Rather than attacking Ms. Marin after she engaged in illegal and unethical conduct against me, I would request from the Defendant and consistently received none. This entire Finding of Fact is totally an injustice. Isn't abnormal to be reprimanded by one supervisor or claims made by one supervisor out of 17? Deposition, pg. 20, Lines 10-20 and Exhibit 12.

Please reference the email that I sent to Mr. John Brown discussing Open Door Policy of which I wasn't afforded, like other employees particularly Ms. Marin when she was allowed to falsely accuse me of unethical and unprofessional behavior with no evidence to substantiate her claim, and the Defendant consistently refused to adhere to their own policies and directives within addressing these reckless and malicious attacks that I consistently experienced. Claimant's APA, G, pgs. 233-234).

As noted in Mr. Henry's correspondence (please reference Claimant's APA H, pgs. 311-314 and 316-317 of which aren't referenced in Commissioner Barden's Proposed Order for Finding of Fact and the signed order) to Dr. Bank and you will review throughout the 618 page document, I was always treated unfairly, devalued and marginalized all because I effectively performed my job duties which to include advocating on the client's behalf; moreover, defending myself from Ms. Marin's ongoing attacks of which she continued to retaliate against me and Senior Management overwhelmingly refused to help which to include Mr. Magill, SC Department of Mental Health State Director, when he simply replied via his Administrative Assistant..."I don't like to be involved in stuff like that". My condition wasn't uncommon, their ongoing failure to intervene and caused client's to miss essential mental health services, caused a client to overdose on a control substance, caused a client to almost lose his life from receiving and self-medicating another client's control substance, making the agency appear negligent due to their personal vendettas towards a housing provider who has successfully assisted client in remaining stable, medication compliant, abstaining from alcohol and drug use, drastically decreasing inpatient hospitalization and chronic use of the emergency room, preventing unacceptable social behaviors that would result in incarceration; in other words – saving the taxpayers a lot of money; that's what is uncommon. The agency's own investigation proves the aforementioned a member of the client's network of support (please reference Claimant's APA H, pgs. 256-259; particularly pg. 259).

It is extremely important that all staff members (management and subordinate) follow the Defendant's policies and directives within ensuring the overall well-being of the clients and the validity of the agency. Certainly, if Ms. Marin would have followed the Defendant's policy in regards to closing client's cases who are court ordered for mental health treatment (Yellow Folder – Defendant's Policies & Directives: Client Follow-Up/Case Closure, pg. 25), the 2014 incident

wouldn't have taken place. The court would have known that Ms. Marin was the client's Case Manager and not me; therefore, the court wouldn't have communicated any concerns with me regarding the client (please reference Claimant's APA M, pgs. 430 -431; Nia's and Claimant's M, pgs. 461-463 – Probate Court's approval for case closure). Also note that I applied all efforts to prevent confrontation with Ms. Marin and ensuring workplace harmony via politely responding to Ms. Marin's bullying and intimidating question ("Do you have something to say to me?"), walking away, ignoring her "That's right" statement, calling for help from my supervisor, Mr. Long twice, and not being a threat towards any staff member which to include Ms. Marin; hence walking away and calling for help (please reference Claimant's APA M, pgs. 435-441 particularly pg. 436 – 4th para and pg. 437 Lines 1-7 of which no grievance was never held and no rationale offered; Transcript pg. 81, Lines 18-24).

I've been consistently bullied by Ms. Marin (Transcript pg. Lines 9-18) and consistently requested aid from management to cease her reckless, negligent, illegal, unprofessional, and unethical behavior and conduct; however, the Defendant consistently ignored my request (Transcript pg. 20, Lines 18-25)which attributed is me sustaining a mental injury and mental illness diagnoses that now requires ongoing mental health treatment and medication to cope with the depression, stress, anxiety, insomnia; moreover, to aid in preventing self-harm. In fact, due to management's failure to respond to my request for assistance within ceasing Ms. Marin's ongoing reckless and bullying behavior, it makes the agency just as culpable for my current mental health status. The evidence proves that Ms. Marin was the aggressor and consistently engage in illegal and unethical assaults and attacks towards me because she was acutely aware, by history that the Defendant was going to inappropriately side with her and unfairly penalize me with no objectivity or investigation; moreover, adhering to the Defendant's policies and directives.

In regards to the incident of which Ms. Marin blocked me in the copier room, this incident shouldn't and wouldn't have happened if Ms. Marin would have adhered to the Defendant's policy - Client Follow-Up/Case Closures, pg. 25, 3rd paragraph under "Directives" of which no evidence is presented that Commissioner Barden reviewed the policies and directives which was entered into evidence. If Ms. Marin would have notified the court before closing the client's case, there wouldn't have been no reason for the court to contact me because the court would have been acutely aware of the client's current Case Manager – Claimant's APA M, pg. 430; therefore, Ms. Marin wouldn't have taken her frustration out on me. Please see example of the process for closing court ordered cases Claimant's APA, M, pgs. 461-463). Due to the fact the Ms. Marin took her frustration out on me, I had to call for assistance from my supervisor. The first time that I called out for my supervisor, Ms. Marin replied..."That's right". The second time that I cried out for help, my supervisor came to assist along with Mr. Edwards, the Defendant's witness (Claimant's APA M, pgs. 436-441) will provide further details. Also review pictures where the incident happened – Claimant's APA M, pgs. 446-451). Surely this is clearly unusual and extreme conditions of employment especially when the aggressor, Mrs. Marin who created the incident which caused the distractions of the normal operations of the agency via not adhering to the Defendant's policies and directives was able to return to work that same week whereas I, the victim who had no other recourse but to call for assistance from my supervisor and endured additional undue stress, was out of work for 3 weeks worrying about as to whether or not I was going to be terminated for something a supervisor initiated. Claimant's APA M, pgs. 433-445 and the Defendant consistently allowed her engage in her bullying, illegal, etc., etc., etc, behavior.

Claimant's APA M, pg. 437, 8th para. Although the Defendant's directive affords me a grievance hearing to appeal the 3 day suspension without pay for an incident caused by a supervisor who refused to adhere to the Defendant's policy, I was denied my grievance right of which the Defendant elected not to provide me with a grievance hearing because they surely did not want others to witness the Defendant's ongoing reckless, malicious, negligent, illegal, unprofessional, and unethical behavior and conduct that resulted in my mental injury and illnesses as well as placing clients in harms way to the point one client almost lost his life. Defendant's Directive: Employee Grievance and Appeal Policy and Directives, pg. 3. I received employment with the agency on June 17, 2008 (APA F, pg. 131) and is currently employed with the Defendant; therefore, I satisfied the criteria for 12 months of satisfactory employment affording me with the right to grieve unfair and abusive treatment by the Defendant.

My rights to grieve was consistently denied by the Defendant which prevented the cease of the Defendant's ongoing intentional, malicious, reckless, illegal attacks and assaults against me contributing to the ongoing work related stress that I'm experiencing; ultimately, causing the mental injury that I sustained and the mental illnesses. Again, surely the Defendant consistently stripping and denying me of my grievance rights that I've earned, based on the Defendant's directive, is extraordinary and unusual conditions of employment.

Because I was so fearful of facing additional hardship from management, I decided against completing and submitting another harassment form (please reference Claimant's APA G, pgs. 239; Deposition pg. 52, line 10-25; pgs. 53-56 ending at Line 19 and pg. 55 Lines 1-20; particularly pg. 55, Lines 12-20). This event all surrounded by the client's request for assistance because Ms. Marin was about to violate their rights – forcing client's to relocate to alternate placement although they consistently shared with her that they did not want to move from their current placement – New Alpha - please reference Claimant's APA G, pgs. 228-230 and 243. When I requested the Defendant to discuss the false claims by Ms. Marin made against me, I was denied that opportunity and written up by Mr. Brown and not my immediate supervisor, Mr. Cornell Ruff who was present in the meeting which is clearly abnormal. In addition, Ms. Marin violated a client's HIPPA rights during the meeting (Claimant's APA G, pg. 229, 1st para) and was rewarded via having the Defendant provide me with a reprimand. (Claimant APA G, pgs. 233-234).

Finding of Fact 13: Claimant also contends that he was investigated for various complaints without Employer's following proper policy or protocol. However, in at least one of these complaints, Claimant was exonerated by Employer (testimony of Claimant; Defendants' APA, "C," unnumbered pages; Claimant's Deposition, pages 19-21; Claimant's APA "H," page 259).

I've never shared with anyone, that my mental injury and illnesses was simply caused by the false allegations charged against me by staff. I sustained the mental injury and illnesses to the reckless, negligent, illegal, unprofessional, and unethical behavior and conduct of both the Defendant's lower and senior level management which included the refusal to adhere to their own policies and their refusal to engage me in the investigative process and consistently ignored my pleads for help in ceasing Ms. Marin's attacks against me which makes the Defendant just as culpable for damages caused and ongoing. In fact, if the Defendant would have treated me fairly and provided me with the same protection afforded to other employees via adhering to their policies and directives which would have removed the Defendant's personal discretions, vendettas, and bias, I certainly would have sustained a mental injury that lead to mental illnesses that I didn't have prior to becoming employed with the Defendant.

Please review the first APA of the Claimant's evidence pages 4-8 which clearly displays the factor that that caused my mental injury and illnesses which this is evident throughout the 618 evidentiary packet – not the allegation, but ongoing unfair treatment, denied rights, intentional, malicious, reckless behavior of the Defendant – not the clients or anyone else outside of the agency. In addition, my employee evaluations that Commissioner Barden referenced reviewing in Finding of Fact 9, clearly demonstrates in the Employee Evaluation stamped dated "Received May 30, 2014" and signed by Dr. McNeil and my "Rating Supervisor" - Mr. Harold Edwards that "I was out on extended leave because my failed efforts, not of my own doing, to cease Ms. Marin's ongoing bullying, slanderous, defaming, harassing, retaliating, reckless, etc., etc., etc. attacks and false allegations against me and SCDMH/CAMHC Senior Managers and Human Resource officers failure to intervene which resulted in me receiving mental health treatment and my inability to provide clients with their essential mental health services due to my absences".

The dual relationship was reported to the hotline with malicious intent. It was only called in because I documented that Mr. Malone provided limited services to a client and consistently taking him to Probate Court when he applied no effort, based on his own documentation in the client's Electronic Medical Record (EMR), to actively engage the client in treatment. The caller not only called in once; however, twice. The caller submitted the report the same day that I documented my concerns in EMR. Please note that the caller rationale as to their belief that I was engaging in a dual relationship in receiving kickbacks from the housing provider was based on the fact that in the client's SPD's: Claimant's APA H, pg. 258 – "Silent Partner", SPD's for counselor's clients need to be reviewed", "Medicaid fraud regarding transportation (a criminal offense taking my liberty away due to false retaliation by the Defendant)", and "Quality Assurance Department at the Center cannot be trusted and should not be involved with the investigation, because one worker is a very close friend of the counselor". I recommended that the clients remain at New Alpha and that I was setting up transportation for them. First and foremost, the doctor makes the final decision referencing any treatment, needs, etc. regarding the client. No matter who discuss the client in treatment team, the doctor, in regards to staff performing their job duties in meeting the mental

health, social, etc. needs of the client and signs the Service Plan Development (SPD) – Yellow Folder: SCDHHS' Section 2, pg. 65; therefore, if the doctor makes the final decision, why wasn't the doctor accused of a dual relationship? Although I've repeatedly requested a copy of the final investigative report, I only received in a year later after the client alleged that I caused him to be verbally abused in 2013 (please reference Claimant's APA pg. The reason that the Defendant failed to provide me with a copy of the investigative report in a timely manner was because the Defendant knew a staff member intentional with malicious intent called the falsified report in based on the claims verbalized by the caller. The terminology used by the caller and the fact the caller states that the investigation should be conducted via another employee rather the assigned person appointed by Dr. Bank to investigate such matters, no one outside of the agency would have none this information. I deduced that Ms. Marin made the report via discussing the matter with Mr. James Reese of which he informed me that Ms. Marin said that I myself and Mr. Nickles was under a DSS and SLED investigation; moreover, that I was a crook and destroying client's lives (please see Claimant's APA H, pgs. 256-259). Again this claim for only reported with malicious intent to have me terminated based on my documentation of a CAMHC client's Case Manager's, Mr. Melvin Malone, reckless behavior towards a client that caused the client to decompensate. Reese SCWCC Questions & Responses pg. 5; and pg. of this document. I engage both Ms. Pat Hicks and Mr. Greg Oates to assist within re-engaging the client into treatment and both the seasonal CAMHC's employees wasn't accused of a HIPPA for assisting with a client that wasn't on their caseload...treatment team...or wasn't treating. Claimant's APA G, pgs. 235-238. Also, reference the client's SPD's - Claimant's APA G, pgs. 231-232. Although, pg. 231 reflected the arcuate accounts of the incidence based on the client's EMR before he was accepted back into the Connections program, Dr. Riddle wouldn't sign SPD (Claimant's APA G, pg. 231), because he states that it would cause the Defendant to be liable; therefore, he encouraged me to revise the SPD which is reflected on Claimant's APA G, pg. 232 of which he signed.

As you will note in the dual relationship complaint, the caller states that the counselor (Claimant) and New Alpha have worked together to create more transportation for the counselor's (Claimant) clients. As noted in Ms. Sims investigative findings, I didn't have anything to do with setting up transportation for clients – another employee manage this function. Although this complaint in itself is abnormal, what's most abnormal is that Dr. Bank was acutely aware that I had nothing to do with scheduling transportation for clients via an email sent to both him and Mr. John Brown prior to the complaint was reported and he elected not to intervene. (Claimant's APA G, pgs. 214 - 215).

As you will see in the past when a housing provider was accused of causing harm to an adult client, the City of Columbia Police Department was caused for assistance rather than the Department of Social Services (DSS) and South Carolina Law Enforcement Division (SLED) (reference Claimant's APA P, pg. 567). If one of the Defendant's staff members were accused of causing harm to a client in one of the Defendant's facilities, the Defendant's policy states that that's when DSS and SLED are contacted to investigate the matter Claimant's Yellow Folder "Abuse, Neglect, and Exploitation of Patients and Clients Prohibited". I was told to stay out of the matter by Dr. McNeil; moreover, the client accused a boarding home provider that's not a facility of the Defendant, therefore, there was no need to contact DSS and SLED (please reference "Stay Out" email correspondence - Claimant's APA K, pgs.404 & 416).

Please review Claimant's APA G, pgs. 216 -224 which is example of the process that should have taken place via adhering to the Defendant's policies and directives upon addressing a complaint by a client – Transcript pg. 40, Lines 5-25, pg. 41, and pg. 42, Lines 1-19. Several clients states that the housing provider was threatening and demeaning; moreover, one client states that he was afraid of the provider and accused the housing provider of committing acts on him and other clients that were sexual in nature. Upon being receiving the client's complaint, I immediately informed my supervisor. If I had a dual relationship with the housing provider, I certainly wouldn't have included my supervisor in the process; moreover, wouldn't be removing a client from the provider's placement. Claimant's APA G, pg. 220, Transcript pg. 49, Lines 21-25, and pg. 50, Lines 1-3.

Please note, the client visited the clinic and informed the staff that he was "verbally abused" and Ms. Marin immediately contacted the Executive Director (not myself, my supervisor (Mr. Harold Edwards) or both myself and my supervisor) - that's truly abnormal and was done with malicious intent based on a false claim made in 2012, to have me terminated; moreover, was maliciously and intentionally to cause me harm. If I was treated fairly and protected under the Defendant's policies and directives much like other employees of the Defendant, this malicious and reckless act wouldn't have contributed to the mental injury that I sustained and the mental illness that I'm currently diagnosed with by licensed care providers. The Defendant's policies and directives that should have been adhered to by the Defendant are reflected in the Claimant's Yellow Folder that was entered into evidence and Commissioner Barden did not review: Client Concern/Complaint Protocol, pg. 39, Policies of Ethical Principles, pg. 36, Client Rights, pg. 41, and Abuse, Neglect, and Exploitation of Patients and Clients Prohibited, pg. 44. This was only done to have me terminated or force to quit based on the belief and false allegation made against me of having a dual relationship with Mr. Rick Nickles of New Alpha, (please reference Dr. McNeil's correspondence, Claimant's APA H, pgs. 288-289; and Rhonda Sims Investigative Findings Claimant's APA H, pg. 259.

<u>Finding of Fact 14:</u> Claimant admits that it is common for clients to allege mistreatment or abuse (Claimant's Deposition, page 47).

The Defendant misrepresented the facts upon questioning Mr. Edwards regarding allegations presented by clients: SCWCC Hearing Transcript p.70.

There's nothing that I've documented, verbalized, never implied, verbalize, reported, etc., etc., etc., to anyone involved; i.e., service providers, co-workers, management, SAF, etc., etc., etc. that the clients false allegations against me attributed to the work-related stress which ultimately lead to my mental injury and illness.

In fact, during my deposition with SAF, I informed Ms. Snyder on the process of which I handle false claims against me alleged by clients "Attack the behavior and not the client": Reese SCWCC Deposition pg. 47; lines 11 - 24. Claimant's Statement Deposition: p.31, Lines 16-23.

The fact to the matter is which well documented – "It was the illegal, unethical, intentional, reckless, malicious, etc., etc., etc., conduct of the Defendant that stressed me out and caused the mental injury and illness".

In 2015, a client accusing me of stealing $3000.00 of his money) which will demonstrate the appropriate manner which to address a client's complaint. If the Defendant would have adhered to their own policies and directives within addressing and resolving client's compliant, I would have received work-related mental injury and illnesses and currently receiving mental health treatment for, the client would have received services required to aid in meeting his need, the Defendant wouldn't appear negligent, staff time wouldn't have been wasted on frivolous investigations rather that clients would have received essential mental health treatment, and taxpayers dollars wouldn't have been wasted via the Defendant's staff investigated the frivolous charges against me and Public Safety staff, the Department of Social Services staff, and according ot the Defendant, S.L.E.D. staff wouldn't have been employed to investigate the false claims against me. Surely, if those that do not have daily interaction with the Defendant's population served are aware of the appropriate protocol with addressing client's concerns/complaints, surely those of leadership are acutely aware of the process especially those who signs the policies and directives – Dr. Bank and Mr. Magill who both ignored my pleas for help.

Finding of Fact 15: Claimant does admit to threatening clients by stating (jokingly, he contends) that he would throw water on those who did not pay attention. I do not find that the write-up for this episode was extraordinary and unusual (Defendants' APA, "C," unnumbered page; Claimant's Deposition, pages 16-17; testimony of Claimant; Claimant's APA "F," page 186).

In this Finding, you will discover that Ms. Marin corroborated the sentiments expressed by fellow co-workers in her own disciplinary action against me of which if the Defendant's senior management would have appropriately intervene, my mental injury and illnesses would have been prevented and the client's wouldn't have been placed in harm's way.

With that being said....How in the world can Ms. Marin discussed an allegation of the client with me on May 12, 2010, that I was cleared of any wrongdoings via the persons that Ms. Marin elicited to investigate the allegation and the client (please review APA F, pgs. 183-185; particularly 185 – the findings of the investigation of which..."Specifically, Ms. Arnold found that the complaint described in the written complaint was not accurate recording of what the client intended to express"). Let's just say that the client actually made an allegation of my humorous attempt to redirect, motivate and stimulate the client's active participation in the treatment and recovery process; yet, Ms. Marin allowed the client to continue attending my groups and didn't report the alleged complaint, as I share in the hearing, not until after 3 weeks after the client allegedly made the compliant and when her failed attempt to have me terminated based on Ms. Marin accusing me of sexually harassing an employee prior to my re-assignment to New Horizons. Yes, this is truly abnormal, extraordinary and unusual especially when Ms. Marin forced me not to send evidence to Ms. Brown that the client was still attending my groups after the allege abuse complaint – Transcript pg. 32, Lines 1-8, Claimant's APA F, pg. 183 which clearly demonstrates that Ms. Marin certainly didn't believe I was a threat to the client.

Isn't the punishment extraordinary and unusual for something that the person's that Ms. Marin elected to investigate the client's allegation presented to her, without discussing the allegation with me when it was presented and Ms. Marin allowed the client to continue attending my groups, exonerated me of the allegation of which Ms. Marin did not provide accurate account of the client's allegation; moreover, the client self-reported that she wasn't threatened by me.

What's even more extraordinary and unusual is that Ms. Brown signed the reprimand even though she was aware that I was cleared of any wrongdoings and Ms. Odom, SCDMH Human Resource Manager, received copies of the following documents via email and did absolutely nothing to intervene of which at that time, I communicated with Mr. Davis Duff whose an attorney that specializes in employment issues: 1 - Reese Harassment & Grievance Form.pdf, 2 - Dr. Bank Email.pdf, 3 - Written Warning - Transfer.pdf, 4 - SCDMH Attorney Caton - Findings.pdf, 5 - DJ 5-13-10 NO BILL TIME.pdf, 6 - Inquiry of Consumer's Report.pdf. The Defendant's refusal to intervene condoned and encouraged Ms. Marin's ongoing attacks against me which ultimately lead to my "Uncommon" condition as noted by Dr. Roundy – Claimant's APA F, pgs. 191-195 & 204. According to the Defendant's Client Rights policy, the Client Advocate, Dr. Arnold - Claimant's APA J, pgs. 394-397 (SCDMH Statewide Client Advocacy program), discusses each complaint with the Executive Director – Dr. Bank; therefore, Dr. Bank was also acutely aware that I was cleared of any wrongdoings and once again elected not to appropriately and justly intervene.

My first day at New Horizons was on May 6, 2009 which was scheduled for only 12 weeks (Claimant's APA F, pg. 135: Ms. McClinton's statement/former supervisor); however, I applied and was hired for a vacant position at New Horizons which my re-assignment date was August 17, 2009. With that being said, the allegation of my sexually harassing an employee at Independence House was only presented after I provided Ms. Marin with the April 9, 2010 notarized letter – an approximate total of 11 months which the reason that email was my pertinent source to communicate with the Defendant's management team. During those 11 months, Ms. Marin "NEVER" disclosed any unprofessional behavior that I committed while she was my supervisor; moreover, my employment file demonstrates that the only disciplinary action that Ms. Marin provided me with was the May 20, 2010; yet, she writes and attempt to place a derogatory report in the employment file which was sent back to her by the SCDMH Human Resource office for corrections.

Based on my current status, it will certainly demonstrate that Ms. Marin achieved her goal and threat – me facing hardship (Claimant's APA F; pg. 151). Surely, the disciplinary action taken by Ms. Marin and condoned by the Defendant was consistently abnormal, extraordinary and unusual. I was disciplined due retaliation rather than the alleged conduct which required me to seek legal guidance (please review Claimant's APA F; pgs. 135-159).

I applied for another grievance in hopes to amicably address and resolve these unwarranted reckless, negligent, illegal, unprofessional, and unethical behavior and conduct attacks against and was ultimately denied – Claimant's APA F, pg. 204; of which pages 204A – 204X was emailed to Ms. Odom for assistance and none was offered, provided, etc. which again condoned Ms. Marin's reckless, malicious negligent, illegal, unprofessional, and unethical behavior and conduct of which I'm suffering hardship at this present moment due to the Defendant allowing Ms. Marin to create and maintain a hostile and unsafe working environment and employing no efforts to appropriately intervene via the Defendant's policies and procedures that governs the agency.

In Commissioner Finding of Fact #15, she stated that you didn't believe the write-up was extraordinary and unusual. This statement clearly demonstrates that I had no chance of receiving a fair hearing. It's truly extraordinary and unusual to be written up for an allegation that was only issued after submitting my formal complaint to Ms. Marin on April 9, 2010 (Claimant's APA F, pgs. 141-143); an allegation that wasn't the allegation reported by the client (reference deposition/hearing and Caton); Ms. Marin witness me conducting the humorous intervention in group and laugh along with other staff members; moreover, the clients upon conducting the intervention (Claimant's APA, pg. 193, 3rd para); Ms. Marin only executed the investigation after her sexual harassment effort to have me terminated was unsuccessful and wasn't the complaint presented by the client of which I was cleared of any wrongdoings by the investigative party that Ms. Marin elicited to investigate (Caton's report) rather than handling the low-level complaint in-house as mandated by the Defendant's policies and directives; and Br. Bank, Ms. Odom, and Ms. Brown was acutely aware that the allegation was fabricated by Ms. Marin; Dr. Bank authorized me to interact with client and again he recklessly and maliciously elected not to appropriately intervene; and Ms. Vicki Brown, signed a reprimand that she too knew was false.

In my Workers Compensation hearing, I shared informed the Commissioner that I thought that was the reason that I thought the client made the complaint – "Didn't see I too eye" Transcript pg. 30, Lines 10-25. Ms. Marin consistently badgered this client regarding this matter which lead the client making a threat to me that she would kill me (Claimant's APA H, pg. 192, 5th para and Transcript pg. 30, Lines 23-25). In addition, I also informed the Commissioner that once the Client Concern Protocol was followed (incorrectly – based on the policy, Ms. Marin should have address the allegation on a center level first), Ms. Rochelle Caton, after receiving Dr. Shelia Arnold's investigative report, deduced that the reprimand that I received (Throwing water intervention) wasn't what the client alleged against me. **Deposition pg. 16, Lines 16-25, pg. 17, and pg. 18, Lines 1-11.** According to Ms. Caton's report (Claimant's APA F, pg. 185 – also reference Claimant's APA F, pgs. 183-184) and shared with the Commissioner during the hearing…that Ms. Arnold found that the complaint was unsubstantiated – Transcript pg. 37, Lines 16-20. Specifically, Ms. Arnold found that the conduct described in the written complaint was not an accurate recording of what the client intended to express". Moreover, I informed the Commissioner, in the hearing, that Ms. Marin did not report the client's allegation until after her malicious, egregious, slanderous, defaming efforts failed to have me terminated for "her" claim that I sexually harassed an employee of which no formal or informal investigation was conducted to address this matter while assigned at the Independence House and re-assignment to New Horizon. Surely, if I committed such egregious act, the Defendant's policies and directives would certainly allow them to terminate my employment with cause and no repercussions if the investigation produced evidence that I committed the acts. Yellow Folder: Defendant's Policies & Directives - "Workplace Violence (pg. 7), Harassment Free Workplace (pg. 11), Probationary Period (pg. 1), Workplace Ethics Policy (pg. 30), Employee Disciplinary Standards (pg.16), and Policy of Ethical Principles (pg. 36). In the hearing, I mistakenly shared with the Commissioner that these incidents only happened after I presented Ms. Marin with the April 19, 2010 notarized letter; however, the letter is actually dated April 9, 2010 (Claimant's APA F, pg. 141) with a follow-up Formal Complaint and Grievance Request on April 19, 2010 that I the Defendant denied me of and I never received (Claimant's APA F, pg. 204). This allegation was only reported to the Client Advocate out of malice not for the safety of the client or any client for that matter Claimant's APA F, pgs. 149 – 158, 173; in that, Ms. Marin didn't report the allegation to the Client Advocate 2 or 3 weeks after the client made the allegation of which the client continued engaging in groups of which I was facilitating Claimant's APA F, pg. 183, last para. During the meeting that Ms. Marin had with me after the April 1st 2010 incident, she never disclose any sexually harassment or client abuse allegations against me which both of these claims aren't presenting the April 9, 2010 notarized correspondence; however, are represented in the April 19, 2010 formal complaint.

You will note that a client presented an allegation against myself in 2010 and the Client Advocate was involved based on the policy which was intentionally implemented incorrectly; moreover, the Executive Director, PSO, DSS, and SLED wasn't notified to conduct an investigation. (Please reference the policies presented to you at the hearing in the Yellow Folder: pgs. 36-37 Category: Board, Title: Policy of Ethical Principles; pgs. 39-40 Category: Public Affairs/Community Liaison, Title: Client Concerns/Complaint Protocol; and pgs. 41-43 Category: Administration, Title: Client Rights). However, in 2013 a client made a claim against me; however, the Executive Director was immediately made aware of the allege incident prior to any investigation. Ms. Marin immediately informed the Executive Director out of malice and was only presented to somehow prove that myself and the housing provider were engaged in a dual relationship of which I was



exonerated in 2012 via the Defendant's own investigation (Claimant APA H, pg. 259); however, continues to cause harm to me in 2013 via the four questions (Claimant's APA H, pgs. 288-289) that was presented by Dr. Deanna McNeil as shared with the Commissioner in the hearing (Transcript, pg. 51, Lines 2-25, pg. 52, pg. 53, Lines 1-4, and pg. 6-25). I also shared with the Commissioner that during their investigation, the Defendant was investigating me without me. They didn't involve me in the investigative process nor communicate with the witnesses (client's family members – mother and grandmother – Transcript pg. 55, Lines 11-25 and pg. 56, Lines 1-9) that would have shared with them, that it was the client that was hostile and using threatening and profane language towards the housing provider based on a situation that the mental health center caused – his Case Manager informing him that he was going to move him but documenting otherwise. In fact, I was in close proximity to the location of which the Defendant allowed the client to provide his accounts of the alleged incident to the PSO officer (reference pictures – Claimant's APA M, pgs. 446-451). The Defendant intentional didn't want me to provide my accounts and facts of the incident to the PSO, which would have included the accounts of the client's mother, grandmother, and the housing provider via conference call, because it surely would have immediately cease the investigation; moreover, expose the Defendant's ongoing reckless, negligent, slanderous, harassing, defaming, etc., etc., etc. acts, behavior, and conduct.

Finding of Fact 16: As of the date of the hearing, Claimant has returned to his job duties with Employer (testimony of Claimant).

As shared with the Commissioner at the hearing, even though I'm currently at work, I'm still experiencing difficulties within performing my job duties due to the fear of being reprimanded and experiencing other issues as shared with Mr. Helms (Claimant's APA pgs. 25-26) and unable to seek alternate employment as discussed during the deposition (Deposition pg. 49, Lines 8-22). This may just be paranoia; however, the paranoia shouldn't be present at all if the Defendant would have adhered to their own policies and directives, treated me fairly and with dignity and respect afforded to the Defendant's other employees. Surely the aforementioned would have prevented the mental injury that I sustained and the mental illnesses that I'm currently diagnosed. As noted before, I didn't have these mental health diagnosis prior to my employment with the Defendant. The mental illnesses that I'm currently diagnosed with are a direct cause of the ongoing work related stress that I endured via the Defendant and has been confirmed via licensed professionals who are experienced in their fields. I, the subordinate staff, employ all efforts to address these stressful matters as amicably as possibly; however, I was consistently ignored and attacked by the Defendant for doing so which is a clear example of ongoing retaliation. Surely, these stressful and depressive issues were extreme; in that, I had to seek the guidance of attorneys (please reference Claimant's APA F, pg. 159, and Claimant's APA H, pgs. 312-313 and 316-317), seek guidance from Senator Peeler's office (please reference Claimant's APA D, pg. 121, 4th para, and Transcript pg. 48, Lines 19-25 and pg. 49, Lines 1-18), file an Equal Employment Opportunity Commission (EEOC) complaint **(NOT ABOUT CLIENTS' ALLEGATIONS, BUT THE ILLEGAL CONDUCT OF THE DEFENDANT)** after discussing the matter with a State Representative (Claimant's APA D, pg. 121, 4th para) of which the Representative confirmed my observation and encouraged me to submit the complaint to the EEOC office in Greenville rather than in Columbia because the Columbia office will not investigate the matter due to the Defendant receiving Federal dollars (if possible I would like to present this evidence), and inquire of and receive mental health treatment for a condition that's solely work-related. The Defendant allowed a female staff member to claim that she was uncomfortable around me; therefore, I requested assistance from Dr. Bank within addressing the matter. Dr. Bank responded in what I deemed a threatening employment response, "I suggest that you focus on doing your job" (Please reference Claimant's APA O, pgs. 517-562, particularly pg. 547), rather than appropriately responding and addressing the concerns that I verbalized. It's alright for someone to make a claim against me of which I'm eventually penalized without being included in the investigative process; however, when I'm requesting assistance or defending myself, my employment is threatened and according to Commissioner Barden - "I have difficulty with stress in dealing with managers, particularly Ms. Marin". Finding of Fact 12. Again, I consistently didn't receive any fair treatment that has been historically afforded to other staff members of the Defendant.

Finding of Fact 17: I have no doubt that Claimant's predominant stressor is work-related, as such is corroborated by the hospital outpatient treatment records, by the record of Dr. Upchurch, and by the causation statement of Dr. Kirkland. However, it is not enough for the stress to be work-related; if that were the case, Claimant would readily meet his burden of proof. See Claimant's APA "B," pages 31-32; Claimant's APA, "C," pages 54, 56, and 78-80; Claimant's APA, "D," pages 82-83, 87-90, 92, 95, and 100.

I clearly do not understand this rationale. I clearly and consistently met my burden of proof based on the law, mental health services received and ongoing which to include daily medication administration prescribed by Dr. Bell, Dr. McKinney and Dr. Kirkland, a paper trail that expands over years, and even Commissioner Barden's own assessment. South Carolina Code 42-1-160. "Injury" and "personal injury" defined APA B does not require modifiers of stress as predominant or dominant, it simply states "Stress". Nevertheless, according to ongoing documentation and verbal communications via assessments, deposition, hearing, etc., etc., etc., I and licensed professionals consistently reported and demonstrated that my mental injury and illnesses and exacerbated medical conditions were directly caused by "significant and ongoing work-related stress" and absolutely wasn't contributed to any other factors which was consistently corroborated by service providers (Deposition pg. 50, Lines 21-25 and pg. 51, Lines 1-3). Please reference medication list Claimant's APA B, pgs. 51 and Claimant's APA D, Palmetto Health Lab Report, pg. 123-124 and Medication List regarding the increase of Diabetic medication from one oral medication (Claimant's APA B, pgs. 43-47); to an injection & oral medication (Claimant's APA B, pgs. 47-48);, and now to 3 oral medications daily (Claimant's APA B, pg. 48-51); and medication for Gastroesophageal reflux disease (GERD) that wasn't taken initially (Claimant's APA B, pg. 48-51 – initially prescribed on 1/28/14; Small Binder (tabbed A-Z) Articles re: stress and mental illness – tabs A-Z) which clearly displays that the significant and ongoing work-related stress exacerbated my medical conditions. The evidence clearly demonstrates that the refusal of the Defendant to cease the ongoing illegal and unethical attacks against me via adhering to their own policies and directives and treated me with the dignity and respect afforded to other employees would have undoubtedly cease Ms. Marin's assaults and attacks and prevented Ms. Marin from maintaining the hostile and unsafe working environment that she created since providing her with my notarized April 9, 2010 correspondence.

South Carolina Code 42-1-160: (1) *"that the employee's employment conditions causing the stress, mental injury, or mental illnesses were extraordinary and unusual in comparison to the normal conditions of the particular employment"*:

There's nothing normal in the Defendant's illegal and unethical conduct reflected in the 618 page document and the responses to Commissioner Barden's Finding of Facts – they truly "were extraordinary and unusual in comparison to the normal conditions of the particular employment". The Defendant's policies and directives governs the agency. The Defendant allowed, enabled, encouraged, and condone Ms. Marin's ongoing illegal and unethical attacks against me which attributed to my mental injury and illnesses. Moreover, the Defendant refusal to appropriately intervene to cease these ongoing illegal and unethical attacks that I experienced could have been ceased if the Defendant would have correctly employed and adhered to their own policies and directives of which you did not review nor reference in your "Request For Proposed Order". Surely, if the Defendant would have correctly employed and adhered to the Defendant's own

policies and directives that governs the agency which would allowed the Defendant to treat me fairly, my mental injury and illnesses would not have been caused. In addition to the aforementioned, the clients that the Defendant serves wouldn't had to experienced missing essential treatment, a client overdosing on a control substance; moreover, a client almost dying to the reckless, intentional, and biased behavior of the Defendant and surely by all means the Defendant's behavior which resulted in the above is "extraordinary and unusual in comparison to the normal conditions of the particular employment".

South Carolina Code 42-1-160: (2) the medical causation between the stress, mental injury, or mental illnesses, and the stressful employment conditions by medical evidence.

The trained, skilled, and experienced medical providers after their assessment, concluded that I sustained a mental injury that resulted in my mental illnesses due to "significant and ongoing work-related stress" which this significant and ongoing work-related stress has also "exacerbated medical conditions" of which the medication list entered into evidence (Claimant's APA, pgs. 43 – 51) confirms that the Commissioner elected not to review and include in her Finding of Fact. In fact, if your review your Finding of Fact 17 rationale, you will discover that the Commissioner Barden did not include Dr. Thornton McKinney's assessment of my condition on the FMLA completed by Palmetto Behavioral Care which is one the supportive documents missing from SAF's Pre-Hearing Brief that was included in Commissioner James Pre-Hearing Brief; however, not included in Commissioner Barden's. SAF was perfectly aware that the Defendant engaged in illegal and unethical behavior which resulted in my mental injury and illnesses; therefore, they disposed the supportive medical documentation. Nevertheless, the missing medical evidence and others are presented in the Claimant's 618 page supportive documentation which supports that I sustained the mental injury and diagnosed with mental health illnesses was solely due to "significant and ongoing work-related stress". Now certainly I can understand SAF including additional information to refute my claim, of which they did not; however, SAF purposely disposed of essential medical documentation that consistently substantiates my claim. I will not under any circumstance remove and dispose of any documentation (evidence) to mislead the Commission like SAF and the Defendant intentionally and maliciously did.

Please review Reese SCWCC Questions & Responses attached to Form 30 emailed on August 17, 2015 and Reese SCWCC Questions & Responses of this document pgs. 57-60 for additional illegal, deceptive, fraudulent, and unethical behavior engaged in by SAF. In fact, Ms. Snyder inadvertently and indirectly disclosed that she engaged in misconduct and illegal behavior via an email that she confirmed that she reviewed all of the evidence that I provided her with prior to the hearing - See Exhibit 1.

Although, I consistently met my burden ongoing documentation, Commissioner Barden referenced the following documents to refute my claim; therefore, let's examine the following documents that you referred to:

Claimant's APA "B," pages 31-32: Clearly meets medical causation and identified the causer of my stress which resulted in my mental injury and illnesses which did not manifest in one day; however, over time due to the Defendant's ongoing failure to appropriately intervene which included denying me of my earned grievance rights, denied meetings with the CAMHC's board

pg 58, Mr. Magill refusing to intervene stating by his administrative assistance..."He don't like to be involved in stuff like that", not afforded with appropriate workplace accommodations as requested by the doctor, refusing to treat me fairly like they treated other employees and correctly employing and adhering to their own policies and directives.

Let's examine the denying of appropriate workplace accommodations complaint. Dr. Bank is the only CAMHC's Senior Manager that can approve a reduction in productivity. During the period of which Dr. Upchurch requested that my productivity be reduced from 60 hours per month (Exhibit 13 - Productivity Standard) to 40 per month for (10) months to engage in treatment and preventing additional stress (Claimants APA pgs. 53-56) which was approved by my supervisor Mr. Harold Edwards on 12/3/13 and rescinded by the Defendant (3 weeks and 5 days later) via providing Mr. Edwards with a ADA correspondence for him to sign and present to me denying the doctor's request – Claimant APA C, pg. 57), Dr. Bank denied appropriate workplace accommodations out of malice which is evident in that the current program that I'm assigned to (Impact) as of June 11, 2014 (Claimant's APA M, pg. 460) and presently assigned (1 year and 5 months later), my current productivity is 40 hours per month (Claimant APA pgs. 70 – 72 particularly pg. 71, #3 under "Success Criteria". The previous program that I was assigned, Child, Adolescent, and Family Services, I wasn't meeting productivity not by my doings – Claimant's APA M, pgs. 458-459. Dr. Upchurch informed the Defendant that I was having difficulties focusing and experiencing insomnia and the Defendant rather than approving appropriate workplace accommodations wanted me to recklessly commute 1 hour and 23 minutes on a daily basis to work, work all day then travel 1 hour and 23 minutes home (Claimant APA pgs. 62 – 64) of which any of the aforementioned is reflected in Commissioner Barden's Finding of Fact. Transcript pg. 64, Lines 6-25 and pg.65, Lines 1-16; and pg. 82, Lines 4-25 with emphasis on Lines 18-19 terminate me after this matter is over with which is also inclusive of the EEOC matter.

Claimant's APA C

Pages 54 and 56: Not only is it essentially important that all of the Defendant's and Claimant's documentation be reviewed and considered before rendering a decision, but it's extremely important that the dates of the documentation be reviewed and considered as well. With that being said, after I received partial hospitalization for my work-related injury and illnesses which enable me to return to work only with continued ongoing mental health treatment to prevent relapse; moreover, self-harm, Dr. Roundy referred me to Dr. Upchurch. Claimant's APA D, pgs. 100 and pg. 103 – "Recommendation for Continuing Care and Follow-Up Plan"; and Claimant's APA D, pg. 92 dated 10/8/13. Upon being evaluated by Dr. Upchurch, she deduced that I could return to work with restrictions based on her rationale in Claimant's APA C, pg. 54; #4 and #5a-c.

In Commissioner Barden's packed provided by SAF and the Defendant, Claimant's APA C, pg. 53 was omitted from your Fact of Finding that Dr. Upchurch requested a reduction in my productivity which resulted in the Defendant defining the request as "Light Duty". Claimant's APA C, pg. 60 and Defendant's Directive: Leave Policies, pg. 84; XVI: Performance of Duties While Injured". Clearly the Defendant approving FMLA Leave and offering Light Duty acknowledged the illnesses and my inability to return to full duty based on my mental injury and illnesses as diagnosed by doctors and mandated by the American with Disabilities Act of which

these disabilities, by substantial amount of evidence, was directly caused by significant and ongoing work-related stress.

Pages 78-80: These documents (evidence) continues to substantiate that my mental injury and illnesses was caused by significant and ongoing work-related stress, ongoing illegal and unethical conduct by the Defendant which exacerbated my condition to the point Dr. Upchurch recommended and encouraged me to visit my primary care doctor for additional antidepressant medications. You will also note in Dr. Upchurch's documentation, she never assigned a diagnosis of Malingering and didn't note that I conducted myself in a manner that was unusual and proportionate of the situation. In fact, out of all of the medical service providers that I encounter during this period, only Dr. Roundy, therapist, made such an evaluation; however, he didn't stop essential mental health treatment, he referred me via a team approach and recommendation, to Dr. Upchurch continued essential mental health treatment to aid in achieving maximum medical benefits; moreover, to sustain life.

The fact to the matter is which is confirmed via the paper trail (evidence), if the Defendant would have treated me fairly, with a sense of dignity, loyalty and respect afforded to other of the Defendant's employees; moreover, correctly employed and adhered to their own policies and directives, I would have sustained a mental injury and be diagnosed with mental illnesses that I didn't have prior to my employment with the Defendant. If the Defendant would have engaged in the aforementioned, this entire ordeal would have been nipped in the bud in 2010 when evidence was presented to the Defendant that refuted Ms. Marin's claims against me and the disciplinary action report wouldn't still be present in my employment file; moreover, the disciplinary action taken against me would have been rescinded.

Claimant's APA "D":

Pages 82-83: Palmetto Health Day Treatment Physician Psychiatric Evaluation – clearly notes the chief complain and billable causes for the need for treatment: Depression, Anxiety, and stress and the specific causer of the need for mental health treatment – job stress (pg. 83). In addition, the doctor also prescribed additional psychotropic medications: Celexa and Trazadone. After evaluating me on September 27, 2013, Dr. Thornton knew that it was imperative that he excuse me from work and receive and continue receiving mental health treatment; hence, the reason that he concurred Dr. Roundy's assessment of my mental status based on his evaluation, training, observations therefore he was able to competently and signed the FMLA form which again is missing from SAF Pre-Hearing Brief. Please review Claimant's APA D, pgs. 92-94. You will also note that Dr. Thornton never assigned me a diagnosis of Malingering.

Pages 87-90: I truly think that this process is truly an injustice to anyone that's not represented by an attorney during the worker's compensation hearing. Out of all the medical data provided which included the causer for the need on treatment and continued even after I wasn't present at work due to receiving essential mental health treatment, the medications prescribed, the medical officials that concurred with the report, the referral source – Dr. Gary Bell, referral made for additional mental health treatment by the provider, etc., the only statement that was considered and noted by the Commissioner was my personal goal – "To learn how to better take care of myself so that I can handle job stress". The fact to the matter is, if it wasn't for the Defendant's illegal and unethical

behavior and conduct, I wouldn't have experienced significant and ongoing work-related stress which was medically concluded by all service essential service providers and including the Commissioner which resulted in my mental injury and illnesses; consequently, hindering, preventing, impeding, etc., etc., etc., me from taking care of myself. Commissioner Barden would have been acutely aware of the symptoms of "Major Depression Disorder" upon reviewing the literature submitted into evidence (Decision and Order by Commissioner Barden – July 24, 2015, pg. 2: Small Binder (tabbed A-Z): Articles re: stress and mental health). As you will observed in any documentation that I presented, the deposition, and the hearing, I never disclosed to anyone that my job responsibilities stressed me out; however, I attributed the causer of my work-related stress that resulted in my mental injury and illnesses to illegal and unethical conduct and behaviors of the Defendant.

Page 92: Certification of Physician or Practitioner (Family and Medical Leave Act of 1993) completed by Palmetto Health Behavioral Care Day Treatment confirms the causer of the stress (#4), my efforts to receive essential services and referral source (#5a), treatment modality (#5b), and the service provider's referral after successful completion of the Partial Hospitalization and Intensive Outpatient Program which specifies the duration of the treatment with the service provider 4 to 6 weeks.

Page 95: October 8, 2013 while still receiving essential mental health treatment: I was so desperate for assistance within ceasing the Defendant's ongoing illegal and unethical assaults against me that I sought the assistance of the Palmetto Health Behavioral Care Day Treatment to aid in ceasing the assaults against me which is documented on Claimant's APA D, pg. 95 which the Defendant consistently failed to offer, provide, etc., etc., etc. although the Defendant's policies and directives mandates the Defendant to do so – not the Defendant's personal discretions, vendettas, and bias. I was exhausted of the stress and powerless against the Defendant who controlled my employment opportunities in and outside of the agency. In addition, Dr. Roundy again notes that the causer and the need for essential mental health treatment was "Are a direct result of significant and ongoing job-related stress". Dr. Roundy, in the same clinical documentation, also concludes that the Defendant treated me unfairly. However, Dr. Roundy's assessment of…"Uncommonly out of proportion to the situation" was only an egregious illegal and unethical means to deduce that I did not meet my burden of proof and deny my case when an array of evidence submitted proves otherwise. Again, as you will discover in Dr. Roundy's clinical documentation, he didn't deduce that I was malingering; in that, he wanted me to continue with treatment; so that, he could explore why I took the Defendant's actions (illegal and unethical) against me personally. As shared with Commissioner Barden in the hearing, via multiple examples, my mental injury and illnesses was caused by the Defendant's years of illegal and unethical assaults against me which resulted in me seeking and securing essential mental health treatment to address the conditions that I was experiencing; moreover, as concluded by the professional medical providers, to sustain life.

Page100: October 17, 2013 Yes, Dr. Roundy states that I could return to work as usual after I had completed the program; however, he was acutely aware of the need for ongoing mental health treatment to prevent relapse (re-hospitalization) and to sustain life; therefore, he arranged and referred me to Dr. Upchurch and encouraged my active involvement in treatment. After being evaluated by Dr. Upchurch from a referral from Palmetto Health Behavioral Care (Claimant APA

C, pg. 53-55, particularly pg. 54; #4), she also concurred with Dr. Roundy's assessment of returning to work; however, due to my condition at that time, with restrictions – "Reduce productivity to 40 hrs./mo. Or more likely less". Surely, Dr. Roundy and the other mental health professionals of Palmetto Health Behavioral Care was acutely aware of and knowledgeable of Dr. Upchurch's credentials, experiences, and successes with clients requiring her services, otherwise, they wouldn't have referred me to her.

The South Carolina Code 42-1-160. "Injury" and "personal injury" does not define any duration of the stress, it merely states that: (1) "that the employee's employment conditions causing the stress, mental injury, or mental illnesses were extraordinary and unusual in comparison to the normal conditions of the particular employment" and (2) the medical causation between the stress, mental injury, or mental illnesses, and the stressful employment conditions by medical evidence.

I've surely met both of the law's requirements with merely one incident: Accusing me of Causing harm to a client and a HIPPA violation which lead to the Defendant refusing to adhere to their own policies and directives, refusal to employ the correct policy even when I provided both policies to the Defendant via email, jeopardizing my employment and potential for securing employment via a DSS/SLED investigation of causing harm to a client which would have been reflected my arrest record upon perspective employers requesting a background check, jeopardizing me and my family's livelihood based on the fact that they refuse to treat me fairly as they treat other employees for years, threatening to suspend me for 3 days without pay although evidence which included the client's mother and grandmother could refuted the client's allegation against me but Dr. Bank refused to talk to the family members, investigating me without including me in the investigation, placing client's in harms way of which one of the client's almost died, Ms. Marin informing and describing me as a "Crook and destroying client's lives to a party that's not an employee of the Defendant, but a housing provider, receiving mental health treatment and psychotropic medications due to a work-related injury and illnesses that could have been prevented if the Defendant would have treated me fairly as the Defendant did with other employees and correctly employed and adhered to their own policies and directives of which Commissioner Barden elected not to review or reference in her "Request for Proposed Order", etc. All of the aforementioned resulted from the fact that the Defendant using their personal discretions, vendettas and biases; refusing to treat me fairly, consistently believed the intentional and malicious false reports made by Ms. Marin's falsely accusing me of having a dual relationship with a housing provider even when the Defendant's own investigation exonerated me of any wrongdoings and is documented; however, the false claim is embedded in the Defendant's memory which would not allow or enable the Defendant to be objective when investigating matters that I was falsely accused of and not including me in the investigation is surely extraordinary and unusual in comparison to the normal conditions of the particular employment -- again, the Defendant's policies and directives governs the agency not the Defendant's personal discretions, vendettas and biases that documenting in the Claimant's 618 page APA, deposition, hearing, and the hearing's transcript.

What truly is abnormal is that the Defendant would allow their personal discretions, vendettas and biases to cause harm to others and the agency rather than adhering to their policies and directives just to consistently attack me and the housing provider over a fabrication reported with malicious intent to the hotline which ultimately caused my mental injury and illnesses; moreover, prevent client from receiving essential mental health treatment, placing clients an d the public in harms

way to the point that a client almost died due to the gross negligent and recklessness of the mental health and the Commissioner Barden deems this illegal and egregious behavior normal. Perhaps the SC Legislature could modify the law to include and require timeframes when evaluating work-related stress claims.

Finding of Fact 18: Claimant has not provided to the Commission sufficient evidence to meet his burden of proof pursuant to APA 42-1-160 for a mental-mental injury.

No Claimant will ever meet their burden of proof if all the evidence is equally considered and examined, if the Defendant disposes of essential medical evidence, commits perjury, and takes advantage of an unrepresented Claimant via violating the Claimant's Civil rights and due process.

In the United States, around 3.4% of people with major depression commit suicide, and up to 60% of people who commit suicide had depression or another mood disorder http://en.wikipedia.org/wiki/Major_depressive_disorder (Claimant's Articles, APA Z – which no evidence is displayed that Commissioner Barden reviewed).

The extensive evidence will demonstrate that my injury was sustained due to SCDMH management allowing Ms. Marin to create and maintain a hostile and unsafe working environment and ignoring my multiple attempts to cease the reckless, negligent, illegal, unprofessional, and unethical behavior and conduct of which the evidence has been provided to Commissioner Barden within the 618 page document.

Commissioner Barden, you can't continue to put pressure on a balloon and it don't pop. This is what happened to me. After all the years of encountering and suffering from ongoing reckless, negligent, illegal, unprofessional, marginalizing, discriminating and unethical behavior and conduct from management, I suddenly popped (Transcript pg. 81, Lines 11-25; Defendant "Build-up of issues" Transcript pg. 88, Lines 14-25); thus, requiring the need for mental health treatment which to include medication administration od f which I immediately informed the Defendant. In fact, I informed the Commissioner during the hearing that I was depresses over the 2010 incident and was even more so depressed after seeking legal guidance, the attorney (Duff – Claimant's APA F, pg. 159) after meeting with me twice, informs me that he couldn't represent me because he was an attorney for the State Transcript pg. 99, Lines 16-25 and pg. 100, Lines 1-11.

The several medical staff that I received essential mental health treatment to aid in "sustaining life" (please reference Claimant's APA A, B, C, &D) surely demonstrates that I have met my burden of proof. As you compare my Global Assessment of Function (GAF) Score with the attached GAF documentation (Exhibit 6), at the time I was admitted to outpatient hospitalization, my condition was so deteriorating that I was unable to work: GAF - 40. If you review Claimant's APA pages A-G which by the way was omitted from your Pre-Hearing Brief for some strange reason. Ms. Snyder elected not to include them in Commissioner Barden's Pre-Hearing Brief along with Defendant's (James Pre-Hearing Brief) pgs. 10, 11, and 14 (Dr. McKinney's completed FMLA form which he medically excuses me from work for the duration of partial hospitalization) and Commissioner's James medical documents offered by the Defendant but missing in Commissioner Barden's Pre-Hearing Brief noting my disposition, being restricted from the Connections side of the building (Claimant's APA O, pg. 548) and due to fact the therapist

observed me deteriorating, the therapist strongly recommended that I been seen by the psychiatrist for medication evaluation of which I was receptive; moreover, she discussed the need for re-hospitalization Defendant's Commissioner James Pre-Hearing Brief, pgs. 30-37; and Claimant's Exhibit 4, however, these documents were included in Commissioner James' December 2014 Pre-Hearing Brief and Claimant's APA D, pgs. 92-94); yet they were intentionally dispose of and not included in Commissioner Barden's Pre-Hearing Brief only so that the Defendant and SAF could deceive the Commissioner. The aforementioned evidence was submitted by the Claimant and was ignored by Commissioner Barden. Upon reviewing the missing documents, you will again become increasingly knowledgeable of the causation of the condition that I was experiencing at that time requiring medication evaluation from the psychiatrist and possible re-hospitalization in 2014 after receiving partial hospitalized in 2013.

Individuals have committed suicide due to being bullied. The evidence provided to you surely demonstrates that I was consistently bullied by Ms. Marin and she consistently used her relationship with management to continue to create and maintain a hostile and unsafe working environment and when pleading from help from Senior Management, situations only got worse by evidence. Even in 2013, when I could no longer take it no more, I sought mental health treatment and returned to work still not reaching maximum medical benefit only to have Ms. Marin attack me because she failed to adhere to the agency's policies when closing a client's case Claimant's APA "M", pages 461-463).

I knew I needed assistance after meeting with Mr. Helms of which he was taking so long to refer me to provider for treatment stating that he had not received medical records from Dr. Bell which held him up from referring me to a provider for essential mental health treatment. Therefore, I love myself enough to visit my primary doctor (Dr. Gary Bell) to seek aid (Please reference Claimant's APA, pgs. 82I – 82N) of which at that time Dr. Bell immediately referred me to Palmetto Health Behavioral Care Day Treatment due to the condition that I was in and instructed me not to go to work because I was unable to do so. He also prescribed Xanax (for anxiety and panic attacks) and Citalopram (antidepressant); moreover, discussed "end of life" issues (reference Claimant's APA pg 82N).

Surely, all these medical providers, which by the way includes Dr. Bank and Dr. McNeil via their extensive psychiatric education, experience and history, was acutely aware of that not addressing major depression could result in the development of suicide ideations, suicide attempts; moreover suicide; hence the reason that licensed providers excused me from work and immediately provided essential mental health treatment which to include daily medication administration. Surely one therapist "uncommon" statement, of which Dr. Roundy – therapist while receiving partial psychiatric hospitalization via Palmetto Health Behavioral Care continued providing me with treatment and referred me to a provider for ongoing essential mental health treatment, should not negate the education and experience of (2) psychiatrists – Dr. Kirkland, my psychiatrist while receiving partial psychiatric hospitalization via Palmetto Health Behavioral Care and Dr. McKinney; a medical doctor – Dr. Gary Bell; an array of other therapists via Palmetto Health Behavioral Care Day Program including Dr. Chuck Roundy, Dr. Donna Upchurch, and Ms. Carol Anderson; and (1) counselor – Mr. Don Helms who initially evaluated me determined and confirmed that the cause of my condition was due to ongoing work-related stress, that don't support his assessment or they too would have developed the same conclusion. In fact, Mr. Roundy

completed the FMLA form of which Dr. McKinney reviewed and approved his observation of my condition – "As a result of significant and ongoing work-related stress (please reference Claimant's APA, D pg.92).

Surely if the agency would have provided appropriate work accommodations, I surely would have reached maximum medical benefits in a timely manner. With experiencing insomnia on a daily basis, the agency expected me to commute a total of 2 hours and 46 minutes a day, work all day, and continue this cycle for the time entire timeframe requested by the doctor. The doctor requested to decrease my productivity hours per month from 60 hours to 40 hours and they honored the request; however, wanted me to harm myself and others via driving that distance weekly knowing fully well that I was experiencing insomnia (please reference Claimant's APA C, pg. 53 and signed by my supervisor – Mr. Harold Edwards).

In the hearing, Ms. Snyder described my email correspondence as..."Self-serving emails". I take objection to that comment because many of the emails were sent prior to filing a workers compensation claim and date back as far as 2010; moreover, using email was the only methodically I could use to communicate my concerns to management because they willfully and consistently refusing to include me in any investigative submitted against me with malice intent; therefore, I had no other recourse but to use email to protect me Transcript pg. 99, Lines 7-20.

The emails were a consistent cry for help and were consistently ignored by the Defendant of which no relief was offered; thus, causing my mental injury and illnesses and exacerbating my medical conditions (please reference Claimant's APA - Medication list pgs. and Lab Report (Claimant's APA pg. 123 – High A1c – also the use of Nexium and Dexilant) via using intimidating tactics; i.e., written warnings, write-ups, maliciously and intentional informing me that I was under a SLED/DSS investigation which the Defendant knew was untrue (Claimant's APA pg. J, pg. 399-415; Claimant's J, pgs. 416-419 – "Stay Out of It"), stay out of it, HIPPA Refresher, consistent unfair treatment, upholding reprimands that of which the Defendant's own investigation cleared me of any wrong doings, denying me advancement in the agency, denying me my grievance rights, meeting with the CAMHC's Board and the SCDMHC State Director – Mr. Magill, and appropriate workplace accommodations, forcing me to give her the key, which is not by the Defendant's policy and directive, to New Horizon because she didn't want anything to be missing over the weekend; falsifying documentation, re-assigning me to alternate programs, "That's right' statement, blocking me in the copier room, accusing me of sexually harassing a female staff and harming clients, accusing me a dual relationship with a housing provider, threating the housing stability of me and my family of which at the time my 69 year old mother resided with me, my sister and her two minor children, calling me a crook and that I was destroying client's lives, badgering me when I requested Crisis housing funds for a client and her minor child after her sister evicted her yet the Defendant denied my request of that was on the same day Ms. Marin requested funds to relocate the clients after the client informed Mr. Malone that he was verbally abused by Mr. Nickles as a result of myself informing Mr. Nickles that his Case Manager was going to move him. Upon requesting funds from Mr. Stephen Hattrich, the Defendant's Administrator, he threatened and badgered me by replying..."If I return to work on Monday and I find out that y'all didn't do nothing to find placement, I'm going to be mad" (Claimant's APA H, pg. 254); During this time the agency honored Ms. Marin's Crisis funds request (Exhibit 15) to recklessly relocate 3 clients to the Reese's CRCF of which Dr. Bank advise against placing client in the placement due to the fact that the

Defendant described the placement as substandard. Claimant's APA H, pgs. 270-271. The placement of which one of the client's purchased and overdosed on a control substance and provided the control substance to another client that almost died. Claimant's APA H, pgs. 260-267. This same housing provider was cited by DHEC for a numerous of violations during the period that Ms. Marin placed the client's in the facility. Claimant's APA H, pgs. 272-275 which included violations for improper storage of control substances Claimant's H, pg. 272. Ms. Marin distorting my work performance from assisting the Independence House program, upon my employment with the agency, from a group oriented focus to client-centered therapy, which wasn't an easy task based on the population and the resistance and the uncomfortable level of the staff, to Ms. Marin reducing my accomplishments to merely "Helping with calendars"; etc., etc., etc. which ultimately and consequently - "The balloon popped". Upon reviewing Ms. Marin's completed EPMS which obviously was derogatory in nature; therefore, Ms. Odom instructed Ms. Sharon Brown to return the EPMS to Ms. Marin for revisions stating "Ms. Marin, I am returning Mr. Reese's EPMs back for correction of the summary per Ms. Odom you can't not address issues "YOU" have with an employee as a summary". Employee Record provided to me by the Defendant, pg. 68 and Claimant's APA M, pg. 438, 5th bullet. Again, if I was treated fairly and afforded the same liberties experienced by the other Defendant's employees, I wouldn't have experienced an "UNCOMMON" mental injury and illnesses requiring ongoing mental; health treatment which to include daily medication administration and monitoring; so that, I can achieve maximum medical benefits.

Please be mindful that I wasn't reprimanded or terminated for emailing falsehoods; however, I was consistently attacked by the Defendant for documenting detail accounts and facts referencing the conditions that I was experiencing during the period the email was sent.

Finding of Fact 19: This decision is in no way a reflection upon Claimant's job performance with Employer, as Claimant strikes the undersigned as a very dedicated employee who cares deeply about his work and also about what others think of that performance. Dr. Upchurch describes Claimant with a "deep caring for the population he serves," and as "desperate for understanding and respect." Claimant's write-ups "devastate" Claimant and leave him feeling as though he is "fighting for his good name and basic respect." See Claimant's APA "C," pages 79-80.

Dr. Upchurch's documentation clearly demonstrates vivid evidence of how powerless I consistently felt against the Defendant. Claimant's APA C, pgs. 78-81 of which the Defendant disposed of pages 78-81(Exhibit 3) to misrepresent the facts and deceive the Commissioner. Even after the attorney via a correspondence submitted to the Defendant and is reflected in the Claimant's 618 page document twice, Claimant's APA H, pgs. 312-313 and 316-317) reminded the Defendant that they had not produced any policy or directive that proves that I committed any wrongdoing, the Defendant still upheld the reprimand. Devastated for a write-up that never should have been provided and was a direct result of the unethical behavior of the client's Case Manager, for effectively performing my job duties based on the client's need, the agency's policies and directives which was confirmed by the Defendant's witness. I shouldn't be fighting for my good name that I earned and the Defendant allowed Ms. Marin to destroy with her intentional, reckless, negligent, illegal, unprofessional, and unethical behavior and conduct. Please reference performance appraisals of which Ms. Marin wrote a derogatory statement about me only after I provided her with the April 9, 2010 notarized letter and submitted my 2010 Grievance – Transcript pg. 90, Lines 15-24.

Finding of Fact 20: I did not consider any handwritten additions to records before me.

In Commissioner Barden's "Request for Proposed Order" and signed order, she stated that she did not consider any handwritten additions; however, it's important that you accept Mr. David Duff's handwritten evidence; in that, it will demonstrate the need for legal assistance. I've included a print out that I received from Mr. Duff's website for you to compare my handwritten evidence with the printed website page. As you will note, on the handwritten page, you will see on the transaction report, the date the fax was sent, number of pages, etc.; moreover, you will discover that the fax number on the transaction report of the document faxed to Mr. Duff is identical to Mr. Duff's fax number on the webpage (please reference Claimant's APA pg.). All handwritten additions should be accepted into evidence because they address the issue and need during the timeframe of the incidences experienced. In fact, If I was an attorney and wasn't so distraught during the hearing, I would have aggressively requested that these admissions be admitted into evidence.
I'm also respectfully requesting that the Commission review and consider handwritten document in APA F; pg. 188. As you compare Ms. Marin's handwriting and signature in APA F, pg. 186, Employee Evaluation now number as pg. 69, and APA L, pg. 421, to APA F, pg. 188, you will discover that the signatures and handwriting are identical.

Finding of Fact 21: Claimant's average weekly wage is $701.61, yielding a compensation rate of$467.76.

Based on my work performance prior and during my 8 months at New Horizon, certainly I would have reached a higher pay grade with the agency as a supervisor of which I applied and ultimately denied due Ms. Marin destroying my creditability and the agency's Senior Management refusing to intervene to cease Ms. Marin's ongoing reckless, negligent, illegal, unprofessional, and unethical behavior and conduct against me causing my mental injury and illnesses.
Based on the law, I satisfied my burden of proof via providing years of documentation that demonstrates that if the Defendant would have afforded me with the same dignity, respect and fair treatment afforded to other employees and employed and adhered to the Defendant's own policies and directives that governs the agency rather the Defendant's personal discretions, vendettas, and biases, I wouldn't have suffered a mental injury and illnesses

(B) Stress, mental injuries, and mental illnesses arising out of and in the course of employment unaccompanied by physical injury and resulting in mental illnesses or injury are not considered a personal injury unless the employee establishes, by a preponderance of the evidence:
(1) that the employee's employment conditions causing the stress, mental injury, or mental illnesses were extraordinary and unusual in comparison to the normal conditions of the particular employment; and

(2) the medical causation between the stress, mental injury, or mental illnesses, and the stressful employment conditions by medical evidence. http://www.lawserver.com/law/state/south-carolina/sc-code/south_carolina_code_42-1-160

In addition, it appears that one statement from Dr. Chuck Roundy, Patient Advocate outweighs the medical opinion and decision of both Dr. Thornton McKinney and Dr. James Kirkland (psychiatrists); Dr. Donna Upchurch, that my mental injury which ultimately lead to my mental illnesses was the result of work-related stress. In addition, the Defendant's witness wasn't involved in the investigative process from its' inception to its' conclusion; moreover, the Defendant's witness written statement confirms that I followed the agency's policies and directives within performing my job duties.

Documented evidence demonstrated that I exhausted all efforts to resolve matters that were reported with malicious intent; i.e., meeting to get all the facts, communicating with the client's family members, consistently requesting grievances and meetings with the Columbia Area Mental Health Center's board (Transcript pg. 60, Lines 19-25) and Mr. Magill and I was consistently denied these efforts. Evidence was presented demonstrating that the agency did not follow their own policies which aiding in consistently causing stress that ultimately lead to my mental injury and mental illnesses; however, the policies that were presented aren't mentioned in your findings.

With that being duly noted, I'm respectfully requesting you reverse your unfavorable decision.
Due to the Defendant's reckless, negligent, illegal, unprofessional, and unethical behavior and conduct, Ms. Marin overwhelmingly achieved her goal – that I face hardship which is currently ongoing.

Reese SCWCC Questions & Concerns emailed on August 17 at 2:16 p.m. to: Ms. Kim Falls (SCWCC Judicial Analyst – Appeals Division), Ms. Kristi Love (SCWCC Assistant to Commissioner Barden), and Ms. Eugenia Hollmon (SCWCC Judicial Docketing Director), and Ms. Page Snyder with Subject Line noted as "Re: Appeal" (copy of email is attached).

Reese SCWCC Questions & Responses

I've demonstrated that the illegal and unethical behavior of the Defendant was not normal in that the Defendant's refusal to appropriately intervene as I consistently requested, which to include protecting me and advocating on the client's behalf under the Defendant's policies and directives; i.e., Harassment, Hostile Working Environment, Client's Complaint/Concerns, etc., which ultimately caused my mental injury and illness, placed client's several in harms way; moreover, a client almost losing his life. Why is this deemed normal by the Commissioner?

I've demonstrated that I applied for several grievances and requested to discuss my concerns with the Board to seek aid within ceasing the Defendant's illegal and unethical behaviors; moreover, to continue meeting the needs of the client's that the Defendant serves. The Defendant never provided me with a grievance hearing and denied me an opportunity to present my concerns and complaints to the Board. **Why does the Commissioner believe that the Defendant denying me of my earned grievance rights and denying me to me with the Board a normal part of the daily operations of the Defendant?**

How can my burden of proof be met if there's no evidence that the Commissioner reviewed the policies and directives provided and compare them to my complaint of the causers of my mental injury and illness – ongoing work related stress due to the feelings of powerlessness, the systematic harassment, slander, retaliation, belittling, devaluing, marginalizing, etc. that I consistently experienced by the Defendant?

There's no evidence in any of the medical and psychiatric service providers' which to include Chuck, my Palmetto Health Behavioral Intensive Partial Hospitalization Patient Advocate, documented that I was malingering; therefore, **why did the Commissioner use one unclear "Uncommon" statement to deny my case over the number of service providers that I encountered?**

I've demonstrated that I was powerless against the Defendant even after I demonstrated that I did nothing wrong via using and adhering to the Defendant's policies and directives; moreover, an outside attorney – Mr. Joseph Henry as well as a Columbia Area Mental Health Center's board member (Mr. Kenneth Childs), who's also an attorney, confirmed that I appropriately performed my job duties; however, the Commissioner did not include this in her Finding of Fact proposal and order that demonstrated the need for outside assistance to aid in ceasing the Defendant's assaults and attacks against me which proved ineffective because I was still reprimanded for Insubordination of which the Defendant's policies, directives and the Defendant's ongoing investigations about me without me do not support. **Why didn't the Commissioner consider these legal persons legal findings in her report?**

The ongoing illegal and malicious behavior that I experienced by the Defendant warranted me to seek and secure legal counsel which obviously confirms that I was experiencing behavior by the Defendant that was unusual to the normal operations of the agency; moreover, that the Defendant's policies and directives didn't support the claim of any wrongdoings on my behalf which; therefore, **why isn't this considered stressful by the Commissioner especially when my efforts to amicably resolve these issues did not cease the Defendant's ongoing illegal assaults and attacks against me?**

Is it normal to for an employee to be exonerated or clear of any wrongdoings and still be reprimanded? Shouldn't double jeopardy be attached?

Why didn't the Commissioner request that I elaborate on my claim that if Dr. Bank, which in all actuality, include Ms. Odom, would have intervene in 2010, there possibly wouldn't be any 2012, 2013, 2014 incidences?

Isn't the punishment extraordinary and unusual for something that the person's that Ms. Marin elected to investigate the client's allegation presented to her in 2010, without discussing the allegation with me when it was presented and Ms. Marin and allowed the client to continue attending my groups, exonerate me of the allegation of which Ms. Marin did not provide accurate account of the client's allegation; moreover, the client self-reported that she wasn't threatened by me and there wasn't another allegation presented by the client as fabricated by Ms. Marin (Claimant APA "F" , pages 191-195 (Dr. Bank & Ms. Vickie Brown) of which the same information was forwarded to Ms. Eleanor Odon and the reprimand was still upheld (Claimant APA "F", page 204). Certainly both Ms. Arnold and Ms. Caton, whom investigated the client's complaint would surely have included in their fact finding that the client was uncomfortable with the non-threatening "Throw water on you" client engagement tactic; however, they did not. In fact, Ms. Caton, the attorney, discovered that Ms. Marin fabricated the claim (Claimant's APA "F", page 185). Moreover, Ms. Marin was present in the group when I used the humorous tactic to engage client's in treatment and did not discuss the matter with me; moreover, she did not reprimand me for using the humorous non-threatening tactic when the tactic was employed in her presence (Claimant's APA, F", page 193 – please note the date which is before I provided Ms. Marin with my April 9, 2010 notarized letter – Claimant's "F", 141-143).

Since Dr. Bank encouraged me to discuss the incident with the client because it was a low level complaint, why did the defendant allow Ms. Marin to demand me to communicate with the client?

I was instructed to communicate with the client and cleared of any harm the client in 2010; therefore, I shouldn't have been reprimanded; moreover, the reprimand shouldn't be present in my employment file (Defendant's APA C unnumbered pages). The Defendant's refusal to intervene condoned and encouraged Ms. Marin's ongoing attacks against me which ultimately lead to my mental injury and illness and the "Uncommon" statement documented by Dr. Roundy – Claimant's Section F, pg. 204.

Why did the New Horizon Director, Ms. Marin, accused me of sexually harassing an employee at CAMHC's Independent House location and not a member of the Independence house management team or CAMHC's senior management?

No member of CAMHC's senior management or any of my Independence House supervisors discussed or investigated me for an allegation of sexual harassment of a female staff member; however, once I provided me Ms. Marin with my April 9, 2010 notarized letter, Ms. Marin accused me of sexually harassing a staff member at the Independence House. I arrived at New Horizon as a floater on May 6, 2009 due to a New Horizon's staff member retiring – approximately 1 year and 9 days. I was only to be a floater at New Horizon for 12 weeks and then return to Independence House after 12 weeks (Claimant's APA "F", pages 135-136).

I applied for the vacant position at New Horizon, interviewed by Ms. Marin, and received the position on August 11, 2009 (Claimant's APA "F", page 137). With that being said, Ms. Marin supervised longer than 6 months as previously stated.

How can one employee receive unfair and harsh treatment for assisting another client in another program whereas another one of the Defendant's staff member receive the "You Made A Difference Award" for performing the same task as I did of which that employee requested my assistance?

Mr. Edwards received the "You've made a Difference Award" for doing the exact same thing I did – assisting a client in a crisis outside of the Connections program. He wasn't forced to take a HIPPA refresher course, accused of HIPPA violation for documenting in a client's medical record, he wasn't experiencing the threat of being suspended for 3 days without pay, and wasn't consistently attacked as I was by the Defendant for performing his job duties - he merely got reward for his efforts assisting a client in the Link program of which Ms. Marin a served as supervisor. Both incidences required both staff members to document the adverse incident using the Defendant's Adverse Incident Report form and in the client's medical record as required under the Defendant's policy (Claimant's Yellow Folder submitted into evidence – page 2 of Commissioner's Barden's signed order: "Reporting of Adverse Incidents" and "Filing/Scanning of Clinical Documentation".

I was forced to take a HIPPA refresher course for assisting a client in another one of CAMHC's programs, documenting my clinical interaction and written up for a HPPA violation (Claimant "H", page 276; pages 277-287). If a CAMHC's board member, who's also and attorney, remarks "That's a bunch of nonsense" when apprising him that senior management informed me that I couldn't work with sister because she wasn't in the Connections program (Claimant's APA "H", pages 299-306) and acutely aware of the Defendant's policies and directives as a member of the governing body that writes and reviews policies and directives (Claimant's Yellow Folder submitted into evidence – page 2 of Commissioner's Barden's signed order: "Designated Authority of Establishing Policies", the attacks against me should have been immediately cease and I shouldn't have been be ridicule, humiliated , and forced to undergo a HIPPA refresher course.

Please also review Claimant's APA "H", pages 346-356 that reflects the Defendant's staff, which to include psychiatrist, ability to document into client's file that aren't on they're caseload, their treatment team, or they're not treating. We must, by any means necessary, meet the needs of the client where they are. The Defendant will never develop a policy that limits the clinical staff from assisting in meeting the needs of the clients which is evident by the Adverse Incident Report policy stating that "All staff receive training...Each and every CAMHC is responsible...; Defendant's Transfer of Case Management Policy (Claimant's Yellow Folder submitted into evidence – page 2 of Commissioner's Barden's signed order) – "Case Managed by the unit and program from which s/he receives majority of services..." - Majority of their services not all which verifies that clients will be provided services outside of their assigned program as warranted in assisting and meeting the needs of the client; Filing/Scanning of Clinical Documentation: Clinical documentation placed in client's record within 5 days – it doesn't state on your case load, treatment team, or you're treating The framers and current board members chose their words very carefully, wisely and litigiously so that the Defendant was protected; moreover, the clients receive essential services within meeting their needs; thus, meeting the Defendant's mission statement – "To support the recovery of people with mental illnesses" (http://www.state.sc.us/dmh/mission.htm) and the outcome expected of the funding source, accrediting body, taxpayers, etc.. Clients are only assigned to certain programs based on their functioning level. Dr. Bank is acutely aware of these policies; in that, he reviews and signs each CAMHC's policies – please note Dr. Bank's signature on each of the Defendant's policies. .

Why wasn't attorney David Duff information included in Commissioner Barden's Finding of Fact?

Again, because of the illegal tactics that the Defendant committed against me which is outlined in the notarized letter faxed to Mr. Duff, I sought legal counsel. However, after the second meeting with Mr. Duff, he informed me that he was unable to represent me because he was an attorney for the state (Claimant's "F" 159-168). As I shared in the hearing, this revelation also depressed me because again I felt powerless against the ongoing illegal attacks and assaults of the Defendant and no one would help me. Please compare Mr. Duff information with that of his internet profile that I've attached.

If the hearing, the Commissioner reports and documented that she experienced difficulties following my testimony. Why did she proceed with the hearing if she experienced difficulties following my testimony?

Why was it so difficult for the Commissioner to follow my testimony?

As stated by Commissioner Barden that she experienced difficulties following my testimony; therefore, how could she render a decision without gaining clarity?

Why wasn't I able to ask questions regarding SAF/the Defendant not including pertinent medical files in Commissioner Barden's Pre-Hearing brief that was present in Commissioner James' Pre-Hearing brief which I required psychiatrist medication evaluation and the therapist recommending returning to the intensive partial hospitalization program only after I experienced additional stressors from the Defendant?

In Dr. Upchurch's documentation she also noted some improvement with treatment; however, upon experiencing additional stressors by the Defendant, she witnessed me decompensating and requested that I seek additional medications from the doctor. **Doesn't the aforementioned confirm that due to the ongoing work-related stress experienced, it cause additional undue stress and the need for ongoing treatment and psychotropic medications within aiding in reaching a level of medical maximum benefit; moreover, sustaining life?**

Although Ms. Anderson's missing medical report from Commissioner Barden's file medical was present in my 618 page document admitted into evidence, **why did the Commissioner ignore and didn't consider medical conclusion?**

SAF and the Defendant initially denied my claim stating that I didn't submit the claim in a timely manner and continued their fishing expedition identifying alternate reasons that they were convinced caused my mental injury and illness and I consistently refuted their claims via offering pertinent documentation. Since I successfully refuted their claims and consistently demonstrated that my mental injury and illness was caused directly by the ongoing work-related stressed that I experienced by the Defendant and is medically documented (Claimant's APA: A, B, C, & D), SAF didn't present these claims in the hearing nor in their response to Commissioner Barden's Proposed Finding of Fact Order of the final order. **Why is this behavior acceptable? Is it possible to request that a member of the SC Bar and a member of the Commission on Lawyer Conduct be present during the appeal?**

I've presented several instances where the Defendant systematically engaged in illegal and unethical behavior against me; i.e., defamation of character, slander, retaliation, not uniformly employing and adhering to their own policies and directives, devaluing and marginalizing me, etc., etc., etc., which also included Dr. McNeil inquiring of a dual relationship amongst myself and the New Alpha program of which after the Defendant conducted its' own investigation and concluded in 2012 that there was no evidence of a dual relationship amongst myself and Mr. Nickles. **If I was exonerated of any wrongdoings in 2012 referencing a dual relationship with Mr. Nickles, then why is the Defendant accusing and inquiring of me regarding a dual relationship from a supervisor that was not supervising me in 2012?** Since 2012 and prior to the 2013 incident that resulted in me receiving mental health treatment, the Defendant hasn't produced any documentation or engaged in any additional investigations regarding a dual relationship amongst myself and the New Alpha program; therefore, why was I being questioned by a supervisor that had no knowledge of the reported dual relationship called into the hotline in 2012? As shared in the hearing, it's not what's documented that continues to cause me ongoing mental anguish and stress, it's the malicious and illegal behaviors of the Defendant that continues to deem me powerless even when I'm exonerated from reported wrongdoings which were fabricated to have me terminated or force me to quit. Dr. McNeil inquiring of the dual relationship in 2013 which stemmed from the 2012 false accusations of a dual relationship reported and that I was exonerated of truly demonstrates that the slanderous and defaming efforts of the Defendant proved effective.

Please note that the reason that I was accused of a dual relationship with the housing was made because of the documentation that I submitted regarding Mr. Malone, Link Case Manager failing to perform his job duties which caused a client to decompensate; yet, Mr. Malone was consistently

taking the client to court for non-compliance of his court ordered treatment when Mr. Malone employed limited effort to engage the client in treatment. The dual relationship report was made on the same day that I documented my clinical note. From the caller who called the hotline, they accused me of a dual relationship with Mr. Nickles based on the following: reviewing the SPD's, Medicaid Fraud via making transportation request, and requesting that another member of the Defendant staff conduct the investigation because "the Quality Assurance Department at the Center cannot be trusted and should not be involved with the investigation, because one of the worker is a very close friend of the counselor" (Claimant APA "H", page 258). The doctor must authorize any and all services provided to the client under the SPD process; therefore, why wasn't Dr. Riddle accused of a dual relationship with the housing provider. The Defendant was perfectly aware that I wasn't making transportation arrangements for the clients which was outlined within an email that I sent on June 14, 2012 to Mr. John Brown and Dr. Bank addressing this matter – my inability to make transportation arrangements for clients (Claimant APA "G", pages 214-215) which was prior to the October 2012 dual relationship accusation called into the hotline. Where is the evidence of a dual relationship? This was only called in to have me face additional hardship via being terminated. Based on the Defendant's claim regarding the 2013 incident, shouldn't Public Safety, DSS, and SLED be investigating this matter due to the accused exploitation of clients via receiving a financial gain? The investigation was conducted by Ms. Rhonda Sims, CAMHC's Director of Clinical Support Services who presented her investigative report to me a year after I requesting it (Claimant APA "H", page 259).

During the appeal, I will also present additional effort as to the method of which an adult client's concern or complaint should be investigated – a client accusing me of stealing $3000 from him. If the Defendant would have adhered to their own policies and directives within addressing and resolving client's compliant, I wouldn't have experienced ongoing work-related stress which ultimately lead to my mental injury and illness and currently receiving mental health treatment for; the clients wouldn't have missed essential mental health services; the Defendant wouldn't be negligent; staff time wouldn't have been wasted on frivolous investigations rather the clients would have received essential mental health treatment, and taxpayers dollars wouldn't have been wasted via the Defendant's staff investigated the frivolous charges against me and Public Safety and the Department of Social Services staff, according to the Defendant, S.L.E.D. staff, wouldn't have been employed to investigate the false claims against me. Surely, if those that do not have daily interaction with the Defendant's population served are aware of the appropriate protocol with addressing client's concerns/complaints, surely those of leadership are acutely aware of the process especially those who signs the policies and directives – Dr. Bank and Mr. Magill who both consistently ignored my pleas for help.

My documentation that was submitted in evidence consistently substantiated the aforementioned claim; therefore, why did the Commissioner deduced that I was unable to consistently meet my burden of proof?

My proof has been documented since 2010 even to the point that I had to seek legal counsel of an employment attorney whom eventually informed me that he couldn't represent me because he was an attorney for the State. Why didn't Commissioner Barden accept the written fax cover sheet into evidence which displays the date, time, the receiving party demographics, etc. as evidence of the powerless that I experienced due to the Defendant's unwarranted and ongoing illegal assaults and attacks against me?

Why did the Commissioner deduced that this wasn't a repetitive trauma even when I submitted documentation since 2010 that I've experienced the sense of powerlessness since 2010?

After experiencing all of this trauma and ongoing feelings of powerlessness, I placed the dates on the form outlining the need for treatment due to eventually snapping after employing a number of efforts to resolve these matters amicably and was consistently denied due process under the Defendant's Grievance Policy and requesting several meetings with upper management. Surely, I will continue to face additional hardship by the Defendant since I've been described as a whistleblower. I tried my best, under the Defendant's policies and directives which is clearly demonstrated, to advocate for the clients and prevent the self-harm caused to them by the Defendant, but was consistently ignored and treated unfairly by the Defendant based on their personal vendettas and biases.

Why didn't the Commissioner review the medication list which continues to substantiate my case based on the fact that I now require psychotropic medications that weren't needed prior to my employment with the Defendant and demonstrates repetitiveness (taking medications everyday) and that the Defendant's ongoing reckless, malicious, intentional, illegal, unethical, etc., etc., etc., behavior and conduct that eventually caused my mental injury and illness and the need for psychotropic medications which to include a control substance?

My medication list with the documentation admitted into evidence and the Commissioner did not object to confirms that I required psychotropic medications to aid in meeting maximum medical benefits; moreover, to sustain life and there's no evidence that the Commissioner reviewed the list (Claimant's APA, "B" pages 43-51).

Why did the Commissioner sustained to the Defendant and SAF's objections to the handwriting in the large binder? Why wasn't all the documentation admitted into evidence whether it's typed or handwritten?

Evidence is evidence whether it's typed or not. What makes typed evidence more important than written evidence? The fact to the matter is, I wouldn't have the emails or any evidence to present if I was treated fairly much like the Defendant's other employees especially when I consistently demonstrated that I did nothing wrong via the Defendant's policies and directives; moreover, the Defendant's own investigations.

Why isn't there any evidence displayed in Commissioner Barden's Proposed and Signed order, demonstrating that the Commissioner reviewed the articles that was submitted into evidence of which Commissioner did not sustained the Defendant's objection of the articles? These articles (Claimant's Small Binder submitted into evidence – page 2 of Commissioner's Barden's signed order) would have clearly oriented the Commissioner to my condition which was confirmed by several quality service providers.

Based on the law, I satisfied my burden of proof via providing years of documentation that demonstrates that if the Defendant would have afforded me with the same dignity, respect and fair

treatment afforded to other employees and employed and adhered to the Defendant's own policies and directives that governs the agency and medical documentation, I wouldn't have suffered a mental injury and illness.

(B) Stress, mental injuries, and mental illness arising out of and in the course of employment unaccompanied by physical injury and resulting in mental illness or injury are not considered a personal injury unless the employee establishes, by a preponderance of the evidence:

(1) that the employee's employment conditions causing the stress, mental injury, or mental illness were extraordinary and unusual in comparison to the normal conditions of the particular employment; and

(2) the medical causation between the stress, mental injury, or mental illness, and the stressful employment conditions by medical evidence. http://www.lawserver.com/law/state/southcarolina/sc-code/south_carolina_code_42-1-160

1. State Accident Fund (SAF) denied my claim based on the fact they (Defendant/SAF) believed that I was prescribed psychotropic medications in 2011. Once I disproved their claim, they made no mentioned of it in the hearing. Transcript pg. 87, Lines 1-22 and Claimant's APA B, pg. 32

2. SAF denied my claim because they believed that I was experiencing depression because my family moved in my home; however, once demonstrating the timeline when my mother moved in and later my sister and her children, they made no mentioned of it in the hearing.

3. SAF denied my claim based on the fact they (Defendant/SAF) believed if I attended a coworker's retirement party, then surely I wasn't depressed and experiencing and type of distress. Although I requested Ms. Snyder to provide me with the relevance to the question that she presented in the October 2014 deposition (reference Claimant's Deep pg. Line), she offered no rational; therefore, I emailed her my response (please reference Claimant's APA "Q" pgs. 584-609) of which I was requested by the Dr. Patel to attend this training which served as medication training and a retirement function for the retiring co-coworker.

4. SAF denied my claim based on the fact they believed that I didn't notify my job in a timely matter; however, my evidence proved otherwise which was the reason they didn't discuss this issue in the hearing. Exhibit 14

5. Upon Ms. Snyder's questioning the Defendant's, Harold Edwards, he testifies that he was only made aware of the client's alleged incident via subordinate staff – not management or fellow supervisors – Transcript pg. 20, Lines 5-25. If the policies were followed, Mr. Malone could have addressed the client's concern after it was presented to him via discussing the allegation with myself or my supervisor - Mr. Harold Edwards. If Mr. Malone's attempt to resolve the client's concern/complaint via the aforementioned methods were unsuccessful, then the Mr. Malone reports the matter to his supervisor which was Ms. Marin at the time. As a supervisor herself, Ms. Marin should have discussed the matter with me or my supervisor. If the matter continued to be unsolved, Ms. Maria would discuss the client's concern/complaint to Dr. Shelia Arnold to investigate the matter of which Dr. Arnold, based on her history, would have employed an

inclusive process of investigated the matter which would have included myself, Mr. Rick Nickles; moreover, the client's mother and grandmother. Rather than following the policy, Ms. Marin elected to contact the Executive Director – Dr. Bank due to their claim that I had a dual relationship with the housing provider. I encouraged Dr. Bank via email to discuss the client's concern/complaint with the client's mother and grandmother which could have prevented this entire tedious and taxing ordeal that wouldn't have never taken place; however, Dr. Bank denied my request (Claimant's "H", pages 252-253). In addition, if the caller of the hotline that accused me of a dual relationship with the housing provider wouldn't have falsely accused me of this matter that I was cleared of in 2012, I wouldn't be treated unfairly in regards to matters relating to this particular housing provider. Moreover, if those staff members that received the client's concern/complaint would have followed the Defendant's policies regarding investigating an adult claim of maltreatment this too would have prevented the waste of taxpayer's dollars via PSO, DSS and SLED involvement, clients missing essential mental health services, the agency distractions within dealing with this matter, using emergency housing funds, myself seeking and securing legal guidance from the agency accusing of HIPPA violation, jeopardizing my employment and my family's housing stability and livelihood, no need for workers compensation hearing intervention; moreover, causing me additional undue stress which resulted in my mental injury, my mental illness, and receiving ongoing mental health treatment which to include medication administration. All of the aforementioned along with others could have been prevented if Dr. Bank would have ceased Ms. Marin's reckless, negligent, illegal, unprofessional, and unethical behavior and conduct in 2010;
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moreover, followed the agency's policies and directives. In fact, the Defendant's witness, via written documentation (Claimant's APA "D", page 112) confirmed that I followed the agency's policies within effectively performing my job duties and meeting the need of the clients.

6. SAF knew before I did that I wasn't under a DSS and SLED investigation because SAF requested documents from the agency's and received no evidence of myself being under an investigation; therefore, this information could not and was not included in both Commissioner James and Barden's Pre-Hearing Briefs. Exhibits 9 & 10.

7. Based on I-5, the Defendant surely didn't prove that my injury wasn't work-related especially in their attempts to mislead the Commissioner via not presenting viable information from the medical provider in the Pre-Hearing Briefs. Surely, if I had an attorney, the attorney would have aggressively addressed this dishonesty of behalf of the Defendant and SAF. In fact, if I wouldn't have requested the medical records, the medical necessity evidence wouldn't have been present in the 618 page document; moreover, it wouldn't have been presented to the Commission.

8. Ms. Snyder inquired of Mr. Edwards whether clients making claims against staff was unusual or not. Why was this question presented? I've never shared with anyone via my ongoing documentation since 2010, forms submitted to SWCC, during any of the mental health appointments, during my deposition, the hearing, etc., that I experienced stress due to clients making false claims against me; however, I've consistently shared with all parties involved that the mental injury and illness was caused due to the Defendant ongoing illegal assaults and attacks against me and my efforts to cease their reckless behavior were extremely unsuccessful; therefore, I'm not clear as to the reason that Ms. Snyder inquired of Mr. Edwards regarding claims made

against the Defendant's staff by clients. I've shared with Ms. Snyder during the deposition what I've shared with everyone – Attack the behavior and not the client. In other words, offer and provide the client with essential mental health services to aid in meeting the need so that the client could move forward productively.

9. Why did the Commissioner sign an order that wasn't accurate? Within the Claimant's APA evidence and during the hearing it was established that Mr. Edwards was my supervisor during the period that I required intensive mental health inpatient partial hospitalization treatment due to work-related stress which resulted in my mental injury and illness. However, in the Defendant's response to Commissioner Barden's "Request for Proposed Order", the Defendant and SAF state that Mr. Edwards wasn't my supervisor and "His first-hand testimony was limited". Although SAF reports that Mr. Edwards wasn't my supervisor during the period that I required mental health treatment, this claim isn't present in Commissioner Barden's "Request for Proposed Order". Mr. Edwards as Supervisor evidence: Claimant's APA "A" pages 4-8 supervisor signed leave slips which documents the reason for the leave; Claimant's APA "C" pages 53 and 57; Claimant's APA "D" pages 109-111 and page 112; Claimant's "H" pages 252-253 and 255; and Worker's Compensation Hearing page 54, pages 68 – 71. Mr. Edwards was the Defendant's witness; however, as noted by SAF, Mr. Edwards was unable to provide limited testimony regarding the 2013 incident because Defendant to include him in the investigation. The client visited the clinic reporting that I told the housing provider that his Case Manager was going to relocate him to another placement. According to the client, once I provided the housing provider with this information, which is totally untrue and there's nothing that the client's case Manager documented into the in the client's file stating that he was going to relocate the client, the client reports the housing provider cursed him out and hurt his feelings in front of his roommates. The client reports that he was cursed out and feelings hurt and Ms. Marin goes to Senior Management regarding this complaint rather than following the Defendant's policies and directives (Claimant's Yellow Folder submitted into evidence Commissioner Barden's signed order (page 2): Client Concern/Complaint Protocol, Client's Rights and Policy of Ethical Principles. Rather the Defendant maliciously employed the "Abuse, Neglect, Or Exploitation of Patients and Clients Prohibited" directive (Claimant's Yellow Folder submitted into evidence Commissioner Barden's signed order (page 2) even though they knew it was the wrong directive to employ via myself provided the policies to Dr. McNeil via email (Claimant's APA "H" pages 290-298).

10. Please review (Claimant APA "G", pages 218-225) which also is an example of how the investigative process should be conducted when a client verbalizes a concern or complaint. Surely, we take the client's concerns seriously; however, we also are acutely aware of the population of which the Defendant serves of which the concern or complaint may be a delusional expression or a tactic used to achieve a certain outcome; nevertheless, the Defendant has a process that addresses this matter via the Patient Advocate program of which Defendant has Patient Advocates throughout the State to investigate claims made by adult clients (Claimant APA "J", pages 394-397).

Why did Commissioner Barden sign the order which depicted false claims by the Defendant?

Mr. Edwards was the Defendant's witness not mine and demonstrated that the Defendant did not and refused to adhere to their own policies and directives within addresses concerns/complaints

verbalized by clients. Mr. Edwards also verbalized that he was my supervisor during the period that I required intensive partial mental health hospitalization. Mr. Edwards as Supervisor evidence: Claimant's APA "A" pages 4-8 supervisor signed leave slips which documents the reason for the leave; Claimant's APA "C" pages 53 and 57; Claimant's APA "D" pages 109-111 and page 112; Claimant's "H" pages 252-253 and 255; and Worker's Compensation Hearing page 54, pages 68 – 71. It's like I'm being victimized all over again.

Why was Dr. Chuck Roundy, affectionately called "Chuck"/my Palmetto Health Behavioral Care Day Treatment Patient Advocate uncommon statement outweighed the overwhelming medical evaluations and reports from several of the medical and psychiatric service providers when clarity to his statement was clear?

In addition, it appears that one statement from Dr. Chuck Roundy, Patient Advocate outweighs the medical opinion and decision of both Dr. Thornton McKinney and Dr. James Kirkland (psychiatrists); Dr. Donna Upchurch, that my mental injury which ultimately lead to my mental illness was the result of work-related stress. In addition, the Defendant's witness wasn't involved in the investigative process from its' inception to its' conclusion; moreover, the Defendant's witness written statement confirms that I followed the agency's policies and directives within performing my job duties.

Commissioner Barden, I clearly do not understand this rationale. I clearly and consistently met my burden of proof based on the law, mental health services received and ongoing which to include daily medication administration prescribed by Dr. Bell, Dr. McKinney and Dr. Kirkland, documentation, and even your own assessment. South Carolina Code 42-1-160. "Injury" and "personal injury" defined Section B does not require modifiers of stress as predominant or dominant, it simply states "Stress". Nevertheless, according to ongoing documentation and verbal communications via assessments, deposition, hearing, etc., etc., etc., I only and consistently reported and demonstrated that my mental injury and illness was caused by work-related stress which was consistently corroborated by service providers.

South Carolina Code 42-1-160: (1) "that the employee's employment conditions causing the stress, mental injury, or mental illness were extraordinary and unusual in comparison to the normal conditions of the particular employment":

The Defendant's policies and directives governs the agency. The Defendant allowed, enabled, encouraged and condoned Ms. Marin's ongoing illegal and unethical attacks against me which eventually caused my mental injury and illness. Moreover, the Defendant refusal to appropriately intervene to cease these ongoing illegal and unethical attacks that I experienced could have been ceased if the Defendant would have correctly employed and adhered to their own policies and directives of which you did not review nor reference in your "Request For Proposed Order". Surely, if the Defendant would have correctly employed and adhered to the Defendant's own policies and directives that governs the agency which would allowed the Defendant to treat me fairly, my mental injury and illness would not have been caused. In addition to the aforementioned, the clients that the Defendant serves wouldn't had to experienced missing essential treatment, a client overdosing on a control substance; moreover, a client almost dying to the reckless, intentional, and biased behavior of the Defendant and surely by all means the Defendant's behavior

which resulted in the above is "extraordinary and unusual in comparison to the normal conditions of the particular employment".

South Carolina Code 42-1-160: (2) the medical causation between the stress, mental injury, or mental illness, and the stressful employment conditions by medical evidence. The trained, skilled, and experienced medical providers after their assessment, was acutely aware that I required mental health treatment to gain maximum medical benefits; moreover, to sustain life; hence the reason that they provided treatment which to include medication regiment and monitoring. Surely none of the providers that provided treatment wouldn't say that I needed it of which they documented the causer of my condition. Surely these providers wouldn't commit insurance fraud and place their and their family's livelihood in jeopardy. In fact, if your review your Finding of Fact 17 rationale, you will discover that you did not include Dr. Thornton McKinney's assessment of my condition on the FMLA completed by Palmetto Behavioral Care which is one the supportive documents missing from SAF's Pre-Hearing Brief that was included in Commissioner James packet; however, not included in yours. SAF was perfectly aware that the Defendant engaged in illegal and unethical behavior which resulted in my mental injury and illness; therefore, they disposed of the supportive medical documentation. Nevertheless, the missing information and others are presented in the Claimant's 618 page supportive documentation. Now certainly I can understand SAF including additional information to refute my claim, of which they did not; however, SAF purposely disposed of essential medical documentation that consistently substantiated my claim. Much like SAF, I'm including additional supportive documentation to continue substantiating my claim; however, I will not under any circumstance remove supportive medical documentation to mislead the Commission like SAF and the Defendant did.

Although, I consistently met my burden ongoing documentation, Commissioner Barden you referenced the following documents to refute my claim; therefore, let's examine the following documents that you referred to: Claimant's APA "B," pages 31-32: Clearly meets medical causation and identified the causer of my stress which resulted in my mental injury and illness which did not manifest in one day; however, over time due to the Defendant's ongoing failure to appropriately intervene, refusing to treat me fairly like they treated other employees and correctly employing and adhering to their own policies and directives.

Claimant's APA C: Pages 54 and 56: Not only is it essentially important that all of the Defendant's and Claimant's documentation be reviewed and considered before rendering a decision, but it's extremely important that the dates of the documentation be reviewed and considered as well. With that being said, after I received partial hospitalization for my work-related injury and illness which enable me to return to work only with continued ongoing mental health treatment to prevent relapse; moreover, self-harm, Dr. Roundy referred me to Dr. Upchurch. Claimant's Section , pg...DC Summary. Upon being evaluated by Dr. Upchurch, she deduced that I could return to work with restrictions based on her rationale in Section C, pg. 54; #4 and #5a-c.

Commissioner Barden, Page 53 was omitted from your Fact of Finding that Dr. Upchurch requested a reduction in my productivity which resulted in the Defendant defining the request as "Light Duty". Claimant's Section C, pg. 60 and Defendant's Directive: Leave Policies, pg. 84; XVI: Performance of Duties While Injured". Clearly the Defendant approving FMLA Leave and

offering Light Duty acknowledged the illness and my inability to return to full duty based on my mental injury and illness as diagnosed by doctors.

Pages 78-80: These documents continues to support that my mental injury and illness was caused by work-related stress, ongoing illegal and unethical conduct by the Defendant which exacerbated my condition to the point Dr. Upchurch recommended visiting my primary care doctor for additional antidepressant medications. You will also note in Dr. Upchurch's documentation, she never assigned a diagnosis of Malingering and didn't note that I conducted myself in a manner that was unusual and proportionate of the situation. In fact, out of all of the medical service providers that I encounter during this period, only Dr. Roundy, therapist, made such an evaluation; however, he didn't stop essential mental health treatment, he referred me to Dr. Upchurch for ongoing treatment.

On November 26, 2013, Dr. Upchurch made an assessment that also attributed to my mental injury and illness and would have never been an issue if the Defendant would have treated me fairly, with a sense of dignity, loyalty and respect afforded to other of the Defendant's employees; moreover, correctly employed and adhered to their own policies and directives. If the Defendant would have engaged in the aforementioned, this entire ordeal would have been nipped in the bud in 2010 when evidence was presented to the Defendant that refuted Ms. Marin's claims against me and the disciplinary action report wouldn't still be present in my employment file; moreover, the disciplinary action taken against me would have been rescinded.

Claimant's APA "D":

Pages 82-83: Palmetto Health Day Treatment Physician Psychiatric Evaluation – clearly notes the chief complain and billable causes for the need for treatment: Depression, Anxiety, and stress and the specific causer of the need for mental health treatment – job stress (pg. 83). In addition, the doctor also prescribed additional psychotropic medications: Celexa and Trazadone. After evaluating me on September 27, 2013, Dr. Thornton knew that it was imperative that he excuse me from work and receive and continue receiving mental health treatment; hence, the reason that he approved Dr. Roundy's assessment of my mental status and signed the FMLA form which again is missing from SAF Pre-Hearing Brief. Please review Claimant's Section D, pgs. 92-94. You will also note that Dr. Thornton never assigned me a diagnosis of Malingering.

Pages 87-90: I truly think that this process is truly an injustice to anyone that's not represented by an attorney during the worker's compensation hearing. Out of all the medical data provided which included the causer for the need on treatment and continued even after I was present at work due to receiving essential mental health treatment, the medications prescribed, the medical officials that concurred with the report, the referral source – Dr. Gary Bell, referral made for additional mental health treatment by the provider, etc., the only statement that was considered and noted by the Commissioner was my personal goal – "To learn how to better take care of myself so that I can handle job stress". The fact to the matter is, if it wasn't for the Defendant's illegal and unethical behavior and conduct, I wouldn't have experienced work-related stress which was concluded by all service interdisciplinary providers and including the Commissioner which resulted in my mental injury and illness; consequently, hindering, preventing, impeding, etc., etc., etc., me from taking care of myself. As you will observed in any documentation that I presented, the deposition, and the hearing, I never disclosed to anyone that my job responsibilities stressed me out; however,

I attributed the causer of my work-related stress that resulted in my mental injury and illness to illegal and unethical conduct and behaviors of the Defendant.

Page 92: Certification of Physician or Practitioner (Family and Medical Leave Act of 1993) completed by Palmetto Health Behavioral Care Day Treatment confirms the causer of the stress (#4), my efforts to receive essential services and referral source (#5a), treatment modality (#5b), and the service provider's referral after successful completion of the Partial Hospitalization and Intensive Outpatient Program which specifies the duration of the treatment with the service provider 4 to 6 weeks.

Page 95: October 8, 2013 while still receiving essential mental health treatment: I was so desperate for assistance within ceasing the Defendant's ongoing illegal and unethical assaults against me that I sought the assistance of the Palmetto Health Behavioral Care Day Treatment to aid in ceasing the assaults against me which is documented on pg. 95 which the Defendant consistently failed to offer, provide, etc., etc., etc. although the Defendant's policies and directives requires of the Defendant. I was exhausted of the stress and powerless against the Defendant who controlled my faith with the agency. In addition, Dr. Roundy again notes that the causer and the need for essential mental health treatment was "Are a direct result of "job-related stress". Dr. Roundy, in the same clinical documentation, also concludes that the Defendant treated me unfairly. However, Dr. Roundy's assessment of..."Uncommonly out of proportion to the situation" allowed you to deduce that I did not meet my burden of proof. Again, as you will note in Dr. Roundy's clinical documentation, he didn't deduce that I was malingering; in that, he wanted me to "continue" with treatment; so that, he could explore why I took the Defendant's actions (illegal and unethical) against me personally.

Upon stating facts, the Defendant asked me if was I interpreting Dr. Roundy's medical records Transcript 87, Lines 14-17. Both Commissioner Barden and the Defendant interpreted the medical record as evidence that Commissioner used Dr. Roundy's statement to deny my case when in fact a number of context clues was present to orient both the Commissioner and the Defendant for the need for ongoing treatment – (1) "take it personal" – just like Dr. Upchurch noted I was devastated fighting for my good name – Commissioner Barden Finding of Fact #19, I never should be placed in a position at my place of employment to take anything personal which was as a result of the Defendant's ongoing illegal, attacks, and assaults against me as well as constant unfair treatment as consistently verbalized and also noted by attorney Joseph Henry in his correspondence to the Defendant; (2) "advocate will attempt to discover" – advocate didn't stop treatment; however, continue to provide therapy which is reflected in Claimant's APA D to to ascertain why I take it so personally; (3) no service provider assigned the diagnosis of Malingering (Claimant's APA A-D); moreover, (4) the Palmetto Health Baptist treatment team which is inclusive of the Patient Advocate – Dr. Roundy referred me to Dr. Upchurch for ongoing treatment who recommended me to visit my primary care doctor for medications.

As Commissioner Barden as shared with you in the hearing, via multiple examples, my mental injury and illness was caused by the Defendant's years of illegal and unethical assaults against me which resulted in me seeking and securing essential mental health treatment to address the conditions that I was experiencing; moreover as noted by the professional medical providers, to sustain life.

Page100: October 17, 2013 Yes, Dr. Roundy states that I could return to work as usual after I had completed the program; however, he was acutely aware of the need for ongoing mental health treatment to prevent relapse (re-hospitalization) and to sustain life; therefore, he arranged and referred me to Dr. Upchurch and encouraged my active involvement in treatment. After being evaluated by Dr. Upchurch from a referral from Dr. Roundy, she also concurred with Dr. Roundy's assessment of returning to work; however, due to my condition at that time, with restrictions – "Reduce productivity to 40 hrs./mo. Or more likely less". Surely, Dr. Roundy was knowledgeable of Dr. Upchurch's credential, experiences, and successes with clients otherwise, he wouldn't have referred me to her.

South Carolina Code 42-1-160. "Injury" and "personal injury" does not define any duration of the stress, it merely states that: (1) "that the employee's employment conditions causing the stress, mental injury, or mental illness were extraordinary and unusual in comparison to the normal conditions of the particular employment" and (2) the medical causation between the stress, mental injury, or mental illness, and the stressful employment conditions by medical evidence. I've surely met both of the law's requirements with merely one incident: Accusing me of Causing harm to a client and a HIPPA violation which lead to the Defendant refusing to adhere to their own policies and directives, refusal to employ the correct policy even when I provided both policies to the Defendant via email, jeopardizing my employment and potential for securing employment via a DSS/SLED investigation of causing harm to a client which would be included to my arrest record, jeopardizing mine and my family's livelihood based on the fact that they refuse to treat me fairly as they treat other employees for years, threatening to suspend me for 3 days without pay although evidence which included the client's mother and grandmother could refuted the client's allegation against me but Dr. Bank refused to talk to the family members, investigating me without including me in the investigation, placing client's in harms way of which one of the client's almost died, Ms. Marin informing and describing me as a "Crook and destroying client's lives to a party that's not an employee of the Defendant, but a housing provider, receiving mental health treatment and psychotropic medications due to a work-related injury and illness that could have been prevented if the Defendant would have treated me fairly and correctly employed and adhered to their own policies and directives of which you did not review or reference in you "Request for Proposed Order", etc. All of the aforementioned resulted from the fact that the Defendant refused to treat me fairly, believed the false allegation made by Ms. Marin's false claim against me of having a dual relationship with a housing provider even when the Defendant's own investigation exonerated me and is documented; however, the false claim is embedded in their head which would not allow or enable the Defendant to be objective when investigating the client's allegation and is surely was extraordinary and unusual in comparison to the normal conditions of the particular employment – the Defendant's policies and directives governs the agency. Perhaps the SC Legislature could modify the law to include and require timeframes when evaluating work-related stress claims. After Chuck completed his assessment of me, he was able to relevantly complete the October 2013 FMLA form of which identified the cause of my mental injury and illness was due to ongoing work-related stress please see the attached document labeled Dr McKinney. Upon his completion of the FMLA for he presented it to my attending psychiatrist – Dr. Thornton McKinney for his review and conclusion. Upon the psychiatrist evaluation and review of the FMLA form, Dr. McKinney was able to excuse me from work under FMLA designation. I've attempted to have Dr. McKinney to verify my claim; however, he hasn't responded. Now that Dr. McKinney is employed

by the Defendant, he may want to avoid this matter; therefore, please compare the clinical documentation and signature of the psychiatrist documentation on the FLMA form to that of the clinical documentation of Claimant's APA "D", page 86 and Claimant APA "D", page 92. You will discover that the handwriting on the FMLA form is different to writing on the aforementioned documents; however, the psychiatrist signatures are identical.

Documented evidence demonstrated that I exhausted all efforts to resolve matters that were reported with malicious intent; i.e., meeting to get all the facts, communicating with the client's family members, consistently requesting grievances and meetings with the Columbia Area Mental Health Center's board and Mr. Magill and I was consistently denied these efforts. Evidence was presented demonstrating that the agency did not follow their own policies which aiding in consistently causing stress that ultimately lead to my mental injury and mental illness; however, the policies that were presented aren't mentioned in your findings.

