THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
Worker's Compensation Commission

Appellant Case No. 2016-000997

Harry Reese..... Appellant,

V.

South Carolina Department of Mental Health, SC State Accident Fund,..... Respondent.

RECORD OF APPEAL – VOLUME II

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Store #: 1286
Report Date: 03/30/2015

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

atient: 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 03/30/2015

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 / Physician NPI	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
10/30/2014	7720001	BUPROPN HCL 150MG XL	KIRKLAND,JAMES R	30	30	0	$ 9.00 IRX
10/30/2014	4094560	TAB 10370-0101-03	1780600296	0			143035843479044999
10/30/2014	7719999	ESCITALOPRAM 20MG TAB	KIRKLAND,JAMES R	30	30	0	$ 9.00 IRX
10/30/2014	4094556	68645-0447-70	1780600296	0			143035779691022999
10/30/2014	7720000	LamoTRIgine 150MG TAB	KIRKLAND,JAMES R	30	30	0	$ 9.00 IRX
10/30/2014	4094559	00093-7247-06	1780600296	0			143035918731032999
10/30/2014	7719998	QUEtiapine Fumarate 25MG	KIRKLAND,JAMES R	60	30	0	$ 9.00 IRX
10/30/2014	4094555	TAB 00093-2063-01	1780600296	0			143035779262026999
10/30/2014	4549475	ZOLPIDEM 10MG TAB	KIRKLAND,JAMES R	30	30	0	$ 9.00 IRX
10/30/2014	4094557	16714-0622-02	1780600296	0			143035780634020999
11/04/2014	7704620	GLYB/METFORM	BELL,GARY BERNARD	180	90	0	$ 22.00 IRX
08/04/2014	4096958	5/500MGTAB 00093-5712-01	1689640922	1			143081626225020999
11/04/2014	7659492	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 36.00 IRX
11/22/2013	4096961	50458-0141-30	1689640922	10			143081628266020999
11/12/2014	7670236	DEXILANT 60MG DR CAP	BELL,GARY BERNARD	30	30	0	$ 20.00 IRX
01/22/2014	4102178	64764-0175-30	1689640922	2			30000202030123
11/25/2014	7724799	BUPROPION HCL 300MG XL	KIRKLAND,JAMES R	30	30	0	$ 9.00 AAP
11/25/2014	4110782	TAB 67767-0142-30	1780600296	0			143296524925028998
11/25/2014	7724801	ESCITALOPRAM 20MG TAB	KIRKLAND,JAMES R	30	30	0	$ 9.00 AAP
11/25/2014	4110781	68645-0447-70	1780600296	0			143296524467038998
11/25/2014	7724751	HydrOXYzine HCl 25MG	BELL,GARY BERNARD	120	30	0	$ 9.00 AAP
11/25/2014	4110692	TAB 16714-0082-10	1689640922	0			143295729991010998
11/25/2014	7724803	LamoTRIgine 100MG TAB	KIRKLAND,JAMES R	30	30	0	$ 9.00 IRX
11/25/2014	4110757	00093-0463-01	1780600296	0			143296494731040999
11/25/2014	7724746	PROAIR HFA AER	BELL,GARY BERNARD	9	17	0	$ 36.00 IRX
11/25/2014	4110635	59310-0579-22	1689640922	0			143295537580039999
11/25/2014	7724800	QUEtiapine Fumarate 25MG	KIRKLAND,JAMES R	60	30	0	$ 9.00 AAP
11/25/2014	4110780	TAB 00093-2063-01	1780600296	0			143296490611036998
12/01/2014	7724745	TACROLIMUS 0.1% OINT	BELL,GARY BERNARD	60	30	0	$ 9.00 IRX
11/25/2014	4113798	45802-0700-01	1689640922	0			143355270049012997
12/01/2014	4549805	ZOLPIDEM 10MG TAB	KIRKLAND,JAMES R	30	30	0	$ 9.00 IRX
11/25/2014	4113580	16714-0622-02	1780600296	0			143355628504034999
12/03/2014	7704621	TELMISARTAN 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 9.00 IRX
08/04/2014	4114831	00591-3294-15	1689640922	2			143372488533005999
12/08/2014	7726692	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 0.00 AAP
12/08/2014	4117985	50458-0141-30	1689640922	0			OL08V001024386
12/09/2014	7727013	ONGLYZA 5MG TAB	BELL,GARY BERNARD	30	30	0	$ 10.00 IRX
12/09/2014	4118987	00003-4215-11	1689640922	0			143435582172020999
12/11/2014	7727322	PRAVASTATIN 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 9.00 IRX
12/11/2014	4120008	68382-0073-05	1689640922	0			143453059048018999
12/13/2014	7670236	DEXILANT 60MG DR CAP	BELL,GARY BERNARD	30	30	0	$ 20.00 IRX
01/22/2014	4121536	64764-0175-30	1689640922	3			30000205150868
12/18/2014	7728937	BUPROPION HCL 300MG XL	KIRKLAND,JAMES R	30	30	0	$ 9.00 IRX

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

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Store #: 1286
Report Date: 03/30/2015

Walmart Pharmacy

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 03/30/2015

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 / Physician NPI	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
12/18/2014	4125379	TAB 67767-0142-30	1780600296	0			143527124507014999
12/18/2014	7728939	ESCITALOPRAM 20MG TAB	KIRKLAND,JAMES R	30	30	0	$ 9.00 IRX
12/18/2014	4125380	68645-0447-70	1780600296	0			143527125445030999
12/18/2014	7728938	LamoTRIgine 100MG TAB	KIRKLAND,JAMES R	30	30	0	$ 9.00 IRX
12/18/2014	4125378	00093-0463-01	1780600296	0			143527259868034999
12/18/2014	7728933	QUEtiapine Fumarate 25MG	KIRKLAND,JAMES R	60	30	0	$ 9.00 IRX
12/18/2014	4125374	TAB 00093-2063-01	1780600296	0			143525993700025999
12/31/2014	4550083	ZOLPIDEM 10MG TAB	KIRKLAND,JAMES R	30	30	0	$ 9.00 IRX
12/18/2014	4125377	16714-0622-02	1780600296	0			143652940601010999
01/06/2015	7726692	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 0.00 AAP
12/08/2014	4136935	50458-0141-30	1689640922	1			PA06V005046548
01/09/2015	7727013	ONGLYZA 5MG TAB	BELL,GARY BERNARD	30	30	0	$ 10.00 IRX
2/09/2014	4138531	00003-4215-11	1689640922	1			150091623966035999
01/18/2015	7670236	DEXILANT 60MG DR CAP	BELL,GARY BERNARD	30	30	0	$ 20.00 IRX
01/22/2014	4148574	64764-0175-30	1689640922	4			30000209649742
01/31/2015	7704620	GLYB/METFORM	BELL,GARY BERNARD	180	90	0	$ 22.00 IRX
08/04/2014	4152911	5/500MGTAB 00093-5712-01	1689640922	2			150313507534039999
01/31/2015	7704621	TELMISARTAN 80MG TAB	BELL,GARY BERNARD	30	30	0	$ 9.00 IRX
08/04/2014	4152912	00591-3294-15	1689640922	3			150313507705023999
02/08/2015	7726692	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 0.00 AAP
12/08/2014	4158172	50458-0141-30	1689640922	2			PB08V001004974
02/11/2015	7724751	HydrOXYzine HCl 25MG	BELL,GARY BERNARD	120	30	0	$ 9.00 AAP
11/25/2014	4160050	TAB 16714-0082-10	1689640922	1			150422455875004999
02/11/2015	7727013	ONGLYZA 5MG TAB	BELL,GARY BERNARD	30	30	0	$ 10.00 IRX
12/09/2014	4162820	00310-6105-90	1689640922	2			150422455112025996
02/24/2015	7741183	PRAVASTATIN 80MG TAB	BELL,GARY BERNARD	90	90	0	$ 22.00 IRX
02/24/2015	4168432	68382-0073-05	1689640922	0			150554081850015999
02/27/2015	7741186	DEXILANT 60MG DR CAP	BELL,GARY BERNARD	90	90	0	$ 20.00 IRX
02/24/2015	4171167	64764-0175-30	1689640922	0			30000213652932
03/08/2015	7726692	INVOKANA 300MG TAB	BELL,GARY BERNARD	30	30	0	$ 0.00 AAP
12/08/2014	4176462	50458-0141-90	1689640922	3			PC08V001006758
03/18/2015	7727013	ONGLYZA 5MG TAB	BELL,GARY BERNARD	30	30	0	$ 10.00 IRX
12/09/2014	4183052	00310-6105-90	1689640922	3			150772509956037999

Report Date :03/30/2015
Attested To By :

Registered Pharmacist

Total: $ 3,314.68

Note : '*' Due to a supply issue, this prescription was only partially filled on this date.
'I 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.

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Harry Reese

From: Harry Reese
Sent: Tuesday, December 03, 2013 4:44 PM
To: Vickie Brown
Subject: Reeese FMLA *PGP*
Attachments: FMLA - Reese 12-3-13 Dr. Upchurch.pdf

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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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

REQUEST FOR FAMILY MEDICAL LEAVE
(FMLA)

Name: Reese Harry E. SSN: 248-37-7908
Last First MI

Supervisor's Name: Harold Edwards Phone No. 898-9816

Reason for Leave:

( ) Child care after birth of child
( ) Placement for adoption
( ) Placement for foster care
(X) Personal illness of employee
( ) Serious illness of family member

Name: Harry Reese Relationship: self

Anticipated Start Date: 11.08.2013 Anticipated Return Date: 05.09.2014

Would you like to exhaust all annual leave before entering into a LWOP status? Yes

Is an intermittent or reduced work schedule being requested? If yes, please describe the requested schedule (requires administrative approval).

Reduce productivity time to 40 hrs./month or less

Employee's Signature [signature] Date 11/27/13

Supervisor's Signature [signature] Date 12/3/13

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

1. Employee's Name: Harry E. 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: Work related stress intolerance accompanied by anxiety and depression; difficulty concentrating and focusing attention. After missing work Mr. Reese initiated individual counseling to address these symptoms. Referred by Palmetto Behavioral Care.

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):
Commenced: ~~[illegible]~~ 07/13.
Probable duration: ~~[illegible]~~ Approximately 10mo.

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)? ✓

If yes, give probable duration:
Reduce productivity to 40 hrs./mo. or more likely less.

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.:
Not chronic

6.a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments.
Regular counseling sessions taking place every 1-2 wks.

---

[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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Donna L. Yelinek PhD — Counseling

(Signature of Health Care Provider) (Type of Practice)

1401½ Calhoun St.

Columbia, SC 29201 — 803-252-1866

(Address) (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) — 11/27/13 (Date)

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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

STATE DIRECTOR
John H. Magill

Columbia Area
Mental Health Center
P.O. Box 4440
2715 Colonial Drive
Columbia, SC 29203
Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

January 8, 2014

Harry Reese
8408 Little John Drive
Columbia, SC 29209

Re: Request for Workplace Accommodation Received on January 6, 2014

Dear Mr. Reese:

You recently submitted a request for workplace accommodation under the Americans with Disability Act (ADA) for a reduction in productivity to 40 hours or less a month.

Based on your request for Workplace Accommodation, we are able to accommodate light duty up to 90 days with a productivity expectation of 40 hours a month, at our Fairfield County Clinic - RPS Program. If this is not amenable to you, we will immediately put you in a leave status, exhausting your FMLA/sick leave and once all of your sick leave is exhausted, you will have the option of exhausting your annual leave prior to going into a FMLA/LWOP status.

If you have any questions, please contact our Human Resources Office at 803-898-4830.

Sincerely,

Harold Edwards

Harold Edwards
Interim Supervisor, Connections

Donna W. Upchurch

1401 1/2 CALHOUN STREET
COLUMBIA, SOUTH CAROLINA 29201

TELEPHONE: 803-252-1866
FAX: 803-252-1177

December 19, 2013

Columbia Area Mental Health Center
P.O. Box 4440
Columbia, SC 29203

Re: Mr. Harry Reese
8408 Little John Drive
Columbia, SC 29209

I am writing to request workplace accommodation for Mr. Harry Reese under the Americans with Disability Act (ADA).

Mr. Reese suffers from work related stress intolerance accompanied by anxiety and depression. He has difficulty focusing his attention and suffers insomnia as well. After missing work due to this condition, which commenced on or about 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 that time he was referred to me for outpatient follow up and treatment. He is diagnosed with Major Depressive Disorder and continues to be treated for depression, anxiety, and stress intolerance. He is seen in counseling every one to two weeks and is likely to need to continue in this treatment for at least another six months. This is not expected to be a chronic condition.

Mr. Reese should be able to continue to function in his normal capacity if productivity requirements can be reduced to 40 hours or less a month.

I will be most appreciative of your attention to Mr. Reese's need for workplace accommodation. Please advise if I can be of further assistance.

Sincerely,

Donna W. Upchurch, PhD

Donna W. Upchurch, Ph.D.
APRN #4010; LMFT #187

56

Harry Reese

From:	Harry Reese
Sent:	Tuesday, January 14, 2014 10:31 AM
To:	Vickie Brown
Cc:	Robert Bank; Deanna McNeil
Subject:	Work Accommodations
Attachments:	Work Accommodations 1-14-14.pdf
Importance:	High

Ms. Brown:

On last week, I received the attached correspondence regarding the work accommodation request under the American with Disabilities Act. I have a few concerns regarding the response from CAMHC Human Resources department.

My "doctor" request that the request be approved for six months; however, the agency is only providing me with 90 days. Please provide clarity.

The correspondence offers options as to the location and methodology of which the agency will provide me with the requested work accommodations. Why I'm I being penalized by the options that the agency is offering? Moreover, why I'm I not able to receive work accommodations at my present location and position? I shouldn't have to be relocated, receive work accommodations at another facility, or exhaust my sick and annual leave for performing my job duties. Aren't all staff employed with CAMHC required to perform 60 productivity hours per month? I've exhausted enough of my leave time already (approximately 250 hours) on a work related injury that was caused by CAMHC's senior management simply because I effectively performed my job duties as required by the agency's policies, the law, the funding source, etc.; moreover, for what I'm being compensated to do. Although it has been disclosed that Dr. Bank had the Public Safety on stand-by during our meeting, I've never demonstrated any aggressive behaviors towards any staff member or client since my employment with the agency including the 2010 incidents. I'm not this agency's enemy and truly believe that I deserve a little more respect from management that's currently being given.

I certainly appreciate the offer; however, I'm requesting that I receive work accommodations at my current work location and position and not be relocated or terminated for merely respectfully defending myself. Furthermore, the Connections program is already short staff; therefore, it would be beneficial if I'm allowed work accommodations at my current location and position which would also be beneficial to the clients that we serve.

Ms. Brown, I've requested a meeting with Mr. Magill to discuss this matter and others; however, I haven't received a response from him. In my email to him, I requested that a meeting with the Columbia Area Mental Health Center's board if Mr. Magill denied meeting a meeting. Since I haven't received a response from him, please provide me with guidance on scheduling a meeting with the board.

Although Dr. McNeil states that this matter has been resolved, there never should have been anything to resolve based on the agency's policies that Dr. Bank signed, the law, the funding source requirements, etc. Again, I perform my job duties as required and expected of me; therefore, I shouldn't have been penalized for it which to

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include possibly denial of work accommodations at my current work site and position; moreover, denial of worker's compensation for an injury caused of which I had absolutely no control over that cost me $250.00 for hour of an attorney time. The same attorney that was unable to speak during my meeting with Dr. Bank to attempt to resolve a matter that never should have been made an issue again based on the agency's policies that Dr. Bank signed, the law, the funding source requirements, etc. Since 2010 I've been dealing with reckless behavior of Ms. Maria Marin and no one has done anything to stop her reckless behavior. I was accused of having a dual relationship with Mr. Rick Nickles of New Alpha Foundation and no one has decided to investigate the reason that this bogus complaint was alleged against me by one of the Link staff members which is one of the things that I desire to present to Mr. Magill, the Board or whomever will listen.

Finally, I've attempted to contact Ms. Susan Brown regarding filing a worker's compensation claim as you requested; however, my effort has been unsuccessful. Will you be able to provide guidance within this extremely matter?

CC: Dr. Robert Bank, CAMHC Executive Director
Dr. Deanna McNeil, Director of Outpatient Services

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
715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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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

STATE DIRECTOR
John H. Magill

Columbia Area
Mental Health Center
P.O. Box 4440
2715 Colonial Drive
Columbia, SC 29203
Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

January 15, 2014

Harry Reese
8408 Little John Drive
Columbia, SC 29209

Re: Request for Workplace Accommodation

Dear Mr. Reese:

On January 9, 2014, you received a response to your request for Workplace Accommodation. In that letter it was stated, "Based on your request for Workplace Accommodation, we are able to accommodate light duty up to 90 days with a productivity expectation of 40 hours a month, at our Fairfield County Clinic - RPS Program. If this is not amenable to you, we will immediately put you in a leave status, exhausting your FMLA/sick leave and once all of your sick leave is exhausted, you will have the option of exhausting your annual leave prior to going into a FMLA/LWOP status."

I received a response from you on January 14, 2014, regarding the accommodation. However, your response did not address which option you were selecting. Please be advised, if you select the reduced productivity at the Fairfield County Clinic – RPS Program, upon completion of the 90 days of light duty, your accommodation request will be reassessed and could be approved for an additional 90 days not to exceed 180 calendar days. Again, if this is not amenable to you, we will immediately put you in a leave status, exhausting your FMLA/sick leave and once all of your sick leave is exhausted, you will have the option of exhausting your annual leave prior to going into a FMLA/LWOP status.

Both options will be handled in accordance with the South Carolina Department of Leave Policies, Directive No. 902-11. Please see attached copy.

Please notify the Human Resources Office by the close of business on Friday, January 17, 2014, of your decision regarding your request for an accommodation for light duty. Failure to do so will result in our immediately placing you in a leave status, exhausting your FMLA/sick leave, effective January 21, 2014.

Sincerely,

Vickie L. Brown

Vickie L. Brown
Human Resources Manager

MISSION STATEMENT
To support the recovery of people with mental illnesses.
DMH South Carolina Department of Mental Health

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Donna W. Upchurch, Ph.D.

1401 ½ Calhoun Street
Columbia, SC 29201

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

January 26, 2014

Columbia Area Mental Health Center

P.O. Box 4440

Columbia, SC 29203

Re: Mr. Harry Reese

8408 Little John Drive

Columbia, SC 29209

Thank you for considering my previous request for workplace accommodation for Mr. Harry Reese. The accommodation he was offered at Fairfield County Clinic-RSP Program actually creates further stress for him in that this site is over 1 hour and 20 minutes from his home, creating in excess of a 2 hour and 40 minute commute each day.

Mr. Reese's condition is gradually improving with professional counseling services and he should be able to maintain his normal duties as long as additional stress is not applied, i.e. a long commute and working distant from his home and dependent family members.

Thank you for considering Mr. Reese's needs in facilitating his continuing to function as a productive employee. Please advise if I can be of further assistance.

Sincerely

Donna W. Upchurch, PhD

Donna W. Upchurch, Ph.D.

APRN #4010; LMFT #187

61

mapquest

Trip to:

William Holly Pond Dam D-1073

Kershaw, SC 29067

61.66 miles / 1 hour 23 minutes

Notes

Fairfield County Clinic / Dayspring
(Adult and Child/Adolescent/Family Services)

	8408 Little John Dr, Columbia, SC 29209-5600		**Download Free App**
●	1. Start out going **northwest** on **Little John Dr** toward **Vandover Cir.** Map	**0.01 Mi** *0.01 Mi Total*	
↱	2. Take the 1st **right** onto **Chilhowie Rd.** Map *If you are on Chilhowie Rd and reach Marco Polo Ct you've gone about 0.2 miles too far*	**0.3 Mi** *0.3 Mi Total*	
↱	3. Take the 2nd **right** onto **Merrimac Dr.** Map *Merrimac Dr is just past Holdcraft St* *If you reach the end of Bellmeade Pl you've gone a little too far*	**0.05 Mi** *0.4 Mi Total*	
↰	4. Take the 1st **left** onto **Mill Creek Pky / Mill Creek Rd.** Continue to follow **Mill Creek Pky.** Map *If you reach the end of Merrimac Dr you've gone a little too far*	**0.3 Mi** *0.7 Mi Total*	
↰	5. Turn **left** onto **Old Garners Ferry Rd.** Map	**0.4 Mi** *1.1 Mi Total*	
↖	WEST 76 6. Turn **slight left** onto **Garners Ferry Rd / US-76 W / US-378 W.** Map	**2.8 Mi** *3.9 Mi Total*	
↑	NORTH 77 7. Merge onto **I-77 N.** Map	**7.0 Mi** *10.9 Mi Total*	
EXIT	EAST 20 8. Merge onto **I-20 E** via **EXIT 16** toward **Florence.** Map	**16.3 Mi** *27.1 Mi Total*	
EXIT	NORTH 601 9. Merge onto **US-601 N** via **EXIT 92** toward **Lugoff / Camden.** Map	**5.6 Mi** *32.7 Mi Total*	
↰	10. Turn **left** onto **Springdale Dr.** Map *Kmart is on the right* *If you reach Bay Ln you've gone about 0.3 miles too far*	**3.4 Mi** *36.1 Mi Total*	
↑	11. **Springdale Dr** becomes **Boykin Rd.** Map	**0.5 Mi** *36.6 Mi Total*	
	12. Turn **left** onto **Kershaw Hwy / US-601 / US-521.** Continue to follow **US-601.** Map	**18.3 Mi**	

	US-601 is 0.1 miles past Woodward St *Cornerstone Baptist Church is on the left* *If you reach Cool Springs Dr you've gone a little too far*	*54.9 Mi Total*
	13. Turn **right** onto **E Marion St / SC-157**. Continue to follow **SC-157**. Map *SC-157 is just past E Sumter St* *Wells Fargo Of Kershaw is on the corner* *If you are on N Hampton St and reach W Richland St you've gone a little too far*	**6.6 Mi** *61.5 Mi Total*
	14. Turn **left** (Portions unpaved). Map *0.7 miles past Fred Gardner Rd* *If you reach Threatt Rd you've gone about 0.9 miles too far*	**0.1 Mi** *61.7 Mi Total*
	15. Welcome to **KERSHAW, SC 29067**. Map *If you reach Threatt Rd you've gone about 0.3 miles too far*	
	William Holly Pond Dam D-1073 Kershaw, SC 29067	

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Harry Reese

From:	Harry Reese
Sent:	Monday, January 27, 2014 4:49 PM
To:	Vickie Brown
Cc:	Harold Edwards
Subject:	RE: Work Accomdations (Resent)
Attachments:	Work Accommodation 1-27-14.pdf
Importance:	High

Ms. Brown:

Please see the attached document as promised in the emailed sent on 1/16/2014.

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: Monday, January 27, 2014 4:47 PM
To: Vickie Brown
Cc: Harold Edwards
Subject: RE: Work Accomdations
Importance: High

Ms. Brown:

Please see the attached document as promised in the emailed sent on 1/16/2014.

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: Thursday, January 16, 2014 2:55 PM
To: Vickie Brown
Cc: Harold Edwards
Subject: Work Accomdations
Importance: High

Ms. Brown:

After being re-evaluated on today by my therapist, she has deduced that the current work accommodations offered by the agency will only induce additional stress and exacerbate my current depression, anxiety and insomnia; therefore, she has modified her original 12/19/2013 Americans with Disability Act (ADA) request clearing me of light duty after 1/24/2014. I'll submit the modified request and release to your office upon my return on 1/27/2014. I'll complete this work week since no notice was provided to the already scheduled 1/17/2014 clients in a timely manner. Today's appointment with the therapist was scheduled on last week of which I notified my supervisor. Your office has my authorization to confirm the time and date the appointment was scheduled via contacting the therapist - Dr. Donna Upchurch @ (803) 252-1866. I will continue receiving mental health treatment as outlined in the therapist 12/19/2013 ADA request.

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: Harry Reese
Sent: Friday, June 27, 2014 12:27 PM
To: Harry Reese
Subject: FW: Meeting

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-1555
Fax: (803) 898- 4374

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From: Harry Reese
Sent: Friday, June 27, 2014 12:26 PM
To: Denise Morgan
Cc: Radhika Patel
Subject: RE: Meeting

Ok

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
3) 898-1555
x: (803) 898- 4374

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From: Denise Morgan
Sent: Friday, June 27, 2014 12:10 PM
To: Harry Reese
Cc: Radhika Patel
Subject: Meeting
Importance: High

Harry,
Let's plan to meet on Monday at 9:00 In Dr. Patel's office to review your EPMS.

Thank you,

Denise Morgan, M.Ed.
Director
ergency & Intake Services
olumbia Area Mental Health Center
2715 Colonial Drive, Suite 100B
Columbia, SC 29203
803-898-4851
803-898-4850
803-898-4007 Fax

Email: dom14@scdmh.org

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Employee Performance Management System

Name Harry E. Reese Social Security No. 7-7908

Facility/Center/Division Columbia Area Mental Health Center

Department/Unit Impact

Position/Classification Human Services Coordinator I (MHC 111)

Date Assigned to Current Position June 17, 2008

Performance Review From 06/17/2014 To 06/17/2015

PLANNING STAGE ACKNOWLEDGMENT

Rating Supervisor [signature] Date 6/27/14

Reviewed by Denise Morgan, M.Ed. Date 6/27/14

Employee [signature] Date 7/1/14

(Signature of employee indicates the Planning Stage and Position Description were reviewed with the employee.)

EVALUATION STAGE ACKNOWLEDGMENT

Rating Supervisor _____ Date _____
Type/Print Signature

Reviewed by _____ Date _____
Type/Print Signature

Reviewer's Comments _____

Employee Harry E. Reese Date _____
Type/Print Signature

(My signature indicates that I was given the opportunity to discuss the official performance review with my supervisor - not that I necessarily agree.)

Employee Comments _____

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Employee Performance Management System

ESSENTIAL AND OTHER JOB DUTIES

Essential (Check box if essential)		Performance Level
☒	**1. Job Duty:** Provides full range of intensive and famiy support services to program clients to include but not limited to assessments, crisis interventions, individual/group therapy, SPD's and RPS. **Success Criteria:** Provides care which complies with the best clinical practice guidelines to Impact clients. Other criteria considered includes level of difficulty of consumer issues and the degree to which the employee interacts with fellow team memebers. Will complete EMR documentation in a timely manner.	____
☒	**2. Job Duty:** Coordinates and delivers specialty area of services, based on the identified needs of the client, which includes involvement of the family and /or client's support system. Provides 40 session hours per month on average. **Success Criteria:** Participates in regularly scheduled weekly treament team meetings to review client progress. Document all services provided and provide feedback to Impact staff/supervisor/physician regularly regarding the quality of the client services. Other criteria considered is the feedback from team members, ED staff and other CAMHC clinical staff concerning communication and clinical feedback in regards to clients and the program response. Will revisit the 40 session hours, (2 months) and on going evaluation of productivity standards to determine employee's ability to reach productivity standards and re-evaluate above mentioned standards.	____
☒	**3. Job Duty:** Attend and participates in multi-disciplinary team meetings to plan treatment for clients, enhance operation of programs and communicates with other staff. **Success Criteria:** Employee's documentation will support treatment issues explored, family involvment and POC. Intensive case management will be provided to enhance client's quality of life and decrease crisis. Meets: 40 sessions of billable hours per month. Exceeds: 50 seessions of billable hours per month. SE: 60 sessions of billable hours per month.	____
☒	**4. Job Duty:** Ensures compliance with QA standards and maintaines doucmentation in accordance with CAMHC established guidelines. **Success Criteria:** Audits indicate a minimum of standard vilolations and appropriate corrective actions take place if standards are not met. EMR services will be complete and in the record within 5 working days.	____
☒	**5. Job Duty:** Corporate compliance: Employee shall comply with all legal responsibilites while performing these job duties. **Success Criteria:** Employee will perform all job duties in a manner that is consistent with SCDMH corporte compliance guidelines.	____

ACTUAL PERFORMANCE

Employee Performance Management System

OBJECTIVES

Performance Level

Essential (Check box if essential)

☑ **1. Objective:**

Emplyee will attend all mandatory trainings required on the CAMHC attached training plan.

Success Criteria:

Employee must complete all required training (see attached training plan) in a timely manner.

☒ **2. Objective:**

Employee will successfully engage clients so that they will participate in actie treament. As a result, the employee will spend a minimum of 40 session hours of time providing direct clinical care.

Success Criteria:

A minimum of 40 session hours per month will be met with no QA violations are paybacks during this rating period.

--ACTUAL PERFORMANCE--

PERFORMANCE CHARACTERISTICS

(Rate "Acceptable" or "Unacceptable")

Acceptable
Unacceptable

1. Characteristic:

Internal Relations:

Definition:

Degree to which the employee works effectively and coorpertively with others. Degree of professional responsiveness to organational needs and clinical staff.

2. Characteristic:

Relationship with the Public

Definition:

Being courteous and helpful to consumers, family members and other service providers and agencies.

3. Characteristic:

Judgement

Definition:

Makes realistic and rational decisions; develops and analyzes alternative courses of action; seeks advice and direction from supervisor and other appropriate clinical staff.

SUMMARY

Identify the employee's <u>major accomplishments</u> to support "Exceeds" or "Substantially Exceeds" rating

APPRAISAL RESULTS

☐ **Substantially Exceeds** ☐ **Exceeds** ☐ **Meets** ☐ **Below**

Employee Training Plan B (Clinical)

(To be completed by supervisor at time of EPMS Planning Stage)

Employee: Harry E. Reese **Unit:** Impact

Supervisor: Radhika Patel, M.D. **Phone Number:**

Rating Period From: 06/17/2014 **To:** 06/17/2015

NOTE: Supervisors mark (X) any additional trainings employee will need this rating period.

	TRAINING EVENT	AVAILABILITY	FREQUENCY	WHO MUST ATTEND?	Date Completed
☒	Cultural Competence Awareness	OLS055	Within 30 days of hire & Annually	All Employees	5/19/14
☒	Infection Control for Mental Health Centers	**Initially CAMHC In-service** OLS004A	Within 30 days of hire & Annually	All Mental Health Center Employees	TB test: ☒ Yes ☐ No
☒	Corporate Compliance	**Initially CAMHC In-service** OLS002B	Within 30 days of hire & Annually	All Employees	5/19/14
☒	Hazard Communications	OLS012A	Within 30 days of hire & Annually	All Employees	5/19/14
☒	Fire Safety	OLS003A	Within 30 days of hire & Annually	All Employees	5/19/14
☒	Patient Rights	OLS007A	Within 30 days of hire & Annually	MD. Licensed Nurses, MHS, AT, SW, Psychologists, Counselors & others involved in direct care	5/19/14
	Sexual Harassment in the Workplace	OLS008A	Within 30 days of hire & Annually	All Employees	5/20/14
☒	Security and DMH Public Safety	OLS009A	Within 30 days of hire & Annually	All employees	5/19/14
☒	Personal Protective Equipment	OLS011A	Within 30 days of hire & Annually	All Employees	5/20/14
☒	DMH Bloodborne Pathogens	OLS015C	Within 30 days of hire & Annually	MD, License Nurses, MHS, AT, SW, Psychologists, Counselors & others involved in direct care in facilities & centers	5/20/14
☒	SCDMH Workplace Violence I: Policy and Procedure	OLS027	Within 30 days of hire & Annually	All Employees	5/20/14
☒	GAF: Global Assessment of Functioning	OLS032A	Within 30 days of hire & Annually	All Clinical Staff	5/20/14
☒	Emergency Plans and Procedures/Identification and Reporting of Adverse Incidents	CAMHC Inservice	Within 30 days of hire & Annually	All Employees	

NOTE: In-service means through CAMHC or DMH classroom training; OLS means computerized learning module through DMH Pathlore.
Rev 7/2013

OVER

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	TRAINING EVENT	AVAILABILITY	FREQUENCY	WHO MUST ATTEND?	Date Complete
☒	Psychopharmacology I	OLS108	Annually	Non-physician clinical staff	5/20/14
☒	Psychopharmacology II	OLS109	Annually	Non-Physician clinical staff	5/20/14
☒	Psychopharmacology III	OLS110	Annually	Non-Physician clinical staff	5/20/14
☒	Driver Safety	Within 90 days of hire In-service	Every 3 years	Routine drivers of state cars and those who transport clients	11/20/14
☒	EPMS for Supervisors	0LS033	**ONE TIME** New Supervisors	All Rating Supervisors Before Completing Their First Rating	
☒	BEST	CAMHC In-Service	Every 2 years	Staff w/ direct client contact	11/28/14
☒	CPR / First Aid	In-Service	Every 2 years	Clinic-based, Community-based and Outreach staff	4/9/14
☒	Case Management	DMH In-service	W/in first 6 months	All New Case Managers	12/16/14
☒	Working Effectively With Families	OLS054	Annually	MD. Licensed Nurses, MHS, AT, SW, Psychologists, Counselors & others involved in direct care	5/20/14
☒	Employee Drug Testing Program	OLS042	Within 30 days of Hire and Annually	All Employees	5/20/14
☒	An Overview of the Drug-Free Workplace and Employee Assistance Program (EAP) Policies	OLS098	Within 30 days of hire and Annually	All Employees	5/20/14
☒	Privacy Refresher	OLS172	Within 30 days of hireand Annually	All Employees	5/20/14

NOTE: In-service means through CAMHC or DMH classroom training; CLM OLS means computerized learning module through DMH Pathlore) Rev 07/2013

ADDITIONAL TRAINING

	TRAINING EVENT		
☐			
☐			
☐			
☐			

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STATE OF SOUTH CAROLINA POSITION DESCRIPTION

1. Job Purpose:
Under the supervision of the Impact program Director employee is responsible for case management of a diverse and challenging consumer population of adults with chronic Psychiatric disorders. The purpose of the program is to provide intensive services to clients in the community in order to ensure psychiataric stabalization as well as reduce ED visist to Palmetto Richland and hospitalizations. Outreach is provided to clients in the community where they live and enhance stabalization of community tenure/placement.

2. Job Functions:

	Essential/ Marginal (E or M)	Percentage of Time
1. Provides full range of intensive and family support services to program clients to include but not limited to assessments, crisis interventions, individual/group therapy and RPS.	E	45%
2. Coordinates and delivers specialy area of services, based on the identified needs of the client., which includes involvement of the family and/or client's support system (or the development of a support system). Provides 40 session hours per month on average.	E	35%
3. Attend and participate in multi-disciplinary team meetins to plan treatmen for clients, enhance operation of programs and communicates with other staff.	E	10%
4. Ensures compliance with QA standards and maintaines documentation in accordance with Center Established guidelines.	E	5%
5. Corporate Compliance: Employee shall comply with all legal responsibilities while performing these job duties.	E	5%

3. Position's Supervisory Responsibilities:
If this position includes supervisory responsibilities, please indicate the state title and number of positions of the three highest subordinates.

	STATE TITLE	NUMBER
(1)		
(2)		
(3)		

Number of employees directly supervised: _____

Total number supervised: _____

4. Comments:

5. The above description is an accurate and complete description of this job.

Employee's Signature

7/1/14
Date

525

STATE OF SOUTH CAROLINA POSITION DESCRIPTION

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GENERAL INFORMATION

☐ OHR COPY ☐ AGENCY COPY

60006853	J12	
Position Number	Agency Code	Agency Name
CAMHC/Impact	Columbia/Richland	
Division / Section / Unit	City / County	
Harry Reese	40	N Y/N
Employee Name	County Code	Is Position in Central Office
Human Services Coordinator I/MHC 111		05
Current State Title	Alphanumeric Code / Slot	Band
F52		
Full / Part Time Indicator	Supervisor State Title / Alphanumeric Code / Slot	
03750		
Hours Per Week		
1950		
Base Hours		

SOURCE OF FUNDING

State %	Federal %	Other %
		100.00

OFFICE OF HUMAN RESOURCES

Agency Code / Alphanumeric Code / Slot

Authorized Date

☐ Delegated ☐ New Position ☐ Prototype

☐ State Title Changes ☐ Update

Approved State Title

Approval Signature / Date Approved

REQUESTED ACTION INFORMATION

☐ FLSA Designation

update		
Requested Action	Requested State Title / Alphanumeric Code	
Denise Meyer, M.Ed.	7/1/14	[signature]
Supervisor's Signature	Date	Other Required Signature

7-1-14
Date

526

THE FOLLOWING SECTION OF THE POSITION DESCRIPTION IS TO BE COMPLETED BY THE SUPERVISOR

1. What are the minimum requirements for the position (Minimum requirements must at least meet the state minimum requirements for classified classes but may include additional requirements.)?

Minimum State T&E: A Bachelor's degree and professional experience in human services or social services programs.

Minimum Internal T&E: A Masters;s degree in guidance, counseling or the social sciences and two (2) years experience in a clinical counseling program.

2. What knowledge, skills, and abilities are needed by an employee upon entry to this job including any special certification or license?

This is a position of relative independence where the employer relies heavily on his or her judgement and descretion much of the time. The majority of consumer services is provided in the community and involves handlling crisis situations and dealing with chalenging clinical issues. Weekly supervision through treatment team meetings and bi-weekly clinical supervision as needed will be provided.

3. Describe the guidelines and supervision an employee receives to do this job, including the employee's independence and discretion.

Under general supervision of the program manager/director of the Impact program employee will receive clinical advise and supervison as needed, but will be able to work independently and make sound clinical decisions.

4. Indicate additional comments regarding this position (e.g., work environment, physical requirements, overnight travel).

Position is day time hours from 8:30 am until 5:00 pm Monday-Friday. At times position may require hours outside of the typical 8:30 am to 5 :00 pm.

MISCELLANEOUS DATA

00136661

Employee Number

Position Dep. er

Donna W. Upchurch, Ph.D.

1403 1/2 Calhoun Street
Columbia, South Carolina 29201
(803) 252-1866

CONSENT FOR RELEASE OF PROFESSIONAL INFORMATION

Client's Name: Mr. Harry Reese

Client's Address: 8408 Little John Drive
Columbia SC 29209

Date of Birth: 10.01.1967

Donna W. Upchurch, Ph.D. hearby has authorization to, in the process of her private counseling practice, secure and release psychological, medical, social, educational, and other clinical information regarding the client/family named above.

This authorization applies only to the institutions/individuals named below:

SC Workers' Compensation Commission

Signature: _____ Date: 9/25/14

Name of signer (please print): Harry Reese

77

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.

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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.

79

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.)

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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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REESE, HARRY EUGENE
B1326901067
MR 000025892
10/01/1967 45Y M MCKINNEY, THORNT

METTO HEALTH DAY TREATMENT
...SICIAN PSYCHIATRIC EVALUATION

Name: Harry Reese Admission Date: 9/27/13

Age: 45yo Sex: M Race: AA Marital Status: divorced

Referred from: Dr Bell, PMD

Chief Complaint Depression, anxiety, stress

Current Psychiatric Medications

Celexa 10mg po qD
Xanax 0.5mg po bid

Present Illness: Mr Harry Reese is a 45yo divorced AA male with a Comorbid dx of CAMH for past 5 yrs. He lives at home and his mom came to stay c him two yrs ago. His sister came to stay c him c her 2 kids x 1 month ago. Mr Reese reports that he has been having difficulty sleeping, c his appetite and crying. He feels that he has been targeted for following into vehicles etc. He sought counseling through EAP. Saint Dan Nurse was referred to Psychiatrist but no appointment yet. On 9/16/13 after a notice of intent to suspend him. He stays up late and sleeps during days spells, lost mood. He called PMD Dr Bell who started him on Celexa, Xanax and a referral was made.

Past History of Psychiatric Illness: no previous H/O.

Past Psychiatric Medications: Ø

HISTORY OF SUBSTANCE USE

Alcohol Ø Tobacco Ø

Drugs Ø Caffeine

ALLERGIES: ☐NKDA Ismipril

PAST MEDICAL HISTORY: HTN, NIDDM, Tcholesterol, Asthma

SOCIAL HISTORY:

Education: HS Dip Employment: CAMH

Family History:

VIRSB

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Review of Systems: Constitutional_____ Eyes_____ ENT_____ Cardio_____ Resp_____ GI_____
GU_____ Musculoskel_____ Derm_____ Endocrine_____ Neuro_____ Heme_____ Allergy_____

MENTAL STATUS EXAM

Appearance: WDWN AA ♂
Attitude/Behavior: cooperative
Grooming: neat
Language: WNL
Thought Process: linear, good insight
Thought Content:
☐Suicidal Ideation Ø
☐Self Harm Thoughts Ø
☐Homicidal Ideation Ø
Anxiety: @ worry, racing thoughts
Sleep Pattern: 4-6 hrs/night
Cognitive: Orientation ☑x4
Memory 3/3 3/3
ent Strengths: verbal, seeks help
Estimate of Intellectual Functioning: ☐Average ☐Above Average ☐Below Average
Insight: ☑Good ☐Fair ☐Poor

Psychomotor/EPS/Dyskinesia:
Mood: "not myself" 3/10
Affect: tearful, good insight
Speech: RR
Associations:
☐Obsessions Ø
☐Hallucinations Ø
☐Delusions Ø
Appetite/Weight Changes:
Attention WORLD DLRTW
Fund of Knowledge average
Patient Liabilities: Job Stress
Judgment: ☑Good ☐Fair ☐Poor

DIAGNOSIS

Axis I: Depressive D/O NOS.
Axis II: deferred
Axis III: allergic rhinitis, HTN, NIDDM, ↑cholesterol, Asthma
Axis IV: Job stress, sister ill, mother moved in 1 month ago, mom living c him
Axis V: Current: 40 Past Year:

Recommendations for Treatment: Admit to ☐PHP ☐IOP
Medication changes
↑ Celexa 20mg po q D
Trial Trazodone 50mg T-Ü prn hs
Other:
Estimated Length of Stay: 2-3 wks
Physician Signature: Date & Time: 9/27/13

Flowsheet Print Request

Patient: REESE, HARRY EUGENE
MRN: B000025892

Printed by: McKinney MD, Thornton S
Printed on: 10/01/13 11:40

Date Range: 09/01/13 11:38 - 10/02/13 11:38

Event Date	Event	Result	Ref. Range	Status
09/18/13 15:27	CR Chest 1 View PA/AP	* CR Chest 1 View PA/AP		
09/30/13 09:42	Color	YELLOW		
	Clarity	CLEAR		
	Specific Gravity, Urine	1.035	(1.001 - 1.035)	
	Urine pH	7.0	(4.5 - 8.0)	
	Urine Protein	NEGATIVE	(NEG -)	
	Urine Glucose	* >499	(NEG -)	
	Urine Ketone	TRACE	(NEG -)	
	Urine Bilirubin	NEGATIVE Ascorbic Acid may interfere with this test's res...	(NEG -)	
	Urine Blood	NEGATIVE Ascorbic Acid may interfere with this test's res...	(NEG -)	
	Urine Nitrite	NEGATIVE Ascorbic Acid may interfere with this test's res...	(NEG -)	
	Urine Urobilinogen	0.2	(0.1 - 2.0)	
	Leukocyte Esterase	NEGATIVE	(NEG -)	
	Urine RBC's	<1	(0 - 3)	
	Urine WBC's	<1	(0 - 5)	
	Urin Epith Cells	NONE SEEN		
	Urine Bacteria	NONE	(NONE -)	
	Hyaline Cast	0	(0 - 2)	
	Amphetamines	NEGATIVE	(NEG -)	
	Barbiturate	NEGATIVE	(NEG -)	
	Benzodiazepine	NEGATIVE	(NEG -)	
	Cannabinoids	NEGATIVE	(NEG -)	
	Cocaine Metabolites	NEGATIVE	(NEG -)	
	Opiates	NEGATIVE	(NEG -)	
	Phencyclidine	NEGATIVE	(NEG -)	
	Methadone Level	NEGATIVE	(NEG -)	
	Drug Scr Creatinine Urine	176.1		
	Drug Scr Msg	* *NOT VALUED*		
09/30/13 09:53	WBC Count	5.2	(3.7 - 10.9)	
	RBC Count	5.65	(3.71 - 5.77)	
	Hemoglobin	L 13.2	(13.7 - 17.5)	
	Hematocrit	41.6	(40.1 - 51.0)	
	MCV	L 73.6	(79.0 - 96.2)	
	MCH	L 23.4	(25.7 - 32.2)	
	MCHC	L 31.7	(32.2 - 36.5)	
	RDW-SD	37.2	(35.1 - 43.9)	
	RDW-CV	13.9	(11.6 - 14.4)	
	Platelet Count	307	(150 - 400)	
	MPV	11.4	(9.4 - 12.4)	
	Band Neutrophil	1	(0 - 10)	
	Polynuc Neutrophil	48	(40 - 70)	
	Lymphocyte	45	(15 - 45)	
	Monocyte	4	(0 - 10)	
	Eosinophil	2	(0 - 6)	
	Absolute Neutrophil	2.55	(1.78 - 5.38)	
	Auto Nucleated RBC's	0.0	(0 -)	
	RBC Morphology	* Microcytes Present		
	Platelet Morphology	* Large Forms Seen		
	Sodium	140	(136 - 145)	

Flowsheet Print Request

Patient: REESE, HARRY EUGENE
MRN: B000025892

Printed by: McKinney MD, Thornton S
Printed on: 10/01/13 11:40

Date Range: 09/01/13 11:38 - 10/02/13 11:38

Event Date	Event	Result	Ref. Range	Status
	Potassium	4.3	(3.5 - 5.1)	
	Chloride	105	(98 - 107)	
	CO2	26	(21 - 32)	
	Glucose Level	* H 328	(70 - 99)	
	BUN	12	(7 - 18)	
	Creatinine	0.8	(0.6 - 1.3)	
	GFR Non-African American	105	(>60 -)	
	GFR African American	127	(>60 -)	
	Calcium	9.8	(8.5 - 10.1)	
	Total Protein	7.4	(6.4 - 8.2)	
	Albumin	4.3	(3.4 - 5.0)	
	Bilirubin, Total	0.6	(0.2 - 1.0)	
	Alkaline Phos	73	(35 - 136)	
	AST (SGOT)	L 11	(15 - 37)	
	ALT (SGPT)	33	(12 - 78)	
	Vitamin B12	H 1220	(211 - 911)	
	Folate	H >24.0	(5.4 - 24.0)	
	Vitamin D (25 hydroxy)	* 36.5	(30 - 100)	
	TSH	1.220	(0.350 - 4.500)	
	Free T4	1.06	(0.76 - 1.46)	

PALMETTO HEALTH DAY TREATMENT

REESE, HARRY EUGENE
B1326901067
JMR 000025892 MCKINNEY, THORN
10/01/1967 45Y M

PSYCHIATRIC PROGRESS NOTE

Chief Complaint: Depression Date: 10/1/13

Interval History: met c Mr Harry Reese. He says he is feeling better than last Friday. He continues to feel upset c himself. He has not tried the trazodone as the sleep was good upon the prescribing. He denies SI/HI. He does not have any hallucinations. He stated has been trying to BS @ 5 & 6 pm but he has an appointment at DA. Bill tomorrow.

SLEEP: improved APPETITE: not interested ENERGY: improving

☑ Alert and oriented x 4 ☐ Other

APPEARANCE: ☑ Casual ☐ Neat ☐ Poor hygiene ☐ Disheveled ☐ Other

SPEECH: ☑ RRR ☐ Soft ☐ Rapid ☐ Rambling ☐ Slow ☐ Pressured ☐ Other

LANGUAGE: ☐ Able to name objects ☐ Able to repeat phrases ☐ Other

CONCENTRATION: ☐ Appropriate ☑ Fair ☐ Easily Distracted ☐ Other

MOTOR ACTIVITY: ☑ No abnormal movement ☐ Fidgety ☐ Agitated ☐ Slowed ☐ Other

MOOD: 7/10 today.

AFFECT: ☐ Full ☐ Tearful ☑ Restricted ☑ Mood congruent ☐ Labile ☐ Anxious ☐ Other

THOUGHT PROCESSES: ☑ Goal directed ☐ Tangential ☐ Circumstantial ☐ Flight of ideas ☐ Other

ASSOCIATIONS: ☑ Direct ☐ Loose

INSIGHT: ☐ Good ☑ Fair ☐ Poor JUDGEMENT: ☐ Good ☑ Fair ☐ Poor

THOUGHT CONTENT:

- ☐ SUICIDAL IDEATION: Ø
- ☐ HOMICIDAL IDEATION: Ø
- ☐ HALLUCINATIONS: Ø
- ☐ DELUSIONS: Ø
- ☐ OBSESSIONS: Ø

☐ I reviewed the most recent vital signs

☐ I reviewed the most recent ROS and is unchanged / ☐ ROS is positive for:

☐ I reviewed the past medical, social, and family history, which is unchanged

DIAGNOSTIC ASSESSMENT: ☐ Unchanged

- AXIS I:
- AXIS II:
- AXIS III:
- AXIS IV:
- AXIS V:

Meds: Celexa 20mg po q D
Xanax 0.5mg po bid prn
Trazodone 50mg po qhs prn

PLAN:

- ☑ Continue current level of care for 5 days
- ☐ Transition to IOP on
- ☐ Transition to inpatient
- ☐ Discharge from PHP/IOP on

Other:

JUSTIFICATION FOR LEVEL OF CARE: ☑ continued need for medication management and skill building.

Physician's Signature: [signature] Date: 10/1/13

Revised 12/31/12 - PILOT

Result type:	Nurses Note
Result date:	01 October 2013 13:39
Result status:	Modified
Result title:	Treatment Team
Performed by:	Bush RN, Rachel S on 01 October 2013 13:43
Verified by:	Bush RN, Rachel S on 01 October 2013 13:43
Encounter info:	B1327401204, Bap Behavioral, PCB-Mental Hlth Series, 10/01/13 - 10/08/13

*** Final Report ***
Document Contains Addenda

Nurse's Notes:

Treatment Team Review

Referral Source: Dr. Gary Bell

Precipitating Event/Presenting Problem/Current Symptoms: Harry is a 45 year-old divorced AA male who is currently living in his own home, with his mother, a sister, and her two children. He describes a period of distress which began in April of 2010, when changes in structure and management took place at his place of employment. He has found himself in continuous conflict with his supervisors after having been accused of "ethical violations," which he insists were not true. Recently he received a "notice of intent to suspend." He prides himself on his work ethic and his devotion to duty, and this conflict has been very difficult for him. He began to experience symptoms of depression, frequent crying spells, anger and irritability, "road rage," decreased appetite, loss of sleep, loss of energy, anhedonia and loss of interest, depressed mood, agitation and anxiety, increasing irritability and discomfort when anyone else is around. He has had no previous admissions. He works as a Mental Health Counselor, so he is "very embarrassed" that he should require Day Treatment. He denies an alcohol or drug problem, denies a history of abuse or neglect, and denies legal problems. He denies A/VH and denies SI and HI. The estimated length of stay in current level of care is 3-4 weeks. Dr. Bell has put him on an anti-depressant and Xanax.

Medications Upon Admission: Celexa 10mg daily; Xanax 0.5mg twice daily PRN

Medication Changes/Additions: Celexa 20mg daily; Trazodone 50mg one or two at HS, PRN

Individualized Goals for Treatment: "To learn how to take better care of myself so that I can handle job stress." Patient may find it difficult to "be a patient." as he is an MH Counselor. He

ay have difficulty separating his job-related anger from his depression to address his need to take care of himself.

Treatment Team Interventions: Emotional regulation; distress management; radical acceptance, cognitive restructuring; self-care, developing healthy relationships, conflict management

Family Participation/Session: Pending

Diagnosis:
Axis I: Depressive D/O NOS

Axis II: deferred

Axis III: HTN, NIDDM, Asthma; High cholesterol;

Axis IV: Moderate; job stress, Mom and Sister with her kids live in the home

Axis V: 40

OS/Discharge Planning: Will continue with Dr. Gary Bell,and an outpatient therapist--2 weeks PHP

In attendance and with agreement expressed verbally to above mentioned documentation:

Thornton McKinney, MD; Rachel Bush, RN-BC; Joleen Deas, LPC; Jeanette Spence, APRN

Addendum by Bush RN, Rachel S on 08 October 2013 14:17 (Verified)

Treatment Team Update

Diagnosis Changes None

Medication Adjustments: None

Patient Stressors: Job stress continues. Even though patient is not currently working, he is facing the scrutiny of disciplinary action. Patient still having difficulty controlling anger and tears, and is unable to separate himself from "job-related stress." He acknowledges that he is

pressed and anxious, but asserts that "this is not me," and in that way shifts focus away from himself so he can place "blame" for his depression on "them." Having difficulty accepting his need to be in treatment.

Patient Symptoms/Functioning: Patient has been on time, alert and expressive in groups. He has left early a number of times with "excused" absences (Dr.'s appointments, EAP appointments.) Nevertheless, his overall functioning is inhibited by his narrow focus.

Treatment Team Interventions: Advocate trying to help with cognitive restructuring, attempting to focus on "the things I can change." Gaining perspective by seeing "big picture." Distress tolerance (acceptance and resilience) skills helpful. Anger management skills somewhat helpful. Improving self-care.—working with exercise, etc.

Treatment Compliance/Barriers: Patient resists treatment by focusing on the "lies" that have put him in jeopardy.

Family Participation/Session: With Mother

Consults: Requested psych testing--

ELOS/Discharge Planning: Patient to begin IOP on 10/09/13. Dr. Gary Bell will continue as his PCP. Therapist Dr. Donna Upchurch scheduled 10/24/13 at 11:00AM

In attendance and with agreement expressed verbally to above mentioned documentation:
Thornton McKinney, MD; Rachel Bush, RN-BC, LPC; Neal Vernon, LISW-CP; Chuck Roundy, PhD; Joleen Deas, LPC-CAC; Martha Quillen, RN; Jeanette Spence, APRN

Addendum by Bush RN, Rachel S on 15 October 2013 14:56 (Verified)

Treatment Team Update

Diagnosis Changes None

Medication Adjustments: None

Patient Stressors: Patient continues to struggle with anger related to disciplinary action at work. He faces a "hearing" (which he has postponed) so that he can tell "his side of the story," and becomes stressed at the thought of it. Still tearful when he voices the feeling of "disrespect" he gets from "management," "after all I've done for you."

Patient Symptoms/Functioning: Considerable improvement in emotion regulation. He states that he is finding energy to pursue long-term goal of opening a "boarding house" for his "consumers." Still filled with negative energy toward a specific supervisor and unsure he can be rid of it. Active in groups, although remains uncomfortable with his "need for services."

Treatment Team Interventions: Patient displays successful use of distress tolerance skills and emotion regulation skills. He has responded to the idea of going to the YMCA to "take out" some of his anger on a punching bag. Has participated in some cognitive restructuring, trying to see his situation from the "management's" point of view, trying to be observant of self. Struggling with acceptance, but aware of its necessity. Improved self-care.

Treatment Compliance/Barriers: Some improvement in changing focus from "problems" to "solutions." Patient comfortable with step-down to IOP.

Family Participation/Session: With mother, to "reassure" his mother; date not set

Consults: None

ELOS/Discharge Planning: Anticipate discharge 10/23/13; has appointment with Dr. Donna Upchurch on 10/24/13 at 11:00 AM. Will continue with Dr. Gary Bell.

In attendance and with agreement expressed verbally to above mentioned documentation:
Thornton McKinney, MD; Chuck Roundy, PhD, Joleen Deas, LPC, Neal Vernon, LISW-CP;

artha Quillen, RN

Addendum by Bush RN, Rachel S on 22 October 2013 14:26 (Verified)
Pt discharged to Gary Bell for med management and to Donna Upchurch for counseling

Completed Action List:
* Perform by Bush RN, Rachel S on 01 October 2013 13:43
* Sign by Bush RN, Rachel S on 01 October 2013 13:43
* VERIFY by Bush RN, Rachel S on 01 October 2013 13:43
* Sign by Bush RN, Rachel S on 08 October 2013 14:17
* Modify by Bush RN, Rachel S on 08 October 2013 14:17
* Sign by Bush RN, Rachel S on 15 October 2013 14:56
* Modify by Bush RN, Rachel S on 15 October 2013 14:56
* Sign by Bush RN, Rachel S on 22 October 2013 14:26
* Modify by Bush RN, Rachel S on 22 October 2013 14:26

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, 830 - 245
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?_____

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:

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(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)

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sult type:	PHP IOP Progress Notes
Result date:	08 October 2013 11:55
Result status:	Auth (Verified)
Result title:	Individual Session
Performed by:	Roundy, Charles W on 09 October 2013 12:19
Verified by:	Roundy, Charles W on 09 October 2013 12:19
Encounter info:	B1327401204, Bap Behavioral, PCB-Mental Hlth Series, 10/01/13 - 10/08/13

PHP-IOP Progress/Clinical Notes

Advocate met with patient for extended session to discuss patient's progress in Day Treatment and to discuss follow-up care. This patient continues to have difficulty accepting his need for behavioral health care. He "insists" that his depression and anxiety, while he accepts the validity of the diagnosis, are a direct result of "job-related stress." He will go on at great length about this, and energetically resists redirection. This results in an impediment to treatment, as it makes it difficult for him to access "things that he can change." He appears to miss the point that the staff at Day Treatment will not be intervening in his behalf with the employer who has treated him unfairly. Quite often in this session, the patient was "presenting his case" as though the advocate were a member of the adjudicating committee. This was often pointed out to him, and the patient was unable to move away from this "job-related stress" issue. His response to this not uncommon peronnel issue is uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally.

ıe patiént is to step down to IOP on 10/9/13.

Completed Action List:

```
* Perform by Roundy, Charles W on 09 October 2013 12:19
* Sign by Roundy, Charles W on 09 October 2013 12:19
* VERIFY by Roundy, Charles W on 09 October 2013 12:19
```

Result type:	History & Physical
Result date:	09 October 2013 09:33
Result status:	Auth (Verified)
Result title:	History & Physical
Performed by:	Schumacher DO, Sarah M on 09 October 2013 09:33
Verified by:	Schumacher DO, Sarah M on 07 November 2013 09:30
Encounter info:	B1326901067, Bap Behavioral, PCB-Mental Hlth Series, 09/26/13 - 09/30/13
Contributor system:	Softmed

* Final Report *

History & Physical
DATE OF SERVICE: 09/27/2013

This patient is participating in the Palmetto Health behavioral health day program for treatment of his anxiety.

PAST MEDICAL HISTORY:
1. Diabetes.
2. Anxiety.
3. Hypertension.
4. Elevated cholesterol.
5. Seasonal allergies.

PAST SURGICAL HISTORY: He has no past surgical history.

FAMILY HISTORY: He has a mother who is 69 and healthy. Father unknown.

SOCIAL HISTORY: No tobacco. No alcohol. He is single. His mother lives with him as well as his sister and 2 children. He works for CAMHC.

He has Dr. Gary Bell as a primary care physician.

ALLERGIES: He is allergic to lisinopril.

MEDICATIONS:
1. Allegra 180 mg daily.
2. Centrum 1 daily.
3. Vitamin C 500 mg daily.
4. Niacin 500 mg daily.
5. Aspirin 81 mg daily.
6. Citalopram 10 mg daily.
7. Alprazolam 0.5 mg twice daily.
8. Glyburide metformin 5/500, 1 tablet twice daily.
9. Pravastatin 40 mg daily.
10. Micardis 80 mg daily.

REVIEW OF SYSTEMS: He has noticed diffuse myalgias as well as his depression. He has no other concerns in review of systems.

PHYSICAL EXAMINATION:
VITAL SIGNS: Height 5' 5", weight 183 , blood pressure 121/74,

Respirations 16, pulse 94, temperature 98.7.
GENERAL: Awake, alert, oriented, no acute distress male.
HEENT: Normocephalic, atraumatic. Pupils equal, round, and reactive. Nose clear. Throat clear.
NECK: Supple. No jugular venous distention. No HJR. No lymphadenopathy.
CARDIOVASCULAR: Regular S1 and S2. No murmurs.
LUNGS: Clear to auscultation bilaterally.
ABDOMEN: Soft. Nontender. Positive bowel sounds. No rebound, rigidity, or guarding. Obese.
EXTREMITIES: No clubbing, cyanosis, or edema.

ASSESSMENT AND PLAN:
1. Depression. Per Palmetto Health behavioral health care team.
2. Myalgias. He has not been eating or drinking as usual. Check labs. I would recommend that he hold statin until discussion with his primary care physician.
3. Hypertension. Continue current medicines.
4. Diabetes type 2. Encouraged healthy food habits and daily exercise. Continue oral medications.
5. Elevated body mass index. Encouraged weight loss and healthy food habits.

D: 10/09/2013 08:49 T: 10/09/2013 09:33 TID:
Job #: 35512 Doc #: 00101841
: Sarah M. Schumacher, MD
*
*
*
*

Signature Line
Electronically Signed & Verified on 11/07/2013 09:30
by Schumacher DO, Sarah M

Completed Action List:
* Perform by Schumacher DO, Sarah M on 09 October 2013 09:33
* Sign by Schumacher DO, Sarah M on 07 November 2013 09:30 Requested on 09 October 2013 09:43
* VERIFY by Schumacher DO, Sarah M on 07 November 2013 09:30

Patient Summary

Palmetto Health

Baptist Richland Parkridge

REESE, HARRY EUGENE
B1326901067
MRN 000025892 MCKINNEY, THORNTC
10/01/1967 45Y M

Name: REESE, HARRY EUGENE **Current Date:** 10/22/13 10:11:25

DOB: 10/01/1967 12:00 AM **MRN:** B000025892 **FIN:** B1328300932

Visit Date: 10/09/2013 8:00 AM

Allergies:

lisinopril

Home Meds

alprazolam (Xanax 0.5 mg oral tablet), 0.5 Milligram, 1 tab(s), by MOUTH, at bedtime, 0 Refill(s)

trazodone (trazodone 50 mg oral tablet), 50 Milligram, 1 tab(s), by MOUTH, at bedtime, 0 Refill(s)

fexofenadine (Allegra), 180 Milligram, by MOUTH, once a day, 0 Refill(s)

multivitamin with minerals (Centrum), See Instructions, takes 1 tab by mouth daily, 0 Refill(s)

ascorbic acid (Vitamin C), 500 Milligram, by MOUTH, once a day, 0 Refill(s)

niacin (niacin), 500 Milligram, by MOUTH, once a day, 0 Refill(s)

aspirin (aspirin 81 mg oral enteric coated tablet), 81 Milligram, 1 tab(s), by MOUTH, once a day, 0 Refill(s)

citalopram (citalopram), 20 Milligram, by MOUTH, once a day, 0 Refill(s)

glyBURIDE-metformin (glyBURIDE-metformin 5 mg-500 mg oral tablet), 1 tab(s), by MOUTH, 2 times a day, 0 Refill(s)

pravastatin (pravastatin 40 mg oral tablet), 40 Milligram, 1 tab(s), by MOUTH, once a day, 0 Refill(s)

telmisartan (Micardis 80 mg oral tablet), 80 Milligram, 1 tab(s), by MOUTH, once a day, 0 Refill(s)

Misc Medication (albuterol inhaler 2 puffs)

Prescriptions

cyclobenzaprine (Flexeril), 10 Milligram, by MOUTH, every 8 hours, As Needed, as needed for spasm, 0 Refill(s), Ordered:12/16/09 12:25:34

naproxen (naproxen 375 mg oral enteric coated tablet), 375 Milligram, 1 tab(s), by MOUTH, 2 times a day, 7 Days, 0 Refill(s), Ordered:12/16/09 12:25:34

acetaminophen-oxycodone (Tylox 500 mg-5 mg oral capsule), 1-2, by MOUTH, every 6 hours, As Needed, as needed for pain, 0 Refill(s), Ordered:12/16/09 12:25:34

Patient Education:

Patient Follow-Up:

Please be sure to contact your physician as soon as possible and let him/her know about the new prescription you have been given. Be sure to ask for instructions on continuing the medications you were on before you were admitted to the hospital.

End of List

sult type:	PHP IOP Progress Notes
Result date:	17 October 2013 15:21
Result status:	Auth (Verified)
Result title:	Case Management
Performed by:	Roundy, Charles W on 22 October 2013 15:27
Verified by:	Roundy, Charles W on 22 October 2013 15:27
Encounter info:	B1328300932, Bap Behavioral, PCB-Mental Hlth Series, 10/09/13 - 10/22/13

PHP-IOP Progress/Clinical Notes

Advocate met with this patient to discuss discharge plan. Patient chose October 22, 2013. He continues to express anger at the people responsible for the disciplinary action, because "I was only doing my job." He has been told that he will go into work on 10/28/13 (as usual) and they will arrange for a hearing to settle this action. He has appointment on 10/24/13 at 11:00 AM with Dr. Donna Upchurch, and with Dr. Gary Bell on 10/23/13 at 2:00 PM.

Completed Action List:

* Perform by Roundy, Charles W on 22 October 2013 15:27
* Sign by Roundy, Charles W on 22 October 2013 15:27
* VERIFY by Roundy, Charles W on 22 October 2013 15:27

Printed by: Mcclary, Daniel C
Printed on: 11/25/14 12:20

REESE, HARRY EUGENE
B1326901067
MR 000025892 MCKINNEY, THORNTON
10/01/1967 45Y M

PALMETTO HEALTH DAY TREATMENT

PSYCHIATRIC PROGRESS NOTE

Chief Complaint Depression Date: 10/22

Interval History: Met w Mr. Harry Reese. He is for his discharge today. He is to return the pink on night Monday. He is going to report for meeting w his supervisor. He is still anxious about this meeting. He continues to work on his progress plan. He does have some financial worries on the back burner. He continues to struggle to functioning blood sugars

SLEEP: Nothing last night. APPETITE: Fair ENERGY:

☑ Alert and oriented x 4 ☐ Other

APPEARANCE: ☑ Casual ☐ Neat ☐ Poor hygiene ☐ Disheveled ☐ Other

SPEECH: ☑ RRR ☐ Soft ☐ Rapid ☐ Rambling ☐ Slow ☐ Pressured ☐ Other

LANGUAGE: ☐ Able to name objects ☐ Able to repeat phrases ☐ Other

CONCENTRATION: ☐ Appropriate ☐ Fair ☐ Easily Distracted ☐ Other

MOTOR ACTIVITY: ☐ No abnormal movement ☐ Fidgety ☐ Agitated ☐ Slowed ☐ Other

MOOD:

AFFECT: ☐ Full ☐ Tearful ☐ Restricted ☐ Mood congruent ☐ Labile ☐ Anxious ☐ Other

THOUGHT PROCESSES: ☐ Goal directed ☐ Tangential ☐ Circumstantial ☐ Flight of ideas ☐ Other

ASSOCIATIONS: ☐ Direct ☐ Loose

INSIGHT: ☐ Good ☐ Fair ☐ Poor JUDGEMENT: ☐ Good ☐ Fair ☐ Poor

THOUGHT CONTENT:

☐ SUICIDAL IDEATION: Ø

☐ HOMICIDAL IDEATION: Ø

☐ HALLUCINATIONS: Ø

☐ DELUSIONS:

☐ OBSESSIONS:

☐ I reviewed the most recent vital signs

☐ I reviewed the most recent ROS and is unchanged / ☐ ROS is positive for:

☐ I reviewed the past medical, social, and family history, which is unchanged

DIAGNOSTIC ASSESSMENT: ☐ Unchanged

AXIS I:

AXIS II:

AXIS III:

AXIS IV:

AXIS V:

Meds: Celexa 20mg po q D
Trazodone 50mg po qhs
Xanax 0.5mg po qhs

PLAN: ☐ Continue current level of care for _____ days

☐ Transition to IOP on _____

☐ Transition to inpatient

☑ Discharge from PHP/IOP on 10/22/13

Other:

JUSTIFICATION FOR LEVEL OF CARE: ☐ continued need for medication management and skill building

Physician Signature [signature] Date 10/22/13

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sult type:	PHP IOP Progress Notes
.esult date:	25 October 2013 15:20
Result status:	Auth (Verified)
Result title:	Discharge Summary
Performed by:	Roundy, Charles W on 25 October 2013 15:20
Verified by:	Roundy, Charles W on 25 October 2013 15:20
Encounter info:	B1328300932, Bap Behavioral, PCB-Mental Hlth Series, 10/09/13 - 10/22/13

PHP-IOP Progress/Clinical Notes

DISCHARGE SUMMARY

Client Name : Harry Eugene Reese
Date of Discharge: October 22, 2013

Initial Diagnosis:(es)

AXIS I: Major Depressive Disorder NOS
^XIS II: Deferred
.IS III: HTN, NIDDM, elevated cholesterol, Asthma
AXIS IV Severe job stress
AXIS V: 40.

IDENTIFIED PROBLEMS/OUTCOMES:

This patient presented with characteristic symptoms of depression; frequent crying spells, loss of interest with anhedonia, irritability, loss of energy, poor sleep, loss of appetite, inattention to ADLs, depressed mood, most of the day, nearly every day. He clearly attributed this to job-related stress. He stated that the symptoms began in 2010 when he came under the supervision of a particular person with whom he had unending conflict. When he received a disciplinary action "for doing my job," he lost some control ("road rage") and asked for help. He was referred by his PCP Dr. Gary Bell. The patient struggled with his anger throughout this treatment episode. He also had difficulty accepting the "role" of patient, as he is a therapist himself. He could acknowledge that his anger was not conducive to a healthy response to disciplinary action, and he found some comfort when he could think about "other job opportunities." He rarely was able to separate himself from his anger, and in individual sessions spent a lot of time presenting (to the Advocate) his "side of the story" in the disciplinary case. Nevertheless, he was able to arrive at a state of emotional regulation that made it possible for him to return to work, and he gained some perspective on the purpose of the disciplinary action. He developed a willingness to accept some responsibility for his conflict at work. He was able at discharge to "go back to work, present myself as professionally as possible to the review board, and move on."

SUMMARY OF SERVICES RENDERED: This patient was admitted on September 27, 2013. He attended 8 sessions of PHP, and was transitioned to IOP on October 9, 2013; he attended 8 sessions of IOP. He grew to recognize the value of his commitment to his job and his work ethic, and was able to imagine himself functioning effectively "whatever happens." He developed a good relationship with his Advocate, and received validation as a professional. After learning that his HTN and NIDDM were adversely affected by his working long hours beyond his job description, he became more attentive to taking care of himself with respect to diet and sleep.

REASON FOR TERMINATION OF SERVICE : Patient has met all treatment goals, and has successfully completed the Day Treatment program.

FINAL ASSESSMENT: Patient made some improvement in emotional regulation, and was able to gain some perspective on his work status. Patient fully oriented to person, time and place on discharge and presents no suicidal risk.

DISCHARGE DIAGNOSIS: Major Depressive Disorder NOS

RECOMMENDATIONS FOR CONTINUING CARE AND FOLLOW-UP PLAN: The patient will follow-up with Dr. Gary Bell, who referred him. He will continue in outpatient counseling with Dr. Donna Upchurch.

Completed Action List:

```
* Perform by Roundy, Charles W on 25 October 2013 15:20
* Sign by Roundy, Charles W on 25 October 2013 15:20
* VERIFY by Roundy, Charles W on 25 October 2013 15:20
```

Harry Reese

..om:	Harry Reese
Sent:	Monday, March 09, 2015 3:32 PM
To:	Harold Edwards
Subject:	Long Work Hours
Importance:	High

Harold:

If possible, could you please document my work hours during the time that you were my supervisor and my co-worker. In your correspondence, on agency letter, please discuss your observations of myself working long hours both as my supervisor and co-worker. As you are perfectly aware of, I would leave you here at 5:00 p.m. on many occasions; therefore, I'm uncertain as to where anyone could document that I've worked long hours. The agency's records will reflect that I've never applied for any overtime. I need this information by Friday, March 13, 2015. Thank you in advance for your attention and your immediate response in this extremely important matter.

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

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104

Harry Reese

From: Harry Reese
Sent: Monday, March 09, 2015 3:35 PM
To: Vickie Brown
Subject: Long Work Hours

Importance: High

Ms. Brown:

Please provide me with a copy of my work hours. In addition, please provide me with any documentation that detail any overtime that I've applied for and received since my employment with the agency. If possible, please provide me with the requested information by March 13, 2015. Thank you in advance for your immediate attention in this extremely important matter.

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
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Harry Reese

From: Vickie Brown
Sent: Tuesday, March 10, 2015 10:01 AM
To: Harry Reese
Subject: FW: Attached Image
Attachments: 3962_001.pdf

I am unaware of any overtime that you have applied for. We do not have any documentation of your working over 37.5 hours a week.

From: Human Resources [mailto:3dhr1im35-pr@scdmh.org]
Sent: Tuesday, March 10, 2015 10:39 AM
To: Vickie Brown
Subject: Attached Image

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COLUMBIA AREA MENTAL HEALTH CENTER
Official Employee Work Schedule

Employee: Harry E. Reese

Job Title: Human Services Coordinator I **Unit:** Impact

Date: July 2, 2014 **Supervisor:** Denise Morgan

Day	From	To	Meal period length	Total work hours
Sunday				
Monday	8:30	5:00	12:00 – 1:00	7.5
Tuesday	8:30	5:00	" "	7.5
Wednesday	8:30	5:00	" "	7.5
Thursday	8:30	5:00	" "	7.5
Friday	8:30	5:00	" "	7.5
Saturday				
			Total Weekly Hours	37.5

If scheduled for other than standard work week (i.e., 8:30 a.m. – 5:00 p.m.., Monday through Friday), please state business related reason for alternative schedule:

Employee Signature: H E Reese Date: 7/21/14

Immediate Supervisor: Denise Morgan, M. Ed Date: 7-18-14

Senior Manager: " Date: "

Executive Director: [signature] Date: 7/22/14

Human Resources Manager: Vickie L. Brown Date: 7/22/14

Revised: 01/06/2009
CAMHC/Employment Forms/Work Schedule

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Harry Reese

From: Vickie Brown
Sent: Tuesday, March 10, 2015 11:17 AM
To: Harry Reese
Subject: RE: Long Work Hours

You have not received any overtime compensation while being employed with Columbia Area Mental Center from 6/17/08 to present.

From: Harry Reese
Sent: Monday, March 09, 2015 3:35 PM
To: Vickie Brown
Subject: Long Work Hours
Importance: High

Ms. Brown:

Please provide me with a copy of my work hours. In addition, please provide me with any documentation that detail any overtime that I've applied for and received since my employment with the agency. If possible, please provide me with the requested information by March 13, 2015. Thank you in advance for your immediate attention 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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108

Harry Reese

From: Harry Reese
Sent: Tuesday, March 10, 2015 11:06 AM
To: Harold Edwards
Subject: RE: Long Work Hours

Importance: High

Harold:

Rather than placing your response on agency letterhead, you can email your response by replying to this email. Again, thanks for your immediate attention 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: Monday, March 09, 2015 3:32 PM
To: Harold Edwards
Subject: Long Work Hours
Importance: High

Harold:

If possible, could you please document my work hours during the time that you were my supervisor and my co-worker. In your correspondence, on agency letter, please discuss your observations of myself working long hours both as my supervisor and co-worker. As you are perfectly aware of, I would leave you here at 5:00 p.m. on many occasions; therefore, I'm uncertain as to where anyone could document that I've worked long hours. The agency's records will reflect that I've never applied for any overtime. I need this information by Friday,

109

March 13, 2015. Thank you in advance for your attention and your immediate response 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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Harry Reese

.om: Harold Edwards
Sent: Tuesday, March 10, 2015 7:31 PM
To: Harry Reese
Subject: long hours

Harry, I have no problem meeting your request. You will have it before this Friday.

Harold Edwards

///

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

STATE DIRECTOR
John H. Magill

Columbia Area
Mental Health Center
P.O. Box 4440
2715 Colonial Drive
Columbia, SC 29203
Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

March 12, 2015

To: Whom it may concern
From: Harold Edwards
re: Harry Reese

I am submitting this letter to acknowledge that during the time period I supervised Mr. Reese (March 2013 thru April 2014), he seldom worked after 5:00 PM. Mr. Reese's work ethic epitomized efficiency to the extent that working extra hours during the week was not necessary. As for his interaction with staff, as Mr. Reese's Supervisor, I found him open to suggestions offered and a willing to ask questions to obtain information on insuring he is providing effective service to consumers, and or to insure that he was following DMH policy. Mr. Reese, in my opinion, is a hardworking, caring and compassionate professional, who displayed excellent time management.

Sincerely,

Harold Edwards

Harold Edwards, MA
MHP III

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0723
DESTINATION ADDRESS	95511254
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	03/09 02:17
USAGE T	01'02
PGS.	3
RESULT	OK

SCDMH South Carolina Department of Mental Health

DMH South Carolina Department of Mental Health

HIPAA (PHI) FAX COVERSHEET

DMH Mailing Address -

Columbia Area Mental Health Center
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-1555 Off
(803) 898-2194 Fax

		TELEPHONE	FAX
To:	PHBCDT/Ms. Marjorie Hobbs		
From:	Harry Reese	(803) 296-8765	(803) 551-1254
		NO. PAGES INCLUDING THIS PAGE	TIME
Date:	03/09/2015	3	See Date Stamp

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

SUBJECT:
Harry Reese Formal Complaint and Meeting Request

MESSAGE:

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 LAW INCLUDING 45 CFR PART 160 (HIPAA), 42 CFR PART 2 (ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY, WHEN APPLICABLE), §44-22-100, S.C. CODE (SCDMH PATIENT CONFIDENTIALITY). IF THE READER OF THIS

113

arch 9, 2015

8408 Little John Drive
Columbia, SC 29209

Palmetto Health Behavioral Care Day Treatment (PHBCDT)
Ms. Marjorie Hobbs
Program Manager
720 Gracern Road, Ste. 120
Columbia, SC 29210

Dear Ms. Hobbs:

My name is Harry Reese. On September 27, 2013, I was admitted into the PHBCDT via a referral from my primary medical doctor – Dr. Gary Bell. My chief complaint was work-related stress. My advocate while receiving services was Dr. Charles (Chuck) Roundy. After reviewing Dr. Roundy's documentation, I've discovered following major inaccuracies that should be immediately corrected:

"He developed a willingness to accept some responsibility for his conflict at work"; yet on 10/15/13, Dr. Roundy documented my accurate accounts of the ongoing experienced that I experienced via my employer..."But he insist he was only doing his job" of which I've consistently informed all service providers, all parties involved, etc., etc.,etc. and is well documented. I've never shared with anyone that I assume any responsibility for the ions that I've taken to defend myself from the ongoing attacks by my employer; moreover, for advocating on behalf of the clients that the agency serves.

"After learning that his HTN and NIDDM were adversely affected by his working long hours beyond his job description, he became more attentive to taking care of himself with respect to diet and sleep". Although my job description states that I may have to work past my work hours, my employer could attest; moreover, documentation will confirm that I rarely worked past my scheduled time – 8:30 a.m. - 5:00 p.m.; therefore, I have no idea where Dr. Roundy could document such conclusion as it relates to my physical health being adversely affected by working long hours. Both my mental and physical health was adversely affected by the ongoing attacks by my employer which resulted in me receiving mental health treatment not only for work-related stress, but for depression, anxiety, etc. I did share with Dr. Roundy, other PHBCDT clinical staff, and additional services providers outside of PHBCDT that the ongoing attacks by my employer exacerbated my physical illnesses of which Dr. Roundy concurred. The fact to the matter is, it was the work-related stress that caused me to experience and continues to experience depression, anxiety, and insomnia that resulted in me neglecting myself not long work hours that I wasn't working.

"The patient stated that he wished to "get all the help I can get". This statement is true. I wanted to get all the help that I could get which also included seeking the aid of the PHBCDT staff to aid me in ceasing my employer's ongoing attacks against me as well as requesting the aid of others as well such as Senator Harvey Peeler, Representative Joseph Neal, etc. Although I presented with some resistance to treatment, I shared with all PHBCDT staff members and other service providers, etc. that I encountered that my resistance was based on the fact that I never thought that I would be required to receive mental health treatment for actually and effectively forming my job duties of which my employer's policies, mission statement, etc. can confirm.

Dr. Roundy documents the following as it relates to my situation: "Is uncommonly out of proportion to the

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uation". I've been experiencing these ongoing attacks against my employer, during this period, for approximately 3 years and several months without any relief, aid, support, etc., from my employer – all they did was continue to attack me of which documentation will confirm. Not only was these ongoing attacks affecting me holistically, these attacks were about to cause me to lose my job. Losing my job certainly would have had a detrimental impact on not only me, but my family as well who were residing and continue to reside with my with the exception of my mother (my older sister and her 2 minor children and my younger sister and her son). As I shared with all parties involved, I've exhausted all efforts to cease the ongoing attacks against me by my employer and my efforts produced no change whatsoever of which documentation will confirmed and the reason that I required mental health treatment. In fact, I begged Dr. Roundy to allow me to present the documentation to him for his review; so that, he could become acutely aware of the attacks that I've experienced by my employer; moreover, to prove to him that I wasn't fabricating the attacks against me.

Dr. Roundy documented on October 22, 2013 that..."He has not responded well to staff efforts to develop emotional regulation skills and hints that staff does not understand". However, on October 25, 2013, Dr. Roundy documents in his IOP Progress Notes, that..."Patient made some improvement in emotional regulation". Please provide clarity in this documentation.

Ms. Hobbs, I would also like to discuss a major billing concern of which I'm receiving an $9000 bill. According to the correspondence that I received, PHBCDT didn't receive prior authorization to provide the required treatment of which none of your staff offered me any options; i.e., rejecting treatment via PHBCDT and receiving compatible services elsewhere based on my income (community based program).

ıally, Ms. Hobbs, I'm I requesting a meeting with you and Dr. Roundy to discuss and correct these issues. In ıddition, I'm also requesting that Dr. Roundy attend my worker's compensation hearing to address these inaccuracies and provide clarity.

The hearing is scheduled for April 6, 2015@ 1:30 p.m. The hearing will be located at:

1333 Main Street, Ste. 500 A
Hearing Room A
Columbia, SC 29202

If you have any questions or concerns, please email me at hreese2005@yahoo.com.

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

Respectfully,

Harry E. Reese Sr.

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03/12/2015 THU 23:43 FAX ☑001

3/13/15 @ 4:13 p.m. left voice message

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0768
DESTINATION ADDRESS	95511254
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	03/12 23:41
USAGE T	01'05
PGS.	3
RESULT	OK

03/09/2015 MON 02:18 FAX ☑001

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0723
DESTINATION ADDRESS	95511254
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	03/09 02:17
USAGE T	01'02
PGS.	3
RESULT	OK

Ms. Hobbs
Resend
Please call me @ (803) 417-4771 to schedule an appointment
3/13/15

SCDMH South Carolina Department of Mental Health

DMH South Carolina Department of Mental Health

HIPAA (PHI) FAX COVERSHEET

DMH Mailing Address -

Columbia Area Mental Health Center
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-1555 Off
(803) 898-2194 Fax

To:	TELEPHONE	FAX
PHBCDT/Ms. Marjorie Hobbs		
From: Harry Reese	(803) 296-8765	(803) 551-1254
Date: 03/09/2015	NO. PAGES INCLUDING THIS PAGE: 3	TIME: See Date Stamp

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

SUBJECT:
Harry Reese Formal Complaint and Meeting Request

MESSAGE:

116

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0723
DESTINATION ADDRESS	95511254
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	03/09 02:17
USAGE T	01'02
PGS.	3
RESULT	OK

Ms. Hobbs
Resend
Please call me @ (803) 417-4327 to schedule an appointment
3/13/15

SCDMH South Carolina Department of Mental Health

DMH South Carolina Department of Mental Health

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To:	PHBCDT/Ms. Marjorie Hobbs	TELEPHONE	FAX
From:	Harry Reese	(803) 296-8765	(803) 551-1254
Date:	03/09/2015	NO. PAGES INCLUDING THIS PAGE: 3	TIME: See Date Stamp

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

SUBJECT:
Harry Reese Formal Complaint and Meeting Request

MESSAGE:

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117

March 9, 2015

8408 Little John Drive
Columbia, SC 29209

Palmetto Health Behavioral Care Day Treatment (PHBCDT)
Ms. Marjorie Hobbs
Program Manager
720 Gracern Road, Ste. 120
Columbia, SC 29210

Dear Ms. Hobbs:

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"He developed a willingness to accept some responsibility for his conflict at work"; yet on 10/15/13, Dr. Roundy documented my accurate accounts of the ongoing experienced that I experienced via my employer..."But he insist he was only doing his job" of which I've consistently informed all service providers, all parties involved, etc., etc.,etc. and is well documented. I've never shared with anyone that I assume any responsibility for the actions that I've taken to defend myself from the ongoing attacks by my employer; moreover, for advocating on behalf of the clients that the agency serves.

"After learning that his HTN and NIDDM were adversely affected by his working long hours beyond his job description, he became more attentive to taking care of himself with respect to diet and sleep". Although my job description states that I may have to work past my work hours, my employer could attest; moreover, documentation will confirm that I rarely worked past my scheduled time – 8:30 a.m. - 5:00 p.m.; therefore, I have no idea where Dr. Roundy could document such conclusion as it relates to my physical health being adversely affected by working long hours. Both my mental and physical health was adversely affected by the ongoing attacks by my employer which resulted in me receiving mental health treatment not only for work-related stress, but for depression, anxiety, etc. I did share with Dr. Roundy, other PHBCDT clinical staff, and additional services providers outside of PHBCDT that the ongoing attacks by my employer exacerbated my physical illnesses of which Dr. Roundy concurred. The fact to the matter is, it was the work-related stress that caused me to experience and continues to experience depression, anxiety, and insomnia that resulted in me neglecting myself not long work hours that I wasn't working.

"The patient stated that he wished to "get all the help I can get". This statement is true. I wanted to get all the help that I could get which also included seeking the aid of the PHBCDT staff to aid me in ceasing my employer's ongoing attacks against me as well as requesting the aid of others as well such as Senator Harvey Peeler, Representative Joseph Neal, etc. Although I presented with some resistance to treatment, I shared with all PHBCDT staff members and other service providers, etc. that I encountered that my resistance was based on the fact that I never thought that I would be required to receive mental health treatment for actually and effectively performing my job duties of which my employer's policies, mission statement, etc. can confirm.

Dr. Roundy documents the following as it relates to my situation: "Is uncommonly out of proportion to the

118

situation". I've been experiencing these ongoing attacks against my employer, during this period, for approximately 3 years and several months without any relief, aid, support, etc., from my employer – all they did was continue to attack me of which documentation will confirm. Not only was these ongoing attacks affecting me holistically, these attacks were about to cause me to lose my job. Losing my job certainly would have had a detrimental impact on not only me, but my family as well who were residing and continue to reside with my with the exception of my mother (my older sister and her 2 minor children and my younger sister and her son). As I shared with all parties involved, I've exhausted all efforts to cease the ongoing attacks against me by my employer and my efforts produced no change whatsoever of which documentation will confirmed and the reason that I required mental health treatment. In fact, I begged Dr. Roundy to allow me to present the documentation to him for his review; so that, he could become acutely aware of the attacks that I've experienced by my employer; moreover, to prove to him that I wasn't fabricating the attacks against me.

Dr. Roundy documented on October 22, 2013 that..."He has not responded well to staff efforts to develop emotional regulation skills and hints that staff does not understand". However, on October 25, 2013, Dr. Roundy documents in his IOP Progress Notes, that..."Patient made some improvement in emotional regulation". Please provide clarity in this documentation.

Ms. Hobbs, I would also like to discuss a major billing concern of which I'm receiving an $9000 bill. According to the correspondence that I received, PHBCDT didn't receive prior authorization to provide the required treatment of which none of your staff offered me any options; i.e., rejecting treatment via PHBCDT and receiving compatible services elsewhere based on my income (community based program).

Finally, Ms. Hobbs, I'm I requesting a meeting with you and Dr. Roundy to discuss and correct these issues. In addition, I'm also requesting that Dr. Roundy attend my worker's compensation hearing to address these inaccuracies and provide clarity.

The hearing is scheduled for April 6, 2015@ 1:30 p.m. The hearing will be located at:

1333 Main Street, Ste. 500 A
Hearing Room A
Columbia, SC 29202

If you have any questions or concerns, please email me at hreese2005@yahoo.com.

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

Respectfully,

Harry E. Reese Sr.

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03/09/2015 MON 02:18 FAX 001

3/23/15 @ 8:03 a.m. - left voice message requesting call back

3/17/15 @ 2:24 p.m. - out of office today according to receptionist. (Amy) ⇒ Called back to speak w/ Rec'n Comment Receptionist

3/24/15 @ 9:19 a.m. left voice message requesting to send her response via email provided email address that is in the fax provided "Neal"; left voice message

****
*** FAX TX REPORT ***
****

TRANSMISSION OK	
JOB NO.	0123
DESTINATION ADDRESS	95511254
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	03/09 02:17
USAGE T	01'02
PGS.	3
RESULT	OK

Correspondence

SCDMH South Carolina Department of Mental Health

DMH South Carolina Department of Mental Health

HIPAA (PHI) FAX COVERSHEET

DMH Mailing Address -

Columbia Area Mental Health Center
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-1555 Off
(803) 898-2194 Fax

To:	PHBCDT/Ms. Marjorie Hobbs	TELEPHONE	FAX
From:	Harry Reese	(803) 296-8765	(803) 551-1254
Date:	03/09/2015	NO. PAGES INCLUDING THIS PAGE: 3	TIME: See Date Stamp

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

SUBJECT:
Harry Reese Formal Complaint and Meeting Request

MESSAGE:
3/30/15 @ 10:29 a.m. Ms. Hobbs initiated contact. left voice message w/ contact # 296-2585

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 LAW INCLUDING 45 CFR PART 160 (HIPAA), 42 CFR PART 2 (ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY, WHEN APPLICABLE), §44-22-100, S.C. CODE (SCDMH PATIENT CONFIDENTIALITY). IF THE READER OF THIS

3/30/15 @ 12:53 p.m. returned call to Ms. Hobbs left message

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March 9, 2015

8408 Little John Drive
Columbia, SC 29209

Palmetto Health Behavioral Care Day Treatment (PHBCDT)
Ms. Marjorie Hobbs
Program Manager
720 Gracern Road, Ste. 120
Columbia, SC 29210

Dear Ms. Hobbs:

My name is Harry Reese. On September 27, 2013, I was admitted into the PHBCDT via a referral from my primary medical doctor – Dr. Gary Bell. My chief complaint was work-related stress. My advocate while receiving services was Dr. Charles (Chuck) Roundy. After reviewing Dr. Roundy's documentation, I've discovered following major inaccuracies that should be immediately corrected:

"He developed a willingness to accept some responsibility for his conflict at work"; yet on 10/15/13, Dr. Roundy documented my accurate accounts of the ongoing experienced that I experienced via my employer..."But he insist he was only doing his job" of which I've consistently informed all service providers, all parties involved, etc., etc.,etc. and is well documented. I've never shared with anyone that I assume any responsibility for the actions that I've taken to defend myself from the ongoing attacks by my employer; moreover, for advocating on behalf of the clients that the agency serves.

"After learning that his HTN and NIDDM were adversely affected by his working long hours beyond his job description, he became more attentive to taking care of himself with respect to diet and sleep". Although my job description states that I may have to work past my work hours, my employer could attest; moreover, documentation will confirm that I rarely worked past my scheduled time – 8:30 a.m. - 5:00 p.m.; therefore, I have no idea where Dr. Roundy could document such conclusion as it relates to my physical health being adversely affected by working long hours. Both my mental and physical health was adversely affected by the ongoing attacks by my employer which resulted in me receiving mental health treatment not only for work-related stress, but for depression, anxiety, etc. I did share with Dr. Roundy, other PHBCDT clinical staff, and additional services providers outside of PHBCDT that the ongoing attacks by my employer exacerbated my physical illnesses of which Dr. Roundy concurred. The fact to the matter is, it was the work-related stress that caused me to experience and continues to experience depression, anxiety, and insomnia that resulted in me neglecting myself not long work hours that I wasn't working.

"The patient stated that he wished to "get all the help I can get". This statement is true. I wanted to get all the help that I could get which also included seeking the aid of the PHBCDT staff to aid me in ceasing my employer's ongoing attacks against me as well as requesting the aid of others as well such as Senator Harvey Peeler, Representative Joseph Neal, etc. Although I presented with some resistance to treatment, I shared with all PHBCDT staff members and other service providers, etc. that I encountered that my resistance was based on the fact that I never thought that I would be required to receive mental health treatment for actually and effectively performing my job duties of which my employer's policies, mission statement, etc. can confirm.

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If you have any questions or concerns, please email me at hreese2005@yahoo.com.

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

Respectfully,

Harry E. Reese Sr.

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PALMETTO HEALTH

Palmetto Health Richland,
14 Medical Park Suite 500
Columbia, SC 29203
Paul Guerry, MD - Medical Director

(803)434-7770

Name: REESE, HARRY EUGENE
DOB: 10/01/1967 Age: 47 Years Sex: Male
SS#: [redacted] MR#: 00002776
Phone: (803)783-1801
ACCT: DG7

Physician: Bell, Gary

Date Collected: 02/24/2015 12:27
Date Received: 02/24/2015 18:01
Date Reported: 02/24/2015 18:38
Order Number: DG70015805
Order Status: Final
Fasting: Unknown

TEST		RESULT	REFERENCE RANGE
Comprehensive Metabolic Profile			
Sodium		137	136-145 mmol/L
Potassium		4.6	3.5-5.1 mmol/L
Chloride		104	98-107 mmol/L
CO2		26	21-32 mmol/L
Anion Gap		7	5-15
Glucose Level		H 144	70-99 mg/dL
Fasting:	70-99		
Impaired Fasting:	100-125		
Random	70-139		
BUN		13	7-18 mg/dL
Creatinine		0.9	0.6-1.3 mg/dL
Calcium		9.0	8.5-10.1 mg/dL
Albumin		4.3	3.4-5.0 G/DL
AST (SGOT)		L 10	15-37 U/L
ALT (SGPT)		29	12-78 U/L
Bilirubin, Total		0.2	0.2-1.0 mg/dL
Protein, Total		7.5	6.4-8.2 G/DL
Alkaline Phos		52	45-117 U/L
Glomerular Filtration Rate			
GFR African American		110	>=60 ml/min/1.73 sq meter
Interpret with caution, quantification of eGFR values below 60 mL/min/1.73 m2 has more clinical implications for classification of kidney function than values above this level.			
GFR Non-African American		90	>=60 ml/min/1.73 sq meter
Interpret with caution, quantification of eGFR values below 60 mL/min/1.73 m2 has more clinical implications for classification of kidney function than values above this level.			
Prostate Specific Antigen, Medicare Screen			
Total PSA		0.61	0.00-3.90 ng/ml
Testing performed on Siemens Vista by Chemiluminescent Immunoassay based on LOCI Technology.			
Glycosylated Hgb A1c		H 9.0	4.8-5.6 %

kidney + liver function Normal

prostate → good

Too high!

Continued on next page

PALMETTO HEALTH

Palmetto Health Richland,
14 Medical Park Suite 500
Columbia, SC 29203
Paul Guerry, MD - Medical Director

(803)434-7770

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Order Number: DG70015805
Order Status: Final
Fasting: Unknown

TEST		RESULT		REFERENCE RANGE
HbA1C LEVEL	RISK DETERMINATION			
5.7-6.4%	High Risk for Future Diabetes (Pre-Diabetes)			
>/= 6.5%	Diagnostic for Diabetes			
If A1C results are not consistent with blood glucose monitoring results, interference should be considered.				
Estimated Average Glucose		212		
Lipid Profile w/Reflex to Direct LDL				
Cholesterol		172		0-199 mg/dL
<200	Desirable			
200-239	Borderline High			
>or= 240	High			
Triglyceride		H 232		<=149 mg/dL
150	Normal			
150-199	Borderline High			
200-499	High			
>or= 500	Very High			
HDL		40		>=40 mg/dL
<40 (Male) or <50 (Female)	(Major risk factor for CHD)			
>or= 60 (Male or Female)	(Negative risk factor for CHD)			
LDL Calculation		93		0-99 mg/dL
VLDL		H 46		0-40 mg/dL
Non-HDL-Chol, Calculated		132		
The goal for Non-HDL Cholesterol in persons with high serum triglycerides can be set at 30 mg/dL higher than that for LDL Cholesterol. For example, if the LDL Cholesterol target goal is less than 100 mg/dL, the corresponding Non-HDL Cholesterol target goal would be less than 130 mg/dL.				
CBC W/Diff				
WBC Count		6.1		3.7-10.9 K/uL
RBC Count		H 6.16		3.71-5.77 M/UL
Hemoglobin		14.0		13.7-17.5 G/DL
Hematocrit		45.8		40.1-51.0 %
MCV		L 74.4		79.0-96.2 fL

blood counts ok

Continued on next page

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PALMETTO HEALTH

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Columbia, SC 29203
Paul Guerry, MD - Medical Director

(803)434-7770

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Order Number: DG70015805
Order Status: Final
Fasting: Unknown

TEST		RESULT	REFERENCE RANGE
MCH	L	22.7	25.7-32.2 pg
MCHC	L	30.6	32.2-36.5 G/DL
RDW-SD		39.2	35.1-43.9 fL
RDW-CV	H	14.7	11.6-14.4 %
Platelet Count		272	150-400 K/uL
MPV		11.6	9.4-12.4 fL
Auto Nucleated RBC's		0.0	0.0-0.0 /100WBC
Diff Type?		Diff Morphology	
.Auto Diff			
Auto Neutrophil		44	37-78 %
Auto Lymph		38	15-45 %
Monocyte		10	4-13 %
Eos		7	0-7 %
Auto Basophil		1	0-2 %
Auto Immature Grans		0.3	0.0-0.5 %
Absolute Neutrophil		2.66	1.78-5.38 K/uL
Absolute Lymph		2.32	1.32-3.57 K/uL
Absolute Monocytes		0.63	0.30-0.82 K/uL
Absolute Eosinophils		0.41	0.04-0.54 K/uL
Absolute Baso		0.05	0.01-0.08 K/uL
Absolute Immature Grans		0.02	0.00-0.03 K/uL
.Diff Morphology			
RBC Morph		Present	
Microcytes		Present	
Polychromasia		Present	
Ovalocytes		1+	
PLT Morphology		Present	
Plt Estimate		Adequate	
Large Platelets		Present	

AK

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The State

Obituary & Guest Book Preview for Charles Edward "Doc Kelly" Kelly

Email



Charles Edward "Doc Kelly" Kelly Obituary (Archived)
Published in The State on Mar. 1, 2013

First 25 of 115 words: Charles Edward "Doc Kelly" Kelly EASTOVER - Services for Charles Edward "Doc Kelly" Kelly will be held 11:00 a.m. Friday, March 1, 2013, at Antioch...

View Full Obituary & Guest Book for Charles Kelly

Charles Kelly Guest Book | View 1 of 1 Entry:

View Full Obituary & Guest Book for Charles Kelly

Ways to View

Restore Obituary & Guest Book

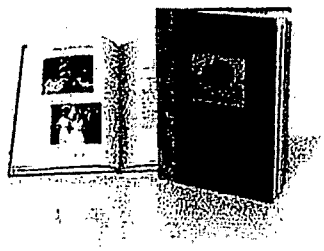
Keep the Obituary and Guest Book online for one of these time periods:

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- One-Year Sponsorship $ 29.99
- 24-Hour Restoration $ 2.95

Print Obituary & Guest Book

Order a professionally printed copy, starting at $39.00:

- Deluxe Hardcover Book $ 79.00
- Laminated Hardcover Book $ 59.00
- Laminated Softcover Book $ 39.00



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The Mission of Dr. Kelley Is:
To Proclaim the Word of God,
Bodily Bringing Others to Christ,
Ministering to the Spiritual, Physical,
Social, and Emotional Needs of
Individuals to Live in Harmony
With God's Word and Each Other and Giving
Hope to Everyone.

Pallbearers
Cousins

Floral Bearers
Family & Friends

Acknowledgements

We are grateful for all expressions of love and support during this time. Our hearts have been encouraged and strengthened. We pray that the peace of God which surpasses all understanding will keep your hearts and minds in Christ Jesus.

The Charles Edward Kelly Family

Columbia Location:
8132 Garners Ferry Rd.
Columbia, SC 29209
803-695-1666

JP HOLLEY
FUNERAL HOME

P.O. Box 90403
Columbia, SC 29209
Fax 803-695-0898
Email: info@jpholley.com

St. Matthews Location:
102 Church Street
St. Matthews, SC 29135
803-874-3317

Johnathan P. Holley, President
4th Generation of Service

THE NEXT GENERATION OF SERVICE

www.JPHolley.com

Memory of



Mr. Charles Edward Kelly

11:00AM
FRIDAY, MARCH 1, 2013
Antioch AME Zion Church
Eastover, South Carolina
Reverend Robert Benton

Obituary

Charles Edward Kelly was born in Richland County (Eastover) South Carolina, July 22, 1945 and was the son of Mr. Willie Kelley, Jr., and the late Mrs. Ruth Wilson Kelley. He entered into eternal rest on Monday, February 25, 2013 at the William Jennings Bryan Dorn VA Medical Center, Columbia, South Carolina.

Charles was educated in the public schools of Richland District One, where he attended Cross Roads Elementary and was a graduate of Webber High School. He pursued higher education studies at Denmark Technical College.He served in the United States Air Force for four years.

He joined the Antioch A.M.E. Zion Church serving on several boards and auxiliaries.

During his young adult life, Charles travelled around the state, erforming magical shows and acts for children and adults.

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Charles was a genuine "lover of people". He never met a stranger and no matter who crossed his path, they were greeted with a smile or a joke. He was a bright lantern that would illuminate a room with his gift of laughter and his jovial attitude.

He was professionally known as "The One Man Gospel Band."

He was preceded in death by a wife, Barbara and son; Chris.

Doc Kelly leaves behind a loving wife, Gloria Dawkins Kelly of Eastover, SC; one daughter, Mrs. Gwendolyn Denice Glover of Columbia, SC; three sons, Chadwick Alexander (Tanisha) Kelly of Columbia, SC; Chad Trevone (Kym) Woods, of Columbia, SC; Navy Petty Officer Christopher Levar (Jessica) Woods of San Diego, California; Father, Willie (Connie) Kelly, Jr., of Eastover, SC; sister, Willette Faber of Eastover, SC; his extended family; Alma T. Brown, Willie (Melissa) Reese; Rozikta (Anthony) Dennis, Harvey (Claudette) Reese and Harry E. Reese, all of Columbia, SC; seven sisters-in-law and four brothers-in-law; a number of beloved grand children and great grandchildren; uncles, aunts and host of nieces, nephews and other relatives and friends who will miss him dearly.

Order of Service

Reverend Robert T. Benton, Presiding

Prelude.....Reverend Thomas Roger McBeth

Processional

Hymn.....“Blessed Assurance, Jesus Is Mine”
Choir

Old Testament.....Psalms 23
New Testament.....I Corinthians 15:51-58

Prayer.....Pastor Samuel Rice
True Vine Outreach Center

Selection.....Antioch Church Choirs

Remarks.....Reverend T.R. McBeth

Acknowledgements.....Mrs. Joyce C. Lovett

Selection.....The Rising Stars

Words of Comfort.....Reverend Reverend Robert T. Benton

Final Farewell.....Holley Directors

Recessional

Postlude
Committal, Prayer, Benediction

Interment
Antioch AME Zion Church Cemetery
Eastover, SC

Columbia Area Mental Health Center

Serving adults, children, and their families in Richland and Fairfield counties.

Richland County:
P.O. Box 4440
2715 Colonial Drive
Columbia, SC 29240-4440
(803) 898-4800

Fairfield County:
P.O. Box 284
1073 US Hwy 321 Bypass
Winnsboro, SC 29180
(803) 635-4689

Robert L. Bank, M.D.
Executive Director

May 22, 2008

Mr. Harry E. Reese
8408 Little John Drive
Columbia, SC 29209

Dear Mr. Reese:

I am pleased to confirm the verbal offer of employment with the South Carolina Department of Mental Health for the position of Human Services Coordinator I/Band 05/GA50 (internal title: Mental Health Counselor III) annual salary of $35,072. This is a full-time/permanent position with Columbia Area Mental Health Center (CAMHC).

Your effective date will be Thursday, June 17th. Pursuant to State Human Resources policy, you will serve a probationary period of 12 months. **Please contact Ms. Barbara Felder at 786-1183 for the coordination of your schedule and assignment.**

Your Pre-employment Processing is scheduled with Ms. Joyce Thompson for Thursday, May 29, 2008, 10:00 a.m., in the Office of Human Resources. At this time you should bring and present your social security card and driver's license. On July 14th and 15th, (Monday and Tuesday) you have been scheduled to attend new employee orientation. Orientation begins promptly at 8:30 a.m. and will last until 5:00 p.m. in the Conference Room on the 2nd floor at CAMHC, Administration Building, at 2715 Colonial Drive.

Please note that this offer is contingent upon an acceptable review of your previous employment history, references, credentials, license (if any), criminal history (if any), Cumulative Sanction Report and other sources, including but not limited to, the criminal reference check which will be conducted by SLED. We reserve the right to rescind this offer in the event our review of your background develops information, including opinions of previous employers or colleagues, which cause us to conclude, in our sole discretion, that you are not suited for the position.

Additionally, a completed "Pre-placement Employee Health Certificate", (form HRS-8), must be returned to this office prior to your first day of employment. This form is provided to you during your pre-employment processing. **Failure to return this document by Monday, June 16th may result in the job offer being rescinded.**

We are happy to have you join us at CAMHC and know that you will be an asset to the **Independence House - Clubhouse team**. If I may ever be of assistance to you in any way, please feel free to call me at 898-4830.

Sincerely,

Vickie L. Brown

Vickie L. Brown
Human Resources Manager - CAMHC

Employee's signature of acknowledgement: _____ Date: 5/29/08

DMH South Carolina Department of Mental Health

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Calendar for year 2008 (United States)

January

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

8: ● 15: ☾ 22: ○ 30: ◑

February

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

6: ● 13: ☾ 20: ○ 28: ◑

March

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

7: ● 14: ☾ 21: ○ 29: ◑

April

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

5: ● 12: ☾ 20: ○ 28: ◑

May

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

5: ● 11: ☾ 19: ○ 27: ◑

June

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

3: ● 10: ☾ 18: ○ 26: ◑

July

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

2: ● 10: ☾ 18: ○ 25: ◑

August

Su	Mo	Tu	We	Th	Fr	Sa
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Holidays and Observances:

Jan 1 New Year's Day	May 26 Memorial Day	Nov 4 Election Day
Jan 21 Martin Luther King Day	Jun 15 Fathers' Day	Nov 11 Veterans Day
Feb 14 Valentine's Day	Jul 4 Independence Day	Nov 27 Thanksgiving Day
Feb 18 Presidents' Day	Sep 1 Labor Day	Dec 24 Christmas Eve
Mar 23 Easter Sunday	Oct 13 Columbus Day (Most regions)	Dec 25 Christmas Day
May 11 Mothers' Day	Oct 31 Halloween	Dec 31 New Year's Eve

Calendar generated on www.timeanddate.com/calendar

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Calendar for year 2009 (United States)

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Holidays and Observances:

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Jan 19	Martin Luther King Day	Jun 21	Fathers' Day	Nov 11	Veterans Day
Feb 14	Valentine's Day	Jul 3	'Independence Day' observed	Nov 26	Thanksgiving Day
Feb 16	Presidents' Day	Jul 4	Independence Day	Dec 24	Christmas Eve
Apr 12	Easter Sunday	Sep 7	Labor Day	Dec 25	Christmas Day
May 10	Mothers' Day	Oct 12	Columbus Day (Most regions)	Dec 31	New Year's Eve

Calendar generated on www.timeanddate.com/calendar

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Calendar for year 2010 (United States)

January

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Jan 18	Martin Luther King Day	Jul 4	Independence Day	Dec 24	'Christmas Day' observed
Feb 14	Valentine's Day	Jul 5	'Independence Day' observed	Dec 24	Christmas Eve
Feb 15	Presidents' Day	Sep 6	Labor Day	Dec 25	Christmas Day
Apr 4	Easter Sunday	Oct 11	Columbus Day (Most regions)	Dec 31	'New Year's Day' observed
May 9	Mothers' Day	Oct 31	Halloween	Dec 31	New Year's Eve
May 31	Memorial Day	Nov 11	Veterans Day		

Calendar generated on www.timeanddate.com/calendar

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From: Harry Reese
To: Maria Marin
CC: Shnita Lee
Date: 4/30/2009 1:07 PM
Subject: Re: Floater

Hello Ms. Maria:

I look forward to working with you and your staff for the upcoming twelve weeks. At this time, I must submit my request for the following two days off: Thursday, May 14th - Annual Leave and July 10th - CPR/First Aid Training. Furthermore, I may have to take a half-day on Friday, May 29th to pick my son up from Voorhees College in Denmark. Thank you and again I look forward to working at the New Horizon facility.

Harry Reese/MHP
Columbia Area MHC
Independence House
1135 Carter Street
Columbia, SC 29204
Phone: (803) 786-1183
Fax: (80)754-8551

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>>> Maria Marin 4/29/2009 4:33 PM >>>
Thank you.

Maria Marin, MS, LPC, CAC II
Program Manager of New Horizons/
Columbia Area Mental Health
1850 Pineview Drive,
Columbia, SC 29209
803-783-0303 fax: 0955

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>>> Cheryl McClinton 4/29/2009 9:10 AM >>>
Harry will report to your facility Wednesday (5/6/09) morning 8:30 am. He tends to be **very** prompt. I look forward to his return to IH in 12 weeks.

Cheryl

Cheryl G. McClinton, LMSW
Independence House
1135 Carter Street

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Columbia, SC 29204
Phone (803) 786-1183
Fax (803) 735-1021

Failure is Only the Opportunity to Begin Again More Intelligently.

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Columbia Area Mental Health Center

Serving adults, children, and their families in Richland and Fairfield counties.

Richland County:
P.O. Box 4440
2715 Colonial Drive
Columbia, SC 29240-4440
(803) 898-4800

Fairfield County:
P.O. Box 284
1073 US Hwy 321 Bypass
Winnsboro, SC 29180
(803) 635-4689

Robert L. Bank, M.D.
Executive Director

August 11, 2009

Mr. Harry Reese, MHC III
C/O Lower Richland Office, CAMHC
1850 Pineview Drive
P.O. Box 90537
Columbia, SC 29209-1537

Dear Mr. Reese,

This is to notify you that you will be reassigned to the Lower Richland office effective August 17, 2009. You are to report to your new supervisor Maria Marin, Special Services Coordinator, on that day. You will retain the designation of Mental Health Counselor III.

Sincerely,

Carla Damron

Carla Damron, LISW-CP, Director
Adult Treatment Services

CC: Vickie Brown
Maria Marin
Cheryl McClinton

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From: Harry Reese (her08@SCDMH.ORG)
To: MMM77@SCDMH.ORG;
Date: Mon, March 15, 2010 11:24:57 AM
Cc:
Subject: Thursday

** High Priority **

Mrs. Marin:

I have an appointment with Clemson Extension program on Thursday @ 3:00 p.m. I'm requesting to leave at 1:45 p.m. However, rather than using my leave time, I would prefer to use flex time - coming in at 8:00 a.m. must like I've being doing for quite some time now. If you don't mind, I would prefer changing my work schedule to 8:00 am - 4:00 a.m.; so that, I don't have to use my time; moreover, it doesn't appear that I'm taking to many days off from work which doesn't look good on my employment record. The days that I take off due to illness related issues coupled with the meetings that I must make, truly affects my employment record; ultimately, jeopardizing my employment with the agency.

Thanks,
Harry

Harry Reese/MHP
Columbia Area MHC
New Horizons Clubhouse
Lower Richland Clinic
1850 Pineview Drive
Columbia, SC 29209
Phone: (803) 783-0303
Fax: (803) 783-0955

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Harry Reese

n: Maria Marin
ent: Wednesday, April 07, 2010 12:38 PM
To: Harry Reese
Cc: Ashley Bailey; Catherine Buchanan; Daphne Watts; Dena Floyd; George Morris; Penny Reynolds; Ranita Johnson; Sherry Wright; Veronica Johnson
Subject: RE: Meeting

Harry,

Your note in this context is inappropriate, in particular in that you are addressing your communication with me to other staff members is a violation.

There will not be any meeting with your agenda. You are cautioned not to send any emails that are addressing me to the staff.

Maria Marin, LPC, CAC II
Program Coordinator
Lower Richland Clinic
1850 Pineview Drive
Columbia, SC 29209
803-783-0303
fax 783-0955

at best portion of a good man's life, his little, nameless, unremembered, acts of kindness and of love." Wordsworth.

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From: Harry Reese
Sent: Wednesday, April 07, 2010 8:52 AM
To: Maria Marin
Cc: Ashley Bailey; Catherine Buchanan; Daphne Watts; Dena Floyd; George Morris; Penny Reynolds; Ranita Johnson; Sherry Wright; Veronica Johnson
Subject: Meeting
Importance: High

Dear Mrs. Marin:

In light of the recent events, I truly believe that it's imperative that we as staff meet today to discuss, address, and resolve any concerns that, according to you, were shared with you by several staff members.

Respectfully,
Harry

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Harry E. Reese Sr.
CHP
w Horizons/Lower Richland Clinic
1850 Pineview Drive
Columbia, SC 29209
Phone: (803) 783-0303
Fax: (803) 783-0955

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April 9, 2010

8408 Little John Drive
Columbia, SC 29209

Mrs. Maria Marin:

THIS IS ONLY FOR YOUR EYES ONLY. IT IS NOT BE SUBMITTED, SHARED, DISTRIBUTED, COPIED, DISCUSSED, USED, ETC., ETC., ETC. BY YOU, YOUR FAMILY MEMBERS, YOUR FRIENDS, YOUR ASSOCIATES, ETC., ETC., ETC. "WITHOUT MY WRITTEN CONSENT". IN ADDITION, IT IS NOT BE SUBMITTED, SHARED, DISTRIBUTED, COPIED, DISCUSSED,USED, ETC., ETC., ETC. TO ANYONE AFFILIATED WITH THE SOUTH CAROLINA DEPRTMENT OF MENTAL HEALTH, COLUMBIA AREA MENTAL HEALTH ETC., ETC., ETC., "WITHOUT MY WRITTEN CONSENT". MOREOVER, IT IS NOT TO BE PLACED WITHIN "ANY" South Carolina DEPARTMENT OF MENTAL HEALTH, COLUMBIA AREA MENTAL HEALTH, ETC., ETC., ETC., RECORD FOR FUTURE USE "WITHOUT MY WRITTEN CONSENT".

I generally do not entertain frivolous claims; however, since my efforts to amicably resolve matters of which I personally deem important was denied by you, I have no other recourse but to involve Human Resources. On April 8, 2010, I contacted Columbia Area Mental Health Human Resources Department in hopes to minimize and prevent any further false allegations recklessly alleged against me; moreover, to minimize additional confusion. I was referred to Ms. Vickie Brown; however, I was informed that Ms. Brown would be out of the office until Monday of which the representative has advised me to wait until that time and come by the office and discuss this matter with her (Ms. Brown); therefore, I'm requesting "Administrative Leave" to accomplish the aforementioned. Just for clarity purposes only, I'll also share your April 7, 2010 email communication Ms. Brown to gain clarity regarding any violations that may be present.

Within your email dated 4/7/10 denying me the right to clear up any confusion that may exist, you stated that my I was addressing my communication with you to other staff members which you state is a violation; however, it appears that you did the same thing that you state was a violation. My rationale of sending the email to everyone is simple...EVERYONE WAS INVOLVED with the exception of Mrs. Watts who was absent on April 1, 2010; however, she "may or may not" have some knowledge regarding the alleged affair. Within this same email, you issued me a former warning which was advertised to "ALL" staff members. **Question:** Is this a Breach of Confidentiality? Certainly, I'm pleased that you're holding a Policy Meeting on Monday to prevent me and possible others from unknowingly violating any Columbia Area Mental Health policies. In this time and day, we all need our jobs. With that being said, I'm requesting your permission to authorize me to invite Ms. Damron to the Policy Meeting to further provide clarity on the policies that you plan to discuss; allot time for questions and feedback; moreover, in hopes to finally close this unfortunate situation. **IF POSSIBLE PLEASE RESPOND TO THE INVITATION REQUEST BY 11: OO A.M. ON FRIDAY, APRIL 9, 2010; in hopes to allow Ms. Damron ample time to be present.**

Within the same email, you stated that "THERE WILL NOT BE ANY MEETING WITH YOUR AGENDA". First and foremost, this unfortunate situation was undeservingly placed in my lap of which I've responded with the upmost respect and courtesy to all parties known & unknown which includes you.

I take my job very seriously and no one has the autonomy or authority to jeopardize my employment with Columbia Area Mental Health simply for their own personal self-serving gratifications. Although you've informed me that the matter allegedly discussed by a number of staff hasn't been documented, it's the mental documented in your head which truly concerns me.

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THIS IS ONLY FOR YOUR EYES ONLY. IT IS NOT BE SUBMITTED, SHARED, DISTRIBUTED, COPIED, DISCUSSED, USED, ETC., ETC., ETC. BY YOU, YOUR FAMILY MEMBERS, YOUR FRIENDS, YOUR ASSOCIATES, ETC., ETC., ETC. "WITHOUT MY WRITTEN CONSENT". IN ADDITION, IT IS NOT BE SUBMITTED, SHARED, DISTRIBUTED, COPIED, DISCUSSED,USED, ETC., ETC., ETC. TO ANYONE AFFILIATED WITH THE SOUTH CAROLINA DEPRTMENT OF MENTAL HEALTH, COLUMBIA AREA MENTAL HEALTH ETC., ETC., ETC., "WITHOUT MY WRITTEN CONSENT". MOREOVER, IT IS NOT TO BE PLACED WITHIN "ANY" South Carolina DEPARTMENT OF MENTAL HEALTH, COLUMBIA AREA MENTAL HEALTH, ETC., ETC., ETC., RECORD FOR FUTURE USE "WITHOUT MY WRITTEN CONSENT".

You used it to somehow validate Ms. Bailey's action which was intended to celebrate the spirit of the day – April Fools Day. Furthermore, you "NEVER" not one time discussed this matter with Ashley or myself since knowing of it for four months; therefore, in my opinion, it never should have been discussed during our face-to-face meeting in your office on Monday, April 5,2010.

Ms. Maria according to you, you stated that because persons were informing you of what you called an "AFFAIR", you wanted to transfer Ms. Bailey to another site. First and foremost, one has to be married to have an affair of which neither one of us are at this time. Secondly, I'm baffled as to the reason anyone would think that Ms. Bailey & I are having an affair. Its it because we interact well with one another? If that's the case, I interact well with everyone which includes you; moreover, the consumers. Does this mean that I'm having an affair with everyone in the facility. During our office visit, I shared with you that I use humor as a coping skill not only with staff; moreover, with the consumers of which this strategy has proven effective. It's obvious that you're discounting my concern, but let's say that someone is spreading this vicious allegation regarding you and I. The vicious rumor would cause both professional and personal consequences; therefore, we definitely need to nip this in the bud hence one of the functions of the requested staff meeting.

Neither Ms. Bailey nor I deserve such action based on someone's perception which again you never discussed with either of us. As I shared with you in your office, the persons that presented this false information to your attention, their reckless behavior is more detrimental to my employment than that of a celebratory event that was played on me in the spirit of that day – April Fools Day. Basically, I personally find that the Affair matter to be rather suspect; in that, "NO" evidence was presented or committed by Ms. Bailey & I to substantiate such false claim other than we interact well with one another and that a meeting to amicably resolve and clear any misunderstandings were denied.

Again, my attempt to have a staff meeting was solely requested to address, resolve and clear any misunderstandings that maybe lingering referencing false claims of the affair between Ms. Ashley and myself. As I mentioned to you during a meeting between you and I, I adamantly stated that I wanted to contact Human Resources regarding the false claims recklessly charged against me. My effort to contact Human Resources has and will have nothing to do with the April Fools Day **"JOKE" ONLY THE FALSE CLAIM WHICH HAS AND COULD REAP UNDERSIRABLE CONSEQUENCES BASED ON SOMEONE'S PERCETION AND NOT FACTS.**

In regards to the April Fools joke that was played on me, I "DID NOT" approach anyone, which includes Mr. Morris (supervisor in your absence on April 1, 2010), Ms. Dena, you, or anyone for that matter, expressing any concerns regarding a matter that was simply done in honor of the "SPIRIT OF THAT DAY". Furthermore, no one other than Ms. Bailey inquired of my well-being to ascertain whether or not I was distraught in regards to a matter that was simply a joke. If they would have, I would have simply expressed to them what I've expressed to both you & Ms.

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THIS IS ONLY FOR YOUR EYES ONLY. IT IS NOT BE SUBMITTED, SHARED, DISTRIBUTED, COPIED, DISCUSSED, USED, ETC., ETC., ETC. BY YOU, YOUR FAMILY MEMBERS, YOUR FRIENDS, YOUR ASSOCIATES, ETC., ETC., ETC. "WITHOUT MY WRITTEN CONSENT". IN ADDITION, IT IS NOT BE SUBMITTED, SHARED, DISTRIBUTED, COPIED, DISCUSSED,USED, ETC., ETC., ETC. TO ANYONE AFFILIATED WITH THE SOUTH CAROLINA DEPRTMENT OF MENTAL HEALTH, COLUMBIA AREA MENTAL HEALTH ETC., ETC., ETC., "WITHOUT MY WRITTEN CONSENT". MOREOVER, IT IS NOT TO BE PLACED WITHIN "ANY" South Carolina DEPARTMENT OF MENTAL HEALTH, COLUMBIA AREA MENTAL HEALTH, ETC., ETC., ETC., RECORD FOR FUTURE USE "WITHOUT MY WRITTEN CONSENT".

Bailey, "IT WAS A JOKE". Contrary to popular belief, she was intelligent enough to know who she could play the trick on – me. In addition to that, those who played an integral role within assuring that the joke was effectively portrayed – Ms. Reynolds, Ms. Buchanan, Ms. Johnson, & Ms. R. Johnson, they too saw nothing wrong with the humorous event and were perfectly aware that I was an excellent candidate for such "HUMOROUS" event. Again, I respectfully request that I be allowed to invite Ms. Damron to our policy meeting to gain further clarity and to clear any confusion.

I truly hate to result to this method of resolving this issue because I respect you as my supervisor; moreover, as a person. After all is said and done, I 'm confident that we can continue effectively working side-by-side for those that matters the most – the consumers. This unfortunate situation "has not" and "will not" hinder me from continuing to effectively perform my job duties because our consumers deserve better. They, CONSUMERS, should not suffer because of the reckless behaviors of those that are compensated to lead, guide, teach, support, advocate, etc. on their behalf.

Respectfully Submitted,

Harry Reese Sr.

Enclosed is a collective copy of both of our email correspondences which was initially sent by me on April 7, 2010 @ 8:52 a.m. and responded by you on April 7, 2010 at 12:38 p.m.

9th Day of April 2010

My Commission Expires September 15, 2018

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Harry Reese

From: Harry Reese
Sent: Wednesday, April 14, 2010 12:03 PM
To: Carla Damron
Subject: Meeting Request

Importance: High

Hello Ms. Damron:

First and foremost, thank you for your involvement within researching this unfortunate matter which by the way hasn't hinder our consumers from receiving high quality services. Secondly, I apologize that you must take time out of your busy schedule to address such unfortunate incident. However, after careful review of this entire unfortunate incident and against your advisement to leave the situation alone, I truly believe that it's in my best interest to communicate with you further. Please allow me to digress for a moment. The reason that I'm pursing this matter is because at one time in point Ms. Marin informed you that I demonstrated inappropriate behavior in regards to requesting that she communicate with you regarding accompanying consumer's to the store to purchase cigarettes. I did not question her ability to make a management call of which she and I discussed the matter further and I was exonerated of this false claim.

I refuse to have persons take undeserving attacks on me simply because I'm the rookie on the block and their tenure within the program. Previous supervisors - Ms. Felder & Ms. McClinton have spoken highly of my job performance as well as Mrs. Marin via my strengths which include my personality to effectively perform my job duties; therefore, this strength and proven effective coping strategy shouldn't be hindered - the consumers should be allowed to continue benefiting from this talent. In addition to the aforementioned, I find it rather troubling that somehow it has been deduced that my personality warranted someone to engage within a particular behavior - everyone that's employed within the agency is grown and is capable of making sound decisions of which the matter in question was an attempt to celebrate the spirit of the day much like we've celebrated other holidays and other observances here within the facility and throughout the agency.

Please allow me to make myself perfectly clear as I previously have done before, **I'm in no shape, form, or fashion discounting or challenging management's "RIGHT" to investigate such concern;** however, those that disclosed the event "NEVER" assessed my well-being as a result of the incident even as of today's date. Truly, I believe that this unfortunate situation should be used as an avenue to teach, mold, and guide rather than to intimidate and threaten. I'm more distraught upon management involvement within this matter than the incident itself. **Again, I'm not discounting or challenging any member of management authority to research this matter.** Moreover, I feel like I'm being targeted of which I'll further discuss this with you at a later time.

Perhaps, my personality has allowed someone to share info with me that shouldn't been disclosed with me based on the mere fact that I'm not a member of management. Should this disclosure mean that me and this person who disclosed this info are having an affair? I'm I now to walk around like a zombie and refrain from using a tool that has been proven effective both here at the Lower Richland Clinic and the Independence House? Please provide guidance for I'm baffled at this time as to how to proceed.

In regards to the claim that I'm not handling this situation appropriately, I too find this claim to be baffling. At no time in point have I approach anyone blaming them for the perceptions or presenting the concern to Mrs. Marin. Furthermore, at no time in point have I disrespected any one for their false claim or became a disruptive distraction to the program. Moreover, this unfortunate incident and investigation have prevented me from effectively performing my job duties. I guess because I refuse to have someone railroad me warrants a false clam that I'm demonstrated that I could handle the situation. My efforts to amicably resolve the matter while simultaneously employing positive work ethics demonstrates

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that I'm able to handle such situation. We teach our consumers assertive skills and methods of employing such skill; yet, we challenge, intimidate, & threaten employees that respectfully apply the same techniques.

...ch the above being duly noted, I respectfully request a meeting with you to further discuss this and other matters; so that, we can continue providing quality services to those that matter the most – our consumers without detrimental and digressing limitations.

Respectfully Submitted,
Harry E. Reese Sr.

Harry E. Reese Sr.
MHP
New Horizons/Lower Richland Clinic
1850 Pineview Drive
Columbia, SC 29209
Phone: (803) 783-0303
Fax: (803) 783-0955

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Harry Reese

From: Harry Reese
Sent: Thursday, April 15, 2010 9:07 AM
To: Carla Damron
Subject: RE: Meeting Request

Importance: High

Dear Ms. Damron:

Thank you for allotting me time to convey my concerns as well as an opportunity to resolve any and all concerns referencing the incident in question. Again, I apologize that you must take time out of your busy schedule to address these concerns of which, in my opinion, should have been addressed on a center level. As I reviewed the email, I noticed some grammatical errors.

Currently & Mistakenly Reads:

In regards to the claim that I'm not handling this situation appropriately, I too find this claim to be baffling. At no time in point have I approach anyone blaming them for the perceptions or presenting the concern to Mrs. Marin. Furthermore, at no time in point have I disrespected any one for their false claim or became a disruptive distraction to the program. Moreover, this unfortunate incident and investigation **have** prevented me from effectively performing my job duties. I guess because I refuse to have someone railroad me warrants a false clam that **I'm** demonstrated that I **could** handle the situation. My efforts to amicably resolve **the** matter while simultaneously employing positive work ethics demonstrates that I'm able to handle such situation. We teach our consumers assertive skills and methods of employing such skill; yet, challenge, intimidate, & threaten employees that respectfully apply the same techniques.

Should Read:

In regards to the claim that I'm not handling this situation appropriately, I too find this claim to be baffling. At no time in point have I approach anyone blaming them for the perceptions or presenting the concern to Mrs. Marin. Furthermore, at no time in point have I disrespected any one for their false claim or became a disruptive distraction to the program. Moreover, this unfortunate incident and investigation **haven't** prevented me from effectively performing my job duties. I guess because I refuse to have someone railroad me warrants a false clam that **I've** demonstrated that I **couldn't** handle the situation. My efforts to amicably resolve **this** matter while simultaneously employing positive work ethics demonstrates that I'm able to handle such situation. We teach our consumers assertive skills and methods of employing such skill; yet, we challenge, intimidate, & threaten employees that respectfully apply the same techniques.

Respectfully Submitted,
Harry E. Reese Sr.

Harry E. Reese Sr.
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; (803) 783-0955

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From: Carla Damron
Sent: Wednesday, April 14, 2010 4:22 PM
To: Harry Reese
Subject: RE: Meeting Request

Harry, I'm tentatively planning to meet with you tomorrow, Thursday, at 2 PM. I've invited Vickie Brown to sit in with us and need to make sure that time works for her.

From: Harry Reese
Sent: Wednesday, April 14, 2010 12:03 PM
To: Carla Damron
Subject: Meeting Request
Importance: High

Hello Ms. Damron:

First and foremost, thank you for your involvement within researching this unfortunate matter which by the way hasn't hinder our consumers from receiving high quality services. Secondly, I apologize that you must take time out of your busy schedule to address such unfortunate incident. However, after careful review of this entire unfortunate incident and against your advisement to leave the situation alone, I truly believe that it's in my best interest to communicate with you further. Please allow me to digress for a moment. The reason that I'm pursing this matter is because at one time in point Ms. Marin informed you that I demonstrated inappropriate behavior in regards to requesting that she communicate with you regarding accompanying consumer's to the store to purchase cigarettes. I did not question her ability to make a management call of which she and I discussed the matter further and I was exonerated of this false claim.

I refuse to have persons take undeserving attacks on me simply because I'm the rookie on the block and their tenure within the program. Previous supervisors - Ms. Felder & Ms. McClinton have spoken highly of my job performance as well as Mrs. Marin via my strengths which include my personality to effectively perform my job duties; therefore, this strength and proven effective coping strategy shouldn't be hindered - the consumers should be allowed to continue benefiting from this talent. In addition to the aforementioned, I find it rather troubling that somehow it has been deduced that my personality warranted someone to engage within a particular behavior - everyone that's employed within the agency is grown and is capable of making sound decisions of which the matter in question was an attempt to celebrate the spirit of the day much like we've celebrated other holidays and other observances here within the facility and throughout the agency.

Please allow me to make myself perfectly clear as I previously have done before, **I'm in no shape, form, or fashion discounting or challenging management's "RIGHT" to investigate such concern;** however, those that disclosed the event "NEVER" assessed my well-being as a result of the incident even as of today's date. Truly, I believe that this unfortunate situation should be used as an avenue to teach, mold, and guide rather than to intimidate and threaten. I'm more distraught upon management involvement within this matter than the incident itself. **Again, I'm not discounting**

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or challenging any member of management authority to research this matter. Moreover, I feel like I'm being targeted of which I'll further discuss this with you at a later time.

haps, my personality has allowed someone to share info with me that shouldn't been disclosed with me based on the mere fact that I'm not a member of management. Should this disclosure mean that me and this person who disclosed this info are having an affair? I'm I now to walk around like a zombie and refrain from using a tool that has been proven effective both here at the Lower Richland Clinic and the Independence House? Please provide guidance for I'm baffled at this time as to how to proceed.

In regards to the claim that I'm not handling this situation appropriately, I too find this claim to be baffling. At no time in point have I approach anyone blaming them for the perceptions or presenting the concern to Mrs. Marin. Furthermore, at no time in point have I disrespected any one for their false claim or became a disruptive distraction to the program. Moreover, this unfortunate incident and investigation have prevented me from effectively performing my job duties. I guess because I refuse to have someone railroad me warrants a false clam that I'm demonstrated that I could handle the situation. My efforts to amicably resolve the matter while simultaneously employing positive work ethics demonstrates that I'm able to handle such situation. We teach our consumers assertive skills and methods of employing such skill; yet, we challenge, intimidate, & threaten employees that respectfully apply the same techniques.

With the above being duly noted, I respectfully request a meeting with you to further discuss this and other matters; so that, we can continue providing quality services to those that matter the most – our consumers without detrimental and digressing limitations.

Respectfully Submitted,
Harry E. Reese Sr.

Harry E. Reese Sr.
MHP
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1850 Pineview Drive
Columbia, SC 29209
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7009 2250 0003 3191 4196

Dr. Banks

April 19, 2010

8408 Little John Drive
Columbia, SC 29209

Columbia Area Mental Health
Ms. Vickie Brown
Human Resources Manager
2715 Colonial Drive, Bldg 100-B
PO Box 4440
Columbia, SC 29201

Columbia Area Mental Health
Ms. Carla Damron
Director of Adult Treatment Services
2715 Colonial Dr, Bldg 100-B
PO Box 4440
Columbia, SC 29201

CAMHC – Lower Richland Clinic
Mrs. Maria Marin
Program Director & Immediate Supervisor
1850 Pineview Drive
Columbia, SC 29209

FORMAL COMPLAINT

THIS FORMAL COMPLAINT IS IN "NO" SHAPE. FORM OR FASHION PRESENTED TO NEGATE, CHALLENGE, ETC.. ETC.. ETC. ANY ROLE OF ANY MEMBER OF MANAGEMENT AFFILIATED WITH THE SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (SCDMH) OR COLUMBIA AREA MENTAL HEALTH CENTER (CAMHC). IT IS NOT PRESENTED "NOR" INTENDED TO DEMEAN. BELITTLE. THREATENED. IMITIDATE. ETC.. ETC., ETC.. ANY MEMBER OF MANAGEMENT OR STAFF AFFILIATED WITH THE SCDMH OR CAMHC. IT IS MERELY TO SERVE AS MY FORMAL COMPLAINT REFERENCING FALSE ALLEGATIONS ALLEGED AGAINST ME. THE BELIEF THAT MY EMPLOYMENT WITH SCDMH/CAMHC IS IN JEOPARDY. AND TO EXPRESS MY CONCERNS OF WHICH PREVIOUS ATTEMPTS TO AMICABLY RESOLVE THIS MATTER HAS PRODUCED UNFAVORABLE AND THREATENING RESULTS.

Dear Ms. Brown, Ms. Damron, & Ms. Marin:

I apologize for the rather lengthy correspondence. My complaint is based on the following of which Ms. Carla Damron (CD) & Mrs. Maria Marin (MM) have without regard committed against me:

- Denied Due Process - CD/MM
- Harassing, Threatening, & Intimidating Conduct - CD/MM
- Unfair Treatment & Discriminatory Practices - MM
- Contributing to Subordinate Staff's Slanderous and Defaming Conduct - MM
- Engaging Within Inappropriate & Distressful Conduct that Has Caused Mental Anguish – CD/MM
- Denied Usage of The Open Door Policy - MM
- Breach of Confidentiality That Has Produced Threatening & Intimidating Conduct - MM

Ms. Brown, first and foremost, thank you for being present on April 15, 2010 during my meeting with Ms. Carla Damron (CAMHC Director of Adult Treatment Services) of which I thought was availed to me to convey concerns of what I believe to be inappropriate behavior by my immediate supervisor – Mrs. Maria Marin. Truly, I was wrong. The meeting was held to belittle, demean, and falsely accuse me of inappropriate behavior that I've

Initial: GAW Date: 4/19/10

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repeatedly and consistently denied doing of which I truly believe the claims discussed are rather suspect and only used as a means of retaliation which will become clear within this complaint.

Previously, I informed you that I would provide you with my formal complaint upon meeting with Ms. Damron to express my concerns referencing inappropriate behavior committed against me without any investigation or documentation whatsoever present to substantiate such unfounded and untrue allegations. Therefore, this communication will serve such function. Due to the fact that my request to you of documenting our April 15, 2010 meeting was denied, I'm requesting that my formal complaint be placed within my employment file. I'm also submitting this complaint via email to Ms. Damron & Mrs. Maria Marin. Furthermore, a copy of this document will be notarized and mailed to you via certified mail along with email correspondences submitted to Ms. Damron and Mrs. Marin regarding this unfortunate situation as well as supporting documents. The only ·ing that I did was come to work to effectively perform my job duties as usual and the bottom failed out at no ..ult of mine.

As you are aware of, on April 1, 2010, I was a recipient of an April Fool's prank executed by several co-workers. On April 2, 2010 at approximately 4:00 p.m. as I was leaving to go home, Mrs. Marin approached me regarding the April Fool's Day prank. I informed Mrs. Main that I was "ok" and that it was only a joke. At that time, Mrs. Marin graciously accepted my accounts of the incident; therefore, the matter appeared to be closed. At no time during or after the April Fool's Day prank and not even as of this day have I ever approached management or any insubordinate staff informing them that I was distraught over the matter. Moreover, I never requested of any member of management or subordinate staff that disciplinary actions should be imposed on "THOSE" involved within the prank. Nevertheless, On Monday, April 5, 2010, Mrs. Marin requested that I meet with her in her office. Once entering into her office, Mrs. Marin apologized on behalf of the staff for executing the April Fools prank. I "AGAIN" informed Mrs. Marin that I was fine and that it was only a prank. Certainly, I'm aware of the seriousness of the prank. The April Fools prank basically informed me that I was terminated. Yes, I was initially distraught upon reading the document for the first time especially as it relates to my personal financial responsibilities. However, after reviewing the document closely and discovering that the document wasn't genuine, immediately recuperated. There was no signature attached to the document which confirmed that the document wasn't genuine. In addition, as I shared with Ms. Carla, Ms. Brown, Mrs. Marin and majority of "THOSE" involved, the agency would rather request that any staff member that is facing termination meet with management in the main office to minimize distraction and for the safety of the agency's staff.

As Mrs. Marin and I continue our rather lengthy conversation regarding the matter, Mrs. Marin apprised me that "SOME NEW HORIZON CO-WORKERS" had informed her that Ms. Bailey and I were having affair. She ·ther stated that upon hearing about the affair "FOUR" months ago, she was going to have Ms. Bailey

Initial: ~~Her~~ Date: 4/19/10

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transferred to another one of CAMHC facilities. No informal or formal inquiry was conducted by Mrs. Marin to investigate a possible affair amongst Ms. Bailey and I after being allegedly apprised of the alleged affair for four months. Mrs. Marin "NEVER" discussed the alleged AFFAIR with either Ms. Bailey of me. At no time during our extensive conversation that Mrs. Marin discussed informing upper management of the April Fools prank. It was "ONLY" expressed after I informed Mrs. Marin that I was going to communicate with Human Resources (HR) referencing allowing individuals to jeopardize my employment based on their perceptions rather than factual information. Mrs. Marin became frantic and requested me not to report the behavior to HR. Mrs. Marin immediately informed me that if I reported my concerns to HR that she had no other choice but to discuss the April Fools prank with upper management. Furthermore, she informed me that if I presented my claims to HR that I was going to face hardship. I inquired of Mrs. Marin as to what she meant by that statement; however, she provided no logical explanation or rationale.

ALLEGATIONS OF HARASSMENT

I've consistently and repeatedly denied all allegations charged against me, no informal or formal inquiry was conducted by any member of upper and lower management to substantiate such allegations, according to Ms. Brown – CAMHC Human Resource Manager, there is no documentation to support or substantiate these slanderous and defaming allegations against me; therefore, there should be no reason that six months later that allegations of harassment should be presented. Moreover over, no threatening statements such as "I believe it happened" or "You bet not do it again" should have been made by Ms. Damron. According to Merriam Webster Dictionary the word "AGAIN" is defined as once more, another time (http://www.merriam-webster.com/dictionary/again). No evidence has been presented to support any allegations of harassment or sexual harassment. This tactic was used solely as a means of retaliation based on the mere fact I informed my supervisor that I was going to communicate with HR in regards to her allowing individuals to slander and defame my name based on their perceptions of what Mrs. Marin called an affair between Ms. Bailey and myself.

According to Ms. Damron, she was made of the allegations of harassment "SIX" months ago and did not follow-up with the alleged complaint of harassment. Ms. Damron furthered stated that she didn't follow-up on the allegations of harassment because I was transferring to the Lower Richland Clinic. My transfer to another CAMHC facility surely does not negate someone allegations of a "SERIOUS" violation. However, the transfer was only projected to last only three months due to the termination of an employee, the retirement of another, and maternity leave of Ms. Catherine B. (Please see Attachment A). For professional and personal reasons, I requested to remain at the Lower Richland Clinic facility. I was informed to submit an application once the position became available of which I immediately did (Please see Attachment B).

Initial: ~~I~~ Date: 4/19/10

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Ms. Damron interviewed me for the position once it became available. During my interview with Ms. Damron, at no time during or any other time after the interview did Ms. Damron conduct an informal or formal inquire of any alleged inappropriate behavior. Moreover, during the period of which the allegation was presented, I was still under my probationary period. If this allegation was substantiated via informal or formal means, the agency could have immediately discharged me from the agency based on the alleged behavior. Of course, that didn't happen because I'm still employed with CAMHC as of the date my formal complaint was submitted. Because of the slanderous and defaming allegations that Ms. Damron states that she believes yet did nothing to investigate and resolve has presented opportunities for anyone to say anything about me and she would believe it even if unfounded, unsubstantiated; moreover, untrue.

I'm truly convinced that this is an act of retaliation simply because for six months of allegedly having first-hand knowledge of the alleged claims of harassment, Ms. Damron, or any member of management, never approached me regarding the allegations. This allegation was only brought to light because I expressed my concerns regarding what I perceived to be inappropriate behavior from my supervisor. In fact, if I wasn't the recipient of the April Fools prank; moreover, informing Mrs. Marin that I was going to communicate my concerns to HR, these false allegations presented by Ms. Damron would have never come to light. Moreover, six months ago the alleged claims of harassment didn't warrant any informal or formal inquiry during the period that it was presented, it definitely shouldn't be used during a meeting that I requested to discuss my concerns regarding inappropriate behavior committed by my immediate supervisor – Mrs. Marin to threatened, belittle, harass, intimidate, etc, etc, etc.

Harassment, which definitely includes Sexual Harassment, is a serious offense. In fact, both federal and all applicable state laws state that all employees shall have an opportunity to work in an atmosphere and environment "FREE" from any form of harassment or retaliation. No documented evidence, whatsoever, during my employment with SCDMH/CAMHC will substantiate such false allegations against me of which I have on numerous occasions denied such false claims. I truly believe that I'm being retaliated against solely on the basis that I informed my supervisor that I was going to report what I believed to be inappropriate behavior – allowing others to slander/defame my name placing my employment with SCDMH/CAMHC in jeopardy and providing me with a formal warning and advertising it to all employees which included a college intern. Moreover, I'm being retaliated against because I had demonstrated that Mrs. Marin had violated SCDMH/CAMHC policy – disclosing co-workers disciplinary actions and denying the use of the "Open Door Policy".

I also believe that I'm being wrongly targeted because I conveyed to Ms. Damron that Mr. George Morris, according to Ms. Marin, was behind one month within getting his Clinical Notes completed. For evidence to substantiate my claim, I'm also submitting along my formal complaint a copy of "New Horizon's April 2010

Initial: ~~[illegible]~~ Date: 4/19/10

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PRS Program Activity Calendar" that was presented to Ms. Damron on April 15, 2010 (**Please see Attachment C**). As discussed with Ms. Damron during the April 15, 2010 meeting, I shared with her that Mrs. Marin instructed me to remove Mr. Morris from the activity calendar as much as possible; so that, he could get up on completing his Clinical Notes. I've also included October 2009-March 2010 calendars for your review.

In addition, I also believe that I'm being wrongfully targeted based on information that I shared with Mrs. Daphne Watts (New Horizon's Activity Therapist). Mrs. Marin informed me that she was going to discipline Mrs. Watts for arriving to a mandatory meeting late. The simple fact is I don't have any access to any employee's file which includes disciplinary actions. The information was disclosed to me by Mrs. Marin. I'm not a member of CAMHC management team; therefore, Mrs. Marin had no reason to disclose the information with me. This information was disclosed during the times of which I was developing the New Horizon's PRS activity Calendar of which Mrs. Marin would complain regarding Mrs. Watts being behind in documenting services. Therefore, I usually inquired of providing Mrs. Watts with fewer groups to catch up on her documentation; however, Mrs. Marin denied the request. Mrs. Marin rationale of denying reducing Mrs. Watts' group time for a month to get caught up on documenting services was that Mrs. Watts didn't & don't have a caseload.

Both Ms. Damron and Mrs. Marin deduced that the reason that Ms. Bailey initiated the April Fools prank was because of the alleged "affair" that she and I were having. After the Policy Meeting held at the New Horizon facility on Monday, April 12, 2010 of which I shared with Ms. Damron and Ms. Brown that this meeting was indirectly addressed to me regarding false claims of harassment that no member of management conducted any form of informal or formal inquiry, I simply asked Mrs. Watts the following, "Does it mean that Mrs. Marin and I are having affair because she disclosed disciplinary information about you to me? It was never my attempt to share this information with Mrs. Watts. It was only used to dismiss the claim shred by Ms. Damron and Mrs. Marin that Ms. Bailey initiated the April Fools Day prank because of a special relation that she and I allegedly – a relationship that Mrs. Marin refers to as an "AFFAIR". By the way, neither Ms. Bailey nor I are married. How can we have any affair?

Because of the current state of the economy and budget cuts this matter has caused me so much mental anguish; in that, now I'm forced to submit a formal complaint because my attempts to amicably resolve this matter was denied and overshadowed by false allegations of harassment; moreover inappropriate intimidating & threatening tactics employed by management. Moreover, having my good name distorted by these callous and detrimental false allegations via a fishing expedition of which during the period the alleged accusation was presented, no member of management conduct an informal or formal inquiry. In addition to my job stability being threatened and my good name distorted, because I'm forced to submit a formal complaint and because management failed to have an objective view and fairly address my concerns, this could hinder my professional advancement within the

Initial: HR Date: 4/19/10

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agency. Some may say that this is far fetch; however, look at the inappropriate behavior that has taken place thus far based on perceptions and false allegations of which warranted no member of management to conduct an informal or formal inquiry into the matter.

During my assignment at the Independence House, three managers (Ms. Carla Damron – CAMHC Director of Adult Treatment Services; Mrs. Shnita Lee – CAMHC Community Rehab & Outreach Coordinator, & Mrs. Cheryl McClinton – CAMHC/Independence House Program Coordinator) allegedly had knowledge of an allege complaint of harassment or possible sexual harassment and did absolutely nothing other than reward and honor me with a transfer of which I've requested to the New Horizon's facility. Both Mrs. Lee & Mrs. McClinton's offices are housed within the Independence House facility. In fact, Mrs. Lee's office is within close proximity to the alleged victim of harassment or possible sexual harassment. I haven't demonstrated any behavior indicative of e allegations claimed against me of which no member of management conducted any form of an informal or formal inquiry into the alleged matter; yet, Ms. Damron states that she believes the alleged claims presented without affording me due process to clear my name. "SIX MONTHS LATER". Rather suspicious if you ask me. What supporting evidence allows Ms. Damron to defame and slander my name in such a manner? By her own admission, no documentation or any form of evidence justifies her to believe such bogus claim. I guess because I'm a man, that makes her believe such false claim. No evidence whatsoever has been presented and should not be presented after "SIX" months that will substantiate the claim of harassment or sexual harassment which includes but not limited to documentation from inquires or the alleged victim, collateral witnesses statements, video tape presentation, etc., etc., etc. because it's untrue. Ms. Damron also threatened me not to approach anyone making these false claims against me. Since this entire matter was brought to my attention on April 2, 2010, I had no desire of finding the out culprits names of this vicious rumor and I have no desire to do so at this time. Personally, I like confusion free work zones.

I've worked well with everyone within both facilities of which I was and is currently assigned – Independence House and the Lower Richland Clinic/New Horizons Clubhouse respectively. Moreover, I've consistently and effectively performed by work duties which is evident by effectively demonstrating my work ethics and professionalism during my one year probationary period and present, favorable Employee Performance Management System (EPMS) results, ongoing accolades from management for going above and beyond the call of duty, no disciplinary infractions and actions during my employment with CAMHC & employing a personality that has enable me to work persons of all social economic backgrounds and status which includes the individuals that matters the most – our consumers. In fact, it was the consumers of the Lower Richland Clinic, at no request, involvement, etc., etc., etc. of mine, wanted to start petition to ensure that I would remain at the Lower Richland Clinic rather than returning to the Independence House. Ultimately, I remained at my present work site.

Initial: _____ Date: 4/19/10

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WORKING ENVIRONMENT

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Ms. Brown during our April 15, 2010 meeting, you requested me to provide you with some insight referencing New Horizon's working environment: therefore, I'll very carefully achieve this task within this section.

As I previously informed you and Ms. Damron during out 4/15/10 meeting, the staff as a whole works collectively to provide our consumer's with high quality services; however, some team members don't take their jobs as serious as others.

Ms. Bailey, a young lady which a young child has been forced to quit her job based on frivolous sociable conversation amongst management and her subordinate staff of which no formal or informal inquiry by anagement was conducted to support and substantiate such claim of an affair. Rather suspicious if you ask me. The same young lady that Mrs. Marin stated that she was going to replace Britney with because Britney (a contracted employee) was using her cell phone during work hours; taking care of personal business online during work hours, performing work duties at her will of which at many times did not get done; i.e., filing yellow tickets within a timely manner. Moreover, because Ms. Bailey effectively performed the work duties that Ms. Britney neglected to do. Mrs. Marin disclosing the events surrounding Ms. Britney's termination before her expected return after having a baby is clearly another example of Breach of Confidentiality; in that, I'm not a member of management therefore this information shouldn't have been disclosed to me.

In some ways I feel responsible for Ms. Bailey's willingness to terminate her employment with CAMHC of which according to her she left not only to keep her employment record clean, but to protect all parties involved. In other words, she didn't want anyone else to lose their jobs or face disciplinary actions based on a prank that in my opinion could have been used as a teachable moment to instill, mold, lead, and guide rather than to demean, belittle and destroy; moreover, to fabricate information. If I didn't disclose to Mrs. Marin that I was going to share my concerns with HR regarding her allowing subordinate staff to engage within sociable conversation with her demeaning my name and threatening my job stability, none of these current events would have taken place; i.e., the April Fools prank, the suspicious allegations of harassment and possible sexual harassment; intimidating and threatening conduct of upper management, the mental anguish that I'm currently experiencing due to my submission of this formal complaint, false allegations, and the targeted behavior conducted by management. In fact, Mrs. Marin had no intentions of informing upper management of the April Fools prank.

PLEASE LET ME MAKE MYSELF PERFECTLY CLEAR, I'M NOT MAKING THIS STATEMENT TO CAUSE ANY HARM TO ANYONE ESPECIALLY WITHIN LOOSING THEIR EMPLOYMENT. OWEVER, IF MS. BAILEY WAS FORCED TO QUIT BECAUSE OF THE APRIL FOOLS PRANK, THEN

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EVERYONE INVOLVED WITHIN EXECUTING THIS PRANK SHOULD BE TERMINATED WHICH ALSO INCLUDES MRS. MARIN BECAUSE SHE HAD NO INTENTIONS OF REPROTING THE INCIDENT ONLY UNTIL I INFORMED HER THAT I WAS GOING TO REPORT THE SOCIABLE CONVERSATION THAT SHE ENGAGED WITHIN WITH SUBORDINATE STAFF THAT HAS FORCED ME TO SUBMIT THIS FORMAL STATEMENT. AS I HAVE SHARED WITH MANY OF PERSONS, THIS MATTER COULD HAVE BEEN RESOLVED ON A CENTER LEVEL OF WHICH IT COULD HAVE BEEN USED AS A "POSITIVE" TEACHABLE MOMENT TO THE YOUNGEST STAFF MEMBER IN THE FACILITY – NOT USED TO DESTROY, THREATEN, INTIMIDATE, COERCE, FORCE, BELITTLE, DEMEAN, CAUSE HARDSHIP, ETC., ETC., ETC. THIS WAS ALL CAUSED BY PERCEPTIONS OF SOME SUBORDINATE STAFF DURING SOCIABLE CONVERSATIONS WITH MANAGEMENT – MRS. MARIN.

It was only until I informed Mrs. Marin that I was going to apprise HR of the inappropriate behavior of those lividuals that she has a special relationship to engage within inappropriate sociable conversation regarding an alleged affair between Ms. Bailey and I. As I informed Mrs. Marin, her allowance of others to come and engage within inappropriate sociable behavior based on their perception and no evidence to substantiate such claim is more damaging to my employment stability with CAMHC than the April Fools prank. The current situation is certainly confirms the aforementioned. My disclosure would have implicated those that she has a special

relationship with and would have apprised upper management that she didn't see the need to present the April Fool's Day prank to their attention. No one should have been forced to quit or lose their employment because Mrs. Marin had no intentions of discussing the April Fools prank with upper level management until I informed her of my recourse to resolve a matter that she caused and allowed to take placed which has ultimately produced detrimental results – sociable conversation amongst management and subordinate staff.

As I shared with both Ms. Damron & Ms. Brown on April 15, 2010, Mrs. Marin has allowed persons that she has a special relationship with to sit within the file room to socialize which includes with her, eat meals, and also perform their work duties even when a sign was posted that "NO" staff were allowed to be in that room; however, she has enforced the rules with others. Because I have shared this information with Ms. Damron & Ms. Brown on April 15, 2010 during our meeting, it somehow has gotten back to Mrs. Marin and she has indirectly reference it to me during our Staff Meeting on April 16, 2010 that everyone now should refrain from entering the file room with the exception of Ms. Penny Reynolds – CAMHC onsite nurse.

During the April 16, 2010 Staff Meeting, Mrs. Marin also informed staff that clinical staff couldn't leave the building attend to a consumer's need without contacting her or Ms. Damron when she was out of the building.

Initial: ~~[illegible]~~ Date: 4/19/10

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Even though Mr. Morris is the supervisor in charge during Mrs. Marin's absence, this new directive has been implemented. I'm truly concern in regards to this new directive. For example, what if a consumer is experiencing a crisis and for some reason we can't communicate with either both Ms. Damron & Mrs. Marin nor leave the facility until we've finally made a connection. It possible could take some time to reach management of which the Consumer's situation could exacerbate to the point of relapse – God forbid. Can we have something in writing from the agency to protect us as the clinical staff regarding this new directive?

Ms. Brown upon conducting you investigation of the Lower Richland Clinic's work environment, hopefully staff will communicate with you freely so that we can enhance our efforts within meeting the needs of our consumers.

Because of my submission of this formal complaint, I'm now fearful that anything anyone says regarding me would be looked upon within a negative regard without offering me equal and fair due process much like this current situation. However, this won't stop me from continuing providing high quality services to those that matters the most - SCDMH/CAMHC consumers.

Since my efforts to amicably resolve this matter was denied and hindered via false allegations of harassment which possible includes sexual harassment as well as alleged horseplay, I request to continue my efforts through the chain of command – Mr. Robert Banks to ensure that my efforts are addressed and resolved and the threatening, intimidating, slandering, and defaming conduct committed against me by CAMHC management is immediately ceased. With the above being duly noted, I formally submit my complaint.

Respectfully Submitted, I am

Harry E. Reese Sr.
Human Services Coordinator I
CAMHC - Lower Richland Clinic/New Horizons Clubhouse

My Commission Expires September 15, 2016

Certainly, it was difficult presenting my formal complaint because Ms. Damron and Ms Felder help me out during one of the most difficult periods of my life of which they have no clue of past and ongoing problems. In addition, it was Ms. Damron that helped, in some instance, save my son - literally. However, I will not allow someone to talk to me like I'm a child; moreover, use threatening & intimidating tactics solely because I was going to inform HR of my immediate supervisor's inappropriate conduct. No informal or formal investigation was conducted to substantiate the alleged accusations against me and I've consistently denied all charges. One of our inalienable

Initial: HEE Date: 4/19/10

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rights is, "You're innocent until proven guilty". I wasn't afforded this right – DUE PROCESS. Certainly, Ms. Damron & Mrs. Marin deserves it (Due Process) and so do I. Because I was denied DUE PROCESS, I would like to communicate my concerns with Dr. Banks – CAMHC Executive Director which is in accordance with CAMHC Chain of Command?

Initial: Ace Date: 4/9/10

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TRANSACTION REPORT

APR/22/2010/THU 01:54 PM

X(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	APR/22	01:51PM	7900605	0:02:58	11	OK SG3	4853

Date: 4-22-10

To: Mr. David Duff
fax: 790-0605
Tele: 790-0603

From: Harry Reese Sr.
479-9238

Re: Employment Matter
Pages 11

Mr. Duff:

Please review the attached document and offer your opinion.

Thank You

Harry

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Harry Reese

m: Harry Reese
ɔent: Monday, April 19, 2010 11:47 AM
To: Vickie Brown; Carla Damron; Maria Marin
Subject: FORMAL COMPLAINT

Importance: High

April 19, 2010

8408 Little John Drive
Columbia, SC 29209

Columbia Area Mental Health Center	Columbia Area Mental Health Center	CAMHC - Lower
Richland Clinic		
Ms. Vickie Brown	Ms. Carla Damron	Mrs. Maria
Marin		
Human Resources Manager	Director of Adult Treatment Services	Program Director &
Immediate Supervisor		
2715 Colonial Drive, Bldg 100-B	2715 Colonial Drive, Bldg 100-B	1850 Pineview
Drive		
P.O. Box 4440	P.O. Box 4440	Columbia, SC
29209		
Columbia, SC 29201	Columbia, SC 29209	

FORMAL COMPLAINT

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Dear Ms. Brown, Ms. Damron, & Ms. Marin:

I apologize for the rather lengthy correspondence. My complaint is based on the following of which Ms. Carla Damron (CD) & Mrs. Maria Marin (MM) have without regard committed against me:

- Denied Due Process - **CD/MM**
- Harassing, Threatening, & Intimidating Conduct - **CD/MM**
- Unfair Treatment & Discriminatory Practices - **MM**
- Contributing to Subordinate Staff's Slanderous and Defaming Conduct - **MM**
- ·aging Within Inappropriate & Distressful Conduct that Has Caused Mental Anguish – **CD/MM**
- ..ied Usage of The Open Door Policy - **MM**
- Breach of Confidentiality That Has Produced Threatening & Intimidating Conduct - **MM**

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Ms. Brown, first and foremost, thank you for being present on April 15, 2010 during my meeting with Ms. Carla Damron (CAMHC Director of Adult Treatment Services) of which I thought was availed to me to convey concerns of what I believe to be inappropriate behavior by my immediate supervisor – Mrs. Maria Marin. Truly, I was wrong. The meeting was held to belittle, demean, and falsely accuse me of inappropriate behavior that I've

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repeatedly and consistently denied doing of which I truly believe the claims discussed are rather suspect and only used as a means of retaliation which will become clear within this complaint.

Previously, I informed you that I would provide you with my formal complaint upon meeting with Ms. Damron to express my concerns referencing inappropriate behavior committed against me without any investigation or documentation whatsoever present to substantiate such unfounded and untrue allegations. Therefore, this communication will serve such function. Due to the fact that my request to you of documenting our April 15, 2010 meeting was denied, I'm requesting that my formal complaint be placed within my employment file. I'm also submitting this complaint via email to Ms. Damron & Mrs. Maria Marin. Furthermore, a copy of this document will be notarized and mailed to you via certified mail along with email correspondences submitted to Ms. Damron and Mrs. Marin regarding this unfortunate situation as well as supporting documents. The only thing that I did was come to work to effectively perform my job duties as usual and the bottom failed out at no fault of mine.