The evidence previously admitted into evidence coupled with additional evidence that will presented and testimony from the individuals requested, will truly demonstrate that the Defendant systematically breached their policies and directives, that I systematically experienced ongoing harassment, retaliation, defamation of character, and slander. The Defendant consistently retaliated against me because I presented my concerns in writing and requested assistance from the SCDMH Director (Mr. Magill); however, I was unfortunately denied assistance from him of which he informed his executive assistant to inform me that..."He don't like to be involved in stuff like that" even when a client almost lost his life. Claimant's APA, H pg. 323 & 327; Claimant's APA M, pg. 455, 5th para, Lines 13-16.

Reprimands was consistently upheld even when I demonstrated under the Defendant's policies and directives that I did nothing wrong of which the Defendant's ongoing investigations about me without me cleared me of any wrongdoings; moreover, the assessment of attorney Joseph Henry which is not included in Commissioner Barden's final order – Claimant APA, "H" pages 315-317. Rather than receiving fair treatment like other employees of the Defendant, I was ignored and treated like a second class citizen.

My ongoing efforts to secure an attorney to assist me with this matter produced no favorable outcome which is the reason that the Defendant and SAF conducted in such an egregious manner. As noted in her findings that Commissioner James informed me that I could have legal representation during the hearing. I exhausted all efforts to seek and secure legal representation; however, was unable to do so. In the evidence that I provided to both the State Accident Fund and The Workers Compensation Board in Section S – Mr. George Sink, Attorney; page 618, you will clearly be made aware as to the reason that my efforts to secure and attorney did not produce a favorable outcome. According to the only attorney that responded to my request for legal assistance, he states that..."It would cost more to represent you in this matter than you are likely to recover". It is in my opinion that is the central themes of all the attorneys that I contacted. But please note, after reviewing my case, Mr. Sink didn't say I didn't have a case rather he simply said in a nut shell – he wasn't going to make any money from the case. It wasn't like I arbitrarily wanted to represent myself in this tedious matter. I exhausted all efforts to secure legal representation including contacting and discussing my case with Ms. Holly Atkins, Former Chairman of the SC Workers Compensation Commission. I guess she too thought that there wasn't

enough money to make in representing my case much like Mr. Sink (Claimant APA, "S", page 618) which is not included in Commissioner Barden's final order.

Because I was treated so unfairly, I had to seek aid from Senator Harvey Peeler's office of which he was present at the time of my visit; therefore I met with one of his assistant that eventually referred me to Ms. Rochelle Caton, SCMDH Advocate. Ms. Caton was willingly to listen to the concerns that were presented about the clients; however, upon discussing concerns about me, she immediately shut me down. Ms. Caton informed me that the reason that I was experiencing so much hardship from the Defendant was because I supported the New Alpha Foundation program

Do I need to provide a copy of the documented evidence already presented into evidence to the appealing Commissioners or will they review the evidence already on file with the Commission?

Since the Defendant I experienced ongoing assaults and attacks since 2010 which eventually lead to me requiring intensive partial hospitalization due to the Defendant's failure to protect me under their policies and directives (Claimant's Yellow Folder submitted into evidence – page 2 of Commissioner's Barden's signed order: "Workplace Violence and Harassment Free Workplace"), shouldn't this be considered repetitive trauma especially after I received intensive partial hospitalization in 2013 and had to return for additional treatment due to Ms. Marin attack on me regarding a matter that she created?

I only started receiving derogatory, slanderous, and defaming reports and claims against me consistently faced retaliation from the Defendant only after I provided Ms. Marin my April 9, 2010 notarized letter of which she informed me that if I provided her with anything in writing that I was going to face hardship (Claimant APA "F" pages 149 158 . Ms. Marin's threat prove to be valid in that I've been facing hardship every since I provided her with the notarized letter. Please be mindful, that after email all of my claims to the Defendant, not one time did they dispute my claims nor did I face any disciplinary actions due to emailing false reports. I've been supervised by serval individuals, but only discipline by Ms. Marin or as the result of Ms. Marin. I could have lost my livelihood due to the Defendant's illegal and malicious attacks against me and their unwillingness to uniformly employ, adhere, to their own polices. Sometime ago I received my license in Social Work, based on the Defendant's illegal behavioral I wouldn't have been able to achieve this task; moreover, work in any human service field of which I'm educated.

What would have happened to me if I would have assaulted Ms. Marin after she bullied me especially after her ongoing illegal attacks against me that has overwhelmingly produced extreme hardship?

I would have been incarcerated and my livelihood would have immensely suffered.

I've also discussed during my deposition with SAF that Mr. Broderick Anderson, who's now SCDMH's Employee of the Year", assaulted a client which was confirmed via clients in writing.

Since client's submitted the concern/complaint, Dr. Arnold should have investigated the concern/complaint. However, a van driver, who's not a client of the Defendant and witnessed the assault and submitted her complaint in writing, PSO, DSS, and SLED should have investigated the manner and based on the witness, who's not a mental health client, Mr. Anderson would have been terminated; moreover incarcerated and the Defendant would have been on the daily news defending itself. Rather than adhering to the policy, the Defendant protected itself and minimize the incident. I'm requesting that Mr. Nickles present the notarized letters in writing. The Employee of the year assaulted a client and the manner was minimize; whereas, I was falsely accused of informing the housing provider of information that I couldn't have known; moreover, is not documented in the client's medical record as to the intent of the client's Case Manager – Mr. Malone was moving him, and I was treated unfairly and faced hardship.

Again if the Defendant, which to include Dr. Bank Ms. Odom would have appropriately intervene in 2010, I wouldn't have experienced ongoing work-related stress that caused my mental injury and illness, tax dollars wouldn't have been wasted, clients wouldn't have missed essential mental health treatment; moreover, clients would have been placed in harms way to the point that it almost cost a client his life – surely this is extraordinary and not usual to normal conditions. The August 23, 2014 incident took place regarding Ms. Marin bullying me due to the fact the she failed to adhere to the Defendant's directives and policies within closing a client's case that's court order for mental health treatment; moreover, because the Defendant did nothing to stop her illegal behaviors against me. If Ms. Marin would have followed the Defendant's policy regarding closing a client's case that's court order for mental health treatment, the court would have no need to contact me; moreover, Ms. Marin wouldn't have attacked me (Claimant's Yellow Folder submitted into evidence – page 2 of Commissioner's Barden's signed order: "Client Follow-up and Case Closure". Please see example of this process Claimant APA "M", pages 461-463). Bases on Ms. Marin's reckless and illegal behavior, the client faced hardship as well in that he was arrested and is currently now receiving inpatient psychiatric treatment in Richland Springs.

Due to the Defendant's reckless, negligent, illegal, unprofessional, and unethical behavior and conduct in condoning Ms. Marin's illegal behavior and not doing anything to cease her behavior, Ms. Marin publically humiliated me to a housing provider calling me a crook and that I was destroying client's lives, Claimant's Section H, pgs. 293-294.

This is another incident of which the Defendant protected itself based on reckless behavior by Ms. Marin which case a client to decompensate and Ms. Marin falsified document into the client's medical record even after management which included Ms. Marin discussed this matter (Claimant APA "L" pages 420-427). It's truly and extraordinary and unusual that Ms. Marin would purposely elected to employ the incorrect policy to appropriately investigate and resolve the client's father's concern of the client decompensation. The client's father is and was not a client of CAMHC and was in his right frame of mind and competent when presenting his complaint to Ms. Marin (the client's father is currently deceased); therefore, the Defendant's "Abuse, Neglect, or Exploitation of Patients and Clients Prohibited policy (pg. 44) should have been employed. The reason that Ms. Marin elected to employ the incorrect policy to investigate and resolve the client's father compliant of which the Defendant allowed her to do so, is because based on the Defendant's policy, PSO would have been involved to take the report, DSS/SLED would have investigated the complaint via a comprehensive and inclusive approach and discovered that Ms. Marin, which the

Defendant allowed, neglected the client causing him to consistently missed essential mental health treatment which to include the client receiving his monthly injection; ultimately, causing the client to terrorize his parents, the need for a Judicial Pick-Up Order, and hospitalization. The DSS/SLED report would have been placed on Ms. Marin's record and the Defendant could have faced a liability suit if the client would have caused physical harm to his parents or if the client's father would have been told of the truth, that the Defendant's negligent caused the client's decompensation. Not only did Ms. Marin neglect the client, mislead the father, employ the incorrect policy to protect herself, but maliciously and falsely accused me of neglect – surely this is extraordinary and unusual conditions of employment.

Upon reviewing the WCC website under the forms section, may I use Form 27 to request the appearance or documentation from certain individuals to present to the appealing Commissioners to continue substantiating my case? I'm not an attorney and was unable to secure an attorney for the hearing; therefore, I can't sign the document. If I'm able to use Form 27, I would like to request the appearance or documentation from the following individuals:

Individual	**Address & Contact**	**Reason**
Mr. John Magill	SCDMH 2414 Bull Street Columbia, SC 29202 (803) 898-8319	To provide testimony as to the reason he wouldn't intervene after multiple request both on the client's and my behalf
Ms. Eleanor Odom	SCDMH 2414 Bull Street Columbia, SC 29202 (803) 898-8610	To provide testimony as to the reason didn't intervene; why my grievance rights were denied; why was reprimands upheld when I was cleared of any wrongdoings; why weren't the Defendant forced to adhere to their own policies and directives; etc.
Ms. Rochelle Caton	SCDMH 2414 Bull Street Columbia, SC 29202 (803) 898-3035	To provide testimony regarding my meeting with her after being referred by Senator Peeler's office; etc.
Dr. Robert Bank	CAMHC 2715 Colonial Drive Suite 100 Columbia, SC 29203 (803) 898-4802	To provide testimony as to the reason he wouldn't intervene after multiple request both on the client's and my behalf since 2010
Ms. Maria Marin	CAMHC 90 Brighton Hill Road Columbia, SC 29223 (803) 898-0200	For questioning regarding 2010 – 2014 incidences
Dr. Deanna McNeil	CAMHC 1800 Colonial Drive Cottages B & C	To discuss the Lt. Baker claim – SLED; questioning

	Columbia, SC 29203 (803) 898-0123	regarding the 2013 incident; etc.
Ms. Vicki Brown	CAMHC 2715 Colonial Drive Suite 100 Columbia, SC 29203 (803) 898-4830	To discuss the meaning of "I only did what I was told to do"; as a Human Resource officer, why she didn't intervene and didn't discuss my benefit options; why was my Annual and Sick Leave was used without my authorization – verbal or written; etc.
Dr. Shelia Arnold	CAMHC 2715 Colonial Drive Suite 100 Columbia, SC 29203 (803) 898-4809	To discuss the Patient Advocate Program; etc.
Ms. Rhonda Sims	CAMHC 2715 Colonial Drive Suite 100 Columbia, SC 29203 (803) 898-4859	To provide testimony surrounding dual relationship claim/2013 incident; etc.
Mr. Herbert Toney	CAMHC 2715 Colonial Drive Bldg. 200 A Columbia, SC 29203 (803) 898-8132 (C) (803) 530-0110	To provide details surrounding the 2013 incident reported to you by Ms. Marin; to discuss documents reviewed on the agency's computed used and to authenticate your signature on documents provided to WCC/SAF etc.
Mr. Ervin Jefferson	CAMHC 2715 Colonial Drive Bldg. 200 A Columbia, SC 29203 (803) 898-9814 (C) (803) 391-1360	To discuss documents reviewed on the agency's computed used and to authenticate your signature on documents provided to WCC/SAF; etc.
Mr. Tom Mercer	CAMHC 1135 Carter Street Columbia, SC 29204 (803) 786-1183	To discuss documents reviewed on the agency's computed used and to authenticate your signature on documents provided to WCC/SAF; etc.
Mr. Melvin Malone	CAMHC 2715 Colonial Drive Bldg. 200 A	To provide testimony regarding the 2013 incident; to discuss the referral process for

	Columbia, SC 29203 (803) 898-8320 (C) (803) 240-3624	clients received from other CAMHC's programs; etc.
Mr. Broderick Anderson	CAMHC 90 Brighton Hill Road Columbia, SC 29223 (803) 898-0200	To provide testimony as to the method that the Defendant employed within investigating a report made against you for assaulting a client.
Ms. Joan Boards	CAMHC 2715 Colonial Drive Bldg. 200 A Columbia, SC 29203 (803) 898-9825	To provide testimony as to the method of investigating a client claim that you put your hands on her; to discuss the referral process for clients received from other CAMHC's programs; etc.
Mr. Harold Edwards	CAMHC 2715 Colonial Drive Bldg. 200 A Columbia, SC 29203 (803) 898-9816 (C) (803) 667-2758	To provide testimony as to your capacity during the 2013 incident; to discuss the You Made A Difference Award received for assisting a client in the Link program; to discuss the referral process for clients received from other CAMHC's programs; etc.
Dr. Thornton McKinney	SCDMH 1800 Colonial Drive Columbia, SC 29203 (803) 898-1662	To authenticate your signature on the FMLA for completed by Chuck and presented to you for your review, your consensus, and signature
Dr. Chuck Roundy	1658 Jackson Creek Rd, Winnsboro, SC 29180-8540 (803) 635-1437	To provide testimony regarding your uncommon statement; to authenticate and confirm your completion of the FMLA form after evaluating me
Mr. Rick Nickles	New Alpha Foundation 312 Pineview Road (803 353-8040 (C) 318-7225	To provide testimony regarding a dual relationship; notarized letters of Mr. Broderick Anderson assaulting a client; to provide testimony regarding your experience with myself and the Defendant; etc.

My objections to Commissioner Barden's final order is forthcoming which highlights an array of concerns and continues to demonstrate that the Defendant's illegal and malicious behavior and

conduct caused my mental injury and illness as medically documented. In addition, I will also present other documentation to continue substantiating my case; however, I will never remove documentation as did by the SAF and the defendant. It was my intent to have my objections to Commissioner Barden of which she allowed me time to; however, after reviewing Ms. Snyder's response to Commissioner Barden's Proposed Finding of Facts, it just was no reason too especially after receiving the signed order which reflects inaccuracies.

If the Commissioners findings are upheld by the appeals process, what's my other recourse?

Summary

Again, I've consistently proven by the preponderance of the evidence which to include medical records and opinions that the mental injury that I sustained was solely due to the significant and ongoing work-related stress caused by the Defendant's ongoing illegal, intentional, reckless, and malicious behavior. I overwhelmingly demonstrated that the Defendant placed their personal discretions, vendettas, and bias over the need of the clients to unjustly continue their attacks and assaults against to the point the Defendant placed clients in harms way of which a client almost dies and the State Director merely replies after several attempts to receive his assistance within intervening replies via his administrative assistance....He don't like to be involved in stuff like that. I've demonstrated that both the Defendant and the Commissioner engaged in illegal, egregious, intentional and deceptive behavior merely to deny my case and protect a government agency whose mission is to help aid in the recovery of the population it serves.

Relief Sought

- The immediate reverse of Commissioner Barden's fraudulent order and award me compensatory damages
- The Defendant to re-instate my annual and sick leave time
- Pay all existing and future medical/psychiatric services expenses and medication co-pays relating to this matter which to include any and all
- Reimburse the insurance company for psychiatric and medical services received
- Reimbursed taxpayers for co-pays that were paid by Voc Rehab under the Defendant's Employee Assistance Program
- Reimbursement of attorney fees
- Reimbursement of treatment and medication co-pays (Medications – Exhibit 16)
- Reimbursement of SWCC fees
- Pay the cost of increase in future life insurance premiums due to the mental illness diagnosis that's currently reflected on my medical profile and wasn't present when I purchase the Life Insurance policy via Primerica, Inc. on September 24, 1997 – additional evidence of no preexisting mental illness; Also Deposition pg. 57, Lines 17-19.
- Permission to communicate with clients and their families that were affected by the Defendant's gross negligence
- Transportation Reimbursement
- Printing Cost
- Transcript Cost - Exhibit 21

Exhibit 1

Harry Reese

From: Page Snyder <psnyder@saf.sc.gov>
Sent: Wednesday, August 19, 2015 11:44 AM
To: Harry Reese
Subject: RE: Appeal - Harry Reese (1322039)

I just didn't know how a screen shot of his attorney profile on his website was relevant. I've reviewed your evidence thoroughly. I will await your Motion to Reconsider.

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Wednesday, August 19, 2015 11:39 AM
To: Page Snyder
Subject: RE: Appeal - Harry Reese (1322039)
Importance: High

Ms. Snyder:

With all due respect, it's obvious that you're not reviewing the 618 document evidence that I presented to you. Do you remember when I shared with you in the Deposition and the hearing that I met with an attorney in 2010 due to the illegal and assaults against me by the Defendant. Mr. Duff was the attorney. I informed you in the Deposition and the hearing that I met with Mr. Duff twice and prior to the end of the meeting, he informed me that he couldn't represent me because he was an attorney for the State. I included the snapshot of his information, please note the date on the bottom of the page which continues to confirm that I was going to appeal Commissioner Barden's decision, to the fax cover sheet used to fax Mr. Duff a copy of the email that I sent to the Defendant in 2010. I've explained the rationale for including the print-out in my Appeals request that was forwarded to you on Monday, August 17, 2015. For the WCC hearing process, I've exhausted all efforts to secure an attorney; however, my efforts were unsuccessful. Again, I don't have or can afford an attorney. If I did have an attorney, surely I would have the attorney to handle these matters and not me which would prevent these unfortunate conversations between you and I. As shared with you previously, I provided you with the upmost respect since day one even after I found out that you represented the Defendant via the deposition.

Thanks,
Harry E. Reese Sr.
LMSW
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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From: Page Snyder [mailto:psnyder@saf.sc.gov]
Sent: Wednesday, August 19, 2015 11:22 AM
To: Harry Reese
Subject: RE: Appeal - Harry Reese (1322039)

Why did you include a screen shot of David Duff's website with your appeal? Is he representing you?

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Wednesday, August 19, 2015 11:22 AM
To: Page Snyder
Subject: RE: Appeal - Harry Reese (1322039)
Importance: High

Ms. Snyder:

I've consistently given you the upmost respect since day one; however, when you submitted your response to Commissioner Barden stating that Mr. Edwards was not my supervisor after he disclosed in the hearing that he was my supervisor at the time that I required intensive partial hospitalizations which his role during the same period is well documented in the 618 page document that was submitted into evidence; the Commissioner Barden didn't state that Mr. Edwards wasn't my supervisor during the period that I required hospitalization in her Proposed Finding of Fact and it shouldn't have been signed by her because it's false by evidence that was presented in the hearing, you disrespected me. The Order itself should be rescinded based on the fact of this behavior alone. Because Mr. Edwards couldn't give you the response that you thought he was, because the Defendant never included him in the investigative process and informed you that he heard of the incident by subordinate staff and management, now SAF and the Defendant wants to say he wasn't my supervisor – that's wrong and totally disrespectful to me after all the hell that I'm going through and it's misleading, false, fabricated, etc., etc., etc. and only designed to protect the Defendant; moreover, condone enable them to continue their illegal attacks and assaults against me. Mr. Edwards was the Defendant's witness – not mine. In fact the Defendant's witness – Mr. Edwards, as my supervisor, provided documentation, that's in the 618 page evidence package that I presented, confirming that I followed the Defendant's policies and directives within performing my job duties; therefore, it shouldn't have been placed in the order that he wasn't my supervisor; moreover, the order shouldn't have been signed by the Commissioner that reflects this major fabrication. There are additional items that I think are unethical as well that I documented in my appeal request that you have in your possession. If I had an attorney this behavior would be displayed and certainly would be challenged by the attorney. But because I don't have and can't afford an attorney, I'm being treated unfairly, unjustly, poorly, etc., etc., etc. the same way the Defendant has treated me for years which is well documented.

Thanks,
Harry E. Reese Sr.
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Fax: (803) 898- 4374

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From: Page Snyder [mailto:psnyder@saf.sc.gov]
Sent: Wednesday, August 19, 2015 10:52 AM
To: Harry Reese
Subject: RE: Appeal - Harry Reese (1322039)

Mr. Reese,

Any allegations of my ethics is utterly inappropriate. I conceded to extensions you requested, which I didn't need to. I have treated you with respect and expect the same from you.

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Wednesday, August 19, 2015 10:51 AM
To: Page Snyder; Falls, Kim
Cc: Vera Jackson; Johnnette Murray
Subject: RE: Appeal - Harry Reese (1322039)
Importance: High

Ms. Snyder:

I can't speak for you and the Defendant as to when you received the Commissioner's order, but I received the order on Tuesday, August 04, 2015 and no one express any concerns requiring the timeframe of which I received the order so don't challenge it now especially after you've displayed some unethical behaviors that's reference in the Appeals request that you received my email as well from me. Finally, Ms. Hollmon provided me with the following response on yesterday accepting my Appeal request of which I'll forward her original email to you.

Since you are not paying the filing fee, but requesting a fee waiver, we can accept it via email. We are not set up to take funds electronically which is why appeal request cannot be received via email. There is no need for you to come down in person at this time.

Genia Hollmon

Eugenia Hollmon
Judicial Docketing Director
South Carolina Workers' Compensation Commission
803-737-5737
Ehollmon@wcc.sc.gov

Thanks,
Harry E. Reese Sr.
LMSW

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From: Page Snyder [mailto:psnyder@saf.sc.gov]
Sent: Wednesday, August 19, 2015 10:36 AM
To: Harry Reese; Falls, Kim
Cc: Vera Jackson; Johnnette Murray
Subject: RE: Appeal - Harry Reese (1322039)

Ms. Falls,

The Defendants received the Order on 7/29/14. As far as Defendants are aware, we still haven't been properly served with Mr. Reese's appeal as service by email is not proper.

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Wednesday, August 19, 2015 10:35 AM
To: Falls, Kim
Cc: Page Snyder; Vera Jackson; Johnnette Murray
Subject: RE: Appeal - Harry Reese (1322039)
Importance: High

Ms. Falls:

When I received the Appeals was the day that I emailed Ms. Love on Tuesday, August 04, 2015 and inquired of the time frame to Appeal; therefore, my deadline from your response of 14 days should have been 8/17/15 which was the reason that I emailed the Appeals to ensure that I would meet deadline. I wasn't even aware of the 5 day cushion which would have extended, based on the date I received the order, 8/22/15. Everyone, Ms. Snyder, Commissioner Barden, etc. was perfectly aware that I was going to appeal the decision and in no way I would have not met any deadline to do so; thus, ensuring that my Appeals Request was submitted by the August 17th deadline. I've went through and going through too much hell not to appeal this decision and not submit my Appeals request in a timely manner.

Thanks,
Harry E. Reese Sr.
LMSW
Impact

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(803) 898-8131
Fax: (803) 898- 4374

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From: Falls, Kim [mailto:kfalls@wcc.sc.gov]
Sent: Wednesday, August 19, 2015 10:23 AM
To: Falls, Kim; Harry Reese
Cc: Page Snyder; Vera Jackson; jmurray@saf.sc.gov
Subject: RE: Appeal - Harry Reese (1322039)

Mr. Reese,

When I received your email below, I was responding theoretically and not literally due to the fact that I did not have your appeal file number. The way the appeals process works, is that a claimant is given 19 days to appeal a hearing Commissioner's Decision and Order. The first 5 days of the 19 days, is a 5 day cushion for the Decision Order to get to you through the mail. Then the claimant has 14 days to Appeal the Order.. Since your Decision and Order was served on July 24th, your 5 day cushion for mailing would have been July 29th. Then the 14 days would have started, making the deadline for your Appeal to be Thursday, August 13th.

With that being said, your Appeal is untimely. However, you can file a Motion to Reconsider. Basically, what you would need to do is send in a letter (you can send this in by email, fax or regular mail) explaining why your Appeal was untimely. The Motion would be taken to the Commissioners at their next meeting in September and they would decide on whether or not your Appeal can go forward.

Let me know if you have any questions.

Thanks!

Kim Falls
SC Workers' Compensation Commission
Judicial Analyst – Appeals Division
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, SC 29202-1715

Phone: 803-737-5739
kfalls@wcc.sc.gov

From: Falls, Kim
Sent: Tuesday, August 04, 2015 2:01 PM
To: 'Harry Reese'
Subject: RE: Appeal

Calendar days.

Kim Falls
SC Workers' Compensation Commission
Judicial Analyst – Appeals Division
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, SC 29202-1715
Phone: 803-737-5739
kfalls@wcc.sc.gov

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Tuesday, August 04, 2015 1:58 PM
To: Falls, Kim
Subject: RE: Appeal
Importance: High

Ms. Falls:

Thank you for your response. Is that 14 calendar days or working days?

Thanks,
Harry E. Reese Sr.
LMSW
Impact
2715 Colonial Drive, Bldg. 200A
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Fax: (803) 898- 4374

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From: Falls, Kim [mailto:kfalls@wcc.sc.gov]
Sent: Tuesday, August 04, 2015 1:47 PM
To: Love, Kristi; Harry Reese
Cc: psnyder@saf.sc.gov; Hollmon, Eugenia
Subject: RE: Appeal

Mr. Reese,

You have 14 days from the date you received the single Commissioner Order. If you received the Order today, you would need to send the appeal in by August 15th. You can go to our website www.wcc.sc.gov and print out a Form 30 to appeal the Order. There is a $150.00 filing fee. If you cannot afford the fee, you can print out and fill out a Form 32 to try and waive the fee. You can send the 32 in with the 30 and we will send it to the chairman to be approved.

Please let me know if you have any questions.

Thanks!

Kim Falls
SC Workers' Compensation Commission
Judicial Analyst – Appeals Division
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, SC 29202-1715
Phone: 803-737-5739
kfalls@wcc.sc.gov

From: Love, Kristi
Sent: Tuesday, August 04, 2015 1:13 PM
To: Harry Reese
Cc: psnyder@saf.sc.gov; Falls, Kim; Hollmon, Eugenia
Subject: RE: Appeal

Good afternoon Mr. Reese.

I have copied Kim Falls and Eugenia Hollmon in our Appeals Department. They will be able to assist you with your questions.
Thanks,
Kristi

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Tuesday, August 04, 2015 1:05 PM
To: Love, Kristi
Cc: psnyder@saf.sc.gov
Subject: RE: Appeal
Importance: High

Ms. Love:

I've recently received Commissioner Barden's signed order. How do I appeal this decision? When is the deadline to appeal? How do I appeal?

Thanks,
Harry E. Reese Sr.
LMSW
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Fax: (803) 898-4374

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From: Love, Kristi [mailto:klove@wcc.sc.gov]
Sent: Monday, July 20, 2015 12:43 PM
To: Page Snyder; Harry Reese
Subject: RE: Appeal

I have submitted the Order to her.

From: Page Snyder [mailto:psnyder@saf.sc.gov]
Sent: Monday, July 20, 2015 12:40 PM
To: Love, Kristi; Harry Reese
Subject: RE: Appeal

Hi Kristi,

Mr. Reese's time period for objections has passed. Will you please ask Commissioner Barden to sign my proposed Order?

Thanks,
Page

From: Love, Kristi [mailto:klove@wcc.sc.gov]
Sent: Monday, June 22, 2015 9:08 AM
To: Page Snyder; Harry Reese
Subject: RE: Appeal

Good morning all.

Commissioner Barden says this is fine. She will hold the Order until July 11, 2015 to allow for any objections from Mr. Reese.

Thanks so much,
Kristi

From: Page Snyder [mailto:psnyder@saf.sc.gov]
Sent: Wednesday, June 17, 2015 4:27 PM
To: Love, Kristi; Harry Reese
Subject: RE: Appeal

I do not object. I would prefer if we didn't have any additional delays going forward.

From: Love, Kristi [mailto:klove@wcc.sc.gov]
Sent: Wednesday, June 17, 2015 3:45 PM
To: Harry Reese; Page Snyder
Subject: RE: Appeal

Mr. Reese, this is Commissioner Barden's decision. I will ask – but Ms. Snyder - do Defendants object?

Thank you,
Kristi Love
Assistant to Commissioner Barden

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Wednesday, June 17, 2015 3:38 PM
To: Love, Kristi; Page Snyder
Subject: RE: Appeal
Importance: High

Ms. Love:

As shared with you and Ms. Snyder via an email sent on Friday, May 29, 2015, I'm unable to present my objections due to exhausting a lot of effort and energy into preparing to take my LMSW licensure exam which was initially scheduled for 6/19/15; however, is now scheduled for Friday, 6/26/15. I haven't had an opportunity to review the hearing transcript nor Ms. Snyder's objections at this point. If possible, may I submit my objections to you on Friday, 7/10/15?

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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From: Love, Kristi [mailto:klove@wcc.sc.gov]
Sent: Wednesday, June 17, 2015 3:11 PM
To: Page Snyder; Harry Reese
Subject: RE: Appeal

As we have not heard from Mr. Reese, I will submit this Order to Commissioner Barden for approval/disapproval.

Thanks,
Kristi

From: Page Snyder [mailto:psnyder@saf.sc.gov]
Sent: Tuesday, June 02, 2015 2:11 PM
To: Love, Kristi; Harry Reese
Subject: RE: Appeal

Mr. Reese,

Attached is the proposed order I've drafted according to Commissioner Barden's order instructions. You now have the opportunity to make any objections to the order. This is not an appeal and this is not the time to make another argument. If you disagree, factually, with anything I've written, please advise me of those objections.

After you've had time to review, I will send to Commissioner Barden for her signature. Once Commissioner Barden signs the order, your time for appeal will begin to run.

I will send you a copy of the proposed order in the mail, too.

Thanks,
Page

From: Love, Kristi [mailto:klove@wcc.sc.gov]
Sent: Friday, May 29, 2015 8:29 AM
To: Harry Reese
Cc: Page Snyder
Subject: RE: Appeal

Good morning.

Ms. Snyder, can you please respond as to the status of the Order?

Thanks,
Kristi

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Friday, May 29, 2015 8:27 AM
To: Love, Kristi

Cc: psnyder@saf.sc.gov
Subject: Appeal
Importance: High

Dear Ms. Love:

I'm following up with you to ascertain whether or not Commissioner Barden has prepared and sent out her final decision. I've recently received a copy of the transcript of the hearing; however, I'm unable to review it at this time because I'm initiating efforts to study for the Masters of Social Work licensing exam. If Commissioner Barden has submitted the final order, can the appeal be held sometime in July 2015? I stopped preparing my objection points to present during the appeal due to, as stated previously, studying for the licensing exam which I will take on June 19, 2015. If you have any questions or concerns, please do not hesitate to contact me at (803) 477-4227 or email hreese2005@yahoo.com.

Thanks,
Harry E. Reese Sr.
MHP
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2715 Colonial Drive, Bldg. 200A
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(803) 898-8131
Fax: (803) 898-4374

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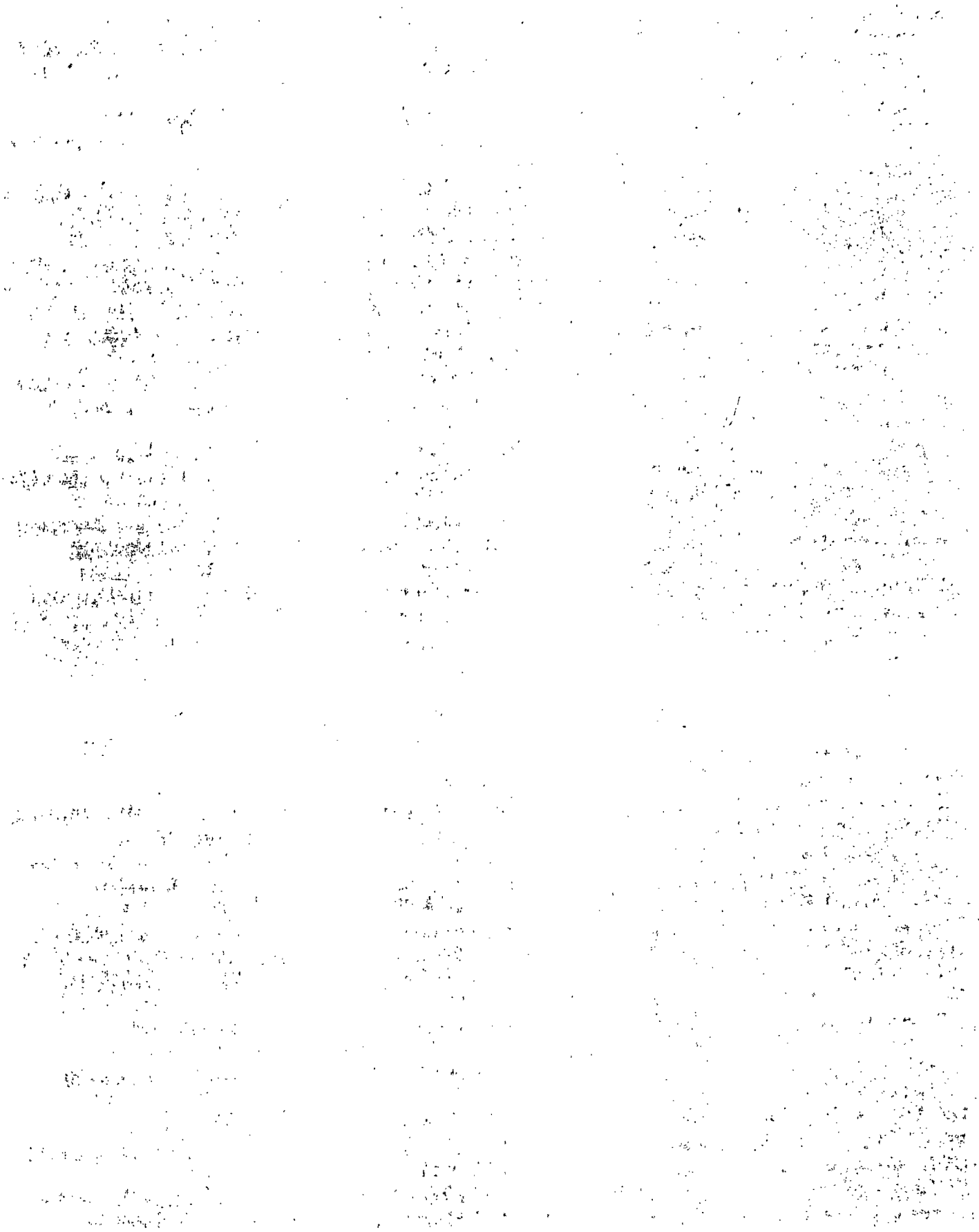
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Exhibit 3

Harry Reese

From: hreese2005@yahoo.com
Sent: Thursday, November 19, 2015 1:44 PM
To: Harry Reese
Subject: Fwd: Appelant's Brief

T-Mobile. America's First Nationwide 4G Network.

------ Original message------
From: Hollmon, Eugenia
Date: Tue, Nov 17, 2015 10:12 AM
To: Harry Reese;Bracy, Amy;
Cc: WCC-Judicial_Email;Falls, Kim;
Subject:RE: Appelant's Brief

Mr. Reese,

I apologize if you submitted a question back in August that was not answered. To answer your questions (1) you do not need to submit anything that was already submitted at your original hearing. We should have those copies and will provide them to the panel. Should something be missing we will contact you directly for that specific piece of evidence. (2) You may not use a Form 27 during the appellate process. Only documents used at the original hearing are permitted and testimony from witnesses are not permitted at all. An appeal hearing is strictly to indicate a legal or procedural error done at the first hearing so, nothing new is allowed.

If you have any additional questions, please email me.

Thank you.
Genia Hollmon

Eugenia Hollmon
Judicial Docketing Director
South Carolina Workers' Compensation Commission
803-737-5737
Ehollmon@wcc.sc.gov

From: Harry Reese [mailto:hreese2005@yahoo.com]
Sent: Tuesday, November 17, 2015 7:33 AM
To: Hollmon, Eugenia; Bracy, Amy
Cc: WCC-Judicial_Email; Falls, Kim
Subject: Re: Appelant's Brief

Dear Ms. Hollmon:

Within the questions that I submitted to the Commission on August 17, 2015 via email, I requested guidance via the following two questions and as of today, I haven't received any response or guidance:

(Page 16) Do I need to provide a copy of the documented evidence already presented into evidence to the appealing Commissioners or will they review the evidence already on file with the Commission?

Ms. Hollmon:

I've recently received your email and thank God I sometimes review my emails from my cell phone or I wouldn't have gotten your email sent to me on today after close of business today because my work scheduled with the Defendant is Monday – Friday – 8:30 a.m. – 5:00 p.m.

With the above being said, yes you shared with me that my brief had to be mailed , but during the same email that I submitted to you on 11/10/15, no one provided guidance as to whether or not the array of questions that I submitted to the Commission on 8/17/2015 was sufficient or not. In addition, you shared with me that the additional documents that I desired to present during the appeal would be inadmissible. I've cited these documents in my response to Commissioner Barden Finding of Fact; therefore, I have to remove these documents and their significance from my response to the Commissioner. I must do this tedious process by myself and it's taking much longer than usual due to having to relive this nonsense all over again and of course the array of information was presented in the 618 page document that was accepted into evidence by the Commissioner and ignored.

In addition, you also informed, some 3 months later, that I'm unable to use Form 27 and that I can't present the witnesses; therefore, I must remove the information surrounding their significance to this matter. Again, I must do this all by myself, because I'm unable to afford an attorney to represent me in this legal matter.

I took off work to complete this task, see the attached document, in a timely manner and was unable to submit the document because I wasn't a designated person listed on the website; therefore, I never should have received a correspondence advising me to submit my brief via a format that SCWCC staff knew I wasn't able to achieve. Even though I'm concern as of the reason the SCWCC advise me to submit my brief via a format that I was unable to do so, this process is allowing me to remove information from my response that may hold up the appeal.

I don't work for SCWCC and when I'm not receiving guidance in a timely manner, it's not way that I can achieve your expected deadlines. With that being said, I'm respectfully requesting that I be able to submit my brief on Monday, 30, 2015. Please respond ASAP. I'm in the process of leaving my job to attempt to remove inadmissible information from the document, but based on the enormous amount of information, I may not be successful in meeting today's deadline; therefore, I'm again requesting that I be able to submit the document on Monday, //130/15.

Thank you,
Harry Reese

(Page 18) Upon reviewing the WCC website under the forms section, may I use Form 27 to request the appearance or documentation from certainindividuals to present to the appealing Commissioners to continue substantiating my case? I'm not an attorney and was unable to secure an attorney for the hearing; therefore, I can't sign the document. If I'm able to use Form 27, I would like to request the appearance or documentation from the following individuals:

Please provide guidance. In addition, do I need to mail Form 27 (Subpoena) to each person listed or will the Commission send out the Subpoena?

Can I request, via the Subpoenas, that the requested documents be mailed to me and presented during the hearing? Or do the requested documents needs to be initially sent to the Commission?

Thank you in advance for you attention within this extremely important matter.

Respectfully,
Harry Reese

From: "Hollmon, Eugenia" <EHollmon@wcc.sc.gov>
To: Harry Reese <hreese2005@yahoo.com>; "Bracy, Amy" <abracy@wcc.sc.gov>
Cc: WCC-Judicial_Email <Judicial@wcc.sc.gov>; "Falls, Kim" <kfalls@wcc.sc.gov>
Sent: Thursday, November 12, 2015 2:17 PM
Subject: RE: Appelant's Brief

Mr. Reese,

You must mail any documents that you would like to present and we will serve those documents on the defense. If these are additional documents that were not presented at the original hearing they would be considered inadmissible.

Please let me know if you have any additional questions.

Genia

Eugenia Hollmon
Judicial Docketing Director
South Carolina Workers' Compensation Commission
803-737-5737
Ehollmon@wcc.sc.gov

From: Harry Reese [mailto:hreese2005@yahoo.com]
Sent: Wednesday, November 11, 2015 4:40 PM
To: Bracy, Amy
Cc: WCC-Judicial_Email; Falls, Kim
Subject: Appelant's Brief

Ms. Bracy:

In reference to WCC File: 1322039. I was unable to submit my brief because I'm not an attorney and the system is asking me to select one of the following options defining my role: Law Firm, Carrier or Self-Insurer, or TPA - Claims. Please provide guidance. Will the information that I already submitted

meet the request? I would like to include additional information which to include my response to Commissioner Barden's Finding of Fact, but again, the SCWCC system won't allow me create an account. May I email you my information or present the documents to the Commissioners during the appeal?

Thank you,
Harry Reese

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Donna W. Upchurch, Ph.D.

1401 ½ Calhoun Street
Columbia, SC 29201

Telephone: 803-252-1866
Fax: 803-252-1177

September 24, 2014

South Carolina Workers' Compensation Commission

P.O. Box 1715

Columbia, SC 29202-1715

Re: Mr. Harry Reese

8408 Little John Drive

Columbia, SC 29209

WCC SF#: 2013-004552

Records from 10/24/2012 – 01/16/2014

10/24/2013

Mr. Reese is a 46 year old, African American male with a Masters degree, employed by the Departmental Health as a case worker. He functions as an unlicensed Social Worker and his goal is to become licensed. His holds an undergraduate degree in Family and Child Development from Benedict College and a Masters in Social Work from the University of South Carolina. His father died in 02/2013. He is the younger of two siblings and lives with and contributes to the support of his mother, his older sister, and 7 year old nephew. In addition to carry enormous responsibility in a multi-problem family he reports suffering from work related stress intolerance accompanied by anxiety and depression. A claim was filed against him by a client for mishandling information from the clinical record and there is suggestion of a duel relationship effecting finances. Although he has "been under scrutiny for three years", Mr. Reese believes himself to be innocent of any violation and certainly any intent to cause harm. He suffers under these accusations and has difficulty focusing his attention and suffers insomnia as well. There is evidently a DSS/SLED investigation and it appears he may need the counsel of an attorney. After missing work due to this stress, which commenced 07/2013, Mr. Reese participated in a partial hospitalization program through Palmetto Baptist Hospital from 09/27/2013 until his discharge on 10/25/2013 at which time he was referred to this office for outpatient follow up and treatment. He is diagnosed with Major Depressive Disorder and is in danger of losing his job.

He is currently deeply locked into seeking/needing positive understanding and is tearful and overwhelmed. He needs to clear his head and set priorities for an action based approach to solving the problems that he is facing.

Therapy goal: Move out of emotional response into action oriented behavior, at the same time acknowledge and validate legitimacy of his emotions.

11/01/2013

Continues to feel overwhelmed by accusations against him. Flooded with detail and efforts at defensiveness in his effort to garner positive understanding. Overwhelmed with detail and emotional contexts.

Recommendations:

1. Keep it simple
2. Ask for clarification of accusations and where he may have misstepped.
3. Describe his intention in that moment
4. Make apology and ask for forgiveness where he is judged to have erred.

Worst case senerio may be a 3 day suspension, but he is very worried about his reputation as well as the possibility of losing his job.

11/08/2013

Events taking a positive turn for Mr. Reese. See letter from Dr. Banks dated 11/06/2013 and his attorney dated 11/08/2013. Mr. Reese's mood improved but he continues to feel under assault and compelled to defend/justify himself. Desperate for understanding and respect.

Struggles with feelings of unworthiness. Seems to identify with those he serves who don't have a voice to represent or defend themselves. Struggling for credibility. Needs to take his licensing exam for Social work, something he has shied away from due to lack of confidence. Encouraging him.

Continue to offer containment and processing of feelings while encouraging him to take positive action to move out of stuck place.

11//26/2013

Very tired. Having some diabetic symptoms flare up.

Continue to debrief experience of negative accusations against him. He is a bit less intense about this conflict although he still does not know what outcome may be developing.

Beginning to share a bit of his love for his work and his deep caring for the population he serves. In fact his own family is only steps away from being in the same desperate situation. He comes across as very genuine in his caring. He also seems in the struggle of trying to lift himself, and his family, up. Very warm and caring.

Processing feelings about taking the licensing exam in March, 2014. Looking at some on-line sites together that could assist him in his preparation.

He seems to be beginning to feel some hopefulness re: the future.

Completed paper work for him to request "decreased productivity (number of hours spent in direct patient care).

12/03/2013

See letter dated 11/26/2013 from Zina Hampton. Written warning still stands which devastates Mr. Reese. He feels he is fighting for his good name and basic respect. Feels his loyalty and devotion to his work is not valued and that others think he is "stupid". Continuing to study for licensure exam but distracted by ruminations about feeling "bullied".

Suggesting he has "out grown" this job and once he has his license perhaps he will get consideration for something that is more to his liking. All this conflict has motivated him to proceed with licensure.

12/19/2013

More discouraged than I have seen him to date. Just unable to stop obsessing re: the sequence of events. Very stuck. Mr. Reese is able to see that he devalues and disparages himself while he suffers over feeling devalued, discredited, and misunderstood by others.

Needs more paper work. He is trying to address financial concerns. Unable to focus to study. Unable to sleep.

Recommendations:

1. Contact MD for antidepressant and sleep meds, even though they make him drowsy during the day.
2. Contact Social Work supervisor for mentoring and/or supervision toward licensure. (Needs peer support as well.)

01/16/2014

Much better. Not tearful. More clear view of future.

Upset that "accommodation" involves working at a center that is a 1 hour 20 min commute each way. Asks letter to basically withdraw the workplace accommodation request. He will use leave time for past absences and get back to work full-time. Rest over Christmas seemed to help a great deal. Would like to build his own business.

Donna W. Upchurch, PhD

Donna W. Upchurch, Ph.D.

APRN #4010; LMFT #187

09/24/2014

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Social Involvement (acts. w/ others)	Problems/Issues/Changes with Sex or Sexuality
none	☐ Yes ☐ No Describe: ☒ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Transgender

Mental Status Examination	
1. Appearance/ Hygiene	☐Meticulous ☒Neat ☒Clean ☐Casual ☐Unkempt ☐Disheveled ☐Bizarre ☐Body Odor Comments:
2. Motor Activity	☐Appropriate ☐Lethargic ☒Psychomotor Agitation ☐Psychomotor Retardation ☐Dyskinesia ☐Poor coordination ☐Repetitive ☐Dystonia ☐Echopraxia ☐Ataxia ☐Stereotyped Movements Comments: hand wringing, hair grasping, head rubbing, shaking
3. Attitude during interview	☒Cooperative ☐Oppositional ☐Hostile ☐Dramatic ☐Withdrawn ☐Irritable ☐Guarded ☐Evasive Comments: frustrated & having to tell story again
4. Eye Contact	☒Good ☐Fair ☐Poor ☐Darting ☐None
5. Speech	☒Normal rate and tone ☐Monotone ☐Pressured ☐Stuttering ☐Slurred ☐Slow ☐Fast ☐Soft ☐Loud ☐Alogia: speech/content ☐Dysartria ☐Incoherent ☐Echolalia
6. Thought Process	☒Normal appropriate, coherent, relevant ☐Flight of Ideas ☐Derailment ☐Blocking ☐Racing ☐Circumstantial ☐Indecisive ☐Disorganized ☐Concrete ☐Repetitive Comments:
7. Thought Content	☐Normal ☐Phobias ☐Obsessions ☐Hopelessness ☐Worthlessness ☒Helplessness ☐Suicidal ☐Homicidal ☐Repetitive ☒Overvalued Ideas ☐Ideas of Reference ☐Paranoid Ideation ☐Magical Thinking ☐Hallucinations ☐Delusions ☐Alogia-content
8. Hallucinations	☒No Evidence ☒Denies ☐Auditory ☐Command ☐Visual ☐Olfactory ☐Tactile ☐Gustatory ☐Somatic Comments:
9. Delusions	☒No Evidence ☒Denies ☐Persecutory ☐Grandeur ☐Reference ☐Influence ☐Somatic ☐Paranoid ☐Jealousy ☐Erotomatic ☐Insertion ☐Broadcasting ☐Mood congruent ☐Mood incongruent
10. Mood	☐Euthymic ☒Dysphoric ☐Elevated ☐Expansive ☐Irritable/Angry
11. Affect	☐Appropriate ☐Constricted ☐Blunted ☐Flat ☐Labile ☐Apathetic ☐Passive ☐Suspicious ☒Sad ☐Tearful ☒Anxious ☒Congruent ☐Incongruent
12. Suicidal	☒Denies ☐Ideas ☐Plans ☐Means ☐Intent ☐Hx of attempts ☐Hx in family Comments:
13. Homicidal	☒Denies ☐Ideas ☐Plans ☐Means ☐Intent ☐Hx of attempts ☐Hx in family ☐Victim: Comments:
14. Self Mutilation	☒Denies ☐Ideas ☐Plans ☐Means ☐Intent ☐Hx ☐Hx in family Comments:
15. Other Risk Taking Behaviors	☒Denies ☐Fire setting ☐Driving fast/DUI ☐Unprotected sex ☐Gangs ☐Violence ☐ Property Damage ☐Theft ☐Overspending/Gambling ☐Other:
16. Behavioral	☐Avolition ☐Compulsive ☐Impulsive ☐ Lacks Empathy ☒Withdrawal ☒Avoidance ☒Ahedonia
17. Defense Mechanisms	**High Adaptive:** ☐Anticipation ☐Affiliation ☐Altruism ☐Humor ☐Self-assertion ☐Self-observation ☐Sublimation ☐Suppression **Compromise Formation:** ☐Displacement ☐Dissociation ☐Intellectualization ☐Isolation of Affect ☐Reaction Formation ☐Repression ☐Undoing **Minor Image-distorting:** ☐Devaluation ☐Idealization ☐Omnipotence **Major Image-distorting:** ☐Autistic Fantasy ☐Projective Identification ☐Splitting self/others **Disavowal:** ☐Denial ☐Projection ☐Rationalization **Action:** ☐Acting Out ☐Apathetic Withdrawal ☐Help-rejecting Complaining ☐Passive Aggression **Defensive Dysregulation:** ☐Delusional Projection ☐Psychotic Denial ☐Psychotic Distortion
18: Orientation/ Consciousness	☐Alert: Oriented ☒Person ☒Place ☒Time ☒Situation ☐Clouded ☐Confused Comments:
19. Judgment capacity	☒Stamped letter to PO ☒If hungry you eat ☒Need vs want (water/phone): ___ ☐Able to make sound decisions ☒Usually able to make sound decisions ☐Poor decision making, adversely affects self ☐Poor decision making, adversely affects others Comments: Unsure re: decisions @ work

Name: Harry Reese Date: 7/1/14 Clinician Initials: CRR

From: 8037782135 Page: 9/11 Date: 8/24/2014 5:02:31 PM

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(D)

20. Insight/ Adjustment to Problems/Illness. Disabilities, Disorders	☐Denies Problems/Illness ☒Blames others ☐Minimizes ☐Acknowledges and understands ☐Acknowledges but fails to understand ☐Adjustment Good ☐Adjustment Fair ☒Adjustment Poor Comments: Currently views probs. as others targeting him @ work or supporting the person he believes is targeting him.
21. Memory	☒Intact ☐Poor remote ☐Poor recent ☐Poor immediate ☐Memory gaps ☐Subjective memory change: Presidents x 5 OBLBR Lamp, Red, ball 3/3 Time to recall: 5 3-5 mins. Comment:
22. Concentration/ Calculations	☒Able to concentrate during interview : DLROW 5 5 93, 86, 79, 72, 65 5 5 ☐Easily distracted ☐Daydreams ☐Poor concentration Comment:
23. Fund of Knowledge	☒Proverb—grass is greener ☒Apples/oranges ☒$1.25 nickels ___(25) ☒$1.00 quarters ___ ☐Above average ☒Average ☐Below Average ☐Needs further evaluation Comments:

Sleep Patterns		Appetite/Eating Patterns		Energy Levels	Libido
☐ Adequate	☐ Hypersomnia	☐ Adequate	☐ Purges	☐ Adequate	☐ Adequate
☒ Initial Insomnia	☐ Nightmares	☐ Increased	☐ Binges	☐ Increased	☐ Increased
☐ Middle Insomnia	☐ Parasomnia	☒ Decreased	☐ Restricts	☒ Decreased	☐ Decreased
☐ Terminal Insomnia	☐ Decreased need	☐ Weight Changes: ____ lbs		☐ Fatigue	☒ Absent
☐ Daytime sleepiness	☐ Other			☐ Rapid cycle	

Steps Taken to Address Urgent Needs: None @ this time

Strengths (family, social, spiritual support, hobbies and attitudes that have helped overcome past crises) employed, advanced degree, close family, faith, med compliant	**Needs** (Cl's expression of current emotional, physical, social and environmental needs) ↑ social support, stress & tasks, clarify employment goals & expectations of employer & agency
Abilities (Cl's ability to follow up with treatment, understand instructions and participate in treatment) fair	**Preferences** (appt. day/times, treatment modalities, etc.) None given

Diagnostic Impression

Axis I:	MD D/O Mod, Anx D/O NOS
Axis II	Deferred
Axis III	HTN, Diabetes,

Current levels of cognitive, emotional and behavioral functioning: Ct A&O x 4, STM & LTM intact, Ø SI, Ø HI, Ø psychosis, denies SA. Diaphonic - sad & anxious = shaky voice & trembling @ times. Affect has persisted for ~1yr. c insomnia & appetite, ↓ libido & ↓ energy & ↑ withdrawal & feelings of hopelessness & helplessness. Ct feels "persecuted" @ work & believes he is no longer desired as an employee. Ct has requested mtgs w/ HR & DMH Director @ various times. Met w/ HR did protest hasp proc & has been under considerable duress since 2011

Basis for Diagnosis and justification for treatment: currently meets criteria for MD D/O Mod. & Anx D/O NOS

Clinical judgment re: factors likely to affect course of treatment and clinical outcomes: Ct familiar w/ clinic & tx mod and tasks. Distress is significant & has been prolonged. Close FU & goals will be key to ct stabilization

Name: Harry Rosa Date: 7/1/14 Clinician Initials: CLR

From: 8037792135 Page: 10/11 Date: 9/24/2014 5:02:31 PM

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E

Treatment Plan/Recommendations: Recommend 8 counseling sessions.		
① Stress & tasks + med mgt services		
② Social supports		
③ CBT to address conflicts + employment goals		
Referrals	☒None ☐Yes:	
Ct agrees to tx plan	☒Yes ☐No	
Discussed w/ Ct. side effects/benefits of medication		☐Yes ☒No ☐N/A
Ct./guardian gives informed consent		☒Yes ☐No ☐N/A
Next scheduled appt:		Next available
Signature: Carol Williams LISW-CP		**Time:** [illegible] **Date:** 7/1/14

Name: **Date:** **Clinician Initials:**

From: 8037792135 Page: 11/11 Date: 9/24/2014 5:02:31 PM

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F

Clinical Progress Note

Name: Harry Reese Date: 7/17/14

Counseling Progress Narrative:

Ct took a vacation last wk to stay to rest & work on his non profit. Kept finding himself nodding off then waking up. At a retirement dinner for coworker. Ct caught himself saying "I'll be back & fulfillment wks." Ct struggling to get out of bed, falling asleep in front of tv. Ct struggling b/c can't seem to help himself & fears he'll lose his job & backup. Intense anxiety & dread re: work life feels "tangled." It doesn't want to "give up". Processed effect of his cont. to email supervisors. Ct says he's the only one being redirected in the bldg. Ct says he "refuses" to "not defend himself" against those he believes are making "false accusations." Processed his desire to cont. pursuing upper mgt. for responses, vs moving forward w/ personal goals & practices of self-care.

New Medications/Side Effects: __Yes __No If yes, describe: _____

Mental Status Exam: Sleep ✓ poor Appetite _____

Thought Content: __appropriate __confused ✓helpless __hopeless __worthless __suicidal __homicidal __hallucinations __delusions ✓overvalued __paranoid ideation __ideas of reference __magical __obsessions __phobias

Thought Processes: __appropriate __illogical __flight of ideas __racing __derailment __circumstantial __concrete __blocking __disorganized ✓ ~~fixated~~

Mood: __euthymic ✓dysphoric __elevated __expansive __irritable/angry

Affect: __constricted __blunted __flat __apathetic ✓fearful __labile ✓anxious ✓mood congruent __mood incongruent

Speech: __normal __monotone __stuttering __loud __soft ✓talkative __slow __pressured

Appearance: ✓neat __casual __poor hygiene __unkempt __disheveled __bizarre

Motor Activity: __normal ✓fidgety __hyper __slowed __stereotyped __repetitive

Concentration: ✓fair to interview __easily distracted

Memory: ✓recent intact ✓remote intact

Assessment and Dx:

ND DIO Mdd, ADX. DIO ADS - Ct very tearful and anxious-up. upset when counselor asked if fwg emails to supervisors were "poking the hornets nest" re: pursuing his goals

Plan: ① focus on planning to meet LT goals ② sleep mgt while @ work & plans to address home life - not sitting on couch & all.

Discharge planning/ follow up care discussed this visit: __Yes __No If yes, what was discussed?

Signature: Cassie Anderson, MSW-CC Session Time: 60 mins

From: 8037792135 Page: 6/11 Date: 9/24/2014 5:02:31 PM

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G

Clinical Progress Note

Name: Hasay Reese Date: 8/4/14

Counseling Progress Narrative:

Ct feels worse at times he goes to sleep. Ct feels "helpless" & "unable to fully advocate for cts because doesn't feel able to disagree c. doctors. Ct was not sleeping, shaking & crying today. Repeating himself & was sad. Freq. "keys off" then chuckle awake. Ct no longer feels effective @ work b/c he believes at times he speaks @ work he isn't "disagreeable" or share a diff opinion b/c it will be seen as "combative." Expressed concern b/c Ct isn't using available resources - like family support. Processed. Believes that he should be handling this better & should be able to relax & sleep. Cognitive Restructuring discussed & ct willing to be seen by psychiatrist for med eval.

New Medications/Side Effects: ___Yes ___No If yes, describe:

Mental Status Exam: Sleep ~~poor~~ ↓ Appetite ↓

Thought Content: __appropriate __confused ✓helpless ✓hopeless ✓worthless __suicidal __homicidal
__hallucinations __delusions ✓overvalued ✓paranoid ideation __ideas of reference
__magical __obsessions __phobias

Thought Processes: __appropriate __illogical __flight of ideas ✓racing __derailment __circumstantial
__concrete __blocking __disorganized

Mood: __euthymic ✓dysphoric __elevated __expansive __irritable/angry

Affect: __constricted __blunted __flat __apathetic ✓tearful __labile ✓anxious
✓mood congruent __mood incongruent

Speech: __normal __monotone __stuttering __loud __soft __talkative __slow __pressured

Appearance: ✓neat __casual __poor hygiene __unkempt __disheveled __bizarre

Motor Activity: __normal ✓fidgety __hyper __slowed __stereotyped ✓repetitive

Concentration: __fair to interview __easily distracted

Memory: ✓recent intact ✓remote intact

Assessment and Dx:

MDD SF. Acute Hypertro ~ Very tearful, closing legs back & forth & wiping face over & over while squeezing head & rocking back & forth.

Plan: ① Refer for med eval esp to address sleep & mood. ② Discussed rehospitalization if ct doesn't stabilize/safety w/ ct. ③ Utilize support system & take lunch & breaks @ work to walk & calm self.

Discharge planning/ follow up care discussed this visit: __Yes __No If yes, what was discussed?

Signature: Carol Ann Lewis LCSW-CP Session Time: 60mins

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ADDITIONAL NOTES

Formedic

Harry Reese

8-26-14 Seen prior to scheduled appointment as pt was not doing well. He has had minimal improvement in symptoms since starting medication. Sleep has improved but is still fragmented. He gets 4 to 5 hours sleep at most. He had no side effects from meds but stopped Lorazepam Sunday night as it causes him to feel like he is unable to stay awake. He had crying spell at work yesterday and could not function at all. I discussed w pt that he was not going to get better if he did not take meds as prescribed and that I would no longer write work excuses if he failed to comply w treatment again. I explained that the reason he is falling asleep at work is due to poor sleep at night and high glucose levels, not a side effect of Lexapro. Ambien has worked well in the past.

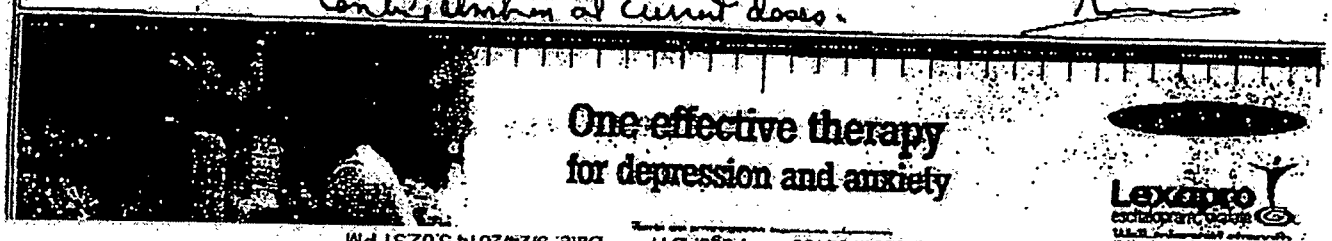
Mood: tearful. Affect: limited. Pt has a crying spell throughout much of the session.

Plan: ↑ Ambien 10 mg hs prn
Restart Lamictal 25 mg hs
Continue Lexapro at current dose

9-2-14 Pt is sleeping for longer periods of time and sometimes all night long but he doesn't feel rested when he wakes up and is tired during the day. Fewer crying spells. Anxiety level remains high. He keeps having an anxiety attack while driving. He has concerns about his safety if he falls asleep at the wheel in a mental health facility. Pt obviously cannot return to work in his current state. I discussed w him I will keep him out of work until the end of the month and will write a letter for him to return to work sooner if he stabilizes.

Mood: anxious, depressed, frustrated. Affect: agitated, tearful at times.

Plan: ↑ Lexapro 20 mg qd
↑ Lamictal 100 mg hs (current total amount)
↑ Seroquel 25 mg ½ to 1 hs
Continue Ambien at current doses.



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A

SCOTT PSYCHIATRIC INSTITUTE

H. Randolph Scott, M.D. Founder

Phone: (803) 779-5356 (24hr)
Fax: (803) 779-2135

1919 Gadsden Street
PO Box 8462
Columbia, South Carolina

James Kirkland, M.D. Medical Director
Jerome Hanley, PhD ABPP
Mary L. Green, MSW, Office Administrator
Emma L. Robinson, Secretary

PSYCHIATRIC EVALUATION

PATIENT NAME: Harry Reese

DATE: August 11, 2014

CHIEF COMPLAINT: Evaluation for medication

HISTORY OF THE PRESENT ILLNESS:

The patient is a 46-year-old black male referred by Carol Anderson. His psychiatric symptoms started in 2010 due to some work issues. His primary physician Dr. Gary Bell referred him to the partial program at Palmetto Baptist last year. Dr. McKinney treated him there last December. He was then in counseling with Donna Upchurch. After another incident at work he was referred to Ms. Anderson. He has had three sessions with Ms. Anderson who noticed that his condition was deteriorating. Patient has had difficulty falling asleep and staying asleep. He falls asleep at work. He also has crying spells, decreased libido and irritability. He is tired most of the time. Stress has elevated his glucose up to 500. He has tachycardia. There were several accusations at work that could not be substantiated. There have been several attempts to get the issues resolved with a personal attorney. Patient has not taken psychiatric medication since last year. He was suspended for three weeks. He knows he will eventually be terminated.

PAST PSYCHIATRIC HISTORY: As per HPI

FAMILY HISTORY: Patient's nephew was diagnosed with schizophrenia. An aunt has panic attacks.

SOCIAL HISTORY:

Patient is a mental health professional/counselor at the Department of Mental Health. He has worked for the Department of Mental Health for eight years. He was a case manager at Head Start prior to that. He has a Masters of social work degree. No substance abuse.

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MEDICAL HISTORY:

Patient has asthma, diabetes mellitus type II, hypertension and hyperlipidemia.

ALLERGIES AND ADVERSE REACTION: lisinopril - tingling in face

CURRENT MEDICATION:

Patient takes Glucophage bid, Invokana bid and Micardis qd. He does not know the dosage of any of these medications. He also takes a weekly injection for diabetes but does not know the name of that medication.

MENTAL STATUS EXAMINATION:

Patient is alert and fully oriented. Mood – not happy, depressed. Affect – limited range, tearful at times. He recalls recent and remote events. Concentration, insight and judgment are good. There are no suicidal or homicidal ideations. There are no psychotic symptoms.

DIAGNOSTIC IMPRESSION:

AXIS I: Adjustment disorder with mixed anxiety and depressed mood
AXIS II: Deferred
AXIS III: HTN, DM II, hyperlipidemia, asthma
AXIS IV: Employment
AXIS V: GAF 55

TREATMENT PLAN:

Lexapro 10mg ½ tablet hs X 1 week then 1 tablet hs #30 NR
Lamictal 25mg 1 tablet hs X 14 nights then 2 tablets hs #42 NR
Patient is to remain out of work until 8-25-14 to allow the medications to take effect.

Follow up 1 month

James R. Kirkland, M.D.

From: 8037792135 Page: 4/11 Date: 9/24/2014 5:02:31 PM

Exhibit 5

Harry Reese

From: Harry Reese
Sent: Monday, August 17, 2015 2:16 PM
To: 'Falls, Kim'; Love, Kristi
Cc: psnyder@saf.sc.gov; Hollmon, Eugenia
Subject: RE: Appeal
Attachments: 1 - Reese Appeal & Fee Waiver Request 8-17-15.pdf; 2 - Reese SCWCC Questions & Responses 8-17-15.pdf; 3 - Dr McKinney.pdf; 4 - Duff Employment Attorney.pdf

Importance: High

Dear Ms. Love:

Please see the attached documents regarding Harry Reese's appeal request.

Thanks,
Harry E. Reese Sr.
LMSW
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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From: Falls, Kim [mailto:kfalls@wcc.sc.gov]
Sent: Tuesday, August 04, 2015 1:47 PM
To: Love, Kristi; Harry Reese
Cc: psnyder@saf.sc.gov; Hollmon, Eugenia
Subject: RE: Appeal

Mr. Reese,

You have 14 days from the date you received the single Commissioner Order. If you received the Order today, you would need to send the appeal in by August 18th. You can go to our website www.wcc.sc.gov and print out a Form 30 to appeal the Order. There is a $150.00 filing fee. If you

cannot afford the fee, you can print out and fill out a Form 32 to try and waive the fee. You can send the 32 in with the 30 and we will send it to the chairman to be approved.

Please let me know if you have any questions.

Thanks!

Kim Falls
SC Workers' Compensation Commission
Judicial Analyst – Appeals Division
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, SC 29202-1715
Phone: 803-737-5739
kfalls@wcc.sc.gov

From: Love, Kristi
Sent: Tuesday, August 04, 2015 1:13 PM
To: Harry Reese
Cc: psnyder@saf.sc.gov; Falls, Kim; Hollmon, Eugenia
Subject: RE: Appeal

Good afternoon Mr. Reese.

I have copied Kim Falls and Eugenia Hollmon in our Appeals Department. They will be able to assist you with your questions.
Thanks,
Kristi

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Tuesday, August 04, 2015 1:05 PM
To: Love, Kristi
Cc: psnyder@saf.sc.gov
Subject: RE: Appeal
Importance: High

Ms. Love:

I've recently received Commissioner Barden's signed order. How do I appeal this decision? When is the deadline to appeal? How do I appeal?

Thanks,
Harry E. Reese Sr.
LMSW
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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From: Love, Kristi [mailto:klove@wcc.sc.gov]
Sent: Monday, July 20, 2015 12:43 PM
To: Page Snyder; Harry Reese
Subject: RE: Appeal

I have submitted the Order to her.

From: Page Snyder [mailto:psnyder@saf.sc.gov]
Sent: Monday, July 20, 2015 12:40 PM
To: Love, Kristi; Harry Reese
Subject: RE: Appeal

Hi Kristi,

Mr. Reese's time period for objections has passed. Will you please ask Commissioner Barden to sign my proposed Order?

Thanks,
Page

From: Love, Kristi [mailto:klove@wcc.sc.gov]
Sent: Monday, June 22, 2015 9:08 AM
To: Page Snyder; Harry Reese
Subject: RE: Appeal

Good morning all.

Commissioner Barden says this is fine. She will hold the Order until July 11, 2015 to allow for any objections from Mr. Reese.

Thanks so much,
Kristi

From: Page Snyder [mailto:psnyder@saf.sc.gov]
Sent: Wednesday, June 17, 2015 4:27 PM
To: Love, Kristi; Harry Reese
Subject: RE: Appeal

I do not object. I would prefer if we didn't have any additional delays going forward.

From: Love, Kristi [mailto:klove@wcc.sc.gov]
Sent: Wednesday, June 17, 2015 3:45 PM
To: Harry Reese; Page Snyder
Subject: RE: Appeal

Mr. Reese, this is Commissioner Barden's decision. I will ask – but Ms. Snyder - do Defendants object?

Thank you,
Kristi Love
Assistant to Commissioner Barden

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Wednesday, June 17, 2015 3:38 PM
To: Love, Kristi; Page Snyder
Subject: RE: Appeal
Importance: High

Ms. Love:

As shared with you and Ms. Snyder via an email sent on Friday, May 29, 2015, I'm unable to present my objections due to exhausting a lot of effort and energy into preparing to take my LMSW licensure exam which was initially scheduled for 6/19/15; however, is now scheduled for Friday, 6/26/15. I haven't had an opportunity to review the hearing transcript nor Ms. Snyder's objections at this point. If possible, may I submit my objections to you on Friday, 7/10/15?

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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From: Love, Kristi [mailto:klove@wcc.sc.gov]
Sent: Wednesday, June 17, 2015 3:11 PM
To: Page Snyder; Harry Reese
Subject: RE: Appeal

As we have not heard from Mr. Reese, I will submit this Order to Commissioner Barden for approval/disapproval.

Thanks,
Kristi

From: Page Snyder [mailto:psnyder@saf.sc.gov]
Sent: Tuesday, June 02, 2015 2:11 PM
To: Love, Kristi; Harry Reese
Subject: RE: Appeal

Mr. Reese,

Attached is the proposed order I've drafted according to Commissioner Barden's order instructions. You now have the opportunity to make any objections to the order. This is not an appeal and this is not the time to make another argument. If you disagree, factually, with anything I've written, please advise me of those objections.

After you've had time to review, I will send to Commissioner Barden for her signature. Once Commissioner Barden signs the order, your time for appeal will begin to run.

I will send you a copy of the proposed order in the mail, too.

Thanks,
Page

From: Love, Kristi [mailto:klove@wcc.sc.gov]
Sent: Friday, May 29, 2015 8:29 AM
To: Harry Reese
Cc: Page Snyder
Subject: RE: Appeal

Good morning.

Ms. Snyder, can you please respond as to the status of the Order?

Thanks,
Kristi

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Friday, May 29, 2015 8:27 AM
To: Love, Kristi
Cc: psnyder@saf.sc.gov
Subject: Appeal
Importance: High

Dear Ms. Love:

I'm following up with you to ascertain whether or not Commissioner Barden has prepared and sent out her final decision. I've recently received a copy of the transcript of the hearing; however, I'm unable to review it at this time because I'm initiating efforts to study for the Masters of Social Work licensing exam. If Commissioner Barden has submitted the final order, can the appeal be held sometime in July 2015? I stopped preparing my objection points to present during the appeal due to, as stated previously, studying for the licensing exam which

I will take on June 19, 2015. If you have any questions or concerns, please do not hesitate to contact me at (803) 477-4227 or email hreese2005@yahoo.com.

Thanks,
Harry E. Reese Sr.
MHP
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2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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Harry Reese

From:	Harry Reese
Sent:	Monday, July 06, 2015 5:18 PM
To:	Thornton S. Mckinney
Subject:	Reese FMLA Authentication
Attachments:	Reese FMLA 10-9-13.pdf
Importance:	High

July 6, 2015

8408 Little John Drive
Columbia, SC 29209

Palmetto Health Behavioral Care Day Treatment
Dr. Thornton McKinney
Attending Psychiatrist
720 Gracern Road, Ste. 120
Columbia, SC 29210

Re: Reese FMLA Form Authentication Request

Dear Dr. McKinney:

My effort to contact you via Palmetto Health Behavioral Care Day Treatment was unsuccessful of which I was informed that you no longer practice at that location.

Furthermore, while attending my scheduled appointment with Carol on today, she informed me that you're no longer with Scotts Medical. She states that you've accepted employment with SCDMH at the William S. Hall location working with children and adolescents.

It is because of the aforementioned reasons that I'm force to contact you via your current employment here at SCDMH. With that being said, please review and authenticate your signature and agreement of the assessment, finding, opinion, determination, conclusion, etc., etc., etc. of Dr. Chuck Roundy, my Patient Advocate while I was receiving essential partial hospitalization via Palmetto Health Behavioral Care Day Treatment during the period of August 2013 – October 2013, on the attached Reese FMLA form that was presented to my employer during that period. Your attention and consideration is greatly appreciated within this extremely important matter. If you have questions or concerns, please do not hesitate to contact me at (803) 477-4227; (H) (803) 851-3182; (W) (803) 898-8131; or email hreese2005@yahoo.com.

Thank you,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898-4374

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Certification of Physician or Practitioner
(Family and Medical Leave Act of 1993)

1. Employee's Name: HARRY REESE

2. Patient's Name (if different from employee):

3. The attached sheet describes what is meant by a "serious health condition" under the Family and Medical Leave Act (see Attachment A). Does the patient's condition[1] qualify under any of the categories described? If so, please check the applicable category.

(1)___ (2)✓ (3)___ (4)___ (5)___ (6)___ ,or None of the above ____

4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories: AS A RESULT OF SIGNIFICANT AND ONGOING JOB RELATED STRESS THIS PATIENT MEETS THE CRITERIA FOR DEPRESSION AND THIS HAS EXACERBATED MEDICAL CONDITIONS - HTN (HEART PALPITATIONS) AND INSULIN DEPENDENT DIABETES (BLOOD SUGAR OVER 500)

5.a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity[2] if different): PATIENT REPORTS SYMPTOMS APPEARED IN MID-AUGUST, SOUGHT HELP FROM EAP. REFERRED BY DR GARY BELL 9/24/13; ASSESSED 9/26/13; ADMITTED 9/27/13

b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)? ____ PT ENROLLED IN PARTIAL HOSPITALIZATION PROGRAM M-F, 8:30-2:45

If yes, give probable duration:

FOUR TO SIX WEEKS

c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity.:

X

6.a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments. FOLLOW-UP OUTPATIENT CARE WILL BE ARRANGED, BUT PATIENT SHOULD BE ABLE TO SCHEDULE AROUND WORK HOURS

[1] Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

[2] "Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any.

b. If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments.
OUTPATIENT COUNSELING WITH LICENSED THERAPIST

c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):
PATIENT WILL BE PRESCRIBED MEDICATIONS AS APPROPRIATE FOR BEHAVIORAL CARE

7.a. If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?
UNABLE TO WORK FOR DURATION OF TREATMENT

b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)?_____ If yes, please list the essential functions the employee is unable to perform:

c. If neither a. nor b. applies, is it necessary for the employee to be absent from work for treatment? YES

8.a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation?_____
N/A

b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery?_____

c. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:

(Signature of Health Care Provider)

Psychiatry
(Type of Practice)

PALMETTO HEALTH BEHAVIORAL CARE DAY TREATMENT
120 CRACKER ROAD, SUITE 120
COLUMBIA, SC 29210
(Address)

803 896-8765
(Telephone Number)

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule.

(Employee Signature)

10/8/13
(Date)

DAVID T. DUFF

Partner

3700 Forest Dr. Suite 404
Columbia, SC

Phone: 803.790.0603
Fax: 803.790.0605
Email: dduff@dwtlawfirm.com



PROFILE

David T. Duff is the firm's specialist in employment law and also practices in the areas of procurement/construction, education, and litigation.

He represents private and public sector employers regarding all aspects of the employer/employee relations and is certified by the South Carolina Supreme Court as a Specialist in Employment and Labor Law.

Mr. Duff also practices extensively in procurement and construction, including experience with bidding, contract awards, contract dispute, and mediation. He has represented numerous school districts as they faced complex construction-related issues.

In education law, Mr. Duff's focus is on issues related to the education and discipline of disabled students, school construction, and school finance in primary and secondary education, and he defends higher education institutions in policy and contract areas.

While he brings his skills as a mediator into each legal conflict, he also has extensive experience as a litigator, including work in appellate courts. He is licensed to practice before the South Carolina Supreme Court, the Fourth Circuit Court of Appeals, and the United States Supreme Court.

Dave is an exercise enthusiast and an avid Philadelphia sports fan.

ATTORNEY PROFILES

David T. Duff

AREAS OF PRACTICE

- Education Law
- Labor and Employment
- Construction Law
- Government Law
- Non-Profit and Community Action Agencies
- Litigation

ADMISSIONS

- Pennsylvania Bar
- South Carolina Bar

EDUCATION

- LL.M, Labor Law, New York University School of Law, New York, New York
- J.D., Temple University School of Law, Philadelphia, Pennsylvania
- B.A., English, Kenyon College

ASSOCIATIONS

- American Bar Association
- American Bar Association, Labor & Employment Law Section
- South Carolina Bar, Employment and Labor Law Section
- The South Carolina Defense Trial Attorneys' Association
- Employment and Labor Law Specialization Advisory Board (Former Chairman)

3700 Forest Drive, Suite 404, Columbia, South Carolina 29204 | Phone: (803) 790-0603 | Fax: (803) 790-0605

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159A

Global Assessment of Functioning

Exhibit 6

From Wikipedia, the free encyclopedia

The **Global Assessment of Functioning (GAF)** is a numeric scale (1 through 100) used by mental health clinicians and physicians to rate subjectively the social, occupational, and psychological functioning of adults, e.g., how well or adaptively one is meeting various problems-in-living. The scale is presented and described in the DSM-IV-TR on page 34. The score is often given as a range.

The GAF is no longer included in the DSM-5. The new DSM-5 includes a WHODAS outline, which takes the GAF score's place. It is a survey and check box that is less likely to be subjective.

Contents

- 1 Development, history and exclusion from DSM-5
- 2 Scale
- 3 Use in litigation
- 4 See also
- 5 References
- 6 External links

Development, history and exclusion from DSM-5

The DSM-IV records the development of the GAF scale. The beginnings of the scale started in 1962 with the publication of the Health-Sickness Rating Scale (which was rated 0 to 100) by Luborsky et al. al in the paper "Clinicians Judgements of Mental Health". This was subsequently revised in 1976 as the Global Assessment Scale in the paper "The Global Assessment Scale:Procedure for Measuring Overall Severity of Psychiatric Disturbance" by Endicorr et al. This was further modified and published as the Global Assessment of Functioning Scale in the DSM-III-R and DSM-IV.

The related SOFAS (Social and Occupational Functioning Assessment Scale) scale was initially described in a paper by Goldman et al. in 1992 in the paper 'Revising Axis V for DSM-IV: A review of measures of social functioning' by Goldman et al. and was subsequently included in the DSM-IV within the section 'Criteria Sets and Axes Provided for Further Study'. The SOFAS scale is similar to the GAF but only looks at social and occupational functioning rather than symptoms, and the SOFAS is usually used to rate the current period.

In DSM-5 the multiaxial system was removed including Axis-5 disability and the DSM-5 task force recommended the GAF be dropped. However for a measure of global disability the WHO Disability Assessment Schedule (WHODAS 2.0) was included in assessment measures section.

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Scale

91 - 100 No symptoms. Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities.

81 - 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.

71 - 80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

61 - 70 Some mild symptoms (e.g., depressed mood and mild insomnia) *or* some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

51 - 60 Moderate symptoms (e.g., flat affect and circumlocutory speech, occasional panic attacks) *or* moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).

41 - 50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) *or* any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job, cannot work).

31 - 40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) *or* major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed adult avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

21 - 30 Behavior is considerably influenced by delusions or hallucinations *or* serious impairment, in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) *or* inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends)

83B

11 - 20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) *or* occasionally fails to maintain minimal personal hygiene (e.g., smears feces) *or* gross impairment in communication (e.g., largely incoherent or mute).

1 - 10 Persistent danger of severely hurting self or others (e.g., recurrent violence) *or* persistent inability to maintain minimal personal hygiene *or* serious suicidal act with clear expectation of death.

0 Inadequate information

Use in litigation

Montalvo v. Barnhart, 2005 U.S. Dist. LEXIS 44133 (W.D.N.Y. 2005).(RAMS 2011)

Montalvo attempts to substitute "overall level of functioning and carrying out activities of daily living" with "social, occupational, or school functioning." It is possible to see the possibility of some degree of overlap because "Social functioning" is arguably a subset of overall functioning and Activities of daily living. However, some have argued that equivalence is not clearly stated in DSM-IV-TR.

GAF levels are commonly used by the Veterans Benefits Administration of the United States Department of Veterans Affairs in determining the appropriate level of disability compensation to be paid to veterans who suffer from service connected psychiatric disorders. The emphasis by the Veterans Administration on using the GAF score has, however, decreased in recent years.[1]

In disability cases before the Social Security Administration, the agency determines if the GAF is consistent with the narrative report and it is addressed as one technique for capturing the "complexity of clinical situations." American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Washington, DC 1994 (pp. 25–35). The agency noted the GAF is just one tool used by clinicians to develop the clinical picture. It cannot be used in isolation from the rest of the evidence to make a disability decision. Unlike the Veteran's Administration, the Commissioner of Social Security has specifically declined to endorse the GAF scale for use in the disability programs, and has stated that the GAF scale "does not have a direct correlation to the severity requirements in our mental disorders listings." Revised Medical Criterial for Evaluating Mental Disorders and Traumatic Brain Injury, 65 Fed. Reg. 50, 746-50, 764-65 (August 21, 2000)

See also

- Diagnostic classification and rating scales used in psychiatry
- DSM-IV Codes
- Children's Global Assessment Scale

83 C

References

1. ^ The Humane Guide to VA Benefits for Veterans with PTSD (http://ptsdhelp2000.com/ptsd1.html)

- Hall RC. Global assessment of functioning. A modified scale. Psychosomatics. 1995 May-Jun;36 (3):267-75. PMID 7638314. The modified Global Assessment of Functioning (GAF) scale has more detailed criteria and a more structured scoring system than the original GAF.

External links

- Modified Global Assessment of Functioning – Revised (mGAF-R) (http://www.dcf.state.fl.us/programs/samh/mentalhealth/mgaf.pdf) - adapted in 2004 by the Florida DCF Functional Assessment Workgroup from the original M-GAF reported by S. Caldecott-Hazard & R.C.W. Hall, 1995

Retrieved from "http://en.wikipedia.org/w/index.php?title=Global_Assessment_of_Functioning&oldid=625936793"

Categories: Diagnostic and Statistical Manual of Mental Disorders
Psychiatric instruments: global scales

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83D

Exhibit 7

Harry Reese

From: Herbert E. Toney
Sent: Tuesday, April 14, 2015 1:37 PM
To: Harry Reese
Subject: RE: Witnessed Documentation

I have verified my signature as a witness to this document.

From: Harry Reese
Sent: Tuesday, April 14, 2015 11:34 AM
To: Herbert E. Toney
Subject: Witnessed Documentation
Importance: High

Dear Mr. Toney:

Due to mitigated circumstances beyond my control, I'm forced to request that you verify and confirm your signature, the dates on the attached documents confirming their Created, Modified, and Accessed dates, and that you've reviewed the document in the Columbia Area Mental Health Center's computer that I use in my assigned office (#164) to document services provided to the clients served, etc. in Directory: HER08 (\\3DCOLAADM\HOME$)(H:).

Please reply to this email only confirming the aforementioned.

These documents will be included in a 618 page supportive evidence document already provided to State Accident Fund on April 2, 2015 and the South Carolina Workers Compensation Commission on April 6, 2015. These documents will be arranged in the 618 page supportive evidence document by the page number noted on the bottom of the page – (# 205A, 205B, 205C, and 205D).

Thank you in advance and your **"IMMEDIATE"** attention within this extremely important matter.

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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204A

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204B

Harry Reese

From:	Harry Reese
Sent:	Tuesday, April 14, 2015 11:34 AM
To:	Herbert E. Toney
Subject:	Witnessed Documentation
Attachments:	Toney Witnessed Documents.pdf
Importance:	High

Dear Mr. Toney:

Due to mitigated circumstances beyond my control, I'm forced to request that you verify and confirm your signature, the dates on the attached documents confirming their Created, Modified, and Accessed dates, and that you've reviewed the document in the Columbia Area Mental Health Center's computer that I use in my assigned office (#164) to document services provided to the clients served, etc. in Directory: HER08 (\\3DCOLAADM\HOME$)(H:).

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204 C

Harry Reese

From: Ervin Jefferson
Sent: Friday, April 17, 2015 8:42 AM
To: Harry Reese
Subject: RE: Witnessed Documents 2

To whomever this may concern, I Ervin Jefferson am informing any parties concern pertaining to these matters at hand. This signature and date is mine. Thank you.

From: Harry Reese
Sent: Thursday, April 16, 2015 4:33 PM
To: Ervin Jefferson
Subject: Witnessed Documents 2
Importance: High

Mr. Jefferson:

I do apologize for the inconvenience. However, after reviewing the 618 page evidentiary/supportive document submitted to the State Accident Fund, on April 2, 2015 and the South Carolina Workers Compensation Commission on April 6, 2015, I've discovered another document that you witnessed in the Columbia Area Mental Health Center's computer that I use in my assigned office (#164) to document services provided to the clients served, etc. in Directory: HER08 (\\3DCOLAADM\HOME$)(H:). The attached document is numbered pg. 354 in the 618 page evidentiary/supportive documentation submitted to the aforementioned entities.

Please reply to this email only verifying and confirming your signature, and the dates on the attached document confirming its' Created, Modified, and Accessed dates.

Thank you in advance and your **"IMMEDIATE"** attention within this extremely important matter.

Thanks,
Harry E. Reese Sr.
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Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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204D

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204E

Harry Reese

From:	Harry Reese
Sent:	Thursday, April 16, 2015 4:33 PM
To:	Ervin Jefferson
Subject:	Witnessed Documents 2
Attachments:	Jefferson Witnessed Documents 2.pdf
Importance:	High

Mr. Jefferson:

I do apologize for the inconvenience. However, after reviewing the 618 page evidentiary/supportive document submitted to the State Accident Fund, on April 2, 2015 and the South Carolina Workers Compensation Commission on April 6, 2015, I've discovered another document that you witnessed in the Columbia Area Mental Health Center's computer that I use in my assigned office (#164) to document services provided to the clients served, etc. in Directory: HER08 (\\3DCOLAADM\HOME$)(H:). The attached document is numbered pg. 354 in the 618 page evidentiary/supportive documentation submitted to the aforementioned entities.

Please reply to this email only verifying and confirming your signature, and the dates on the attached document confirming its' Created, Modified, and Accessed dates.

Thank you in advance and your **"IMMEDIATE"** attention within this extremely important matter.

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Columbia, SC 29203
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304 F

Harry Reese

From: Ervin Jefferson
Sent: Tuesday, April 14, 2015 1:35 PM
To: Harry Reese
Subject: RE: Witnessed Documentation

To whom every this may concern, I Ervin B. Jefferson is informing any and all concern parties that is my signature on this document.

From: Harry Reese
Sent: Tuesday, April 14, 2015 10:41 AM
To: Ervin Jefferson
Subject: Witnessed Documentation
Importance: High

Dear Mr. Jefferson:

Due to mitigated circumstances beyond my control, I'm forced to request that you verify and confirm your signature, the dates on the attached documents confirming their Created, Modified, and Accessed dates, and that you've reviewed the document in the Columbia Area Mental Health Center's computer that I use in my assigned office (#164) to document services provided to the clients served, etc. in Directory: HER08 (\\3DCOLAADM\HOME$)(H:).

Please reply to this email only confirming the aforementioned.

These documents were submitted to the State Accident Fund, on April 2, 2015, and the South Carolina Workers Compensation Commission on April 6, 2015 in a 618 page supportive evidence document of which they are arranged in the document by the page number noted on the bottom of the page – (# 205, 226, 254, 376, 377, 513, 514, 515, and 516).

Thank you in advance and your "**IMMEDIATE**" attention within this extremely important matter.

Thanks,
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(803) 898-8131
Fax: (803) 898- 4374

PRIVACY NOTICE: THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN SCDMH PATIENT OR OTHER INFORMATION, THAT IS PRIVATE AND PROTECTED FROM DISCLOSURE BY APPLICABLE FEDERAL AND/OR STATE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINING WITHIN IT, IS

204 C

STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY E-MAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS.

204 H

Harry Reese

From:	Harry Reese
Sent:	Tuesday, April 14, 2015 10:41 AM
To:	Ervin Jefferson
Subject:	Witnessed Documentation
Attachments:	Jefferson Witnessed Documents.pdf
Importance:	High

Dear Mr. Jefferson:

Due to mitigated circumstances beyond my control, I'm forced to request that you verify and confirm your signature, the dates on the attached documents confirming their Created, Modified, and Accessed dates, and that you've reviewed the document in the Columbia Area Mental Health Center's computer that I use in my assigned office (#164) to document services provided to the clients served, etc. in Directory: HER08 (\\3DCOLAADM\HOME$)(H:).

Please reply to this email only confirming the aforementioned.

These documents were submitted to the State Accident Fund, on April 2, 2015, and the South Carolina Workers Compensation Commission on April 6, 2015 in a 618 page supportive evidence document of which they are arranged in the document by the page number noted on the bottom of the page – (# 205, 226, 254, 376, 377, 513, 514, 515, and 516).

Thank you in advance and your **"IMMEDIATE"** attention within this extremely important matter.

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

PRIVACY NOTICE: THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN SCDMH PATIENT OR OTHER INFORMATION, THAT IS PRIVATE AND PROTECTED FROM DISCLOSURE BY APPLICABLE FEDERAL AND/OR STATE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINING WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY E-MAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS.

304 I

Harry Reese

From: Tom Mercer
Sent: Thursday, April 16, 2015 8:07 AM
To: Harry Reese
Subject: RE: Documents Witnessed

This is to verify that I signed attached forms.

From: Harry Reese
Sent: Tuesday, April 14, 2015 10:38 AM
To: Tom Mercer
Subject: Documents Witnessed
Importance: High

Dear Mr. Mercer:

Due to mitigated circumstances beyond my control, I'm forced to request that you verify and confirm your signature, the dates on the attached documents confirming their Created, Modified, and Accessed dates, and that you've reviewed the document in the Columbia Area Mental Health Center's computer that I use in my assigned office (#164) to document services provided to the clients served, etc. in Directory: HER08 (\\3DCOLAADM\HOME$)(H:).

Please reply to this email only confirming the aforementioned.

These documents were submitted to the State Accident Fund, on April 2, 2015, and the South Carolina Workers Compensation Commission on April 6, 2015 in a 618 page supportive evidence document of which they are arranged in the document by the page number noted on the bottom of the page – (# 216, 217, 220, 221, 222, 228, 229, 230, 235, 236, 237, and 242).

Thank you in advance and your **"IMMEDIATE"** attention within this extremely important matter.

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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204 J

PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY E-MAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS.

204 K

Harry Reese

From:	Harry Reese
Sent:	Tuesday, April 14, 2015 10:38 AM
To:	Tom Mercer
Subject:	Documents Witnessed
Attachments:	Mercer Witnessed Documents.pdf
Importance:	High

Dear Mr. Mercer:

Due to mitigated circumstances beyond my control, I'm forced to request that you verify and confirm your signature, the dates on the attached documents confirming their Created, Modified, and Accessed dates, and that you've reviewed the document in the Columbia Area Mental Health Center's computer that I use in my assigned office (#164) to document services provided to the clients served, etc. in Directory: HER08 (\\3DCOLAADM\HOME$)(H:).

Please reply to this email only confirming the aforementioned.

These documents were submitted to the State Accident Fund, on April 2, 2015, and the South Carolina Workers Compensation Commission on April 6, 2015 in a 618 page supportive evidence document of which they are arranged in the document by the page number noted on the bottom of the page – (# 216, 217, 220, 221, 222, 228, 229, 230, 235, 236, 237, and 242).

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Thanks,
Harry E. Reese Sr.
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Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
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204 L

Exhibit 8

HER08 (\\3DCOLAADM\HOMES)(H:)
Created: 3-16-13
Modified: 3-16-13
Accessed: 6-14-14
Witness: Herbert Toney

Lease Agreement

This facility is in NO WAY, SHAPE, FORM OR MANNER to be considered as qualifying for assisted living. All clients at this facility MUST BE CAPABLE of independent living in a day to day environment.

This is a shared room agreement. You will share a room with more than one roommate. You will sleep in one assigned bed in the room.

Lease agreement for 1436 Blue Johnson Road, Hopkins, South Carolina, ✓ or 315 Jacob Road, Columbia, South Carolina ____ : Room 1 Bed 1

Made on this 30 day of Jan, 2012. This lease is between ~~Greenview Environmental Inc.~~ ____ or New Alpha Foundation, LLC ✓ and [redacted]
Tenant

Circle one: January, February, March, April, May, June, July, August, September, October, November, December

Terms of Lease Agreement

1. RH This is a **month-to-month contract** which is **non-refundable** if you vacate the property prior to the end of the contract period. Your monthly rent is $ 620 and is due on the 1st (first) day of each month. If the first falls on a weekend, your rent is due on the Friday before. If your rent is not received by the 3rd (third) day you will pay a *$50* late fee. If your rent is not paid by the 4th (forth) day you will not be allowed to stay in the room or on the property. You will be discharged. You will be prosecuted for trespassing. Tenant agrees that Ricky Nickles, the Property Manager for Greenview Environmental Inc. and New Alpha Foundation, LLC will not have to file eviction papers.

2. RH Tenants are required to pay administration and processing fees prior to move in. The amount of these fees are $300. These fees are **non-refundable** and cover the cost of intake, transportation, move-in fees, medication, food, etc.

3. RH Rents range from $500-$850 and includes room, board and utilities. Tenant will pay additional fee for food, which will be covered by cash or EBT card by the 3rd of each month. Food costs are non-refundable upon move out.

4. RH Tenant is responsible for carrying insurance to cover damages for self, property, or guests. Greenview Environmental Inc. and New Alpha Foundation, LLC have **no insurance** to cover tenant's bodily injuries, death, or items that are damaged, stolen, or lost in any way. Greenview Environmental Inc., and New Alpha Foundation, LLC, Ricky Nickles or property owner(s) can not be held liable for anything that happens to the tenant while on the leased property. Greenview Environmental Inc., and New Alpha Foundation, LLC Ricky Nickles, or the property owner(s) will not carry insurance to cover tenant, tenant's belongings, or tenant's guest. The tenant has sole responsibility for himself or herself and his or her guest to the property.

225A

HER08 (\\3DCOLAADM\HOMES)(H:)
Created: 3-16-12
Modified: 3-16-12
Accessed: 6-14-14
Witness: Heather Lowe

5. BJ Tenant will be assigned to a bed in one room. Tenant cannot move bed, if so; tenant will be discharged with no refund of rents or fees paid.

6. BJ There will be no subleasing of the bed or room. No guest can live in bed/room, if so; tenant will be discharged with no refund of rents or fees paid.

7. BJ All guests must be pre-approved by Property Manager. Guests found on property without permission of Property Manager in writing are cause for discharge of tenant with no refund of rents or fees paid. Guests must be with the tenant at all times. Guests are not allowed into another tenant's room, bed, or personal belongings; if so, tenant will be discharged with no refund of rents or fees paid. In addition, tenants are responsible for the behavior and actions of their personal guests. Any guest found in unauthorized areas or disturbing the well being of others will be cause for tenant to lose guest privileges.

8. BJ Inspections of the room will take place daily for maintenance. Rooms inspected will be the kitchen, bedrooms, bathrooms and all common areas. This is grounds for discharge if not maintained. If inspection is failed consistently, tenant will be asked to leave the property and will be discharged without refund of rent or other fees.

9. BJ Environment in and around your home/room must be clean and free of bad smells. Cigarette butts and trash will be the responsibility of the Tenant to keep clean. The Tenant will participate in keeping the house clean, keeping the yards clean, and the maintenance of up keeping the property where he or she lives. The Tenant understands they are living independently, and are required to perform duties that will enhance good quality of living for all who live on the property and the guest that may visit. The Tenant is required to perform duties assigned by the Property Manager in order to accomplish keeping the property clean. This is grounds for discharge if Tenant does not maintain or participated in the above statement. Smoking is not permitted inside the home/bedrooms and is cause for discharged with no refund of rent or other fees.

10. BJ Water and electric has been provided for daily living, bathing and cooking. There will be no additional use of water or electric to wash vehicles or to charge recreational, motorized equipment. Violation of this is cause for discharge without refund of rent or other fees.

11. BJ The house will not be used to store any equipment that contains gasoline products, i.e. lawn care equipment, and motor vehicles. If so, tenant will be discharged without refund of rents or fees.

12. BJ All vehicles must have current tags or will be towed at the owner's expense. Property Manager is not responsible for any damage to vehicles.

13. BJ If a repair is needed, Tenant must give Property Manager written notice of the problem immediately. Property Manager will repair the problem in a timely matter.

14. BJ Damages outside of normal wear and tear of daily living to the house/room must be paid for by the Tenant. This includes damages caused by the Tenant's guest.

15. BJ Tenant may not use any additional electric stoves/ heaters, air conditioners, refrigerators, or freezers.

2

205B

HER08 (\\3DCOLAADM\HOMES)(H:)
Created: 3-16-12
Modified: 3-16-12
Accessed: 6-14-14
Witness: Herbert Toney

16. TH No pets or loud music allowed.

17. TH A driveway is available for tenant parking. Tenants may not park in any other areas unless approved by property manager.

18. TH No illegal drugs and/or alcohol shall be used or sold on this property. This is grounds for an immediate discharge with no refund of rents or fees paid.

19. TH Property Manager has the right to do random drug and/or alcohol testing of Tenant. If refusal or failing of drug and/or alcohol testing Tenant will be discharged with no refund of rents or fees paid.

20. TH This property is under the jurisdiction of Richland County Sheriff Department.

21. TH Tenants must be respectful of others who rent here. Disrespectful behavior such as stealing, fighting, arguments, and public drunkenness will be grounds for immediate discharge with no refunds of rent or fees paid.

22. TH Tenant must bathe each night before going to bed and clean the tub and toilet behind him. This is grounds for immediate discharge with no refund of rents or fees paid.

23. TH Tenant is responsible for keeping assigned room clean at all times. Beds will be made every morning before leaving your assigned room.

24. TH NO EATING or DRINKING outside of assigned area (dining room or kitchen) at anytime.

25. TH **NO WEAPONS OF ANY KIND ARE ALLOWED ON PERSON OR PROPERTY AT ANYTIME.** This includes any kind of knife, gun, or mace. If found there will be an immediate discharge with no refund of rents or fees paid.

26. TH If Tenant loses his key he will pay a $25.00 fee for replacement.

27. TH Property Manager will provide Tenant with a completely furnished room (including: bed and dresser). This property cannot be removed. If any of this property is stolen or not returned when tenant vacates property, tenant will receive no refund of rents or fees paid.

28. TH Greenview Environmental Inc., New Alpha Foundation, LLC or the Property Manager is not responsible if Tenant is hurt, scarred, or death occurs by any items provided by Greenview Environmental Inc., New Alpha Foundation, LLC or the Property Manager. Property Manager will provide Tenant with heat, water, and furnished home. Property Manager will also provide chemicals, equipment to cut grass, paint house, clean windows and what ever he/she deems needed to keep the environment of the leased property clean and in excellent condition. The tenant will not hold Greenview Environmental Inc., New Alpha Foundation, LLC the Property Manager, or the property owner responsible for any mishap that the might occur from the usage of these materials.

29. TH Property Manager is not responsible for cable or telephones. There should be no cable or telephones installed without Property Manager's written permission.

225C

HER08 (\\3DCOLAADM\HOMES)(H:)
Created: 3-16-12
Modified: 3-16-12
Accessed: 6-14-14
Witness: Herbert Toney

30. BF Tenant can not change locks, have pornographic materials, use bleach in rooms, or wash of clothes in rooms.

31. BF All rent and fees must be paid in **MONEY ORDER** or **CASHIERS CHECK** made payable to Ricky Nickles.

32. BF All tenants will take their medicines as prescribed daily. Property manger will not be responsible if prescribed medicines are not taken. Tenants are responsible for providing all transportation to office visits and performing all activities of daily living. Failure or refusal to do so will result in tenant being discharged with no refund of rents or fees paid.

33. BF All tenants are subject to a criminal background check at any time. Failure or refusal to do so will result in tenant being discharged with no refund of rents or fees paid.

34. BF **All items addressed in this agreement will be handled by Ricky Nickles. All monthly rent will be given to Ricky Nickles.**

Greenview Environmental Inc. and New Alpha Foundation, LLC, P. O. Box 1902 Columbia, South Carolina 29202

Phone Number (803)783-6632.

I X Brandi A. Jones, the Tenant understand that this lease supersedes all other leases and that all fees will be carried over to _____.

X I Brandi A. Jones, **the Tenant will be renting the above bed/room upon signing this agreement have read and understand all the terms. I agree to all the terms. I also understand that failure to follow these terms can result in immediate discharge with no refunds, and suspension from the property. I also understand that an additional charge of $200.00 (per violation) maybe added if the above terms are violated.**

X Tenant's Signature Brandi A. Jones

X Tenant's Print Brandi A. Jones

Property Manager's Print Ricky Nickles

Property Manager's Signature _____

Respect Others ***Respect Property***

Respect Yourself

205 D

Exhibit 9

SOUTH CAROLINA STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

October 22 2014

SLED Headquarters
4400 Broad River Rd
Columbia SC 29210

Attention: Records Custodian

Re: Harry Reese vs. DEPT OF MENTAL HEALTH
WCC: 1322039
SF#: 2013-004552

Dear Sir/Madam:

Enclosed please find a Subpoena Duces Tecum which we hereby serve upon you in connection with the above-referenced matter. Please note that the Subpoena Duces Tecum is for the production of documents. In lieu of appearing, you may mail the requested information to us on or before November 5 2014.

The records, reports, and information requested are to be used for the workers' compensation purposes only, and therefore are exempt from any requirements under the Health Insurance Portability and Accountability Act (HIPAA – see attached).

Sincerely,

Sandra Sita

Sandra Sita
Claims Technician
Phone #: (803)896-5853
Fax #: (803)612-2712

Enclosures

583D

South Carolina Workers' Compensation Commission
P. O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File	#1322039
Carrier File	#2013-004552
Carrier Code	# 500-SF
Employer FEIN	570000J12

Harry Reese	248-37-7908		
Claimant's Name	SSN		
8408 Little John Drive	Columbia	SC	29209
Address	City	State	Zip
(803) 783-1801			
Home Phone #	Work Phone #		
Page Snyder	P.O. Box 102100		
Preparer's Name	Address		

DEPT OF MENTAL HEALTH			
Employer's Name			
	Columbia	SC	29202
Address	City	State	Zip
State Accident Fund			
Insurance Carrier			
Columbia, SC 29221-5000	(803) 896-5800		
City State Zip	Phone #		

TO Medical Records Custodian: **SLED Headquarters, 4400 Broad River Rd, Columbia SC 29210**

☐ **YOU ARE COMMANDED** to appear before the above named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____

DATE AND TIME: _____

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects): **Any and all SLED records relating to Harry Reese, DOB: 10/01/1967**

The medical records and information requested are to be used for worker's compensation purposes only, and therefore are exempt from any requirements under the Health Insurance Portability and Accountability Act (HIPAA).

***IN LIEU OF APPEARING, YOU MAY MAIL THE REQUESTED INFORMATION TO THE ABOVE STATE ACCIDENT FUND'S ADDRESS BEFORE **November 5 2014**.

PLACE: **STATE ACCIDENT FUND, P.O. BOX 102100, COLUMBIA, SC 29221-5000** DATE AND TIME: **November 5 2014**

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.

_____, Attorney	(803)896-5896	10/22/14
ISSUING OFFICER'S SIGNATURE AND TITLE	PHONE#	DATE

Serve this form according to R.67212B. Refer to R. 67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

WCC FORM #27 REV. DATE 3/96 **27** **SUBPOENA**

583E

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Harry Reese,

Employee/Claimant,

vs.

DEPT OF MENTAL HEALTH,

Employer,

and,

State Accident Fund,

Carrier/Defendants.

CERTIFICATE OF MAILING

W.C.C. FILE NO.: 1322039

I hereby certify that a copy of the foregoing Subpoena Duces Tecum has been served upon the following on this 22 day of October, 2014, in the US Postal Service, by first-class postage, addressed to:

SLED Headquarters
4400 Broad River Rd
Columbia SC 29210

Harry Reese
8408 Little John Drive
Columbia, SC 29209

Sandra Sita
Claims Technician
State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000

583F

U.S. Department of Health & Human Services
Office for Civil Rights
Updated: 03/14/2006

Health Information Privacy

Question
Are the following types of insurance covered under HIPAA: long\short term disability; workers' compensation; automobile liability that includes coverage for medical payments?

Answer
No, the listed types of policies are not health plans. The HIPAA Administrative Simplification regulations specifically exclude from the definition of a "health plan" any policy, plan, or program to the extent that provides, or pays for the cost of, excepted benefits, which are listed in section 2791(c)(1) of the Public Health Service Act, 42 U.S.C. 300gg-91(c)(1). See 45 CFR 160.103. As described in the statute, excepted benefits of one or more (or any combination thereof) of the following policies, plans or programs:

- Coverage only for accident, or disability income insurance, or any combination thereof.
- Coverage issued as a supplement to liability insurance.
- Liability insurance, including general liability insurance and automobile liability insurance.
- Workers' compensation or similar insurance.
- Credit-only insurance.
- Coverage for on-site medical clinics.
- Other similar insurance coverage, specified in regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

Exhibit 10

SOUTH CAROLINA STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

October 22 2014

SC Dept of Social Services
PO BOX 1520
Columbia SC 29202

Attention: DSS Records Custodian

Re: Harry Reese vs. DEPT OF MENTAL HEALTH
WCC: 1322039
SF#: 2013-004552

Dear Sir/Madam:

Enclosed please find a Subpoena Duces Tecum which we hereby serve upon you in connection with the above-referenced matter. Please note that the Subpoena Duces Tecum is for the production of documents. In lieu of appearing, you may mail the requested information to us on or before November 5 2014.

The records, reports, and information requested are to be used for the workers' compensation purposes only, and therefore are exempt from any requirements under the Health Insurance Portability and Accountability Act (HIPAA – see attached).

Sincerely,

Sandra Sita

Sandra Sita
Claims Technician
Phone #: (803)896-5853
Fax #: (803)612-2712

Enclosures

583 A

South Carolina Workers' Compensation Commission
P. O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #1322039
Carrier File #2013-004552
Carrier Code # 500-SF
Employer FEIN 570000J12

Harry Reese	248-37-7908		
Claimant's Name	SSN		
8408 Little John Drive	Columbia	SC	29209
Address	City	State	Zip
(803) 783-1801			
Home Phone #	Work Phone #		
Page Snyder	P.O. Box 102100		
Preparer's Name	Address		

DEPT OF MENTAL HEALTH			
Employer's Name			
	Columbia	SC	29202
Address	City	State	Zip
State Accident Fund			
Insurance Carrier			
Columbia, SC 29221-5000	(803) 896-5800		
City State Zip	Phone #		

TO Medical Records Custodian: **SC Dept of Social Services, PO BOX 1520, Columbia SC 29202**

☐ **YOU ARE COMMANDED** to appear before the above named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____

DATE AND TIME: _____

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects): **Any and all DSS File records relating to Harry Reese, DOB: 10/01/1967.**

The records and information requested are to be used for worker's compensation purposes only, and therefore are exempt from any requirements under the Health Insurance Portability and Accountability Act (HIPAA).

***IN LIEU OF APPEARING, YOU MAY MAIL THE REQUESTED INFORMATION TO THE ABOVE STATE ACCIDENT FUND'S ADDRESS BEFORE **November 5 2014**.

PLACE: **STATE ACCIDENT FUND, P.O. BOX 102100, COLUMBIA, SC 29221-5000** DATE AND TIME: **November 5 2014**

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.

_____, Attorney
ISSUING OFFICER'S SIGNATURE AND TITLE

(803)896-5896
PHONE#

10/22/14
DATE

Serve this form according to R.67212B. Refer to R. 67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

WCC FORM #27 REV. DATE 3/96

27

SUBPOENA

583 I

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Harry Reese,

Employee/Claimant,

vs.

DEPT OF MENTAL HEALTH,

Employer,

and,

State Accident Fund,

Carrier/Defendants.

CERTIFICATE OF MAILING

W.C.C. FILE NO.: 1322039

I hereby certify that a copy of the foregoing Subpoena Duces Tecum has been served upon the following on this 22 day of October, 2014, in the US Postal Service, by first-class postage, addressed to:

SC Dept of Social Services
PO BOX 1520
Columbia SC 29202

Harry Reese
8408 Little John Drive
Columbia, SC 29209

Sandra Sita
Claims Technician
State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000

583 J

U.S. Department of Health & Human Services
Office for Civil Rights
Updated: 03/14/2006

Health Information Privacy

Question
Are the following types of insurance covered under HIPAA: long\short term disability; workers' compensation; automobile liability that includes coverage for medical payments?