As you are aware of, on April 1, 2010, I was a recipient of an April Fool's prank executed by several co-workers. On April 2, 2010 at approximately 4:00 p.m. as I was leaving to go home, Mrs. Marin approached me regarding the April Fool's Day prank. I informed Mrs. Main that I was "ok" and that it was only a joke. At that time, Mrs. Marin graciously accepted my accounts of the incident; therefore, the matter appeared to be closed. At no time during or after the April Fool's Day prank and not even as of this day have I ever approached management or any insubordinate staff informing them that I was distraught over the matter. Moreover, I never requested of any member of management or subordinate staff that disciplinary actions should be imposed on "THOSE" involved within the prank. Nevertheless, On Monday, April 5, 2010, Mrs. Marin requested that I meet with her in her office. Once entering into her office, Mrs. Marin apologized on behalf of the staff for executing the April Fools prank. I "AGAIN" informed Mrs. Marin that I was fine and that it was only a prank. Certainly, I'm aware of the seriousness of the prank. The April Fools prank basically informed me that I was terminated. Yes, I was initially distraught upon reading the document for the first time especially as it relates to my personal financial responsibilities. However, after reviewing the document closely and discovering that the document wasn't genuine, immediately recuperated. There was no signature attached to the document which confirmed that the document wasn't genuine. In addition, as I shared with Ms. Carla, Ms. Brown, Mrs. Marin and majority of "THOSE" involved, the agency would rather request that any staff member that is facing termination meet with management in the main office to minimize distraction and for the safety of the agency's staff.

As Mrs. Marin and I continue our rather lengthy conversation regarding the matter, Mrs. Marin apprised me that "SOME V HORIZON CO-WORKERS" had informed her that Ms. Bailey and I were having affair. She further stated that upon hearing about the affair "FOUR" months ago, she was going to have Ms. Bailey

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transferred to another one of CAMHC facilities. No informal or formal inquiry was conducted by Mrs. Marin to investigate a possible affair amongst Ms. Bailey and I after being allegedly apprised of the alleged affair for four months. Mrs. Marin "NEVER" discussed the alleged AFFAIR with either Ms. Bailey of me. At no time during our extensive conversation that Mrs. Marin discussed informing upper management of the April Fools prank. It was "ONLY" expressed after I informed Mrs. Marin that I was going to communicate with Human Resources (HR) referencing allowing individuals to jeopardize my employment based on their perceptions rather than factual information. Mrs. Marin became frantic and requested me not to report the behavior to HR. Mrs. Marin immediately informed me that if I reported my concerns to HR that she had no other choice but to discuss the April Fools prank with upper management. Furthermore, she informed me that if I presented my claims to HR that I was going to face hardship. I inquired of Mrs. Marin as to what she meant by that statement; however, she provided no logical explanation or rationale.

ALLEGATIONS OF HARASSMENT

I've consistently and repeatedly denied all allegations charged against me, no informal or formal inquiry was conducted by any member of upper and lower management to substantiate such allegations, according to Ms. Brown – CAMHC Human Resource Manager, there is no documentation to support or substantiate these slanderous and defaming gations against me; therefore, there should be no reason that six months later that allegations of harassment should . presented. Moreover over, no threatening statements such as "I believe it happened" or "You bet not do it again" should have been made by Ms. Damron. According to Merriam Webster Dictionary the word "AGAIN" is defined as once more, another time (http://www.merriam-webster.com/dictionary/again). No evidence has been presented to support any allegations of harassment or sexual harassment. This tactic was used solely as a means of retaliation based on the mere fact I informed my supervisor that I was going to communicate with HR in regards to her allowing individuals to slander and defame my name based on their perceptions of what Mrs. Marin called an affair between Ms. Bailey and myself.

According to Ms. Damron, she was made of the allegations of harassment "SIX" months ago and did not follow-up with the alleged complaint of harassment. Ms. Damron furthered stated that she didn't follow-up on the allegations of harassment because I was transferring to the Lower Richland Clinic. My transfer to another CAMHC facility surely does not negate someone allegations of a "SERIOUS" violation. However, the transfer was only projected to last only three months due to the termination of an employee, the retirement of another, and maternity leave of Ms. Catherine B. **(Please see Attachment A).** For professional and personal reasons, I requested to remain at the Lower Richland Clinic facility. I was informed to submit an application once the position became available of which I immediately did **(Please see Attachment B).**

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Ms. Damron interviewed me for the position once it became available. During my interview with Ms. Damron, at no time during or any other time after the interview did Ms. Damron conduct an informal or formal inquire of any alleged inappropriate behavior. Moreover, during the period of which the allegation was presented, I was still under my probationary period. If this allegation was substantiated via informal or formal means, the agency could have immediately discharged me from the agency based on the alleged behavior. Of course, that didn't happen because I'm still employed with CAMHC as of the date my formal complaint was submitted. Because of the slanderous and defaming allegations that Ms. Damron states that she believes yet did nothing to investigate and resolve has presented opportunities for anyone to say anything about me and she would believe it even if unfounded, unsubstantiated; moreover, untrue.

I'm truly convinced that this is an act of retaliation simply because for six months of allegedly having first-hand knowledge of the alleged claims of harassment, Ms. Damron, or any member of management, never approached me regarding the allegations. This allegation was only brought to light because I expressed my concerns regarding what I perceived to be inappropriate behavior from my supervisor. In fact, if I wasn't the recipient of the April Fools prank; moreover, informing Mrs. Marin that I was going to communicate my concerns to HR, these false allegations presented by Ms. Damron would have never come to light. Moreover, six months ago the alleged claims of harassment didn't warrant any informal or formal inquiry during the period that it was presented, it definitely shouldn't be used during a meeting that I requested to discuss my concerns regarding inappropriate behavior committed by my immediate supervisor – Mrs. Marin to threatened, belittle, harass, intimidate, etc, etc, etc.

Harassment, which definitely includes Sexual Harassment, is a serious offense. In fact, both federal and all applicable state laws state that all employees shall have an opportunity to work in an atmosphere and environment "FREE" from any form of harassment or retaliation. No documented evidence, whatsoever, during my employment with SCDMH/CAMHC will substantiate such false allegations against me of which I have on numerous occasions denied such false claims. I truly believe that I'm being retaliated against solely on the basis that I informed my supervisor that I was going to report what I believed to be inappropriate behavior – allowing others to slander/defame my name placing my employment with SCDMH/CAMHC in jeopardy and providing me with a formal warning and advertising it to all employees which included a college intern. Moreover, I'm being retaliated against because I had demonstrated that Mrs. Marin had violated SCDMH/CAMHC policy – disclosing co-workers disciplinary actions and denying the use of the "Open Door Policy".

I also believe that I'm being wrongly targeted because I conveyed to Ms. Damron that Mr. George Morris, according to Ms. Marin, was behind one month within getting his Clinical Notes completed. For evidence to substantiate my claim, I'm also submitting along my formal complaint a copy of "New Horizon's April 2010

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PRS Program Activity Calendar" that was presented to Ms. Damron on April 15, 2010 **(Please see Attachment C).** As discussed with Ms. Damron during the April 15, 2010 meeting, I shared with her that Mrs. Marin instructed me to remove Mr. Morris from the activity calendar as much as possible; so that, he could get up on completing his Clinical Notes. I've also included October 2009-March 2010 calendars for your review.

addition, I also believe that I'm being wrongfully targeted based on information that I shared with Mrs. Daphne Watts (New Horizon's Activity Therapist). Mrs. Marin informed me that she was going to discipline Mrs. Watts for arriving to a mandatory meeting late. The simple fact is I don't have any access to any employee's file which includes disciplinary

actions. The information was disclosed to me by Mrs. Marin. I'm not a member of CAMHC management team; therefore, Mrs. Marin had no reason to disclose the information with me. This information was disclosed during the times of which I was developing the New Horizon's PRS activity Calendar of which Mrs. Marin would complain regarding Mrs. Watts ng behind in documenting services. Therefore, I usually inquired of providing Mrs. Watts with fewer groups to catch up on her documentation; however, Mrs. Marin denied the request. Mrs. Marin rationale of denying reducing Mrs. Watts' group time for a month to get caught up on documenting services was that Mrs. Watts didn't & don't have a caseload.

Both Ms. Damron and Mrs. Marin deduced that the reason that Ms. Bailey initiated the April Fools prank was because of the alleged "affair" that she and I were having. After the Policy Meeting held at the New Horizon facility on Monday, April 12, 2010 of which I shared with Ms. Damron and Ms. Brown that this meeting was indirectly addressed to me regarding false claims of harassment that no member of management conducted any form of informal or formal inquiry, I simply asked Mrs. Watts the following, "Does it mean that Mrs. Marin and I are having affair because she disclosed disciplinary information about you to me? It was never my attempt to share this information with Mrs. Watts. It was only used to dismiss the claim shred by Ms. Damron and Mrs. Marin that Ms. Bailey initiated the April Fools Day prank because of a special relation that she and I allegedly – a relationship that Mrs. Marin refers to as an "AFFAIR". By the way, neither Ms. Bailey nor I are married. How can we have any affair?

Because of the current state of the economy and budget cuts this matter has caused me so much mental anguish; in that, now I'm forced to submit a formal complaint because my attempts to amicably resolve this matter was denied and overshadowed by false allegations of harassment; moreover inappropriate intimidating & threatening tactics employed by management. Moreover, having my good name distorted by these callous and detrimental false allegations via a fishing expedition of which during the period the alleged accusation was presented, no member of management conduct an informal or formal inquiry. In addition to my job stability being threatened and my good name distorted, because I'm forced to submit a formal complaint and because management failed to have an objective view and fairly ress my concerns, this could hinder my professional advancement within the

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agency. Some may say that this is far fetch; however, look at the inappropriate behavior that has taken place thus far based on perceptions and false allegations of which warranted no member of management to conduct an informal or formal inquiry into the matter.

During my assignment at the Independence House, three managers (Ms. Carla Damron – CAMHC Director of Adult Treatment Services; Mrs. Shnita Lee – CAMHC Community Rehab & Outreach Coordinator, & Mrs. Cheryl McClinton – CAMHC/Independence House Program Coordinator) allegedly had knowledge of an allege complaint of harassment or possible sexual harassment and did absolutely nothing other than reward and honor me with a transfer of which I've requested to the New Horizon's facility. Both Mrs. Lee & Mrs. McClinton's offices are housed within the Independence House facility. In fact, Mrs. Lee's office is within close proximity to the alleged victim of harassment or possible sexual harassment. I haven't demonstrated any behavior indicative of the allegations claimed against me of which no member of management conducted any form of an informal or formal inquiry into the alleged matter; yet, Ms. Damron states : she believes the alleged claims presented without affording me due process to clear my name. "SIX MONTHS .TER". Rather suspicious if you ask me. What supporting evidence allows Ms. Damron to defame and slander my name in such a manner? By her own admission, no documentation or any form of evidence justifies her to believe such bogus claim. I guess because I'm a man, that makes her believe such false claim. No evidence whatsoever has been presented

and should not be presented after "SIX" months that will substantiate the claim of harassment or sexual harassment which includes but not limited to documentation from inquires or the alleged victim, collateral witnesses statements, ·'deo tape presentation, etc., etc., etc. because it's untrue. Ms. Damron also threatened me not to approach anyone .king these false claims against me. Since this entire matter was brought to my attention on April 2, 2010, I had no desire of finding the out culprits names of this vicious rumor and I have no desire to do so at this time. Personally, I like confusion free work zones.

I've worked well with everyone within both facilities of which I was and is currently assigned – Independence House and the Lower Richland Clinic/New Horizons Clubhouse respectively. Moreover, I've consistently and effectively performed by work duties which is evident by effectively demonstrating my work ethics and professionalism during my one year probationary period and present, favorable Employee Performance Management System (EPMS) results, ongoing accolades from management for going above and beyond the call of duty, no disciplinary infractions and actions during my employment with CAMHC & employing a personality that has enable me to work persons of all social economic backgrounds and status which includes the individuals that matters the most – our consumers. In fact, it was the consumers of the Lower Richland Clinic, at no request, involvement, etc., etc., etc. of mine, wanted to start petition to ensure that I would remain at the Lower Richland Clinic rather than returning to the Independence House. Ultimately, I remained at my present work site.

WORKING ENVIRONMENT

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Ms. Brown during our April 15, 2010 meeting, you requested me to provide you with some insight referencing New Horizon's working environment; therefore, I'll very carefully achieve this task within this section.

As I previously informed you and Ms. Damron during out 4/15/10 meeting, the staff as a whole works collectively to provide our consumer's with high quality services; however, some team members don't take their jobs as serious as others.

Ms. Bailey, a young lady which a young child has been forced to quit her job based on frivolous sociable conversation amongst management and her subordinate staff of which no formal or informal inquiry by management was conducted to support and substantiate such claim of an affair. Rather suspicious if you ask me. The same young lady that Mrs. Marin stated that she was going to replace Britney with because Britney (a contracted employee) was using her cell phone during work hours; taking care of personal business online during work hours, performing work duties at her will of which at many times did not get done; i.e., filing yellow tickets within a timely manner. Moreover, because Ms. Bailey effectively performed the work duties that Ms. Britney neglected to do. Mrs. Marin disclosing the events surrounding Ms. Britney's termination before her expected return after having a baby is clearly another example of Breach of Confidentiality; in that, I'm not a member of management therefore this information shouldn't have been disclosed to me.

In some ways I feel responsible for Ms. Bailey's willingness to terminate her employment with CAMHC of which ording to her she left not only to keep her employment record clean, but to protect all parties involved. In other .ords, she didn't want anyone else to lose their jobs or face disciplinary actions based on a prank that in my opinion could have been used as a teachable moment to instill, mold, lead, and guide rather than to demean, belittle and destroy; moreover, to fabricate information. If I didn't disclose to Mrs. Marin that I was going to share my concerns with

HR regarding her allowing subordinate staff to engage within sociable conversation with her demeaning my name and threatening my job stability, none of these current events would have taken place; i.e., the April Fools prank, the suspicious allegations of harassment and possible sexual harassment; intimidating and threatening conduct of upper management, the mental anguish that I'm currently experiencing due to my submission of this formal complaint, false allegations, and the targeted behavior conducted by management. In fact, Mrs. Marin had no intentions of informing upper management of the April Fools prank.

PLEASE LET ME MAKE MYSELF PERFECTLY CLEAR, I'M NOT MAKING THIS STATEMENT TO CAUSE ANY HARM TO ANYONE ESPECIALLY WITHIN LOOSING THEIR EMPLOYMENT. HOWEVER, IF MS. BAILEY WAS FORCED TO QUIT BECAUSE OF THE APRIL FOOLS PRANK, THEN

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EVERYONE INVOLVED WITHIN EXECUTING THIS PRANK SHOULD BE TERMINATED WHICH ALSO INCLUDES MRS. MARIN BECAUSE SHE HAD NO INTENTIONS OF REPROTING THE INCIDENT ONLY UNTIL I INFORMED HER THAT I WAS GOING TO REPORT THE SOCIABLE
CONVERSATION THAT SHE ENGAGED WITHIN WITH SUBORDINATE STAFF THAT HAS FORCED ME TO SUBMIT THIS FORMAL STATEMENT. AS I HAVE SHARED WITH MANY OF PERSONS, THIS MATTER COULD HAVE BEEN RESOLVED ON A LOWER LEVEL OF WHICH IT COULD HAVE BEEN USED AS A "POSITIVE" TEACHABLE MOMENT TO THE YOUNGEST STAFF MEMBER IN THE FACILITY – NOT USED TO DESTROY, THREATEN, INTIMIDATE, COERCE, FORCE, BELITTLE, DEMEAN, CAUSE HARDSHIP, ETC., ETC., ETC. THIS WAS ALL CAUSED BY PERCEPTIONS OF SOME SUBORDINATE STAFF DURING SOCIABLE CONVERSATIONS WITH MANAGEMENT – MRS. MARIN.

It was only until I informed Mrs. Marin that I was going to apprise HR of the inappropriate behavior of those individuals that she has a special relationship to engage within inappropriate sociable conversation regarding an alleged affair between Ms. Bailey and I. As I informed Mrs. Marin, her allowance of others to come and engage within inappropriate sociable behavior based on their perception and no evidence to substantiate such claim is more damaging to my employment stability with CAMHC than the April Fools prank. The current situation is certainly confirms the aforementioned. My disclosure would have implicated those that she has a special

relationship with and would have apprised upper management that she didn't see the need to present the April Fool's Day prank to their attention. No one should have been forced to quit or lose their employment because Mrs. Marin had no intentions of discussing the April Fools prank with upper level management until I informed her of my recourse to resolve a matter that she caused and allowed to take placed which has ultimately produced detrimental results – sociable conversation amongst management and subordinate staff.

As I shared with both Ms. Damron & Ms. Brown on April 15, 2010, Mrs. Marin has allowed persons that she has a special relationship with to sit within the file room to socialize which includes with her, eat meals, and also perform their work duties even when a sign was posted that "NO" staff were allowed to be in that room; however, she has enforced the rules with others. Because I have shared this information with Ms. Damron & Ms. Brown on April 15, 2010 during our meeting, it somehow has gotten back to Mrs. Marin and she has indirectly reference it to me during our Staff Meeting April 16, 2010 that everyone now should refrain from entering the file room with the exception of Ms. Penny Reynolds – CAMHC onsite nurse.

During the April 16, 2010 Staff Meeting, Mrs. Marin also informed staff that clinical staff couldn't leave the building attend to a consumer's need without contacting her or Ms. Damron when she was out of the building.

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Even though Mr. Morris is the supervisor in charge during Mrs. Marin's absence, this new directive has been implemented. I'm truly concern in regards to this new directive. For example, what if a consumer is experiencing a crisis and for some reason we can't communicate with either both Ms. Damron & Mrs. Marin nor leave the facility until we've finally made a connection. It possible could take some time to reach management of which the
Consumer's situation could exacerbate to the point of relapse – God forbid. Can we have something in writing from the agency to protect us as the clinical staff regarding this new directive?

Ms. Brown upon conducting you investigation of the Lower Richland Clinic's work environment, hopefully staff will communicate with you freely so that we can enhance our efforts within meeting the needs of our consumers.

Because of my submission of this formal complaint, I'm now fearful that anything anyone says regarding me would be looked upon within a negative regard without offering me equal and fair due process much like this current situation. However, this won't stop me from continuing providing high quality services to those that matters the most - ⁾MH/CAMHC consumers.

Since my efforts to amicably resolve this matter was denied and hindered via false allegations of harassment which possible includes sexual harassment as well as alleged horseplay, I request to continue my efforts through the chain of command – Mr. Robert Banks to ensure that my efforts are addressed and resolved and the threatening, intimidating, slandering, and defaming conduct committed against me by CAMHC management is immediately ceased. With the above being duly noted, I formally submit my complaint.

Respectfully Submitted, I am

_____

Harry E. Reese Sr.
Human Services Coordinator I
CAMHC - Lower Richland Clinic/New Horizons Clubhouse

Certainly, it was difficult presenting my formal complaint because Ms. Damron and Ms Felder help me out during one of the most difficult periods of my life of which they have no clue of past and ongoing problems. In addition, it was Ms. Damron that helped, in some instance, save my son - literally. However, I will not allow someone to talk to me like I'm a child; moreover, use threatening & intimidating tactics solely because I was going to inform HR of my immediate supervisor's inappropriate conduct. No informal or formal investigation was conducted to substantiate the alleged accusations against me and I've consistently denied all charges. One of our inalienable

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FALSE ALLEGATIONS ALLEGED AGAINST ME, THE BELIEF THAT MY EMPLOYMENT WITH SCDMH/CAMHC IS IN JEOPARDY, AND TO EXPRESS MY CONCERNS OF WHICH PREVIOUS ATTEMPTS TO AMICABLY RESOLVE THIS MATTER ''^S PRODUCED UNFAVORABLE AND THREATENING RESULTS.

rights is, "You're innocent until proven guilty". I wasn't afforded this right – DUE PROCESS. Certainly, Ms. Damron & Mrs. Marin deserves it (Due Process) and so do I. Because I was denied DUE PROCESS, I would like to communicate my concerns with Dr. Banks – CAMHC Executive Director which is in accordance with CAMHC Chain of Command?

Harry E. Reese Sr.
MHP
New Horizons/Lower Richland Clinic
1850 Pineview Drive
Columbia, SC 29209
Phone: (803) 783-0303
Fax: (803) 783-0955

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Harry Reese

From: Ranita Johnson
Sent: Tuesday, April 20, 2010 1:26 PM
To: Dena Floyd; George Morris; Catherine Buchanan; Daphne Watts; Penny Reynolds; Veronica Johnson; Harry Reese
Subject: mandatory meeting

Per Maria: There will be a mandatory meeting held today @ 3:30pm sharp. Everyone is required to attend.

Ranita Johnson
New Horizons/Lower Richland Clinic
1850 Pineview Drive
Columbia, SC 29209
Phone: (803) 783-0303
Fax: (803) 783-0955

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CAMH

Memo

To: All Staff

From: Maria Marin, Coordinator of Lower Richland Clinic

CC: Dr. Bank, Director of CAMH; Vicki Brown, HR; Carla Damron, Adult Outpatient Director

Date: April 20, 2010

Re: Harmonious Work Place

We want to work towards re-establishing a harmonious workplace. The issue on April 1st will not be discussed any further in any fashion, i.e. emails, telephone, etc... between staff members. This comes directly from Dr. Bank. As a clinic, our energy need to be directed towards taking care of our clients and working on our accreditation.

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Harry Reese

n: Vickie Brown
ent: Wednesday, April 21, 2010 1:09 PM
To: Harry Reese
Subject: RE: Meeting

I am in receipt of your email to cancel the meeting to address your concerns with Dr. Bank, Carla, Maria and myself.

Vickie L. Brown
Columbia Area MHC
2715 Colonial Drive
Columbia, SC 29203
Phone: (803) 898-4830
Fax: (803) 898-4835

Mrs. Brown:
My Formal Complaint on the official Harassment Form provided is forthcoming. Respectfully Submitted,

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From: Harry Reese
Sent: Wednesday, April 21, 2010 10:13 AM
To: Vickie Brown
Subject: Meeting
Importance: High

April 21, 2010

Columbia Area Mental Health Center
Ms. Vickie Brown
Human Resources Manager
2715 Colonial Drive, Bldg 100-B
P.O. Box 4440
Columbia, SC 29201

Dear Ms. Brown:

Because of the 4/20/10 directive provided by Dr. Banks – Executive Director of Columbia Area Mental Health Center CAMHC) prohibiting further discussion amongst staff members of the Lower Richland Clinic/New Horizon's staff referencing the April 1, 2010 incident and after careful review of the matter and to minimize/prevent confusion and distraction; the severity of the violations committed against me by CAMHC administrators which is outlined and clearly ed within my initial formal complaint submitted via email on 4/19/10 @ 11:47 a.m.; and the mere fact that my cerns have been negated and reduced to what CAMHC administrative staff defines as "My Personal Feelings Being Hurt" rather than the egregious federal & state law and CAMHC policies and procedures violations committed by CAMHC's administrators, I respectfully request to cancel my meeting with Dr. Banks, Ms. Damron, Mrs. Marin, and yourself to have these concerns addressed and resolved by the appropriate officials which is in line with Corporate

Compliance procedures. Furthermore, I'll submit my formal complaint via the official Harassment Form that you've provided to me on 4/20/10 at 8:53 a.m. by the first part of next week. Because of the upcoming CARF review, I've eatedly and exhaustingly attempted to amicably resolve this matter; however, again my concerns have been negated reduced to personal feelings rather the egregious violations committed by CAMHC administrators.

Respectfully Submitted,

Harry E. Reese Sr.
MHP
New Horizons/Lower Richland Clinic
1850 Pineview Drive
Columbia, SC 29209
Phone: (803) 783-0303
Fax: (803) 783-0955

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
COLUMBIA, SOUTH CAROLINA
EMPLOYEE HARASSMENT FORM

NAME: Harry E. Reese Sr. WORK TELEPHONE: (803) 783-0303

JOB TITLE: Human Services Coordinator I OTHER CONTACT NUMBER: (803) 783-1801

FACILITY/CENTER/DIVISION: Lower Richland Clinic/New Horizon Clubhouse

IMMEDIATE SUPERVISOR'S NAME: Mrs. Maria Marin

STATEMENT OF COMPLAINT: Be specific. Please read the policy statement regarding Harassment before completing this section. If necessary, please attach a separate sheet.

Ms. Brown - Per your instructions, I am submitting this complaint/grievance to you on this form. Please see Attached which I sent to you, Ms. Damron, & Mrs. Marin on April 19th via email. I'm also submitting supporting Documentation. I also understand, from you, that the attached has been forwarded to Dr. Banks - CAMHC Executive Director. Please let me know what the next step is. Hand delivered on April 26, 2010.

NAME(S) OF WITNESSES: (*with contact telephone numbers*) Ms. Vickie Brown (see attached) 898-4830 Lower Richland Clinic/New Horizon Clubhouse Staff (803) 783-0303

DESCRIPTION OF INCIDENT: Please see attached which also includes misuse of authority; degenerating Dignity and psychological integrity; slander; defamation of character; retaliation; discrimination; And violating Civil Rights.

This incident has also distracted and prevented me from performing other essential and pertinent professional & personal duties.

Relief Requested: Fair treatment; employment stability; employ immediate actions to stop the harassment;

RELIEF REQUSTED: I.e., reprimanding managers involved other than a slap on the wrist via written Reprimand; immediate supervisor transferred to another facility; both supervisors provide me as well as LRC/NHC staff with a formal apology & re-instatement of contracted employee with back pay/work stability.

EMPLOYEE SIGNATURE: _____ DATE: 04/26/10

RECEIVED BY:

SUPERVISOR: _____ DATE: _____

FACILITY/CENTER/DIVISION DIRECTOR: _____ DATE: _____

HUMAN RESOURCE REPRESENTATIVE: _____ DATE: _____

CC: Human Resource Services, Employee Relations

173

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

COMPLIANCE

REPORTING FORM

Facility/Center/Administration & Location: CAMHC/Lower Richland Clinic/Mrs. Maria Marin
1850 Pineview Drive, Columbia, SC 29209

Date: 4/26/10 April 26, 2010

Identification Number:

Suspected Violation of Compliance Policy, Regulation or Statute (Please be specific. Include full names of people involved, events as they appeared to you and any actions you have taken.):

It has been observed by Harry Reese (Reporting Agent - RA); Ranita Johnson, Ashley Bailey (former contracted employee who documented date of receipt of all tickets to be filed and employment ended on 4/16/10); and discussed by Mrs. Maria Marin, that a number of clinical staff – Mr. George Morris (GM), Ms. Daphne Watts (DW), Ms. Catherine Buchanan (CB), & Mrs. Dena Floyd (DF) has been consistently late within documenting services provided to the consumers. In fact, Mrs. Marin has discussed with RA that Mr. Morris was one month behind within documenting services of which this has been an ongoing occurrence not only by Mr. Morris; however, by DW, CB, & DF. A method of which have been recently employed to in hopes resolved this matter was to remove Mr. Morris, at the request of Mrs. Marin, from the April's 2010 PRS Activity Calendar in hopes to address and correct this matter. Mrs. Marin has disclosed with me that she believes that the mentality of her subordinates is that the agency can't discipline or execute any disciplinary actions to those that consistently demonstrate their inability to perform the job duties based on their tenure with the agency. The aforementioned is evident; in that, this is an ongoing occurrence the primary responsibility of a college intern student was to back file late tickets.

If additional space is needed please use the "Continued" section following this form.

Every employee has an obligation to make a good faith report of any activity within the agency that appears to violate compliance policies, regulations or statutes.

When an employee uses one of these options to make a good faith report of an apparent violation, there will be no retribution.

You may request responsive, non-confidential information resulting from your report by contacting your Corporate Compliance Officer or the Director of Corporate Compliance.

I have read and understand the above and voluntarily submit this information. I understand that discretion will be utilized in investigating my concern.

Harry E. Reese Sr. 4/26/10

Employee Name (printed) Employee Signature and Date

Legend: White - Compliance Officer Pink – Director Canary - Reporting Employee

cc:

SCDMH FORM FEB. 99 CC-1 C:\Documents and Settings\Marci\My Documents\Reporting Form 1.doc 04/26/2010 11:31 AM

174

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

COMPLIANCE

REPORTING FORM

Facility/Center/Administration & Location: CAMHC/Lower Richland Clinic/Mrs. Maria Marin
1850 Pineview Drive, Columbia, SC 29209

Date: 4/26/10

Identification Number:

Suspected Violation of Compliance Policy, Regulation or Statute (Please be specific. Include full names of people involved, events as they appeared to you and any actions you have taken.):

Ms. Veronica Johnson (VJ), staff member of the Lower Richland Clinic, approached Harry Reese (RA) that fellow co-workers had informed her that she did not have to have the consumer or any collateral witnesses present to conduct an eight page assessment. VJ did not disclose which co-worker provided this information. RA agent advised VJ to have the consumer or someone present to conduct the interview; moreover, RA also offered probing question; i.e., How can you assess any individuals overall well-being which included mental health if the consumer or collateral witnesses is not a part of the assessment process?, etc. RA also informed VJ that he would research the information shared by fellow co-workers and provide her with the results of the research. RA contacted Ms. Eva Johnson (EJ) of which she (EJ) confirmed the RA's initial that the consumer or a collateral witness must be present in order to conduct the eight page assessment. RA provided VJ with the outcome of the research of which she (VJ) was receptive.

If additional space is needed please use the "Continued" section following this form.

Every employee has an obligation to make a good faith report of any activity within the agency that appears to violate compliance policies, regulations or statutes.

When an employee uses one of these options to make a good faith report of an apparent violation, there will be no retribution.

You may request responsive, non-confidential information resulting from your report by contacting your Corporate Compliance Officer or the Director of Corporate Compliance.

I have read and understand the above and voluntarily submit this information. I understand that discretion will be utilized in investigating my concern.

Harry E. Reese Sr. — Employee Name (printed)

4/26/10 — Employee Signature and Date

Legend: White - Compliance Officer Pink – Director Canary - Reporting Employee

cc:

SCDMH FORM FEB. 99 [illegible] C:\Documents and Settings\Marcia\My Documents\Reporting Form 2.doc 04/26/2010 [illegible]

175

Harry Reese

From: Harry Reese
Sent: Wednesday, April 28, 2010 11:27 AM
To: Sheila Arnold
Subject: Consumer Report

Hello Ms. Arnold:

Although under unfortunate situations, it was nice to have formally met with you on yesterday. Although you stated that your investigation did not substantiate any inappropriate conduct alleged against me via DJ's (consumer) complaint, if possible may I have a copy of your report for my records of course with the identifying information blacken out. Yesterday, I was under the impression that the consumer had recently, on yesterday, presented the claim against me. However, after discussing the matter with the consmer's Case Manager, she informed me that the consumer's complaint was presented to her approximately 2-3 weeks ago of which I had no knowledge of the consumer's concerns. Moreover, the consumer has been attending my PRS groups during the reporting period and as of today of which she again was observed staring. Again, thank you and I look forward to meeting with you again; however, on better conditions.

Respectfully,

Harry E. Reese Sr.
MHP
New Horizons/Lower Richland Clinic
1850 Pineview Drive
Columbia, SC 29209
ne: (803) 783-0303
ax: (803) 783-0955

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Harry Reese

From: Sheila Arnold
Sent: Wednesday, April 28, 2010 11:42 AM
To: Harry Reese
Subject: RE: Consumer Report

Hi Harry,

I received the complaint on 4/22 in the late afternoon. I was out sick Friday, 4/23. I don't know when the actual complaint was made to staff.

I'm working on the report right now. I'll be back in touch when it's finished.

It was nice to meet you, too! I may take you up on your offer to sit in on one of your groups...for general knowledge. I'm not a clinician and I've never been in any of our groups. I think it'd help me understand more about our PRS programs.

thanks,

Sheila H. Arnold, MRC
Public Affairs/Community Liaison
Columbia Area Mental Health Center
PO Box 4440
mbia, SC 29240
none: 803-898-4809 Fax: 803-898-4899

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From: Harry Reese
Sent: Wednesday, April 28, 2010 11:27 AM
To: Sheila Arnold
Subject: Consumer Report

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erday, I was under the impression that the consumer had recently, on yesterday, presented the claim against me. owever, after discussing the matter with the consmer's Case Manager, she informed me that the consumer's complaint was presented to her approximately 2-3 weeks ago of which I had no knowledge of the consumer's concerns. Moreover, the consumer has been attending my PRS groups during the reporting period and as of today of which she again was observed staring. Again, thank you and I look forward to meeting with you again; however, on better conditions.

178

Respectfully,

rry E. Reese Sr.
HP
New Horizons/Lower Richland Clinic
1850 Pineview Drive
Columbia, SC 29209
Phone: (803) 783-0303
Fax: (803) 783-0955

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Harry Reese

From: Carla Damron
Sent: Wednesday, April 28, 2010 1:23 PM
To: Maria Marin; Harry Reese
Cc: Vickie Brown
Subject: meeting

Harry and Maria, can y'all come over here at 1 PM tomorrow (Thursday) to meet with me and Dr. Bank? This is regarding the client complaint. Harry, I think you'd requested to meet and we wanted to do it as soon as possible.

Carla Damron, LISW-CP
Director, Adult Treatment Services
Columbia Area Mental Health Center
2715 Colonial Drive
Columbia, SC 29240-4440
(803) 898-4850
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Harry Reese

From: Harry Reese
Sent: Thursday, April 29, 2010 10:06 AM
To: Maria Marin
Cc: Carla Damron; Robert Bank
Subject: RE: Flex Time

Importance: High

Maria:

Thank you for your response to the Flex Time concern. However, I'm concerned regarding the relevancy of a previous agreement that you and I had referencing Flex Time within our meeting today at 1:00 p.m. with Dr. Banks and Ms. Damron. From my understanding, the function of today's meeting is to address my concern regarding a consumer's complaint that , according to Ms. Dena Floyd, she was aware two to three weeks ago of which I had no knowledge of this complaint. The consumer has attending some of my groups during the period in question. The consumer's complaint, according to Ms. Arnold - investigating agent, was presented to her on April 22, 2010. Please provide me with some guidance.

In regards to your statement of any documentation verifying the agreement amongst you and I, there's none. Therefore, I'll graciously bite the bullet within this matter. Staff can verify my time of arrival each day; however, if I must bite the bullet to minimize confusion and distraction - so be it. If you can't honor our previos agreement, I surely understand; however, I hope that you would simply because of the time that I've invested.

pectfully Submitted,
arry E. Reese Sr.
MHP
New Horizons/Lower Richland Clinic
1850 Pineview Drive
Columbia, SC 29209
Phone: (803) 783-0303
Fax: (803) 783-0955

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From: Maria Marin
Sent: Thursday, April 29, 2010 9:43 AM
To: Harry Reese
Carla Damron
oject: RE: Flex Time

Flex time? Come see me.

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Maria Marin, LPC, CAC II
Program Coordinator
ver Richland Clinic
350 Pineview Drive
Columbia, SC 29209
803-783-0303
fax 783-0955

"...that best portion of a good man's life, his little, nameless, unremembered, acts of kindness and of love." Wordsworth.

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From: Harry Reese
Sent: Wednesday, April 28, 2010 3:34 PM
To: Maria Marin
Subject: Flex Time
Importance: High

laria:
As discussed with you previously referencing Flex Time: Thus far, past 4 wks, I've accumulated 10 hours of Flex Time. At this point, I'm not prepared to use this time; however, I merely wanted to apprise you the time of which I've accumulated. This week will make the fifth week. In liight of the recent events, I hope that it doesn't affect our previous agreement regarding Flex Time.

Thank you,
Harry E. Reese Sr.
MHP
New Horizons/Lower Richland Clinic
1850 Pineview Drive
Columbia, SC 29209
Phone: (803) 783-0303
Fax: (803) 783-0955

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OPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS.

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Harry Reese

ım:	Sheila Arnold
₋nt:	Friday, April 30, 2010 2:02 PM
ſo:	Harry Reese
Subject:	RE: Consumer Report
Attachments:	Reese summary memo.doc

Hi Harry,

I've attached a letter to you from Rochelle Caton, Director of DMH Advocacy, regarding the complaint we discussed Tuesday. I send all of my complaint reports to her.

Have a good weekend!

Sheila H. Arnold, MRC
Public Affairs/Community Liaison
Columbia Area Mental Health Center
PO Box 4440
Columbia, SC 29240
Phone: 803-898-4809 Fax: 803-898-4899

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From: Harry Reese
Sent: Wednesday, April 28, 2010 11:27 AM
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Subject: Consumer Report

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. .arry E. Reese Sr.
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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
COLUMBIA, SOUTH CAROLINA

M E M O R A N D U M

TO: Mr. Harry Reese

FROM: Rochelle Caton, Attorney
Director, Office of Client Advocacy

DATE: April 30, 2010

SUBJECT: Client Complaint against Harry Reese

It is my understanding that you requested the advocacy records relating to a client complaint filed against you in April 2010. Because the client did not consent to release the complaint / and finding by advocacy, this summary has been provided to honor your request.

In April 2010, the Office of Client Advocacy received a written complaint against you. The complaint was filed by a client of CAMHC. On its face, the complaint appeared to allege conduct that could be construed as verbal abuse. The client advocate for CAMHC, Sheila Arnold, investigated this complaint. Based on an interview with the client, Ms. Arnold found that the complaint was unsubstantiated. Specifically, Ms. Arnold found that the conduct described in the written complaint was not an accurate recording of what the client intended to express. Ms. Arnold found no evidence of verbal abuse after the client clarified the statement.

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South Carolina Department of Mental Health

2414 Bull Street
Columbia, South Carolina 29202

Written Warning For Inappropriate Behavior, Misconduct or Violation of Rules

Prepare in triplicate. Distribute original to employee, duplicate to HRS, and triplicate to the Field Personnel Folder.

Name	Position Title	Social Security No.
Harry Reese	MHC III	

Facility/Center/Division	Organizational Component
Lower Richland Clinic/New Horizons	CAMH

1. Reason(s) For Written Warning (Nature of offense/dates of counseling).

Insubordination:
On 5-12-10 we met concerning a client's recent complaint about comments in which you joked with her that you would "throw water on her." She reported that this made her uncomfortable. These comments were made while conducting your groups of which this client is a member. We discussed the client's concerns and expressed to you that we felt that your comments were inappropriate and not conducive to a healthy treatment environment. It is imperative that we provide an environment that will assist the client in feeling comfortable and to ensure that she does not escalate. At this meeting, you were told not to communicate with the client nor be alone with the client so as to ensure that no further incidents occurred. This was also done to provide a measure of safety for you as well as the client. However on the next morning (5-13-2010), you had the client in your office, which potentially escalated the client's tension. Despite my request, your actions have made this a violation of insubordination.

(Continue on reverse side if necessary)

2. Consequences of Future Violations or Misconduct:
Further disciplinary action.

3. Employee Comments: This statement is untrue. I had spoken with Mrs. Jenkins prior to Mrs. Marin communicating w/me not to communicate w/consumer.

Type/Print Name of Supervisor Taking Action
Maria Marin, LPC, CAC II

Signature of Supervisor Taking Action _____ Date 5/19/10

Signature indicates that I have received and understand this Written Warning

Signature of Employee	Signature of Witness (if applicable)	Date
	Vicki L Brown	5/20/10

SCDMH FORM

186



Columbia Area Mental Health Center
Adult Treatment Services
PO Box 4440
Columbia SC 29240

Mr. Harry Reese
C/O Lower Richland Clinic
Columbia Area Mental Health Center
Columbia, SC

May 20, 2010

Dear Mr. Reese,

Effective May 24, you will be re-assigned to the Cottage Intensive Programs under the supervision of Marjorie Wilson-Guess. You will report to her at 8:30 AM on that date. She will acquaint you with your new caseload and responsibilities.

Sincerely,

Carla Damron

Carla Damron, Director
Adult Treatment Services

CC: Vickie Brown
Marjorie Wilson-Guess

187

Receipt
for Keys to LRC
Bldg.

5-21-10

Witness by Mr. Moore's

188

Harry Reese

om: Harry Reese
Sent: Monday, May 24, 2010 10:36 AM
To: Vickie Brown
Subject: RE: Meeting

Importance: High

Ms. Brown:

Thank you for your response. I'll forward you a copy of the email that I sent to Dr. Bank for his review.

From: Vickie Brown
Sent: Friday, May 21, 2010 10:55 AM
To: Harry Reese
Subject: RE: Meeting

As I said on yesterday, if you want to make any additional comments to support your position I will be more than happy to attach that information to the form.

Vickie L. Brown
Columbia Area MHC
2715 Colonial Drive
Columbia, SC 29203
one: (803) 898-4830
ax: (803) 898-4835

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From: Harry Reese
Sent: Friday, May 21, 2010 10:28 AM
To: Vickie Brown
Subject: Meeting
Importance: High

Dear Ms. Brown:

Thank you for your present on yesterday referencing my written reprimand and transfer. Question: During unfortunate ·vents such as the one of which I've expereinced is it customary to prevent subordinate staff from providing evidence to pute the allegations alleged against him/her? I was prevented by Mrs. Marin from having documenting proof fax to ,ou that would have clearly exonerated me from any wrongdoings. We're all bound by the same confidentiality agreement; therefore, in my opinion, the documents which would have exonerated me of any wrongdoings could have

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been faxed over for your review. Please provide guidance within this matter. What is my recourse of resolving this unfortunate situation?

.espectfully Submitted,

Harry E. Reese Sr.
MHP
New Horizons/Lower Richland Clinic
1850 Pineview Drive
Columbia, SC 29209
Phone: (803) 783-0303
Fax: (803) 783-0955

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Harry Reese

From: Harry Reese
Sent: Monday, May 24, 2010 11:33 AM
To: Vickie Brown
Subject: FW: Transfer & Written Reprimand
Attachments: SCDMH Attorney Caton - Findings (2).pdf; Written Warning - Transfer.pdf

Importance: High

Ms. Brown:

As requested & stated, I'm forwarding the additional information that I emailed to Dr. Bank. Please placed this info in my employment record. Surely, it's not my desire to cause any distractions; however, I must defend myself on reckless acts that were committed against me which has now destroyed my employment record; moreover, defamed and slander my good name all because I submitted my claim to the SCDMH Resource Office. Please review the document and advise me on the recourse options that I can pursue. Documented evidence will clearly demonstrate that I did nothing wrong and the written reprimand & transfer are unwarranted.

Thank you,
Harry Reese

From: Harry Reese
Sent: Monday, May 24, 2010 10:15 AM
To: Robert Bank
: Carla Damron; Maria Marin
Subject: FW: Transfer & Written Reprimand
Importance: High

May 24, 2010

8408 Little John Drive
Columbia, SC 29209

Columbia Area Mental Health Center
Dr. Robert Bank
Executive Director
2715 Colonial Drive
Columbia, SC 29203

Dear Dr. Bank:

In line with the agency's Chain of Command and Corporate Compliance, I must submit my complaint to you for your review. I'm again forced to place my livelihood in jeopardy due to situations committed that were truly out of my control. On Thursday, May 20, 2010, Mrs. Marin reprimanded me for what she perceived to be insubordination (please see the attached document). I did not commit insubordination of which I was prevented from providing disputable evidence when meeting with Ms. Brown as Mrs. Marin requested. Initially Mrs. Marin informed me that the meeting was to bring final closure for the formal complaint that I submitted to the SCDMH Human Resource Office referencing events surrounding the April Fool's prank. This was truly a fabrication; in that, upon meeting with Ms. Brown & Mrs. Marin, she (Mrs. Marin) presented me with the reprimand and the unwarranted transfer to another center. I reminded Mrs. Marin of her initial intentions of the meeting and she replied that she didn't want to argue with me in the foyer.

Upon requesting that Mrs. Marin explain the reason that she deduced that there was going to be an argument between her and me, she refused to respond. Dr. Bank, I haven't displayed any disrespectful conduct or behavior throughout the tire April Fool's ordeal and Mrs. Marin "argue" statement was only presented to continue to demean and slander my ame. No one within the agency, absolutely no one, can make a claim that I've been disrespectful and did not employ professionalism within any situation, negative or positive, that I've faced since being employed with the agency. My employment record has been tainted due to Mrs. Marin's inappropriate and possibly illegal conduct.

Mrs. Marin wrote me up because according to her, she states that I communicated with Diane J (DJ) – consumer after she advised me against doing so on May 12, 2010. Mrs. Marin, on the same aforementioned date, requested that she and I meet to discuss my EMPS. However, upon meeting with her (Mrs. Marin), she informed me that DJ had made another complaint against me. I immediately informed Mrs. Marin that I had spoken with DJ prior to Mrs. Marin arriving to work and DJ again, as she has consistently did with all investigative parties, confirmed that she wasn't threatened by my non-threatening intervention techniques. During this meeting, I requested of Mrs. Marin that the consumer meet with she and I to resolve this matter and Mrs. Marin denied my request stating that she would communicate with DJ. It was at that time, that Mrs. Marin advised me not to further communicate with DJ of which I abided by her request of which documented proof will demonstrate and again exonerate me of any wrongdoings. In fact, I informed Mrs. Marin that I no longer employed the non-threatening intervention techniques; therefore, DJ couldn't have submitted another compliant. As Mrs. Marin and I conversation progressed, I inquired of Mrs. Marin as to whether or not the consumer made another complaint against me or was this information stemming from another source possible from my formal complaint. Mrs. Marin immediately stated that she was unsure and that I would have to communicate with either with Ms. Damron or Ms. Brown to gain clarity. Unfortunately, I didn't follow-up with this matter simple because I was under the impression that this matter was closed after Ms. Shelia Arnold – Client Advocate, Ms. Caton SCDMH attorney; moreover, DJ exonerated me of any wrongdoings (please see the attached document).

I've attempted to resolve this matter via communicating my concerns with Ms. Damron; however, I'm now compelled to are my concerns with you. Ms. Damron deduced that the transfer was warranted due to the tension at the facility. The nsion that Ms. Damron is speaking of clearly was caused by Mrs. Marin simply because I informed her that I was going to communicate with human resources regarding her (Mrs. Marin) willingness to allow subordinate staff to engage within sociable closed door conversations, during working hours, regarding myself and the former contracted employee Ms. Ashley Bailey which ultimately lead to me submitting a formal complaint to the SCDMH Human Resource office.

Dr. Bank, you defined the consumer's complaint as a low level complaint; encouraged me to communicate with DJ to discuss the consumer's concerns; after the investigative party: Ms. Shelia Arnold – Client Advocate, Ms. Caton – SCDMH Attorney/Director, Office of Client Advocacy; & DJ exonerated me of any wrongdoings; no clinical staff documentation from therapeutic groups supported any claims of consumer feeling threatened by me (please see the attached attendance sheets), DJ never presented a second complaint, and I no longer used the non-threatening intervention techniques, what purpose did it serve for Mrs. Marin to continue interrogating the consumer in referencing to her April 6th complaint? According to clinical staff's documentation, DJ actively and spontaneously participated within structured & therapeutic groups of which no concerns or evidence was observed that neither substantiated an ongoing interrogation of client nor warranted Mrs. Marin to provide me with the directive of refraining from communicating with DJ. Furthermore, the staff meeting on May 12th shouldn't have taken place to inform staff to monitor client of any symptomatic concerns regarding a matter that DJ consistently stated that she wasn't threatened and that the investigative team cleared me of any wrongdoings. Fact to the matter is, the reason that I was cleared of any wrongdoings is simple – I didn't do anything wrong.

Mrs. Marin only continued to interrogate the consumer because the desired outcome from the investigative party did not produce the outcome that she desired. Mrs. Marin inappropriate ongoing interrogation of the client referencing DJ'S complaint only detrimentally exacerbated the situation; in that, it feed into the consumer's delusion which ultimately caused her to make reference to my demise. Let's say that the consumer would have acted upon her reference of my mise, the agency would be liable which would have included a civil claim against Mrs. Marin for continuing an ongoing nd unwarranted interrogation of the consumer. Clearly Mrs. Marin didn't & don't understand the severity of the ongoing & unwarranted interrogation of a matter that was closed by individuals that Mrs. Marin elicited to investigate the matter. For three weeks, DJ's concern was overshadowed by the April Fool's incident to the point that Mrs. Marin

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didn't conduct any further investigation during that three week period. Mrs. Marin only continued interrogating the consumer to callously & calculatingly fulfill her own self-serving agenda which is clearly a case of consumer abuse – which needs to be reported to the SC Ombudsman's Office, the Department of Social Services, & the CARF Review team for their review & investigation; retaliation, ongoing psychological harassment, misuse of authority, defamation of character, and slander.

I have been with the agency for almost two years and have never been reprimanded for any reason. Since being employed with Columbia Area Mental Health Center, I've always effectively performed my job duties and respected, not only those of authority; however, everyone including the consumers and Mrs. Marin. I certainly shouldn't be reprimanded for something I didn't do and continue to be penalized for something that I had absolutely had no control over. Clearly my previous as well as this current correspondence will demonstrate that the supervisor caused the Lower Richland program to become disarray and more tense than ever not the subordinate staff. To this day, no administrative staff has conducted a center level investigation which will clearly demonstrate the aforementioned and further exonerate me of any wrongdoings as Ms. Arnold & Ms. Caton have already ascertained.

On April 6th, DJ informed Mrs. Marin that I used the same non-threatening intervention techniques with Ms. Sherrell H & Mr. Robert H. and Mrs. Marin never inquired of them as to their thoughts of the intervention techniques. In fact, before the consumer's complaint, a number of staff members have witness me use the non-threatening intervention technique in my structured and therapeutic groups which also included Mrs. Marin and no one, including Mrs. Marin suggested that the technique was inappropriate or threatening nor did they (clinical staff, Mrs. Marin, & consumers request that I discontinue the effective intervention technique. Moreover, as I've consistently reported to all investigative parties which included Mrs. Marin, after assessing the consumer's well-being and redirecting the behavior, I would employ the non-threatening intervention techniques. Upon applying the technique the consumer would laugh which can be verified and confirmed not only by her peers, but by the staff members that were present during my structured/therapeutic groups; moreover, DJ. Again, the question is, what function did it served to continue interrogating DJ after she (DJ) stated that she wasn't threaten, the investigative party findings produced no evidence of abuse; thus, exonerating me of any wrongdoings; the intervention techniques weren't employed after I was apprised on the consumer's complaint on April 23rd, and you defined the complaint as "low level complaint"; moreover, the consumer never submitted a second complaint which was confirmed by Ms. Damron on 5/21/2010?

The only thing that Mrs. Marin had concern with me after our conversation at the administration building was that I was submitting my completed unsigned clinical notes to her via email. I merely did this because Mrs. Marin informed staff that Mr. Morris was responsible for collecting clinical notes from all clinical staff. This truly alarmed me; in that, Mr. Morris has never submitted his clinical notes on time of which Mrs. Marin stated that it didn't matter if the tickets were submitted late. In my opinion, the person that needed to be transferred is Mr. Morris. If Mr. Morris is unable to effectively perform his job duties under Mrs. Marin's leadership; perhaps relocating him to another facility under someone else's leadership could produce favorable outcomes.

During this inappropriate interrogation, what billable clinical & therapeutic services were provided? Perhaps, someone needs to review the Medicaid billing data to ascertain whether or not services were render; i.e., individual counseling, crisis intervention, etc.

Dr. Bank, it's truly interesting that I'm consistently being attacked due to the misconduct of others which range from the April Fool's incident of which I was the recipient of the prank now to being reprimanded for something I clearly did not do and transferred to another center. What's even more interesting is that I requested that Mrs. Marin be transferred to another facility within my formal complaint, now I'm the person that's being unjustly transferred. Truly I hope that the new post doesn't interfere with my current 8:30 am to 4:00 pm work schedule. Dr. Bank, during our meeting on April 29th, I requested that any concerns specifically about me certainly be immediately be brought to my attention of which you presented Mrs. Marin with this directive. Clearly being alleged of communicating with DJ on May 13th as claimed by Mrs. Marin within her reprimand doesn't follow your directive, in that I was made of the concern on May 20, 2010. It's rather interesting that Mrs. Marin proclaimed that the client was so threaten by me and that I communicated with DJ the day after she advised against me doing so; yet, she allowed the consumer to be in my presence from May 13-20 before communicating the alleged communication on May 20th in the human resource office – rather interesting don't you think. This was never about the consumer, it was about Mrs. Marin fulfilling her self-serving agenda and something

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clearly needs to be done to swiftly address and stop this reckless and inappropriate behavior that's placing my and others livelihood in jeopardy; moreover, causing harm to the consumers. According to Mrs. Marin and Mrs. Floyd, DJ is distraught after being interrogated behind closed doors; whereas, openly and during group she had/has a bright affect, meets group tenure, and actively & spontaneously participates within structured group activities and discussions.

Finally, I request that the reprimand be immediately removed from my employment file; I return to my worksite; that a meeting be afforded with you, Ms. Damron, & Mrs. Marin to discuss this matter further so that an amicably resolution can be developed & implemented; and that appropriate actions be taken to cease Mrs. Marin from continuing employing these callous, detrimental, reckless, calculating, and self-serving acts against staff; moreover, the consumers.

Respectfully,
Harry E. Reese Sr.

From: Harry Reese
Sent: Friday, May 21, 2010 9:39 AM
To: Carla Damron; Maria Marin
Subject: Transfer & Written Reprimand
Importance: High

Dear Ms. Damron & Mrs. Marin:

4/6/10 Complaint filed & the intervention that has allegedly alarmed consumer hasn't been employed after CAMHC management team apprised me of the complaint.

Consumer has consistently denied being threaten and hasn't made a second complaint

Although Mrs. Marin initially stated, during the 5/12/10 meeting that she and I had, that the consumer filed another complaint, you confirmed on yesterday that this was untrue.
During the 5/12/10 meeting the Mrs. Marin and I had, I informed her that I previously had spoken with consumer earlier that day and she again self-reported that she wasn't threatened by my non-threatening intervention techniques. Although I haven't employed the non-threatening interventions since the consumer's complaint has been brought to my attention, the non-threatening interventions has been, during the same period of consumer's complaint, used with other consumers of which Mrs. Marin was informed by the complaining consumer.

The Investigative Party - Ms. Shelia Arnold (CAMHC Client Advocate) & Ms. Rochelle Canton (SCDMH Attorney & Director – office of Client Advocacy); moreover, the consumer has cleared me of any wrongdoings (please see the attached document).

On 5/13/10 during a center meeting, Mrs. Marin suggested to staff that consumer shouldn't attend my groups. On 5/13/10, so that I could abide by Mrs. Marin suggestion, I provided Mrs. Floyd with a note referencing Ms. Marin's suggestion of which at that time Mrs. Floyd immediately escorted client out – 5/13/10 (9:30 – 10:30) PRS group attendance sheet of which I facilitated reflects "no bill time". Please communicate with Mrs. Floyd referencing this matter before she leaves – the day is her last day with CAMHC.

During the 5/20/10 meeting with Ms. Brown & Mrs. Marin on yesterday, I attempting to demonstrate that I didn't communicate with consumer on 5/13/10 as alleged within Mrs. Marin's written reprimand as well as demonstrate that the consumer hasn't displayed any concerns referencing her 4/06/10 complaint within any of the groups that she attended by any staff member; however, Mrs. Marin denied my attempt. There's no evidence documented by the group facilitators that the consumer's complaint alleged against me had/has adversely affected the consumer who by the way consistently self-reported to "all" investigative parties that she wasn't threatened by my non-threatening interventions

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and hasn't presented a second compliant. In addition, during one group, I documented that I didn't intervene when client was staring because of Mrs. Marin instructions not to do so. During a morning meeting group of which I was present, Mrs. Marin entered and communicated with consumer of which after their communication, the consumer returned to her seat.

Question:
If SCDMH legal team & Ms Arnold – the client advocate has cleared me of any wrongdoings & the consumer consistently states that wasn't threatened by my non-threatening intervention techniques, and the group attendance sheets doesn't reflect any concerns, why I'm I being penalized; moreover, why is the client being consistently interrogating regarding a matter that the consumer consistently states that she's not threatened nor has she, according to you, filed another complaint since the initial compliant on 4/6/10?

Finally, I respectfully request that the transfer be rescinded and the reprimind be removed from my employment record until a full investigation can be conducted so that all parties, including myself, can present their evidence.

Respectfully Submitted,
Harry E. Reese Sr.
MHP
New Horizons/Lower Richland Clinic
1850 Pineview Drive
Columbia, SC 29209
Phone: (803) 783-0303
Fax: (803) 783-0955

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Harry Reese

From: Vickie Brown
Sent: Tuesday, November 25, 2014 12:46 PM
To: Harry Reese
Subject: RE: Employee Record

The copy of your Official Personnel Folder that you received from the Office of Human Resources is your Official Record. Your Official Record is comprised of copies of information from your CAMHC Field Folder.

From: Harry Reese
Sent: Tuesday, November 25, 2014 9:05 AM
To: Vickie Brown
Subject: Employee Record
Importance: High

Ms. Brown:

I have a copy of my employee record providing by the state office; however, I'm requesting a copy of my CAMHC's employee record. Does the CAMHC's employee record mirror that of the state office?

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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Harry Reese

..om: Harry Reese
Sent: Thursday, August 29, 2013 1:02 PM
To: Sharon D Brown
Subject: FW: Employment File

Importance: High

Ms. S. Brown:

At the guidance of Ms. Vicki Brown, I'm contacting you in regards to scheduling an appointment with you to review my employment record and to discuss the cost associated with obtaining copies of those records. Please provide me with a scheduled date and time to achieve this task.

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
)3) 898-0851
ax: (803) 898-4040

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From: Vickie Brown
Sent: Thursday, August 29, 2013 12:58 PM
To: Harry Reese
Subject: RE: Employment File

Central Human Resources is the record-keeper of your Official Personnel File. Please call Sharon Brown at 898-8607 to ·dule an appointment to review your Official Personnel File and discuss cost for copies.

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From: Harry Reese
Sent: Thursday, August 29, 2013 12:23 PM
To: Vickie Brown
Subject: Employment File
Importance: High

Dear Ms. Brown:

I would like a scheduled appointment with you to review my employment file. In addition, I'm requesting a copy of my employment file. Please provide me with a scheduled date and time.

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: Harry Reese
Sent: Monday, October 20, 2014 2:36 PM
To: Sharon S. Brown
Subject: RE: Employee

Ms. Brown:

Please email me the instructions.

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: Sharon S. Brown
Sent: Monday, October 20, 2014 2:35 PM
To: Harry Reese
Subject: RE: Employee

I will forward you a letter of the cost and how to pay. Would you like for me to email you with the instruction or put it in the mail to you home address?

Sharon S. Brown, Employee Records
HRS – Administrative Operations
SC Dept. of Mental Health
2414 Bull Street, Rm 203
umbia, SC 29201
n: (803) 898-8600 Fax: (803) 898-0199
Ssb26@scdmh.org

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From: Harry Reese
nt: Monday, October 20, 2014 1:50 PM
o: Sharon S. Brown
Subject: RE: Employee
Importance: High

Ms. Brown:

Just merely following up with you regarding receiving a copy of my personnel record. Please provide me with the cost for the copies. Has the price of the copies changed?

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: Sharon S. Brown
Sent: Thursday, October 09, 2014 11:36 AM
To: Harry Reese
Subject: FW: Employee
Importance: High

Good morning,

Mr. Reese there is a copying fee for a copy of your personnel folder, first page is $ 5.00 and 15 cents for additional copies.

Ps please feel free to call or email if you have any questions.

aron S. Brown, Employee Records
rS – Administrative Operations
SC Dept. of Mental Health
2414 Bull Street, Rm 203
Columbia, SC 29201

2.00

Ph: (803) 898-8600 Fax: (803) 898-0199
Ssb26@scdmh.org

From: Sharon D Brown
Sent: Thursday, October 09, 2014 10:40 AM
To: Sharon S. Brown
Cc: Harry Reese
Subject: FW: Employee
Importance: High

FYI- this email was sent to me in error. Mr. Harry Reese is requesting for a copy of his personnel file.

Sharon D. Brown, Workers' Compensation
Human Resource Specialist
HRS- Administrative Operations
SC Dept. of Mental Health
2414 Bull Street, Room 203
Columbia, SC 29201
Ph: (803) 898-8605 Fax: (803) 898-0199
Sdb55@scdmh.org

From: Harry Reese
Sent: Thursday, October 09, 2014 10:32 AM
To: Sharon D Brown
Subject: Employee
Importance: High

Ms. Brown:

Please provide me with a copy of my Employee Record/File.

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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202

Harry Reese

From: Eleanor Odom [eco84@SCDMH.ORG]
Sent: Wednesday, April 28, 2010 5:04 PM
To: Harry Reese
Subject: Harassment Complaint

I am in receipt of your formal harassment complaint. When you get a moment, would you please call me to schedule an appointment so that we may review the allegations. My phone number is 898-8611. Thank you.

Eleanor C. Odom
Director
Human Resource Services
South Carolina
Department Of Mental Health

Office (803) 898-8610
Fax (803) 898-0199

203

Harry Reese

From: Harry Reese
Sent: Tuesday, May 25, 2010 8:49 AM
To: Eleanor Odom
Subject: Emailing: 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
Attachments: 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

Importance: High

Dear Ms. Odaom:
Please see attached documents.

Thank you,
Harry E. Reese Sr.

The message is ready to be sent with the following file or link attachments:

1 - Reese Harassment & Grievance Form.pdf
2 - Dr. Bank Email.pdf
3 - Written Warning - Transfer.pdf
4 - SCDMH Attorney Caton - Findings.pdf
- DJ 5-13-10 NO BILL TIME.pdf
- Inquiry of Consumer's Report.pdf

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

ec084@scdm.org
898-0199

204

New Alpha Foundation

INVOICE

1436 Blue Johnson Road
Hopkins, SC 29061
Phone 803-783-6632 Fax 803-776-1387

Date: July 11, 2011
INVOICE#
FOR: Rent

Bill To:
C[redacted] B[redacted]
C/O Family Services
4925 Lacross Road, Suite 215
North Charleston, SC 29406-6513
(843) 744-1348

HER08 (\\3DCOLAADM\HOME$)(H:)
Created: 7-13-11
Modified: 7-13-11
Accessed: 6-14-14
Witness: [illegible]

DESCRIPTION	AMOUNT
July Rent	$ 600
TOTAL	600

Make all checks payable to Rick Nickles
If you have any questions concerning this invoice, Rick Nickles, 803-318-7225, newalphafoundation@yahoo.com

THANK YOU FOR YOUR BUSINESS!

225

Harry Reese

m: Whitener, Mary M <whitenerm@sccsc.edu>
ent: Tuesday, May 29, 2012 3:46 PM
To: Harry Reese
Cc: TESS.CAPERS@bcbssc.com; Miller,Gwendolyn
Subject: RE: Court Summons - G[redacted]

Hi Harry,

Thanks for your efforts.

I found four facilities: Harbison Hall, Harborchase of Columbia, Passionate Care Community and Sterling House of Harbison. I've sent a note to them to inquire of Medicaid billing. Also, I will visit each facility since I will be in Columbia on Wednesday and Thursday. I will call you on Thursday.

Mary

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Tuesday, May 29, 2012 3:35 PM
To: Whitener, Mary M
Subject: RE: Court Summons - G[redacted]

Ms. Whitener:

he New Alpha placement is an "appropriate and viable" option for Mr. M[redacted] at this time. I encourage you and Mr. M[redacted] other sisters to seriously research the possibility of allowing Mr. M[redacted] to relocate to this facility. The New Alpha director will ensure that Mr. Murray is med compliant, attend all of his medical/mental health appointments, provide meals, and discuss any issues and concerns observed by the staff and communicate those concerns to the CAMHC staff, in particularly, me. I was unsuccessful within securing additional placement for Mr. M[redacted] outside of New Alpha. A number of my clients reside within this facility based on the success that this placement has produced in conjunction CAMHC – no psychiatric hospitalizations has been observed, clients continue to present negative UDS and alcohol swabs, clients attends all mental health appointments as scheduled, the staff monitors clients self-medicate as prescribe; the owner retrieves all medications from the pharmacist of which he often times pay the co-pay without reimbursement from the client, takes clients on offsite activities, transport clients to the barbershop at least one time of month of which he pays for this service without reimbursement from the client, takes that clients to restaurants of which he pays the bill, and additional of services that Mr. Nickles provides to the client of which he never request the client to reimburse him. This placement is the best for Mr. M[redacted]; however, if the siblings desire to seek alternate placement, you're more than welcome to do so. Please apprise me of any alternate placement researched ASAP; so that, the treatment team can discuss the placement and present any recommendations to the court.

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
5 Colonial Drive, Bldg 200-A
olumbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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From: Whitener, Mary M [mailto:whitenerm@sccsc.edu]
Sent: Tuesday, May 29, 2012 9:18 AM
To: Harry Reese
Subject: RE: Court Summons - G[redacted]

Please consider another place. .May we seek other places?

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Tuesday, May 29, 2012 9:15 AM
To: Whitener, Mary M
Subject: RE: Court Summons - G[redacted]

Whitener:

Please forgive me for not responding in a timely manner. Yes, This is the same facility that you I I previously discussed.

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: Whitener, Mary M [mailto:whitenerm@sccsc.edu]
Sent: Tuesday, May 29, 2012 8:48 AM
To: Harry Reese
Subject: FW: Court Summons - G[redacted]

From: Whitener, Mary M
Sent: Wednesday, May 23, 2012 4:42 PM
To: 'Harry Reese'
Subject: RE: Court Summons - G[redacted]

Is this the same facility as the last potential placement?

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Wednesday, May 23, 2012 4:29 PM
To: Whitener, Mary M
Subject: RE: Court Summons - G[redacted]

Ms. Whitener:

I've spoken with Mr. Nickles , New Alpha's administrator, in regards to allow you to review the facility next week. He's informed me that he would be in Washington, DC on next week and could allow you view the facility the week after.

Thanks,
Harry E. Reese Sr.
MHP
NNECTIONS
715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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From: Whitener, Mary M [mailto:whitenerm@sccsc.edu]
Sent: Wednesday, May 23, 2012 4:21 PM
To: Harry Reese
TESS.CAPERS@bcbssc.com; Miller,Gwendolyn
Subject: RE: Court Summons - G[redacted]

May I request a tour of the facility? I will be in town Wednesday and Thursday of next week.

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From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Wednesday, May 23, 2012 4:16 PM
Whitener, Mary M
Subject: RE: Court Summons - G[redacted]

Yes. New Alpha. The one we discussed earlier. They'll insure that Mr. M[redacted] takes his medications, an environment where Mr. M[redacted] doesn't have easy access to alcohol and illicit drugs; ensure that he attends all his mental health/medical appointments, and provide meals. Overall a good and appropriate placement for Mr. M[redacted].

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: Whitener, Mary M [mailto:whitenerm@sccsc.edu]
Sent: Wednesday, May 23, 2012 4:12 PM
To: Harry Reese
Subject: RE: Court Summons - G[redacted]

Are you seeking a residential facility also?

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Wednesday, May 23, 2012 3:25 PM
To: Whitener, Mary M
Subject: FW: Court Summons - G[redacted]

Ms. Whitener:

We will make transportation arrangements for Mr. M[redacted] to attend the 6/4/12 appointment with Dr. Spagnelli; however, he's responsible for making transportations arrangements for getting to court.

Thanks,
Harry E. Reese Sr.

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MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
lumbia, SC 29203
803) 898-0851
Fax: (803) 898-4040

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From: Harry Reese
Sent: Wednesday, May 23, 2012 3:22 PM
To: "whitenerm@sccsc.edu'
Cc: 'TESS.CAPERS@bcbssc.com'; 'gmiller@ddsn.sc.gov'
Subject: FW: Court Summons - G[redacted]

..s. Whitener:

We will make transportation arrangements for Mr. Murray to attend the 6/4/12 appointment with Dr. Spagnelli; however, he's responsible for making transportations arrangements for getting to court.

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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ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS.

From: Harry Reese
Sent: Wednesday, May 23, 2012 3:16 PM
To: 'whitenerm@sccsc.edu'
Cc: 'TESS.CAPERS@bcbssc.com'; gmiller@ddsn.sc.gov
Subject: FW: Court Summons - G[redacted]

Hello Ms. Whitener:

I hope that all is well. The summons that Mr. M[redacted] received pertains to the Judicial Admission request that I submitted on 4-18-12 (please see the attached document). Mr. M[redacted] will be examined by Dr. Spagnelli and Kathy Ryans on 6/4/2012 in Emergency Services which is located on the second floor of this building. Dr. Spagnelli and Kathy Ryans will present their findings to the Judge on 6/11/12 located at 1701 Main Street Court Room 2-F. In addition, I'll also be present to present the reasons for Judicial admission. Mr. M[redacted] and his supports will also be allotted time to either agree or reject the assessment of the mental health staff. The treatment team, which to include myself, recommended structured placement to aid within ensuring Mr. M[redacted]'s mental health and physical stability; moreover, to enhance Mr. M[redacted]'s overall well-being. If you have any additional questions or concerns, please feel free to contact me at (803) 898-0851 or (803) 807-1765.

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: Whitener, Mary M [mailto:whitenerm@sccsc.edu]
Sent: Wednesday, May 23, 2012 11:21 AM
To: Harry Reese
Cc: Miller,Gwendolyn; TESS.CAPERS@bcbssc.com
Subject: Court Summons - G[redacted]

Mr. Reese,

I was told that G[redacted] received a summon to appear before a judge. Are you aware of this? If yes, please share details.

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Mary Whitener - PHR
Employment/Training Manager
:nan Resources
·partanburg Community College
Phone: (864) 592-4615
whitenerm@sccsc.edu

"We are what we repeatedly do. Excellence, therefore, is not an act but a habit." - Aristotle.

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2/7

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Harry Reese

From:	Harry Reese
Sent:	Thursday, June 14, 2012 1:30 PM
To:	Cornell Ruff
Cc:	John Brown; Robert Bank
Subject:	Concerns 6-14-12
Importance:	High

Mr. Ruff:

[redacted] Jones was scheduled for an appointment on today @ 10:00 a.m. On last week, I informed Ms. Morris to cancel the appointment; so that, I could start and hopefully complete my Pathlore Trainings. In speaking with Mr. Nickles on today, he states that Mr. Jones "never" had a trip number and he didn't receive a cancellation from Logisticare. Mr. Jones is scheduled appointment every Thursday with me for Individual Tx. He was present on last Thursday for his regularly scheduled appt. w/me. Mr. Nickles states that his staff transported client anyways, to minimize any confusion; moreover, to ensure that Mr. Jones received his services. According to Mr. Nickles, Mr. Jones has a trip number for tomorrow (85A). In addition, Mr. Nickles has informed me that Mr. Jacobs and Mr. Bennett 6-18-12 appointments have been cancelled of which I have no knowledge of the reasons why they were cancelled.

In addition to the above, I was unable to schedule a client's appointments for next week due to Ms. Morris absence. Since the case manager is unable to schedule appointments, even when Ms. Morris is absent, who's in charge of this task in her absence? No one has provided the clinicians with guidance within this matter. Please provide guidance; so that, no client can miss any appropriate and essential services due to the absence of the individual assigned to make transportation arrangements. I truly think it's a travesty that I'm being threatened with disciplinary actions for performing my job duties – increasing and promoting client's stabilization and self-sufficiency.

I truly don't understand what the issues are with certain CAMHC staff in regards to Mr. Nickles and his program. The New Alpha program, under Mr. Nickles leadership, has produced invaluable and immeasurable outcomes for our clients; i.e., aiding within achieving and maintaining client's stabilization; aiding within tremendously decreasing clients' use/abuse of alcohol and illicit drug use (after years of use and many cases abuse); aiding within saving the tax payers a tremendous amount of money via aiding within preventing client's psychiatric and substance hospitalization (which is documented via CAMHC records). For example, Mr. [redacted] Jacobs underwent three Morris Village hospitalizations (91 days at the cost of $140,000) of which Medicaid doesn't pay and the client has no means of paying for these services. Since placed in New Alpha, Mr. Jacobs hasn't returned to Morris Village or has had any psychiatric hospitalizations. Mr. Nickles program has produced a number of documented success stories much like Mr. Jacobs; demonstrating professionalism at all times even with ongoing ridicule from CAMHC staff. For example, a supervisory sat back and allowed a case manager totally demeaning Mr. Nickles in the hallway of which one of the statements made to Mr. Nickles by the case manager was "Stop the bullshit". Upon walking away from the case manager to focus on the reason for his visit – "a client", the case manager bust open my office door and continue threatening and belittling Mr. Nickles; establishing himself as an ongoing viable community resource; transport clients for free, purchase clothing, shoes, and undergarments without reimbursement, pays for clients medication co-pays; transports and provides free haircuts (all of which he doesn't request compensation); takes clients in without funds and await to be compensated (for example, Mr. Nickles took in Mr. [redacted] Murphy from an environment that he was placed in by the agency of which the client was threatened twice by the caretaker with a knife. Mr. Nickles not

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only took him in for two months without receiving any compensation, but for 21/2 months of which he fed and clothe the client for free and didn't charge the client for the two weeks that he stayed. [redacted]

Finally, I must say that I feel totally disrespected and not valued as a staff member. I've requested meetings on a number of occasions to convey my concerns and my request have been ignored which is a violation of the "Open Door Policy". Individuals have unjustly used their relationship with upper management to discuss matters with upper management about me which has been distorted and in many causes fabricated. I obviously don't have this luxury – easy accessibility to upper management. As an employee, I exhaust all my efforts to ensure that the mission statement of the agency is met which is beneficial to all stakeholders; the agency, the state; moreover, the client. I feel like my hands are tied by those individuals who have no clinical education or experience which distracts and in some cases limits my ability to effectively perform my job duties; moreover, interferes within the client receiving essential and pertinent services he/she needs to be successful. If this interference doesn't cease immediately, especially by those individuals that don't have the ability to provide therapeutic services, I'll have no other recourse but to report this to the appropriate authorities which to include the accrediting body since I obviously don't have the means of conveying my concerns and resolving these unjust, interfering, unprofessional, fabricating, distorting, unwarranted, crippling, hindering, etc., etc., etc., matters in-house. It's obvious that I'm unable to convey my concerns with upper management as evidence of the avoidance of my ongoing request to do so. This current effort to ensure that our clients receive quality services may place my employment or advancement within the agency in jeopardy; however, the client's well-being is paramount.

On yesterday, I informed you that I was only going to respond to Mr. Brown's 6-12-12 email response by merely saying "Thank You"; however, our clients deserve better especially when this young man did exactly what was requested of him of which the "agency" is aware that this is truly uncommon of this client.

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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HER08 (\\3DCOLAADM\HOMES)(H:)
Created: 8-21-12 @ 1:07pm
Modified: 8-24-12 @ 8:17am
Accessed: 6-14-14 @ 9:47pm
Witness: Howard Ruff

[redacted] IND TX 8-21-12

Ruff & Edwards (15) minutes

Mr. [redacted] visited the clinic for his regularly scheduled appt for f/u regarding last week's session, to openly verbalize his thoughts/feelings, to discuss current living arrangements, and to decrease stress. (I) Engaged clt w/in relaxation techniques/counseled clt of the the importance of avoiding/minimizing stress/requested clt to discuss strategies that he currently employs to reduce stress/offered and explained options/encouraged application; evaluated MH status/welling-being/med administration/SI/HI; asked probing questions/attentively listened; discussed current living arrangements/current stressors/asked probing questions/allotted time for self-expression/attentively listened/asked clt to discuss strategies that he has employed to address verbalized concerns/offered and explained additional options/encouraged clt to openly discuss concerns w/CM's the Connections team members which to include the CM's supervisor/team attentively listened to clt/offered options to address concerns verbalized – social service/ombudsmen office, and clt advocate involvement/discussed the difficulties of securing placement due to clt's current legal issues/instructed clt to avoid all staff members until placement was secure/to document inappropriate communications/actions and to contact local authority if warranted/reiterated and discussed the role of the CM; and monitored for acute symptoms throughout the session. (R) Mr. [redacted] presented to the clinic agitated/clt engaged w/in relaxation technique offered of which some noticeable change was observed AEB clt actively engaging in services/openly discussing his concerns of his current placement. Mr. [redacted] states that he wants to leave New Alpha. Pretty much...My stuff is being stolen and nothing is being done by it. Too much profanity..."The only person that is cursing me is Mr. Rick (New Alpha House Owner/Operator) – cursing directly at me. Like... dumb ass bitch...dumb motherfucker..." Clt states that he feels threatened..."Because he's bigger than me and he buff his chest out (clt demonstrated buffing of chest). Some times when I look at him, he says...What you looking at and that scares me". He says motherfucker look at me when I'm talking to you". Clt states that he didn't verbalize his concerns before today's session because..."I don't think nothing would be done about it". Clt denied any physical assaults..."Tell you the truth...if he ever hit me, I'm going to hit him back". Affect MH: "Sometimes it makes me feel depressed. It affects my MI because if makes me feel upset. I haven't had nobody that cursed me out that bad". If I do something wrong...like walking over a piece a paper on the floor, he says, Dumb motherfucker...That's why he took their cell phones away...because he didn't want them recording what he say to us". First time I left because, the guy he had, he messed up his face...we had just got through eating dinner...the rule is, you're supposed to shave before the morning...you can't shave in the morning...you suppose to shave before you go to bed". Clt states that he was assisting a roommate w/shaving and Mr. Rick's son...Terrance told us he's was going to write us up. I said, what are we getting a write up? I guess we got written up because we're not suppose to shave each other's face...I didn't sign the write". I was mad because he wrote me up because we're suppose to shave and he (Rick's son)

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didn't know". Clt also states that during exercises, "Mr. Nickles calls us his bitches...when we do push-ups, he gets on top of us and act like he humping us". Upon inquiring as to the reason that the clt didn't present his concerns earlier, clt again replied, "I didn't feel like nothing was going to be done". Upon probing clt's response for clarity/to ascertain his thought process, Mr. [redacted] offered no rational response of which he only replied..."I don't know". Clt rejected involvement of independent agencies offered to address the allegations verbalized. He vehemently stated..."I just want to get out of there and be some place else". Clt receptive of guidance offered of which he states..."I'll stay there until y'all find me something else". Clt identified current placement as his current stressor/unable to discuss coping strategies used/receptive of options/guidance offered/explained. Clt denied SI/HI; no AVH wewre observed during session(P) Moderate Progress – Openly discussed concerns; however, didn't present allegations during previous sessions w/CM as advised; receptive of interventions/guidance offered; met topic relevancy; stable at end of session. (P) CM to aggressively seek alternate placement/clt to return to clinic next week for f/u and to continue working towards achieving TX goals which to include openly verbalizing his thoughts/feelings w/MH staff members.

HER08 (\\3DCOLAADM\HOME$)(H:)
Created: 8-21-12@1:18pm
Modified: 8-24-12@8:17am
Accessed: 6-14-14@9:57pm
Witness: [signature]

217

Columbia Area Mental Health Center

Richland County:
P.O. Box 4440
Columbia, SC 29240-4440
803-898-4880

Fairfield County:
P.O. Box 284
1073 US Hwy 321 Bypass
Winnsboro, SC 29180
803-635-4689

Serving adults, children and their families in Richland and Fairfield counties.

Robert L. Bank, M.D.
Executive Director

August 22, 2012

2715 Colonial Drive
Columbia, SC 29203

New Alpha House
Mr. Rick Nickles
Owner/Operator
1436 Blue Johnson Road
Hopkins, SC 29061

Re: Allegations of Client Abuse

Dear Mr. Nickles:

Recently, we've experienced a number of clients that are currently residing within the New Alpha House alleging that you are communicating with them in both a threatening and demeaning manner. One client in ·rticular, states that he's afraid of you. Based on the aforementioned allegations, a number of the clients have ·rbalized their desire to be relocated to alternative placements.

Certainly, we wouldn't have placed our clients in a facility that interferes with the client treatment and recovery process which is the reason why we've consistently identified and selected the New Alpha House as appropriate placement. However, as advocates of the clients, we must address any and all concerns verbalized by the clients that stagnates and interferes with the client's treatment and recovery process. In our past experiences, the New Alpha House has exceeded our expectations; therefore, we would like to invite you to a meeting that will be held on Monday, August 27, 2012 at 10:00 a.m. to allow you the opportunity to respond to the concerns verbalized by the clients. Please contact me as soon as possible at (803) 898-1582 to inform me of your intentions on attending this extremely and time sensitive meeting to address any and all concerns verbalized.