Answer
No, the listed types of policies are not health plans. The HIPAA Administrative Simplification regulations specifically exclude from the definition of a "health plan" any policy, plan, or program to the extent that provides, or pays for the cost of, excepted benefits, which are listed in section 2791(c)(1) of the Public Health Service Act, 42 U.S.C. 300gg-91(c)(1). See 45 CFR 160.103. As described in the statute, excepted benefits of one or more (or any combination thereof) of the following policies, plans or programs:

- Coverage only for accident, or disability income insurance, or any combination thereof.
- Coverage issued as a supplement to liability insurance.
- Liability insurance, including general liability insurance and automobile liability insurance.
- Workers' compensation or similar insurance.
- Credit-only insurance.
- Coverage for on-site medical clinics.
- Other similar insurance coverage, specified in regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

583 K

Exhibit 11

Harry Reese

From: Page Snyder <psnyder@saf.sc.gov>
Sent: Monday, December 15, 2014 10:41 AM
To: Love, Kristi; Harry Reese
Cc: Morris, Tamara; Johnnette Murray
Subject: RE: Reese Re-schedule Request

Kristi,

I wanted to advise the Commission that I've got a witness to testify at the hearing on Wednesday. He's available to come testify on Wednesday, but in light of the emails below and what seems to be Mr. Reese's request for an attorney, I would hate for him to miss work during a busy time of year if we will not be going forward on the merits. Just to be clear, I'm ready to go forward on Wednesday and my witness will be there should we be going forward. I'm just looking out for the convenience of my witness regarding the hearing Wednesday. If you or Tamara could advise, I'd appreciate it.

Thanks,
Page

From: Love, Kristi [mailto:klove@wcc.sc.gov]
Sent: Monday, December 15, 2014 9:43 AM
To: HER08@SCDMH.ORG; Page Snyder
Cc: Morris, Tamara; Marla Rehborn
Subject: RE: Reese Re-schedule Request

Good morning Mr. Reese.

Thank you so much for your e-mail. As information, please copy opposing counsel on any future e-mails to the Commissioner (it is improper to communicate with one party without the other being present and aware).

Please note that Ms. Morris is not in the office and I am responding in her absence.

Commissioner James is aware of the e-mail below and requests that you show up at the scheduled time (Wednesday 12/17 at 12:15) for your hearing so that she may speak with you all at the same time. She will be happy to discuss this matter and answer any questions you might have.

Thank you so much and have a wonderful day,
Kristi Love
Assistant to Commissioner Susan Barden

From: Morris, Tamara
Sent: Monday, December 15, 2014 9:18 AM
To: Love, Kristi
Subject: FW: Reese Re-schedule Request

SBJ T

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Friday, December 12, 2014 2:38 PM
To: Morris, Tamara
Subject: RE: Reese Re-schedule Request

Dear Ms. Morris:

My name is Harry Reese. I have a scheduled hearing for December 17, 2014 @ 12:15 p.m. I do apologize; however, I'm once again requesting to re-schedule my hearing until after the holidays – sometime in January. I've attempted to secure an attorney as advised by Ms. Snyder; however, my efforts have been unsuccessful which I'm extremely fearful of; in that, I must present my case to an attorney that will make the ultimate decision regarding this matter. Surely I believe that Commissioner James would be impartial; however, I'm fighting against a skilled attorney that's representing the insurer. With the enormous amount of information that I have to provide for all parties to review before the hearing, I'm unable to organize and submit it in a timely manner so that this task can be accomplished. In addition, I'm also attempting to secure additional information from DSS, SLED, and SCDMH PSO to include in the package for Commissioner James to review. It is because of the aforementioned reasons that I must represent myself and assure that the information provided is organized in a manner that doesn't hinder the process; moreover, to demonstrate the validity of my claim. I assure you that I offered and provided another re-scheduled date sometime in January 2015, I will be prepared, to the best of my ability, to present my case with or without an attorney.

Questions:

I'm I allowed to call other SCDMH employees pertinent to this matter to the hearing for questioning such as Dr. Bank, Dr. McNeil, Ms. Buchanan, Mr. Magill to name a few. If so, wouldn't I need an attorney to encourage and ensure their attendance or would the worker's compensation form suffice?

Does the worker's comp commission have an attorney referral procedure that can represent the claimant in this process?

Thank you in advance for your attention and consideration in this extremely important matter.

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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From: Harry Reese
Sent: Thursday, December 11, 2014 9:19 AM
To: tmorris@wcc.sc.gov
Subject: Reese Re-schedule Request
Importance: High

Ms. Morris:

My name is Harry Reese. I have a scheduled hearing for December 17, 2014 @ 12:15 p.m. I do apologize; however, I'm once again requesting to re-schedule my hearing until after the holidays – sometime in January. I've attempted to secure an attorney as advised by Ms. Snyder; however, my efforts have been unsuccessful which I'm extremely fearful of; in that, I must present my case to an attorney that will make the ultimate decision regarding this matter. Surely I believe that Commissioner James would be impartial; however, I'm fighting against a skilled attorney that's representing the insurer. With the enormous amount of information that I have to provide for all parties to review before the hearing, I'm unable to organize and submit it in a timely manner so that this task can be accomplished. In addition, I'm also attempting to secure additional information from DSS, SLED, and SCDMH PSO to include in the package for Commissioner James to review. It is because of the aforementioned reasons that I must represent myself and assure that the information provided is organized in a manner that doesn't hinder the process; moreover, to demonstrate the validity of my claim. I assure you that I offered and provided another re-scheduled date sometime in January 2015, I will be prepared, to the best of my ability, to present my case with or without an attorney.

Questions:

I'm I allowed to call other SCDMH employees pertinent to this matter to the hearing for questioning such as Dr. Bank, Dr. McNeil, Ms. Buchanan, Mr. Magill to name a few. If so, wouldn't I need an attorney to encourage and ensure their attendance or would the worker's compensation form suffice?

Does the worker's comp commission have an attorney referral procedure that can represent the claimant in this process?

Thank you in advance for your attention and consideration in this extremely important matter.

Respectfully,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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South Carolina Department of Mental Health (SCDMH)

Exhibit 12

ADMINISTRATION	
Mr. John Magill	SCDMH State Director
Mr. Alan Powell, Esq.,	General Counsel
Ms. Eleanor Odom	SCDMH, Director of Human Resources
Ms. Rochelle Caton, Esq.	SCDMH, Director, Office of Client Advocacy
Ms. Zina Hampton	SCDMH Human Resources, Director Administrative Operations
SCDMH PUBLIC SAFETY	
Mr. Andrew McClain	Emergency Services/Public Safety Officer
Ms. Angela Roberts	SCDMH Public Safety, Data Coordinator
COLUMBIA AREA MENTAL HEALTH CENTER (CAMHC) – SENIOR MANAGEMENT	
Mr. Kenneth Childs, Esq.	CAMHC Board Member
Dr. Robert Bank	CAMHC Executive Director
Mr. John Brown	Former CAMHC Director of Emergency and Intake Services
Ms. Carla Damron	Former Director, CAMHC Adult Treatment Services
Dr. Deanna McNeil	CAMHC, Psychiatric Services Chief – Adult Services
Ms. Denise Morgan	CAMHC, Director of Emergency and Intake Services/Current Supervisor
Ms. Vicki Brown	CAMHC, Director of Human Resources
Ms. Rhonda Sims	CAMHC, Director Clinical Support
Dr. Shelia Arnold	CAMHC Client Advocate/Public Affairs Community Affairs
Ms. Avis Buchanan	Nurse Administrator
COLUMBIA AREA MENTAL HEALTH CENTER – SUPERVISORS	
1. Ms. Shnita Lee	Former Supervisor
2. Ms. Barbara Felder	Former Supervisor
3. Mr. Hank Edmonds	Former Supervisor – Absence of Ms. Felder
4. Ms. Cheryl McClinton	Former Supervisor
5. Ms. Maria Marin	Former Supervisor/Ongoing Aggressor
6. Mr. George Morris	Former Supervisor – Absence of Ms. Marin
7. Mr. Gregg Oates	Former Supervisor
8. Ms. Marjorie Wilson-Guess	Former Supervisor
9. Mr. Cornell Ruff	Former Supervisor
10. Dr. James Riddle	Psychiatrist/Connection's Program Doctor
11. Mr. Harold Edwards	Former Immediate Connections Supervisor
12. Ms. Avis Buchanan	Supervised Program until Dr. McNeil assume the role
13. Dr. Deanna McNeil	Psychiatric Services Chief/AIS (Link, Connections, & Receptionists)
14. Mr. Daniel Long	Former Connection's Supervisor – during 2014 Marin incident
15. Dr. Monica McConnell	Former Supervisor
16. Ms. Denise Morgan	Current Immediate Supervisor
17. Dr. Radhika Patel	Impact's Program Doctor
CAMHC ADDITIONAL STAFF	
Mr. Melvin Malone	CAMHC, Mental Health Professional/Accusing client's Case Manager
Ms. Zenika Jarvis	CAMHC, Director, Medical Records/HIPPA Officer
Ms. Pat Hicks	CAMHC, Nurse
LEXINGTON COUNTY MENTAL HEALTH CENTER	
Mr. Richard Acton	LCMHC Executive Director
SCDMH CLINICAL CARE COORDINATOR/ICM PROGRAM	
Ms. Shannon Britt	Region A Manager Clinical Care Coordinators/Target Case Management

Exhibit 13

To: SCDMHC Community Mental Health Center Directors

From: Geoff Mason, Deputy Director of CMHS

Date: 10/15/2012

Re: Productivity Standards for full time clinical employees

By May 31, 2013, every center will be expected to have reached the first of the incremental annualized benchmarks regarding productivity. This first benchmark will be a minimum of 720 hours (annualized) in service time* and will be determined by averaging the productivity of all clinicians who are classified as full-time employees**; whose position descriptions reflect those of a full-time clinician; and who have been SCDMH employees for the full 6 month period between November 1, 2012 and May 30, 2013.

*Operational Definition of Service Time:

Service time hours are primary face to face hours with clients; SPD and/or time spent on the phone providing billable services. Service hours do not include secondary hours; group formulas used for adding additional time for extraordinary note writing for groups; documentation time for individual sessions, non-billable hours, etc. (Ex. Service time for a 1 hour group with 8 clients = 1 hour. The bill time in this example is 8 hours). Service time and bill time should always be the same on notes, except in the case of a client leaving a group early. In this case, the service time may be more than the bill time for that client.

**There is recognition of the fact that reporting the productivity of only those clinicians who are designated by the above categories may be underreporting productivity. Center Directors will be expected to report productivity for contractual, part-time and supervisory staff quarterly under established guidelines.

Part time, contract and supervisory clinical staff include any staff (MHP, nurse, MD) with clinical responsibilities and are measured as a % of an FTE (Full Time Equivalent) based on their expected productivity, as defined above.

Examples:

I.) A contract MD for 1 day per week who is expected to spend 100% of time providing direct clinical services: a .20 clinical FTE.

II.) A full time clinical supervisor(Medical Director, Nursing Supervisor, Clinic Director, MHP supervisor, etc.), who is expected to spend 60% of time providing clinical services and 40% of time providing administrative functions: a .60 clinical FTE.

III.) A part time MHP, who works 30 hours per week (.80 FTE) and is expected to spend 100% of time providing clinical services: a .80 clinical FTE

IV.) A full time MHP who was on maternity leave for 2 months of previous quarter: a .33 clinical FTE

Summary: Quarterly reports should be sent to me beginning May 31, 2013 and should contain total FTE count for all part-time, contract and supervisory clinical staff and the total number of service time hours for that quarter. For example: Center A reports a total of 10.4 FTE part time, contract and supervisory clinical staff who provided a total of 1872 service time hours for that quarter. The average productivity was 180 service time hours per clinical FTE for that quarter or 60 hours per month.

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739
www.wcc.sc.gov

Exhibit 14

WCC File #: 1522039
Carrier File #: 2013-4552
Carrier Code #:
Employer F IN #:

Claimant's Name: Harry Reese SSN: 248-37-7908
Address: 8408 Little John Drive
City: Columbia State: SC Zip: 29209
Home Phone: ( ) - Work Phone: ( ) -
Date of Injury: 10/18/13

Employer's Name: S.C. Department of Mental Health
Address: 2414 Bull Street
City: Columbia State: SC Zip: 29202
Insurance Carrier: State Accident Fund

Preparer's Name: Page Snyder, Esq. Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5896

Date of Injury or Illness: 10/18/13

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

1. It is Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Claimant did not suffer an injury/disease induced by physical injury or unusual or extraordinary conditions of employment.
2. It is Admitted both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is Admitted the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: Injury did not arise out of and in the course of employment.
5. It is Denied notice of injury was given the employer. The reasons for denial are: Notice not timely.
6. It is Denied the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are: See #1 and #4.
7. It is Denied the employee is entitled to temporary total disability for the period(s) of : See #1 and #4.
8. It is Denied the employee is permanently disabled. The reasons for denial are: See #1 and #4.
9. It is Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$ 701.61** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
12. Estimated time needed for hearing: 30 minutes

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name: Harry Reese, Pro-Se — Judicial Director, SCWCC
Address: 8408 Little John Drive, Columbia, SC 29209 — P.O. Box 1715, Columbia, SC 29202-1715

583C

on the 10th day of ~~November~~ October, 2014 by ☒ first class mail ☐ personal service ☒ certified mail (claimant only).
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature — Chief Counsel (Title) — psynder@saf.sc.gov (Email) — Oct 10, 2014 (Date)

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

Exhibit 15

Columbia Area Mental Health Center

REQUEST FOR CRISIS FUNDS

Client Name: J[redacted] Lewis		CID #: [redacted]6538
Date of Request: 8/13/2013	Amount of Request: $$718.83	
Dates of Service: From (date): 8/13/2013	To (date): 08/30/2013	Please attach Bill/Statement.
Payee/Vendor Name: James Reese		Tax ID #:248021253
Address: 1203 Muller Avenue	City: Columbia	State: SC Zip: 29203
Account # (located on Bill/Statement):		
Emergency Disbursement: (Has all other resources been exhausted/explored)? ☒ Yes ☐ No		
Briefly state why funds are needed? Client has alleged that boarding house operator has verbally abused client, thus following DMH policy client was removed from home.		
Submitted By (Print Name): Maria Marin	Signature:	
Telephone: 898-9831	Supervisor's Signature:	
CAMHC Program: ☐ Emergency Services ☐ Homeless Outreach/PATH ☒ Other Center Program: Link Program		
Emergency Department: ☐ Palmetto Richland ☐ Palmetto Baptist		
Type of Request: ☒ Crisis Housing ☐ Crisis Medications ☐ Other Crisis Case Services		

Fax completed form to Veronica W. Gates at 803-898-4007or send to Emergency & Intake Services, Room 224.

APPROVALS

Denise Morgan, M.Ed., Director — Date
Community Mental Health Clinic

Stephen Hattrich, Administrator — Date

FUND ASSIGNED: _____ *(For CAMHC Administrative Services Use Only)*

If you have any questions, please call Denise Morgan at 803-898-4850.

Rev. 06/13 vwg

Store #: 1286
Report Date: 12/06/2015

Connexus Pharmacy System
Wal-Mart Pharmacy10-1286
Medical Expense Summary

Exhibit 16

Patient: REESE,HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of:01/01/2009 To 12/06/2015

Wal-Mart Pharmacy,7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number:4216734 ID: BW5430575 NPI Number :1982621132

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
01/03/2009	7331141	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60	30	0	$ 25.00 PAI
09/15/2008	2893717	00006-0575-61		3			
01/03/2009	4503886	PHENTERMINE 37.5MG	BELL,GARY BERNARD	30	30	0	$ 28.84 PAI
07/10/2008	2893718	TAB 00603-5192-21		3			
02/25/2009	7323680	PROVENTIL HFA AER	BELL,GARY BERNARD	7	30	0	$ 40.00 MER
07/09/2008	2921832	00085-1132-01		1			
*02/28/2009	7331141	JANUMET 50-500MG TAB	BELL,GARY BERNARD	6	3	0	$ 0.00
09/15/2008	2923316	00006-0575-61		4			
03/03/2009	7331141	JANUMET 50-500MG TAB	BELL,GARY BERNARD	54	27	0	$ 25.00 PAI
09/15/2008	2923317	00006-0575-61		4			
03/25/2009	7363070	MELOXICAM 7.5MG TAB	SUBER,JAMES A	40	30	0	$ 5.34
03/25/2009	2936653	54458-0965-10		0			
04/02/2009	7331141	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60	30	0	$ 25.00 PAI
09/15/2008	2940957	00006-0575-61		5			
05/03/2009	7331141	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60	30	0	$ 25.00 PAI
09/15/2008	2956037	00006-0575-61		6			
06/01/2009	7331141	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60	30	0	$ 25.00 PAI
09/15/2008	2970187	00006-0575-61		7			
06/10/2009	7375444	GLYB/METFORM	BELL,GARY BERNARD	180	90	0	$ 30.00 MER
06/10/2009	2974515	2.5/500TAB 00781-5171-01		0			
06/10/2009	7375446	LISINOPRIL 10MG TAB	BELL,GARY BERNARD	90	90	0	$ 10.00 MER
06/10/2009	2974516	54458-0997-10		0			
06/10/2009	7375445	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90	90	0	$ 10.00
06/10/2009	2974514	00093-7202-98		0			
07/02/2009	7378905	AMOXICILLIN 250MG	BROWN,CAROL DDS	28	14	0	$ 4.00 MER
07/02/2009	2985283	CAP 00781-2020-05		0			
07/02/2009	7378906	IBUPROFEN 800MG TAB	BROWN,CAROL DDS	24	6	0	$ 4.00 MER
07/02/2009	2985284	68645-0222-54		0			
07/09/2009	7380066	METFORMIN 500MG TAB	BELL,GARY BERNARD	180	90	0	$ 10.00 MER
07/09/2009	2989042	00781-5050-61		0			
09/02/2009	7375445	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90	90	0	$ 10.00 MER
06/10/2009	3015627	54458-0985-10		1			
10/05/2009	7394192	PROVENTIL HFA AER	BELL,GARY BERNARD	7	25	0	$ 40.00 MER
10/05/2009	3032654	00085-1132-01		0			
11/06/2009	7399785	MICARDIS 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 0.00 MER
09/17/2009	3049487	00597-0041-37		0			
12/06/2009	7375445	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90	90	0	$ 10.00 MER
06/10/2009	3064758	54458-0985-10		2			
12/16/2009	7406369	CYCLOBENZAPR 10MG	JONES,SCOT HEATH	12	4	0	$ 4.00 MER
12/16/2009	3070139	TAB 00378-0751-93		0			

****PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY.**
WAL*MART STORES, INC.

Store #: 1286
Report Date: 12/06/2015

Connexus Pharmacy System
Wal-Mart Pharmacy10-1286
Medical Expense Summary

Patient: REESE,HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of:01/01/2009 To 12/06/2015

Wal-Mart Pharmacy,7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number:4216734 ID: BW5430575 NPI Number :1982621132

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber	Qty	Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
12/16/2009	7406370	NAPROXEN 375MG TAB	JONES,SCOT HEATH	140	7	0		$ 4.00 MER
12/16/2009	3070138	00093-0148-01						
12/16/2009	2229754	OXYCOD/ACETAMI 5-500MG CAP	JONES,SCOT HEATH	240	3	0		$ 10.00 MER
12/16/2009	3070137	00406-0532-01						
01/07/2010	7349393	JANUMET 50-500MG TAB	BELL,GARY BERNARD	600	30	0		$ 30.00 MER
01/09/2009	3081024	00006-0575-61						
01/07/2010	7399785	MICARDIS 80MG TAB	BELL,GARY BERNARD	301	30	0		$ 30.00 MER
09/17/2009	3081022	00597-0041-37						
03/06/2010	7375445	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	903	90	0		$ 10.00 MER
06/10/2009	3114512	54458-0985-10						
03/22/2010	8826426	ONE TOUCH ULTRA BLUE	BELL,GARY BERNARD	1000	30	0		$ 9.00 PAI
03/22/2010	3123382	TEST STP						
		53885-0245-10						
04/22/2010	7399785	MICARDIS 80MG TAB	BELL,GARY BERNARD	302	30	0		$ 30.00 MER
09/17/2009	3140013	00597-0041-37						
06/01/2010	7435293	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	900	90	0		$ 10.00 MER
06/01/2010	3160790	54458-0985-10						
07/21/2010	7443714	HydrOXYzine HCl 25MG	BELL,GARY BERNARD	300	7	0		$ 9.00 MER
07/21/2010	3188461	TAB						
		16714-0082-04						
07/21/2010	7443713	PREDNISONE 10MG 6-DAY PAK TAB	BELL,GARY BERNARD	210	6	0		$ 4.00 MER
07/21/2010	3188460	00603-5338-15						
07/24/2010	7399785	MICARDIS 80MG TAB	BELL,GARY BERNARD	303	30	0		$ 30.00 MER
09/17/2009	3189812	00597-0041-37						
08/06/2010	7446370	HydrOXYzine HCl 25MG	BELL,GARY BERNARD	500	12	0		$ 9.00 MER
08/06/2010	3197323	TAB						
		16714-0082-04						
08/23/2010	7448888	JANUMET 50-500MG TAB	BELL,GARY BERNARD	600	30	0		$ 10.00 MER
08/23/2010	3206221	00006-0575-61						
08/25/2010	7449266	PROTOPIC 0.1% OIN	BELL,GARY BERNARD	600	30	0		$ 30.00 MER
08/25/2010	3206978	00469-5202-60						
09/07/2010	7435293	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	901	90	0		$ 10.00 MER
06/01/2010	3213838	54458-0985-10						
09/22/2010	7453597	MICARDIS 80MG TAB	BELL,GARY BERNARD	300	30	0		$ 30.00 MER
09/20/2010	3223084	00597-0041-37						
10/20/2010	7448888	JANUMET 50-500MG TAB	BELL,GARY BERNARD	601	30	0		$ 10.00 MER
08/23/2010	3238103	00006-0575-61						
11/18/2010	7453597	MICARDIS 80MG TAB	BELL,GARY BERNARD	301	30	0		$ 30.00 MER
09/20/2010	3254403	00597-0041-37						
12/15/2010	7435293	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	902	90	0		$ 10.00 MER
06/01/2010	3269597	54458-0985-10						
12/18/2010	7448888	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60	30	0		$ 10.00 MER

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WAL*MART STORES, INC.

Store #: 1286
Report Date: 12/06/2015

Connexus Pharmacy System
Wal-Mart Pharmacy10-1286
Medical Expense Summary

Patient: REESE,HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of:01/01/2009 To 12/06/2015

Wal-Mart Pharmacy,7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number:4216734 ID: BW5430575 NPI Number :1982621132

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
08/23/2010	3271157	00006-0575-61		2			
12/22/2010	7469986	METHYLPRED 4MG PAK	BELL,GARY BERNARD	21	6	0	$ 4.00 MER
12/22/2010	3273328	00603-4593-15		0			
12/23/2010	7470095	ELESTAT 0.05% DRO	BELL,GARY BERNARD	5	30	0	$ 50.00 MER
12/23/2010	3273741	00023-9201-05		0			
01/24/2011	7453597	MICARDIS 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 30.00 PAI
09/20/2010	3290071	00597-0041-37		2			
01/26/2011	7475619	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60	30	0	$ 10.00 MER
01/26/2011	3291563	00006-0575-61		0			
03/13/2011	7475619	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60	30	0	$ 10.00 MER
01/26/2011	3319068	00006-0575-61		1			
03/17/2011	7485852	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	30	30	0	$ 4.00 MER
03/15/2011	3322145	54458-0985-10		0			
03/29/2011	7487893	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90	90	0	$ 10.00
03/28/2011	3328701	54458-0985-10		0			
03/29/2011	7487894	PROVENTIL HFA AER	BELL,GARY BERNARD	7	19	0	$ 50.00 MER
03/28/2011	3328710	00085-1132-01		0			
04/11/2011	7490214	FEXOFENADINE 180MG	PERRICK,DAVID	30	30	0	$ 9.00 MER
04/11/2011	3336411	TAB		0			
		00093-7253-01					
04/15/2011	7475619	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60	30	0	$ 10.00 MER
01/26/2011	3339007	00006-0575-61		2			
05/15/2011	7490214	FEXOFENADINE 180MG	PERRICK,DAVID	30	30	0	$ 9.00 MER
04/11/2011	3354654	TAB		1			
		00093-7253-01					
05/15/2011	7453597	MICARDIS 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 30.00 PAI
09/20/2010	3354653	00597-0041-37		3			
06/06/2011	7475619	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60	30	0	$ 30.00 MER
01/26/2011	3365940	00006-0575-61		3			
07/12/2011	7453597	MICARDIS 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 30.00 PAI
09/20/2010	3385327	00597-0041-37		4			
07/12/2011	7487893	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90	90	0	$ 10.00 MER
03/28/2011	3385326	54458-0925-10		1			
07/31/2011	7475619	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60	30	0	$ 30.00 MER
01/26/2011	3395489	00006-0575-61		4			
09/11/2011	7453597	MICARDIS 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 30.00 PAI
09/20/2010	3418050	00597-0041-37		5			
10/02/2011	7475619	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60	30	0	$ 30.00 MER
01/26/2011	3429568	00006-0575-61		5			
10/13/2011	7485852	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90	90	0	$ 10.00 MER
03/15/2011	3436044	54458-0925-10		1			
11/14/2011	7526522	MICARDIS 80MG TAB	BELL,GARY BERNARD	15	30	0	$ 30.00 MER
11/14/2011	3453549	00597-0041-37		0			
12/03/2011	7475619	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60	30	0	$ 30.00 MER

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WAL*MART STORES, INC.

Store #: 1286
Report Date: 12/06/2015

Connexus Pharmacy System
Wal-Mart Pharmacy10-1286
Medical Expense Summary

Patient: REESE,HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of:01/01/2009 To 12/06/2015

Wal-Mart Pharmacy,7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number:4216734 ID: BW5430575 NPI Number :1982621132

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
01/26/2011	3464308	00006-0575-61		6			
01/04/2012	8831875	ONE TOUCH ULTRA BLUE TEST STP	BOLDEN,KELLY MICHELLE	100 0	50	0	$ 18.00 MER
01/04/2012	3481530	53885-0245-10					
01/04/2012	8831876	ONETOUCH DELICA LAN 33G MIS	BOLDEN,KELLY MICHELLE	100 0	50	0	$ 11.78 MER
01/04/2012	3481503	53885-0143-01					
01/15/2012	7526522	MICARDIS 80MG TAB	BELL,GARY BERNARD	15 1	30	0	$ 30.00 MER
11/14/2011	3487892	00597-0041-37					
01/17/2012	7537797	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	30 0	30	0	$ 4.00 MER
01/17/2012	3488823	54458-0925-10					
01/19/2012	7475619	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60 7	30	0	$ 30.00 MER
01/26/2011	3490590	00006-0575-61					
02/08/2012	7540537	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90 0	90	0	$ 10.00 MER
02/01/2012	3497297	54458-0925-10					
02/12/2012	7540536	MICARDIS 80MG TAB	BELL,GARY BERNARD	30 0	30	0	$ 30.00 MER
02/01/2012	3504221	00597-0041-37					
03/19/2012	7487894	PROVENTIL HFA AER	BELL,GARY BERNARD	7 1	19	0	$ 50.00 MER
03/28/2011	3525333	00085-1132-01					
04/15/2012	7540536	MICARDIS 80MG TAB	BELL,GARY BERNARD	30 1	30	0	$ 30.00 MER
02/01/2012	3539974	00597-0041-37					
05/03/2012	7557792	JANUMET 50-500MG TAB	BELL,GARY BERNARD	60 0	30	0	$ 30.00 MER
05/03/2012	3550347	00006-0575-61					
05/22/2012	7540537	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90 1	90	0	$ 10.00 MER
02/01/2012	3560947	54458-0925-10					
06/14/2012	7565377	GLYBURIDE/METFORM 5/500MG TAB	BELL,GARY BERNARD	60 0	30	0	$ 9.00 MER
06/14/2012	3574344	00093-5712-01					
06/14/2012	7565379	VENTOLIN HFA AER	BELL,GARY BERNARD	18 0	25	0	$ 45.72 MER
06/14/2012	3574332	00173-0682-20					30000118649376
06/23/2012	7540536	MICARDIS 80MG TAB	BELL,GARY BERNARD	30 2	30	0	$ 30.00 MER
02/01/2012	3579046	00597-0041-37					
08/19/2012	7540536	MICARDIS 80MG TAB	BELL,GARY BERNARD	30 3	30	0	$ 30.00 MER
02/01/2012	3611162	00597-0041-37					
08/19/2012	7540537	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90 2	90	0	$ 10.00 MER
02/01/2012	3611163	54458-0925-10					
09/23/2012	7565377	GLYBURIDE/METFORM 5/500MG TAB	BELL,GARY BERNARD	60 1	30	0	$ 9.00 MER
06/14/2012	3630551	00093-5712-01					
10/22/2012	7540536	MICARDIS 80MG TAB	BELL,GARY BERNARD	30 4	30	0	$ 30.00 MER
02/01/2012	3646878	00597-0041-37					
11/25/2012	7565377	GLYBURIDE/METFORM 5/500MG TAB	BELL,GARY BERNARD	60 2	30	0	$ 9.00 MER
06/14/2012	3665956	00093-5712-01					

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WAL*MART STORES, INC.**

Walmart Pharmacy

Store #: 1286
Report Date: 12/06/2015

Connexus Pharmacy System
Wal-Mart Pharmacy10-1286
Medical Expense Summary

Patient: REESE,HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of:01/01/2009 To 12/06/2015

Wal-Mart Pharmacy,7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number:4216734 ID: BW5430575 NPI Number :1982621132

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
11/25/2012	7540537	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90	90	0	$ 10.00 MER
02/01/2012	3665957	54458-0925-10		3			
12/23/2012	7540536	MICARDIS 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 30.00 MER
02/01/2012	3682842	00597-0041-37		5			
12/28/2012	7565377	GLYBURIDE/METFORM	BELL,GARY BERNARD	60	30	0	$ 9.00 MER
06/14/2012	3684962	5/500MG TAB		3			
		00093-5712-01					
02/03/2013	7565377	GLYBURIDE/METFORM	BELL,GARY BERNARD	60	30	0	$ 9.00 MER
06/14/2012	3706991	5/500MG TAB		4			
		00093-5712-01					
02/11/2013	8835889	ONE TOUCH ULTRA BLUE	BELL,GARY BERNARD	200	90	0	$ 27.00 MER
02/11/2013	3711711	TEST STP		0			
		53885-0244-50					
02/11/2013	7608506	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90	90	0	$ 10.00 MER
02/11/2013	3711685	54458-0925-10		0			30000142822474
02/13/2013	7608507	MICARDIS 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 30.00 MER
02/11/2013	3713857	00597-0041-37		0			
03/24/2013	7608508	GLYBURIDE/METFORM	BELL,GARY BERNARD	180	90	0	$ 27.00 MER
02/11/2013	3737500	5/500MG TAB		0			
		00093-5712-01					
04/22/2013	7608507	MICARDIS 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 30.00 MER
02/11/2013	3754251	00597-0041-37		1			
06/04/2013	7629493	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90	90	0	$ 10.00 MER
06/04/2013	3779864	54458-0925-10		0			30000152903119
07/05/2013	7634869	GLYBURIDE/METFORM	BELL,GARY BERNARD	180	90	0	$ 27.00 MER
07/05/2013	3798450	5/500MG TAB		0			
		00093-5712-01					
08/31/2013	7644503	MICARDIS 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 30.00 MER
06/27/2013	3830661	00597-0041-37		0			
09/20/2013	7629493	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90	90	0	$ 10.00 MER
06/04/2013	3842591	54458-0925-10		1			
09/24/2013	4542010	ALPRAZolam 0.5MG TAB	BELL,GARY BERNARD	50	25	0	$ 9.00 MER
09/24/2013	3844943	00228-2029-50		0			
09/24/2013	7648671	CITALOPRAM 10MG TAB	BELL,GARY BERNARD	30	30	0	$ 9.00 MER
09/24/2013	3844930	54458-0981-10		0			
09/28/2013	7649487	CITALOPRAM 20MG TAB	MCKINNEY,THORNTON	30	30	0	$ 4.00 MER
09/27/2013	3847436	54458-0980-10	STERLING	0			30000163111940
09/28/2013	7649486	TRAZODONE 50MG TAB	MCKINNEY,THORNTON	60	30	0	$ 8.00 MER
09/27/2013	3847435	50111-0433-01	STERLING	0			30000163111891
10/21/2013	7634869	GLYBURIDE/METFORM	BELL,GARY BERNARD	180	90	0	$ 27.00 MER
07/05/2013	3860452	5/500MG TAB		1			
		00093-5712-01					
11/12/2013	7657649	LEVOCETIRIZINE DHCL	BELL,GARY BERNARD	30	30	0	$ 9.00 MER
11/12/2013	3874497	5MG TAB		0			
		00093-7701-98					

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WAL*MART STORES, INC.

Store #: 1286
Report Date: 12/06/2015

Connexus Pharmacy System
Wal-Mart Pharmacy10-1286
Medical Expense Summary

Patient: REESE,HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of:01/01/2009 To 12/06/2015

Wal-Mart Pharmacy,7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number:4216734 ID: BW5430575 NPI Number :1982621132

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
11/17/2013 06/27/2013	7644503 3877129	MICARDIS 80MG TAB 00597-0041-37	BELL,GARY BERNARD	30 1	30	0	$ 30.00 MER 77FHPPT
11/22/2013 11/22/2013	7659492 3880158	INVOKANA 300MG TAB 50458-0141-30	BELL,GARY BERNARD	30 0	30	0	$ 30.00 MER WWQ17RH
12/05/2013 11/22/2013	7659487 3887660	BYDUREON 2MG VIAL INJ 66780-0219-04	BELL,GARY BERNARD	4 0	30	0	$ 30.00 MER 9MLWNCW
12/05/2013 12/05/2013	7661699 3887714	VENTOLIN HFA AER 00173-0682-20	BELL,GARY BERNARD	18 0	25	0	$ 30.00 MER 21NNRRT
12/15/2013 11/12/2013	7657649 3893735	LEVOCETIRIZINE DHCL 5MG TAB 00093-7701-98	BELL,GARY BERNARD	30 1	30	0	$ 9.00 MER FP9AC9H
01/01/2014 06/04/2013	7629493 3903109	PRAVASTATIN 40MG TAB 54458-0925-10	BELL,GARY BERNARD	90 2	90	0	$ 10.00 TB14010156DUT1
01/02/2014 11/22/2013	7659492 3904679	INVOKANA 300MG TAB 50458-0141-30	BELL,GARY BERNARD	30 1	30	0	$ 5.00 IRX OA03V021023549
01/03/2014 11/22/2013	7659487 3904914	BYDUREON 2MG VIAL INJ 66780-0219-04	BELL,GARY BERNARD	4 1	30	0	$ 36.00 IRX 140036266547018999
01/14/2014 11/12/2013	7657649 3911840	LEVOCETIRIZINE DHCL 5MG TAB 00093-7701-98	BELL,GARY BERNARD	30 2	30	0	$ 9.00 IRX 140144040610039998
01/22/2014 07/05/2013	7634873 3916563	GLYBURIDE/METFORM 5/500MG TAB 00093-5712-01	BELL,GARY BERNARD	180 0	90	0	$ 22.00 IRX
01/25/2014 06/27/2013	7644503 3918712	TELMISARTAN 80MG TAB 00591-3294-15	BELL,GARY BERNARD	30 2	30	0	$ 9.00 IRX 140254138969004999
01/26/2014 11/22/2013	7659487 3918899	BYDUREON 2MG VIAL INJ 66780-0219-04	BELL,GARY BERNARD	4 2	30	0	$ 36.00 IRX 140263222074020998
01/28/2014 01/28/2014	7671203 3920419	NEXIUM 40MG CAP 00186-5040-31	BELL,GARY BERNARD	30 0	30	0	$ 36.00 IRX 140284564228008996
01/29/2014 01/15/2014	7668798 3923995	DEXILANT 60MG DR CAP 64764-0175-30	BELL,GARY BERNARD	30 0	30	0	$ 20.00 IRX OB03V001042870
02/11/2014 11/22/2013	7659492 3929266	INVOKANA 300MG TAB 50458-0141-90	BELL,GARY BERNARD	30 2	30	0	$ 5.00 IRX OB14V002044719
02/11/2014 11/12/2013	7657649 3928569	LEVOCETIRIZINE DHCL 5MG TAB 00093-7701-98	BELL,GARY BERNARD	30 3	30	0	$ 9.00 IRX 140422356225026999
03/01/2014 01/15/2014	7668798 3940111	DEXILANT 60MG DR CAP 64764-0175-30	BELL,GARY BERNARD	30 1	30	0	$ 20.00 IRX OC01V001024465
03/04/2014 11/22/2013	7659487 3941451	BYDUREON 2MG VIAL INJ 66780-0219-04	BELL,GARY BERNARD	4 3	30	0	$ 36.00 IRX 140632376396011999
03/14/2014 11/22/2013	7659492 3948707	INVOKANA 300MG TAB 50458-0141-90	BELL,GARY BERNARD	30 3	30	0	$ 5.00 IRX OC14V002037241
03/21/2014 03/17/2014	7679564 3952923	LEVOCETIRIZINE DHCL 5MG TAB	BELL,GARY BERNARD	30 0	30	0	$ 9.00 IRX 140806140525042999

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Connexus Pharmacy System
Wal-Mart Pharmacy10-1286
Medical Expense Summary

Patient: REESE,HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

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Wal-Mart Pharmacy,7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number:4216734 ID: BW5430575 NPI Number :1982621132

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
		00093-7701-98					
03/30/2014	7668798	DEXILANT 60MG DR CAP	BELL,GARY BERNARD	30	30	0	$ 20.00 IRX
01/15/2014	3957802	64764-0175-30		2			OC30V007002834
03/30/2014	7644503	TELMISARTAN 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 9.00 IRX
06/27/2013	3957803	00591-3294-15		3			140893268843034999
04/07/2014	7629493	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90	90	0	$ 22.00 AAP
06/04/2013	3963086	54458-0925-10		3			140972818675018998
04/08/2014	7659487	BYDUREON 2MG VIAL INJ	BELL,GARY BERNARD	4	30	0	$ 36.00 IRX
11/22/2013	3963077	66780-0219-04		4			140986744875004999
04/13/2014	7659492	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 0.00 IRX
11/22/2013	3967197	50458-0141-90		4			OD13V002002336
04/23/2014	7634873	GLYBURIDE/METFORM	BELL,GARY BERNARD	180	90	0	$ 22.00 IRX
07/05/2013	3973683	5/500MG TAB		1			141132294021030999
		00093-5712-01					
04/25/2014	7686188	LEVOCETIRIZINE DHCL	BELL,GARY BERNARD	30	30	0	$ 9.00 IRX
04/22/2014	3975164	5MG TAB		0			141152912360037999
		00093-7701-98					
05/19/2014	7668798	DEXILANT 60MG DR CAP	BELL,GARY BERNARD	30	30	0	$ 20.00 IRX
01/15/2014	3996431	64764-0175-30		3			OE27V002047408
05/19/2014	7659492	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 36.00 IRX
11/22/2013	3990843	50458-0141-90		5			141391449743039998
05/29/2014	7693121	LEVOCETIRIZINE DHCL	BELL,GARY BERNARD	30	30	0	$ 9.00 AAP
05/29/2014	3997508	5MG TAB		0			141493721583046998
		00093-7701-98					
06/05/2014	7644503	TELMISARTAN 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 9.00 IRX
06/27/2013	4002570	00591-3294-15		4			141562777079022999
06/29/2014	7693121	LEVOCETIRIZINE DHCL	BELL,GARY BERNARD	30	30	0	$ 9.00 AAP
05/29/2014	4017481	5MG TAB		1			141804007519017999
		00093-7701-98					
07/02/2014	7659492	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 36.00 IRX
11/22/2013	4017483	50458-0141-90		6			141835191781021999
07/06/2014	7668798	DEXILANT 60MG DR CAP	BELL,GARY BERNARD	30	30	0	$ 20.00 IRX
01/15/2014	4021921	64764-0175-30		4			OG06V001003649
07/14/2014	7701193	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90	90	0	$ 22.00 IRX
07/14/2014	4027635	54458-0925-10		0			141955865681023999
08/03/2014	7668798	DEXILANT 60MG DR CAP	BELL,GARY BERNARD	30	30	0	$ 20.00 IRX
01/15/2014	4039633	64764-0175-30		5			OH03V002004783
08/03/2014	7659492	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 36.00 IRX
11/22/2013	4039632	50458-0141-90		7			142153532633029999
08/04/2014	7704620	GLYBURIDE/METFORM	BELL,GARY BERNARD	180	90	0	$ 22.00 IRX
08/04/2014	4040097	5/500MG TAB		0			142163629346038999
		00093-5712-01					
08/04/2014	7704621	TELMISARTAN 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 9.00 IRX
08/04/2014	4040100	00591-3294-15		0			142163629903035999

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Wal-Mart Pharmacy10-1286
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Patient: REESE,HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of:01/01/2009 To 12/06/2015

Wal-Mart Pharmacy,7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number:4216734 ID: BW5430575 NPI Number :1982621132

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
08/11/2014	7705936	ESCITALOPRAM 10MG TAB	KIRKLAND,JAMES ROBERT	30	33	0	$ 18.00 IRX
08/11/2014	4044747	68645-0448-70		0			142235793266036999
08/11/2014	7705934	LamoTRIgine 25MG TAB	KIRKLAND,JAMES ROBERT	42	30	0	$ 9.00 IRX
08/11/2014	4044744	00093-0039-01		0			142235801454042999
08/26/2014	4548244	ZOLPIDEM 10MG TAB	KIRKLAND,JAMES ROBERT	30	30	0	$ 9.00 IRX
08/26/2014	4053622	16714-0622-02		0			142384591182014999
09/02/2014	7709632	ESCITALOPRAM 20MG TAB	KIRKLAND,JAMES ROBERT	30	30	0	$ 9.00 AAP
09/02/2014	4057969	68645-0447-70		0			142455934145031998
09/02/2014	7709629	LamoTRIgine 100MG TAB	KIRKLAND,JAMES ROBERT	30	30	0	$ 9.00 IRX
09/02/2014	4057932	00093-0463-01		0			142455826768018999
09/02/2014	7709630	QUEtiapine Fumarate 25MG TAB	KIRKLAND,JAMES ROBERT	60	30	0	$ 9.00 AAP
09/02/2014	4057968	00093-8161-01		0			142455930217025998
09/05/2014	7659492	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 36.00 IRX
11/22/2013	4060524	50458-0141-90		8			142486729007006999
09/11/2014	7670236	DEXILANT 60MG DR CAP	BELL,GARY BERNARD	30	30	0	$ 20.00 IRX
01/22/2014	4065475	64764-0175-90		0			30000196090700
09/27/2014	4548381	ZOLPIDEM 10MG TAB	KIRKLAND,JAMES ROBERT	30	30	0	$ 9.00 AAP
09/02/2014	4074236	16714-0622-02		0			142705188498003998
09/28/2014	7704621	TELMISARTAN 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 9.00 IRX
08/04/2014	4074456	00591-3294-15		1			142714118981028999
10/01/2014	7715057	ESCITALOPRAM 20MG TAB	KIRKLAND,JAMES ROBERT	30	30	0	$ 9.00 AAP
10/01/2014	4077049	68645-0447-70		0			142746397780032997
10/01/2014	7715058	LamoTRIgine 100MG TAB	KIRKLAND,JAMES ROBERT	30	30	0	$ 9.00 IRX
10/01/2014	4077041	00093-0463-01		0			142746217654012998
10/01/2014	7715056	QUEtiapine Fumarate 25MG TAB	KIRKLAND,JAMES ROBERT	60	30	0	$ 9.00 AAP
10/01/2014	4077062	00093-2063-01		0			142746386955026997
10/05/2014	7659492	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 36.00 IRX
11/22/2013	4079170	50458-0141-30		9			142783764337023999
10/14/2014	7670236	DEXILANT 60MG DR CAP	BELL,GARY BERNARD	30	30	0	$ 20.00 IRX
01/22/2014	4085036	64764-0175-90		1			30000199210649
10/14/2014	7701193	PRAVASTATIN 40MG TAB	BELL,GARY BERNARD	90	90	0	$ 22.00 IRX
07/14/2014	4085037	54458-0925-10		1			142875984027019999
10/30/2014	7720001	BUPROPION HCL 150MG XL TAB	KIRKLAND,JAMES ROBERT	30	30	0	$ 9.00 IRX
10/30/2014	4094560	10370-0101-03		0			143035843479044999
10/30/2014	7719999	ESCITALOPRAM 20MG TAB	KIRKLAND,JAMES ROBERT	30	30	0	$ 9.00 IRX
10/30/2014	4094556	68645-0447-70		0			143035779691022999
10/30/2014	7720000	LamoTRIgine 150MG TAB	KIRKLAND,JAMES ROBERT	30	30	0	$ 9.00 IRX
10/30/2014	4094559	00093-7247-06		0			143035918731032999

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WAL*MART STORES, INC.**

Store #: 1286
Report Date: 12/06/2015

Connexus Pharmacy System
Wal-Mart Pharmacy10-1286
Medical Expense Summary

Patient: REESE,HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of:01/01/2009 To 12/06/2015

Wal-Mart Pharmacy,7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number:4216734 ID: BW5430575 NPI Number :1982621132

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
10/30/2014	7719998	QUEtiapine Fumarate 25MG TAB 00093-2063-01	KIRKLAND,JAMES ROBERT	60 0	30	0	$ 9.00 IRX 143035779262026999
10/30/2014	4094555						
10/30/2014	4549475	ZOLPIDEM 10MG TAB 16714-0622-02	KIRKLAND,JAMES ROBERT	30 0	30	0	$ 9.00 IRX 143035780634020999
10/30/2014	4094557						
11/04/2014	7704620	GLYBURIDE/METFORM 5/500MG TAB 00093-5712-01	BELL,GARY BERNARD	180 1	90	0	$ 22.00 IRX 143081626225020999
08/04/2014	4096958						
11/04/2014	7659492	INVOKANA 300MG TAB 50458-0141-30	BELL,GARY BERNARD	30 10	30	0	$ 36.00 IRX 143081628266020999
11/22/2013	4096961						
11/12/2014	7670236	DEXILANT 60MG DR CAP 64764-0175-30	BELL,GARY BERNARD	30 2	30	0	$ 20.00 IRX 30000202030123
01/22/2014	4102178						
11/25/2014	7724799	BUPROPION HCL 300MG XL TAB 67767-0142-30	KIRKLAND,JAMES ROBERT	30 0	30	0	$ 9.00 AAP 143296524925028998
11/25/2014	4110782						
11/25/2014	7724801	ESCITALOPRAM 20MG TAB 68645-0447-70	KIRKLAND,JAMES ROBERT	30 0	30	0	$ 9.00 AAP 143296524467038998
11/25/2014	4110781						
11/25/2014	7724751	HydrOXYzine HCl 25MG TAB 16714-0082-10	BELL,GARY BERNARD	120 0	30	0	$ 9.00 AAP 143295729991010998
11/25/2014	4110692						
11/25/2014	7724803	LamoTRIgine 100MG TAB 00093-0463-01	KIRKLAND,JAMES ROBERT	30 0	30	0	$ 9.00 IRX 143296494731040999
11/25/2014	4110757						
11/25/2014	7724746	PROAIR HFA AER 59310-0579-22	BELL,GARY BERNARD	9 0	17	0	$ 36.00 IRX 143295537580039999
11/25/2014	4110635						
11/25/2014	7724800	QUEtiapine Fumarate 25MG TAB 00093-2063-01	KIRKLAND,JAMES ROBERT	60 0	30	0	$ 9.00 AAP 143296490611036998
11/25/2014	4110780						
12/01/2014	7724745	TACROLIMUS 0.1% OINT 45802-0700-01	BELL,GARY BERNARD	60 0	30	0	$ 9.00 IRX 143355270049012997
11/25/2014	4113798						
12/01/2014	4549805	ZOLPIDEM 10MG TAB 16714-0622-02	KIRKLAND,JAMES ROBERT	30 0	30	0	$ 9.00 IRX 143355628504034999
11/25/2014	4113580						
12/03/2014	7704621	TELMISARTAN 80MG TAB 00591-3294-15	BELL,GARY BERNARD	30 2	30	0	$ 9.00 IRX 143372488533005999
08/04/2014	4114831						
12/08/2014	7726692	INVOKANA 300MG TAB 50458-0141-30	BELL,GARY BERNARD	30 0	30	0	$ 0.00 AAP OL08V001024386
12/08/2014	4117985						
12/09/2014	7727013	ONGLYZA 5MG TAB 00003-4215-11	BELL,GARY BERNARD	30 0	30	0	$ 10.00 IRX 143435582172020999
12/09/2014	4118987						
12/11/2014	7727322	PRAVASTATIN 80MG TAB 68382-0073-05	BELL,GARY BERNARD	30 0	30	0	$ 9.00 IRX 143453059048018999
12/11/2014	4120008						
12/13/2014	7670236	DEXILANT 60MG DR CAP 64764-0175-30	BELL,GARY BERNARD	30 3	30	0	$ 20.00 IRX 30000205150868
01/22/2014	4121536						
12/18/2014	7728937	BUPROPION HCL 300MG XL TAB 67767-0142-30	KIRKLAND,JAMES ROBERT	30 0	30	0	$ 9.00 IRX 143527124507014999
12/18/2014	4125379						

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WAL*MART STORES, INC.

Store #: 1286
Report Date: 12/06/2015

Connexus Pharmacy System
Wal-Mart Pharmacy10-1286
Medical Expense Summary

Patient: REESE,HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of:01/01/2009 To 12/06/2015

Wal-Mart Pharmacy,7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number:4216734 ID: BW5430575 NPI Number :1982621132

Date Written	Date Filled	Rx Fill ID	Drug Name NDC	Prescriber	Qty	Refill #	Days Supply	Dispense As Written	Patient Paid TP Ref #
12/18/2014	12/18/2014	7728939 4125380	ESCITALOPRAM 20MG TAB 68645-0447-70	KIRKLAND,JAMES ROBERT	30	0	30	0	$ 9.00 IRX 143527125445030999
12/18/2014	12/18/2014	7728938 4125378	LamoTRIgine 100MG TAB 00093-0463-01	KIRKLAND,JAMES ROBERT	30	0	30	0	$ 9.00 IRX 143527259868034999
12/18/2014	12/18/2014	7728933 4125374	QUEtiapine Fumarate 25MG TAB 00093-2063-01	KIRKLAND,JAMES ROBERT	60	0	30	0	$ 9.00 IRX 143525993700025999
12/31/2014	12/18/2014	4550083 4125377	ZOLPIDEM 10MG TAB 16714-0622-02	KIRKLAND,JAMES ROBERT	30	0	30	0	$ 9.00 IRX 143652940601010999
01/06/2015	12/08/2014	7726692 4136935	INVOKANA 300MG TAB 50458-0141-30	BELL,GARY BERNARD	30	1	30	0	$ 0.00 AAP PA06V005046548
01/09/2015	12/09/2014	7727013 4138531	ONGLYZA 5MG TAB 00003-4215-11	BELL,GARY BERNARD	30	1	30	0	$ 10.00 IRX 150091623966035999
01/18/2015	01/22/2014	7670236 4148574	DEXILANT 60MG DR CAP 64764-0175-30	BELL,GARY BERNARD	30	4	30	0	$ 20.00 IRX 30000209649742
01/31/2015	08/04/2014	7704620 4152911	GLYBURIDE/METFORM 5/500MG TAB 00093-5712-01	BELL,GARY BERNARD	180	2	90	0	$ 22.00 IRX 150313507534039999
01/31/2015	08/04/2014	7704621 4152912	TELMISARTAN 80MG TAB 00591-3294-15	BELL,GARY BERNARD	30	3	30	0	$ 9.00 IRX 150313507705023999
02/08/2015	12/08/2014	7726692 4158172	INVOKANA 300MG TAB 50458-0141-30	BELL,GARY BERNARD	30	2	30	0	$ 0.00 AAP PB08V001004974
02/11/2015	11/25/2014	7724751 4160050	HydrOXYzine HCl 25MG TAB 16714-0082-10	BELL,GARY BERNARD	120	1	30	0	$ 9.00 AAP 150422455875004999
02/11/2015	12/09/2014	7727013 4162820	ONGLYZA 5MG TAB 00310-6105-90	BELL,GARY BERNARD	30	2	30	0	$ 10.00 IRX 150422455112025996
02/24/2015	02/24/2015	7741183 4168432	PRAVASTATIN 80MG TAB 68382-0073-05	BELL,GARY BERNARD	90	0	90	0	$ 22.00 IRX 150554081850015999
02/27/2015	02/24/2015	7741186 4171167	DEXILANT 60MG DR CAP 64764-0175-30	BELL,GARY BERNARD	90	0	90	0	$ 20.00 IRX 30000213652932
03/08/2015	12/08/2014	7726692 4176462	INVOKANA 300MG TAB 50458-0141-90	BELL,GARY BERNARD	30	3	30	0	$ 0.00 AAP PC08V001006758
03/18/2015	12/09/2014	7727013 4183052	ONGLYZA 5MG TAB 00310-6105-90	BELL,GARY BERNARD	30	3	30	0	$ 10.00 IRX 150772509956037999
04/01/2015	04/01/2015	7748007 4193588	ESCITALOPRAM 20MG TAB 68645-0447-70	BELL,GARY BERNARD	90	0	90	0	$ 22.00 IRX 150934813476035999
04/01/2015	04/01/2015	4551406 4193589	ZOLPIDEM 10MG TAB 16714-0622-02	BELL,GARY BERNARD	90	0	90	0	$ 22.00 IRX 150934814572039999
04/03/2015	04/01/2015	7748006 4193590	BUPROPION HCL 300MG XL TAB 45963-0142-30	BELL,GARY BERNARD	90	0	90	0	$ 22.00 IRX 150934815907025999

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WAL*MART STORES, INC.
Walmart

Store #: 1286
Report Date: 12/06/2015

Connexus Pharmacy System
Wal-Mart Pharmacy10-1286
Medical Expense Summary

Patient: REESE,HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of:01/01/2009 To 12/06/2015

Wal-Mart Pharmacy,7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number:4216734 ID: BW5430575 NPI Number :1982621132

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
04/03/2015 04/01/2015	7748008 4195154	QUEtiapine Fumarate 25MG TAB 00093-2063-01	BELL,GARY BERNARD	180 0	90	0	$ 22.00 IRX 150965660940004999
04/04/2015 08/04/2014	7704621 4193938	TELMISARTAN 80MG TAB 00781-5378-64	BELL,GARY BERNARD	30 4	30	0	$ 9.00 IRX 150943201299006999
04/09/2015 12/08/2014	7726692 4196884	INVOKANA 300MG TAB 50458-0141-30	BELL,GARY BERNARD	30 4	30	0	$ 0.00 AAP PD09V001002554
04/18/2015 12/09/2014	7727013 4202765	ONGLYZA 5MG TAB 00310-6105-30	BELL,GARY BERNARD	30 4	30	0	$ 10.00 IRX 151083461808016999
04/30/2015 08/04/2014	7704620 4209603	GLYBURIDE/METFORM 5/500MG TAB 00093-5712-01	BELL,GARY BERNARD	180 3	90	0	$ 22.00 IRX 151202113264037999
04/30/2015 11/25/2014	7724751 4209604	HydrOXYzine HCl 25MG TAB 16714-0082-10	BELL,GARY BERNARD	120 2	30	0	$ 9.00 AAP 151202113969015999
05/10/2015 12/08/2014	7726692 4215899	INVOKANA 300MG TAB 50458-0141-30	BELL,GARY BERNARD	30 5	30	0	$ 0.00 AAP PE10V001002353
05/17/2015 12/09/2014	7727013 4220472	ONGLYZA 5MG TAB 00310-6105-90	BELL,GARY BERNARD	30 5	30	0	$ 10.00 IRX 151373344561023998
05/28/2015 02/24/2015	7741183 4226836	PRAVASTATIN 80MG TAB 68382-0073-05	BELL,GARY BERNARD	90 1	90	0	$ 22.00 IRX 151482252197009999
05/31/2015 02/24/2015	7741186 4228992	DEXILANT 60MG DR CAP 64764-0175-30	BELL,GARY BERNARD	90 1	90	0	$ 20.00 IRX 30000224962847
06/07/2015 12/08/2014	7726692 4233912	INVOKANA 300MG TAB 50458-0141-30	BELL,GARY BERNARD	30 6	30	0	$ 0.00 AAP PF07V002007185
06/07/2015 08/04/2014	7704621 4233937	TELMISARTAN 80MG TAB 00591-3294-15	BELL,GARY BERNARD	30 5	30	0	$ 9.00 IRX 151584087477018997
06/17/2015 12/09/2014	7727013 4239983	ONGLYZA 5MG TAB 00310-6105-30	BELL,GARY BERNARD	30 6	30	0	$ 10.00 IRX 151682381055020999
06/29/2015 04/01/2015	7748006 4246868	BUPROPION HCL 300MG XL TAB 45963-0142-30	BELL,GARY BERNARD	90 1	90	0	$ 22.00 IRX 151802285737037999
06/29/2015 04/01/2015	7748007 4246871	ESCITALOPRAM 20MG TAB 68645-0447-70	BELL,GARY BERNARD	90 1	90	0	$ 22.00 IRX 151802286199011999
06/29/2015 04/01/2015	4551406 4246870	ZOLPIDEM 10MG TAB 16714-0622-02	BELL,GARY BERNARD	90 1	90	0	$ 22.00 IRX 151802285747023999
07/01/2015 07/01/2015	7763624 4249141	HydrOXYzine HCl 25MG TAB 16714-0082-10	BELL,GARY BERNARD	120 0	30	0	$ 9.00 AAP 151826370486012998
07/01/2015 07/01/2015	7763622 4249138	MOMETASONE 0.1% CRE 45802-0257-35	BELL,GARY BERNARD	30 0	30	0	$ 9.00 AAP 151826360620027998
07/01/2015 04/01/2015	7748008 4248973	QUEtiapine Fumarate 25MG TAB 16729-0145-01	BELL,GARY BERNARD	180 1	90	0	$ 22.00 IRX 151825632206025999

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WAL*MART STORES, INC.

Store #: 1286
Report Date: 12/06/2015

Connexus Pharmacy System
Wal-Mart Pharmacy10-1286
Medical Expense Summary

Patient: REESE,HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of:01/01/2009 To 12/06/2015

Wal-Mart Pharmacy,7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number:4216734 ID: BW5430575 NPI Number :1982621132

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
07/09/2015	7726692	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 0.00 AAP
12/08/2014	4253897	50458-0141-30		7			PG09V005000065
07/19/2015	7727013	ONGLYZA 5MG TAB	BELL,GARY BERNARD	30	30	0	$ 38.00 IRX
12/09/2014	4260249	00310-6105-30		7			152005159232001999
07/27/2015	7767560	GLYBURIDE/METFORM	BELL,GARY BERNARD	180	90	0	$ 22.00 AAP
07/27/2015	4264501	5/500MG TAB		0			152082696530022998
		00093-5712-01					
08/07/2015	7726692	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 0.00 AAP
12/08/2014	4272187	50458-0141-30		8			PH07V002002686
08/11/2015	7769518	TELMISARTAN 80MG TAB	BELL,GARY BERNARD	90	90	0	$ 22.00 IRX
08/07/2015	4272333	00781-5378-64		0			152235715568003999
08/23/2015	7741186	DEXILANT 60MG DR CAP	BELL,GARY BERNARD	90	90	0	$ 20.00 IRX
02/24/2015	4281815	64764-0175-30		2			30000235799546
08/23/2015	7727013	ONGLYZA 5MG TAB	BELL,GARY BERNARD	30	30	0	$ 38.00 IRX
12/09/2014	4285619	00310-6105-30		8			152406077103025998
08/23/2015	7741183	PRAVASTATIN 80MG TAB	BELL,GARY BERNARD	90	90	0	$ 22.00 IRX
02/24/2015	4281814	60505-1323-05		2			152353335476023999
09/10/2015	7726692	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 0.00 AAP
12/08/2014	4293509	50458-0141-30		9			PI10V001002687
09/19/2015	7763624	HydrOXYzine HCl 25MG	BELL,GARY BERNARD	120	30	0	$ 9.00 AAP
07/01/2015	4299851	TAB		1			152624985528037999
		16714-0082-10					
09/27/2015	7727013	ONGLYZA 5MG TAB	BELL,GARY BERNARD	30	30	0	$ 38.00 IRX
12/09/2014	4305571	00310-6105-30		9			152701984517030992
09/30/2015	7748006	BUPROPION HCL 300MG	BELL,GARY BERNARD	90	90	0	$ 22.00 IRX
04/01/2015	4306580	XL TAB		2			152732255892013999
		45963-0142-30					
09/30/2015	7748007	ESCITALOPRAM 20MG	BELL,GARY BERNARD	90	90	0	$ 22.00 IRX
04/01/2015	4306583	TAB		2			152732255892009999
		68645-0447-70					
10/06/2015	7748008	QUEtiapine Fumarate	BELL,GARY BERNARD	180	90	0	$ 22.00 IRX
04/01/2015	4310289	25MG TAB		2			152795423974026999
		16729-0145-01					
10/07/2015	4553742	ZOLPIDEM 10MG TAB	BELL,GARY BERNARD	90	90	0	$ 22.00 IRX
10/07/2015	4310935	16714-0622-02		0			152804936834029999
10/10/2015	7726692	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 0.00 AAP
12/08/2014	4313021	50458-0141-30		10			PJ10V002014148
10/27/2015	7767560	GLYBURIDE/METFORM	BELL,GARY BERNARD	180	90	0	$ 22.00 AAP
07/27/2015	4323192	5/500MG TAB		1			153001626649005999
		00093-5712-01					
10/27/2015	7727013	ONGLYZA 5MG TAB	BELL,GARY BERNARD	30	30	0	$ 38.00 IRX
12/09/2014	4323194	00310-6105-30		10			153001625514011999
11/11/2015	7763624	HydrOXYzine HCl 25MG	BELL,GARY BERNARD	120	30	0	$ 9.00 AAP
07/01/2015	4333388	TAB		2			153152694059033999
		16714-0082-10					

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WAL*MART STORES, INC.

Store #: 1286
Report Date: 12/06/2015

Connexus Pharmacy System
Wal-Mart Pharmacy10-1286
Medical Expense Summary

Patient: REESE,HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of:01/01/2009 To 12/06/2015

Wal-Mart Pharmacy,7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number:4216734 ID: BW5430575 NPI Number :1982621132

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
11/11/2015	7726692	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 0.00 AAP
12/08/2014	4333463	50458-0141-30		11			PK11V001007054
11/24/2015	7741186	DEXILANT 60MG DR CAP	BELL,GARY BERNARD	90	90	0	$ 20.00 IRX
02/24/2015	4342082	64764-0175-30		3			30000247956182
11/24/2015	7727013	ONGLYZA 5MG TAB	BELL,GARY BERNARD	30	30	0	$ 38.00 IRX
12/09/2014	4341573	00310-6105-30		11			153282300393017999
11/24/2015	7741183	PRAVASTATIN 80MG TAB	BELL,GARY BERNARD	90	90	0	$ 22.00 IRX
02/24/2015	4341572	00093-7270-10		3			153282300855034999

Report Date: 12/06/2015
Attested To By :

Registered Pharmacist

Total: $ 4,075.68

Note : '*' Due to a supply issue, this prescription was only partially filled on this date.
You were not charged nor was your insurance company billed on this date.

****PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY.**
WAL*MART STORES, INC.

Walmart Pharmacy

P Exhibit 17

State of South Carolina
Department of Mental Health

MENTAL HEALTH COMMISSION:
Alison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Beverly Cardwell
Jane B. Jones
Everard Rutledge, PhD
J. Buxton Terry
Sharon L. Wilson

2414 Bull Street • P.O. Box 485
Columbia, SC 29202
Information: (803) 898-8581

John H. Magill
State Director of Mental Health

September 6, 2013

Harry Reese
8408 Little John Drive
Columbia, SC 29209

Dear Mr. Reese:

Your request for a copy of your complete personnel file was received and is ready to be mailed to you at the above address.

In accord with the South Carolina Department of Mental Health Directive #722-88, Personnel Records/Freedoms of Information Act policy "Copies of the official personnel record will be provided to the employee at the employee's request or at the request of other authorized sources for an administrative fee of $5:00 for initial copy and $0.15 per copy thereafter"

The requested copy of your record amount is $11.60 for 78 pages, which must be paid before we provide the copies.

Three (3) easy steps when submitting your payment:

- Make check or money order payable to:
  South Carolina Department of Mental Health SCDMH
- Mail to: SC Department of Mental Health
  Human Resource
  214 Bull Street
  Columbia, SC 29201
- Retain a copy of this letter for your records and include one copy with your fee.

The requested copy will me mail the same day payment is received if you have any questions; please contact Sharon S. Brown at 803-898-8607.

Sincerely,

Joyce W. Thompson
Benefits Manager

Note: To the Business office once payment is received please notify the office of Human Resources at 803-898-8607.

Exhibit 23

Scott Medical Administrative LLC
1919 Gadsden Street
Columbia, SC 29202
Phone: (803)779-5356

January 14, 2014

Patient : Harry Reese

ACCOUNT NAME:
Harry Reese
8408 Little John Drive
Columbia, SC 29209

ACCOUNT NUMBER
743000

Make Payable;
Dr. T. McKinney

01/14/14	Harry	2.30	BCBS Ins. Pymt	190.59
01/14/14	Harry	2.30	BCBS Ins. Pymt	137.71
01/14/14	Harry	2.30	BCBS Ins. Pymt	163.67
01/14/14	Harry	53.00	BC/BS ADJUSTMENT	173.37
01/14/14	Harry	53.00	BC/BS ADJUSTMENT	218.12
01/14/14	Harry	53.00	BC/BS ADJUSTMENT	145.72

Previous Balance		1150.00
Today's Charges	+	0.00
Adjustments	-	537.21
Today's Payments	-	491.97
New Balance	=	120.82
Amount Due	=	120.82

4 Hour Notice Is Required For Cancelled Appointments

103B

Exhibit 84

PALMETTO HEALTH

Day Treatment (Adult Outpatient Psychiatry)

Palmetto Health offers Day Treatment, a program offered to adults facing emotional/mental health difficulties that are interfering with daily functioning. This may include the inability to perform at work or school, feeling overwhelmed by their normal daily routine or having frequent thoughts of suicide. Along with receiving an individualized approach to treatment, patients in Day Treatment also enjoy the freedom to return home each day, while still receiving effective treatment to meet their needs.

To schedule a free, confidential assessment, call 1-866-724-7868 or 803-434-4813.

Day Treatment features:

- Intensive treatment, which is more concentrated than traditional outpatient counseling
- Structured format with medication evaluation and monitoring
- Therapeutic groups and activities
- Full- or half-day program options with emphasis on diagnosis, therapy, coping skills, education, medication assessment and monitoring, coordination with community (employer or school) and referral to appropriate specialists upon discharge

Levels of Treatment

Full-Day Treatment (Partial Hospitalization):

- Monday – Friday, 8:15 a.m. –2:45 p.m., lunch provided
- Average length of stay, 8-10 treatment days
- Intensive medication monitoring with a psychiatrist on-site daily
- Patients may move from full- to half-day treatment as progress occurs

Half-Day Treament (Intensive Outpatient Program)

- Monday through Friday, 8:15 a.m.–12:30 p.m.
- Provides scheduling flexibility with a minimum of three days per week
- Part-time work/school often permitted while in treatment
- Medication management with psychiatrist on-site daily

Day Treatment Helps With:

- Depression
- Post-Partum Depression
- Anxiety/Panic/Phobias
- Stress Management
- Life Transitions
- Post Traumatic Stress
- Grief/Loss/Divorce
- Sleep Problems
- Eating Disorder
- Obsession/Compulsion
- Anger Management

Addiction Recovery Center (Outpatient)
Adult Chemical Dependency/Dual Diagnosis (Inpatient)
Adult Psychiatry (Inpatient)
Child and Adolescent Behavioral Care Programs
Day Treatment (Adult Outpatient Psychiatry)
Links
Music Therapy Internship
Online Screening
Inpatient Visitor Information
Support Groups and Meetings

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84A

PALMETTO HEALTH
BEHAVIORAL CARE

Reception Desk 803.296.8765
Fax: 803.551.1254

Program Manager
Marjorie Hobbs, LPC, LPC-S: 803-296-2585

Program Psychiatrists
Stephanie Berg, MD
Timothy Malone, MD
Thornton McKinney, MD
Samy Tawfik, MD

Nurses
Sheri Baldwin, RN: 803.434.1914
Joyce Lorick, RN: 803.296.6048
Rachel Maw, RN, M.Div., LPC: 803.296.5096
Andria McAllister, RN, BC: 803.296.2191
Lyn Parks, RN: 803.296.6009
Martha Quillen, RN: 803.434.8314
Jeanette Spence, APRN: 803.434.1919

Office Manager
Trish Grimsley: 803.296.5002

Administrative Coordinator
Sarah Atkinson: 803.296.6000

Administrative Associates
Gail Brower: 803.434.4828
Daniel McClary: 803.434.1945
Dorothy Moran: 803.296.8765
Diana Stewart: 803.296.8765

Primary Program Therapists
Joleen Deas, LPC: 803.296.3801
Sarah Harris, LISW-CP: 803.296.5596
Lynn McDuffie, LMSW: 803.434.1045
Melissa Parks, LISW-CP: 803.296.6017
Neal Vernon, LISW-CP: 803.434.1251
Amy Watson, MT-BC, LPC: 803.296.2359
Tony Mesiano: 803.296.6041
Virginia Morris: 803.296.6047
Mary Berry: 803.296.6049
Charles Roundy, Ph.D

Part Time Therapists
Rick Ayers, LMSW, LPC
Carol Barnett, LISW
Leah Harod, PhD
Ti Smith, LISW, LMFT
Kate Hartley, LMSW
Kris Zdechlik, LISW
Libby Ross, M.Ed., MSW, LISW-CP, CAC II: 803.434.4816

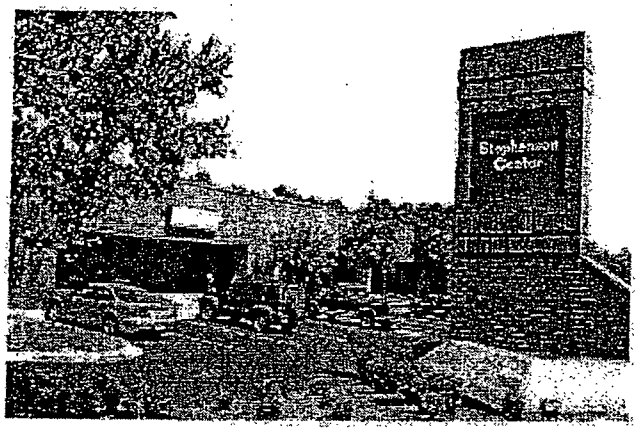
Utilization Review
Shannon Rogers CRT: 803.296.8064
Merrilyn Sease, RN: 803.434.4893
Susanna Varghese, LPC: 803.296.2361

Adjunctive Services
Jeremy: Dietitian
Maxine Deutschendorf: Yoga Therapist
Shannon Rogers, Recreation Therapist: 803.296.8064
Mary How: Art Therapist
Harvey Rogers: Chaplain
Kenneth Standley: Chaplain
Amy Watson: Music Therapy

SJB

PALMETTO HEALTH
BEHAVIORAL CARE

DAY TREATMENT LOCATION AND DIRECTIONS



PALMETTO HEALTH BEHAVIORAL CARE DAY TREATMENT

720 Gracern Road Suite 120
Columbia, SC 29210
Phone: 803-296-8765
Fax: 803-551-1254

Take the Greystone Blvd. Riverbanks Zoo exit.

Turn right onto Greystone Blvd. (0.2 mi)

Take the 1st left onto Stoneridge Dr. (0.2 mi)

Exxon & Waffle House is on the corner

Take slight right onto Gracern Rd/Frontage Rd. (0.5 mi)

---

720 GRACERN RD is on the right.

(If you reach Betsy Dr you've gone about 0.1 miles too far)

We're on the front right corner of the building

Hours of Operation

8:00am to 4:30pm

Doors to facility open at 8:00am and close after 4:30pm *

82C

PALMETTO HEALTH
BEHAVIORAL CARE

PALMETTO HEALTH DAY TREATMENT

The Day Treatment Staff welcomes you. Thank you for choosing Palmetto Health for your care. It is our goal to make your time with us as pleasant as possible. If at any time you have questions about the care you are receiving, please contact your program therapist or the manager, Marjorie Hobbs at 296-2585. We pledge to address your concerns in a private and professional manner.

Regular office hours are Monday through Friday, 8:00am to 4:30pm.

The physician who is admitting you to the hospital is called your attending physician. Your attending physician may have a partner or other physician see you on his or her days off. While you are in this program, your attending physician may ask another type of physician to help with your care. If you do not understand why another physician is seeing you, please ask your assigned program therapist or nurse to explain.

Palmetto Health participates in teaching graduate students in Behavioral Health professions. Licensed physicians receiving further education, called residents, are being trained in our facilities as well as Masters level clinicians training in counseling, social work, and rehabilitation counseling. One or more graduate interns / residents may participate in your care while you are in the hospital. At some of our Palmetto Health facilities, graduate interns / residents also may help make decisions about your care or treatment and may perform or assist in procedures. Other clinical trainees within Palmetto Health include (but are not limited to) nursing students, medical students, physical therapy students, radiology technologist students, respiratory therapy students, and chaplaincy students. Residents and other trainees are under the supervision of a designated and hospital-approved staff member who is directly responsible for the resident or student.

You, as our patient, have the right to know who is involved in your care, treatment decisions or surgical procedures. Every caregiver at Palmetto Health, including physicians and each person in training will be wearing an identification badge clearly stating his or her name, department and job or title.

Again, if you have any questions or concerns, please contact your program therapist or the Program Manager at 296-2585.

Treatment and Medicines:
A treatment plan will be made especially for you. This treatment plan will address your problems and concerns with the purpose of resolving these difficulties. Medicine may be used as part of the treatment a person receives. You will meet with a psychiatrist assigned to your case at least once a week for the purpose of monitoring and/or changing your medication. These meetings are not for therapy, but for medication management. You will have individual sessions with your assigned program therapist (advocate) for therapy. It is very important for you to attend all scheduled days in order to make progress in reaching your treatment goals and to monitor any medicine you may be taking. Be sure to inform your treatment team (program therapist, program nurse, and doctor) of any important changes, problems, or concerns. Any medicine changes should be discussed during your sessions and you should tell your treatment team about any problems with the medicine or any side effects.

Medication Refills:
All refills and/or changes of medicine will be handled by your psychiatrist. No requests to refill medicine will be taken by phone.

83D

PALMETTO HEALTH
BEHAVIORAL CARE

PHP SCHEDULE *(FULL DAY)*

8:00am – 8:30am: ***Arrival and Check In***

8:30am – 9:15am: ***45 minute Process Group***
Goals/Affirmations/Orientation

9:15am – 10:45am: ***90 minute Process Group***
Weekend Review – *On Monday or first day after long weekend*
Open Process – *On Tuesday, Wednesday & Thursday or middle days of work week*
Treatment Plan Review – *On Friday or last day of work week*

10:45am – 11:00am: ***Break time***

11:00am – 12:30pm: ***90 minute Coping Skills Group***
Structured Teaching Groups on Mental Health Concepts and Coping Skills

12:30pm – 1:15pm: ***Lunch***

1:15pm – 2:00pm: ***45 minute Coping Skills Group***

2:00pm – 2:45pm: ***45 minute Coping Skills Group***

IOP SCHEDULE *(HALF DAY)*

8:00am– 8:30am: ***Arrival and Check In***

8:30am – 9:15am: ***45 minute Process Group***
Goals/Affirmations/Orientation

9:15am – 10:45am: ***90 minute Process Group***
Weekend Review – *On Monday or first day after long weekend*
Open Process – *On Tuesday, Wednesday & Thursday or middle days of work week*
Treatment Plan Review – *On Friday or last day of work week*

10:45am – 11:00am: ***Break time***

11:00am – 12:30pm: ***90 minute Coping Skills Group***
Structured Teaching Groups on Mental Health Concepts and Coping Skills

82E

PALMETTO HEALTH
BEHAVIORAL CARE

FREQUENTLY ASKED QUESTIONS

What time does group start and end?
On your first day, you should arrive between 8:00am and 8:15am in order to check in and fill out paperwork. After your first day, you only need to arrive by 8:15am in order to fill out your Daily Blue Sheet and get settled before group starts at 8:30am. For full day (Partial Hospital) patients, the day ends at 2:45pm and for half day (Intensive Outpatients), the day ends at 12:30pm. Most patients start out as full day patients, attending the program for the full day, before moving down to the half day (Intensive Outpatient) program.

Where should I park?
There is plenty of free parking in front of and around the Stephenson Center building.

What should I bring with me?
- Any medication you are currently taking
- Your insurance card
- A light wrap or jacket as the temperature of the group room varies
- Name and numbers of any other doctors who are treating you

What should I wear?
Please wear modest and comfortable clothing. Semi-business or casual work attire is preferred. Casual wear is acceptable as long as it follows these guidelines: shorts to be no shorter than the top of the leg where the hand reaches naturally; women's tops to be concealing of undergarments; no beachwear.

Can I bring my family with me?
You are welcome to bring family members with you on your first day in order to show them where you will be spending your days, but they will not be allowed to join you in treatment. A family session may be scheduled during your treatment where a family member(s) of your choice will be invited to meet with you and your program therapist.

What about lunch?
A 45 minute break is allotted for lunch for our full day patients. You may choose to bring your own lunch, go to an area restaurant, or sign up to have a complimentary lunch delivered by area vendors. In order to receive a complimentary lunch, *you must sign up by 9am.* If there are special dietary restrictions, please plan to bring your own lunch from home. Patients normally eat together during the lunch break, but it is not required.

Will I see a doctor?
Yes, you will be evaluated by a psychiatrist within the first two days of attending the program and will be seen at least once a week after that. You will also be referred to a psychiatrist in the community upon discharge if you do not already have one.

How long does the program last?
This is different for everyone. It is normally a good idea to plan on attending the program for at least two weeks. Your progress and improvement will be evaluated weekly by the treatment team

82F

and your doctor. The decision to be discharged is often a collaborative decision. The average length of stay is three to four weeks.

What about my job?
We will provide a letter to your supervisor, ***at your request***, explaining that you are involved in treatment and unable to return to work until treatment is over or your doctor approves. ***You must obtain*** any FMLA and short term disability paperwork from your Human Resources Department and we will make sure that it is completed and faxed to the appropriate office. ***We do not fill out long term disability or social security disability income paperwork.***

Can I drop out anytime I want?
Our program is voluntary. Patients who want to discontinue treatment should discuss their decision with their program therapist and their doctor prior to leaving. We would not recommend dropping out without informing us of your decision as it will be recorded on your medical record that you left treatment against medical advice.

Do I have to come every day?
If you are entering the Partial Program (Full Day) you **must** come every day, Monday through Friday. If you are in Intensive Outpatient, then you are allowed to attend between 3 to 5 days a week. While in Intensive Outpatient Program (Half Day), you can decide, with your program therapist, which days you would like to attend. If you are sick or for any reason cannot attend on a scheduled day, we request that you call and check in to let us know of your reason for not attending. Regular attendance is crucial to maintaining insurance coverage. If a patient does not show up the very next day after assessment, the insurance company will often withdraw the authorization with the thought that the patient obviously does not need this type of intensive treatment.

What is an Advocate?
Every patient is assigned to one of our licensed Master's level therapists while in day treatment. Your assigned program therapist will meet with you periodically during your treatment to check in with how you are doing, answer any questions you may have about your progress, your treatment, or insurance issues. Our staff is in regular contact with your insurance company to obtain authorization for your days of treatment and your program therapist will inform you of those days as treatment progresses. Your program therapist is also in regular dialogue with your psychiatrist and other members of the treatment team and will be the one who will set up your follow up appointments with your community therapist prior to your discharge from the program.

What about inclement weather?
In the event of inclement weather (i.e.: ice, snow) your safety is very important to us. We are aware that road conditions may vary in your area. The policy of the Day Treatment Program is to be in full operation and fully staffed unless management indicates otherwise by issuing a closing or delayed start time based on the conditions issued by the Local Weather Authorities. If you have any questions about closings or delays, please call 803-296-8765 by 7 a.m. to hear an update of the program schedule. In the event that the weather conditions are severe to warrant your concern of your driving safety, please call and indicate this to us.

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PALMETTO HEALTH
BEHAVIORAL CARE

GUIDELINES FOR THE DAY TREATMENT PROGRAM

- Please respect patient confidentiality at all times - "what happens in group stays in group".
- Please practice common courtesy and treat others with respect and dignity. Please refrain from profanity.
- Cleanliness is everyone's responsibility, so please pick up after yourself.
- Please turn off all cell phones and other electronic devices.
- Please dress comfortably but modestly.
- Room temperatures vary. Please bring a jacket or wear layered clothing to account for changes in temperature.
- Please avoid interrupting during group discussions.
- Only bring medication you may need for the day and not an entire bottle. Please remember to bring your own over the counter medications (i.e. Tylenol, Mylanta, etc.) as we do not dispense medications.
- Please DO NOT share medication.
- Please do not disrupt the group to get or eat snacks. Please wait until break times.
- Please be on time. If you are running late, please call 803-296-8765 and pre-arrange all absences with your program therapist.
- Please bring your patient notebook to group each day. Please write down your goals and affirmations each day.
- Please be open to others' feedback.
- Please use "I" statements when giving feedback or making comments to others in group.
- Please focus on your own recovery by not initiating contact with other group members outside the program while you are in treatment. Talking on the phone, texting, or spending personal time together can dilute the therapeutic process. Please wait until you have been discharged from the program 45 days before making contact.
- Please DO NOT ask other group members for their contact information such as phone #, email, etc.
- Please DO NOT ask for money from other group members or loan money to group members.
- Refrain from going into explicit detail when talking about trauma experiences in group.
- Please share any thoughts about wanting to hurt yourself or others in a group therapy setting or with a staff member, but NOT with other group members during breaks, lunchtime, or after hours.
- Please avoid monopolizing (allow others to share).
- Please ask questions and give others feedback and engage in the process.
- Please focus on others when they are talking (please avoid side conversations during group therapy).
- Please avoid intimidating behavior- refrain from the following:
  - Swearing at group members
  - Using insulting or belittling language
  - Pointing at group member
  - Aggressive posture (hovering, standing, etc.)

824

Harry Reese

..om: Harry Reese
Sent: Thursday, August 22, 2013 9:04 AM
To: Harold Edwards
Subject: Report

Harold as discussed with you and Dr. Riddle on Monday, it was my intent to provide you along with senior management with a copy of a report by this weekend; unfortunately, I won't be able to provide the report to you until sometime next week or the week of 9/2/13 due to the enormity of information that will be presented. Upon reviewing the document, you'll certainly view the reason that this report is imperative to submit not only internally; however, externally as well as mentioned to you and Dr. Riddle. I just feel that since you're my immediate supervisor, it is appropriate, respectful, and necessary for you to see all the hell that I've been through and no senior manager is addressing the issue but continue to allow and engage in this illegal and egregious conduct. For your information as well...I was called to meet with Zenika to discuss HIPPA issues. Although Zenika didn't state that I violated any HIPPA violations, it's just amazing to me that they didn't asked me about the night in question regarding the client's complaint, but are now attempting to develop a reason to terminate me using HIPPA.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
IP
CONNECTIONS
15 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

PRIVACY NOTICE: THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN SCDMH PATIENT OR OTHER INFORMATION THAT IS PRIVATE AND PROTECTED FROM DISCLOSURE BY APPLICABLE FEDERAL AND STATE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINED WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY EMAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS.

255

Harry Reese

From: Harry Reese
Sent: Wednesday, September 18, 2013 1:07 PM
To: Harold Edwards
Subject: Reese Leave Slips *PGP*
Attachments: Reese Leave Slips.pdf

Importance: High

Mr. Edwards:

Please see the attached leave slips as requested by Ms. Vicki Brown. The hard copy has been placed in your mailbox for your review and signature in a sealed envelope. Due to my current mental status, I'm taking off on sick leave from 9/19-20 and 9/23/2013-9/27/2013. I'm taking this time off because I know I wouldn't be effective within working with the clients and I certainly do not want to cause any harm to them via possible poor guidance, interventions, etc., etc. etc. Mr. Helms (EAP) has referred me to a psychiatrist of which I'm awaiting to be evaluated. If for some reason, management doesn't accept my Sick Leave request for the week of 9/23/13 – 9/27/2013, please call me at 783-1801 and I'll make the change from Sick Leave to Annual Leave of which I should have to do based on the current circumstances.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
ONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

PRIVACY NOTICE: THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN SCDMH PATIENT OR OTHER INFORMATION THAT IS PRIVATE AND PROTECTED FROM DISCLOSURE BY APPLICABLE FEDERAL AND STATE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINED WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY EMAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS.

PP19
9/19/13

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Application for Leave

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
Sick leave requests may require a certificate from a physician or other recognized practitioner
Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

Name	2. Facility	3. Organizational Component
Harry E. Reese Sr.	Connections	CAMHC

4. No. of Hours	5. Type of Leave	6. Beginning Hour	Month, Day, Year	7. Ending Hour	Month, Day, Year
Requested: 3.00	Sick	02:00 PM	09/06/2013	05:00 PM	09/06/2013

8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship.

Work related stress via CAMHC's management for effectively performing my job duties

9. Date	10. Signature of Employee
09/18/2013	

11.	If disapproved, State Reason
☒ Approved ☐ Disapproved	

12. Date.	13. Signature of Supervisor
9/6/13	

14. Remarks:

15. Date	16. Signature of Approving Authority

SCDMH FORM
REV JAN 2009 (F.M. JAN 20, 2009) P-14
REC SCHED. 00115

C e for pad form size

KB
PP19
9/19/13

SO[illegible]H CAROLINA DEPARTMENT OF MENT[illegible] HEALTH
Application for Leave

INS[illegible]UCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
Sick leave requests may require a certificate from a physician or other recognized practitioner
Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

1. Name	2. Facility	3. Organizational Component
Harry E. Reese Sr.	Connections	CAMHC

4. No. of Hours	5. Type of Leave	6. Beginning Hour	Month, Day, Year	7. Ending Hour	Month, Day, Year
Requested: 4.00	Sick	01:00 PM	09/09/2013	05:00 PM	09/09/2013

8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship.

Work related stress via CAMHC's management for effectively performing my job duties

9. Date	10. Signature of Employee
09/18/2013	

11.	If disapproved, State Reason
☒ Approved ☐ Disapproved	

12. Date.	13. Signature of Supervisor
9/9/13	

14. Remarks:

15	16. Signature of Approving Authority

SM.
V JA. (F.M. JAN 20,2009) P-14
SCHED. 00115

4

PP 19
9/19/13

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Application for Leave

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
Sick leave requests may require a certificate from a physician or other recognized practitioner
Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

Name	2. Facility	3. Organizational Component
Harry E. Reese Sr.	Connections	CAMHC

4. No. of Hours	5. Type of Leave	6. Beginning Hour	Month, Day, Year	7. Ending Hour	Month, Day, Year
Requested: 4.00	Sick	01:00 PM	09/10/2013	05:00 PM	09/10/2013

8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship.

Work related stress via CAMHC's management for effectively performing my job duties

9. Date	10. Signature of Employee
09/18/2013	

11.	If disapproved, State Reason
[X] Approved [ ] Disapproved	

12. Date.	13. Signature of Supervisor
9/10/13	

14. Remarks:

15. Date	16. Signature of Approving Authority

SCDMH FORM
REV JAN 2009 (F.M. JAN 20, 2009) P-14
REC SCHED. 00115

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KB
PP 19
9/19/13

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Application for Leave

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
Sick leave requests may require a certificate from a physician or other recognized practitioner
Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

1. Name	2. Facility	3. Organizational Component
Harry E. Reese Sr.	Connections	CAMHC

4. No. of Hours	5. Type of Leave	6. Beginning Hour	Month, Day, Year	7. Ending Hour	Month, Day, Year
Requested: 7.25	Sick	~~08:30~~ 9:45 AM	09/11/2013	05:00 PM	09/11/2013

8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship.

Work related stress via CAMHC's management; visit with Mr. Don Helms (EAP); at clinic briefly

9. Date	10. Signature of Employee
09/18/2013	

11.	If disapproved, State Reason
[X] Approved [ ] Disapproved	

12. Date.	13. Signature of Supervisor
9/11/13	

14. Remarks:

15.	16. Signature of Approving Authority

SCDMH FORM
REV JAN 2009 (F.M. JAN 20,2009) P-14
REC SCHED. 00115

5

PP 19
9/19/13

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Application for Leave

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Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

1. Name	2. Facility	3. Organizational Component
Harry E. Reese Sr.	Connections	CAMHC

4. No. of Hours Requested:	5. Type of Leave	6. Beginning Hour	Month, Day, Year	7. Ending Hour	Month, Day, Year
15.00	Sick	08:30 AM	09/12/2013	05:00 PM	09/13/2013

8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship.

Work related stress via CAMHC's management for effectively performing my job duties

9. Date	10. Signature of Employee
09/18/2013	

11.	If disapproved, State Reason
☒ Approved ☐ Disapproved	

12. Date.	13. Signature of Supervisor
9/13/13	

14. Remarks:

15. Date	16. Signature of Approving Authority

SCDMH FORM
REV JAN 2009 (F.M. JAN 20, 2009) P-14
REC SCHED. 00115

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PP 19
9/19/13

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Application for Leave

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
Sick leave requests may require a certificate from a physician or other recognized practitioner
Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

1. Name	2. Facility	3. Organizational Component
Harry E. Reese Sr.	Connections	CAMHC

4. No. of Hours Requested:	5. Type of Leave	6. Beginning Hour	Month, Day, Year	7. Ending Hour	Month, Day, Year
4.00	Sick	1:00 PM	09/16/2013	05:00 PM	09/16/2013

8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship.

Work related stress via CAMHC's management for effectively performing my job duties

9. Date	10. Signature of Employee
09/18/2013	

11.	If disapproved, State Reason
☒ Approved ☐ Disapproved	

12. Date.	13. Signature of Supervisor
9/16/13	

14. Remarks:

	16. Signature of Approving Authority

SCDMH FORM
REV JAN 2009 (F.M. JAN 20,2009) P-14
REC SCHED. 00115

6

KB PP FP 20 PP 9/19/13

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Application for Leave

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
Sick leave requests may require a certificate from a physician or other recognized practitioner
Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

Name	2. Facility	3. Organizational Component
Harry E. Reese Sr.	Connections	CAMHC

4. No. of Hours	5. Type of Leave	6. Beginning Hour	Month, Day, Year	7. Ending Hour	Month, Day, Year
Requested: 7.50	Sick	08:30 AM	09/17/2013	05:00 PM	09/17/2013

8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship.

Work related stress via CAMHC's management for effectively performing my job duties

9. Date	10. Signature of Employee
09/18/2013	

11.	If disapproved, State Reason
☒ Approved ☐ Disapproved	

12. Date.	13. Signature of Supervisor
9/17/13	

14. Remarks:

15. Date	16. Signature of Approving Authority

SCDMH FORM
REV JAN 2009 (F.M. JAN 20, 2009) P-14
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KB PP20 9/25/13

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Application for Leave

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
Sick leave requests may require a certificate from a physician or other recognized practitioner
Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

1. Name	2. Facility	3. Organizational Component
Harry E. Reese Sr.	Connections	CAMHC

4. No. of Hours	5. Type of Leave	6. Beginning Hour	Month, Day, Year	7. Ending Hour	Month, Day, Year
Requested: 5.50	Sick	~~08:30~~ 11:30 AM	09/18/2013	05:00 PM	09/18/2013

8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship.

Work related stress; present today for TB Test Reading; to complete Leave Slips as requested by Ms. Vicki Brown

9. Date	10. Signature of Employee
09/18/2013	

11.	If disapproved, State Reason
☒ Approved ☐ Disapproved	

12. Date.	13. Signature of Supervisor
9/18/13	

14. Remarks:

15	16. Signature of Approving Authority

SCDMH
REV JAN (F.M. JAN 20,2009) P-14
REC SCHED. 00115

7

PP20 9/25/13

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Application for Leave

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
Sick leave requests may require a certificate from a physician or other recognized practitioner
Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

1. Name	2. Facility	3. Organizational Component
Harry E. Reese Sr.	Connections	CAMHC

4. No. of Hours	5. Type of Leave	6. Beginning Hour	Month, Day, Year	7. Ending Hour	Month, Day, Year
Requested: 15.00	Sick	08:30 AM	09/19/2013	05:00 PM	09/20/2013

8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship.

Work related stress via CAMHC's management for effectively performing my job duties

9. Date	10. Signature of Employee
09/18/2013	

11.	If disapproved, State Reason
☒ Approved ☐ Disapproved	

12. Date.	13. Signature of Supervisor
9/20/13	

14. Remarks:

15. Date	16. Signature of Approving Authority

SCDMH FORM
REV JAN 2009 (F.M. JAN 20, 2009) P-14
REC SCHED. 00115

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Application for Leave

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
Sick leave requests may require a certificate from a physician or other recognized practitioner
Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

1. Name	2. Facility	3. Organizational Component
Harry E. Reese Sr.	Connections	CAMHC

4. No. of Hours	5. Type of Leave	6. Beginning Hour	Month, Day, Year	7. Ending Hour	Month, Day, Year
Requested: 37.50	Sick	08:30 AM	09/23/2013	05:00 PM	09/27/2013

8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship.

Work related stress via CAMHC's management for effectively performing my job duties

9. Date	10. Signature of Employee
09/18/2013	

11.	If disapproved, State Reason
☒ Approved ☐ Disapproved	

12. Date.	13. Signature of Supervisor
9/27/13	

14. Remarks:

15.	16. Signature of Approving Authority

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V J. (F.M. JAN 20,2009) P-14
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8

Harry Reese

From: Vickie Brown
Sent: Friday, September 06, 2013 12:46 PM
To: Harry Reese
Subject: RE: Policies
Attachments: 1738_001.pdf

- Don Helms is the contact person for EAP. He can be reached at 898-8866.
- I have attached the Employee Grievance and Appeal Policy and Procedures Directive. Section 4 of the directive addresses actions that may be grievable. Record of Employee Counseling is not a grievable action.

From: Harry Reese
Sent: Thursday, September 05, 2013 5:07 PM
To: Vickie Brown
Subject: Policies
Importance: High

Dear Ms. Brown:

- Please provide me with a referral and contact information for the Employee Assistance Program due to ongoing crippling employment issues that are consistently affecting my work performance and my personal life.
- Can an employee grieve a Record of Employee Counseling?
- Please provide me with a copy of the Grievance Policy?

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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Harry Reese

From: Helms, Donald <Dhelms@SCVRD.STATE.SC.US>
Sent: Tuesday, April 14, 2015 3:06 PM
To: Harry Reese
Subject: RE: Harry Reese Initial Appointment

Harry,

Your initial appt with me was 9/11/13.

Best to you, Don

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Tuesday, April 14, 2015 1:18 PM
To: Helms, Donald
Subject: Harry Reese Initial Appointment

Mr. Helms:

I apologize for requesting the following information again; however, can you please email me the date of my initial appointment with you. Thank you in advance for your attention within this extremely important matter.

Thanks,
Harry E. Reese Sr.
HP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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SCVRD

SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

Enabling eligible South Carolinians with disabilities
to prepare for, achieve, and maintain competitive employment.

Barbara G. Hollis, Commissioner

October 3, 2013

HARRY REESE
8408 LITTLE JOHN DRIVE
COLUMBIA, SC 29209

Dear Mr. REESE:

This is to inform you of a doctor's appointment we scheduled for you. The appointment is with **Carol Anderson @ Scott Psychiatric Center** . The appointment is scheduled for **Monday, October 04, 2013** at **04:00 PM**. The office is located at **1919 Gadsden Street,Columbia, SC 29202**. The phone number is **(803) 779-5356**.

If you have any questions please feel free to contact me at (803)898-8866 .

Thank you and have a great day!

Sincerely,

Avian Jones
ADMINISTRATIVE TEAM SUPPORT SPECIALIST I
Caseload 137

Harry Reese

From: Helms, Donald <Dhelms@SCVRD.STATE.SC.US>
Sent: Wednesday, October 29, 2014 8:59 AM
To: Harry Reese
Subject: RE: Harry Reese Concerns & Assisatnce

Harry,

You are correct about the statement you initially wrote regarding problems at work. If you would like to drop by today and complete another form that can be done. I will check on the additional sessions for you.

Hope to hear back soon, Don Helms

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Tuesday, October 28, 2014 5:11 PM
To: Helms, Donald
Subject: Harry Reese Concerns & Assisatnce

Dear Mr. Helms:

I want to personally thank you for your assistance within receiving the essential mental health services of which I'm currently receiving and desperately need to continue; however, I do have a concern regarding today's visit h you.

n today, you requested that I complete a form of which you provided in reference to closing my case. The response that I initially placed on the form which currently reflects my current status was..."I'm still having problems at work", you state was inappropriate and requested that I completed another form stating that my response should be confidential and worked out with the therapist. I complied with your request and provided an alternate statement, but misleading..."To continue working with the therapist regarding work issues". This statement is misleading in that it reflects that I'm only working through employment issues that were initially presented to you. The fact to the matter is, I'm still experiencing problems at work that has a negative impact in all aspects of my life – having the agency to continue marginalizing, devaluing and now discredit me; having the agency to continue committing illegal against me; allowing staff members to report claims against me, but when I'm requesting assistance of management to address these concerns, I'm employment is threatened and I'm being bullied – which it has gotten so bad that twice, when the employee that made the uncomfortable claim against me, was observed in the break room alone, I immediately walked out because I fearful of additional false claims that she may make against me; my inability to advocate on behalf of the clients due to the fear of being penalize – one client is now homeless and another client, from another CAMHC program, I had to request permission to document interventions demonstrate to the client the importance of receiving his injection as prescribed; being extremely exhausted, physically and mentally every day which has affected my ability to perform my work duties and if it wasn't for my extremely low caseload, I know that I wouldn't be effective in oviding quality services to the clients; I'm starting again crying every day now; being fearful of being minated because I just don't know what this agency will come up with next to penalize me for something I 't do; surely my mental health is paramount, but if AI lose my job, I just might lose my home and no telling wnat I would do. Certainly losing my home will affect my mental health. Since living in my home, I never been

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late or missed a payment. In addition, I support a lot of family members in my home – my mother, my oldest sister and her two children, and my youngest sister. Mr. Helms, I've already discussed the aforementioned with : therapist, but again the correct statement should be reflected on the paperwork..."I'm still having problems at work". Please forgive me if I've offended you in any manner.

Question: Can your agency extend the number of sessions with the current therapist?

Thanks,

Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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Harry Reese

From: Helms, Donald <Dhelms@SCVRD.STATE.SC.US>
Sent: Monday, November 24, 2014 11:02 AM
To: Harry Reese
Subject: RE: Harry Reese Concerns & Assisatnce

Harry,

I can release those records to you, there is a form you will have to sign for us to do that. Let me know when you want to stop by and do that. Either myself or Whitney Starks can complete the form.

Thanks, Don Helms

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Monday, November 24, 2014 8:42 AM
To: Helms, Donald
Subject: RE: Harry Reese Concerns & Assisatnce

Dear Mr. Helms:

I truly don't mean to offend you; however, after reviewing the State Accident Fund's file that they will present to the Worker's Compensation Commission to deny my claim, I discovered a number of inconsistencies and ccuracies within other professionals' documentation. Since you were the initial professional that diagnosed, deduced, concluded, etc. etc., etc. that my mental anguish stemmed from work related stress of which you provided me with a referral for Scott's Medical, I'm respectfully requesting a copy of my medical record from your office. Please, if possible, have the medical record prepared by the end of the day.

Respectfully,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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From: Harry Reese
Sent: Tuesday, October 28, 2014 5:11 PM
: dhelms@scvrd.state.sc.us
Subject: Harry Reese Concerns & Assisatnce
Importance: High

Dear Mr. Helms:

I want to personally thank you for your assistance within receiving the essential mental health services of which I'm currently receiving and desperately need to continue; however, I do have a concern regarding today's visit with you.

On today, you requested that I complete a form of which you provided in reference to closing my case. The response that I initially placed on the form which currently reflects my current status was..."I'm still having problems at work", you state was inappropriate and requested that I completed another form stating that my response should be confidential and worked out with the therapist. I complied with your request and provided an alternate statement, but misleading..."To continue working with the therapist regarding work issues". This statement is misleading in that it reflects that I'm only working through employment issues that were initially presented to you. The fact to the matter is, I'm still experiencing problems at work that has a negative impact in all aspects of my life – having the agency to continue marginalizing, devaluing and now discredit me; having the agency to continue committing illegal against me; allowing staff members to report claims against me, but when I'm requesting assistance of management to address these concerns, I'm employment is threatened and I'm being bullied – which it has gotten so bad that twice, when the employee that made the uncomfortable claim ainst me, was observed in the break room alone, I immediately walked out because I fearful of additional alse claims that she may make against me; my inability to advocate on behalf of the clients due to the fear of eing penalize – one client is now homeless and another client, from another CAMHC program, I had to request permission to document interventions demonstrate to the client the importance of receiving his injection as prescribed; being extremely exhausted, physically and mentally every day which has affected my ability to perform my work duties and if it wasn't for my extremely low caseload, I know that I wouldn't be effective in providing quality services to the clients; I'm starting again crying every day now; being fearful of being terminated because I just don't know what this agency will come up with next to penalize me for something I didn't do; surely my mental health is paramount, but if AI lose my job, I just might lose my home and no telling what I would do. Certainly losing my home will affect my mental health. Since living in my home, I never been late or missed a payment. In addition, I support a lot of family members in my home – my mother, my oldest sister and her two children, and my youngest sister. Mr. Helms, I've already discussed the aforementioned with the therapist, but again the correct statement should be reflected on the paperwork..."I'm still having problems at work". Please forgive me if I've offended you in any manner.

Question: Can your agency extend the number of sessions with the current therapist?

Thanks,

Harry E. Reese Sr.
HP
mpact
5 Colonial Drive, Bldg. 200A
umbia, SC 29203
(803) 898-8131

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Fax: (803) 898- 4374

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Certification of Physician or Practitioner
(Family and Medical Leave Act of 1993)

1. Employee's Name: HARRY REESE

2. Patient's Name (if different from employee):

3. The attached sheet describes what is meant by a "serious health condition" under the Family and Medical Leave Act (see Attachment A). Does the patient's condition[1] qualify under any of the categories described? If so, please check the applicable category.

(1)___ (2)✓ (3)___ (4)___ (5)___ (6)___ ,or None of the above _____

4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories: AS A RESULT OF SIGNIFICANT AND ONGOING JOB RELATED STRESS THIS PATIENT MEETS THE CRITERIA FOR DEPRESSION AND THIS HAS EXACERBATED MEDICAL CONDITIONS - HTN (HEART PALPITATIONS) AND INSULIN DM (BLOOD SUGAR OVER 500)

5.a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity[2] if different): PATIENT REPORTS SYMPTOMS APPEARED IN MID-AUGUST; SOUGHT HELP FROM EAP. REFERRED BY DR GARY BELL 9/24/13; ASSESSED 9/26/13; ADMITTED 9/27/13

b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)? ___
PT ENROLLED IN PARTIAL HOSPITALIZATION PROGRAM M-F, 8:30 - 2:45
If yes, give probable duration:
FOUR TO SIX WEEKS

c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity.:
X

6.a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments. FOLLOW-UP OUTPATIENT CARE WILL BE ARRANGED, BUT PATIENT SHOULD BE ABLE TO SCHEDULE AROUND WORK HOURS

[1] Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

[2] "Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

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If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any.

b. If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments.
OUTPATIENT COUNSELING WITH LICENSED THERAPIST

c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):
PATIENT WILL BE PRESCRIBED MEDICATIONS AS APPROPRIATE FOR BEHAVIORAL CARE

7.a. If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?
UNABLE TO WORK FOR DURATION OF TREATMENT

b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)?_____ If yes, please list the essential functions the employee is unable to perform:

c. If neither a. nor b. applies, is it necessary for the employee to be absent from work for treatment? YES

8.a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation?_____
NA

b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery?_____

c. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:

(Signature of Health Care Provider)

Psychiatry
(Type of Practice)

PALMETTO HEALTH BEHAVIORAL CARE DAY TREATMENT
120 GRACERN ROAD, SUITE 120
COLUMBIA, SC 29210
(Address)

803 896-8765
(Telephone Number)

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule.

(Employee Signature)

10/8/13
(Date)

Employer Response to Employee
Request for Family or Medical Leave
(Optional Use Form – See 29 CFR § 825.301)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

...amily and Medical Leave Act of 1993)

Date: October 9, 2013

OMB No. : 1215-0181
Expires : 08-31-07

To: Harry Reese
(Employee's Name)

From: Vickie L. Brown, H. R. Director
(Name of Appropriate Employer Representative)

Subject: REQUEST FOR FAMILY/MEDICAL LEAVE

On October 9, 2013 *(Date)*, you notified us of your need to take family/medical leave due to:

☐ The birth of a child, or the placement of a child with you for adoption or foster care; or

☒ A serious health condition that makes you unable to perform the essential functions for your job: or

☐ A serious health condition affecting your ☐ spouse, ☐ child, ☐ parent, for which you are needed to provide care.

You notified us that you need this leave beginning on 09/27/2013 *(Date)* and that you expect leave to continue until on or about November 07, 2013 *(Date)*.

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that: *(check appropriate boxes; explain where indicated)*

1. You are ☑ eligible ☐ not eligible for leave under the FMLA.

2. The requested leave ☑ will ☐ will not be counted against your annual FMLA leave entitlement.

3. You ☑ will ☐ will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by Received 10/09/2013 *(insert date)* (must be at least 15 days after you are notified of this requirement), or we may delay the commencement of your leave until the certification is submitted.

4. You may elect to substitute accrued paid leave for unpaid FMLA leave. We ☑ will ☐ will not require that you substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used, the following conditions will apply: *(Explain)*

You must use Sick Leave. Once your sick leave is exhausted, you may use Annual Leave to continue paid leave or use LWOP concurrently with your FMLA leave.

Form WH-381
Rev. June 1997

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5. (a) If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you, and it is agreed that you will make premium payments as follows: *(Set forth dates, e.g., the 10th of each month, or pay periods, etc. that specifically cover the agreement with the employee.)*

Your normal premiums will be deducted from your paycheck and will continue as long as you are in a paid status. Should you stop receiving a check (e.g., your are no longer in a paid status), please contact the Human Resources Office at 898-4830 to make arrangements to pay premiums.

(b) You have a minimum 30-day *(or, indicate longer period, if applicable)* grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, *provided* we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work. We ☐ will ☑ will not pay your share of health insurance premiums while you are on leave.

(c) We ☑ will ☐ will not do the same with other benefits (*e.g.*, life insurance, disability insurance, etc.) while you are on FMLA leave. If we do pay your premiums for other benefits, when you return from leave you ☑ will ☐ will not be expected to reimburse us for the payments made on your behalf.

6. You ☑ will ☐ will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.

7. (a) You ☐ are ☑ are not a "key employee" as described in § 825.217 of the FMLA regulations. If you are a "key employee:" restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us as discussed in § 825.218.

(b) We ☐ have ☑ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. *(Explain (a) and/or (b) below. See §825.219 of the FMLA regulations.)*

8. While on leave, you ☑ will ☐ will not be required to furnish us with periodic reports every _____ _____ *(indicate interval of periodic reports, as appropriate for the particular leave situation)* of your status and intent to return to work *(see § 825.309 of the FMLA regulations)*. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you ☐ will ☑ will not be required to notify us at least two work days prior to the date you intend to report to work.

9. You ☑ will ☐ will not be required to furnish recertification relating to a serious health condition. *(Explain below. if necessary, including the interval between certifications as prescribed in §825.308 of the FMLA regulations.)*

This optional use form may be used to satisfy mandatory employer requirements to provide employees taking FMLA leave with Written notice detailing specific expectations and obligations of the employee and explaining any consequences of a failure to meet these obligations. (29 CFR 825.301(b).)

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Public Burden Statement

We estimate that it will take an average of 5 minutes to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE.

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE STATE COMMISSIONER OF MENTAL HEALTH DIRECTIVE NO. 491-79
(5-100)

TO: All Employees

SUBJECT: Job-Connected Injuries and Occupational Diseases

I. General Provisions

The South Carolina Department of Mental Health is operating under and subject to the Occupational Safety and Health Act of 1970 and the South Carolina Workmen's Compensation Fund.

Under the provisions of the Occupational Safety and Health Act, each employer has the general duty to furnish each of his employees employment and places of employment free from recognized hazards causing, or likely to cause, death or serious physical harm; and the employer has the specific duty of complying with safety and health standards promulgated under the Act. Each employee has the duty to comply with these safety and health standards, and all rules, regulations, and orders issued in compliance with the Act which are applicable to his own actions and conduct.

Under the provisions of the South Carolina Workmen's Compensation Law, each employee is protected against total loss of income and expenses incurred if he sustains a disabling injury or occupational disease arising out of and in the course of his employment. No compensation is payable if the injury, occupational disease, or death is caused by the employee's willful misconduct, his intention to bring about the injury or death of himself or another employee or his intoxication.

II. Definitions

Terminology used in this directive has been defined as follows in order to assist employees in more clearly understanding usage as set forth by the South Carolina workmen's Compensation Law, and the Occupational Safety and Health Act:

A. Safety and Health Standards - In general, job safety and health standards consist of rules for avoidance of hazards which have been proven by research and experience to be harmful to personal safety and health.