Thank you,

Cornell Ruff
RN/Program Manager
Connections

DMH South Carolina Department of Mental Health

5/8

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0799
DESTINATION ADDRESS	97761387
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	08/22 07:49
USAGE T	00'44
PGS.	2
RESULT	OK

SCDMH South Carolina Department of Mental Health

DMH South Carolina Department of Mental Health

HIPAA (PHI) FAX COVERSHEET

DMH Mailing Address -

Columbia Area Mental Health Center
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-1555 Off
(803) 898-4040 Fax

To:	New Alpha/Mr. Rick Nickles	TELEPHONE	FAX
From:	Cornell Ruff	(803) 783-6632	(803) 776-1387
Date:	08/22/2012	NO. PAGES INCLUDING THIS PAGE: 2	TIME: See Date Stamp

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

SUBJECT:
Allegations of Client Abuse

MESSAGE:

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219

Columbia
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Mental
Health
Center

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Columbia, SC 29240-4440
803-898-4880

Fairfield County:
P.O. Box 284
1073 US Hwy 321 Bypass
Winnsboro, SC 29180
803-635-4689

Serving adults, children and their families in Richland and Fairfield counties.

Robert L. Bank, M.D.
Executive Director

August 24, 2012

2715 Colonial Drive, Bldg. 200-A
Columbia, SC 29203

New Alpha House
Mr. Rick Nickles
Owner/Operator
1436 Blue Johnson Road
Hopkins, SC 29061

HER08 (\\3DCOLAADM\HOME$)(H:)
Created: 8-24-12 @ 11:05am
Modified: 8-24-12 @ 11:05 am
Accessed: 8-24-12 @ 9:55pm
Witness: Thomas Reese

Re: [redacted]

Dear Mr. Nickles:

Mr. [redacted] has satisfied the conditions of his March 15, 2012 court order; therefore, Mr. [redacted] will be returning to his family's home on August 31, 2012. Mr. [redacted] will continue receiving mental health treatment via Columbia Area Mental Health Center; therefore, transportation services to Bridges Clubhouse will be no longer required at that time. We will notify Bridges Clubhouse, Logisticare Transportation Broker, and the client's payee (Family Services, Inc.) personnel of these upcoming changes. We thank you for the services that your company has provided within aiding Mr. [redacted] within achieving his goal of returning to a less restrictive environment.

If you have any questions, please feel free to contact me at (803) 898-0851.

Thank you,

Harry E. Reese Sr.
Case Manager
Connections

DMH South Carolina Department of Mental Health

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Created: 8-30-12 @ 10:48 am
Modified: 8-31-12 @ 5:04 pm
Accessed: 6-14-14 @ 9:57 pm
Witness:

Cornell & Harold, please review/revise as need be; so that, I can input into EMR.

Nickles Allegation of Abuse Investigation 8-27-12

Mr. Nickles visited the clinic as requested by the Connections team to address allegations of abuse. TX team members ask probing questions/attentively listened/allotted time for self-expression. Lengthy discussion took place. Mr. Nickles denied reports of abuse/inviting TX team members to visited the placement and continue the investigation via talking w/his staff and the clients that reside w/in the New Alpha house placement. Mr. Ruff informed Mr. Nickles that the team members would be conducting periodic unannounced visits to the home to assess clt's well-being/to allot clts to openly discuss any issues or concerns w/the placement or its' staff which to include the operator. Mr. Nickles was receptive of intervention offered. Staff Present: Cornell Ruff, Harold Edwards, and Harry Reese. Staff Time: 90 minutes. 10:00 a.m. – 11:30 a.m.

Connections team visited the New Alpha House Placement/upon arrival, the clients weren't present of which they were being transported to the home from attending day program services. Clients arrived at 2:50 p.m. Treatment team discussed the function of the visit w/the clts/ discussed the role of the MH agency/CM; encouraged honest open discussion/asked probing questions/allotted time for self-expression/attentively listened/observed body language. Each client present denied claims of abuse via Mr. Nickles, New Alpha House Owner/Operator or his staff/presenting clients retracted claims of abuse; moreover, no clt observed to be in imminent danger. Staff Present: Cornell Ruff, Harold Edwards, and Harry Reese. Staff Time: 120 minutes (includes 30 minute travel time each way: to placement/return to clinic) - 2:00 p.m. – 4:00 p.m.

[redacted] Ind-Investigation 8-27-12 30 minutes

Met with clt to promote honesty/responsibility-taking good decision-making/to improve communication skills. (I) Please see 8/21/12 IND CSN and 8-27-12 Generic CSN; requested provider to provide a confidential area to f/u with clt/offer, explain, and provide essential services; inquired of mood/well-being/safety; requested clt to discuss his rationale for verbalizing false claims; allotted time for self-expression; observantly/attentively listened; evaluated MH status/well-being/med compliance; counseled clt of the importance/benefits honesty; advised clt against making false allegations; discussed the role of the CM; taught and explained assertive training/engaged clt w/in role-play to demonstrate/reinforce skills learned/encouraged application of skills learned w/in address issues/concerns and reporting outcome w/staff; and monitored for acute symptoms throughout the session. (R) Mr. Nickles allowed CM/clt to use his office to continue services; Mood: " I feel fine…I'm OK". Well-being:

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Denied symptoms. Safety: I'm ok...I'll stay here". Mr. Manaiza denied allegations of abuse as self-reported; he replied, "I did it because I wanted to leave New Alpha; clt denied symptoms/self-reported med compliance; he was receptive of services/intervention/guidance/advise offered and explained; engaged in role-play exercise of which he required ongoing interventions w/in aiding clt in completing his thoughts; No ACH were observed during session. Mr. [redacted] spontaneously apologized to Mr. Nickles upon completion of services. (P) Moderate Progress – client was forthcoming referencing making false allegations against the provider; receptive of services/intervention offered; stable at end of session. (P) Clt to visit clinic during his regularly scheduled appt for f/u; to continue receiving essential services to aid clt w/in addressing any and all issues/concerns; moreover, to continue receiving services designed to aid clt w/in achieving his TX goals.

HER08 (\\3DCOLAADM\HOME$)(H:)
Created: 8-30-12@ 10:48am
Modified: 8-31-12@ 5:04pm
Accessed: 6-14-14@ 9:57am
Witness:

222

Columbia Area Mental Health Center

Richland County:
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Columbia, SC 29240-4440
803-898-4880

Fairfield County:
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1073 US Hwy 321 Bypass
Winnsboro, SC 29180
803-635-4689

Serving adults, children and their families in Richland and Fairfield counties.

Robert L. Bank, M.D.
Executive Director

August 28, 2012

2715 Colonial Drive
Columbia, SC 29203

New Alpha House
Mr. Rick Nickles
Owner/Operator
1436 Blue Johnson Road
Hopkins, SC 29061

Re: Outcome of Investigation

Dear Mr. Nickles:

Thank for meeting with the Connections treatment team to discuss concerns verbalized by a number of clients residing within the New Alpha facility. Moreover, we thank you for inviting the treatment team members out to your program to investigate this matter. We thank you for affording the treatment team with an opportunity to investigate this matter; however, we must address any concerns verbalized by the mental health clients.

Finding of Investigation:

Upon communicating with all of the clients residing within the New Alpha facility, each client denied any allegations of abuse or being threatening by you or any of your staff members; moreover, the presenting clients retracted their claims. Therefore, the allegation of abuse matter is concluded as unfounded.

Again, we thank you for immediate response within addressing this matter and we apologize for any inconvenience that this matter may have caused. If you have any questions or concerns, please feel free to contact me at (803) 898-1582.

Thank you,

Cornell Ruff
RN/Program Manager
Connections

DMH South Carolina Department of Mental Health

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****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0820
DESTINATION ADDRESS	97761387
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	08/28 08:29
USAGE T	00'40
PGS.	2
RESULT	OK

SCDMH South Carolina Department of Mental Health

DMH South Carolina Department of Mental Health

HIPAA (PHI) FAX COVERSHEET

DMH Mailing Address -

Columbia Area Mental Health Center
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-1555 Off
(803) 898-4040 Fax

To:	New Alpha/Rick Nickles	TELEPHONE	FAX
From:	Cornell Ruff	(803) 783-6632	(803) 776-1387
Date:	08/28/2012	NO. PAGES INCLUDING THIS PAGE: 2	TIME: See Date Stamp

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SUBJECT:
Finding of Investigation

MESSAGE:

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324

Harry Reese

From:	Harry Reese
Sent:	Tuesday, August 28, 2012 9:34 AM
To:	'newalphafoundation@yahoo.com' (newalphafoundation@yahoo.com)
Cc:	Cornell Ruff
Subject:	Findings of Investigation
Attachments:	Nickles Findings 8-28-12.pdf
Importance:	High

Dear Mr. Nickles:

Please see the attached document.

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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Serving adults, children and their families in Richland and Fairfield counties.

Robert L. Bank, M.D.
Executive Director

To: Mr. D[redacted] M[redacted]
From: Harry Reese
Re: Whereabouts & Guidance
Date: August 31, 2012

HER08 (\\3DCOLAADM\HOME$)(H:)
Created: 8-31-12
Modified: 8-31-12
Accessed: 6-14-14
Witness: L. B Carlson

Dear Mr. Manaiza:

According to Family Services Inc. (payee), you've recently changed your payee of which you've selected not to inform the mental health staff of the name of your current payee. Mr. Rick Nickles, New Alpha Owner/Operator, has informed the mental health provider that you're free to leave the New Alpha program based on the past and recent distractions and behaviors that you've presented: providing false allegations of abuse against the provider, defiant behavior towards placement staff, number of walk-offs without prior notice, fights amongst roommates initiated by you, etc. Mr. Manaiza, you've recently informed the Connections team through our investigation and during your recent Individual Treatment sessions with the Case Manager, that that you presented the false allegations..."Because, I don't want to be there (New Alpha)". Since the mental health staff exhausted efforts to secure alternate placement were unsuccessful, of which you were informed, **you're responsible for securing a suitable residence that isn't within a 1000 feet where children are present such as a school, playground, park, etc. In addition, you must notify the Sheriff Department or any local authority of your address and continue to register every three months as required.**

Mr. Manaiza, **it is very important that you continue to receive mental health services and take all prescribed psychiatric medications.** In addition, please provide me with a pharmacy of which you select to have your prescriptions transferred. Since you have chosen to leave the New Alpha program, Mr. Nickles will no longer pay for your medication co-pays. Paying for your medication copays wasn't and isn't a responsibility of Mr. Nickles.

If you have any questions or concerns, please feel free to contact me at (803) 898-0851.

Thank you,

Harry E. Reese Sr.
Case Manager
Connections

I, D[redacted] M. M[redacted], have received, read, and fully understand this notice.

I, D[redacted] M. M[redacted], have received "all of my psychiatric medications from New Alpha House.

Sign: D[redacted] M. M[redacted] Date: 8/31/2012 8/31/2012

DMH South Carolina Department of Mental Health

236

Harry Reese

From:	Harry Reese
Sent:	Friday, October 12, 2012 1:56 PM
To:	Melvin Malone
Subject:	New Alpha Tax ID *PGP
Importance:	High

38-3755193

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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HER08 (\\3DCOLAADM\HOMES)(H:)
Created: 10-24-12
Modified: 10-24-13
Accessed: 6-14-13
Witness:

Y[redacted] GENERIC 10-18-12

1:12 p.m. Ms. [redacted], [redacted]'s mother, returned CM's called to discuss concerns of clt removal from current placement/attending a meeting between Cornell Ruff - CM's immediate Supervisor, Maria Marin - referring Link Program Coordinator, Mr. Rick Nickles – current care provider, additional clts that that verbalized the same concern and CM concerns. CM informed Ms. [redacted] that both [redacted] and Mr. Nickles informed CM that Maria was going to relocate clt to the Carter Street Apartments. Clt states that he informed Maria that he wanted to remain at New Alpha rather than relocating to the Carter Street Apartments. Furthermore, he states that he didn't..."Feel like she was listening to me". Ms. Young states that she was unable to attend the meeting because she had just been transferred to a day time work schedule from night time. However, she state that under no circumstances that [redacted] should be removed from New Alpha because of his last history with drugs, not taking his medicines, and missing mental health services. She also discussed another placement of New Alpha that allows for some monitoring, but also provides some level of independence and that she would prefer that clt engage w/in that process. She further stated; however, that it was up to [redacted] and..."If he makes the choice to leave New Alpha than he's on his own. I can't keep going through this with [redacted]". CM reminded Ms. Young that clt requested to remain at New Alpha/that he would discuss her desires and concerns in the meeting. Ms. [redacted] was receptive.

HER08 (\\3DCOLAADM\HOMES)(H:)
Created: 10-19-12 @ 4:29 pm
Modified: 10-19-12 @ 5:11 pm
Accessed: 6-16-14 @ 9:52 pm
Witness: Harry Reese

To redirect anxiety/allot time for self-expression

[redacted]

6:30 p.m. Upon visiting clt's placement after hours, clt approached CM rather anxious stating ..."That lady said she was going to move me to Carter Street. CM redirected anxiety/some noticeable change observed AEB clt calmly verbalizing his concerns. Mr. [redacted] states that he informed her that he didn't want to go. He also states that he informed her that he didn't want to go ... "To my momma house". Mr. [redacted] informed CM that he told her that he would rather stay with Mr. Nickles. CM informed clt that he would discuss this matter w/his supervisor/clt receptive.

[redacted]

6:15 p.m. While at clt's placement after hours, Mr. [redacted] presented to CM anxious stating that Maria was going to have me moved. CM redirected anxiety/some noticeable change observed via clt able to verbalize his thoughts to CM. Upon probing clt as to where Maria was going to have him relocated, clt unable to recall initially stating "I forgot the name of the street" and after briefly hesitating he replied, Independence House". He states that he informed her ..."I want to spend my year w/Mr. Nickles" – New Alpha (clt's current placement). Informed clt that CM would discuss his concerns w/CM's supervisor/report outcome. Clt receptive.

Meeting held to discuss clt's concerns.

Present at meeting: Ms. [redacted] ([redacted] mother); Mr. Rick Nickles – Care provider – New Alpha Foundation; Ms. Maria Marin – Program Director – The Link; Cornell Ruff –Program Coordinator/ CM's Immediate Supervisor, and Harry Reese.

Meeting initiated/attempted to discuss concerns verbalized by clts referencing removal from current living arrangement/CM under new program. The meeting was unproductive and opportunities to complete parties involved thoughts were hinder/crippled/minimized by Ms. Marin of which she identified the meeting as "Drama" and expressed that she didn't believe that the meeting was warranted. Upon CM discussing the imperativeness of the meeting, Ms. Marin rejected of which she stated that she had other worked to do. Ms. Marin also verbalized that she felt that CM was violating the clt's rights under HIPPA of which the CM informed Ms. Marin that HIPPA wasn't violated b/c the clients were receptive of the meeting/the central theme of the meeting was attempting to forcibly remove clt's from their placement. However, Ms. Marin violated HIPPA rules upon presenting another clt's first/last name during the meeting who has no involvement w/in the situation of which the meeting was called and resides w/in another placement. CM consistently attempted to discuss the importance of the meeting as it relates to the client's well-being and Ms. Marin found the rationale amusing to the point CM informed her that this wasn't a funny matter and that the clt's concerns were paramount – no noticeable change was observed AEB upon the vendor presented a question to her – "What do you have against the New Alpha program", Ms. Marin abruptly ended the meeting and walked out of the room. Mr. Ruff remained and informed Mr. Nickles that the Connections team had to problems w/his

program. Mr. Nickles inquired as to the method of resolving as to what he perceived as "defamation of character"

Ms. [redacted] verbalized her concerns regarding clt's placement/CM. Ms. [redacted] states that she didn't want Jackie Legette to be her son's CM b/c poor CM services. She also stated that she's satisfied where clt is currently placed.

HER08 (\\3DCOLAADM\HOMES)(H:)
Created: 10-19-12 @ 4:29 pm
Modified: 10-19-12 @ 5:11 pm
Accessed: 6-14-14 @ 9:52 am
Witness: [signature]

230

CLINICAL SERVICE NOTE

STAFF LIST
TIME: 15 For Staff: 1568 HARRY REESE
TIME: 15 For Staff: 0544 JAMES RIDDLE
TIME: 15 For Staff: 0322 CORNELL RUFF
TIME: 15 For Staff: 1781 JOANN BOARDS
TIME: 15 For Staff: 1784 HANNAH LATTA
TIME: 15 For Staff: 0950 HAROLD EDWARDS

Facility	3D COLUMBIA AREA MHC	**Cost Center**	3DZEA CONNECTIONS
Location	180 CONNECTIONS ACT	**Office**	035 ADULT INTENSIVE SERVICES
Place Of Service:	53 COMMUNITY MHC	**Svc Code:**	H017 03 MH SERVICES PLAN DEVELOPMENT BY NON PHYSICIAN
	Batchno: 296121555	**Group number:** Sched CIS:	**Group ID:**
Medicare Authorized Provider:	NONE	**Date:**	10/22/2012
Staff ID:	1568	**Time Service Provided:**	09:30 AM

Name: [redacted] **Cid:** [redacted] **Bill Time:** 15

Cancel/NS: **Ticket:** 40424693 **Audit:** 2395966 **Pmttp:** 04 **Modifier:**

GAF: **Incarc:** N

Problem: 0 PSYCHIATRIC

Emerg: 0 NORMAL HOURS, NO EMERGENCY

Treatment Goal / Focus: Discuss referral to the Connections Intensive CM Program

Note

Focus of Staffing and or Treatment Needs
Staff met w/tx team to discuss clt's referral to program. Staff informed team that upon reviewing clt's documentation via EMR, it was discovered the that Melvin Malone, clt's current Link CM, provided limited effort to engage clt w/in services which resulted w/in clt rejecting MH services; moreover, rejecting his monthly injection. Furthermore, staff informed team that to add injury to insult, clt's current Link CM petition the court for MH non-compliance when the Link CM failed to perform his job duties/to adhere to the guidance of the court ? to engage clt w/in essential MH service. Staff also recommended denying clt's referral; so that the Link CM could perform his job duties; however, he would adhere to the recommendation of the team. Discussion took place.

Physician Recommendations
Dr. Riddle recommended accepting clt into the Connections program of which the author would serve as CM.

Harry E. Reese Jr. MHP Signed by: Harry E. Reese
Reason:
Date & Time: 25 Oct 2012 4:47:22 PM

Svc Code: H017 03 MH SERVICES PLAN DEVELOPMENT BY NON PHYSICIAN **Cancel/NS:** **Bill Time:** 15 NO CHARGE WAS NOT INDICATED

Ticket: 40424693 **Audit:** 2395966 **Cid:** 8080585 **Name:** [redacted]

231

CLINICAL SERVICE NOTE

STAFF LIST
TIME: 15 For Staff: 1568 HARRY REESE
TIME: 15 For Staff: 0322 CORNELL RUFF
TIME: 15 For Staff: 0544 JAMES RIDDLE
TIME: 15 For Staff: 1784 HANNAH LATTA
TIME: 15 For Staff: 0950 HAROLD EDWARDS
TIME: 15 For Staff: 1781 JOANN BOARDS

Facility	3D COLUMBIA AREA MHC	**Cost Center**	3DZEA CONNECTIONS
Location	180 CONNECTIONS ACT	**Office**	035 ADULT INTENSIVE SERVICES
Place Of Service:	53 COMMUNITY MHC	**Svc Code:**	H017 03 MH SERVICES PLAN DEVELOPMENT BY NON PHYSICIAN
	Batchno: 296121555	**Group number:** Sched CIS:	**Group ID:**
Medicare Authorized Provider:	NONE	**Date:**	10/22/2012
Staff ID:	1568	**Time Service Provided:**	09:30 AM

Name: [redacted] **Cid:** [redacted] **Bill Time:** 15

Cancel/NS: **Ticket:** 40424693 **Audit:** 2395966 **Pmttp:** 04 **Modifier:**

GAF: **Incarc:** N

Problem: 0 PSYCHIATRIC

Emerg: 0 NORMAL HOURS, NO EMERGENCY

Treatment Goal / Focus: Discuss referral to the Connections Intensive CM Program

Note

Focus of Staffing and or Treatment Needs
The author met w/tx team to discuss clt's referral to the Connections program. Client missing a number of esseitals services which to include his monthly injections due to clt's inability to bond with the Link CM. Discussion took place of which the author verbalized his thoughts/informed the team that the authour would adhere to the guidance/recommendation of the team.

Physician Recommendations
Dr. Riddle recommended accepting clt into the Connections program of which the author would serve as CM.

Harry E. Reese Jr. MHP Signed by: Harry E. Reese Reason: Date & Time: 30 Oct 2012 5:50:05 PM

J. Riddle MD Signed by: James F. Riddle Reason: Date & Time: 31 Oct 2012 4:55:43 PM

The form has been signed 2 times. Reason: To modify documentation as advised

Svc Code: H017 03 MH SERVICES PLAN DEVELOPMENT BY NON PHYSICIAN **Cancel/NS:** **Bill Time:** 15 NO CHARGE WAS NOT INDICATED

Ticket: 40424693 **Audit:** 2395966 **Cid:** 8080585 **Name:** [redacted]

237

Harry Reese

From: Harry Reese
Sent: Tuesday, October 23, 2012 12:22 PM
To: John Brown
Subject: FW: One o'clock meeting.

Importance: High

Mr. Brown:

I've contacted Ms. Ritter and she states that she's unable to attend today's meeting due to being short staff at her place of employee. However, Ms. Ritter states that if another meeting is scheduled, show would like to attend to verbalize her concerns openly and respectfully; moreover, to get her concerns addressed.

In regards to Mr. Nickles, he states that he will be present.

I look forward to meeting with you on today to address any issues and concerns that may have arisen after our meeting that I wasn't made aware of.

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, October 23, 2012 12:09 PM
To: John Brown
Subject: RE: One o'clock meeting.
Importance: High

Dear Mr. Brown:

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Thank you for your response. For the record, I've always treated Maria and any other personnel within a professional matter. Moreover, Maria nor Cornell, whom were both present in our previous meeting, "haven't" discuss any inappropriate behavior with me that I've allegedly displayed since that meeting. With that being said, I dumbfounded as to the reason that my professionalism is now being challenged. I'm in the process of contacting Ms. Ritter, the parent of a client that was present, and Mr. Nickles, the vendor, to attend this meeting to discuss any and all inappropriate behavior allegedly by me or perhaps management.

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: John Brown
Sent: Tuesday, October 23, 2012 9:24 AM
To: Cornell Ruff; Maria Marin; Harry Reese
Subject: One o'clock meeting.

I want to have two meetings. One with me and the supervisors at one o'clock today and then I will schedule a meeting with Harry and whoever else I think needs to be in the meeting.

In the meantime Harry I want you to treat Maria if you have contact with her in a professional manner in speech and conduct.
John Brown

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HER08 (\\3DCOLAADM\HOME$)(H:)
Created: 10-24-12 @ 8:05am
Modified: 10-24-12 @ 8:05am
Accessed: 6-14-14 @ 9:58pm
Witness:

[redacted] Generic 10-25-12 9:20 a.m.

The author accepted CM as of 10-25-12. Met w/clt at his home to re-engage clt into service. Clt presented well; provided eye-contact; and was cordial throughout the session. CM discussed the importance/pleaded w/clt to re-engaged in MH services which to include receiving his injection/seeing the psychiatrist. Mr. [redacted] rejected MH services stating that his attorneys – Mr. James Mann and Mr. Michael Lumpkin advised him that he had no longer had to receive MH services. He states..."They told me to stay away from you people (MH). I'm no longer in your system". Clt provided verbal permission for the author to contact/inquire of his attorneys of the guidance that clt alleged the attorneys offered. Clt rejected engaging w/in an assessment to evaluate MH status; however, he responded to a limited number of probing questions presented – denied voices and SI/HI of which he replied, "I'm fine Harry" and self-reported med compliance. Upon probing regarding med compliance, I declined to respond/respectfully requested CM to leave.

9:40 a.m. Research Mr. James Mann's contact info via the internet. Contacted number located to discuss clt's current status w/the attorney/to request the attorney to consult/advise clt to re-engage w/in essential MH services. CM was informed by the receptionist that Mr. Mann had retired/was no longer in the office. In addition, she researched and informed CM that the current law firm didn't represent clt; the receptionist referred CM to Mr. Jenkins Manns' office and provided contact info. CM thanked receptionist for her time.

9:55 a.m. CM contacted Mr. Jenkins Mann and inquired of clt. Mr. Mann states that he had no recollection of clt. Mr. Mann also informed CM that he was a criminal attorney and would have referred clt to another attorney regarding MH guidance. Mr. Mann denied working w/Mr. Lumpkin and upon CM's request, Mr. Mann research and provided CM w/Mr. Michael Lumpkins' contact info. CM that Mr. Mann for his time/assistance.

10:03 a.m. Initiated contact w/Mr. Lumpkin – effort unsuccessful; left voice message.

10:10 a.m. CM contacted Mr. [redacted], clt's brother, and inquired of attorneys provided by clt. Mr. [redacted] confirmed that both Mr. James Mann and Mr. Michael Lumpkin were criminal attorneys that aiding clt w/in past legal issues. He further informed CM that the attorneys have had no contact w/clt in..."Probably 15 or 20 years or so". Mr. [redacted] also offered Ms. Pat Hicks as clt's past Social Worker that CM could contact as a resource. He states that Ms. Hicks interviewed clt during his hospitalization at Bryans. Mr. [redacted] states that he would attempt to contact Mr. Mann discuss outcome of the communication w/CM. CM thanked Mr. [redacted] for his time/assistance.

10:25 a.m. CM contacted Ms. Pat Hicks to determine of she would recall clt/discuss current clt's current status/to request her assistance w/aiding CM w/in re-engaging clt into services. Ms. Hicks was able to recall clt stating that she has known clt for about 20 years. She informed CM that she was unable to visit clt's home on today; however, she could visit the clt's home w/CM

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on Friday, 10-26-12. Ms. Hicks was unable to provide CM w/a time that she would be able to aid CM due to..."I'm not in my office now, but I'll call you later w/a time". CM thanked Ms. Hicks for her time/willingness to assist.

10:35 a.m. CM again initiated contact w/Mr. Lumpkin; CM's effort unsuccessful; left message via voice mail.

11:15 a.m. Mr. [redacted] contacted/informed CM that he contacted Mr. Mann's office and was informed by the receptionist that Mr. Mann had retired.

12:30 p.m. Mr. Lumpkin returned CM's call. He states that he was familiar w/clt and was his criminal attorney. He states that he was retired and that his law license was inactive; therefore, he couldn't legally advise clt. CM thanked Mr. Lumpkin for his time.

HER08 (\\3DCOLAADM\HOME$)(H:)
Created: 10-26-12 @ 8:05 a.m.
Modified: 10-26-12 @ 8:50 am
Accessed: 6-14-14 @ 9:50 a.m.
Witness: [signature]

336

[redacted] Generic 10-30-12

Please refer to 10/25/12 Generic CSN: CM elicited the aid of Ms. Pat Hicks, Nurse Manager in hopes to re-engage clt w/in MH services. Clt initially receptive of MH staff visit of which he immediately recognized Ms. Hicks AEB smiling and calling her by her name. Ms. Hicks asked a series of probing questions of which clt offered delusional responses – Clt initially stated that he was med compliant and had meds readily available; however, informed the Nurse/CM that he was out of meds. He further stated that his attorney "Mr. Mann and MR. Lumpkin"... "Will be here on today or tonight to bring me my meds. They got them refilled". When asked as to the last visit/attorneys, clt replied, "I've seen them a couple of times and I called them". CM discussed the communication w/MR. Lumpkin w/clt of which clt contented that he had recently spoke w/the attorneys. Clt states that he was seeing a psychiatrist; however, declined providing psychiatrist name upon request. Clt rejected any involvement w/family members. Clt also accused CM of "Messing with my money. Got those people not giving me any money back from my check". Ms. Hicks informed clt that no cash back placed on clt's check was established years before current CM received his case. Clt was unreceptive of the nurse's rationale. Consequently, clt became agitated stating that "I'm tired of these 20 questions". Redirecting produced no noticeable change of which clt abruptly ended session and walked away to return to his upstairs bedroom. After Mr. [redacted] left, a discussion took place of which the nurse offered some history of clt and encouraged CM to contact Mr. Greg Oates, former CAMHC Transition CM to seek aid w/in re-engaging clt into service. CM thanked Ms. Hicks for her time. Upon returning to the jobsite, CM initiated contact w/Mr. Oates at his Fairfield's MH office to request his assistance. CM's effort was unsuccessful/left message via voice mail. At the time of documenting this note, Mr. Oates hadn't returned CM's call.

HER08 (\\3DCOLAADM\HOME$)(H:)
Created: 10-30-12 6:01 p.m.
Modified: 10-30-12 6:16 pm
Accessed: 6-14-14 9:57 pm
Witness: [signature]

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Columbia Area Mental Health Center Intranet

Columbia Area MHC 2012 Employee of the Year Nurse Manager Patricia "Pat" W. Hicks



There are many reasons why we believe Nurse Manager Patricia "Pat" W. Hicks deserves to be Employee of the Year, but I'll begin with the most important one first: her clear and evident display of total commitment to the clients she serves. Ms. Hicks has been with Columbia Area since 1988 and with DMH for 28 years. Ms. Hicks unselfishly gives of her time day in and day out with dedication and without complaint. We have observed her going the extra mile for any client who needs it. Ms. Hicks is well liked and extremely respected by every client she has ever had a hand in helping.

Recently when the Carter Street Residential Program RN unexpectedly resigned, Ms. Hicks stepped in to provide direct RN services to over 50 clients daily, in addition to maintaining her essential responsibilities at Independence House/Homeshare. When she undertook that responsibility, we knew it would mean that she would have very little time for anything or anyone else; however, she still found time to provide needed consults with the clinicians and program coordinators. As her supervisor, I was concerned about the cumbersome workload she had on her shoulder, so I would constantly ask what I could do to help, knowing full well that I did not possess the skills or credentials to give her what she actually needed. Instead, I aggressively sought out an RN to work in a temporary position while waiting to hire a permanent RN.

Each time we thought we had a suitable RN temporary to provide some relief for Ms. Hicks, the temporary RN would unfortunately end-up "not" working out for the needs of the program. Well, this carried on for what seemed like an eternity. I can only imagine the stress and strain that Ms. Hicks was under, but there she was each day, showing up to work, giving injections, linking clients to needed services. She was also assisting in psychiatric medical assessment clinics (PMA clinics), reviewing lab results, ordering medications, checking vitals. I dare not fail to mention, checking on the ever so important little scratch or small bump that a client just had to know was not a serious medical condition. Yes, she just had a way of making time for it all. That is why the clients and staff all genuinely care about her the same way.

Not only does Ms. Hicks care about her clients, but also she also equally cares about her co-workers. She has one of the most generous spirits I have ever seen. On any given day, we would walk into the office and find a special treat waiting. She enjoys baking, cooking and creating special decorations to mark the season or holiday. Many staff at CAMHC have had the privilege of working with Ms. Hicks, and they have all said the same things about her that I have already mentioned. I truly do not know anyone who thinks differently.

Ms. Hicks is a walking human resource for several different areas: Nursing, co-occurring disorders, alcohol and drug issues, NAMI, and so many others. Repeatedly, family members have called or stopped by the office, to inquire about one thing or another, and no matter what she was doing, Ms. Hicks would take the time to answer their questions and help ease any concerns they had. That is classic Ms. Pat Hicks.

Finally, I would like to conclude by saying that Ms. Hicks has the healthiest sense of humor. She likes to lift others' spirits by sending a quick comical email or tell a quick story about something that happened to her. Her laugh is so infectious that if you are not in the room, and overheard her laughing, you would be making your way in the direction of her laughter just to have your tickle box touched. So for all of the aforementioned reasons, we firmly believe that Ms. Patricia W. Hicks should be named Employee of the Year.

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Harry Reese

From:	Harry Reese
Sent:	Wednesday, October 31, 2012 9:33 AM
To:	Vickie Brown
Subject:	Harassment
Importance:	High

Good Morning Ms. Brown:

I hope that all is well. Ms. Brown, please email me literature referencing the agency's Harassment policy.

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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Maria Marin

From:	Harry Reese
Sent:	Wednesday, October 31, 2012 11:09 AM
To:	Cornell Ruff
Cc:	Maria Marin; Melvin Malone
Subject:	Melvin's Concern *PGP*
Importance:	High

Dear Mr. Ruff:

Melvin has requested that I provide him with a rationale as to the reason I printed and presented Mr. [redacted] CSN to management rather than discussing the issue with him. Therefore, to address this matter holistically, I'm requesting a brief meeting with you, Maria, and Melvin to address his concerns referencing him.

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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Maria Marin

From:	Maria Marin
Sent:	Thursday, November 01, 2012 11:31 AM
To:	Melvin Malone
Cc:	Maria Marin
Subject:	New Referrals and Things to Do

Melvin,

Let's talk about these concerns that Harry has sent us in various emails. I spoke with Cornell about the meeting that Harry is asking for with respect to S.L.

I advised that we, as Coordinators talk about Harry's concerns solely between Coordinators. Cornell disagreed and thought that maybe we needed to go through treatment team. However, I did say that since Harry is the case manager that would be his treatment team. I also said that I'd like to diffuse the situation to avoid a spectacle.

Cornell said that all of Harry's concerns are in the SPD. So you and I will meet to discuss the SPD and that should remedy the situation.

Maria

[redacted] IND TX 11-7-12

The function of services was to re-engage clt w/in MH services. (I) Thanked Mr. [redacted] for his receptiveness towards services; requested clt to discuss obstacles that caused him to reject services/discussed the importance of a mutual relationship amongst therapist/clt; allotted time for self-expression; attentively listened/ acknowledged clt's response; encouraged/counseled clt of the importance of receiving ongoing MH services/med compliance; requested clt to discuss current needs/his expectations from current CM; discussed expectations of clt – attending weekly individual sessions/active participation w/in the TX/recovery process/med compliance; distributed/reviewed current TX plan/inquired as to whether or not clt desired to continue to work towards achieving stated goals; and monitored for acute symptoms throughout the session; and accompanied clt home to continue assessing well-being. (R) Mr. [redacted] states that he stopped attending services b/c the former CM..."Didn't act like he cared"/clt acknowledged the importance of the therapist/clt relationship; Mr. [redacted] offered some eye-contact upon CM counseling him of the benefits of MH services/med compliance of which he replied, "I take my meds Harry". He discussed some concerns in regards to getting the meds the doctor prescribed during today's PMA/receptive of CM's plan to ensure that he receives his meds; Clt's Expectations of Staff: "I need more money/I need to get to the store every week Harry". Clt requested CM to communicate w/the payee to see if he could get the dollar limit per month/states that he's been walking to the store and carrying the bags home. Clt receptive of CM's plan to aid clt w/in addressing his current needs. Staff's Expectations: Clt was receptive ot meeting w/staff 1x weekly/attending dr.'s appts as scheduled/enthusiastically informed CM that he would take his meds; no AVH were observed during session/while accompanying clt home. (P) Some Progress – receptive of services; cordial throughout; stable at end of session. (P) CM to visit clt's home to provide services w/in aiding clt to achieve his TX goals; evaluate well-being, and aid w/in ensuring med compliance.

After session, faxed prescriptions to pharmacy/contacted payee – Keisha/MIRCI, and discussed clt's need. Ms. Keisha informed CM that clt's funds couldn't be increase due to the limited amount that he receives from SSI. She also informed staff that clt had a saved balance in his acct.

HER08 (\\3DCOLAADM\HOME$)(H:)
Created: 11-9-12 @ 3:55 pm
Modified: 11-9-12 @ 3:39 p.m.
Accessed: 6-14-14 @ 9:52 pm
Witness: [redacted]

342

Subject: Formal Meeting Request

From: Harry Reese (HER08@SCDMH.ORG)

To: JHM03@SCDMH.ORG; RLB93@SCDMH.ORG; JAB35@SCDMH.ORG;

Cc: CAM35@SCDMH.ORG; CYB17@SCDMH.ORG; VWG43@SCDMH.ORG;

Date: Monday, December 3, 2012 9:04 AM

Dear Mr. Magill:

I am requesting a meeting with you in the near future, to include the following Columbia Area Mental Health Center (CAMHC) staff members; a parent of a client diagnosed with a mental illness as well as a housing provider. The purpose of the meeting is to address a number of egregious concerns that may possibly lead to legal recourse. These concerns consistently distract my efforts to advocate and enhance the quality of lives of those we serve. In fact, in one case, a clients' life has been placed in jeopardy. This claim can be supported through documentation found in the EMR. Mr. Magill, without question, I'm aware that you hold a demanding post; however, my ongoing efforts to address these concerns have produced unfavorable results. My efforts to advocate for our clients have been described as a spectacle by a manager; moreover, this same manager demeaned my efforts to a subordinate staff. In this meeting, I would also like to discuss a concern that was presented to me on November 26, 2012 by a CAMHC senior manager.

Parent
Ms. Sharon Ritter

Vendor
Mr. Rick Nickles

CAMHC Staff
Dr. Robert Bank - Executive Director
Mr. John Brown - Director of Adult Intensive Services
Mrs. Maria Marin - Program Director - The Link
Mr. Cornell Ruff - Program Director/Immediate Supervisor - Connections

I'm also requesting that this meeting be recorded.

The following individuals will be referenced in my completed report (not an exhausted list):
Ms. Eleanor Odom, Director - SCDMH Director of Human Resources
Ms. Vicki Brown - Director of Human Resources
Mr. George Morris - Case Manager - New Horizon
Mr. Melvin Malone - Case Manager - The Link
Ms. Jackie Legette - Case Manager - The Link
Ms. Rhonda Sims

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It was my intent to provide you with my report on Friday, 11/30/2012; however, I have a relative that is terminally ill who passed away on Sunday, December 2, 2012. I will exhaust all effort to have the reported completed and submitted to you by Monday, December 10, 2012 with supporting documents.

CC: Ms. Connie Mancari
Ms. Carolyn Baldwin
Ms. Veronica Gates

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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PALLBEARERS

Family and Friends

FLORAL BEARERS

Family and Friends

WEEP NO MORE FOR ME

Weep no more for me
Shed not another tear.
For though my body's gone
My spirit is still here.
No more suffering, hurt or pain,
I've gone home to be with God
And that's a far greater gain,
I'll look upon the faces of my parents,
And loved ones who have gone on home.
Fret not for me anymore.
I'm at peace and no more to roam.
If you see my family and they appear to be sad;
In remembrance of me try to make them glad.
My life has been happy, fulfilled, and long.
I know that you will miss me but
it's now time to take my rest.
I know that all of you love me but
Jesus loves me best.
So weep no more for me,
Shed not another tear.
For though my body's gone.
My spirit is still here.

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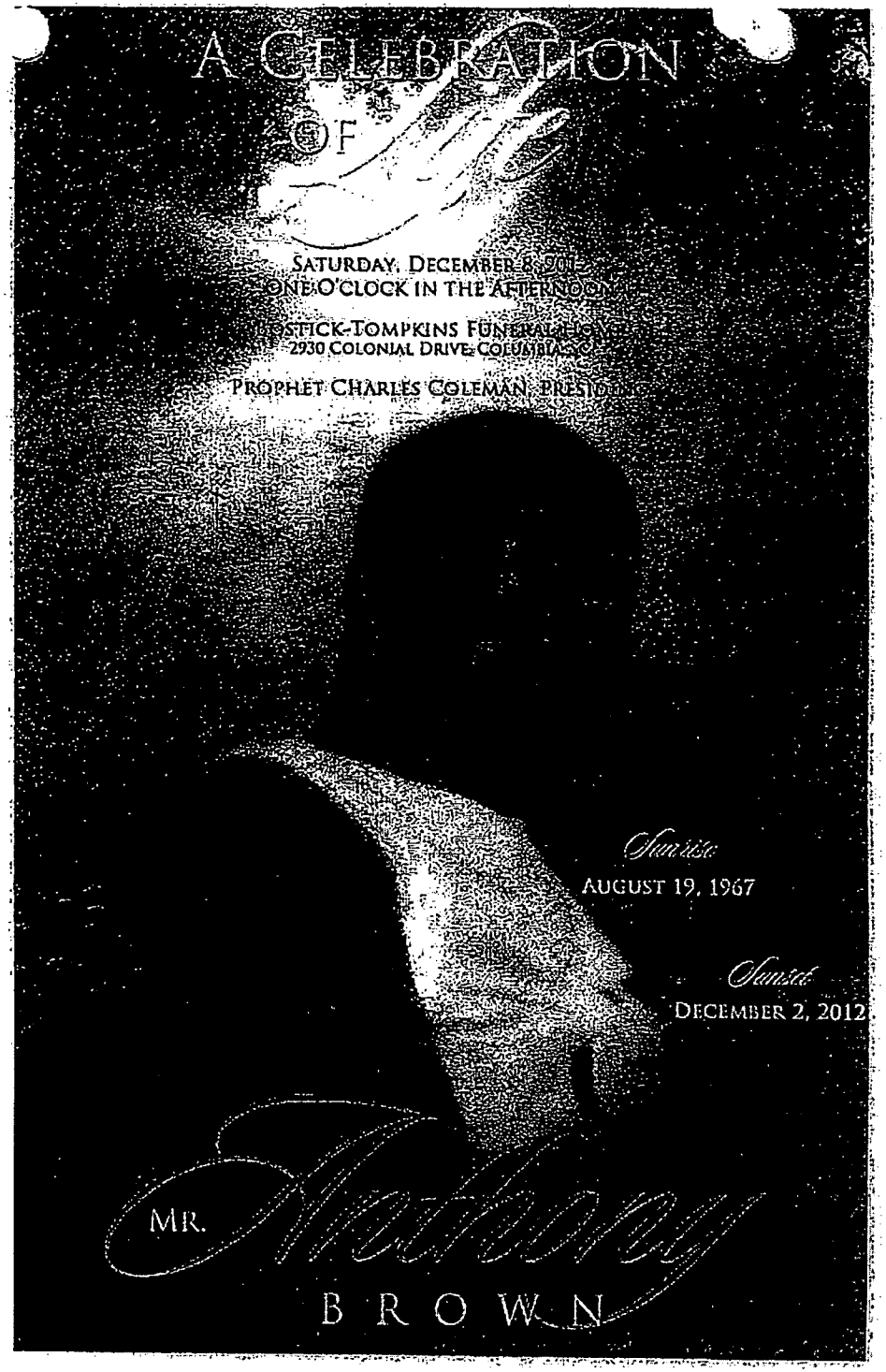
FAMILY ACKNOWLEDGMENT

The family of the late Mark Anthony Brown would like to express their heartfelt thanks for the acts of kindness shown them during their time of bereavement. May God bless you all.

Bostick-Tompkins Funeral Home
2930 Colonial Drive
Columbia, SC 29203

Bostick-Tompkins
"Service By Professionals"

Willie A. Tompkins, Director
(803) 254-2000
bostick tompkinsinc.com



MI MARK ANTHONY BROWN

My Story

I have fought a good fight, I have finished my course, I have kept the faith: Henceforth there is laid up for me a crown of righteousness, which the Lord, the righteous judge, shall give me at that day: and not to me only, but unto all them also that love His appearing."

II Timothy 4:7-8

Mark Anthony Brown, son of Ida Mae Brown and the late Daniel Goodwin was born on August 19, 1967 in Columbia, South Carolina. He took his walk with Jesus on Sunday morning, December 2, 2012 at his home, surrounded by those who loved him most.

He was affectionately known as "Markie" by family and friends. He was educated in the public schools of Richland County. Throughout his life, he was employed with several companies in the Columbia area, including Sodexo (USC), the Marriott and McDonald's. He had a great love for horticulture. He was a loving and devoted father, brother, uncle and friend.

"Markie" was preceded in death by his father, Daniel Goodwin, and by his grandmother, Daisy Patterson.

Those left to cherish his memories are his loving mother and stepfather, Ida Mae Nelson and Joseph Nelson; his devoted wife, Alma Eriwn Brown; one son, Mark Anthony Brown, Jr.; a stepdaughter, Gabriella Simone Myers; two brothers, Rodney F. Brown and Michael Williams, all of Columbia, South Carolina; his mother- and father-in-law, Gloria Dawkins Kelley and Charles E. Kelley of Eastover, South Carolina; one sister-in-law, Rozikta Dennis; four brothers-in-law; eighteen aunts and even more uncles; and a host of nieces, nephews, other loving relatives and dear friends who bear witness of his life and time.

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ORDER OF SERVICE

PROPHET CHARLES COLEMAN, PRESIDING

Prelude

Processional

Hymn of Praise ..... "Lead Me"

Scripture Reading

Old Testament ..... Psalm 90:1-2
New Testament ..... II Thessalonians 4:13-18

Prayer of Comfort ..... Prophet Charles Coleman

Solo ..... Mrs. Angela Bryant

Remarks ..... Chaplain Orlando McCauley
Robert Cornish

Solo ..... Brother Perry Jordan

Words of Comfort ..... Bishop Kevin Nelson
Pastor, Fruit of The Spirit Christian Fellowship Church, Columbia, SC

Closing Prayer and Benediction ..... Bishop Kevin Nelson

Recessional

SERVICES OF COMMENDATION
Committal, Closing Prayer, Benediction & Interment

Serenity Memorial Gardens
1101 Buckner Road • Columbia, South Carolina

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Obituary & Guest Book Preview for Mark Anthony Brown

Email

Mark Anthony Brown Obituary (Archived)
Published in The State on Dec. 8, 2012

First 25 of 174 words: Mark Anthony Brown COLUMBIA - A homegoing service for Mr. Mark Anthony Brown will be held Saturday, December 8, 2012, 1:00 p.m. at Bostick-Tompkins Funeral...

View Full Obituary & Guest Book for Mark Brown

Mark Brown Guest Book | View 1 of 1 Entry:

View Full Obituary & Guest Book for Mark Brown

Ways to View

Restore Obituary & Guest Book

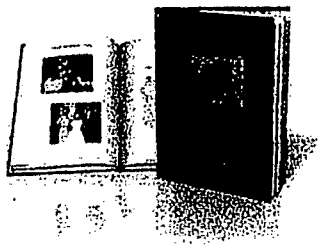
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Harry Reese

From: Harry Reese
Sent: Friday, January 30, 2015 3:58 PM
To: Harold Edwards
Subject: Witnessing Documentation
Attachments: 2012 Documentation Worker's Comp 1-30-15.pdf

Importance: High

Harold:

Attached are a copy of the redacted documents that I requested that you witness as it relates to the dates the documents were created, modified, and accessed. Since you are a witness for SC Department of Mental Health/Columbia Area Mental Health during my upcoming Worker's Comp hearing, I thought that it would be best for another CAMHC employee (Mr. Thomas Mercer) to witness the documents to prevent any claims of conflict of interest. I do apologize for putting you in this position. I visited your office on today to discuss this matter and unfortunately - you were out in the field.

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

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248

Harry Reese

From: Harry Reese
Sent: Thursday, August 22, 2013 8:48 AM
To: Rhonda Sims
Subject: Alleged Dual Relationship Report

Importance: High

Ms. Sims:

I'm aware that you have a hectic work scheduled, but I'm once again requesting a copy of your findings of the alleged dual relationships amongst Rick Nickles (New Alpha Foundation Director) and myself. If possible, may I receive a copy by the end of the work day.

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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249

Harry Reese

'm: Rhonda Sims
nt: Thursday, August 22, 2013 3:07 PM
'o: Harry Reese
Subject: RE: Alleged Dual Relationship Report
Attachments: Attached Image

Harry,
Here's the requested Compliance report. The blacked out areas are the names of other staff that I spoke with.

From: Harry Reese
Sent: Thursday, August 22, 2013 8:48 AM
To: Rhonda Sims
Subject: Alleged Dual Relationship Report
Importance: High

Ms. Sims:

I'm aware that you have a hectic work scheduled, but I'm once again requesting a copy of your findings of the alleged dual relationships amongst Rick Nickles (New Alpha Foundation Director) and myself. If possible, may I receive a copy by the end of the work day.

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hanks,
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Harry Reese

From: Robert Bank
Sent: Friday, August 09, 2013 12:37 PM
To: Harry Reese; Deanna McNeil
Cc: Harold Edwards; Maria Marin; Melvin Malone; Vickie Brown; Sheila L. Mills; Rochelle Caton
Subject: RE: Meeting Request

There will be no meeting at this time. When there is a report of abuse or neglect the policy will be followed. Any discussions will occur after the investigation.

From: Harry Reese
Sent: Friday, August 09, 2013 11:28 AM
To: Deanna McNeil; Robert Bank
Cc: Harold Edwards; Maria Marin; Melvin Malone
Subject: RE: Meeting Request

Dr. Bank & Dr. McNeil:

I'm also requesting that the client in question mother, grandmother and Mr. Rick Nickles be present during this meeting again; so that, "**ALL**" the facts and truth can be presented. The client's mother text message to Mr. Nickles also needs to be presented.

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: Friday, August 09, 2013 10:44 AM

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To: Deanna McNeil; Robert Bank
Cc: Harold Edwards; Maria Marin; Melvin Malone
Subject: Meeting Request
Importance: High

Dr. Bank and Dr. McNeil:

I'm requesting a formal meeting which to include Mr. Harold Edwards 9my immediate supervisor), Ms. Maria Marin and Mr. Melvin Malone and the client in question ASAP to place "ALL" the facts on record; moreover, to minimize confusion and the false accusations charged against me.

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
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Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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HER08 (\\3DCOLAADM\HOME$)(H:)
Created: 8-16-13
Modified: 8-16-13
Accessed: 9-14-14
Witness: E-mail

McClain Generic 8-9-13

Ms. McClain initiated contact w/CM and left voice message stating that she needed to communicate w/CM; however, didn't provide details. CM initiated return call; however, CM's effort was unsuccessful. Shortly thereafter, clt's TCM Coordinator informed CM that clt contacted/informed her that she was evicted from her sister home due to Housing Authority rules – clt couldn't remain in her sister's home that residing until a housing project. The TCM Coordinator informed CM that clt was distraught and walking down Broad River Road of which her sister's apartment is located. The Coordinator stated that once she inquired of suicidal ideations, clt disconnected the call. CM requested that the Coordinator assist CM w/in locating clt and placement/Coordinator receptive. CM consistently initiated contact w/clt via office/state cell phone; however, was unable to connect w/clt. Therefore, the CM/Coordinator decided to canvass the area to locate clt. The CM/Coordinator's efforts to secure placement was unsuccessful; therefore, CM initiated contact w/the Director of Outpatient Services /Supervisor to inquire as to whether or not CM could use the procurement card to house clt at a hotel over the weekend until appropriate placement could be secured. The Director of Outpatient Services /Supervisor was unavailable; therefore, CM visited the Business office to request Crisis Housing funds and was informed that they were unable to release any funds because of the the administrators whose signatures are required, weren't present. Therefore, the fiscal tech contacted one of the administrators to gain guidance/authorization to release funds to assist clt in securing placement. The administrator inquired as to the reason for the funds/CM informed the administrator that the client was previously evicted from her home and went to reside with her sister; was evicted from sister's apartment to due housing regulations; discussed diagnosis – Major Depressive Disorder, Recurrent, Severe Without Psychotic Features/hx of suicidal attempts; and informed the administrator that client was distraught and walking down Broad River Road/ongoing efforts to contact her wet unanswered/efforts made to secure housing. The administrator begun badgering the CM and stated that..."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". At the time, the call was disconnected of which during the entire conversation, the Fiscal Tech phone had disconnected the call a total of three time – technical issues. Ultimately, CM was unable to receive Crisis Funds to aid clt in securing placement; therefore, CM return to his office so that he and the Coordinator of locate clt; assess well-being, and provide assistance w/in seeking housing. Shortly before leaving the clinic, at 4:26 p.m., Ms. McClain contacted/informed CM that she was currently at her place of employment. CM requested to visit /clt receptive; therefore the CM/Coordinator visited clt at here job. CM once again initiated contact w/Ms. Bonnie of Cambridge house to inquire of placement of which the CM's effort was successful. Inquired of placement/informed Ms. Bonnie of clt's current work status; Ms. Bonnie acknowledged/accepted clt into her placement. Upon arrival, clt's affect was flat; however, she denied SI. Informed clt the CM had secured placement for her w/Cambridge House. However, clt informed CM that he sister that resides on Decker allowed her to reside in her home of which, according to the client, isn't a housing property. CM provided clt CM's state cell phone number and encouraged clt to contact CM if needed. Clt receptive.

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Harry Reese

From: 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
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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Harry Reese

From:	Rhonda Sims
Sent:	Thursday, August 22, 2013 3:07 PM
To:	Harry Reese
Subject:	RE: Alleged Dual Relationship Report
Attachments:	Attached Image

Harry,
Here's the requested Compliance report. The blacked out areas are the names of other staff that I spoke with.

From: Harry Reese
Sent: Thursday, August 22, 2013 8:48 AM
To: Rhonda Sims
Subject: Alleged Dual Relationship Report
Importance: High

Ms. Sims:

I'm aware that you have a hectic work scheduled, but I'm once again requesting a copy of your findings of the alleged dual relationships amongst Rick Nickles (New Alpha Foundation Director) and myself. If possible, may I receive a copy by the end of the work day.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
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256

Harry Reese

From: CAMHC/CSS <3dca1im45-pr@scdmh.org>
Sent: Thursday, August 22, 2013 3:03 PM
To: Rhonda Sims
Subject: Attached Image
Attachments: 1291_001.pdf

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

COMPLIANCE

REPORTING FORM

Facility/Center/Administration & Location:	Columbia Area MHC
Date:	11/8/12
Identification Number:	10.22.12

Suspected Violation of Compliance Policy, Regulation or Statute (Please be specific. Include full names of people involved, events as they appeared to you and any actions you have taken.):

Received an anonymous call 10/22/12 on the DMH Compliance Hotline asking for an investigation of an alleged "dual relationship" between Harry Reese (counselor), Columbia Area MHC, and Rick Nichols, New Alpha. Reporter alleged that counselor has a "silent partner" relationship with New Alpha and routinely refers clients to New Alpha. The reporter said that SPDs for counselor's clients need to be reviewed. The reporter alleged Medicaid fraud regarding transportation of counselor's clients to New Alpha.

On 10/23/12, the reporter called again and stated, the 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. The reporter further alleged that counselor and New Alpha have worked together to create more transportation for counselor's clients.

If additional space is needed please use the "Continued" section following this form.

Every employee has an obligation to make a good faith report of any activity within the agency that appears to violate compliance policies, regulations or statutes.

When an employee uses one of these options to make a good faith report of an apparent violation, there will be no retribution.

You may request responsive, non-confidential information resulting from your report by contacting your Corporate Compliance Officer or the Director of Corporate Compliance.

I have read and understand the above and voluntarily submit this information. I understand that discretion will be utilized in investigating my concern.

Albert Patrick	11/8/12
Employee Name (printed)	Employee Signature and Date

Legend: White - Compliance Officer Pink – Director Canary - Reporting Employee

cc:

SCDMH FORM FEB. 99 CC-1

Reporting Form
(Continued)

This is in response to a report dated 11/8/12 that was reported on the DMH Compliance Hotline on 10/22/12 (CAMHC Report 10.22.12)

I spoke with the following staff regarding the allegations in the report including Harry Reese, Mental Health Counselor, [redacted] I also reviewed medical records and SPD notes of multiple clients in the Adult Intensive Service Programs as well as Transportation Requests completed by the Administrative Support Staff

I found no evidence of a dual relationship between Harry Reese and Rick Nichols of New Alpha. I did find that several staff in the Adult Intensive Programs refer clients to the New Alpha Boarding Home because of the level of structure and the location of the home. The staff has found that these factors positively contribute to the client's continued sobriety. In reading the SPD notes of several clients that were transferred from Harry Reese's caseload to another program, there was a recommendation that for some clients to remain in current living situations and with current treatment regimen. There was some disagreement among the staff and clients regarding living arrangements. These issues should be addressed in treatment teams and through clinical and administrative supervision.

In talking with [redacted] makes the transportation arrangements for clients based on their scheduled appointments. She also makes transportation arrangements for some LRADAC appointments. While Logisticare (Transportation Provider) does not allow requestors to specify providers, she does request New Alpha when she schedules for these clients because the owner is a transportation provider. She does this for all of the New Alpha clients regardless of who the Case Manager is.

One thing I did note was that transportation is arranged through Logisticare for clients attending the Double Trouble Group. Since Double Trouble is not a medicaid billable service, transportation should not be arranged for clients to attend this group if clinical staff is not billing the service.

The Senior Manager and [redacted] were informed of this and the practice is being discontinued.

[redacted] (CI)

259

Harry Reese

From: Harry Reese
Sent: Friday, August 30, 2013 12:26 PM
To: Rhonda Sims
Cc: Harold Edwards
Subject: FW: Lewis Pardee *PGP*
Attachments: Pardee Adverse Incident Report 8-30-13.pdf

Importance: High

Ms. Sims:

Please see the attached document.

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
)3) 898-0851
·ax: (803) 898-4040

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From: Harry Reese
Sent: Thursday, August 29, 2013 10:46 AM
To: Deanna McNeil
Cc: Harold Edwards; Maria Marin
Subject: Lewis Pardee *PGP*
Importance: High

.e author received a call from Mr. Rick Nickles (New Alpha Foundation Director/caretaker) on today .tating..."I had no other choice but to contact you because Melvin and Maria don't return my calls or even call

260

me to let me know what's going on". He further states that even since the August 8th alleged incident neither Melvin nor Maria has contacted him to discuss the alleged incident.

Mr. Nickles informed the author that Mr. Pardee was displaying bizarre behaviors on Tuesday night (8-27-13). He further states that his staff reported that clt didn't take his usual smoke break during the hours of 9:00 p.m. and 10:00 p.m. on Tuesday night. He further states that his staff informed him that Mr. Pardee retired to his sleeping quarters early that night and sat on the edge of his bed. Mr. Nickles reports that Mr. Pardee missing his cigarette break and retiring to his sleeping quarters early were unusual behaviors observed of the clt. In addition, Mr. Nickles states that once observing clt in his sleep quarters, Mr. Pardee was sitting at the edge of the bed sitting in a pool of urine. Mr. Nickles states that his staff asked probing questions to inquire of clt's well- being. Mr. Nickles states that upon his staff inquiring of clt's well-being, Mr. Pardee verbalized medication concerns of his Seroquel as to his unusual behaviors. Mr. Nickles states that in the past, Mr. Pardee required Seroquel adjustments due to the strength of the medication being too low or too high. Mr. Nickles states that his staff requested and encouraged clt to visit the ER for an evaluation and Mr. Pardee rejected. Mr. Nickles also states that staff requested clt to visit the bathroom. Mr. Pardee was receptive. Mr. Nickles states that his staff observed clt continuing urinating as he was walking to the bathroom as if he couldn't control his urine.

Mr. Nickles states that clt continued displaying bizarre behaviors on Wednesday (8-28-13); therefore, he asked probing questions to evaluate clt's well-being. Mr. Nickles stated that Mr. Pardee became forthcoming informing him that Mr. James Lewis provided him with a total of six Ativans while attending the Bridges Program on Tuesday (8/27/13). He states that Mr. Pardee informed him that Mr. Lewis gave him 3 tablets at ıch time and an additional 3 tablets shortly after 1:00 p.m. on the same day.

Mr. Nickles states that due to Mr. Pardee's continued display of bizarre behavior and confirmation from Mr. Murphy of Mr. Pardee's acceptance of the controlled substance by Mr. Lewis, he immediately transported Mr. Pardee to Lexington County Hospital Emergency Room on Wednesday night (8-28-13). Mr. Nickles states that the doctor confirmed Benzos in Mr. Pardee's system and provided guidance – continue to monitor, remain home for two days, and attempt to ingest salt into Mr. Pardee's system. Mr. Nickles states that the attending physician informed both him and Mr. Pardee that low salt levels could induce seizures. Mr. Nickles also informed the author that according to the attending physician, Mr. Pardee has a seizure.

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Due to Mr. J. Lewis history and current chronicity inappropriate use of his prescribed medications, chronicity of his current illicit street drug use, and this current incident, and poor judgment, it is this author's strong recommendation that Mr. Lewis's acceptance into the Carter Street apartments be rescinded, client return to New Alpha were his progress was observed, and Mr. Lewis return to Connections. According to Mr. Nickles, it's documented in CAMHC records that Mr. Lewis is not to personal receive his prescriptions or medications based on his poor judgment and miss use of his prescribed medications.

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: Harry Reese
Sent: Thursday, August 29, 2013 10:46 AM
To: Deanna McNeil
Cc: Harold Edwards; Maria Marin
Subject: Lewis Pardee *PGP*

Importance: High

The author received a call from Mr. Rick Nickles (New Alpha Foundation Director/caretaker) on today stating..."I had no other choice but to contact you because Melvin and Maria don't return my calls or even call me to let me know what's going on". He further states that even since the August 8th alleged incident neither Melvin nor Maria has contacted him to discuss the alleged incident.

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INTERNAL ADVERSE INCIDENT REPORT

TO: Rhonda Sims, Director, Clinical Support Services

FROM: Connections | Harry Reese | | 08/30/2013

Unit | Reported by | Senior Mgr's Initials | Date Submitted

DATE, TIME AND PLACE OF INCIDENT

August 27, 2013; 12:00 p.m. & 1:00 p.m.; Bridges Clubhouse 2105 Commerce Drive, Cayce SC 29033

IDENTIFYING DATA

Client's Name: [redacted]Pardee
Client's CID: [redacted]166
Client's Age:
Diagnosis:
Most Recent Center Admission Date:

DESCRIPTION OF WHAT HAPPENED (include source of information, where incident occurred, and effect on client, e.g. treatment in ER. Attach additional sheet if necessary.)

Documentation of the adverse incident starts on page 2 of this document. Client's age, diagnosis, and admission date unknown by this author. Mr. Pardee currently receives services via The Link.

ACTION TAKEN IN RESPONSE TO INCIDENT

Documented report and informed appropriate personnel via email. I'm also forwarding you a copy of the 8-29-13 email that was sent to the persons notified.

WHO HAS BEEN NOTIFIED

Rhonda Sims, Director Clinical Support Services

Mr. Harold Edwards, Immediate Supervisor - via encrypted email

Dr. Deanna McNeil, Senior Psychiatric Service Chief - via encrypted email

Ms. Maria Marin, The Link Program Manager - via encrypted email

CONFIDENTIAL

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Additional information related to Incident:
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Columbia Area Mental Health Center
Criteria for Acceptance into Carter Street Residential Program

The following criteria will be applied when assessing a client for admission into the Supportive Living Residential Program:

1. The client must have a primary diagnosis of a serious mental illness (psychotic disorder, major mood disorder, serious personality disorder).

2. The client must have the capability of managing his or her prescribed medications and/or the potential to be trained with minimal supervision.

3. The client must have potential for self-care and self-support, and a reasonable plan for utilization of the program.

4. The client must be physically healthy to the extent that he/she does not have serious, untreated medical needs or does not refuse to care for or seek treatment for medical problems.

5. The client must be willing to pay rent for his/her apartment.

6. If the client carries a secondary diagnosis of substance abuse, he/she must be substance free for a minimum of three months and actively involved in a recovery program throughout his/her residence at the apartments. Clients with primary diagnosis of alcohol or drug abuse will not be accepted into the program. Clients with a history of unwillingness to control alcohol and/or drug problems will not be accepted or retained in the program.

7. A client with self-destructive or homicidal ideation or behavior which indicates a serious risk ***to self or others*** will not be accepted.

8. A client with a verifiable history of repeated antisocial or criminal behavior will not be accepted. Examples include fire setting (arson), sexual irresponsibility, violence/assault, stealing, criminal sexual conduct, selling drugs, or pending felony charges of any type. However, Not Guilty by Reason of Insanity (NGRI) patients of SCDMH hospitals are eligible referrals to CSRP.

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Harry Reese

rom: Tawanda Webb
Sent: Monday, December 08, 2014 2:28 PM
To: Harry Reese
Subject: CSRP Referral Form...
Attachments: Criteria for Acceptance into CSRP.doc; CSRP Referral Form revised 2013.doc

Here it is...!!!

Tawanda L. Webb, MA
Program Coordinator
Carter Street Residential Program
1135 Carter Street
Columbia, SC 29204
(803) 786-1183 office (803) 754-6051 fax

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Maria Marin

F... Robert Bank
S... Wednesday, March 14, 2012 3:27 PM
To: Maria Marin; John Brown
Cc: Denise Morgan
Subject: FW: CLIENT NEEDS PLACEMENT ASAP

Importance: High

I think we are trying to keep our patients out of Reese's. I assume he is not high enough functioning for Carter St. What about homeshare? Can we find something a little better for the interim?

From: Victoria McGahee
Sent: Wednesday, March 14, 2012 3:02 PM
To: Robert Bank
Subject: FW: CLIENT NEEDS PLACEMENT ASAP
Importance: High

Hi, I am concerned that Center staff is referring a client to Reese's CCH.

It is my understanding from the client's previous CRCF and from Monica Davis that Maria Marin identified a bed for a client at Reese's CCH. This is not a home with an MOA – it is substandard – it is roach infested – it has a long history of not operating with MH – they do not have an administrator and has not had one for months (possibly a year) – etc.

M... ...e staff do not have the DMH CRCF directory and are not aware of who we have MOAs with – that may be the disconnect

This client reportedly decompensated due to med issues – we can't send him to a CRCF that is known to have med problems

It is my understanding that Dr Riddle is also concerned with this referral to Reese's

---

From: Victoria McGahee
Sent: Wednesday, March 14, 2012 2:56 PM
To: Maria Marin; Monica Davis; Denise Morgan; Lisa Williams
Subject: CLIENT NEEDS PLACEMENT ASAP
Importance: High

Below is a summary regarding G[redacted] L[redacted] and a need for CRCF placement – please let me know what is possible
THANKS
****
****

T... ... at a meeting Sarah Doctor, Addison's CCH, stopped me to talk about George Long

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She said that George lived at her CRCF for years and had to be hospitalized last week. Reportedly he wanted his medicine and the staff could not immediately attend to him as they were working with another resident e began breaking dishes and glasses while everyone was eating breakfast

Reportedly Three Rivers refused to admit him without a definite place for him to be D/c to as Addison's efused to take him back.

Reportedly CAMHC referred him to Reeses' CCH.

Reportedly Jim Reese contacted Addisons' CCH and picked up most of George's belongings. At the same time, George contacted a friend of his to pick up his belongings – he reportedly did not know that he was to go to Reeses or that Jim Reese was picking up his stuff.

im Reese is now calling Addison's demanding this client's money. Addisons has no plans to give these funds o Jim Reese

Can new placement be identified for this client?

do not understand why he is being referred to a very substandard CRCF – this CRCF does not have an MOA nd they have not had an administrator for many, many, many months. Also, the pharmacy for Reeses has ontacted us due to ongoing serious problems with meds at this CRCF and the Center just recently moved one erson from there due to problems encountered at this CRCF. DHEC is also involved with this CRCF due to heir continued lack of compliance with DHEC standards

here are male beds at:

- Davis'
- CLS
- Flowers
- Aikens

an staff call these places ASAP to try to find a CRCF that would be appropriate for his needs/choices? He is be d/c Friday.

hanks!!! Three Rivers is awaiting info from us on a better place for him.

icki McGahee
RCF & PASARR Coordinator
ffice of Medical Affairs
C Department of Mental Health
414 Bull Street, Suite 309/1
olumbia, SC 29202
)3 898-8326
067-2673 (cell)
03-898-8590 (fax)

REESE'S COMMUNITY CARE HOME #1
1203 E Muller Avenue, Columbia, 29203
SC License/Permit Number: CRC-0053
http://www.scdhec.gov/health/healthregreport/Search.aspx

Date of Inspection	SC Regulation Standard	Out of Compliance	Type of Inspection
August 23, 2013	202.E. A copy of the most recent report of the resident care focused inspection and the most recent general inspection conducted by the Department, including the facility response, shall be available in a conspicuous place in a public area within the facility with the redaction of the names of those individuals in the report as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.	Out	Investigation
	1703.A.1. Interior housekeeping shall at a minimum include: Cleaning each specific area of the facility; (Class II Violation)	Out (Repeat)	
	1601.A. The structure, including its component parts and equipment, shall be properly maintained to perform the functions for which it is designed. (Class II Violation)	Out (Repeat)	

Standard Out of Compliance: 3

Date of Inspection	SC Regulation Standard	Out of Compliance	Type of Inspection
ıst 23, 2013	1206.C. Records of receipt, administration and disposition of all controlled substances shall be maintained in sufficient detail to enable an accurate reconciliation. (Class I Violation)	Out	CRCF Focused (RCFI)
	1101.B. Does the admission physical examination include a two-step tuberculin skin test, unless there is a documented previous positive reaction (or a one-step prior to admission, then the second step within 14 days of admission (- See Section 1702.E.1.a	Out	

Standard Out of Compliance: 2

Date of Inspection	SC Regulation Standard	Out of Compliance	Type of Inspection
July 18, 2013	DHL shall be notified in writing by the licensee within ten (10) days of any change in administrator. The notice shall include at a minimum the name of the newly-appointed individual, the effective date of the appointment, and a copy of the administrator's license and the hours each day that the newly-appointed individual will be working as the administrator of the facility.	Out	Citation by Mail
	502.A. The facility administrator shall be licensed as a CRCF administrator in accordance with S.C. Code Ann. Section 40-35-30 (1976, as amended). In addition, all other applicable provisions of Title 40, Chapter 35, S.C. Code of Laws 1976, as amended, shall be followed	Out (Repeat)	

Standard Out of Compliance: 2

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REESE'S COMMUNITY CARE HOME #1
1203 E Muller Avenue, Columbia, 29203
SC License/Permit Number: CRC-0053

Date of Inspection	SC Regulation Standard	Out of Compliance	Type of Inspection
May 24, 2013	1504.A. An unannounced fire drill shall be conducted at least quarterly for all shifts. Each staff member/ volunteer shall participate in a fire drill at least once each year. Records of drills shall be maintained at the facility, indicating the date, time, shift, description, and evaluation of the drill, and the names of staff members/volunteers and residents directly involved in responding to the drill. If fire drill requirements are mandated by statute or regulation, then provisions of the statute or regulation shall be complied with and shall supersede the provisions of Section 1504. (Class I Violation)	Out	Routine
	2501.C. All materials shall be listed as complying with available standards of Underwriters Laboratories, Inc. or other similarly established standards. (Class I Violation)	Out	
	2506.A. In facilities licensed for six or more beds, required exits and ways to access thereto shall be identified by electrically-illuminated exit signs bearing the words "Exit" in red letters, six inches in height, on a white background. (Class I Violation)	Out	
	2201.A. Fire extinguishers shall be sized, located, installed, and maintained in accordance with NFPA No. 10, except that portable fire extinguishers intended for use in resident sleeping areas shall be of the 2-A, 2-1/2 gallon, stored-pressure water type. (Class I Violation)	Out	
	2204. Smoke detectors shall be installed in accordance with NFPA 72, State Fire Marshal Regulations, and the SBC. (Class I Violation)	Out	

Standard Out of Compliance: 5

Date of Inspection	SC Regulation Standard	Out of Compliance	Type of Inspection
March 14, 2013	504.A.10. The following training shall be provided by appropriate resources, e.g., licensed/registered persons, video tapes, books, etc., to all staff members/direct care volunteers and private sitters in the context of their job duties and responsibilities, prior to resident contact and at a frequency determined by the facility, but at least annually unless otherwise specified by certificate, e.g., cardiopulmonary resuscitation (CPR): Fire response training within 24 hours of their first day on the job in the facility (See Section 1503); (Class I Violation)	Out	Routine
	504.A.9. The following training shall be provided by appropriate resources, e.g., licensed/registered persons, video tapes, books, etc., to all staff members/direct care	Out	

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	volunteers and private sitters in the context of their job duties and responsibilities, prior to resident contact and at a frequency determined by the facility, but at least annually unless otherwise specified by certificate, e.g., cardiopulmonary resuscitation (CPR): Confidentiality of resident information and records and the protecting of resident rights (review of Bill of Rights for Long-Term Care Facilities (Resident's Bill of Rights), etc.); (Class I Violation)		
	504.A.4. The following training shall be provided by appropriate resources, e.g., licensed/registered persons, video tapes, books, etc., to all staff members/direct care volunteers and private sitters in the context of their job duties and responsibilities, prior to resident contact and at a frequency determined by the facility, but at least annually unless otherwise specified by certificate, e.g., cardiopulmonary resuscitation (CPR): Medication management including storage, administration, receiving orders, securing medications, interactions, and adverse reactions; (Class I Violation)	Out	
	504.A.3. The following training shall be provided by appropriate resources, e.g., licensed/registered persons, video tapes, books, etc., to all staff members/direct care volunteers and private sitters in the context of their job duties and responsibilities, prior to resident contact and at a frequency determined by the facility, but at least annually unless otherwise specified by certificate, e.g., cardiopulmonary resuscitation (CPR): Management/care of persons with contagious and/or communicable disease, e.g., hepatitis, tuberculosis, HIV infection; (Class I Violation)	Out	
	504.A.2. The following training shall be provided by appropriate resources, e.g., licensed/registered persons, video tapes, books, etc., to all staff members/direct care volunteers and private sitters in the context of their job duties and responsibilities, prior to resident contact and at a frequency determined by the facility, but at least annually unless otherwise specified by certificate, e.g., cardiopulmonary resuscitation (CPR): Procedures for checking and recording vital signs (for designated staff members only); (Class I Violation)	Out	

Standard Out of Compliance: 15

Date of Inspection	SC Regulation Standard	Out of Compliance	Type of Inspection
March 14, 2013	Thermometers: provided, used, accurate, proper test kits	Out	Food Sanitation Audit
	Plumbing installed, maintained	Out	
	Non-food-contact surfaces: designed, constructed, maintained, installed	Out	
	Food contact surfaces: clean, free of abrasives, detergents	Out	

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Standard Out of Compliance: 4

Date of Inspection	SC Regulation Standard	Out of Compliance	Type of Inspection
March 14, 2013	401.A. Written policies and procedures addressing each section of this regulation regarding resident care, rights, and the operation of the facility shall be developed and implemented, and revised as required in order to accurately reflect actual facility operation. The policies and procedures shall address the provision of any special care offered by the facility which would include how the facility shall meet the specialized needs of the affected residents such as Alzheimer's disease and/or related dementia, physically/developmentally disabled, in accordance with any laws which pertain to that service offered, e.g., Alzheimer's Special Care Disclosure Act. Facilities shall establish a time-period for review of all policies and procedures. These policies and procedures shall be accessible at all times and a hard copy shall be available or be readily accessible electronically at each facility. (Class II Violation)	Out	Investigation

Standard Out of Compliance: 1

epeat Violation. The recurrence of a violation cited under the same section of the regulation within a 36-month period. The me-period determinant of repeat violation status is applicable in instances when there are ownership changes.

2013 Total Out of Compliances: 32 (March, May, July, August)

302. Violation Classifications http://www.scdhec.gov/administration/regs/docs/61-84.pdf

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that the Department determines to present an imminent danger to the health, safety, or well-being of the persons in the facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation exists after expiration of the time established by the Department shall be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, that the Department determines to have a negative impact on the health, safety or well-being of persons in the facility. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

2013 Total Violation Classifications	
Class I Violations	Class II Violations
10	3

275

South Carolina Department of Mental Health

2414 Bull Street
Columbia, South Carolina 29202

RECORD OF EMPLOYEE COUNSELING

Prepare in duplicate. Distribute original to employee and duplicate to Field Personnel Folder.

Name	Position Title	Social Security No.
Harry Reese	Human Service Coordinator I	790-8

Facility / Center / Division	Organizational Component
Adult Intensive Services	Columbia Area Mental Health Center

1. Reason(s) for Employee Counseling: (Details of the offense / dates of counseling.)

On August 15, 2013 you received verbal counseling that you committed a Class I HIPAA offense by using the EMR to access protected health information that you did not need to know to perform your duties. You were also given information by our HIPAA Officer and the Clinical Support Director regarding the proper use of the EMR in the performance of your duties. On August 29, 2013 you sent me an email detailing information that you received from a boarding home owner on a client that was not assigned to you or any member of your Clinic. You proceeded to commit another Class I HIPAA Offense which amounts to a Class II Offense by discussing confidential information with an unauthorized person. You also at the end of the email made recommendations regarding the clinical care of a client not assigned to you or any member of your clinic based on unauthorized information that you received. This constituted your second Offense under our HIPAA statutes

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

2. Consequences of Future Violations or Misconduct:

Your offense is considered to have been without malicious intent. This document is a written warning and will be copied to the Executive Director of the Center. Based on the violations noted above you will be required to attend additional training on privacy practices by a member of the Clinical support staff and re-sign the SCDMH policy on privacy practices. You should also review and sign that you have received the SCDMH ethics policy. Future HIPAA violations will be handled in accordance with the Employee Disciplinary Standards.

3. Employee Comments:

Type / Print Name of Supervisor Taking Action

Deanna McNeil, MD

Signature of Supervisor Taking Action	Date
Deanna McNeil MD	9/5/13

Signature indicates that I have received and understand this Employee Counseling

ature of Employee	Signature of Witness (if applicable)	Date
ne employee refused to sign		09/05/2013

SCDMH FORM
Rev 03/2004 HRS155
(CG - Forms Mgmt. 3/1997) Rec. Sched. 00-

276

C:\USERS\DSMZ2\DOCUMENTS\EMPLOYEE COUNSELLING.HREES3.5.13.DOC

Harry Reese

From: Harry Reese
Sent: Tuesday, September 10, 2013 11:46 AM
To: Deanna McNeil
Subject: RE: HIPAA training *PGP*

Dr. McNeil:

Please provide me with a copy of that note.

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: Deanna McNeil
Sent: Tuesday, September 10, 2013 11:33 AM
To: Harry Reese
Cc: Rhonda Sims
Subject: HIPAA training *PGP*

Please proceed with the plans for additional HIPAA training as discussed on 9/5/13. I am also informing you that a note signed by you on August 15, 2013 was recently discovered in the chart of C. Sumter. Contact Rhonda Sims at 8-4859 to arrange a HIPAA training session with her or her designee.

Deanna McNeil, MD
Psychiatric Service Chief
Adult Clinic Services
Columbia Area Mental Health Center
1800 Colonial Dr Ctge B

277

Columbia, SC 29203
803 898-0275

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Harry Reese

From: Deanna McNeil
Sent: Tuesday, September 10, 2013 12:50 PM
To: Harry Reese
Subject: RE: HIPAA training *PGP*

Group treatment is a separate issue from what we are talking about. The note that you pulled up is the note in question.

Deanna McNeil, MD
Sr. Psychiatric Service Chief
Adult Clinic Services
Columbia Area Mental Health Center
1800 Colonial Dr Ctge B
Columbia, SC 29203
803 898-0275

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From: Harry Reese
Sent: Tuesday, September 10, 2013 12:37 PM
To: Deanna McNeil
Subject: RE: HIPAA training *PGP*

Dr. McNeil:

Are you suggesting that I not document the following note regarding Mr. [redacted] Sumter which was placed in EMR on the same date that Mr. M[redacted] Smith note was documented? I was providing Mr. Smith with his medication and processing the client into the New Alpha program the same day that the alleged incident took place. I should have documented on 8/9/13; however, I had other "Billable" tickets to document before documenting Mr. Sumter's generic ticket. Moreover, the information below displayed in the EMR is the same information that I shared with all parties involved that eventually allowed me to discuss the allege matter via their HIPPA investigation. Question: I'm confused...it appears that you're suggesting that I don't document interactions with clients outside of Connections...Does this mean I shouldn't bill services for clients that attend my group that aren't in the Connections program? If that's the case, we need to be prepared to repay Medicaid a lot of money. A number Case Managers have placed their clients in other groups of which they're (clients) aren't being case managed. The aforementioned clearly demonstrates that a number of staff members are unaware that a client that they case manage should only receive or have interactions only with staff under the program of which their being case managed, that they (staff) shouldn't access client's EMR records, or documenting in client's records that aren't under they're case managed program and if that's the case...we

clearly wouldn't be meeting the needs of the clients; in that, we would be restricting the clients to only services that are only offered under they're case management program. Some programs case managers don't even conduct groups. There's a lot of questions that could be developed just out of your email. Moreover, if a number of Case Managers are referring the clients to services offered by Columbia Area Mental Health outside of their case managed program, then that clearly states that everyone needs HIPPA training and not just me. Or is it ok to document interactions with clients outside of their case management programs only when it's billable? Please provide guidance.