B. Recordable Injury Under the Occupational Safety and Health Act Recordable occupational injuries and illnesses or any injury or illness which results in a fatality, regardless of the time between injury and death or length of illness; lost workday cases; or injuries or illnesses which result in transfer to another job or termination; or require medical treatment (other than first aid), loss of consciousness or restriction of work or motion. Medical treatment as used here does not include first aid, one-time treatment and subsequent observations of minor scratches, cuts, burns, splinters, and so forth which do not ordinarily require medical treatment even though provided by a physician or registered professional personnel.

C. Arising Out of and In the Course of Employment - The words "arising out of" refers to the origin or the cause of the accident while the words "in the course of employment" refers to the time, place and circumstances under which the accident occurs.

D. Compensation - The money allowance payable to an employee or, in the event of an employee's death due to a compensable on the job injury, to his dependent.

E . Death - The term "death" as a basis for right to compensation means only death resulting from an on the job injury.

F . Disability - The term "disability" means incapacity because of an on the job injury to earn the wages which the employee was receiving at the time of injury in the same or any other employment.

G. Disfigurement - The word "disfigurement" means that which impairs or injures the beauty, symmetry or appearance of a person; that which renders unsightly, misshapen or imperfect, or deforms in some manner. In order to constitute disfigurement so as to be compensable, it must be more than slight and must partake of permanency.

H. Injury and Personal Injury - "Injury" and "Personal Injury" shall mean only injury by accident arising out of and in the course of employment and shall not include a disease in any form, except when it results naturally and inavoidably from the accident and except such diseases as are compensable under the provisions of Chapter 2 of the South Carolina Workmen's Compensation Law.

I. Occupational Disease - The words "occupational disease" means a disease arising out of and in the course of employment which is due to hazards in excess of those ordinarily incident to employment and is peculiar to the occupation in which the employee is engaged. A disease shall be deemed an occupational disease only if caused by a hazard recognized as peculiar to a particular trade, process occupation, or employment as a direct result of continuous exposure to the normal working conditions thereof.

J. State Workmen's Compensation Fund - The State Workmen's Compensation Fund is the insurance carrier for all state employees.

K. Industrial Commission - The Industrial Commission is the group of Commissioners that were appointed for judicial review of injury cases.

III. Employee's Notice of Accident to Employer

Every injured employee or his representative must give immediate notice to his supervisor or person in position of authority in the absence of the supervisor. The person receiving the report must initiate SCDMH Form P-16, "Report of Injury". Failure to give such immediate notice may cause serious delay in the payment of compensation to the injured employee or, in the event of the employee's death due to a compensable injury, to his dependents, and may result in failure to receive any compensation benefits whatever under the law.

No compensation shall be payable unless such notice is given within ninety days after the occurrence of the accident or death, unless reasonable excuse is made to the satisfaction of the Industrial Commission for not giving such notice and the Commission is satisfied that the employer has not been prejudiced thereby.

Once a Form P-16 has been filed, it shall be the responsibility of the SCDMH Office of Public Safety to file with the Industrial Commission all forms required by state law, concerning the accident.

The right to compensation shall be forever barred unless a claim is filed with the Industrial Commission within two years after the accident and if death results from the accident, unless a claim is filed with the Commission within one year thereafter.

In those instances where an injured employee wishes to apply for Workmen's Compensation benefits, the employee or his representative must notify the supervisor and the SCDMH Office of Public Safety in order that the Industrial Commission Form No. 17, "Employee Supplemental Report for Injury" can be filed, as soon as notification has been received. No compensation is payable unless the employee complies with the requirements under the Workmen's Compensation Law.

IV. Commencement of Compensation

Any employee of the South Carolina Department of Mental Health who is injured in the line of duty may choose to use his accumulated sick and/or annual leave, or be placed on leave without pay and receive Workmen's Compensation benefits if the Workmen's Compensation Fund considers the case compensable and accepts liability. The injured employee must notify the supervisor as to his or her desire to use either sick and/or annual leave or to be placed on leave without pay and receive Workmen's Compensation.

If the employee chooses to use his accumulated sick and/or annual leave, then time lost should be deducted from sick leave. If all accrued sick leave becomes depleted then annual leave may be used. In no instance can an employee be paid from accumulated leave and receive Workmen's Compensation for time lost from work simultaneously. No compensation shall be allowed for the first seven (7) calendar days of disability resulting from an injury; but if the injury results in disability of more than fourteen (14) days, compensation shall be allowed from the date of the disability. The Workmen's Compensation Fund payments are made on a monthly basis.

V. Instructions for Timekeepers

When an employee loses time from work as a result, of and injury incurred in the line of duty, the timekeeper must be sure to mark the time correctly. The day of the pay period lost from work as a result of an injury should be marked under the leave classification of "Injury Duty." If the absence is to be charged against sick leave or annual leave, this should be indicated in that column classification. If the employee requests to receive payments from the Industrial Commission for time lost from work if all accrued annual and/or sick leave has been exhausted, then this should be indicated under the column marked leave without pay. No time will be charged against the employee on the date of the accident while the employee is seeking medical attention at the Byrnes or McLendon Clinics or by a physician on the staff of any facility in Mental Health.

The injured employee may be placed in a leave without pay status which, along with any paid leave that has been taken shall not exceed 180 days, if supported by a physician's certificate describing the disability and giving the projected inclusive dates of the disability. The dates set forth in the physician's certificate can be amended by the attending physician. In extenuating circumstances, the State Commissioner of Mental Health, at his discretion, may extend the period of leave without pay up to a total of 365 days. The employee shall have the option of using or retaining accrued annual leave prior to leave without pay. This is in compliance with the sick leave guidelines set forth in 1974 By the S, C. State Personnel Division.

The timekeeper or the employee's immediate supervisor shall immediately inform the SCDMH Office of Public Safety and the facility Fire and Safety Officer of any lost time by the employee. If the employee is out for an extended period of time or when there is a change in the employee returning to work, there must be a follow-up report to both the SCDMH Office of Public Safety and the Fire and Safety Officer of the facility.

I. Instructions for Supervisors Upon Notification of Injury

The procedures outlined below must be followed by the supervisor upon notified by an employee that an injury has occurred.

A. General Instructions - Immediately upon being notified that an employee has received an injury in the line of duty, the supervisor shall complete an original and four (4) copies of the South Carolina Department of Mental Health Form P-16, "Report of Injury". The original and all copies will be sent to the Employee Physician with the employee except in cases of emergency. In case of emergency, the employee shall report to the Emergency Treatment Room or the Surgical Ward of the Byrnes Clinical Center or the Sol B. McLendon Clinical Center and the Form P-16 shall be sent as soon thereafter as possible. To insure legibility, it is required that these forms be typewritten, unless it is not feasible. Employees of Crafts Farrow State Hospital, Morris Village, and Bryan Psychiatric Hospital shall be treated at the McLendon Clinical Center. Employees of South Carolina State Hospital, William S. Hall Psychiatric Institute, C. M. Tucker, Jr., Human Resources Center, Division of Administrative Services, Community of Independent Living, Columbia Area Mental Health Center, and the Central Office, Division of Community Mental Health Services shall be treated at the Byrnes Clinical Center.

B. Community Mental Health Clinics and Centers - Immediately upon being notified that an employee has- received an injury in the line of duty, the supervisor shall complete South Carolina Department of Mental Health Form P-16, "Report of Injury". The forms should be given to the attending physician, and upon completion the original forwarded to the SCDMH Office of Public Safety. In the event the employee consults his own physician, Industrial Commission Form No. 13, "Standard Form for Surgeon's Report", in triplicate, along with a statement of charges should be submitted to the SCDMH Office of Public Safety for submission to the State Workmen's Compensation Fund. The procedure for the handling of injuries in the Central Office, Division of Community Mental Health Services, shall be the same as outlined for the other facilities.

C. Work Injury Resulting in Hospitalization of Five or More Employees or Death of

One or More Employees- The supervisor must notify SCDMH Office of Public Safety within twenty-four (24) hours of any accident resulting in the hospitalization of five or more employees or the death of one or more employees in order that the SCDMH Office of Public Safety may comply with the Federal Occupational Safety and Health Act reporting requirements. In the interest of time, this information may be reported by telephone; however, a Form P-16 for each employee involved must be forwarded to the SCDMH Office of Public Safety as soon thereafter as possible. The Fire and Safety Officer of the facility concerned must be notified as soon as possible after the accident.

V I I. How to Obtain Medical Care

Each employee who receives an injury, no matter how minor, shall report it immediately or as soon thereafter as practicable to his supervisor. All employees must then be referred immediately to the Employee Physician for screening in order to insure that all rights and benefits relating to workmen's Compensation are protected. In the event of a serious injury, the supervisor will send the employee directly to the Emergency Treatment Room or the Surgical Ward of the James F. Byrnes Clinical Center or the Sol B. McLendon Clinical Center, as provided for in the SCDMH directive pertaining to employee medical benefits.

An employee who requires hospitalization or who requests private treatment will then be referred to another hospital. Responsibility will rest with the South Carolina Industrial Commission once liability is determined. If after investigation, the S. C. Workmen's Compensation Fund determines that they are not liable, the expenses incurred will be the responsibility of the employee and not the South Carolina Department of Mental Health.

VIII. Forms to be Completed by Attending Physician

The attending physician should complete the Physician's Report on the reverse side of the South Carolina Department of Mental Health Form P-16 as soon as he has completed his examination. The Employee Physician should retain a copy of the Form P-16 for his files and forward the original to the SCDMH Office of Public Safety, a copy to the employee's supervisor, a copy to the respective facility Fire and Safety Officer and a copy to the SCDMH Personnel Office. When the physician feels that the employee's injury may have residual complications or may result in time lost from work, he should indicate that a "First Report of Injury", Industrial Commission Form 12-A, should be filed by the SCDMH Office of Public Safety with the State Workmen's Compensation Fund.

In the event only first-aid treatment is necessary and no time should be lost from work, the physician should check the appropriate block. In cases where the physician is required by the Industrial Commission to complete Industrial Commission Form No. 13, "Surgeon's Report", and Industrial Commission Form No.14, "Physician's Certificate of Termination of Disability and Itemized Statement of Charge for Treatment," these completed forms should be sent to the SCDMH Office of Public Safety in quadruplicate for transmittal.

In the event the attending physician feels that the original diagnosis indicating only first-aid treatment and that the Report of Injury should not be filed with the State Workmen's Compensation Fund should change, then he should immediately notify the SCDMH Office of Public Safety that in view of the employee's present condition, a report of the injury should be filed with the State Workmen's Compensation Fund.

IX. Compensation Benefits

A. Total Disability - When an employee receives in the line of duty an injury which is totally disabling, the Workmen's Compensation law provides during disability a weekly compensation equal to sixty-six and two-thirds percent (66 2/3 %) of his average weekly wages, up to one hundred percent (100%) of the average wage of the average worker for the state for the previous year as determined by the Employment Security Commission, but not less than twenty-five dollars ($25.00) a week, not to exceed the maximum set by the 1976 S. C. Code of Laws, as amended, and in no case shall the period covered by such compensation exceed five hundred (500) weeks.

B. Partial Disability - In cases where injuries occurring in the line of duty are partially disabling, compensation is based at the rate of sixty-six and two-thirds percent (66 2/3%) of the difference between his average weekly wage earned at the time of the injury and the average weekly wage the employee is capable of earning thereafter, but not more than two-thirds (2/3) of the average weekly wage in this state for the previous calendar year. In no case shall the period covered by such compensation be greater than three hundred and forty (340) weeks from the date of the injury.

C. Occupational Disease - Compensation payable for disability from an occupational disease is the same as that provided for an injury, except that benefits for partial disability shall be limited to fifty-two (52) weeks.

D. Disfigurement - In case of serious facial, head or bodily disfigurement, the Industrial Commission may award equitable compensation not to exceed fifty (50) weeks but an employee cannot draw such compensation if an award is made for permanent and total disability or for fatal injuries.

E. Loss of Members - Compensation for the loss of a member of the body (arm, leg, toe, hand, etc.) shall be for a specified period in accordance with the schedule published under the Workmen's Compensation Law, section 42-9-30 of the 1976 S. C. Code of Laws, as amended.

F. Death Benefits - In case of death of an employee as a result of an on the job injury, Workmen's Compensation will pay the employee's beneficiary benefits in accordance with the state's laws pertaining to Death Benefits.

G. Medical, Hospital, Surgical, etc., Treatment and Supplies; Artificial Members - Medical, surgical, hospital, and other treatment, including medical and surgical supplies as may reasonably be required for life shall be provided by the South Carolina Workmen's Compensation Fund. The refusal of an employee to accept any medical, hospital, surgical, or other treatment when provided by the employer, their insurance carrier, or then so ordered by the Commission shall bar such employee from further compensation until such refusal ceases and no compensation shall at any time be paid for the period of suspension unless in the opinion of the Commission may order a change in the medical or hospital service. An employee can accept Workmen's Compensation payment for medical expenses only and be placed on a sick and/or annual leave status with the Department provided such leave has been accrued by the employee. In this

instance, Workmen's Compensation would compensate for medical expenses only and not for salaries or wages.

H. Payment for Broken Eye Glasses - Eye glasses broken as a result of injury in the line of duty will be replaced by the State Workmen's Compensation Fund provided the employee sustains an actual injury to the face in the proximity of the eye or to the eye itself.

Employees who have eye glasses broken in the line of duty due to an accident must report this to the supervisor. The supervisor must complete a SCDMH Form P-16, "Report of Injury." In the event of an actual injury to the face in the proximity of the eye or the eye itself, the employee is to be sent to the Employee Physician, if during his office hours, or to the emergency room at either the James F. Byrnes Clinical Center or the Sol B. McLendon Clinical Center. The employee then may be referred to the EENT Clinic. In the event that glasses are to be repaired or replaced, the employee must go to the facility Administrator's office so that a memorandum can be prepared authorizing the repair or replacement of the glasses by an optical company. In cases where the Workmen's Compensation Fund assumes responsibility, the administrator shall forward the bill from the optical company to the SCDMH Office of Public Safety, for filing with the Industrial Commission.

Glasses will be repaired only to the extent of the damage and payment will not be authorized unless one or both lenses are broken or scratched to the extent that they cannot be used or unless frames are broken. When frames are replaced, the new frames will be comparable to those that were broken (in quality and price). When glasses are broken in the line of duty but there is no injury which comes within the purview of the Industrial Commission rules, the broken eye glasses may be replaced at the expense of the facility. The facility administrator shall be responsible for determining if the facility should replace broken eye glasses in these cases. In cases where the administrator determines that the broken eye glasses are to be repaired or replaced, this will be accomplished according to the SCDMH directive pertaining to this subject.

I. Dental Service - Dentures broken as a result of an injury in the line of duty will be compensable by the South Carolina Industrial Commission if it is ruled that the injury comes within the purview of the Industrial Commission. When dentures are broken as a result of an injury in the line of duty but the injury does not come within the purview of the Industrial Commission, the broken dentures may be replaced at the expense of the facility. The facility administrator shall be responsible for determining if the facility should replace broken dentures in these cases. In cases where the administrator determines that the facility will repair or replace dentures, this will be accomplished according to the SCDMH directive pertaining to this subject.

X. Responsibility of the SCDMH Office of Public Safety

When an employee receives an injury which is disabling, the SCDMH Office of Public Safety will complete South Carolina Industrial Commission Form 12-A, "Employee's First Report of Injury", and send it to the S. C. Workmen's Compensation Fund.

S. C. Industrial Commission Form No. 17, "Supplemental Report of Injury", must be filled out by the SCDMH Office of Public Safety when an employee request to receive benefits for time lost from work. The supervisor is required to notify the SCDMH Office of Public Safety and the facility Fire and Safety Officer immediately when there is a change in the employee's leave status and when the employee returns to work in order that Industrial Commission Form No. 17 may be completed indicating that the employee has returned and compensation benefits should cease. The supervisor must also notify the SCDMH Office of Public Safety and the facility Fire and Safety Officer in the event the employee later becomes disabled or loses time from work.

When requested by the Industrial Commission, Industrial Commission Form No. 2C, "A Statement of Days Worked and Earnings of Injured Employee", is completed by the SCDMH Office of Public Safety and sent to the Industrial Commission to assist them in determining the average weekly wage.

XI. Responsibility of the Facility Fire and Safety Officer

The facility Fire and Safety Officer is responsible for facility compliance with all phases of the Occupational Safety and Health Act. He is to insure that his respective facility is in compliance with all federal and state regulations pertaining to Occupational Safety. Further, he must maintain facility compliance with the federal and state record keeping requirements under the Occupational Safety and Health Act. A log of injuries recordable under the Occupational Safety and Health Act is to be maintained on Occupational Safety and Health Act Form No. 200 or equivalent. The log must be completed no later than six (6) days after receiving information that a recordable case has occurred. He must inspect his respective facility at least each quarter and report corrective action taken on all discrepancies found to the SCDMH Office of Public Safety.

In addition, an annual summary must be prepared of all recordable injuries under the Occupational Safety and Health Act. This summary must be completed no later than one month after the close of each calendar year and must be posted for a period of thirty (30) days in a place accessible to employees.

The facility Fire and Safety Officer will be responsible to the SCDMH Office of Public Safety for compliance with all federal and state safety standards and will conduct an investigation of all reportable accidents and submit a written report to the SCDMH Office of Public Safety.

XII. Occupational Safety and Health Act Records for the Division of Community Mental Health Services

The Occupational Safety and Health Act Form No. 200, referred to above must also be maintained by each Community Mental Health Clinic and Center. A copy of these records must be submitted to the SCDMH Office of Public Safety at the end of each year for use in compiling departmental summaries and records.

XIII. Notice of Action Taken by Industrial Commission

After the SCDMH Office of Public Safety has filed the "Employer's First Report of Injury" with the S. C. Workmen's Compensation Fund, the employee shall be given notification of any action by the S. C. Workmen's Compensation Fund and/or the S. C. Industrial

Commission.

XIV. Hearing Procedures

In the event an agreement cannot be reached between the employee and State Workmen's Compensation Fund, then either party may make application to the Industrial Commission for a hearing in regard to matters at issue and for a ruling. Forms for requesting a hearing may be obtained from the Industrial Commission at either party's request. Immediately after such application has been received, the Commission shall set a date for a hearing which shall be as soon as practicable. The Commission shall notify the parties concerned of the time and place of the hearing, which shall be held in the city or county in which the injury occurred unless other-wise agreed to by the parties and authorized by the Commission.

The Commission may appoint a disinterested and duly qualified physician or surgeon to examine the injured employee and to testify thereto.

It is not necessary for the employee to retain the services of an attorney for the hearing, but this shall be the prerogative of the employee and at the employee's own expense.

XV. Additional Information

All questions or inquiries concerning injuries or Occupational Safety and Health Act compliance should be referred to the SCDMH Office of Public Safety, Telephone 758-3657 or 758-3669.

Any previous instructions which are in conflict with this directive are hereby rescinded.

This directive rescinds and supercedes SCDMH Directive No. 357-75, entitled "Job Connected Injuries and Occupational Disease".

William S. Hall

WILLIAM S. HALL, M.D.
STATE COMMISSIONER OF MENTAL HEALTH

March 30, 1979

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739
www.wcc.sc.gov

WCC File #: 1322039
Carrier File #: 2013-4552
Carrier Code #:
Employer F IN #:

Claimant's Name: Harry Reese SSN: 248-37-7908
Address: 8408 Little John Drive
City: Columbia State: SC Zip: 29209
Home Phone: ( ) - Work Phone: ( ) -
Date of Injury: 10/18/13

Employer's Name: S.C. Department of Mental Health
Address: 2414 Bull Street
City: Columbia State: SC Zip: 29202
Insurance Carrier: State Accident Fund

Preparer's Name: Page Snyder, Esq. Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5896

Date of Injury or Illness: 10/18/13

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

1. It is Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Claimant did not suffer an injury/disease induced by physical injury or unusual or extraordinary conditions of employment.
2. It is Admitted both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is Admitted the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: Injury did not arise out of and in the course of employment.
5. It is Denied notice of injury was given the employer. The reasons for denial are: Notice not timely.
6. It is Denied the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are: See #1 and #4.
7. It is Denied the employee is entitled to temporary total disability for the period(s) of : See #1 and #4.
8. It is Denied the employee is permanently disabled. The reasons for denial are: See #1 and #4.
9. It is Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$ 701.61** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
12. Estimated time needed for hearing: 30 minutes

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name: Harry Reese, Pro-Se
Address: 8408 Little John Drive, Columbia, SC 29209

Judicial Director, SCWCC
P.O. Box 1715, Columbia, SC 29202-1715

583 C

on the 10th day of ~~November~~ October, 2014 by ☒ first class mail ☐ personal service ☒ certified mail (claimant only).

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature | Chief Counsel (Title) | psynder@saf.sc.gov (Email) | Oct. 10, 2014 (Date)

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

SOUTH CAROLINA
STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

NOVEMBER 03, 2014

Harry Reese
8408 Little John Drive
Columbia, SC 29209

RE: Harry Reese vs. DEPT OF MENTAL HEALTH
WCC #: 1322039
SF #: 2013-004552
D/A: 10/18/2013

Dear Mr. Reese:

We have received from your employer a First Report of Injury (ACORD Form) relating to the above referenced incident. To qualify for workers' compensation benefits you must have either received an accident injury to your body or contracted an occupational disease arising out of and in the course of your employment. Additionally, the claim for benefits must have been reported and filed within the time and manner provided by the workers' compensation law.

Our review indicates that your case does not meet these requirements. It is in the opinion of the State accident Fund, and based on Statute 42-1-160 (B) your claim is not extraordinary and unusual in comparison to the normal condition of your employment. Therefore, this claim is denied.

If you believe this decision is wrong we invite you to write to the Director pointing out any error you believe we have made and any fact we need to reconsider.

You should ask your employer's benefits coordinator about other possible coverage for your claim such as group insurance. Please feel free to call us at (803) 896-5833 if you have questions or if we can assist you further.

Sincerely,

Will Hawthorne/55

Will Hawthorne
Claim Representative
whawthorne@saf.sc.gov
Fax: (803) 612-2733

cc: Mrs. Sonji Spann, S.C. Workers' Compensation Commission, P.O. Box 1715, Columbia, South Carolina, 29202-1715

cc: DEPT OF MENTAL HEALTH 2414 Bull Street Columbia, SC 29202

cc: , Scsh

583B

SOUTH CAROLINA
STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

September 19 2014

Dr Thornton McKinney
Palmetto Health Behavioral Care Day Treatment
720 Gracern Road Ste 120
Columbia SC 29210

Attention: Medical Records Custodian

Re: Harry Reese vs. DEPT OF MENTAL HEALTH
WCC:
SF#: 2013-004552

Dear Sir/Madam:

Enclosed please find a Subpoena Duces Tecum which we hereby serve upon you in connection with the above-referenced matter. Please note that the Subpoena Duces Tecum is for the production of documents. In lieu of pearing, you may mail the requested information to us on or before October 3 2014.

The records, reports, and information requested are to be used for the workers' compensation purposes only, and therefore are exempt from any requirements under the Health Insurance Portability and Accountability Act (HIPAA – see attached).

Sincerely,

Sandra Sita

Sandra Sita
Claims Technician
Phone #: (803)896-5853
Fax #: (803)612-2712

Enclosures

South Carolina Workers' Compensation Commission
P. O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #
Carrier File #2013-004552
Carrier Code # 500-SF
Employer FEIN 570000J12

Harry Reese	248-37-7908		
Claimant's Name	SSN		
8408 Little John Drive	Columbia	SC	29209
Address	City	State	Zip
(803) 783-1801			
Home Phone #	Work Phone #		
Page Snyder	P.O. Box 102100		
Preparer's Name	Address		

DEPT OF MENTAL HEALTH			
Employer's Name			
	Columbia	SC	29202
Address	City	State	Zip
State Accident Fund			
Insurance Carrier			
Columbia, SC 29221-5000	(803) 896-5800		
City State Zip	Phone #		

TO Medical Records Custodian: **Palmetto Health Behavioral Care Day Treatment, 720 Gracern Road Ste 120, Columbia SC 29210**

☐ **YOU ARE COMMANDED** to appear before the above named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____

DATE AND TIME: _____

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects): **Any and all records relating to Harry Reese, DOB: 01/01/2010, including, but not limited to, the following: Any and all medical records, reports, documents, inter-department notes or records, statements for services, test results, copies of x-rays and results, copies of MRIs and results, copies of EKGs and results, copies of EEG reports, copies of CBC reports, progress notes, consultation notes, office notes, nurses' notes, health care questionnaires, correspondence, evaluation interviews, charts, diagrams, treatment plans, medical flow charts, telephone call reports, medical logs, disability determination information, and any other written or printed information in your medical file, including medical reports from other facilities, correspondence from any attorneys, or correspondence to attorneys or other parties.**

The medical records and information requested are to be used for worker's compensation purposes only, and therefore are exempt from any requirements under the Health Insurance Portability and Accountability Act (HIPAA).

***IN LIEU OF APPEARING, YOU MAY MAIL THE REQUESTED INFORMATION TO THE ABOVE STATE ACCIDENT FUND'S ADDRESS BEFORE **October 3 2014**.

PLACE: **STATE ACCIDENT FUND, P.O. BOX 102100, COLUMBIA, SC 29221-5000** DATE AND TIME: **October 3 2014**

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.

Page Snyder, Attorney
ISSUING OFFICER'S SIGNATURE AND TITLE

803-896-5896
PHONE#

9/19/14
DATE

this form according to R.67212B. Refer to R. 67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Harry Reese, Employee/Claimant, vs. DEPT OF MENTAL HEALTH, Employer, and, State Accident Fund, Carrier/Defendants.	CERTIFICATE OF MAILING W.C.C. FILE NO.:

I hereby certify that a copy of the foregoing Subpoena Duces Tecum has been served upon the following on this 19 day of September, 2014, in the US Postal Service, by first-class postage, addressed to:

Palmetto Health Behavioral Care Day Treatment
720 Gracern Road Ste 120
Columbia SC 29210

Harry Reese
8408 Little John Drive
Columbia, SC 29209

Sandra Sita
Claims Technician
State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000

U.S. Department of Health & Human Services
Office for Civil Rights
Updated: 03/14/2006

Health Information Privacy

Question
Are the following types of insurance covered under HIPAA: long\short term disability; workers' compensation; automobile liability that includes coverage for medical payments?

Answer
No, the listed types of policies are not health plans. The HIPAA Administrative Simplification regulations specifically exclude from the definition of a "health plan" any policy, plan, or program to the extent that provides, or pays for the cost of, excepted benefits, which are listed in section 2791(c)(1) of the Public Health Service Act, 42 U.S.C. 300gg-91(c)(1). See 45 CFR 160.103. As described in the statute, excepted benefits of one or more (or any combination thereof) of the following policies, plans or programs:

- Coverage only for accident, or disability income insurance, or any combination thereof.
- Coverage issued as a supplement to liability insurance.
- Liability insurance, including general liability insurance and automobile liability insurance.
- Workers' compensation or similar insurance.
- Credit-only insurance.
- Coverage for on-site medical clinics.
- Other similar insurance coverage, specified in regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

SOUTH CAROLINA
STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

September 19 2014

Dr James Kirkland
Scott Medical Administrative, LLC
1919 Gadsden Street
Columbia SC 29201

Attention: Medical Records Custodian

Re: Harry Reese vs. DEPT OF MENTAL HEALTH
WCC:
SF#: 2013-004552

Dear Sir/Madam:

Enclosed please find a Subpoena Duces Tecum which we hereby serve upon you in connection with the above-referenced matter. Please note that the Subpoena Duces Tecum is for the production of documents. In lieu of appearing, you may mail the requested information to us on or before October 3 2014.

The records, reports, and information requested are to be used for the workers' compensation purposes only, and therefore are exempt from any requirements under the Health Insurance Portability and Accountability Act (HIPAA – see attached).

Sincerely,

Sandra Sita

Sandra Sita
Claims Technician
Phone #: (803)896-5853
Fax #: (803)612-2712

Enclosures

South Carolina Workers' Compensation Commission
P. O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #
Carrier File #2013-004552
Carrier Code # 500-SF
Employer FEIN 570000J12

Harry Reese	248-37-7908			DEPT OF MENTAL HEALTH			
Claimant's Name	SSN			Employer's Name			
8408 Little John Drive	Columbia	SC	29209		Columbia	SC	29202
Address	City	State	Zip	Address	City	State	Zip
(803) 783-1801				State Accident Fund			
Home Phone #	Work Phone #			Insurance Carrier			
Page Snyder	P.O. Box 102100			Columbia, SC 29221-5000		(803) 896-5800	
Preparer's Name	Address			City State Zip		Phone #	

TO Medical Records Custodian: **Scott Medical Administrative, LLC, 1919 Gadsden Street, Columbia SC 29201**

☐ **YOU ARE COMMANDED** to appear before the above named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____

DATE AND TIME: _____

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects): **Any and all records relating to Harry Reese, DOB: 01/01/2010, including, but not limited to, the following: Any and all medical records, reports, documents, inter-department notes or records, statements for services, test results, copies of x-rays and results, copies of MRIs and results, copies of EKGs and results, copies of EEG reports, copies of CBC reports, progress notes, consultation notes, office notes, nurses' notes, health care questionnaires, correspondence, evaluation interviews, charts, diagrams, treatment plans, medical flow charts, telephone call reports, medical logs, disability determination information, and any other written or printed information in your medical file, including medical reports from other facilities, correspondence from any attorneys, or correspondence to attorneys or other parties.**

The medical records and information requested are to be used for worker's compensation purposes only, and therefore are exempt from any requirements under the Health Insurance Portability and Accountability Act (HIPAA).

***IN LIEU OF APPEARING, YOU MAY MAIL THE REQUESTED INFORMATION TO THE ABOVE STATE ACCIDENT FUND'S ADDRESS BEFORE **October 3 2014**.

PLACE: **STATE ACCIDENT FUND, P.O. BOX 102100, COLUMBIA, SC 29221-5000** DATE AND TIME: **October 3 2014**

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.

_____, Attorney
ISSUING OFFICER'S SIGNATURE AND TITLE

803-896-5896
PHONE#

9/19/14
DATE

Serve this form according to R.67212B. Refer to R. 67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Harry Reese. Employee/Claimant. vs. DEPT OF MENTAL HEALTH. Employer, and, State Accident Fund, Carrier/Defendants.	)	CERTIFICATE OF MAILING W.C.C. FILE NO.:

I hereby certify that a copy of the foregoing Subpoena Duces Tecum has been served upon the following on this 19 day of September, 2014, in the US Postal Service, by first-class postage, addressed to:

Scott Medical Administrative, LLC
1919 Gadsden Street
Columbia SC 29201

Harry Reese
8408 Little John Drive
Columbia, SC 29209

Sandra Sita
Claims Technician
State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000

U.S. Department of Health & Human Services
Office for Civil Rights
Updated: 03/14/2006

Health Information Privacy

Question

Are the following types of insurance covered under HIPAA: long\short term disability; workers' compensation; automobile liability that includes coverage for medical payments?

Answer

No, the listed types of policies are not health plans. The HIPAA Administrative Simplification regulations specifically exclude from the definition of a "health plan" any policy, plan, or program to the extent that provides, or pays for the cost of, excepted benefits, which are listed in section 2791(c)(1) of the Public Health Service Act, 42 U.S.C. 300gg-91(c)(1). See 45 CFR 160.103. As described in the statute, excepted benefits of one or more (or any combination thereof) of the following policies, plans or programs:

- Coverage only for accident, or disability income insurance, or any combination thereof.
- Coverage issued as a supplement to liability insurance.
- Liability insurance, including general liability insurance and automobile liability insurance.
- Workers' compensation or similar insurance.
- Credit-only insurance.
- Coverage for on-site medical clinics.
- Other similar insurance coverage, specified in regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

SOUTH CAROLINA
STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

September 19 2014

Dr Donna Upchurch
1401 1/2 Calhoun Street
Columbia SC 29201

Attention: Medical Records Custodian

Re: Harry Reese vs. DEPT OF MENTAL HEALTH
WCC:
SF#: 2013-004552

Dear Sir/Madam:

Enclosed please find a Subpoena Duces Tecum which we hereby serve upon you in connection with the above-referenced matter. Please note that the Subpoena Duces Tecum is for the production of documents. In lieu of appearing, you may mail the requested information to us on or before October 3 2014.

The records, reports, and information requested are to be used for the workers' compensation purposes only, and therefore are exempt from any requirements under the Health Insurance Portability and Accountability Act (HIPAA – see attached).

Sincerely,

Sandra Sita

Sandra Sita
Claims Technician
Phone #: (803)896-5853
Fax #: (803)612-2712

Enclosures

South Carolina Workers' Compensation Commission

P. O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #
Carrier File #2013-004552
Carrier Code # 500-SF
Employer FEIN 570000J12

Harry Reese	248-37-7908		
Claimant's Name	SSN		
8408 Little John Drive	Columbia	SC	29209
Address	City	State	Zip
(803) 783-1801			
Home Phone #	Work Phone #		
Page Snyder	P.O. Box 102100		
Preparer's Name	Address		

DEPT OF MENTAL HEALTH			
Employer's Name			
	Columbia	SC	29202
Address	City	State	Zip
State Accident Fund			
Insurance Carrier			
Columbia, SC 29221-5000	(803) 896-5800		
City State Zip	Phone #		

TO Medical Records Custodian: **Dr Donna Upchurch, 1401 1/2 Calhoun Street, Columbia SC 29201**

☐ **YOU ARE COMMANDED** to appear before the above named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____

DATE AND TIME: _____

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects): **Any and all records relating to Harry Reese, DOB: 01/01/2010, including, but not limited to, the following: Any and all medical records, reports, documents, inter-department notes or records, statements for services, test results, copies of x-rays and results, copies of MRIs and results, copies of EKGs and results, copies of EEG reports, copies of CBC reports, progress notes, consultation notes, office notes, nurses' notes, health care questionnaires, correspondence, evaluation interviews, charts, diagrams, treatment plans, medical flow charts, telephone call reports, medical logs, disability determination information, and any other written or printed information in your medical file, including medical reports from other facilities, correspondence from any attorneys, or correspondence to attorneys or other parties.**

The medical records and information requested are to be used for worker's compensation purposes only, and therefore are exempt from any requirements under the Health Insurance Portability and Accountability Act (HIPAA).

***IN LIEU OF APPEARING, YOU MAY MAIL THE REQUESTED INFORMATION TO THE ABOVE STATE ACCIDENT FUND'S ADDRESS BEFORE **October 3 2014**.

PLACE: **STATE ACCIDENT FUND, P.O. BOX 102100, COLUMBIA, SC 29221-5000** DATE AND TIME: **October 3 2014**

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.

_____, Attorney
ISSUING OFFICER'S SIGNATURE AND TITLE

803-896-5896
PHONE#

9/19/14
DATE

Serve this form according to R.67212B. Refer to R. 67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Harry Reese,	)	
	)	
Employee/Claimant,	)	
	)	
vs.	)	
	)	CERTIFICATE OF MAILING
	)	
DEPT OF MENTAL HEALTH,	)	W.C.C. FILE NO.:
	)	
Employer,	)	
	)	
and,	)	
	)	
State Accident Fund,	)	
	)	
Carrier/Defendants.	)	
	)	
_____	)	

I hereby certify that a copy of the foregoing Subpoena Duces Tecum has been served upon the following on this 19 day of September, 2014, in the US Postal Service, by first-class postage, addressed to:

Dr Donna Upchurch
1401 1/2 Calhoun Street
Columbia SC 29201

Harry Reese
8408 Little John Drive
Columbia, SC 29209

Sandra Sita
Claims Technician
State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000

Health Information Privacy

Question

Are the following types of insurance covered under HIPAA: long\short term disability; workers' compensation; automobile liability that includes coverage for medical payments?

Answer

No, the listed types of policies are not health plans. The HIPAA Administrative Simplification regulations specifically exclude from the definition of a "health plan" any policy, plan, or program to the extent that provides, or pays for the cost of, excepted benefits, which are listed in section 2791(c)(1) of the Public Health Service Act, 42 U.S.C. 300gg-91(c)(1). See 45 CFR 160.103. As described in the statute, excepted benefits of one or more (or any combination thereof) of the following policies, plans or programs:

- Coverage only for accident, or disability income insurance, or any combination thereof.
- Coverage issued as a supplement to liability insurance.
- Liability insurance, including general liability insurance and automobile liability insurance.
- Workers' compensation or similar insurance.
- Credit-only insurance.
- Coverage for on-site medical clinics.
- Other similar insurance coverage, specified in regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

Harry Reese

From: Harry Reese
Sent: Tuesday, February 18, 2014 11:27 AM
To: Harold Edwards
Cc: Vickie Brown
Subject: RE: Work Accommodations

Importance: High

Harold:

Can we schedule sometime to complete the Worker's Compensation paperwork this week?

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

PRIVACY NOTICE: THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN SCDMH PATIENT OR OTHER INFORMATION THAT IS PRIVATE AND PROTECTED FROM DISCLOSURE BY APPLICABLE FEDERAL AND STATE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINED WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY EMAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS.

From: Harry Reese
Sent: Friday, January 31, 2014 3:27 PM
To: Harold Edwards
Cc: Vickie Brown
Subject: RE: Work Accommodations
Importance: High

Harold:

Have you completed the Worker's Compensation and Election Forms?

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

PRIVACY NOTICE: THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN SCDMH PATIENT OR OTHER INFORMATION THAT IS PRIVATE AND PROTECTED FROM DISCLOSURE BY APPLICABLE FEDERAL AND STATE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINED WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY EMAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS.

From: Harry Reese
Sent: Tuesday, January 14, 2014 2:18 PM
To: Harold Edwards
Cc: Vickie Brown
Subject: FW: Work Accommodations *PGP*
Importance: High

Harold:

I stopped by your office to discuss the guidance provided to me by Ms. Sharon Brown regarding worker's comp; however, you were unavailable. On today, I had an opportunity to discuss the worker's compensation procedure with Ms. Sharon Brown as advised by Ms. Vicki Brown. Ms. S. Brown states that my claim should have been submitted to her office 90 days after the injury; however, no one which to include anyone in the CAMHC Human Resource Department advised me of this option. Ms. S. Brown has however encouraged me to have you, my immediate supervisor, complete the Worker's Compensation and Election Forms ASAP; so that, I can immediately submit them to her.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
) 898-0851
Fax: (803) 898-4040

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From: Vickie Brown
Sent: Wednesday, January 08, 2014 9:58 AM
To: Harry Reese
Subject: RE: Work Accommodations *PGP*

You can contact Sharon Brown at SCDMH for information regarding Worker's Compensation at 898-8605.

From: Harry Reese
Sent: Monday, January 06, 2014 3:35 PM
To: Vickie Brown
Cc: Harold Edwards
Subject: Work Accommodations *PGP*
Importance: High

Ms. Brown:

Please see the Americans With Disability Act Correspondence prepared by the attending therapist. If you require the hard copy, please advise and I'll provide it to you. In addition, please provide me with the guidelines for filing a worker's compensation claim.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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From: Harry Reese
Sent: Tuesday, December 03, 2013 4:44 PM
To: Vickie Brown
Subject: Reeese FMLA *PGP*
Importance: High

Ms. Brown:

Please see the attached completed FMLA form.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

WCC NO. 1322039

HARRY REESE,

Employee,

vs.

S.C. DEPARTMENT OF MENTAL HEALTH,

Employer,

and

STATE ACCIDENT FUND,

Insurer.

DEPOSITION OF:	HARRY REESE
DATE:	October 22, 2014
TIME:	10:10 a.m.
LOCATION:	STATE ACCIDENT FUND 800 Dutch Square Boulevard, Ste. 160 Columbia, SC 29210
TAKEN BY:	Counsel for the Employer/Insurer
REPORTED BY:	Marie A. Boyce, C.C.R.

APPEARANCES OF COUNSEL:

HARRY REESE, PRO SE:
808 Little John Drive
Columbia, SC 29209

ATTORNEYS FOR S.C. DEPARTMENT OF MENTAL HEALTH and STATE ACCIDENT FUND:

STATE ACCIDENT FUND
BY: PAGE SNYDER, ESQ.
800 Dutch Square Boulevard, Ste. 160
Columbia, SC 29210
(803) 896-5896

INDEX

WITNESSES

ALL WITNESSES: PAGE:

HARRY REESE:
Examination by Ms. Snyder 4:6

EXHIBITS

None

Snyder made copies of exhibit Documentation.

(The witness, after having been advised of his right to read and sign this transcript, did not waive that right.)

HARRY REESE,

being first duly sworn, testified as follows:

EXAMINATION

BY MS. SNYDER:

Q. Okay. So, we are here to discuss your claim against the Department of Mental Health. You don't have a lawyer here today, but I am going to be asking you questions, and if you could wait until I'm done asking the question before you answer, that way we're not talking over each other.

A. Yes, ma'am.

Q. And if you could try to remember to use yes or no instead of nodding your head or saying uh-huh or uh-uh because that's kind of hard for the court reporter to take down.

A. Okay.

Q. And I'll remind you. It's not a big deal. I feel when I tell people that, they automatically say uh-huh or uh-uh because they get nervous. If I ask you a question that you don't know the answer to, just let me know and we will figure it out together. Okay?

A. Yes, ma'am.

Q. Please state your full name.

A. Harry Eugene Reese, Senior.
Q. And your date of birth?
A. 10/1/67.
Q. And what is your marital status?
A. Divorced.
Q. Do you have any children?
A. Yes, ma'am.
Q. What are their names?
A. Harry Eugene Reese, Junior, and Christopher Kendell -- Kendell Reese.

MS. SNYDER: Do you want to go off the record for a second?

(A recess transpired.)

BY MS. SNYDER:

Q. You just told me that you have two children, Harry and Christopher. How old is Harry?
A. Harry is 23, and Chris is 21.
Q. 21, okay.

Are they in school?

A. No, ma'am.
Q. Do they live with you?
A. No, ma'am.
Q. Would you say they're dependent on you for support?
A. No, ma'am. Chris is in New York and Harry is in

jail.

Q. Okay. So you're not paying their bills or anything?

A. No, ma'am. I send Chris money, but I don't send Harry no money.

Q. Where is Harry?

A. Harry is in Kershaw.

Q. Kershaw. Okay. Has he been there long?

A. Yes, ma'am, he has ten years. Yes, ma'am.

Q. Okay.

A. I think he got four left, I believe.

Q. Okay. Would you say there's anyone dependent on you for support?

A. Yes, ma'am, I just -- my mother, she lives with me. She lost her husband, I think, two years ago, and at that time she moved in with me. My sister and her two kids, they moved in, I think, the latter part of last year, and her children. One is 16 and Lamark is -- how old is Lamark? Lamark is six. And then my younger sister, she just moved in this year.

Q. Does she have any children?

A. No, ma'am.

Q. Are they contributing towards the bills? Are you paying --

A. My mother is.

Q. Okay.
A. Yeah, she is.
Q. But you're buying groceries for everybody? You're --
A. My sister help with the groceries.
Q. Okay.
A. Yes, ma'am.
Q. And where do you live?
A. 8408 Little John Drive, Columbia 292 -- 29209.
Q. Okay. Are you right-handed or left-handed?
A. Right-handed.
Q. Do you have a South Carolina driver's license?
A. Yes, ma'am.
Q. Do you have any restrictions on your driver's license?
A. No, ma'am.
Q. Do you have a commercial driver's license?
A. No, ma'am.
Q. Have you ever served in the military?
A. No, ma'am.
Q. Have you ever been arrested or convicted of a crime?
A. Yes, ma'am. That was, oh, I think 1980-something or another, and that was malicious damage to personal property. That was breaking an 8 by -- 8 by 12

window. My sister, when she used to live in Bentley Homes, they wouldn't let me get my children, so I punched the window out.

Q. But that was a long time ago?

A. Yes, ma'am.

Q. Did you pay a ticket or something?

A. I paid a hundred dollar fine.

Q. Have you ever filed for bankruptcy?

A. No, ma'am.

Q. Have you ever been treated for a problem with drugs or alcohol?

A. No, ma'am.

Q. Who is your health insurance carrier?

A. Blue Cross/Blue Shield under the state plan.

Q. Okay. How far did you get in school?

A. I have a master's in social work.

Q. Where did you get that?

A. U.S.C., University of South Carolina.

Q. Do you remember what year you graduated with your master's?

A. Might have been 2004.

Q. Okay. If I ask you a question and you don't know the answer to it, I don't know is an okay answer.

A. Okay.

Q. Are you in school right now?

A. No, ma'am.

Q. I'd like to get an idea of your employment history. Just kind of -- I need an idea of the kind of jobs you've had --

A. Yes, ma'am.

Q. -- different jobs.

If you want to start at mental health and work backwards or start at maybe your first full-time job and work forwards, whichever is easier for you to remember, and it's okay if you don't remember everything. I'm just really trying to get an idea of the work you've done in the past.

A. Okay. I am the founder and CEO of Put-Back, a nonprofit organization, and now I work -- and that started 19 -- December 1990.

Q. Okay.

A. And then I'm working, of course, now, also with Columbia Mental Health, and I can't remember when I started there. I think -- what this is -- 2014. Maybe 2000-something or other.

Q. Okay.

A. But it's seven years, so 2014 -- 2008, 2009, something like that.

Q. Okay. That's fine. And what did you do before you were working at the Department of Mental Health?

A. I worked at Gleamns Head Start as a case

manager, and that's G-L-E-A-M-N-S.

Q. And how long did you do that, do you remember?

A. Did that for about six years.

Q. And where is that?

A. Well, the head office is in Greenwood, but I worked at the Columbia location on Pineview Road (sic).

Q. Okay. What did you do before that?

A. I was -- what was I? Bundles of Joy. I was the teacher and the coordinator.

Q. And what is Bundles of Joy?

A. That's a child development center.

Q. And is that also in Columbia?

A. Yes, ma'am.

Q. Do you remember how long you worked there?

A. I think two years. And the rest of the time my work history has just been restaurants as a cook.

Q. Cooking?

A. Yes, ma'am.

Q. Are you a good cook?

A. I don't know now 'cause I've stopped cooking since my sisters and them cook.

Q. Well, that's a good arrangement.

So what is your title at the Department of Mental Health?

A. It's Human Services Coordinator I. I'm a mental

health counselor. Mental health -- with a mental health counselor, mental health professional.

Q. Okay. And can you just describe for me the duties for that job?

A. Well, I provide clinical support to adults with severe mental illnesses or self-injured abuse or dual diagnosis, which is mental illness and substance abuse issue.

Q. Okay. Are you licensed as a counselor?

A. No, ma'am.

Q. Is that something you're working on?

A. Yes, ma'am.

Q. Okay. When was the last date you worked at the Department of Mental Health?

A. I'm back now.

Q. You're back now?

A. Yeah, I was there this morning. I came back October the 6th.

Q. Okay. And how is that going?

A. Well -- and I don't know how to put this. It's -- because you're an attorney for them, so I don't know how -- but I just feel like -- I just feel like it's continuing to devalue and demoralize me as an individual, and I just feel like looking at certain people, I just feel like attacking that place because it's just not fair the way they did things and then folks talking about they're uncomfortable

with me, and then when I asked them why they're uncomfortable with me, they don't -- they don't say. They just, "I feel uncomfortable." So....

Q. Okay. Well, let's talk about some things that have gone on at work that you -- that you are having problems with. I looked at when you reported -- when you first reported the problems you were having. I think there was a date April 1st, 2010, that was listed on there. Does that sound familiar to you?

A. Yes, ma'am.

Q. Do you know what -- can you tell me about what happened on April 1st or around that time?

A. Well, April the 1st, 2010, is the April Fools' thing.

Q. Okay.

A. Some of the employees felt like -- and it was individuals who been there for quite some time felt it was okay to do a prank on me, an April Fools' prank. The prank was they typed up a letter on state agency stationery saying that I was terminated, and I got the letter, and yes, it bothered me because I didn't know what I did, but according to the letter because I was being tardy or something, late, something of that nature. So when I went back into my office, I sat down. I looked at the letter closely. It didn't have a date, it didn't have the person's -- whomever

supposedly to have sent the letter, it didn't have their signature. So I said, what -- this got to be a joke. So I went back up to the front office and then they started laughing saying it was just a joke.

At that time my supervisor, who was Maria Marin, she wasn't present that day, but George Morris, who was the acting supervisor, he was there. Not one time did I tell anybody that, you know, that I was upset or that I wanted people terminated or nothing.

So when Maria got back Monday -- was it that Monday? That Friday. When she got back that Friday, she came to me and she asked me about it.

I said, Ms. Maria, I'm fine, nothing wrong, it was a joke, we went about our day.

She said, Okay.

Monday I get back to work. She pulled me to the side and she said, Well, I got to do something about it.

I said, Maria, it was just a joke. I'm fine. And in meeting with this young lady who probably -- which probably could have lasted no more than 10 to 15 minutes, lasted two hours with this lady telling me stuff about me and then other people on the job and how she had to disciplinary -- discipline them.

And I just said, You know what, Ms. Marin, I just don't appreciate you allowing folks to come to your

office and tell you stuff about me. So I'm going to send a letter and notarize it and I'm going to give it to you because I just don't appreciate it.

That young lady looked at me and said, If you send me a letter, you're going to suffer more so than I do.

And all this stuff is documented. If you want me to send all this stuff, it's like 350 to 400 pages of supporting documentation. I'll email it to you.

That young lady said, You're going to suffer more so than I will.

But I said, you know what, this is the appropriate thing to do because you cannot allow individuals to continue to say stuff about you which is untrue. She even said that me and Ms. Ashley had an affair and at the time Ashley, she was a receptionist. Of course, I was a mental health counselor. She wasn't married. I wasn't married. More importantly, we weren't even dating, but people would come to the office and tell her anything, and she buy into it.

Mind you, now, although she kept allowing people to come in and tell her stuff, not one time did she do anything about it, no disciplinary action, nothing.

So when this April Fools' thing came about, that's when once I gave her that letter, all hell broke loose.

Next thing I know, these folk said I sexually harassed a female over at Independence House. My -- my employment started with Independence House, and then I applied for a position at New Horizons.

And I swear to God, the folk at Independence House said, Harry, don't you go over to New Horizons because that lady crazy, but I went anyway because that -- that position was closer to my house and the work hours there was from 8:30 to 4:30.

So they gave me the job. And I was there at New Horizons six months. And next thing I know because of this April the 1st incident and me putting it in writing, next thing I know this young lady says, well -- mind you I'm at New Horizons, this lady says you sexually harassed an employee at Independence House.

And all this is documented, and I'll send it to you. And this was at -- allegedly it happened at Independence House. No informal or formal investigation was done to address this alleged sexual harassment, no email sent out saying you-all need to refer to the sexual harassment policy, whatever the case may be. Nothing.

So I asked them, I said, Why wasn't an investigation done? I mean, so you-all didn't do an investigation, but you-all reward me by giving me the job I want and, more importantly, if this is so true, you did

nothing to me, which makes the alleged victim, I guess, belittled because you didn't think about them enough to do anything. Then you put other folk in harm's way because according to you I allegedly sexually harassed this person. Okay?

We got past that. Then next thing I know, this lady says, Ms. Marin, she says she didn't -- she sent a report in saying I harmed a client, which was a lie, which was a lie.

What I did in my groups and all this, again, is documented, and this -- Ms. Marin, Maria, her name is Ms. Maria Marin, she even seen me do -- when the clients are not paying attention because when I first got to mental health, when I was at Independence House, I say, What do you-all do in a course of a day other than just coming here? And every client said, Well, all we do is sit down, watch TV, smoke cigarettes, and then talk to each other.

So I came up with an idea, well, if you participate in group, what I will do, and this is out of my own pocket, I will give you a dollar if you answer correctly or I'll purchase something out of the canteen if you answer correctly. And then it got -- then it got to the point where I said, well, I got to do something to make these folks laugh. So what I will do is say if you're not paying attention, I'll throw water on you, and all of us would

laugh. I mean the clients and even other employees and, more importantly, Ms. Marin.

So next thing I know, I got Ms. Sheila Arnold, she did an investigation, and once she did an investigation, Ms. Rochelle Caton got involved. She did an investigation, and she came back because -- I asked for a copy of her findings, and she came back and she said, Well, there's no record of abuse.

I said, Well -- I said, Well, what did the client said that I do?

The client said, Me and Harry don't see eye to eye.

So on the outside if you're looking in, it's like me and the client are having a disagreement. No. The client was basically saying we don't look -- he don't look me in my eyes. But even after -- see, Ms. Marin didn't know I got a copy of the report clearing me of any wrongdoings, but she continued to badger that client even to pulling this client off, and Deanna and -- I think it was Deanna Floyd, and Katherine Buchanan, she just kept pulling this client into this office, badgering this client until the point I had to say, Well -- all this is documented. I had to ask Ms. Arnold, I said, Ms. Arnold, and I emailed her, I said, Ms. Arnold, has another claim against me been made?

And Ms. Arnold said, No.

So ever since -- ever since I wrote that letter -- Ms. Marin that letter, I have been suffering with this lady, and all this documentation will show. And I kept asking -- I kept asking Dr. Bay, and then I went to Mr. McGill, and I kept asking them, I would say, Please stop this lady.

They wouldn't do nothing. They wouldn't do nothing. When I say they wouldn't do nothing, they wouldn't do nothing. They just kept allowing me to get this disciplinary actions for things I didn't do, and they wouldn't do nothing. And I got emails to show them -- once we got the -- what the place? Adult attention services, Ms. Marin writes -- one of the client's dad came in, and he said the client garnished a knife on him and was kicking him and he was threatening his mom.

And at that time we had them -- and all this is documented. Long time -- referred the client over to Ms. Marin's program, and she -- she interviewed the client, she assessed the client, and then she did a referral for the client to go to young adult. So, in essence, they had accepted the client, but she wrote in the documentation that because I didn't do my job or something of that nature, all this is documented, they can pull up the record, that that's the reason why.

So my supervisor at the time which was Cornell

Ruff, he had -- he emailed Mr. Brown and tell Mr. Brown that this documentation is wrong or something of that nature.

But I'll tell you ever since I've documented this letter to this young lady letting her know about my feelings, I have been suffering ever since. This young lady even to the point went and told management -- and, listen, I can't -- well, based on things that happened, I can say she did it, and I'm going to tell you why in a minute.

This lady went and told management I had a dual relationship with Rick Nickles of the New Alpha program, and it stunned me because I'm saying what dual relationship? What are you talking about?

So they had an investigation. Well, somebody called in, and I don't know if -- I'll just email you this stuff. I don't know how long it's going to take you to go through it, but when they called in to the hotline, and I'll again, I said, Ms. Marin, when they called in to the hotline, they said the reason why they felt like I had a dual relationship with Rick Nickles was because the treatment team said the client needed to stay in that placement, and then -- what else was in that paper? Oh, they didn't trust the person -- I think it was Rhonda Sims at the time, to --

(Interruption in proceedings.)

THE WITNESS: They didn't trust Rhonda Sims at the time to investigate -- was it Barbara? It must have been

Barbara Felder because Rhonda Sims ended up doing the investigation. They didn't trust Barbara Felder to do the investigation because she and I had a relationship or something that -- all this is documented. It's in the report. And, so, that's the reason why Rhonda Sims did the investigation. And when Rhonda Sims did her investigation, she discovered that a number of case managers sent clients to New Alpha, that I didn't even do transportation requests for the New Medicaid program, which was -- which was -- New Medicaid -- Rick Nickles owns New Alpha and he owns New Medicaid, and I didn't do New Medicaid requests. Ms. Tony does that. All of this is in that report.

So I asked Rhonda Sims, and this is over a year ago, I said, Ms. Sims, could I get a copy of your report? It took them, if my memory serves me correctly because after all this stuff went down in 2013, I asked for a copy of the report, and it took them a year to get me a copy of the report.

BY MS. SNYDER:

Q. The report about the dual relationship?

A. Yes, ma'am.

Q. I saw that complaint in your file, and it looks like it was called in by an anonymous caller. Does that sound right to you?

A. Yes, ma'am, but if you look at the substance of

that report, no one on the outside of the agency, and especially outside of The Link program which we refer the clients to, would know about SPD. If you look at the terminology they use in the report, SPD, knowing that Barbara Felder and I have a relationship. Because Barbara Felder used to be my supervisor at Independence House, so I guess they didn't trust her to do the investigation. And Barbara Felder was actually in the administration building, and I'm in AIS, so they would know that I knew Barbara Felder. So if you look at the report itself, you would know that something from The Link made that -- that report to the hotline. But then as time transpired, we go to a situation in which Ms. Maria -- Maria Marin tells James Reese, who has no relationship to me --

Q. Okay.

A. -- none whatsoever, that I was a crook, I was destroying clients' lives, and that is so far from the truth. So what I did, was -- when James Reese called me to the office for something, he called -- he called to my office for something. I can't remember what James called me for, but it's documented.

And then I asked him, I said, Mr. Reese, can you and I talk? Can I take you to lunch because I want to know who's making these claims against me? And I knew it had to have been Maria, and it had to have been someone from The

Link because at that time The Link had referred these same clients that were in New Alpha to Reese's Community Care Home, and at that time -- and this is just so ridiculous. At that time once the client got to Reese's -- one of the clients got to Reese's, for some odd, strange reason, the Reese staff members gave the client his control substance prescription.

That client went to CVS, and I have documentation from years ago. It says not to give this client his prescription because he would get the medicine and he would overdose on it, and damn it if the client didn't do it. He got the prescription, got the medication, overdosed on it, and not only did he overdose, he gave four tablets to another client who had to be rushed to the ER by -- by the New Alpha staff members, actually Rick Nickles. And the attendant ER doctor said if they wouldn't have got that man -- the client there, the situation could have been worse. The client could have even died. You know. I can't go over all this because I don't know how long we got. You know. It's just so much, but I can certainly email all of this to you, and I'm telling you, they accused me of a HIPAA violation. Simply because one -- and that's the reason I had to get an attorney. I told these folks, it's not a HIPAA violation. Because I am a clinical staff, it is not a HIPAA violation. Based on their policies, it's not a HIPAA

violation, and I kept trying to tell these folk it's not a HIPAA violation. Then they even forced me to go to a HIPAA refresher course, and once I saw -- Ms. Sims and Mr. Nickles there, I said, you know what, the media is going to have a field day with you guys because the information they were sharing with me was other companies and doctors' offices taking clients' information and disclosing it to people outside of their -- their -- their agency or their company. Never did that. Only thing I did was take that report, put it on an adverse incident form and copied and pasted the information to EMR, which is what the adverse incident policy tells you to do.

Now, they want to say because I helped a client because I had to go down to -- it was a Thursday. I can't remember the date, but it was a Thursday. Probate court is held on Thursdays. It was a client I had who was court ordered to structure placement, and Mr. Nickles and his staff took the client down to the placement. And I went back to the office at the court. And I was typing. Next thing I know, it was 4:30. So I said, oh, Lord. I got up in my personal vehicle. I went to St. Andrews Road, office on St. Andrews -- was on St. Andrews Road to get his medication. When I got there, his mom was telling me things about the client, how he was actually abusing his mom. He was taking his mom's head and pushing it against the door. And then she

said one night when he thought she was asleep, she observed the client standing over her with a knife, and when she asked him what he was doing, he just walked away. So I talked with her and everything at the house for about 30 minutes.

Then I had to go from St. Andrews Road to -- church -- church -- right across from Providence Hospital, Gonzales Garden, to get his clothes. For some reason his clothes were at his aunt's house. When I got to the aunt's house, a gentleman answered the door, and he had no earthly idea what I was talking about. So he didn't give me the clothing.

So what I did -- and my only reason was going down to New Alpha was three different things, and that's in Eastover, was to get the client some medications, give him his clothes, and process him into that housing program. Well, I left Gonzales Gardens, and I went to -- actually, he had a place on Blue Johnson Road in Hopkins, but they closed that down, and for some reason I don't know why I went to that place. I went to Blue Johnson Road, and then I went -- and it just hit me, so I had to go down to Eastover on Pine View Road where they moved. And when I got there again, my only function was to process the client in the program, give him his medication, give him his clothing. Well, when I got there, Rick Nickles was there. And so he was showing me what he had done to the place. He had -- it was like a little

short wall, and then he raised the wall up so the clients wouldn't fall over. And then the next thing I know here comes the client. The client that said I violated his HIPAA -- he was upset because his case manager, I'm going to move you.

Case manager didn't move him. Case manager kept telling his mom he was going to move him, his grandmother was going to move him, kept telling the client she was going to move him. So it agitated the client because the case manager is telling me he's going to move me, but he never did, but in doing this investigation, I discovered that the case manager was telling the client one thing but documenting something else.

So that Friday when the client came in -- and the client said -- when the client came in, the client said, Mr. Reese came down and told Rick that he was going to move me, and Rick verbally abused me. And that wasn't the case. That wasn't -- it was the client who was agitated and using foul language, and he was so upset.

So once the information got to me because Herbert Tony came to me and he told me what was going on, and he said, Anybody else talk to you about it?

I said, No, nobody talked to me about it. So when I found out, I emailed Dr. Bank. I said, Dr. Bank, please let's have a meeting to get all the facts. That's the

first email I sent to him. The second email I sent to him, which I got it all documented, I sent to him I said, In addition, will you also contact the client's mother and his grandmother 'cause they both were there via cell phone, and they can tell you that the client was the one upset and nobody was abusing that client. He was the one using aggressive language and cursing, and only thing that myself and Rick tried to do was to calm him down.

So when he came in and made that comment and accused me, and I kept telling him, I said, First of all, I'm not even in there -- the client left him alone in the client's treatment sessions. I didn't talk to the client. So how in the world will I know that the case manager is going to move him.

Oh -- Dr. McNeil said, Oh, you could have looked at the EMR. The only thing I saw in the EMR was Melvin is saying that he told the client to focus on his recovery. Nothing in EMR about moving that client.

Then Dr. McNeil says, We've got to contact social -- DSS and we've got to contact SLED.

And I was saying to myself, okay, fine, you-all do what you do. Then they contacted public safety. These folk sent DSS down to the house. Granted, if they want to do that, that's fine. I'm about the client.

When DSS got down there, Rick told them, Hey,

they had an agent from mental health down here. Nothing in the report that mental health said that I was down there. Nothing. And they made the report seem like the client went to DSS and made the report, and that's not the truth. That client was in mental health, and mental health sent that report and -- and, like I said, they also talked with public safety, and it took them folk two weeks.

And I kept asking them. I said, Listen, can I talk with -- with public safety? They denied it. Then she said -- she also said something about lieutenant -- it's a lieutenant something or other, which is all documented from SLED would be investigating.

I said, Okay. And from -- and I didn't really get -- well, put it this way, even though I said public safety, I talked to public safety, when she told me that she was going to have -- she was going to contact the lieutenant from SLED and that lieutenant was going to contact me, so I was under the impression that I was talking with the lieutenant from SLED.

So -- and I told him everything what was going on, and I heard nothing else about it. Nothing else.

But these folks said because I took that adverse incident report, I did the investigation to find out that the -- the case manager didn't document that he was going to move the client, and because -- I lost my train of thought, what

did I say?

Anyway, but they found out that in the client's records that the client -- the client's case manager wasn't going to move him. But, still, Melvin Malone as that client's case manager could have initially addressed that concern by telling that client, you know, client, there's no reason Harry could have known I was going to move you because he's not in our session. It's no reason Harry could have known because I didn't document that I was going to move you. He exploited that client, and that's what made that client angry. And then when the client -- granted we have clients that lie on us all the time, that's fine. I can deal with that. I'm equipped to deal with that. But when I have staff members, management lying on me, that's what gets me.

And we do this all the time. Because Dr. McNeil said -- Dr. McNeil said her initial statement was I'm not supposed to be working with anybody that's not on my caseload. Then she went from caseload to I'm not supposed to be working with anybody that's outside of Connections.

So I sent her an email saying if that's the case, then you-all need to pay Medicaid a lot of money back simply because I do groups with a lot of clients that's not on my caseload and not in the Connection team.

She sent me an email back saying that's different.

How is that different? You just said not on my caseload or Connection team. So when you're billing them, that's okay, but when you're doing a generic or adverse incident, it's HIPAA. It sounds like you're exploiting these clients for benefit. But the fact of the matter is, and I had to write some things down --

Q. Well, can I ask you some questions about that just so I can be clear on what -- okay. This incident with the HIPAA violation, there was also an allegation of client abuse or it was just a HIPAA allegation?

A. It was a claim of -- of -- of the housing provider, Rick Nickles, verbally abusing the client based on the client thinking that I came and told Rick that Melvin was moving him.

Q. Okay. But so this was not when there was any claim abuse. SLED got involved because they were investigating a HIPAA violation or a client abuse?

A. According to Dr. McNeil --

Q. Okay.

A. -- once that client came in and said he was verbally abused by Rick 'cause the client said I told Rick that he was moving, and Rick verbally abused him, that was abuse, and that they had to go and do a -- DSS and SLED, but, ma'am, that is not the truth.

Q. Okay. That's fine. I understand. What is New

Alpha?

A. New Alpha is a housing program. It's not a -- it's a transitional housing. Now, granted it is not a CRCF, but the court has used it as a CRCF.

Q. You'll have to tell me what CRCF is.

A. Client residential care facility.

Q. Okay.

A. And they have MOA's with mental health, and what we do is put clients in those type placements who can't care for themselves, who are consistently non med compliant, or consistently go to the hospital and need someone to make sure they get their medication.

But the reason why I said going to DSS and SLED is not the case, and I know I'm going to get in trouble for this, but the facts are the facts. When Broderick Anderson over at YAP program, when there was documented, certified letters presented to Columbia Mental Health that this employee abused this client and beat the client up and broke his watch, Sheila Arnold got involved because that's her position. She's the patient advocate person, whatever her title is. I think it's patient advocate. Client -- client advocate person, just like Rochelle Caton is over at the Palace.

They did the investigation. Nothing happened. What Broderick had to do is take some medication, take some

time off, and go back to work. Nothing happened to him.

When JoAnn Boards was accused of -- when another client accused her, and she's an employee, of putting her hands on her, that report went to Sheila Arnold. Sheila Arnold did the investigation. Nothing happened out of it.

But how come all of a sudden when this client which I have no idea about his treatment process come and tell you that I said -- I said I told her -- the housing provider that the case manager is going to move him, then he all of a sudden verbally abused? Why didn't that go to Sheila Arnold? Because that's our protocol. That's our policy. First you try to handle it with the case manager, and the case manager's supervisor and then it goes to Sheila Arnold or the -- then it goes to Sheila Arnold, and then Sheila Arnold does an investigation.

When the client -- and see the way -- I think the way the legislature set this up. You-all have to have a patient advocacy program because we know the population that we work with, you know. Not to say what the client is saying may not be true, but we want to at least not flood DSS up with a bunch of calls that are not forthcoming or just might be delusional -- delusional thinking. So that's the process that we use. But it took them folk two weeks before they let me talk to the lieutenant that Ms. -- Dr. McNeil said that she handed over to SLED, but the fact -- the fact of the

matter is we help clients outside of our programs. I'll give you a few examples. There's a client at ACS on 9/26/2012. I was at his place.

Q. We've got to stick to the claim and you can tell me about this in a minute --

A. Okay.

Q. -- but I've got some questions I have to get through, and we can totally get back to this.

A. Okay.

Q. I just need to get to what I need to get, and I'm going to ask you -- kind of give you an opportunity to say your piece.

A. Okay.

Q. So let me try to get through a few more questions and then we can go forward. Okay? But you're doing a good job of speaking up and speaking clearly.

So, have you -- have you been reprimanded for this incident with New Alpha or the HIPAA violation? Did you receive a reprimand, a suspension, or anything like that?

A. I got reprimanded for HIPAA violation, and that's -- I think you have -- I think what's his name, Joseph something or other. He's an attorney. And since my efforts to convince these persons there was not a HIPAA violation were unsuccessful, I had to secure him. And I kept telling them, this is not a HIPAA violation. This is what we do all

the time. And that's where these examples come along as well 'cause it sets precedence of what we do, and it's got the permission of the agency anyway, but I got written up for a HIPAA violation and threatening to suspend me for three days without pay. I think that's what it was, three days without pay. All this is documented. I have copies of all of it.

And they say if you wanted to basically have a meeting with Dr. Bank before they move forward you can do that.

That's exactly what I did, which I secured Mr. Joseph. I can't remember his last name.

When I got to the meeting, before the meeting even started, Dr. Bank approached me and said either you or your representative going to talk, and that's it. And it stunned me because I thought this was going to be a fair process and, of course, it wasn't.

So when Mr. Joseph finally got there, he repeated himself again, either you or your representative was going to talk, because he didn't think I was going to bring an attorney. He thought I was going to bring Rick Nickles.

So I elected to talk because I knew the policies, and I followed the policies.

And then after that meeting was over, they sent me a letter saying that unless -- unless something or another formal discipline rather than three days suspension.

So they wrote me up for insubordination. If there's no HIPAA violation, there cannot be insubordination.

Q. Okay. So you weren't suspended ultimately? There was no suspension?

A. No.

Q. Were you --

A. But they wrote me up for insubordination.

Q. Were you written up or what was the result of either the sexual harassment claim or the other harm to the client claim? Were you ever written up or suspended for those?

A. Well, once I wrote the letter and all that stuff went down, they moved me to another facility -- program.

Q. That -- when you moved, you were no longer with Maria, right?

A. No.

Q. But then she at some point --

A. What happened was I moved to the cottages, and then we moved over to the new building, AIS new building. No problems. None whatsoever.

Once Maria got to that new building, all hell broke loose, and every time I would email not only Dr. Bank, not only Vickie Brown, but I also even request a meeting with Mr. McGill, and I emailed Mr. McGill four times, and he never responded.

On the fourth time I said, you know what, I'm not going to do this, I'm going to keep calling him and calling him until someone responds. And then finally Ms. Connie called. Ms. Connie was his secretary, assistant, and she said, Mr. McGill said that he don't like to be involved in stuff like that.

Q. Who is Mr. McGill?

A. He's the state director.

Q. Okay.

A. He's the director of the Department of Mental Health.

Q. Okay. I didn't know that.

You filed a Form 50.

A. Uh-huh.

Q. And on your Form 50 you listed October 18th, 2013, and August 12th, 2014?

A. Yes, ma'am.

Q. Can you tell me the significance of those dates if you'll start with the October 18th, 2013, date, what happened then?

A. That was all this HIPAA violation, and everything just kept coming down on me and --

Q. Okay. So that date is around when the HIPAA investigation was going on?

A. Yes, ma'am.

Q. Okay. Well, what about this August 12th, 2014, date?

A. You know, back in 2014, I asked for EAP services because I was just so stressed out, so agitated, so physically, mentally drained. I asked for EAP services, not the agency, me. And I invested my time and my money. I took -- I took the medications, I did the treatment, and I said, okay, I went back to work. Well, even though I was still having problems, I was still at work.

This young lady -- there was a client on my caseload who had a two year -- two-year probate court order for structured placement, but we transferred this client to The Link program and Ms. Marin was his case manager. Well, what she decided to do was take this client out of New Alpha and refer him to Bridges Housing Program. When Jean Anham asked her over at Bridges Housing Program did the client have a court order, this young lady lied and said no. So they took this client in. I'm getting to it. It's taking me some time, but I'm getting to it. The relevance is coming.

Well, when Bridges took this client in, obviously he was going off his medication, he had done -- did some criminal activity, got caught, and went to jail.

So I think when Rick found out the client was in jail, he contacted probate court and told them what was going on. Ms. Neil from probate court emailed myself and Mr. --

well, it was forwarded to me, but she emailed Ms. Marin, forwarded it to me, apprising us what was going on with this client.

Well, because Mia spoke with Rick Nickles and forwarded the email to myself, Ms. Marin was upset. She got agitated to the point where she sent Mia a very unprofessional email. I have that.

At the time that was going on, I was at my computer, and I saw a DSM-V training program and I printed it out. As I was going to the copier to pick it up, Ms. Maria was down the hallway by her old office, and as I was going out of the group room into the copier room to retrieve the document, this young lady blocks me in the copier room and said, Is there something you want to say to me?

I said, Ms. Marin, I have nothing to say to you. And then I began to walk away.

This young lady walked behind me, continued to badger me, and I can tell you I said, Maria, please get out of my face, out of my face, out of my face, and I continued to walk away. And then I said what I would do, call your supervisor. I called my supervisor twice for help to get this young lady away from me.

When I called the first time, this young lady had the mitigated gall, the audacity, all the hell that she have taken me through to say, That's right.

And it stunned me at first, but what I did, I called Daniel the second time, and then he came in. And Harold Edwards who was the former acting supervisor, he took me in the office, and he and I talked, and Daniel and Marie stayed in the group room and they talked. And rather my supervisor come in and telling me or asking me, Harry, what happened, he said, Oh, there's two ways you could have better handled that situation. He didn't even ask me what happened. He just said, Oh, there's two better ways you could have handled the situation.

That's when I just started crying. I said -- you know, I just couldn't win for losing. I mean, here I am, I did the appropriate thing. I walked away. No, first of all, I respected her to say, No, Ms. Marin -- No, Ms. Maria, I have nothing to say to you. And I walked away.

And then even -- even when she kept badgering me, I still called my supervisor twice, and then she said, That's right. That's right.

But I called supervisors the second time, and, you know, again, rather than say, Harry, what happened, oh there's two ways you could have better handled this.

So that's when -- that's when I think it was Dr. Reynolds and Ms. Avis came in. And Ms. Avis said, He's tired.

I was just so tired, and I'm still tired.

So she said, Just go on home, and what I will do is email Dr. Bank to give you comp time. And at that time after -- after -- after Dr. Patel and Ms. Avis came in, Ms. Joanne came in, who was next to my office, and she was in the office consoling me, and when Ms. Avis said, Just go home, just go home.

So they were walking me to the side. Joanne stayed on this side of the building and Harold walked me to the car. He said, Just take care of yourself, Harry.

So when I got home Dr. McNeil called and she said, Harry, this ain't going to be a one-sided story. It is a one-sided story because you-all believe everything what this lady said, and I did the appropriate thing rather than just having a confrontation with this young lady. I called for help.

And then they said -- they sent me a letter saying, You're going to be suspended for -- without pay for something about harmonious working environment. And I sent them a letter back. I said, Listen, this is what I've done all these years. I wrote you-all for help, I went through EAP that you-all never referred me to, I did treatment, I came back, and I worked, and I ignored her, and I asked for help from my supervisor. And I mean -- and this young lady is still badgering me. You-all didn't do anything about it. So what are you talking about? I didn't broke harmonious

working environment. I walked away, and she followed me. So....

Q. And that's what happened on August 12th?

A. That was in 2014.

Q. Okay.

A. Yes, ma'am.

Q. Were you suspended after that?

A. They had me out for three whole weeks, and this young lady was able to go back to work that same week with her same pay, but she -- even though they lost her -- she was no longer -- she got demoted from being a supervisor. They transferred her to young adult, and she's a counselor at young adult.

Q. So you returned to work on October 6th, 2014?

A. Yes, ma'am.

Q. Are you still working with Maria? Is she still around?

A. No, she went to -- like I said, after all that, she was transferred to young adult.

Q. Young adult, okay.

A. And she wasn't my supervisor.

Q. Right. So you're no longer working with her anymore?

A. After -- after I left New Horizons back in 2010, I never worked with her thereafter. She was just in the same

building I was once they transferred her to adult intensive services.

Q. What was the name of the doctor you saw at EAP?

A. That was Mr. Helms.

Q. Helms?

A. Don Helms.

Q. Okay.

A. And, so, when I requested EAP services, Mr. Helms, I don't know if it's protocol, it took him so long because he said he was waiting to get the records from Dr. -- Dr. -- my doctor, Dr. Bell. So I went to Dr. Bell and -- because I couldn't take it no more. I was so out of it. I just couldn't take it no more.

Dr. Bell referred me over to -- that same day, as a matter of fact, he made me go into another room because that's how bad I was. He made me go to another room, pick up the phone and call Palmetto Health -- Palmetto Behavior Health Care on Greystone Road that same day. So -- and that's when I -- that's when I was -- what is it? Outpatient, inpatient, whatever kind of treatment, and I did that for two weeks.

Q. Okay. What about Dr. Upchurch?

A. Dr. Upchurch, she's -- once I left Palmetto Behavior Health Care, they referred me to Dr. Upchurch.

Q. Okay. Are you still seeing Dr. Upchurch?

A. No, ma'am, I'm seeing Dr. Kirkland now.

Q. What happened with -- did Dr. Upchurch just refer you to somebody else?

A. No, ma'am, because these folk -- and yes, it was a pay issue. I just couldn't afford it no more but -- and I told Rochelle Caton also, and what I was trying to tell her that also because of the productivity issue, I couldn't continue to go see her because I didn't want those people then try to fire me because I wasn't making my productivity.

So what I did was continue to take the medication, continue to, you know, just try to stay focused, doing my job, and that's when Maria decided she wanted to approach me. I didn't have no -- I mean, I didn't have no problem with nobody else. And even if you look at my performance appraisals, every manager I -- and I had several managers, Barbara Felder, Cheryl McClinton, Greg Oats, Cornell Ruff, Harold Edwards, Shanita Lee, Marty Wiserguest (phonetic), all gave me favorable performance appraisals.

Q. You got really good, exceeding -- far exceeding, you had great EPMS reports. I saw those.

A. And then after I gave this young lady the April 2010 letter, that's when she submits an EPMS with a derogatory report even though I had been there six months with her and not one time did she say that I was doing a poor job, not one time that I got written up, nothing, but after

-- after I gave her that letter, then that's when everything went downhill.

Q. So now you're seeing Dr. Kirkland?

A. Kirkland.

Q. Where is Dr. Kirkland's office?

A. He's got medical -- I've got this card. Gadsden -- 1919 Gadsden Street.

Q. Okay. And when was the last time you saw Dr. Kirkland?

A. I saw him on my birthday, October the 1st.

Q. Okay. And is Dr. Bell your primary care physician?

A. Yes, ma'am.

Q. Just who you see for your general health?

A. Yes, ma'am.

Q. Did you go back to work for a retirement dinner for somebody in July? Does that sound familiar?

A. That was Herbert Tony. Wasn't that Herbert Tony? Yes, I think it was Herbert Tony.

Q. How was that?

A. That was just a dinner.

Q. That was fine?

A. Yeah.

Q. Nothing of note?

A. Nothing what? What relevance is that that I --

Q. What about -- so what would you like to see happen with your claim? What are you seeking?

A. Well, I want my workers' comp to be approved 'cause simply when I got this letter, whatever it was, these folk are not being forthcoming, not at all. All the years that I've been asking for help, they knew something was wrong. Then they say, Well, Harry, you didn't report it in a timely manner. That's not forthcoming because their documentation states that they did get the claim in time in that, one, they received not only the FMLA forms from two independent doctors that said that this was work-related, they then at that point should have brought me in the office themselves and said, Hey, let's talk about this. They didn't do that. And not only that, and this was 2003 when they got all this information, when I spoke with Sharon Brown, because I emailed Ms. Vickie Brown, I said, Ms. Vickie Brown, I want to apply for workers' comp, she said, You have to talk with Sharon Brown about that.

When I spoke with Sharon Brown, Ms. Brown said, Well, you should have reported 90 days after the incident.

Of course, based on their documentation, they were perfectly aware of it within those 90 days' time frame, and then -- then they also says injury did not arise out of -- in the course of employment, which is a lie.

When I spoke with those doctors, and these are

all -- Dr. Bell, Dr. McKinley, and his staff over at Palmetto Behavioral Health Care, when I spoke with Dr. Upchurch and now that I'm seeing Dr. Kirkland, never talked to any of these people about any other life experiences or trauma experience. I was telling them about what was going on at work, and even all these folk with all this documentation know this was work-related. Even the first sentence it says work-related stress, and it resulted to depression, of course it did, and anxiety and something. And these people -- even when Dr. Upchurch says, okay, this is what we need to do, we need to decrease your productivity to -- to -- to -- from -- from 60 to 40. These folk wanted to send me to Fairfield County to work in that program, and I only got 40 hours.

Well, all clerical staff according to them have to get 40 hours at that time -- 60 hours, excuse me. They know I'm going through depression, they know I'm stressed out, they know what I'm facing, so what they wanted me to do -- thank goodness I had an upcoming doctor's appointment and Dr. Upchurch evaluated me because based on their policy, if I rejected it, then they could have terminated me, and I think that's what they wanted to do. But -- I forgot my train of thought. What was I going to say?

Oh, they wanted me -- and they knew I was having issues. After not being able to sleep at night they wanted me to get up, drive an hour away, an hour and some odd

minutes away, work all day, drive back home an hour and some odd minutes back, having to repeat the cycle always getting back on this road, and I told them, listen here, I'm not negligent. I don't want to hurt nobody on that road because I've got to go to work, because I know I'm tired, but they wouldn't accommodate that. So now I'm in a program, mind you, Impact, and instead of just helping me with that, 40 hours, 40 hours a month, 40 hours a month, but now I'm in a program -- work -- what is it, work description -- what is it? Description is in this packet here. Now I'm in a program where my employment now I'm in a program where every month I'm required to do 40.

And I said, listen, 40 hours -- I said listen, and this is Impact because what Impact does, we deal with the most intensive mentally ill clients, and these are individuals who always lost -- lost -- missing in action or in jail or in the hospital.

When I got back, I had five clients. Two of them was in jail, one was missing in action, I can't remember where the other one was, and one was active. So each week if I did -- let's say if I had those five clients, if I did five services that week, I only have 20 hours that month, so there was no way I was going to meet that productivity anyway. So -- but now I'm in a program where I'm required to do 40 hours, and I told them, I'm not going -- this is a setup.

So what they did -- what Denise Morgan did, who was now my supervisor, she went and wrote it up to where they were going to review my productivity in a two-month period, and of course since I've been back, they haven't reviewed it yet.

Q. Okay. Denise Morgan is your current supervisor?

A. Yes, ma'am.

Q. What kind of relationship do you-all have? Have you-all been getting along?

A. Yeah, I get along.

Q. Okay. Would you say -- I don't know 'cause I don't work at the Department of Mental Health, but I could maybe see how this might be true. Would you say it's common for clients to allege mistreatment or abuse unfounded?

A. All the time.

Q. They do it all the time?

A. Yeah.

Q. Okay.

A. And you don't want to attack the client. You attack the behavior, but we want to make sure we're doing what we need to do first.

Q. I see. Okay. Are you currently taking any medication whether it's prescribed by Dr. Kirkland or prescribed for your general health?

A. Dr. Kirkland I'm taking Ambien, Seroquel,

Lexapro, and LaMICtal, and I see Dr. Kirkland again on 10/30. I just got through seeing Ms. Carol, the therapist.

Q. And Ms. Carol is the therapist with Dr. Kirkland's office?

A. Yes, ma'am.

Q. So they're all in the same office?

A. Yes, ma'am.

Q. Are you taking medications for any other health issues, hypertension, diabetes?

A. Diabetes, what do I take, Glucophage, metformin. It's a mixture. Gee whiz. It's some other medications. One is for high cholesterol, one is for high -- high cholesterol, high blood pressure, but those were just to -- because of my diabetes, Dr. Bell put me on those to protect my heart and my liver.

Q. Okay.

A. And I take -- he got me on -- oh, I'm glad you said that. He got me a small dosage of Bayer aspirin 'cause --

Q. Oh.

A. -- this thing got so bad at one point, in hindsight, and I thought about it because I had to go to Dr. Bell because I was having heart issues, and I'm saying, Dr. Bell, I'm having all these heart issues. And he examined me, he did an EKG, and he said, Harry, there's nothing wrong

with your heart. So he put me on -- he told me to go to Wal-Mart and buy -- and I can't remember the name of it, but he said it's a no flush something or other, but it's a white pill that I take every day, too.

Q. Okay. Are there any other doctors you see regularly?

A. Uh-uh.

Q. Have you looked for another job?

A. I shared with people and I think you observed from this incident and I shared with Carol and all this, it may be in the records, I don't know if you got their records yet, and I talked with Dr. Kirkland, Look at me. I'm all screwed up. How am I supposed to sit here and talk to them?

And when they ask me, Why did you leave your last job or why do you want to leave your last job, and Ms. Vickie Brown says, Well --

I told Ms. Vickie Brown, I said, Ms. Brown, I'm going to tell these folks the truth.

And Ms. Brown said, You don't have to say all that.

Why don't you want me to be telling the truth? Because you know this will make you-all look bad.

And this is where it hurts me, too. One day when I got back, I can't remember what it was, but they had me doing all these trainings, and Vickie Brown came in --

Ms. Brown came in, and we started to talk, and all this is documented because I emailed it because I couldn't believe she told me this, and she's the human resource manager, she said, Harry, I just did what I was told to do.

Who would tell you after I keep emailing you-all, who in the world would tell you not to have something in place to stop this nonsense? And then just allow it to go on and on and on and won't do nothing about it. Now, of course, I guess it stopped now because I'm at AIS, and she's at the young adult program. No manager, no staff member ever had a problem with me. It was just that young lady. And she didn't have a problem with me -- I'll tell you I worked with her for six months, and she depended on me for everything, and then as soon as I say I'm putting this in writing, you're going to suffer more so than I will. And it stunned me, but I said, okay, I put it all in writing. And, in fact, at the time when I emailed them my report, my formal statement, I even asked them, and it's in the report, I want this document placed in my permanent employee personnel file, and it's not even in my file.

Q. Would you say that there are any factors outside of work that are causing you stress?

A. No. I didn't have no problems.

Q. Any family situation causing you stress?

A. No. No. Didn't have no medication for stress,

didn't have no headaches, nothing, and this been going on since 2010, so it ain't been -- my family just got there, so it ain't them.

Q. So what kind of hours are you working now?

A. 8:30 to 5:00.

Q. And that's working out okay?

A. Yes, ma'am.

Q. And have you talked to Denise Morgan about your productivity goals or anything like that?

A. No, ma'am, she hasn't talked to me yet since I've been back.

Q. Okay. Oh, I wrote this question down when we were talking. What is your relationship with the case managers? It doesn't sound like that they would be your boss or anything, but how does what you do involve case managers?

A. What do you mean what I do?

Q. Well, I guess, why were you working -- and I don't mean Ms. Maria specifically, but what she does and what you do, how do your two jobs interact?

A. Well, she was the supervisor of The Link, and I was just an employee of Connections.

Q. What is Link?

A. The Link is less intensive case management program from Connections.

Q. Okay.

A. Whereas Link will see clients maybe two or three times a month, we would see clients one time a week or two times a week.

Q. With Connections?

A. Yeah, with Connections.

Q. So you-all were working in different programs?

A. Yeah, we were in different programs but on the same end of the hallway.

Q. Okay.

A. And, see, even -- I'm going to tell you how bad this thing got also. After a client came to me, and the client that we refer to The Link program, he came to me and said, Well, Harry, my case manager -- and this is another client, not the client that reported that I told Rick that he was going to move -- his case manager was going to move, this is another client.

Q. Okay.

A. He came to me and he said, Harry, my case manager is going to move me, and I don't want to move.

And I said, Okay. Talk to your case manager.

And then he said I done talked with them. I talked with them. And he said --

Then I asked him, I said, Well, who -- what did I ask him? I asked him, Who is your case manager?

And he said, Maria.

Well, Maria was the supervisor at Link. So couldn't do nothing there. Then another client came to me and said, Harry -- and I want you to hold on to the first client. The second client came to me and said, Harry, she's trying to move me. I don't want to move. Okay? And I didn't want to bother with her because I knew what type person she was and I knew if I said anything to her, I would face hell. So I didn't say anything.

So a third client came to me, Harry, she's going to move me and I don't want to move.

I said, Okay, this is what I'll do. I'll talk to my supervisor, which is Cornell Ruff, and ask him to set up a meeting with all of us, including Ms. Maria -- Ms. Marin.

That meeting took place, but, unfortunately, Cornell did not apprise Ms. Maria of the meeting until the day of the meeting, and she got so upset. Nevertheless, she still came to that meeting, but when she came in that meeting, she monopolized that entire conversation, she belittled the parent that was there saying that -- and the provider that was there saying that this was a waste of her time and she would have had -- she got better things to do.

And all of this is documented.

So I said, Okay. And I told all of them in front of the room, I said, What I will do since we couldn't

get this worked out -- 'cause the meeting shouldn't have lasted more than 15, 20 minutes. It lasted two hours. Every time we began to talk, Cornell, the housing provider, the parent, myself, every time he would begin to talk, she would inappropriately interject and go on and on and start talking about personal stuff and to the point she even called out another client's name that had nothing to do with what we're doing, and he didn't even live in the housing, so she's the one who violated HIPAA.

So I said, What I will do, since we were unsuccessful, I will send an email to let John Brown know what was going on. John Brown was like the director of AIS or whatever his position was before he retired. And as soon as I said that, she walked out and then next thing I know, and all this is documented, I get an email from John Brown saying that I was disrespectful to Maria and it wasn't -- it was a total lie.

I emailed John Brown back, and I said, Listen, if I was disrespectful, my supervisor who was sitting next to me said nothing, Maria said nothing in that meeting. More importantly, she didn't say anything after the meeting. So if I was disrespectful, where did it come from? So I said, Let's do this. Since you won't believe me, let's get that parent that was there and that housing provider that was there, and let's have a meeting. He wouldn't meet with them.

Q. Do you remember when this was, even month, year, anything?

A. I can't remember. It's all in here, though.

Q. Okay. I see you've got a lot of paperwork there and, you know, my file doesn't look as big as your file, so I plan to look at all that if you'll let me look at it.

A. I can email it to you.

Q. Or we can copy it here, whatever you want to do.

A. That's fine. These are my originals, I've got my doctor's excuses and all that. You can make a copy of it.

Q. Okay. Great. So --

A. But, anyway, after that incident, I emailed -- because it was totally harassment. So I emailed Ms. Vickie Brown. I said, Ms. Brown, could you email me harassment information, because it was total harassment. Vickie Brown sent me information. But when I got the information, I looked at it, and I said, you know what -- that email I sent to her is in here, too, I'm not going to say anything because if I say anything, you know that I'm going to face hell. So I left it alone.

But the client that I told you to hold on to, thank God that client was not moved because where she wanted to put him was at a place where there was no -- nobody watching him. So one day when he was at New Alpha, thank God he remained, Rick noticed him slumping and slurring his

words, so he got to that young man and rushed him to the emergency room. He had a seizure. They were saying he had a seizure. So he got him. You know, I don't know where the client is now, but he was able to get that client to the emergency room; whereas, if he was there by himself, he would have been in his room. And that same client when I had him, wouldn't come to his appointments. He had jaundice. I had to take him to the hospital. I had to do so much with the client. He had so many medical issues. He wasn't -- and he was mixing his medications. Every time he medications, he was drinking beer. And not coming to your appointments, not taking your medications, you're going to decompensate.

So we got him into structured placement, met with his sisters, they was happy with him and went to placement. And, like I said, he got a seizure, and that staff was able to get that client to the emergency room; whereas, if he went to that place she had have had him -- no telling what would have happened. He probably would have had a seizure in his bed and nobody would have ever known.

Q. Well, I'm glad that worked out better than it could have worked out.

Back when I was asking about case managers, you're a case manager too, right?

A. Yes, ma'am.

Q. So it's not like another case manager is a

supervisor over there?

A. No.

Q. Like, was Maria your supervisor?

A. She was my supervisor at New Horizons, and that was for six months.

Q. That was way --

A. Yeah, 2010.

Q. Right.

A. And that was it.

Q. Okay. Okay.

A. My interaction with the other case managers have no problem, you're all more than welcome to talk with them, and, like I said, there's been no -- no reports of me displaying any inappropriate behavior toward any managers or case managers, any staff member, any staff members out of Ms. Marin and her fabrications.

Q. Have you sought mental health treatment prior to this of these problems at work in the past?

A. No.

Q. No. Okay. But Dr. Kirkland, you're at work and he said it's okay for you to be at work?

A. Well, I told him I wanted to go back because these folk -- when I went out, I said, Listen, I want to apply for workers' comp. They didn't do that. They exhausted all of my annual and sick leave. They even -- when

they say they don't know about what was going on, and I hate to say it's a lie, but it's a lie, because they approved another round of FMLA leave without even receiving an FMLA form from Dr. Kirkland because I emailed it to him, and that's in here, too, and on 10/1, Dr. Kirkland hadn't even completed nor submitted the form. And on top of the FMLA form, there's a section that I sign off as to whether or not I want to use -- exhaust all my annual and sick leave or whatever. They never got that from me. Vickie Brown said, Oh, Harry, the reason I did that I didn't want you to go without a paycheck.

Well, you should have did what I asked you to do.

Q. I don't have any other questions for you. Is there anything else you want to tell me? I want to look at that stuff you've got in front of you, but if there's anything else you want to tell me, now is your time.

A. Oh, when they say HIPAA violation, these people again, this was just to badger me. ACS client on 9/26/2012. My HIPAA violation came to me in 2013. There was a client -- which Dr. McNeil is the clinical director over the ACS. I was at his place requesting him to send it to the UDS, I did the UDS, came up positive, and I submitted via email the results to Ms. Lon Bonno-Lebozec. It's L-O-N B-O-N-N-O - L-E-B-O-Z-E-C. She was his case manager. I emailed the

results to her, and her response was that she was going to talk to Dr. Kendall about it, and then submit it to the nurse. Mind you, if there was a HIPAA -- if I committed a HIPAA violation, these people who have been with this agency long before I got there certainly would have addressed it at that 9/26 instance.

Impact, 11/30/2012, there was a client which I had a crisis intervention. The client was threatening suicide, and she was Ms. Addison's client at Impact. At that point in 2012, I wasn't with Impact. I just got with Impact. There was no mention of a HIPAA or no accusing me of a HIPAA violation.

The Link, February the 4th, 2014, Howard Edwards received a call regarding a Link client, and I'm saying this because their rationale of a HIPAA violation is totally wrong.

Q. These instances you're talking about, are these instances of other people --

A. Yeah.

Q. -- or instances of -- okay.

A. Yeah.

Q. So you're just explaining to me some people have done similar things that are not HIPAA violations?

A. We all do because that's what we do.

Q. And you're not sharing this with outside people;

it's all internal?

A. Internal with clinical staff.

Q. I understand that. I follow that.

A. And Harold gets a You Made a Difference award for innovating with his client, and when you look at the record you will see that Harold requested me to help, and I was able to go to EMR to his client who was a Link client, look at his information, and if I wouldn't have done that -- because the young man was saying -- threatening harm against his wife, and he wouldn't tell us where he was, he wouldn't give us a number, et cetera, et cetera. So I had to go to EMR. I tried calling his mom. Couldn't get in touch with his mom. So I finally got in touch with his girlfriend who she said is now his wife. If I wouldn't have done all that, she would have went home and anything could have happened.

Impact, 8/1/2014, another client, Ms. Anna House of New Horizons provided crisis intervention to a client who is not on our caseload, who is not in New Horizons, and at the time was on my caseload. To me what it says it's okay, and I said this before, it's okay if we're billing these services, but, you know, to benefit financially, but when we do something that they don't like or generic note and things like that, they got no -- they're going to say it's a HIPAA violation. It's not a HIPAA -- I'm a clinical staff. I'm not -- I didn't go out there and talk with the receptionist,

I didn't go out and speak with the janitor who has nothing to do with clinical issues. I spoke with clinical individuals.

Q. I understand what you're saying. I get it. I get it.

Well, if that's it, then I think we're done for the day.

MS. SNYDER: Thank you, Marie.

THE WITNESS: Can I add one more thing and I do apologize?

BY MS. SNYDER:

Q. That's okay.

A. See, when -- in 2013 -- when was it? 2014, Ms. Susan Brown, when I emailed Vickie Brown, said get me some information on workers' comp, she said talk with Susan Brown. Well, I talked with Susan Brown and I was given a history of what was going on and why I needed attention. She said, again, I should have did it in 90 days, but she submitted -- provided me the work via email. The email is in here. As a matter of fact, it's on top.

When she sent me the email, the documentation, I forwarded it to my immediate -- my acting supervisor, which was Harold Edwards on -- I think it was -- let me see. I think it was January the 14, 2014. I emailed it to Harold, and he was supposed to complete it. He didn't complete it as of Tuesday, February the 18th, 2014, he had not completed it,

and that's when I sent the email, can we schedule some time to complete the workers' compensation paperwork this week, because he didn't do it.

Q. Okay.

A. So when people say they didn't know all this, it just threw me for a loop.

Q. Okay. I understand.

A. That's it.

(The deposition was concluded at 11:46 a.m.)

SIGNATURE OF DEPONENT

I, the undersigned, HARRY REESE, do hereby certify that I have read the foregoing deposition and find it to be a true and accurate transcription of my testimony, with the following corrections if any:

PAGE	LINE	CHANGE	REASON

_____

HARRY REESE Date

CERTIFICATE OF REPORTER

I, MARIE A. BOYCE, Certified Court Reporter, and Notary Public for the State of South Carolina at Large, do hereby certify that the foregoing transcript is a true, accurate, and complete record.

I further certify that I am neither related to nor counsel for any party to the cause pending or interested in the events thereof.

Witness my hand, I have hereunto affixed my official seal this 17th day of November, 2014, in Lexington, Lexington County, South Carolina.

_____

Marie A. Boyce, C.C.R.

License #30XI00145200

My Commission Expires October 8, 2023

REQUEST FOR PROPOSED ORDER

This document is not an Order. It is a request for a proposed Order. The undersigned reserves the right to modify or delete any portion of this document.

WCC #: 1322039

DATE OF HEARING: April 6, 2015
PLACE OF HEARING: Columbia, S.C.

CLAIMANT: Harry Reese

EMPLOYER: SC Department of Mental Health

CARRIER: State Accident Fund

CLAIMANT'S ATTY: Unrepresented

DEFENDANTS' ATTY: Page Snyder

FINDINGS OF FACT

1. Claimant alleges that he sustained acute work-related mental-mental injuries on October 18, 2013, and August 12, 2014, but contends that work stressor symptoms have been occurring since 2010 (testimony of Claimant; Claimant's Deposition, pages 13-14 and 51; Defendants' APA, pages 14 and 16; Claimant's APA, "B,", page 28; Claimant's APA, "D," pages 87 and 102).

2. Claimant does not plead injury by repetitive trauma, but rather two discrete dates of injury (Commission's file containing Claimant's Form 50).

3. Claimant was earlier advised of his right to counsel, but instead represented himself at the hearing before the undersigned (Order of Commissioner James, dated December 2014).

4. Claimant did not subpoena or otherwise bring any witness to the hearing to corroborate his testimony of harassment or hostility in the workplace. However, from Claimant's testimony, there is no question that Claimant and Ms. Marin did not see "eye to eye" (*See e.g.*, Claimant's APA, "F," pages 139, 141-168, 170, 173, 191-195, and 203; Claimant's APA, "L," page 426).

5. Claimant is 47 years of age (Claimant's Deposition, page 5).

6. Claimant has a Master's degree in social work (testimony of Claimant; Claimant's Deposition, page 8).

7. Claimant's employment history includes work as a cook, work at a Head Start facility as a case manager, and work as a teacher/coordinator at a child development center (Claimant's Deposition, pages 9-10).

8. Claimant's job with employer is Human Resources Coordinator I/case manager (testimony of Claimant; Claimant's Deposition, pages 10-11 and 56). ***Please verify title by transcript—it may be Human Services Coordinator/case manager***

9. Based upon written evidence, Claimant appears to be an excellent employee who (a) cares very much about his job, and (b) takes great pride in the performance of that job. Claimant is documented as (a) requiring "minimal supervision and prompting in obtaining needed services for his clientele," (b) having "outstanding and consistent case management services," and being an "efficient" and "hardworking, caring, and compassionate professional" (testimony of Claimant; Defendants' APA, pages 1 and 3; Claimant's submissions, unnumbered pages containing employee evaluations; Claimant's Deposition, page 42; Claimant's APA, "D," page 112; Claimant's APA, "I," page 375).

10. Claimant was admitted to the Palmetto Health Behavioral Intensive Outpatient Program in September 2013—the month prior to the October 2013 event he alleges to be an unusual and extraordinary condition of employment. During his treatment, Claimant reported "continuous conflict with his supervisors." One of the goals mentioned during this treatment protocol was for Claimant "[t]o learn how to take better care of myself, so that I can deal with the job stress." Claimant expressed anger at being accused of something he didn't do at work and being treated unfairly. One of these records states that Claimant's response to the "not uncommon" personnel issue is "uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally" (Defendants' APA, pages 1-2, 6-9, 11-14, and 16-17).

11. It is difficult to follow Claimant's testimony at times, but it appears that the October 2013 incident relates to an investigation and Claimant's ultimately being reprimanded for insubordination stemming from an alleged HIPAA violation, after which Claimant was made to take a HIPAA refresher course. The disciplinary documents specifically states that Employer considered the offense to have been without malicious intent. The tone of the disciplinary write-up does not appear to be extraordinary and unusual, and although Claimant adamantly disagrees with the write-up, it was not done in a hostile manner (testimony of Claimant; Claimant's Deposition, *e.g.*, pages 32-35 and 58; Defendants' APA, "C," unnumbered pages; Claimant's APA, unnumbered pages; Claimant's APA, "H," pages 277, 283-286, 288-295, 323, and 325-326; *See also* Claimant's APA, "L," page 422; Claimant's APA, "M," pages 433 and 436-445; Claimant's APA "O," page 547).

12. It also appears that Claimant has particular difficulty with stress in dealing with his managers, particularly Ms. Marin, who supervised Claimant for a 6-month period in 2009-2010 (Ms. Marin's supervision of Claimant ended in May 2010). However, Claimant alleges an incident in 2014 when Ms. Marin blocked him a copy room and badgered him. Claimant contends that he is the subject on ongoing retaliation and harassment. Claimant testified at his deposition that he was warned by "the folk at Independence House," who told Claimant that Ms. Marin was "crazy." However, Claimant called no witnesses on his behalf to describe Ms. Marin in this manner. Otherwise, the outcome of this case might have been vastly different. However, in any event, Ms. Marin has not supervised Claimant since 2010 (testimony of Claimant; Claimant's Deposition, pages 36-41 and 57; Claimant's Deposition, page 15; Claimant's APA, "F," pages 137 and 187).

13. Claimant also contends that he was investigated for various complaints without Employer's following proper policy or protocol. However, in at least one of these complaints, Claimant was exonerated by Employer (testimony of Claimant; Defendants' APA, "C," unnumbered pages; Claimant's Deposition, pages 19-21; Claimant's APA "H," page 259).

14. Claimant admits that it is common for clients to allege mistreatment or abuse (Claimant's Deposition, page 47).

15. Claimant does admit to threatening clients by stating (jokingly, he contends) that he would throw water on those who did not pay attention. I do not find that the write-up for this episode was extraordinary and unusual (Defendants' APA, "C," unnumbered page; Claimant's Deposition, pages 16-17; testimony of Claimant; Claimant's APA "F," page 186).

16. As of the date of the hearing, Claimant has returned to his job duties with Employer (testimony of Claimant).

17. I have no doubt that Claimant's predominant stressor is work-related, as such is corroborated by the hospital outpatient treatment records, by the record of Dr. Upchurch, and by the causation statement of Dr. Kirkland. However, it is not enough for the stress to be work-related; if that were the case, Claimant would readily meet his burden of proof. *See* Claimant's APA "B," pages 31-32; Claimant's APA, "C," pages 54, 56, and 78-80; Claimant's APA, "D," pages 82-83, 87-90, 92, 95, and 100.

18. Claimant has not provided to the Commission sufficient evidence to meet his burden of proof pursuant to Section 42-1-160 for a mental-mental injury.

19. This decision is in no way a reflection upon Claimant's job performance with Employer, as Claimant strikes the undersigned as a very dedicated employee who cares deeply about his work and also about what others think of that performance. Dr. Upchurch describes Claimant with a "deep caring for the population he serves," and as "desperate for understanding and respect." Claimant's write-ups "devastate" Claimant and leave him feeling as though he is "fighting for his good name and basic respect." *See* Claimant's APA "C," pages 79-80.

20. I did not consider any handwritten additions to records before me.

21. Benefits under the Act are denied.

YOU MAY ADD/REARRANGE/CORRECT/CLARIFY/AMPLIFY THESE FINDINGS AS NECESSARY/APPROPRIATE IN ORDER TO EFFECTUATE MY INTENT.

22. Claimant's average weekly wage is $701.61, yielding a compensation rate of $467.76.

TO DEFENDANTS' COUNSEL: PLEASE PAGINATE ALL FUTURE APA SUBMISSIONS/EXHIBITS. IT IS DIFFICULT TO CITE THE RECORD WHEN NO PAGE NUMBERS ARE PROVIDED. THANKS SO MUCH FOR YOUR ASSISTANCE.

INSTRUCTIONS: Attorney Page Snyder to prepare proposed Order unless otherwise agreed upon by the parties. Proposed Order shall include **VERBATIM** Findings of Fact attached hereto, **unless there is a mistake, in which case, it may be corrected. ATTORNEYS ARE RESPONSIBLE FOR PROOFING ORDERS PRIOR TO SUBMISSION.** Any other Findings of Fact not inconsistent with those attached hereto may also be included. Proposed Order shall be submitted within 35 days of the date of these order instructions. If you need a transcript

order it *immediately* from court reporter Sallye Nelson ***in writing*** at Post Office Box 551, Roebuck, South Carolina 29376. Provide a copy of the proposed order to opposing counsel or *pro se* claimant **at least five (5) days prior to the time** one is submitted to the Commission. IN YOUR COVER LETTER TO ME, PLEASE INCLUDE A STATEMENT THAT THE OPPOSING PARTY HAS NO OBJECTION TO THE ORDER AS WRITTEN.

The Commission now requiresthe proposed order be e-mailed to klove@wcc.sc.gov and all parties in Word format

FORMAT for DECISION & ORDER:

1. APA Submissions
2. Stipulations
3. Statement of Case (Contentions of parties, stated concisely)
4. Evidence of Case (synopsis of evidence, including testimony and medical reports)
5. Findings of Fact – numbered *(Do NOT delete any of the above findings;* however, the prevailing party may add to support decision, except re: credibility)
6. Conclusions of Law (Cite code sections and case law as applicable.)
7. Award

Susan S. Barden

South Carolina Workers' Compensation Commission

STATE OF SOUTH CAROLINA

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSON

Harry Reese, Claimant, vs. Department of Mental Health, Employer, and, State Accident Fund, Carrier/Defendants,	)	ORDER W.C.C. FILE NO.: 1322039

HEARING DATE:	Held in Columbia, South Carolina on April 6, 2015
APPEARANCES:	Harry Reese, *Pro Se* Page Snyder, Esq., Attorney for State Accident Fund.
PURPOSE OF HEARING:	To determine the issues raised pursuant to forms 50 and 51.
DECISION AND ORDER BY:	Susan Barden, Commission

STIPULATIONS

This case was heard by the undersigned Commissioner in Columbia, South Carolina, on April 6, 2015. The parties stipulated at the hearing to the following issues:

1. The purpose of the hearing is to determine whether the claimant suffered a compensable psychological injury while in the course and scope of his employment.
2. Notice of this hearing was timely and properly served upon all parties of interest.

3. Venue, set in Richland County, is proper as agreed by the parties.

2. Without objection, the Commission's file becomes part of the record, with the exception of any self-serving declarations or unstipulated medical reports.

3. The claimant seeks a determination that he suffered a compensable psychological injury while he was in the employment of the defendant/employer, Department of Mental Health. Therefore, the S.C. Workers' Compensation Commission has jurisdiction of this case.

4. The average weekly wage is $701.61, making a compensation rate of $467.76 applicable in this matter.

APA SUBMISSIONS

Under the Administrative Procedures Act, the following documents were submitted into evidence by the Claimant:

Yellow Folder	Department of Mental Health Policies and Procedures
Small Binder (tabbed A-Z)	Articles re: stress and mental health
Large Binder (tabbed A-S)	Medical records, emails, employment documentation

Defendants objected to the Small Binder in its entirety. This objection was overruled and the Commissioner noted that while the articles were not evidence, she would take them under advisement. Defendants objected to any and all handwriting on documents in the Large Binder. This objection was sustained and the undersigned noted that she did not weigh any of the hand-written information in the large binder.

Under the Administrative Procedures Act, the following documents were submitted into evidence by the Defendants:

APA A	Palmetto Behavioral Health Care	9/26/13-10/25/13	1-17
APA B	Donna W. Upchurch, Ph.D.	11/27/13-12/19/13	17-20
APA C	Carol Anderson, LISW	7/7/14	21

Defendants also offered Exhibits which included employment documentation from the Department of Mental Health which included write-ups, employee counseling records, and other documentation from Claimant's employment file. These documents range in dates from May 2010 through May 2014.

STATEMENT OF CASE

On September 15, 2014, Claimant filed a Form 50 requesting a hearing, filing a mental/mental claim. Claimant alleges dates of injury of October 18, 2013 and August 12, 2014. On September 18, 2014, a Form 12A was filled out by the Employer at the request of the Claimant, which reflected that Claimant was experiencing ongoing stress, slander and false accusations by managers since April 1, 2010. The Defendants timely filed a Form 51 on October 10, 2014. Defendants denied the claim on the grounds that Claimant's allegations do not constitute a compensable mental/mental injury pursuant to S.C. Code § 42-1-160. This matter was set for a hearing on December 17, 2014. At the hearing, Claimant requested additional time to retain an attorney. Commissioner Melody James gave Claimant an additional thirty days to retain an attorney and the matter was reset and heard April 6, 2015. Claimant was not represented by counsel at the April 6, 2015 hearing. Claimant sought a determination that he suffered a compensable mental/mental injury pursuant to S.C. Code § 42-1-160. Defendants argued that Claimant failed to meet his burden of proof to establish a compensable mental-mental injury.

EVIDENCE OF THE CASE

Claimant alleges he has sustained a compensable mental/mental claim while working at the Department of Mental Health pursuant to S.C. Code § 42-1-160. Claimant is a Human Resources Coordinator, still employed with the Department of Mental Health. Claimant testified

as to his alleged work injury, employment and educational background and health background. Claimant relied upon his testimony and the admissible APA submissions.

Defendants relied upon medical records from Palmetto Behavioral Health Care which included treatment notes from September 2013 to October of 2013, records from Dr. Upchurch regarding Claimant's ability to work. Defendants called Claimant's former supervisor, Harold Edwards, to testify. Mr. Edwards was not Claimant's supervisor at the time of his alleged injuries and his first-hand testimony was limited.

Claimant bears the burden of proving the compensability of his alleged work injury. Defendants maintain that Claimant failed to show that he suffered a compensable mental/mental injury pursuant to S.C. Code § 42-1-160.

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. Claimant alleges that he sustained acute work-related mental-mental injuries on October 18, 2013 and August 12, 2014, but contends that work stressor symptoms have been occurring since 2010. (testimony of Claimant, Claimant's Deposition pages 13-14 and 51; Defendants' APA B, pages 14 and 16; Claimant's APA B, page 28; Claimant's APA D, pages 87 and 102)
2. Claimant does not plead injury by repetitive trauma, but rather two discrete dates of injury. (Commission's file containing Claimant's Form 50)
3. Claimant was earlier advised of his right to counsel, but instead represented himself at the hearing before the undersigned. (Order of Commissioner James, dated December 2014)

4. Claimant did not subpoena or otherwise bring any witness to the hearing to corroborate his testimony of harassment or hostility in the workplace. However, from Claimant's testimony, there is no question that Claimant and Ms. Marin did not see "eye to eye." (*See e.g.*, Claimant's APA F, pages 139, 141-168, 170, 173, 191-195, and 203; Claimant's APA L, page 426)

5. Claimant is 47 years of age. (testimony of Claimant, page 11; Claimant's Deposition, page 5)

6. Claimant has a Master's degree in social work. (testimony of Claimant, pages 11-12; Claimant's Deposition page 8)

7. Claimant's employment history includes work as a cook, work at a Head Start facility as a case manager, and work as a teacher/coordinator at a child development center. (Claimant's Deposition, page 9-10)

8. Claimant's job with employer is a Human Resources Coordinator I/Mental Health Professional (testimony of Claimant, page 13; Claimant's Deposition, pages 10-11 and 56).

9. Based upon written evidence, Claimant appears to be an excellent employee who (a) cares very much about his job, and (b) takes great pride in the performance of that job. Claimant is documented as (a) requiring "minimal supervision and prompting in obtaining needed services for clientele," (b) having "outstanding and consistent case management services," and being an "efficient" and "hardworking, caring, and compassionate professional." (testimony of Claimant; Defendants APA A, pages 1 and 3; Claimant's submissions, unnumbered pages containing employee evaluations;

Claimant's Deposition, page 42; Claimant's APA D, page 112; Claimant's APA I, page 375)

10. Claimant was admitted to the Palmetto Health Behavioral Intensive Outpatient Program in September 2013 – the month prior to the October 2013 event he alleges to be an unusual and extraordinary condition of employment. During this treatment, Claimant reported "continuous conflict with his supervisors." One of the goals mentioned during this treatment protocol was for Claimant "[t]o learn how to take better care of myself, so that I can deal with the job stress." Claimant expressed anger at being accused of something he didn't do at work and being treated unfairly. One of these records states that Claimant's response to the "not uncommon" personnel issue is "uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally." (Defendants' APA A, pages 1-2, 11-14, and 16-17)

11. It is difficult to follow Claimant's testimony at times, but it appears that the October 2013 incident relates to an investigation and Claimant's ultimately being reprimanded for insubordination stemming from an alleged HIPAA violation, after which Claimant was make to take a HIPAA refresher course. The disciplinary documents specifically state that Employer considered the offense to have been without malicious intent. The tone of the disciplinary write-up does not appear to be extraordinary and unusual, and although Claimant adamantly disagrees with the write-up, it was not done in a hostile manner. (testimony of Claimant; Claimants Deposition, *e.g.*, pages 32-35 and 58; Defendants APA C, unnumbered pages; Claimant's APA, unnumbered pages; Claimants APA H, pages 277, 283-286, 288-296, 323, and 325-326; *See also*,

Claimant's APA L, page 422; Claimant's APA M, pages 433 and 436-445; Claimant's APA O, page 547)

12. It also appears that Claimant has particular difficulty with stress in dealing with his managers, particularly Ms. Marin, who supervised Claimant for a six month period in 2009-2010 (Ms. Marin's supervision ended in May 2010). However, Claimant alleges an incident in 2014 when Ms. Marin blocked a copy room and badgered him. Claimant contends that he is the subject of ongoing retaliation and harassment. Claimant testified at his deposition that he was warned by "the folk at Independence House," who told Claimant that Ms. Marin was "crazy." However, Claimant called no witnesses on his behalf to describe Ms. Marin in this manner. Otherwise, the outcome of this case might have been vastly different. However, in any event, Ms. Marin has not supervised Claimant since 2010. (testimony of Claimant; Claimant's Deposition, pages 36-41 and 57; Claimant's Deposition, page 15; Claimant's APA F pages 137 and 187)

13. Claimant also contends that he was investigated for various complaints without Employer following proper policy or protocol. However, in at least one of these complaints, Claimant was exonerated by Employer. (Testimony of Claimant; Defendants APA C, unnumbered pages; Claimant's Deposition, pages 19-21; Claimant's APA H, page 529)

14. Claimant admits that it is common for clients to allege mistreatment or abuse. Claimant's Deposition, page 47)

15. Claimant does admit to threatening clients by stating (jokingly, he contends) that he would throw water on those who did not pay attention. I do not find that the write-up

for this episode was extraordinary and unusual. (Defendants APA C; Claimant's Deposition, pages 16-17; testimony of Claimant; Claimants APA F, page 186)

16. As of the date of the hearing, Claimant has returned to his job duties with Employer. (testimony of Claimant)

17. I have no doubt that Claimant's predominant stressor is work-related, as such is corroborated by the hospital outpatient treatment records, by the record of Dr. Upchurch, and by the causation statement by Dr. Kirkland. However, it is not enough for the stress to be work-related; if that were the case, Claimant would readily meet his burden of proof. (*See* Claimant's APAB, pages 31-32; Claimant's APA C, pages 54-56, and 78-80; Claimant's APA D, pages 82-83, 87-90, 92, 95 and 100)

18. Claimant has not provided to the Commission sufficient evidence to meet his burden of proof pursuant to S.C. Code § 42-1-160 for a mental-mental injury.

19. This decision is in no way a reflection upon Claimant's job performance with Employer, as Claimant strikes the undersigned as a very dedicated employee who cares deeply about his work and also about what others think of that performance. Dr. Upchurch describes Claimant with a "deep caring for the population he serves," and as "desperate for understanding and respect." Claimant's write-ups "devastate" Claimant and leave him feeling as though he is "fighting for his good name and basic respect." (*See* Claimant's APA C, pages 79-80)

20. I did not consider any handwritten additions to records before me.

21. Benefits under the Act are denied.

22. Claimant's average weekly wage is $701.61, yielding a compensation rate of $467.76.

CONCLUSIONS OF LAW

Based upon the evidence submitted in the case, the testimony given, and the foregoing Findings of Fact, I make the following Conclusions of Law:

1. Pursuant to Section 42-3-180 of the South Carolina Code of Laws, the South Carolina Workers' Compensation Commission has jurisdiction of this proceeding to determine the issues brought before it and venue in the County of Richland is proper pursuant to Section 42-17-20.
2. Claimant is an employee and Department of Mental Health was the employer pursuant to S.C. Code §§ 42-1-130 and 42-1-140, respectively.
3. That pursuant to S. C. Code § 42-1-40, Claimant's average weekly wage was $701.61, making a compensation rate of $467.76 applicable in this matter.
4. Claimant asserts he suffered a compensable psychological injury while acting within the course and scope of her employment pursuant to S. C. Code §42-1-160. Claimant failed to meet the burden of proof to demonstrate a compensable mental-mental claim pursuant to § 42-1-160.

ORDER

Based upon the Findings of Fact and Conclusions of Law:

IT IS, THEREFORE, ORDERED, that Claimant failed to prove that he suffered a compensable mental/mental claim pursuant to S.C. Code §42-1-160. Claimant failed to establish that he is entitled to compensation or benefits.

AND IT IS SO ORDERED.

Susan Barden, Commissioner

Columbia, South Carolina
June _____, 2015

STATE OF SOUTH CAROLINA

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSON

Harry Reese, Claimant, vs. Department of Mental Health, Employer, and, State Accident Fund, Carrier/Defendants,	)	ORDER W.C.C. FILE NO.: 1322039

HEARING DATE:	Held in Columbia, South Carolina on April 6, 2015
APPEARANCES:	Harry Reese, *Pro Se* Page Snyder, Esq., Attorney for State Accident Fund.
PURPOSE OF HEARING:	To determine the issues raised pursuant to forms 50 and 51.
DECISION AND ORDER BY:	Susan Barden, Commission
FILED:	July 24, 2015

STIPULATIONS

This case was heard by the undersigned Commissioner in Columbia, South Carolina, on April 6, 2015. The parties stipulated at the hearing to the following issues:

1. The purpose of the hearing is to determine whether the claimant suffered a compensable psychological injury while in the course and scope of his employment.
2. Notice of this hearing was timely and properly served upon all parties of interest.
3. Venue, set in Richland County, is proper as agreed by the parties.
2. Without objection, the Commission's file becomes part of the record, with the exception of any self-serving declarations or unstipulated medical reports.
3. The claimant seeks a determination that he suffered a compensable psychological injury while he was in the employment of the defendant/employer, Department of Mental Health. Therefore, the S.C. Workers' Compensation Commission has jurisdiction of this case.
4. The average weekly wage is $701.61, making a compensation rate of $467.76 applicable in this matter.

APA SUBMISSIONS

Under the Administrative Procedures Act, the following documents were submitted into evidence by the Claimant:

Yellow Folder	Department of Mental Health Policies and Procedures
Small Binder (tabbed A-Z)	Articles re: stress and mental health
Large Binder (tabbed A-S)	Medical records, emails, employment documentation

Defendants objected to the Small Binder in its entirety. This objection was overruled and the Commissioner noted that while the articles were not evidence, she would take them under advisement. Defendants objected to any and all handwriting on documents in the Large Binder.

This objection was sustained and the undersigned noted that she did not weigh any of the hand-written information in the large binder.

Under the Administrative Procedures Act, the following documents were submitted into evidence by the Defendants:

APA A	Palmetto Behavioral Health Care	9/26/13-10/25/13	1-17
APA B	Donna W. Upchurch, Ph.D.	11/27/13-12/19/13	17-20
APA C	Carol Anderson, LISW	7/7/14	21

Defendants also offered Exhibits which included employment documentation from the Department of Mental Health which included write-ups, employee counseling records, and other documentation from Claimant's employment file. These documents range in dates from May 2010 through May 2014.

STATEMENT OF CASE

On September 15, 2014, Claimant filed a Form 50 requesting a hearing, filing a mental/mental claim. Claimant alleges dates of injury of October 18, 2013 and August 12, 2014. On September 18, 2014, a Form 12A was filled out by the Employer at the request of the Claimant, which reflected that Claimant was experiencing ongoing stress, slander, and false accusations by managers since April 1, 2010. The Defendants timely filed a Form 51 on October 10, 2014. Defendants denied the claim on the grounds that Claimant's allegations do not constitute a compensable mental/mental injury pursuant to S.C. Code § 42-1-160. This matter was set for a hearing on December 17, 2014. At the hearing, Claimant requested additional time to retain an attorney. Commissioner Melody James gave Claimant an additional thirty days to retain an attorney, and the matter was reset and heard on April 6, 2015. Claimant was not represented by counsel at the April 6, 2015 hearing. Claimant sought a determination that he suffered a compensable mental/mental injury pursuant to S.C. Code § 42-1-160. Defendants

argued that Claimant failed to meet his burden of proof to establish a compensable mental-mental injury.

EVIDENCE OF THE CASE

Claimant alleges he has sustained a compensable mental/mental claim while working at the Department of Mental Health pursuant to S.C. Code § 42-1-160. Claimant is a Human Resources Coordinator, and still employed with the Department of Mental Health. Claimant testified as to his alleged work injury, employment, educational background, and health background. Claimant relied upon his testimony and the admissible APA submissions.

Defendants relied upon medical records from Palmetto Behavioral Health Care which included treatment notes from September 2013 to October of 2013, records from Dr. Upchurch regarding Claimant's ability to work. Defendants called Claimant's former supervisor, Harold Edwards, to testify. Mr. Edwards was not Claimant's supervisor at the time of his alleged injuries, and his first-hand testimony was limited.

Claimant bears the burden of proving the compensability of his alleged work injury. Defendants maintain that Claimant failed to show that he suffered a compensable mental/mental injury pursuant to S.C. Code § 42-1-160.

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. Claimant alleges that he sustained acute work-related mental-mental injuries on October 18, 2013, and August 12, 2014, but contends that work stressor symptoms have been occurring since 2010 (testimony of Claimant, Claimant's Deposition pages 13-14 and 51; Defendants' APA, pages 14 and 16; Claimant's APA B, page 28; Claimant's APA D, pages 87 and 102).

2. Claimant does not plead injury by repetitive trauma, but rather two discrete dates of injury (Commission's file containing Claimant's Form 50).
3. Claimant was earlier advised of his right to counsel, but instead chose to represent himself at the hearing before the undersigned (Order of Commissioner James, dated December 2014).
4. Claimant did not subpoena or otherwise bring any witness to the hearing to corroborate his testimony of harassment or hostility in the workplace. However, from Claimant's testimony, there is no question that Claimant and Ms. Marin did not see "eye to eye" (*See e.g.*, Claimant's APA F, pages 139, 141-168, 170, 173, 191-195, and 203; Claimant's APA L, page 426).
5. Claimant is 47 years of age (testimony of Claimant; Claimant's Deposition, page 5).
6. Claimant has a Master's degree in social work (testimony of Claimant; Claimant's Deposition page 8).
7. Claimant's employment history includes work as a cook, work at a Head Start facility as a case manager, and work as a teacher/coordinator at a child development center (Claimant's Deposition, pages 9-10).
8. Claimant's job with employer is a Human Resources Coordinator I/Mental Health Professional (testimony of Claimant; Claimant's Deposition, pages 10-11 and 56).
9. Based upon written evidence, Claimant appears to be an excellent employee who (a) cares very much about his job, and (b) takes great pride in the performance of that job. Claimant is documented as (a) requiring "minimal supervision and prompting in obtaining needed services for his clientele," (b) having "outstanding and consistent case management services," and being an "efficient" and "hardworking, caring, and

compassionate professional" (testimony of Claimant; Defendants APA, pages 1 and 3; Claimant's submissions, unnumbered pages containing employee evaluations; Claimant's Deposition, page 42; Claimant's APA D, page 112; Claimant's APA I, page 375).

10. Claimant was admitted to the Palmetto Health Behavioral Intensive Outpatient Program in September 2013 – the month prior to the October 2013 event he alleges to be an unusual and extraordinary condition of employment. During this treatment, Claimant reported "continuous conflict with his supervisors." One of the goals mentioned during this treatment protocol was for Claimant "[t]o learn how to take better care of myself, so that I can deal with the job stress." Claimant expressed anger at being accused of something he didn't do at work and being treated unfairly. One of these records states that Claimant's response to the "not uncommon" personnel issue is "uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally." I give this evidence great weight (Defendants' APA, pages 1-2, 11-14, and 16-17).

11. It is difficult to follow Claimant's testimony at times, but it appears that the October 2013 incident relates to an investigation and Claimant's ultimately being reprimanded for insubordination stemming from an alleged HIPAA violation, after which Claimant was made to take a HIPAA refresher course. The disciplinary documents specifically state that Employer considered the offense to have been without malicious intent. The tone of the disciplinary write-up does not appear to be extraordinary and unusual, and although Claimant adamantly disagrees with the write-up, it was not done in a hostile manner (testimony of Claimant; Claimants Deposition, *e.g.*, pages 32-35 and

58; Defendants APA C, unnumbered pages; Claimant's APA, unnumbered pages; Claimants APA H, pages 277, 283-286, 288-295, 323, and 325-326; *See also* Claimant's APA L, page 422; Claimant's APA M, pages 433 and 436-445; Claimant's APA O, page 547).

12. It also appears that Claimant has particular difficulty with stress in dealing with his managers, particularly Ms. Marin, who supervised Claimant for a six month period in 2009-2010 (Ms. Marin's supervision ended in May 2010). However, Claimant alleges an incident in 2014 when Ms. Marin blocked a copy room and badgered him. Claimant contends that he is the subject of ongoing retaliation and harassment. Claimant testified at his deposition that he was warned by "the folk at Independence House," who told Claimant that Ms. Marin was "crazy." However, Claimant called no witnesses on his behalf to describe Ms. Marin in this manner. Otherwise, the outcome of this case might have been vastly different. However, in any event, Ms. Marin has not supervised Claimant since 2010 (testimony of Claimant; Claimant's Deposition, pages 36-41 and 57; Claimant's Deposition, page 15; Claimant's APA F pages 137 and 187).

13. Claimant also contends that he was investigated for various complaints without Employer following proper policy or protocol. However, in at least one of these complaints, Claimant was exonerated by Employer (testimony of Claimant; Defendants APA C, unnumbered pages; Claimant's Deposition, pages 19-21; Claimant's APA H, page 259).

14. Claimant admits that it is common for clients to allege mistreatment or abuse (Claimant's Deposition, page 47).

15. Claimant does admit to threatening clients by stating (jokingly, he contends) that he would throw water on those who did not pay attention. I do not find that the write-up for this episode was extraordinary and unusual (Defendants APA C; Claimant's Deposition, pages 16-17; testimony of Claimant; Claimants APA F, page 186).

16. As of the date of the hearing, Claimant has returned to his job duties with Employer (testimony of Claimant).

17. I have no doubt that Claimant's predominant stressor is work-related, as such is corroborated by the hospital outpatient treatment records, by the record of Dr. Upchurch, and by the causation statement by Dr. Kirkland. However, it is not enough for the stress to be work-related; if that were the case, Claimant would readily meet his burden of proof (*See* Claimant's APA, pages 31-32; Claimant's APA C, pages 54-56, and 78-80; Claimant's APA D, pages 82-83, 87-90, 92, 95 and 100).

18. Claimant has not provided to the Commission sufficient evidence to meet his burden of proof pursuant to S.C. Code § 42-1-160 for a mental-mental injury.

19. This decision is in no way a reflection upon Claimant's job performance with Employer, as Claimant strikes the undersigned as a very dedicated employee who not only cares deeply about his work, but also about what others think of that performance. Dr. Upchurch describes Claimant (a) with a "deep caring for the population he serves," and (b) as "desperate for understanding and respect." Claimant's write-ups "devastate" Claimant and leave him feeling as though he is "fighting for his good name and basic respect" (*See* Claimant's APA C, pages 79-80).

20. I did not consider any handwritten additions to records before me.

21. Benefits under the Act are denied. This decision has nothing to do with Claimant's job performance, as the greater weight of the evidence shows Claimant to be an excellent employee who takes great pride in the performance of his work for Employer.

22. Claimant's average weekly wage is $701.61, yielding a compensation rate of $467.76.

CONCLUSIONS OF LAW

Based upon the evidence submitted in the case, the testimony given, and the foregoing Findings of Fact, I make the following Conclusions of Law:

1. Pursuant to Section 42-3-180 of the South Carolina Code of Laws, the South Carolina Workers' Compensation Commission has jurisdiction of this proceeding to determine the issues brought before it and venue in the County of Richland is proper pursuant to Section 42-17-20.

2. Claimant is an employee and Department of Mental Health was the employer pursuant to S.C. Code §§ 42-1-130 and 42-1-140, respectively.

3. That pursuant to S. C. Code § 42-1-40, Claimant's average weekly wage was $701.61, making a compensation rate of $467.76 applicable in this matter.

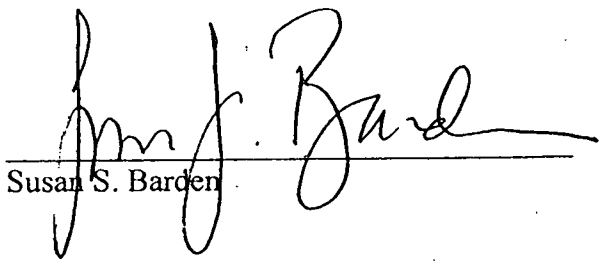
4. Claimant asserts he suffered a compensable psychological injury while acting within the course and scope of her employment pursuant to S. C. Code §42-1-160. Claimant failed to meet the burden of proof to demonstrate a compensable mental-mental claim pursuant to § 42-1-160.

ORDER

Based upon the Findings of Fact and Conclusions of Law:

IT IS, THEREFORE, ORDERED, that Claimant failed to prove that he suffered a compensable mental/mental claim pursuant to S.C. Code §42-1-160. Claimant failed to establish that he is entitled to compensation or benefits.

AND IT IS SO ORDERED.



Susan S. Barden

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).
July 24, 2015

By: Kristi Love, Administrative Assistant to Commissioner Barden

Harry Reese

From:	Harry Reese <hreese2005@yahoo.com>
Sent:	Thursday, December 10, 2015 11:33 PM
To:	Bracy, Amy; Page Snyder
Cc:	Falls, Kim; Hollmon, Eugenia
Subject:	Re: Exhibit 24
Attachments:	Exhibit 19 Dr. Upchurch, Therapist.pdf

Dear Ms. Bracy:

Here again, I'm being victimized all over again. Everyone is trying to prevent the truth from being discovered and not hold the Defendant accountable for their ongoing illegal and unethical assaults against me. Since I was deceived by the Defendant, Commissioner Barden, and SCWCC in regards to the Appeals process, reference Exhibit 2, these Exhibits should be admitted into evidence and reviewed by the Commissioners especially since they relate to testimony disclosed via the Claimant's APA A-S, during the Deposition; moreover, the hearing.

Exhibits

Exhibit 1: Snyder Reviewed Evidence Thoroughly Email Correspondence

- Evidence of illegal and unethical conduct by the Defendant which clearly demonstrate that the Defendant would do anything to attack me. The Defendant's illegal and unethical happened during the Hearing; therefore, it should be admissible within continuing to substantiate my case.
- Ms. Synder was more concern regarding her belief that I disrespected her for pointing out observations of unethical behavior and misconduct in her response to Commissioner Barden's "Request for Proposed Order". My observation was factual based on the evidence and the testimony of the Defendant's witness; whereas, the Defendant's conduct towards me was illegal, unethical, intentional, malicious, ongoing, slanderous, harassing, defaming, bullying, intimidating, retaliatory, etc., etc., etc., by documented evidence. Ms. Snyder's concern by comparison to my tedious and stressful experiences with the Defendant is microscopic at best.
- The Defendant didn't file any forms on my behalf. Ms. Snyder received copies of emails reflecting my efforts to have my immediate supervisor, Harold Edwards to complete the Worker's Compensation forms as advised by Ms. Sharon Brown, and my efforts were unsuccessful. Deposition pg. 55, Lines 4-13; pg. 61, Lines 12-25 and pg. 62, Lines 1-7. These emails should be admitted into evidence.
- Although evidence demonstrates that the Defendant committed perjury in regards to Mr. Edwards role, imagine being consistently having false allegations made against you and once exonerated, reprimands are upheld via documentation and memory (McNeil's "Notice of Intent To Suspend": Claimant's APA H, pgs. 288-289); consistently experiencing illegal and unethical attacks against you and upon requesting aid to cease attacks, I'm only ignored; consistently denied earned grievance rights, meetings with the State Director and request to meet with the CAMHC's board; the Defendant not adhering to their own polices and directives; moreover, not enforcing the policies uniformly which consistently resulted in me experiencing unfair treatment which resulted in my mental injury and illness.
- As shared with Ms. Snyder in this Exhibit, I would not be experiencing these

egregious illegal and unethical attacks against me which is tedious and extremely stressful.

Exhibit 2: Hollmon's Legal or Procedural Error Email Correspondence

- Confirms deception by the Defendant & SAF. Reference - Reese Appellant's Brief Page 5 of 78
- Refer to Reese Appellant's Brief Page 4 of 78: *"Denied Constitutional Rights to fundamental fairness, justice, and liberty denying me the right to present all the evidence"*

Exhibit 3: Dr. Upchurch's Disposed Medical Report by the Defendant

- Refer to Exhibit 1 Rationale; reference Reese Appellant's Brief Page 22 of 78, #12; Reese Appellant's Brief Page 10 of 78; Reese Appellant's Brief Page 46 of 78; Reese Appellant's Brief Page 51 of 78; Reese Appellant's Brief Page 52 of 78; UP- Reese Appellant's Brief Page 55 of 78; in an informal setting, I attempted to ask Ms. Snyder several questions which included the medical evidence disposed of by disposed of by the Defendant; however, I was immediately denied by Commissioner Barden. Transcript pg. 97, Lines 24-25which prevented me from placing the Defendant's illegal activities on the record during the hearing.

Exhibit 4: Scott's Psychiatric Disposed of Documents by the Defendant

- Refer to Exhibit 1 Rationale; reference Reese Appellant's Brief Page 22 of 78, #12; Reese Appellant's Brief Page 10 of 78; Reese Appellant's Brief Page 46 of 78; Reese Appellant's Brief Page 51 of 78; Reese Appellant's Brief Page 52 of 78;

Exhibit 5: Reese Appeal Request – Reese SCWCC Questions & Concerns

- Emailed to the Defendant and the SCWCC'S staff on August 17 at 2:16 p.m.
- Refer to Exhibit 1 Rationale
- Also referenced use of Form for witnesses to present to the Appeals: Reese Appellant's Brief Page 75-77; and the emailed Reese SCWCC Questions & Concerns pgs. 18-21
  (Commissioner Barden's Finding of Fact 4)
- This document also included an attached correspondence email to Dr. McKinney for him to authenticate his and Dr. Roundy's role in my treatment while at PHB of which he did not respond since he's employed now with the Defendant (reference Exhibit 24 rationale)
- Reference Reese Appellant's Brief Page 57 of 78 – No evidence that Commissioner Barden reviewed the Defendant's policies and directives

Exhibit 6: Global Assessment of Functioning (GAF)

- Supports Claimant's APA D, pg. 83 – Axis V which confirmed my inability to work due to "significant and ongoing work-related stress"

Exhibit 7: Witnesses' Email Confirmation of Reviewing Evidence
pgs. 204A – 204L

- Needed to confirm the documentation in the Claimant's APA since the Defendant objected to due to handwritten information and Commissioner Barden per her Order: "Did not weigh any of the handwritten information in the large binder".
- Received email confirmation after the hearing to present during the Appeals (reference Exhibit 2 rationale).
- I had no idea that Commissioner Barden wasn't going to exclude handwritten evidence until during the hearing; therefore, the staff's emails are essential important as witnesses of the evidence on the Defendant's computer as documented by myself during the period of each incident.
- Refer to Reese Appellant's Brief Page 4 of 78

Exhibit 8: New Alpha's Lease

- Claimant's G, pg. 205-206; Policy – Family Inclusion – Network of Reference which is evidence admitted into evidence and wasn't reviewed by the Commissioner; & Exhibit 7 after I was deceived by the Defendant and Commissioner Barden of the Appeals process

Exhibit 9: SAF SLED Records Request

- Refer to Exhibit 1 Rationale
- Reference Claimant's APA K

Exhibit 10: SAF DSS Records Request

- Refer to Exhibit 1 Rationale

Exhibit 11: Claimant's Attorney Concern & Witness Request

- Dismisses Commissioner Barden's Finding of Fact 3 that I didn't attempt to have witnesses and didn't apply any efforts to secure legal representation of which both the Defendant & SCWCC staff was acutely aware of my efforts
- Please reference Reese Appellant's Brief Page 75 of 78 and Exhibit 2
  Reference Claimant's APA D, pgs. 113-122, particularly pg. 115, 119, & 122

Exhibit 12: Supervisors & Mental Health Staff

- Supports unusual and extraordinary circumstance – no problems with any other supervisor other than Ms. Marin after I provided her with the April 9, 2010 notarized correspondence which this and other attacks on me are reflected in Claimant's APA F which was discussed during the Deposition and the Hearing; no problems since Ms. Marin was demoted and re-assigned to the Young Adult Program (YAP)
- It provides the role of the staff members who was emailed of which several were emailed to members of the Defendant's Senior Management team
- Moreover, it demonstrates that the Defendant was acutely aware of the illegal and unethical against me and offered no relief, assistance, support, etc., etc., etc.

Exhibit 13: Productivity – Geof Mason

- Confirms productivity and my fear of being terminated if I was unable to meet productivity; Deposition pg. 42, Lines 5-9

Exhibit 14: SAF Form 51 – Denial Reasons

- Medical evidence by several service providers clearly demonstrate that the mental injury that I sustained was caused by "Significant & Ongoing work-related stress".
- Evidence also demonstrated that I notified my employer in a timely manner. In fact, I provided Ms. Snyder with emails requesting Mr. Harold Edwards, my immediate supervisor, at the request of Ms. Susan Brown to complete the Worker's Comp forms; however, he did not - Deposition pg. 14, Lines 4-10; pg. 55, Lines 4-10; pg. 61, Lines 12-25 and pg. 62, Lines 1-7

Exhibit 15: Marin's Crisis Funds Request

- Supports Claimant's APA H, pg. 254
- Reference Reese Appellant's Brief Page 53 of 78
- Reference Claimant's APA H, pgs. 270 – 275; pgs. 265-268 of which my immediate supervisors was notified during this period pg. 265 under "Who Has Been Notified"; pg. 276 #1, 3rd sentence (recommendation) which is consistent with the Carter Street Apartment place pg. 268, #7; pg. 304-305 - #7;

RECEIPTS & FEES PAID

Exhibit 16: Medication List & Copays - Updated

it 17: Print Cost - SCDMH Personnel File Fees Paid, Copy Pick-up, etc.

L. ..it 18: Carol Anderson, LISW Receipt

Exhibit 19: Dr. Donna Upchurch, Therapist

Exhibit 20: SCWCC Fees Paid

Exhibit 21: Whitmore Transcript Fees Paid

UNPAID BILLS

Exhibit 22: Palmetto Health Baptist

Exhibit 23: Dr. Thornton McKinney

Exhibit 24: Palmetto Health Baptist (PHB) Overview & Staff

- I clearly didn't think that I needed to submit this information prior to the hearing because I informed Ms. Snyder that Dr. McKinney was my doctor while at PHB and discussed Dr. Chuck Roundy's role in my treatment during the hearing; yet, both the Defendant and Commissioner Barden relied heavily in Dr. Roundy 'Uncommon"(October 9, 2013) statement rather than the medical evidence of "Licensed and Qualified Physician" as required by the law - South Carolina Code 42-1-172: Deposition pg. 44, Line 25, pg. 45, Lines 1-7
- Dr. Roundy 'Uncommon" statement - October 9, 2013; yet on October 25, 2013 described the Psychosocial and environmental factors contributing to the disorder" as "Severe Job Stress" only
- Hearing – Transcript pg. 85, Lines 2-25
- Supports "Repetitive Trauma Injury" South Carolina Code 42-1-172 - licensed and qualified physician NOT clinical therapist
- Reference Claimant's APA D, pgs. 113-122
- It obvious that Commissioner Barden didn't review all the evidence; in that, she would have discovered and confirmed that Dr. Thornton McKinney was my "Licensed and Qualified Physician" while receiving treatment at PHB and prescribed medications as a result of the "Significant and ongoing job related stress this patient meets the criteria for depression and this has exacerbated medical conditions" – Claimant's APA B, pgs. 43-51; particularly pg. 47 and Exhibit 16, pg. 5. No evidence of Dr. Roundy prescribing medication because he was my clinical therapist and not my doctor.
- Defendant's Brief Commissioner James & Commissioner Barden APA A pg. 1 – Dr. Thornton McKinney "Admitting Physician" (bottom of page); pg. 2 "Psych Loss Change"; pg. 3: Mood, Affect Range, Affect Quality, Affect Congruence, ClinPsyc Thought Concrete-Process; pg. 4, History of PPD diagnosed during HIPPA period (Claimant's APA A, pg. 9), Appetite – wasn't eating and lost 11 pounds (recent weight loss); pg. 5: Chief Complaint
- Defendant's APA A, pg. 6 - Commissioner James' Brief "Dr. McKinney's Physician Psychiatric Evaluation which the Defendant disposed of in Commissioner's Barden's brief – pg. 6 in Commissioner Barden's Brief is: Dr. Chuck Roundy's, PhD "Integrated Summary which displays Dr. McKinney as my MD. Claimant's APA D, pgs. 82-83.
- Defendant's APA A, pgs. 10 -12 Commissioner James' Brief "Dr. McKinney's completed FMLA form (Claimant's APA D, pgs. 92-94 which the Defendant disposed of in Commissioner's Barden's brief – pg. 10 in Commissioner Barden's Brief is: "Facility-Based Treatment Form Receipt" which reflects Dr. Thornton as my MD.
- Claimant's APA D, pgs. 92-94 "Dr. McKinney's completed FMLA form pg. 94, for some reason is pg.14 in Commissioner Barden's Brief as a standalone page which appears to have no relevance in the brief.
- Defendant's APA A, pg. 23-24 in Commissioner James Brief and Defendant's APA A, pgs. 16-17 Commissioner Barden's Brief; Claimant's APA D, pgs. 102-103 **Discharge Summary by Dr. Roundy AXIS IV: "Severe Job Stress" with no additional "Psychosocial and environmental factors contributing to the disorder"; Multi-axial system: Diagnostic and Statistical Manual of Mental Disorders** https://en.wikipedia.org/wiki/Diagnostic_and_Statistical_Manual_of_Mental_Disorders#Multi-axial_system

- Hobbs Transcript pg. 98, Lines 11-25; reference Claimant's APA D, pgs. 113-122

With the above being duly noted, I'm requesting that all Exhibits be admitted into evidence for the Commissioner's review. I've also attached Exhibit 19: Dr. Donna Upchurch, Therapist – Receipts, as promised, to be admitted into evidence and reviewed by the Commissioners. If you have any questions or concerns, please do not hesitate to contact me at 477-4227, 851-3182, or email: hreese2005@yahoo.com.

Thank you,

Harry Reese

From: "Bracy, Amy" <abracy@wcc.sc.gov>
To: Harry Reese <hreese2005@yahoo.com>; Page Snyder <psnyder@saf.sc.gov>
Cc: "Falls, Kim" <kfalls@wcc.sc.gov>; "Hollmon, Eugenia" <EHollmon@wcc.sc.gov>
Sent: Thursday, December 10, 2015 10:10 AM
Subject: RE: Exhibit 24

Mr. Reese,

If these exhibits were submitted at the single Commissioner hearing then we already have them and will not be including these emails in your file. If these are new exhibits, they are not proper for the Appeal and will not be included in the file for the Commissioners to review. Amy

Amy A. Bracy
dicial Director
; Workers' Compensation Commission
803-737-5672

From: Harry Reese [mailto:hreese2005@yahoo.com]
Sent: Tuesday, December 08, 2015 9:12 PM
To: Page Snyder
Cc: Falls, Kim; Bracy, Amy; Hollmon, Eugenia
Subject: Exhibit 24

Exhibit 24 Palmetto Health Baptist Overview & Staff

CONFIDENTIAL & PRIVILEGED

The preceding email message, including any attachments, may be confidential and/or protected by the attorney-client or other applicable privileges. It is intended for the sole use of the individual or entity named above. If the reader of this transmission is not the intended recipient, please notify the der immediately and destroy any copies, electronic, paper or otherwise, that you may have of this nunication. Any unauthorized review, use, disclosure or distribution is strictly prohibited and may be unlawful.

Harry Reese

...m:	Harry Reese <hreese2005@yahoo.com>
Sent:	Friday, December 11, 2015 7:46 AM
To:	Bracy, Amy; Page Snyder
Cc:	Falls, Kim; Hollmon, Eugenia
Subject:	Re: Exhibit 24
Attachments:	Edwards & Brown Worker's Comp Request Emails.pdf

Ms. Bracey:

Attached are the emails that were sent to Mr. Harold Edwards after requesting Worker's Comp information from Ms. Vicki Brown and following the guidance of Ms. Sharon Brown. As you will note that in following up with Mr. Edwards to have the forms completed, I cc'd the email to Ms. Brown. Please review rationale for Exhibit 1, Deposition pg. 55, Lines 4-10, pg. 61, Lines 12-25, and pg. 62, Lines 1-6.

Ms. Brown, as the Defendant's Human Resource Director (Human Resource Manger Sample Job Description - Claimant's APA B, pg., 11, 6th bullet and pg. 13, 2nd bullet) was acutely aware that the injury was job related upon myself requesting EAP services (Claimant's APA A, pgs. 2-3); yet, she elected not to inform me of my benefit options; i.e.; Worker's Comp, Short Term Disability, etc.

Ms. Bracey, I'm also requesting that the previous email along with this email be presented to the Commissioners.

...ank you,
...rry Reese

From: Harry Reese <hreese2005@yahoo.com>
To: "Bracy, Amy" <abracy@wcc.sc.gov>; Page Snyder <psnyder@saf.sc.gov>
Cc: "Falls, Kim" <kfalls@wcc.sc.gov>; "Hollmon, Eugenia" <EHollmon@wcc.sc.gov>
Sent: Thursday, December 10, 2015 11:32 PM
Subject: Re: Exhibit 24

Dear Ms. Bracy:

Here again, I'm being victimized all over again. Everyone is trying to prevent the truth from being discovered and not hold the Defendant accountable for their ongoing illegal and unethical assaults against me. Since I was deceived by the Defendant, Commissioner Barden, and SCWCC in regards to the Appeals process, reference Exhibit 2, these Exhibits should be admitted into evidence and reviewed by the Commissioners especially since they relate to testimony disclosed via the Claimant's APA A-S, during the Deposition; moreover, the hearing.

Exhibits

Exhibit 1: Snyder Reviewed Evidence Thoroughly Email Correspondence

- Evidence of illegal and unethical conduct by the Defendant which clearly demonstrate that the Defendant would do anything to attack me. The Defendant's illegal and unethical happened during the Hearing; therefore, it should be admissible within continuing to substantiate my case.
- Ms. Synder was more concern regarding her belief that I disrespected her for pointing out observations of unethical behavior and misconduct in her response to Commissioner Barden's "Request for Proposed Order". My observation was factual based on the evidence

and the testimony of the Defendant's witness; whereas, the Defendant's conduct towards me was illegal, unethical, intentional, malicious, ongoing, slanderous, harassing, defaming, bullying, intimidating, retaliatory, etc., etc., etc., by documented evidence. Ms. Snyder's concern by comparison to my tedious and stressful experiences with the Defendant is microscopic at best.

- The Defendant didn't file any forms on my behalf. Ms. Snyder received copies of emails reflecting my efforts to have my immediate supervisor, Harold Edwards to complete the Worker's Compensation forms as advised by Ms. Sharon Brown, and my efforts were unsuccessful. Deposition pg. 55, Lines 4-13; pg. 61, Lines 12-25 and pg. 62, Lines 1-7. These emails should be admitted into evidence.
- Although evidence demonstrates that the Defendant committed perjury in regards to Mr. Edwards role, imagine being consistently having false allegations made against you and once exonerated, reprimands are upheld via documentation and memory (McNeil's "Notice of Intent To Suspend": Claimant's APA H, pgs. 288-289); consistently experiencing illegal and unethical attacks against you and upon requesting aid to cease attacks, I'm only ignored; consistently denied earned grievance rights, meetings with the State Director and request to meet with the CAMHC's board; the Defendant not adhering to their own polices and directives; moreover, not enforcing the policies uniformly which consistently resulted in me experiencing unfair treatment which resulted in my mental injury and illness.
- As shared with Ms. Snyder in this Exhibit, I would not be experiencing these egregious illegal and unethical attacks against me which is tedious and extremely stressful.

Exhibit 2: Hollmon's Legal or Procedural Error Email Correspondence

- Confirms deception by the Defendant & SAF. Reference - Reese Appellant's Brief Page 5 of 78
- Refer to Reese Appellant's Brief Page 4 of 78: *"Denied Constitutional Rights to fundamental fairness, justice, and liberty denying me the right to present all the evidence"*

Exhibit 3: Dr. Upchurch's Disposed Medical Report by the Defendant

- Refer to Exhibit 1 Rationale; reference Reese Appellant's Brief Page 22 of 78, #12; Reese Appellant's Brief Page 10 of 78; Reese Appellant's Brief Page 46 of 78; Reese Appellant's Brief Page 51 of 78; Reese Appellant's Brief Page 52 of 78; UP- Reese Appellant's Brief Page 55 of 78; in an informal setting, I attempted to ask Ms. Snyder several questions which included the medical evidence disposed of by disposed of by the Defendant; however, I was immediately denied by Commissioner Barden. Transcript pg. 97, Lines 24-25which prevented me from placing the Defendant's illegal activities on the record during the hearing.

Exhibit 4: Scott's Psychiatric Disposed of Documents by the Defendant

- Refer to Exhibit 1 Rationale; reference Reese Appellant's Brief Page 22 of 78, #12; Reese Appellant's Brief Page 10 of 78; Reese Appellant's Brief Page 46 of 78; Reese Appellant's Brief Page 51 of 78; Reese Appellant's Brief Page 52 of 78;

Exhibit 5: Reese Appeal Request – Reese SCWCC Questions & Concerns

- Emailed to the Defendant and the SCWCC'S staff on August 17 at 2:16 p.m.
- Refer to Exhibit 1 Rationale
- Also referenced use of Form for witnesses to present to the Appeals: Reese Appellant's Brief Page 75-77; and the emailed Reese SCWCC Questions & Concerns pgs. 18-21 (Commissioner Barden's Finding of Fact 4)
- This document also included an attached correspondence email to Dr. McKinney for him to authenticate his and Dr. Roundy's role in my treatment while at PHB of which he did not respond since he's employed now with the Defendant (reference Exhibit 24 rationale)
- Reference Reese Appellant's Brief Page 57 of 78 – No evidence that Commissioner

Barden reviewed the Defendant's policies and directives

Exhibit 6: Global Assessment of Functioning (GAF)

- Supports Claimant's APA D, pg. 83 – Axis V which confirmed my inability to work due to "significant and ongoing work-related stress"

Exhibit 7: Witnesses' Email Confirmation of Reviewing Evidence
pgs. 204A – 204L

- Needed to confirm the documentation in the Claimant's APA since the Defendant objected to due to handwritten information and Commissioner Barden per her Order: "Did not weigh any of the handwritten information in the large binder".
- Received email confirmation after the hearing to present during the Appeals (reference Exhibit 2 rationale).
- I had no idea that Commissioner Barden wasn't going to exclude handwritten evidence until during the hearing; therefore, the staff's emails are essential important as witnesses of the evidence on the Defendant's computer as documented by myself during the period of each incident.
- Refer to Reese Appellant's Brief Page 4 of 78

Exhibit 8: New Alpha's Lease

- Claimant's G, pg. 205-206; Policy – Family Inclusion – Network of Reference which is evidence admitted into evidence and wasn't reviewed by the Commissioner; & Exhibit 7 after I was deceived by the Defendant and Commissioner Barden of the Appeals process

Exhibit 9: SAF SLED Records Request

- Refer to Exhibit 1 Rationale
- Reference Claimant's APA K

Exhibit 10: SAF DSS Records Request

- Refer to Exhibit 1 Rationale

Exhibit 11: Claimant's Attorney Concern & Witness Request

- Dismisses Commissioner Barden's Finding of Fact 3 that I didn't attempt to have witnesses and didn't apply any efforts to secure legal representation of which both the Defendant & SCWCC staff was acutely aware of my efforts
- Please reference Reese Appellant's Brief Page 75 of 78 and Exhibit 2
  Reference Claimant's APA D, pgs. 113-122, particularly pg. 115, 119, & 122

Exhibit 12: Supervisors & Mental Health Staff

- Supports unusual and extraordinary circumstance – no problems with any other supervisor other than Ms. Marin after I provided her with the April 9, 2010 notarized correspondence which this and other attacks on me are reflected in Claimant's APA F which was discussed during the Deposition and the Hearing; no problems since Ms. Marin was demoted and re-assigned to the Young Adult Program (YAP)
- It provides the role of the staff members who was emailed of which several were emailed to members of the Defendant's Senior Management team
- Moreover, it demonstrates that the Defendant was acutely aware of the illegal and unethical against me and offered no relief, assistance, support, etc., etc., etc.

Exhibit 13: Productivity – Geof Mason

- Confirms productivity and my fear of being terminated if I was unable to meet productivity; Deposition pg. 42, Lines 5-9

Exhibit 14: SAF Form 51 – Denial Reasons

- Medical evidence by several service providers clearly demonstrate that the mental injury that I sustained was caused by "Significant & Ongoing work-related stress".
- Evidence also demonstrated that I notified my employer in a timely manner. In fact, I provided Ms. Snyder with emails requesting Mr. Harold Edwards, my immediate supervisor, at the request of Ms. Susan Brown to complete the Worker's Comp forms; however, he did not -

Deposition pg. 14, Lines 4-10; pg. 55, Lines 4-10; pg. 61, Lines 12-25 and pg. 62, Lines 1-7

Exhibit 15: Marin's Crisis Funds Request

- Supports Claimant's APA H, pg. 254
- Reference Reese Appellant's Brief Page 53 of 78
- Reference Claimant's APA H, pgs. 270 – 275; pgs. 265-268 of which my immediate supervisors was notified during this period pg. 265 under "Who Has Been Notified"; pg. 276 #1, 3rd sentence (recommendation) which is consistent with the Carter Street Apartment place pg. 268, #7; pg. 304-305 - #7;

RECEIPTS & FEES PAID

Exhibit 16: Medication List & Copays - Updated
Exhibit 17: Print Cost - SCDMH Personnel File Fees Paid, Copy Pick-up, etc.
Exhibit 18: Carol Anderson, LISW Receipt
Exhibit 19: Dr. Donna Upchurch, Therapist
Exhibit 20: SCWCC Fees Paid
Exhibit 21: Whitmore Transcript Fees Paid

UNPAID BILLS

Exhibit 22: Palmetto Health Baptist
Exhibit 23: Dr. Thornton McKinney

Exhibit 24: Palmetto Health Baptist (PHB) Overview & Staff

- I clearly didn't think that I needed to submit this information prior to the hearing because I informed Ms. Snyder that Dr. McKinney was my doctor while at PHB and discussed Dr. Chuck Roundy's role in my treatment during the hearing; yet, both the Defendant and Commissioner Barden relied heavily in Dr. Roundy 'Uncommon"(October 9, 2013) statement rather than the medical evidence of "Licensed and Qualified Physician" as required by the law - South Carolina Code 42-1-172: Deposition pg. 44, Line 25, pg. 45, Lines 1-7
- Dr. Roundy 'Uncommon" statement - October 9, 2013; yet on October 25, 2013 described the Psychosocial and environmental factors contributing to the disorder" as "Severe Job Stress" only
- Hearing – Transcript pg. 85, Lines 2-25
- Supports "Repetitive Trauma Injury" South Carolina Code 42-1-172 - licensed and qualified physician NOT clinical therapist
- Reference Claimant's APA D, pgs. 113-122
- It obvious that Commissioner Barden didn't review all the evidence; in that, she would have discovered and confirmed that Dr. Thornton McKinney was my "Licensed and Qualified Physician" while receiving treatment at PHB and prescribed medications as a result of the "Significant and ongoing job related stress this patient meets the criteria for depression and this has exacerbated medical conditions" – Claimant's APA B, pgs. 43-51; particularly pg. 47 and Exhibit 16, pg. 5. No evidence of Dr. Roundy prescribing medication because he was my clinical therapist and not my doctor.
- Defendant's Brief Commissioner James & Commissioner Barden APA A pg. 1 – Dr. Thornton McKinney "Admitting Physician" (bottom of page); pg. 2 "Psych Loss Change"; pg. 3: Mood, Affect Range, Affect Quality, Affect Congruence, ClinPsyc Thought Concrete-Process; pg. 4, History of PPD diagnosed during HIPPA period (Claimant's APA A, pg. 9), Appetite – wasn't eating and lost 11 pounds (recent weight loss); pg. 5: Chief Complaint
- Defendant's APA A, pg. 6 - Commissioner James' Brief "Dr. McKinney's Physician Psychiatric Evaluation which the Defendant disposed of in Commissioner's Barden's brief – pg. 6 in Commissioner Barden's Brief is: Dr. Chuck Roundy's, PhD "Integrated Summary which displays Dr. McKinney as my MD. Claimant's APA D, pgs. 82-83.
- Defendant's APA A, pgs. 10 -12 Commissioner James' Brief "Dr. McKinney's completed FMLA form (Claimant's APA D, pgs. 92-94 which the Defendant disposed of in

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- Hobbs Transcript pg. 98, Lines 11-25; reference Claimant's APA D, pgs. 113-122

With the above being duly noted, I'm requesting that all Exhibits be admitted into evidence for the Commissioner's review. I've also attached Exhibit 19: Dr. Donna Upchurch, Therapist – Receipts, as promised, to be admitted into evidence and reviewed by the Commissioners. If you have any questions or concerns, please do not hesitate to contact me at 477-4227, 851-3182, or email: hreese2005@yahoo.com.

Thank you,

Harry Reese

From: "Bracy, Amy" <abracy@wcc.sc.gov>
To: Harry Reese <hreese2005@yahoo.com>; Page Snyder <psnyder@saf.sc.gov>
Cc: "Falls, Kim" <kfalls@wcc.sc.gov>; "Hollmon, Eugenia" <EHollmon@wcc.sc.gov>
Sent: Thursday, December 10, 2015 10:10 AM
Subject: RE: Exhibit 24

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Amy A. Bracy
Judicial Director
SC Workers' Compensation Commission
803-737-5672

From: Harry Reese [mailto:hreese2005@yahoo.com]
nt: Tuesday, December 08, 2015 9:12 PM
: Page Snyder
c: Falls, Kim; Bracy, Amy; Hollmon, Eugenia
Subject: Exhibit 24

CONFIDENTIAL & PRIVILEGED

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1322039

HARRY REESE, CLAIMANT/APPELLANT

VERSUS

S.C. DEPARTMENT OF MENTAL HEALTH, DEFENDANTS/RESPONDENTS,

and

STATE ACCIDENT FUND, DEFENDANTS/RESPONDENTS

FULL COMMISSION BRIEF OF DEFENDANTS/RESPONDENTS

STATEMENT OF THE CASE

On September 15, 2014, claimant filed a Form 50 requesting a hearing, alleging an injury pursuant to §42-1-160(B). Claimant alleged dates of injury of October 18, 2013 and August 12, 2014. On September 18, 2014, a Form 12A was filled out by the defendant employer at the request of the claimant, which reflected that claimant was experiencing ongoing stress, slander and false accusations by managers since April 1, 2010. Defendants timely filed a Form 51 on October 10, 2014. Defendants denied the claim on the grounds that claimant's allegations do not constitute a compensable mental/mental injury pursuant to S.C. Code § 42-1-160(B). This matter was set for a hearing on December 17, 2014. At the hearing, claimant requested additional time to retain an attorney. Commissioner Melody James gave claimant an additional thirty days to retain an attorney and the matter was reset and heard April 6, 2015 with a different commissioner. Claimant was not represented by counsel at the April 6, 2015 hearing. Claimant sought a determination that he suffered a compensable mental/mental injury pursuant to S.C.

Code § 42-1-160. Defendants argued that claimant failed to meet his burden of proof to establish a compensable mental/mental injury.

The single commissioner issued a request for a proposed order which was received by the defendants on April 13, 2015. The single commissioner found that the claimant had not met the burden to prove a compensable injury under S.C. Code § 42-1-160(B). The Decision and Order was signed by the single commissioner on July 24, 2015. Defendants received a copy of the Order on July 29, 2015. South Carolina Code § 42-17-50, requires the claimant to file an application for review "within fourteen days from the date when notice of the award shall have been given." On August 4, 2015, claimant inquired with the S.C. Workers' Compensation Commission ("the Commission") via email as to the process to file an appeal.

On August 19, 2015, Kim Falls at the Commission informed the claimant that the appeal date had passed. She advised him claimant that he could file a Motion to Reinstate Appeal. Claimant filed a Motion to Reinstate Appeal on August 19, 2015. This Motion was granted on September 2, 2015. A notice of hearing was served on the parties on October 12, 2015. This notice specifically provided that the appellant's brief was due on November 11, 2015.

On November 11, 2015, the claimant emailed Amy Bracy at the Commission, inquiring how to upload his brief. Eugenia Hollmon at the Commission explained to the claimant that he did not need to upload the brief, but that he needed to mail the brief to the Commission. A week passed and the claimant did not submit a brief. On November 19, 2015 Eugenia Hollmon advised the claimant via email that if his brief was not received by the close of business, his appeal would be dismissed. The claimant responded via email, requesting an extension to submit his brief until the Monday, November 23, 2015. The parties were informed via email on

November 19, 2015 that the extension to submit a brief was granted.[1] The claimant submitted a sixty-two page document on November 23, 2015.[2] Claimant submitted subsequent briefs to the defendants via email on December 4, 2015 and December 6, 2015.

QUESTIONS PRESENTED

The claimant's brief makes allegations of violations of civil rights and due process, it mentions suborning perjury, denial of rights, lawyer's rules of conduct, and addresses each of the single commissioner's findings of fact. The claimant also outlines the relief sought at the end of the brief. The defendants submit that the question presented is whether the record supports the single commissioner's finding that the claimant failed to establish a mental injury under to §42-1-160(B).

SUMMARY OF THE EVIDENCE

The claimant submitted three sets of documents at the hearing. The first was a yellow folder containing Department of Mental Health policies and procedures. The small binder submitted, tabbed A-Z, contained articles from the internet regarding stress and mental health. Defendants objected to this submission as irrelevant and the single commissioner noted that while they were not evidence, she would take the information under advisement. Claimant submitted a large binder, tabbed A-S containing medical records, emails and employment documentation. Defendant's objected to the consideration of any handwriting on the documents in the large binder. This objection as sustained by the single commissioner. The claimant

[1] This matter is governed by S.C. Regs. 67-705. Subsection H states that the time for filing a brief may be granted with the consent of the opposing party. The defendants never consented to an extension of the claimant's brief as required by the regulation. Pursuant to S.C. Regs. 67-705(H)(3), this appeal should have been dismissed.
[2] The brief submitted by the claimant does not comport with S.C. Regs. 67-705(A).

testified as to his alleged work injury, employment and educational background and health background.

Defendants' APA submissions include reports from Palmetto Health Behavioral Care. (Defendants' APA A). These records include notes from therapy sessions from a period of September 26, 2013 and October 25, 2013. (Defendants' APA A) Also included in the APAs are records from Donna Upchurch, Ph.D., Carol Anderson, LISW and Dr. James Kirkland. (Defendants' APA B, C & D) Defendants called claimant's former supervisor, Harold Edwards, to testify. Mr. Edwards was not Claimant's supervisor at the time of his alleged injuries and his first-hand testimony was limited.

STANDARD OF REVIEW

The South Carolina Administrative Procedures Act establishes the standard of review for decisions by the South Carolina Workers' Compensation Commission. *Lark v. Bi-Lo, Inc.*, 276 S.C. 130, 134-35, 276 S.E.2d 304, 307 (1981). "Under the Administrative Procedures Act (APA), an appellate court may not substitute its judgment for that of the agency as to the weight of the evidence on questions of fact, but it may reverse when the decision is affected by an error of law." *Pollack v. Southern Wine & Spirits of America*, 747 S.E.2d 430, 405 S.C. 9 (S.C. 2013) citing S.C. Code Ann § 1-23-380(5) (Supp. 2012). As to issues of fact, under the substantial evidence rule, an appellate panel may not substitute its judgment for that of the Workers' Compensation Commission as to the weight of the evidence or questions of fact. *Thompson v. South Carolina Steel Erectors*, 369 S.C. 606, 632 S.E.2d 874 (S.C. Ct App. 2006). Our Supreme Court has defined substantial evidence as evidence that, in viewing the record as a whole, would allow reasonable minds to reach the same conclusion. *Lark v. Bi-Lo, Inc.*, 276 S.C. 130, 135, 276 S.E.2d 304, 306 (1981).

ARGUMENT

The defendants contend that the single commissioner properly determined that the claimant failed to establish a mental injury pursuant to §42-1-160(B). South Carolina Code §42-1-160(B) contains a two part requirement for a compensable mental injury unaccompanied by physical injury. Part one (1) requires "that the employee's employment conditions causing the stress, mental injury, or mental illness were extraordinary and unusual in comparison to the normal conditions of the particular employment." Part two (2) requires medical causation between the stress or mental injury and the stressful employment conditions by medical evidence. The records submitted by the defendants establish a causal connection between the stress and the claimant's employment, and the single commissioner made such a finding, however defendants request the Appellate Panel affirm the single commissioner's determination that he failed establish the requirements of subsection one (1).

Defendants' rely upon the statement of Charles Roundy at Palmetto Behavioral Health on October 9, 2013. (Defendants' APA A, p. 17) This note discusses the claimant's reports of job-related stress and specifically states, "[h]is response to this not uncommon peronnel [sic] issue is uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally." (*Id.*) Defendants contend that this statement shows that claimant's work conditions were not extraordinary and unusual.

Further, claimant's allegations involve personnel issues, disciplinary actions and whether or not the employer follows its own policies. The single commissioner attempted to parse through the claimant's complaints and made specific findings as to some of the personnel issues mentioned by the claimant. One write-up from October 2013 dealt with an alleged HIPAA violation. (Finding of Fact ¶ 11) The single commissioner noted that the disciplinary documents

note that the offense to have been committed without malicious intent. The single commissioner found that the write out was not extraordinary and unusual. (*Id.*)

As to claimant's complaints of his former supervisor, Maria Marin, the single Commissioner notes that he brought no witnesses to corroborate any extraordinary or unusual conditions regarding this former supervisor and that the former supervisor had not supervised the claimant since 2010. (Finding of Fact ¶ 12) Defendants would also argue that any actions that took place in 2010 are barred from adjudication by the Commission pursuant to S.C. Code 42-15-40.

Lastly, claimant alleges mental injury resulting from investigations into various complaints over personnel issues. South Carolina Code §42-1-160(C) states,

> mental injuries ... are not considered compensable if they result from any event or series of events which are incidental to normal employer/employee relations including, but not limited to, personnel actions by the employer such as disciplinary actions, work evaluations, ... except when these actions are taken in an extraordinary and unusual manner.

The single commissioner reviewed the voluminous evidence and the lengthy testimony and determined that personnel issues were not handled in an extraordinary or unusual manner. (Findings of Fact ¶¶ 11, 15, 18)

CONCLUSION

The single commissioner did not err in determining that the claimant failed to meet his burden of proof for benefits under S.C. Code § 42-1-160(B) because claimant did not establish that the conditions causing the mental injury were unusual and extraordinary in comparison to the normal conditions of his employment.

For the reasons set forth above, the defendants respectfully request that the Full Commission affirm the single commissioner's Order and Decision in its entirety.

Respectfully Submitted,

Page P. Snyder, Esquire
State Accident Fund
P.O Box 102100
Columbia, South Carolina 29221
(803) 896-5896
Attorney for the Defendants

Columbia, South Carolina
December 8, 2015

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC File Number: 1322039

Harry Reese, Employee/Claimant, vs. SC Dept of Mental Health, Employer, and, State Accident Fund, Carrier/Defendants.	**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the Full Commission Brief of Defendants/Respondents have been served upon the following on this 8th day of December, 2015 by placing a copy in the US Postal Service, first class postage affixed and addressed to:

Amy Bracy, Judicial Department
S. C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

I hereby certify that a copy of the Full Commission Brief of Defendants/ /Respondents have been served upon the following on this 8th day of December, 2015 by placing a copy in the US Postal Service, first class postage affixed, certified mail, return receipt requested and addressed to:

7007 1490 0001 8630 3870
Harry Reese
8408 Little John Drive
Columbia, South Carolina 29209

Bonnie-Jean Thompson
Paralegal

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
&
COLUMBIA AREA MENTAL HEALTH CENTER

DIRECTIVES/POLICIES

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE DIRECTOR OF MENTAL HEALTH

DIRECTIVE NO. 903-11
(3-250)

TO: All Organizational Components

SUBJECT: Probationary Period

THE FOLLOWING DOCUMENT IS TO BE INTERPRETED CONSISTENT WITH SECTION 41-1-110, CODE OF LAWS OF SOUTH CAROLINA. NOTHING IN THIS DOCUMENT OR ANY SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (SCDMH) DIRECTIVE, EMPLOYEE HANDBOOK, MANUAL, POLICY PROCEDURE, OR RELATED DOCUMENT, CREATES AN EMPLOYMENT CONTRACT OR CONTRACTUAL RIGHTS OR ENTITLEMENTS. SCDMH RESERVES THE RIGHT TO REVISE THIS DOCUMENT AND ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY PROCEDURE, OR OTHER DOCUMENT. NO PROMISES OR ASSURANCES CONFLICTING WITH THIS STATEMENT CREATE AN EMPLOYMENT CONTRACT.

I. Purpose

The purpose of this directive is to update the policies and procedures of SCDMH regarding the probationary period. This Directive will be implemented and operate consistent with related SCDMH Directives including Employee Discipline.

II. Policy

Each person who is given an original or reinstatement appointment must serve a probationary period of twelve (12) months.

During this probationary period, the employee's conduct and performance will be monitored. Any employee who receives an unsatisfactory performance appraisal during his/her probationary period will be terminated before becoming a covered employee. Any employee who engages in misconduct during his/her probationary period may also be terminated before becoming a covered employee.

The probationary period begins on the day the employee reports to work. An employee who is promoted, demoted, reassigned, or transferred during the probationary period will be required to serve a probationary period of twelve (12) months in the new position. At the discretion of the State Director of Mental Health, (as evidenced by a State Director's written determination), an employee who is promoted, demoted, reassigned, or transferred may count up to six (6) months of continuous satisfactory service in the previous position toward completion of his/her probationary period.

III. Procedures

An Employee Performance Management System (EPMS) evaluation must be completed before the end of the probationary period, in accordance with the EPMS Directive, so that it can be received by Human Resource Services (HRS) at least one (1) week prior to the actual date on which the employee's evaluation is due. Failure to complete this evaluation in the specified time will result in the employee receiving a rating of "Meets Performance Requirements" through default regardless of the employee's actual performance.

An employee who receives an EPMS rating of "Meets Performance Requirements" or higher has successfully completed the probationary period and attained covered status including grievance rights. If the employee is subsequently promoted, demoted, reassigned, or transferred without a break in state service, the employee will not be required to serve another probationary period. However, an EPMS evaluation would be required six (6) months after the change in position, and the regular EPMS evaluation date would be determined there from.

If, at any time during the probationary period, the employee does not meet performance and/or conduct requirements of the job and workplace, the supervisor should advise the employee of the reason for the termination, and normally give the employee a fifteen (15) calendar day notice, in writing, prior to his/her separation. A copy of this notice must be forwarded to HRS to be filed in the employee's official personnel folder. The reason(s) for the termination must be specified and must be entered on the Form P-35, "Notice of Personnel Separation." The separation must occur prior to the end of the probationary period. In the event of serious misconduct or non-performance of essential job duties where continued employment is not productive to the agency, the termination shall be immediate with the appropriate documentation to follow.

An employee who is separated from service during the probationary period for failure to demonstrate adequate performance and/or conduct for the job shall **not** have the right to file a grievance review request under SCDMH's Grievance Directive.

This directive rescinds and supersedes South Carolina Department of Mental Health Directive No. 866-06, entitled "Probationary Period."



John H. Magill, State Director

December 20, 2011

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE DIRECTOR OF MENTAL HEALTH **DIRECTIVE NO. 854-06 (3-240)**

□□□
TO: **All Employees**

SUBJECT: **Employee Grievance and Appeal Policy and Procedures**

THE FOLLOWING DOCUMENT IS TO BE INTERPRETED CONSISTENT WITH SECTION 41-1-110 , CODE OF LASW OF SOUTH CAROLINA. NOTHING IN THIS DOCUMENT OR ANY SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (SDCMH) DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR RELATED DOCUMENT, CREATES AN EMPLOYMENT CONTRACT, OR CONTRACTUAL RIGHTS OR ENTITLEMENTS. SCDMH RESERVES THE RIGHT TO REVISE THIS DOCUMENT AND ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR OTHER DOCUMENT. NO PROMISES OR ASSURANCES CONFLICTING WITH THIS STATEMENT CREATE AN EMPLOYMENT CONTRACT.

I. Purpose:

The purpose of the Employee Grievance and Appeal Policy and Procedures Directive is to provide a means whereby all covered employees may be afforded the opportunity to present and seek answers to grievances in a prompt, orderly, and fair manner when the employee feels that he or she has been subjected to unfair or abusive treatment.

II. Policy:

It is the policy of the SCDMH to recognize the right of covered employees, who have completed twelve (12) months of satisfactory performance in an established position, to present and seek answers to grievances without fear of restraint, interference, coercion, or reprisal.

The SCDMH Commission and the Director of SCDMH fully expect and will require all Departmental personnel to abide by established grievance and appeal policies and procedures and will take appropriate action against anyone who disciplines a covered employee or causes a covered employee to be disciplined or otherwise prejudiced in his or her employment for exercising his or her rights under these policies and procedures.

It is the responsibility of the immediate supervisor to make proper decisions and to work toward solutions that are in the best interest of the SCDMH and the covered employee involved in attempting to settle complaints without the
covered employee having to file a grievance. Therefore, it is expected that the supervisor will make every effort to reach a satisfactory solution so that the majority of covered employee complaints will be settled informally between the covered employee and his or her immediate supervisor.

To ensure that all time limits and proper procedures are known and followed, grieving covered employees may receive assistance from their Facility/Center/Division Human Resources Representative or from the Departmental Employee Relations Manager. However, covered employees who are on duty shall notify their supervisor when leaving their place of employment and/or duty assignment to obtain assistance.

III. Grievable and Appealable Actions:

A. Terminations – The action taken against a covered employee by the appointing authority to separate the covered employee from employment with the SCDMH.

B. Suspension – An enforced leave of absence without pay pending the investigation of charges against

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an employee or for disciplinary purposes.

C. Involuntary Reassignments – The movement of a covered employee's principal place of employment in excess of thirty (30) miles from the prior work station at the initiative of the agency. (The reassignment of a covered employee by the agency in excess of thirty ((30)) miles from the prior work station to the nearest facility with an available position of comparable status for which the covered employee is qualified shall not be considered as an involuntary reassignment.)

D. Demotion – The assignment of a covered employee by the appointing authority from one established position to a different established position having a lower state salary range.

IV. Actions Which May Be Grievable or Appealable:

An action that is not listed as grievable is a non-grievable action, except for the following:

A. Promotions are not adverse employment actions which may be considered as grievable or appealable except in instances where the SCDMH or in the case of appeals, the State Human Resources Director, determines that there is a material issue of fact as to whether or not the agency has considered a qualified covered employee for a position for which the employee formally applied or would have applied if the employee had known of the promotional opportunity. However, when an agency promotes an employee one organizational level above the promoted employee's former level, that action is not grievable or appealable for any other qualified covered employee. Failure to be selected for a promotion is not considered an adverse employment action which can be grieved or appealed.

B. Reclassifications are grievable only if an allegation is made that a reclassification was punitive and it is determined that there is a material issue of fact or conclusion to be drawn from the facts of the allegation then the reclassification shall be deemed grievable. (Reclassifications, transfers, or reassignments to the same pay band are not considered as grievable.)

C. Salary decreases, as the result of an EPMS evaluation.

D. Reduction in Force – A determination made by an agency head to eliminate one or more positions in one or more organizational units within the agency due to budgetary limits, work shortages, outsourcing/privatization, or organizational changes. Reductions in force are considered a grievance only if the agency, or as an appeal, if the State Director, Office of Human Resources, determines there is a material issue of fact that the agency was inconsistent or improper in the reduction in force policy or plan.

V. Procedures:

When a covered employee has a complaint that cannot be resolved through supervisory channels, the covered employee may file a grievance review hearing request by completing form P-115, "Grievance Review Hearing Request", and submitting it through the Director of Human Resource Services to the Director of SCDMH. Grievance review hearing requests must be filed within fourteen (14) calendar days of the effective date of an adverse action. (All periods of time set forth in this Directive are expressed in calendar days. Periods of time shall be
computed by excluding the first day and including the last. If the last day falls on Saturday, Sunday, or an official holiday, it shall be excluded.)

The SCDMH will make a final decision on an appeal within forty-five (45) calendar days of the filing. Failure by the SCDMH to render a final decision within forty-five (45) calendar days after the filing should be considered an adverse decision and the covered employee may appeal to the State Human Resources Director.

The internal (SCDMH) time periods identified in this Directive may be waived upon the mutual written agreement of the SCDMH and the covered employee. However, the fourteen (14) days for filing a grievance request cannot be waived. The forty-five (45) calendar day period for action by the SCDMH may not be waived except by mutual agreement.

Within five (5) calendar days of receiving a grievance review hearing request, the Director of Human Resource Services, or the Director's designee, will assemble all records, reports and documentation relative to

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the case to ascertain that there has been full compliance with SCDMH policies and procedures. Then the Director of Human Resource Services will forward the request with a summary of all records, reports, and documentation, along with recommendations, to the Director of SCDMH. If SCDMH grievance policies and procedures and appropriate human resource practices have been followed, it will be recommended that the case be referred to the SCDMH Grievance Panel for action. If there has not been full compliance, the Director of Human Resource Services may recommend that the adverse action be rescinded or such other corrective action as would be appropriate. Upon receipt of the request and the Director of Human Resource Services' recommendations, the Director of SCDMH, or the Director's designee, will review the case and return it within five (5) calendar days to the Director of Human Resource Services with instructions as to appropriate action.

VI. Departmental Grievance Panel:

A. Function

The Departmental Grievance Panel is established to provide covered employees who have grievances and have fully complied with Departmental policy and procedures the opportunity to have their cases reviewed by an unbiased and impartial review panel. While the Panel will make recommendations to the Director of SCDMH regarding specific grievances, it is not the purpose or function of the Panel to establish or amend policy. Grievants have the right to a representative, including counsel, in the grievance and appeal processes. If a grievant chooses to exercise the right to counsel, it shall be at the grievant's own expense.

In conducting reviews, after having carefully analyzed all records, reports, and other documentation, the Panel shall conduct informal fact-finding conferences and/or interviews with the grievant, his or her representative, if any, and other individuals it deems necessary and recommendations regarding the fair and equitable disposition of the grievance. The grievant and/or representative and appropriate facility representatives may submit additional documentation for the Panel's consideration and may suggest the names of individuals with relevant information who the Panel may interview.

B. Composition

The Departmental Grievance Panel shall be appointed by the Director of SCDMH. One member shall be designated as Chairperson for each review and serve as presiding officer at that review. At least three (3) members will be assigned to review each case with two (2) being needed for a quorum. More members may be assigned to participate in any grievance review in which the Panel Chairperson feels their presence is needed due to the complexity of the case.

C. Panel Action

The Panel will conduct the review not later than fifteen (15) calendar days after receipt of the request for a grievance review. Within five (5) calendar days after the review, the Panel will submit its findings and recommendations to the Director of Human Resource Services.

VII. Final Decision:

Upon receipt of the Grievance Panel's findings and recommendations, the Director of Human Resource Services will within five (5) calendar days forward a copy of the Panel's findings and recommendations to the Director of SCDMH, or his designee, for review and final decision. The Director of SCDMH, or his designee, may adopt, reject, or modify the Panel's Recommendations.

The Director of SCDMH, or his designee, will make the decision as soon as possible, and in no case later than five (5) calendar days after receipt of the Panel's findings and recommendations. The final decision will be communicated in writing to the grievant, the employing facility, the Director of Human Resource Services, the Employee Relations Manager, the Department's General Counsel, and the Grievance Panel and will constitute the SCDMH's final decision.

Should a grievant want to appeal the decision of the Director of SCDMH to the State Office of Human Resources, the grievant's request for appeal must be filed, in writing, directly with the State Human Resources Director, no later than ten (10) calendar days after the date on which the grievant received the final decision

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from the Director of SCDMH or within fifty-five (55) calendar days after the grievance review hearing request was initially filed, whichever occurs later.

VIII. Forms to Be Used

A. Grievance Review Request (SCDMH Form P-115).

B. Notification of Receipt of Grievance Review Request (SCDMH Form P-116).

C. Notification of Individuals to Appear at Grievance Review (SCDMH Form P-118).

Grievants may obtain the required forms from their Facility/Center/Division Human Resources Representative or the Departmental Employee Relations Manager.

This Directive rescinds and supersedes SCDMH Directive No. 803-96, entitled "Employee Grievance and Appeal Policy and Procedures."

JOHN J. CONNERY, M.A.
INTERIM STATE DIRECTOR

January 6, 2006

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE STATE DIRECTOR OF MENTAL HEALTH **DIRECTIVE NO. 859-06 (3-250)**

TO: **All Employees, Volunteers, and Operating Components**

SUBJECT: **Workplace Violence**

THE FOLLOWING DOCUMENT IS TO BE INTERPRETED CONSISTENT WITH SECTION 41-1-110, CODE OF LAWS OF SOUTH CAROLINA. NOTHING IN THIS DOCUMENT OR ANY SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (SCDMH) DIRECTIVE, EMPLOYEE HANDBOOK, MANUAL, POLICY, PROCEDURE, OR RELATED DOCUMENT, CREATES AN EMPLOYMENT CONTRACT OR CONTRACTUAL RIGHTS OR ENTITLEMENTS. SCDMH RESERVES THE RIGHT TO REVISE THIS DOCUMENT AND ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR OTHER DOCUMENT. NO PROMISES OR ASSURANCES CONFLICTING WITH THIS STATEMENT CREATE AN EMPLOYMENT CONTRACT.

I. Policy

The SCDMH has a zero tolerance policy regarding acts or threats of workplace violence (as described in III).

II. Purpose

The purpose of this Directive is to help SCDMH centers, facilities, and other operating components assess and improve workplace security and to develop and implement policies and procedures to address workplace violence.

III. Workplace Violence

All forms of workplace violence are prohibited, including: attack or use of force with intent to harm; physical or verbal threats to cause harm; harassment or other behavior intended to worry the victim; stalking; intentional damage to property owned by SCDMH, the State, employees, officials, visitors or vendors; or unauthorized possession or use of firearms, weapons or other dangerous devises or materials on property owned, leased or under other SCDMH control.

IV. Implementation

Directors of SCDMH centers, facilities, and other operating components must, within thirty (30) days of the effective date of this Directive and annually thereafter, assess workplace security and assure compliance with applicable policies and procedures to address workplace violence. These functions are to be performed by the operating component Workplace Violence Prevention Committee or other committee with the responsibility and authority to assess workplace security and address workplace violence (e.g.; Health, Safety, Environmental Care, Risk Management, Quality Management, or similar committee.) The operating component must designate a liaison to, as needed, confer and work with the operating component and SCDMH offices related to specific Workplace Violence Prevention functions (e.g.; Human Resources Services, Quality

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Management, Community Care, General Counsel, Public Safety, etc.)

Applicable policies and procedures include those contained in this Directive as well as other SCDMH Directives and operating component policies and procedures pertaining to employee injury, emergency care, and workplace safety; harassment; post-trauma counseling and other assistance services; leave and other benefits; background checks; employment counseling and discipline; pre-termination conferences and exit interviews; risk management and incident reporting; as well as BEST and other safety-related education or training programs. Further development of this Directive or related policies and procedures must incorporate applicable provisions of the S.C. Budget and Control Board, Office of Human Resources, Workplace Violence Model Policy.

Each SCDMH operating component must post a copy of this Directive (and any operating component written policy supplementing this Directive) in a prominent location within its building or office. Each operating component must clearly communicate the content of this Directive, (and any operating component□s written policy supplementing this Directive) to its employees and volunteers.

Employees, volunteers, and visitors must be advised that SCDMH will strictly enforce the applicable provisions of Section 16-23-420 and Section 16-23-460, Code of Laws of South Carolina, prohibiting firearms or concealed weapons in public buildings or adjacent areas. Operating components must post a sign to that effect at applicable entrances.

V. Workplace Environment

The workplace environment includes SCDMH buildings and grounds. Some points to consider in reviewing and making any needed changes to the workplace environment:

A. Designate and train employee contact/key persons in a emergency (e.g. fire/safety officer).

B. Provide a floor plan to key personnel and post a copy in conspicuous areas consistent with the fire/safety plans.

C. Post internal and external telephone numbers in conspicuous areas consistent with fire/safety plans.

D. Provide adequate lighting in parking areas and entrances and encourage employees to walk in groups to parking areas.

E. Review landscaping (hedges, trees, etc.) where intruders could hide.

F. Increase staff on duty during high-risk hours.

G. Arrange peer or other escorts for employees who work late.

H. If doors lock from the inside, post warning signs on the inside to remind employees to lock doors behind them.

The workplace environment also includes employee attitudes about SCDMH, employee perceptions of fair and equal treatment, and belief that they will be safe at work. Employees

must be encouraged to voice workplace concerns to their superiors or other designated staff (e.g., safety, risk management, human resource, or other staff.)

VI. Some Indicators of Potential Workplace Violence

In some cases, employees can be identified and provided assistance before they contribute to a violent incident. Some behaviors that should be considered are:

A. Known history of violent or threatening behavior;

B. Co-worker fear of an employee;

C. Extreme stress in an individual□s personal or job life;

D. Chemical dependency;

E. Obsession with weapons, recently publicized violent acts, or violent entertainment;

F. Observations of threatening behavior;

G. Routine violations of SCDMH Directives/operating component policy;

H. Harassment of co-workers;

I. Destructive behavior;

J. Obsession with retaliation after being disciplined, not receptive to criticism;

K. Little involvement with co-workers;

L. Significant adverse changes in behavior or beliefs;

M. Deteriorating physical appearance; or

N. Paranoid behavior.

VII. Reporting

A. Any employee who believes that there is a serious, imminent threat of violence in the workplace that requires immediate action must call 911 or law enforcement and notify his or her manager or supervisor. Employees should not attempt to take action themselves unless their life is threatened, but should follow safety and emergency procedures applicable to the operating component workplace.

B. Any employee who is the victim of or witnesses workplace violence must immediately report the incident to his or her supervisor or human resource representative. Any manager or supervisor receiving such a report must immediately contact his or her human resource representative to evaluate and take appropriate personnel action. An employee reporting an incident may request that his or her identity not be disclosed. Any employee who is the victim of or witnesses workplace violence must be offered post-trauma counseling.

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C. Reports of workplace violence must be investigated by the operating component. If following the investigation the report is substantiated, appropriate action must be taken, including applicable disciplinary action, which may result in dismissal. Acts of workplace violence are also subject to civil and/or criminal prosecution.

D. The reporting employee will be notified of the investigation outcome and advised of any corrective or preventive action taken. However, the employee will not be told if any or what type disciplinary action was taken against another employee.

E. An employee reporting an incident in good faith will not be subject to retaliation by SCDMH. However, employees who knew of such incidents, but did not act consistent with this Directive or who knowingly made false reports are subject to appropriate discipline.

This is the first directive on this topic.

JOHN J. CONNERY, M.A.
INTERIM STATE DIRECTOR

February 10, 2006

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE DIRECTOR OF MENTAL HEALTH DIRECTIVE NO. 842-03
(3-240)

TO: **ALL ORGANIZATIONAL COMPONENTS**

SUBJECT: **HARASSMENT □ FREE WORKPLACE**

THE LANGUAGE USED IN THIS DIRECTIVE DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS DIRECTIVE, IN WHOLE OR IN PART, WITH OR WITHOUT NOTICE.

I. POLICY:

It is the policy of the South Carolina Department of Mental Health (DMH) to provide all of its employees with a work environment free from harassment and intimidation. Certain forms of conduct based on sex, race, religion, color, or other legally protected categories, which have the effect of substantially interfering with a person□s work performance, or creating an intimidating, hostile or offensive work environment may be illegal, and are prohibited by this policy. In addition, even conduct which is not deemed to be illegal is nevertheless improper if it has the effect of substantially interfering with an employee□s performance of his/her duties or creates an intimidating, hostile or offensive work environment.

It shall be the policy of the DMH to take immediate and appropriate action when it learns of an employee being subjected to unwelcome sexual advances, disparaging or insulting remarks, verbal or physical conduct of an improper nature, or any other conduct that might be construed as racial, sexual, ethnic, religious or any other type of harassment in the workplace.

Any behavior prohibited by this policy will be treated as misconduct and will be subject to immediate review when reported. Appropriate disciplinary action up to and including dismissal will be taken in accordance with the DMH□s progressive discipline policy if an employee is determined to have engaged in improper prohibited conduct.

Harassment is defined as any conduct that is unwanted by the recipient or affects the dignity of any individual or groups of individuals at work. Key feature: repetitive nature of the behavior.

II. PROHIBITED CONDUCT GUIDELINES:

It is not the intent of this policy to prohibit conduct which is in furtherance of a purely personal/social relationship without a discriminating or harassing employment effect. However, the DMH also has an interest in maintaining a professional work environment, which fosters productivity and efficiency, and all employees are expected to refrain from horseplay, excessive socializing, or spending time on

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personal matters while working. Accordingly, even employees engaging in invited or welcomed personal social interactions are subject to discipline if such conduct interferes with the performance of the duties of other employees.

It is also not the intent of this policy to remedy every rude, unpleasant or discourteous incident that an employee may experience. Most work settings will require that employees work with, interact with, and provide services to a diverse group of people, some of whom may be upset or in crisis. Employees are expected to be able to tolerate and respond professionally to a wide range of human behavior, including, on occasion, rude, angry or upset individuals, or critical statements or comments.

The DMH will review the totality of the circumstances, including the nature of the conduct, and the context in which the alleged incidents occurred prior to determining whether disciplinary action is warranted. If the challenged conduct would not substantially affect the work environment of a reasonable person, no violation should be found.

III. RESPONSIBILITIES:

A. Director, Human Resource Services:

The Director of Human Resource Services or his/her designee will serve in the capacity of the DMH□s Harassment-Free Workplace Officer. The Director of Human Resource Services has the authority to implement every facet of the DMH□s Harassment-Free Workplace plan and report directly to the State Director of Mental Health or his/her designee. The Employee Relations Manager, Human Resource Services, will assist the Director of Human Resource Services in all phases of the complaint and subsequent investigative procedures.
Specific responsibilities of the DMH□s Harassment-Free Workplace Officer include, but are not necessarily limited to:

1. Developing guidelines to prevent harassment and communicating such guidelines throughout the DMH.

2. Assisting in the identification of potential problem areas and propose resolutions or actions needed for correction.

3. Hosting periodic discussions with managerial personnel, supervisors, and employees to assure the DMH□s policies pertaining to Harassment-Free Workplace are promoted.

4. Assuring that managerial personnel and supervisors understand they will be evaluated at least annually on promotional enforcement of a harassment-free environment in addition to other job-related criteria.

5. Compiling reports based on data provided by facilities, centers, and organizational components as needed or required by internal or external personnel.

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B. Facilities, Centers, Division Directors:

Facility, Center and Division Directors are responsible for ensuring that the work environment is free of prohibited harassment. It is also their responsibility to resolve complaints promptly at the lowest possible level. Once they are informed of a potential problem, they must take action.

C. Managers and Supervisors:

Managers and supervisors have as one of their responsibilities the promotion of a harassment-free environment. It is their responsibility to adhere to, implement and support the DMH policies designed to prevent harassment. In this regard, managers and supervisors are expected to intervene appropriately whenever they become aware of conduct by their employees which manifests any illegal or otherwise improper discriminatory behavior or which creates an intimidating and/or hostile work environment. Managers and supervisors are expected to take actions that are in the best interest of the DMH.

D. Employees:

All employees of the DMH are expected to treat their co-workers, as well as patients, clients, and members of the public with courtesy and respect. Employees are also expected to perform their duties without interfering with the duties of others. Harassment or even the appearance of harassment has no place in the workplace and employees are expected to conduct themselves at all times in a professional manner.

IV. PROCEDURE:

A. Informal Complaint Procedures:

It is the intent of the DMH to resolve complaints promptly and at the lowest level. If, after being advised of a complaint, the Facility, Center or Division Director deems informal resolution appropriate the following steps may be taken:

1. The alleged offender may be requested by his/her supervisor to cease the offending behavior.

2. A resolution may be negotiated by the alleged offender□s supervisor after consultation with the Facility, Center or Division Director.

3. All action must be properly documented. If an informal resolution is sought, an □Employee Harassment Form□ shall be completed, with an indication that the complaint is □Informal□.

4. All harassment complaint forms must be submitted to the Employee Relations Manager, Human Resource Services, to be maintained in a confidential harassment file.

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5. If warranted, disciplinary action and/or another remedy may be issued.

B. Formal Complaint Procedures:

1. If the complaint cannot be resolved informally, redress may be sought through the Formal Complaint Procedure. An □Employee Harassment Form□ must be completed and submitted to the Facility, Center or Division Director and then forwarded to the Employee Relations Manager, Human Resource Services.

2. The Employee Relations Manager, Human Resource Services, shall contact the complainant to review all circumstances regarding the complaint. All parties to the complaint shall provide written statements to the Employee Relations Manager, Human Resource Services.

3. The investigation shall be completed within a reasonable period of time.

4. All DMH employees are required to cooperate in the official investigation pursuant to this policy.

5. The results of the investigation shall be forwarded to the Director, Human Resource Services, who shall review the information and distribute to the appropriate manager.

6. If the investigation determines that a complaint is without merit or is false, it shall be dismissed. Disciplinary action may be taken if it appears that willful false accusations have been made.

7. If disciplinary action is recommended, it shall then be conveyed by the Director, Human Resource Services, to the Facility, Center or Division Director.

8. Disciplinary actions imposed on persons found to be in violation of discrimination of any form should be addressed through the □Employee Disciplinary Standards□ policy.

V. OTHER REMEDIES:

Regardless of the outcome of the investigation, if the complaint alleges illegal discriminatory conduct, the complainant shall be advised by the Employee Relations Manager, Human Resource Services, that a complaint may be filed with other state and federal agencies that enforce compliance with laws prohibiting discrimination.

If the disciplinary action is grievable, the affected employee shall be advised of his/her right to grieve through appropriate channels.

VI. CONFIDENTIALITY:

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All efforts shall be made to maintain the confidentiality of complaints and investigations of complaints. Harassment complaints and subsequent reports and investigations shall be maintained in files by the Employee Relations Manager, Human Resource Services, separate and apart from the official personnel file.

This Directive rescinds and supersedes South Carolina Department of Mental Health Directive No. 816-99, □Harassment-Free Workplace□.

GEORGE P. GINTOLI
STATE DIRECTOR

November 7, 2003

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE DIRECTOR OF MENTAL HEALTH DIRECTIVE NO. 856-06
(3-240)

TO: All Organizational Components

SUBJECT: Employee Disciplinary Standards

THE FOLLOWING DOCUMENT IS TO BE INTERPRETED CONSISTENT WITH SECTION 41-1-110, CODE OF LAWS OF SOUTH CAROLINA. NOTHING IN THIS DOCUMENT OR ANY SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (SCDMH) DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR RELATED DOCUMENT, CREATES AN EMPLOYMENT CONTRACT, OR CONTRACTUAL RIGHTS OR ENTITLEMENTS. SCDMH RESERVES THE RIGHT TO REVISE THIS DOCUMENT AND ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR OTHER DOCUMENT. NO PROMISES OR ASSURANCES CONFLICTING WITH THIS STATEMENT CREATE AN EMPLOYMENT CONTRACT.

I. Policy

Consistent with sound management and good employee relations practices, if is most important that the disciplinary action be administered in an equitable and uniform manner. The Department of Mental Health recognizes its continuing responsibility in developing and administering disciplinary procedures as a mechanism for safeguarding the patients and clients served by the Department of Mental Health, the rights of all employees, and the interests of the Department of Mental Health. Standards for applying discipline afford a due process by which each employee may be subject to disciplinary action for offenses. An equitable and systematic process of warning will be followed unless severity of circumstances warrants otherwise.

Covered employees of the SCDMH, regardless of the position or length of service, shall be disciplined whenever an employee's action(s) or inaction(s) indicate the need. The SCDMH is committed to the concept of progressive discipline, which means that the severity of disciplinary action imposed should reflect the severity of the offense. In addition, repeated misconduct shall generally be disciplined more severely than first time misconduct. Nevertheless, some misconduct may be so serious as to warrant dismissal for a first offense. Disciplinary actions that involve suspension, demotion, involuntary reassignment, or dismissal of an employee shall be reviewed with the Director, Human Resource Services, or his/her designee prior to the action being taken.

This progressive disciplinary directive does not apply to probationary or other non-covered employees who may be disciplined at the department's discretion.

It is the Department of Mental Health's policy that uniform procedures and guidelines be published to further the goals that:

A. Employees of the department will be on notice of the potential sanctions for misconduct;

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B. Misconduct of similar severity will be subject to discipline of similar severity throughout the agency, with the exception that repeat offenders will be treated more severely than first time offenders;

C. Employee misconduct will be documented and filed in a uniform manner;

D. Prior to initiating disciplinary action other than an employee counseling or written warning, supervisors should review the circumstances and consult with the Director, Human Resource Services, or his/her designee;

E. Employees covered by the State Employee Grievance and Appeal Act should be advised of any right of appeal in accordance with the Department's Grievance Appeal Policy at the time a grievable disciplinary action is taken.

II. Voluntary Resignation and Performance Issues

Employees who voluntarily fail to report to work for three (3) consecutive workdays and fail to contact the agency during this time period will be considered to have voluntarily resigned. The policy is also not to be utilized for taking corrective actions for substandard work performance by employees. Supervisors should utilize the SCDMH policy entitled "Employee Performance Management System" for direction and guidance in addressing substandard work.

III. Forms of Disciplinary Action

The following should be used as guidelines for taking disciplinary action to correct inappropriate employee conduct.

A. Employee Counseling

For relatively minor occurrences of inappropriate behavior, misconduct, and violation of rules, an employee should be verbally counseled.

1. The supervisor shall inform the employee in private of the unacceptable conduct.

2. The supervisor shall explain how the conduct has been improper or unacceptable and discuss ways in which the employee may improve or correct conduct.

3. The supervisor shall inform the employee that personal conduct must improve.

4. The supervisor shall further inform the employee that unless the problem is corrected: the employee will be subject to further disciplinary action. A record of this action shall be made on South Carolina Department of Mental Health Form P-155, "Record of Employee Counseling." The employee shall be asked to sign the employee counseling, at the time of the counseling, as having been received and understood. If the employee refuses to sign, the following notation, "Employee Refused to Sign," shall be inserted by the supervisor, initialed and witnessed. The original "Record of

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Employee Counseling", Form P-155, will be given to the employee and a copy will be placed in the employee's facility or center or division personnel file. A copy will not be placed in the official personnel file located at SCDMH, Human Resource Services.

B. Written Warning

A written warning is administered for the repetition of an offense addressed in a previous "Record of Employee Counseling" Form P-155, or first occurrence of a more severe offense.

1. The written warning should be addressed to the employee and discuss the nature of the offense or offenses for which the written warning is being issued.

2. The written warning should include corrective actions that may be taken by the employee in order to correct the offense.

3. The employee shall be informed in the written warning the repetitions of the offense or more severe offense will warrant further disciplinary action up to and including dismissal.

4. The employee shall be asked to sign the written warning, at the time the warning is given, as having been received and understood. If the employee refuses to sign the notation, "Employee Refused to Sign," shall be inserted by the supervisor, initialed, and witnessed. The original written warning shall be given to the employee and a copy shall become a permanent part of the employee's official personnel file maintained by SCDMH, Human Resource Services, as well as the facility, center, or division field folder.

5. Copies of documentation of prior employee counseling, including prior "Record of Employee Counseling," as well as other supportive documentation, may be added to the employee's official personnel file in conjunction with the written warning.

C. Suspension

An employee may be suspended for a first offense of serious misconduct or for an accumulation of a number of less serious offenses or as a progressive step when previous warnings concerning the same or similar misconduct have not been heeded. Suspension, including suspension pending investigation, must be reviewed by the Director, Human Resource Services, or his/her designee.

1. Suspension Pending Investigation – Suspension of an employee, pending investigation of serious allegations of misconduct involving safety or security or pending a final decision regarding the employee's dismissal (See paragraph D) is not in and of itself a disciplinary action. Such

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suspension is administered to protect the safety of patients, staff, and/or Departmental property in circumstances in which the supervisor has a reasonable belief that the employee's continued presence on the job would present a threat to patients, staff, or Departmental Property. Such concern must be based upon the past conduct of the employee as personally known to the supervisor, or as reported by others with personal knowledge of the past conduct.

2. Notice of Intent to Suspend – Except for suspensions pending investigation of further action (Paragraph 1.), once it has been determined that suspension is warranted, a letter or memorandum notifying the employee of the supervisor's intent to suspend shall be prepared by the appropriate supervisor. "A Notice of Intent to Suspend" shall include the following information.

a. A summary of prior related disciplinary actions, such as employee counseling, written warnings, etc.

b. The proposed inclusive dates of the suspension.

c. A description of the facts and circumstances supporting the supervisor's conclusion that the employee committed the offense or offenses.

d. A statement advising the employee of his/her right to request in writing, a pre-suspension conference with the facility/center/director or division deputy director, or his/her designee. The employee must be informed that their request for such conference must be made within two (2) working days of receipt, if the notice is hand delivered, or five (5) calendar days from the date of mailing, if mailed.

3. Notice of Suspension – If a final decision is made to discipline an employee by means of suspension, South Carolina Department of Mental Health, HRS Form, P-154, "Notice of Suspension" shall be used to document the action. The "Notice of Suspension" shall include the following information.

a. The nature of the offense or offenses for which the suspension is being issued and inclusive dates of the suspension.

b. A description of the facts and circumstances supporting the conclusion that the employee committed the offense or offenses listed.

c. The length of the suspension period.

d. A summary of prior related disciplinary actions such as, employee counseling, written warnings, suspensions, etc.

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e. A statement that a suspension is an action for which an employee may file a grievance appeal. Should the employee wish to file a grievance appeal, he or she must do so within fourteen (14) calendar days from the first date of his/her suspension. His/her grievance review request must be received by SCDMH Human Resource Services, Employee Relations Section, 2414 Bull Street, Columbia, South Carolina 29202 within the fourteen (14) calendar day deadline. A statement of the consequences if the offense is repeated or if other problems occur. Copies of the suspension notice and appropriate leave documents will be placed in the employee's official personnel file. All suspensions shall be without pay.

D. Dismissal

If progressive discipline fails to correct misconduct, the employee is subject to dismissal. Extremely serious offenses may call for dismissal even in the absence of prior disciplinary actions. All dismissals shall be reviewed with the Director of Human Resources or his/her designee. This policy does not apply to probationary employees. Probationary employees may be dismissed at the agency's discretion.

1. Notice of Intent to Dismiss – Except for temporary employees, once it has been determined that a dismissal is warranted, a letter or memorandum notifying the employee of the supervisor's intent to dismiss shall be prepared by the appropriate supervisor.

a. A statement that due to one or more instances of misconduct, the supervisor is recommending that the employee be dismissed.

b. A description of the facts and circumstances supporting the supervisor's conclusion that the employee committed the offense or offenses changed.

c. A summary of prior related disciplinary actions, if any.

d. A statement advising the employee of the employee's right to request, in writing, a pre-dismissal conference with the facility/center/division director, or their designee. The employee must be informed that his/her request for such conference must be made within two (2) working days of receipt, if the notice is personally delivered, or five (5) calendar days from the date of mailing, if mailed.

2. Letter of Dismissal – If a final decision is made to discipline an employee by means of dismissal, a letter or memorandum so notifying the employee shall be prepared by the appropriate supervisor. A letter of dismissal shall include the following information.

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a. The nature of the offense or offenses for which the dismissal is being implemented and the effective date of the dismissal.

b. A description of the facts and circumstances supporting the conclusion that the employee committed the offense or offenses listed.

c. A listing of prior related disciplinary actions, if any.

d. A statement that a dismissal is an action for which an employee may file a grievance appeal if the employee has grievance rights. Should the employee wish to file a grievance appeal, he or she must do so within fourteen (14) calendar days from the effective date of their dismissal. In the event the effective date of his/her dismissal is retroactive to a date prior to the date of the letter of dismissal, the fourteen (14) calendar days run from the date of the letter of dismissal. His/her grievance review request must be received by Human Resource Services, Employee Relations Section, 2414 Bull Street, Columbia, S.C. 29202, within the fourteen (14) calendar day deadline.

E. Demotion

When it is determined that a demotion is the appropriate recourse to address employee misconduct, an employee may be demoted. All demotions must be approved by the Director, Human Resource Services or his/her designee.

1. Notice of Intent to Demote – Except non-covered employees, once it has been determined that a demotion is warranted, a letter or memorandum notifying the employee of the supervisor's intent to demote shall be prepared by the appropriate supervisor.

a. A statement that due to one or more instances of misconduct, the supervisor is recommending that the employee be demoted.

b. A description of the facts and circumstances supporting the supervisor's conclusion that the employee committed the offense or offenses charged.

c. A summary of prior related disciplinary actions, if any.

d. A statement advising the employee of the employee's right to request, in writing, a pre-demotion conference with the facility/center director or division deputy director or his/her designee. The employee must be informed that his/her request for such conference must be made within two (2) working days of receipt, if the notice is personally delivered, or five (5) calendar days from the date of mailing, if mailed.

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2. Notification of Demotion – If a final decision is made to discipline an employee by means of a demotion, the demotion and accompanying salary reduction information shall be documented by a written notice addressed to the employee. The notice will include the reasons for the involuntary demotion, effective date of the demotion, the consequences of continued or additional conduct problems, and information concerning the employee appeal rights under the agency's Grievance and Appeal Policy. Should the employee wish to file a grievance appeal, he/she must do so within fourteen (14) calendar days from the effective date of their demotion. The employee's grievance review request must be received by Human Resource Services, Employee Relations Section, 2414 Bull Street, Columbia, South Carolina, 29202, within fourteen (14) calendar day deadline.

F. Reassignment

When it is determined that a reassignment is an appropriate recourse to address conduct, the employee may be voluntarily reassigned to a position of equivalent salary range.

1. A reassignment used to address employee conduct matters must be reviewed with the Director of Human Resource Services or his/her designee prior to implementation. A reassignment which results in the loss of salary must be approved in advance by the Budget and Control Board. Such request must be submitted through the Director of Human Resources or his/her designee.

2. The reassignment will be documented by a written notice of reassignment and accompanying salary reduction information if applicable, addressed to the employee outlining the nature of the involuntary reassignment and the consequences of continued or additional conduct problems.

3. A reassignment of a covered employee may be considered a grievable action. The Director of Human Resource Services or his/her designee shall advise whether the notice of involuntary reassignment should contain information
advising the employee of appeal rights under the agency's Grievance and Appeal Policy.

IV. Progressive Discipline Guidelines

Examples of appropriate disciplinary action to be taken in response to specific offenses are attached and are to be used as a guide. They are not intended to be all inclusive but rather to provide guidance to supervisors by means of examples. The severity of discipline should reflect the seriousness of the individual offense, as well as take into account any past history of misconduct.

Discipline may begin at any step in the procedure depending on the seriousness of the individual offense. It should be emphasized that in some situations dismissal or demotion or involuntary reassignment may be appropriate on the first offense, depending on the severity of the offense and the circumstances involved, even though a lesser degree of

disciplinary action is indicated in the guideline for a first offense occurrence. Violations are not restricted to the examples listed.

Any questions pertaining to these guidelines should be directed to SCDMH, Human Resource Services, Employee Relations Section.

This policy rescinds and supersedes SCDMH Directive No. 819-99, "Employee Disciplinary Standards."

JOHN J. CONNERY, M.A.
INTERIM STATE DIRECTOR

January 6, 2006

STANDARDS OF PROGRESSIVE DISCIPLINARY ACTION - ATTACHMENT A

COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY

DATE: January 5, 2000 Revised: April 19, 2000, April 18, 2001, Revised: June 9, 2010, May 24, 2013	CATEGORY: Clinical	NUMBER: 2-01-2000

TITLE: Transfer of Case Management

POLICY:

It is the policy of Columbia Area Mental Health Center that clients will be case managed by the unit and program from which s/he receives the majority of services and that the clinical and computer records must reflect the current case manager for each client. In implementing treatment plans with individuals and their families, programs will make every effort to maintain the involvement of the same clinician and treatment team throughout the course of that treatment. Some programs require an evaluation period during which the client's appropriateness for and acceptance of the services are tested. This evaluation period begins after the client actually begins attending the program, not with receipt of the referral form from the case manager. Case management responsibility will be transferred to the program where the client receives the majority of his/her services no more than 30 calendar days after the beginning of the client's evaluation period unless the client is deemed inappropriate for the program.

Exceptions to the 30-day rule are the Community Integration Programs, which will accept case management within 60 calendar days from the beginning of the client's evaluation period, and DBT, which will accept case management after the completion of the first module (8 weeks). DBT will also accept case management immediately for TLC clients.

When a staff member who serves as case manager leaves Center employment, the staff member's supervisor is responsible for the transfer of client case management to other staff. Computer and medical records should reflect the transfer of all cases within 30 calendar days of the announced date of departure of the case manager.

When a client's care needs to be transferred for other clinical reasons, the transfer must be preceded by a staffing or discussion between the sending and receiving case managers, with concurrence of their supervisors. Forms reflecting transfer of case manager will be completed by the clinician assuming case management responsibility. Responsibility is not transferred until a Change of Clinical Information form is completed and entered into CIS. The documentation should be completed within 30 days of agreement to transfer. The record will be audited by the supervisor of the sending unit for compliance with Medical Records Standards using an approved Quality Assurance checklist (attached). The record will be forwarded to the supervisor of the receiving unit who also will conduct a review. Transfer of the case will not occur until required documentation and CIS update is completed.

Staff will utilize Clinical Review Committee according to Policy #7-02-96, "Clinical Review Committee" to arbitrate disputes.

In all cases, case management may be accepted earlier than stated in this policy.

Robert Bank, M.D.
Executive Director

Distribution: All clinical staff, all policy manuals

COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY

DATE: June 16, 2010 Jan 21, 2004 Feb. 6, 2002 April 1. 1998 Supersedes 5/01/85	CATEGORY: Quality Assurance	NUMBER: 7-04-98

TITLE: **CLIENT FOLLOW-UP/CASE CLOSURES**

POLICY: It is the policy of the Columbia Area Mental Health Center to follow-up with clients who have missed a scheduled appointment. It is especially important to initiate follow-up procedures with clients who are vulnerable (those who have a recent psychiatric hospitalization, history of multiple psychiatric hospitalizations, a history of suicide attempts, have suicidal or homicidal potential, or who are court ordered to treatment.

PROCEDURE: When a client misses a scheduled appointment, follow-up will be initiated. The type of follow-up will be determined by the assigned clinician and may consist of a Center-approved letter, telephone call, personal visit or some combination. Follow-up letters must include the name of a clinician (either case manager or clinician whose appointment was missed) and a copy of the letter must be placed in the medical record. The follow-up letter must meet the standards of the Center-approved letter.

Immediate follow-up will be initiated on all clients who are defined as vulnerable through direct contact with the client or with the person identified in the client's medical record as their "Emergency Contact." All follow-up efforts should be thoroughly documented in the client's medical record.

When a client who is court ordered to treatment misses an appointment, the appropriate authority (e.g., Probate Court, probation/parole officer, Department of Social Services) should be notified of the missed appointment. Staff must also inform the appropriate authority of changes in status of a client, related to the court ordered treatment. No action that involves case closure should be taken until the appropriate authority has been notified and approved the actions through changes to the court order. Additional measures may be ordered by the court.

Depending on the client's response to the initial follow-up effort by telephone, letter, or visit, additional follow-up efforts may be necessary.

If the follow-up efforts reveal that the client is no longer in need of services at the Center and if the person is not under a current court order to receive services, the case will be staffed with the treating or substitute physician as appropriate. The staffing should address the status of the client's treatment and reason for closure of the record. If there are complicating factors, such as a history of violence, suicide attempts or non-compliance with treatment or if the person is a high user of inpatient facilities, the case should be presented to the Center's Clinical Review Committee prior to the record being closed. However, if there are no complicating factors present and the physician approves the recommendation to close the record the clinician may proceed with doing so, following Guidelines for Case Closure.

Clients admitted to the hospital will not be discharged from the Center during the first six months of hospital stay. Case Managers will maintain conjoint responsibility for discharge planning along with the hospital Social Worker and as outlined in the SCDMH Continuity of Care Manual. If it is determined that the client will remain in the hospital past six months, a decision may be made to close the case after staffing with the treating or a substitute physician.

Robert Bank, Executive Director

DISTRIBUTION: All Policy Manuals

COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY

DATE: 4-1-98 Revised 5/14/2013	CATEGORY: Clinical	NUMBER: 2-09-98

TITLE: **HOUSING POLICY**

POLICY: Center Case Managers will provide assistance, as needed, to consumers in securing safe, decent and affordable housing. Clients may also be referred to the Center's Care Coordination Program for assistance with obtaining housing

Also, it is the policy of the Center to collaborate with other governmental and private non-profit agencies, as funding is available, in the development of housing for consumers with serious and persistent mental illness.

Robert Bank, M.D., Executive Director

Distribution: All Policy Manuals

COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY

DATE: October 1, 1997 Reviewed: June 14, 2007 Revised May 24,2013	CATEGORY: Quality Assurance	NUMBER: 7-15-97

TITLE: Filing/Scanning of clinical documentation

POLICY: Clinical documentation must be entered or scanned in the individual client's medical record as soon as is practicable. Standards vary according to the type of documentation.

Clinical service notes must normally be documented or scanned into the electronic medical record within 5 working days of the delivery of the service

Laboratory reports must be reviewed by a program nurse or physician before they are filed in the medical record. This review must be performed within 24 working hours of the receipt of the laboratory results.

Other documentation will be filed within 96 working hours of receipt of the documentation. Discharge/Transition Summaries, Screening Forms, and other clinical documentation will be scanned into the client's medical record within 48 hours of completion. Time frames for completion of this documentation are outlined in the South Carolina Department of Mental Health service standards manual.

Documentation received but not belonging to an identified client of the mental health center will be filed in an "Information Only" folder and an information folder number will be established. If, at some future time, an individual is identified for whom documentation has been previously received, the information will be consolidated into the established medical record.

Robert Bank, M.D.
Executive Director

Distribution: All Staff

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COLUMBIA AREA MENTAL HEALTH CENTER

ORGANIZATIONAL POLICY

DATE: July 11, 2006	CATEGORY: Quality Assurance	NUMBER: 7-02-06

TITLE: Family Inclusion

PURPOSE: To insure appropriate involvement of each client's network of support.

POLICY: The Columbia Area Mental Health Center (CAMHC) recognizes that optimal client treatment requires an appropriate level of proactive inclusion of the client's network of support in the development, implementation and monitoring of the client's plan of treatment. The Center also recognizes that appropriate inclusion of the client's network of support can occur without compromising client confidentiality and right to privacy. The Center believes the appropriate level of involvement should be determined by the client with the assistance of his/her treatment team. The Columbia Area Mental Health Center is committed to client confidentiality and each client's right to privacy.

Procedures:

1. Each client and their identified network of support will receive a copy of the following documents during orientation to Center services:
   a. "CAMHC's Commitment to Family Inclusion" (a user friendly version of this policy)
   b. "What Families Want to Know and discuss - The Information Model" ,and
   c. "Information for Families when a Client is Hospitalized" (from the SCDMH Continuity of Care Manual)
2. CAMHC treatment professionals will discuss (with the client) and document who should be involved in the client's treatment, and to what extent. This information will be documented on the "Authorization to Disclose SCDMH Protected Health Information" form in the client's medical record.
3. CAMHC treatment professionals will document any individuals that the client does not provide authorization to release information to. This information will be documented on the "Authorization to Disclose SCDMH Protected Health Information" form in the client's medical record.
4. All CAMHC staff will participate in required trainings on Family Inclusion and the appropriate application of the SCDMH HIPAA Privacy Practice policy.
5. All CAMHC staff will receive and consider information about clients from a client's network of support regardless of whether the client has provided consent to release information.

Robert L. Bank, M.D., Executive Director

Distribution: Senior Managers; All policy manuals

COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY

DATE: November 1, 1997 Revised: August 27, 2002; Reviewed 2007	CATEGORY: Board	NUMBER: 8-12-97

TITLE: Designated Authority for Establishing Policies

POLICY: The designated authority for community mental health centers in the state of South Carolina is the community mental health center board. The board has responsibility for establishing policies for the operation of the mental health center.