Mr. Sumter's Generic Note documented in EMR by this author (initially documented and saved under this author's "H" drive):

The author visited the New Alpha Foundation Pineview location to process a new client into placement. Upon the author arrival, Rick Nickles requested the author to view the structural changes made to the property. While viewing the property, Mr. Nickles begin talking to Mr. Sumter who was actually existing the upstairs bathroom of which he and another client was cleaning. Mr. Nickles begun joking with clt of which he states that this was something that he and the client consistently done; however, Mr. Nickles notice that this interaction was different of which he asked Mr. Sumter..."Why you being so brand new today?" Mr. Sumter, agitated, informed the housing provider that his CM was moving him. He states that he could move out a little faster if Mr. Nickles would refund his money. Mr. Nickles informed the client that his CM hadn't informed him of the client's moving/that he was unable to refund the client any of his money because the clt would be breaking his lease if he moved without giving a 30 day notice. Mr. Nickles informed the client that if he wanted to move, that the MH clinic had crisis funds to assist him w/in relocating to alternate placement. Mr. Sumter inquired of the crisis funds of the author. The author responded in the affirmative/encouraged clt to discuss the matter w/his CM/attempted to redirect clt's agitation which produced limited noticeable change. Mr. Sumter informed Mr. Nickles that his CM had spoken with his mother/that they were moving him to another place. Mr. Nickles requested the clt to contact his mother; so that, he could confirm Mr. Sumter's claim. Mr. Sumter's mother confirmed the move of which a discussion between the clt's mother and Mr. Nickles continued. However, during this conversation, Mr. Sumter agitation continued of which included ongoing use of profanity. Mr. Nickles paused the conversation with the clt's mother to redirect client informing him that he could move, but he didn't have to be disrespectful and tell lies on his program to move. Once the telephone call was terminated, Mr. Nickles and the client resume discussion of which Mr. Sumter agitation continued/Mr. Nickles continued to exhaust efforts to redirect the client which to include providing client with a brief shoulder massage to calm clt/some noticeable change was observed AEB clt/Mr. Nickles hugging each other. Clt continued to verbalize that he wanted to move because he didn't like the way that Mr. Nickles was talking to the other clients and he didn't like the brainwashing group meetings that Mr. Nickles has with all the clients. The author inquired as to whether or not the client had verbalized his concerns to the provider and Mr. Sumter replied..."No" stating that he was unable to because every time that the provider came to the property the other guys swarmed around to talk to him. Client verbalized no additional concerns; therefore, Mr. Nickles informed the clt that if he wanted to move that he would transport him/his property to the clinic on the next day – Friday, 8-9-13. Clt was receptive. Mr. Nickles asked the client where his bags were to pack. Mr. Sumter informed Mr. Nickles that his bags were at the Blue Johnson location; therefore, Mr. Nickles left the Pineview location to retrieve the client's bag. Upon Mr. Nickles return, clt was on the phone talking to his grandmother and Mr. Nickles requested to speak with her. Clt was receptive. The grandmother expressed that she wanted the client to remain at the facility which was confirmed via Mr. Nickles response informing the grandmother that he couldn't make Mr. Sumter stay where he didn't want to stay. He also informed the grandmother that he would transport clt/his belongings to the client so that his CM could find him placement. Upon terminating the call, Mr. Nickles assisted client w/in packing his clothing/property and placed the bags downstairs next to the from door. Mr. Nickles informed the clt..."If you wanted to leave tonight, there's nothing I can do about it". Upon therapist leaving the placement, Mr. Sumter was still present at the facility/was calm. As the author was leaving, Mr. Nickles flagged the author and presented a text message sent by client's mother informing him that she had informed the clt's CM's that she wasn't in agreement with the client moving.

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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: Deanna McNeil
Sent: Tuesday, September 10, 2013 11:33 AM
To: Harry Reese
Cc: Rhonda Sims
Subject: HIPAA training *PGP*

Please proceed with the plans for additional HIPAA training as discussed on 9/5/13. I am also informing you that a note signed by you on August 15, 2013 was recently discovered in the chart of C. Sumter. Contact Rhonda Sims at 8-4859 to arrange a HIPAA training session with her or her designee.

Deanna McNeil, MD
Sr. Psychiatric Service Chief
Adult Clinic Services
Columbia Area Mental Health Center
1800 Colonial Dr Ctge B
Columbia, SC 29203
803 898-0275

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Harry Reese

..om: Harry Reese
Sent: Tuesday, September 10, 2013 12:50 PM
To: Rhonda Sims
Subject: HIPPA Training

Importance: High

Ms. Sims:

As per Dr. McNeil's guidance and even though you told me that it was ok that I had accessed those records via EMR to research the claim against me (that I could have got the information out of EMR that the client's Case Manager was relocating him to alternate placement), please, with reservations, schedule me for additional HIPPA Training on Friday, September 20, 2013 after 1:00 p.m. I called you on Friday, September 6, 2013 during a meeting that Dr. McNeil and I had to confirm your receptiveness of me reviewing the record; however, my efforts to contact you by telephone were unsuccessful.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
)NNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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Harry Reese

From: Deanna McNeil
Sent: Tuesday, September 10, 2013 2:49 PM
To: Harry Reese
Subject: RE: HIPAA training *PGP*

Harry, please be clear that I am instructing you not to document in the chart or view the chart of a client that you are not treating.

Deanna McNeil, MD
Sr. Psychiatric Service Chief
Adult Clinic Services
Columbia Area Mental Health Center
1800 Colonial Dr Ctge B
Columbia, SC 29203
803 898-0275

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From: Harry Reese
Sent: Tuesday, September 10, 2013 12:37 PM
To: Deanna McNeil
Subject: RE: HIPAA training *PGP*

Dr. McNeil:

Are you suggesting that I not document the following note regarding Mr. [redacted] Sumter which was placed in EMR on the same date that Mr. [redacted] Smith note was documented? I was providing Mr. Smith with his medication and processing the client into the New Alpha program the same day that the alleged incident took place. I should have documented on 8/9/13; however, I had other "Billable" tickets to document before documenting Mr. Sumter's generic ticket. Moreover, the information below displayed in the EMR is the same information that I shared with all parties involved that eventually allowed me to discuss the allege matter via their HIPPA investigation. Question: I'm confused...it appears that you're suggesting that I don't document interactions with clients outside of Connections...Does this mean I shouldn't bill services for clients that attend my group that aren't in the Connections program? If that's the case, we need to be prepared to repay Medicaid a lot of money. A number Case Managers have placed their clients in other groups of which they're (clients) aren't being case managed. The aforementioned clearly demonstrates that a number of staff members are unaware that a client that they case manage should only receive or have interactions only with staff under the program of which their being case managed, that they (staff) shouldn't access client's EMR records, or documenting in client's records that aren't under they're case managed program and if that's the case...we

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clearly wouldn't be meeting the needs of the clients; in that, we would be restricting the clients to only services that are only offered under they're case management program. Some programs case managers don't even conduct groups. There's a lot of questions that could be developed just out of your email. Moreover, if a number Case Managers are referring the clients to services offered by Columbia Area Mental Health outside of their case managed program, then that clearly states that everyone needs HIPPA training and not just me. Or is it ok to document interactions with clients outside of their case management programs only when it's billable? Please provide guidance.

Mr. Sumter's Generic Note documented in EMR by this author (initially documented and saved under this author's "H" drive):

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If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

ıanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
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ɔm: Deanna McNell
Sent: Tuesday, September 10, 2013 11:33 AM
To: Harry Reese
Cc: Rhonda Sims
Subject: HIPAA training *PGP*

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Deanna McNeil, MD
Sr. Psychiatric Service Chief
Adult Clinic Services
Columbia Area Mental Health Center
1800 Colonial Dr Ctge B
Columbia, SC 29203
803 898-0275

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State of South Carolina
Department of Mental Health

MENTAL HEALTH COMMISSION:
Alston Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Jane B. Jones
Everard Fulhedge, PhD
J. Buxton Terry
STATE DIRECTOR
John H. Magill

Columbia Area
Mental Health Center
P.O. Box 4490
2715 Colonial Drive
Columbia, SC 29203
Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

September 16, 2013

Harry Reese
8408 Little John Drive
Columbia, SC 29209

RE: Notice of Intent to Suspend

Dear Mr. Reese,

Following consultation with Columbia Area Mental Health Center (CAMHC) Corporate Compliance Division, CAMHC and DMH Human Resources, and the DMH Office of General Counsel, you were advised on August 15, 2013 that you committed a HIPAA Privacy and Security offense. Since that time upon further review, you also violated other DMH and/or CAMHC Directives, Policies or procedures, or otherwise engaged in multiple instances of misconduct including insubordination.

On August 12, 2013 you used the DMH Electronic Medical Record (EMR) to access Protected Health Information of a CAMHC client previously residing at the New Alpha boarding home. You were not assigned to that client, you were not a member of that client's Treatment Team, and otherwise you had no need to know or access that client's record in order to perform your job duties.

On August 15, 2013 you received verbal counseling from me instructing you not use the EMR to review a chart of a client not assigned to you since this was a HIPAA violation. You were also given information by the Clinical Support Director regarding the proper use of the EMR.

On August 29, 2013, you sent an email (copy enclosed) to me detailing information that you received from the New Alpha boarding home owner. Again this pertained to yet another client who was not assigned to you, you were not a member of the client's Treatment Team, and otherwise you had no need to know in order to do your job. By such unauthorized access and use, and in discussing Protected Health Information with an unauthorized person, this continued and compounded your misconduct and violation of policies.

On September 5, 2013, you received an Employee Counseling (copy enclosed) for the above misconduct and offenses which you refused to sign.

On September 6, 2013, I discovered that you made two entries in the EMR chart of the client in which you committed the first HIPPA Privacy and Security offense (redacted copy enclosed). Your entries were dated and signed August 15, 2013 after 5:30 p.m. Previously I had specifically instructed you not to access or view the EMR chart of a client not assigned to you. In addition to further violations of written policy and procedure (Privacy/Security Practices, Internet and EMR use policies, etc.) your misconduct and actions were clear evidence of your insubordination. This misconduct and unauthorized access and charting, also compromised the integrity of the medical record as you had no authority to make an EMR entry in a chart of a client to whom you were not assigned or a member of the client's Treatment Team.

In accord with DMH Employee Disciplinary Standards, Directive 856-06, I hereby inform you that while your multiple instances of misconduct and violation of policy could support more serious discipline such as termination, it is my intent to suspend you for three (3) days and also be required that you complete HIPPA Privacy/Security and EMR and other training designed for you by personnel in CAMHC Clinical Support Services and applicable DMH operating components.

You are also advised that you have the right to request, in writing, a conference with CAMHC Director, Dr. Robert Bank or his designee. Your request for a conference must be made within five (5) calendar days from the date of the mailing of this notice or within two (2) days if this notice is provided to you in person.

Regardless of whether or not you request a conference, I am requiring you to respond in writing to the following questions no later than September 23, 2013 (if you need additional space refer to and attach additional pages).

1. Do you have a personal, professional and/or business relationship with New Alpha boarding home? (If so describe in detail)

2. Do you have a personal, professional and/or business relationship with the owner and/or operator of New Alpha boarding home? (If so describe in detail)

3. Do you have a personal, professional and/or business relationship with any New Alpha boarding home employee or other worker? (If so describe in detail)

Deanna McNeil, MD

Deanna McNeil, MD
Psychiatric Service Chief
Adult Services, CAMHC

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Harry Reese

From:	Harry Reese
Sent:	Monday, September 16, 2013 11:18 AM
To:	Deanna McNeil
Subject:	RE: HIPAA training *PGP*
Attachments:	Abuse, Neglect or Exploitation.pdf; Client Concern-Complaint Protocol.pdf; Compliance Plan.pdf; Corportae Compliance.pdf; Designated Authority for Establishing Policies.pdf; Family Inclusion.pdf; [redacted] White 8-23-13.pdf; Policy Oon Input From Persons Served.pdf; Reporting of Adverse Incidents.pdf; Smith 8-27 8-30 Assmts.pdf; Smith 8-27-13 PMA.pdf; Transfer of Case Management.pdf

Dear Dr. McNeil:

Please forgive me, but you're really confusing me by this email. In this email you're instructing me not to document or view a client chart that I'm not treating. Question: Is this guidance in a new policy developed by SCDMH/Columbia Area Mental Health Center. My basis for asking the aforementioned question is because on 8/23/13 @ 9:05 a.m., I requested your permission via email to document Mr. N[redacted] White. (a Link client that I'm, in your words..."Not treating") generic ticket (please see the attached document) because of the climate that you all had recently created. Although you didn't respond by email, you did provide me with authorization to document the note in EMR via your telephone call to me on 8/23/13 @ 9:22 a.m. During this same communication, you also informed me that you contacted Lt. Baker and informed him that I wanted to place my statement on record via the alleged incident regarding Mr. C.S. and Mr. R.N. on 8/8/13. So that I can be clear, I'm I to document my interactions with a client in another Columbia Area Mental Health Center program only with the authorization of senior management? If so, may I please document the following interaction?

On September 10, 2013 @ 4:46 p.m., Mr. Kenneth Childs (CAMHC board member) contacted and informed me that his carrier experienced difficulties receiving Ms. V[redacted] Childs (client of The Link/Mr. Childs sister/support) medications after Ms. Monica Davis (CAMHC Nurse) informed him that the medications would be available for pick-up on today at 12:00 p.m.; unfortunately the carrier was unable to receive the medication from the mental health staff at the time offered; therefore, the carrier left and returned to the clinic at a later time. Upon the carrier's return, Mr. Childs states that the carrier had been waiting in the lobby for 45 minutes awaiting the client's medications which ultimately resulted in Mr. Childs contacting this author for assistance. After the conversation was terminated amongst Mr. Childs and I, this author contacted and informed Ms. Zenika Jarvis (CAMHC Medical Records Director/HIPPA Officer) of the interaction and Mr. Childs concern. Ms. Jarvis states that she would contact the nurses to ensure that the carrier receives Ms. Childs' medications as promised by the mental health nurse. I didn't informed Mr. Childs of the outcome of Ms. Jarvis interaction due to the fear of being terminated.

During the September 10, 2013 interaction between Mr. Childs and myself, I informed Mr. Childs that according to CAMHC senior management, I could no longer communicate with him because Ms. Childs was a client of The Link program, of which again according to CAMHC senior management was a HIPPA violation. According to Mr. Childs, a CAMHC board member and an attorney...in his words, not mine states..."That's a bunch of non-sense".

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Please also review Ms. Childs 9-3-13 Generic note. I certainly believed without performing the task requested by the client's sibling and documented into EMR, the agency would be found negligent if the client would've experienced a psychotic episode because we (CAMHC) didn't aid in ensuring the client's med compliance even though her medications were in our possession and the client's Link CM stating that The Link program staff didn't perform community outreach.

The marquee out front says Columbia Area Mental Health Center for a reason...because we, the staff of Columbia Area Mental Health Center are compensated to ensure that the mission statement of the agency is collectively achieved without restrictions and limitations which is the reason that you nor Ms. Jarvis are unable to provide me with a policy that restricts or prohibits staff from achieving the agency's mission statement; moreover, improving the lives of the clients that "WE", CAMHC staff, serve.

On 9/5/13, the day you provided me with the Record of Employee Counseling, I offered an analogy of a client apprising me of an incident involving another client and requested your guidance. Your guidance for this analogy was..."Do an incident report". Just three questions for now: Isn't an incident report a form of documentation? Shouldn't the interaction be documented into EMR so that the client's Case Manager could be apprised of the incident; moreover, provide either direct or indirect services to address the incident reported? How can a mental health client reporting an incident of another client outweigh that of a proven caretaker's report of a controlled substance incident involving two clients of which one of the clients received emergency medical attention and the other vulnerable adult was hindered from receiving medical attention via a caretaker that the mental health center placed the client?

A client's file should read like a book. It should detail the reason that the client is receiving services (billable or non-billable) to what efforts the client has employed to actively engage within the treatment/recovery process. The book (documentation) for funding source purposes, in many of our client's cases – Medicaid is evidence that the agency is addressing the holistic needs of the clients that we serve. If no documentation or evidence is available of our efforts to address the needs of the clients, the funding source would either request a payback, cease funding the agency, etc...therefore, documentation is necessary from all staff members that has interactions with a client; so that, the client's needs are addressed in a timely manner. Evidence of my ability to document, in your words...."Client files that I'm not treating" can be located in but not limited to the following resources:

- My Employee Performance Management System (EPMS) signed by: Mr. Greg Oates(former supervisor) on 6/8/10; Mr. Cornell Ruff (my former supervisor) on 6/16/11 and 5/18/12; Mrs. Marjorie Wilson-Guess (former Program Director of Intensive Services 6/8/10 and 6/16/11; Mr. John Brown (former Director of Adult Intensive Services) on 5/22/12; Mr. Harold Edwards (immediate supervisor) on 7/3/13 and by you – Dr. McNeil (Senior Psychiatric Service Chief) on 7/9/13 which makes it twice (verbally and written) that you've recognized the importance and authorize me to document into clients files that are not in the Connections program

- History of documenting in client's interactions not in the Connections programs without facing disciplinary actions for performing my job duties. For example, providing an email account of illicit drug use to Ms. Lan Bonno-Lebozec regarding Mr. [redacted] Sims (a client the she case manages at Adult Clinical Services and not Ault Intensive Services) of which billable services should have been employed to assist client in achieving/maintaining his sobriety, or any other issues surrounding or caused the client to engage in illict street drug use. Ms. Bonno-Lebozec informed Dr. Edward Kendall

(CAMHC Psychiatrist) and Ms. Linda Smith (CAMHC Administrative Specialist I) of the positive UDS results via email and no one, absolutely no one, of the CAMHC professional staff; moreover, the client, accuse me of a HIPPA violation. In addition to the aforementioned, you or any other member of CAMHC's senior management didn't investigate this interaction; moreover, take any disciplinary action against me. Perhaps you weren't aware of the incident which demonstrates that I'm not the only one that doesn't believe interacting and documenting the interactions of clients being case managed under additional CAMHC's programs believes that this is a HIPPA violation as you tried to lead me to believe.

- Transfer of Case Management – operative phrase "Majority of services"...which confirms that not all of the services (documented billable and non-billable) provided to the clients will only offered under CAMHC program of which the client is receiving Case Management services – we are a TEAM working together to assist the CAMHC client's in achieving his/her treatment goals and improving the client's quality of life and meeting the mission statement of the agency.

- CAMHC Organizational Policy – Designated Authority for Establishing Policies; Category: Board; Number: 8-12-97 which is confirmed via the September 10, 2013 interaction with a client's brother who's also a a practicing attorney; moreover, a CAMHC's Board member.

- Dr. Deanna McNeil (Senior Psychiatric Service Chief) and Ms. Zenika Jarvis (Medical Record Director/HIPPA Officer) consistent inability to produce requested documents prohibiting me from documenting interactions amongst clients that we serve that's not case managed in the CAMHC'S Connections program.

- CAMHC Organizational Policy – Reporting of Adverse Incidents; Category: Quality Assurance; Policy Number: 7-01-95; from the list itemizing adverse incidents of which I reported upon receiving information from the caretaker/giver: #8: Drug Overdose; #17: Use or possession of licit or illicit substances; #23: Medication Side effects all of which negatively impacted both client's health.

- CAMHC Organizational Policy – Family Inclusion; Category: Quality Assurance; Policy Number: 7-02-06; **"Network of Supports"** and **"Regardless of whether the client has provided consent to release information". – because we, CAMHC staff, are a team...we all are a apart of the client's "Network of Support" – from the administrative assistant to the SCDMH State Director and everything in between which to include the Board.**

- DMH HIPPA Privacy: Consumers, Family, and Caregivers (13-09) Mr. Alan Powell, DMH Assistant General Counsel July 2003

- SCDMH HIPPA Security Regulations – "Legitimate Reason" – in these particular incidences: to document client interactions and to demonstrate that I had no prior knowledge that the client's Case Manager had plans to relocate the client to an alternate placement which it appears that CAMHC's management wanted to keep a secret and display me as an unethical and reckless employee. The aforementioned is evident based on the behavior observed – management's refusal to discuss the client's allegation with me when I was present at the boarding home and management's refusal to include me in the Public Safety Officer reporting.

- SCDMH Corporate Compliance:

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There will be a complete and accurate medical record developed and maintained for each person served which contains all relevant information pertaining to services provided. Relevant medical record information will be accessible to appropriate individuals on a need to know basis and the security and confidentiality of medical records information will be protected at all times. Ability to access confidential client information does not mean employee has the right or the authority to access such information. Accessing confidential information, including identification of an individual as a DMH client, is limited to the execution of each employee's essential job duties as listed in the position description. Access outside of the execution of essential job duties constitutes a privacy violation. Compliance with medical record documentation is considered an essential job function for all clinical staff.

Since no one truly investigated the client's complaint and wanted me to appear as an unethical and reckless employee, I had no other recourse but to investigate the matter myself which according to Corporate Compliance and Ms. Rhonda Sims, Director of Clinical Support Services, I had legitimate reasons to access and investigate the claims charged against me and share the findings with the mental health staff. In fact, it wasn't the CAMHC management or staff which to include the IT staff that informed everyone that I reviewed the files – I apprised all of you of my findings after legitimately reviewing the EMR documentation. After the IT personnel informed you all that I had not access the EMR documentation prior to August 12, 2013, it's as if you all started attacking me for reporting and documenting the truth. Even Dr. Bank, as previously shared with you, refuse to speak to me when I offered him the greeting of the day based on this false claim and years of the agency allowing Ms. Maria Marin to consistently slander my name crippling my ability to advance in and outside the agency.

Clinical Service Notes (CSN) - **Collaborative** documentation is completed as often as possible for services rendered. CSN's for services rendered are completed as soon as possible but no later than ten (10) work days from the date of the service. **Question: Aren't non-billable services included under services? Non-billable refers to resources that cannot be billed to clients.**

Billable services that the clients could have received based on the documented unbillable client interactions and services could include, but not limited to: promoting recovery, honesty, and responsibility-taking; enhancing sobriety; reducing anxiety and stress; developing coping skills; improving symptom management; etc. - all of which these billable services could immensely benefit each client as well as the agency (depicting the agency as a viable community resource; and the agency could benefit financially).

Please note that the CAMHC policies presented above describes the roles and responsibilities of "staff" and doesn't divide the agency into separate entities.

Dr. McNeil, our records will also demonstrate that it was appropriate for this author to visit Mr. [redacted] Smith's placement on August 8th to aid in ensuring his mental health stability via medication compliance. Due to the pharmacy awaiting a prior authorization to fill client's prescription, it resulted in the client requiring a crisis PMA by Dr. Alford requesting emergency room visit because I'll attempt to secure a mental health bed was unsuccessful (Please review Dr. Alford's 8/27/13 PMA and this author's 8/27/13 and 8/30/13 assessment notes).

Certainly, I'm exhausted trying to defend myself from confusing instructions that you all (senior management) are providing me with because the next thing I would know is that you're terminating me for insubordination based on authorizations you've provided me with. I'm tired of walking around walking around here like I'm walking on egg shells because I don't know what you all are going to accuse me with that can cause me to lose

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my employment with the agency. In addition, you all are making me look as if I'm an unethical staff member and that's far be it from the truth. Moreover, I'm defiantly not the person that Ms. Marin has described me as – a crook and a person that's destroying the client's lives of which she informed the boarding home provider that both Rick Nickles and I were under a SLED investigation. The ultimate question is...How would this provider know all of this? What you all don't know is that according to Mr. James Reese, he and Mr. Rick Nickles are related. According to Mr. Nickles, Mr. J. Reese called him and shared with him of the egregious claims against Mr. Nickles and myself that Ms. Marin discussed with Mr. J. Reese. Moreover, which is rather interesting, I met with Mr. J. Reese for lunch to discuss this matter on August 9th of which Mr. Nickles was present (I had no knowledge that Mr. Nickles would be coming of which Mr. J. Reese and Mr. Nickles arrived at the restaurant at the same time walking across the street from the Blue Marlin Restaurant to the Long Horn Restaurant together). Mr. J. Reese wouldn't provide me with details of the communication with him and Ms. Marin; however, he did state that upper management was out to get me and that SLED was investigating both Mr. Nickles and me of a dual relationship. By the way, Mr. J. Reese also informed me several years ago when I inherited a client that was residing at his placement, that he and I were related. I've never placed a client in Mr. J. Reese placement (when he had an MOA with CAMHC and now described as a boarding home) and have no intentions of doing so whether we're related or not.

My employment record with CAMHC will reflect that all I've ever done was work diligently and effectively to perform my job duties above and beyond the call of duty to help aid in achieving the mission statement of the agency; moreover, to help aid in improving the quality of lives for the clients that the agency serve; therefore, I have no clue as to the reason that upper management would be out to get me and to continue to allow Ms. Marin and now Mr. Melvin Malone to destroy my good name. As previously shared with you, I've employed all efforts to stop these retaliative, slanderous, defaming, etc., etc., etc, behaviors against me; however, my ongoing efforts have been ignored and in my opinion, authorized by senior management and human resources based on the fact that these egregious and illegal behaviors hasn't cease. I've been managed by a number of supervisors – Ms. Shnita Lee, Ms. Barbara Felder, Mr. Hank Edmonds, Ms. Cheryl McClinton, Mr. Greg Oates, Mr. Cornell Ruff, Mr. Harold Edwards and yes even Ms. Marin and they all have applauded me for my work ethics and performance. It wasn't until after the April 1, 2010 incident at New Horizon and after I provided Ms. Marin with the April 9, 2010 notarized letter that she begin attacking me. In fact, she informed me that if I provided her with any documentation surrounding the April 1st incident and the information that she was sharing with her subordinate staff that I would face hardship which is documented in my April 19, 2010 formal complaint.

Due to the ongoing confusion, I'm formally requesting to present the entire matter to the Columbia Area Mental Health Center's Board of Directors; so that, all parties have an equal opportunity to have their thoughts placed on record; moreover, to receive clarity on the policies currently in place. No policy that I've reviewed thus far divides Columbia Area Mental Health Center into separate entities. Please provide me with a date and time to meet with the CAMHC's Board of Directors.

Please provide clarity and guidance regarding: CAMHC Organizational Policy - Client Concern/Complaint Protocol; Category: Public Affairs/Community Liaison Policy; Policy Number: 3-01-97.

This is my last communication with you all about this matter, because you all are certainly not listening and you're defiantly not preventing the staff members from engaging in illegal actions against me which has adversely affected my work performance, stagnating my professional growth, adversely impacted my personal life; moreover, causing ongoing mental anguish. After discussing my concerns with the EAP representative, he's referring my case to a psychiatrist to develop skills to cope with work related stress of which he states that

the psychiatrist may prescribe medication. At the age of 45 and the number of years that I've been gainfully employed, I never would have thought that I would require therapy and possibly medication to aid me in performing my job duties. With that being said, I'm taking time off under sick leave because I don't feel that I'm effective at this time to address the needs of the clients that "We" serve due to the work related stress. I'm only present on today to documents my notes in EMR of which some of them are late due to work related stressors; to respond to your email; receive my TB test and will return on 9/18 to have the site read; and to apprise Mr. Edwards (acting supervisor) of my leave and current mental health status. Due to the stress which has been induced by work related issues, I hope that at the end of the year when my productivity level falls below the required 720 hours, I won't be penalized for stressful and mitigated circumstances that were out of my control.

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: Deanna McNeil
Sent: Tuesday, September 10, 2013 2:49 PM
To: Harry Reese
Subject: RE: HIPAA training *PGP*

Harry, please be clear that I am instructing you not to document in the chart or view the chart of a client that you are not treating.

Deanna McNeil, MD
Sr. Psychiatric Service Chief
Adult Clinic Services
Columbia Area Mental Health Center
1800 Colonial Dr Ctge B
Columbia, SC 29203
803 898-0275

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From: Harry Reese
Sent: Tuesday, September 10, 2013 12:37 PM
To: Deanna McNeil
Subject: RE: HIPAA training *PGP*

Dr. McNeil:

Are you suggesting that I not document the following note regarding Mr. [redacted] Sumter which was placed in EMR on the same date that Mr. M[redacted] Smith note was documented? I was providing Mr. Smith with his medication and processing the client into the New Alpha program the same day that the alleged incident took place. I should have documented on 8/9/13; however, I had other "Billable" tickets to document before documenting Mr. Sumter's generic ticket. Moreover, the information below displayed in the EMR is the same information that I shared with all parties involved that eventually allowed me to discuss the allege matter via their HIPPA investigation. Question: I'm confused...it appears that you're suggesting that I don't document interactions with clients outside of Connections...Does this mean I shouldn't bill services for clients that attend my group that aren't in the Connections program? If that's the case, we need to be prepared to repay Medicaid a lot of money. A number Case Managers have placed their clients in other groups of which they're (clients) aren't being case managed. The aforementioned clearly demonstrates that a number of staff members are unaware that a client that they case manage should only receive or have interactions only with staff under the program of which their being case managed, that they (staff) shouldn't access client's EMR records, or documenting in client's records that aren't under they're case managed program and if that's the case...we clearly wouldn't be meeting the needs of the clients; in that, we would be restricting the clients to only services that are only offered under they're case management program. Some programs case managers don't even conduct groups. There's a lot of questions that could be developed just out of your email. Moreover, if a number of Case Managers are referring the clients to services offered by Columbia Area Mental Health outside of their case managed program, then that clearly states that everyone needs HIPPA training and not just me. Or is it ok to document interactions with clients outside of their case management programs only when it's billable? Please provide guidance.

Mr. Sumter's Generic Note documented in EMR by this author (initially documented and saved under this author's "H" drive):

The author visited the New Alpha Foundation Pineview location to process a new client into placement. Upon the author arrival, Rick Nickles requested the author to view the structural changes made to the property. While viewing the property, Mr. Nickles begin talking to Mr. Sumter who was actually existing the upstairs bathroom of which he and another client was cleaning. Mr. Nickles begun joking with clt of which he states that this was something that he and the client consistently done; however, Mr. Nickles notice that this interaction was ifferent of which he asked Mr. Sumter..."Why you being so brand new today?" Mr. Sumter, agitated, informed the housing provider that his CM was moving him. He states that he could move out a little faster if

Mr. Nickles would refund his money. Mr. Nickles informed the client that his CM hadn't informed him of the client's moving/that he was unable to refund the client any of his money because the clt would be breaking his lease if he moved without giving a 30 day notice. Mr. Nickles informed the client that if he wanted to move, that the MH clinic had crisis funds to assist him w/in relocating to alternate placement. Mr. Sumter inquired of the crisis funds of the author. The author responded in the affirmative/encouraged clt to discuss the matter w/his CM/attempted to redirect clt's agitation which produced limited noticeable change. Mr. Sumter informed Mr. Nickles that his CM had spoken with his mother/that they were moving him to another place. Mr. Nickles requested the clt to contact his mother; so that, he could confirm Mr. Sumter's claim. Mr. Sumter's mother confirmed the move of which a discussion between the clt's mother and Mr. Nickles continued. However, during this conversation, Mr. Sumter agitation continued of which included ongoing use of profanity. Mr. Nickles paused the conversation with the clt's mother to redirect client informing him that he could move, but he didn't have to be disrespectful and tell lies on his program to move. Once the telephone call was terminated, Mr. Nickles and the client resume discussion of which Mr. Sumter agitation continued/Mr. Nickles continued to exhaust efforts to redirect the client which to include providing client with a brief shoulder massage to calm clt/some noticeable change was observed AEB clt/Mr. Nickles hugging each other. Clt continued to verbalize that he wanted to move because he didn't like the way that Mr. Nickles was talking to the other clients and he didn't like the brainwashing group meetings that Mr. Nickles has with all the clients. The author inquired as to whether or not the client had verbalized his concerns to the provider and Mr. Sumter replied..."No" stating that he was unable to because every time that the provider came to the property the other guys swarmed around to talk to him. Client verbalized no additional concerns; therefore, Mr. Nickles informed the clt that if he wanted to move that he would transport him/his property to the clinic on the next day – Friday, 8-9-13. Clt was receptive. Mr. Nickles asked the client where his bags were to pack. Mr. Sumter informed Mr. Nickles that his bags were at the Blue Johnson location; therefore, Mr. Nickles left the Pineview location to retrieve the client's bag. Upon Mr. Nickles return, clt was on the phone talking to his grandmother and Mr. Nickles requested to speak with her. Clt was receptive. The grandmother expressed that she wanted the client to remain at the facility which was confirmed via Mr. Nickles response informing the grandmother that he couldn't make Mr. Sumter stay where he didn't want to stay. He also informed the grandmother that he would transport clt/his belongings to the client so that his CM could find him placement. Upon terminating the call, Mr. Nickles assisted client w/in packing his clothing/property and placed the bags downstairs next to the from door. Mr. Nickles informed the clt..."If you wanted to leave tonight, there's nothing I can do about it". Upon therapist leaving the placement, Mr. Sumter was still present at the facility/was calm. As the author was leaving, Mr. Nickles flagged the author and presented a text message sent by client's mother informing him that she had informed the clt's CM's that she wasn't in agreement with the client moving.

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: Deanna McNeil
Sent: Tuesday, September 10, 2013 11:33 AM
To: Harry Reese
Cc: Rhonda Sims
Subject: HIPAA training *PGP*

Please proceed with the plans for additional HIPAA training as discussed on 9/5/13. I am also informing you that a note signed by you on August 15, 2013 was recently discovered in the chart of C. Sumter. Contact Rhonda Sims at 8-4859 to arrange a HIPAA training session with her or her designee.

Deanna McNeil, MD
Sr. Psychiatric Service Chief
Adult Clinic Services
Columbia Area Mental Health Center
1800 Colonial Dr Ctge B
Columbia, SC 29203
803 898-0275

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Harry Reese

From:	Harry Reese
Sent:	Monday, September 23, 2013 12:09 PM
To:	Deanna McNeil
Cc:	John Magill; Robert Bank; Alan Powell; Eleanor Odom; Vickie Brown; Rhonda Sims; Harold Edwards
Subject:	Reese Response to Notice of Intent to Suspend *PGP*
Attachments:	McNeil Notice of Intent to Suspend 9-16-13.pdf
Importance:	High

Dear Dr. McNeil:

This correspondence serves as confirmation that I'm in receipt of your "Notice of Intent to Suspend" correspondence along with its' attachments.

I must say that since you've became my supervisor, you have done nothing but marginalize me and assisted others in slandering my good name which is also demonstrated in your correspondence that started off dealing with HIPPA/Privacy violations to, for some strange reason, inquiring of a dual relationship amongst myself and the New Alpha program. Well Dr. McNeil, because you continue to define me as an unethical person, I won't dignify your questions with a reply because of the respect that I have for myself. However, what I would do is refer you to Ms. Rhonda Sims, Columbia Area Mental Health Center (CAMHC) Clinical Support Director), so that she may provide you with a copy of the SCDMH Compliance Reporting Form dated 11/8/12; Identification #: 10.22.12. If need be, I can forward you a copy of the aforementioned report that I finally received some from Ms. Sims on Thursday, August 22, 2013 @ 3:07 p.m. - evidence will be displayed at a later date and time of the reason that this report was called into the hotline which aided in ruining my character, name, work ethics, etc.; moreover, it was designed to have me terminated.

Dr. McNeil, as shared with you on 9/6/13 upon you providing me with the Record of Employee Counseling, this was never about violating any HIPPA/Privacy practices – it was simply about the fact that I documented the facts surrounding the alleged August 8th incident of which the client falsely accused me of informing the provider that his Case Manager was relocating him to an alternate placement and presenting to the clinic on 8/9/13 falsely accusing the provider of abuse of which you nor any other member of management thought that I was important enough to discuss the matter with me -possibly due to your belief that myself and the provider are engaged in a dual relationship. This was also about me having knowledge of and documenting a serious medication incident of a client, who has a long chronicity history of recklessly using licit and illicit drugs that detrimentally impacted another client. A client that the CAMHC management placed into a placement that a former SCDMH defined as substandard; a long history of not complying with mental health; roach infested; and was known to have medication problems. Moreover, Dr. Riddle had problems with the same placement and Dr. Bank stated..."I think we are trying to keep our patients out of Reese's". Due to the medication crisis with the client, my knowledge of the incident from the caretaker, and serving as the client's former Case Manager, I should have been involved in the staffing before the client was relocated to the Carter Street Apartments 'CAMHC Organizational Policy – Staffing of Clinical Care; Category: Clinical; Number: 2-02-99).

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Dr. McNeil, I personally find it alarming that the SCDMH/CAMHC administrators and management believe that there are policies that prevent me from accessing medical records to document my interactions; moreover, work with clients that aren't being Case Managed by the Connections programs. According to the SCDMH/CAMHC administrators and management, a client of the CAMHC's Link program could visit the clinic and inform me that he has plans to cause bodily harm to CAMHC's staff and clients and I'm not to work with him or document the interaction because he's not Case Managed in the Connections program. My inactions would not only will be reckless; however, criminal as well -"Failure to Notify" especially if the client acted upon his threats to cause harm and I didn't communicate the threat with staff or local authorities which to include SCDMH Public Safety Officers.

I clearly and effectively performed my job duties via the following facts:

- Your authorization to document a note of a client Case Managed by the CAMHC's Link Program that was experiencing suicidal thoughts of which I should have been able to provide direct services to redirect the client's thought process, but because of the recent climate that management had created, I had to employ a tedious process of locating the client's Case Manager; so that, the Case Manager could intervene. Thank God the client didn't kill himself. Please be mindful...under no circumstances will I commit perjury for SCDMH/CAMHC. For some reason, you continue to overlook this documentation that you authorized to me to document in the client's medical file.

- Ms. Rhonda Sims, CAMHC Clinical Support Director, awareness and concurrence of this author reviewing the records to investigate and to prove to all investigative parties that I had no prior knowledge of the client's Case Manager intent to relocate the client to an alternate placement.

- Mr. Kenneth Childs' (a CAMHC's board member who's also an attorney) response..."That's a bunch of nonsense" upon this authoring informing him that according to CAMHC management, I could no longer work with his sibling because she's case managed under another CAMHC's program – The Link.

- SCDMH/CAMHC policies that requires this service provider to document services (billable and non-billable) of CAMHC's clients.

- The recent change to the clinical note module which identifies all CAMHC's service providers (staff) that provided services to the client that are served by CAMHC.

- Required documentation to justify to the funding source the need for ongoing services

- Although all CAMHC's staff members are/should be a part of client's treatment, Mr. Connor involved me in his treatment via inquiring of CAMHC's crisis housing funds to aid in reducing his anxiety in regards to remaining at New Alpha until the end of the month due to not having funds to relocate as promised by his Case Manager; and the information offered by this CAMHC mental health professional provided to address Mr. Connor's concern and reducing his anxiety and hostility. In addition, my efforts to redirect the client's agitation also involved me in Mr. Connor's treatment as well asking probing questions to ascertain strategies that client employed to address his concerns with the provider also allowed me to be a part of the client's treatment. What was I supposed to do? Just stand there and ignore the client. As I shared with you before and I'll say it again..."I'm not that reckless of which CAMHC's management are making me to be. It is because of the aforementioned that I was required to document these services of which most of the services offered was attentively listening to the client's

thoughts/feelings and observing the interactions between the client and his caretaker of which there was absolutely no abuse observed; i.e., physical, verbal, mental, etc.

- As discussed previously with you, according to the client's caretaker, The Link Case Manager (CM) and the CM supervisor consistently ignored and refused to return the caretaker's calls; therefore, according to the caretaker, he had no other recourse but to communicate the medication incident with this author.

- As previously discussed with you via email, both the CAMHC's Organizational Policies Family Inclusion (Category: Quality Assurance; Number: 7-02-06) and Reporting of Adverse Incidents (Category: Quality Assurance; Number: 7-01-95) mandates that I document and inform appropriate authorities referencing any and all incidences that 'Jeopardizes the health or safety of consumers and/or staff, or which pose a significant threat of harm to the general public". As the Center Director, I was required to apprise you of the adverse incident caused by a client that was placed by the CAMHC's program manager in an environment that he wasn't clearly prepared. In addition, the Reporting of Adverse Incidents policy also requires me to document the incident in the client's medical record. I didn't make these policies, I just merely effectively followed them. CAMHC policy development is the role of the CAMHC board. By the way, could you please contact Mr. Kenneth Childs and apologize for me for ignoring his call. Because of the climate that management has recently created, I didn't want to answer his call due to possible termination. Mr. Childs initiated contact with me via my state cellphone on September 17, 2012 @ 11:33 a.m. The information that was shared with me upon visiting the clinic to have my PPD read was that Ms. Childs, his sibling being case managed by Ms. Jacqueline LeGette under the CAMHC's Link Program, engaged in alcohol consumption that resulted in an Emergency Room visit. If I would have received Mr. Childs' call, according to the policy, I would have to complete another adverse incident report and document the incident into the client's medical record. If I didn't receive Mr. Childs' call, who offered this information?

- Although you consistently state that I communicated with an unauthorized source, at the appropriate time, I will certainly demonstrate that the, according to you, the unauthorized source is not only the housing provider for the client's in the New Alpha program, but he's also the caretaker for each client in the placement via either Probate Court order for structured placement and CAMHC's mental health staff placing the clients into the placement which confirms that the clients requires assistance caring for themselves but for some reason that was unable to do it for themselves; moreover, the role that he takes on to support the client's served by CAMHC. According to Merriam Webster Dictionary a caretaker is defined as a person who gives physical or emotional care to someone (such as a child, an old person, or someone who is sick).

- It's rather strange that you continue to reference the documentation of [redacted] Sumter of which one of the entries was placed in error (Batch Number 220131555 documentation is duplicated in Mr. [redacted] Smith's medical record which is associated with Mr. Smith and not Mr. Sumter). Upon "your" discovery of the notes in Mr. Sumter's medical record, you stated that you had to provide "something" to Human Resources; however, you never informed me what that "something" was. In fact, you informed me via Ms. Vicki Brown, (Director of Human Resources) that you would provide "it" to me after 4:00 p.m. after there was some discussion of the time that you stated that you would have the "something" ready for me to receive. Upon informing Ms. Brown that I was leaving for the day for sick leave which was around 12:00 p.m., she discussed my leaving with you and you informed her that you would mail the "something" to me. The peculiar thing in all of this is that you don't discuss Mr. [redacted] White's note into

EMR via your authorization on 8/23/13 @ 9:22 a.m. and the documentation that I submitted in Ms. [redacted]Childs' medical record on 9/3/13 that I informed you of on 9/16/13 @ 11:18 a.m. of which none of these entries are reflective in your 9/16/2013 "Notice of Intent to Suspend" correspondence. Perhaps you don't discuss these entries because one you authorized and the other is the documentation of a CAMHC's board member's family member. When you authorized me to document my note into Mr. White's medical record, you authorized and recognized the importance of documentation of services into client's files of different CAMHC's programs.

- Your absence of referencing Ms. Childs and Mr. White's entries into EMR continues to demonstrate that this action as shared with you on 9/6/13 wasn't about any violation of HIPPA/Privacy Practices, it was merely because I documented the facts of the 8/8/13 incident and documented the medication adverse incident of which the CAMHC's managers put both client in harms way.

- According to you, myself along with Mr. Nickles were under investigation by SLED/DSS referencing the alleged incident reported by Mr. [redacted], Mr. Melvin Malone, and Ms. Maria Marin. Is this investigation completed? If so, please provide me with a copy of their findings. Perhaps, the investigation has been completed and CAMHC's management isn't please with the outcome of the authorities that they (CAMHC's management) elicited to investigate this matter.

- Dr. McNeil, on September 10, 2013, I, via email, requested HIPPA Training of Ms. Sims; however, she hasn't responded. I'm on sick leave the week of September 23, 2013; however, I'm only present to respond to your September 16, 2013 "Notice of Intent to Suspend" correspondence. I'm available for the training on Friday, 10/4/13 after 1:00 p.m. I'm only available at this time; so that the training won't affect my productivity (billable) time. Please arrange this training for me since my efforts produced unfavorable results.

Dr. McNeil, let's explore your 9/16/13 "Notice of Intent to Suspend" correspondence further which is facially incorrect:

1. August 12, 2013: You consistently state that I didn't need to access the record to perform my job duties. This entire matter has affected my ability to perform my job duties via my need for mental health services to address the stressful job situation that the CAMHC's managers has consistently created. To confirm the aforementioned, I'll forward you a copy of my leave slips submitted via email and hard copy and provide additional evidence of my claim at a later date and time. I initially informed Ms. Sims, that I accessed and reviewed the records of which Ms. Sims was supportive of my investigation; in that, the Clinical Support Director concurred that I had the right to review the records. Moreover, after informing Ms. Sims that I reviewed the record and she concurred with my rationale, she, as the Clinical Support Director with a long tenor in the agency, didn't discuss or employ any disciplinary actions against me.

2. The reason that Ms. Sims was aware of my reviewing the records was because I went to her once again to request a copy of the dual relationship claim reported to the Corporate Compliance Hotline on 10/22/13. I requested a copy of the report and findings during Ms. Sims investigation; however, I recently received a copy of the requested documents on Thursday, August 22, 2013 @ 3:07 p.m. During this same meeting, I also informed shared with her of Ms. Marin's reckless and slanderous statement to the housing provider – Mr. James Reese.

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3. August 15, 2013: According to your correspondence, you state that I received verbal counseling from you..."Instructing you not to use the EMR to "review" a chart of a client not assigned to you since this was a HIPPA violation". According to Merriam Webster dictionary review is defined as: an act of carefully looking at or examining the quality or condition of something or someone; examination or inspection. On August 15, 2013, I documented my interactions and services provided to the client. I didn't review the chart. According to SCDMH policy, I have 10 days to document services and 5 days according to CAMHC policy to document services rendered. As you can see, I documented in the timeframes mandated by both of the policies.

   Corporate Compliance: Clinical Service Notes (CSN) - Collaborative documentation is completed as often as possible for services rendered. CSN's for services rendered are completed as soon as possible but no later than ten (10) work days from the date of the service. This time frame is applicable to all clinic based services and RBHS services provided and documented on a CSN from the time of admission.

   According to Webster Merriam Dictionary collaborative is defined as: to work with another person or group in order to achieve or do something. Because I worked with Mr. Sumter and the caretaker to reduce the client's anxiety and agitation, my employment with CAMHC, the services provided, the SCMDH/CAMHC policies, and to aid in justifying the need for ongoing services mandated that I document the services provided.

4. September 5, 2013: As my supervisor, you provided me with the Record of Employee Counseling. Surely, I thought at this time, this matter was over; however, on...

5. September 6, 2013: You stated that "you" discovered two entries in the "client" chart of which you stated that I committed my first HIPPA violation. After you've provided me with your disciplinary action on 9/5/13, why are you still investigating this matter? On August 15, 2013, you instructed me not to review the chart. I didn't review the chart. I accessed the chart to document the services provided and the accounts of the alleged incident regarding the client and his caretaker/housing provider. According to Merriam Webster dictionary access is defined as: a way of getting near, at, or to something or someone; a way of being able to use or get something; permission or the right to enter, get near, or make use of something or to have contact with someone. CAMHC provided me with this access via employment and their policies and Medicaid via justification for the ongoing need for services granted me the right to document the services provided.

6. Based on your September 16, 2013 "Notice of Intent to Suspend" correspondence and SCDMH/CAMHC policies, there was no insubordination. This letter is only used to continue to slander my name, prevent my growth in the agency and possibly discontinue my employment via involuntarily or voluntarily means; moreover, used as a mechanism to retaliate and intimidate because you didn't receive the outcome expected regarding the New Alpha program of which at the outset of this matter up until you provided me with the Notice of Intent to Suspend confirms this hypothesis: Please let me be very clear. I "will not" quit my employment with CAMHC due to the ongoing slanderous, retaliative, and intimidating tactics used by the CAMHC's management. I did nothing wrong.

7. August 29, 2013: According to your September 16, 2013 "Notice of Intent to Suspend" correspondence, CAMHC Corporate Compliance Division, CAMHC and DMH Resources, DMH Office of General Counsel, and you proclaim that I talked with an unauthorized source. **The ultimate question is: "Have**

you talked with Mr. [redacted] Pardee to ascertain whether or not he authorized his caretaker to talk to me regarding the detrimental medication incident which could have been deadly? The fact to the matter is...if the caretaker's staff and the caretaker himself weren't observant of the client, the matter could have resulted in death according to the Lexington County Emergency Room attending physician. In fact, according to the Lexington County Emergency Room attending physician, Mr. Pardee suffered a light seizure. I documented the interaction to protect the agency from a liability claim by both parties involved - Mr. Pardee and Mr. Lewis. Mr. Pardee because the CAMHC management placed the client in harms way via placing a client, Mr. [redacted] Lewis, who has a long chronicity history of abusing licit and illicit drugs in a facility that the mental health professionals verbalize some egregious concerns regarding the placement. Mr. James Lewis based on the aforementioned which also jeopardize his health and life. While at the staff mail boxes in the main office, both Mr. Pardee and Mr. Nickles requested a meeting with you and Ms. Marin and you denied that meeting stating..."I have other emergencies that I have to deal with". So that you won't accuse me of interactions with a client that I'm not treating, Ms. Avis Buchanan will verify that I was in the main office checking my mailbox when the request was made by Mr. Pardee and Mr. Nickles. Based on Mr. James Reese's (boarding home operator) past history of not complying with mental health, there was no foreseeable reason that I could have known that he would discuss the detrimental medication incident with CAMHC management and I defiantly wasn't aware that he was in Ms. Marin's office along with you having a conference. I was only made aware of Mr. J. Reese's presence at the clinic via observing him walking out of Ms. Marin's office which was after I submitted the medication incident. Because I wasn't in the office with you, Ms. Marin, and Mr. J. Reese, I certainly wasn't aware of the function of the conference they day that I emailed you, Ms. Marin, and Mr. Edwards and ultimately Ms. Sims of the adverse incident. I can't read minds; therefore, I had to apprise the supervisors of the adverse medication incident as mandated by CAMHC Organization Policy - Reporting of Adverse Incidents; Category: Quality Assurance; Number: 7-01-95. CAMHC's management had more respect for Mr. J. Reese, the boarding operator/caretaker that prevented a client from receiving medical attention after a medication overdose, than you had for a dedicated and committed employee of which my employment record speaks for itself. I did my job.

8. According to your September 16, 2013 "Notice of Intent to Suspend" correspondence, CAMHC Corporate Compliance Division, CAMHC and DMH Resources, DMH Office of General Counsel, and you (Dr. McNeil) proclaim that I require additional training that the administrators and management had prepared for me -- HIPPA Privacy/Security and EMR and other trainings. My EMPS demonstrates that I've effectively performed my jobs duties of which no supervisor or reviewer of my EMPS has disputed. Just because CAMHC's management didn't get the outcome they desired from engaging in a personal attack on Mr. Rick Nickles, CAMHC's management continue to marginalize and devalue me as an employee and a person; moreover, continue slandering my good name which all started from the New Horizon incident and continued with the false claim of a dual relationship reported to the SCDMH Corporate Compliance amongst myself and Rick Nickles on 10/22/12, this claim that I informed the caretaker that the client's CM intent of relocating the client to an alternate placement, and other attacks against me that will be discussed at a later date and time such as Ms. Marin informing Mr. James Reese that I was a crook, destroying client's lives and that myself and Mr. Nickles were under SLED investigation for our dual relationship. If this false report wasn't made and Ms. Marin's ongoing slanderous and retaliative attacks against me of which CAMHC's management did absolutely nothing to stop her inappropriate and illegal behaviors, I truly believe that SCDMH/CAMHC management would be more objective within addressing this current matter. I effectively performed my job duties just as the

CAMHC's policies mandates. However, if management wants to continue wasting taxpayers' dollars to re-train me, so be it.

Dr. McNeil, during our communications, face-to-face, email, letters, etc., you make it appear that the supervisors, which certainly include you, performed some type of internal investigation and discovered the information gained. Let me be clear, you all didn't discover anything. I brought it to your attention which confirms that I surely didn't think it was a violation of reviewing the files of clients receiving services via CAMHC. Moreover, the information that I discovered, I shared with the CAMHC mental health supervisors and the HIPPA Representative via face-to-face and email.

Surely I desire to meet with Dr. Bank to discuss the slanderous, retaliative, and intimidating methods that CAMHC's management has employed to destroy my good name and dramatically crippled my professional advancement both in/outside of the CAMHC of which has adversely affected my health and personal life. During this meeting I'm also requesting the following persons to be present: Mr. Alan Powell (SCDMH General Counsel); Mr. John Magill (SCDMH State Director); Ms. Rhonda Sims (CAMHC Clinical Support Director); Ms. Maria Marin (CAMHC The Link Program Director); Mr. Melvin Malone (CAMHC Mental Health Professional); Mr. Kenneth Childs (CAMHC Board Member/family member of a CAMHC client); a member of CAMHC Corporate Compliance Division and Human Resources; a member of Joint Commission on Accreditation of Healthcare Organizations (JCAHO); a member of The Commission on Accreditation of Rehabilitation Facilities (CARF); a member of the investigative party of Richland County Department of Social Services and South Carolina Law Enforcement Division (SLED); The Honorable Daniel Johnson (Richland County Solicitor, Fifth Judicial Circuit of SC); a member of the South Carolina Governor's Office of Ombudsman; Mr. Anthony Keck (South Carolina Department of Health and Human Services Director); Mr. [redacted] Lewis (CAMHC client), Mr. Ricky Lewis ([redacted] father); Mr. [redacted] Pardee (CAMHC client and his family) and yourself – Dr. Deanna McNeil (CAMHC Psychiatric Service Chief – Adult Services). Also, I'm requesting that Mr. Rick Nickles be present as well; so that, you and other members of management can direct any dual relationship questions to him. In light of the mass killings by mental health clients, perhaps the media should be present as well. Further, once given a meeting date, I'll employ all efforts to ensure that all requested individuals are present. Finally, I'll provide all parties present with a copy of the correspondences sent amongst you and I; so that, all the facts can be presented and be compared to the policies.

CC: Mr. John Magill, SCDMH State Director
Dr. Robert Bank, CAMHC Executive Director
Mr. Alan Powell, SCDMH General Counsel
Ms. Eleanor Odom, SCDMH Director of Human Resource Services
Ms. Vicki Brown, CAMHC Director of Human Resources
Ms. Rhonda Sims, CAMHC Clinical Support Director
Mr. Harold Edwards, CAMHC Acting Supervisor/Connections

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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State of South Carolina
Department of Mental Health

MENTAL HEALTH COMMISSION:
Alison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Jane B. Jones
Everard Rutledge, PhD
J. Buxton Terry
STATE DIRECTOR
John H. Magill

Columbia Area
Mental Health Center
P.O. Box 4440
2715 Colonial Drive
Columbia, SC 29203
Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

October 2, 2013

Harry Reese
8408 Little John Drive
Columbia, SC 29209

Dear Mr. Reese:

I am in receipt of your letter requesting a conference regarding the Notice of Intent to Suspend. Your conference is scheduled for 3:00 p.m., on Wednesday, October 9, 2013, in the conference room of the Executive Suite. At this pre-suspension conference, you may bring a representative of your choice. Additionally, you have been scheduled for HIPAA Training on October 9th, at 9:00 a.m., in the small conference room in the Administration Building.

Please be advised that this is not a hearing, but your opportunity to present your side of the story. Again, you may bring one representative of your choice to this meeting.

Sincerely,

Robert L Bank MD

Robert Bank, M. D.
Executive Director

MISSION STATEMENT
To support the recovery of people with mental illnesses.

DMH South Carolina Department of Mental Health

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Harry Reese

From:	Harry Reese
Sent:	Wednesday, October 09, 2013 3:04 PM
To:	Robert Bank
Cc:	Rhonda Sims; Harold Edwards; Vickie Brown
Subject:	RE: Hippa Training & Conference
Attachments:	Reese FMLA 10-9-13.pdf
Importance:	High

Dr. Bank:

As promised on yesterday, I'm providing you with a copy of the FMLA form of which I'll provide the hard copy to Ms. Brown.

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, October 08, 2013 4:52 PM
To: Robert Bank
Cc: Rhonda Sims; Harold Edwards
Subject: Hippa Training & Conference
Importance: High

Dear Dr. Bank:

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I'm in receipt of your October 2, 2013 correspondence scheduling the HIPPA training and a conference with you regarding Dr. McNeil's September 16th Notice of Intent to Suspend correspondence. I appreciate the opportunity to openly and thoroughly discuss this matter with you; however, due to receiving treatment for work related stress that has led to depression, anxiety, agitation, etc., and serious medical conditions, the doctor/therapist has advised me to postpone the training and meeting to a later date and time so that I can effectively engage in essential mental health services. I hope that the opportunity to discuss this matter with you will be available after I have completed the treatment process. Dr. Bank, although your correspondence has only allowed me to bring one representative, I'm requesting the opportunity to bring two. Thank you in advance for your attention and consideration in this extremely important matter.

P.S. I'll submit my FMLA form on tomorrow to the human resource office; so that, I can continue receiving essential services to treat the diagnosed mental health issues. It was my intent to present the FMLA form on today; however, my therapist left before I could receive the 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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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

STATE DIRECTOR
John H. Magill

Columbia Area
Mental Health Center
P.O. Box 4440
2715 Colonial Drive
Columbia, SC 29203
Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

November 6, 2013

Harry Reese
8408 Little John Drive
Columbia, SC 29209

Dear Mr. Reese:

After our meeting on Monday, November 4, 2013, and reviewing the information that led your supervisor to issue a "Notice of Intent to Suspend", it is my recommendation that your "Notice of Intent to Suspend " be reduced to a "Written Warning".

Dr. McNeil will be in contact with you regarding this action.

Sincerely,

Robert L. Bank. M.D.
Executive Director

Cc: Human Resources

Employee's signature of acknowledgement: _____

Harry Reese

From:	Harry Reese
Sent:	Friday, November 08, 2013 3:59 PM
To:	Robert Bank
Cc:	Deanna McNeil; Vickie Brown
Subject:	Response to Proposed Disciplinary Action *PGP*
Attachments:	Dr Bank Proposed Disciplinary Action 11-6-13.pdf; Response to Dr Bank Proposed Disciplinary Action 11-8-13.pdf
Importance:	High

Dear Dr. Bank:

Please see the attached response.

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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JOSEPH HENRY, P.C.
Attorney at Law
Certified Mediator
1708 B Richland Street
Columbia, South Carolina 29201
(803) 929-3484
(803) 929-3485 Facsimile

November 8, 2013

Robert L. Bank, M. D.
Executive Director
State Of South Carolina
Department of Mental Health
P.O. Box 4440
2715 Colonial Drive
Columbia, S.C. 29203

Dear Dr. Bank:

We appreciate you taking the time to meet with Mr. Reese and me on Monday, November 4, 2013 regarding the impending proposed disciplinary action that has been recommended for him. Mr. Reese has also requested that I review the correspondence you prepared in response to the discussions held during our meeting. I have reviewed the letter and the proposed change to the recommended disciplinary action. However, it is unclear what infraction Mr. Reese would be agreeing that he committed. As you will recall from the meeting, the assertion was that Mr. Reese violated provisions of your policies relating to confidentiality of patients' records. I believe it was clear from discussion of the issue that no such violations occurred as Mr. Reese did not have to access patient files for patients not assigned to him to prepare the Adverse Incident Reports for which he is be recommended for disciplinary action. In addition, even if Mr. Reese had made such access, this would not violate the confidentiality policy as Mr. Reese is an in-network staffer and did not disseminate any information from patient files to outside persons.

Although Mr. Reese appreciates your willingness to review this matter and attempt to rectify the same by reducing the proposed disciplinary action; the proposed change would still subject him to unfair treatment. In this regard, before any unfair disciplinary action is instituted, we are requesting that you reconsider the proposed action. We would also request that any policy that Mr. Reese is alleged to have violated be cited in the documentation of the action or proposed action to be taken against him. Please note that, to date, the agency has not cited any specific provision of any agency policy allegedly violated. It is imperative that cooler heads prevail in this matter in order to avoid unnecessary and extraordinary efforts to address this simple matter.

In conclusion, no privacy policy has been violated and Mr. Reese appears to be receiving adverse treatment for performing the duties and functions required of him in his daily job duties.

312

Therefore, we request that the proposed disciplinary action be withdrawn and all reference to the same be removed from his personnel file. If you care to discuss this matter further, I hereby respectfully request that either you or someone from your legal department contact my office in this regard.

With kind regards, I am

Sincerely,

Joseph Henry

JH/s
CC: Human Resources
Dr. Deanna McNeil

313

South Carolina Department of Mental Health

2414 Bull Street
Columbia, South Carolina 29202

Written Warning For Inappropriate Behavior, Misconduct or Violation of Rules

Prepare in triplicate. Distribute original to employee, duplicate to HRS, and triplicate to the Field Personnel Folder.

Name	Position Title	Social Security No.
Harry Reese	Human Service Coordinator I	790-8-

Facility/Center/Division	Organizational Component
Adult Intensive Services	Columbia Area Mental Health Center

1. Reason(s) For Written Warning (Nature of offense/dates of counseling).

Insubordination: On September 6, 2013, I discovered that you made two entries in the EMR chart of a client you were verbally informed on 8/15/13 during normal work hours to have no further access or to view the record. This client was not on your assigned caseload and you did not require access to his chart to perform your duties. Your entries were dated August 15, 2013 after 5:30pm which showed evidence that you accessed that chart after the verbal counselling. Your actions were clear evidence of insubordination.

(Continue on reverse side if necessary)

Consequences of Future Violations or Misconduct:

Future evidence of insubordination will be handled in accordance with the Employee Disciplinary Standards.

3. Employee Comments:

Type/Print Name of Supervisor Taking Action

Deanna McNeil, MD

Signature of Supervisor Taking Action	Date
Deanna McNeil, MD	11/19/13

Signature indicates that I have received and understand this Written Warning.

Signature of Employee	Signature of Witness (if applicable)	Date
Employee refused to sign		11/19/13

SCDMH FORM
Rev 1997-10 HRS-153
Rec. Sched. 00114 (CG 9/98)

314

C:\USERS\DSM2\DOCUMENTS\HARRYREESE.WRITTENWARNING11.18.13.DOC

Harry Reese

From:	Harry Reese
Sent:	Friday, November 08, 2013 3:59 PM
To:	Robert Bank
Cc:	Deanna McNeil; Vickie Brown
Subject:	Response to Proposed Disciplinary Action *PGP*
Attachments:	Dr Bank Proposed Disciplinary Action 11-6-13.pdf; Response to Dr Bank Proposed Disciplinary Action 11-8-13.pdf
Importance:	High

Dear Dr. Bank:

Please see the attached response.

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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JOSEPH HENRY, P.C.
Attorney at Law
Certified Mediator
1708 B Richland Street
Columbia, South Carolina 29201
(803) 929-3484
(803) 929-3485 Facsimile

November 8, 2013

Robert L. Bank, M. D.
Executive Director
State Of South Carolina
Department of Mental Health
P.O. Box 4440
2715 Colonial Drive
Columbia, S.C. 29203

Dear Dr. Bank:

We appreciate you taking the time to meet with Mr. Reese and me on Monday, November 4, 2013 regarding the impending proposed disciplinary action that has been recommended for him. Mr. Reese has also requested that I review the correspondence you prepared in response to the discussions held during our meeting. I have reviewed the letter and the proposed change to the recommended disciplinary action. However, it is unclear what infraction Mr. Reese would be agreeing that he committed. As you will recall from the meeting, the assertion was that Mr. Reese violated provisions of your policies relating to confidentiality of patients' records. I believe it was clear from discussion of the issue that no such violations occurred as Mr. Reese did not have to access patient files for patients not assigned to him to prepare the Adverse Incident Reports for which he is be recommended for disciplinary action. In addition, even if Mr. Reese had made such access, this would not violate the confidentiality policy as Mr. Reese is an in-network staffer and did not disseminate any information from patient files to outside persons.

Although Mr. Reese appreciates your willingness to review this matter and attempt to rectify the same by reducing the proposed disciplinary action; the proposed change would still subject him to unfair treatment. In this regard, before any unfair disciplinary action is instituted, we are requesting that you reconsider the proposed action. We would also request that any policy that Mr. Reese is alleged to have violated be cited in the documentation of the action or proposed action to be taken against him. Please note that, to date, the agency has not cited any specific provision of any agency policy allegedly violated. It is imperative that cooler heads prevail in this matter in order to avoid unnecessary and extraordinary efforts to address this simple matter. *

In conclusion, no privacy policy has been violated and Mr. Reese appears to be receiving adverse treatment for performing the duties and functions required of him in his daily job duties.

5/4

Therefore, we request that the proposed disciplinary action be withdrawn and all reference to the same be removed from his personnel file. If you care to discuss this matter further, I hereby respectfully request that either you or someone from your legal department contact my office in this regard.

With kind regards, I am

Sincerely,

Joseph Henry

JH/s
CC: Human Resources
Dr. Deanna McNeil

317

Harry Reese

From:	Harry Reese
Sent:	Monday, November 25, 2013 4:13 PM
To:	Robert Bank; Deanna McNeil
Subject:	FW: Response to Proposed Disciplinary Action *PGP*
Attachments:	Dr Bank Proposed Disciplinary Action 11-6-13.pdf; Response to Dr Bank Proposed Disciplinary Action 11-8-13.pdf
Importance:	High

Dear Dr. Bank:

Will you, your designated appointee, or someone from the agency's legal team offer a response regarding the attached November 18, 2013 "Response to Dr. Bank Disciplinary Action" correspondence that was emailed to you on Friday, November 8, 2013?

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: Friday, November 08, 2013 3:59 PM
To: Robert Bank
Cc: Deanna McNeil; Vickie Brown
Subject: Response to Proposed Disciplinary Action *PGP*
mportance: High

Dear Dr. Bank:

318

Please see the attached response.

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:	Zina Hampton
Sent:	Tuesday, November 26, 2013 5:43 PM
To:	Harry Reese
Cc:	Robert Bank; Deanna McNeil; Vickie Brown
Subject:	Disciplinary Action

Mr. Reese,

I am responding to your communication to Dr. Bank sent on Monday, November 25, 2013.

The Written Warning issued to you in lieu of a suspension in November will stand as issued.

This action is not subject to employee grievance.

Thank you.

Zina Hampton

Zina F. Hampton, MSM, MBA
Director, Administrative Operations |Human Resource Services
2414 Bull Street | DOAS Rm. 203 | Columbia SC 29203-3220
Voice: (803) 898-8587 | Fax: (803) 898-0199
zfh72@scdmh.org



Please consider the environment before printing this email.

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Harry Reese

From: Zenika N. Jarvis
Sent: Wednesday, December 11, 2013 3:11 PM
To: 3DCOLAADM-DL; 3DCOLAIDH-DL; 3DCOLAMHC-DL
Subject: HIPAA Reminder

HIPAA privacy rule requires certain protections for client's Health Information both hard-copy and when it is transmitted or stored in an electronic format. Sensitive information exist in forms of printed, communication and electronic. As employees it is our responsibility to protect the privacy and security of all protected health information.



Walgreens must pay customer $1.44M after pharmacist shared her prescription records

Posted Jul 29, 2013 12:50 PM CST



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An Indiana jury awarded $1.44 million Friday to a customer whose prescription records were provided by a Walgreen's pharmacist to the customer's ex-boyfriend.

..e pharmacist was married to the plaintiff's ex-boyfriend at the time she looked up Abigail Hinchy's prescription records and shared them with Davion Peterson, pharmacist Audra Peterson's husband and Hinchy's ex-boyfriend, the Indianapolis Star reports.

Walgreens said pharmacist Audra Peterson was in the wrong and has been appropriately disciplined for her breach of confidentiality. However, the company questioned the award against the drugstore chain, which Hinchy accused in a Marion Superior Court civil suit of negligently training and supervising Peterson.

"We believe it is a misapplication of the law to hold an employer liable for the actions of one employee who knowingly violates company policy," said the company in an email to the newspaper. "We intend to appeal the ruling."

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Harry Reese

From:	Harry Reese
Sent:	Thursday, January 09, 2014 4:33 PM
To:	John Magill
Cc:	Robert Bank; Deanna McNeil; Carolyn Baldwin; Connie Mancari
Subject:	Formal Meeting Request
Importance:	High

South Carolina Department of Mental Health
Mr. John Magill
State Director
2414 Bull Street
Columbia, South Carolina 29202

Dear Mr. Magill:
I'll requesting a formal meeting with you and the following senior management staff of Columbia Area Mental Health Center because I'm exhausted with being penalized for performing my job duties as the agency's policies demands, requires, and expects of me:
Dr. Robert Bank
Dr. Deanna McNeil

I did not commit any HIPPA violation and I definitely didn't commit insubordination of which the agency's policies does not support any claim made against me by Senior Management. I shouldn't be penalized and definitely not be receiving mental health treatment for effectively performing my job duties; moreover, caring enough about a client to ensure that he was safe and mentally stable. I'm consistently being penalized because I documented the facts again as the policies demands, requires, and expects of me; moreover, as the law, the funding source, and the public expects from this agency.

Mr. Magill, if you're unable to meet with me, I'm requesting permission to meet with the Columbia Area Mental Health Center's Board of Directors. If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851 or (H) (803) 783-1801. Thank you for your consideration within this extremely important matter.

Sincerely,
Harry E. Reese Sr.

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

1

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324

Harry Reese

From: Deanna McNeil
Sent: Friday, January 10, 2014 10:57 AM
To: Harry Reese
Subject: RE: Formal Meeting Request

The issue of HIPAA have been previously addressed and resolved. I'm not aware of what penalty you are currently referring to in this email.

Dr. Deanna McNeil
Psychiatric Service Chief
Columbia Area MHC
1800 Colonial Dr.
Columbia, SC 29203
Phone: (803) 898-0275
Fax: (803) 898-0632

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From: Harry Reese
Sent: Thursday, January 09, 2014 4:33 PM
To: John Magill
Cc: Robert Bank; Deanna McNeil; Carolyn Baldwin; Connie Mancari
Subject: Formal Meeting Request
Importance: High

South Carolina Department of Mental Health
Mr. John Magill
State Director
2414 Bull Street
Columbia, South Carolina 29202

Dear Mr. Magill:
I'll requesting a formal meeting with you and the following senior management staff of Columbia Area Mental Health Center because I'm exhausted with being penalized for performing my job duties as the agency's policies demands, requires, and expects of me:
Dr. Robert Bank
Dr. Deanna McNeil

I did not commit any HIPPA violation and I definitely didn't commit insubordination of which the agency's policies does not support any claim made against me by Senior Management. I shouldn't be penalized and definitely not be receiving mental health treatment for effectively performing my job duties; moreover, caring enough about a client to ensure that he was safe and mentally stable. I'm consistently being penalized because I

325

documented the facts again as the policies demands, requires, and expects of me; moreover, as the law, the funding source, and the public expects from this agency.

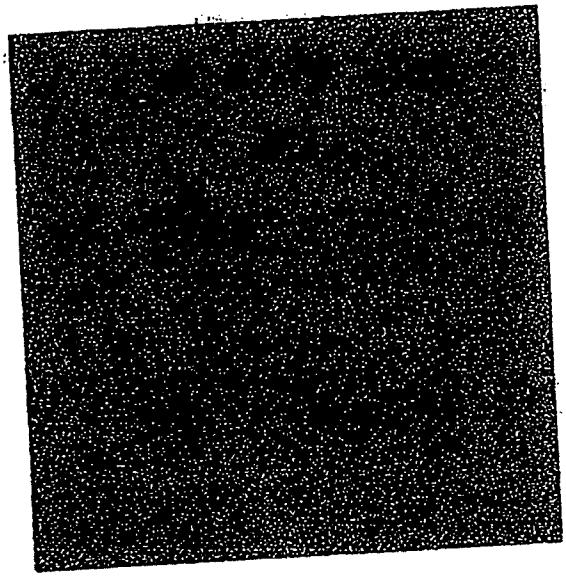
Mr. Magill, if you're unable to meet with me, I'm requesting permission to meet with the Columbia Area Mental Health Center's Board of Directors. If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851 or (H) (803) 783-1801. Thank you for your consideration within this extremely important matter.

Sincerely,
Harry E. Reese Sr.

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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1/21/14 @ 9:32 a.m.
Connie returned
Call stating Mejia
Dont said he dont
like to be in staff
like that refers
to Eleanor Edia
State
Human Resource
manage

327

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
STATE DIRECTOR
John H. Magill

Columbia Are
Mental Health Cente
P.O. Box 444
2715 Colonial Driv
Columbia, SC 2920
Information: (803) 898-480
Robert L. Bank, M.D., Executive Directo

DO YOU WANT TO DESIGNATE A FAMILY MEMBER OR OTHER INDIVIDUAL WITH WHOM THE PROVIDER MAY DISCUSS YOUR MEDICAL CONDITION?

IF YES, WHOM?

If "YES", complete and sign SCDMH Form M-450D "AUTHORIZATION TO DISCLOSE SCDMH PROTECTED HEALTH INFORMATION" indicating your preferences. If applicable to a specific SCDMH inpatient facility, SCDMH/DIS Form M-450J Authorization (which expires upon discharge) may be used instead.

You may revoke or modify your Authorization in writing as further described in the Authorization.

This Notice and any resulting disclosure is subject to applicable law, including Section 44-66-75 (A), Code of Laws of South Carolina, as amended (requiring this Notice); 45 CFR Part 160 (HIPAA); 42 CFR Part 2 (alcohol and drug); 44-22-100, SC Code (SCDMH patient confidentiality); and SCDMH Privacy Practices, which may permit, but not require, such disclosure with applicable Authorization.

AME_____ CID_____ DATE_____

MISSION STATEMENT
To support the recovery of people with mental illnesses.
DMH South Carolina Department of Mental Health

327A

Harry Reese

From:	Harry Reese
Sent:	Friday, October 17, 2014 9:03 AM
To:	Denise Morgan
Subject:	Crisis - Link Client
Importance:	High

Dear Ms. Morgan:

On yesterday (10-16-14), I had to intervene with a Link client that was formerly on my caseload with the Transitions program (Cottage C) and Connections. The client was agitated and efforts by the nurse (Ms. Amber) to redirect the client were unsuccessful; therefore, I intervene (Crisis) and the client eventually de-escalated and accepted the injection by Ms. B.J. Because I'm aware of this client's history, it was beneficial for the client to receive the injection as prescribed. This is a client that becomes increasingly agitated and aggressive of which was the reason that he was banned from entering the V.A. campus – he physically assaulted and caused great bodily harm to three security guards at the V.A.

The purpose of this communiqué is to inform you that I will be documented this interaction which was beneficial to all stakeholders – especially the client. The bill time for this interaction is 10 minutes. Do you foresee any problems with me documenting and billing for the essential services provided to the client?

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

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328

Subject: documentation

From: Denise Morgan (DOM14@SCDMH.ORG)

To: hreese2005@yahoo.com;

Date: Tuesday, October 21, 2014 5:28 PM

Harry,
I don't see any problems with documenting the event with the agitated client. Who was the case manager and had that person be notified of the client's escalation?

Thank you,

Denise Morgan, M.Ed.
Director
Emergency & Intake Services
Columbia Area Mental Health Center
2715 Colonial Drive, Suite 100B
Columbia, SC 29203
803-898-4851
803-898-4850
803-898-4007 Fax

Email: dom14@scdmh.org

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3 2 9
3 4 HC

Harry Reese

.om: Paula Toliver-Sydnor
Sent: Sunday, March 29, 2015 7:18 PM
To: Melvin Malone; Rickey E. Henderson; Daniel C. Long; Kersha Sessions; Harold Edwards; JoAnn O. Boards, MA; Harry Reese; Herbert Toney; Priscilla Addison; Jennifer Butler; Tammy L. Mackins-Hill; Mary How; Nancy H. Smith; Eric Hartley; Stephanie L. Butcher; Rhonda Sims; Rachmawati Pinkney; Amy Eichelberger
Cc: Avis Buchanan; Elizabeth Alford; James F. Riddle; Srinivasa Reddy; Janice H. Morrow
Subject: FW: New Group 2nd advertisement

(Another Reminder of the New Group Available. Have a Happy Easter Everyone!!!.)

Attention, Attention, All Staff!!!.
There is a new group coming your way starting April 08, 2015 – May 13, 2015 from 2:00 p.m. - 3 p.m. in Room 147 "The Impact of Mental Illness on the Client and the Family". We are now accepting referrals for 8 clients. This group will be for 6 weeks, the focus of the group is to assist clients in developing skills/coping strategies that will allow them to effectively treat their Illness. The group focus will be on Symptoms, Understanding Denial, Understanding Stigma, Understanding the Exhaust and Burnout of Family Members, Learning to Gain Control of your Life, and the Focus on the Family and how the Impact of their illness effects their families. The group Facilitator will be Melvin Malone and Co-Facilitator, Daniel Long. Please contact Melvin with referrals for the group at 898-8320 by Tuesday, March 31,2015 so, Medicaid transportation can be adequately arranged. Also, please make sure that this group is added to your clients POC. If you should have, any additional questions about the group. Thanks, Paula Toliver-Sydnor

---

From: Paula Toliver-Sydnor
Sent: Tuesday, March 24, 2015 5:44 PM
To: Melvin Malone; Rickey E. Henderson; Daniel C. Long; Kersha Sessions; Harold Edwards; JoAnn O. Boards, MA; Harry Reese; Herbert Toney; Priscilla Addison; Jennifer Butler; Tammy L. Mackins-Hill; Mary How; Nancy H. Smith; Eric Hartley; Stephanie L. Butcher; Rhonda Sims; Rachmawati Pinkney; Amy Eichelberger
Cc: Avis Buchanan; Elizabeth Alford; James F. Riddle; Srinivasa Reddy; Janice H. Morrow
Subject: RE: New Group

Hello Everyone, there is a correction on the time for the group. It will be 2 p.m. - 3:00 p.m. instead of 11-12. Hurry get your clients in this group!!!. Thanks Again, Paula

---

From: Paula Toliver-Sydnor
Sent: Tuesday, March 24, 2015 5:37 PM
To: Melvin Malone; Rickey E. Henderson; Daniel C. Long; Kersha Sessions; Harold Edwards; JoAnn O. Boards, MA; Harry ›se; Herbert Toney; Priscilla Addison; Jennifer Butler; Tammy L. Mackins-Hill; Mary How; Nancy H. Smith; Eric Hartley; ephanie L. Butcher; Rhonda Sims; Rachmawati Pinkney; Amy Eichelberger
Cc: Avis Buchanan; Elizabeth Alford; James F. Riddle; Srinivasa Reddy; Janice H. Morrow
Subject: New Group
Importance: High

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Attention, Attention, All Staff!!!.

ere is a new group coming your way starting April 08, 2015 – May 13, 2015 from 11:00 a.m. · 12:00 p.m. in Room 147 "The Impact of Mental Illness on the Client and the Family". We are now accepting referrals for 8 clients. This group will be for 6 weeks, the focus of the group is to assist clients in developing skills/coping strategies that will allow them to effectively treat their Illness. The group focus will be on Symptoms, Understanding Denial, Understanding Stigma, Understanding the Exhaust and Burnout of Family Members, Learning to Gain Control of your Life, and the Focus on the Family and how the Impact of their illness effects their Families. The group Facilitator will be Melvin Malone and Co-Facilitator, Daniel Long. Please contact Melvin with referrals for the group at 898-8320. Also, please make sure that this group is added to your clients POC. If you should have, any additional questions about the group. Please, feel free to contact Paula at 898-1504. Have a wonderful evening everyone!!!. Thanks, Paula Toliver-Sydnor

331

Harry Reese

From: JoAnn O. Boards, MA
Sent: Tuesday, July 22, 2014 3:24 PM
To: Harry Reese
Subject: RE: Anger Management Group

Harry,

I have added her to my list. Please make sure everything is in order on her Poc and what is her phone number. Thanks

Respectfully,

JoAnn Boards, MA
Human Services Coordinator I
Connections

CAMHC
2715 Colonial Drive, bldg. 200A
Columbia SC 29203
Office (803)898-9825
Fax: (803)898-4040
Email: Job86@scdmh.org

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From: Harry Reese
Sent: Tuesday, July 22, 2014 1:03 PM
To: JoAnn O. Boards, MA
Cc: Radhika Patel
Subject: RE: Anger Management Group
Importance: High

JoAnn:

ıave a new client that requires services to aid in improving interpersonal skills which to include anger mgmt., assertive communication training, etc. If you still have any vacancies, please assign Ms. [redacted] to your group.

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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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From: JoAnn O. Boards, MA
Sent: Thursday, July 10, 2014 3:41 PM
To: Balbir Coshal; Betsy A. Davis; Betty Bright; Betty J. Armel; Betty Taylor; Brigit Scarborough; Cheryl Johnson; Clyde Corin; Deanna McNeil; Deloris Green; Dondi Atencio; Elizabeth Nixon; Eve P. Powell; Evelyn Jones; Genora Scott; Hilary J. Bernstein, FHA; Jamus E. McCray; Jane Garmany; John Jones; Juanita A. Trigiani; Kathy Lundvall; Kimberly C. Moses; Kimberly G. Kinard; LaHartha Phelps; Lan Bonno-Lebozec; La'Quandra Nesmith; Laurrinda Saxon; Loyda Stevens; Natosha Wilson-Glenn; Nekesha Harris; Shirley M. Robinson; Sylvia Wells; Theada Haynes; Vivian Harts; Yolanda J. Rhodes; Amy Jolly; Andrea L. Solomon; Annette G. Jacobs; Aunra Hudley; Barbara Felder; Cheryl McClinton; Dorothy A. Gallman; Eva Johnson; Felecia Pressley; Florence De Guzman; Harold Dreher; Henry Edmonds; Holly Wilson; Jacqueline Clemmons; Kathleen Ryan; LaTasha Matthews; Libby Corley; Maxwell L. Highsmith; Miranda Smith; Myra Gantt; Nicole I. Bradley-Briggs; Patricia Hicks; Phyllis J. Tidwell; Selena M. Brown; Shekeena L. Nash; Shnita Lee; Sivi Daniels; Tawanda Webb; Theodosha Taylor; Tom Mercer; Tonya McCullough; Alicia Benedetto; Alison Norville; Allison Foster; Allison P. Boggs; Alysia L. Washington; Amber R. Barnett; Amirah Browne; Amy Eichelberger; Andrea M. Scott, M.A., MHP; Andrew L. Kelly; Andrew S. McClaine; Ann F. West; Anna M. House; Ashley Grant-Schoenecker; Avis Buchanan; Barbara Felder; Bertha Snow; Betty Frazier; Beverly K. McClerklin; Brenda Thomas; Brenda Preston; Broderick Anderson; Brooke L. Gibbs; Bruce Cannon; Camille Carpenter; Candace M. Gregg; Carolyn Baldwin; Chad D. Lindsey; Chanta R. Lawton; Charles Griffin; Charlotte Blackstone; Charmaine V. Weston; CheeTara K. Bluefort; Cheryl Ann Hess; Cheryl Krumholtz; Cheryl McClinton; Cheyenne Aldamuy; Christina M. Derrick; Christina M. Zuniga-Madrid; Christine Jenkins; Christy Chavis; Coretta M. Brown; Dale Shealy; Daniel C. Long; Daphne Williams; Denise Morgan; Dianne Sloss; Donald J. Lynch; Dondi Atencio; Dorothy Vaughan; Ebony Mack; Edmond Dowling Jr.; Elashia M. Hall; Elizabeth Alford; Elizabeth Bluemle; Elizabeth White; Elizabeth Wilkinson; Enda C. Wade; Eric Hartley; Erica T. Mollohan; Ernest Wilson; Ervin Jefferson; Eva Squirewell; Gary Stuckey; George Morris; George Saul; Gertrude Robinson; Gloria J. Bell; Gloria James; Greg Oates; Hannah Harris; Harold Edwards; Harold Wilson; Harry Reese; Heather Smith; Henry Timms; Herbert Toney; Holly May; Jacqueline LeGette; Jaime Koenig; James Claytor, MD; James F. Riddle; James R. Rice; Janet Faust; Janice H. Morrow; Jennifer Butler; Jill Baker; JoAnn O. Boards, MA; Jody L. Hudson; John Higgins; John L. Cardamone; Joyce Davis; Joyce E. Lawton; Joyce E. Wilson; Juliet Igama; Julius Jones; Karen Brown; Karen Crockett; Kathy Hugg; Kathy Lundvall; Katie S. Holland; Keelin A. Ford; Kelley L. Manuel; Kimberly G. Kinard; Kimberly Watt-Brockington; Kinsey J. Cameron; Kristin L. Hamke Clary; Kristin T. Dixon; Larry Jackson; LaSonya Parker; Laura J. Lyles; Lauren E. Burgess; Laverne Fairnot; Leslie Bracey; Libby Corley; Lucina Smith; Maggie P. Shumpert; Maria Marin; Marie M. Moore; Marilyn Murphy; Martha C. Reibert; Marvin Bryant; Mary Reaves; Matthew Brown; Melanie A. Westhart; Melvin Malone; Michelle Felder; Monica Davis; Monica McConnell; Nancy H. Smith; Nannie Loner; Orinthal R. Striggles; Patricia A. Jones; Patricia A. Thomas; Patrick T. Butterfield; Paula Toliver-Sydnor; Penney Peterson; Penny Reynolds; Priscilla Addison; Proctor Rogers; Rachmawati Pinkney; Radhika Patel; Ranita Johnson; Raymond Olszewski; Regina L. Harper; Reginald Carter; Renell

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Livingston; Retta Yandle; Rhonda Sims; Robert Bank; Ryan A. Cleare; Sammy Caldwell; Sandra Washington; Sara Frierson; Shannon Livingston; Shauna B. Pendergrass; Sheila Arnold; Shelly A. Silva; Shnita Lee; Srinivasa Reddy; Stephanie Adams; Stephanie L. Butcher; Stephen Hattrich; Steve Walker; Susan Luberoff; Tamara D. Walker; Tami [illegible]nley; Tammy L. Mackins-Hill; Tanya Dillihay; Terrell Jacques; Terry Pugh; Tia N. Holtzclaw; Tim C. Polito; Toni Morris; Veronica Gates; Veronica Johnson; Vickie Brown; Vinson M. Rivers; Virginia A. Simons; Virginia Hart; Warren Garrison; William B. Walkup; Yancy Harling; Y'ticcia Williams; Zenika N. Jarvis
Subject: Anger Management Group

Good Afternoon All,

Please contact me if interested. Thank you

Respectfully,

JoAnn Boards M.A

334

Harry Reese

From: Jennifer Butler
Sent: Wednesday, December 03, 2014 9:22 AM
To: Melvin Malone; Daniel C. Long; Priscilla Addison; Avis Buchanan; Harry Reese
Cc: James F. Riddle; Radhika Patel; Srinivasa Reddy; Elizabeth Alford
Subject: Coping Skills Group openings

Importance: High

We have immediate openings in our coping skills groups! There is a group beginning next Monday with 3 openings. We have a group on Wednesdays with 6 openings. It does not have an official start date yet. This group was designed to treat suicidal ideation. However, it is a group that everyone can benefit from! We work on regulating emotions, improving awareness and mindfulness, improving self-care, tolerating distress – all in 6 weeks! They can sit through a second time if needed. Clients can be referred for individual therapy and the group **or** the group only. Please let us know ASAP if you have any referrals!!!!

Thanks!
Jennifer

Hope begins with you!

Jennifer Butler, MSW, LISW-CP
Program Coordinator
Behavior Therapy Program

Columbia Area MHC
2715 Colonial Dr.
Columbia, SC 29203
Phone: (803) 898-1555
Fax: (803) 898-2194

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375

Harry Reese

From: David Gehr
Sent: Monday, December 15, 2014 2:36 PM
To: Harry Reese
Subject: FW: transfer

Jack Handegan forwarded your email to me and I am attempting to facilitate the transfer of Mr. [redacted] to your MHC. However, our Records Dept advises me that they cannot place him in your name as they are limited to those listed in the drop-down box (image provided below). Please review the list and reply with the name to whom we should transfer. That individual can then move him to your name. Thank you.

David Gehr
Homeshare Coordinator/ACT-Like Team 3 Leader
Charleston Dorchester Mental Health Center
2100 Charlie Hall Blvd
Charleston, SC 29414
(843) 852-4100 (Main)
(843) 414-2351, Ext 177 (Direct)
(843) 573-2393 (Fax)

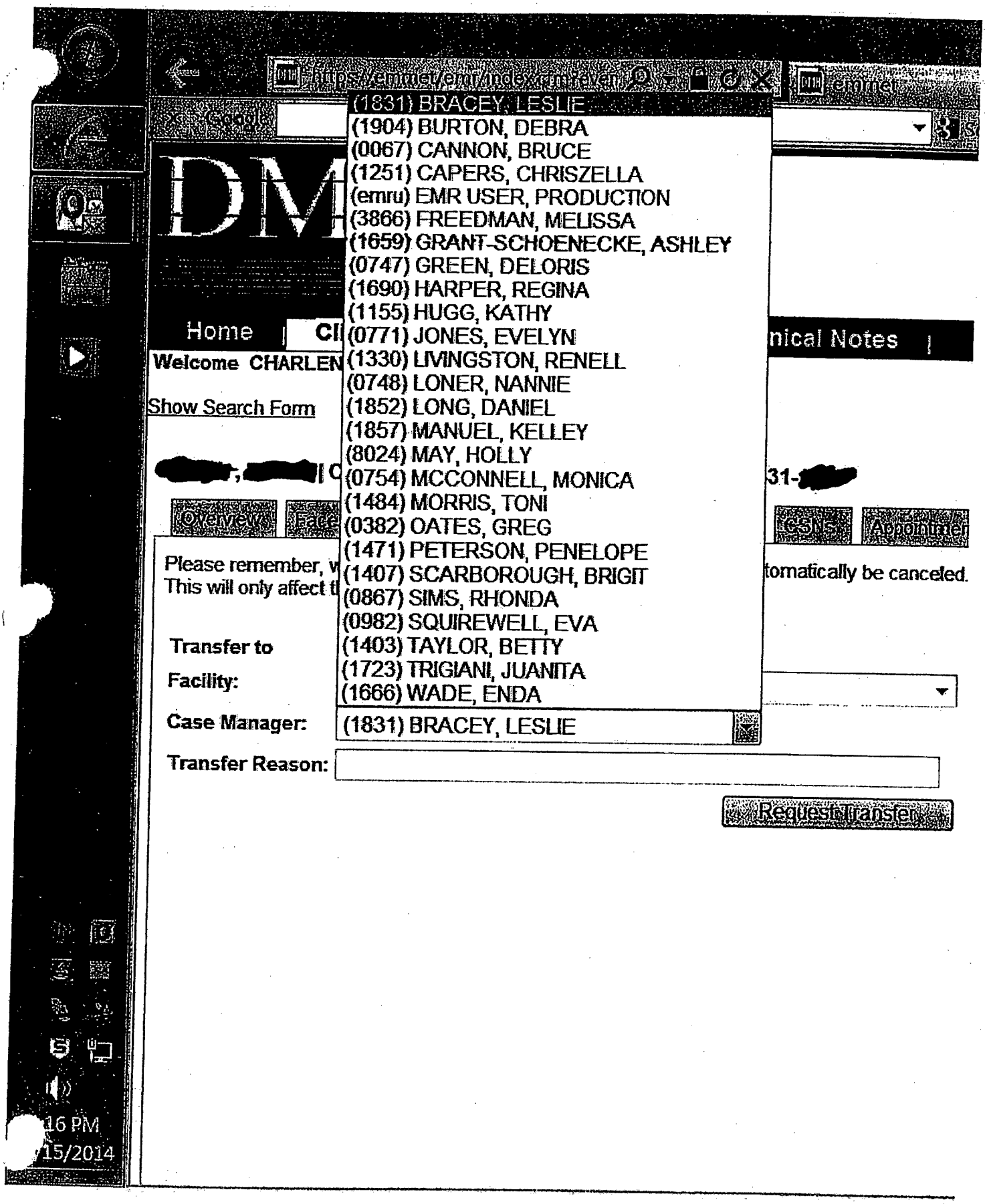
Please consider the environment before printing this email

---

om: Charlene Williams
Sent: Monday, December 15, 2014 1:17 PM
To: David Gehr
Subject: transfer

I need the name of the person this client is being transferred. Thanks ,Charlene

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(1831) BRACEY, LESLIE
(1904) BURTON, DEBRA
(0067) CANNON, BRUCE
(1251) CAPERS, CHRISZELLA
(emru) EMR USER, PRODUCTION
(3866) FREEDMAN, MELISSA
(1659) GRANT-SCHOENECKE, ASHLEY
(0747) GREEN, DELORIS
(1690) HARPER, REGINA
(1155) HUGG, KATHY
(0771) JONES, EVELYN
(1330) LIVINGSTON, RENELL
(0748) LONER, NANNIE
(1852) LONG, DANIEL
(1857) MANUEL, KELLEY
(8024) MAY, HOLLY
(0754) MCCONNELL, MONICA
(1484) MORRIS, TONI
(0382) OATES, GREG
(1471) PETERSON, PENELOPE
(1407) SCARBOROUGH, BRIGIT
(0867) SIMS, RHONDA
(0982) SQUIREWELL, EVA
(1403) TAYLOR, BETTY
(1723) TRIGIANI, JUANITA
(1666) WADE, ENDA
Home
Welcome CHARLEN
Show Search Form
Overview
Please remember, w
This will only affect t
tomatically be canceled.
Transfer to Facility:
Case Manager:
(1831) BRACEY, LESLIE
Transfer Reason:
Request Transfer
16 PM
15/2014

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Harry Reese

From: Clyde Morin
Sent: Tuesday, December 23, 2014 10:54 AM
To: Priscilla Addison; Tom Mercer; Harry Reese
Cc: Betty Taylor
Subject: ref to impact fr Intake

J[redacted] R[redacted], cid [redacted], ph [redacted], residing at Women's Care Center is on your schedule for 1/6/15 9am. Please see ICA and PMA notes.

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rry Reese

From: Priscilla Addison
Sent: Thursday, January 22, 2015 2:26 PM
To: Harry Reese; Herbert E. Toney
Subject: FW: CID #[redacted]788

From: Loyda Stevens
Sent: Thursday, January 22, 2015 2:21 PM
To: Priscilla Addison
Cc: Betty Taylor
Subject: CID #[redacted]3788

Hi, Priscilla:

Referring [redacted] Cid:[redacted]788
35yo S/W/F
Contact #: (803) [redacted]
Court ordered: 12/4/14 x12 mos
Initial PMA with Dr PB: 1/22/15

Appt with Impact: 1/27/15 (Tues) @ 9:00 am

Recent psych admissions: Baptist Hosp 10/25 to 10/28/2014 then transferred to
Richland Springs 10/28 to 11/10/2014 then went to
Richland ED 11/19 to 25/2014 and readmitted to
Richland Springs 11/25 to 12/19/15

- (Unable to obtain records from Baptist Hosp and Richland ED as she refused to sign authorization form).

OP: Per Cl, used to see Dr. Junejay (?) in 2012 (x1 yr) and also was seen at Lake Psychological Clinic from April to October 2014.
Meds: Unclear from Cl her psych med history.
Med compliant: cl claims.
Substance hx: Occasional etoh use. Denied illicit substance use. Smokes 1 ppd.
Able to process, capable of developing insight. Has 2 yrs of college.
No hx of suicide attempt/gestures; denied trauma history.
Symptoms of psychosis: Please see R. Springs records for details.
Last job: Blue Cross/Blue Shield in accunting department x3 yrs until 11/2014.
Legal Current A&B charges for being "physical with my manager." Spent 1 day at AS Glenn. Court date: 1/15/15.

Please assess for appropriateness to your program.

Thanks,
loyda

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Harry Reese

From: Priscilla Addison
Sent: Thursday, January 29, 2015 11:42 AM
To: Harry Reese; Herbert E. Toney; Karen M. Clagg
Subject: FW: Referral: CID [redacted]551

From: Loyda Stevens
Sent: Thursday, January 29, 2015 11:35 AM
To: Priscilla Addison
Cc: Betty Taylor
Subject: Referral: CID [redacted]551

Hi, Priscilla,

Referring [redacted]

20yo S/W/M
Contact #: [redacted]
Court ordered: 12/18/14

Dx: Schizzoaffective Disorder
Last PMA: Dr. PB 1/26/14

Appt with Impact: 2/3/15 @ 9:00 am.

Recent hospitalizations: Lighthouse in Conway 2/2014 (for mania); Baptist ED 9/9/14; Palmetto ED(?) 9/11/14; Richland Springs 12/8-18/14. I had requested records. Awaiting records.

Treatment noncompliant

Parents live in Myrtle Beach although they visit their 2 sons weekly. Cl + younger brother share an apartment close to USC.

Please screen for appropriateness.
Thanks,
loyda

340

Harry Reese

From: Clyde Morin
Sent: Monday, February 02, 2015 1:24 PM
To: Priscilla Addison
Cc: Harry Reese; Betty Taylor
Subject: ref to Impact fr Intake

[redacted] cid 1[redacted]812, court ordered, is on your schedule for 2/6/15 9am – please see ICA.

341

Harry Reese

rom:	Priscilla Addison
Sent:	Monday, March 09, 2015 1:17 PM
To:	Harry Reese; Herbert E. Toney
Subject:	FW: Referral: Impact Cid: [redacted]3192

From: Loyda Stevens
Sent: Monday, March 09, 2015 12:35 PM
To: Priscilla Addison
Cc: Betty Taylor
Subject: Referral: Impact Cid: [redacted]3192

Hi Priscilla: Referring S[redacted] B[redacted]
38yo S/W/M
Contact : c: [redacted]0586
Fa (S[redacted] B[redacted]-[redacted]3157 . Fa has durable power of atty (document on file)
Recent D/C dx: Schizoaffective Disorder

Initial PMA with Dr. Butterfield today 03/09/15 @ 1:30 pm.
Appt with Impact: 03/10/15 @ 9:00 am. Appt slip to be given after PMA.

Recent admissions:
10-14-23/2014 – Beth Israel Medical Hosp, NJ
01/06-13/2015 – R. Springs
02/16-25/2015 – R. Springs
Pls see ICA and ICA Update in EMR.

Thanks,
loyda

3/2

Physician Directory
Hospital Directory
Pharmacy Directory

Thornton S. McKinney	Columbia, SC 29210	Find Physician

Dr. Edward M. Kendall, MD

Psychiatry, Columbia Area Mental Health Center

2 Hospital Affiliations
Practicing 32 Years
13 Languages Spoken
1 Specialty

2715 Colonial Dr Ste 100B
Columbia, SC 29203
1 Office Location

(803) 898-4800

Background & Overview
Accepted Insurance
Office Info & Appointments
Get Directions

Dr. Kendall's Background Bio

Dr. Edward M. Kendall has been practicing medicine for 32 years. Dr. Kendall graduated from the Meharry Medical College School of Medicine in 1982. He practices medicine in Columbia, SC and specializes in Psychiatry. Dr. Kendall is affiliated with Palmetto Health Richland Hospital and Palmetto Health Baptist. He speaks English, French, German, Polish, Chinese, Italian, Spanish, Portuguese, Russian, Arabic, Korean, Tagalog and Vietnamese.

Gender: Male
Years in Practice: 32 Years
Languages Spoken: English, French, German, Polish, Chinese, Italian, Spanish, Portuguese, Russian, Arabic, Korean, Tagalog, Vietnamese

Dr. Kendall's Education & Training

Medical School: Meharry Medical College School of Medicine
Graduation Date: 1982

Dr. Kendall's Specialties & Hospital Affiliations

Hospital Affiliations: Palmetto Health Richland Hospital, Palmetto Health Baptist
Specialties: Psychiatry

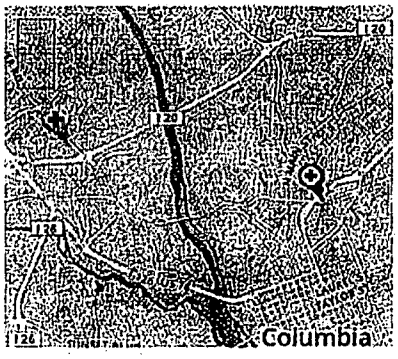
Other Physicians in Dr. Kendall's Practice

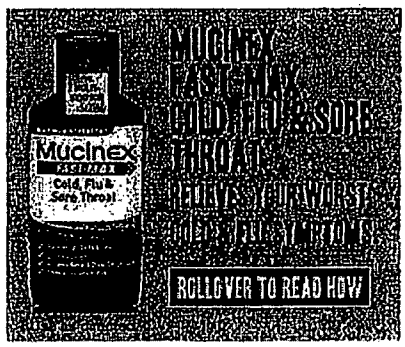
Dr. Robert L. Bank, MD, Psychiatry
Dr. James E. Claytor, MD, Child & Adolescent Psychiatry
Dr. Balbir S. Coshal, MD, Psychiatry
Dr. Martha C. Freibert, MD, Psychiatry
Dr. Warren B. Garrison, MD, Psychiatry
Dr. Dorothy F. Kendall, MD, Child & Adolescent Psychiatry, Psychiatry
Dr. Jamie W. Koenig, MD, Child & Adolescent Psychiatry, Psychiatry
Dr. Monica J. Mcconnell, Psychology
Dr. Deanna Mcneil, MD, Psychiatry
Dr. Radhika D. Patel, MD, Psychiatry

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Dr. James R. Rice, MD, Psychiatry
Dr. James F. Riddle, MD, Psychiatry
Dr. Jane E. Watson-Alford, MD, Psychiatry

Next: Dr. Kendall's Insurance >





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Buffalo	Houston
Charlotte	Indianapolis
Chicago	Jacksonville
Cincinnati	Kansas City
Cleveland	Las Vegas
Los Angeles	Orlando
Louisville	Philadelphia

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Harry Reese

From:	Lan Bonno-Lebozec
Sent:	Wednesday, September 26, 2012 10:27 AM
To:	Harry Reese; Lan Bonno-Lebozec
Cc:	Linda Smith; Edward Kendall
Subject:	RE: A S. *PGP*

Dear Mr Reese
I will bring this to the attention of our doctor and nurse Thank you so much for your Email
I am asking the client to come in as well
Have a nice day
Lan

From: Harry Reese
Sent: Wednesday, September 26, 2012 8:49 AM
To: Lan Bonno-Lebozec
Cc: Cornell Ruff
Subject: [redacted] Simms *PGP*
Importance: High

Ms. Bonno-Lebozec:

While visiting New Alpha on yesterday to conduct UDS on the clients on my caseload, Mr. Nickles requested that I conduct a random UDS on Mr. Simms of which the client voiced no objection. The results of the UDS was positive for Marijuana. Upon discussing the results with Mr. Simms, he self-reported using marijuana three-weeks ago. I'm sending the urine sample to our lab for further analysis.

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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CLINICAL SERVICE NOTE

AFF LIST
TIME: 60 For Staff: 1568 HARRY REESE

Facility	3D COLUMBIA AREA MHC	Cost Center	3DZEA CONNECTIONS
Location	180 CONNECTIONS ACT	Office	035 ADULT INTENSIVE SERVICES
Place Of Service:	53 COMMUNITY MHC	Svc Code:	H0017 O CRISIS INTERVENTION SERVICE
	Batchno: 335121555	Group number: Sched CIS:	Group ID:
Medicare Authorized Provider:		Date:	11/30/2012
Staff ID:	1568	Time Service Provided:	03:00 PM

Name: M[redacted] D[redacted] Cid: 882[redacted] Bill Time: 60

Cancel/NS: Ticket: 40590574 Audit: 2408730 Pmttp: 02 Modifier:

GAF: Incarc: N

Problem: 0 PSYCHIATRIC

Emerg: 2/NORMAL HOURS, EMERGENCY

Treatment Goal / Focus: To aid w/in redirecting SI

Note

Clt threatening suicide via communications w/administrative staff.

3:00 p.m. Call transferred to the author: The author introduced self to clt/inquired of well-being/location. Clt replied, 'I can't live anymore. I'll never be happy again. I can't do anything right' ? clt upon able to provide a logical rational upon probed towards the feelings verbalized; Clt identified plan: 'I have my prescription medications that are next to me'. The author encouraged clt to avoid taking meds. Clt consistently repeated ...'I have to get off the phone to take them'. Clt crying; clt identified location as 'Home'. The author requested another MH staff to contact EMS to send emergency aid to the home/to contact clt's emergency contact ? Mel Dallas. Staff informed the author that Mr. Dallas states that he was in route to clt's clt's home. Clt unable to verbalize the Mr. Dallas lationship to her upon probed. Clt continued to state that 'I got to get off the phone and lay down' - ongoing interventions produced unfavorable results; clt abruptly ended call; the author initiated contact; clt initially unresponsive/repeated calling; clt answered stating...'I'm in big trouble...I didn't even brush my teeth. Reassured clt that she wasn't in trouble of which she consistently repeated, I'm in trouble. I've caused a lot of people pain'.

Clt became unresponsive over the phone/repeated attempts to engage clt were unsuccessful; clt returned to phone/stated that?'I'm in trouble, I have to lay down/I have to get off the phone and lay down'. Efforts to engage clt; were unsuccessful; clt abruptly ended call. The author returned call; effort unsuccessful; re-tried/clt answered and stated that? 'I'm in trouble'. Clt unable to offer a rationale as her statement?'I'm in to big in trouble'. Clt unresponsive on phone for 10 minutes of which she often became briefly unresponsive a number of times during the communication /the author remained on telephone in attempt to re-engage clt/clt terminated call; the author attempted to return call four times/clt unresponsive. Mr. Mel Dallas called and informed the author that?'I'm at her condominium now/her car isn't here; Mr. Dallas states that clt was at his home in Eastover. Mr. Dallas informed the author that he was going to have his neighbor check on clt. During this communication, MH staff was communicating w/EMS to send medical aid to the home in Eastover.

During the author's last communication w/clt, Ms. Dallas replied, 'I didn't overdose?'I'm afraid to overdose'.

Ms. Priscilla Addison, RN/member of the Impact team of which clt is assigned, arrived and initiated contact w/clt/continued efforts to engage clt until EMS arrived to the home.

Do you have thoughts of killing yourself/hurting others or do you hear voices telling you to kill yourself / to hurt others?

YES

SPECIFY

Clt verbalized no voices encouraging her to harm herself

ASSESS IF CLIENT HAS PLAN/METHOD/MEANS

Clt identified overdosing using her psych meds

SAFETY PLAN REVIEWED / IMPLEMENTED

[illegible] EMS/family member of which both were in route to the home; continued ongoing monitoring via assigned MH program team member.

Signed by: Harry E Reese
Reason:
Date & Time: 30 Nov 2012 4:33:56 PM

Svc Code: H0017 O CRISIS INTERVENTION SERVICE Cancel/NS: Bill Time: 60 NO CHARGE WAS NOT INDICATED

Ticket: 40590574 Audit: 2408730 Cid: 882[redacted] Name: M[redacted] D[redacted]

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CLINICAL SERVICE NOTE

STAFF LIST
TIME: 30 For Staff: 1568 HARRY REESE

Facility	3D COLUMBIA AREA MHC	**Cost Center**	3D2EA CONNECTIONS
Location	180 CONNECTIONS	**Office**	035 ADULT INTENSIVE SERVICES
Place Of Service:	53 COMMUNITY MHC	**Svc Code:**	C39 GENERIC NOTE
	Batchno: 35141555	**Group number:** Sched CIS:	**Group ID:**
Medicare Authorized Provider:	0	**Date:**	02/04/2014
Staff ID:	1568	**Time Service Provided:**	11:00 AM

Name: [redacted] **Cid:** 980[redacted] **Bill Time:** 0

Cancel/NS: **Ticket:** **Audit:** **Pmttp:** 02 **Modifier:**

GAF: **Incarc:** N

Problem: 0 PSYCHIATRIC
Emerg: 2 NORMAL HOURS, EMERGENCY
Treatment Goal / Focus:

Note

Mr. Harold Edwards requested this author assistance w/in contacting the local authorities. He states that the clt was verbalizing HI; Mr. Edwards provided this author w/the address that was on file for the clt; therefore, this author contacted and spoke with the 911 Operator requesting assistance. Shortly thereafter, Mr. Edwards informed this author, that the address provided may be incorrect of which the clt now provided him with a P.O. Box address. This author accessed the clt's medical record and initiated contact w/every contact number on file. This author's initial effort was unsuccessful; however, with ongoing efforts, this author was able to communicate w/a female subject who described herself as Mr. nes' wife (Consuelo Hope) via a cell phone number that was on file. Mrs. Hope states that she has a py of the couple's marriage certificate. This author described the current situation to Mrs. Hope based 'Duty To Warn'/inquired of an alternate address. Mrs. Hope provided the author w/a current address for the client stating that she, the client, and their kids reside in the home. This author thanked Mrs. Hope for the address/contacted and apprised the 911 Operator of the current address and requested that the initial request be cancelled/that the officers visist the address provided by Mrs. Hope.

The 911 Operator asked probing questions which were answered collaboratively via this author, Mr. Edwards, Ms. Kristi Cool (nurse), and Ms. Hope via this author's state cell phone by return call. During this communication, Ms. Hope informed this author that the client had engaged in alcohol consumption before she left the home earlier today to visit a local gym ? 2 beers and extra dry gin. She further states that she suspects the clt was engaging in illicit street drug use; however, she was unable to identify which drug upon probed. Mrs. Hope described the reason for clt's current behavior as?'He couldn't get what he wanted from me so he cursed me out in front of the children'. Mrs. Hope states that she was in route to the home. The author advised Mrs. Hope against entering into the home until law enforcement had an opportunity to evaluate the situation. Mrs. Hope was receptive/her call was terminated. The 911 Operator requested that the author remained on the phone until contact was made with the clt. Upon the law officer arrival to the home, the clt didn't respond to the officers attempt to make contact. This author returned call to Mrs. Hope to provide the 911 Operator w/an ETA of her arrival to the home. Mrs. Hope states that she was pulling in the parking lot during this communication of which again, the author strongly advised Mrs. Hope against entering into the home until law enforcement evaluated the situation. Mrs. Hope was receptive. The MH staff requested that EMS be sent to the home to transport the client to the ED for an evaluation. The 911 Operator was receptive/clt was transported.

Mrs. Hope contacted this author stating that the?'Psychiatric counselor wouldn't see him because he was intoxicated and vulgar'. She further states that the counselor informed her that another counselor would evaluate clt after he slept for a while. Mrs. Hope also states that clt refused blood work. She states that after the initial counselor left the room, the clt informed her that?'I'm going to do what the staff tell me to do then I'm going to get you'. Mrs. Hope unable to provide clarity regarding the alleged threat upon probed stating that the clt offered no rationale. Mrs. Hope further informed the author that the clt's family encourages and allows clt to engage in illicit street drug usage/alcohol consumption once visiting his family's home. Mrs. Hope states that she left the hospital due to clt's behavior/to to get clt some clothing. She states that upon her return, the staff had informed her that the clt was released of which she expressed her disappointment stating that the clt needed help. She further stated that the clt had missed several appointments. She states that she's consistently dealt with the clt's inappropriate and threatening behavior and the she could no longer continue to do so. This author ovided emotional support and encouraged Mrs. Hope to secure alternate housing for the night and to f/u clt's CM on 2/5/14. Mrs. Hope was receptive towards contacting CM; however, unreceptive to alternate ousing.

Harry E. Reese Jr. MHP Signed by: Harry E. Reese
Reason:
Date & Time: 10 Feb 2014 5:06:24 PM

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Svc Code: C39 GENERIC NOTE **Cancel/NS:** **Bill Time:** 0 NO CHARGE WAS NOT INDICATED
Ticket: **Audit:** **Cid:** 9800791 **Name:** [redacted]

INTERNAL ADVERSE INCIDENT REPORT

TO: Rhonda Sims, Director, Clinical Support Services

FROM: Connections | Harold Edwards | [signature] | 2/5/14

Unit | Reported by | Senior Mgr's Initials | Date Submitted

DATE, TIME AND PLACE OF INCIDENT

February 4, 2014, 11: 00 AM , 3101Kneece Road, Columbia, SC 29203

IDENTIFYING DATA

Client's Name: A[redacted] J[redacted]
Client's CID: 980[redacted]
Client's Age: 43
Diagnosis: 295. 30, 304.20, 305.00
Most Recent Center Admission Date: 5/5/08

DESCRIPTION OF WHAT HAPPENED (include source of information, where incident occurred, and effect on client, e.g. treatment in ER. Attach additional sheet if necessary.)

This writer was contacted by CAMHC Administrative Assistant, Toni Morris. She reported that Mr. Jones called on phone, tearful, requesting to speak with this writer, after being informed that his Primary Case Manager was on leave today. This writer received the call and noted that Mr. Jones seemed to be tearful and angry. This writer assessed for safety, sought to obtain information about his location (he never shared information with this writer) and focused Mr. Jones on talking about source of his distress. Numerous interventions were necessary as he tended to ramble. He was able to t/a feeling "disrespected by his girlfriend". He then voiced several times that he was going to "hang up the phone, pray, get a pistol and shoot his family (girlfriend and four step daughters". This writer was able to obtain assistance from Mr. Harry Reese, Case Manager, Ms. Kris Cool, RN and Dr. Riddle, in contacting 911 and Mr. Jones' GF, Consuelo Hope. LE and EMTs arrived at the home while consumer was talking with this writer. This writer was able to speak to Ms. Hope as she shared

ACTION TAKEN IN RESPONSE TO INCIDENT

This writer informed EMT about verbal threats made (he threatened to get a pistol and shoot GF and her four daughters). This writer recommended that Mr. Jones be evaluated at Palmetto Richland Hospital. Dr. Riddle, and Senior Management were informed. Maria Marin, Supervisor of The Link and Paula Tolliver, Case Manager for Mr. Jones were informed. Consult was made with Camille Carpenter, CAMHC staff at Palmetto Richland ER was informed of factors leading to recommendation that he be evaluated at the emergency room.EMT driver reported that Mr.Jones would be taken to ER.

WHO HAS BEEN NOTIFIED

Rhonda Sims, Director Clinical Support Services

Dr. Robert Bank, Dr. Deanna McNeil

Dr. James Riddle, Mrs. Maria Marin, Program Supervisor, The Link, Mrs. Paula Tolliver, Primary Case Manager

Mrs. Camille Carpenter, MHP @ Palmetto Richland ER, Ms. Consuelo Hope (girl friend)

911 (Sheriff's Dept, EMS)

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that she had used her key to allow First Responders to enter the premises. She reported that the consumer is currently sitting at the kitchen table. She reported that two beer cans were, also on the table. She expressed interest that Mr. Jones receives "help" i.e. hospitalization,etc.

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Select admission: 05/05/2008 @ 3D-COLUMBIA AREA MHC (Active)

General
Clinician: PAULA TOLIVER-SYDNOR (1521)
Clinician's Phone:
Care Coordinator:
GAF: 42
Next Appointment: 02/07/2014 @ 01:00 PM with PAULA TOLIVER-SYDNOR
Payor Codes: 05,04,02
Admission Date: 05/05/2008
MMO: No
Discharge Date:
Self Pay Balance: $4325.10

Court Ordered
Court Ordered: No
Start Date:
End Date:
Edit

Primary Care Physician (Select / Change)
Doctors Name:
Voice Number:
Emergency Number:
Office Name:
Fax Number:
Address:

Stats (recorded: 02/05/2014)
Weight: 240.2Lbs
Height:
BMI:

Diagnosis (Edit)
Primary Diagnosis: 295.30-Schizophrenia, Paranoid Type
Secondary Diagnosis: 304.20-Cocaine Dependence
Tertiary Diagnosis: 305.00-Alcohol Abuse

Medical
Allergies: None
Active Medications: INVEGA SUSTENNA
RISPERDAL

Patient ID Image
Attach an image file:
Browse... Attach

Contact Info (Edit)
Residential
Address: PO Box 6865
Columbia , SC 29260
Home Phone: 803-309-7161
Work Phone:
Cell Phone: 803-647-1328
School:

Mailing
Address:

Emergency Contact: AMY DAUGHERTY
Relationship: MOTHER - NATURAL
Home Phone: 803-647-1328
Cell Phone: 803-603-9990

Guarantor:
First Name:
Last Name:
Address:
Phone:

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CLINICAL SERVICE NOTE

STAFF LIST
TIME: 15 For Staff: 1684 ANNA HOUSE

Facility	3D COLUMBIA AREA MHC	**Cost Center**	3DHAA LOWER RICHLAND OUTPATIENT ADULT
Location	631 LR ADULT CLINIC	**Office**	028 LOWER RICHLAND
Place Of Service	53 COMMUNITY MHC	**Svc Code**	H001 T CRISIS INTERVENTION SERVICES
	Batchno: 213140303	**Group number:** Sched CIS:	**Group ID:**
Medicare Authorized Provider		**Date**	08/01/2014
Staff ID:	1684	**Time Service Provided:**	02:30 PM

Name: [redacted] FAIR **Cid:** 101[redacted] **Bill Time:** 15

Cancel/NS: **Ticket:** 43504309 **Audit:** 2633440 **Pmttp:** 04 **Modifier:**

GAF: **Incarc:** N

Problem: 2 PSYCHIATRIC/SUBSTANCE

Emerg: 0 NORMAL HOURS, NO EMERGENCY

Treatment Goal / Focus: [redacted] will self report medication compliance on a daily basis to assure that he is in complaince w/treatment to avoid hospitalization.

Note

[redacted] called the clinic highly upset. He stated that he was currently in a hotel after leaving New Alpha yesterday. [redacted] said that he felt that Mr. Nickles and his case manager were working against him and trying to f*** his life up. He went on to state that Dr. Patel had told him that he didn't need mental health and that he could work full time. [redacted] jumped around from subject to subject talking about taking a job which would require him to go to Florida and having to take a bus downtown to interview for placement at a halfway house? [redacted] said that he called the Probate Court yesterday to have them drop the urt order so that he could get on with his life but said he was told that Mr. Nickles would have to rsue that. [redacted] said that he knows he can't use marijuana anymore and he has learned his lession. He said (once again) since he just had drug induced psychosis as long as he didn't use he didn't need mental health. He said that he didn't want help from the VA, DMH or anybody else. He just wants to work and help take care of his daughter.

MHP validated the clts frustration. Assisted clt in calming down so that he could express his thoughts without tripping over his words. Assessed the clt's safety and made sure he had appropriate housing. Clt stated that he is in a hotel but specifically asked MHP not to tell Mr. Nickles because he didn't want any 'surprises.' Clt agreed to call on Monday morning to let MHP know he is safe.

[redacted] seems to be showing some paranoia about the role of people involved in his treatment. Appears to be judging professionals (including this MHP) of trying to keep him from meeting his goals. Believes he has been told that he does not need any treatment and can manage independently in the community.

Do you have thoughts of killing yourself/hurting others or do you hear voices telling you to kill yourself / to hurt others?
NO

Anna House, MA, LPC Signed by: Anna M. House
Reason:
Date & Time: 01 Aug 2014 3:09:28 PM

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Svc Code: H001 T CRISIS INTERVENTION SERVICES **Cancel/NS:** **Bill Time:** 15 NO CHARGE WAS NOT INDICATED

Ticket: 43504309 **Audit:** 2633440 **Cid:** 10115820 **Name:** [redacted] FAIR

Mr. Rick Nickles (caretaker) initiated contact w/the CM stating that the pharmacy needs the clt's doctor's prior authorization to administer med. The caretaker also verbalized concerns bizarre behaviors/thoughts observed by staff/roommates. CM contacted nurse/discussed medication concerns; nurse contacted pharmacy and reported outcome w/CM - meds available for pick-up. CM contacted/reported outcome to caretaker who acknowledged/informed the CM that he would pick-up meds.

Appearance: neat w/in appearance; requires grooming; Interpersonal Style: irritable; Repeated Questions: No; Approach: unconcerned; Speech: understandable/clear; Eye Contact: fleeting; Conversation: could initiate/hold; Recall of Personal HX: able to recall place of birth, D.O.B, SS#, recalled dropping out of school in the 12th grade; Recent Past: clt unable to recall meal eaten last week stating..."I know I ate good though"; Recall of 3 Words: able to recall 3 out of 4 objects provided; Communication: coherent; Relevance: tangential at times; Thought Process: loose associations; Hallucination/Delusions: Upon discussing concerns verbalized, clt became agitated using profanity/interventions produced no noticeable change. Clt verbalized that he lived on the same street as President Obama's family stating that "I went to school with his daughters". Clt states that Mr. Nickles is the police". Use of profanity throughout the session. Clt states that..."I shot Biggie Small up because he tried to cheat my homeboy...I kill people this is what I do...I get paid for this shit". Upon discussing the concerns verbalized the housing provider, clt accused mental health/LRADAC of violating his rights. I'll take tear gas and drop it on this motherfucker...clt called out another clt's name stating..."I'm tired of these motherfucker's talking....who else talking, I got something for them...all I got to make a phone call...I gonna have the motherfucker killed. Who else talking...I got something for their ass too. Advised clt against harming others/clt unreceptive of guidance offered; Leon Lott gave me a coat...but the military was involved in that, but he didn't know...They want me to kill somebody...I said no because I don't kill innocent people. It's no reason to kill the lady. She's a nice lady. I'm already seeing things, but I don't want to touch her because it's witchcraft. I see ghost...She was standing on the porch...one of her legs was cut off, one of her arms was cut off...her head was cut off...she took a step and I kick the door in. Clt initially denied voices then replied...You know, I hear voices, but I don't hear voices. I really need talk to somebody...I hear him and be smelling his breathe. But when I look back, he's not there...people playing with my mind and ya'll lying about a bunch of stuff. Clt states that he's going to fire the police..."Because of the Sherlock Holmes mess...I see a person right there and then he disappeared". Somebody's about to die. The polices want me to sign some hit papers. I seen a demon when I was walking up the street. She was sitting in the woods. Everybody just sat and look. Even the police just sat there and looked and they saw her just sitting there. Certainty of Information: probably true; Attention/Concentration: experienced difficulties spelling the word "World backwards stating..."dlrow"; Alert/Oriented: clt oriented to month, day, year, location and President of the United States; Judgment: fair, able to learn from some experiences; AOD: Negative; Memory: denied problems..."When I smoke weed, I use to have problems...like when I try to remember something, I forget about it". Abstraction: adequate based on proverbs/sayings; Mood/Affect: initially calm, but became agitated; Displays of Inappropriate Affect: no; SI/HI: denied SI; however, verbalized harm to roommates/others that discussed concerns verbalized referencing bizarre behaviors/thoughts; Response to Failures: able to recover after; Response to Rapport: easy then difficult; Expressions: relevant; Apparent Emotions: annoyed. Accompanied clt to Emergency Services for further evaluation by the doctor.

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HER08 (\\3DCOLAADM\HOME$)(H:)
Created: 8-27-13
Modified: 8-27-13
Accessed: 6-14-14
Witness:

CRISIS PSYCHIATRIC MEDICAL ASSESSMENT ORDERS AND SERVICE NOTES (PMA)

Name: M[redacted] S[redacted] |ID: 206[redacted] |Ticket No: 41867329 |Date: 08/27/2013
DOB: 06/06/1984

Reason for Emergency Contact

Asked to see pt emergently today. Pt presents having not had oral Risperdal for several days (apparently rx was delayed due to preauth requirement). Pt reports having more trouble with others plotting against him and 'spreading rumors.' He has become preoccupied with President Obama's daughters and speaks very negatively about both--convinced one is attending Benedict. Pt initially denied AH then admitted that people were playing 'hide and seek' endorsing AH but not revealing content. Pt admits to HI towards 'everybody...I'm just going to round them all up.'

Current Psychiatric Medication

Mental Health Medication	Dosage	Frequency	Amnt	Refills	Sample	SmplDsg	SmplAmt
RISPERDAL 4MG	4MG	1 PO QHS	30	5			
RX written 8/13/13							
INVEGA SUSTENNA	117 mg	IM q 4 weeks	1	5			
Cogentin	1 mg	1 po BID PRN	60	5			
RX written 8/13/13							

Interval History

Labs:
Pregnant: ✔ N/A

Substance/Alcohol Use

None Tobacco Caffeine ✔ Alcohol ✔ Street Drugs Other (If checked, describe)
No ETOH or drug use since going to New Alpha House 5 days ago.
UDS (field screen) negative today (8/27/13)

Allergies ✔ This info was reviewed during this PMA visit

Vital Signs and Measurements

Srvc & Date		Height	Weight	Blood Pressure	Pulse	Waist Circumference	BMI	FSBS
H052	03/26/2013	-	134.5Lbs	-	-	-	-	
H021	08/06/2013	5FT4	132Lbs	120/82	60	-	23	
H052	08/13/2013	-	131.2Lbs	-	-	-	-	
H042	08/27/2013	-	-	150/90	52	-	-	-

Mental Status Examination

Sensorium	Alert: ✔ Oriented: ✔	Other: (describe)
Appearance	Normal For Patient:	(If not,describe) disheveled
Behavior		Suspicious: ✔ (describe)
		Other: ✔ (describe) laible alternating between cooperative & suspicious
Psychomotor Abnormalities	None:	Other: ✔ (describe) restless
Speech	Normal For Patient: ✔	(If not,describe)
Cognition	Attention: Intact	(If not,describe) poor
	Concentration: Intact	(If not,describe) poor
	Memory: Intact	(If not,describe) fair
Judgment	Good:	Fair: ✔ Poor: (describe) fair to poor now;
Insight	Good:	Fair: Poor: ✔ (describe) poor at this point
Emotion	Mood: Euthymic:	(if not,describe) irritable
	Affect: Appropriate:	(if not,describe) labile
Thought Content	Hallucinations: No:	Yes: ✔ (describe) see above
	Delusions: No:	Yes: ✔ (describe) see above
Thought Process	Logical/Goal directed:	Distractible: ✔ LOA: ✔ FOI:
Suicidal Ideation	No: ✔	Yes: (describe)
icidal Ideation	No:	Yes: ✔ (describe) with intent although targets nonspecific
ormal Movement	None: ✔	Face: Lips/Tongue: Trunk:
Other	Conversation loose and difficult to follow at times. Delusional content and paranoia	

notable.

Diagnosis and Impression of Progress

	Prim Dx	Code	Description
	✔	298.9	PSYCHOTIC DISORDER NOS
Axis I:		303.90	ALCOHOL DEPENDENCE
		304.30	CANNABIS DEPENDENCE

Explanation of Axis I diagnosis:
R/O Schizophrenia,paranoid type; Field screen UDS today negative (8/27/13)

	Prim Dx	Code	Description
Axis II:		No diagnosis for this axis	

Explanation of Axis II diagnosis:
No formal dx in records but hx and presentation suggests MR in mild range.

Axis III: none

Axis IV: MR, Dual dx,

GAF: 20 | Additional Rating: (desribe)

Medication Ordered

Mental Health Medication	Dosage	Frequency	Amnt	Refills	Date D/C	Sample	SmplDsg	SmplAmt
RISPERDAL 4MG	4MG	1 PO QHS	30	5				
RX written 8/13/13								
INVEGA SUSTENNA	117 mg	IM q 4 weeks	1	5				
Cogentin	1 mg	1 po BID PRN	60	5				
RX written 8/13/13								

Physical Healthcare Medication	Dosage	Frequency	Purpose	Date of Deletion
No current medication				

Other: OTC, Herbals, Vitamins, etc.	Dosage	Frequency	Purpose	Date of Deletion
No current medication				

Plan

EH indicated as pt grossly psychotic and a danger to others due to level of paranoia and delusionl content of ought processes. Pt apprently off oral Risperdal a few days and reports he has not started Cogentin ordered 3/13. UDS (field screen today) negative.

EH pursued. If no bed available, pt will have to go to ER to await bed.

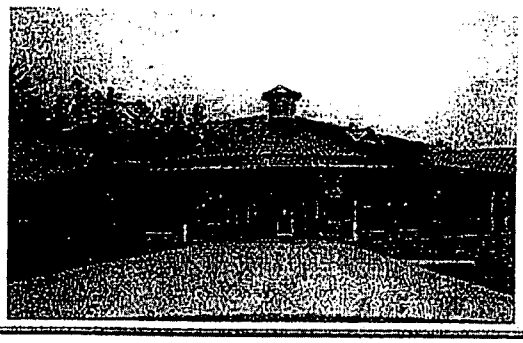
Signed by: Jane E. Alford
Reason:
Date & Time: 27 Aug 2013 4:14:37 PM

South Carolina Department of Mental Health

Mental Health Centers and Their Satellite Offices

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Anderson-Oconee-Pickens
Beckman
Berkeley
Catawba
Charleston-Dorchester
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Lexington
Orangeburg
Pee Dee
Piedmont
Santee-Wateree
Spartanburg
Tri-County
Waccamaw

Geoffrey Mason, Division of Community Mental Health Services Deputy Director, 803-898-8348



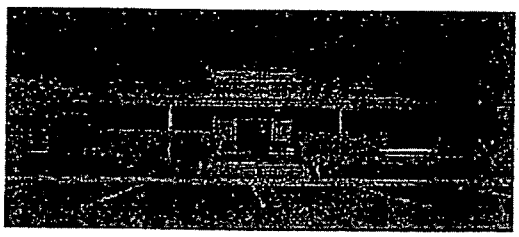
AIKEN-BARNWELL MENTAL HEALTH CENTER

Counties served: Aiken and Barnwell

Aiken **Extended Office Hours**
Aiken **Directions**
Aiken **Google Map**
Aiken **Profile**
Aiken **Website**

Updated 09/26/14

Center/Clinic	Address	Phone & Fax	Contact	Description
Aiken-Barnwell Mental Health Center	1135 Gregg Highway Aiken, SC 29801	(803) 641-7700 Admin. (803) 641-7700 Clinical Administration Fax: (803) 641-7709 Medical Records Fax: 803-641-7713	Richard L. Acton, ACSW Executive Director	Mental Health Center
Hartzog Center	431 West Martintown Road N. Augusta, SC 29841	(803) 278-0880 Fax: (803) 278-6791	April Kitchens, MS, LPC Clinic Director	Clinic
Polly Best Center	916 Reynolds Road Barnwell, SC 29812	(803) 259-7170 Fax: (803) 259-2934	Lacinda McCormack Program Director	Clinic
Child, Adolescent and Family Services	1135 Gregg Highway Aiken, SC 29801	(803) 641-7700 Ext. 406	Bianca Otterbein, LPC/S,CACII Program Director	Specialty Office: Provides a wide range of services for children, adolescents, and their families.



ANDERSON-OCONEE-PICKENS COMMUNITY MENTAL HEALTH CENTER

Counties served: Anderson, Oconee, and Pickens

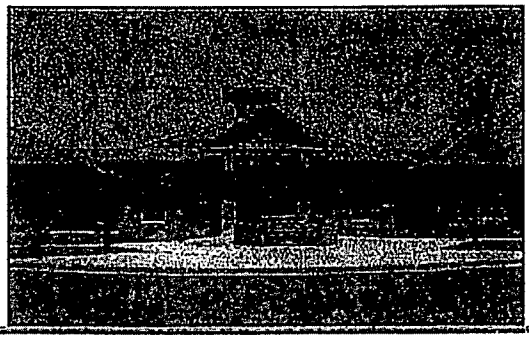
Anderson-Oconee-Pickens **Extended Office Hours**
Anderson-Oconee-Pickens **Directions**
Anderson-Oconee-Pickens **Google Map**
Anderson-Oconee-Pickens **Profile**
Anderson-Oconee-Pickens **Website**

Updated 09/22/14

Center/Clinic	Address	Phone & Fax	Contact	Description
		Main Number (864) 260-2220	Kevin W. Hoyle, MA Executive Director	Mental Health Center

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Anderson-Oconee-Pickens Mental Health Center	200 McGee Road Anderson, SC 29625	Director's Office Fax: (864) 260-2229	Eric Turner, MDiv Chief of Clinical Operations	
		Human Resources Fax: (864) 260-2248	Donna Hammond Human Resources	
			Tracy Richardson, MA, Community Services	
			Amy Kilpatrick M.Ed, LPC Quality Assurance	
			Dean Tollison Business Manager	
Oconee Clinic	115 Carter Park Drive Seneca, SC 29678	(864) 885-0157 Fax: (864) 882-3974	Gayle Rice, RN Clinic Manager	County Clinic
Pickens Clinic	337 West Main Street Easley, SC 29640	(864) 878-6830 Fax: (864) 878-5396	Jarrod Williamson, M.Div. Clinic Manager	County Clinic
Daybreak Center for Recovery	515-B Camson Rd. Anderson, SC 29621	(864) 260-2237 Fax: (864) 716-2334	Tracy Richardson, MA Program Manager	Specialty Office: Psychosocial Rehabilitation Program
Foothills Center for Recovery	115 Carter Park Drive Seneca, SC 29678	(864) 882-4255 Fax: (864) 882-3974	Tracy Richardson, MA Program Manager	Specialty Office: Psychosocial Rehabilitation Program
Pickens Place Center for Recovery	115 Crescent Hill Drive Pickens, SC 29671 After October 13, 2014: 337 West Main Street Easley, SC 29640	(864) 878-5726 Fax: (864) 878-5396	Vanissa Mitchell, MA Program Manager	Specialty Office: Psychosocial Rehabilitation Program
W. E. Pascoe Child and Adolescent Center	515 Camson Road Anderson, SC 29625	(864) 716-2316 Fax: (864)716-2321	Carly Patterson, M.Ed.,LPC Clinic Manager, CAF Coordinator	Anderson County Outpatient/Emergency Services for Children and Adolescents



BECKMAN CENTER FOR MENTAL HEALTH SERVICES

Counties served: Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, and Saluda

Beckman **Extended Office Hours**
Beckman **Directions**
Beckman **Google Map**
Beckman **Profile**
Beckman **Website**

Updated 09-03-14

Center/Clinic	Address	Phone & Fax	Contact	Description
Beckman Center for Mental Health Services	1547 Parkway, Suite 100 Greenwood, SC 29646	(864) 229-7120 Admin. Fax: (864) 229-5526	Melanie E. Gambrell, LPC Executive Director	Mental Health Center
Abbeville Mental Health Clinic	101 Commercial Drive Abbeville, SC 29620	(864) 459-9671 Fax: (864) 459-2487	Heidi Hoogstraal, LPC Clinic Director	Clinic
Edgefield Mental Health Center	409 Simpkins Street Edgefield, SC 29824	(803) 637-5788	Heidi Hoogstraal, LPC Clinic Director	Clinic

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		Fax: (803) 637-0753		
Greenwood Mental Health Clinic	1547 Parkway, Suite 200 Greenwood, SC 29646	(864) 223-8331 Fax: (864) 223-3706	Cherry Parker, MEd, Adult Services Tacey Perillo, LMFT/S, Supervisor, Greenwood CAF Services	Clinic
Laurens Mental Health Center	442 Professional Park Rd. Clinton, SC 29325	(864) 938-0912 Fax: (864) 938-0926	Camilla Bravo, PhD, LPCS, Clinic Director	Clinic
McCormick Mental Health Clinic	202 Highway 28, North P. O. Box 1556 McCormick, SC 29835	(864) 465-2412 Fax: (864) 465-3325	Betty Speach, LMSW Clinic Director	Clinic
Newberry Mental Health Clinic, serving Saluda County	2043 Medical Park Dr. Newberry, SC 29108	(803) 276-8000 Fax: (803) 276-6669	Victoria Juran, LMSW, Clinic Director	Clinic



BERKELEY COMMUNITY MENTAL HEALTH CENTER

Counties Served: Berkeley

Berkeley **Extended Office Hours**
Berkeley **Directions**
Berkeley **Google Map**
Berkeley **Profile**
Berkeley **Website**

Updated 04/23/13

Center/Clinic	Address	Phone & Fax	Contact	Description
Berkeley Community Mental Health Center	P.O. Box 1030 403 Stoney Landing Road Moncks Corner, SC 29461	(843) 761-8282 1 (888) 202-1381 Fax: (843) 761-7308	Deborah T. Calcote, MA Executive Director	Mental Health Center



CATAWBA COMMUNITY MENTAL HEALTH CENTER

Counties Served: York, Chester, Lancaster

Catawba **Extended Office Hours**
Catawba **Directions**
Catawba **Google Map**
Catawba **Profile**

Updated 7-22-13

Center/Clinic	Address	Phone & Fax	Contact	Description
Catawba Community Mental Health Center	Administration Office 448 Lakeshore Parkway, Suite 205 Rock Hill, SC 29730	(803) 328-9600 (800) 475-1978 Fax: (803) 329-7141	Paul J. Cornely, PhD, MPH Executive Director	Mental Health Center

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Chester Clinic	524 Doctors Court Chester, SC 29706	(803) 581-8311 (800) 475-1984 Fax: (803) 385-2440	Kim Sconyers, MRC Clinic Director Omni Davis, LMSW CAF Coordinator	Clinic
Lancaster Clinic	1906 Hwy. 521 Bypass South Lancaster, SC 29720	(803) 285-7456 (800) 475-1979 Fax:(803) 285-5514	Sandra Thompson, MEd Clinic Director Omni Davis, LMSW CAF Coordinator	Clinic
York Adult Services	166 Dotson Street Rock Hill, SC 29732	(803) 327-2012 (800) 252-2168 Fax: (803) 327-4198	(Adult Clinical Services Director position vacant)	Clinic
Catawba Family Center	448 Lakeshore Parkway, Suite 110 Rock Hill, SC 29730	(803) 329-3177 (866) 452-5152 Fax: (803) 329-3319	Brenda Parker, MA, CACII, CFC Clinic Director, CAF Clinical Services Director	Specialty Office: CAF Clinic



CHARLESTON DORCHESTER MENTAL HEALTH CENTER

Counties Served: Charleston, Dorchester

Charleston/Dorchester **Extended Office Hours**
Charleston/Dorchester **Directions**
Charleston/Dorchester **Google Map**
Charleston/Dorchester **Profile**
Charleston/Dorchester **Website**

Updated 3-18-14

Center/Clinic	Address	Phone & Fax	Contact	Description
Charleston Dorchester Mental Health Center	2100 Charlie Hall Boulevard Charleston, SC 29414	(843) 852-4100 Fax: (843) 852-3640	Deborah Shogry Blalock, MEd, LPCS Executive Director	Mental Health Center
Charleston Dorchester Psychiatric Services	2100 Charlie Hall Blvd., Charleston, SC29414 & 06 Springview Lane, Summerville, SC 29485	(843) 414-2351	Elliott Levy, M.D. Medical Director	Physician & Nursing Psychiatric Care and Treatment
Charleston Dorchester Business Office	2090 Executive Hall Road, Suite 140, Charleston, SC 29414	(843) 513-1260	Blaire Foutz Director of Finance	CDMHC Business operations
Dorchester Mental Health Clinic	106 Springview Lane Summerville, SC 29485	(843) 873-5063 Fax: (843) 851-2110	Steve Miller Clinical Director	Comprehensive clinic providing out-patient mental health services for children, families, and adults.
Dorchester Assessment & Intake	106 Springview Lane, Summerville, SC 29485	(843) 873-5063	Rochelle Hampleton Special Operations Director	Assessment/Intake Services
Dorchester Dual Diagnosis & ACT Like Team	106 Springview Lane, Summerville, SC 29485	(843) 873-5063	Rochelle Hampleton Special Operations Director	Adult Dual Diagnosis, & ACT Like Team

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Upper Summerville/St. George Regional Services	106 Springview Lane, Summerville, SC 29485	(843) 873-5063	Vanessa Brown Regional Director	Adult & child outpatient treatment; school-based counseling; DSS & DJJ
Lower Summerville Services	106 Springview Lane, Summerville, SC 29485	(843) 873-5063	Brian Musolf Regional Director	Adult & child outpatient treatment; school-based counseling
Charleston Mental Health Clinic	2100 Charlie Hall Boulevard Charleston, SC 29414	(843) 414-2351 Fax: (843) 573-2393	Sonya Jenkins Clinic Director	Comprehensive clinic providing out-patient mental health services for children, families, and adults.
Charleston Special Operations Division	2100 Charlie Hall Boulevard Charleston, SC 29414	(843) 852-4100	Melissa Camp Division Director	Assessment/Mobile Crisis; Highway to Hope; Weekend Psychiatric Urgent Care; Short-Term Outpatient Counseling; Public Safety Counseling Services
Assessment/Mobile Crisis (A/MC)	2100 Charlie Hall Boulevard Charleston, SC 29414	(843) 414-2350	DeLynn Morgan Program Director	Intake/assessments and 24 hour evaluation of psychiatric emergencies
Public Safety Behavioral Health Program	2090 Executive Hall Road, Suite 150, Charleston, SC 29414	(843) 212-8980	Melissa Camp	Assessment/Intake, Short-Term Counseling, Medical Consultations, Couples Counseling, & Family Counseling serving Charleston area public safety employees
Forensic Services	2100 Charlie Hall Boulevard Charleston, SC 29414	(843) 852-4100	Tamara Starnes Director of Forensic Services	Mental Health Court; Jail; Lowcountry Children's Center; DJJ
Charleston Clinic Region 1	2100 Charlie Hall Boulevard Charleston, SC 29414	(843) 852-4100	Tanya Ray Regional Director	Adult & child outpatient; school-based services & ACT like team. Serving McLellanville, Mt. Pleasant, Charleston, Hollywood, Edisto & Johns Island
Charleston Clinic Region 2	2100 Charlie Hall Boulevard Charleston, SC 29414	(843) 852-4100	Esther Hennessee Regional Director	Adult & child outpatient; school-based services & ACT like team. Serving North Charleston
Vocational Services/Peer Support	2100 Charlie Hall Boulevard Charleston, SC 29414	(843) 852-4100	Joyce Brown Division Director	Vocational support, training, education & employment services for CDMHC clients



COASTAL EMPIRE MENTAL HEALTH CENTER

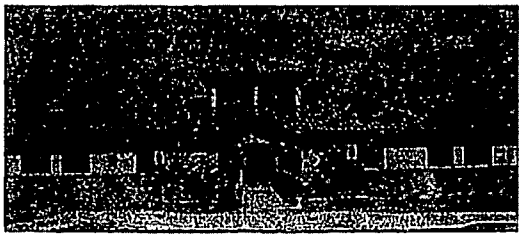
Counties Served: Allendale, Beaufort, Colleton, Jasper, Hampton

Coastal Empire **Extended Office Hours**
Coastal Empire **Directions**
Coastal Empire **Google Map**
Coastal Empire **Profile**
Coastal Empire **Website**

Updated 9/16/14

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Center/Clinic	Address	Phone & Fax	Contact	Description
Coastal Empire Community Mental Health Center	1050 Ribaut Road Beaufort, SC 29902	(843) 524-8899 Fax: (843) 524-8179	Ramon Norris, MS Executive Director	MHC Administration / Business Office
For clinical services, contact the clinic nearest you listed below. If faxing clinical information, please send to the appropriate clinic listed below.				
Allendale County Mental Health Clinic	P. O. Box 514 603 Barnwell Road Allendale, SC 29810	(803) 584-4636 Fax: (803) 584-5065	Natashia Felder, MA Area Coordinator	Clinic
Beaufort Mental Health Clinic	1050 Ribaut Road Beaufort, SC 29902	(843) 524-3378 1 (800) 922-7844, After-Hours Emergency Fax: (843) 524-1879	Jerry Stewart, MEd Clinic Director	Clinic
Colleton County Mental Health Clinic	P. O. Box 578 507 Forest Circle Walterboro, SC 29488	(843) 549-1551 Fax: (843) 549-5637	Angie Salley, MA Area Coordinator	Clinic
Hampton County Mental Health Clinic	P. O. Box 1491 65 Forest Drive Varnville, SC 29944	(803) 943-2828 Fax: (803) 943-4568	G. Nathan Fancher, MS Area Coordinator	Clinic
Hilton Head Mental Health Clinic	151 Dillon Road Hilton Head Island, SC 29925	(843) 681-4865 Fax: (843) 689-6267	Omega Smalls-Frances, MA Area Coordinator	Clinic
Jasper County Mental Health Clinic	P. O. Box 1016 1510 Grays Highway Ridgeland, SC 29936	(843) 726-8030 Fax: (843) 726-8207	Frances Moody, MA Area Coordinator	Clinic
Magnolia Place	2004 North Jefferies Blvd. Walterboro, SC 29488	(843) 549-6536 Fax: (843) 549-1044	Gloria Kay, MSW Program Manager	Specialty Office: Psychosocial Rehabilitation Program
Harrington Place	1211 Harrington Street, Beaufort, SC 29902	(843) 846-2913 Fax: (843) 846-1518	Robert Medzie, MA Program Manager	Specialty Office: Psychosocial Rehabilitation Program



COLUMBIA AREA MENTAL HEALTH CENTER

Counties Served: Richland, Fairfield

Columbia Area **Extended Office Hours**
Columbia Area **Directions**
Columbia Area Mental Health Center **Google Map**
Columbia Area **Profile**
Columbia Area **Website**

Updated 7//17/14

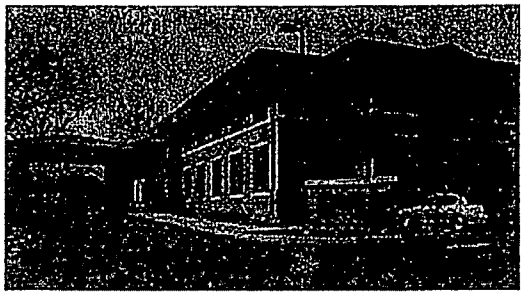
Center/Clinic	Address	Phone & Fax	Contact	Description
Columbia Area Mental Health Center	2715 Colonial Drive Suite 100 Columbia, SC 29203	(803) 898-4800 Main (803) 898-4802 Admin. (803) 898-8888 Clinical Fax: (803) 898-4007	Robert L. Bank, M.D. Executive Director	Mental Health Center

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Adult Clinic Services	1800 Colonial Drive Cottages B & C Columbia, SC 29203	(803) 898-0123 Fax: (803) 898-0114	Deanna McNeil, M.D. Clinic Director	Comprehensive clinic providing out-patient mental health services.
Fairfield County Clinic / Dayspring (Adult and Child/Adolescent/Family Services)	1073 US Hwy 321 By-Pass S. Winnsboro, SC 29180	(803) 737-3039 or (803) 635-4689 Fax: (803) 635-8056	Greg Oates, MRC Clinic Director	Comprehensive clinic providing out-patient mental health services.
Emergency Services / Intake Services (Adult)	2715 Colonial Drive Suite 200b Columbia, SC 29203	Emergency Services (803) 898-8888 *Emergency service telephone screening available 24 hours a day Fax: (803) 343-0727 Intake Services (803) 898-0152 Fax: (803) 898-4022	Bruce Cannon, MEd Program Manager Emergency Services Denise Morgan, MEd Program Manager Intake Services	Specialty Office: Emergency Services Hours: Monday - Friday 8:30 am to 5:00 pm After hours: 7 days a week MHP on site from 8am to midnight in Palmetto Richland ED. Provides assessment and crisis intervention services.
Alvin S. Glenn Detention Center	201 John Mark Dial Drive Columbia, SC 29209	803-576-3223 Fax: 803-576-3296	Julius Jones, LMSW Program Manager	Speciality Office: Full time MHPs on-site M-F and part-time on weekends; crisis intervention, assessment, discharge planning, coordination with Mental Health Court Program and with LRADAC.
Carter Street Residential Program	1135 Carter Street Columbia, SC 29204	Office: 803-786-1183 Fax: 803-735-1021	Tawanda Webb, MA Program Manager	Supported Housing: A program for CAMHC clients who need intensive treatment and rehabilitative services in a residential setting
Child, Adolescent and Family Services	2715 Colonial Drive Suite 100a Columbia, SC 29203	(803) 898-4777 Fax: (803) 898-4855	Monica McConnell, PhD Program Manager	Specialty Office: Provides a wide range of services for children, adolescents and their families.
Connections	2715 Colonial Drive Suite 200a Columbia, SC 29203	(803) 898-1555 Fax: (803) 898-2194	Daniel Long, MA, Program Manager	Specialty Office: Provides long term intensive case management and treatment for individuals experiencing a serious chronic mental illness.
Deaf and Hard of Hearing Services	2715 Colonial Drive Suite 200a Columbia, SC 29203	(803) 898-1555 Ater hours crisis line: 800-647-2066 (voice/email/TTY)	Holly May Program Manager	Specialty Office: Provides mental health services to deaf and hard of hearing adults, children and families in 12 counties in the Midlands, including Richland and Fairfield.
Homeshare TLC Initiative	1135 Carter St., Columbia, SC, 29204	(803) 786-1183 Fax: (803) 735-2021	Libby Corley, LMSW	Specialty Office: Matches adult foster home providers with seriously mentally ill adults and provides intensive services to

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				help them return to community living.
Hospital Liaison Program	2715 Colonial Dr. Suite 200b Columbia, SC 29203	(803) 898-4871 (803) 898-4851 Fax: (803) 898-4007	Beverly McClerklin, MA Program Manager	Specialty Office: Provides discharge planning for DMH patients & SCDC inmates including NGRI patients. CRCF monitoring and MOA development.
Impact	2715 Colonial Drive Suite 200a Columbia, SC 29203	(803) 898-1555 Fax: (803) 898-2194	Priscilla Addison, RN	Specialty Office: Provides highly intensive case management/short term treatment to high users of ER and other crisis services.
Independence House	1135 Carter Street Columbia, SC 29204	(803) 786-1183 Fax: (803) 735-1021	Cheryl McClinton, LMSW Program Manager	Specialty Office: Rehabilitation Psychosocial Program
Insights Young Adult Program	90 Brighton Hill Road Columbia, SC 29223	803-898-0200 Fax: 803-898-0215	Kathy Hugg, LPC Program Manager	Specialty Office: Provides intensive services to young adults with serious mental illness.
Mental Health Court	2715 Colonial Drive Suite 200a Columbia, SC 29203	(803) 898-1555 Fax: (803) 898-2409	Julius Jones, LMSW Program Manager	Specialty Office: Provides intensive services in conjunction with Richland County Probate Court to divert persons with mental illness from jail to treatment.
New Horizons / Lower Richland Clinic	1850 Pineview Drive P.O. Box 90537 Columbia, SC 29209-1537	(803) 783-0303 Fax: (803) 783-0955	Harold Wilson, MA Program Manager	Clinic and day program providing out-patient mental health services
Behavior Therapy	2715 Colonial Drive Suite 200a Columbia, SC 29203	(803) 898-1555 Fax: (803) 898-2194	Jennifer Butler, LMSW Program Manager	Specialty Office: Psychotherapy program.
The Link	2715 Colonial Drive Suite 200a Columbia, SC 29203	(803) 898-1555 Fax: (803) 898-2194	Melvin Malone, MA, Acting Program Director	Specialty Office: Clinic-based program for adults with serious and persistent mental illnesses who need a moderate level of intensive services but do not require regular community outreach.



GREENVILLE MENTAL HEALTH CENTER

County Served: North Greenville County

Greenville **Extended Office Hours**
Greenville **Directions**
Greenville **Google Map**
Greenville **Profile**
Greenville **Website**

Updated 04-22-13

Center/Clinic	Address	Phone & Fax	Contact	Description

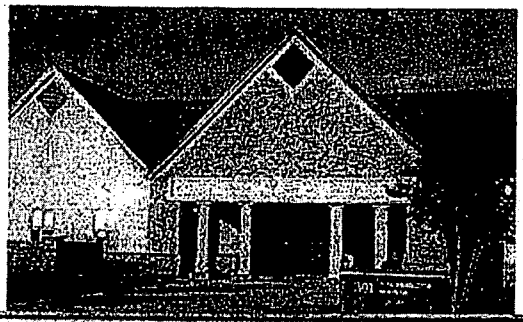
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Greenville Mental Health Center	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1215	Al C. Edwards, M.D., Director	Mental Health Center
Foothills Family Resources	5 Main Street Slater, SC 29683	(864) 836-2911 Fax: (864) 836-1105	Clare McLain, Program Coordinator	Clinic: Co-location project
Admissions Program	124 Mallard Street Greenville, SC 29601	864) 241-1040 Fax: (864) 241-1049	Zulema Gonzalez, Program Coordinator	Specialty: Processes adults & children seeking services at GMHC from time of initial contact via phone or face to face contact.
Adult Acute Services	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1049	Alan Blake, Program Coordinator	Specialty Office-Adult assessment interviews; individual therapy; group therapy; psychiatric assessments; case management services; and crisis management services for adults (18 to 54).
BabyNet	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1124	Sonya Sullivan, Program Coordinator	Specialty Office: Assessments/therapy to infants and children between birth and 5 years of age, including individual and family counseling.
Child and Adolescent Services	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1124	Mary Lou (Lu) Rogers, C&A Director	Specialty Office: Oversees all Child and Adolescent Programs
Child & Family Support Services (CFSS) (C&A)	715 Grove Rd, Greenville, SC 29605	(864) 241-1052 Fax: (864) 241-1052	Crystal Barrs, Program Coordinator	Specialty: Helps youth at risk for being removed from home, school and/or community ages 5 â€" 18.
Community Rehabilitative Services (CRS)	124 Mallard Street Greenville, SC 29601	(864) 241-1040	April Simpson, CRS Director	Specialty Office: Oversees all community support services
Crisis Stabilization Program (CRS)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1016	Heather McGee, Program Coordinator	Specialty: Intensive crisis intervention 5-day/week program
Deaf Services	124 Mallard Street Greenville, SC 29601	(864) 241-1063 - TDD (864) 241-1040 - Voice Fax: (864) 241-1049	Roger Williams, Program Coordinator	Specialty Office: Individual, group, and family counseling / therapy using total communication
Department of Juvenile Justice, (C&A)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1124	Laura Pacholski, Program Coordinator	Specialty Office: Program that provides outpatient assessments / therapy to adolescents and families involved with DJJ.
Dept. of Social Services (C&A)	DSS Offices University Ridge Greenville, SC 29601	(864) 467-4892	Erica Van Wagner Program Coordinator	Specialty: DSS-based program that provides assessments/ therapy to children, adolescents, and families involved with the DSS.

Forensics Program (C&A)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1124	Christine Carlberg, Program Coordinator	Specialty: In collaboration w/Julie Valentine Center, provides structured non -leading forensic interviews in order to gather information for courts, law enforcement, etc.
Futures Program (C&A)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1124	Dayle Allen, Program Manager	Specialty Office: Futures focuses on the treatment of adults with major mental illnesses and their children.
Hispanic Services (C&A)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1124	Natasha Patino, Program Coordinator	Specialty Office: Culturally competent Assessment/Therapy for Hispanic children and adults.
Homeless Program - CRS	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1216	Mary Kay Campbell, Program Coordinator	Specialty Office: Intensive outreach to homeless mentally ill/ Case Management
Individualized Placement Services (IPS) (CRS)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1216	Olivia Davis, Program Coordinator	Specialty Office: Competitive Employment Program
Intensive Case Management-Assertive Community Treatment Model) (CRS) Intensive Family Services (IFS) (C&A) .	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1016	April Simpson, Program Coordinator	Specialty Office: Intensive case services for clients with multiple hospitalization
Intensive Family Services (IFS) (C&A)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1124	Dayle Allen, Program Coordinator	Specialty: Provides short-term, Intensive services to children & their families to keep youth at home, in the community and out of jail.
Intensive Community-based Services (ICBS) (C&A)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1216	Chris Haines, Program Coordinator	Specialty: Assists clients in behavioral success in the community with property, peers and adults.
Mental Health Court	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1216	Terry Paden, Program Coordinator	Specialty: Voluntary program for non-violent legally charged MI persons
Multi-Systemic Therapy Program (MST)(C&A)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1124	Greg Wright, Program Coordinator	Specialty: Intensive family services for DJJ involved families.
Out-of-Home Placement Services (OOHP) (C&A)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1124	Danielle Stephens, Program Coordinator	Specialty: Provides referrals for Long & short-term services to clients for those unable to remain stable in the community w/outpatient services.
Outpatient Services (C&A)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1124	Danielle Stephens, Program Coordinator	Specialty: Assessment/Therapy for children between the ages 5 and 18, including individual

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				family and group counseling
Quality Assurance	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1049	Susan Marshburn, Program Coordinator	Specialty: Quality Assurance
Rehabilitative Psychosocial Group Work Services (RPS) (CRS)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1016	Wes Davis, Program Coordinator	Specialty: Day Treatment services offered 5-day/week.
School-based Program	124 Mallard Street Greenville, SC 29601	(864) 241-1040 FAX: (864) 241-1124	Chris Haines, Program Coordinator	Specialty: Provides School-based Services in 17 Greenville County Schools
Senior Adult Services	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1049	Dawn Harbin, Program Coordinator	Specialty: Adults 62 years & older. Individual Therapy, Intensive Case Management Services, Nursing Services, & RPS Group Work Services
T.L.C. (Toward Local Care)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1016	April Simpson, Program Coordinator	Specialty: Intensive case services for clients in the T.L.C. program.
Young Adults in Transition (YAT)	124 Mallard Street Greenville, SC 29601	(864) 241-1040 Fax: (864) 241-1016	Alesia Lowe, Program Coordinator	Specialty: Helps the population of clients 18-30 years old to successfully transition into adulthood and community.