The board reviews and approves policies and procedures with regard to input from the persons served, accessibility, outcomes, health and safety, legal requirements, human resources, cultural diversity, financial planning, and an ethical environment for the management and delivery of services. The board delegates development of the policies to management in accordance with procedures outlined in Center policy number 1-01-97 (Development, Review, Approval, and Distribution of Policies).

The board approves other policies and procedures as required by law and regulatory, funding or accrediting agencies.

The board delegates the development, review and approval of all other necessary operational policies and procedures to the management of the Mental Health Center through the Executive Director, in accordance with Center policy number 1-01-97 (Development, Review, Approval, and Distribution of Policies).

Policy Review: This policy will be reviewed on an annual basis.

Board Chair

Distribution: All policy manuals

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE STATE DIRECTOR OF MENTAL HEALTH DIRECTIVE NO. 902-11
3-250

TO: **All Employees**

SUBJECT: **Leave Policies**

THE FOLLOWING IS TO BE INTERPRETED CONSISTENT WITH SECTION 41-1-110, CODE OF LAWS OF SOUTH CAROLINA. NOTHING IN THIS DOCUMENT OR ANY SCDMH DIRECTIVE, EMPLOYEE HANDBOOK, MANUAL, POLICY, PROCEDURE, OR RELATED DOCUMENT CREATES AN EMPLOYMENT CONTRACT OR CONTRACTUAL RIGHTS OR ENTITLEMENTS. SCDMH RESERVES THE RIGHT TO REVISE THIS DOCUMENT AND ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR OTHER DOCUMENT. NO PROMISES OR ASSURANCES CONFLICTING WITH THIS STATEMENT CREATE AN EMPLOYMENT CONTRACT/

I. General Policies

This directive contains the revised leave regulations of the South Carolina Department of Mental Health. These policies apply to all employees of mental health facilities, including clinics, centers, and administrative areas.

Supervisors are required to administer the leave regulations consistent with the policies outlined herein. They will ensure that the leave regulations are strictly observed and deal promptly with violations and abuse. All supervisors are responsible for the duty status of employees under their supervision and they must notify their timekeepers on attendance of employees to ensure accurate recording of time and leave.

Applications for leave will be submitted to the appropriate supervisor on SCDMH Form P-14, Application For Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave. All supervisors will act on all requests except that applications for leave without pay in excess of five (5) work days for reasons other than illness must be submitted to the Facility, Center, or Division Director or his/her designee.

The granting of annual leave at any specific time is an administrative determination which should be based on the work requirements of the service concerned. It may not be possible at times to authorize annual leave; however, every reasonable effort should be made to allow

the employee the leave time of his/her choice. In cases where there are excessive numbers of applications in one service for the same vacation period, consideration will be given to seniority, family conditions (children in school or mandatory vacation period of another member of the family) or other conditions which will contribute to a reasonable decision.

II. Leave Accounting

Leave taken will be recorded on SCEIS, the on-line timekeeping system. Consistent with SCEIS policy leave taken will be submitted via the computer system to SCEIS where the leave records will be processed. At the middle of each month *(beginning of each pay period)*, the SCEIS system will display the current amount of accrued annual and sick leave for each employee in MY SC Employee.

III. Responsibilities

A. The supervisors are responsible for leave authorization within the prescribed regulations and will guard against violations and abuse. They will ensure that leave and attendance are recorded accurately on SCEIS, the on-line timekeeping system. The regulations will be applied on an equitable basis for all employees and supervisors will advise their employees concerning leave matters.

B. The South Carolina Department of Mental Health, Human Resource Services, is responsible for administering and interpreting leave policies.

C. The Internal Audit Office is responsible for auditing leave records.

This directive rescinds and supersedes South Carolina Department of Mental Health Directive No.834-02, "Leave Policies."

John H. Magill
State Director

December 5, 2011

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SECTION 1

ANNUAL LEAVE

I. Annual Leave

The 1972 Annual Leave Act, as revised, established a standard annual leave earning rate for state employees, except teaching personnel and officials of academic rank at state supported institutions of higher learning.

II. Definitions

For the purpose of this section, the following definitions apply:

A. Covered and Probationary Full-Time Employees: One who is scheduled to work one of the Department's official workweeks (but in no event less than 75 hours bi-weekly) and occupies a Full-Time Equivalent (FTE) position.

B. Covered and Probationary Half-Time Employees: One who is scheduled to work at least 40 hours bi-weekly and occupies a permanently established position.

C. Day: The total hours in a workday that an employee is regularly scheduled to work.

D. Year: The year begins with the first full pay period of the new calendar year.

III. Eligibility

Annual leave shall be accrued by and granted to:

A. Covered and probationary full-time employees

B. Covered and probationary half-time employees in accordance with the provisions of this directive.

IV. Annual Leave Record

A. An annual leave record shall be maintained in SCEIS for each employee which shall be subject to audit by the State Budget and Control Board's Office of Human Resources.

B. Employees shall be able to view their annual leave records in My SC Employee on the SCEIS on-line system.

V. Annual Leave Earnings

A. Covered and Probationary Full-Time Employees

Covered and probationary full-time employees shall earn annual leave from the date of employment at the rate of one and one-fourth (1 ¼) working days per month. In addition, full-time employees with state service of more than ten (10) years shall earn additional annual leave at the rate of one and one-fourth (1 ¼) working days for each year of continuous state service in excess of ten years. The maximum number of days of annual leave that may be earned in any one calendar year shall not exceed thirty (30) days. The accrual rate is as follows:

Years of Service	Days Earned Per Year
1 - 10	15.00
11	16.25
12	17.50
13	18.75
14	20.00
15	21.25
16	22.50
17	23.75
18	25.00
19	26.25
20	27.50
21	28.75
22 or more	30.00

B. Covered and Probationary Part-Time (at least half time) Employees

Covered and probationary part-time employees shall earn annual leave from the date of employment on a pro-rated basis that produces the equivalent earnings of full-time employees. Example: An employee who works forty (40) hours bi-weekly would be entitled to earn five (5) hours of annual leave per month for the first ten (10) years of state service.

C. Covered Part-Time (less than half-time) Employees

Covered part-time (employees who work less than half the regular full-time work schedule) shall not be entitled to accrue annual leave. However, employees who were earning annual leave and whose work hours changed to less than half-time will be allowed to retain their leave and use it until it has been depleted.

D. Accrual

An employee will be credited with full accrual rate when in a pay status for at least one-half the regularly scheduled workdays of the month. If the employee is in pay status less than one-half of the workdays, the employee will not earn any annual leave.

VI. Maximum Accumulation

Employees shall be permitted to carryover from one calendar year to the next any unused annual leave up to a total accumulation of forty-five (45) workdays, except that, employees of an agency which provided for maximum accumulation in excess of forty-five (45) workdays as of June 2, 1972, shall not forfeit the excess, but shall retain excess leave which shall be the maximum amount the employee may carryover into future years. If the employee subsequently reduces that amount of such leave carried over, the reduced amount, if in excess of forty-five (45) workdays, shall become the employee's maximum carryover into future years. If the employee further reduces the amount of such leave carried over to forty-five (45) workdays or less, forty-five (45) workdays shall become the maximum amount of unused annual leave the employee may thereafter carryover. During the calendar year, an employee may earn annual leave in excess of the forty-five (45) workdays; however, the employee may only carryover forty-five (45) workdays to the next calendar year.

VII. Maximum Days Used Per Year

The maximum number of accumulated working days of annual leave that may be used in any one calendar year shall not exceed thirty (30) days. Should an employee be charged annual leave in excess of thirty (30) days for the calendar year, the annual leave in excess of thirty (30) days shall be charged to leave without pay. It is the employee's responsibility to keep up with the annual leave that he/she has used.

Exception: The thirty (30) working day maximum of annual leave that may be used in one calendar year may be exceeded for emergencies or serious health conditions of the employee or the employee's immediate family and other Family Medical Leave Act (FMLA) qualifying reasons. (See Section 8; paragraph II, for FMLA qualifying reasons.) Immediate family is defined as the employee's spouse, children, and the following relationships to the employee or the spouse of the employee: mother, father, brother, sister, grandparent, legal guardian, and grandchild. An employee who has used all available sick leave and thirty days of annual leave may, with the approval of the State Director of Mental Health, or his designee, use any remaining

annual leave credit he/she may have. Denial of the use of annual leave as provided herein will be grounds for review by the State Human Resources

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Director upon request of the employee.

VIII. Requests for Annual Leave

Requests for annual leave must be made in advance. Exceptions may be made in emergency situations where circumstances prevent advance applications. An employee who is unable to make an advance request will be responsible for notifying his/her supervisor, or the supervisor's designee, of his/her absence and the reason for the absence as soon as possible, and in no case later than the beginning of the assigned tour of duty. If the leave is approved, the employee will immediately submit upon return to work an application for leave for formal confirmation. If the annual leave is not approved, the absence will be charged to leave without pay. It is mandatory that the employee make written application for annual leave on SCDMH Form P-14, Application for Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave for periods of fifteen (15) minutes or more. In services where shift coverage is a factor, written applications for leave should be submitted at least twenty-four (24) hours in advance.

In situations where the employee has received verbal approval for annual leave, the annual leave may be subsequently denied if the employee does not submit the written request for leave within a timely manner and in no case later than two weeks from the date when the leave was taken.

To ensure an accurate accounting of leave balances before an employee's termination date, the granting of annual leave during the employee's last pay period with SCDMH is discouraged.

IX. Minimum Charge

The minimum charge for annual leave shall be fifteen (15) minutes. Unauthorized absences such as tardiness, etc., should be charged as leave without pay. If an employee is absent for tardiness, etc., for a period of less than seven and one half (7 ½) minutes, the employee will not be charged leave without pay, but may be subject to disciplinary action for such tardiness. For periods of more than seven and one half (7 ½) minutes, but not more than fifteen (15) minutes, the employee will be charged for fifteen (15) minutes of leave without pay.

X. Holiday During Leave

When a legal holiday falls during a period of annual leave, that day will not be counted as an annual leave day.

XI. Credited Service

Employees on a five-day per workweek schedule with State service time of more than ten (10) years shall earn a bonus of one and one quarter (1 ¼) workdays of annual leave for each year of service over ten (10) years. The maximum number of days of annual leave that may be earned in any one calendar year shall not exceed thirty (30) days. In addition, all service as a certified employee in a permanent position of a school district of this State must be used to calculate the leave accrual date. The annual leave earnings based upon State service time of over ten (10) years shall be granted to employees on a calendar year basis beginning the month after their leave accrual date.

XII. Employees On Leave Without Pay

An employee who is granted leave without pay shall have his/her state hire date advanced one calendar day for each calendar day on such leave, beginning with the first work day after expiration of thirty (30) consecutive workdays. (Exception: If an employee is approved to furlough for not more than ninety (90) days, the employee's state hire date will not be adjusted.

XIII. Break-In-Service

An employee experiences a break-in-service under the following circumstances:

A. When transferring from one state agency to another, an employee does not report to work with the gaining agency within fifteen (15) calendar days following the last day for which the employee was paid by the losing agency.

B. When transferring from a permanent position to a temporary grants position.

C. By separation from State service and subsequent re-employment regardless of lapse of time. An employee is considered to have terminated from State service (as opposed to an interagency transfer) if he/she is paid for unused annual leave.

D. By remaining in leave without pay status for a period of more than one (1) calendar year.

Exceptions: An employee in leave without pay status for more than one (1) calendar year shall not experience a break-in-service if:

1. The employee is on extended disability leave with or without pay beyond 365 days that has been extended by the Agency Head's

approval.

2. The employee is on a military leave with re-employment rights protected under Federal and/or State law.

3. The employee is participating in the Government Employees Interchange Program.

4. In the event a disciplinary act such as suspension or dismissal is set aside or the employee is re-employed as may be directed by a subsequent decision of a grievance hearing, the period in which the employee is not on the agency's payroll shall not be considered as break-in-service.

XIV. Disposition of Annual Leave

A. Organizational or Facility Reassignment

When an employee is reassigned from one facility/center or division of the department to another, accumulated leave shall be transferred with the employee.

Covered employees who are reassigned from one full-time position to another shall be entitled to receive credit for the total amount of accrued annual leave days.

Covered full-time employees who are reassigned to a position of half-time or more shall be entitled to receive credit for the total amount of accrued annual leave. However, the employee may not accumulate in excess of the pro-rated share of annual leave after the effective date of the reassignment. If the total amount of accumulated annual leave is in excess of the pro-rated share at the time of reassignment, annual leave taken will be deducted from the total until the total is reduced to the pro-rated share, or less, after which the employee shall accumulate annual leave but not to exceed the maximum pro-rated share allowed.

Covered full-time or half time employees who are reassigned to part-time positions (less than half-time) shall be entitled to receive credit for the total amount of accrued annual leave. After the effective date of the reassignment, part-time personnel shall not accrue additional annual leave.

Annual leave taken will be deducted from the total amount of accrued annual leave at the time of reassignment until the leave has been used. When an employee's position status changes from permanent to non-permanent, the employee shall be paid for all accrued annual leave and forfeit all sick leave.

B. Agency Transfer

Upon transfer of an employee without a break-in-service from one State agency to another, all accumulated annual leave shall be transferred with the employee from the losing agency to the gaining agency. The employee who is transferring should request that the losing agency notify the gaining agency of the amount of annual leave the employee has accrued. The computation of annual leave to be transferred shall be based on "days" accumulated due to the fact that work hours may vary from agency to agency. In the new position the employee will continue to earn, be credited with, and eligible to use annual leave. (Exception: When an employee transfers from a position in which he earns both annual and sick leave to a teaching position or a position of academic rank at a State-supported institution of higher learning, the employee shall be paid from accrued annual leave credits.)

C. Termination of Employment

Upon termination from employment, a lump sum payment will be made for unused annual leave, not to exceed forty-five (45) days. Upon the death of an employee while in active service, the estate of the deceased employee shall be entitled to a lump sum payment not to exceed forty-five (45) days.

SECTION 2

SICK LEAVE

I. Sick Leave

The June 28, 1974, Sick Leave Act for State employees established a standard sick leave earning rate that shall apply to all state employees occupying Full-Time Equivalent (FTE) positions in accordance with the following guidelines:

II. Definitions

A. Covered and Probationary Full-Time Employee: One who is scheduled to work one of the Department's official workweeks (but in no event less than seventy-five (75) hours bi-weekly) and occupies a FTE position.

B. Covered and Probationary Half-Time Employee: One who is scheduled to work at least forty (40) hours bi-weekly and occupies a permanently established position.

C. Covered and Probationary Part-Time Employee: One who is scheduled to work less than forty (40) hours bi-weekly.

D. Day: The total hours in a workday that an employee is regularly scheduled to work.

E. Year: The year begins with the first full pay period of the new calendar year.

III. Eligibility

Sick leave shall be accrued by and granted to:

A. Covered and probationary full-time employees

B. Covered and probationary half-time employees in accordance with the provisions of this directive.

IV. Sick Leave Record

A sick leave record shall be maintained in SCEIS for each employee which shall be subject to audit by the State Budget and Control Board.

V. Sick Leave Earnings

A. Covered and Probationary Full-Time Employees

Covered and probationary full-time employees shall earn sick leave from the date of employment at the rate of one and one-fourth (1¼) working days per month or

fifteen (15) working days per year.

B. Covered and Probationary Half-Time Employees

Covered and probationary half-time employees shall earn sick leave from the date of employment on a pro-rated basis that produces the equivalent earnings of full-time employees. Example: An employee working forty (40) hours bi-weekly would earn one half (1/2) the annual leave an employee working eighty (80) hours bi-weekly would earn.

C. Covered and Probationary Part-Time Employees

Covered and probationary part-time employees who work less than forty (40) hours bi-weekly shall not be entitled to accrue sick leave. However, employees who have previously earned sick leave and whose work hours have changed to less than forty (40) hours bi-weekly will not continue to accrue sick leave, but will be allowed to retain and carry over from one calendar year to the next up to a maximum of one hundred eighty (180) days of sick leave and use it until it has been depleted.

D. Accrual

An employee will be credited with the full accrual rate when in pay status for at least one-half (½) of the working days of the month. If an employee is charged with leave without pay in excess of one-half (½) of the work days of the month, no sick leave will accrue.

E. Additional Sick Leave Earnings

In addition to sick leave earnings that may be credited as provided under this section, the State Director of Mental Health, or his designee may, in extenuating circumstances and only after the employee has exhausted all other paid leave, advance up to fifteen (15) days of additional sick leave, where there is documentation of assurance from a health care provider that the employee will be expected to return to active duty, within that period of time. Upon return to active duty, the employee will have all sick leave credits applied to the leave deficit at the rate of one and one-fourth (1 ¼) days per month until the deficit has been erased. If an employee

separates from employment before satisfying the leave deficit and returns to state employment, the leave deficit will need to be satisfied upon reemployment. Where no competent medical prognosis is available and an approximate date of return to active duty cannot be ascertained, the employee should be placed in leave without pay status.

VI. Maximum Accrual and Carry Over

Covered/probationary full-time and covered/probationary half-time employees shall be permitted to accrue up to one hundred ninety-five (195) days of sick leave, and carry over from one calendar year to the next any unused sick leave up to a total maximum carry over of one hundred eighty (180) days. The beginning of the first full pay period in the calendar year shall be the date that sick leave is reduced to this one hundred eighty (180) day maximum carry over.

VII. Granting of Sick Leave

Employees are eligible to use sick leave for the following reasons: (Note: Leave taken under this section may qualify as Family Medical Leave [FMLA] and, if so, will run concurrently. See Section 8, paragraph V.C.)

A. When incapacitated for duty by sickness or injury.

B. Upon exposure to a contagious disease which may endanger the health of others at the workplace. A physician must determine whether the employee should remain off duty and the length of such absence.

C. For medical, dental or optical examinations or treatment by licensed physicians or other recognized practitioners. This includes the fitting of glasses and prosthetic devices and treatment for mental illness, alcoholism, and drug addiction.

D. Sickness during pregnancy or other temporary disabilities. To the extent permissible, the date on which sick leave for disability is to begin shall be at the request of the employee based on determination and advice of a physician that the employee is physically incapable of performing normal duties or that continuing to perform normal duties would be hazardous to the health of the employee.

E. Employees earning sick leave as provided in this section may use not more than ten (10) days of sick leave annually to care for ill members of their immediate families. For the purpose of this paragraph, "immediate family" means the

employee's spouse and children and the following relations to the employee or the employee's spouse: mother, father, brother, sister, grandparent, legal guardian, and grandchildren.

F. An adoptive parent, who is primarily responsible for furnishing the care and nurture of the child, is entitled to use up to six (6) weeks of earned sick leave for the purpose of caring for the child after placement.

G. In situations where the employee has received verbal approval for sick leave, the sick leave may be subsequently denied if the employee does not submit the written request for leave within a timely manner and in no case later than two weeks from the date when the leave was taken.

H. To ensure an accurate accounting of leave balances before an employee's termination date, the granting of sick leave during the employee's last pay period with SCDMH is discouraged.

VIII. Substitution of Sick Leave

When illness occurs during a period of annual leave, accrued sick leave may be substituted to cover the period of illness provided it is reported promptly. Application for substitution of sick leave for annual leave must be supported by certification from a licensed physician or other evidence administratively acceptable.

IX. Notification of Illness

When an employee is incapacitated for duty because of illness, he/she must notify the immediate supervisor as soon as possible, and in no case any later than the beginning of the tour of duty on the first day of absence, and each subsequent day of absence, unless the inclusive dates of the entire period of absence have been established by a physician's statement or other acceptable documentation on the first day of absence. In this case, the employee may report the entire period of absence on the first day without making further calls. It is the employee's responsibility to make his/her own call to the supervisor, except in cases of emergency. In case of emergency, arrangements should be made to have someone notify the supervisor on behalf of the employee. Failure to give notice of the emergency within the first two (2) hours may result in the absence being charged to leave without pay. In case of emergency, arrangements should be made to have someone notify the supervisor on behalf of the employee. Failure to give notice of the emergency within the first two (2) hours may result in the absence being charged to leave without pay.

X. Application for Sick Leave

A. Immediately upon return to work, the employee should complete a SCDMH Form P-14, Application For Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave.

B. Absences of three (3) or more consecutive work days must be supported by a medical

certificate of a licensed physician or other recognized practitioner. Whenever the employee is unable to obtain a medical certificate, or if the circumstances of the employee's illness do not require the services of a physician, the employee must submit a signed statement indicating the nature of the illness and the reason why a medical certification is not furnished. The supervisor shall determine whether the statement constitutes sufficient information to support the application for sick leave. If the employee fails to submit an application, or if there is insufficient information to support the application for sick leave, the absence shall be charged to annual leave or leave without pay.

C. All sick leave for periods of fifteen (15) minutes or more must be requested and approved in writing, using SCDMH Form P-14, Application For Leave. Where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave.

D. In individual cases when there is reason to believe that sick leave is being abused, the supervisor should inform the employee in writing that because a question has arisen concerning the use of sick leave, a medical certificate will be required for each future application for sick leave until further notice. If medical evidence is not submitted with each future application the time shall be charged to leave without pay. It is recommended that the initial period of time that an employee is required to provide medical evidence should not exceed six (6) months. If the pattern of sick leave use has not improved during this period, the supervisor may continue the requirement of medical documentation.

E. When an employee is scheduled in advance for surgery and/or appointments with physicians, dentists, optometrists, or other recognized practitioners, he/she should notify the supervisor and apply for sick leave in advance in order that necessary adjustments may be made in the work schedule.

XI. Minimum Charge

The minimum charge for sick leave shall be fifteen (15) minutes.

XII. Holiday During Sick Leave

When a holiday falls during a period of sick leave, that day will not be counted as a sick leave day.

XIII. Disposition of Sick Leave

A. Organizational Reassignment

When an employee is reassigned from one facility/center or division to another, accumulated sick leave days will be transferred with the employee.

B. Position Reassignment

Covered employees who are reassigned from one full-time position to another shall be entitled to receive credit for the total amount of accrued sick leave days.

Covered full-time employees who are reassigned to a position of half-time or more shall be entitled to receive credit for the total amount of accrued sick leave.

Covered full-time or half-time employees who are reassigned to part-time positions (less than half-time) shall be entitled to receive credit for the total amount of accrued sick leave. After the effective date of the reassignment, they will no longer be eligible to earn sick leave. However, they will be able to use the sick leave they previously earned. Sick leave taken will be deducted from the total amount of accrued sick leave at the time of reassignment until the leave has been used.

When an employee's position status changes from covered to non-covered (temporary, temporary grant, etc.), that employee will forfeit all accrued sick leave.

C. Transfer Between Departments or Agencies of State Government and School Districts of South Carolina

1. Employees who transfer without a break-in-service from one state agency to another shall transfer their accumulated sick leave up to the maximum amount accrued adjusted to the scheduled workweek of the gaining agency.

2. A SCDMH employee who transfers to a school district of this State or a school district employee who transfers to the Department will be permitted to retain all sick leave he/she accumulated at his/her former employer for use at the new employer regardless of the employee's status at the new employer.

3. Any employee of a school district transferring to a state agency or any employee of the Department transferring to a school district of the State after June 28, 1984, may have up to sixty (60) days of sick leave restored which were lost as a result of the transfer. This may not pertain to all school districts.

XIV. Leave Without Pay for Disability (Employee Only)

For any extended period of certified disability due to illness, injury or maternity, exceeding the amount of accrued sick leave, the employee may apply for extended disability leave

which shall not exceed one hundred eighty (180) calendar days. The written request for leave without pay shall specify the inclusive dates of the disability. The request shall not be denied for bona fide illness or disability for employees in permanently established positions. The leave without pay shall be granted with reinstatement privileges to the same position or one of comparable band for which the employee is qualified. The center/facility or division shall require a physician's certificate or other acceptable documentation verifying the disability and giving the projected inclusive dates of disability prior to approval. Dates set forth in the physician's certificate can be amended by the physician. The center/facility or division may require additional documentation from the physician issuing the certificate or may secure additional medical opinions from other physicians. As long as the disability is certified by a physician or other acceptable documentation, the amount of leave authorized shall not exceed one hundred eighty (180) calendar days; otherwise, the employee shall forfeit reinstatement privileges and be separated from service.

In extenuating circumstances, two (2) extensions are available:

A. The State Director of Mental Health, or his designee, may extend the period of leave to a total of three hundred sixty-five (365) calendar days without a break in service, provided the health care provider certifies the employee's return within this time period of the requested extension; and

B. The State Director of Mental Health, or his designee, may extend the disability beyond the three hundred sixty-five (365) days without a break in service provided the health care provider certifies the employee will be able to return to work within the time frame of the requested extension.

The employee shall have the option of using or retaining accrued annual leave prior going into a leave without pay status. The employee shall use all sick leave before going into leave without pay status. In Workers' Compensation cases, it is optional with the employee as to exhausting all sick leave credits before going on leave without pay and not discretionary with the State Director of Mental Health.

Additional covered employees shall not be hired to replace employees on sick leave or leave without pay for extended periods of disability due to illness, injury or maternity. Temporary employees may be hired for limited periods of time to provide coverage during the absences of covered employees on extended leave.

XV. Administrative Leave For Disability

Employees in full-time equivalent (FTE) positions, who are physically attacked while in the performance of official duties and suffer bodily harm as a result, must be placed on administrative leave with pay rather than sick leave. The period of the administrative leave

per incident may not exceed one hundred eighty (180) calendar days.

Denial of administrative leave is subject for review by the State Office of Human Resources upon request by the employee.

XVI. Performance of Duties While Injured

An injured employee who is unable to perform his/her duties may be reassigned to temporary light duty, provided such reassignment is approved by a physician.

The first general principle should be that the employee's limitations are expected to be temporary, such that the employee's physician will state that it is likely that the employee will again be able to perform the essential duties of his/her position.

The second general principle should be that temporary light duty is offered only if it is in the department's interest either because it allows the Department to gain some meaningful services from the employee during the healing process or because it appears it will assist the employee in resuming his/her full duties more rapidly.

Guidelines:

A. Light duty shall generally be utilized upon the recommendation of the employee's physician or other recognized health care provider.

B. Light duty shall be time limited to coincide with the employee's projected date of return to full-duty, or to coincide with re-evaluation of the employee's ability to resume full duties. Consideration should be given to having a general cap (this should be a reasonable time frame based upon the type of disability which normally would not exceed a six month period) by which time the employee is expected to be able to resume their regular duties.

C. An offer of light duty shall be in writing to the employee, stating the purpose and duration, and expressly advising the employee that it is temporary in nature to assist him/her in resuming their full-time duties.

D. In the event that it appears, at any time, that the employee will not be able to resume performing the essential functions of the job, temporary light duty should be discontinued. It must then be determined whether reasonable accommodation can be made for the employee.

If the employee refuses to accept a suitable reassignment, he/she shall be subject to disciplinary action up to and including termination.

XVII. Workers' Compensation

In the event of an injury arising out of and in the course of employment with the Department, which is covered under Workers' Compensation, an employee shall make an election to receive compensation under one of the following methods:

A. To be placed in paid status using accrued sick and/or annual leave. If such leave credits are exhausted before the employee can return to work, the employee shall be entitled to Workers' Compensation disability benefits;

B. To use Workers' Compensation benefits awarded in accordance with Title 42 of the South Carolina Code of Laws, 1976, as amended;

C. To use sick and/or annual leave on a prorated basis in conjunction with Workers' Compensation according to the formula provided by the Budget and Control Board.

Before the election is made, the supervisor or facility/center or division personnel representative must explain each available option to the employee and the effect on the employee's future leave. The election of the employee is irrevocable as to each individual incident.

All lost time due to an injury on the job must be reported to the Departmental Workers' Compensation Coordinator by the employee's supervisor. The Workers' Compensation Coordinator is located in the Department's Human Resource Services Office.

XVIII. Fitness for Duty

Employees must report and remain "fit for duty" (able to perform their job duties in a

safe, secure, productive, and effective manner) during their entire time on duty. Employees must notify their supervisors when they are not fit for duty.

If at any time a supervisor has reason to believe that a supervisee is not fit for duty, the supervisor must document the specific reason(s) and facts supporting that belief and take appropriate action. Supervisor documentation must include, as applicable, statements from other employees or witnesses and the supervisor's own observation noting the supervisee's observable behavior, impairment, difficulty in performing job duties or other circumstances causing the supervisor's concern. Observations indicating that an employee may not be fit for duty include: difficulties with dexterity, coordination, concentration, memory, alertness, vision, speech; inappropriate interactions with coworkers or supervisors; inappropriate reactions to directions or criticism; disruptive,

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suicidal or threatening statements or behavior.

Supervisors who have reason to believe that a supervisee is not fit for duty may require that the employee leave the workplace. Supervisors may also require, as a condition of returning to work, that the supervisee provide a written Fitness for Duty Evaluation by a physician or other DMH approved healthcare provider which addresses the supervisee's observed workplace behavior and/or medical, mental or other condition, and essential job duties. If applicable, an employee may also be required to submit to alcohol and drug testing in accord with Employee Drug Testing Program.

Supervisors may require that a supervisee returning to duty from any medical or other leave provide a written Certification of Fitness for Duty from their physician or other DMH approved healthcare provider, and if applicable, a DMH approved physician. The Certification of Fitness for Duty must indicate that the provider has considered the employee's documented workplace behavior or condition, the employee's essential job duties and the employee's fitness for duty to return to work and perform all of the essential job duties. If applicable, the Certification of Fitness for Duty should address any requested restriction or accommodation related to the employee's essential job duties including timelines and, if applicable, any threat to the workplace. Copies of applicable documents for the evaluation and Certification for Fitness for Duty and release and/or authorization to disclose information to DMH, are available through DMH HRS Employee Relations and on-line on the HRS intranet site.

Based on the circumstances, employees may be approved for up to two weeks of sick leave. If the employee does not have available sick leave, the employee may use annual leave or leave without pay.

Employees must cooperate fully with SCDMH supervisors and applicable healthcare providers, sign applicable consent, release and/or authorization forms for disclosure of the Fitness for Duty Evaluation and Certification, alcohol and/or drug test if deemed necessary, to be provided to DMH or local HRS, applicable DMH or local Medical

Officer and the employees' supervisor. Refusal to cooperate in the above procedure may be considered insubordination and/or other applicable misconduct and may result in disciplinary action.

DMH may require additional information, including an evaluation by a DMH approved healthcare provider (at DMH expense) related to an employees' Fitness for Duty, including an assessment of the need for any employee requested restriction or accommodation. DMH may also require a re-entry conference with the employee, supervisor, HRS representative, medical review officer, and medical provider. This consultation may include return to duty conditions including any requested restriction or accommodation of job duties including timelines, and any hazard to the workplace.

The Certification of Fitness for Duty and related medical documents (including copies) containing the employee's Protected Health Information will be kept separate and apart

from the employee's official employment record and will otherwise not be disclosed except as may be permitted by applicable law.

XIX. Break-In-Service

When an employee experiences a break-in-service, all sick leave credits are forfeited and may not be reinstated. An employee experiences a break-in-service under the following circumstances:

A. When, in transferring from one State agency to another, an employee does not report to work with the gaining agency within fifteen (15) calendar days following the last day worked or approved day of leave at the losing agency. Under certain circumstances the State Director may request an extension of the fifteen (15) calendar days up to but not in excess of six (6) months for an employee in a full-time equivalent (FTE) position to be employed in another FTE position within State government without having a break in service. Such requests require approval by the State Human Resources Director. The request must be made prior to the employee receiving a lump sum payment for unused annual leave and within fifteen (15) days of the last day the employee is in pay status.

B. By remaining in leave without pay status for a period of more than one (1) year (see Exceptions);

C. If, following a reduction in force, the employee is not recalled within twelve (12) months of the effective date of the layoff;

D. By separation from State service and subsequent reemployment regardless of time, if the employee received a lump sum payment for accrued annual leave, except in the following situations: (1) the employee is separated from a position in which he/she

earned both sick and annual leave and who, within fifteen (15) calendar days of separation is appointed to a position in which he/she earns only sick leave; and (2) the covered employee is separated due to a reduction in force and within twelve (12) months for the date of separation, is appointed to a permanent position by any State agency.

EXCEPTIONS:
An employee in leave without pay status for more than one calendar year shall not experience a break-in-service if:

A. The employee is on a military tour of duty with reemployment rights under Federal and/or State Law;

B. The employee is participating in the Government Employee Interchange Program;

C. The employee is on disability leave without pay that has been extended by the Budget
and Control Board Office of Human Resources, upon the request of the State Director of Mental Health, or his designee;

D. In the event a disciplinary action, such as suspension or dismissal, is set aside or the employee is reinstated as may be directed by a subsequent decision of a grievance conference, the period in which the employee is not on the agency's payroll shall not be considered as a break-in-service;

E. The employee is a teacher or official of academic rank at a State-supported institution of higher learning on sabbatical leave.

XX. Termination of Employment

A. Upon termination from employment with the State (other than retirement), employees shall forfeit all accumulated sick leave credit, except employees transferring to a school district of this State.

B. At retirement, after March 31, 1991, an employee shall receive credit for not more than ninety (90) days of unused sick leave at no cost to the employee. The leave must be credited at a rate where twenty (20) days of unused sick leave equals one month of service. This additional service credit may not be used to qualify for retirement.

SECTION 3

LEAVE TRANSFER PROGRAM

I. Leave Donation

A. Employees may voluntarily transfer sick and/or annual leave into the Departmental leave pools, sick or annual, as appropriate, from which other employees with personal emergency circumstances resulting in a substantial loss of income due to the unavailability of paid leave may draw.

B. An employee may donate no more than one-half (1/2) of the annual or sick leave he/she earns within a calendar year to the appropriate leave pool for that calendar

year.

C. An employee with less than fifteen (15) days of sick leave in his/her sick leave account may not transfer any sick leave to the leave pool, and an employee with more than fifteen (15) days of sick leave in his/her sick leave account may transfer sick leave to the pool if he/she retains a minimum of fifteen (15) days in his/her own sick leave account.

D. Employees wishing to donate sick and/or annual leave may do so by completing SCDMH Form HRS-166, Leave Donation Request.

E. Once leave of an employee has been transferred to the Departmental leave pools, it may not be restored or returned to the leave donor.

II. Minimum Criteria for Requesting Leave

A. The requesting employee must be eligible to accrue sick and/or annual leave to qualify as a recipient of transferred leave.

B. The requesting employee must have experienced a personal emergency, which means a medical or family emergency, or other hardship situation that is likely to require an employee's absence from duty for a prolonged period of time and result in substantial loss of income to the employee because of the unavailability of paid leave.

C. A personal emergency is limited to catastrophic and debilitating medical situations, severely complicated disabilities and severe accident cases, each of which would require a prolonged period of recuperation. Routine disabilities or disabilities resulting from elective surgery do not qualify for leave transfers.

D. An employee must have been on leave without pay for at least thirty (30) working days or documentation must certify a medical emergency will result in an employee being on leave without pay for that length of time.

E. Employees who become eligible for other paid benefits for periods of absence from work will generally not be considered eligible for the leave transfer. Examples of other paid benefits include, but are not limited to: Workers' Compensation, Long-Term Disability, and Disability Retirement Benefits.

F. An employee who is within thirty (30) days of eligibility for Long-Term Disability Insurance or Disability Retirement and who has exhausted a substantial balance of accrued leave due to the prolonged personal emergency shall be eligible for consideration when requesting approval for less than the thirty (30) day minimum requirements for leave transfer.

G. An employee must have used all earned sick and/or annual leave, as appropriate, prior to using approved transferred leave.

III. Leave Request

Employees experiencing a personal emergency may request sick or annual leave from the appropriate Departmental leave pool by completing the recipient's (requestor's) portion of the SCDMH Form P-167, Recipient Leave Request. While there is no limit to the number of separate requests, each request shall be limited to no more than thirty (30) working days.

IV. Leave Approval

A. Upon receipt of a completed SCDMH Form HRS-167, Recipient Leave Request, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave. The Center/Facility Director or Division Deputy Director or his/her designee will, after reviewing all necessary information and certifying that the facility/center or division has sufficient funds to pay for the requested leave, forward his/her recommendation to the State Director of Mental Health for necessary action.

If sufficient funds are not available to pay for the requested leave, the SCDMH Form HRS -167 will be denied and returned to the requestor.

B. The State Director of Mental Health, or his designee, may, upon receiving a

completed request, review all necessary information and approve employees from within the Department to participate in the leave transfer program. Unless the personal emergency involves a medical condition affecting the leave recipient, the Department may consider the likely impact on morale and efficiency within the Department in approving a leave recipient to use transferred leave.

V. Use of Annual or Sick Leave

A. When the selection of a leave recipient has been approved by the State Director, or his designee, all or any portion of the annual leave transfer pool will be transferred to the annual leave account of the recipient, and all or any portion of the sick leave transfer pool will be transferred to the sick leave account of the recipient.

B. Upon approval of a request, an employee may use annual or sick leave from the appropriate pool account in the same manner and for the same purposes as if the employee has accrued the leave in the manner provided by law.

C. Annual or sick leave transferred under this program may be substituted retroactively for periods of leave without pay, or used to liquidate indebtedness for advanced sick leave.

D. Annual or sick leave that accrues to the account of the leave recipient must be used before using any leave from a leave transfer pool.

VI. Termination of Leave Before Being Exhausted By Recipient

A. The personal emergency affecting a leave recipient terminates when it is determined that the personal emergency no longer exists. A leave recipient shall not be permitted to receive or use transferred annual or sick leave from a pool account after the personal emergency ceases to exist. Any unused transferred annual or sick leave is to be restored to the appropriate leave pool account.

B. Transferred annual or sick leave from a pool account remaining to the credit of a leave recipient when the leave recipient's employment terminates must be restored to the appropriate leave pool account. When employment terminates, transferred leave from a pool account may not be transferred to another employee, included in a lump-sum payment for accrued leave, or included in the leave recipient's total service for retirement computation purposes.

VII. Leave Restoration

Any unused annual or sick leave referred to in paragraph VI. A. and VI. B. above as leave to

be restored, is to be returned by the Center/Facility Director or Division Deputy Director or his/her designee completing SCDMH Form HRS-165, Leave Restoration, and submitting it to SCDMH, Human Resource Services.

VIII. Responsibilities

A. Employees are responsible for completing and submitting SCDMH Form HRS-166, "Leave Donation Request," and completing the recipient's portion and submitting SCDMH Form HRS-167, Recipient Leave Request, to the Center/Facility Director or Division Deputy Director, or his/her designee.

B. The Center/Facility Director or Division Deputy Director, or his/her designee, is responsible for reviewing all SCDMH Forms HRS-166, Leave Donation Request, for completeness and accuracy. Completed Forms HRS-166 will be forwarded to

SCDMH, Human Resource Services. The Center/Facility Director, Division Deputy Director, or his/her designee, is responsible for reviewing the recipient's portion of all SCDMH Forms HRS-167, Recipient Leave Request, for completeness and accuracy before making their recommendation and submitting the request to the State Director of Mental Health.

The Center/Facility Director, Division Deputy Director, or his/her designee, shall monitor the status of personal emergencies to ensure that leave recipients are not permitted to receive or use transferred annual or sick leave from a pool account after a personal emergency ceases to exist.

C. SCDMH Human Resource Services is responsible for administering and interpreting leave transfer policies, and for processing leave transfer computations and preparation of required reports and records associated therewith.

D. SCDMH Financial Services is responsible for recording and reporting leave that is transferred.

E. SCDMH Internal Audit is responsible for auditing leave transfer records.

SECTION 4

MILITARY LEAVE

I. **Short Term Leave for Training or Other Duties – National Guard and Reserve Armed Forces (Short Term)**

A. Under the provisions of Section 8-7-90, Code of Laws of South Carolina, 1976, as amended, military leave for training or other duties is authorized as follows:

"All officers and employees of this State or political subdivision of this State who are either enlisted or commissioned members of the South Carolina National Guard, the United States Army Reserve, the United States Air Force Reserve, the United States Naval Reserve, the United States Marine Corps Reserve, or the United States Coast Guard Reserve are entitled to leaves of absence from their respective duties without loss of pay, time or efficiency rating for one or more periods not exceeding an aggregate of fifteen regularly scheduled work days in any one year during which they

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may engage in training or any other duties ordered by the Governor, the Department of Defense, the Department of the Army, the Department of the Air Force, the Department of the Navy, the Department of the Treasury, or any other department or agency of the government of the United States having authority to issue lawful orders requiring military service. Saturdays, Sundays, and state holidays may not be included in the fifteen-day aggregate unless the particular Saturday, Sunday, or holiday to be included is a regularly scheduled work day for the officer or employee involved. In the event any such person is called upon to serve during an emergency he is entitled to such leave of absence for a period not exceeding thirty additional days."

B. As used in this section, "in any one year" means either a calendar year or, in the case of members required to perform active duty for training or other duties within or on a fiscal year basis, the fiscal year of the National Guard or reserve component issuing the orders.

C. The provision of this section must be construed liberally to encourage and allow full participation in all aspects of the National Guard and reserve programs of the armed forces of the United States, and to allow state officers and employees who are enlisted or commissioned members of the National Guard or reserve to excel in military and emergency preparedness and service by taking full advantage of all career-enhancing assignments and training opportunities.

D. Military leave for training or other duties in excess of fifteen (15) days in each year

shall be charged against accrued annual leave or leave without pay, whichever the employee elects.

II. Emergency Military Leave

A. Military leave for emergency purposes shall be granted not to exceed thirty (30) days per year, in addition to the regular fifteen (15) days per year provided for military training. Emergency military leave will only be granted if a state of emergency is declared and the employee must be under military orders from the Governor or the respective armed service.

B. Emergency military leave in excess of thirty (30) days in each year shall be charged against accrued annual leave or leave without pay, whichever the employee elects.

C. The Center/Facility Director, Division Deputy Director, or his/her designee, will verify periods of military leave for emergency purposes with the appropriate military authorities.

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III. Application

A. Application for military leave must be submitted to the appropriate supervisor, in advance, on SCDMH Form P-14 and supported by a copy of the military orders or other written evidence of duty from appropriate military authorities.

B. Application for emergency military leave must be submitted to the Center/Facility Director, Division Deputy Director, or his/her designee, no later than the third workday upon returning to work from emergency military leave. Such requests will be made on SCDMH Form P-14, Application for leave, and must be supported by a copy of the military orders or other written evidence of duty from appropriate military authorities.

IV. Leave for Long Term Military Leave of Absence

A. When an employee enters upon an extended period of active military service, such absence shall not be considered as military leave with pay for the purpose of training.

B. Under the provisions of Section 8-7-20, Code of Laws of South Carolina, 1976, as amended, "Every employee of the State or any political subdivision thereof, who, on or after June 25, 1950 has been, or shall be, commissioned, enlisted or selected for service in the armed forces of the United States shall, so long as the requirements and regulations of the armed forces shall prevent his return to his civil employment and

for a period of ninety (90) days thereafter, but in no event for a period longer than five (5) years from the date of his entry into the armed forces of the United States, be entitled to leave of absence from his duties as an employee of the State or any political subdivision thereof, without loss of seniority or efficiency or register rating."

C. Applications for an extended military leave of absence shall be submitted in advance to the Center/Facility Director, Division Deputy Director, or his/her designee, on SCDMH Form P-14, Application for Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave with a copy of the military orders of evidence from appropriate military authorities.

D. An employee serving on extended active duty shall not be entitled to accrue annual or sick leave during the period of service with the armed forces.

E. Employees returning from extended military leave, who are reinstated within a period of ninety (90) days from their date of release from the armed forces, shall be entitled to receive credit for the amount of sick leave accumulated at the time of their entry into the armed forces.

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V. **Medical Examination for Military Service**

When an employee is ordered to take a physical examination to determine fitness for extended active duty, he/she shall be granted a leave of absence, and may elect to take sick leave, annual leave, or leave without pay.

SECTION 5

OTHER LEAVE PROGRAMS

I. **Court Leave**

A. **Jury Service in a State Court or a Political Subdivision**

1. In accordance with Section 14-7-840, Code of Laws of South Carolina, 1976, as amended; "No person is exempt from service as a juror in any court of this state except men and women sixty-five years of age or over. Notary Publics are not considered state officers and are not exempt under this section."

2. Any covered or probationary employee of the South Carolina Department of Mental Health who is not exempt as specified above and who is summoned as a member of a jury panel shall be granted court leave with pay, and any jury fees and travel payment shall be retained by the employee.

3. Any employee of the South Carolina Department of Mental Health, who is exempt in accordance with paragraph A. 1 above and elects to serve on a jury panel when summoned, will be charged annual leave or leave without pay for

the period of jury service.

4. An employee excused from duty by the court for any period of time exceeding two (2) hours shall be expected to return to duty, unless such return would work a hardship because he/she is employed to work at night, or due to the distance from his/her residence or place of duty. If the employee fails to return to duty, the time excused by the court shall be charged to annual leave or in case of illness to sick leave or leave without pay.

5. Application for court leave for jury service in a State court or political subdivision must be submitted to the appropriate supervisor on SCDMH Form P-14, Application for Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave immediately upon receipt of the summons.

B. Jury Service in a Federal Court

1. Any covered or probationary employee who is summoned by a Federal court to serve as a juror will be granted court leave with pay for the period of such absence.

2. An employee excused from duty by the court for any period of time exceeding two (2) hours shall be expected to return to duty, unless such return would work a hardship because he/she is employed to work at night or due to the distance from his/her residence or place of duty. If employee fails to return to duty, the time excused from court be charged to annual leave or in case of illness to sick leave without pay.

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3. Court leave with pay shall not be granted for court attendance when an employee is engaged in personal litigation.

4. When an employee attends court in connection with his/her official duties, the time required shall be shown on the time records as though he/she were present for duty.

5. .Applications for court leave for Federal court service must be submitted to appropriate supervisor on SCDMH Form P-14, Application for Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave immediately upon receipt of the summons.

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C. Service as Witness in a Federal, State or Political Subdivision Court

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1. Any covered or probationary employee who is subpoenaed by a Federal court, a State court or a political subdivision thereof, to serve as a witness will be granted court leave with pay for the period of absence.

2. An employee excused from duty by the court for any period of time exceeding two (2) hours shall be expected to return to duty, unless such return would work a hardship because he/she is employed to work at night or due to the distance from his/her residence or place of duty. If the employee fails to return to duty, the time excused by the court shall be charged to annual leave or in case of illness to sick leave or leave without pay.

3. Court leave with pay shall not be granted for court attendance when an employee is engaged in personal litigation.

4. When an employee attends court in connection with his/her official duties, the time required shall be shown on the time records as though he/she were present for duty.

5. Application for court leave to serve as a witness must be submitted to the appropriate supervisor on SCDMH Form P-14, Application for Leave, immediately upon receipt of the summons. Applications to serve as a witness in Federal and State courts, or political subdivisions thereof, must provide sufficient information in order for the supervisor to determine if personal litigation is involved. Employees refusing to provide this information shall not be granted court leave.

D. Leave for Jury Duty and Court-Subpoenaed Witness

When summoned for jury duty or subpoenaed as a witness by a Federal court, a State court, or a political subdivision thereof, in cases other than personal litigation, an employee is required to work on a given workday only the number of hours that, combined with the time required to be at court that day, would equal the total number of hours in the regularly scheduled workday. For example, an employee who is scheduled to work a 3 to 11 (8 hour) shift and who has served four (4) hours at court that day, would be expected to work only four (4) hours of the 3 to 11 shift for the Department that workday. The time at court and the time at work are equal to the employee's eight (8) hour workday.

II. Leave for Death

A. Leave of Absence for Death in the Immediate Family

1. An employee, upon request, shall be granted up to three (3) consecutive work days of leave with pay on the death of any member of the employee's immediate family. Immediate family is defined as the spouse, great-grandparents, grandparents, parents, legal guardian, brothers, sisters, the spouse of brothers, spouse of sisters, spouse of children, children, grandchildren, and great-grandchildren of either the employee or the spouse.

2. An employee requesting leave due to death in the immediate family shall submit a statement to his/her supervisor stating the name of the deceased and the relationship to the deceased.

3. When a death occurs in the employee's immediate family while he/she is on annual or sick leave, the period of such leave shall be reduced accordingly.

B. Deceased Employee or Other Individual

The Center/Facility Director, Division Deputy Director, or his/her designee at his/her discretion, may grant time off to employees who are acting as official representatives

of the Center/Facility or Division for the purpose of attending the funeral of a deceased employee or other individual. Such absence shall not be charged against accrued leave.

III. American Red Cross Certified Disaster Service Leave

An employee who is a certified disaster service volunteer for the American Red Cross may use up to ten (10) days of paid leave in a calendar year participating in specialized disaster relief services with the approval of the State Director of Mental Health, or his designee. Requests for such leave should be submitted on SCDMH Form P-14, Application for Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave and should include information about the nature of the specialized disaster relief services being offered.

IV. Blood, Bone Marrow and Organ Donors

A. Blood Donors

Employees are permitted to participate in Department-arranged blood drives during the employee's work hours at those times as may be determined by the Department without using accrued leave. Department of Mental Health employees desiring to donate blood must be excused from work during the employee's regular work hours for the purpose of making the donation without prejudice to the employee and no

leave or makeup time may be required. Any employee desiring to donate blood shall notify his/her supervisor of the scheduled donation and the amount of time needed for the donation as far in advance as may be practicable. The supervisor may deny the employee's request for time to donate if the absence of the employee would create an extraordinary burden on the facility. In considering the employee's request, the supervisor shall take into consideration such factors as type of blood donation, workload, etc. The supervisor may, as a condition of approving the request, require the employee to provide documentation of the donation.

B. Bone Marrow Donors

Employees who work an average of twenty (20) hours or more a week and who seek to undergo a medical procedure to donate bone marrow may be granted paid leave of absence, if such leave is approved by the appropriate Center/Facility Director or Division Deputy Director, or his/her designee. The combined length of paid leave may not exceed forty (40) work hours unless a longer length of time is approved by the State Director. Such leave may require verification by a healthcare provider of the purpose and length of each request.

If a medical determination finds that the employee does not qualify as a bone marrow donor, the paid leave of absence granted to the employee before that medical determination is not forfeited.

C. Organ Donors

Employees who wish to be an organ donor and who accrue annual or sick leave, are entitled to leaves of absence from work without loss of pay, time, leave, or efficiency rating for one or more periods not exceeding a total of thirty (30) workdays in any one calendar year during which they participate in the donation of their organs.

The employee must show documentation from the attending physician that confirms that the employee is an organ donor before leave can be approved

V. Educational Leave

An employee is encouraged to schedule classes during off-duty hours, whenever possible. When a class cannot be scheduled during off-duty hours, the Department may adjust the employee's work schedule, if doing so will not interfere with normal efficient operations of the Department. When a class cannot be scheduled during off-duty hours and the Department cannot feasibly adjust the work schedule of the employee, the employee may be allowed to take annual leave or may be granted leave without pay in order to attend class.

VI. Voting Leave

An employee who lives at such distance from assigned work location as to preclude voting outside of working hours may be granted a maximum of two (2) hours of voting leave with pay for this purpose. An employee may not be granted voting leave to work at the polls during elections.

SECTION 6

LEAVE WITHOUT PAY

I. Authorized Absence

A. Leave without pay when requested and approved in advance is considered an authorized absence. Leave without pay shall not be granted until all appropriate accumulated leave has been used unless the request is for military duty, Workers' Compensation cases, time lost from work due to hazardous weather or other emergency conditions, when declared by the Governor, or as authorized in Section II, paragraph XV, Leave Without Pay for Disability. Leave without pay shall not be converted into annual leave or sick leave when such leave is subsequently accrued. Applications for leave will be submitted to the appropriate supervisor on SCDMH Form P-14, Application For Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave.

An employee cannot demand to be granted leave without pay as a matter of right unless the request for leave without pay is for military duty, Workers' Compensation cases, time lost from work due to hazardous weather or other emergency conditions, when declared by the Governor, or as authorized in Section II, paragraph XV, Leave Without Pay for Disability. The circumstances in all other cases will be considered in determining whether approval is warranted.

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B. An employee who is on leave of absence without pay in excess of thirty (30) consecutive workdays shall have the performance review date advanced one calendar day for each calendar day on leave without pay after the first thirty (30) workdays. In applying this rule, any day for which an employee is paid shall not be counted in determining the number of workdays the employee is on leave without pay. Exception: An employee on an approved furlough shall not have his/her performance review date advanced while on leave without pay.

II. Amount Authorized

Leave without pay in excess of thirty (30) workdays may be granted for disability. Leave without pay for other reasons may not be granted in excess of thirty (30) workdays per year unless it is considered to be in the best interest of the Department.

III. Approval of Leave Without Pay

Applications for leave without pay may be approved by the personnel listed below.

A. Five (5) workdays or less

May be approved by the appropriate supervisor.

B. Six (6) through thirty (30) workdays

Must be approved by the Center/Facility Director, Division Deputy Director, or his/her designee.

C. Thirty-one (31) workdays or more

1. The Center/Facility Director, Division Deputy Director, or his/her designee, may approve leave without pay in excess of thirty (30) workdays for reasons of disability.

2. Request for leave without pay in excess of thirty (30) workdays for reasons other than disability must be submitted to Human Resource Services for final action by the State Director of Mental Health,or his designee.

IV. Application

Applications for leave without pay of fifteen (15) minutes or more must be submitted on SCDMH Form P-14, Application for Leave. The application must be accompanied by a

written statement from the employee giving pertinent details for the reason leave without pay is being requested.

V. Furlough

The State Director may institute a voluntary furlough program, based upon budgetary reductions, which would allow an employee to furlough for not more than ninety (90) days without affecting the employee's state hire date or continuous state service date.

During the furlough, the employee would be eligible to participate in the same state benefits as otherwise available to him/her with the exception of his/her salary.

The Department would be responsible for making both the employee and employer contributions if coverage would otherwise be interrupted for benefits, which require employer and employee contributions. The employee would be responsible for making contributions that require only the employee contribution.

SECTION 7

UNAUTHORIZED ABSENCE

I. Unauthorized Absence

A. An absence, which has not been previously applied for and granted, shall be considered as an unauthorized absence from duty.

B. When an employee is absent without obtaining approval, the supervisor shall administer appropriate disciplinary action in accordance with South Carolina Department of Mental Health Directive No. 819-99, "Employee Disciplinary Standards"" unless satisfactory explanation is given to justify the period of absence.

II. Reason for Unauthorized Absence

A. An employee who is absent without permission for any cause must explain to his/her immediate supervisor upon return to work the reason for such unauthorized absence.

B. In cases where satisfactory explanation is given to justify the period of absence, the time may be charged to accrued annual leave or in the case of illness to accrued sick leave. If leave is not available, the time may be charged to leave without pay. Whether the absence is charged to annual leave, sick leave, or authorized leave without pay, if the period of absence is fifteen (15) minutes or more, SCDMH Form P-14, Application for Leave must be completed or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter

leave.

SECTION 8

FAMILY AND MEDICAL LEAVE ACT GUIDELINES (FMLA)

I. Eligibility

FMLA leave shall be granted to:

A. Any employee who has worked for S.C. State Government for at least twelve (12) months. The required total of 12 months of employment need not be consecutive. An agency can go back 7 years prior to the date of the need for leave to determine if the employee worked a total of 12 months with the state government. An agency has the ability to go beyond 7 years if an employee left state government due to National Guard or Reserve military obligations or a written agreement reflecting an employer's intention to rehire after a break, and

B. Any employee who has worked at least one thousand two hundred fifty (1250) hours, defined as Fair Labor Standards Act compensable hours of work, during the twelve (12) month period prior to the request for FMLA, including "on-call" hours. In order to determine if exempt employees meet the one thousand two hundred fifty (1250) hours of service, work records may be kept. Otherwise, exempt employees are presumed to have met the one thousand two hundred fifty (1250) hours of service.

II. Use of FMLA Leave

An eligible employee shall be granted up to a total of twelve (12) weeks of FMLA leave, in each calendar year, for any of the following reasons:

A. For the birth and care of a child;

B. For placement of a son or daughter for adoption or foster care with the employee;

C. To care for the employee's spouse, child or parent with a serious health condition;

D. Because of a serious health condition that makes the employee unable to perform the functions of the employee's job;

E. For qualifying exigencies arising out of the fact that: 1.) an employee's spouse, son, daughter, or parent is on active duty; 2.) or called to active duty status as

a member of the active military, the National Guard or Reserves in support of contingency events and related activities; 3.) childcare and school activities; 4.) financial and legal arrangements; 5.) counseling; 6.) rest and recuperation; 7.) post-deployment activities; and 8.) additional activities not encompassed in other categories but agreed to by the agency and the employee: or

F. Under the military caregiver leave provisions, an eligible employee who is a spouse, son, daughter parent or next of kin of a current member of the Armed Forces, including a member of the National Guard Reserves, with a serious injury or illness may be able to take up to a total of 26 workweeks in a single 112 month period to care for the service member.

Note: Eligibility for reasons A and B expires twelve (12) months after the date of the birth or placement.

III. Charging FMLA Leave

It is the Department's responsibility to declare leave as FMLA leave based on information provided by the employee.

A. When the Department designates leave as FMLA leave it must notify the employee in writing. No leave may be designated as FMLA leave after the leave has ended, except as provided by FMLA.

B. An eligible employee's FMLA leave allowance shall be charged for the actual time (or at a maximum in quarter hour increments) an employee must be away from the job.

IV. Scheduling FMLA Leave

A. An eligible employee requesting FMLA leave must give the Department thirty (30) days' advance notice of the need to take unpaid FMLA leave when the need for leave is foreseeable. When the need for leave is not foreseeable, such notice must be given as practicable.

B. The use of FMLA leave shall be subject to verification. The agency may require that an employee's request for FMLA leave to care for the employee's family member or due to the employee's own serious health condition, be supported by a certification issued by the health care provider. Agencies may also require documentation for a qualifying exigency or to confirm familial relationships.

V. Use of Paid and Unpaid Leave

A. Eligible employees will be required to use accrued sick leave when the FMLA leave request qualifies for sick leave usage.

B. An eligible employee may elect to substitute accrued annual leave for unpaid FMLA leave.

C. Any leave taken that qualifies as FMLA leave should be designated as such by the Department. Note: The FMLA leave should run concurrently with the other leave and the leave should be charged against both leave categories' allowances.

VI. FMLA Leave Record

A leave record shall be maintained for each employee in SCEIS covered under the provisions of the FMLA. It shall be subject to audit by the Budget and Control Board's Office of Human Resources. Such records shall:

A. Reflect the maximum FMLA leave allowance (twelve [12] weeks in a calendar year) and charges in terms of hours.

B. Indicate the number of FMLA leave hours used in the current calendar year.

C. Indicate the number of hours in the employee's official workweek.

D. Include any other information which may be deemed necessary.

VII. Reinstatement from FMLA Leave

A. On return from FMLA leave, an employee is entitled to be returned to the same position the employee held when the FMLA leave commenced, or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment. That position must involve the same or substantially similar duties and responsibilities, which must entail equivalent skill, effort, responsibility, and authority.

B. The employee must be reinstated to the same or a geographically proximate work site to where the employee had previously been employed.

SECTION 9

OVERTIME - COMPENSATORY TIME

I. General Statement

A. "Overtime" is defined as hours worked in excess of forty (40) hours in a given seven (7) consecutive day period. (Exceptions: See paragraph III. D. for certain categories working special work periods.)

B. "Hours worked" is defined as all hours worked during an established work period. In general, "hours worked" includes all the time an employee is required to be on duty, or on the employer's premises, or at other prescribed places of work, and any additional time the employee is required or permitted to work for the Department. Hours worked do not include leave time, paid or unpaid, or holidays.

C. Compensatory time off is an acceptable alternative to overtime compensation for nonexempt employees. In determining whether to grant compensatory time or payment for overtime worked, supervisors should consider all factors involved to ensure that their decision will be in the best interest of the Department.

D. If the work of an employee for which compensatory time may be provided includes work in a public safety activity, the employee engaged in such work may accrue not more than four hundred eighty (480) hours of compensatory time. If such work is other than in a public safety activity, the employee engaged in such work may accrue not more than two hundred forty (240) hours of compensatory time. Any nonexempt employee who has accrued compensatory time of four hundred eighty (480) hours in the case of public safety and two hundred and forty (240) hours for all other activities shall be paid overtime compensation for additional overtime hours of work.

E. Upon termination of employment, nonexempt employees shall be paid for unused overtime compensatory time at a rate of compensation not less than whichever of the following is higher:

1. The average regular rate received by such employee during the last three (3) years of the employee's employment, or

2. The final regular rate received by such employee.

Upon termination of employment, exempt employees shall not be paid for unused compensatory time.

II. Payment for Overtime

A. Nonexempt employees shall be paid or given compensatory time for hours worked in excess of forty (40) hours in a given work period of seven (7) consecutive days.

B. For hours worked by nonexempt employees in excess of forty (40) hours in a period of seven (7) consecutive days, payment for overtime or the accrual of compensatory time shall be at the rate of time and one-half (1½) the employees' regular rate, computed on the basis of a forty (40) hour workweek. (See exceptions in paragraph III. D.)

III. Special Provisions

Special provisions are authorized for computing overtime for pay purposes for employees in certain classifications. These provisions provide for employees in the following categories:

A. Fire protection activities;

B. Law enforcement activities;

C. Hospital or institutions primarily engaged in the care of the sick, the aged, or the mentally ill that reside on the premises;

D. Employees who are compensated for overtime using the fluctuating workweek method of payment for overtime as defined in the Fair Labor Standards Act (FLSA). Such a method of payment must be approved by the Budget and Control Board's Offices of Human Resource s prior to implementation.

IV. Holiday Compensatory Time

Holiday compensatory time procedures are outlined in Section 10 - Holidays.

SECTION 10

HOLIDAYS

I. Eligibility

All employees in FTE positions shall be allowed to observe with pay those holidays listed in Section 19-708.02 listed in Paragraph II and III below.

II. Legal Holidays

New Year's Day	January 1
Martin Luther King, Jr. Day	Third Monday in January
George Washington's Birthday/President's Day	Third Monday in February
Confederate Memorial Day	May 10
National Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Veterans Day	November 11
Thanksgiving Day	Fourth Thursday in November
Day after Thanksgiving	Friday following Thanksgiving

Christmas Eve	December 24
Christmas Day	December 25
Day after Christmas	December 26

III. Holiday Observance Procedure

A. Holidays are to be taken on the prescribed day unless it is necessary for the employee to be at the work station. Prior notice insofar as possible shall be given employees who must work on holidays.

B. In the event an employee, whose regular workweek is forty (40) hours, is scheduled to work on a holiday, that employee will receive compensatory time based on a five (5) day, forty (40) hour workweek.

C. An employee who must work a portion of the holiday due to a shift that begins on one day and ends on another shall be granted holiday compensatory time equal to all hours worked on the holiday.

D. An employee who is required by the agency to work on a holiday shall be given holiday compensatory time at the convenience of the agency. The holiday compensatory leave credits must be used within ninety (90) calendar days.

E. The length of an employee's holiday is computed based on the number of hours in the employee's average workday. To determine the number of hours in a holiday, divide the total number of hours an employee is regularly scheduled to work during a week by five (5) (regardless of the number of days the employee actually reports to work).

F. When a holiday falls between Monday and Friday, an employee who is not scheduled to work on that day will be given compensatory holiday credit only if such credit is necessary for the employee to receive the same number of holidays as the Monday through Friday employee receives during a calendar year. The holiday shall be credited as compensatory leave and the employee shall be authorized to observe the holiday within ninety (90) days from the time that the Monday through Friday workweek employees observed it.

G. All employees whose positions are nonexempt as defined by the FLSA and who are

not allowed to take compensatory leave earned for working on a legal holiday within the ninety (90) day period, shall be compensated for the holiday, at the employee's straight hourly pay rate, no later than the second regular pay period following the last day of the time period prescribed in which compensatory time must be given. Exempt employees shall not be paid for unused holiday compensatory time credits. The Department may submit a request to the Budget and Control Board's Office of Human Resources for an extension for an additional ninety (90) days because of limited staffing.

IV. Holiday Compensatory Leave Records

Records shall be maintained in SCEIS for all employees who receive holiday compensatory leave credits.

V. Miscellaneous

A. When a holiday falls on a Saturday or Sunday, it shall be observed on the preceding Friday or the following Monday, respectively, by employees working a Monday through Friday schedule. Employees scheduled to work on a Saturday or Sunday that is a legal holiday shall observe the actual holiday or receive compensatory time in accordance with Paragraph IV. above.

B. When a legal holiday falls during a period of sick or annual leave that day will not be counted as a sick or annual leave day.

C. Holiday compensatory leave credits or monetary compensation are to be awarded only to those employees who are required to be on the job and performing authorized work.

D. Part-time employees in FTE (Full Time Equivalent) positions, who work on legal holidays, shall receive a pro-rated amount of the holiday time in holiday compensatory leave credits or monetary compensation, in accordance with Paragraph IV above.

E. Employees who are on leave without pay status the day before a holiday shall not be paid or receive holiday compensatory time for holidays falling during this leave without pay.

F. Upon termination from employment a nonexempt employee shall be compensated for all holiday compensatory leave credits. Exempt employees shall not be paid for unused holiday compensatory leave.

G. When a holiday falls on a day an employee on paid military leave would have been

scheduled to work, it will be counted as a day of military leave. Compensatory time will not be allowed.

SECTION 11

HAZARDOUS WEATHER AND OTHER EMERGENCY CONDITIONS POLICY

The policy as it applies to the South Carolina Department of Mental Health is as follows:

I. Issuance of a Declaration of Emergency

Upon issuing a Declaration of Emergency, the Governor has the authority to excuse all employees of State government from reporting to work during extreme weather or other emergency conditions. "Emergency conditions" means circumstances that would expose employees to harmful or unsafe conditions as determined by the Governor's Office. Unless such Declaration of Emergency has been issued, all State government employees are expected to report to work.

Exception: Nothing contained in this Section precludes the necessary immediate evacuation of any facility by an individual in an appropriate supervisory capacity in the interest of personal safety.

II. Geographical Location

The Declaration may be applicable to all employees in the entire State, or only to those employees who live or work in one geographical region of the State, or a combination of geographical regions.

III. Essential and Direct Services

During a Declaration of Emergency, all essential and direct care services will be maintained. Each agency shall identify essential employees by position, classification, or internal title, and post a list thereof. Generally, no change of the essential employee roster should be authorized after the Governor's Declaration of an Emergency. Nonessential employees will not be expected to report to work.

IV. Notification of Declaration of Emergency

A. Between the hours of 8:00 a.m. and 5:00 p.m.

1. The Declaration of Emergency shall be communicated from the Governor's Office to the South Carolina Emergency Management Division. The

South Carolina Emergency Management Division will communicate the Declaration of Emergency to each agency.

2. The State Human Resources Director will communicate the Declaration of Emergency to each agency in accordance with the list of agency representatives to be contacted in the case of an emergency declaration.

3. The Governor's Office will issue a statement to the news media concerning the release of employees due to the emergency.

B. Between the hours of 5:00 p.m. and 8:00 a.m.

All Declarations of Emergency will be transmitted by the Governor's Office to the news media. Employees will assume an individual responsibility to respond in an appropriate manner to closings as they may be announced.

V. Compensation During Declaration of Emergency

An employee who does not report to work or who reports late shall use annual leave or compensatory time to make up hours scheduled but not worked, take leave without pay, or be allowed to make up the hours at a time to be scheduled by the Department. The employee must be given the option of making up the hours if the employee so desires.

Note: The Governor can provide state employees up to five (5) days leave with pay for absences from work due to a state of emergency for hazardous weather.

Columbia Area Mental Health Center
Organizational Policy

Date: July 16, 2003 Revised: March 16, 2005; June 12, 2007	Category: Clinical	Number: 2-01-2003

Title: Workplace Ethics Policy

Center staff (employees and volunteers) are expected to conduct themselves in conformance to the highest degree of ethical conduct. As public servants, we are held to high standards of accountability and must take steps to avoid conflicts of interest, and avoid the appearance of conflict of interest and actions which call into question the honesty and integrity of the organization. Guides to ethical conduct include the South Carolina Department of Mental Health Code of Ethics, the Center Board's Policy on Ethical Principles, Ethical Principles for South Carolina State Government Service and the Guide to the South Carolina State Ethics Act. Some staff are also subject to the code of ethics of their respective professional licensing bodies. This policy also contains detailed ethical principles.

1. Staff will monitor compliance of their own conduct to ensure it conforms to ethical principles of the staff member's profession.
2. Relations between staff and clients shall be based on therapeutic principles.
    a. Staff will not accept gifts, entertainment or items of value from clients, or family members of clients. Clinical judgment must be used in order to assure that professional and therapeutic relationships are maintained with clients and their family members. Gifts should be returned to the giver but may be kept when the giver will not accept the return of the gift or when the giver cannot be identified or when return could damage the therapeutic relationship. Items that are kept should be placed in client areas for use by Center clients. Offers of items and receipt of these items should be reported by staff to their supervisor up to the level of Senior Manager.
    b. Staff will not have dual relationships with clients, including business or financial dealings, dating and sexual intimacies.
    c. Staff will neither borrow money from nor lend money to Center clients.
    d. Questions regarding appropriate client-staff relationships with current or previously served individuals should be discussed with the appropriate Senior Manager.
3. All treatment provided to the clients shall be for the benefit of the client and designed to assist the recovery of the client's highest level of functioning and quality of life. Staff will avoid clinical relationships that foster dependency. Staff will provide treatment to clients based on medical necessity.

4. Staff will perform services for which they are qualified by virtue of licensure, training, clinical supervision or experience. Staff will not misrepresent their qualifications to provide services. Competent provision of service includes complete, accurate and timely documentation.
5. Staff will treat all clients, family members of clients, members of the public and fellow staff with respect, courtesy, impartiality, fairness and dignity. Staff will not discriminate against individuals based on preference, medical condition, handicap or other condition or status.
6. Staff will conduct clinical and business practices in conformance with the SCDMH and Center Corporate Compliance Plans. All Center staff will comply with state and federal regulations and laws concerning delivery, documentation and reimbursement for services. This includes but may not be limited to filing false claims or seeking reimbursement for services which are not medically necessary. Business practices and contracts will also avoid seeking duplicate payments for activities through grants and reimbursement for clinical services.
7. Staff will avoid conflicts of interest and the appearance of conflict of interest. Staff will not accept kickbacks from businesses or other entities for referrals. For example:
    a. Staff will disclose participation on boards, commissions or other entities which have oversight and/or advisory authority over businesses or organizations which serve Center clients. In their capacity in such groups, staff are expected to report any conflicts of interest and remove themselves from decision making or discussion about the matter of conflict.
    b. Staff will not accept discounts on personal purchases from a supplier of goods or services or from organizations with which the Center conducts significant business, unless these discounts are available to the general public.
    c. Staff having pre-existing business or other relationships with clients seeking services shall disqualify themselves from providing clinical services to the person.
    d. As a general rule, staff will not accept items of $25 or more from businesses or other organizations. If the entity giving the gift cannot be identified or will not accept return of the item, the item should be placed in a client area for use by clients, if possible. Individuals may have a responsibility under state law to report receipt of the gift. Staff having questions about this responsibility should consult with their supervisor.
    e. Staff will report potential conflicts of interest to the Center's Corporate Compliance Officer on the DMH Conflict of Interest form.
8. Staff will not normally require clients to receive Center services they do not wish to receive in order to receive other services they want from the Center. If there is significant clinical justification documented in the client's medical record, services may be made contingent on matters other than client wishes. Also, if services are required as part of our practice standards and/or are mandated by external bodies (Medicaid requirements, SCDMH outcomes requirements, etc.), some services may be made contingent upon receipt of other services. The basis for such exceptions must be documented in the client's medical record.

9. Staff and family members of the Center will not normally receive services within Columbia Area Mental Health Center. If services at the Center are provided to the family members of staff, staff who are family members must be certain not to provide care, or review medical records documentation. Consultation with treatment staff will be consistent with what the family or significant other would normally expect from other medical providers.
10. All staff will strictly comply with State and SCDMH nepotism policies and directives. If related individuals are employed, they shall not be in direct lines of supervision.
11. Personal disagreements with practices of others and evaluations of the competency and appropriateness of services of other providers should be discussed with other treatment or supervisory staff, not with clients and should not be documented in the client's medical record.
12. Involving clients in one's personal problems is not appropriate or ethical. Staff will not discuss their personal problems with clients.
13. Staff shall show regard for the generally accepted standards of the local community, recognizing that violations of such standards may negatively affect their own credibility as well as the standing and reputation of the organization in the community.
14. As a state agency, the Center does not market its services. The Center will fairly represent itself, its personnel and its services in Center publications and through community presentations. Staff will never encourage clients to receive services from the Center that are unnecessary and for which alternative community resources may be suitable. Staff will not encourage individuals to become clients of the Center unless the person's needs are consistent with the mission and purpose of the mental health center and for which alternative community resources for treatment are not available. The Center will operate and develop programs based on client and community need and not on considerations of market opportunities.
15. Staff will not perform duties while using any illegal substances or impaired by the use of substances prescribed by a physician.
16. If a client expresses a desire to discuss religious beliefs and asks for advice about religious issues, the client should be referred to a qualified spiritual advisor.
17. Staff who believe there has been a breach of workplace ethics policy will report the breach through supervisory channels to the Executive Director or designee, without reprisal. Within 15 working days, the Executive Director will assign responsibility for investigation to appropriate management staff. Management staff will provide a report within 2 weeks of the initiation of the investigation to the Executive Director or designee. If necessary, staff will request more time to complete the full investigation. Each renewal will result in a further 2 week interim report until such time as the investigation is complete. Final action in response to the completed report will occur within 30 days of receipt of the final report.

Robert Bank, M.D.

Executive Director

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COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY

DATE: April 15, 1998 Supersedes: 10/17/95 REVISED: May 19, 1999 REVISED: April 19, 2000 REVISED: April 18, 2001 Revised: May 30, 2007	CATEGORY: Quality Assurance	NUMBER: 7-01-95

TITLE: Reporting of Adverse Incidents

PURPOSE:

This policy and procedure is intended to clarify responsibility for reporting incidents which are exceptional and may call into question the integrity and appropriateness of services rendered by Columbia Area Mental Health Center. All staff receive training on Reporting of Adverse Incidents policy during new employee orientation.

POLICY:

In the interest of improving the quality of care and the safety of consumer, staff and the public, it is the policy of Columbia Area Mental Health Center to continuously and systematically monitor and evaluate all incidents and situations which may adversely affect consumer care, safety, rights or dignity.

RESPONSIBILITY:

It is the responsibility of the Center Executive Director to see that a system is in place to identify adverse incidents, report these incidents to DMH as described in DMH Directive 740-90, to see that these incidents are reviewed, and that reasonable recommendations to prevent future incidents are implemented. This Center policy is part of the responsibility.

DEFINITION AND GUIDE TO EVENTS TO REPORT AS ADVERSE INCIDENTS:

Incidents which jeopardize the health or safety of consumers and/or the staff, or which pose a significant threat of harm to the general public should be considered adverse incidents. These occurrences must be identifiable events. The items below are examples of adverse incidents. The list is not exhaustive and staff adds to the list as new events occur. The list should be treated as a guide to reporting. Staff should check with their supervisor if questions arise concerning whether an event should be reported as an adverse incident.

1. Suicide/attempted suicide
2. Homicide/attempted homicide
3. Sexual assault
4. Physical assault
5. Verbal assault
6. Physical threat
7. Verbal threat
8. Drug overdose
9. Medication error
10. Arson/burning
11. Accidental injury not elsewhere described
12. HIV +, Hepatitis B, Infectious TB and other Infection Control issues
13. Seizure
14. Acute medical condition/physically induced
15. Disorderly conduct
16. Inappropriate sexual conduct
17. Use or possession of licit or illicit substances
18. Theft
19. Run away/wandering/lost
20. Self injury
21. Victim of other's acts not elsewhere described
22. Psychiatrically unstable hospital discharge
23. Medication side effects
24. Delusional acts implying threat
25. Stalking
26. Contraband in program
27. Patient Abuse or Neglect

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28. Communicable Diseases
29. Infection Control Issues
30. Automobile Accidents
31. Biohazard Exposure

REPORTING OF ADVERSE INCIDENTS:

Each and every staff member of Columbia Area Mental Health Center is responsible for identifying incidents which occur to consumers, staff or the public which adversely reflect on the quality of the center and its services. Any staff member who has knowledge of adverse incidents must report these incidents. Supervisors made aware of incidents must ensure that they are followed up with Significant Adverse and Unusual Incidents reports. In cases where staff expect a delay in filing the report, staff must notify the Center's Director of Clinical Support Services of an occurrence as soon as possible so that the event may be tracked. The initial report should include the consumer's name, register number and a brief description of the occurrence. It should also include the source of discovery and the actions taken in response to the incident.

An urgent incident must be reported to the Center Director, Medical Director or Assistant Director immediately, via telephone or face to face, regardless of the hour or day of the week. Staff must follow up this telephonic report with a typewritten Center Significant Adverse and Unusual Incidents form. The Director must complete and send to DMH a DMH Adverse Incidents Form within 24 hours of receipt of the telephone report for those incidents so designated by the DMH Office of Risk Management. After-hours, staff should call the on-call MHP at 898-8888 to get the phone number to call to report adverse incidents. During program hours, staff should call the Executive Director's Office. Serious incidents must be reported on the Center form through supervisory channels, with notification to the consumer's treating physician. The Executive Director will forward both forms to the Director of Clinical Support Services within 24 hours.

Incidents which are not urgent must be reported through the clinician's program manager to the Center's Executive Director's Office via the Center Significant Adverse and Unusual Incident Report form within 24 hours of discovery of the incident. The Executive Director will forward the report to the Director of Clinical Support Services within 24 hours of receipt.

Clinical Support Services staff shall accumulate information related to the consumer's care (see attached form). Upon completion, this information will be forwarded to the Peer Review Committee for consideration and review.

Each Significant Adverse and Unusual Incidents report and Adverse Incident Report must be treated as confidential information. Reports are to be distributed in sealed envelopes. Reports should be kept in secure files. They are not to be open to display for the public or for staff. Adverse Incident Reports are **not** to be filed or mentioned in the Medical Record. Staff **must** document the incident itself in the consumer's Medical Record to include a description of the incident, actions taken by staff in direct response to the incident and follow-up actions subsequent to the incident.

TIMELY DEBRIEFING

Following traumatic adverse incidents, debriefing with staff will be conducted by the Senior Manager or their designee. Debriefing will occur following any significant incident. Documentation of debriefings will be forwarded to Clinical Support Services.

Robert Bank, M.D.
Executive Director

COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY

DATE: November 17, 1999 Revised: May 30, 2007 Revised: October 15, 2008	CATEGORY: Clinical	NUMBER: 2-02-99

TITLE: **Staffing of Clinical Care**

PURPOSE: To establish standards for treatment planning following a client's episode of inpatient stay or other crisis and to comply with Section 2 standards of regular staffings for some services requiring 90 day staffing. This policy shall apply to all open and previously closed cases.

POLICY: Clinical cases are subject to team planning and linking conferences. These staffings are especially important following an inpatient stay or other crisis.

Clinical teams will review care of each client in active treatment at the Center according to the Section 2 Manual, with some services requiring a 90 day staffing. Additionally, staffings will be done following a DMH hospitalization, a local hospitalization for psychiatric/substance abuse care, a stay at a residential treatment facility (LRADAC), a visit to the Emergency Room for a psychiatric/substance abuse problem, or following any incarceration.

Staffings will occur within 72 hours of the client's discharge from these facilities. If the client fails appointments, a second staffing will be conducted within 8-10 days following the client's second failed appointment.

These staffings should include members of the treatment team, including the team psychiatrist. The team will review events leading to the hospitalization or crisis and make recommendations for care to prevent reoccurrence of the crisis. These recommendations will be documented in a Service Plan Development (SPD) note or Progress Summary and on the client's Plan of Care (Goals and Objectives section).

The Center's Utilization Review Committee already reviews cases for implementation of clinical recommendations as part of its normal review process. In addition, the Center's Clinical Review Committee will follow up on selected cases. The Committee will review medical records looking for evidence of implementation of the recommendations. The Committee will report findings to the clinical team, the Senior Manger for the team, the Clinical Director and the Chair of the Center's Quality and Standards Committee as feedback for further action.

Robert Bank, M.D.
Executive Director

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COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY

DATE: September 23, 1997 Revised: February 27, 2001 April 23, 2002; Revised: September 1, 2003; Reviewed 2007	CATEGORY: Board	NUMBER: 8 -06 -97

TITLE: Policy on Ethical Principles

PURPOSE: To state the ethical principles and establish policy and procedures to guide Columbia Area Mental Health Center (CAMHC) operations in providing an ethical environment for the management and delivery of services which promote the respect and dignity of the persons served.

POLICY: The Columbia Area Mental Health Center is committed to the highest code of conduct and quality of care possible for our clients and their families. We conform to the State Ethics, Government Accountability, and Campaign Reform Act. We subscribe to the Ethical Principles for South Carolina State Government Service of integrity, honesty, respect for others, fairness and accountability. We further subscribe to the following areas of commitment to excellence:

I. Commitment to clients of mental health services and their families. We reflect our commitment by expressing, in our daily work, dependability, compassion, empathy, advocacy, and sensitivity.

II. Commitment to the highest quality of clinical care, provided in a manner which promotes the respect and dignity of the client and protects his or her privacy. We express this commitment by having our actions reflect competence, fairness, and diligence and by including the client in his or her own treatment planning.

III. Commitment to our staff and volunteers. We value the contributions of every member of the CAMHC team and reflect our commitment through reliability, loyalty, cooperation, trustworthiness and sacrifice.

IV. Commitment to CAMHC and the citizens and communities of Richland and Fairfield counties. As public servants, that commitment comes through accountability, courage of convictions, creativity, ownership, personal responsibility, professionalism, stewardship and partnership.

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Procedures:

1. Communication.

   It is important that all clients and their families, employees and volunteers of the Center be informed about and involved in the operations of the Center in an ethical manner. For this reason, the Center will include discussions about ethical issues, including this policy and procedures to implement and report violations during client orientation, new employee orientation, treatment team meetings, and specific training programs. Discussions will also be held during Board, staff and supervisory meetings.

2. Allegations of violations.

   It is incumbent upon each and every client, employee and volunteer within the Center to practice the ethical principles stated and to maintain an ethical environment. The Center Board and Management will report allegations to the appropriate authority, such as Department of Mental Health Public Safety, State Ethics Commission, or professional licensing board for investigation and possible actions. If personnel policies are violated, Department of Mental Health personnel procedures will be followed. Allegations must be supported with facts. Issues of privacy for both client and staff may preclude actions taken being announced or known.

3. Reporting possible violations.

   a. Clients who wish to report allegations of violations should initiate the Client Concern/Complaint Protocol (CAMHC Policy 3-01-07).

   b. Volunteers should report alleged violations to the site supervisor and/or the Volunteer Coordinator.

   c. Employees should report alleged violations to their immediate supervisors.

   d. In the event the complainant feels an allegation is not being handled appropriately, he or she should meet with the next level supervisor to express that concern.

4. Center management has developed an internal Workplace Ethics Policy (2/01/03) that articulates more specific guidelines and expectations for staff. The Board endorses this management practice.

5. A client-friendly version of the Center's Ethical Principles Policy is available (attached).

Chair, CAMHC Board of Directors

Ethical Principles
of the
Columbia Area Mental Health Center

I. We are committed to clients of mental health services and their families. We reflect that commitment by expressing in our daily work, dependability, compassion, empathy, advocacy and sensitivity.

II. We are committed to the highest quality of clinical care, provided in a manner which promotes the respect and dignity of the client and protects his or her confidentiality. We express this commitment by having our actions reflect competence, fairness and diligence and by including the client in his or her own treatment planning.

III. We are committed to our staff and volunteers. We value the contributions of every member of the CAMHC team and reflect our commitment through reliability, loyalty, cooperation, trustworthiness and sacrifice.

IV. We are committed to the Columbia Area Mental Health Center and the citizens of Richland and Fairfield counties. As public servants, we show that commitment through accountability, courage of convictions, creativity, ownership, personal responsibility, professionalism, stewardship and partnership.

We comply with the South Carolina State Ethics Act, the Government Accountability, and Campaign Reform Act.

If you have a question or concern about any aspect of this statement, contact the CAMHC Client Advocate at 898-4809.

COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY

DATE:1-11-97 Rev. 11-14-97 Rev: October 5, 2005 Rev. 04/07 Rev. 04/13	CATEGORY: Public Affairs/Community liaison	NUMBER: 3-01- 97

TITLE: CLIENT CONCERN/COMPLAINT PROTOCOL

POLICY: It is the policy of Columbia Area Mental Health Center that concerns expressed by clients will be addressed promptly, courteously and professionally. As used in this policy, the term "client" may also include representatives of a client, such as family members or other advocates, provided that rules of confidentiality are observed.

PURPOSE: This Protocol provides a standard procedure which staff will use in order to achieve the following:

1. To insure adherence to clients rights as stated on the CAMHC Client Rights and Responsibilities flyer provided in Center Orientation materials;

2. To address concerns expressed by clients promptly, courteously and professionally.

3 To use concerns/complaints as opportunities for improving the quality of service.

PROCEDURES:

I. **Problem Resolution at Service Sites:**

a. Concerns/complaints expressed to a Center staff member will be referred initially to the client's case manager. *If the concern alleges the violation of a stated client right, the concern will also be documented and referred to program supervisor and the Center's Client Advocate.*

b. The client will be encouraged to speak to the case manager directly. If necessary, the staff member receiving the concern/complaint will facilitate contact between the client and case manager either personally or by use of a brief written memo. If the case manager is unavailable for any reason (e.g. annual leave, sickness, etc.), the client should be referred to the case manager's supervisor.

c. The case manager will review the complaint and respond to the client within one working day, offering to address the concern/complaint in the most appropriate manner. If the concern is resolved to the satisfaction of the client, the resolution should be appropriately documented and no further action is necessary.

d. If the case manager is not available or is unable to resolve the concern/complaint to the satisfaction of the client, the client will be referred to the case manager's

supervisor. The supervisor will review the complaint to see how it can be resolved, and respond to the client within one working day. If the concern is resolved to the satisfaction of the client, the resolution should be appropriately documented and no further action is necessary.

II. **Problem Resolution involving the CAMHC Client Advocate:**

a. If the supervisor is unable to resolve the concern/complaint to the satisfaction of the client, the client will be referred to the Center's Client Advocate. The CAMHC Client Rights and Responsibilities flyer will include the Client Advocate's telephone number and will be posted in all waiting areas.

b. The Client Advocate will field and insure proper documentation of the complaint, including a "Request for Review" form if necessary.

c. The Client Advocate will work with the client to address the concern/complaint to the satisfaction of the client. The complaint will be resolved or a progress report made to the client within two working days. If the concern is resolved to the satisfaction of the client, the resolution should be appropriately documented and no further action is necessary.

d. If the concern/complaint is still not resolved to the satisfaction of the client, the client will be referred to the SC Department of Mental Health Client Advocate.

III. The client advocate will report any major trends or issues through supervisory channels to the Center's Management Team, along with recommendations to address systems issues identified.

Robert Bank, MD, Executive Director

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COLUMBIA AREA MENTAL HEALTH CENTER

ORGANIZATIONAL POLICY

DATE: 10-15-97 Revised: 2-4-98; 5-20-2007; 1-18-14	CATEGORY: Administration	NUMBER: 1- 06 - 97

TITLE: Client Rights

PURPOSE: The purpose of this policy is to establish policies for the support and protection of the fundamental human, civil, constitutional and statutory rights of the individual client while receiving treatment at Columbia Area Mental Health Center (CAMHC).

POLICY: The CAMHC is vitally interested in the rights of all persons. Center employees will consider client rights to be of paramount importance, and take every step possible to safeguard those rights. Every employee will be made familiar with those rights which include the following:

A. Access to treatment is impartial, that is, free of discrimination based on race, color, religion, disability, gender, ability to pay, sexual orientation, age or national origin.
B. Care and treatment does, at all times, recognize and respect the personal dignity, health and safety of the client. This includes the following:
   1. The prohibition of physical abuse, including sexual abuse, and physical punishment, as specifically defined in SCDMH Directive #885-07, Abuse, Neglect or Exploitation of Patients and Clients Prohibited, Section III.A.
   2. The prohibition of psychological abuse, including humiliating, threatening and exploitative actions, as specifically defined in SCDMH Directive #885-07, Abuse, Neglect and Exploitation of Patients and Clients Prohibited, Section III.B, C and D.
C. The client has a right to individualized treatment, which includes the following:
   1. Adequate and humane services, regardless of source(s) of financial support.
   2. A written individualized plan of treatment.
   3. Periodic review of the treatment plan.
   4. An adequate number of competent, qualified, and experienced clinical staff supervising and implementing the treatment plan.

D. The program's environment and procedures shall assure and protect the personal privacy of the client within the constraints of the individual treatment plan.

E. The client has the right to participate in developing the individual treatment plan, to review and sign his or her plan, and to be provided a copy of his or her plan.

F. Clients have access to information pertaining to immediate, pending, and potential treatment needs in sufficient time to facilitate their decision making. The information is offered in a manner that is clear and understandable with risks identified when applicable.

G. Clients are annually informed of their rights in language understood by the client and shall receive written description of the client rights. Such description is posted in various areas of the Center.

H. Each client is fully informed of the following rights:

1. Their right to express preferences regarding service delivery and input into the composition of the service delivery team as well as the nature of the care, procedure and treatment which he or she will receive.
2. The risk, side effects, and benefits of all medication and treatment procedures used, especially when the medications or treatment procedures are unusual or experimental.
3. That participation in a particular research project may introduce additional inconvenience or risk.
4. The alternative treatment procedures that are available.
5. The right to refuse to participate in any research project without compromising access to the program services.
6. The right, to the extent permitted by law, to refuse specific medications or treatment procedures.
7. The cost of services rendered.
8. Any proposed change and the reasons for the change in the clinical staff responsible for the client or any transfer of the client outside the program.
9. The right to initiate a complaint or grievance procedure and the appropriate means of requesting a hearing or review of the complaint.
10. The right to be served without retaliation for filing a complaint or grievance.
11. The development of discharge plans.

I. The confidentiality of communications between clients and staff and of all information recorded in the client's record is the responsibility of all staff. The Center has continuing training for all staff and specific orientation for all new personnel in the principles of confidentiality, privacy and client rights.

J. The right to request a copy of his or her medical record within HIPAA guidelines as described in the SCDMH Privacy Notice.

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K. Through this policy, CAMHC prohibits any use of behavior programs that use reinforcers with potential negative health effects.

L. A CAMHC staff member will be designated as Client Advocate by the Executive Director. In addition to other assigned responsibilities, the Advocate will be expected to perform the following duties:

1. Conduct investigations/reviews of advocacy issues/complaints.
2. Ensure that SCDMH Client Advocacy receives copies of intervention forms.
3. Inform the Executive Director of complaints and other advocacy issues.
4. Serve as a consultant to staff on rights and advocacy issues.
5. Ensure that advocacy posters are in all program locations.

Robert Bank, M.D.
Executive Director

Distribution: All policy manuals

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE DIRECTOR OF MENTAL HEALTH

DIRECTIVE NO. 885-07
(4-100)

TO: All Employees

SUBJECT: Abuse, Neglect or Exploitation of Patients and Clients Prohibited

I. Purpose:

The purpose of this directive is to describe the types of conduct involving patients and clients of the Department of Mental Health (DMH) which is prohibited, including that which is unlawful, and to establish procedures for the reporting and investigating of such conduct in any facility or program of DMH. This directive also sets forth guidelines governing staff relationships with patients and clients.

II. Policy:

It is the policy of the South Carolina Department of Mental Health that all of its programs and activities shall be conducted in accordance with current standards of good clinical practice. All employees shall carry out their duties in such a manner that the dignity and safety of every patient and client is protected to the fullest extent possible. Employees must report suspected abuse, neglect or exploitation of clients and patients as required by law and departmental policy. Following investigation, if improper conduct by an employee is found to have occurred, appropriate disciplinary action shall be taken.

III. Prohibited Conduct:

The following types of improper conduct are strictly prohibited, and any employee who is found to have engaged in such conduct or who has failed to report knowledge of such conduct by others shall be disciplined. Refer also to the current DMH Directive on Standards of Disciplinary Actions for other types of misconduct regarding patients and clients which will subject an employee to disciplinary action.

A. Physical Abuse:

"Physical abuse" means intentionally inflicting or allowing to be inflicted physical injury on a patient or client by an act or failure to act. Physical abuse includes, but is not limited to: slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a

restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that a therapeutic procedure prescribed by a licensed physician or other qualified professional is not considered physical abuse if it is part of a written plan of care.

Note: Excessive force. "Excessive force" means utilizing greater force than necessary to achieve physical patient control. Unless excessive force is done for the purpose of punishment, it is not physical abuse, but excessive force is nevertheless prohibited conduct, and use of excessive force will subject an offending employee to disciplinary action. Excessive force includes but is not limited to: utilizing unapproved techniques for patient control, using physical intervention when non-physical intervention is sufficient and unauthorized restraint or seclusion. Excessive force does not include physical control administered by a person in direct and primary contact with the patient for the sole purpose of restraining or correcting the patient for the protection of the person so acting out of fear of bodily harm for his own or the patient's safety or the safety of others. Such physical control must be reasonable in manner, moderate in degree and shall be administered in such a manner as to not produce permanent or lasting physical injury to the patient.

B. Psychological Abuse:

"Psychological abuse" means deliberately subjecting a patient or client to threats or harassment or other forms of intimidating behavior causing or likely to cause fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress. Psychological abuse includes but is not limited to, abusive language or gestures, use of profane language, calling names, spitting on or at a patient or client, threatening physical abuse, neglect or exploitation, derogatory gestures, teasing or ridiculing, making sexual or sexually suggestive comments or encouraging patients or clients to tease, ridicule, or make sexual or sexually suggestive comments.

Note: Profane or abusive language. All use of profane or abusive language to patients or clients, or use of profane or abusive language in the presence of clients, is improper and prohibited, and will subject an offending employee to disciplinary action, whether or not it is subsequently shown that such conduct caused or was likely to cause serious emotional distress.

C. Neglect:

"Neglect" means the failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a patient or client including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services. Neglect may be repeated conduct or a single incident which has produced or could produce serious physical or psychological harm or substantial risk of death. Noncompliance with regulatory standards alone does not constitute neglect. Neglect includes, but is not limited to: failing to intervene or assist a patient or client when they are in clear distress or in circumstances posing a risk of injury, or failing to carry out orders, policies or procedures related to patient or client care or safety.

Note: Negligence. Although non-compliance with regulatory standards or other standards of care alone may not constitute neglect, it will likely constitute negligence. Negligent conduct resulting in injury to a patient or client will subject an offending employee to disciplinary action. Negligent conduct includes violation of rules, requirements or standards of care in the

supervision and treatment of patients and clients by staff responsible for such supervision or treatment. Conduct may be negligent whether the violation of standards was intentional or unintentional.

D. Exploitation:

"Exploitation" means:

1. causing or requiring a patient or client to engage in activity or labor which is improper, illegal, or against the wishes of the patient or client (exploitation does not include requiring a patient or client to participate in an activity or labor which is a part of a written plan of care); or

2. an improper, illegal, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a patient or client for the profit or advantage of the employee or another person.

Exploitation includes, but is not limited to, borrowing money or property from a patient or client, selling goods or services to a patient or client or accepting gifts from a patient or client or their family in circumstances other than as permitted by state law and facility policy. Depending on the circumstances, purchasing property from a patient or client may also constitute exploitation. In any event, engaging in any financial or business transaction with a patient or client is prohibited, and subjects an offending employee to discipline. (See Paragraph VII, below "Staff-Patient/Client Relationships.")

IV. Reporting:

All DMH employees having reason to believe that a patient or client has been abused, neglected or exploited must report the circumstances giving rise to such belief in accordance with this paragraph.

A. Adult Patients or Clients

1. Incident occurring in a DMH operated/contracted-for-operation facility or residential program.

a. If the alleged abuse, neglect or exploitation occurred in a DMH facility or a residential program operated or contracted for operation by DMH, the employee must:

i. Personally report the incident to the State Law Enforcement Division (SLED) by calling the Special Victim's Unit Hotline (1-866-200-6066); and

ii. Personally report the incident to their supervisor.

b. Either the employee or their supervisor must additionally report the incident to the DMH Office of Public Safety.

2. Incidents occurring at a location other than a DMH operated/contracted-for-operation facility or residential program.

a. If the alleged abuse, neglect or exploitation occurred outside a facility or residential program operated or contracted for operation by DMH, (EG. a private community residential care facility, private home or apartment or in a non-residential DMH program, such as a mental health center clubhouse) the employee must personally report the incident to their supervisor.

b. In case of emergency, serious injury or sexual assault, an immediate report should be made directly to the local law enforcement agency with jurisdiction.

c. Either the employee or their supervisor must additionally report the incident to the DMH Office of Public Safety. All reports received by Public Safety will be forwarded to the appropriate agencies in accordance with the Adult Protection Act thereby relieving the individual employee of having to make a separate report under such statutes.

d. Public Safety shall report the incident to

i. the State Long Term Care Ombudsman Program for incidents occurring in private facilities; or
ii. the County Department of Social Services, Adult Protective Services program for incidents occurring in private settings other than a facility; when the alleged perpetrator is a family member or caretaker; or
iii. the local law enforcement agency with jurisdiction when it appears the alleged perpetrator is not in a caregiver role; or
iv. the State Law Enforcement Division (SLED) when it appears that although the incident did not occur in a DMH operated/contracted-for-operation facility or residential program, the alleged perpetrator is a DMH employee.

3. In addition to other required reports, the Medical Examiner or Coroner must also be notified in cases where it is suspected that a vulnerable adult died as a result of abuse or neglect.

B. Child and Adolescent Patients or Clients

1. Incidents occurring while the child or adolescent patient or client was in a DMH facility, mental health center or center.

a. All Department employees having reason to believe that a child has been or is likely to be abused, or neglected while in a Department facility or mental health, must immediately report the incident and facts to his or her supervisor.

b. In case of emergency, serious injury or sexual assault, an immediate report should be made directly to the local law enforcement agency with jurisdiction.

c. Either the employee or their supervisor must additionally report the incident to the DMH Office of Public Safety in Columbia. All reports of child abuse or neglect

received by Public Safety will be forwarded to the appropriate agencies in accordance with the Child Protection Act thereby relieving the individual employee of having to make a separate report under such statutes.

2. Incidents occurring while the child or adolescent patient or client was outside a Department facility or mental health center.

a. The South Carolina Child Protection Act requires that the following persons report to the applicable state or local entity:

> physician, nurse . . .or any other medical, emergency medical services, mental health, or allied health professional. . .school teacher, counselor, principal, assistant principal, social or public assistance worker, substance abuse treatment staff, or childcare worker in a childcare center or foster care facility, police or law enforcement officer. . .computer technician or a judge must report. . .when in the person's professional capacity the person has . . .reason to believe that a child has been or may be abused or neglected.

b. If the alleged person responsible for the abuse or neglect of a child or adolescent outside a Department facility or mental health center is a parent, guardian or other person responsible for the child's welfare, the report must be made within 24 hours or the next business day to the County Department of Social Services, Child Protective Services office. In an emergency, the report is first made to the local law enforcement agency with jurisdiction.

c. If the alleged person responsible for the abuse or neglect is other than a parent, guardian or other person responsible for the child's welfare, the report is made directly to law enforcement.

V. South Carolina Law

A. Adult Protection Act:

1. It is a criminal offense for any person to abuse, neglect, exploit or threaten to abuse, neglect or exploit any vulnerable adult. Any person convicted of such an offense may be fined up to $5,000.00 or imprisoned up to three (3) years.

a. "Vulnerable adult" means a person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection. This includes a person who is impaired in the ability to adequately provide for the person's own care or protection because of the infirmities of aging including, but not limited to, organic brain damage, advanced age, and physical, mental, or emotional dysfunction. A resident of a facility is a vulnerable adult.

b. "Facility" includes a nursing care facility, community residential care facility, a psychiatric hospital, or any residential program operated or contracted for operation by the Department of Mental Health.

2. It is a criminal offense for any person required to report actual abuse, neglect or exploitation of a vulnerable adult to knowingly and wilfully fail to make a report. Any person convicted of such an offense may be fined not more than twenty-five hundred dollars or imprisoned not more than one year. A person required to report under this chapter who has reason to believe that abuse, neglect, or exploitation has occurred or is likely to occur and who knowingly and wilfully fails to report the abuse, neglect, or exploitation is subject to disciplinary action as may be determined necessary by the appropriate licensing board. Employees of the South Carolina Department of Mental Health having reason to believe that a patient or client has been abused, neglected or exploited are further subject to disciplinary action if they fail to make the required report.

B. The Child Protection Act:

Employees of the Department of Mental Health are also required under the Child Protection Act to report or cause a report to be made of child abuse or neglect in those instances where the employee has reason to believe a child has been or is likely to be abused or neglected. Incidents which occur in Department residential facilities or programs must be reported orally or in writing to the Office of Public Safety or the Department of Social Services Out-of-Home Abuse and Neglect Investigations Unit. Incidents which occur in settings outside of a Department residential facility or program must be reported orally or in writing to the local law enforcement agency or the Child Protective Services Program of the County Department of Social Services.

VI. Care of the Patient or Client, Reporting and Investigation:

A. Inpatient Facilities (See Part B of this Section for Reporting and Investigations in Community Mental Health Centers):

1. Employee(s) who witness, discover or are notified of conduct which may be prohibited by this directive shall:

(a) Immediately take action to protect, comfort and assure treatment of the patient;

(b) Notify the State Law Enforcement Division (SLED) Special Victims Unit Hotline if the patient is an adult, and, in all cases, notify their supervisor and the Office of Public Safety, reporting all information surrounding the incident;

(c) Ensure the nursing supervisor and physician are notified immediately;

(d) Initiate the Unusual Occurrence Report form and document observations on the patient's record.

2. The Nursing Supervisor shall:

(a) Assess the patient, assist in providing immediate care and follow-up care;

(b) Obtain any additional information and confer with the Director of Nursing Service and Public Safety;

(c) Document observations on the patient's record.

3. The Physician shall:

(a) Examine the patient immediately;

(b) Complete the Unusual Occurrence Report form;

(c) Document findings on the patient's record.

4. The Office of Public Safety shall complete an initial Incident Report and, if the alleged victim is an adult, provide a copy to the SLED Special Victim's Unit.

5. All employees shall cooperate with investigating personnel and answer questions concerning the incident asked by their supervisor, SLED, Public Safety and/or other officials authorized to conduct a review or investigation. Failure to cooperate in an official investigation shall result in disciplinary action.

6. When circumstances strongly suggest that an employee has abused, neglected or exploited a patient, the employee shall be advised of the allegation and informed of their legal rights. Those include the employee's right to have an attorney present during questioning, at their own expense, and the right to not respond to questions. Interviews with employees shall be conducted in a professional manner, away from the employee's work area and other employees.

7. The investigation shall be concluded as promptly as possible.

B. Community Mental Health Centers

1. Employee(s) who witness, discover or are notified of conduct which may be prohibited by this directive shall:

(a) Immediately take action to protect, comfort and assure treatment of the client;

(b) If the client is an adult residing in a Center residential program, the employee shall notify the State Law Enforcement Division (SLED) Special Victims Unit Hotline. In all cases, the employee shall notify the Center Director, or other person in charge, and the DMH Office of Public Safety, promptly reporting all information surrounding the incident;

(c) Notify physician, if one is readily available;

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(d) Initiate the Unusual Occurrence Report form and document observations on the client's record.

2. The manager, supervisor or other person in charge who is on duty at the time an incident occurs shall:

(a) Assess the client, assist in providing immediate care and follow-up care;

(b) Obtain any additional information and confer with the Center Director if or other person in charge and the Director of the Division of Community Care Systems or his/her designee;

(c) Document observations on the client's record.

3. If the incident occurred on the premises of the Center or on the premises of a non-residential program operated by the Center, the Center Director or other person in charge shall begin an investigation of the incident after conferring with the Office of Public Safety. If the incident occurred at a location not operated by the Center, the Center Director or person in charge shall promptly notify local law enforcement or the County Department of Social Services. If the incident occurred at a location not operated by the Center, but a Center employee is accused of the abuse, neglect or exploitation, the Center Director or other person in charge shall confer with the Office of Public Safety. The Office of Public Safety shall complete an initial Incident Report and promptly forward it to any outside investigatory entity which have jurisdiction to investigate the matter. Thereafter, Public Safety shall provide guidance to the Center on which cases must be investigated by SLED or another outside investigatory entity, and shall provide assistance to the Center as resources permit in those cases which may be investigated by the Center management.

4. Each employee shall cooperate with investigating personnel and answer questions asked by the official authorized to conduct a review or investigation.

5. When circumstances strongly suggest that an employee has abused, neglected or exploited a client, the employee shall be advised of the allegation and informed of their legal rights. Those include the employee's right to have an attorney present during questioning, at their own expense, and the right to not respond to questions. Interviews with employees shall be conducted in a professional manner away from the employee's work area and other employees.

7. The investigation shall be concluded as promptly as possible.

C. Action to be Taken:

1. When an investigation indicates prohibited conduct on the part of an employee, the Director of the facility, center or organizational component involved shall immediately ensure that appropriate disciplinary action is initiated in accordance with the current Department of Mental Health directive relating to Standards of Disciplinary Actions.

2. If disciplinary action is taken as a result of such an incident the Office of Public Safety shall be notified in order to indicate the disposition of the case in their records of the incident.

3. The decision to undertake criminal prosecution when the investigation indicates a violation of state law will be made by the appropriate Circuit Solicitor.

4. When the review of a report of alleged abuse, neglect or exploitation indicates that the incident is or includes an issue of patient's or client's rights, that issue or issues will be referred to the assigned Local Client Advocate or the SCDMH Client Advocate for review and resolution.

D. Knowledge and Training:

Each Facility Director and Center Director shall ensure that all employees review this directive and that all direct care employees receive sufficient training regarding actions which may constitute conduct prohibited by this directive and the procedures for reporting such conduct prior to the employee's assuming responsibility for the care and treatment of patients and clients.

E. Abuse, Neglect or Exploitation Occurring Outside the Department of Mental Health:

Reports of abuse, neglect or exploitation of patients and clients occurring within Department of Mental Health facilities or programs shall be made in accordance with the provisions of this directive. Reports of child abuse and abuse, neglect or exploitation of vulnerable adults occurring outside the Department of Mental Health facilities and programs must also be reported in accordance with the provisions of the Child Protection Act and the Omnibus Adult Protection Act. The SCDMH Office of General Counsel may be consulted when there are questions concerning the reporting of such incidents.

VII. <u>Staff-Patient/Client Relationships:</u>

All employee relationships with patients and clients of the Department of Mental Health should be therapeutic and professional in nature. However, the Department recognizes that friends, neighbors and relatives of Department employees have been, are, or may become patients or clients of the agency. In order to protect the welfare of patients and clients, encourage adherence to professional standards and preserve the public image and integrity of the Department, the following guidelines are issued to supplement the prohibited conduct listed in paragraph III. These guidelines shall be adhered to by all employees, and employees are subject to disciplinary action in the event of a violation.

A. An employee shall not be directly involved in providing care or treatment of a patient or client who is a friend or relative of the employee. If an employee becomes aware that a friend or relative has become a patient or client of the facility in which the employee works, the employee shall promptly notify their supervisor, who shall ensure the employee is not assigned to provide care or treatment for the individual. The employee is further expected to refrain from seeking or disclosing information concerning the treatment or condition of the patient or client except in accordance with the SCDMH Directive entitled "Privacy Practices."

B. For professional staff, it is uniformly contrary to standards governing the practice and conduct of the respective health care professions to form personal or business relationships with patients or clients under their care. Any professional employee who engages in conduct contrary to the standards published by the licensing body of the employee's respective profession is subject to discipline by the Department.

C. Treatment programs are structured to meet the patient's or client's treatment related needs for socialization without unnecessarily increasing the patient's or client's dependence on staff for social relationships. Moreover, such relationships may give rise to an appearance of impropriety, and compromise the public image and integrity of the Department. Therefore employees are prohibited from forming social or business relationships with patients or clients or former patients or clients except as outlined below:

1. Contacts as a result of the patient or client being a relative of the employee.

2. Any group social interactions that are a result of similar religious, political or civic affiliations.

3. Any approved group treatment, rehabilitation, socialization or business activities of the center or facility.

4. Contacts which are the result of the continuation of a social or business relationship which pre-dated the patient's or client's receipt of services from a Department of Mental Health facility or the employee's employment with the Department.

5. Social or business relationships with a former patient or client: (a) who was never under the direct care of the employee; and (b) which developed separate and distinct from the performance of official duties by the employee.

This Directive is effective January 1, 2007, and rescinds and supersedes SCDMH Directive No. 780-94, entitled "Prohibited Abusive, Neglectful and Exploitative Conduct Toward Patients and Clients."

John H. Magill

John H. Magill
State Director

January 18, 2007

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STATEMENT

I have been furnished a copy of the South Carolina Department of Mental Health directive entitled "Abuse, Neglect or Exploitation of Patients and Clients Prohibited" and will retain a copy for reference.

Date	Employee's Signature
	Employee's Name (Please Print or Type)
	Social Security Number

Please return this signed/dated Statement to your Center/Facility Personnel Department

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE DIRECTOR OF MENTAL HEALTH

DIRECTIVE NO. 905-12
3-400

TO: All Organizational Components

SUBJECT: Key/Lock/Access Control

THE FOLLOWING DOCUMENT IS TO BE INTERPRETED CONSISTENT WITH SECTION 41-1-110, CODE OF LAWS OF SOUTH CAROLINA. NOTHING IN THIS DOCUMENT OR ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR RELATED DOCUMENT, CREATES AN EMPLOYMENT CONTRACT, OR CONTRACTUAL RIGHTS OR ENTITLEMENTS. SCDMH RESERVES THE RIGHT TO REVISE THIS DOCUMENT AND ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR OTHER DOCUMENT. NO PROMISES OR ASSURANCES CONFLICTING WITH THIS STATEMENT CREATE AN EMPLOYMENT CONTRACT.

I. Purpose:

The purpose of this Directive is to provide adequate physical security for persons and property through the establishment of policies and procedures concerning key, lock and access control services for facilities and buildings. It is also to maintain strict control of key and access control distribution, and to ensure a recorded chain of accountability for all issued keys and accesses. This Directive is intended to enhance safety and security of Departmental clients, employees, and property, and shall be strictly adhered to. Although mainly directed to inpatient, administrative, and Community facilities in the Columbia area, this directive to provide key and access control is relevant to all of DMH. Centers and inpatient facilities outside the Columbia area are to develop similar control procedures for their buildings.

II. Policy:

Physical Plant Services:
Physical Plant Services (PPS) is responsible for creating and managing the Department's keying systems, excluding Community Mental Health Centers not maintained by PPS. These responsibilities include controlling the production, storage and issuance of keys; the replacement or re-keying of lock cylinders; the acquisition of new keying systems; providing and maintaining key management software; and the adherence to key system authorizations. PPS will only issue keys after properly completed authorizations have been received. PPS is responsible for restoring physical security in a timely manner whenever key control has been compromised.

Public Safety:
Public Safety is responsible for overall campus security. Any deviation from established security policies and practices must be submitted to the Deputy Director of Public Safety in writing for evaluation. Any changes to the established policy must be routed through the Key and Access committee and senior management.

Public Safety shall review all requests for changes in key and lock services and may stop

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the performance of such work deemed inappropriate for reasons of safety or security. Public Safety will also investigate any activity that it deems necessary as a result of a request for key or lock services.

DMH Divisions Key Managers and Key Approvers:
Each Division within the Department of Mental Health shall be responsible for establishing internal key and access control procedures in accordance with this Directive. It is the responsibility of each Division Deputy Director to appoint Key Approvers and Key Managers, and provide PPS and Public Safety with the names of buildings under their control. Key Managers are responsible for maintaining the Division's key control records using the key control software provided through PPS. Each Division Key Manager will request keys via the on-line request procedures through the PPS Key and Access Control Module. Each Division Key Manager will utilize the Key and Access Control Module provided by PPS to record and account for all key issues to individuals. Each Division Key Manager shall protect keys from loss, theft or unauthorized use; report lost or stolen keys immediately to the Director of Building Maintenance in PPS and the Deputy Director of Public Safety. The Key Manager is responsible for updating the software to reflect the key being returned. If the key is to be reissued the Key Manager must initiate a new approval process.

It is the Key Approvers responsibility to verify the need for the requested access.

Key Holders:
Key holders assume responsibility for safekeeping of the key. Keys are not to be loaned or made available to others. Holders are to report lost or stolen keys immediately to the appropriate Key Manager, Public Safety and PPS. Holders are to return all department keys to their Division Key Manager prior to terminating employment or changing Departments.

III. Procedure:

A. Key Level Authorization

1. Great Grand Master key: Provides access to all buildings within a particular key system within the Department. May extend beyond hospital or campus boundaries.

a. Approval level for key issuance: State Director
b. Restricted To: As deemed necessary by State Director
This key level should be closely restricted, if used at all

2. Grand Master Key: Provides access to all buildings within a particular hospital or campus system. Will not extend beyond particular hospital or campus.

a. Approval level for key issuance: Division Deputy Director or Designee
b. Restricted To: Program manager level, Public Safety, Physical Plant Services maintenance personnel and IT personnel.

3. Building Master Key: Provides access to all spaces within an individual building.

a. Approval levels for issuance: Division Deputy Director or Designee.
b. Restricted To: Program manager level, Public Safety, Physical Plant

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Services maintenance personnel and IT personnel. Multi-organizational buildings will require approval from all Key Approvers with occupants in the building.

4. Building Sub-master: Provides access to a group of spaces within a building or an activity area.

a. Approval level for key issuance: Division Deputy Director or Designee.
b. Restricted To: Activity area supervisor.

5. Individual Room/Door Key: Provides access to a room/office within an individual building.

a. Approval level for key issuance: Division Deputy Director or Designee

B. Requesting Keys

1. Each Division Director will be responsible for providing PPS Building Maintenance and Public Safety with a list indicating who has been designated as the Key Manager(s) and Key Approver(s) for their Division organizations. The list will clearly indicate which buildings the authorization covers. If the building has multiple Divisions the list must provide specific room numbers managed by the Key Manager. See Form attached. The Key Manager is the only person authorized to request keys for individuals.

2. All key requests submitted by the Key Manager will be routed through the proper electronic approval hierarchy to include the Key Approver and Public Safety.

3. After the Lock Shop receives all necessary approvals, the keys will be cut and delivered to the Key Manager. The Key Manager will sign for receipt of the keys and release the keys to the individuals in the Key and Access Control software. Then the keys can be distributed to the individuals. The individual receiving keys will be required to show their DMH ID and sign for the keys.

C. Issuing Keys to Contractors: Keys will be issued on a temporary basis to contractors working on Department projects. Access needed will be determined by the Project Manager and approved by Division designated Key Approver. Key issuance information will follow the same electronic process. The contractor is responsible for re-establishing security if the keys are not returned to the Department. This will include but is not limited to the cost to re-establish security. It is the responsibility of the project manager to collect keys from the contractor at the end of the project and return to the Lock Shop.

D. Lost, Stolen, Un-returned, and Broken Keys or Cards:

1. Lost & Stolen Keys or Cards

a. If a key or card is lost or stolen it must be immediately reported to Public Safety, PPS and the appropriate Key Manager.
b. A detailed incident report must be filed with Public Safety detailing the circumstances of the loss or theft within 24 hours.
c. A new key request procedure must be initiated for replacement keys.

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d. Each Division is responsible for the total cost of lock changes and new keys to secure the areas compromised by the lost or stolen keys. The charge for the key replacement will be $10.00 per key. The charge for the lock replacement is dependent on the number of locks requiring replacement.

2. Un-returned Keys or Cards

a. It is the responsibility of the authorizing entity to make every effort to secure keys and cards from personnel before terminating employment or moving to another department. If efforts fail to obtain the keys, they should be considered lost or stolen, and the policy outlined above under Lost & Stolen Keys should be followed.
b. A new key request procedure must be initiated for replacement keys.
c. Each Division is responsible for the total cost of lock changes and new keys to secure the areas compromised by un-returned, lost or stolen keys.

3. Broken or Damaged Keys or Cards

a. If a key or card is broken or otherwise damaged the pieces must be returned to the Division Key Manager. If a key is broken off in a lock or is malfunctioning a PPS Work Order should be initiated.
b. A new key or card will be issued after damage verification. There is no charge for the replacement.

E. Key Audits and Reports: Quarterly key audits will be conducted by PPS with each Key Manager. This will entail verification of the number of keys and cards in the virtual key cabinet and slot compared to the number of physical keys and cards held by the Key Manager. Additionally, a report will be run from SCEIS to verify that all employees that have keys released to them are still active employees.

F. Locks Removed from the Master Keying System: Circumstances may occur that result in specific areas requesting removal from the master keying system. Since removal eliminates the usual custodial, maintenance, and emergency services, special authorization and procedures are needed. A representative with a key would be required to unlock the space and be present in the event emergency entry is needed. These specific areas will normally fall in the High Risk or High Security categories such as controlled substance rooms, areas storing money, Public Safety evidence rooms, etc. Written request for such special keying will be submitted by the Division Key Approver, PPS and Public Safety for consideration. In the event of an emergency and Public Safety is unable to contact the individuals having keys, forcible entry will be necessary and billed to the Division responsible for that area.

G. Electronic Access Control: As funds allow, the Department plans to convert some buildings to electronic access control through the use of ACCESS card. Individual ACCESS card authorizations will be determined similar to the key authorizations established earlier in this Directive. Each Division Key Approver will determine which doors the employee's ID card will be allowed to access. The Division Key Manager will submit this authorization to PPS in the same manner as established for keys. PPS will program the door operator to only allow access to those employees authorized.

1. Key Override: In the event of emergency, the lock shop and public safety will have key override.

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2. Server Support: In the case of server failure, the door controller remembers the last set of commands/updates. It should work without the server being operational.

This Directive hereby rescinds and replaces South Carolina Department of Mental Health Directive No. 624-83, entitled Key/Lock Control.



John H. Magill, State Director

February 6, 2012

Key Managers Form

Key Approvers Form

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COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY

DATE: 10-15-97 Revised: 11-17-99, 2-6-02, 2-4-09, 5-24-2013	CATEGORY: Clinical	NUMBER: 2-06-97

TITLE: **Intake Policy**

PURPOSE: To describe the policy and procedure for persons to access services within the Columbia Area Mental Health Center and to describe priorities for screening and admission to treatment in the Center.

POLICY: It is the policy of the Columbia Area Mental Health Center to provide clear and easy access to mental health services to the citizens of Richland and Fairfield Counties. The Center will conduct an assessment to determine whether the individual is in need of mental health or other services and make referrals to the appropriate center or community program.

PROCEDURE:

SCREENING:

1. In Richland County, the person seeking service contacts Emergency/Intake Services (for adults) or the Child & Adolescent Program by telephone or in person. In Fairfield County, all persons seeking services contact the Fairfield County Mental Health Clinic.

2. A telephone or face-to-face screening interview by a mental health professional or other staff approved by the Executive Director will be provided on the same day that a request for services is made. The mental health professional will determine if the request for services seems appropriate for the mental health center, or if a referral to another agency should be made. When questions of eligibility are involved, a face to face assessment will be scheduled. If the person is clearly ineligible for Center services, a referral to another provider will be completed. If Columbia Area Mental Health Center services are appropriate, the mental health professional or other staff approved by the Executive Director will make a clinical judgment as to the urgency of the need for a face-to-face assessment. Individuals will be selected for a face to face assessment according to the following priority order:
   a. Individuals staff judge to have a psychiatric emergency
   b. Individuals being discharged from inpatient psychiatric treatment
   c. Individuals referred from detention or correctional facilities
   d. Non-emergency appointments.

3. Emergencies will be seen the same day. Urgencies will be seen within 2 working days. When the screening interview determines that the individual seeking services does not need urgent care, clients will be seen within 7 working days for a professional clinical assessment. For clients being discharged from inpatient facilities, an appointment for a scheduled assessment will be within seven (7) days of discharge and preferably within 3 days. Prior to the client's scheduled appointment, additional information may be gathered by telephone or questionnaire to facilitate an efficient and complete assessment.

ASSESSMENT AND TREATMENT:

4. Individuals who appear to have a psychiatric emergency will be provided a professional assessment immediately or as soon as arrangements can be made for the person seeking services to get to a safe site, ordinarily a Columbia Area Mental Health Center facility, Palmetto Health Richland Memorial Hospital, Palmetto Health Baptist Medical Center, or Fairfield Memorial Hospital Emergency

Room.

Distribution: All clinical staff, all policy manuals

5. When a person receives a face to face assessment, a mental health professional will conduct a clinical assessment and document the assessment on approved forms. Following the clinical assessment, additional appointments may be scheduled, or the consumer may be referred to a more appropriate provider. When necessary, the consumer will be immediately referred to a psychiatrist for further assessment or treatment disposition, e.g. hospital admission or prescription for medication. Center treatment priorities are as follows:

   a. Life threatening situation (homicide or suicide)
   b. Imminent risk of psychiatric or alcohol or drug hospitalization
   c. All psychotic disorders and mood disorders
   d. Any psychiatric condition that significantly impairs an individual's level of functioning
   e. Other problems which may be the focus of treatment.

6. If logistically possible, within 7 days of completion of the initial assessment, a staffing will occur for those consumers who are appropriate for Center services. This staffing will include a physician in the unit to which the consumer has been assigned for treatment services.

7. Waiting lists are not ordinarily used in the Center's intake process. All individuals deemed eligible for services or for a face to face assessment through the screening process will be given an appointment. All individuals given an appointment will be given information at the time of the screening concerning ways to re-contact the Center should they need services before the scheduled appointment. If a waiting list becomes necessary because the demand for services exceeding the capacity to respond in a timely manner, procedures will be developed that identify persons on the list and their needs, provide a periodic review of the list and identify any actions that are taken. The waiting list review will be documented appropriately.

PERSONS INELIGIBLE FOR SERVICES:

8. When a person is found ineligible for Center services after the initial screening or the professional assessment, or it is determined that another provider would be more appropriate, the person screened or assessed and the referral source will be informed as to the reasons the referral is being made and the reasons the person is ineligible for Center services.

PROGRAM SPECIFIC ADMISSIONS PRIORITIES:

9. Each program will supplement this policy with program specific admission criteria and priorities for screening, assessment and treatment. These priorities will be outlined in the program's brochures, handbooks (if appropriate) and Program Descriptions.

10. Individual Center programs may have limited capacity due to funding, space or staffing limitations. These programs may develop waiting lists as necessary. Procedures will identify persons on the list and their needs, provide a periodic review of the list and identify any actions that are taken. The waiting list review will be documented appropriately.

Robert Bank, M.D., Executive Director

Distribution: All clinical staff; All policy Manuals

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CAMHC
ADULT INTENSIVE SERVICES
Referral Form

☐New Solutions ☐Suicide Prevention ☐Connections ☐DBT ☐Impact ☐I.O.P ☐The Link

Date Rec'd:	**Acknowledged:**	**Staffing Date:**	**Decision:**
Case Manager:		**Office:**	**Phone #:**
Referring Doctor:		**Last PMA:**	**Day/Time of your Tx Team:**
Consumer:			**Center I.D. #:**
Address, City, Zip:			
Phone #:		**S.S. #:**	**DOB:**
Medicaid #:		**Medicare #:**	**Insurance:**

Reason for Referral : (Check all that apply)

☐ Multiple admissions to ER ☐ Hospitalizations
☐ Non compliance with meds ☐ Failed Appointments
☐ *Symptomatic Explain:
☐ *Other Explain:

☐ Suicidal Risk:
☐ Thoughts ☐ History of Attempts ☐ Plans
☐ *Explain:

Emergency Contact: **Phone#:** **Relationship:**

Current living situation: ☐ Alone ☐ Parents/Relatives ☐ Spouse ☐ Roommate ☐ Other

☐Unemployed ☐Currently Employed | **Place of employment:** **Telephone #:**

Current Diagnosis: Axis I **Axis III**

GAF: **Axis II** **Axis IV**

Describe Strengths, Abilities, and Preferences:

MEDICAL/ PSYCHIATRIC HISTORY

Current Medications (Psych and other):

Current Medical Problems: **Medication Compliance:** ☐ Yes ☐ No

Dates of Hospitalizations:

HISTORY OF ALCOHOL /DRUG USE

Name	Amount	Date of last usage	Where

Other Info: *(for New Solutions & Suicide Prevention, include ability to process, capacity for insight, and ability to take responsibility for own actions)*

*Complete entirely or note N/A - Unknown
*Add additional sheet if necessary

COMPLETE 2nd SHEET ONLY FOR NEW SOLUTIONS & DBT

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Suicide Hx:
Parasuicide Hx (Any tissue damage done w/out the intent of dying):
Affective Lability:
Problems with anger:
Chaotic relationships:
Fears of abandonment:
Difficulties with sense of self:
Impulsive behaviors:
Dissociative responses:
aranoid ideations:
Hx of anti-social Behaviors (arrests, imprisonments, aggressive acts):
CLIENT KNOWLEDGE OF DBT PROGRAM
Has Case manager discussed DBT program with client?
Reasons why Consumer wishes to participate in DBT:

AUTHORIZATION TO DISCLOSE SCDMH PROTECTED HEALTH INFORMATION

I, _____ (Name of requestor), at _____ Address (Street, City, State, Zip)

DOB _____, SS# _____, Medical Record # _____ authorize the release of my SCDMH health information, as specified below, for the following purpose: _____.

I authorize the release of the following information for the time period from: _____ to _____.

☐ Information from **all** SCDMH inpatient and outpatient facilities, centers, clinics, programs and offices

OR

☐ Information from (name of specific hospital): _____

AND **The information authorized to be released includes:**

- ☐ All information from above
- ☐ Diagnoses
- ☐ Clinical History & Evaluation
- ☐ Admission and Discharge Dates
- ☐ Individualized Treatment Plan Progress Summaries
- ☐ Discharge Summary (Summary of Treatment)
- ☐ Physician's Medication Orders
- ☐ History and Physical
- ☐ Psychiatric History and Mental Status Examination
- ☐ Consultant Notes
- ☐ Billing and Payment Information
- ☐ Written Summary (copy attached)
- ☐ Other: _____

This information should be released to:

Name: _____

Address: _____

Telephone No.: _____

Relationship: _____

I understand that the above information is protected by applicable law and if this form is not complete, SCDMH may not be able to release the information. I understand that the information may include alcohol/drug abuse and/or HIV/AIDS/ARC and other infectious disease information about me. I do not want the following information disclosed:

_____

This Authorization is valid for one year from my signing unless an earlier date, condition or event is specified here:

_____

I understand that information disclosed may be subject to re-disclosure by the entity named above. I may cancel this Authorization by writing the local Privacy Officer where I received or am receiving treatment. I understand that if I cancel this Authorization, SCDMH cannot take back any use or release made with my Authorization, and SCDMH must keep records of my treatment. I understand that I may refuse to sign this Authorization and my refusal will not limit my access to SCDMH treatment or other services. I also understand that applicable law may permit or require the use, disclosure or re-disclosure of information about me without my Authorization. I have been given a copy of this Authorization.

Signature of Individual/Personal Representative	Printed Name	Date

Authority if signed by Personal Representative _____

Signature of DMH Staff releasing information	Printed Name	Method of Release	Date Released

Patient Identification

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SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

MH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN

Service Description

MH Service Plan Development by Non-Physician is a face-to-face or telephonic interaction between a physician and a Mental Health Professional (MHP) to jointly assess the client's mental and physical strengths, weaknesses, social history, and support systems; and to establish treatment goals and treatment services to reach those goals.

Eligibility

All clients are eligible for MH Service Plan Development by Non-Physician.

Staff Qualifications

A physician or MHP may render this service.

Service Documentation

The CSN shall document the physician and MHP's involvement in the following:

- The development, staffing, review and monitoring of the POC
- Outcome data as it impacts diagnosis, treatment discharge plans, frequency and focus of types of service (may include progression through stages of change reduction in use, reduction in risky or harmful behavior associated with use, reduction in acute service utilization, as well as achievement of abstinence if the client has a co-occurring disorder)
- Confirmation of medical necessity
- Establishment of one or more diagnoses, including co-occurring substance abuse or dependence if present
- Recommended treatment

The MHP and the physician are required to sign and date the CSN corroborating the delivery of the service.

Service Content

MH Service Plan Development by Non-Physician is the joint interaction between a physician and MHP designed to:

- Assess the client's mental and physical history, mental status examination, symptoms, strengths,

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SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Service Content (Cont'd.)

weaknesses, social history and support systems, etc.

- Establish treatment goals and treatment services to reach these goals

The physician shall establish one or more diagnoses, including co-occurring substance abuse or dependence if present; confirm medical/psychiatric necessity of treatment; determine the appropriateness of treatment services – including the need for integrated treatment of co-occurring disorders; and upon periodic review, determine progress towards goals and justify continuation of treatment.

The MHP shall provide multidisciplinary input and assure effective linkage and continuity of care.

Billable Places of Service

MH Service Plan Development by Non-Physician may be provided at the community mental health center, inpatient hospital or other approved community mental health facility.

Billing/Frequency Limits

MH Service Plan Development by Non-Physician is billed in unit increments of 15 minutes for a maximum of two units per day.

Relationship To Other Services

No restrictions.





SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1322039



EMPLOYEE/CLAIMANT: **HARRY REESE**

EMPLOYER: **SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH**

INSURER: **STATE ACCIDENT FUND**

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION HEARING, THE WITHIN HEARING WAS TAKEN ON THE 6TH DAY OF APRIL, 2015, COMMENCING AT THE HOUR OF 1:41 P.M. IN COLUMBIA, SOUTH CAROLINA, BEFORE THE HONORABLE SUSAN S. BARDEN, ATTENDED BY COUNSEL AS FOLLOWS:

SALLYE DEANNE NELSON
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376

APPEARANCES

HARRY REESE, PRO SE'
8408 LITTLEJOHN DRIVE
COLUMBIA, SOUTH CAROLINA 29205

CLAIMANT, PRO SE'

PAGE P. SNYDER, ESQUIRE, OF THE FIRM
STATE ACCIDENT FUND
800 DUTCH SQUARE BOULEVARD
COLUMBIA, SOUTH CAROLINA 29210

ATTORNEY FOR THE EMPLOYER/INSURER.

LARA N. HURVITZ, ESQUIRE, OF THE FIRM
STATE ACCIDENT FUND
800 DUTCH SQUARE BOULEVARD
COLUMBIA, SOUTH CAROLINA 29210

ATTORNEY FOR THE EMPLOYER/INSURER.

ATTENDING:
HAROLD EDWARDS

I N D E X

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PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN COLUMBIA, SOUTH CAROLINA.

* * * * * * * * * * * * * * * *

BY COMMISSIONER BARDEN:

TODAY'S DATE IS APRIL 6TH, 2015. THIS IS SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION FILE NUMBER 1322039. THIS IS THE CASE OF THE CLAIMANT MR. HARRY REESE WHO IS PRESENT TODAY AND APPEARING PRO SE' VERSUS THE EMPLOYER THE SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH AND ITS CARRIER THE STATE ACCIDENT FUND, BOTH OF WHICH ARE REPRESENTED BY ATTORNEY PAGE SNYDER. THE PURPOSE OF TODAY'S HEARING IS TO DETERMINE ISSUES RAISED IN FORMS 50 AND 51. THIS IS A DENIED CLAIM; HOWEVER, THE PARTIES DO AGREE AND STIPULATE THAT MR. REESE'S AVERAGE WEEKLY WAGE IS $701.61 YIELDING A COMPENSATION RATE OF $467.76. THE DATE OF THIS ALLEGED ACCIDENT WAS OCTOBER 18TH, 2013.

ARE THERE ANY OBJECTIONS TO -- WELL, LET ME PREEMPT MS. SNYDER; SHE DOES HAVE AN OBJECTION. IN SOME OF THE SUBMISSIONS FROM MR. REESE, THERE ARE SOME EMAILS, AND THEN ON THOSE EMAILS ARE SOME HANDWRITTEN NOTES, AND MS. SNYDER ON BEHALF OF HER

CLIENTS OBJECTS TO THE HANDWRITTEN NOTES ON THE EMAILS, NOT THE EMAILS THEMSELVES, CORRECT?

BY MS. SNYDER:

YES, MA'AM.

BY COMMISSIONER BARDEN:

BUT THE HANDWRITTEN NOTES. AND BECAUSE I HAVEN'T SEEN ANY OF THEM, AND I DON'T REALLY KNOW WHERE THIS IS GOING, I'M GOING TO HAVE TO HOLD THAT OBJECTION IN ABEYANCE, BUT I WILL ADDRESS IT IN MY ORDER INSTRUCTIONS IN SOME FORM OR FASHION. IN ANY EVENT, MR. REESE COULD PROFFER THOSE. IT'D BE A LITTLE BIT DIFFICULT SINCE THEY'RE NOT SEPARATE DOCUMENTS. SO I MIGHT JUST HAVE TO GO AHEAD AND MAKE A DECISION ONE WAY OR THE OTHER ON THAT. ALSO, MS. SNYDER, ON BEHALF OF HER CLIENTS, OBJECTS IN THE SMALLER NOTEBOOK OF ARTICLES THAT MR. REESE HAS SUBMITTED ON HIS BEHALF, INCLUDING BUT NOT LIMITED TO SOME WIKIPEDIA ARTICLES, MAYO CLINIC ARTICLES, WEB M.D. IT IS THE CLAIMANT'S -- OR THE DEFENDANTS' POSITION IS THAT THESE ARE NOT MEDICAL RECORDS, AND THEY DON'T PERTAIN TO MR. REESE'S CASE OR TO MR. REESE, THEY ARE JUST ARTICLES. AND SO WHILE THEY ARE -- I'M CERTAINLY GOING TO OVERRULE THAT OBJECTION AND ALLOW THEM INTO EVIDENCE, I HAVE ADVISED THE PARTIES THAT THIS IS NOT EVIDENCE. IT

CERTAINLY IS NOT GOING TO BE THE LINCHPIN OF ANYBODY'S CASE. IT'S NOT EVEN GOING TO BE PIVOTAL, BUT THEY ARE JUST FOR INFORMATIONAL PURPOSES, BUT I'M GOING TO ALLOW THEM INTO EVIDENCE OVER YOUR OBJECTION. BUT THE -- THE HANDWRITTEN NOTES, THAT REMAINS IN ABEYANCE. ALL RIGHT. ARE THERE ANY FURTHER OBJECTIONS OR ANY OBJECTIONS TO JURISDICTION, VENUE, OR ANY OTHER ITEMS? DO YOU HAVE ANY OBJECTIONS, MS. SNYDER?

BY MS. SNYDER:

NO, MA'AM.

BY COMMISSIONER BARDEN:

DO YOU HAVE ANY OBJECTIONS?

BY MR. REESE:

NO, MA'AM.

BY COMMISSIONER BARDEN:

THANK YOU. WITHOUT OBJECTION, OR WITHOUT FURTHER OBJECTION THE COMMISSION FILE BECOMES A PART OF THE RECORD WITH THE EXCEPTION OF SELF SERVING DECLARATIONS AND UNSTIPULATED MEDICAL REPORTS.

PRIOR TO GOING ON THE RECORD, WE HELD A PREHEARING CONFERENCE. IT'S THE POSITION OF THE CLAIMANT THAT HE SUFFERED A COMPENSABLE INJURY BY ACCIDENT ARISING OUT OF AND IN THE COURSE AND SCOPE OF HIS EMPLOYMENT ON OR CULMINATED ON OCTOBER 18TH,

2013, ON WHICH DATE HE SUSTAINED A PSYCHOLOGICAL INJURY OR A MENTAL MENTAL INJURY BECAUSE OF THE TACTICS HIS SUPERVISOR OR SUPERVISORS ENGAGED IN INCLUDING BUT NOT LIMITED TO BULLYING, SLANDERING HIM, DEFAMATION, AND RETALIATION. IT IS HIS POSITION THAT THESE WERE NOT ORDINARY EMPLOYMENT ISSUES OR ORDINARY PERSONNEL ACTION BUT EMPLOYMENT -- - OR IN OTHER WORDS TACTICS TAKEN IN A VERY EXTRAORDINARY AND UNUSUAL MANNER, EVEN IF THEY ARE DISCIPLINE ISSUES, THAT THEY WERE TAKEN IN EXTRAORDINARY AND AN UNUSUAL MANNER AND NOT ORDINARY BY ANY MEANS. SO LET'S GO OFF THE RECORD, SIR.

(OFF THE RECORD)

BY COMMISSIONER BARDEN:

WE ARE BACK ON THE RECORD, AND THE CLAIMANT IS NOT CERTAIN OF THE DATES THAT HE WAS WRITTEN OUT OF WORK, BUT HE DOES SEEK TEMPORARY DISABILITY BENEFITS, AND HE BELIEVES THAT THE EVIDENCE WILL HAVE THOSE OR PROVIDE THOSE DATES. HE SEEKS REIMBURSEMENT FOR EXPENSES HE'S INCURRED THUS FAR WITH REGARD TO THE EVALUATION AND TREATMENT OF HIS CONDITION, INCLUDING BUT NOT LIMITED TO THE BILLS THAT HE HAS INCURRED WITH DR. KIRKLAND AND CAROL ANDERSON, BUT ANY BILL CAUSALLY RELATED TO HIS WORK-RELATED INJURY, HE WOULD LIKE THE DEFENDANTS TO BE

REQUIRED TO REIMBURSE HIM FOR THAT. AS HE HAS NOT REACHED MAXIMUM MEDICAL IMPROVEMENT, ANY DETERMINATION OF PERMANENCY WOULD BE PREMATURE. HE ALSO ASKS THAT HIS ANNUAL AND SICK LEAVE BE REINSTATED. COMMISSIONER JAMES SIGNED AN ORDER IN JANUARY OF 2015 ADVISING MR. REESE OF HIS RIGHT TO SECURE COUNSEL, AND SHE ACTUALLY POSTPONED THE HEARING. AND, OF COURSE, MR. REESE, YOU ARE HERE REPRESENTING YOURSELF TODAY. IS THAT -- I JUST WANT TO MAKE SURE THE RECORD IS CLEAR THAT COMMISSIONER JAMES DID ADVISE YOU OF THAT RIGHT AND THERE IS AN ORDER IN THE FILE.

BY MR. REESE:

YES, MA'AM.

BY COMMISSIONER BARDEN:

AND YOU UNDERSTAND THAT YOU HAVE APPEAL RIGHTS AS WELL. IF YOU'RE DISSATISFIED OR UNHAPPY WITH WHAT I DO HERE TODAY -- OR THE DECISION WON'T BE MADE TODAY, 'CAUSE YOU CAN SEE IT'S GOING TO TAKE SOME TIME TO READ THROUGH ALL OF THIS. I CAN'T POSSIBLY DO THAT TODAY.

BY MR. REESE:

YES, MA'AM.

BY COMMISSIONER BARDEN:

BUT HOPEFULLY IN THE NEXT WEEK OR TWO Y'ALL

WILL GET SOMETHING. BUT YOU UNDERSTAND THAT YOU HAVE A RIGHT TO AN APPEAL JUST LIKE MS. SNYDER'S CLIENTS DO, AND I EXPLAINED THAT TO YOU, CORRECT?

BY MR. REESE:

YES, MA'AM.

BY COMMISSIONER BARDEN:

ALL RIGHT. ALL RIGHT. IT IS THE POSITION OF THE DEFENDANTS THAT BENEFITS UNDER THE ACT SHOULD BE DENIED, AND THE DEFENDANTS BELIEVE THAT THE CLAIMANT CANNOT MEET HIS BURDEN OF PROVING AN EXTRAORDINARY UNUSUAL CIRCUMSTANCES OR CONDITIONS OF EMPLOYMENT VIS-A-VIS THE ORDINARY CONDITIONS OF THE CLAIMANT'S PARTICULAR EMPLOYMENT. THE DEFENDANTS WOULD CONTEND THAT ANY PROBLEMS WHICH THE CLAIMANT POINTS TO ARE TYPICAL EMPLOYMENT ISSUES, NOT TAKEN IN AN EXTRAORDINARY AND UNUSUAL MANNER, WHETHER IT WAS DISCIPLINE OR DEMOTION I'M NOT SURE. OBVIOUSLY, THIS WILL BE DRIVEN BY THE TESTIMONY AND WHATEVER WRITTEN RECORDS WE HAVE. AND AS COMMISSIONERS DON'T RECEIVE ANY RECORDS UNTIL THE TIME OF THE HEARING, I AM NOT CERTAIN AS TO WHAT THOSE EMPLOYMENT ISSUES WOULD BE, BUT I'M SURE THAT WILL BE EXPLORED. THE -- WE'VE COVERED THE OBJECTIONS THAT THE DEFENDANTS HAVE. BUT THE DEFENDANTS BELIEVE THAT BENEFITS UNDER THE ACT SHOULD BE DENIED, THAT THE CLAIMANT

CANNOT MEET HIS BURDEN OF PROOF, AND, THEREFORE, HIS CLAIM SHOULD FAIL. ALL RIGHT. IS THAT A FAIR, ALBEIT, NUTSHELL SUMMARY OF YOUR RESPECTIVE POSITIONS BEFORE WE HEAR FROM MR. REESE AND POSSIBLY MR. EDWARDS? ARE YOU SATISFIED WITH THAT LITTLE SUMMARY?

BY MR. REESE:

YES, MA'AM.

BY COMMISSIONER BARDEN:

I'M NOT TALKING ABOUT WHERE YOU GET TO MAKE A STATEMENT, BUT YOU'RE SATISFIED WITH THAT?

BY MR. REESE:

YES, MA'AM.

BY COMMISSIONER BARDEN:

MS. SNYDER, ARE YOU, OR IS THERE SOMETHING YOU WISH TO ADD?

BY MS. SNYDER:

NO, MA'AM. YOU'VE COVERED IT.

BY COMMISSIONER BARDEN:

OKAY, ALL RIGHT. THANK YOU. ALL RIGHT. MR. REESE, YOU'RE TESTIFYING ON YOUR BEHALF. YOU TOLD ME YOU DON'T HAVE ANY WITNESSES, CORRECT?

BY MR. REESE:

YES, MA'AM.

BY COMMISSIONER BARDEN:

OKAY. IF YOU WILL RAISE YOUR RIGHT HAND, PLEASE.

* * * * * * * * * * * *

THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE MATTER HEREIN:

HARRY REESE

BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

BY COMMISSIONER BARDEN:

PLEASE STATE YOUR FULL NAME FOR THE RECORD.

BY THE CLAIMANT:

HARRY EUGENE REESE, SENIOR.

BY COMMISSIONER BARDEN:

THANK YOU SO MUCH. PLEASE ANSWER ANY QUESTIONS THAT MS. SNYDER MAY HAVE FOR YOU.

DIRECT EXAMINATION BY MS. SNYDER:

Q. MR. REESE, I'M JUST GOING TO GO THROUGH SOME BACKGROUND STUFF FIRST AND GET THAT OUT OF THE WAY. YOU'VE ALREADY SAID -- YOU'VE STATED YOUR FULL NAME, BUT CAN YOU TELL US HOW OLD YOU ARE?

A. FORTY-SEVEN.

Q. AND HOW FAR DID YOU GET IN SCHOOL?

A. A MASTER'S DEGREE.

Q. AND WHERE DID YOU GET YOUR MASTERS FROM?

A. UNIVERSITY OF SOUTH CAROLINA.

Q. AND WHAT -- WHAT AREA IS YOUR MASTERS IN?

A. SOCIAL WORK.

Q. OKAY. AND WHEN DID YOU RECEIVE THAT DEGREE?

A. MY ---

BY COMMISSIONER BARDEN:

AND I'M GOING TO ASK YOU IF YOU'LL MOVE YOUR HAND, BECAUSE IT -- IT BLOCKS THE SOUND FOR US.

BY THE CLAIMANT:

OKAY.

BY COMMISSIONER BARDEN:

THERE YOU GO.

THE WITNESS ANSWERS:

A. I THINK IT'S -- I CAN'T REMEMBER. IT'S 2000-AND-SOMETHING. I CAN'T REMEMBER.

BY COMMISSIONER BARDEN:

IN THE 2000s YOU GOT IT?

BY THE CLAIMANT:

YEAH. UH-HUH.

BY COMMISSIONER BARDEN:

THAT'S GOOD ENOUGH. GO AHEAD. AND IT MIGHT BE IN HERE SOMEWHERE ELSE.

DIRECT EXAMINATION RESUMED BY MS. SNYDER:

Q. AND ARE YOU A LICENSED SOCIAL WORKER?

A. NO, MA'AM.

Q. YOU JUST HAVEN'T COMPLETED THE CERTIFICATION FOR THAT YET?
A. NO, MA'AM.
Q. ARE YOU WORKING TOWARDS THAT?
A. YES, MA'AM.
Q. OKAY.
A. I'M TRYING TO.
Q. OKAY. AND YOU ARE AN EMPLOYEE AT THE DEPARTMENT OF MENTAL HEALTH; IS THAT RIGHT?
A. YES, MA'AM.
Q. WHAT IS YOUR POSITION AT THE DEPARTMENT OF MENTAL HEALTH?
A. HUMAN RESOURCES COORDINATOR ONE, A MENTAL HEALTH PROFESSIONAL.
Q. OKAY. AND CAN YOU EXPLAIN TO US WHAT THAT -- WHAT YOU DO IN THAT POSITION?
A. PROVIDE THERAPY TO THOSE WHO -- WHO HAVE A SEVERE MENTAL ILLNESS OR -- OR -- OR A SUBSTANCE DISORDER OR DUAL, WHO THOSE WHO ARE DUALLY DIAGNOSED.
Q. AND DUALLY DIAGNOSED MEANS THAT THEY WOULD HAVE A MENTAL ILLNESS AND A SUBSTANCE ABUSE ISSUE?
A. YES, MA'AM.
Q. AND YOU TAUGHT ME THAT IN YOUR DEPOSITION. OKAY. HOW LONG HAVE YOU BEEN AT THE DEPARTMENT OF MENTAL HEALTH?

A. MAYBE -- I THINK THIS YEAR WOULD BE SEVEN YEARS.

BY COMMISSIONER BARDEN:

AND ARE YOU THERE NOW? ARE YOU EMPLOYED WITH THEM NOW?

BY THE CLAIMANT:

YES, MA'AM.

BY COMMISSIONER BARDEN:

OKAY.

DIRECT EXAMINATION RESUMED BY MS. SNYDER:

Q. ARE YOU MARRIED?

A. NO, MA'AM.

Q. WHERE DO YOU LIVE?

A. DO YOU WANT THE ADDRESS?

Q. YES, PLEASE.

A. 8408 LITTLEJOHN DRIVE, COLUMBIA, 29209.

Q. AND WHO LIVES THERE WITH YOU?

A. RIGHT NOW, IT'S MY SISTER -- MY OLDEST SISTER, HER TWO CHILDREN, MY YOUNGEST SISTER AND HER SON.

Q. IS YOUR MOM NOT LIVING WITH YOU ANYMORE?

A. NO, MA'AM. SHE -- SHE LEFT. SHE LEFT I THINK MAYBE TWO MONTHS AGO. YEAH.

Q. OKAY. DO YOU HAVE ANY CHILDREN?

A. YEAH. ALTHOUGH MINE ARE GROWN. LITTLE CHRIS IS 22, AND HARRY IS 24.

Q. AND ONE Of YOUR CHILDREN IS INCARCERATED; IS THAT

RIGHT?

A. CORRECT.

Q. AT KERSHAW?

A. CORRECT.

Q. OKAY. SO WE'RE HERE ON YOUR FORM 50 THAT YOU FILED, AND ON YOUR FORM 50 YOU INDICATED A DATE OF INJURY OF OCTOBER 18TH, 2013. CAN YOU TELL ME WHAT HAPPENED ON THAT DATE?

A. WELL, I'M SO SICK OF THIS. WELL ---

BY COMMISSIONER BARDEN:

AND I -- BUT I HAVE TO KNOW OR I CAN'T MAKE A DECISION. AND I -- AND I KNOW THAT IT -- PARTS OF IT MAY BE PAINFUL FOR YOU TO TALK ABOUT, BUT I -- THE BURDEN OF PROOF IS ON YOU. YOU'RE GOING TO HAVE TO EXPLAIN THIS STUFF TO ME. AND I -- YOU KNOW, AND I'M NOT TRYING TO MAKE YOU UNCOMFORTABLE OR THIS TO BE AN UNPLEASANT EXPERIENCE, BUT THEY -- THEY HAVE NO BURDEN, IT'S ON YOU.

A. OKAY.

Q. SO YOU'VE GOT -- YOU GOT TO TELL ME IF YOU WANT TO PURSUE THE CLAIM WHAT HAPPENED.

A. YES, MA'AM.

Q. JUST AS BEST YOU CAN.

A. WELL, PRIOR TO OCTOBER, I WENT TO NEW ALPHA, WHICH WAS -- IS A ---

Q. NEW WHAT? I'M SORRY.
A. NEW ALPHA.
Q. NEW ALPHA?
A. YES, MA'AM.
Q. OKAY.
A. YES. YES, MA'AM. EXCUSE ME.
Q. THAT'S OKAY. NEW ALPHA, YOU WENT TO NEW ALPHA PRIOR TO OCTOBER 2013, AND WHAT IS NEW ALPHA?
A. NEW ALPHA IS A BOARDING HOME, WHICH THE COURT, PROBATE COURT, OFTEN TIMES SEND CLIENTS THERE FOR RESTRICTIVE OR STRUCTURED PLACEMENT. IT IS SIMILAR TO THAT OF A COMMUNITY RESIDENTIAL CARE FACILITY, BUT IT IS VERY SUCCESSFUL WITH THEM WORKING WITH THE CLIENTS THAT WE ACTUALLY ASSIST IN GETTING PLACEMENT THERE.
Q. OKAY.
A. WELL, AND I CAN'T REMEMBER THE EXACT DATE. I WENT TO COURT WITH THIS CLIENT WHO WAS NON-COMPLIANT OF HIS COURT ORDER. SO, MR. RICK NICHOLS WHO WAS THE OWNER OF NEW ALPHA ACTUALLY WENT TO COURT WITH -- CAME TO COURT, AND HE TOOK THE CLIENT ON DOWN -- WELL, HE HAD ONE OF HIS VAN DRIVERS TAKE THE CLIENT DOWN TO THE PLACEMENT. WELL, IN ANY PLACEMENT THAT WE REFER A CLIENT TO, WE HAVE TO MAKE SURE THAT THE MOST IMPORTANT THING THAT THE CLIENT HAS WITH THEM

IS THEIR MEDICATIONS.

Q. OKAY.

A. WELL, UNFORTUNATELY THIS CLIENT DID NOT HAVE HIS MEDICATIONS. HE HAD HIS MEDICATIONS AT HIS MOTHER'S HOME, AND AFTER COURT I WENT BACK TO WORK. AND I WAS DOING MY DOCUMENTATION. AND THEN I HAPPENED -- AND I JUST HAPPENED TO LOOK AT THE CLOCK; IT WAS 4:30. I STOPPED WHAT I WAS DOING, AND I GOT IN ONE OF THE AGENCY CARS, AND I WENT TO THE CLIENT'S MOTHER'S HOUSE ON BUSH RIVER -- OFF OF BROAD RIVER ROAD, AND SHE WAS BASICALLY TELLING ME SOME THINGS THAT WAS GOING ON WITH THE CLIENT, WHICH WAS REALLY BIZARRE. SO I LEFT IT, YOU -- AFTER TALKING WITH HER, I LEFT THE HOME, AND I WENT TO -- BACK TO THE JOB TO DROP THE CAR OFF, THE AGENCY CAR. AND GOT IN MY PERSONAL VEHICLE AND WENT TO THE CLIENT'S AUNT'S HOUSE. AND I KNOW THIS IS A LONG DRAWN OUT STORY, AND ---

Q. THAT'S OKAY.

A. I WENT ---

Q. SO YOU -- YOU GOT YOUR OWN CAR AT THAT POINT?

A. YEAH.

Q. AFTER YOU LEFT THE MOM'S HOUSE, YOU WENT BACK TO THE AGENCY, DROPPED OFF THE STATE CAR, AND THEN GOT YOUR OWN CAR?

A. YES, MA'AM.
Q. ALL RIGHT. AND THEN TELL ME WHAT HAPPENED.
A. THEN I WENT TO GONZALES GARDEN WHERE HIS AUNT LIVES.
Q. GONZALES GARDEN?
A. YES, MA'AM.
Q. OKAY.
A. 'CAUSE HE SAID FOR SOME STRANGE REASON HE LIVED WITH HIS MOM, BUT HIS CLOTHES WAS AT HIS AUNT'S HOUSE. WHEN I GOT TO HIS AUNT'S HOUSE, I MET WITH THIS DISTINGUISHED GENTLEMAN WHO SAID, WELL, HE DIDN'T KNOW ANYTHING WHAT I WAS TALKING ABOUT. SO I HAD TO COME BACK AND TALK WITH THE AUNT LATER ON. SO I LEFT THERE, AND I WENT DOWN TO HOPKINS, 1436 LOU DOBSON ROAD, WHERE NEW ALPHA WAS, AND I JUST SAT THERE 'TIL -- 'TIL IT HIT ME, YOU KNOW, THESE GUYS HAVE MOVED TO EASTOVER. SO THEN I WENT DOWN TO EASTOVER, AND MY ONLY -- AND I -- AND I -- I SHARE WITH EVERYBODY, MY ONLY -- MY ONLY REASON FOR GOING DOWN TO NEW ALPHA WAS TO PROCESS THAT CLIENT INTO A PLACEMENT AND GIVE HIM HIS MEDICATION. WELL, WHEN I GOT THERE, I WENT UPSTAIRS AND -- AND -- AND MR. NICHOLS WAS THERE, AND HE WAS SHOWING ME SOME OF THE STRUCTURAL THINGS THAT HE MADE TO THE HOUSE TO MAKE SURE THAT THE HOUSE WAS SAFE FOR THE CLIENT. THEN I'M -- AS I'M SITTING THERE TALKING WITH HIM, A -- A

CLIENT COMES OUT, AND HE'S FRUSTRATED. SO MR. NICHOLS -- AND ALL OF THIS IS DOCUMENTED -- MR. NICHOLS SAID SOMETHING TO HIM, AND -- AND HE ASKS HIM WHAT WAS WRONG WITH HIM. AND THEN THE -- THE CLIENT SAYS HE WANTED HIS MONEY BACK BECAUSE MENTAL HEALTH WAS GOING TO MOVE HIM AND ET CETERA, ET CETERA, ET CETERA. WELL, WE TRIED TO CALM THIS CLIENT DOWN, AND -- AND IN FACT, HIS MOM AND HIS GRANDMOTHER WAS THERE VIA TELEPHONE, AND -- BUT WE TRIED TO CALM THIS CLIENT DOWN, AND HE GOT, HE WAS SO AGITATED, BECAUSE HE KEPT SAYING THAT HIS CASE MANAGER WAS GOING TO MOVE HIM. SO WE FINALLY GOT THIS YOUNG MAN CALMED DOWN, AND WHEN I LEFT -- WELL, PRIOR TO LEAVING, MR. NICHOLS SHOWED ME A -- A TEXT SAYING, FROM -- FROM THE YOUNG MAN'S MOM, 'CAUSE EVEN HIS MOM AND HIS GRANDMAMA TRIED TO -- TO CALM THIS YOUNG MAN DOWN, AND IT -- IT WASN'T -- IT WASN'T WORKING. AND SO PRIOR TO ME LEAVING, MR. NICHOLS SHOWED ME AN EMAIL SAYING WHERE THE MOTHER SENT HIM SAYING, WE TOLD MELVIN WE DIDN'T WANT TO MOVE THIS CLIENT BECAUSE OF SUCH AND SUCH AND SUCH, WHETHER, YOU KNOW, AND THE CLIENT WHAT DID. WELL, FRIDAY WHEN I GET TO WORK, YOU KNOW, 'CAUSE THE CLIENT ASKED ME, HE SAID, RICK -- AND RICK SAID, "WELL, I'M NOT GIVING YOU YOUR MONEY BACK, BECAUSE I

DIDN'T GET A THIRTY DAY NOTICE," DA DA DA DA DA DA DA. AND THE CLIENT GOT INCREASINGLY AGITATED. AND THE MOM KEPT -- AND THE MOM KEPT SAYING, "WELL, MELVIN DID TELL US HE WAS GOING TO MOVE THE CLIENT." WELL, WHEN I GET BACK TO THE OFFICE, THE CLIENT COMES IN THAT FRIDAY MORNING AND TOLD HIS CASE MANAGER THAT HARRY SAID -- HARRY WENT DOWN TO NEW ALPHA AND TOLD RICK THAT HE -- HE WAS GOING TO MOVE ME, AND -- AND THAT'S WHEN RICK VERBALLY ABUSED ME TO THE POINT THAT HE WAS CRYING AND ALL THIS OTHER STUFF, WHICH IS TOTALLY UNTRUE. SO AND MIND YOU, WHEN I'M -- WHEN I'M -- WHEN I -- WHEN I GET THE INFORMATION, IT'S NOT FROM -- FROM THE -- THE CLIENT'S CASE MANAGER, IT'S NOT FROM THE CASE MANAGER SUPERVISOR, IT'S FROM ANOTHER EMPLOYEE THAT COMES TO TELL ME, SAID, HEY, "THIS IS WHAT'S GOING ON I THINK YOU NEED TO BE AWARE OF." I SAID, "OKAY." WELL, WHAT I DID TO TRY TO MINIMIZE ANY CONFUSION, 'CAUSE I KNOW THIS YOUNG LADY, AND ALL THE HISTORY IS HERE. SO WHEN THEY SAY THIS IS SELF SERVING, IT IS FACTS, ALL THE HISTORY. AND THESE PEOPLE DID NOTHING TO HELP. WHEN I SAY NOTHING TO HELP, THEY DID NOTHING TO HELP. THEY ALLOWED THIS YOUNG LADY TO CONTINUE HER NONSENSE 'TIL I'M IN THE POSITION I'M IN NOW.

Q. WHO IS THE YOUNG LADY WE'RE TALKING ABOUT?
A. MS. MARIA MARIN.
Q. DO YOU KNOW HOW TO SPELL MARIA'S LAST NAME?
A. M-A-R-I-N.
Q. OKAY. MARIA MARIN.
A. AND WHEN ---
Q. ALL RIGHT. AND WHERE DOES SHE FIGURE IN? BECAUSE LET ME TELL YOU, I'M GOING TO GO BACK YOU UP A LITTLE BIT, BECAUSE WE'RE TALKING ABOUT TWO DIFFERENT CLIENTS I THINK. YOU WENT TO NEW ALPHA, BECAUSE YOU WERE ORIGINALLY TRYING TO PROCESS THIS FIRST PERSON YOU WERE TALKING ABOUT TO GET HIS MEDS. BUT THE PERSON THAT CAME OUT AND WAS AGITATED IS THE -- IS NOT THE SAME PERSON?
A. IT'S NOT THE SAME PERSON.
Q. IS THAT ANOTHER ---
A. NO, MA'AM.
Q. OKAY. AND SO THE WHOLE INCIDENTS AROUND THIS PERSON THAT CAME OUT THAT WAS AGITATED WHILE YOU WERE AT NEW ALPHA?
A. YES, MA'AM.
Q. AND TELL ME WHAT MARIA MARIN DID, AND WHO IS MARIA MARIN?
A. LET -- LET -- WELL, MARIA MARIN IS ---
Q. SEE, I DON'T GET ANY OF THIS STUFF AHEAD OF TIME.

SO I -- I WISH I WERE PREPARED TO KNOW WHAT YOU'RE TALKING ABOUT, BUT I'M NOT. I'M GOING TO HAVE TO READ IT AFTER THE FACT.

A. YEAH.

Q. THEY DON'T GIVE ME STUFF UNTIL THE TIME OF THE HEARING. SO YOU'RE -- YOU'RE EDUCATING ME RIGHT NOW IS WHAT YOU'RE DOING. AND I KNOW YOU'RE HAVING TO GO THROUGH ALL OF THIS, AND I HATE THAT, BUT I -- I HAVE TO UNDERSTAND ---

A. YES, MA'AM.

Q. --- SO I CAN MAKE A DECISION. ALL RIGHT. SO TELL ME ABOUT MARIA MARIN?

A. WELL, MARIA MARIN WAS MY -- WELL, WHEN I FIRST STARTED IN 2008 -- AND I HATE TO KEEP GOING BACK. WHEN I FIRST STARTED IN 2008, I WAS ASSIGNED TO INDEPENDENCE HOUSE. I HAD MS. ANITA LEE, ROBERT FELDER, MR. HANK EDLANDS, MS. CHERYL MCCLINTON, ALL SERVED AS MY SUPERVISOR. AND WHEN AN OPENING CAME UP AT NEW HORIZONS, OF WHICH MARIA MARIN WAS THE SUPERVISOR, I APPLIED FOR IT. EVERYBODY KEPT TELLING ME, "HARRY, DON'T YOU GO DOWN THERE, 'CAUSE -- 'CAUSE THAT LADY CRAZY." I SAID, "OKAY." NO. BECAUSE THE REASON WHY I WANTED TO GO DOWN THERE IS BECAUSE IT'S CLOSER TO WHERE I LIVE, AND THE PROGRAM THAT I HAD WORKING UNDER -- PUT BACK, I GET -- WHEN

I GOT OFF AT -- AT WORK AT FOUR, I COULD IMMEDIATELY GO DOWN TO THE PROGRAM AND WORK THAT PROGRAM. SO IT WAS ---

Q. SO YOU APPLIED FOR WORK AT NEW HORIZONS OR YOU APPLIED TO BE AT THAT FACILITY?

A. YES, MA'AM.

Q. AND MARIA MARIN WAS THE SUPERVISOR?

A. YES, MA'AM.

Q. IS MARIA MARIN ONE OF THE PEOPLE THAT YOU ARE ALLEGING HAS BULLIED YOU?

A. OH, YES, MA'AM.

Q. OKAY. SO SHE -- IS SHE THE MAIN PERSON, THE ONLY PERSON?

A. SHE'S ONE OF THE MAIN PERSONS.

Q. OKAY.

A. SHE IS THE MAIN PERSON, BUT THE ---

Q. THE MAIN PERSON?

A. YES, MA'AM.

Q. OKAY, ALL RIGHT. GO AHEAD, SIR. I'M -- I'M JUST TAKING NOTES.

A. WRAP IT UP?

Q. I APOLOGIZE. I'VE -- I'VE MESSED YOU UP AS FAR AS YOUR TRAIN OF THOUGHT. LET ME TELL YOU WHERE YOU WERE. YOU WERE -- SAID, WELL, WE TALKED ABOUT THE CLIENT CAME OUT AND WAS AGITATED, HE THOUGHT HE WAS

BEING MOVED AROUND. AND THEN YOU WENT TO MARIA MARIN. SHORTLY AFTER THAT YOU WERE TALKING ABOUT WHAT THIS LADY DID.

A. OH. I -- I WENT TO NEW HORIZONS. I APPLIED FOR THAT JOB ---

Q. RIGHT.

A. --- AT NEW HORIZONS.

Q. RIGHT.

A. AND I GOT IT. WELL, I WORKED THAT JOB FOR SIX MONTHS, AND ALL OF A SUDDEN, APRIL FOOLS, THE -- THE -- THE STAFF OVER THERE WROTE ON AGENCY STATIONARY THAT I WAS TERMINATED FOR BEING LATE AND SOME OTHER ODD -- ODD THINGS. AND -- AND, YES, I WAS DISTRAUGHT. I WENT BACK TO MY OFFICE AND I -- AND I LOOKED AT THAT LETTER, AND I NOTICED THAT, YOU KNOW WHAT? THIS LETTER'S NOT SIGNED BY ANYBODY. SO LIKE, I FIGURED IT WAS A JOKE. AND THEN EVERYBODY ELSE SAID IT WAS A JOKE. AND AT THAT TIME, MS. MARIN WAS NOT THERE.

Q. SO SHE'S NOT THE ONE THAT -- THAT PLAYED THE JOKE?

A. NO, MA'AM.

Q. OKAY.

A. BUT WHEN SHE GOT ---

Q. SO THESE ARE JUST CO-WORKERS THAT PLAYED THE JOKE?

A. YES, MA'AM.

Q. OKAY.

A. BUT WHEN SHE GOT WIND OF IT, SHE CAME AND TALKED TO ME, AND SHE SAID, "WELL, HARRY, ARE YOU ALL RIGHT?" I SAID, 'MARIA, I'M ALL RIGHT. IT WAS JUST A JOKE." THEN SHE SAID -- AND THAT -- THAT WAS A FRIDAY. SHE SAID, "OKAY. ALL IS WELL, DONE."

Q. SO SHE ASKED YOU IF YOU WERE OKAY?

A. YEAH. AND I WAS OKAY.

Q. OKAY.

A. SO MONDAY, WHEN I GOT BACK TO WORK, THE FIRST THING THIS YOUNG LADY COMES TO ME, MS. MARIN, IF YOU WILL, COMES TO ME AND SAID, "OH, I GOT TO DO SOMETHING ABOUT THIS, 'CAUSE THEY SHOULDN'T HAVE." "WELL, LISTEN, IF I SAID ON FRIDAY I'M FINE WITH IT, LEAVE ME ALONE WITH IT." I HAD NOTHING ELSE TO DO WITH IT. IT SHOULD HAVE JUST BEEN STOPPED. AND WHATEVER YOU WAS GOING TO DO WITH THOSE INDIVIDUALS WHO DID THIS, YOU HANDLE THAT. BUT DON'T -- YOU DON'T -- YOU TELL ME THAT THIS IS WHAT YOU'RE GOING TO DO. BUT A -- A CONVERSATION ---

Q. SO SHE TOLD YOU SHE WAS GOING TO PUNISH THEM?

A. YEAH. SHE WAS GOING -- SHE HAD TO DO SOMETHING ABOUT IT, 'CAUSE SHE TALKED TO HUMAN RESOURCES AND TO SEE WHAT YOU -- WELL, I AIN'T GOT NOTHING TO DO WITH THAT.

Q. ALL RIGHT.
A. AND I SAID I'M FINE WITH IT ON FRIDAY. SO -- SO BUT SHE SAID -- SHE SAID, "I THOUGHT ABOUT IT OVER THE WEEKEND, AND I HAVE SOMETHING THAT, YOU KNOW, I TALKED TO HUMAN RESOURCES." AND SHE SAID, "I -- I HAD TO DO SOMETHING." OKAY. I SAID, "OKAY, FINE." SO A CONVERSATION FOR HER TO TELL ME THAT PROBLEM COULD HAVE LASTED NO MORE THAN FIVE OR TEN MINUTES. I'M SITTING IN THIS YOUNG LADY'S OFFICE TWO HOURS. AND THIS YOUNG LADY IS GOING DOWN A LAUNDRY LIST OF -- OF THINGS THAT SHE'S TALKING ABOUT OTHER EMPLOYEES AND HOW OTHER EMPLOYEES HAD CAME AND TOLD -- TOLD HER THAT ME AND A RECEPTIONIST WAS HAVING AN AFFAIR AND ALL THIS AND THAT.
Q. YOU AND THE RECEPTIONIST YOU WERE HAVING AN ---
A. ME AND MY ---
Q. OH. OH.
A. ME AND A RECEPTIONIST WAS HAVING AN A ---
Q. YOU AND A RECEPTIONIST? OKAY.
A. --- AFFAIR. AND I SAID, "OKAY." I SAID, "MARIA, THIS IS WHAT I'M GOING TO DO, I'M ---
Q. ARE -- WERE YOU -- WERE YOU HAVING AN AFFAIR WITH THE RECEPTIONIST?
A. NO, MA'AM.
Q. OKAY. I'M -- AND I GOT TO ---

A. AND BUT I'M NOT EVEN -- I WASN'T EVEN, I'M -- I'M STILL NOT MARRIED. I'M NOT EVEN MARRIED.

Q. OKAY. SO SOMEBODY ---

A. AND THE YOUNG LADY IS NOT MARRIED.

Q. SOMEBODY TOLD MS. MARIN THAT YOU WERE HAVING AN AFFAIR WITH THE RECEPTIONIST?

A. YEAH.

Q. OKAY.

A. AND ALL THIS OTHER STUFF.

Q. OKAY.

A. AND SO I SAID, "MS. MARIN, I DO NOT -- I DON'T APPRECIATE YOU ALLOWING INDIVIDUALS JUST TO COME IN AND TELL YOU ANYTHING ABOUT ME. SO WHAT I'M GOING TO DO, MS. MARIN, I'M GOING TO GIVE YOU A CERTIFIED LETTER -- AND WELL, EXCUSE ME -- A NOTARIZED LETTER OUTLINING MY CONCERN," AND THAT YOUNG LADY TOLD ME, SHE SAID, IF I DID THAT, YOU'RE GOING TO FACE MORE HARDSHIP THAN I WOULD. AND -- AND I'VE BEEN FACING HARDSHIP EVER SINCE THEN. BUT I DID GIVE HER THAT LETTER. AND THEN THE NEXT THING I KNOW, HERE IT COMES, MARIA ---

Q. SO SHE DIDN'T WANT THE LETTER; IS THAT RIGHT?

A. NO. SHE GOT THE -- SHE TOOK THE LETTER.

Q. OKAY. BUT SHE -- DID SHE ---

A. I HAD DELIVERED IT.

Q. BUT SHE SAID YOU WOULD -- I DIDN'T HEAR WHAT -- I CAN'T REMEMBER THE EXACT WORDS YOU USED, BUT SHE TOLD YOU THAT THAT WOULD CAUSE HARDSHIP?

A. AND SHE SAID WE'RE GOING TO CAUSE HARDSHIP TO ME IF I GAVE HER THAT LETTER.

Q. OKAY. ALL RIGHT.

A. THEN THE NEXT THING I KNOW THIS YOUNG LADY TELLS ME, "OH, WHILE YOU WAS AT INDEPENDENCE HOUSE, WE GOT A REPORT THAT YOU SEXUALLY HARASSED A -- A -- A STAFF MEMBER." NOW, AND ALL OF THIS IS DOCUMENTED, AND I WANT -- I WANT -- I WANT THE COURT, WHEN THEY SAY THIS IS SELF SERVING, I REALLY WANT THEM TO LOOK AT THE CALENDARS. I STARTED IN 2008. THEY KEPT -- NEVER TOLD THEM WHEN THE ACTUAL CLAIM WAS MADE PRIOR TO ME GETTING TO A -- A -- NEW HORIZONS. THEY NEVER DID A FORMAL INVESTIGATION OR INFORMAL INVESTIGATING FOR THAT MATTER. THEY NEVER SAID ANYTHING TO ME ABOUT AND ONLY UNTIL, WHICH IS SUSPECT IF YOU WILL, UNTIL I GAVE THIS YOUNG LADY THIS APRIL THE 19TH, 2010, LETTER, THIS NOTARIZED LETTER. SO IT'S LIKE IF I STARTED IN 2008, AND WE'LL JUST SAY WE'LL LET 2008 -- EIGHT ALONE, LET'S SAY 2009, THE INCIDENT ALLEGEDLY HAPPENED. YOU GOING TO WAIT A YEAR AND SEVEN MONTHS TO NOW COME TELL ME SOMETHING ABOUT I SEXUALLY HARASSED A -- A STAFF MEMBER. THAT'S

NONSENSE. SO WHEN THAT NONSENSE DIDN'T WORK OUT, THEN SHE WENT ON AND SAID, OH. I ABUSED A -- A CLIENT, MADE A -- A COMPLAINT THAT I ABUSED THEM. THIS IS ABSOLUTELY ABSURD. AND ALL THIS IS IN THIS DOCUMENT -- DOCUMENT -- DOCUMENT, YOU WILL SEE FOR YOURSELF. THIS CLIENT MADE -- ALLEGEDLY MADE THE CLAIM ON I THINK LIKE APRIL THE 6TH. AND ALL THE WHILE THIS CLIENT HAS BEEN IN MY -- MY GROUP FROM APRIL THE 6TH TO APRIL THE 23RD, WHEN MS. DR. SHEILA ARNOLD CAME IN AND INQUIRED ME -- INQUIRED ABOUT WHAT HAPPENED. I -- AND -- AND -- AND I HAVE NO EARTHLY IDEA WHAT YOU'RE TALKING ABOUT, MS. ARNOLD. WELL, THIS CLIENT HAS SAID, AND -- AND MADE A CLAIM AGAINST YOU, AND SHE WROTE THE CLAIM UP, AND DID -- AND SHE DID THE INVESTIGATION, AND THE ONLY THING THAT I COULD THINK OF, AND THIS IS IN MY DOCUMENTATION, IS WHY THIS CLIENT WILL POSSIBLY MAKE A COMPLAINT AGAINST ME, IT WAS THAT WHEN CLIENTS WASN'T PAYING ATTENTION, I JUST USED THIS AS HUMOROUS, 'CAUSE WE ALL WAS LAUGHING. IN FACT, MARIA WAS IN -- IN THE GROUP ONE -- ONE -- ONE DAY WHEN I DID IT. AND I WOULD SAY, "IF YOU'RE NOT PAYING ATTENTION, I WILL THROW COLD WATER ON YOU." SO I THOUGHT MAYBE THAT WAS TO THE POINT WHY THIS CLIENT MADE THIS COMPLAINT AGAINST ME. BUT WHATEVER

WHEN -- WHEN -- WHEN DR. ARNOLD DID HER INVESTIGATION, SHE SENT IT TO MS. ROCHELLE KATON, WHO IS THE -- SHOOT -- SHE IS THE -- THE CLIENT ADVOCATE. SHE -- SHE WAS OVER THE CLIENT ADVOCATE PROGRAM FOR THE DEPARTMENT OF MENTAL HEALTH, AND SHE'S ALSO AN ATTORNEY. WELL, THEN SHE GETS THE REPORT, AND SHE TALKS WITH THE CLIENT. THE -- THE REPORT THAT MARIA SENT IN WAS SO EMBELLISHED AND HAD NOTHING TO DO WITH ME VIOLATING THE -- WHEN -- WHEN -- WHEN IT ALL -- WHEN IT WAS ALL SAID AND DONE, THEY SAID THE CLIENT SAID THAT, HARRY, YOU -- THE CLIENT SAID, YOU AND HER DON'T SEE EYE TO EYE. AND YOU WOULD SAY, WELL, THAT'S A -- WE GOT A PROBLEM. WELL, NO. THEY SAID, "NO. THE CLIENT SAYS WHEN YOU'RE DOING YOUR GROUPS, YOU DON'T LOOK HER IN HER EYES." WELL, I GOT SEVERAL PEOPLE IN THE ROOM. IN FACT -- AND SEE THESE PEOPLE -- IN FACT, BACK THEN OUR RATIO WAS ONE TO TWELVE. I HAD LIKE 28, 30 CLIENTS IN A -- IN A GROUP AT ONE TIME, AND I CAN'T LOOK AT EVERY CLIENT. I TRY TO BRIEFLY LOOK AT EVERY CLIENT IN THE EYE. BUT I CAN'T LOOK AT EVERY CLIENT IN THE EYE. BUT THE CLIENT SAID, I DON'T LOOK HER -- LOOK HER IN THE EYE. AND THIS CLIENT, BECAUSE MARIA KEPT DRAGGING THIS CLIENT. THIS CLIENT MADE A STATEMENT THAT SHE WAS GOING TO KILL

ME. BECAUSE AT ONE DAY THAT I SAW HER -- AND I SAW -- BECAUSE MARIA KEPT TELLING ME, "OH, THERE WAS ANOTHER COMPLAINT. THERE WAS ANOTHER COMPLAINT." SO I EMAILED DR. ARNOLD. I SAID, "DR. ARNOLD, THERE'S ANOTHER COMPLAINT?" DR. ARNOLD, SAID, "NO." AND ALL OF THIS IS DOCUMENTED -- ALL OF THIS. SHE SAID, "NO, THERE IS NOT ANOTHER COMPLAINT," BUT MARIA KEPT RUSHING THIS CLIENT INTO THE ROOM, AND IF YOU WANT TO SAY THIS IS NORMAL, AND THIS IS INCIDENTAL, MA'AM, YOU ARE SADLY MISTAKEN. THIS IS NOT NORMAL. THIS IS NOT NORMAL BEHAVIOR FOR A SUPERVISOR TO CONDUCT HERSELF LIKE THIS. BUT WHEN THAT, WHEN THE SEXUAL HARASSMENT CLAIM DIDN'T -- DIDN'T WORK OUT, THE CLIENT NONSENSE DIDN'T WORK OUT, THEN THEY HAD -- AND HAROLD WILL TELL YOU, I -- I HAD TO HAVE A MEETING WITH THESE FOLKS, WITH DR. BANK, MS. MARIN, AND -- AND -- AND CARLA CANNON. AND I'M SITTING IN THAT MEETING, AND I'M LISTENING TO THESE FOLK, AND TO THE POINT WITH THE STUFF THAT THEY WERE SAYING WAS SO SO CRAZY, I HAD TO STOP THAT MEETING AND LOOK DR. BANK IN HIS EYE, AND I SAID, "Y'ALL MUST THINK I'M STUPID. THIS IS NOT NORMAL. THIS -- YOU DON'T TELL ME THAT I SEXUALLY HARASSED A -- AN EMPLOYEE A YEAR-AND-SOME-MONTHS EARLIER, AND NOW YOU WANT TO BRING IT TO MY ATTENTION. NO. YOU

DON'T TELL ME I -- I ABUSED A CLIENT TWO OR THREE WEEKS AGO AND SHE'S STILL AROUND ME, BECAUSE SHE'S A SO AFRAID OF ME, BUT YET, YOU STILL GOT THIS CLIENT AROUND," AND TO THE POINT WHERE WHEN I WAS TRYING TO SEND MY DOCUMENTATION EVIDENCE, UNTIL THAT, "LISTEN, THIS CLIENT HAS BEEN IN MY GROUPS ALL THIS TIME, HADN'T HAD NO PROBLEMS. MARIA FORCED ME. SHE SAID, NO, I COULD NOT SEND IT TO ---

BY MS. SNYDER:

I DON'T REALLY KNOW HOW TO DEAL WITH THE HEARSAY OBJECTIONS THAT ARE GOING ON.

BY COMMISSIONER BARDEN:

WELL, MARIA IS -- OR MARIA IS A SUPERVISOR. NOW, IF HE TALKS ABOUT A PHYSICIAN OR SOMEBODY ELSE WHO IS NOT AN AGENT OF THE EMPLOYER OR EVEN A CO-WORKER, I WOULD SUSTAIN THOSE OBJECTIONS. BUT RIGHT NOW WE'RE TALKING ABOUT A SUPERVISOR, CORRECT?

BY MS. SNYDER:

BUT IT'S STILL HEARSAY. I MEAN, HE'S REPORTING THAT IT'S ---

BY COMMISSIONER BARDEN:

WELL ---

BY MS. SNYDER:

--- FACT.

BY COMMISSIONER BARDEN:

I DON'T KNOW WHERE MS. MARIN IS. I GUESS SHE'S NOT HERE TODAY.

BY MS. SNYDER:

AND I DID NOT THINK IT WOULD BE A GOOD IDEA TO BRING HER.

BY COMMISSIONER BARDEN:

BUT SINCE ---

BY THE CLAIMANT:

MA'AM, COULD I SAY SOMETHING?

BY MS. SNYDER:

WE'RE JUST -- I'VE GOT -- AND DO YOU WANT A LITTLE DIRECTION? THERE, THE INCIDENT REPORT FROM THIS DATE IS APA ONE OF OURS.

BY COMMISSIONER BARDEN:

OKAY. WELL, I'M GOING TO LET HIM GO A LITTLE BIT FURTHER WITH THIS.

BY MS. SNYDER:

OKAY.

BY COMMISSIONER BARDEN:

AND THEN -- AND BUT SO YOU -- YOU HAVE A RUNNING OBJECTION TO HIS TESTIMONY.

BY MS. SNYDER:

OKAY.

BY COMMISSIONER BARDEN:

BUT I'M GOING TO ALLOW HIM TO JUST KEEP GOING A

LITTLE BIT AND TELL ME.

BY THE CLAIMANT:

MA'AM, COMMISSIONER BARDEN, AND -- AND I RESPECT YOU RIGHT THERE. BUT ALL OF THIS STUFF I'M SAYING NOW, I SAID IT IN MY DISPOSITION [SIC]. BUT FOR SOME REASON, IF YOU WILL, THEY GOT HAROLD EDWARDS SITTING HERE, NOT DR. MCNEILL, NOT MS. MARIA, NOT A -- A -- A DR. BANK; BUT ONLY HAROLD EDWARDS. FOR SOME STRANGE REASON, HE'S THE ONLY ONE THAT'S SITTING HERE.

BY MS. SNYDER:

THE DIRECTOR OF THE AGENCY WASN'T GOING TO COME TESTIFY ON -- ABOUT THIS.

BY THE CLAIMANT:

WELL, IT -- IT ---

BY COMMISSIONER BARDEN:

THE DIRECTOR OF THE AGENCY, WHAT?

BY MS. SNYDER:

IS -- WASN'T -- HAS NOTHING TO DO WITH COMING TO TESTIFY AT THIS HEARING.

BY COMMISSIONER BARDEN:

Q. ALL RIGHT. WELL, LET -- GO AHEAD. SO LET ME SEE WHERE YOU WERE. YOU WERE TALKING ABOUT YOU -- YOU FELT LIKE WHAT YOU TESTIFIED TO IS LIKE YOU WERE ACCUSED OF SEXUAL HARASSMENT, BUT IT WAS A LONG TIME

COMING, AND THEN THERE WAS A CLIENT THAT SAID -- MADE A REPORT, BUT IT WAS WEEKS, AND THEN YOU WERE CONTINUING TO BE AROUND THE CLIENT. YET, THEY WERE BRINGING ALL THIS STUFF UP, AND FROM WHAT YOUR -- WHAT YOU'RE TELLING ME ---

A. YEAH.

Q. --- IS WELL AFTER IT WAS HAD ALLEGEDLY OCCURRED; IS THAT WHAT YOU WERE SAYING?

A. YES, MA'AM.

Q. OKAY.

A. AND THE FACT TO THE MATTER ---

Q. AND I'M NOT TRYING TO PUT WORDS IN YOUR MOUTH. I'M JUST TRYING TO UNDERSTAND.

A. WELL, THE FACT TO THE MATTER IS ---

Q. IS THAT CORRECT ---

A. IT ---

Q. --- WHAT I SAID?

A. YES, MA'AM. IT -- AND THEY ALLEGED THIS STUFF, IF YOU WILL, ONLY AFTER I GAVE MARIA THE APRIL 19TH, NOTE. AND I THINK ---

Q. OKAY.

A. --- APRIL 19TH LETTER. THAT'S WHEN THEY START ALLEGING THIS STUFF.

Q. OKAY.

A. THAT'S NOT NORMAL. THAT'S NOT INCIDENTAL. EVEN

TELLING ME YOU'RE GOING TO HAVE SOMEBODY SEXUAL HARASS SOMEBODY, BUT YOU'RE WON'T SAY ANYTHING 'TIL A YEAR-AND-SOME-ODD-MONTHS LATER. NO. THAT ---

Q. AND THIS WAS AFTER THEY -- SOMEBODY ACCUSED YOU OF HAVING THE AFFAIR WITH THE RECEPTIONIST THAT YOU DID THAT LETTER, AND ALL THIS STUFF OCCURRED THAT YOU'RE TALKING ABOUT NOW OCCURRED AFTER YOU SUBMITTED THE NOTARIZED NOTE?

A. WELL, THE -- THE ---

Q. I'M TRYING TO FOLLOW HERE SO...

A. 'CAUSE IT'S SO -- IT'S SO -- OR -- BUT FROM APRIL THE 1ST TO APRIL THE 19TH ---

Q. OKAY.

A. --- THAT'S WHERE ALL THIS STUFF CAME ABOUT WHERE THE SEXUAL HARASSMENT, ---

Q. RIGHT.

A. --- YOU SEXUALLY HARASSED SOMEBODY AT -- AT INDEPENDENCE HOUSE, AND THEN SOMETIME BETWEEN THE -- THE SIX MONTHS THAT I WAS ACTUALLY AT NEW HORIZONS UP UNTIL APRIL THE 19TH, SHE ALLOWED EMPLOYEES TO COME IN INTO HER OFFICE AND SIT AND SAY, WELL, AND THIS IS ACCORDING TO HER, AND SAY, "WELL, YOU AND MS. ASHLEY ARE HAVING AN AFFAIR," WHICH WAS TOTALLY UNTRUE, 'CAUSE NONE OF US ARE MARRIED. I WOULDN'T EVEN -- AND -- AND WOULD -- WASN'T EVEN DATING THIS

YOUNG LADY. I -- THEY SAID, BECAUSE I WAS -- I WAS GETTING SO ALONG WITH HER. I GET ALONG WITH EVERYBODY, EVERYBODY. THAT'S MY -- AND MY EMPLOYMENT RECORD WILL -- WILL SAY THIS. MY OWN EMPLOYMENT RECORD WOULD ALSO SAY THAT OUT OF ALL MY SUPERVISORS, AND I CAN GO AND LIST THEM: MS. FELDER, HANK EDMONDS, CHERYL MCCLINTON, MS. LEE, MR. ROVE, EVEN HAL EDWARDS, MR. GREG OATES, AND -- AND MR. DANIEL OWENS, NEVER GOT WRITTEN UP FOR ANYTHING. 'CAUSE THAT'S NOT WHO I AM. I DO MY JOB. BUT BECAUSE I GAVE THIS YOUNG LADY THIS APRIL THE 19TH LETTER, THE INCIDENT -- IT ALL STARTED AROUND AN APRIL FOOL INCIDENT THAT WAS DIRECTED TO ME.

Q. OKAY. SO THE LETTER YOU GAVE HER WAS ON APRIL 19TH. OKAY. SO GO AHEAD.

A. AND SO ONCE I GAVE THEM THAT LETTER, AND THEN -- AND YOU CAN SEE ROCHELLE KATON'S LETTER HAS NOTHING TO DO WITH ME ABUSING MY -- AND -- AND BASICALLY WHAT SHE SAID, MARIA EMBELLISHED IN THE LETTER, BECAUSE WHAT THE CLIENT SAYS DOES NOT MATCH WHAT MARIA SAID. NOW, THEY ALL SAY -- WELL, AND FOR SOME REASON THEY TRANSFERRED ME TO THE COTTAGES, I GUESS BECAUSE THERE WAS BAD BLOOD BETWEEN MS. -- MS. MARIN AND I. BUT I DIDN'T HAVE ANY BAD BLOOD BETWEEN ANYBODY, AND DOCUMENTATION WILL TELL YOU THAT. BUT THEY MOVED

ME, AND I FILED A GRIEVANCE WITH EVERYTHING THAT WENT ON, AND ALL OF THIS IS DOCUMENTED.

Q. OKAY.

A. AND I -- I'M RECALLING ALL THIS INFORMATION ---

Q. OKAY.

A. --- BECAUSE THERE'S SO MUCH OF IT, BUT ---

Q. SO WHAT HAPPENED WITH THE GRIEVANCE?

A. YOU KNOW, THESE PEOPLE SAID THAT THE ONLY REASON WHY I FILED A GRIEVANCE IS BECAUSE MY FEELINGS WAS HURT.

Q. OKAY.

A. THEY DIDN'T THINK ABOUT ALL THE LEGAL ACTIVITY THAT WAS GOING ON. THEY DIDN'T THINK ABOUT THESE FALSE CLAIMS, BECAUSE MY FEELINGS WERE HURT.

Q. OKAY.

A. SO THEY MOVED ME TO THE COTTAGES, AND I WAS OVER THERE, AND THAT'S WHEN GREG OATES, AND I ALSO HAD MARJORY, AND WHO ELSE WAS MY SUPERVISOR? MARJORY AND SOMEBODY ELSE. BUT THEN I WENT OVER TO GREG OATES. I WORKED UNDER GREG OATES, NO PROBLEMS, AND THEN ---

Q. SO THINGS WENT WELL AT THE COTTAGES?

A. THINGS WENT WELL. AND AT -- AT -- THINGS WENT WELL AT INDEPENDENCE HOUSE. THINGS WENT WELL AT -- AT NEW HORIZONS, ONLY UNTIL I GAVE MS. MARIA THE APRIL 19 NOTARIZED LETTER, THEN THAT'S WHEN ALL HELL BROKE

LOOSE.

Q. OKAY.

A. BUT ONCE I GOT TO THE COTTAGES, THINGS WENT WELL. ONCE WE GOT INTO THE NEW BUILDING, THINGS WENT WELL. IT WAS ONLY 'TIL WHEN MARJORY A -- A MARJORY I GUESS WILSON LEFT, MARIA STARTED THIS NONSENSE ALL OVER AGAIN. WHAT SHE SAID WAS SHE WENT AND TOLD THEM -- AND THEN SAY WELL, HARRY, HOW DO YOU KNOW SHE TOLD YOU SOMETHING TO THAT? SHE SAID THAT, WELL, SOMEBODY CALLED IT AND REPORTED TO THE CRISIS HOTLINE SAYING THAT MYSELF AND RICK NICHOLS HAD A DUAL RELATIONSHIP AND -- AND I WAS BENEFITTING FROM THAT, AND BASICALLY I WAS BENEFITTING FROM TRANSPORTATION. I WAS SETTING UP TRANSPORTATION SCHEDULES FOR THE CLIENT TO GET ON TRANSPORTATION SO RICK CAN TRANSPORT THEM, AND ALL THAT'S A LIE BECAUSE I WASN'T DOING TRANSPORTATION. TONY MORRIS WAS DOING THE TRANSPORTATION. WHAT ARE YOU TALKING ABOUT?

Q. WAS THIS TO HELP RICK LIKE IN A BUSINESS SENSE?

A. YES, MA'AM.

Q. IS THAT WHAT THEY'RE SAYING?

A. YES, MA'AM.

Q. SO YOU WERE -- THEY WERE ACCUSING YOU OF THROWING BUSINESS TO RICK?

A. YEAH. YES, MA'AM.
Q. OKAY.
A. AND UNETHICAL BEHAVIOR.
Q. OKAY.
A. WELL, IF THEY'D HAVE JUST STOPPED AND LISTENED TO ME, THEY WOULD HAVE KNOWN THAT PRIOR TO THAT WE WAS ACTUALLY IN A POSITION TO MOVE OUR CLIENTS. BECAUSE A CLIENT CAME TO ME, AND SAID, HARRY -- HE HAD CLAIMED SOME ABUSE ISSUES. SO WHAT CORNELL TOLD ME TO DO, 'CAUSE I BROUGHT MR. EDWARDS AND MR. ROVE IN, AND THEY LISTENED TO THE CLIENT, AND CORNELL, WHO WAS MY SUPERVISOR AT THE TIME, HE SAID, "GET RICK IN HERE AND LET'S HAVE A CONVERSATION." WE GOT MR. NICHOLS IN THERE, BECAUSE THIS IS THE WAY THE POLICY SAYS TO WORK IT. AND I'M SAYING THIS FOR A REASON. THIS IS THE WAY THE POLICY SAYS THAT WE SHOULD DO IT. ONCE A CLIENT COMES WITH A COMPLAINT, THEN WE AS CASE MANAGERS NEED TO TRY TO ADDRESS THAT COMPLAINT INITIALLY. IF WE'RE UNABLE TO ADDRESS THAT -- THAT COMPLIANT, THEN WE GO TO OUR SUPERVISOR. IF OUR SUPERVISOR IS UNABLE TO ADDRESS THAT COMPLAINT, THEN IT GOES TO MS. SHEILA ARNOLD. AND AGAIN, WE HAVE I THINK WITHIN THIS POLICY, I THINK THERE'S LIKE FOUR POLICIES THAT TELLS US HOW THIS SHOULD WORK, AND WE'LL GET BACK TO THE

SITUATION WITH THE CLIENT THAT WAS DOWN AT THE HOUSE AND GOT AGITATED IN A MINUTE, BUT HOW THAT RELATES TO HIM. BUT IT -- IT -- IF BEN HAD TALKED WITH ME -- FIRST OF ALL, THERE WAS AN EMAIL THAT I SENT TO JOHN BROWN ABOUT TRANSPORTATION, AND I TOLD JOHN BROWN I WAS UPSET SIMPLY BECAUSE THEY WAS TRYING TO PREVENT ME FROM DOING MY JOB, BECAUSE MY JOB IS TO TEACH THESE CLIENTS HOW TO USE COMMUNITY RESOURCES, THAT TRANSPORTATION, ANY COMMUNITY RESOURCE THERE IS. THAT'S MY JOB. BUT THEY WOULDN'T LET ME DO IT, BECAUSE THEY WANTED TONI MORRIS TO SET UP TRANSPORTATION ARRANGEMENT. WHY THEY WANTED TONI MORRIS TO SET UP TRANSPORTATION, AND THEY WANTED TO MAKE SURE, YOU KNOW WHAT, THE -- THE AGENCY BENEFIT FROM THE CLIENTS BEING THERE. AND THAT'S GOOD. THAT'S GOOD. THAT'S WHAT WE'RE THERE FOR. BUT IF A CLIENT IS ABLE TO SET HIS OR HER TRANSPORTATION OR BE -- OR IS TRAINABLE TO -- TO -- TO SET UP HIS OR HER OWN TRANSPORTATION, THAT'S WHAT WE'RE THERE FOR AS COMMISSIONS. WELL, I GOT NO WHERE OUT THERE. AND I ALSO FORWARDED THAT SAME EMAIL TO DR. BANK. SO THEY KNEW RIGHT AT THAT PARTICULAR TIME AND POINT I HAD NOTHING TO DO WITH TRANSPORTATION. THEN WITH THE -- WITH THIS CLIENT CAME IN AND MAKE THE -- THE -- THE COMPLAINT THAT RICK NICHOLS WAS ABUSING HIM.

AGAIN, I CALLED MR. EDWARDS AND MR. CORNELL IN, AND MR. CORNELL SAID, "GET RICK IN HERE." WE GOT RICK AT THE TABLE. WE TALKED WITH -- TALKED WITH RICK. AND BASICALLY, ONCE WE TALKED WITH RICK, WE WENT DOWN TO THE PLACEMENT, AND WE INTERVIEWED EVERY CLIENT THAT WAS IN HIS PLACEMENT. AND -- AND -- AND NOBODY SAID ANYTHING ABOUT ABUSE, AND THE CLIENT THAT MADE THE ABUSE COMPLAINT RETRACTED HIS STATEMENT. AND HE SAID THE ONLY REASON WHY HE DID IT WAS BECAUSE HE WANTED TO LEAVE NEW ALPHA, AND HE COULDN'T -- HE COULD HAVE LEFT NEW ALPHA. BUT THE PROBLEM WITH HIM, HE HAS A -- A -- A -- HE HAS TO REPORT AS A SEX OFFENDER EVERY THREE MONTHS. SO HE COULDN'T BE IN A THOUSAND FEET I BELIEVE IT WAS OF A PLAYGROUNDS AND SCHOOLS, ET CETERA, ET CETERA. BUT IF YOU WANT TO LEAVE YOU CAN LEAVE, AND I EVEN WROTE THIS YOUNG MAN A LETTER. I SAID, "LISTEN, IF YOU WANT TO LEAVE THAT'S FINE, THAT'S ON YOU," BUT BE MINDFUL THAT YOU MUST ---

Q. RIGHT. WELL, TELL ME, LET'S -- TELL ME -- LET'S GET TO YOU.

A. OKAY.

Q. TELL ME.

A. WELL, ALL THIS IS IS ---

Q. OKAY.

A. --- IS ABOUT ME, HOW THE PROCESS ---

Q. OKAY.

A. --- HOW THEY DID NOT FOLLOW THEIR OWN POLICIES.

Q. OKAY.

A. OKAY. WELL, AND IN FACT, MA'AM, AND -- AND -- AND I'M TRYING TO TELL EVERYBODY THIS, AND I WANT FOLKS TO UNDERSTAND THAT'S THE REASON WHY THESE -- WHY WE HAVE THESE POLICIES. I THINK THE LEGISLATURE WAS SMART ENOUGH TO SAY, LISTEN, WE KNOW THE POPULATION OF WHO MENTAL HEALTH SERVES, AND THESE INDIVIDUALS AT ANY TIME CAN COME IN AND SAY, YOU KNOW WHAT, THIS PERSON ABUSED ME. THAT PERSON ABUSED ME. THAT PERSON ABUSED ME, AND THEN WHAT WE WOULD HAVE TO DO IS CALLS PUBLIC SAFETY. PUBLIC SAFETY WOULD TAKE THE REPORT, AND THEN D.S.S. WOULD DO AN INVESTIGATION. IF WE DID THAT WITH EVERY CLIENT WHO CAME IN TO MAKE A -- MAKE A REPORT, IF YOU THINK D.S.S. IS IN TROUBLE NOW, IF WE DID IT THAT WAY, IT'D BE IN A TOTAL WRECK. SO WHAT THE -- THE -- THE FOLK DECIDE TO DO, WAS SAID, OKAY. LET'S HAVE SOME POLICIES. LET'S HAVE A WAY OF DOING THIS APPROPRIATELY, SO IT MINIMIZE ANY DISTRACTIONS OR -- OR PREVENT ANYBODY ELSE FROM GETTING HURT. LET'S HAVE THESE THREE POLICIES THAT DIRECTS THE PATHWAY OR GOVERNS THE WAY WE DEAL WITH CLIENTS WHO MAKES

ABUSE CLAIM, AND THEY ARE -- THEY ARE IN PLACE, AND THIS IS WHAT WE NEED TO DO. AND THEN WE HAVE A SEPARATE POLICY IF SOMEBODY ELSE OTHER THAN THE CLIENT, AND IT CAN EVEN BE A -- A STAFF MEMBER SAYS "WE SAW HARRY REESE ABUSING A CLIENT," WELL, WHAT HAPPENS THEN IS NOW IT AUTOMATICALLY GOES TO THE SUPERVISOR. IT AUTOMATICALLY GOES TO P.S.O., AND THEN P.S.O. MAKE A REPORT, AND I'M SAYING ALL OF THAT FOR A REASON, 'CAUSE I -- AND I KNOW THIS IS A LONG PROCESS, AND I KNOW MR. HAROLD GOT TO GO, 'CAUSE I THINK HE HAS APPOINTMENTS. BUT I'M SAYING ALL OF THIS FOR A REASON, AND IT'S GOING TO COME DOWN, AND I KNOW I'M TAKING LONG, 'CAUSE IT'S A LONG TEDIOUS PROCESS. BUT THAT'S THE -- THAT'S THE PROCESS THAT WE FOLLOW WHEN THE CLIENTS MAKE THIS CONCERN, WE HAVE FOUR DIFFERENT POLICIES JUST TO ---

Q. RIGHT.

A. --- JUST TO WHAT WE SHOULD DO. WHEN THE CAT -- WHEN THE STAFF MEMBER IS ACCUSED OF A -- OF A -- OF AN ABUSE, NEGLECT, AND EXPLOITATION OF -- OF -- OF CLIENTS, THIS IS THE POLICY THAT YOU FOLLOW. OKAY, AND THAT'S FINE. BUT IF -- WELL, LET'S HIT WITH THAT -- THIS DUAL RELATIONSHIP CAME OUT, A -- A COMPLAINT AGAINST ME. FIRST OF ALL, WHEN THEY -- WHEN THEY CALLED AND REPORTED IT TO THE HOTLINE,

THEY SAID, NOT JUST -- I JUST CAN'T REMEMBER WHERE THIS STUFF -- AND I DO APOLOGIZE. MY -- MY EFFORT WAS TO GIVE YOU A GUIDELINE SO YOU WOULD HAVE ALL THIS STUFF DOWN SO YOU WON'T GET CONFUSED AND ALL THIS OTHER STUFF WON'T BE DISTRACTED, BUT I GOT SOME INFORMATION OVER THE WEEKEND, AND I READ. AND -- AND I WAS TOLD I CAN'T PRESENT IT TODAY BECAUSE ALL THIS OTHER STUFF, WHICH IS, YOU KNOW, AND IT -- IT KIND OF LEADS TO, YOU KNOW, HEY, THEY -- YOU KNOW YOU DID WRONG, BUT NOW YOU ---

Q. I'M GOING TO -- I'M GOING TO READ EVERYTHING YOU GAVE ME.

A. WELL, I CAN'T GIVE YOU THE INFORMATION THAT SOMEBODY SENT TO ME.

Q. WELL ---

BY MS. SNYDER:

FAIR -- JUST SHORTLY BEFORE THE HEARING HE EMAILED ME SOMETHING THAT INCLUDED CORRESPONDENCE FROM ME REGARDING SETTLEMENT NEGOTIATIONS, AND I TOLD HIM ---

BY COMMISSIONER BARDEN:

YEAH. I CAN'T SEE THAT.

BY THE CLAIMANT:

OKAY.

BY COMMISSIONER BARDEN:

YOU CAN'T MENTION THAT, OR I CAN'T HEAR THE CASE.

BY THE CLAIMANT:

OKAY.

BY COMMISSIONER BARDEN:

IT -- IT IS SOMETHING THAT I -- SO DON'T MENTION ANY SETTLEMENT NEGOTIATIONS TO ME.

BY THE CLAIMANT:

OKAY. WELL...

BY COMMISSIONER BARDEN:

THAT TAKES ME OUT OF IT.

BY THE CLAIMANT:

OKAY. AND -- AND BUT -- BUT SEE, THAT'S UNFAIR TO ME, 'CAUSE THEY ---

BY COMMISSIONER BARDEN:

Q. WHAT'S UNFAIR TO YOU?

A. THEY, WELL, WHEN YOU CAN'T DISCUSS THE SETTLEMENT -- -

Q. WELL, YOU -- THE REASON YOU CAN'T DO THAT ---

A. OH.

Q. --- IS BECAUSE YOU WANT ME TO BE VERY OBJECTIVE.

A. UH-HUH.

Q. YOU DON'T WANT ME TO -- TO KNOW WHAT'S BEEN OFFERED TO YOU, BECAUSE LET'S SAY IT WAS SOMETHING REALLY MINIMAL, THEN I'M LIKE THINKING, WELL, HE DOESN'T

Claim off

REALLY HAVE A CLAIM; OR IF THEY OFFERED YOU SOMETHING ASTRONOMICAL, AND I MIGHT SAY WELL, GEE, THEY'RE AFRAID OF THIS CLAIM. THEY WANT -- THEY'RE WORRIED THAT I'LL FIND IT COMPENSABLE. THERE ARE A LOT OF REASONS WHY YOU DON'T WANT A COMMISSIONER TO HAVE -- YOU WANT A COMMISSIONER TO HAVE A BLANK CANVAS, A BLANK SHEET OF PAPER, AND TO HEAR EVERYTHING AND TO READ ALL OF THIS AND THEN MAKE A DECISION NOT BASED ON SOME NEGOTIATION. THERE'S A REASON, THAT PROTECTS YOU, IT PROTECTS HER TOO. I PROMISE YOU.

A. OKAY. WELL, AGAIN, LIKE I SAY, ACKNOWLEDGE THAT THEY KNOW. THEY WILL ---

Q. WELL, NO, SIR. I WOULD JUST TELL YOU SETTLEMENTS ARE -- 95 PERCENT OF THESE CASES SETTLE.

A. OKAY.

Q. FIVE PERCENT GO TO HEARINGS. SO SETTLEMENTS ARE NOT UNUSUAL.

A. OKAY. BUT ---

Q. SO WE -- WE NEED TO BACK OFF OF THAT AND MOVE ON. AND -- AND LET'S -- LET'S GO ON TO, YOU KNOW, WHAT BRINGS YOU HERE TODAY, WHAT HAPPENED NEXT?

A. WELL, AGAIN, AND -- AND IT'S SORT OF LIKE THAT ---

Q. AND I NEED TO KNOW WHAT HAPPENED ---

A. --- AND WITH THAT ---

Q. --- THAT WAS EXTRAORDINARY AND UNUSUAL AFTER, AND I'M TRYING TO THINK, WELL, YOU SAID THEY DIDN'T FOLLOW THEIR OWN POLICY ---

A. UH-HUH.

Q. --- AS FAR AS THE COMPLAINTS, BUT ---

A. UH-HUH.

Q. --- TELL ME.

A. WELL, MA'AM, THIS IS YEARS OF ---

Q. OKAY.

A. --- ALLOWING THIS INDIVIDUAL TO ATTACK ME, AND I KNOW I MAY HAVE TO GO THROUGH THE APPEAL PROCESS, 'CAUSE NOW I KNOW I NEED TO GET THIS BETTER -- I GOT IT ORGANIZED TO THE POINT WHERE IF YOU SIT DOWN AND VISUALLY READ IT YOU CAN UNDERSTAND WHAT I'M SAYING.

Q. WELL, THAT IS PRECISELY WHAT I'M GOING TO DO.

A. BUT MY EFFORTS THIS WEEKEND OR LAST WEEKEND WAS TO HAVE A GUIDE SO EVERYONE CAN FOLLOW ALONG. BUT AGAIN, WHEN I GOT THIS INFORMATION IT JUST -- IT JUST DUMBFOUNDED ME, BECAUSE, YOU KNOW, ALL THESE TIMES I -- EVEN -- EVEN MR. MCGILL HIMSELF, I REQUESTED TO MEET WITH HIM. HE DIDN'T WANT TO TALK WITH ME. I HAD TO GO TO SENATOR PEELER'S OFFICE, AND I SAT IN THIS YOUNG -- THE -- THE SENATOR PEELER'S OFFICE, AND HE WASN'T THERE AT THE TIME. SO ONE OF HIS ASSISTANTS TALKED TO ME. SHE REFERRED

ME TO ROCHELLE KATON. I'M SITTING IN ROCHELLE KATON'S OFFICE. I MEAN -- I MEAN BAWLING, BECAUSE I MEAN THIS HAS BEEN YEARS. THIS AIN'T JUST BEEN YESTERDAY. THIS AIN'T JUST BEEN ONE INCIDENT. OH, IT'S ONE INCIDENT, AND OH, I'M HAVING ALL THESE PROBLEMS. IT'S BEEN YEARS, AND TRYING TO RESOLVE THIS STUFF AS AMICABLY AS POSSIBLE. IT'S JUST LIKE THE PEOPLE SAY, YOU KNOW WHAT? YOU'RE A NOBODY. BUT I HAD TO GO TO HIS OFFICE. AND -- AND -- AND THE YOUNG LADY REFERRED ME TO MS. KATON, AND I'M SITTING IN ROCHELLE KATON'S OFFICE, AND I'M TELLING YOU WHAT'S GOING ON, AND THEN, YOU KNOW, WHEN I'M TELLING ABOUT ME PERSONALLY, I GET CUT OFF. BUT LONG -- AS LONG AS I'M TALKING ABOUT THESE CLIENTS, YOU KNOW, SHE'S WILLING TO LISTEN. SO IT WAS LIKE, AGAIN, NOBODY LISTEN TO HARRY REESE. YOU JUST WANT TO KEEP LISTENING TO THIS NONSENSE THIS YOUNG LADY IS TELLING YOU ABOUT HARRY REESE, WITHOUT DOING YOUR DUE DILIGENCE. IF YOU'RE GOING TO HAVE THESE POLICIES, FOLLOW YOUR POLICIES. AND IF YOU'RE GOING TO BE OBJECTIVE, AND THIS IS -- THIS IS THE PROBLEM, THEY WERE NOT OBJECTIVE. THEY DIDN'T THINK, YOU KNOW, AND I MEAN, BECAUSE THE SIMPLE FACT, IF -- IF I WAS HAVING A DUAL RELATIONSHIP WITH THIS PROVIDER, I CERTAINLY WOULD BRING -- WOULDN'T BE BRINGING

D.S.S. ATTENTION TO THIS PROVIDER'S -- THE PROVIDER'S PLACEMENT. BUT NOBODY WANTED TO HEAR THAT. WHEN JOHN BROWN, PRIOR TO THAT, SENT ME AN EMAIL -- AND WHEN I SENT HIM AN EMAIL SAYING, "HEY, LISTEN, I AM TIRED OF THIS AND THAT YOU ALL WON'T -- EVEN Y'ALL WON'T EVEN TALK -- TALK TO ME. Y'ALL WILL JUST LET THIS YOUNG LADY SAY EVERYTHING, ANYTHING SHE WANT."

Q. OKAY. WERE YOU DISCIPLINED BECAUSE OF THESE THINGS YOU'RE TELLING ME ABOUT?

A. I WAS ---

Q. OR WAS IT JUST YOU FEEL LIKE IT'S JUST ALL THESE EMAILS AND YOU'RE BEING HARASSED?

A. I -- I'VE BEEN HARASSED AND RETALIATED AGAINST.

Q. AND HOW WERE YOU RETALIATED AGAINST?

A. BECAUSE EVERY TIME THAT THIS YOUNG LADY WOULD SAY SOMETHING THAT ---

Q. YOUNG LADY, BEING MS. MARIN?

A. MS. MARIN -- MARIN. THEY TOOK IT AT ITS FACE VALUE, AND I WOULD GET PUNISHED. I WOULD GET PUNISHED AND A TO THE POINT ---

Q. HOW WOULD YOU GET PUNISHED?

A. WELL, NOT TO THE POINT OF -- OF -- OF -- A -- A ---

Q. SEE, I DON'T KNOW THE BACKGROUND. SO YOU'VE GOT TO TELL ME.

A. OKAY. NOT TO THE POINT OF BEING PUNISHED, BUT I'M BEING WRITTEN UP AND SUSPENDED, BUT TO ---

Q. SO YOU WERE NOT WRITTEN UP?

A. --- BUT -- BUT TO THE POINT WHERE WHEN DOCTOR -- DR. BANK GOT THE REPORT THAT HARRY'S HAD THIS RELATIONSHIP WITH RICK NICHOLS. I'M SPEAKING WITH THIS YOUNG MAN IN THE -- IN THE HALLWAY, AND THIS YOUNG MAN DIDN'T EVEN WANT TO SPEAK TO -- SPEAK TO ME BACK, AND SIMPLY BECAUSE HE DOESN'T -- AND I CERTAINLY UNDERSTAND HE'S FED UP. MARIA, HARRY. MARIA, HARRY. AND EVERYBODY A -- WELL, ALL YOU GOT TO DO IS STOP AND LISTEN. BUT ---

Q. DO YOU FEEL LIKE THERE'S JUST A -- THE ENVIRONMENT WAS -- WAS UNUSUAL, OR 'CAUSE YOU'RE SAYING YOU WERE NOT WRITTEN UP FOR ANY OF THIS?

A. BUT ---

Q. YOU WERE NOT?

A. --- THE FACT TO THE MATTER IS, MA'AM, WHEN ---

Q. WHAT YOU CALL A DUAL RELATIONSHIP, YOU WEREN'T WRITTEN UP FOR THAT, RIGHT?

A. THEY -- THEY INVESTIGATED ME FOR THAT.

Q. OKAY. THEY INVESTIGATED?

A. YEAH. BUT THE FACT OF THE MATTER IS ---.

Q. AND WHAT HAPPENED AS A RESULT OF INVESTIGATION?

A. WELL, IT TOOK SOME, IT TOOK THEM A YEAR TO GIVE ME

THE REPORT, 'CAUSE I KEPT ASKING FOR THE REPORT.

Q. YEAH. AND WHAT -- WHAT HAPPENED?

A. REALLY, IT JUST BASICALLY -- THEY BOUGHT INTO THE INCIDENT, AND WE'RE GOING TO GET TO -- AND ONCE YOU READ THE DOCUMENT.

Q. WELL, I'M GOING TO READ THEM ALL.

A. OKAY.

Q. I JUST WANT YOU TO TELL ME QUICKLY.

A. ONCE THEY KEPT BUYING INTO THIS NONSENSE AND IT MANIFESTED, AND ON HE -- IN THEY HAD THAT THIS IS NEGATIVE BEHAVIOR THAT HARRY'S ENGAGED IN, THEN I DON'T GET TREATED FAIRLY. I DON'T GET TO BE ABLE TO COME AND SIT IN YOUR OFFICE OR PICK UP THE PHONE AND CALL YOU, AND WHICH DOCUMENTATION WILL SHOW, AND -- AND HAVE A CONVERSATION WITH YOU TO TRY TO GET THESE THINGS RESOLVED.

Q. WELL, DID THEY FIND THAT YOU DID ENGAGE IN THE BEHAVIOR OR YOU DIDN'T?

A. I DIDN'T.

Q. NO. WHAT DID THE REPORT FIND?

A. THE -- THE REPORT SAID THAT THERE'S NO EVIDENCE ---

Q. NO EVIDENCE.

A. --- OF A DUAL RELATIONSHIP.

Q. OKAY.

A. AND -- AND IT'S I ---

Q. OKAY. SO IT -- SO IT CLEARED YOU?

A. BUT IT CLEARED. IT CLEARED ME IN THE WAY OF DOCUMENTATION. BUT IN THE BACK OF THEIR HEAD, AND THAT'S THE REASON WHY THIS LAST INCIDENT IN 2013 ---

Q. AND TELL ME ABOUT THE LAST INCIDENT.

A. --- BROUGHT UP. WELL, AGAIN I WAS OUT AT NEW ALPHA BECAUSE I WAS TAKING THIS CLIENT'S MEDICATION TO PROCESS HIM INTO THE PROGRAM.

Q. OKAY.

A. AND THIS CLIENT CAME IN, AND HE'S UPSET, BECAUSE HE SAYS THIS CAVEMAN WAS GOING TO WHOOP ME. MYSELF AND MR. NICHOLS, WE TRIED TO CONSOLE THIS GUY. EVEN HIS GRANDMOTHER AND MOTHER VIA TELEPHONE TRIED TO CONSOLE THIS GUY. BUT BECAUSE THIS DUAL RELATIONSHIP -- AND WHEN THIS CLIENT CAME IN AND SAID, HARRY AND RICK, HARRY -- AND HARRY -- HARRY TOLD RICK THAT THE CLIENT'S CASE MANAGER WAS GOING TO MOVE HIM, AND THEN THE CLIENT CAME IN AND -- AND SAID THAT -- THAT -- THAT RICK VERBALLY ABUSED HIM OR WHATEVER IT WAS. BUT RATHER THAN THEM -- AT -- AT -- WELL, THIS IS WHERE THE CASE MANAGER SHOULD HAVE BEEN INSTRUMENTAL, 'CAUSE THIS IS POLICY, TRY TO RESOLVE THAT ISSUE WITH THE CASE MANAGER. WELL, THE CASE MANAGER KNEW FOR A FACT I HAD NO KNOWLEDGE THAT HE WAS GOING TO MOVE THAT CLIENT, SIMPLY

BECAUSE I'M NOT IN THEIR SESSIONS, I HAVE NO INTERACTION WITH THAT CLIENT. BUT RATHER THAN HIM ADDRESSING THAT ISSUE IN HIS OFFICE, HE GOES AND TELL WHO? MARIA -- MARIA MARIN. RATHER THAN MARIA MARIN TRYING TO RESOLVE THE ISSUE IN HOUSE AND COMING TO TALK TO ME AND ASKING ME WHAT'S GOING ON, NO ONE TALKED TO ME. THEY TALKED TO HERBERT TOLLY, WHERE HERBERT TOLLY CAME AND SHARED THE INFORMATION WITH ME. BUT BECAUSE MARIA WAS SO MESSY, AND -- AND SHE WAS WAITING FOR SOMETHING JUST TO REPORT ON ME, SHE IMMEDIATELY CALLED DR. MCNEILL AND DR. BANK. WELL, IF YOU'D A FOLLOWED THAT POLICY, WHAT YOU SHOULD HAVE DONE WAS PULLED ME TO THE SIDE AND ASK ME WHAT WAS GOING ON, AND I WOULD HAVE SAID, "OKAY, THIS IS WHAT HAPPENED." OR IF YOU DIDN'T WANT TO TALK WITH ME, THAT'S MY SUPERVISOR, WHY DIDN'T YOU GO TO MY SUPERVISOR? YOU IMMEDIATELY PICKED UP THE PHONE AND CALLED DR. BANK AND DR. MCNEILL, AND WHEN DR. MCNEILL CAME IN MY OFFICE, SHE CAME IN MY OFFICE WITH SUCH AN AT -- I MEAN, THIS LADY BANGED ON MY DOOR. AND I SAID, "DR. MCNEILL, LISTEN. I HAD NO IDEA THE CLIENT WAS GOING TO -- THE CASE MANAGER WAS GOING TO MOVE THE CLIENT." DR. MCNEILL STOOD UP IN HER CHAIR. AND SHE SAID, "YOU COULD HAVE LOOKED AT E.M.R." WELL, TO MY UNDERSTANDING, IF -- IF -- IF

YOU -- BEAR WITH ME IF YOU WILL, IF YOU'RE SAYING I COULD HAVE LOOKED AT E.M.R., THEN YOU AUTOMATICALLY KNOW IT'S OKAY THAT I GO AND LOOK AT E.M.R. ANYWAY. BUT IF YOU SAID I COULD HAVE LOOKED AT THE E.M.R., THEN YOU ARE TELLING ME THAT THERE'S SOME INFORMATION AT E.M.R. THAT SAYS THAT THE, ELECTRONIC MEDICAL RECORD, THAT SAYS THAT THE CASE MANAGER WAS GOING TO MOVE THE CLIENT. NOTHING IN THAT RECORD. ABSOLUTELY NOTHING IN THAT RECORD SAID THAT THE CASE MANAGER WAS GOING TO MOVE THAT CLIENT, AND THE EVENING BEFORE DR. MCNEILL GOT IN MY OFFICE, I EMAILED DR. BANK, AND I SAID, DR. BANK -- AND THAT EMAIL IS IN HERE TOO, AND HIS -- HIS RESPONSE IS IN HERE. I SAID, "LISTEN, LET'S ALL OF US SIT DOWN SO ALL THE FACTS CAN BE ON THE TABLE SO THEY'LL BE NO MISUNDERSTANDINGS." AND I EMAILED ANOTHER EMAIL TO HIM, AND I SAY, "BY THE WAY, PLEASE TALK WITH THE CLIENT'S MOTHER AND GRANDMOTHER, 'CAUSE THEY WERE THERE VIA TELEPHONE." BUT DR. BANK EMAILED ME BACK SAYING "THERE WILL BE NO MEETING UNTIL AFTER THE INVESTIGATION." WELL, THAT DOESN'T SOUND RIGHT TO ME, SIMPLY BECAUSE IF YOU'RE GOING TO HAVE AN INVESTIGATION ABOUT ME, YOU NEED TO INCLUDE ME. AND IF THERE'S EVIDENCE THAT CAN DISPROVE WHAT THIS YOUNG LADY PICKED UP THE PHONE AND TOLD YOU, THEN

YOU SHOULD HAVE CALLED THE GRANDMOTHER -- AND THE GRANDMOTHER AND RECEIVED THAT EVIDENCE. NOW THEN YOU WOULDN'T HAVE P.S.O. P.S.O. COME IN AND TAKING A REPORT, WHICH THEY DIDN'T INCLUDE TO ME INITIALLY. THEN YOU WON'T HAVE D.S.S. COMING OUT DOING AN INVESTIGATION WITH THIS DOCUMENTATION, AND HELD THAT, BECAUSE THE CLIENT WAS BASICALLY FRABIGATE (PHONETIC) -- FRABIGATING (PHONETIC) ALL THIS STUFF.