LEXINGTON COUNTY COMMUNITY MENTAL HEALTH CENTER

County Served: Lexington

Lexington **Extended Office Hours**
Lexington **Directions**
Lexington **Google Map**
Lexington **Profile**
Lexington **Website**

Updated 05-14-14

Center/Clinic	Address	Phone & Fax	Contact	Description
Lexington County Community Mental Health Center	301 Palmetto Park Blvd. Lexington, SC 29072	(803) 996-1500 (803) 996-1510 Fax	Richard L. Acton, ACSW Executive Director Sarah K. Main, LPC Program Manager I	Administration Office
Clinical Services	301 Palmetto Park Blvd. Lexington, SC 29072	(803) 996-1500 (803) 996-1510 Fax	Debra Lyles, MA, LPCS Clinical Services Director	Clinical Services
Residential & Rehabilitation Services	204 Palmetto Park Blvd. Lexington, SC 29072	(803) 359-0666 (803) 808-1775 Fax	Lourdes Tepper, MA, LPCI, Residential & Rehabilitation Services Director	Specialty Office

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Child, Adolescent & Family Services	305 Palmetto Park Blvd. Lexington, SC 29072	(803) 359-7206 (803) 359-7291 Fax	Melanie Hendricks, LISW-CP, ACSW CAF Director	CAF Clinic and JJP/Special Services
Lexington Adult Services & Emergency Services	301 Palmetto Park Blvd. Lexington, SC 29072	(803) 359-3545 (803) 359-2111 Fax	Susan Harris, EdS., LPC Program Supervisor	Adult Clinic; Crisis Counseling and Referral Services
Gaston Clinic	3965 Fish Hatchery Road Gaston, SC 29053	(803) 755-2261 (803) 755-9982 Fax	Mandy Williams, MRC, LPC Program Supervisor	Adult Services Clinic
Batesburg/Leesville Clinic	120 W. Church Street, Suite A Batesburg, SC 29006	(803) 532-8414 (803) 532-4570 Fax	John Kennedy, LISW-CP Program Supervisor	Adult Services Clinic
CAF Clinic	305 Palmetto Park Blvd. Lexington, SC 29072	(803) 359-7206 (803) 359-7291 Fax	Beth DuRant, LISW Clinic Supervisor	CAF Clinic and DSS Services
CAF School Based	212 Palmetto Park Blvd. Lexington, SC 29072	(803) 399-9341 (803) 359-2995 Fax	Beth Hook, LMSW School Based Supervisor	School Based Services
CAF MST/FP	212 Palmetto Park Blvd. Lexington, SC 29072	(803) 399-9334 (803) 359-2995 Fax	Vacant	Intensive In-Home Services



ORANGEBURG AREA MENTAL HEALTH CENTER

Counties Served: Bamberg, Orangeburg, Calhoun

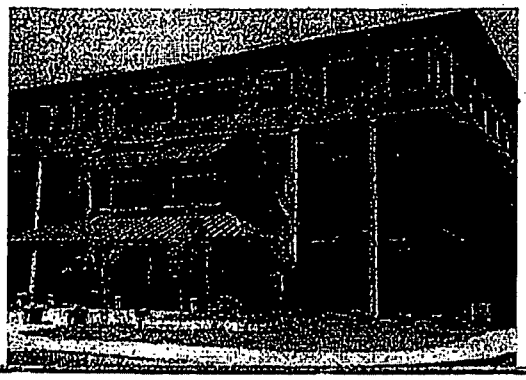
Orangeburg Area **Extended Office Hours**
Orangeburg Area **Directions**
Orangeburg Area **Google Map**
Orangeburg **Profile**

Updated 04-01-14

Center/Clinic	Address	Phone & Fax	Contact	Description
Orangeburg Area Mental Health Center	2319 St. Matthews Road Orangeburg, SC 29118	(803) 536-1571 Admin. (803) 536-1571 Clinical Fax: (803) 536-1463 Center Director's Fax: (803) 531-7798	Willie Priester, M.Ed., LMSW Executive Director	Mental Health Center
Bamberg County Clinic	5573 Carolina Highway Denmark, SC 29042	(803) 793-4274 Fax: (803) 793-4275	Edward Glover, MA Clinic Director	Clinic
Calhoun County Clinic	112 Guess Lane St. Matthews SC 29135	(803) 874-2301 Fax: (803) 655-5388	Dr. Rita Berry-Haigler Clinic Director	Clinic
Orangeburg County Clinic	1375 Gilway Extension Holly Hill, SC 29059	(803) 496-3410 Fax: (803) 496-9185	Shaunette Lloyd, MA Clinic Director	Clinic
Homeshare Enhancement Respite	2319 St Matthews Rd. Orangeburg, SC 29118	(803) 536-1571	Sherry Eisom, MSN Program Manager	Specialty Office: Alternative community-based home care

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Program Crisis Diversion		Fax: (803) 536-1463	Vermell Sistrunk, MA Program Manager	option for adults and adolescents who are in need of temporary support to further continuity of care through enhanced services close to home.



PEE DEE MENTAL HEALTH CENTER

Counties Served: Florence, Darlington, Marion

Pee Dee **Extended Office Hours**
Pee Dee **Directions**
Pee Dee **Google Map**
Pee Dee **Profile**
Pee Dee **Website**

Updated 7/28/14

Center/Clinic	Address	Phone & Fax	Contact	Description
Pee Dee Mental Health Center	125 East Cheves Street Florence, SC 29506	(843) 317-4089 Fax: (843) 317-4096	Patrick M. Bresnan, MBA Interim Executive Director Philip C. Bowman, M.D., Ph.D. Medical Director	Mental Health Center
Darlington County Clinic	900 South Fourth Street Hartsville, SC 29550	(843) 332-4141 Fax: (843) 383-4625	Melissa Campbell, MSW Director	Clinic
Florence County Clinic	125 East Cheves Street Florence, SC 29506	(843) 317-4073 Fax: (843) 317-4096	Christie Nowlin, MA Director	Clinic
Lake City Clinic	675 N. Matthews Road Lake City, SC 29560	(843) 394-7600 Or (843) 661-4882 Fax: (843) 661-4892	Norman Creighton, MS Clinic Director	Clinic
Marion County Clinic	1100 S. Main St. Marion, SC 29571	(843) 431-1100 Fax: (843) 431-1103	Sandra Faye Barnes, MA Interim Clinic Director	Clinic
Alzheimer's/ Dementia Day Treatment Program - "Silver Years"	125 East Cheves Street Florence, SC 29506	(843) 317-4073 Fax: (843) 317-4080	LaTonya McFadden, MA Program Coordinator	Specialty Office: Therapeutic, structured services to members with Alzheimer / Dementia related illness. The Program is available six hours a day, five days a week.
Children, Adolescents, and Families (CAF) Services Linda M. Summer Family Services	125 East Cheves Street Florence, SC 29506	(843) 317-4081 Fax: (843) 317-4088	Linda Brigman, MA Director	Specialty Office: Services include Individual, Group, Family, Play therapy, and the following programs which are available in our entire catchment area: Outpatient Treatment;

				School Based Services; Durant Children's Center
Community Support Services	125 East Cheves Street Florence, SC 29506	(843) 317-4073 Fax: (843) 317-4096	Cathy Timmons, MSW Program Coordinator	Specialty Office: CSP staff provides intensive case management services to consumers through a variety of programs
Family Preservation	125 East Cheves Street, Florence, SC 29506	(843) 317-4081 Fax: (843) 317-4088	Florence Uchendu, MS, LPC/S Program Coordinator	Specialty Office: Intensive Home-Based Services for Children & their families
Hospital / Crisis Emergency Diversion Program	125 East Cheves Street Florence, SC 29506	(843) 317-4073 Fax: (843) 317-4080	Dennis Sullen, MS, CSP Director	Specialty Office: Crisis Intervention, Crisis Stabilization Services/ Hospital/Crisis Emergencies/Jeffords Street Program
Multi Systemic Therapy Program	125 East Cheves Street Florence, SC 29506	(843) 317-4089 Fax: (843) 317-4096	Irvin Nelms, MSW, Program Coordinator	Specialty Office: Family Preservation Services
Out of Home Placement	125 East Cheves Street Florence, SC 29506	(843) 317-4089 Fax: (843) 317-4096	Susan Carter, MS, LPC Out of Home Placement Coordinator	Specialty Office: Out of Home Placement Services for Children
Toward Local Care	125 East Cheves Street Florence, SC 29506	(843) 317-4089 Fax: (843) 317-4096	Elsie McFadden, M.Ed Program Coordinator	Specialty Office: Toward Local Care-Supervised Apartments Toward Local Care-Homeshare Liaison for Hospital & CRCF Peer Support Services Disaster Preparedness Cultural Competency
Training and Office of Client Advocacy	125 East Cheves Street Florence, SC 29506	(843) 317-4089 ext 303	Rosemary Barile, BS Client Advocate and Director of Training and Public Information	
Quality Assurance	125 East Cheves Street Florence, SC 29506	(843) 317-4089 Extension 318 Fax: (843) 317-4096 843-317-4089 Extension 321	Cassandra McCray, MA QA Director Michele Kea Program Assistant	Specialty Office: Ensures the Center is offering appropriate clinical care, in a positive, safe, and supportive environment. Duties: Staff Training & Credentialing Process, Risk Management Committee, Accreditation Standards, HIPAA / Corporate Compliance Officer, Continuity of Care, CARF Accreditation

PIEDMONT CENTER FOR MENTAL HEALTH SERVICES

County Served: South Greenville County

Piedmont **Extended Office Hours**
Piedmont **Directions**
Piedmont **Google Map**
Piedmont **Profile**
Piedmont **Website**

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Updated 6-12-13



Center/Clinic	Address	Phone & Fax	Contact	Description
Piedmont Center for Mental Health Services	20 Powderhorn Road Simpsonville, SC 29681	(864) 963-3421 Admin. (864) 963-3421 Clinical TTY: (864) 967-8835 Fax: (864) 967-8617	Joe James, ACSW Executive Director	Mental Health Center
Greer Clinic	220 Executive Drive Greer, SC 29651	(864) 879-2111 Fax: (864) 848-9493	Judy Goodwin, MA Clinic Director	Clinic
Child & Adolescent Outpatient Services	20 Powderhorn Road Simpsonville, SC 29681	(864) 879-2111	Jane McLean, LISW-CP Program Manager	Specialty Office: Child & Adolescent OutPatient Services
Midlands Residential Programs	2051 Gregg St. Columbia, Sc 29202	(803) 898-9821	Patricia Sweeney Program Manager	Psycho-social rehabilitation
Ridgeview Community Care Homes	217 Chandler Road Greer, SC 29651	(864) 877-4924	David Blondeau Program Manager	Psycho-social rehabilitation
School-Based Services	20 Powderhorn Road Simpsonville, SC 29681	(864) 963-3421	Brenda Lipe, M.Ed., LPC-S Program Manager	Specialty Office: School-Based Services
South Carolina School for the Deaf and Blind	355 Cedar Springs Road Spartanburg, SC 29302	(864) 230-8313	Karie Eichhorn Program Manager	Specialty Office: School-Based Services
Strategic Initiatives	20 Powderhorn Road Simpsonville, SC 29681	(864) 963-3421 Fax: (864) 962-0758	Pete Camelo, M.S. Program Manager	Specialty Office: Home-Based Services for Children and Their Families
Rehabilitation Center	526 S. Main Street Simpsonville, SC 29681	(864) 963-2617	Denise Harris-Stover, M.Ed. Program Manager	Specialty Office: Rehabilitation Services



SANTEE-WATEREE MENTAL HEALTH CENTER

Counties Served: Sumter, Clarendon, Kershaw, Lee

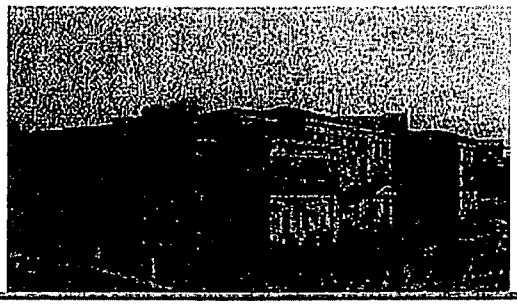
Santee-Wateree **Extended Office Hours**
Santee-Wateree **Directions**
Santee-Wateree **Google Map**
Santee-Wateree **Profile**
Santee-Wateree **Web Site**

Updated 12/22/14

Center/Clinic	Address	Phone & Fax	Contact	Description
Santee-Wateree Mental Health Center	215 N. Magnolia Street Sumter, SC 29151-1946	(803) 775-9364 Admin. (803) 775-9364	Richard B. Guess, MEd Executive Director Marian Dehlinger, MD,	Mental Health Center

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Sumter Clinic		Clinical Fax: (803) 773-6615	Medical Director Sandy Thompson, Clinic Director	
Clarendon County Clinic	215 Commerce Street Manning, SC 29102-0273	(803) 435-2124 Fax: (803) 435-8113	Patrice Lloyd, Clinic Director	Clinic
Kershaw County Clinic	2611 Liberty Hill Road Camden, SC 29020-0645	(803) 432-5323 Fax: (803) 713-3978	Michele Reeder, LMSW Clinic Director	Clinic
Lee County Clinic	817 Brown Street Bishopville, SC 29010-0206	(803) 484-9414 Fax: (803) 484-4299	Gregory Valdez, LMSW Clinic Director	Clinic
Assertive Community Treatment/Employment	215 N. Magnolia Street Sumter, SC 29151-1946	(803) 775-9364 Clinical Fax: (803) 773-6615	Lynn Melton, Program Manager	Specialty Office: ACT Team
Psychosocial Rehabilitation Program	215 N. Magnolia Street Sumter, SC 29151-1946	(803) 775-9364 Clinical Fax: (803) 773-6615	Roslyn Sanders, MHCII Program Manager	Specialty Office: Psychosocial Rehabilitation Program
Children, Adolescents and Families (CAF) Services	1175 N. Guignard Drive Sumter, SC 29151-1946	(803) 775-7898 Fax: (803) 773-5246	Kimberly Gaines, MA, MHC-Chief , Clinic Director	Specialty Office: Children's Services
Crisis Stablization	215 N. Magnolia Street Sumter, SC 29151-1946	(803) 775-9364 Fax: (803) 773-6615	Jeemy Grate-Pearson, Program Director	Specialty Office: Crisis Stablization
Elder Services	215 N. Magnolia Street Sumter, SC 29151-1946	(803) 775-9364 Clinical Fax: (803) 773-6615	Lynn Melton, Program Director	Specialty Office: Elder Services
IPS (Individual Placement and Support)	215 N. Magnolia Street Sumter, SC 29151-1946	(803) 775-9364 Clinical Fax: (803) 773-6615	Roslyn Sanders, MHCII Program Manager	Specialty Office: Employment
Kershaw County CAF	2611 Liberty Hill Road Camden, SC 29020	(803) 432-5323 Fax: (803) 713-3978	Andrea Darden, LPC Program Director	Specialty Office: Children Services
PSR Program	2611 Liberty Hill Road Camden, SC 29020-0645	(803) 432-5323 Fax: (803) 713-3978	Pati Moye, LISW Program Manager	Specialty Office: Psychosocial Rehabilitation Program



SPARTANBURG MENTAL HEALTH CENTER

Counties Served: Spartanburg, Union, Cherokee

Spartanburg **Directions**
Spartanburg **Google Map**
Spartanburg **Profile**

Updated 3-18-14

Center/Clinic	Address	Phone & Fax	Contact	Description
Spartanburg Area Mental Health Center	250 Dewey Avenue Spartanburg, SC 29303	(864) 585-0366 Admin. (864) 585-0366 Clinical TTY: (864) 585-7458 Clinical Fax: (864) 585-9208	William S. Powell, M.D. Director	Mental Health Center

Cherokee Mental Health Clinic	125 East Robinson Street Gaffney, SC 29340-3723	(864) 487-2710 (V/TTY) Fax: (864) 487-2729	Sara Baker, MAMFC Director	Clinic
Union Mental Health Center	130 Medical Sciences Drive Union, SC 29379-0129	(864) 427-1224 (V/TTY) Fax: (864) 429-0627	Gary Moneypenny, L.M.F.T. Clinic Director	Clinic



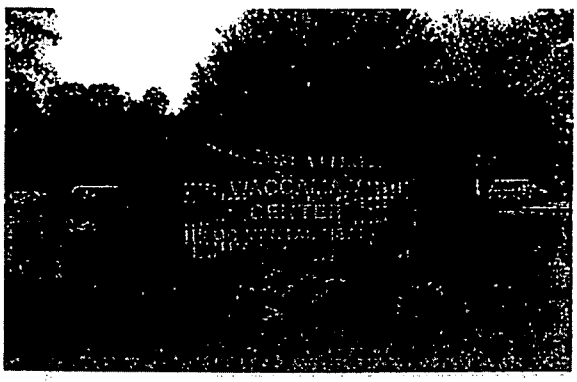
TRI-COUNTY COMMUNITY MENTAL HEALTH CENTER

Counties Served: Chesterfield, Marlboro, Dillon

Tri-County **Extended Office Hours**
Tri-County **Directions**
Tri-County **Google Map**
Tri-County **Profile**
Tri-County **Website**

Updated 4-24-13

Center/Clinic	Address	Phone & Fax	Contact	Description
Tri-County Community Mental Health Center	1035 Cheraw Street Bennettsville, SC 29512	(843) 454-0841 Admin. Fax: (843) 454-0635	Michael Rooney Executive Director	Mental Health Center
Bennettsville Clinic	1035 Cheraw Street Bennettsville, SC 29512	843-454-0442 843-454-0825 TDD Fax: 843-454-0212	Michael Truluck	Clinic
Chesterfield Clinic	207 Commerce Ave. Chesterfield, SC 29709	(843) 623-2229 Fax: (843) 623-2553	Vivian Tinker, Clinic Director	Clinic
Dillon Clinic	1324 Commerce Drive Dillon, SC 29536	(843) 774-3351 Fax: (843) 774-2622	Shawna McLellan, Clinic Director	Clinic
TLC Crepe Myrtle Apartments	1197 Hamlet Highway Box 13, Bennettsville, SC 29512	(843) 454-0800 Fax: (843) 454-0800	Michael Truluck	Specialty Office: Toward Local Care



WACCAMAW MENTAL HEALTH CENTER

Counties Served: Georgetown, Horry, Williamsburg

Waccamaw **Extended Office Hours**
Waccamaw **Directions**
Waccamaw **Google Map**
Waccamaw **Profile**
Waccamaw **Website**

Updated 11-12-13

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Center/Clinic	Address	Phone & Fax	Contact	Description
Waccamaw Center for Mental Health Horry County Clinic	164 Waccamaw Medical Park Drive Conway, SC 29526	(843) 347-5060 Admin. Fax: (843) 347-3959 Admin. (843) 347-4888 Fax: (843) 347-4102 Clinical	Ethel B. Bellamy, M.A., LPC/S Executive Director Lori Chappelle, MA Clinic Director	Administration Clinic
Georgetown County Clinic	525 Lafayette Circle Georgetown, SC 29440	(843) 546-6107 Fax: (843) 527-2800	Beverly Doris Williamson, MA, LPC/S Clinic Director	Clinic
Williamsburg Clinic	501 Nelson Blvd. Kingstree, SC 29556	(843) 354-5453 Fax: (843) 354-3322	Maritta Janice Smith, MA, LMSW Clinic Director	Clinic
ACT-Like	525 Lafayette Circle Georgetown, SC 29440	(843) 546-6621 Fax: (843) 527-2800	Lashanda Nesmith, MA Program Manager	Specialty Office: ACT-Like Program
Family Preservation and Toward Local Care (TLC)	314 Main Street Kingstree, SC 29556	(843) 354-2120 Fax: (843) 354-5467	Winfred A. Carraway, MS Family Preservation Program Martha D. Scott, MSW TLC Program	Specialty Office
Intensive Outpatient Treatment Program (IOT)	314 E. Main Street Kingstree, SC 29556	(843) 354-5456 Fax: (843) 354-3322	Shirlren Brown, MA Program Manager	Specialty Office: IOT Program

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Columbia Area Mental Health Center

January 2013

You've Made A Difference!

Harry Reese, Connections, is the recipient of the January *You've Made A Difference* award. Harry identified the need of a client who had progressed so well, that when he was arrested on a 2 year old charge you took the time out of your busy schedule to contact the Solicitor's office & provide information that encouraged them to give the client a bond hearing court day so the client would not have to sit in jail until his court date. You even took the time to appear in court on behalf of the client to testify in an effort to give the court a more positive image of the client. Staff members were on hand to congratulate Harry on a job well done!

Hey Harry, thanks for making such a difference!

HER08 (\\3DCOLAADM\HOME$)(H:)
Created: 10-17-13
Modified: 10-29-13
Accessed: 6-14-14
Witness: E-B Gfuse

Lewis Generic 10-16-12

Met w/Paulette Edwards, Richland County Deputy Solicitor, in reference to clt's current arrest/incarceration; discussed clt's current mental status/med. concerns, charges, and living arrangements. Discussion took place. Ms. Edwards scheduled clt's case to be heard on Wednesday, 10/17/12. Ms. Edwards states that she would recommend "Time Serve" so that clt could be released from jail. Ms. Edwards requested that CM be present to present info discussed during this visit to the court. She states that general session court begins at 10:00 a.m.; however, she was unable to provide CM w/the exact time clt's case would be heard. CM receptive.

10/17/12

9:30 a.m. Ms. Britton All (prosecuting attorney) contacted/informed CM that clt's Public Defender – Mr. Jay Cooper wouldn't accept the plea agreement – clt pleading guilty to the charges/time served. She states that she would have the bench warranted vacated and that clt must return to court on 10/26/12 at 10:00 a.m. to address the charges. She requested CM to attend today's session to discuss clt's current living arrangements via probate court/his ability to return to court. CM receptive.

Please see 10/16/12 CSN: CM arrived to the court at 9:45 a.m. to await clt's hearing. After awaiting in the gallery for 2½ hours, Ms. Britton All (prosecuting attorney), visited the bench/according to her discussed vacating clt's bench warrant w/the judge of which the judge was receptive. She further stated that she would fax the release papers to Alvin S. Glenn Detention Center for clt's release/that CM could receive clt from the jail. CM arrived to the jail at 1:00 p.m. and awaiting in the lobby for clt until 2:30. CM inquired of the Lobby Officer as to when clt would be released. The Lobby Officer informed CM that clt hadn't arrived from the jail. Discussion took place/the Lobby Officer referred CM to Sargent Rice of whom requested CM's contact info/informed CM that she would contact CM upon clt's arrival back to the jail. CM thanked Sgt Rice for her time/returned to the jobsite. At 4:15 p.m., Sgt Rice contacted/informed CM that clt had returned to the jail. At 4:45 p.m., the CM visited the jail to receive clt. Upon requesting clt's meds that were presented to the jail, the first nurse could only present two meds of the eight that were presented. The first nurse returned to the nurse's station to determine where the remainder of the clt's meds was located. Upon awaiting ion the lobby, Nurse Lakeisha Smith presented stating that clt's meds were locked away in Ms. B. J. Preston's (CAMHC MHP) office. At 5:45 p.m. CM accompanied clt to the Ne Alpha facility – placement. While accompanying clt to his placement, CM informed clt of the info discussed via Ms. All. Clt was receptive of which he replied..."I just want this behind me". After conducting assessment, observed clt self-administering meds via med minder.

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Lewis Generic 10-5-12

Please see 10 – 3/4-12 CSN: CM arrived to ASGDC/Bond Court to provide court rationale of releasing clt to CM's custody. Bond Court scheduled at 9:00 a.m. CM arrived to jail at 8:45 a.m./CM sat in the main lobby until 10:15 a.m. – According to the Lobby Officer (whom has been referred to as the receptionist in previous documentation/CM contacted the jail to obtain the correct title), the Judge/staff wasn't present: At 10:15 a.m. the Lobby Officer allowed CM to enter into the bond court lobby. CM sat in the Bond Court Lobby until 12:15 p.m. - clt's case heard at that time. The Judge heard testimony from clt/release rationale from CM. Outcome: Clt detained/needed to pay a $276 fine to be released. While returning to the clinic, CM received a called from the CAMHC receptionist stating that Mr. Julius Jones (CAMHC Forensic Coordinator) states that clt wasn't going to be released due to additional bench warrants – Moped/DUI charges.

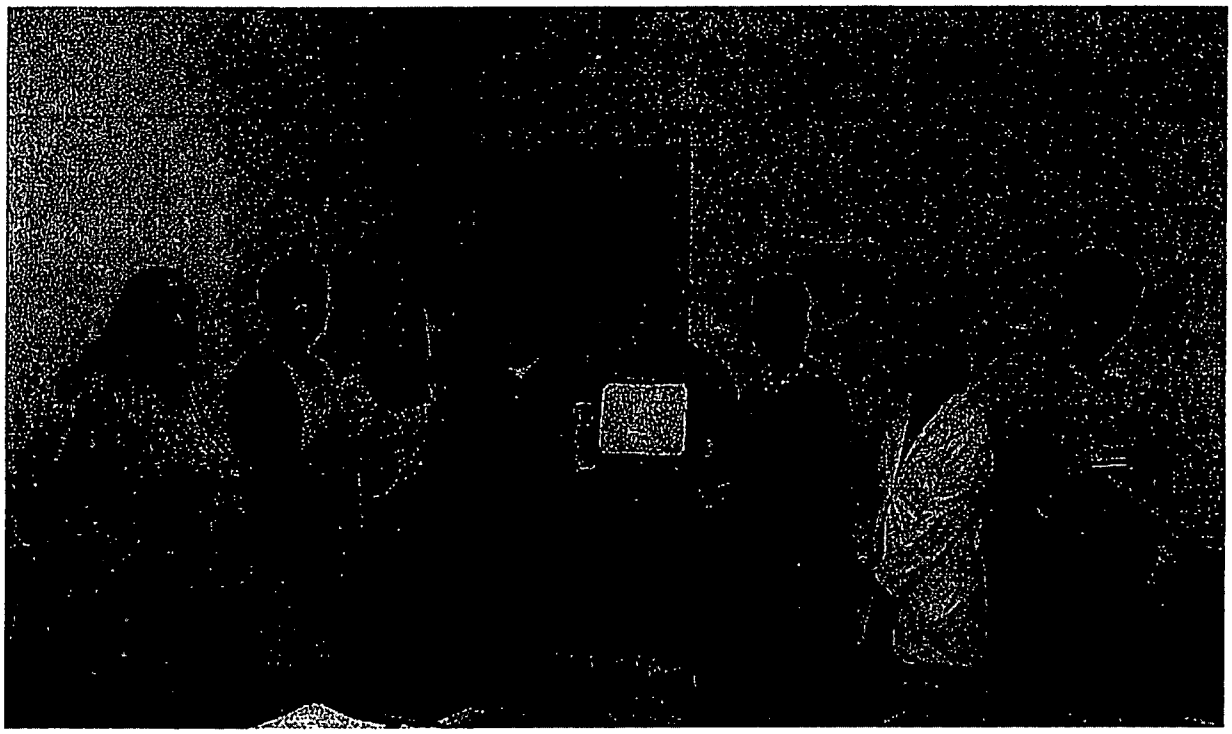
5:45 p.m. CM was home/received a called from staff stating that clt required his Clozapine at the jail; CM visited the clinic/received and took clt's meds to the jail/provided to Ms. Lakeisha Smith (ASGDC Nurse).

HER08 (\\3DCOLAADM\HOMES)(H:)
Created: 10-12-12
Modified: 10-12-12
Accessed: 6-14-14
Witness: E-B C/Jones

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You've Made A Difference

February 2014



Harold Edwards, Connections is a recipient of the *You've Made A Difference* Award. Mr. Edwards was recognized for ensuring that a client got the care he warranted in the midst of an acute potentially life-threatening case. His efforts changed the outcome which could have been life-altering for the client.

This is important because Mr. Edwards showed a level of professionalism, commitment to the clients we serve and the ability to go beyond the call of duty.

Hey Mr. Edwards, thanks for making such a difference!

Employee Recognition & Wellness
Columbia Area Mental Health Center

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You've Made A Difference

August 2013



Edmond Dowling, Adult Intensive Services, is a recipient of the *You've Made A Difference* Award. Edmond was recognized by the way he answers the phone.

This is important because it is the first contact clients and their family members have with the Center. Edmond consistently answers every call in a voice that is clear, kind, patient and professional, and he always ask how he can help the caller. The way he answers the phone creates an impression in the mind of the caller and sets the tone for the rest of the conversation. His voice is warm, inviting and reassuring and makes people feel cared about. Edmond models the way all of our phones should be answered. Well done!!

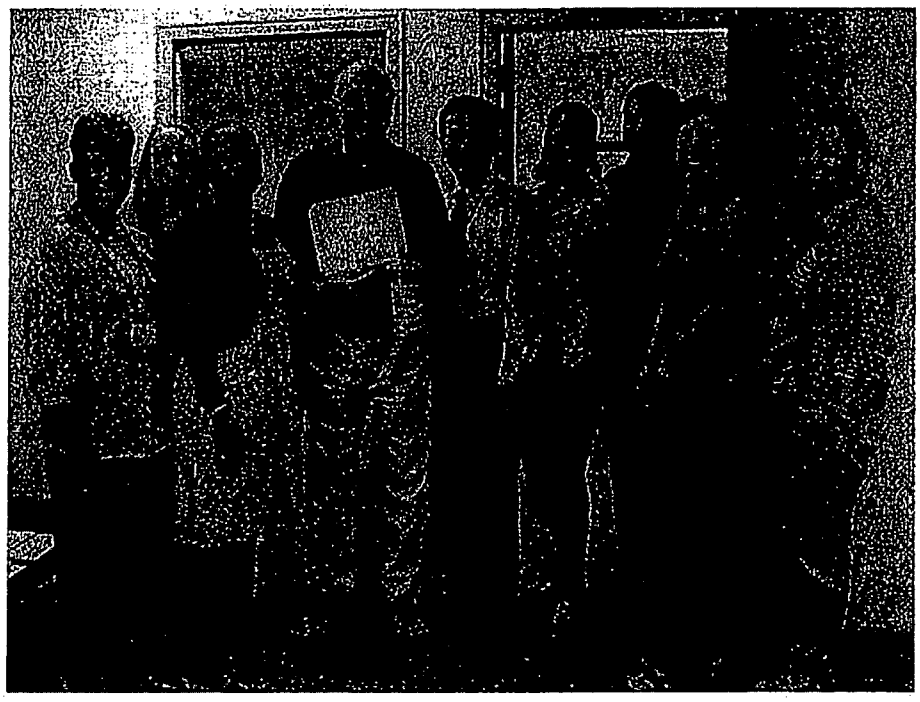
Hey Edmond, thanks for making such a difference!

Employee Recognition & Wellness
Columbia Area Mental Health Center

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You've Made A Difference

September 2013



Warren Garrison, M.D., Medical Services is a recipient of the *You've Made A Difference* Award. Dr. Garrison was recognized for securing medication for one of his clients.

This is important because of his willingness and time spent linking his client to a pharmacy in Israel. He went far beyond the call of duty for his client. Dr. Garrison's care and compassion was more than anyone could expect. Well done!!

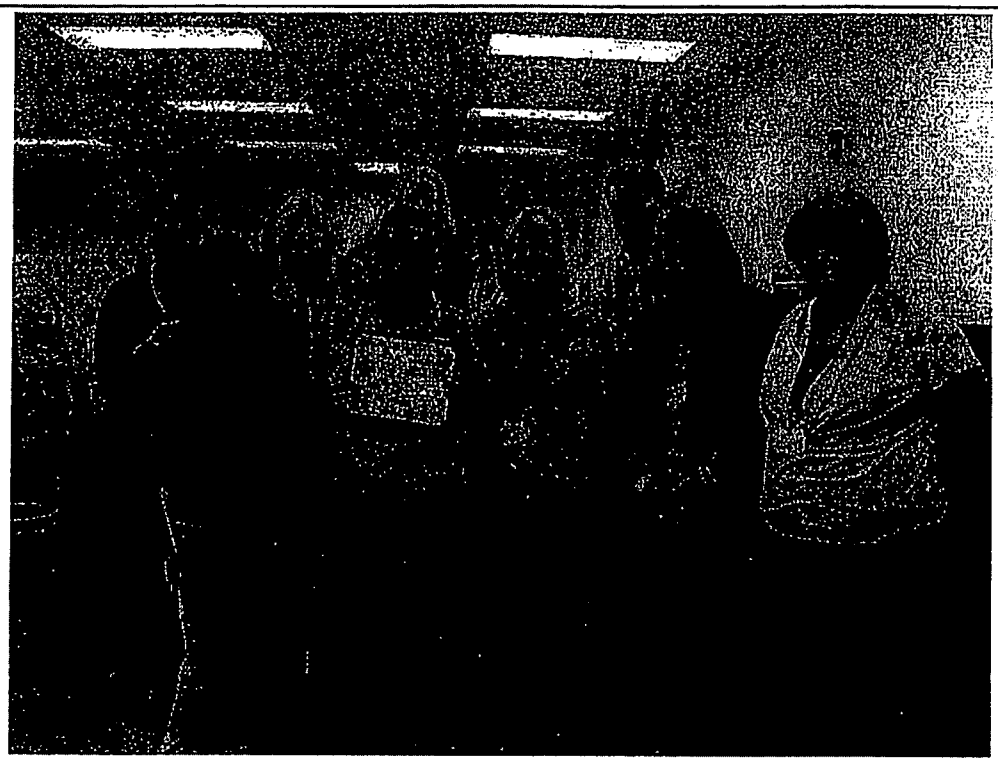
Hey Dr. Garrison, thanks for making such a difference!

Employee Recognition & Wellness
Columbia Area Mental Health Center

380

You've Made A Difference

November 2013



Sandra Washington, Accounts Payable is a recipient of the *You've Made A Difference* Award. Ms. Washington was recognized for working so diligently to meet year end AP close-out deadlines while not only trying to make sure her workload remained up-to-date, but also assisting with the workload of the AP vacant position. She was observed daily working very hard with constant interruptions and stopping to assist with credit card questions and always with one goal in mind-just get the job done. There were daily challenges and personal struggles, but she persevered to just get the job done. Thanks for all your help.

This is important because year-end AP deadlines were met, necessary training was received to transition the credit card duties and yes, the job was done. Well done!!

Hey Ms. Washington, thanks for making such a difference!

Employee Recognition & Wellness
Columbia Area Mental Health Center

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You've Made A Difference

December 2013



Joyce Davis, RN, Emergency Services is a recipient of the *You've Made A Difference* Award. Ms. Davis was recognized for her quick response when a client was brought by taxi to Emergency Services due to a medical emergency. The cab driver didn't know what to do, but stated he knew that someone at 2715 Emergency Services would be able to help. The client appeared to be having a seizure with full body tremors and was unresponsive. Thanks to Joyce's quick response and excellent medical skills, she was able to provide life-saving CPR.

This is important because without Joyce's intervention and skills this client's life would have been at risk. Joyce's ability to connect with the community made it possible for the cab driver to seek help at Emergency Services. We are fortunate at CAMHC to have such a competent and caring nurse.

Hey Ms. Davis, thanks for making such a difference!

Employee Recognition & Wellness
Columbia Area Mental Health Center

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You've Made A Difference

January 2014



Shirley Robinson, Adult Clinic Services is a recipient of the *You've Made A Difference* Award. Ms. Robinson was recognized for notifying proper authorities for suspected abuse of a client.

This is important because some individuals ignore when to do the right thing but Ms. Robinson stuck with it and assisted staff in ensuring the client was temporary placed in a safe place until an abuse investigation could be done. It is appreciated that Ms. Robinson paid attention to details that others may have ignored or have not noticed.

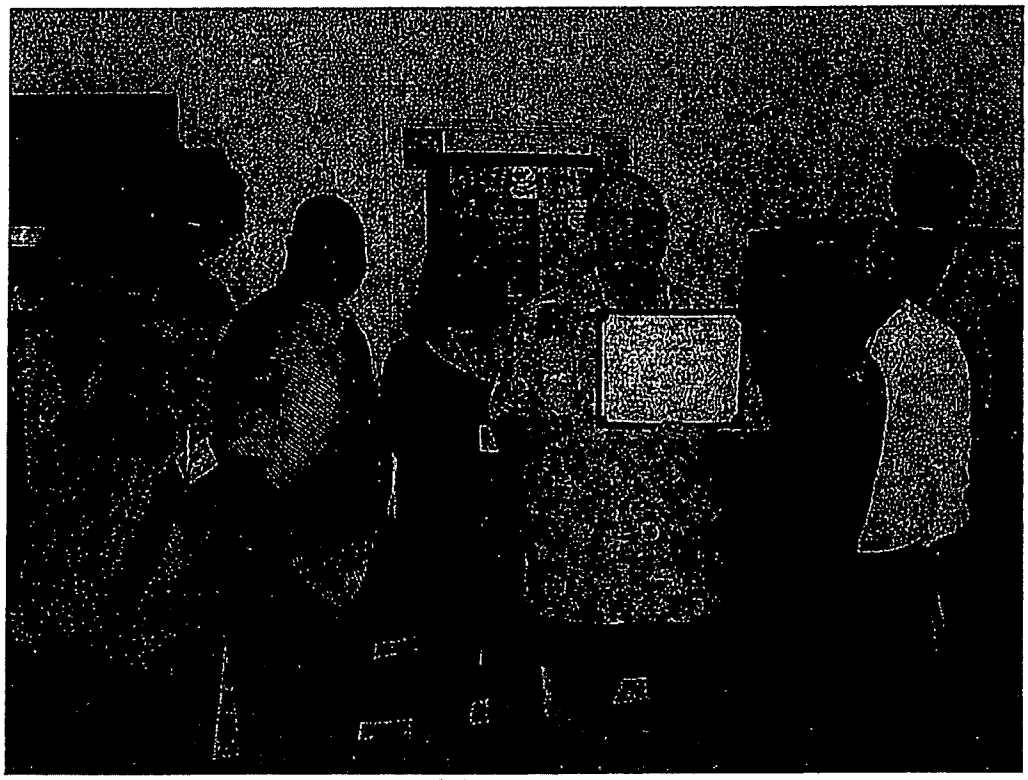
Hey Ms. Robinson, thanks for making such a difference!

Employee Recognition & Wellness
Columbia Area Mental Health Center

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You've Made A Difference

March 2014



George Morris, Lower Richland Clinic is a recipient of the *You've Made A Difference* Award. Mr. Morris was recognized for being a great team leader. "I've observed your work ethics, how you never say no to help your co-workers, always flexible and accessible, going beyond your job duties to ensure the consumers' needs are met, and the smooth day-to-day operation of the clinic".

This is important because Mr. Morris has shown, with unquestionable dedication and commitment, that this is his call, and he loves what he does, which is evident of his daily disposition. Mr. Morris is an asset to the Lower Richland Clinic.

Hey Mr. Morris, thanks for making such a difference!

Employee Recognition & Wellness
Columbia Area Mental Health Center

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You've Made A Difference

April 2014



Selena Brown, Independence House is a recipient of the *You've Made A Difference* Award. Ms. Brown was recognized for her effort in the absence of the assigned case manager she helped a client who was in extreme distress. Ms. Brown went the extra mile on her own time to research court documents at Richland County Office of the Registrar of Deeds and Probate Court that showed her home was 100% legally deeded to her; which was contrary to what she had been led to believe by others for a number of years.

It was important because the client was reassured and emotionally released from the verbal threats of others that she could be put out of her home at any time. Since learning that she is the legal owner of her home free and clear, she displays less anxiety; her countenance has improved, and she is once again committed to recovery.

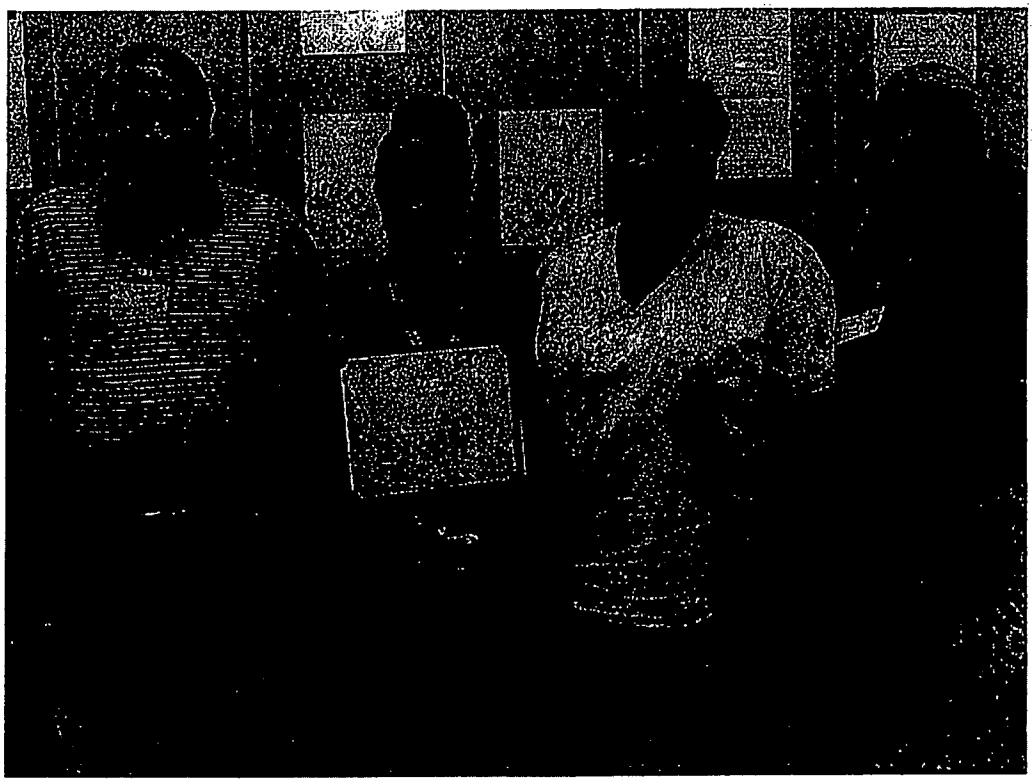
Hey Ms. Brown, thanks for making such a difference!

Employee Recognition & Wellness
Columbia Area Mental Health Center
Robert L. Bank, M.D., Executive Director

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You've Made A Difference

May 2014



LaSonya Parker, Homeshare/Carter Street is a recipient of the *You've Made A Difference* Award. Ms. Parker was recognized for coordinating FREE barbering and nail technician services to consumers for Easter.

It was important because this unselfish gesture demonstrated the care and interest you have for empowering the wellness and grooming needs of population served which is so often neglected due to their limited finances.

Hey Ms. Parker, thanks for making such a difference!

Employee Recognition & Wellness
Columbia Area Mental Health Center
Robert L. Bank, M.D., Executive Director

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You've Made A Difference

June 2014



Myra Gantt, Carter Street Residential Program is a recipient of the *You've Made A Difference* Award. Ms. Gantt was recognized for continuously assisting and preparing a client for an important treatment in Charleston, SC. She transported the client on numerous occasions and collected all needed information to ensure continuity of care. In addition to working extensively with this client for the last five months, she dedicated her time to do so post her procedure for the next one to three months.

It was important because the client didn't have the support needed to do this on her own and was beginning to feel hopeless. The client now has a more optimistic outlook with regards to the procedure and feels stronger and more courageous because of your constant presence and reassurance. You've truly made a difference in her treatment and her life.

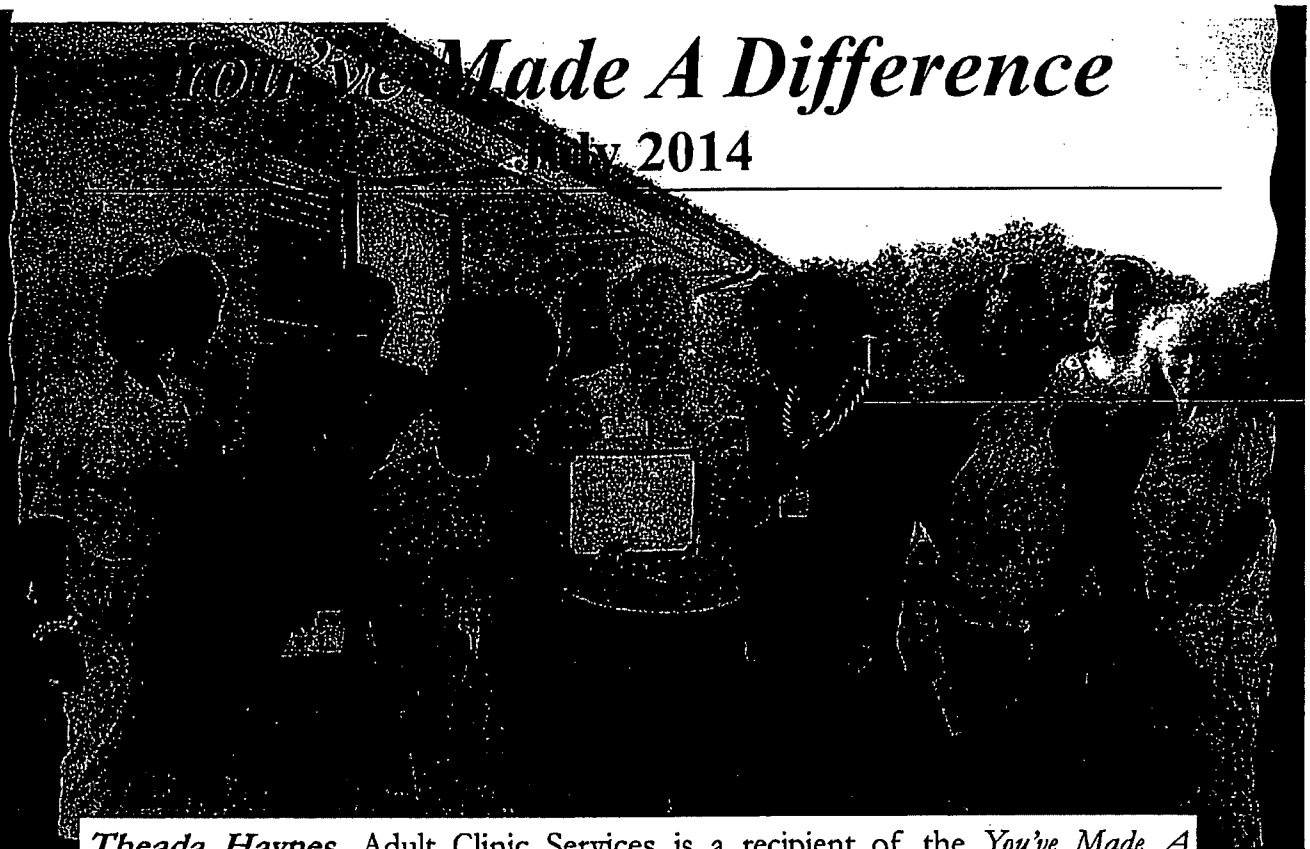
Hey Ms. Gantt, thanks for making such a difference!

Employee Recognition & Wellness
Columbia Area Mental Health Center
Robert L. Bank, M.D., Executive Director

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Made A Difference

July 2014



Theada Haynes, Adult Clinic Services is a recipient of the *You've Made A Difference* Award. Ms. Haynes was recognized for stepping in and assisting co-workers when needed. When informed there was a need, she stepped in and did what was needed to help make the clinic run as smoothly as possible. She always keeps a positive attitude even when dealing with difficult tasks. She is able to express her concerns while still keeping focus on the need of the clinic.

It is important because she shows great qualities of how a team player should be. Teamwork is not always embraced as it should be. Teamwork is often a crucial part of a business, as it is often necessary for colleagues to work well together, trying their best in any circumstance. Teamwork means that people will try to cooperate, using their individual skills and providing constructive feedback, despite any personal conflict between individuals. The benefits of teamwork include increasing efficiency, building trust, reducing stress and increasing morale among other things. Theada has shown great teamwork and it has definitely made a difference at ACS. Keep up the good work and remember your hard work and dedication does not go unnoticed.

Hey Ms. Haynes, thanks for making such a difference!

Employee Recognition & Wellness
Columbia Area Mental Health Center
Robert L. Bank, M.D., Executive Director

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You've Made A Difference

August 2014



Camille Carpenter, Emergency Services is a recipient of the *You've Made A Difference* Award. Ms. Carpenter was recognized for going above and beyond while co-workers were out in the Emergency Room. Not only did she transfer the briefcase back and forth daily, she was able to arrange coverage at the last minute when a staff member called in sick. Additionally, a staff member did not show up for work and she took it upon herself to stay and work that shift in the Emergency Room. Big thanks.

It is important because that's what team work is all about.

Hey Ms. Carpenter, thanks for making such a difference!

Employee Recognition & Wellness
Columbia Area Mental Health Center
Robert L. Bank, M.D., Executive Director

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Columbia Area Mental Health Center Intranet

EMPLOYEE RECOGNITION & WELLNESS (ERW)

It is the policy of the Columbia Area Mental Health Center to recognize and honor Center employees who have distinguished themselves by excellence in performance, productivity, or outstanding achievement. Such recognition enhances staff morale, increases productivity, and maximizes the quality of care to the clients we serve.

Each month, ERW gives out awards that are designed to help staff know they are appreciated, but also to bring a smile and to help staff unwind, if only for a minute.

Life Saver Award is awarded randomly each month to a Program Area/Unit for the work they do to help save the lives of the clients we serve. The Program Area/Unit receives a bucket of Life Savers candy to enjoy (inscribed with *"Because the work you do, helps to save lives"*) and a Life Saver Award to display in their Program Area/Unit.

Prescription Award is awarded randomly each month to three staff members from "Dr. Feel Good". Each staff member receives a prescription bottle filled with Skittles candy with the saying, *"To brighten your day!"*

You're So Cool Award is awarded monthly from a client and/or family member of a client to an employee (up to three) who is "cool" and who has significantly contributed to the client's recovery. The employee is given an ice cream coupon from a local vendor.

You've Made A Difference is awarded monthly to a staff member who is nominated by a co-worker for going above and beyond the call of duty. The employee receives a Certificate of Appreciation along with a gift and their photo is placed in the lobby of CAMHC Administration Building.

Staff Member of the Year is awarded to an outstanding employee in December for their achievements and services provided to CAMHC. The employee receives a plaque and their photo is placed in the lobby of CAMHC Administration Building for a year.

Monthly Awards 2014

	Life Saver	You've Made A Difference	You're So Cool
August	Medical Services	Camille Carpenter, Emergency Services	• Stephanie Butcher, Behavior Therapy Program • Charles Griffin, Lower Richland
July	Connections	Theada Haynes, Adult Clinic Services	• Eric Hartley, Adult Crisis Services • Ervin Jefferson, Impact • Radhika Patel, MD Medical Services
June	Adult Clinic Services	Myra Gantt, Carter Street Residential Program	• Pricilla Addison, Impact • Nancy Smith, Behavior Therapy Program • Kimberly Watt-Brockington, CAF
May	General Services	LaSonya Parker, Homeshare/Carter Street	• Dr. Elizabeth Alford, AIS • Tammy Mackins-Hill, Behavior Therapy • CharmaineWeston, AIS
April	Clinical Support Services	Selena Brown, Independence House	• Chanta R. Lawton, Fairfield Clinic • Eva Squirewell, Fairfield Clinic
March	Insights/Young Adult Program The	George Morris, Lower Richland Clinic	

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February	Hospital Liaison	Harold Edwards	Chad Lindsey - Lower Richland Clinic
January	Independence House Carter Street	Shirley Robinson, Adult Clinic Services	• Dondi Atendo - Adult Clinic Services • JoAnn Boards - Connections • Monica Davis, RN - Nursing Services
Monthly Awards 2013 - Archive			

Staff Member of the Year

- 2013 Jennifer Butler
- 2012 Nurse Manager Patricia "Pat" W. Hicks
- 2011 Betty D. Frazier

Nomination Form:

- You've Made a Difference - nomination form

Flyers:

- You've Made a Difference Flyer
- You're So Cool Flyer

Healthy Tips: National Breast Cancer Awareness Month

Breast cancer is the second most common kind of cancer in women. About 1 in 8 women born today in the United States will get breast cancer at some point.

The good news is that many women can survive breast cancer if it's found and treated early. A mammogram – the screening test for breast cancer – can help find breast cancer early when it's easier to treat.

If you are a woman age 40 to 49, talk with your doctor about when to start getting mammograms and how often to get them.

If you are a woman age 50 to 74, be sure to get a mammogram every 2 years. You may also choose to get them more often.

Talk to a doctor about your risk for breast cancer, especially if a close family member of yours had breast or ovarian cancer. Your doctor can help you decide when and how often to get mammograms.

For more information, visit www.healthfinder.gov.

Celebration PowerPoints and .pdfs

- Spring Door Decorating Contest
- CARF Accreditation Celebration (.ppt)
- Harvest Hope Food Drive (.ppt)

About the ERW

- ERW Mission Statement:

  The mission of the Employee Recognition & Wellness (ERW) Committee is to select a Staff Member of the Year, and develop other methods for rewarding employees, to include encouraging employees' personal and professional productivity

and physical and mental well-being while promoting organizational and individual wellness through education, prevention, early detection, and better access to comprehensive health resources.

- ERW Members

  Thank You!!!

  Special thanks to the Employee Recognition & Wellness Committee members for their time, effort and support during 2013 and look forward to an exciting year in 2014. All suggestions/comments are always needed and welcomed.

- Have an idea to boost employee morale? Please send your suggestions to vwg43@scdmh.org

Columbia Area Mental Health Center Intranet

Training/Resources | CAMHC Forms | Directories | Safety | CAMHC Policies | CAMHC Publications | Home |

Monthly Awards 2013

	Life Saver	You've Made A Difference	They're So Cool
July	Lower Richland New Horizons	Libby Corley	Aziz Mohiuddin, M.D. Clyde Morin Linda Smith
August	Emergency Services	Edmond Dowling	Regina Harper Maria Marin
September	Mental Health Court	Dr. Warren Garrison	Bertha Snow
October	Information Technology		Edmond Dowling, Jr. - AIS Jackie Legette - Lower Richland Toni Morris - AIS
November	Human Resource Services	Sandra Washington - Accounts Payable	Dr. Kathleen Lundvall - Adult Clinic Services Anna House - Lower Richland Clinic
December	CAF Services	Joyce Davis, RN, Emergency Services	Monica McConnell, Ph.D. CAF Services

Employee Recognition & Wellness (ERW)

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About SCDMH
Career Opportunities
Centers and Hospitals
Client Resources
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Client Advocacy
Clinical Resources
Client Affairs Coordinator Program
Contact Client Affairs
Peer Support Services
Psychiatric Advance Directives
Recovery Resources
Recovery Testimonials
Shared Decision Making
Web Resources
Clinical Information
DMH Employees
Procurement
Publications
Services
SC Information
Strategic Planning

Client Advocacy Program FAQs

Why Advocacy?
Consumers of mental health services are vulnerable. They may be poor, uninformed about their rights, inexperienced in exercising them and easily intimidated. As a result their rights are often violated.

What are the rights of the Mentally Disabled?
The mentally disabled have the same rights as any other citizen unless limited by a court or by law. These rights include all civil and legal rights, privileges or benefits guaranteed by the South Carolina and US Constitutions, federal or state statutes and administrative policies.

What can Advocates Do?
Advocates inform consumers of Mental Health services about their rights, help them speak for themselves or speak on their behalf. Advocates assist consumers with complaints about rights and services and bring issues to officials for resolution.

What is the purpose of the SCDMH Client Advocacy Program?
The purpose of the Client Advocacy Program is (1) to prevent rights violations and advocate for the provision of quality of care in a humane environment and (2) to review, investigate and resolve rights complaints or issues.

How can rights violations be prevented?
Rights violations can be prevented by providing education and information (concerning the rights of the mentally disabled) to consumers, staff, families and the public. Violations can also be prevented through monitoring programs for rights compliance.

How are rights complaints or issues reviewed and resolved?
An assigned advocate will interview the consumer, staff or others as necessary and review records, documents or policies. The advocate will then attempt to negotiate a satisfactory result on behalf of the consumer.

The Client Advocacy Program is located within the South Carolina Department of Mental Health. The program has four full-time Central Office Staff and several Volunteer Advocates. Additionally, each Mental Health Facility and Mental Health Center has Local Advocates. Local Advocates review rights and advocacy issues within each facility or center. When local advocates cannot resolve situations the Facility or Center Director attempts resolution. When the Director cannot reach a resolution the issue is referred to the SCDMH Client Advocacy Office.

If you desire further information or assistance, the SCDMH Client Advocacy Program can be reached at:

SCDMH Client Advocacy
2414 Bull Street
PO Box 485
Columbia, SC 29202
(803) 898-8569
1-866-300-9330 Toll Free

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http://www.state.sc.us/dmh/client_advocacy/mhc_advocates.pdf

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
COMMUNITY MENTAL HEALTH CENTER CLIENT ADVOCATES

CMHC/EXEC.DIR.	CLIENT ADVOCATE	PHONE NUMBER	LOCATION
AIKEN/BARNWELL Richard Acton ACSW, LISW	**Sarah K. Elwell, LMSW**	803-641-7700 ext. 601	1135 Gregg Highway Aiken, SC 29801
AOP Kevin Hoyle	**Tracy Richardson, MA** (Anderson, Oconee, Pickens)	(o) 864-965-9478 © 864-958-0908	515B Camson Road Anderson, SC 29625
BECKMAN Melanie Gambrell, LPC	**Greg Bullard, LMSW** Greg Ross	864-229-7120	1547 Parkway Greenwood, SC 29646
BERKELEY Debbie Calcote	**Cathy Parker, M.Ed, LPC**	843-761-8282 ext. 357	403 Stoney Landing Rd. PO Box 1030 Moncks Corner, SC 29461
CATAWBA Paul Comely, Ph.D., MPH	**Steve Sanders, Asst. Exec. Dir.**	803-323-0020	448 Lakeshore Parkway, Suite 205, Northlake II Rock Hill, SC 29730
CHARLESTON/ ORCHESTER Deborah Blalock, LPCS	**Mac Magee, LPC** Vanessa Brown (West Ashley) Monifa Bryant (Dorchester)	843-740-3480 843-873-5063 843-852-4100	2100 Charlie Hall Blvd. Charleston, SC 29414
COASTAL Ramon D. Norris M.S.	**Andrea Allen, MS, LMSW Asst. Dir.**	843-524-8899	1050 Ribaut Rd. Beaufort, SC 29902
COLUMBIA Robert Bank M.D.	**Sheila Arnold**	803-898-4809	2715 Colonial Dr. Columbia, SC 29203
GREENVILLE Al Edwards M.D.	**Diane Mathews**	864-241-1040	124 Mallard St. Greenville, SC 29601
LEXINGTON Richard Acton ACSW LISW	**Jenifer Sharpe**	803-399-9210	301 Palmetto Park Blvd. Lexington, SC 29072
ORANGEBURG Willie Priester	**Sarah Thomas**	(803) 536-1571 ext. 213	2319 St. Matthews Rd. Orangeburg, SC 29118
PEE DEE Patrick Bresnan Interim Director	**Rosemary Almy**	843-317-4089 ext. 323	125 East Cheves St. Florence, SC 29506
PIEDMONT Joe James ACSW, LISW	**Margaret M. Colquhoun, MA**	864-963-3421	20 Powderhorn Rd. Simpsonville, SC 29681

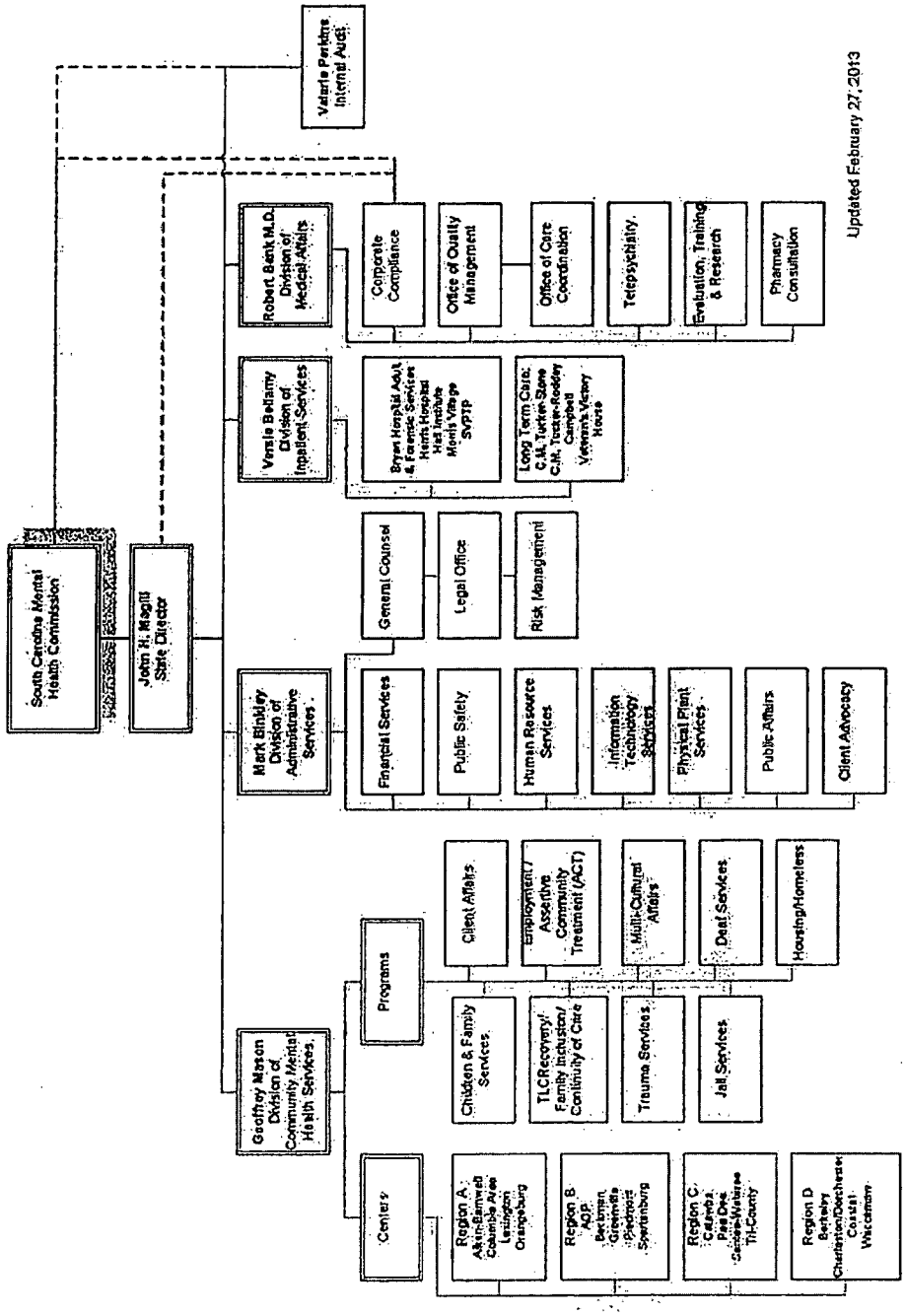
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SANTEE-WATEREE Richard Guess	**Andrea (Lanalle) Darden, MSW; MSEd.**	803-432-5323	2611 Liberty Hill Rd. Camden, SC 29020
SPARTANBURG William S. Powell M.D.	Spartanburg/Cherokee **Michael Jameson** Ebony Brown Letmon Union Emma K. Bright	864-585-0366 864-427-1224	250 Dewey Ave Spartanburg, SC 29303 130 Medical Sciences Dr. Union, SC 29379
TRI COUNTY Christian Barnes-Young Interim Director	**Crystal G. McLendon**	843-454-0841	PO Box 918, 1035 Cheraw Hwy. Bennettsville, SC 29512
WACCAMAW Ethel Bellamy, M.A. LPC/s	**Linda Wright, MPH,LPC/S**	843 347-5060 ext. 223	164 Waccamaw Medical Park Dr. Conway, SC 29526

January 2015

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S.C. Department of Mental Health Organizational Chart



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Harry Reese

From: Angela Roberts
Sent: Monday, December 08, 2014 11:39 AM
To: Harry Reese
Subject: RE: Copies of August 2013 Investigative Reports

Good Morning

I do have an incident report. However your name isn't on it. Lt. Baker did a supplementary Report which contains a Mr. James Reese.

From: Harry Reese
Sent: Monday, December 08, 2014 10:14 AM
To: Angela Roberts
Subject: Copies of August 2013 Investigative Reports
Importance: High

Ms. Roberts:

On "August 9, 2013", an officer from Public Safety (PSO) visited Columbia Mental Health Center Adult Intensive Case Management unit at 2715 Colonial Drive Bldg 200A to take a report of an alleged abuse and neglect claim. The client initials are C. S. The case involved the client accusing myself, Harry Reese – SCDMH/CAMHC employee, of informing Mr. Rick Nickles of New Alpha Foundation (housing provider) that his case manager was relocating him to an alternate placement. According to the client, upon disclosing this information to the housing provider, Mr. Nickles verbally assaulted him and embarrassed him in front of his roommates. The alleged incident took place on August 8, 2013.

Ms. Roberts, according to Dr. McNeil, CAMHC Director of Outpatient Services, me and Rick Nickles were under a DSS/SLED investigation surrounding the alleged abuse claim presented to the agency by the client. In addition, after discussing the ramifications regarding my account not being placed on the record on August 9, 2013 with PSO when the client's report was made, Dr. McNeil finally allowed me to speak with an officer from SLED – Lt. Baker; however, I recently discovered on 12/5/14 that Lt. Baker was a PSO of which he recently retired earlier this year.

The purpose of this communication is to request a copy of both the initial report and the report that I took with Lt. Baker some two weeks later. If possible can you email me these reports @ her08@scdmh.org. If my not is not mentioned or there is not reports reflecting my involvement in any of the reports dated 8/9/13 or any reports in August 2013, please let me know as well via email.

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

Thanks,
Harry E. Reese Sr.
LMHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203

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Harry Reese

From: Harry Reese
Sent: Monday, December 08, 2014 8:54 AM
To: 'valerie.lawton-mcdaniel@dss.sc.gov'
Subject: RE: Investigation of Abuse Findings

Importance: High

Ms. Lawton –McDaniel:

Thank you for your assistance of last week regarding CS (client). I'm aware that you can't disclose any information about the case; however, **can you please let me know via email as to whether or not my name (Harry Reese) appears in the abuse and neglect report that you received.** Thank you so much 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: Friday, December 05, 2014 1:02 PM
To: valerie.lawton-mcdaniel@dss.sc.gov
Subject: FW: Investigation of Abuse Findings
Importance: High

Thanks,
Harry E. Reese Sr.
MHP
Impact

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Welcome Harry Reese

Help Personalize Log off

Welcome Employee Self-Service

My Overview | My Employee Search | My Working Time | My Pay | My Personal Info | My Benefits | My Travel and Expenses | My Career

Who's Who

| History Back Forward

Detailed Navigation

- My Overview

Related Links

- Submit Help Desk Ticket
- Help - Employee Search

Portal Favorites

There are no items to display

Who's Who

Please enter the search criteria

Advanced search

Last name: roberts

First name: angela

Search... New Search Exit

Employee profile for

Communication

Area Code + Telephone:	803-734-7360
Extension:	
E-mail:	ADR60@SCDMH.ORG

Department

Organizational unit:	PS CMT HPH CENTRAL

Miscellaneous

Last name:	ROBERTS
First name:	ANGELA
Middle name:	D
Personnel area:	DEPARTMENT OF MENTAL HEALTH

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Good Morning

. ..o have an incident report. However your name isn't on it. Lt. Baker did a supplementary Report which contains a Mr. James Reese.

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Sent: Monday, December 08, 2014 10:14 AM
To: Angela Roberts
Subject: Copies of August 2013 Investigative Reports
Importance: High

Ms. Roberts:

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Thank you so much 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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4/5

Harry Reese

From: Angela Roberts
Sent: Thursday, December 11, 2014 11:26 AM
To: Harry Reese
Subject: RE: Copies of August 2013 Investigative Reports

Good Morning

Since your name isn't on the Incident Report. You will have to go thru SCDMH Legal for a copy of that report. Legal will do all the redacts that is needed.

From: Harry Reese
Sent: Thursday, December 11, 2014 9:37 AM
To: Angela Roberts
Subject: RE: Copies of August 2013 Investigative Reports
Importance: High

Dear Ms. Roberts:

Thank you so much for your response; however, may I please a copy of the 8/9/2013 incident report with the client's identifiers blocked out; i.e., name, D.O.B., social security number, etc.

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: Angela Roberts
Sent: Monday, December 08, 2014 11:39 AM
To: Harry Reese
Subject: RE: Copies of August 2013 Investigative Reports

1/04

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.

4/03

Harry Reese

From: Harry Reese
Sent: Monday, December 08, 2014 10:14 AM
To: Angela Roberts
Subject: Copies of August 2013 Investigative Reports

Importance: High

Ms. Roberts:

On "August 9, 2013", an officer from Public Safety (PSO) visited Columbia Mental Health Center Adult Intensive Case Management unit at 2715 Colonial Drive Bldg 200A to take a report of an alleged abuse and neglect claim. The client initials are C. S. The case involved the client accusing myself, Harry Reese – SCDMH/CAMHC employee, of informing Mr. Rick Nickles of New Alpha Foundation (housing provider) that his case manager was relocating him to an alternate placement. According to the client, upon disclosing this information to the housing provider, Mr. Nickles verbally assaulted him and embarrassed him in front of his roommates. The alleged incident took place on August 8, 2013.

Ms. Roberts, according to Dr. McNeil, CAMHC Director of Outpatient Services, me and Rick Nickles were under a DSS/SLED investigation surrounding the alleged abuse claim presented to the agency by the client. In addition, after discussing the ramifications regarding my account not being placed on the record on August 9, 13 with PSO when the client's report was made, Dr. McNeil finally allowed me to speak with an officer from SLED – Lt. Baker; however, I recently discovered on 12/5/14 that Lt. Baker was a PSO of which he recently retired earlier this year.

The purpose of this communication is to request a copy of both the initial report and the report that I took with Lt. Baker some two weeks later. If possible can you email me these reports @ her08@scdmh.org. If my not is not mentioned or there is not reports reflecting my involvement in any of the reports dated 8/9/13 or any reports in August 2013, please let me know as well via email.

Thank you so much 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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400

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From: Harry Reese
Sent: Friday, December 05, 2014 12:42 PM
To: 'valorie.lawton-mcdaniel@dss.sc.gov'
Subject: Investigation of Abuse Findings
Importance: High

Ms. Lawton-McDaniel:

'lease contact Harry Reese regarding an abuse investigation that you conducted regarding a client and Columbia Area Mental Health Center's (CAMHC) complaint against Mr. Rick Nickles of New Alpha Foundation (housing provider) and me, CAMHC's employee - surrounding an alleged 8-8-13 abuse. According to Dr. McNeil, CAMHC Director of Outpatient Services, me and Rick Nickles was under a DSS/SLED investigation surrounding the alleged abuse claim presented to the agency by the client. The client presented the compliant to the mental health staff of 8-9-13 accusing myself of informing Mr. Nickles that his case manager was relocating him to an alternate placement. According to the client, upon disclosing this information to the housing provider, Mr. Nickles verbally assaulted him and embarrassed him in front of his roommates. While conducting your investigation, Mr. Nickles informed you that I was present during the alleged incident surrounding the client and CAMHC's complaint. From my understanding you conducted the investigation on August 27, 2013. I believe that your investigation took place on 8-28-13 because Mr. Nickles contacted me while you were present regarding the compliant made against myself and him. Unfortunately, I was unable to communicate with you at that time because I was conducted group treatment – between 11:00 a.m. and 12:00 p.m. From my understanding that after your investigation, you determined that the abuse claim presented by the client and CAMHC was "unfounded". Please contact to further discuss this matter at (803) 898-8131 or (803) 422-8173. Thank you in advance for your attention and consideration in this extremely important matter.

Thanks,
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'olumbia, SC 29203
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Fax: (803) 898- 4374

409

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410

Harry Reese

From: Harry Reese
Sent: Friday, December 05, 2014 1:02 PM
To: 'valerie.lawton-mcdaniel@dss.sc.gov'
Subject: FW: Investigation of Abuse Findings

Importance: High

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: Friday, December 05, 2014 12:42 PM
To: 'valorie.lawton-mcdaniel@dss.sc.gov'
Subject: Investigation of Abuse Findings
Importance: High

Ms. Lawton-McDaniel:

Please contact Harry Reese regarding an abuse investigation that you conducted regarding a client and Columbia Area Mental Health Center's (CAMHC) complaint against Mr. Rick Nickles of New Alpha Foundation (housing provider) and me, CAMHC's employee - surrounding an alleged 8-8-13 abuse. According [illegible] Dr. McNeil, CAMHC Director of Outpatient Services, me and Rick Nickles was under a DSS/SLED [illegible]estigation surrounding the alleged abuse claim presented to the agency by the client. The client presented the [illegible]mpliant to the mental health staff of 8-9-13 accusing myself of informing Mr. Nickles that his case manager was relocating him to an alternate placement. According to the client, upon disclosing this information to the housing provider, Mr. Nickles verbally assaulted him and embarrassed him in front of his roommates. While conducting your investigation, Mr. Nickles informed you that I was present during the alleged incident

4/1

surrounding the client and CAMHC's complaint. From my understanding you conducted the investigation on August 27, 2013. I believe that your investigation took place on 8-28-13 because Mr. Nickles contacted me while you were present regarding the compliant made against myself and him. Unfortunately, I was unable to communicate with you at that time because I was conducted group treatment – between 11:00 a.m. and 12:00 p.m. From my understanding that after your investigation, you determined that the abuse claim presented by the client and CAMHC was "unfounded". Please contact to further discuss this matter at (803) 898-8131 or (803) 422-8173. Thank you in advance for your attention and consideration in this extremely important matter.

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4/2

Harry Reese

From: Harry Reese
Sent: Friday, December 05, 2014 12:42 PM
To: 'valorie.lawton-mcdaniel@dss.sc.gov'
Subject: Investigation of Abuse Findings

Importance: High

Ms. Lawton-McDaniel:

Please contact Harry Reese regarding an abuse investigation that you conducted regarding a client and Columbia Area Mental Health Center's (CAMHC) complaint against Mr. Rick Nickles of New Alpha Foundation (housing provider) and me, CAMHC's employee - surrounding an alleged 8-8-13 abuse. According to Dr. McNeil, CAMHC Director of Outpatient Services, me and Rick Nickles was under a DSS/SLED investigation surrounding the alleged abuse claim presented to the agency by the client. The client presented the compliant to the mental health staff of 8-9-13 accusing myself of informing Mr. Nickles that his case manager was relocating him to an alternate placement. According to the client, upon disclosing this information to the housing provider, Mr. Nickles verbally assaulted him and embarrassed him in front of his roommates. While conducting your investigation, Mr. Nickles informed you that I was present during the alleged incident surrounding the client and CAMHC's complaint. From my understanding you conducted the investigation on August 27, 2013. I believe that your investigation took place on 8-28-13 because Mr. Nickles contacted me ile you were present regarding the compliant made against myself and him. Unfortunately, I was unable to ommunicate with you at that time because I was conducted group treatment – between 11:00 a.m. and 12:00 .m. From my understanding that after your investigation, you determined that the abuse claim presented by the client and CAMHC was "unfounded". Please contact to further discuss this matter at (803) 898-8131 or (803) 422-8173. Thank you in advance for your attention and consideration in this extremely important matter.

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4/3

Harry Reese

From: postmaster@dss.sc.gov
To: valorie.lawton-mcdaniel@dss.sc.gov
Sent: Friday, December 05, 2014 12:42 PM
Subject: Undeliverable: Investigation of Abuse Findings

Delivery has failed to these recipients or groups:

valorie.lawton-mcdaniel@dss.sc.gov
The e-mail address you entered couldn't be found. Please check the recipient's e-mail address and try to resend the message. If the problem continues, please contact your helpdesk.

Diagnostic information for administrators:

Generating server: BY1PR0601MB1287.namprd06.prod.outlook.com

valorie.lawton-mcdaniel@dss.sc.gov
#< #5.1.1 smtp;550 5.1.1 RESOLVER.ADR.RecipNotFound; Recipient not found by SMTP address lookup> #SMTP#

Original message headers:

Received: from CO1PR06CA035.namprd06.prod.outlook.com (10.242.160.25) by BY1PR0601MB1287.namprd06.prod.outlook.com (25.161.205.19) with Microsoft SMTP Server (TLS) id 15.1.31.17; Fri, 5 Dec 2014 17:41:46 +0000
Received: from BN1BFFO11FD010.protection.gbl (2a01:111:f400:7c10::1:145) by CO1PR06CA035.outlook.office365.com (2a01:111:e400:1014::25) with Microsoft SMTP Server (TLS) id 15.1.31.17 via Frontend Transport; Fri, 5 Dec 2014 17:41:46 +0000
Received: from MAIL.SCDMH.ORG (167.7.193.252) by BN1BFFO11FD010.mail.protection.outlook.com (10.58.144.73) with Microsoft SMTP Server (TLS) id 15.1.26.17 via Frontend Transport; Fri, 5 Dec 2014 17:41:45 +0000
Received: from MAIL.SCDMH.ORG (localhost.localdomain [127.0.0.1]) by localhost (Email Security Appliance) with SMTP id 30A9E20007D_481EE59B for <valorie.lawton-mcdaniel@dss.sc.gov>; Fri, 5 Dec 2014 17:41:45 +0000 (GMT)
Received: from DOAS-EX-FE3.SCDMH.ORG (doas-ex-fe3.scdmh.org [10.24.1.202]) (using TLSv1 with cipher AES128-SHA (128/128 bits)) (Client CN "*.scdmh.org", Issuer "SCDMH CA" (not verified)) by MAIL.SCDMH.ORG (Sophos Email Appliance) with ESMTPS id B9D211FD275_481EE58F for <valorie.lawton-mcdaniel@dss.sc.gov>; Fri, 5 Dec 2014 17:41:44 +0000 (GMT)
Received: from DOAS-EX-MD2.SCDMH.ORG ([fe80::104e:9a68:faf:2af3]) by DOAS-EX-FE3.SCDMH.ORG ([::1]) with mapi id 14.03.0210.002; Fri, 5 Dec 2014 12:41:44 -0500
From: Harry Reese <HER08@SCDMH.ORG>
To: "valorie.lawton-mcdaniel@dss.sc.gov" <valorie.lawton-mcdaniel@dss.sc.gov>

4/14

Subject: Investigation of Abuse Findings
Thread-Topic: Investigation of Abuse Findings
Thread-Index: AdAQsdeqFry2ppeuSEaZva3aLbMlNw==
Importance: high
X-Priority: 1
Date: Fri, 5 Dec 2014 17:41:43 +0000
Message-ID: <ED82071D21534B4E9F07F3AC316402844021240E@DOAS-EX-MD2.SCDMH.ORG>
Accept-Language: en-US
Content-Language: en-US
X-MS-Has-Attach:
X-MS-TNEF-Correlator:
x-originating-ip: [10.24.5.208]
Content-Type: multipart/alternative;
boundary="_000_ED82071D21534B4E9F07F3AC316402844021240EDOASEXMD2SCDMHO_"
MIME-Version: 1.0
Return-Path: prvs=1409aaef40=HER08@SCDMH.ORG
X-EOPAttributedMessage: 0
X-Forefront-Antispam-Report: CIP:167.7.193.252;CTRY:US;IPV:NLI;EFV:NLI;
X-Microsoft-Antispam: UriScan:;
X-Microsoft-Antispam: BCL:0;PCL:0;RULEID:;SRVR:BY1PR0601MB1287;

4/15

Harry Reese

From:	Harry Reese
Sent:	Tuesday, September 10, 2013 11:49 AM
To:	Deanna McNeil
Subject:	Stay out of it *PGP*
Importance:	High

Dear Dr. McNeil:

On Friday, September 6, 2013 you emphasized that... "You (referencing me) should stay out of it" – the matter of which Mr. [redacted] Sumter alleged that I informed Mr. Rick Nickles (New Alpha Director) that his case manager – Mr. Melvin Malone was relocating client to alternate placement; moreover, that his Mr. Malone and Ms. Marin (Mr. Malone's Supervisor) believed Mr. Sumter's account through the effort they employed to address the matter. As I previously shared with you, I'm not that reckless to place any client in harms way of which you all continue to think as demonstrated by the efforts and actions taken against me.

Well Dr. McNeil to address your concern in regards to your statement "You should stay out of it", I would merely like to state that you all put me in something that I truly had no control over in the following manner:

Fact 1: Whether it was intentional or unintentional, the client made a false claim as to his account of my knowledge of knowing that his Case Manager was relocating him to an alternate placement.

Fact 2: As previously shared with you, especially after reviewing the EMR records, Mr. Malone knew perfectly well that I had absolutely "NO" knowledge that he was relocating the client to an alternate placement based on Mr. Malone's own documentation in EMR. Mr. Malone knew I had no knowledge that he was relocating the client because I'm not present during any of their interactions whether it's Individual Treatment sessions, general conversation, etc., etc., etc. to be apprised of Mr. Malone's intent. Mr. Malone could have stop this train wreck especially my alleged involvement in this matter by simply redirecting the client's thought process via informing the client that that there was absolutely no way I could have known of his intent because it wasn't documented in the client's medical record and I'm not present during their interactions. Moreover, Mr. Malone could have discussed his conversations with the client's parents – encouraging both the client's mother and father to support mental health decision to allow the client to remain at New Alpha based on the client's illicit street drug use during the 4th of July week. Mr. Malone further placed me in this matter, by reckless informing his supervisor that I, according to the client, told Mr. Nickles that he (Mr. Malone) was relocating the client; hence, the mater we're currently faced with and the reason for this lengthy correspondence.

Fact 3: Ms. Marin discussed with Mr. Herbert Toney (Impact Registered Nurse) of the client's accounts and Mr. Toney asked Ms. Marin..."Have you all discussed this with Harry". The answer to Mr. Toney's question is a resounding NO".
Ms. Marin further put me in this matter by informing senior management of the accounts verbalized by the client and Mr. Melvin Malone without discussing the matter with myself or requesting that Mr. Malone present any documented evidence that he had "ANY" intent to relocate the client that was viewable to any Columbia Area Mental Health (CAMHC) staff. No CAMHC management, which to include you, inquired of my knowledge of the events surrounding the client's alleged August 8, 2013 incident. In fact, it took two weeks for you to have Lt. Baker to have a PSO officer to contact me because I kept informing you of the reason that my accounts of the incident need to be on record – to protect the agency from a possible client initiated liability suit

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via having my observations of the August 8, 2013 interactions between Mr. Sumter and Mr. Nickles to be on record.