Q. OKAY.

A. BUT THE BOTTOM LINE IS, AND -- AND -- AND THESE -- THIS IS WHAT GETS ME, SO I JUST FOUND OUT THIS INFORMATION IN DECEMBER 2014. DR. MCNEILL KEPT TELLING ME A LIEUTENANT BAKER FROM S.L.E.D. WAS GOING TO CALL -- WAS GOING TO HAVE -- WAS CALL -- OR WAS GOING TO CALL AND HAVE ONE OF THE P.S.O. OFFICERS CONTACT ME TO TAKE MY -- MY ACCOUNTS OF WHAT HAPPENED. AND THIS AND -- AND -- AND THE ONLY REASON WHY SHE DID IT, I SAID, DR. MCNEILL, I WANT Y'ALL TO UNDERSTAND THIS. THIS CLIENT CAME IN AND SAID ONE OF YOUR STAFF MEMBERS CAUSED him TO BE ABUSED. NOW, THIS CLIENT GOT A VIABLE CLAIM IN COURT, AND NOW YOU CAN'T HAVE NO DOCUMENTATION MONTHS AND MONTHS DOWN THE ROAD SAYING, NO, WE HAVE A STAFF MEMBER THERE WHO SAYS THERE WAS NO ABUSE. WE HAVE A STAFF MEMBER WHO SAYS THE MOTHER AND

GRANDMOTHER WAS THERE BY VIA TELEPHONE. WE CONTACT -- YOU CAN'T NOW THEN COME DOWN ON SOMEWHERE DOWN THE ROAD, 'CAUSE THE -- THE JUDGE IS GOING TO SAY THIS IS SUSPECT, AND THROW IT OUT, AND THE CLIENT IS GOING TO WIN THE CLAIM. AND THAT'S WHEN SHE SAID, OKAY. SHE'S GOING AGAIN CALL LIEUTENANT BAKER AND HAVE LIEUTENANT BAKER CALL -- CONTACT P.S.O. AND HAVE ONE OF THE P.S.O. OFFICERS CONTACT ME, AND IN HINDSIGHT, I'M JUST SAYING, OKAY, ALL RIGHT, THAT'S FINE, WASN'T THINKING NOTHING ABOUT IT. SO THIS IS TWO WEEKS LATER. I'M THINKING I'M TALKING WITH A P.S.O. OFFICER, 'CAUSE I -- I'M -- I'M HAVING THIS CONVERSATION WITH THIS OFFICER, AND I'M GIVING MY REPORT. SO WHEN I'M TRYING TO GET MY INFORMATION READY FOR -- I THINK IT WAS DECEMBER THE SOMETHING -- OR ANOTHER HEARING TO COME HERE, I JUST HAPPENED TO GO UPSTAIRS, AND I TALKED WITH A -- A -- I CAN'T REMEMBER THAT YOUNG MAN'S NAME, BUT HE'S A P.S.O. OFFICER, AND I ASKED HIM HOW CAN I GET A COPY OF THE POLICE REPORT, AND THIS IS AN EMAIL, EVEN THOUGH YOU SAY IT'S SELF SERVING, BUT IT'S AN EMAIL COMING FROM THE PERSON WHO MANAGED ALL THIS STUFF. SO HE GAVE ME TWO NUMBERS. HE GAVE ME A -- A CAPTAIN SOMEBODY AND A LIEUTENANT SOMETHING, AND I CALLED THE CAPTAIN. I SPOKE WITH THE CAPTAIN, AND HE SAID HE

DON'T SEE ANY INFORMATION, AND THIS IS WHERE YOUR POLICIES COME ALONG, BUT HE DON'T SEE NO INFORMATION ABOUT ME. BUT HE SAID, "SPEAK WITH ANGELA ROBERTS, SHE HANDLES ALL OF THE RECORDS." SO I CONTACT ANGELA ROBERTS VIA EMAIL, AND I'M EMAILING HER, AND I'M -- AND I'M SAYING, SUCH AND SUCH, DR. MCNEILL SAYS LIEUTENANT BAKER OF S.L.E.D., HE WAS GOING TO HAVE ONE OF THE P.S.O. OFFICERS CONTACT ME AND TAKE A REPORT, MY ACCOUNTS OF WHAT -- WHAT ALLEGEDLY HAPPENED AND ALL THIS OTHER STUFF. BUT COME TO FIND OUT IN 2014, LIEUTENANT BAKER IS NOT A P. -- IS NOT A S.L.E.D. OFFICER; HE WAS A P.S.O. OFFICER, AND HE RETIRED IN THE EARLY PART OF THIS YEAR. SO ALL OF -- - ALL THIS TIME, THIS YOUNG LADY KEPT TELLING -- AND THIS IS WHAT GOT -- GOT -- IT -- I MEAN, YOU'RE TALKING ABOUT S.L.E.D. YOU'RE TALKING ABOUT D.S.S. YOU'RE TALKING ABOUT PUTTING SOMETHING ON MY REPORT WHETHER -- WETHER IT'S SUBSTANTIATED OR NOT, IT STILL GOES ON MY REPORT. THIS IS SOMETHING THIS YOUNG LADY HAS -- HAS DONE TO TRY TO GET ME FIRED, AND I GOT MY FAMILY MEMBERS SITTING AT MY HOUSE. AND THIS IS -- THIS IS NOT NORMAL. SO ALL OF US WILL BE PUT OUT, AND SIMPLY BECAUSE THEY WOULDN'T TAKE THE TIME TO LISTEN TO HARRY REESE. THEY WOULDN'T TAKE THE TIME TO FOLLOW THEIR OWN POLICIES.

BUT THEY JUST KEPT BELIEVING THIS NONSENSE THAT THIS YOUNG LADY IS TELLING THEM. I MEAN, EVERY SINGLE TIME, AND I JUST HAVE TO SIT THERE AND SAY, OKAY, OH, I'VE GOT TO TAKE IT. BUT I SAID, NO. I -- I -- I -- I NEED TO TALK WITH DOCTOR -- MR. MCGILL. I SENT HIM A EMAIL ABOUT THIS SITUATION, AND -- AND HE WOULDN'T RESPOND. SO I KEPT CALLING HIM, AND I FINALLY GOT IN TOUCH WITH CONNIE, WHO WAS IS -- IS -- IS HIS RECEPTIONIST.

Q. OKAY.

A. AND SHE SAY, DOCTOR -- A DOCTOR -- MR. MCGILL, HE SAY, HE DON'T LIKE TO BE BOTHERED WITH STUFF LIKE THAT. I MEAN, I -- I'M HUMAN TOO. I MEAN, YOU JUST CAN'T KEEP LYING TO ME AND THINKING -- OH. AND YOU'RE NOT EVEN FOLLOWING YOUR OWN POLICIES. YOU'RE NOT EVEN FOLLOWING YOUR -- AND THEN YOU TELL ME LIEUTENANT BAKER FROM -- FROM THE S.L.E.D. LIKE I'M STUPID. AND NOT ONE TIME DID YOU CORRECT ME. AND ON THE EMAIL AND THAT, AND HE -- HE DIDN'T SAY, "OH, NO, HARRY, LIEUTENANT BAKER IS FROM -- IS A P. -- IS A P.S.O. OFFICER. YOU KEPT TELLING ME LIEUTENANT BAKER WAS FROM S.L.E.D., AND THEN I FOUND OUT IN 2014, HE -- HE -- HE'S FROM -- LIEUTENANT BAKER IS -- IS A -- A RETIRED P.S.O. OFFICER FOR PUBLIC SAFETY.

Q. TAKE A MINUTE. TAKE A BREAK.

A. SO HE ---

Q. NO. YOU'RE FINE.

A. BUT ALL THE TIME HE KEPT TELLING ME LIEUTENANT BAKER -- AND THEN SO I EMAIL ANGELA, AND ANGELA SAYS IN HER EMAILS, "WELL, HARRY," SAYS "YOUR NAME AIN'T ON NONE OF THIS. I CAN'T GIVE YOU THE REPORT," AND I'M SAYING, HOLD ON. IF MY NAME IS NOT ON THIS -- ON THIS INFORMATION, ACCORDING TO OUR POLICIES, THEN THIS IS THE FORMAT THAT WE SHOULD HAVE USED. WE SHOULD HAVE USED THE CLIENT CONCERN POLICY RATHER THAN THE ABUSE, NEGLECT, AND EXPLOITATIVE POLICY THAT GOVERNS THE BEHAVIOR OF THE MENTAL HEALTH STAFF.

Q. SO WHAT YOU'RE SAYING IS THEY DIDN'T FOLLOW THEIR POLICIES?

A. THEY DIDN'T FOLLOW THEIR OWN POLICY.

Q. OKAY.

A. AND HISTORICALLY -- AND 'CAUSE EVERY TIME THE POLICY SAYS I CAN GRIEVE A SUSPENSION PENDING AN INVESTIGATION. I SENT MY INFORMATION IN. THEY WOULDN'T LET ME GRIEVE. I SAID, "OKAY, CAN I TALK TO THE BOARD?" THEY WOULDN'T LET ME TALK TO THE BOARD. BECAUSE THEY KNEW FOR A FACT THEY WERE DOING WRONG, AND THEN WHEN -- WHEN THIS HIPPA THING CAME

ABOUT, MR. KENNETH CHILD, WHO WAS A BROTHER OF A CLIENT AND ALSO AN ATTORNEY AND A BOARD MEMBER, HE KEPT CALLING ME, 'CAUSE I WAS THE CLIENT'S FORMER CASE MANAGER, AND HE WOULD TELL ME SOMETHING. AND I'D SAY, WELL -- AND EVENTUALLY WHEN -- WHEN I GOT THE -- I SAID, MR. -- MR. -- MR. CHILD, ACCORDING TO THEM, I CAN'T TALK WITH YOU, BECAUSE THIS IS A HIPAA VIOLATION. WELL, MR. CHILD SAID, "THIS IS ALL DOCUMENTED," SAID, "THAT'S A BUNCH OF NONSENSE." SO ONCE AND -- AND -- AND WE HAVE A POLICY IN HERE THAT THE BOARD WRITES THE POLICIES, AND, AGAIN, THIS IS AN ATTORNEY. ONCE MR. CHILD SAID, "THIS IS A BUNCH OF NONSENSE," THEN THIS HIPAA TRAINING THAT YOU'VE GOT SCHEDULED FOR ME, IT SHOULD HAVE BEEN GONE. BUT I -- I HAD TO SIT IN A HIPAA REFRESHER COURSE WHERE THIS YOUNG LADY, RHONDA SIMMS, PRESENTS ME WITH AN ETHICS POLICY, HAS NOTHING TO DO WITH HIPAA, AND IT SAYS, AND -- AND SHE TOOK ONE OF THEM CLAUSES, AND SHE SEVERED THAT CLAUSE IN THREE-FOURTHS, AND SHE USED THE LAST FOUR TO -- TO -- TO SAY THAT THIS IS THE REASON WHY YOU SHOULDN'T HAVE BEEN DOCUMENTED IN THE CLIENT'S FOLDER, 'CAUSE IT SAID, SHOULD NOT BE DOCUMENTED IN CLIENT'S FOLDER. WELL, I LOOKED AT HER, AND I SAID, MS. -- "MS. SIMMS, YOU GOT TO READ THE WHOLE CLAUSE IF YOU WANT TO -- YOU WANT TO MAKE

SURE THAT THIS -- THIS -- THIS ETHICS POLICY REFERS TO ME." THIS IS PERSONAL DISAGREEMENTS. I DIDN'T HAVE A DISAGREEMENT WITH -- WITH STAFF. I DIDN'T HAVE A DISAGREEMENT WHATSOEVER. SO THIS ETHICS POLICY DOESN'T MAKE SENSE FOR YOU EVEN TO BRING IT TO MY ATTENTION, BUT I HAVE TO SIT IN THIS HIPAA, AND I TOLD THESE PEOPLE WHEN THEY -- WHEN THEY WAS DOING THIS TRAINING, AND THEY KEPT TELLING ME -- THEY KEPT SHOWING ME THESE LIABILITY SUIT WHERE DRUG COMPANIES WAS SUED BECAUSE THEY DISCLOSED INFORMATION ABOUT A CLIENT AND THEY GOT SUED FOR MILLIONS OF DOLLARS. AND I SAID, "THIS IS NOT WHAT I DID." I SAID, "THE MEDIA GOING TO HAVE A FIELD DAY WITH YOU GUYS, BECAUSE WHAT YOU GUYS ARE TELLING ME IS THAT WHEN A CLIENT IS IN CRISIS, WE'RE NOT SUPPOSED TO DO NOTHING, BECAUSE HE'S NOT ON OUR..." WELL, FIRST DOCUMENT SAID HE -- I -- AND MY CASE LOAD EITHER WENT TO MY -- MY TREATMENT TEAM. SO SHE -- SO SHE KEPT JUST MAKING UP STUFF. AND I SAID, "THIS IS -- YOU CAN'T TELL A COMMISSION -- I MAY NOT BE LICENSED, BUT I'M A SKILLED CLINICIAN, THAT I CANNOT INTERVENE WITH A CLIENT WHO'S IN A CRISIS?" AND I DID THAT ON OCCASIONS, AND -- AND MR. HARRY EDWARDS DID IT ON A -- ON OCCASION WHERE A CLIENT WAS CALLING IN A SUICIDE, AND HE PULLED ME IN TO

ASSIST. IF IT WASN'T FOR ME BEING ABLE TO ASSIST THIS MR. EDWARDS AND GOING INTO E.M.R. TO FIND OUT EXACTLY WHERE THIS CLIENT LIVED AT, BUT Y'ALL KNOW THAT HE WAS THREATENING WHEN SHE KEPT CALLING -- I THINK HE KEPT CALLING HIS GIRLFRIEND OR SOMETHING. BUT -- BUT Y'ALL LATER TELL ME THAT SHE WAS HIS WIFE AND THEY WAS LIVING -- THEY WERE NOW LIVING TOGETHER. SHE'D A WALKED IN THAT HOUSE AND HE COULD HAVE DONE ANYTHING TO HER, AND WE'D HAVE BEEN AT FAULT. YOU KNOW WHY? 'CAUSE THEY SAID IT'S A HIPAA VIOLATION TO GO IN ANOTHER CLIENT'S CASE THAT'S NOT ON YOUR CASE LOAD, THAT'S NOT ON YOUR TREATMENT TEAM, WHICH IS NOT THE TRUTH. BECAUSE EVEN IN YOUR ADVERSE -- AND THIS IS WHERE THEY GOT UPSET WITH ME TOO, 'CAUSE EVEN -- EVEN IN THE ADVERSE INCIDENT POLICY, THAT POLICY EXISTS, AND IT SAYS THAT ALL STAFF MUST RECEIVE ADVERSE INCIDENTS REPORTS. AND THAT'S EXACTLY WHAT I DID WHEN THEY, AFTER THIS, THIS CLIENT COME IN AND HE TELLING ABOUT I -- I -- I TOLD RICK THAT -- THAT THE CASE -- CASE MANAGER WAS GOING TO MOVE. THE CLIENT CAME IN AND SAID I TOLD RICK THAT SOMETHING ABOUT THAT HE GOING TO MOVE HIM, WHICH IS FAR BE IT FROM THE TRUTH -- BUT -- AND I FORGOT MY TRAIN OF THOUGHT.

Q. WELL, TELL ME THIS. SO YOU -- YOU'RE STILL WORKING

THERE?

A. YES, MA'AM.

Q. AND YOU'RE JUST TAKING LEAVE RIGHT NOW; IS THAT WHAT YOU'RE DOING?

A. NO, MA'AM.

Q. IS -- ARE YOU -- ARE YOU ACTUALLY GOING TO WORK?

A. I'M ACTUALLY GOING TO WORK. AND THE PROBLEM IS, MA'AM ---

Q. OKAY.

A. --- IS THAT WHEN DR. UPCHURCH AND HAROLD SIGNED OFF ON THE FMLA M.F.L.E. FORM, SAID, "LISTEN, I WANT YOU ALL TO REDUCE HIS PRODUCTIVITY TO AT LEAST 40 HOURS A WEEK." AND WE WASN'T ASKING NOT TO STAY ONT ON, WE WERE JUST ASKING 40 HOURS A WEEK. THESE PEOPLE, KNOWING I WAS -- AND I -- I'M EXPERIENCING DEPRESSION, INSOMNIA, ANXIETY, THEY WANT TO SEND ME AN HOUR-AND-SOMETHING, IS -- AND THE MAP IS IN THERE, ANYWAY, AND I THINK IT'S MAPQUEST OR SOMETHING, HOURS-AND-SOMETHING AWAY FROM MY HOME. THEY WANT ME TO DRIVE AN-HOUR-AND-SOMETHING AWAY FROM MY HOME, WORK ALL DAY, DRIVE AN HOUR-AND -- AND-SOMETHING ODD -- A HOUR-AND-SOMETHING A -- A -- TO GET BACK HOME AND DO THIS CONSISTENTLY DAY AFTER DAY KNOWING I'M EXPERIENCING INSOMNIA, KNOWING I'M NOT SLEEPING AT NIGHT BASED ON WHAT -- YOU KNOW, AND I'M TAKING

MEDICATION FOR IT AS WELL, AND THE MEDICATION IS MAKING ME DROWSY TOO. BUT THEY WANTED ME TO DRIVE, AND I JUST TOLD HER, I SAID, "LISTEN, I'M NOT A WRECKLESS INDIVIDUAL," BUT THEY WANT TO, YOU KNOW, PUT MY LIFE IN JEOPARDY, BECAUSE THEY -- THEY JUST DIDN'T WANT TO LISTEN TO HARRY. HARRY IS THE 'CAUSE OF A BUNCH OF -- HARRY REESE DIDN'T 'CAUSE THIS. ALL YOU HAD TO DO IS JUST STOP AND LISTEN AND READ THE REPORT THAT -- THE DOCUMENTATION THAT YOU GOT PAID FOR, IF YOU'D OF READ AND SAW THIS, YOU WOULD KNOW THAT THIS YOUNG LADY WAS LYING TO YOU FROM THE JUMP. BUT YOU DIDN'T WANT TO LISTEN TO ME. YOU DIDN'T WANT TO LISTEN. MY SUPERVISOR, CORNELL, CALLED AHEAD, BECAUSE HE WAS -- AND HE -- HE -- THIS YOUNG LADY, AND THANK GOD, AND YOU CAN SAY HE ACCEPTS EVERY EMAIL. THANK GOD I KEEP THEM. BECAUSE THIS YOUNG LADY, WE REFERRED A CLIENT TO A PROGRAM, HER PROGRAM. SHE INTERVIEWED THIS -- THIS CLIENT, ACCEPTED THIS CLIENT INTO ITS -- INTO A PROGRAM, AND THEN REFERRED THIS CLIENT TO CAPTAIN HULL'S PROGRAM, INSIGHTS. WELL, WHEN THIS CLIENT STOPPED COMING IN AND SERVICING, AND HE DID COMPENSATE IT, HE BRANDISHED A KNIFE AGAINST HIS PARENTS. HE WAS VIOLATING HIS PARENT. SHE GOING TO TELL THAT PARENT TO GO TO SHEILA ARNOLD TO DO A

REPORT ON ME, BECAUSE I WASN'T DOING MY JOB. SHE EVEN DOCUMENTED IN E.M.R. THE FACT THAT BECAUSE HARRY REESE SOMETHING OR ANOTHER, BUT IT'S IN THERE. IT'S A COPY OF IT IN HERE. BECAUSE HARRY REESE WASN'T DOING HIS JOB, THIS IS WHAT HAPPENED.

Q. OKAY.

A. AND THAT -- THAT'S NOT THE TRUTH. YOU -- YOU ACCEPT THAT CLIENT INTO YOUR PROGRAM, AND -- AND YOU THEN, ONCE YOU'RE ACCEPTED IN THE PROGRAM YOU OBVIOUSLY DID NOTHING WITH HIM. YOU REFERRED HIM. SO CORNELL AND DR. ARNOLD HAD MET WITH MS. -- MS. MARY, AND DR. ARNOLD SAY, "YOU KNOW WHAT, HARRY? YOU'RE A COMPULSIVE LIAR."

Q. OKAY.

BY MS. SNYDER:

I -- I STILL NEED TO OBJECT TO THIS HEARSAY. I'M SORRY.

BY COMMISSIONER BARDEN:

AND YOU -- YOU HAVE A RUNNING OBJECTION. I'M NOW GOING TO TURN THE QUESTIONING BACK OVER TO YOU.

BY MS. SNYDER:

OKAY.

BY COMMISSIONER BARDEN:

AND I APPRECIATE YOUR PATIENCE. BUT I DO WANT TO HEAR. AND YOU'RE GOING TO STILL HAVE A CHANCE TO

MAKE A STATEMENT IF YOU FEEL LIKE THERE'S SOMETHING YOU DIDN'T COVER. BUT ---

BY THE CLAIMANT:

WELL, I MEAN, THERE'S SO MUCH.

BY COMMISSIONER BARDEN:

AND SHE GET'S -- SHE GET'S -- I KNOW. AND I HAVE TO READ ALL OF THIS, AND IT'S NOT SOMETHING I CAN DO IN TWO DAYS EITHER. SHE HAS A RIGHT TO ASK YOU QUESTIONS. SO WE'LL LET HER RESUME HER QUESTIONING, AND THEN WE'LL GO FROM THERE.

BY MS. SNYDER:

CAN I CALL MR. EDWARDS REALLY QUICKLY, BECAUSE HE'S GOING TO HAVE TO LEAVE SOON?

BY COMMISSIONER BARDEN:

SURE. WE'LL TAKE A BRIEF RECESS FROM YOU. AND YOU CAN GO SIT DOWN, SIR, AT THE TABLE, AND MR. EDWARDS CAN COME IN.

BY MR. EDWARDS:

THIS SEAT?

BY COMMISSIONER BARDEN:

RAISE YOUR RIGHT HAND, PLEASE.

* * * * * * * * * * * *

THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE MATTER HEREIN:

HARRY EDWARDS

BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

BY COMMISSIONER BARDEN:

PLEASE STATE YOUR FULL NAME FOR THE RECORD.

BY THE CLAIMANT:

HAROLD EDWARDS.

BY COMMISSIONER BARDEN:

THANK YOU SO MUCH. PLEASE HAVE A SEAT THERE AND ANSWER ANY QUESTIONS THAT MS. SNYDER HAS FOR YOU.

BY THE WITNESS:

YES, MA'AM.

DIRECT EXAMINATION BY MS. SNYDER:

Q. OKAY. MR. EDWARDS, I'M GOING TO TRY AND RUN THROUGH THIS PRETTY QUICKLY. I DON'T NEED MUCH FROM YOU. CAN YOU TELL ME WHAT YOU DO AT THE DEPARTMENT OF MENTAL HEALTH?

A. I'M AN OUTREACH COORDINATOR FOR INTENSIVE OUTREACH PROGRAM.

Q. AND YOU'RE A SUPERVISOR?

A. NOT ANYMORE.

Q. BUT YOU HAD ---

A. I'M JUST A COORDINATOR.

Q. OKAY. BUT IN THE PAST YOU'VE BEEN A SUPERVISOR?

A. YES. I WAS AN INTERIM SUPERVISOR.
Q. AND YOU HAVE SUPERVISED MR. REESE IN THE PAST?
A. YES, I HAVE.
Q. OKAY. I KNOW YOU'RE KIND OF AWARE OF SOME OF THESE SITUATIONS THAT MR. REESE HAS BEEN -- HAS BEEN DISCUSSING. I'M SURE YOU'RE MORE AWARE THAN I AM. BUT I -- I KIND OF WANT TO JUMP AHEAD TO WHAT I -- I THINK PARTS OF HIS CLAIMS ARE. HE SORT OF STARTED REFERENCING A HIPAA VIOLATION?
A. UH-HUH.
Q. DO YOU RECALL THAT?
A. I REMEMBER THAT BEING DISCUSSED.
Q. THE RECORDS REFLECT THAT HE WAS NOT REPRIMANDED OR ANYTHING FOR THE HIPAA VIOLATION. WAS THERE ANYTHING UNUSUAL AND EXTRAORDINARY ABOUT THE COMPLAINT OR THE INVESTIGATION?

BY THE CLAIMANT:

CAN I OBJECT TO THAT?

BY COMMISSIONER BARDEN:

WELL, NO. THIS ---

BY THE CLAIMANT:

BECAUSE -- BECAUSE THEY DIDN'T INCLUDE HIM IN -- IN THE -- SO HOW WOULD HE KNOW?

BY COMMISSIONER BARDEN:

WELL, THEN DO YOU HAVE ANY PERSONAL KNOWLEDGE

OF THE INVESTIGATION, SIR?

BY THE WITNESS:

AS I STATED FOR THE RECORD, I WAS AN INTERIM SUPERVISOR. I REALLY WASN'T PRIVY TO A LOT OF THAT INFORMATION.

BY COMMISSIONER BARDEN:

OKAY. WERE YOU PRIVY TO ANY OF IT?

BY THE WITNESS:

I'D HEARD ABOUT IT.

BY COMMISSIONER BARDEN:

OKAY. BUT YOU DIDN'T HAVE ANY HANDS ON?

BY THE WITNESS:

NO, MA'AM.

BY COMMISSIONER BARDEN:

ALL RIGHT.

DIRECT EXAMINATION RESUMED BY MS. SNYDER:

Q. WOULD YOU -- DO YOU BELIEVE THAT -- IS AN ALLEGATION OF PATIENT ABUSE SOMETHING EXTRAORDINARY AND UNUSUAL, OR DOES THAT COME UP FROM TIME TO TIME?

A. AND SPEAKING FOR MYSELF, I GET, FOR LACK OF A BETTER WORD, ACCUSED OF THINGS BY CLIENTS ALL THE TIME.

Q. LAWYERS DO TO ALL THE TIME, SO. OKAY. WOULD YOU SAY THAT IN YOUR EXPERIENCE AS A SUPERVISOR, CONFLICT WITH CO-WORKERS IS UNUSUAL AND EXTRAORDINARY?

Conflict

A. AGAIN, SPEAKING FROM MY EXPERIENCE, IT'S UNUSUAL.
Q. CONFLICT IS UNUSUAL?
A. YES.
Q. OKAY.
A. FOR ME IT IS.
Q. FOR YOU IT IS. OKAY.

BY MS. SNYDER:

I DON'T THINK I'M GOING TO GET ANYWHERE WITH THIS LINE OF QUESTIONING.

BY COMMISSIONER BARDEN:

ALL RIGHT.

DIRECT EXAMINATION RESUMED BY MS. SNYDER:

Q. SO -- SO YOU WERE NOT HIS SUPERVISOR FOR THE PATIENT ABUSE ALLEGATION?
A. I SUPERVISED MR. REESE BETWEEN I THINK IT WAS APRIL -- MARCH, APRIL, 2013, UNTIL ABOUT MARCH, APRIL, 2014.
Q. OKAY. SO THAT WAS WHEN THE HIPAA VIOLATION EVENT OCCURRED, BUT YOU WEREN'T PART OF ---
A. NO, I WASN'T.
Q. OKAY.

BY MS. SNYDER:

OKAY. THAT'S ALL I HAVE.

BY COMMISSIONER BARDEN:

ALL RIGHT. YOU -- WELL, DO YOU HAVE ANY

QUESTIONS OF HIM? SINCE HE DOESN'T, YOU -- YOU JUST ---

CROSS-EXAMINATION BY MR. REESE:

Q. MR. EDWARDS, WHEN THEY SAY ---

BY MR. REESE:

DO I NEED TO STAND?

BY COMMISSIONER BARDEN:

NO. YOU'RE FINE WHERE YOU ARE.

BY MR. REESE:

OKAY.

CROSS-EXAMINATION RESUMED BY MR. REESE:

Q. OKAY. NOW, WE ALL KNOW THAT CLIENT ---

BY COMMISSIONER BARDEN:

AND YOU CAN'T TESTIFY.

BY MR. REESE:

OH.

BY COMMISSIONER BARDEN:

YOU CAN ASK QUESTIONS, JUST LIKE SHE DID.

CROSS-EXAMINATION RESUMED BY MR. REESE:

Q. --- CLIENT GENERALLY WILL MAKE ABUSE COMPLAINTS; AM I CORRECT?

A. YES.

Q. ARE THERE POLICIES THAT MUST TAKE PLACE OR FOLLOW WHEN THE CLIENTS MAKE ABUSE COMPLAINTS?

A. YES.

Q. IS THERE A SEPARATE POLICY? AND -- AND I'M NOT AN ATTORNEY, SO I DON'T KNOW HOW TO -- BUT SO IS THERE A SEPARATE POLICY THAT GOVERNS THE BEHAVIOR OF -- OF -- OF STAFF?

A. YES.

Q. OKAY. SHOULD THAT POLICY BE USED WHEN THE CLIENT COMES IN TO MAKE THAT COMPLAINT?

A. THAT'S THE POLICY. YES.

Q. WELL, THE -- THE ABUSE, NEGLECT -- AND WE'RE CERTAINLY PRESENT THE POLICY TO YOU, TO THE COMMISSION. THERE'S AN ABUSE, NEGLECT, AND EXPLOITATION POLICY THAT GOVERNS THE STAFF BEHAVIOR?

A. YES.

Q. IF THAT POLICY IS FOR THE STAFF, SHOULD WE USE IT WHEN CLIENTS COME IN AND MAKE A COMPLAINT IF WE'RE GOVERNING STAFF BEHAVIOR?

A. WHICH ---

Q. BECAUSE WE HAVE FOUR DIFFERENT POLICIES THAT ---

BY COMMISSIONER BARDEN:

WELL, YOU NEED TO -- YOU NEED TO ASK A QUESTION.

BY MR. REESE:

OKAY. ALL RIGHT.

CROSS-EXAMINATION RESUMED BY MR. REESE:

Q. ARE YOU AWARE OF THE FOUR DIFFERENT POLICIES THAT

GOVERNS HOW WE SHOULD ADDRESS ISSUES WHEN -- WHEN CLIENTS PERSONALLY COME IN AND MAKE A COMPLAINT?

A. I'M ONLY AWARE OF TWO.

Q. THERE'S ACTUALLY FOUR. BUT WHEN AND THEN MY ---

BY COMMISSIONER BARDEN:

WELL, NOW YOU'RE TESTIFYING. YOU CANNOT DO THAT.

BY MR. REESE:

OKAY.

BY COMMISSIONER BARDEN:

YOU GOT TO -- I GOT TO ---

BY MR. REESE:

OKAY.

BY COMMISSIONER BARDEN:

I GOT TO MAINTAIN THE PROPRIETY ---

BY MR. REESE:

OKAY.

BY COMMISSIONER BARDEN:

--- AND THE DECORUM OF THE PROCESS.

BY MR. REESE:

OKAY.

CROSS-EXAMINATION RESUMED BY MR. REESE:

Q. WELL, NOW, WHY DO YOU THINK THAT THEY DID NOT, AS MY SUPERVISOR DURING THAT PERIOD, ENGAGE YOU IN THE PROCESS? YOU WERE MY SUPERVISOR, RIGHT?

A. YES, AT THAT TIME, I WAS.

Q. SO AS A SUPERVISOR, WHY DIDN'T THEY ENGAGE YOU IN THAT PROCESS BEFORE GOING TO THE EXECUTIVE DIRECTOR?

A. I REALLY DON'T KNOW.

Q. IS THAT USUAL?

A. I DON'T THINK SO.

Q. OKAY.

BY COMMISSIONER BARDEN:

IS THAT IT?

BY MR. REESE:

I -- AND THAT'S A ---

BY COMMISSIONER BARDEN:

ANYTHING ON REDIRECT?

BY MS. SNYDER:

NO.

BY COMMISSIONER BARDEN:

OKAY. YOU'RE EXCUSED, SIR. THANK YOU. ALL RIGHT. MS. SNYDER.

BY MS. SNYDER:

OKAY.

BY COMMISSIONER BARDEN:

AND, SIR, I'LL REMIND YOU YOU'RE STILL UNDER OATH.

BY MR. REESE:

YES, MA'AM.

DIRECT EXAMINATION RESUMED BY MS. SNYDER:

Q. OKAY. MR. REESE, I WANTED TO GO BACK, AND NOW THIS IS SORT OF WHERE I STARTED. SO LET'S GO BACK. THIS OCTOBER 18TH, 2013, DATE?

A. UH-HUH.

Q. THAT HAS TO DO WITH THE HIPAA VIOLATION?

A. THAT HAS TO DO WITH THE ---

Q. WHAT DATE, WHAT IS ASSOCIATED WITH THAT DATE?

A. WELL, FIRST IT STARTED OFF WITH THE -- THE CLIENT ALLEGED THAT I CAME -- I TOLD RICK THAT THE -- THAT HE WAS -- HIS CASE MANAGER MOVING. THEN IT TRANSITIONED FROM THAT TO THE HIPAA VIOLATION, BECAUSE I DOCUMENTED IN E.M.R. THE ADVERSE INCIDENT REPORT.

Q. YOU WROTE IN A DIFFERENT -- A -- YOU WROTE IN A CLIENT'S FILE THAT WASN'T YOUR OWN CLIENT?

A. THAT WAS NOT IN -- IN CONNECTIONS.

Q. OKAY. WERE YOU REPRIMANDED FOR THAT?

A. WELL, THEY ATTEMPTED TO REPRIMAND ME UNTIL I SECURED MR. JOSEPH HENRY, ATTORNEY AT LAW AND A CERTIFIED MEDIATOR, TO ADDRESS THE CONCERNS. AND YOU -- YOU HAVE THAT DOCUMENT AS WELL. AND AGAIN, MY -- MY EMPLOYER DID NOT WANT TO BE OBJECTIVE IN THAT. WHAT HE DID WAS WHEN HE SAW ME COMING, HE SAID, "HARRY, ONLY PERSON THAT CAN TALK IS -- IS -- IS IT'S EITHER

GOING TO BE EITHER YOU OR THE PERSON THAT YOU'RE GOING TO THAT YOU -- YOU'RE GOING TO BRING." AT THAT TIME, MR. HENRY HAD NOT ARRIVED YET. HE GOT LOST. SO I SAID, "OKAY." SO ONCE MR. HENRY DID ARRIVE, I SHARED WITH HIM THAT DR. BANKS SAID THAT -- - THAT EITHER MYSELF OR HE WAS GOING TO TALK. IF I DID NOT HAVE AN ATTORNEY, SURELY I WOULD HAVE BEEN WRITTEN UP. BUT I WAS WRITTEN UP FOR INSUBORDINATION. BUT ---

Q. BUT THIS IS FROM YOUR FILE. THIS IS FROM I GUESS THE HIPAA VIOLATION.

A. UH-HUH.

Q. AND IT SAYS "CONSEQUENCES OF FUTURE VIOLATIONS OR MISCONDUCT," AND CAN YOU READ THAT FIRST SENTENCE?

A. "OFFENSE IS CONSIDERED TO HAVE BEEN WITHOUT MALICIOUS INTENT."

Q. THAT RESULTED IN A WRITTEN WARNING?

A. NOVEMBER -- OKAY.

Q. IS THAT RIGHT?

A. YEAH.

Q. OKAY. SO LET'S GO BACK TO YOUR FORM 50. YOU'VE GOT ANOTHER DATE ON IT, AND THIS IS A 2014 DATE. CAN YOU TELL ME AUGUST 12TH, 2014, WHAT'S ASSOCIATED WITH THAT DATE?

A. THE WHAT NOW?

Q. YOU, ON YOUR OWN FORM 50, YOU'VE INDICATED DATE OF INJURY AUGUST 12TH, 2014; CAN YOU TELL ME WHAT HAPPENED ON AUGUST 12TH?

A. IF MY MEMORY SERVES ME CORRECTLY, THIS IS -- THIS ADVERSE INCIDENT FILE HAPPENED WHEN I GOT BACK TO WORK. THESE FOLKS, MY EMPLOYER IF YOU WILL, THEY SAID THAT THEY HAD -- THEY WANTED ME TO INTERVIEW -- WELL, AT FIRST THEY WANTED TO SEND ME TO FAIRFIELD COUNTY. THAT DIDN'T WORK. THEN THEY WANTED TO SEND ME TO LEXINGTON COUNTY, AND THEY SAY THAT I NEEDED TO INTERVIEW WITH MR. RICK HACKMAN. I DID THAT. I INTERVIEWED WITH MR. HACKMAN, AND I SHARED WITH HIM WHAT WAS GOING ON. AND HE'S -- HE DIDN'T GIVE ME A DECISION AT THAT TIME. HE SAID HE WOULD GIVE ME A DECISION LATER ON. WELL, THEN WHEN I GOT BACK THEY SAID, YOU'VE BEEN ASSIGNED TO -- I CAN'T REMEMBER, BUT IT'S IN HERE.

BY COMMISSIONER BARDEN:

OKAY. I'LL READ IT.

THE WITNESS RESUMES ANSWER:

A. YOU'VE BEEN ASSIGNED TO A -- THE T.C.M. PROGRAM. AND I, WHEN I GOT THAT, THESE FOLKS, THEY THOUGHT SO LESS OF ME THEY -- THEY SAT ME IN THIS ROOM AND NOT ONLY I HAD TO DO TRAINING, PATHLORE TRAINING FOR MY CURRENT POSITION, WHICH IS M.H.P., I HAD TO GO AND

DO TRAINING ALSO FOR CHILDREN ADOLESCENT. LIKE ALL TOGETHER I THINK IT WAS LIKE 64 TRAININGS THAT I HAD TO DO, AND I HAD TO SIT THERE. I HAD TO SIT THERE. THEY WOULDN'T LET ME TO GO BACK TO MY OFFICE. I HAD TO SIT THERE. AND MIND YOU, NOW, AND NOBODY IN THIS AGENCY COULD EVER SAY HARRY EVER WAS AGGRESSIVE TOWARDS HIM OR NOTHING. THEY WOULD NEVER SAY IT, 'CAUSE THAT'S NOT WHO I AM. BUT THEY HAD ME SIT IN THAT OFFICE, AND I DID ALL THOSE TRAININGS, AND ONCE I DID THOSE TRAININGS, I WAS SUPPOSED TO CONTACT MS. -- MS. I THINK HER NAME IS BRIT. SHE'S OVER I THINK REGION ONE T.C.M. COORDINATOR PROGRAM. I'D SAT THERE, I DID THOSE TRAININGS, AND I EMAILED MS. BRIT, AND MS. BRIT SAID, "YOU NEED TO TALK WITH DR. BANK AND THEM" OR SOMETHING SHE SAID, "BECAUSE ACCORDING TO MR. HACKMAN, WE HAVE NO -- NO SPACE FOR YOU." SO THEY DID ALL THIS FOR -- FOR NO REASON. ALL -- I MEAN, NONE. BECAUSE THE FACT OF THE MATTER IS WHEN I INTERVIEWED HACKMAN, MR. HACKMAN SAID, "HARRY, YOU GOT TO HAVE YOUR -- YOUR LICENSE WITHIN A YEAR IF YOU COME HERE OR WE'RE GOING TO TERMINATE YOU." NONE OF THAT WAS DISCUSSED WITH ME. AND I TOLD MR. HACKMAN, I SAID, "MR. HACKMAN, I CAN'T TELL YOU IF I'M GOING TO HAVE THAT LICENSE," 'CAUSE I MEAN RIGHT NOW, I SWEAR TO GOD, I STARTED RIGHT

APART -- WELL, EVEN -- EVEN AND DR. UPCHURCH'S DOCUMENTATION, THAT WAS BACK IN I THINK 2014, I BELIEVE, I'VE BEEN TRYING TO WORK ON GETTING THIS LICENSE. BUT I -- AND I EVEN TOLD MY THERAPIST I THINK A COUPLE OF WEEKS AGO. AND ALL THIS IS DOCUMENTED. I SAID, "EVERY TIME I BEGIN TO STUDY AND STUFF, I CAN'T REMEMBER WHAT ANYTHING THAT I READ." SO I HAD TO STOP. AND A MATTER OF FACT I GOT A -- A -- A TRAINING APRIL THE 10TH FOR THIS LICENSE, AND THEY'LL GIVE ME SOME MATERIALS, MOST OF THE MATERIALS TO STUDY. BUT I CAN'T -- I KEEP TELLING THESE PEOPLE I CAN'T SLEEP. BUT THAT I'M DRINKING -- AND MY -- I NEVER DRANK COFFEE. BUT I DRINK COFFEE EVERY SINGLE MORNING. AND -- AND WHEN I DO, I HAVE TO PUT IN A BUNCH OF -- BUNCH OF CREAM IN IT. AND THEY ALWAYS SAY, "WELL, HARRY, ARE YOU GOING TO ADD ANY COFFEE TO THAT?" BECAUSE I JUST DON'T LIKE TO STAND -- I DON'T -- I DON'T DRINK. I'VE NEVER DRANK COFFEE. SO LIKE, BUT I -- I -- BUT TO STAY UP LATE FOR SOMETHING, SO. BUT I -- I'M TELLING YOU THIS IS NOT JUST ---

BY COMMISSIONER BARDEN:

Q. IS THE DOCTOR GIVING YOU ANYTHING TO HELP YOU SLEEP NOW?

A. YEAH. WHAT HAPPENED WAS VOC REHAB WAS PAYING FOR

THE -- BUT FOR THE DOCTORS. AND I -- I MUST HAVE FORGOT THAT PAPER. BUT I, YOU KNOW, I -- I'LL EMAIL IT TO YOU. I'LL EMAIL IT TO YOU. SEE, VOC REHAB STOPPED PAYING FOR THE DOCTORS JUST, BECAUSE THE DOCTOR -- THE ONLY THING THEY SAY THE DOCTOR WAS DOING WAS FOR MEDICATION MONITOR -- MONITORING, BUT THEY WOULDN'T PAY FOR THE -- PAY FOR THE DOCTOR. SO I HAD TO GO TO MY PRIVATE DOCTOR, AND HE PRESCRIBED MEDICATION, AND HE GAVE ME A 90-DAY SUPPLY. SO I'M GETTING MY -- MY MEDICATION THROUGH HIM AND MY THERAPY THROUGH MS. CAROL. BUT THIS JUST DIDN'T HAPPEN YESTERDAY, MA'AM. THIS -- THIS AIN'T JUST HARRY REESE WOKE UP ONE MORNING, BECAUSE THEY SAID HIS HIPAA VIOLATION AND, OH, HE -- HE MENTALLY GOT ISSUES NOW. THIS IS YEARS OF TRYING TO TALK WITH THESE PEOPLE, SAYING, "HEY, YOU'RE NOT EVEN FOLLOWING YOUR POLICY. THE POLICY SAY I CAN GRIEVE THIS. YOU WON'T EVEN GIVE ME A GRIEVANCE." WELL, YOU KNOW WHAT? EVEN THE DOCUMENTATION THAT I WROTE FOR THE GRIEVANCE, I SAID "I WANT BOTH OF THESE DOCUMENTS PLACED IN MY EMPLOYMENT FILE," THIS -- THE EMPLOYMENT FILE THAT YOU HAVE. NOW, MY REQUEST WASN'T EVEN HONORED. 'CAUSE YOU KNOW WHY? THEY DON'T WANT NOBODY TO SEE, HEAR THIS NONSENSE. THAT THEY -- THEY JUST -- I MEAN, I MAY NOT BE THE BEST

EMPLOYEE, BUT I WORK HARD FOR THESE CLIENTS, BECAUSE I KNOW THEY DON'T HAVE ANYBODY TO ADVOCATE FOR THEM. SO I WORK HARD FOR THEM.

Q. SO ARE YOU HANDLING CASES NOW? I MEAN, YOU'RE BACK DOING THAT NOW?

A. AND -- AND THIS -- THIS IS THE -- WHEN DR. UPCHURCH SAYS, COULD YOU DECREASE HIS PRODUCTIVITY FROM 60 TO 40, THEY DENIED THAT. THEY DENIED APPROPRIATE WORK PLACEMENT ACCOMMODATIONS. SO I HAD TO COME BACK AND WORK FULL-TIME, AND THEN I WENT BACK OUT. AND NOW I'M IN A PROGRAM NOW, BECAUSE DR. BANK, AND -- AND -- AND -- AND MY CURRENT JOB DESCRIPTION IS IN THERE, BECAUSE DR. BANK, HE COULD HAVE SAID, "YOU KNOW WHAT, LET'S DO IT AT 40 HOURS, JUST SO HE CAN GET BACK INTO THE SWING OF THINGS," AND HE DID NOT. WELL, NOW MS. -- I'M AT A PROGRAM NOW WHERE MY PRODUCTIVITY IS 40 HOURS NOW AS LONG AS I STAY WITH THEM, AND I'M PRETTY SURE ONCE ALL THIS STUFF GET OUT OF THE WAY, THEY'RE GOING TO TERMINATE ME. SO BUT IT'S 40 HOURS NOW, AND I HAVE NOT MADE PRODUCTIVITY SINCE I'VE BEEN THERE. WHY? BECAUSE I DON'T HAVE THE CLIENTS. AND TOO, BECAUSE THE CLIENTS, THE FILE OF CLIENTS THAT I JUST GOT, DR. PATEL ONLY WANT TO DO -- DO GROUP. SHE DON'T WANT THEM TO DO INDIVIDUAL. SO RIGHT NOW, I GOT TWO

CLIENTS THAT I'M DOING INDIVIDUAL FOR AND TWO -- AND THE SAME TWO CLIENTS I HAVE NOW, I REFERRED ONE TO THE LINK, AND I REFERRED ONE TO A.C.S. SO I AIN'T GOING TO HAVE -- ONLY THING I DO IS GROUP ON FRIDAYS, SO I'M NOT ABLE TO MAKE PRODUCTIVITY.

Q. OKAY.

A. BUT THE -- THE BOTTOM LINE IS, MA'AM ---

Q. YEAH. AND MS. SNYDER GETS TO ASK THE QUESTIONS. AND I KIND OF GOT US OFF TRACK BY ASKING THAT, SO.

A. OKAY.

Q. BUT LET'S LET HER RESUME.

A. THE BOTTOM LINE IS MY EMPLOYER HAD NO AUTHORITY TO TELL ME NOT TO DOCUMENT INTERACTIONS WITH THE CLIENT THAT I -- I DEALT WITH. THAT'S THEIR POLICY. THE POLICY SAID THAT ALL CLINICAL NOTES ARE -- MUST BE IN THE -- IN THE MEDICAL RECORD WITHIN FIVE WORKING DAYS. THEY ONLY DID THAT BECAUSE WHAT THEY WERE TRYING TO SET THIS -- AND THIS HOUSING PROVIDER UP. I CAME WITH THE TRUTH, AND THEY DIDN'T LIKE THAT. THEY DIDN'T LIKE THE TRUTH. THEY WANTED -- THIS PERSONAL VENDETTA THAT THEY GOT AGAINST RICK NICHOLS, THEY WANTED THAT TO KEEP LAYING ON TO TRY TO HURT THIS YOUNG MAN. BUT ALL OF THIS IS GOING TO COME OUT IN THE WASH, BECAUSE I AM TIRED OF THIS. I MEAN, I'M TIRED OF SITTING IN PLACES TELLING MY

STORY THOUGH, AND PEOPLE JUST THINK I'M CRAZY. BUT, NO. THIS HAS ACTUALLY HAPPENED. AND -- AND -- AND -- AND I KEPT SENDING EMAIL, AND, YOU KNOW, THE REASON WHY I KEPT SENDING EMAIL? 'CAUSE BACK IN 2010 WHEN THEY STARTED THIS NONSENSE, SAY, WHOA, THIS DON'T LOOK RIGHT. AND SO I DON'T WANT NOBODY TO THINK, 'CAUSE I DON'T REALLY -- SOMEBODY -- AND NOW I'M BEING THREATENING. AND SAID, "NO, THIS IS MY EMAIL I SENT TO YOU. YOU CAN LOOK AT IT." IT WASN'T EVEN THREATENING. I TALKED WITH YOU THE UTMOST RESPECT. BUT SO I KEPT EMAILING, BECAUSE THIS WAS THE CENTRAL THING. THEY JUST KEPT ACCUSING ME OF STUFF WITHOUT FOLLOWING THEIR OWN POLICY, EVEN TO ADDRESS IT. AND SO -- AND SO YOU MAY HAVE A CLIENT COME IN AND SAY HE WAS ABUSED, YES, THAT'S NORMAL. WE DEAL WITH THAT. THAT'S NORMAL. BUT HOW WE DEAL WITH IT, THE WAY THAT THEY DEALT WITH IT IS NOT NORMAL.

Q. OKAY.

A. IT'S NOT INCIDENTAL. IT -- IT'S NOT NORMAL.

Q. OKAY. ALL RIGHT.

BY COMMISSIONER BARDEN:

GO AHEAD.

DIRECT EXAMINATION RESUMED BY MS. SNYDER:

Q. SO TO BE CLEAR, YOU'RE WORKING FULL DUTY RIGHT NOW?

A. YES, MA'AM.
Q. OKAY. I DON'T THINK WE'VE TALKED ABOUT THIS YET, YOU SPENT SOME TIME AT PALMETTO BAPTIST?
A. YES, MA'AM.
Q. AT AN INPATIENT FOR A FEW WEEKS; IS THAT CORRECT?
A. YES. YES, MA'AM.
Q. AND I HAVE SUBMITTED SOME RECORDS FROM THAT. ARE SOME OF THOSE RECORDS FROM THAT IN -- IN THIS BINDER?
A. YES. BUT I THINK IT'S AN ---
Q. OKAY. THAT'S FINE. SHE'LL LOOK AT THEM ALL.
A. OKAY.
Q. DO YOU REMEMBER CHARLES ROUNDY?
A. YES, MA'AM.
Q. WHAT WAS HE DOING FOR YOU?
A. HE WAS MY ADVOCATE, BASICALLY MY THERAPIST.
Q. OKAY.
A. YEAH.
Q. IS HE AN M.D.?
A. NO. HE JUST IS -- WELL -- WELL -- YOU KNOW, THEY CALL -- AND I GUESS HE IS. 'CAUSE IT -- IT -- IT HIS TITLE IS DOCTOR. I MEAN, HE HAS THE DOCTOR IN FRONT OF HIS NAME. BUT HE DON'T -- I DON'T THINK HE HAS A LICENSE OR SOMETHING OR SOMETHING PEOPLE SAY.
Q. OKAY.

BY MS. SNYDER:

COMMISSIONER BARDEN, I WOULD POINT YOU TO PAGE 12 OF MY APAs.

BY COMMISSIONER BARDEN:

OKAY.

BY MS. SNYDER:

THERE'S A NOTE.

DIRECT EXAMINATION RESUMED BY MS. SNYDER:

Q. I GUESS YOU WERE TALKING ABOUT JOB-RELATED STRESS. HERE, I CAN SHOW YOU ON MINE. IT'S PAGE 95 IN YOURS, IF YOU WANT TO GET TO IT?

A. UH-HUH.

Q. AND CAN YOU READ THIS SENTENCE THAT STARTS "HIS RESPONSE"?

A. THIS WAS THROUGH MY -- RIGHT HERE (INDICATING) THIS?

Q. NO. "HIS RESPONSE"?

A. "HIS RESPONSE TO THIS NOT UNCOMMON. PERSONAL ISSUE IS UNCOMMONLY AND OUT OF PROPORTION TO THE SITUATION, AND THE ADVOCATE WILL ATTEMPT TO DISCOVER WHY THE PATIENT TAKES IT SO PERSONALLY."

Q. SO WAS THAT SOMETHING Y'ALL WERE WORKING ON WHILE YOU WERE AT PALMETTO?

A. WELL, WHAT I DID. AND -- AND -- AND I DON'T KNOW IF IT CAN BE INTRODUCED OR NOT, AND YOU HAVE A COPY OF IT. AND I -- AND I THANK GOD THAT WE HAVE TO

EXCHANGE INFORMATION, BECAUSE I SAW A LOT OF THINGS THAT WERE JUST INACCURATE. FOR EXAMPLE, SOMEBODY SAID I WAS ON MEDICATION SINCE 2011. THAT WASN'T THE TRUTH. SO I GAVE YOU INFORMATION TO CLEAR THAT. BUT WHEN HE SAYS "IS UNCOMMONLY AND OUT OF PROPORTION," I SENT A FAX OVER TO MS. MARJORY HOBBS, WHO IS THE DIRECT OF -- OF THE PALMETTO BEHAVIOR HEALTH CARE, AND I DOCUMENTED SOME ISSUES, AND ONE OF THOSE WAS ONE OF THE ISSUES. AND WHEN THEY SAY, UNCOMMON, IT MIGHT BE UNCOMMON IF THERE WAS ONE ISSUE THAT YOU HAD TO DEAL WITH, AND THEN YOU CAME IN AND YOU HAD SOME ISSUES AND WE HAD -- YOU HAD TREATMENT. BUT WHEN YOU'RE GOING THROUGH ---

Q. ARE YOU INTERPRETING THESE MEDICAL RECORDS NOW?

A. I'M NOT INTERPRETING ANYTHING. I MEAN, I'M -- I'M TELLING YOU FROM MY POINT OF VIEW AND WHY HE COULD MAKE SUCH A CLAIM.

BY COMMISSIONER BARDEN:

WELL, YOU -- YOU'RE NOT GOING TO BE ABLE TO SPEAK FOR HIM.

BY THE CLAIMANT:

UH-HUH.

BY COMMISSIONER BARDEN:

YOU CAN ONLY TELL US WHAT HAPPENED TO YOU. SO GO AHEAD, MS. SNYDER.

BY MS. SNYDER:

I DON'T KNOW THAT I HAVE ANY MORE QUESTIONING. I WAS REALLY FOCUSED ON THE DATES OF INJURY THAT ARE NOTED ON THE FORM 50. I FEEL LIKE WE'VE TALKED ABOUT STUFF KIND OF GOING BACK 'TIL 2010, AND I DON'T KNOW -- I DON'T KNOW WHEN THE DATE OF INJURY WAS FOR THIS INCIDENT. SO I THINK ---

BY COMMISSIONER BARDEN:

WELL, HE'S LISTED TWO.

BY MS. SNYDER:

RIGHT.

BY THE CLAIMANT:

NO.

BY MS. SNYDER:

I JUST THINK SOME OF THE -- THAT'S I KNOW IT'S A BUILD UP OF -- IT'S BEEN A BUILD UP OF ISSUES THAT YOU'VE HAD. I JUST DON'T KNOW IF ANY OF THESE SPECIFIC INSTANCES WE'VE BEEN TALKING ABOUT SO FAR BACK ARE -- ARE ---

BY THE CLAIMANT:

WELL ---

BY MS. SNYDER:

--- JURISDICTIONALLY IN FRONT OF YOU, BECAUSE OF THE LENGTH OF ---

BY COMMISSIONER BARDEN:

YEAH. THE FIRST ONE IS OCTOBER OF 2014, AND THE SECOND IS AUGUST OF ---

BY MS. SNYDER:

YES, MA'AM.

BY COMMISSIONER BARDEN:

--- 2014. '13 AND '14.

BY MS. SNYDER:

RIGHT. AND I BELIEVE THAT THAT WAS THE HIPAA VIOLATION AND THEN ONE THAT ---

DIRECT EXAMINATION RESUMED BY MS. SNYDER:

Q. HARRY, I'LL ASK YOU. THE 2014 IS ONE THAT THEY WERE ATTEMPTING TO RELOCATE YOU TO ACCOMMODATE YOUR REQUEST FOR REDUCED PRODUCTIVITY HOURS?

A. THE -- THERE'S SO MUCH I JUST -- JUST HAVING SOME PROBLEMS RECALLING, IF YOU WILL.

Q. IT'S OKAY.

A. BUT ---

Q. YOU'VE GOT A LOT OF INFORMATION IN HERE. I'M SURE IT'S IN HERE IF WE JUST ---

A. AND, YEAH. IT IS IN THERE. BUT IT GOT TO THE POINT IN 2013 THAT IT WAS SO BAD THAT THEY KEPT ATTACKING ME. I HAD NO OTHER CHOICE TO ASK FOR EMPLOYEE ASSISTANCE SERVICES. I MET WITH MR. (INAUDIBLE). I THINK HIS IS THE FIRST TAB IN YOUR -- IN YOUR BINDER, AND I SHARED WITH HIM EVERYTHING THAT WAS

GOING ON WITH ME SINCE 2010, AS IT RELATES TO MY EMPLOYER. HE, AGAIN, AT THAT TIME LISTED IT AS WORK-RELATED STRESS AND, YOU KNOW, I HAD SO MUCH STUFF TO TELL HIM ABOUT REGARDING THE EMPLOYMENT AND HOW IT HAD STARTED IN 2010, HOW MY RECORD WAS SO POLISHED BEFORE APRIL THE 19TH, 2010, 'TIL THIS YOUNG LADY DESTROYED MY RECORD, AND TO THE POINT WHERE SHE TRIED TO WRITE A DEROGATORY REPORT IN MY ANNUAL REVIEW TO WHEN MS. ELEANOR ODOM, WHO IS THE STATE DIRECTOR HUMAN RESOURCE MANAGER, WHEN SHE READ IT, SHE SENT IT BACK TO -- WELL, SHE SENT IT TO MS. SUSAN BROWN, ONE OF HER WORKERS, AND TO HAVE HER SEND IT TO MS. MARIA, TO SAY, "HEY, YOU CAN'T SAY NEGATIVE THINGS ABOUT THIS CLIENT -- ABOUT THIS -- ABOUT THIS STAFF MEMBER." BUT THE BOTTOM LINE IS THERE WAS NO NEGATIVE THINGS TO REPORT. YOU HAD -- AND I WAS WITH YOU FOR SIX MONTHS, YOU HAD NOT PULLED ME TO THE SIDE FOR WITH ANY CORRECTIVE ACTIONS, YOU HAD NOT SAID I WAS NOT PERFORMING MY JOB DUTIES, ET CETERA, ET CETERA. BUT ONCE I GAVE YOU THAT APRIL 19TH LETTER, THAT'S WHEN ALL HELL BROKE LOOSE, ALL HELL. AND THEN THEY MOVED ME. THAT WAS MY ONLY RELIEF, MA'AM, IS WHEN THEY MOVED ME. AND THEN WHEN THEY MOVED ME, I HAD THAT RELIEF. THEN WE WENT TO THE NEW BUILDING, AND YOU HAVE

PICTURES OF IT. WHEN THEY MOVED ME TO THE NEW BUILDING, THEY PUT THE LADY RIGHT BACK IN MY FACE LIKE I WAS NOTHING. WHY DID YOU MOVE ME? 'CAUSE YOU THOUGHT -- YOU THOUGHT THERE WAS BAD BLOOD BETWEEN SHE AND I. SO WHY WOULD YOU PUT US BACK TOGETHER? THAT -- THAT'S NOT THE LOGIC. THAT -- THAT'S NOT NORMAL.

BY COMMISSIONER BARDEN:

Q. WHEN DID YOU FIRST START EXPERIENCING PSYCHOLOGICAL OR PSYCHIATRIC DIFFICULTY OR EMOTIONAL DIFFICULTY; WHEN DID YOU FIRST NOTICE?

A. I GOT REALLY DEPRESSED.

Q. WHEN DID YOU -- WHEN DID YOU FIRST GET DEPRESSED?

A. THAT WAS IN -- IN 2013 WHEN I WAS IN A -- A ACCIDENT. I MEAN, I CAN'T TELL YOU WHAT DATE, BUT IT'S ---

Q. THAT'S ALL RIGHT. IT'S JUST ---

A. --- IT'S AROUND THE POINT WHEN I ---

Q. WAS THOSE -- WAS IT AFTER THE LETTER, WHEN YOU GAVE HER THE LETTER?

A. NO. THAT WAS THAT -- NO. THAT WAS -- YES. I'D WENT THROUGH SOME DEPRESSION IN 2010 AFTER ALL THIS, BUT IT -- BUT ONCE I GOT BACK TO -- ONCE I GOT TO THE COTTAGES, THINGS EASED OUT. I DID MY JOB. I MEAN I GOT NO NEGATIVE.

Q. BUT WHAT WAS THE DEPRESSION IN 2010 FROM?
A. WELL, BECAUSE THESE FOLKS WERE SAYING "YOU SEXUALLY HARASSED SOMEBODY," BUT YOU DIDN'T REPORT IT, YOU DIDN'T DO ANYTHING TO INVESTIGATE. YOU JUST DEMEAN ME, DEVALUED ME, BECAUSE THIS YOUNG LADY SAID IT. AND -- AND IT'S SUSPECT. BUT HOW CAN YOU TELL SOMEBODY YOU SEXUAL HARASS SOMEBODY OVER A YEAR'S PERIOD OF TIME AND NOW YOU WANT TO BRING -- THE FACT TO THE MATTER IS, IF I WOULDN'T HAVE GAVE YOU THAT APRIL 19TH LETTER, I'D A -- NOBODY WOULD HAVE NEVER HEARD ANYTHING ABOUT A SEXUAL HARASSMENT.
Q. BUT YOU SAID YOU HAD SOME DEPRESSION IN 2010; IS THAT RIGHT?
A. WELL, DEPRESSION WAS BECAUSE, YOU KNOW, THEY WOULDN'T LISTEN TO ME.
Q. OKAY.
A. AND THEY MOVED ME. AND YET, YEAH, OF COURSE YOUR GOT DEPRESSED BUT YOU JUMP BACK OUT OF IT.
Q. ALL RIGHT.
A. YOU JUMP BACK OUT. YOU SAY, HEY, LET'S GO. LET'S GET TO WORK. GET OVER IT. BUT THEN IN 2013 AFTER ALL THIS STUFF IS HAPPENING OVER ---
Q. SO DID IT RESOLVE AFTER A WHILE AFTER THE 2010 INCIDENT; DID IT RESOLVE, OR IT NEVER REALLY DID RESOLVE?

A. IT RESOLVED.

Q. OKAY.

A. BECAUSE I WAS IN A -- IN A ---

Q. OKAY. AND THEN ---

A. --- HEALTHIER ENVIRONMENT, IF YOU WILL.

Q. AND THEN IT REOCCURRED IN 2013?

A. WELL, IT -- IT -- BASICALLY AFTER THAT, THEY TOLD ME WE GOING TO GET -- THIS YOUNG LADY WENT AND SAID TO THE HOUSING PROVIDER, AND THIS IS NOT NORMAL, THAT I'M A CRUEL ---

BY MS. SNYDER:

I WOULD OBJECT TO WHAT MS. MARIN HAD SAID TO SOMEBODY WHO'S NOT HERE.

BY THE CLAIMANT:

WELL, AND THAT'S THE FACT THAT ---

BY MS. SNYDER:

HEARSAY.

BY COMMISSIONER BARDEN:

NO. SHE DIDN'T SAY IT TO YOU. I -- I SUSTAIN THAT OBJECTION.

BY THE CLAIMANT:

BUT -- BUT THE MAIN POINT, AND YOU GOT A WITNESS IN HERE, THAT'S NOT A WITNESS TO MUCH, BUT YOU GOT HIM IN HERE. BUT THE PEOPLE THAT YOU NEEDED TO BRING IN HERE, BECAUSE YOU'RE TRYING TO PROTECT

THEIR POLICY, IF YOU WILL, YOU DON'T BRING THEM IN. THESE ARE THE PERSONS THAT WAS INVOLVING. SO WHY NOT BRING THEM IN? EVEN IF IT AIN'T NOTHING BUT MARIA, WHY NOT BRING MARIA? IF IT AIN'T NOTHING BUT DR. MCNEILL, WHO -- WHO -- WHO -- AND -- AND THERE'S A LETTER HERE FROM DR. MCNEILL. FOR SOME STRANGE REASON, IF THE HIPAA VIOLATION WAS REPORTED AND -- NOT THE HIPAA -- THE DUAL RELATIONSHIP WAS REPORTED IN 2012, WHY IN THE WORLD NOW ARE YOU BRINGING IT BACK UP IN 2013 ONCE Y'ALL HAVE ESTABLISHED THAT I HADN'T DONE A THING WRONG? HER LETTER STARTED OUT WITH THIS, AND I BELIEVE IT'S THE HIPAA VIOLATION AND ALL THIS OTHER STUFF, THEN IT ENDED WITH I THINK LIKE FOUR DIFFERENT QUESTIONS. DO YOU HAVE A DUAL RELATIONSHIP WITH RICK NICHOLS? DO YOU HAVE A DUAL RELATIONSHIP WITH THIS STAFF MEMBER? DO YOU HAVE THIS? AND I'M SAYING -- AND I -- AND I EMAIL. I SAID, "LISTEN, WHY IS THIS COMING ABOUT? IT AIN'T GOT NOTHING TO DO WHAT'S GOING ON NOW, AND I'VE BEEN EXONERATED OF THAT, AND 'CAUSE IT WAS BOGUS FROM THE JUMP. AND IF Y'ALL WOULD HAVE STOPPED AND LISTENED, YOU'D A KNOWN IT WAS BOGUS FROM THE JUMP." BUT, NO. SO -- SO WHEN YOU SAY THESE ARE SELF-SERVING EMAILS, AND I HAVE TO KEEP SAYING IT, BECAUSE THAT'S -- THAT'S TOTALLY OFFENSIVE TO ME, BECAUSE IF I DIDN'T

DIRECT EXAMINATION RESUMED BY MS. SNYDER:

Q. I DIDN'T MEAN TO OFFEND YOU ---

A. --- KEEP THESE EMAILS, I WOULDN'T HAVE NO EVIDENCE TO TELL YOU WHAT IN THE WORLD WAS GOING ON. AND THAT'S WHY I SAY, I KNOW I NEED TO PREPARE FOR AN APPEAL, BECAUSE OF THE FACT OF THE MATTER IS, I'M NOT -- ALL THIS IS SO MUCH INFORMATION. AND MY INTENT, I -- AND I DON'T KNOW IF I ---

BY COMMISSIONER BARDEN:

Q. WHAT DO YOU MEAN YOU NEED TO PREPARE FOR AN APPEAL?

A. BECAUSE, LISTEN, IT'S SO MUCH STUFF IN HERE THAT YOU'RE NOT HEARING AND THEY'RE NOT GOING TO ASK ABOUT. BECAUSE LIKE I SAID, THEY DIDN'T FOLLOW YOUR OWN POLICIES, AND THE POLICY SAID, SHE HAD NO AUTHORITY. BUT BECAUSE I DOCUMENTED, AND YOUR ADVERSE INCIDENT REPORT SAYS I MUST DOCUMENT ALL -- ALL STAFF MUST DOCUMENT ADVERSE INCIDENT REPORTS. SO SHE HAS NO AUTHORITY. BUT SHE -- SHE DID THAT SIMPLY BECAUSE SHE DIDN'T LIKE WHAT I WAS DOCUMENTED, WHICH WAS THE FACTS, AND THE FACTS ACTUALLY ARE TRUE. BUT IT -- BUT WHAT I MEAN BY PREPARE FOR AN APPEAL, I -- I'LL HAVE TO GO BACK DOWN HERE AND LIST DATE BY DATES AND REFERENCE EACH PAGE SO IT'D BE MUCH EASIER TO FOLLOW ALONG.

BECAUSE THE FACT TO THE MATTER IS, AGAIN, IF DR. BANK, 'CAUSE DR. BANK, 'CAUSE SHE WROTE ME UP, SHE WROTE ME UP FOR INSUBORDINATION, BECAUSE I SPOKE TO A CLIENT IN 2010. AND -- AND I'M GLAD I REMEMBER THAT. IN 2000 -- 'CAUSE THIS IS VERY IMPORTANT. IN 2010, BECAUSE SHE SAID I SPOKE WITH THAT SAME CLIENT. WELL, IN THAT MEETING WE HAD, DR. BANK, SAID, "YOU KNOW WHAT? HE ASKED YOU TO TALK TO THAT CLIENT. YOU NEED TO TALK TO THAT CLIENT, BECAUSE IT'S A LOW LEVEL COMPLAINT." BUT I DIDN'T EVEN TALK WITH THE CLIENT. WELL, PUT IT THIS WAY, I TALKED WITH THE CLIENT PRIOR TO HER TELLING ME NOT TO TALK TO THE CLIENT. BUT THE FACT OF THE MATTER IS, AND IT'S -- IT'S DOCUMENTED, IF DR. BANK SAID I CAN TALK WITH THAT CLIENT, WHAT GIVES YOU THE AUTHORITY TO TELL ME I COULDN'T? AND THEN HE SHOULD HAVE ADDRESSED HER. YOU HAVE NO AUTHORITY. BUT I ALREADY TOLD THIS YOUNG MAN TO TALK TO HIM SO I MEAN YOU WAS IN AND YOU HAVE NO AUTHORITY TO TELL HIM NOT TO TALK TO ME -- TO -- TO THE CLIENT. SO IF HE'D APPROPRIATELY ADDRESSED THIS MESS IN 2010, WE WOULDN'T HAVE A 2012, 2013, AND 2014 INCIDENTS. BUT BECAUSE HE REFUSED TO DO ANYTHING ABOUT IT, I GOT TO DEAL WITH THIS MESS WHILE THESE OTHER FOLKS DOING THEIR JOB. AND THE CASE MANAGER, HE'S THE ONE WHO

SCREWED UP, BECAUSE HE SHOULD HAVE ADDRESSED IT FROM THE JUMP.

BY COMMISSIONER BARDEN:

ALL RIGHT. IS THAT IT, MS. SNYDER?

BY MS. SNYDER:

THAT'S IT.

BY COMMISSIONER BARDEN:

Q. ALL RIGHT. IS THERE ANYTHING ELSE? I -- WE -- WE'VE BEEN AT THIS A WHILE. YOU PROBABLY FEEL LIKE YOU'VE COVERED EVERYTHING. IS THERE SOMETHING ELSE THAT MAYBE WE HAVEN'T COVERED?

A. WHAT ---

Q. YOU KNOW, I'VE GOT ALL THESE DOCUMENTS TO READ, AND A LOT OF TIMES I TRY TO GET MY ORDER INSTRUCTIONS OUT BY THE WEEK. I DON'T ALWAYS GET TO FOLLOW MY OWN SELF-IMPOSED POLICY, BUT I TRY TO GET MY WORK DONE AFTER I'VE HEARD A CASE WITHIN A WEEK. I DON'T KNOW THAT I CAN DO THAT WITH THIS. THERE'S A LOT TO READ. SO ---

A. WELL ---

Q. --- IT MIGHT TWO OR THREE WEEKS BEFORE Y'ALL HEAR FROM ME AT A MINIMUM. BUT IS THERE ANYTHING ELSE THAT ---

A. YEAH. 'CAUSE I WANT TO ASK MS. ---

Q. YOU DON'T GET TO ASK HER QUESTIONS.

A. I CAN'T? OH.
Q. NO. SHE'S NOT A WITNESS.
A. OH.
Q. SHE'S A -- SHE'S A LAWYER, SO.
A. WELL, I JUST WANT TO SAY THIS.
Q. ALL RIGHT.
A. AND -- AND AGAIN, I THANK GOD THAT IT -- IT -- IT IS THE POLICY THAT THEY OWE OR THE FORMAT THAT BOTH SIDES HAVE TO GIVE EACH SIDE THE INFORMATION.
Q. RIGHT.
A. BUT THEY SEND ME THIS PACKET, AND THEY HAD IT HIGHLIGHTED WITH WHAT THAT SAYS THAT I WAS ON MEDICATION FOR -- AND -- AND I DON'T KNOW IF YOU WANT TO LISTEN TO MS. HOBBS. SHE LEFT A MESSAGE, 'CAUSE WE KEPT -- WE COULDN'T GET IN TOUCH WITH EACH OTHER.
Q. NOW, AND IF YOU CALLED A WITNESS I WOULD LISTEN TO HER. BUT I, LIKE I CAN'T JUST LISTEN TO A PHONE CONVERSATION, BECAUSE -- OR A MESSAGE, BECAUSE MS. SNYDER DOESN'T HAVE AN OPPORTUNITY TO CROSS-EXAMINE HER.
A. OKAY.
Q. BUT ---
A. WELL, THEY WANT TO SAY THAT I WAS ON MEDICATION SINCE 2011. THAT WAS UNTRUE. AND I GAVE YOU --

GAVE YOU EVIDENCE OF IT. THEN THEY WANT TO TRY TO SAY, WELL, BECAUSE MY FAMILY'S BEEN IN MY HOUSE FOR SO LONG, THAT'S THE REASON WHY I'M UNDER ALL THIS STRESS. WELL, MY FAMILY CAME -- MY MOM CAME IN SOMETIME AFTER MARCH, AFTER MY -- MY STEP-DAD DIED, AND I GAVE UP EVIDENCE OF THAT, 'CAUSE I WANTED TO SHOW THEM A TIME LINE. BUT MY CONCERN IS YOU ASK ME THESE QUESTIONS, BUT WHY DIDN'T YOU ASK ME ANY OF THESE QUESTIONS ABOUT THE MEDICATION? 'CAUSE THEY WERE JUST SO SURE THAT HARRY REESE DIDN'T HAVE NO EVIDENCE TO PRESENT, WHICH ALL THIS IS -- AND -- AND EVEN IF -- EVEN IF IT IS SELF SERVING, IT -- IT IS -- IT'S NOT LIKE EMAILS THAT WERE SENT ON THE SAME DAY. IT'S EMAILS THAT'S SENT OVER TIME. YOU KNOW, IN 2010, IN 2012, 2013, OVER TIME TO PROVE THAT YOU KNOW WHAT, HARRY REESE -- AND LISTEN, AND EVEN IN 2010, WHEN -- WHEN ALL OF THIS STUFF WENT DOWN WITH THE -- WITH THE SEXUAL -- WITH THE SEXUAL HARASSMENT, I WENT TO AN ATTORNEY, BECAUSE I KNOW THIS WAS WRONG. THIS ATTORNEY SAT WITH ME, AND IT'S -- THAT PAPER IS IN HERE TOO. HE SAT WITH ME. HE LISTENED TO ME, AND THEN HE SAID, "OKAY. LET ME REVIEW IT A LITTLE FURTHER." HE CALLED ME BACK IN. THIS TIME HE HAD A -- ANOTHER ATTORNEY, AND HE HAD ME TALK TO HIM AND THAT ATTORNEY ABOUT STUFF, AND

WE'RE GOING OVER THE JOB. THEN HE'S LOOKS AT ME AND SAYS, "OH, I CAN'T REPRESENT YOU, BECAUSE I'M AN ATTORNEY FOR THE STATE." SO WHY IN THE WORLD YOU LET ME SIT THERE AND TELL YOU ALL OF THIS, AND THEN YOU TELL ME YOU CAN'T REPRESENT ME? THAT'S -- THAT'S WHAT I WAS KIND OF DEPRESSED TOO. BECAUSE, I MEAN, HERE I AM, I'M TRYING TO DO EVERYTHING I POSSIBLY CAN TO TRY TO RESOLVE THIS PROBLEM, AND IT -- THESE PEOPLE, THEY WOULDN'T EVEN -- EVEN THEY WOULDN'T REALLY LISTEN. THEY WOULDN'T EVEN LISTEN TO ME. SO I HAD TO GET A ATTORNEY. AND JUST LIKE THE OTHER, THE ATTORNEY, MS. -- AND MS. GEARY SAID, "LISTEN. LET'S HAVE LEVEL HEADS. LET'S THINK ABOUT THIS." I MEAN, THEY WAS SO BUSY TRYING TO GET ME -- THEY'D -- THEY WOULDN'T EVEN THINK TO HOW NEGLIGENT THEY WAS MAKING THE AGENCY.

Q. OKAY. LET ME ASK YOU THIS. YOU'RE -- YOU'RE BACK AT WORK FULL TIME NOW, RIGHT?

A. YES, MA'AM.

Q. IS -- ARE THINGS GOING WELL NOW?

A. WELL, LISTEN.

Q. I MEAN IN YOUR JOB?

A. IT'S GOING WELL AS TO BE EXPECTED, BUT LIKE I SHARE WITH FOLK, AND I -- I THINK I WROTE IT DOWN. I THINK YOU GOT SOME INFORMATION HERE ABOUT THAT TOO.

I CAN'T EVEN ADVOCATE ON THESE CLIENTS WE HAVE. A CLIENT WHO THIS DOCTOR SAYS, YOU KNOW, WE NEED TO GET HIM A PAYEE AND -- AND -- AND THAT COURT ORDER SAYS HE NEEDED LIMITED INSTRUCTIVE PLACEMENT, BUT YET, HE CAN GO OUT AND GET A JOB. THIS CLIENT DONE CHOKED ANOTHER CLIENT. THIS CLIENT SHOULDN'T BE MOVED. BUT I -- WE -- I CAN'T SAY ANYTHING ABOUT IT, 'CAUSE I DON'T WANT PEOPLE TO SAY, OH, HARRY'S TRYING TO BE UH UH UH. HE'S TRYING TO DO THIS. NO. HARRY'S JUST SAYING, "HEY, LISTEN, LET'S LOOK AT OUR STANDPOINT." IF THIS GUY IS -- IS CHOKING THE OTHER CLIENTS, WHAT MAKES YOU THINK HE'S -- WHAT -- WHAT -- WHAT DO YOU THINK HE'S GOING TO DO OUTSIDE OF STRUCTURED PLACEMENT?

Q. OKAY. ALL RIGHT.

BY COMMISSIONER BARDEN:

DO YOU HAVE ANY OTHER QUESTIONS?

BY MS. SNYDER:

NO, MA'AM.

BY COMMISSIONER BARDEN:

ALL RIGHT. ANYTHING ELSE, SIR?

BY THE CLAIMANT:

NO, MA'AM.

BY COMMISSIONER BARDEN:

ALL RIGHT. THAT CONCLUDES THIS PROCEEDING.

December 28, 2015

8408 Little John Dive
Columbia, SC 29209

SC Judicial Department
Commission on Lawyer Conduct
Ms. Barbara Hinson
Administrative Assistant
1220 Senate Street
Suite 305
Columbia, SC 29201

Dear Ms. Hinson:

This correspondence serves as my formal complaint for the illegal and unethical acts committed against me by:

South Carolina State Accident Fund
Ms. Paige Snyder
800 Dutch Square Blvd., Suite 160
Columbia, SC 29210-7317
(803) 737-5700

SC Worker's Compensation Commission
Commissioner Susan S. Barden
PO Box 1715
1333 Main Street, Suite 500
Columbia, SC 29202-1715
(803) 737-5700

Defendant refers to: State Accident Fund (SAF), Ms. Paige Snyder, and the SC Department of Mental Health (SCDMH)

This is my formal complaint against the aforementioned attorneys on the basis on the illegal acts committed against me. Please reference Appellant's Brief pgs. 3-10 for initial claims and the following are additional claims:

- Insurance Fraud – refusing to pay claim although evidence presented and reviewed demonstrates that the mental/mental injury was job related and no other psychosocial factors contributed to my injury which to include the three licensed and qualified physicians and the three therapist
- Insurance Fraud – allowing my healthcare insurance company to pay medical bills that the Defendant should have/should be paying based on the evidence
- Grand Theft – engaging in illegal conduct with the sole purpose of denying claim
- Insurance company made fabrications and material misrepresentations that denied my benefits
- Orchestrated Mail and Wire Fraud – mailing a falsified document (Response to Commissioner Barden's Request for Proposed Oder) based on fabrications with the sole intent to deny the worker's comp claim
- Intentional and Purposely Disposing of pertinent medical evidence which was consistent with and substantiated the Claimant's case.

- Unfair treatment of an unrepresented claimant - concealing and knowingly failed to disclose medical evidence received; did not orient the Claimant to the Appeals process; therefore, all evidence wasn't reviewed and considered
- Marginalization of Claimant – unfair treatment of an unpresented claimant, disposing of medical evidence which substantiated the claimant's case dismissing the claimant's intellectual capacities based on the fact that unpresented individuals economic status wouldn't enable them to secure legal representation and identify and comprehend the illegal acts against the unrepresented individual. In this particular case, denying that Harold Edwards was my supervisor, denying that Dr. McKinney was my attending physician, disposing of medical evidence, citing failing to notify the employer in a timely manner of the injury, using blanket statements to hide the fact the Dr. McKinney was my attending physician, purposely failing to orient the claimant of the Appeals process, ignoring facts, maliciously, reckless, intentionally, and purposely presenting false, fraudulent, and misleading oral or written statements with the sole intent to deny my case; Challenging my intelligence as if I couldn't read and understand policies and directives. As shared with the Commissioners in the Appeals, there's no evidence that Commissioner Barden reviewed the policies and directives that governs the agency; therefore, it was impossible for her to make conclusion as to whether or not the circumstances that caused my mental/mental injury were extraordinary and unusual. With that being said, there's no evidence that Ms. Snyder reviewed the policies and directives as well; the Defendant didn't expect me to compare and contrast both Commissioner's Brief – James and Barden to discover that they disposed of medical evidence that strongly supports and substantiate my case; dismissing emails as evidence referencing them as self-serving emails whereas they were self-protecting and without them I wouldn't be able to prove my case; If I could afford an attorney this behavior wouldn't be taken place Appellant's Brief Section B, particularly pg. 2.
- SAF conspired with the Defendant to Deceive the Commissioner which adversely impacted the case; thus, ultimately causing the Commissioner to sign and effectuate a falsified order
- Engaged in fraudulent conduct to prevent the Defendant's premium from increasing due to their willful, malicious, and illegal attacks against me which ultimately lead to my mental/mental injury
- Solicited Harold Edwards to provide false statements in the hearing of which he was unable to because the Defendant did not include him in the investigative process.

The Defendant initially attributed one of the reasons that they denied my claim was because they state that "I" didn't file the claim in a timely manner. However, upon proving to the Defendant that I informed the Defendant via documentation of the injury based on asking for Employee Assistant Program (EAP) services, submitting my leave slips identifying the causer of my injury, and the FMLA form submitted by a licensed and qualified physician, the Defendant no longer cited the contributed cause as a reason for denying the claim only until the day of the Appeal which they clearly knew was a fabrication and was only reported to deny my claim again via the Appeals process. The Defendant was acutely aware that I notified my employer of the injury in a timely manner; in that:

1) They have evidence that was presented in the Claimant's APA A-S which confirms that I notified my employer in a timely manner of the injury; moreover, the cause of the mental/mental injury Please reference Tab 1, 2, and 3; SCWCC Form 51 – Date of Injury

– Tab 8 ; Appellant's Brief, Section A, pgs. 11-12, I notified the Defendant in a timely manner of the injury; yet, the Defendant did not submit the First Report of Injury (ACORD) form, according to the Defendant's Brief until September 15, 2014- Tab 16, pg. 1, "Statement of Case", and a response from Mr. Will Hawthorne, SAF Claim Representative was prepared on November 3, 2014 which reflects the date of the "D/A: 10/18/2013 – please reference Tab 8.

2) The Defendant requested SLED and DSS documentation surrounding the 2013 incident which required partial inpatient hospitalization See Appellant's Brief Exhibits J & K which is the date of my Deposition where I discussed the Dr. McNeil states that myself and Mr. Rick Nickles were under a DSS/SLED investigation – see Deposition Tab 11 , pg. 29, Lines 7-25
3) The Defendant also requested medical documentation from the providers that I received during the period after I requested EAP services – Dr. Thornton McKinney, Dr. James Kirkland, and Dr. Donna Upchurch (Tab 9) which demonstrates that the Defendant was perfectly aware that Dr. McKinney was the attending licensed and qualified physician during the intensive partial hospitalization that I receive while at PHB and not Dr. Chuck Roundy. The Defendant relied on Dr. Roundy's "Uncommon statement" (Defendant's Brief Tab 17, "Argument" pg. 5) rather than that of medical documentation of the cause of the mental/mental injury from the licensed and qualified physician as required by law.
4) Defendant's Brief Tab 17 "Argument" pg. 5, the Defendant didn't argue that I didn't notify my employer of the injury in a timely manner; however, the argue that the single Commissioner made the correct decision in deny the claim based on the single Commissioner also referencing the "Uncommon" statement by the therapist – Dr. Roundy (please reference Tab 12, 13, & 14 and Appellant's Brief Section A, pgs. 20-25) rather than the medical conclusion of the licensed and qualified physician – Dr. Thornton McKinney (reference Tab 5 completed FMLA form)
5) The Defendant was perfectly aware that the mental/mental injury surrounding the 2013 incident of which Ms. Snyder inquired of the incident during the Deposition (please reference Deposition Tab 11: pg. 35, Lines 13-20 of which the Defendant elected not to complete and submit the First Report of Injury (ACORD) form upon being notified of the cause of the mental/mental injury.
6) the Defendant didn't cite not filing the claim in a timely manner as the contributing factor for denying my claim during the initially worker's comp hearing April 6, 2015 (copy of hearing transcript as well as the Claimant's 618 page APA A-S will be available upon request)
7) Filing time was not a factor observed by Commissioner Barden in her "Request For Proposed Order" – date of hearing April 6, 2015
8) Filing time wasn't a contributing factor from the Defendant in their response to Commissioner Barden's "Request For Proposed Order"
9) upon receiving a response from the Defendant referencing her Request for Proposed Order, Commissioner Barden didn't cite a time factor in her signed Order of which the Defendant presented "Six" stipulations
10) The first stipulation presented by the Defendant was to "determine whether the claimant suffered a compensable psychological injury while in the course and scope of his employment"

11) None of the "Six" stipulations cited by the Defendant referenced late submission of my claim on my part
12) the Defendant didn't cite not filing my claim in a timely manner as a contributing factor of denying my claim in the Defendant's Brief for the appeal
13) Since I clearly demonstrated that I notified my employer of my injury in a timely manner both in written and verbal communications/evidence, the Defendant, Ms. Snyder, through her fishing expedition after I informed the Appeal Commissioners that I had 3 licensed and qualified physician as well as 3 therapist concluded that my mental/mental injury was job related; therefore, she maliciously, dishonestly, recklessly, intentional, purposely, etc., etc., etc, informed the Appeals Commissioners that I did not file the worker's compensation form in a timely manner only to deny my claim.

The factor to the matter is, by the Defendant's policy of which SAF, Ms. Snyder, Commissioner Barden, and my employer knew, that upon the employee notifying the employer of the injury, the employer is to complete and submit the injury report (see Tab 7: Job-connected Injuries and Occupational Disease; Directive No. 491-79 (5-100); pg. 2, Section III. Evidence presented demonstrated that I notified my employer in a timely manner of the injury; however, the Defendant failed to adhere to their own policies and directives muck like they have historically done against me which was one of the factors that ultimately lead to my mental/mental injury.

90 Days Deadline to Report Injury from the date that I reported the injury and requested EAP services: November 13, 2013

Date		Evidence
September 5, 2013	Requested EAP services due to crippling employment issues	Claimant's APA A, pg. 2
September 6, 2013	Ms. Brown acknowledged injury and provided EAP contact information	Claimant's APA A, pg. 2
September 11, 2013	First appointment with EAP	Tab 4; also reflects additional issues experienced; the need for additional services; and additional services authorized.
September 18, 2013	Emailed Mr. Edwards Leave slips reflecting the need for Sick Leave – Work Related stress	Claimant's APA A, pgs. 4-8; Tab 10
October 8, 2013	Submitted completed and signed FMLA form by Dr. McKinney which reflects the intensity, frequency, cause and the consequence of the injury	Claimant's APA D, pgs. 92-94
October 9, 2013	The Defendant approved FMLA leave based on the medical documentation provided by Dr. McKinney; therefore, the Defendant should have immediately completed and submitted the First	Claimant's APA A, pgs. 15-16

	Report of Injury (ACORD) form and they elected not to do so	
January 6, 2014	Submitted via email Dr. Upchurch's (therapist) completed FMLA form to Ms. V. Brown and inquired of Worker's Comp; received guidance from Ms. V. Brown on 1/8/14 to contact Ms. Sharon Brown. Followed guidance offered by Ms. S. Brown.	Tab 10, pgs. 3-4 of which this correspondence was provided to Ms. Snyder during my Deposition of 10/22/14; please reference Deposition Tab 11, pg. 14, Lines 6-8; pg. 55, Lines 4-10; pg. 61, Lines 12-25; and pg. 62, Lines 1-8
January 14, 2014 – February 18, 2014	Followed up with supervisor as advised by Ms. S. Brown; however, the supervisor never completed the injury report	Tab 10
October 22, 2014	Informed Ms. Snyder that Dr. McKinney was my doctor while receiving mental health services at PHB, Deposition Tab 11, pg. 44, Line 25, pg. 45, Lines 1-7	

Repetitive Trauma Injury
South Carolina Code 42-1-172

A. "Repetitive trauma injury" means an injury which is gradual in onset and caused by the cumulative effects of repetitive traumatic events. Compensability of a repetitive trauma injury must be determined only under the provisions of this statute.
    1. During the Deposition and the Hearing, the Claimant discussed illegal and unethical conduct of the Defendant which was only initiated in 2010 after providing Ms. Marin with the April 9, 2010 correspondence; evidence via documentation and testimony during the Deposition and the Hearing demonstrated that relief from the Defendant's illegal and unethical behavior ceased after I was unfairly re-assigned to the Cottages; evidence demonstrates that the Defendant's illegal and unethical conduct resurfaced in 2012 via the false Dual Relationship complaint and continued in 2013 and 2014 – overwhelmingly demonstrates that this was repetitive trauma – 618 pages demonstrates that this is repetitive.
    2. Defendant acknowledging Buildup (Refer to Appellant's Brief A, pg. 13)
    3. SCWCC Form 50 requesting date of which injury took place – date requesting EAP services (Reference Appellant's Brief Section A, pg. 13)
    4. Carpal Tunnel:
        - The stress and strain of constantly doing the same thing with your hands eventually causes the nine tendons that run through the carpal tunnel, to become swollen.
        - As a result of significant and ongoing Job related Stress which caused depression and anxiety; moreover, exacerbated medical conditions"

overtime lead to Depression Transcript pg. 81, Lines 3-24, particularly Lines 11-15

5. Ms. Avis Buchanan, Defendant's Nurse Administrator – observation of "I see it in your eyes. You're tired" of which she asked Dr. Bank for Comp Time on my behalf after Ms. Marin attack me for something she caused – Claimant's APA M, pg. 455

B. An injury is not considered a compensable repetitive trauma injury unless a commissioner makes a specific finding of fact by a preponderance of the evidence of a causal connection that is established by medical evidence between the repetitive activities that occurred while the employee was engaged in the regular duties of his employment and the injury.
   1. No evidence is reflected that Commissioner Barden reviewed the Defendant's policies and directives to compare them to the Claimant's complaint which clearly reflects systematic breach of policies, slander, harassment, bullying, retaliation, defamation of character, etc. to establish whether or not the Claimant's experienced extraordinary and unusual conditions of employment which was the main reason the Claimant provided the policies and directives of which the Commissioner accepted them into evidence. This observation is confirmed by the Defendant's Brief (pg. 5) upon the Defendant discussing the HIPPA violation – the Defendant's policies requires all staff members to document adverse incidences of which there's absolutely no such thing as an "Unauthorized Person" upon receiving an adverse incident.
   2. Attorney Joseph Henry assessment of adverse treatment and the Defendant's inability to produce, provide, cite, etc., etc., etc. any provisions of the Defendant's policies and directives that I violated (Claimant's H, pgs. 312-313 and pgs. 316-317) of which no evidence is present that Commissioner Barden reviewed the evidence; moreover, demonstrate the need for outside representation in hopes to cease the ongoing, reckless, intentional, illegal, unethical, etc., etc. etc., conduct that I experienced by the Defendant.
   3. Upheld disciplinary actions upon being exonerated of any wrong doings
   4. No evidence of Commissioner Barden reviewing Medication List (Claimant's APA B, pgs. 47) which confirms that Dr. McKinney was my psychiatrist not Dr. Roundy
   5. Denied appropriate workplace accommodations
   6. Demoted Ms. Marin of which evidence that she was the aggressor in all the incidences; yet, she was allowed by the Defendant to return to work the same week that she blocked me in the copier; whereas, I was out for 3 weeks

C. As used in this section, "medical evidence" means expert opinion or testimony stated to a reasonable degree of medical certainty, documents, records, or other material that is offered by a licensed and qualified physician.
   1. Dr. Gary Bell – referred claimant to PHB after his evaluation and assigned diagnosis – Major Depression DO, prescribed psychotropic medications for depression and anxiety; moreover, excused from work

2. Dr. Thornton McKinney completed FMLA form completed by the therapist and verified/concurred after his medical evaluation – Claimant's APA D, pgs. 92-93; prescribed psychotropic medications
3. Dr. James Kirkland, Medical Doctor Clinical Opinion - Claimant's APA B, pg. 31; prescribed psychotropic medications Claimant's APA B, pgs. 49-51
4. Refer to Appellant's Brief, Section A, pgs. 21-23
5. Refer to Appellant's Brief Section 1 (Red Tab), pgs. 4-5
6. Dr. Roundy role defined – "Advocate" not doctor; "Uncommon" statement (Defendant's APA A, pg. 12; Defendant's Brief, pg. 5, 2nd para) made by the Advocate, who's a Clinical Counselor. The Defendant allowed the Advocate statement to supersede the law and that of "THREE" licensed and qualified physicians – Dr. Gary Bell, Dr. Thornton McKinney, and Dr. James Kirkland, and who clearly are not in agreement with Dr. Roundy's "Uncommon" statement and Commissioner Barden's and the Defendant's interpretation of the advocate's statement as evident by medical documentation by licensed and qualified physician as required by the law
7. Dr. Roundy's role – Appellant's Brief: Section Y, Exhibit 24 - Palmetto Health Baptist Overview & Staff pg. 82 B
8. Defendant's APA A, pg. 12 – Dr. Roundy also noted evidence of desperation in requesting that the Advocate intervene on the Claimant's behalf with the employer of which Dr. Roundy describes as "unfair treatment"
9. My desperation of the Advocate to intervene with the "Employer who has treated him unfairly" is cited on the same PHP-IOP Progress/Clinical Note of Dr. Roundy's "Uncommon statement" as well as continuing treatment of which Dr. Roundy remained my therapist - Defendant's APA A, pg. 12.
    - Dr. Roundy's Discharge Summary dismisses the Defendant's theory/argument (Defendant's Brief, pg. 5 – 2nd para. last sentence) via of which the therapist cites stress as the factor that caused the mental/mental injury. He identified the stress as "Job Stress" and including a modifier "Severe": Defendant's APA A, pg. 23 (10/25/13) - Commissioner James' Brief; Defendant's APA A, pg. 16 - Commissioner Barden's Brief – (10/25/13);and Claimant's APA D, pg. 102 after the therapist "Uncommon 10/9/13 statement; moreover, the PHB team referred me to Dr. Upchurch, therapist, for additional counseling.
10. Palmetto Health Behavioral Care Partial Hospitalization - Dr. Nicholas Depace, Conducted Psychological Testing – Claimant's APA D, pg. 89 – "Consults"
11. Deposition pg. 44; Line 25 and pg. 45; Line 1-2 – no additional life experiences attributed to the mental injury only "Significant and ongoing work-related stress" as diagnosed by:
    - Dr. Gary Bell, MD
    - Dr. Thornton McKinney
    - Dr. James Kirkland
    - Dr. Charles Roundy – discharge summary sever job stress no additional psychosocial issues observed or documented

- Dr. Donna Upchurch - "Work-related stress intolerance accompanied by anxiety and depression; difficulty concentrating and focusing attention" – Defendant's APA B, pg. 18
- Carol Anderson, LISW – recommended re-hospitalization and medication evaluation of which Dr. Kirkland, MD prescribed.
- EAP approved additional counseling sessions because I continued experiencing unfair treatment by the Defendant, Claimant's APA A, 25-26

12. Defendant's purposely disposed of medical evidence that substantiates the Appellant's case – Appellant's Brief Section D, Exhibit 3 (Dr. Upchurch) & Section E, Exhibit 4 (Scott's Psychiatric)
13. Requested Dr. Roundy to attend the Worker's Compensation hearing to clarify his statements; however, my efforts were unsuccessful. Claimant's APA D, pgs. 113-122

D. A "repetitive trauma injury" is considered arising out of employment only if it is established by medical evidence that there is a direct causal relationship between the condition under which the work is performed and the injury.
   1. Claimant's APA A-D; Significant and ongoing work-related stress resulted in my mental injury and illness as observed and the consensus of "Several" service providers – not just one, but three licensed and qualified physicians and three therapist of which the law on requires medical conclusion/opinion from "one" licensed and qualified physician.

E. Upon reaching maximum medical improvement, the employee may be entitled to benefits pursuant to Section 42-9-10, 42-9-20, or 42-9-30. Medical benefits for compensable repetitive trauma injuries shall be as provided elsewhere in this title.
   1. Currently receiving medication monitoring via Dr. Bell and mental health counseling via Ms. Carol Anderson, LISW

Defendant's Brief

Pg. 1: "On September 18, 2014, a Form 12A was filled out by the defendant employer at the request of the claimant"

- The Defendant would not complete the Worker's Compensation as requested; therefore, I completed Form 50 on my own behalf
- Defendant denied claim citing..."allegations do not constitute a compensable mental/mental injury" Reference Defendant's Form 51 – "Medical Evidence" by several service providers overwhelmingly demonstrated that I sustained a mental/mental injury as a result of "Significant/Severe ongoing work-related stress and evidence demonstrated that I notified the Defendant in time.
- Reference Appellant's Brief, Section 3 – Requesting Mr. Edwards to complete Worker's Compensation forms
- Reference Claimant's APA A, pgs. 18-24

Pg. 4: "Reports from Palmetto Health Behavioral Care"- This is a blanket statement to exclude Dr. Thornton McKinney, the attending MD of which Dr. McKinney's name intentionally omitted by the Defendant in their Brief; however, the Defendant relied on statements of the therapist – Dr. Roundy rather than the physician as required by law.

Pg. 4: "Defendant's called claimant's former supervisor, Harold Edwards, to testify. Mr. Edwards was not Claimant's supervisor at the time of his alleged injuries and his first-hand testimony was limited"

- Reference Appellant's Brief, Section 3 – Requesting Mr. Edwards to complete Worker's Compensation – Reference Appellant's Brief Section 1.
- Claimant's APA A, pg. 2
- "First hand testimony was limited – Mr. Edwards first-hand testimony was limited because rather than involving my supervisor in the HIPPA matter, they elected to inappropriately involve Dr. Bank, Dr. McNeil, and at the time as informed by Dr. McNeil – PSO, DSS, & SLED.

Pg. 6: "Commissioner notes that he brought no witnesses" – the Defendant never disputed any documented complaint, charge, accusation, allegation, etc., etc., etc. since 2010; therefore, they were my witnesses which dismisses the Defendant's claim that the information presented is hearsay and no witnesses were present.

APPELLLANT'S BRIEF

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12. Relief Sought 78

EXHIBITS
(Emailed separate from this document)

Section B - Exhibit 1: Snyder Reviewed Evidence Thoroughly Email Correspondence
Section C - Exhibit 2: Hollmon's Legal or Procedural Error Email Correspondence
Section D - Exhibit 3: Dr. Upchurch's Disposed Medical Report by the Defendant
Section E - Exhibit 4: Scott's Psychiatric Disposed of Documents by the Defendant
Section F - Exhibit 5: Reese Appeal Request – Reese SCWCC Questions & Concerns
Section G - Exhibit 6: Global Assessment of Functioning (GAF)
Section H - Exhibit 7: Witnesses' Email Confirmation of Reviewing Evidence pgs. 204A – 204L
Section I - Exhibit 8: New Alpha's Lease
Section J - Exhibit 9: SAF SLED Records Request
Section K - Exhibit 10: SAF DSS Records Request
Section L - Exhibit 11: Claimant's Attorney Concern & Witness Request
Section M - Exhibit 12: Supervisors & Mental Health Staff
Section N - Exhibit 13: Productivity – Geof Mason
Section O - Exhibit 14: SAF Form 51 – Denial Reasons
Section P - Exhibit 15: Marin's Crisis Funds Request

RECEIPTS & FEES PAID

Section Q - Exhibit 16: Medication List & Copays - Updated
Section R - Exhibit 17: Print Cost - SCDMH Personnel File Fees Paid, Copy Pick-up, etc.
Section S - Exhibit 18: Carol Anderson, LISW Receipt
Section T - Exhibit 19: Dr. Donna Upchurch, Therapist
Section U - Exhibit 20: SCWCC Fees Paid
Section V - Exhibit 21: Whitmore Transcript Fees Paid

UNPAID BILLS

Section W - Exhibit 22: Palmetto Health Baptist
Section X - Exhibit 23: Dr. Thornton McKinney
Section Y – Exhibit 24: PH Baptist Overview & Staff

ADDITIONAL SUPPORTING DOCUMENTATION
(COLORED TAB SECTION)

Tab 1: Initial Email Notification to Supervisor of Mental Anguish which is evidence from Claimant's APA H, pg. 255
Tab 2: Claimant's Sick Leave Slips signed by Harold Edwards, Supervisor which is evidence from Claimant's APA A, pgs. 4-8
Tab 3: Claimant's EAP Request & Employer's Response which is evidence from

Claimant's APA A, pgs. 2-3

Tab 4: EAP: First appointment confirmation; additional stressful issues presented and requesting additional counseling session that was honored (which both the October 29, 2014 and the November 24, 2014 email correspondences are evidence from Claimant's APA A, pgs. 25-26 and 28-29); & Referral for Psychiatric Services which is evidence from Claimant's APA A, pg. 10

Tab 5: Dr. Thornton McKinney's completed and signed FMLA form which is evidence from Claimant's APA D, pgs. 92-94

Tab 6: Employer Approval of FMLA Leave which is evidence from Claimant's APA A, pgs. 15-16

Tab 7: Defendant's Directive: Job-Connected Injuries and Occupational Diseases

Tab 8: SCWCC 51 & SAF/Mr. Will Hawthorne Denial Letter

Tab 9: SAF Medical Requests Request from: Dr. McKinney, Dr. Kirkland and Dr. Upchurch

Tab 10: Worker's Comp Follow-Up Emails of Supervisor

Tab 11: Claimant's Deposition

Tab 12: Commissioner Barden's "Request for Proposed Order"

Tab 13: Defendant's Response to Commissioner Barden's "Request for Proposed Order"

Tab 14: Commissioner Barden's Signed Order

Tab 15: Appellant's Response to SCWCC rejecting Exhibits

Tab 16: Defendant's Brief

Tab 17: Defendant's Policies & Directives admitted into Evidence identified as "Yellow Folder – Department of Mental Health Policies and Procedures" in the Defendant's Response to Commissioner Barden's "Request for Proposed Order" and Commissioner Barden's signed order

Evidence has clearly demonstrate that I reported me injury within in 90 day timeframe required by law. Evidence has also demonstrated that the Defendant failed to adhere to their own policy, "Job-Connected Injuries and Occupational Diseases"; in that, the Defendant did not complete and submit the SCDMH Form P-16, "Report of Injury" once the injury was reported by myself, the EAP provider that the Defendant referred me to, and ultimately, the attending psychiatrist submitting the completed "Family Medical Leave" form and the Defendant elected not to complete the P-16 as required by policy.

Evidence has demonstrated that Ms. Snyder was acutely aware that I informed the Defendant in a timely manner of the injury and the Defendant elected not to complete the required form as required by policy via Ms. Snyder confirming via email that she read all of the evidence submitted in Claimant's APA A-S.

Evidence also demonstrated that I notified my employer in a timely manner of my injury and the Defendant elected not to file the form as required by their policy. In fact, since the Defendant did not file the forms in a timely manner after becoming acutely aware of the work-related injury, I provided Ms. Snyder with emails requesting Mr. Harold Edwards, my immediate supervisor, at the request of Ms. Susan Brown to complete the Worker's Comp forms; however, he did not - Deposition pg. 14, Lines 4-10; pg. 55, Lines 4-10; pg. 61, Lines 12-25 and pg. 62, Lines 1-7 (see attached document which was provided to Ms. Snyder during the Deposition). Requested Mr.

Edwards to complete the form on 1/14/2014 and as of February 18, 2014, Mr. Edwards had not completed the forms of which Ms. Vicki Brown was acutely aware of and did not intervene to ensure that the forms were completed in a timely manner.

Evidence has clearly demonstrated that Ms. Snyder was perfectly aware that Dr. Thornton McKinney was my psychiatrist, licensed and qualified physician, while receiving mental health services via Palmetto Health Baptist Behavioral Health; yet, she intentionally and purposely misrepresented a statement provided by the therapist of who she and SAF relied on rather than following the law. In the Defendant's Brief pg. 4, Ms. Snyder assisted the Defendant in deceiving the Commissioners via intentionally and purposely omitting Dr. Thornton McKinney, the attending MD from their Brief. The Defendant listed several service providers by name of which I received essential mental health treatment; however, they intentionally and purposely omitted to Dr. McKinney's name and role in the Defendant's Brief (Tab 16, pg. 4) only to deceive the Commissioners. The Defendant relied on "Uncommon" statement of the therapist – Dr. Roundy as the reason for denying my claim rather than the licensed and qualified physician (Dr. McKinney) as required by law - South Carolina Code 42-1-172.

With the above being said, this correspondence serves as my formal complaint against Ms. Paige Snyder - attorney and State Accident Fund (SAF) – insurance carrier for the Defendant and Commissioner Susan Barden.

If you have any additional questions or concerns, please do not hesitate to contact me at:
(C) (803) 477-4227; (H) (803) 851-3182; or email: hreese2005@yahoo.com.

Respectfully Submitted,

Harry E. Reese

On this 29 Day of December 2015
Stephanie Y Butler
Notary of SC, exp. 1/31/2023

The Supreme Court of South Carolina
OFFICE OF DISCIPLINARY COUNSEL

Lesley M. Coggiola
Disciplinary Counsel

William C. Campbell
Assistant Disciplinary Counsel

Post Office Box 12159
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Telephone: (803) 734-2038
Fax: (803) 734-1964

January 5, 2016

PERSONAL AND CONFIDENTIAL

Harry E. Reese
8408 Little John Drive
Columbia, SC 29209

RE: Lawyer: Susan S. Barden, Esquire
Case Number: 15-DE-L-1571

Dear Mr. Reese:

This office has received your complaint involving Susan S. Barden, Esquire. The authority of this office and the jurisdiction of the Commission on Lawyer Conduct are limited to issues of whether there is misconduct or incapacity on the part of lawyers licensed in South Carolina as defined by the Rules for Lawyer Disciplinary Enforcement adopted by the Supreme Court of South Carolina.

The information in your complaint involves Worker's Compensation, which is not within the jurisdiction of this office. For this reason, your complaint is dismissed pursuant to the provisions of Rule 413(19)(a) SCACR. We recommend that you contact South Carolina State Ethics Commission at 5000 Thurmond Mall, Suite 250 Columbia, SC 29201 or by calling (803) 253-4192 with your concerns.

Sincerely,

William C. Campbell

WCC/clg

The Supreme Court of South Carolina
OFFICE OF DISCIPLINARY COUNSEL

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Disciplinary Counsel

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Assistant Disciplinary Counsel

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January 5, 2016

PERSONAL AND CONFIDENTIAL

Harry E. Reese
8408 Little John Drive
Columbia, SC 29209

RE: Lawyer: Page Preston Snyder, Esquire
Case Number: 15-DE-L-1570

Dear Mr. Reese:

We have received and reviewed your complaint against Page Preston Snyder, Esquire. The authority of this office and the jurisdiction of the Commission on Lawyer Conduct concerning complaints against lawyers are limited to issues of whether a lawyer has committed misconduct or is incapacitated within the guidelines of the Rules for Lawyer Disciplinary Enforcement, Rule 413, SCACR, adopted by the Supreme Court of South Carolina.

These rules do not apply to matters related to whether or not the outcome of a case handled by a lawyer was fair. We do not have authority to intervene in any matter presently pending before a court or to change the outcome of the decision of a court. These are legal matters that must be addressed by you to the court or raised by you on appeal using appropriate appellate procedures.

In addition, this office does not seek to get a lawyer to do something a person wants done. We cannot give advice about your case or the legal system in general. This is not a place for an individual to seek relief, but a place where institutional values are promoted for the good of everyone who has dealings with our legal system.

We find that the allegations you have raised involve legal matters that would not constitute misconduct or incapacity under these rules and, as such, are not within the jurisdiction of this office. For this reason, your complaint is dismissed pursuant to the provisions of Rule 413-19(a), SCACR.

Sincerely,

William C. Campbell

WCC/clg