Fact 4: I employed efforts requesting a meeting to discuss this matter with you, Dr. Bank, Ms. Marin, Mr. Malone, and my immediate supervisor – Mr. Harold Edwards and was ultimately and unfortunately denied by Dr. Bank via email. Question: Shouldn't I've been allowed to discuss this matter with senior management which to include Dr. Bank under the agency's "Open Door Policy" as requested?

Fact 5: You placed me in this matter when you stated that..."You could have gotten it out of EMR (documentation that reflects that the client's Case Manager documented in EMR that had plans to relocate client to an alternate placement) which demonstrates that you hadn't reviewed the documents before accusing me of accessing EMR to recklessly discuss this information with Mr. Nickles.

Fact 6: I had absolutely no prior knowledge that Mr. Malone had plans of relocating the client nor was this information documented in EMR.

Fact 7: Dr. McNeil you further continue to place me in this matter when you provided me with a Record of Employee Counseling on Friday, September 6, 2013 of which at that time, I informed you that Ms. Rhonda Sims (CAMHC Director of Clinical Support Services) informed me that it was ok for me to review the records based on what had been alleged against me. In fact, during the 8/6/13 meeting you and I had, I attempted to get Ms. Sims on the telephone to confirm that Ms. Sims saw no evidence of a HIPPA violation via her awareness and receptiveness of me reviewing the records. What's so interesting about all of this is that you all clearly have access to the EMR and no one reviewed the EMR documents the day of and possible days after the allegations were presented before accusing me of what the client alleged that I did rather you all discussed this matter amongst yourselves and with the CAMHC attorney. Surely as mandated reporters we're obligated to report suspected abuse, but surely we want to be honest and thorough in the process. I even asked you did you have CAMHC's attorney to review the Record of Employee Counseling and you answered in the affirmative; however, you refused to tell me what attorney that you had spoken with. I also requested that not only you, but Ms. Zenika Jarvis (CAMHC Medical Records Supervisor/HIPPA Officer) to provide me with a copy of the policy that prevents me from accessing CAMHC client's files and both of you haven't provided me with any documents displaying such guidance as of the day of submitting this correspondence. In fact, Ms. Jarvis hasn't responded to any of my emails sent to her. In your Record of Employee Counseling, you also informed me to resign the ethics policy. This truly is a slap in my face because you're stating that I'm an unethical person. I only did my job. Whatever you all have against Mr. Nickles, I respectfully request that you all not put me in that mess and label me as an unethical person just like Ms. Marin did when she informed Mr. James Reese that I was a crook and that I was destroying folk lives. If you take the time or anyone for that matter review the clients records that were/are on my caseload whether they were residing in New Alpha or not will become knowledgeable of the efforts that I've employed to aid in improving the clients' quality of life; moreover, you witness a dramatic decrease in illicit street drug use, a dramatic reduction in inpatient treatment, and compliance of mental health services of which the agency benefitted from financially via Medicaid billing. I'm not an unethical person and I don't like to be labeled as such by this agency.

Fact 8: The fact to the matter is if these professionals were honest about the situation rather than continuously slandering my name and demeaning my character, they too clearly would have been able to demonstrate that I had absolutely no knowledge that Mr. Malone had plans to remove the client from the New Alpha program. Moreover, if the professionals were honest and not engaging in slanderous, defaming and reckless behavior reckless, there wouldn't have been no need for me to review the clients EMR records which has affected and in many cases prevented me from performing my job duties – meeting after meeting after the fact to discuss this matter and being stressed out over losing my employment and destroying me professionally with these ongoing false claims since New Horizon and no one has done anything to stop it but to continue to allow this behavior to continue. As I shared with Mr. Edwards...ya'll don't know the hell I've been through with Ms. Marin and no

one won't stop her reckless behavior which has caused me to seek and secure external resources to address this matter.

Fact 9: Dr. McNeil you further placed me in this mess by saying I spoke with an authorized source – Mr. Nickles about another client. Mr. Nickles has always served as a caregiver/taker as described under Family Support in SCDHHS Rehabilitative Behavioral Health Services Provider Manual and confirmed by a CAMHC staff - this too will be demonstrated at a later date and time.

Fact 10: Certainly folk would say...I wouldn't have been in this matter if I wasn't present at the time of the alleged incident. My demonstrated rebuttal to such claim would be...I was performing my job duties that CAMHC benefitted from any many ways which to include financially via billing Medicaid for the services that I provided while at the placement and my sole purpose of visiting the placement. It's sad to know that because I cared enough about CAMHC clients that my employment, my professional growth, and livelihood is being and consistently been jeopardized by CAMHC professionals whose motives are designed and aimed to be retalitative, slanderous, defaming, reckless, etc. etc. etc. and my ongoing efforts to combat these behaviors via presenting them to senior management and human resources have produce no favorable outcome which all of this will be demonstrated at a later date and time.
Let me also say for the record, I will continue to try my best, under these ongoing stressful situations, to perform my job duties to aid within improving the quality of lives for the clients that we (CAMHC) serve. This has been extremely difficult of which I had to leave two days in a row due to this nonsense and will be leaving after I provide you with this correspondence. When I was running for Senate my slogan was "Enough Is Enough" which is befitting under these stressful and strenuous circumstances. Finally, this whole ordeal, in my opinion and I'm sure for others looking on the outside, negates teamwork – "TOGETHER EVERYONE ACHIEVES MORE" (including the most important people in this agency – THE CLIENTS).
Dr. McNeil, Ms. Janet Faust (CAMHC Human Resource Specialist) left a message on Friday, 9/6/13 stating that she had the document that I requested from her. Upon responding to and visiting her office, Ms. Faust provided me with a copy of the signed (your signature) Record of Employee Counseling and "Staff refuse to sign" notation. I never requested a copy of the document from her. You provided me with a copy of the document of Friday, September 6, 2013.

Finally, I informed Mr. Edwards and Dr. Riddle several weeks ago that I was going to submit the agency with a comprehensive report demonstrating the hell that the agency has allowed Ms. Marin to put me through and they did absolutely nothing to stop her; however, due to the recent document that you've provided me with there's no need to because no one is listening; moreover, assisting me within addressing matter. Fact to the matter is, that this nonsense has affecting me holistically that I've requested EAP services of which I've been given a scheduled appointment for Wednesday, September 11th @ 11:00 a.m. I'll apprise Mr. Edwards of my absence as well.

It was my intent to provide you with this correspondence on yesterday; however, I was unable to access my CAMHC email.

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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418

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4

4/19

Harry Reese

From:	Harry Reese
Sent:	Monday, October 15, 2012 10:43 AM
To:	Maria Marin; Cornell Ruff
Subject:	B[redacted] J[redacted] PGP[redacted]
Importance:	High

Maria:

Per the Connections staffing on today's date, Dr. Riddle recommended referring B[redacted] J[redacted] to the Link Program. Dr. Riddle also recommended that the Link program staff should assess the client under the Link program for 3 months and ultimately referring him to MMO status.

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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1

420

DETENTION ORDER REQUEST
Columbia Area Mental Health Center

1/28/13 — Date of Contact
11:30 — Time of Contact
CAMH/Link — Site of Contact
Approx. ____
Approx. ____

Jones, B[redacted] — Client Name (Last, First)
2-17-1991 — Client DOB
1005[redacted] — CAMHC ID#

Charles Jones — Applicant's Name
348-0577
234-6010 — Applicant's Telephone #
Father — Relationship to Detainee
Richland County — Detainer's County of

Reason(s) for Request (Check all that apply)
- ☐ Suicidal
- ☐ Homicidal
- ☐ Unable to care for self
- ☒ Threatening, Abusive
- ☐ Confused or disoriented
- ☒ Abusing alcohol or drugs
- ☒ History of Mental Illness
- ☐ Other

Applicant last saw individual 1/29/13 Date 1-29-13 Time 11:30 a.m.

Applicant asked person to come for evaluation ☐ Asked & person ☐ Not asked

because Client refuses to come in.

When did applicant witness acts leading to request for detention Date 1-28-13 Time 5:00 p.m.

Is individual armed? ☑ Yes ☐ No ☐ Don't know, If yes, what kind of Knife
Is individual likely to flee? ☑ Yes ☐ No ☐ Don't know
Is there access to premises? ☑ Yes ☐ No ☐ Don't know
Will family or significant other be present? ☑ Yes ☐ No ☐ Don't know

History of previous treatment (dates, places, of treatment) Numerous hospitalizations

Describe special medical condition: Sleep apnea according to father.

Summary of conversation: Clt. is menacing his family - brandishing a knife.

Disposition (Check all that apply)
- ☐ Referred to Probate judge for D.O.
- ☐ Explained D.O. appropriate
- ☐ Referred to law enforcement agency
- ☐ Referred to ____
- ☐ Judicial Petition Completed
- ☐ Offered supportive counseling
- ☐ Referred to CAMHC

Length (in minutes) of contact ____

Signature Charles Jones Sr. Staff ID#: Mark Manil Program Coordinator Link

Print Staff Name: CHARLES JONES SR. Staff Telephone #: 331-1054 #1
898-9831

SCDMH FORM
JUN 08 COLUMBIA AREA - 99

421

Harry Reese

..om: Sheila Arnold
Sent: Tuesday, January 29, 2013 4:09 PM
To: Harry Reese
Subject: RE: [redacted] Jones *PGP*

I just had a very long talk with Cornell and Kathy Hugg who were up this way...you did nothing wrong.

Sheila H. Arnold, MRC
Public Affairs/Community Liaison
Columbia Area Mental Health Center
PO Box 4440
Columbia, SC 29240
Phone: 803-898-4809 Fax: 803-898-4899

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From: Harry Reese
Sent: Tuesday, January 29, 2013 4:07 PM
To: Sheila Arnold
Subject: FW: [redacted] Jones *PGP*
Importance: High

Ms. Arnold:

Please see the attempts that I've taken to ensure that clt's MH needs were met w/in the appropriate CAMHC program and to no avail.

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: Thursday, January 03, 2013 4:25 PM
To: Cornell Ruff
Cc: Maria Marin; John Brown; Kathy Hugg
Subject: FW: Bryant Jones *PGP*
Importance: High

Mr. Ruff:

I've spoken with Ms. Hugg and she's willing to accept Mr. Jones into her program. Mr. Jones referral was submitted to the Link Program on 10/15/2012. On 11/15/2012, Ms. Hugg assessed Mr. Jones for program appropriateness w/in Insight. Since the 11/15/12 assessment, according to EMR, Mr. Jones hasn't received any mental health services via CAMHC. Due to the aforementioned, I've requested that Ms. Toni remove client from under my caseload.

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: Monday, December 31, 2012 11:03 AM
To: Cornell Ruff
Cc: Maria Marin; John Brown
Subject: FW: Bryant Jones *PGP*
Importance: High

423

Cornell:

.r. Jones is still under my I.D. His current program status reflect that of the Link with a Link Case Manager since Maria accepted the client into the Link and referred him to another program. Has Mr. Jones received any MH services since referred by Maria to another program? I don't want it to appear that I haven't been servicing the client. Please follow-up to ensure that Mr. Jones' needs are met and that he doesn't continue to appear on my list.

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 11, 2012 5:40 PM
To: Cornell Ruff
Subject: FW: Bryant Jones *PGP*
Importance: High

Cornell:

Mr. Jones continues to be under my I.D. Maria has referred the client to the Young Adult Program; therefore, he shouldn't be under my name – this makes it appears that I'm not doing anything to meet the client's needs.

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
lumbia, SC 29203
)03) 898-0851
ax: (803) 898-4040

424

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From: Harry Reese
Sent: Monday, November 26, 2012 3:12 PM
To: Cornell Ruff
Subject: Bryant Jones *PGP*
Importance: High

Cornell:

Although Maria has referred clt to the Young Adult Program which indicates that Maria accepted him into the Link Program, Mr. Jones is still under my name. Please discuss this matter with Maria.

Thanks,

rry 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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4/25

Harry Reese

n:	Cornell Ruff
ent:	Monday, February 04, 2013 4:51 PM
o:	John Brown
Subject:	Misleading note

John below you will find a note written by Maria after we met concerning this client. This note is very misleading and I am requesting some guidance in addressing this erroneous documentation. Please assist.

Thanks,
CORNELL

Interventions
Staff was called from the parking lot of center from client's concerned father. Father said that he came in the center to get help for his son, but was sent out by client's **case manager Harry Reese**. Staff called Connections program manager, as she assisted father by facilitating an assessment of the emergent problems with client, and thereby calling and talking with client's mother. Client was asked to come in for evaluation, but he declined (client is under a court order). Staff assisted in completing a detention order, calling for consultations and consoling Mr. Jones who cried while staff was providing services to ameliorate his emergent concerns about his son.

Response of the client
Father came in very concerned about his son, who has been brandishing a knive in a threatening manner, verbally abusive and sometimes physically pushing mother around. Father cried because his 'nerves were very bad.' Both parents believe that client is psychotic, i.e. responding to internal stimuli and paranoid. They said that he'd been smoking blunts (marijuana). They also said that client had been pestering and threatening them for money daily to do drugs.

Progress of the client
eft less distraught, than when he came in. It appears that client is in state of decompensation with chosis. Both father and mother were consulted. It appears that mother felt that client would not be le to stay with them, 'We can't control him when he's in this state.'

Client Status
Client missed 3 injections (his last was 12/12/2012). He has declined services.

Disposition
Father left in an improved state reassured that client would be detained for evaluation. Probate was called several times to facilitate the paperwork.

Do you have thoughts of killing yourself/hurting others or do you hear voices telling you to kill yourself / to hurt others?
NO

"To make good choices, I must Develop a mature and prudent Understanding of myself that Will reveal to me my real Motives and intentions".

Cornell Ruff R.N.
CAMHC- CONNECTIONS
Nurse Manager/Administrator
5 Colonial Drive, bldg. 200-A
olumbia South Carolina 29203
Office (803)898-1582

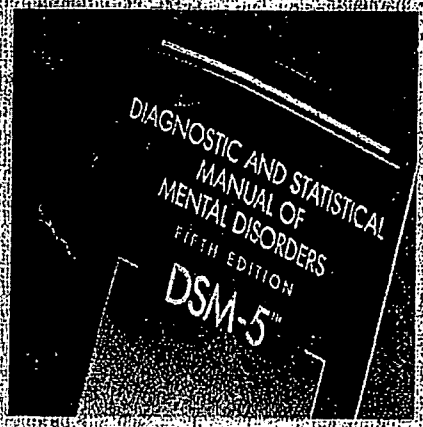
Fax: (803)898-4040
Email: cer00@scdmh.org

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4/27

DSM-5 BOOT CAMP WORKSHOP

EARN UP TO 10 CEUs!!!



Saturday: May 3, 2014 from 8:00am - 5:00pm
(Registration opens at 8:00am)

Sunday: May 4, 2014 from 8am - noon

Embassy Suites Hotel
200 Stoneridge Drive
Columbia, South Carolina

Description: With the Release of the DSM-5, helping professionals need information about changes in the new manual. Dr. Kenneth Carter will provide a comprehensive overview of the DSM-5, including its development process, changes to the organizational structure, major revisions to existing diagnoses, and the existence of new disorders. Understanding the DSM-5 and its relationship to the International Classification of Diseases (ICD) is essential for all mental health practitioners as we assess, diagnose, and treat our clients. The workshop is designed to help you pinpoint the new features of the DSM-5, including new cultural features, and to understand the connection between the DSM and ICD.

Facilitator: Dr. Ken Carter is a Board Certified Clinical Psychologist and professor at Oxford College, Emory University. Dr. Carter has been a psychotherapist and researcher for over 17 years and his work has garnered awards from the National Institutes of Health, the National Heart, Lung and Blood Institute and he has been featured on NBC's Today's Show. Dr. Carter is actively engaged in translating research in psychology to everyday language." Dr. Carter has a way of presenting so that everyone can understand. He will help you make a smooth transition to the DSM-5 "without pulling out your hair."

Learning Objectives:

- ✓ Identify conditions that have been added to the DSM and conditions that are no longer listed.
- ✓ Distinguish the new features of the DSM-5, including the organizational structure.
- ✓ Apply the DSM-5 diagnostic criteria accurately for the number of disorders.
- ✓ Describe the relationship between the DSM-5 and ICD-10.
- ✓ Summarize how the DSM-5 integrates cultural sensitivity.
- ✓ Identify the ethical implications when using the DSM-5 and ICD coding.

TARGET AUDIENCE:

Counselors, Social Workers, Psychologist, Psychiatrist, Marriage and Family Therapists, Educators, Students, Substance Abuse, Rehabilitation, School, Guidance and Mental Health Counselors; and other helping professionals

CEU APPROVAL:

The Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists and Psycho-Educational Specialists & The Board of Social Work Examiners
Approval Code: #4517

National Board for Certified Counselors (NBCC)
Approval Code: # SP-2315

428

DSM-5 Boot Camp

Limited Seating

REGISTER NOW

(Fill in all information below)

Attendee Name: _____

Company/Employer/University: _____

Address: _____

Phone Number: _____

Email Address: _____

Online Registration Link:
http://events.constantcontact.com/register/event?llr=dgwkkulab&oeidk=a07e8zbgrwmb8034fa4

	On or Before April 19, 2014	After April 19, 2014 / At the Door
Registration Fee: *(Does not include hotel accommodations)*	**$195**	**$220**

Cancellation Policy: (1) you may request that your registration be transferred to another individual, or (2) you may use the registration fee for a future training/workshop offered by Merge Counseling and Coaching (MERGE) and the Whittaker Institute for Success and Enrichment (WISE). The request to transfer registration must be submitted by email to merge378@gmail.com. However, the training must be redeemed within 1 year from the date of the initially scheduled event and there will be a processing and cancellation fee deducted which shall be equivalent to 50% of the registration fee of the original event. Requests for cancellation must be received within ten business days prior to the event.

**Payment Included: $_____

Check ___ Visa/MasterCard# _____ Expiration Date: _____ 3-Digit Security Code: _____

_____

Cardholder's Name (PRINT)/ Phone Number/Email *(If different from above)* SIGNATURE OF CARD HOLDER

MAIL or FAX to: MERGE Counseling and Coaching, LLC, PO Box 1844, Orangeburg, SC 29116
Phone: (803) 534-4160 Fax: (803) 534-4190
MERGE378@gmail.com www.merge378.com

****Payment Must Be Included with Registration**

Sponsored By:
MERGE Counseling and Coaching, LLC & Whittaker Institute for Success and Enrichment, LLC

429

rry Reese

From: Maria Marin
Sent: Wednesday, April 23, 2014 4:27 PM
To: NIA BEHLING
Cc: Harry Reese; Daniel C. Long; Deanna McNeil; Avis Buchanan
Subject: RE: [redacted] Brown

Nia,

Thanks for the email. Your letter contains some inaccuracies.

Rick Nickels nor Harry Reese are not involved with R[redacted] Brown. Do not address anything about them in any correspondence in any future contact with me.
I followed the policy for closure.

I left messages for Sherri Winston-Woods, as I noticed you did. Perhaps you can exercise your power to engage her follow up with her.

From: NIA BEHLING [mailto:BEHLINGN@rcgov.us]
t: Wednesday, April 23, 2014 12:23 PM
o: Maria Marin
c: Harry Reese
Subject: R[redacted] Brown

Maria,

We have just been contacted by Rick Nickels at New Alpha concerning [redacted] Brown being detained in Lexington County Detention Center. I found out that you closed his case on April 16. That he had been compliant with his injection last one is indicated March 14 and it appears he was detained on March 16. In the future because this client is court ordered to treatment you have to notify the court in writing prior to the case being closed. I am not sure if the standard rule of closing a case after 30 days of non-engagement and/or in jail but [redacted] has a long history in our office of mental health files and also on your system it indicates he lives in Cayce and tested positive for cocaine. If you feel he needed chemical treatment and he was not willing to comply you can file a Judicial to get him court ordered.

I have tried to contact mental health in Lexington County jail Sherri Winston-Woods 785-2102 and left her a message. Please try and follow up with her if you have not to give them as much information as possible to assist [redacted]. His order is not set to expire for another month and he is ordered to treatment at Columbia Area and to reside in structured placement.

H ry please disregard the message I left you I contacted you initially because I wasn't sure if Reggie was still gned to your caseload.

Thank you

430

Nia Behling
-hland County Probate Court
Director of Commitment Division
(Phone) 803-576-1979
behlingn@rcgov.us

431

STATE OF SOUTH CAROLINA	)	
	)	IN THE PROBATE COURT
COUNTY OF RICHLAND	)	CASE #[redacted]
	)	
IN THE MATTER OF:	)	SUPPLEMENTAL HEARING ORDER
	)	
[redacted]	)	
	)	

On April 20, 2012, Harry Reese of Columbia Area Mental Health Center (CAMHC) filed an Affidavit of Noncompliance with this Court, alleging that [redacted] is in contempt of the Court Order dated July 29, 2010 wherein Judge Nancy M. Moody ordered Mr. [redacted] to involuntary inpatient treatment at Palmetto Richland Springs Hospital until stable for discharge. Upon discharge, he was ordered to outpatient treatment at CAMHC for a period not to exceed twenty-four (24) months. He was also ordered to take all prescribed medications, keep all schedule appointments, and reside in structured housing. The Affidavit alleges that Mr. [redacted] is demonstrating signs or symptoms that his mental health or emotion condition is deteriorating. A Supplemental Hearing was held May 24, 2012 at 10:30am. Harry Reese and [redacted] were duly notified of the hearing. Present at the hearing were [redacted], mother; Harry Reese; Rick Nickles and Tamelka Isaac-Devine, Court appointed attorney and Guardian ad Litem.

After reviewing the Affidavit and receiving the testimony from the hearing, [redacted] is ordered to continue with outpatient treatment at Columbia Area Mental Health Center and reside in a structured environment (New Alpha House) for a period not to exceed 24 months. He is Ordered to take all medications and keep all scheduled appointments for a period not to exceed 24 months.

IT IS SO ORDERED.

Dated this 24th day of
May, 2012

Nancy M. Moody
Associate Judge of Probate Court

432

SUPPHEAR

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
STATE DIRECTOR
John H. Magill

April 24, 2014

Columbia Area
Mental Health Center
P.O. Box 4490
2715 Colonial Drive
Columbia, SC 29203
Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

Harry Reese
8408 Little John Drive
Columbia, SC 29209

RE: Suspension Pending Investigation

Dear Harry,

An adverse incident report has been made that you have demonstrated a failure to maintain harmonious working relationships with other employees and exhibited actions that disrupted the normal operations at CAMHC. This incident is in the process of being investigated. Therefore, you are being suspended, effective immediately, without pay pending completion of the investigation. Please provide a written statement regarding this incident.

I wish to emphasize that this suspension is being administered as a precautionary measure, and not as a disciplinary measure. A decision regarding whether disciplinary action will be taken against you will be made upon review of the results of the investigation.

Although this suspension is not a disciplinary action, it is nevertheless a grievable action. Should you wish to file a grievance appeal, you must do so within fourteen (14) calendar days from the first day of the suspension. Your grievance review request must be received by SCDMH, Human Resource Services, Employee Relations Section, 2414 Bull Street, Columbia, SC, 29202, within the fourteen (14) calendar day deadline.

I have attached a copy of the State Employee Grievance Policy.

Until the investigation is completed, you are required to return all keys and your I.D. badge to General Services. You are not allowed on the premises of Adult Intensive Services, Building 200-A, nor are you to have contact with any employees of Adult Intensive Services or clients, except for me.

If you have questions during this investigation period, feel free to contact me at (803) 898-0275.

Sincerely,

Deanna McNeil, MD

Deanna McNeil
Psychiatric Service Chief

cc: Robert Bank, M.D., Executive Director
Vickie L. Brown, Human Resource Services

Attachments: DMH Grievance Policy

MISSION STATEMENT
To support the recovery of people with mental illnesses.
DMH South Carolina Department of Mental Health

4/33

Harry Reese

From: Harry Reese <hreese2005@yahoo.com>
Sent: Tuesday, April 29, 2014 9:29 AM
To: Eleanor Odom
Cc: Deanna McNeil; Zina Hampton
Subject: Harry Reese

April 29, 2014

8408 Little John Drive
Columbia, SC 29209

SCDMH
Human Resource Services, Employee Relations Section
2414 Bull Street
Columbia, SC 29202

Dear Ms. Eleanor Odom; members of the SCDMH, Human Resource Services Employee Relations Section; Dr. Deanna McNeil and Ms. Zina Hampton:

This email serves as my formal notice to appeal my current suspension and upcoming disciplinary actions which may include further suspension (with or without pay), relocating me to another facility, termination based on the agency's investigation surrounding the April 23, 2014 incident.

Although Dr. McNeil states in her April 24, 2014 "Suspension Pending Investigation" correspondence that she had attached a copy of the State's Grievance Policy, no attachments were provided. Dr. McNeil duplicated April 24, 2014 "Suspension Pending Investigation" correspondence received from CAMHC's Human Resource Department also did not include the grievance policy. Please mail or email me a copy of the State's Grievance Policy at one of the following addresses:

Home:
8408 Little John Drive
Columbia, SC 29209

or email:
hreese2005@yahoo.com

Finally, my formal statement surrounding the April 23, 2014 incident is forthcoming. If you have any questions or concerns, please do not hesitate to contact me at (803) 783-1801 or by email: hreese2005@yahoo.com.

Respectfully Submitted,
Harry E. Reese Sr.

4 34

South Carolina Department of Mental Health

2414 Bull Street
Columbia, South Carolina 29202

GRIEVANCE REVIEW REQUEST

(This form to be completed by the individual requesting review or his/her designee)

Name of Grievant	Social Security Number
Harry E. Reese Sr.	7408

Yes	No	
☑	☐	1. Have you ever received a final decision from your facility/center/division Director or designee?
☑	☐	2. Is your grievance review request filed within fourteen (14) calendar days of the effective date of the adverse action?

(If your answer is "yes" to the two questions above, you may request a review by completing the remainder of the form.)

Job Classification	Human Services Coordinator I / MHP (III)
Facility/Center/Division	CAMHC/AFS/Connections
Home Address	8408 Little John Dr. Cola., SC 29209
Telephone	(803) 783-1801
Name and Address of Representative	None
Telephone	N/A

GRIEVANCE

STATEMENT OF FACTS INVOLVED: (Be as specific as possible as to names, dates, and location. Continue on additional page or pages if necessary.)

Please see the email of which this document is attached.

RELIEF SOUGHT:

Please see the email of which this document is attached.

Signature	Date 5/1/14

SCDMH FORM
SEPT. 92 REV. SEPT. 08 (FM 09 08 08) HRS-115

8 of 35

Harry Reese

From: Harry Reese <hreese2005@yahoo.com>
Sent: Thursday, May 01, 2014 11:24 AM
To: Deanna McNeil
Cc: Eleanor Odom; Vickie Brown
Subject: Reese Grievance Review Request
Attachments: Reese Grievance Review Request.pdf

April 29, 2014

8408 Little John Drive
Columbia, SC 29209

CAMHC
Dr. Deanna McNeil
Psychiatric Service Chief
2715 Colonial Drive
Columbia, SC 29203

SCDMH
Human Resource Services,
Employee Relations Section
2414 Bull Street
Columbia, SC 29202

Dear Dr. McNeil:

I'm in receipt of your April 24, 2014 Suspension Pending Investigation response falsely accusing me of failing to maintain harmonious relationships with others and exhibiting actions that disrupted the normal operations at CAMHC. I apologize for the lengthy correspondence; however, the matter must be holistically addressed to provide you of the reason that the unfortunate behavior was displayed.

Certainly, I must first and foremost apologize for my behavior. Surely my employment record with CAMHC will reflect that historically that upon faced with adversity, I respond with a cooler head. The April 23, 2014 incident was different than any time before, because I employed additional efforts to avoid confrontation and focus on the most important aspect of my job and the reason that we all are employed – the consumers.

In regards to the April 23, 2014 incident of which I had no control over, Ms. Marin had several opportunities to re-direct herself. First and foremost, she should have followed the policies regarding the client in question who continues to remain in jail as of April 29, 2014. Secondly, she should have never approach me with a situation that she caused. Since Ms. Marin was unable to redirect herself, I employed actions in hope to avoid any confrontation upon inappropriately and unprofessionally approached by Ms. Marin for something that I had no control over:

At 4:27 p.m., Ms. Marin responded to Ms. Behling's email regarding the client in question. As you will see from Ms. Marin's email response to Ms. Behling regarding the matter of which I had nothing to do with, she was already frustrated and merely took out her frustration out on me.

At approximately 4:45 p.m.:

As I was about to enter into the copier room, Ms. Marin was located at the top of the hall way by the first office next to Shauna Pendergrass' office. I entered into the copier room to retrieve a hand-out that I printed regarding upcoming DSM-5 training. As I turned and attempted to leave the copier room, Ms. Marin was standing in the doorway and asked..."Is there something that you want to say to me?" The following is the actions that I immediately took to avoid confrontation because I acutely aware, via past experiences, that anything that took place, senior management was going to penalized me:

4/36

First, I replied to Ms. Marin's question by simply saying..." Maria I have nothing to say to you". At that time Ms. Marin should have ceased her attack.

Secondly, I walked away; however, Ms. Marin pursued me into the large group room. During this period, I repeatedly asked Ms. Marin to get out of my face because again, I had no control of the what another person did and was acutely aware that senior management was going to penalized me based on any reports that Ms. Marin made true or not.

Thirdly, because Ms. Marin continued pursuing me, I called out twice for my supervisor, Mr. Long, of whom during this period was in his office throughout the entire incident, to assist me and terminate Ms. Marin's pursuit. The first time that I called out Mr. Long's name, Ms. Marin replied..."Yeah that's right".

Fourth, upon Mr. Long's arrival, I replied..."Please get her out of my face".

Fifth, I went into my office with Mr. Edwards unassisted while Mr. Long and Ms. Marin had a brief discussion in the group room.

Sixth, I entered into my office with Mr. Edwards of which I shared with him the cause of the reason that Ms. Marin unjustifiably approached me regarding an emailed received from Ms. Behling of which I clearly had nothing to do with.

Seventh, upon Mr. Long's arrival in my office, he immediately offered remedies of how I could have handled the situation. Even though I called for his help, Mr. Long, not one time, asked me what happened. After being once again attacked by Ms. Marin and now in my mind Mr. Long, I became extremely emotional with tears in my eyes and responded to Mr. Long's remedies by saying..."Until you have walked in my shoes with the things this agency has put me through, you'll never understand". Mr. Long's failure to acknowledge my account of the incident exacerbated my emotional state of which I begun crying profusely. At this time Ms. Boards entered into the office consoling me stating..."Harry you're going to make yourself sick". Shortly after Joanne entered into the office Ms. Buchanan and Dr. Riddle enter into the office. After thinking to myself that once again Ms. Marin was going to get away with initiating inappropriate behavior and conduct not becoming of a manager and the person that I called for help, Mr. Long, accused me of wrongdoing via offering two options to better handle the situation, this exacerbated my emotional state of which I replied..."This is bullshit...I'm sick of this shit...I've done everything to get this lady from bothering me and no one is helping...this is bullshit of which at one time I slammed my hand on my desk and kicked my feet in the air. At no time did I make threatening remarks or stances to any staff member which to include Ms. Marin nor was my profanity directed towards any staff member. I also must say that before Mr. Long arrival to the group room, Mr. Malone opened up his door; however, offered no interventions. Mr. Malone office is in close proximity of the copier room; therefore, if I was threatening towards Ms. Marin especially as loud as I was talking which was done inclusively to have witnesses, surely Mr. Malone would have intervene to ensure that no harm was caused to Ms. Marin or myself. Please be mindful, I'm the staff member that called for help in more ways than one – not Ms. Marin.

While all supporting staff members were in my office, I consistently asked and replied to my own question asking..."What gives her the authority to approach me for something that I had nothing to do with". I replied to my own question by simply saying..."They give her that authority because they won't do anything to stop her" (they refers to CAMHC's Senior Management/Human Resource Department and SCDMH Senior Management/Human Resources Department which is inclusive of Mr. Magill, Dr. Bank, Ms. Odom, Ms. Brown, Dr. McNeil, etc.).

Please allow me to highlight a few incidences that flashed through my mind during this unfortunate incident of which I truly apologetic of especially to Mr. Long of which he walked into the cross fire much like I did when I visited a client's placement after hours to provide him with his medication and process him into the housing program:

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- Having a client overdose and provide another client with a controlled substance which according to the attending Lexington County ER doctor could have been fatal if he didn't arrive to the ER in a timely manner.

- Having a client decompensate and now sits in jail. When this client was on my caseload, he done extremely well of which was observed by Judge Moody who extended his Probate Court order for two additional years of outpatient mental health services and structured placement when his TX team only requested one-year during his Supplemental hearing stating that...that was the best she ever seen him in 12 years.

- Receiving mental health treatment via Palmetto Health Behavioral Care Day Treatment and individual mental health treatment with Dr. Donna Upchurch of which I initiated. On September 5, 2013, I initiated these mental health services via asking Ms. Brown via email for a contact info for the agency's EAP. I met with Mr. Don Helms and because he was taking so long, I visited my primary care provider who referred me to Palmetto Health Behavioral Care Day Treatment. Once my treatment was completed at the facility, I received treatment via Dr. Upchurch. Although Dr. Upchurch specified the need for an extended FMLA based on depression, anxiety, insomnia, and work related stress in essence it was rejected by CAMHC/SCDMH's because they expected me to drive 1 hour and 20 minutes from my home to work at the Fairfield Clinic. Having the mental health issues which included experiencing difficulties sleeping at night of which this continues, the managers wanted me to drive 1 hour and 20 minutes to work and 1 and 20 minutes back to my home. Dr. McNeil as shared with you before, I'm not a reckless person and getting on the road in my mental health state would have caused me to harm myself or others. I requested that the agency reconsidered and my request was ultimately denied.

- Even during the April 23, 2014 incident, I employed an array of tactics to avoid confrontation which produced no noticeable change.

- Serving as a model employee effectively performing my job duties and displaying outstanding professionalism which can be reflected in my EMPS' by all supervisors of which I was under with the exception of Ms. Marin's 5/10/2010 EMPS of which she documented a derogatory summary against me and it was sent back to her by Ms. Sharon Brown on July 1, 2010. Sine re-assigned at the New Horizon/Lower Richland clinic on April 11, 200, Ms. Marin verbalized no negative concerns regarding my work performance, provided any reprimands or staff improvement plans, etc., etc., etc. until only after I provided her with the notarized letter on April 9, 2010.

- Having an April Fool's prank played on me and suffering consequences via reports of me sexually harassing a staff member during my probationary period at the Independence House location; however, no informal or formal investigation that included me what so ever was conducted and only miraculously surfaced when I presented Ms. Marin with the April 9, 2010 notarized letter.

- During the same period, I was accused of verbally abusing a client of which I was cleared of any wrongdoings yet Ms. Marin continued pursuing the matter even though the individuals that she elicited to investigate the matter disputed the claim and cleared me of any wrongdoings.

- Being written up by Ms. Marin for insubordination which was false and Ms. Marin prevented me from providing evidence to Ms. Brown rejecting her claim. While at this meeting which I was lured under false pretense, Ms. Brown allowed Ms. Marin to talk to me like I was a child – even during this meeting, I remained professional.

- What went through my head was having Ms. Marin forcibly having me return the New Horizon's key to her of which she called George Morris into the room to aid in retrieving the

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key from me because she stated..."I didn't want anything missing over the weekend". I have the document that she sign receiving the key from me.

- Having Ms. Marin interview and accept a client (BJ) into the Link Program and offered no service to the client which caused the client to decompensate displaying aggressive behaviors towards his parents - brandishing a knife and the use of profanity and threatening behaviors. Ms. Arnold investigated the matter of which she replied to me after her investigation via email, "You did nothing wrong". Cornell emailed Mr. Brown disputing Ms. Marin's claim.

- Having Ms. Sims acknowledged and authorized me to investigate the reports of the client's CM intent to relocate a client; however, during the HIPPA investigation rejected my claim. In addition, Ms. Sims offering an Ethics policy that has nothing to do with HIPPA as to the rationale and reason that I should be documenting in the files of clients outside of the Connections program. Ms. Sims highlighted the latter portion of the clause stating...Should not be documented in the clients medical record" of which the former portion of the clause states that personal disagreements with practices of others and evaluations... shouldn't be documented in the client's medical record.

- Consistently asking for help which to include extreme measures of requesting meetings with Mr. Magill and his secretary telephone back informing me that Mr. Magill states..."I don't like to get into stuff like that". No one helped me. It appeared that everyone was seeking to destroy me, but not help me which is and has hindered the clients assigned to my caseload from receiving essential mental health services in my absence. This truly an injustice to them.

- Receiving a Written Correction plan from Mr. Brown because Ms. Marin falsely accused me of speaking to her in an appropriate matter during a meeting that we had regarding her attempt to forcibly remove clients from their placement. Even though the clients consistently verbalized to Ms. Marin that they did not want to move, she attempted to force their removal from their placement. Rather than approaching Ms. Marin, I discussed the matter with Mr. Ruff that the clients wanted to me to discuss the matter. After two hours into the meeting of which should have lasted no longer than 20-30 minutes, Ms. Marin informed all parties that..."This was a waste of my time...I have better things to do". When I informed all parties that I was going to discuss the matter with Mr. Brown, I received an email from Mr. Brown encouraging me to show Ms. Marin respect. As I shared with Mr. Brown, no one during or after the meeting outside of Ms. Marin, accused me of displaying inappropriate behavior during the meeting and employed no interventions to redirect the alleged behavior.

- Mr. Edwards receiving the "You Made A Difference" award for his interventions and interaction with a client from the Link Program of which he documented his interactions. The fact to the matter is, if it wasn't for Mr. Edwards involving me in the matter and my ability to access the client's EMR record to find the client's exact location and forewarn his wife of the threat made against her by the client, and notifying the local authorities for assistance, this matter could have really been detrimental upon the client's wife return to the home. Please see the Generic Note that I documented into EMR. You even sent out an email congratulating Mr. Edwards for his effort and SCDMH/CAMHC's managers which to include Ms. Marin didn't attack him, but attack me for doing the same thing that I did – interact, intervene, and document the interactions with a client from another CAMHC program. Rather than displaying inappropriate behavior and distracting the work environment, I merely congratulated Mr. Edwards for a job well done.

On November 30, 2012 @ 3:00 p.m., I provided Crisis Intervention services for an Impact client who was threatening suicide and no one made a spectacle of this entry into EMR and submitting an Adverse Incident Report.

4/24

- What went through my head that day was the report that I received that you sent an email to the Palace accusing me of having a dual relationship with Mr. Nickles and that you were going to contact Judge McCulloch to request that she no longer refer clients to New Alpha. When you found out that Mr. Nickles didn't have a MOA with CAMHC, you sent out an email insisting that we don't assist clients in getting into boarding homes. However, when the agency was threatened to have clients removed from CRCF by DHHS, you sent out an email (Tuesday, May 21, 2013 @ 9:53 a.m.) offering housing options of which one included boarding homes of which you stated : "We may have to use "more" boarding homes".
- Being consistently denied for promotions because of Ms. Marin's successful tactics to distort my good name.
- Compensating an attorney $250.00 to represent me in a matter that, based on SCDMH/CAMHC's policies and the law, never should have been an issue of which the attorney was unable to speak.

- Someone from the Link program making a false claim of a dual relationship with Mr. Rick Nickles because I documented limited effort made to engage the client, but we were taking the client to court for non-compliance. I requested the aid of Ms. Pat Hicks and Mr. Greg Oates to aid me in re-engaging the client in treatment of which the assisted and their involvement was documented into EMR.

- What went through my head was having Ms. Marin attack me for something someone else did. I can't control what other people do – especially those of Probate Court.

- Having my reputation destroyed because I defend myself.

- Being denied opportunities in the company for defending myself. Please be mindful that before being re-assigned to the New Horizon/Lower Richland Clinic, I was receiving rave reviews, please refer to my EMPS.

- Filing a harassment claim against Ms. Marin of which Ms. Odom interviewed me, but nothing was done; hence, ongoing harassment and retaliation tactics continuing.

- Having senior management viewing me as a nuisance employee and a mentally unstable employee.

Dr. McNeil, during our telephone conversation of which you initiated to...check on my well-being and prepare me for your correspondence of which I never thought that your correspondence would have been that extreme, you stated my problem was that there was no witnesses. There's evidence that supports my claim via upon Mr. Long arriving to the large group room, Ms. Marin and I was still present of which she pursued me from the copier room to the group room. Surely, after I respectfully replied to her question as to anything that I wanted to say to her, her assault against me should have ceased; moreover, as a manager, Ms. Marin should have never approached me with the matter presented to her by Ms. Behling. Upon Mr. Long's arrival, I immediately went into my office unassisted with Mr. Edwards and no other contact was made with Ms. Marin that day or Thursday upon my return to work. When I returned to work after discussing my concerns with Ms. Julie of Senator Peeler's office, Ms. Buchanan informed me that she had emailed Dr. Bank about the matter and that she gave me comp days. She states that she wanted to call me that night at home, but she didn't have my home number. She further stated that she had spoken with you and informed you that she saw that I was tired. Ms. Buchanan gave me an option of leaving for the remainder of the day or going home and informed me not to come to work on Friday stating..."Don't you come to work on tomorrow" and advised me to return to work on Monday (April 28, 2014). Clearly Ms. Buchanan didn't think that I was a threat to any staff member via her offering me a choice to remain at work or going home the day after the April 23rd incident. I made the choice to leave Thursday and no other interactions with Ms. Marin was made even when she was talking with Ms. Buchanan in the hallway stating that she was leaving early to pick up her child because they had an early day; moreover, no other contact was made with Ms. Marin when we passed each other in the hallway by the Nursing Suite.

Please be mindful during the period of June 17, 2008 through April 9, 2010 none of my former supervisors verbalized or provided me with any disciplinary actions based on the fact that I consistently displayed ethical and professional behaviors. Even during and after facing unjust and unwarranted adversity for providing Ms. Marin with the April 9, 2010 notarized correspondence, I continued displaying ethical and professional behaviors.

While Ms. Wilson-Guess was the Program Director of AIS, even with Ms. Marin present, I received no disciplinary actions based on my continued displaying ethical and professional behaviors.

Dr. McNeil, I'll submit my key and cell phone to general services on Friday morning. My I.D. badge is in my desk.

Desired Resolutions: Based on the fact that I employed an array of efforts to avoid such unfortunate incident, I'm requesting the following: immediate return to my post; compensation for the time that I was out on suspension; reimbursement for my attorney fees; immediate cease of theses ongoing slanderous, defaming, harassing, retaliating, reckless, etc., etc., etc., attacks and false allegations against me; remaining at AIS or allowing me to return to New Horizon/Lower Richland Clinic; and efforts to stop Ms. Marin's inappropriate behavior not becoming of a manager; so that, no other employee has to face the ongoing hardships that I've consistently experienced.

Thank you,
Harry Reese Sr.

Harry Reese

From: Harry Reese <hreese2005@yahoo.com>
Sent: Friday, May 16, 2014 6:48 PM
To: Vickie Brown
Cc: Eleanor Odom; Deanna McNeil
Subject: Re: Attached Image
Attachments: Return To Duty-Reassignment Response 5-16-14.pdf

Ms. Brown:

Please see the attached response regarding the "Return to Duty/Reassignment" correspondence that you provided to me via email.

On Friday, May 16, 2014 3:51 PM, Vickie Brown <VLB93@SCDMH.ORG> wrote:

From: Human Resources [mailto:3dhr1im35-pr@scdmh.org]
Sent: Friday, May 16, 2014 4:49 PM
To: Vickie Brown
Subject: Attached Image

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State of South Carolina
Department of Mental Health

May 16, 2014

MENTAL HEALTH COMMISSION:
Alison Y. Evans, PayD, Chair
Joan Moore, Vice Chair
Jane B. Jones
Everard Rutledge, PhD
J. Buxton Terry
STATE DIRECTOR
John H. Magill

Columbia Area
Mental Health Center
P.O. Box 4490
2715 Colonial Drive
Columbia, SC 29203
Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

Harry Reese
8408 Little John Drive
Columbia, SC 29209

RE: Return to Duty/Reassignment

Dear Mr. Reese,

On Thursday, April 24, 2014, you were suspended from duty pending the outcome of an investigation due to a report that you demonstrated a failure to maintain harmonious working relationships with other employees and exhibited actions that disrupted the normal operations at CAMHC. The investigation has concluded and it was determined that there was a demonstrated failure to maintain harmonious working relations and the actions were disruptive to normal operations.

You are scheduled to meet with Ms. Shannon Britt on Monday, May 19, 2014, at 9:00 a.m. in Human Resources for coordination of your schedule and assignment.

We will be re-instating your pay for the time lost due to the suspension. Please contact Human Resources at 898-4830 to complete all necessary paperwork.

Sincerely,

Deanna McNeil, MD

Deanna McNeil, M.D.
Psychiatric Service Chief

Employee Signature | Date

cc: Robert Bank, M.D., Executive Director
Vickie L. Brown, Human Resource Services

As previously discussed via written and verbal communications, I vented my frustration because I had no support within combatting Ms. Marin Marin's ongoing attacks and assaults against me of which I did not verbalize any threatening or abusive language towards any staff member (when to include Ms. Marin.

5/14/14

443

South Carolina Department of Mental Health

2414 Bull Street
Columbia, South Carolina 29202

Written Warning For Inappropriate Behavior, Misconduct or Violation of Rules

Prepare in triplicate. Distribute original to employee, duplicate to HRS, and triplicate to the Field Personnel Folder.

Name	Position Title	Social Security No.
Harry Reese	Human Services Coordinator I	790-8-

Facility/Center/Division	Organizational Component
Adult Intensive Services	CAMHC

1. Reason(s) For Written Warning (Nature of offense/dates of counseling).

Failure to Maintain Harmonious Working Relationships With Other Employees

On Wednesday, April 23, 2014 an incident in the AIS wing of Suite 200 occurred in which a verbal disagreement escalated to a degree that there was a failure to maintain a harmonious working relationship with a fellow employee.

(Continue on reverse side if necessary)

2. Consequences of Future Violations or Misconduct:

Any recurence will be handled in accordance with the Employee Disciplinary Standards.

3. Employee Comments:

Type/Print Name of Supervisor Taking Action

Deanna McNeil, MD

Signature of Supervisor Taking Action	Date
Deanna McNeil, MD	5/16/14

Signature indicates that I have received and understand this Written Warning.

Signature of Employee	Signature of Witness (if applicable)	Date
Employee Refused to Sign	Karen O. Brown	05/19/2014

4/4

SCDMH FORM
Rev 1997-10 HRS-153
Rec. Sched. 00114 (CG 9/98)

C:\USERS\DSMIZ\DOCUMENTS\HARRESEWRITTENWARNING05.16.14.DOC

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

STATE DIRECTOR
John H. Magill

May 17, 2014

Columbia Area
Mental Health Center
P.O. Box 4440
2715 Colonial Drive
Columbia, SC 29203
Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

Amended Return to Duty/Reassignment

Harry Reese
8408 Little John Drive
Columbia, SC 29209

RE: Return to Duty/Reassignment

Dear Mr. Reese,

On Thursday, April 24, 2014, you were suspended from duty pending the outcome of an investigation due to a report that you demonstrated a failure to maintain harmonious working relationships with other employees and exhibited actions that disrupted the normal operations at CAMHC. The investigation has concluded and it was determined that there was a demonstrated failure to maintain harmonious working relations and the actions were disruptive to normal operations.

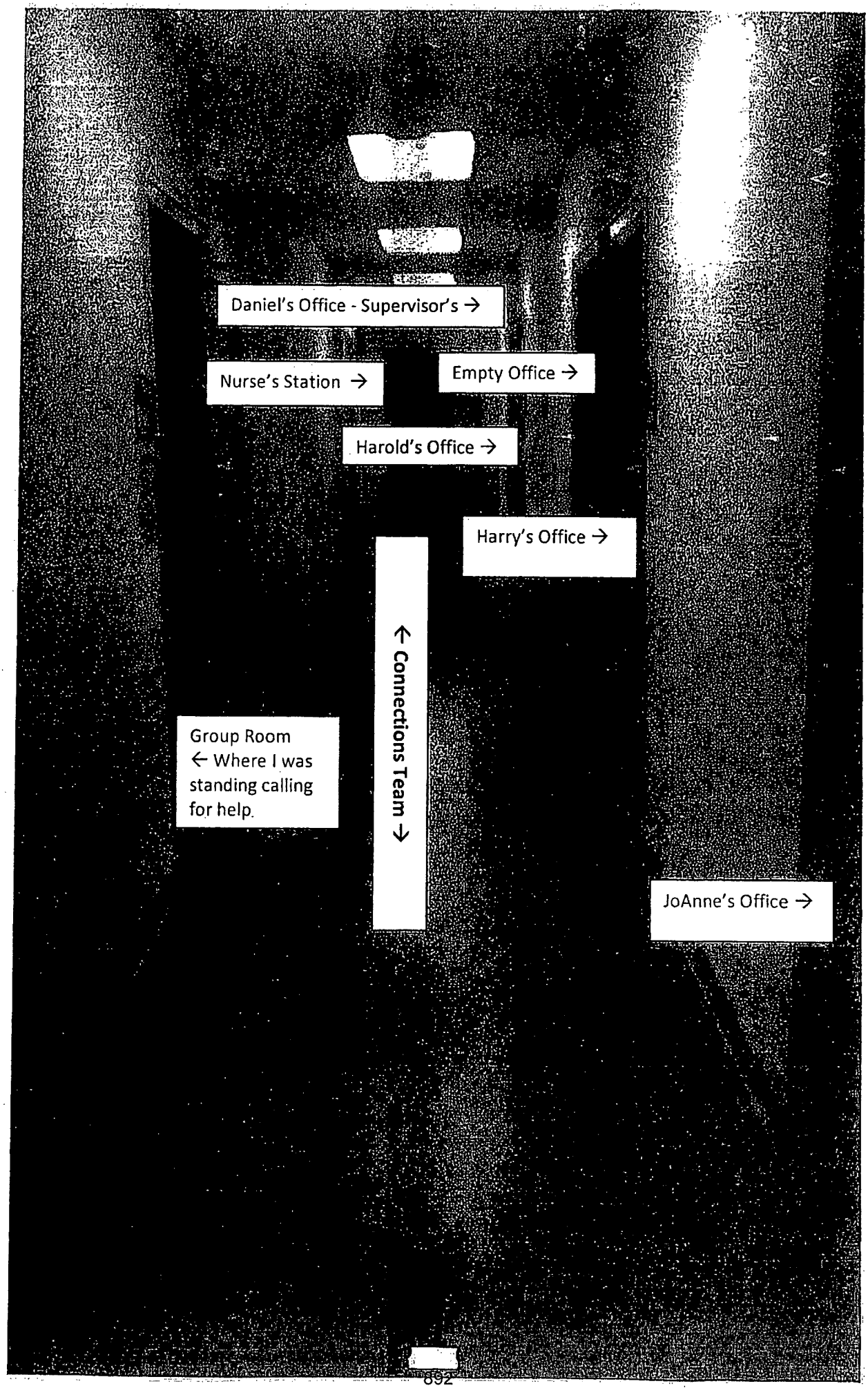
You are to report to Monica McConnell, Ph.D. at CAF on Thursday, April 22, 2014. Please contact her at 898-4777 for coordination of your schedule and assignment.

We will be re-instating your pay for the time lost due to the suspension based on the outcome of the pre-suspension conference. Please contact Human Resources at 898-4830 to complete all necessary paperwork.

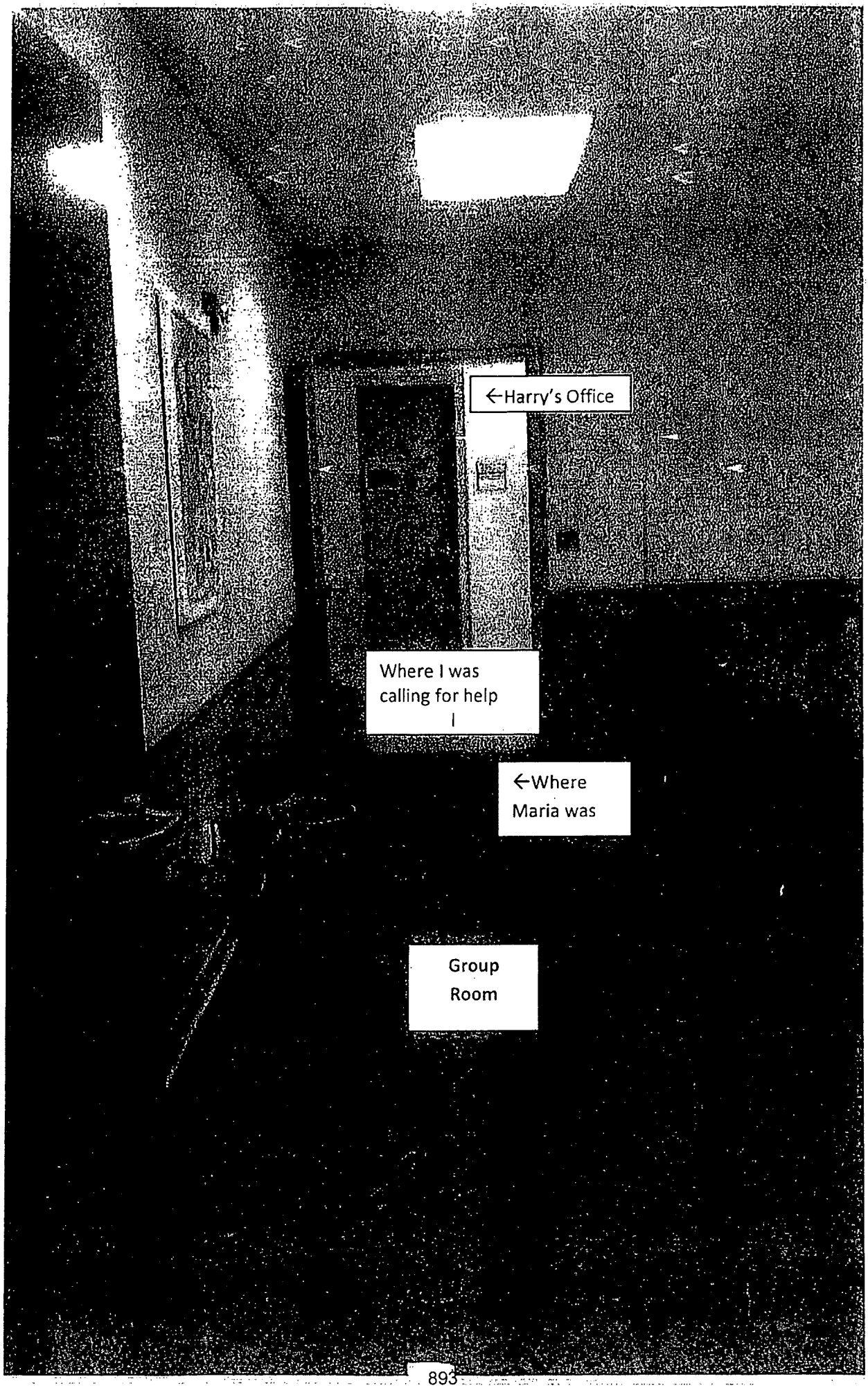
Sincerely,

Robet L. Bank, M.D:.
Executive Director

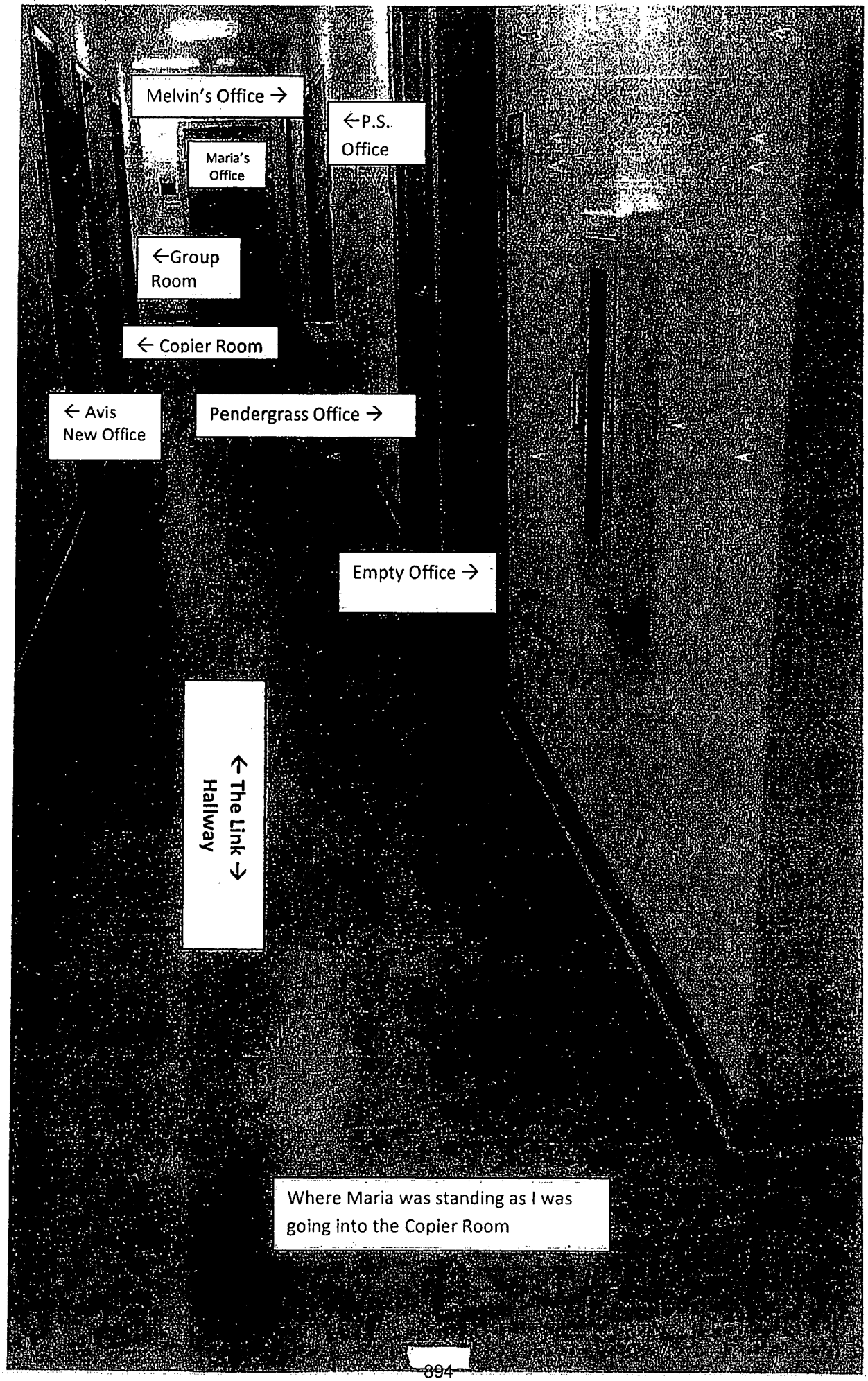
cc: Vickie L. Brown, Human Resource Services


Daniel's Office - Supervisor's →
Nurse's Station →
Empty Office →
Harold's Office →
Harry's Office →
← Connections Team →
Group Room
← Where I was standing calling for help.
JoAnne's Office →

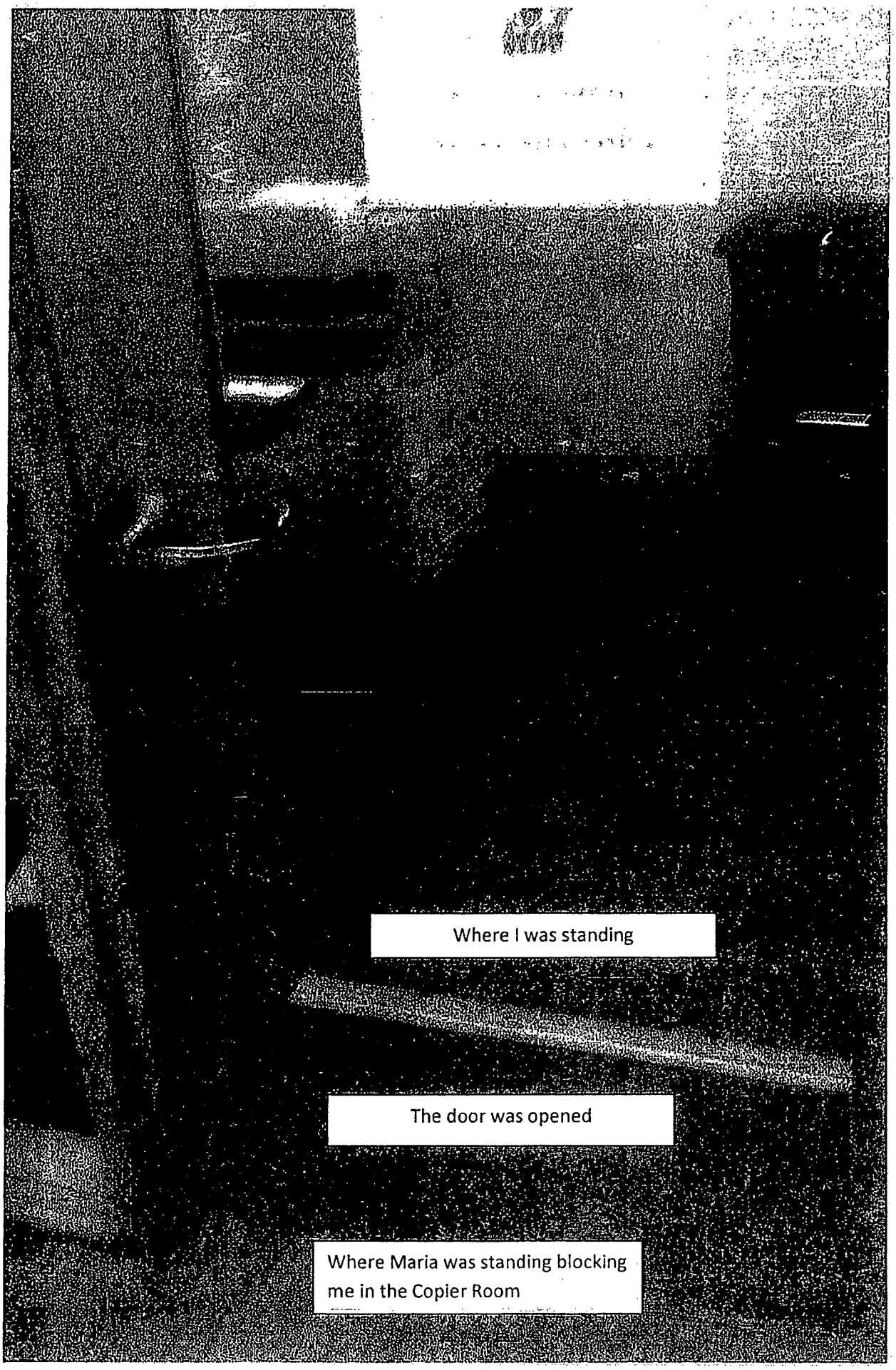
446


←Harry's Office
Where I was calling for help
←Where Maria was
Group Room

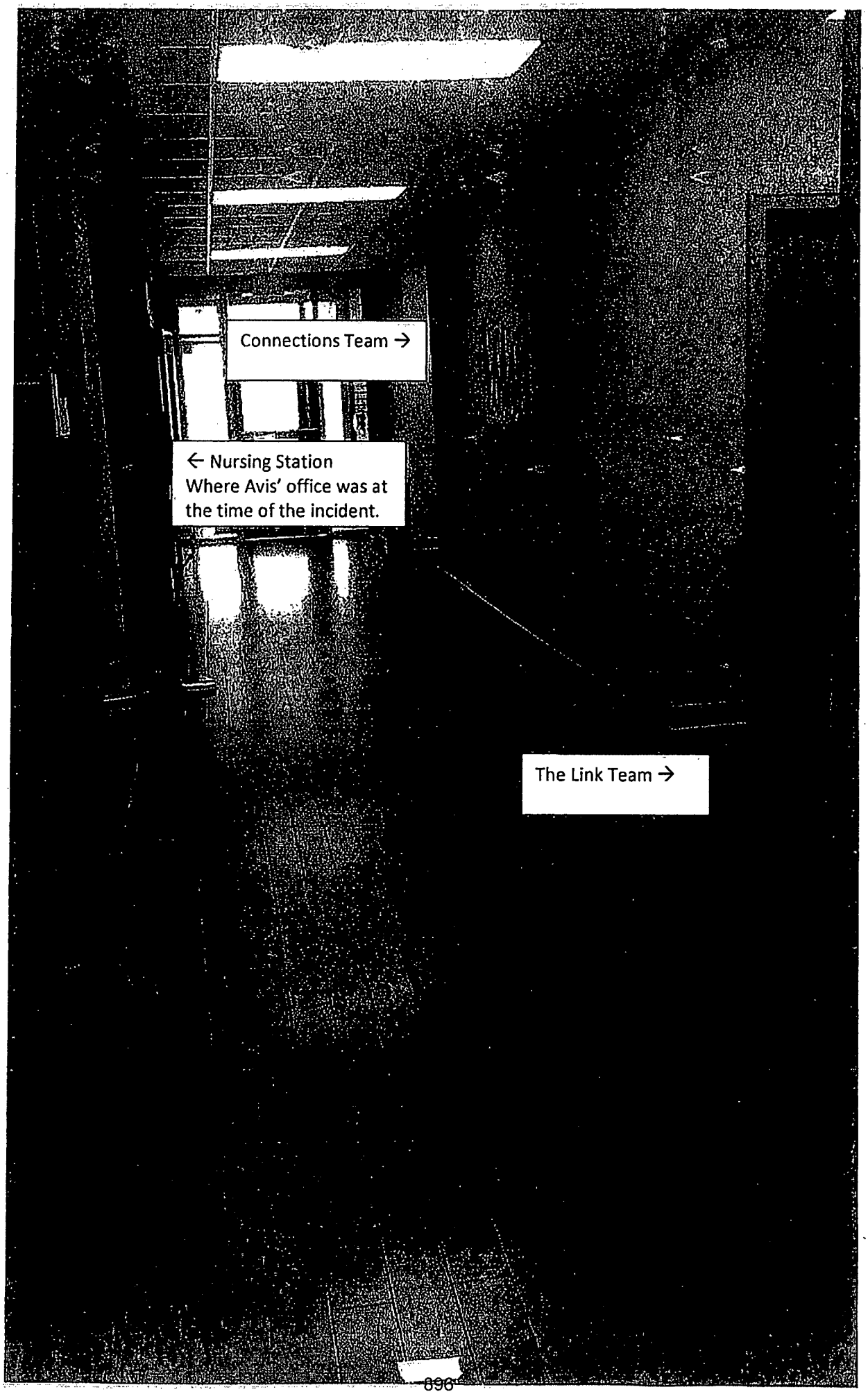
447


Melvin's Office →
←P.S. Office
Maria's Office
←Group Room
← Copier Room
← Avis New Office
Pendergrass Office →
Empty Office →
← The Link → Hallway
Where Maria was standing as I was going into the Copier Room

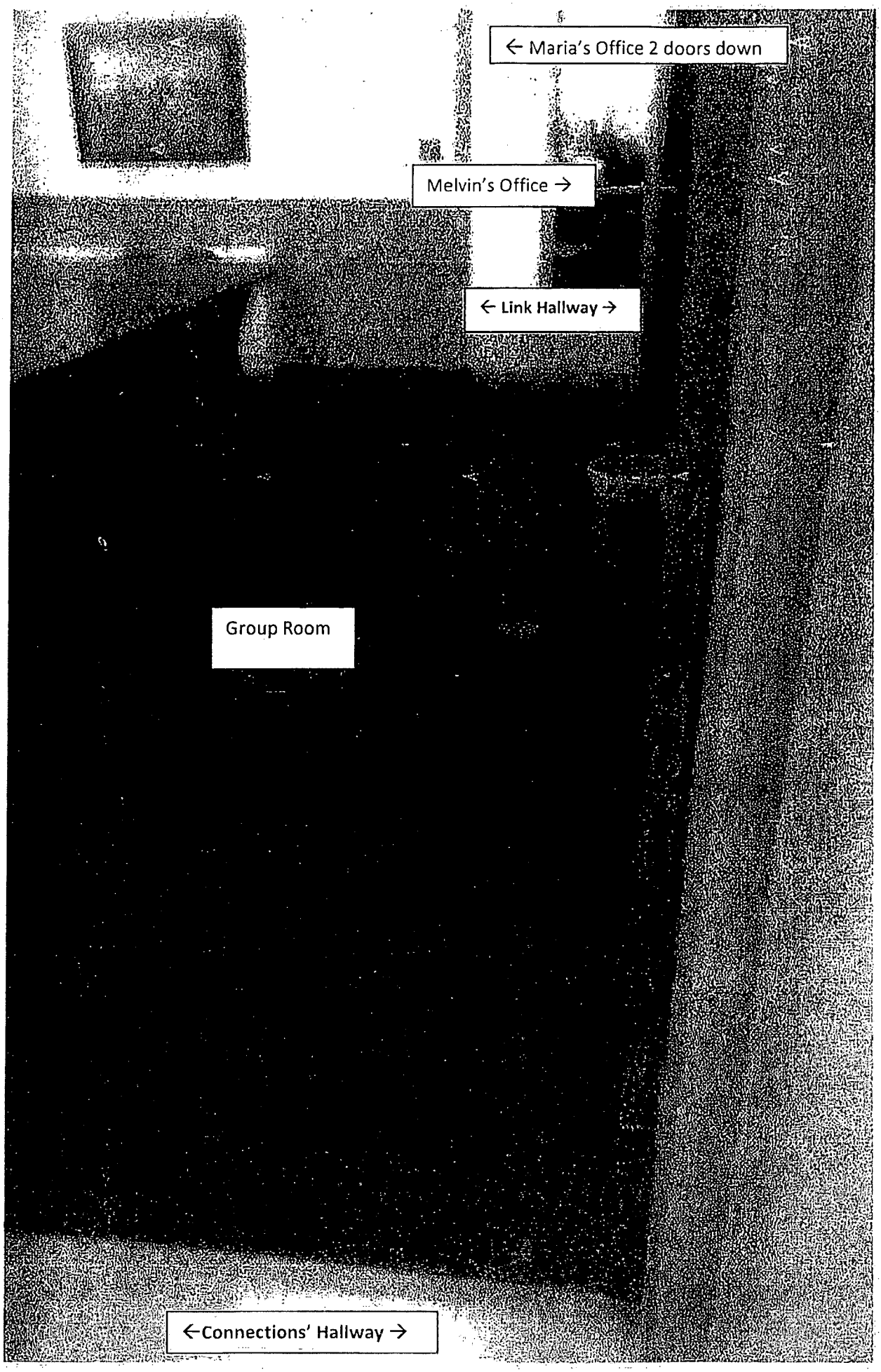
448


Where I was standing
The door was opened
Where Maria was standing blocking me in the Copier Room

449


Connections Team →
← Nursing Station
Where Avis' office was at
the time of the incident.
The Link Team →

450


← Maria's Office 2 doors down
Melvin's Office →
← Link Hallway →
Group Room
←Connections' Hallway →

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Harry Reese

From: Harry Reese
Sent: Wednesday, February 11, 2015 2:49 PM
To: Harry Reese
Subject: AIS Pictures
Attachments: 1 - Melvin's Office.docx; 2 - Copier Room.docx; 3 - Copier Hallway.docx; 4 - Link Connection Nursing Station.docx; 5 - Group Room & Office Location.docx; 6 - Coneections Hallway.docx

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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45-2

Harry Reese

..om:	Robert Bank
Sent:	Wednesday, June 04, 2014 12:51 PM
To:	Harry Reese; Eleanor Odom
Cc:	Vickie Brown; Joseph C. Miller; Tina Scott; John Magill; Deanna McNeil; Monica McConnell
Subject:	RE: Employee Assistance Program

Mr. Reese has his job assignment.

From: Harry Reese
Sent: Wednesday, June 04, 2014 10:30 AM
To: Eleanor Odom
Cc: Vickie Brown; Joseph C. Miller; Tina Scott; John Magill; Robert Bank; Deanna McNeil; Monica McConnell
Subject: RE: Employee Assistance Program
Importance: High

Ms. Odom:

Thank you for your response. However, there are some grave concerns that I have.

:t, my employment with Columbia Area Mental Health Center never should have been in question. As a esponsible employee, "I've" exhausted an array of options which to include seeking and securing mental health treatment for an injury that was job related and still ongoing; requesting aid from SCDMH/CAMHC Senor managers within ceasing Ms. Main's ongoing bullying, attacks and assaults against me which ultimately resulted in me receiving mental health treatment. The SCDMH/CAMHC senior managers and human resource officers have at their disposal an array of options that they could have employed to immediately ceased Ms. Marin's behavior and did absolutely nothing to stop her.

Secondly, "Determining my re-assignment", there shouldn't have been nothing to determine. My employment history with the agency will demonstrate that I 'm effective in performing my job duties with the adult population; therefore, myself, the Connections team members; moreover, the adult clients shouldn't be penalized because again SCDMH/CAMHC senior managers and human resource officers refused to intervene to cease a matter that I've been reporting every since April 9, 2010, which is an approximate total of 4 years, 1 month, and 26 days ago. My current re-assignment is not only a disservice to the agency and the adult population of which the agency serves; however, it's an injustice to the children population of which I have no experienced in working with as it relates to mental health and substance abuse disorders – the most vulnerable population that the agency serves. Because I'm a responsible employee, I'll certainly apprise the family members of each child that's currently on my caseload, that I have no experience with working with the children population as it relates to the aforementioned disorders and allow them to make a decision as to ' ether or not they would allow me to work with their most precious commodity – their child(ren).

.irdly, as a responsible employee, I still desire to grieve my re-assignment. Isn't re-assignment or involuntarily transfer grieveable? Why I'm I being denied to return to my former post when Ms. Marin is no

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longer there? Why am I working with a population of which I have no mental health and substance abuse disorders experience? Ms. Marin was the aggressor throughout this ordeal since its' inception, again, starting m April 9, 2010. The only thing that I did was defend myself from her reckless illegal behaviors and fabrications. Would Mr. Magill, Dr. Bank, Mr. Stephen Hattrich allow Ms. Marin to falsely accuse them of sexually harassing an employee without doing nothing; falsely accused them of harming a client and the persons that she elicited as well as the client denied her claim and they not do nothing to defend themselves; falsely reporting a dual relationship amongst Mr. Nickles and myself; accusing them of harming another client of which he decompensated and brandish a knife against his parents. The fact to the matter is, if I wouldn't have email proof and if Ms. Arnold wouldn't have intervene, Ms. Marin's fabrication would have continue and I would have been penalized based on CAMHC's Senior Management past history. Because Ms. Arnold intervene, she was able to determine that Ms. Marin falsified her accounts of which Mr. Ruff also intervene requesting Mr. Brown to address Ms. Marin's documented account surrounding the event; allow Ms. Marin to report to a housing provider that they're a crook and destroying client's lives; consistently retaliating against them for effectively advocating on behalf of the population that "we" serve or will they defend themselves much like I did which by the way was always respectful and still received no support, aid, relief, etc., etc., etc., from individuals that could have stopped her reckless and illegal acts. What was I supposed to do? Just allow her to lie on me and continue attack me and do nothing. No. They wouldn't. So why should I have to? SCDMH/CAMHC senior managers and human resource officers are just as culpable as Ms. Marin because you all allowed and enabled her to consistently engage in such egregious reckless and illegal behaviors which I consistently get penalized for defending myself. All of this could have been prevent if any of the SCDMH/CAMHC senior managers and human resource officers would have intervene rather you all sat in an fice and talked about me like I was a dog and defined me as a mental case whose a threat to others which Dr. cNeil's correspondence confirms via requesting me to return my keys and having no contact with anyone from AID but her. Dr. McNeil even went as far as to say I wasn't a representative of the agency while I was visiting the client's home to provide him with his medications and process him into the housing program. Because I'm not a reckless employee as you all keep describing me as, I was responsible enough to help ensure the mental health stability of the client via taking him his medication. The same client that Dr. Alford had to have him involuntarily committed due to the client not having his medications for three days which was caused by the pharmacy awaiting pre-authorization approval. The fact to the matter is and the record will reflect that the only time that I had any relief was when Ms. Marin wasn't present in my work stations – Independent House, Cottages, and AIS until she was re-assigned there. As soon as Ms. Marjorie Wilson-Guess left, all hell broke lose. Ms. Marin knew she could do anything that she wanted to do and she was right which eventually caused the unfortunate incident, caused a client to be incarcerated, a client to overdose, and a client that almost died. If Rick Nickles, of whom you all have problems with for some reason, wasn't attentive to the client and ensured that he received emergency treatment, the client, according to the attending ER physician, could have died. Ms. Caton states that the reason that I receive so much backlash from management is because I support Mr. Nickles and his program. I informed her that I refuse to sever ties with a viable community resource because of personal vendettas that management has with the provider.

It is my belief that the reasons that everyone is consistently denying me to grieve these matters and meet with the CAMHC board because they don't want these individuals to see the injustice that the employees and the nts have experienced and the persons that I elicited help (SCDMH/CAMHC senior managers and human esource officers) offered, gave, provided, etc., etc., etc., none. Even when discussing this matter with Ms. Brown, she merely stated..."Harry I just did what I was told to do" rather than providing help as requested.

Maybe she didn't help because she too would have faced the hell that I historically and currently experiencing.

Fourth, since it's my insurance and by law, I have the right to select the service provider, I prefer to see Dr. James Riddle as previously stated since he's acutely aware of the matter at hand.

Written warning: Again, after exhausting all efforts to receive aid, support, relief, etc. to cease Ms. Marin's attacks against me and received none, surely the professionals which to include the psychiatrist could have foreseen an event such as the unfortunate April 23, 2014 incident of which Ms. Buchanan requesting comp time on my behalf from Dr. Bank based on her concern of myself – "I see it in your eyes. You're tired". Ms. Buchanan's observation is an understatement. Surely, if anyone from leadership was experiencing the same illegal acts committed against me by Ms. Marin and ultimately the agency, you all would have immediately employed corrective actions to address the matter; therefore, why I wasn't important enough to have the same consideration. This is totally a clear example of discrimination and additional illegal acts against me of which not only did I suffer, the clients on my caseload suffered as well. Is this the type of precedence that the agencies want to be displayed throughout the agency - You can ask for help, get none, de devalued and marginalized, be penalized for defending yourself against illegal conduct of others, employing efforts to maintain a harmonious working environment and still be penalized, and re-assigned to a program to a program that you have no experience and could jeopardize the well-being of the population of which you have no experience.

Because of the her status, surely Ms. Kathy Hugg staff won't have to deal with this type of conduct from Ms. Marin that I consistently experienced. I wonder why. Surely, Dr. Bank won't have to deal with Ms. Marin's reckless behavior. I wonder why. Surely Mr. Magill won't have to deal with Ms. Marin's reckless and illegal acts. I wonder why. My ability to perform my job has never been in question; therefore, I'm baffled as to the reason that Ms. Marin was able to conduct in a reckless and illegal manner and nothing was done to stop her.

Finally, I'm going to request that Dr. McConnell provide me with the day off so that I can seek and secure someone to aid me in addressing these matters. I can't do it my myself anymore. I tried my best and only continue to get disrespected, devalued, and marginalized by those that I elicited help from based on my status. This is totally an injustice to everyone in the agency; moreover to the clients – especially the children. Why in the world would you place an employee with children that you all believe is unstable and a threat to others? No employee with the exception of Ms. Marin, via her false allegations and reckless and illegal conduct will accuse of my being a threatening person. However, they will state that I've always attempted to resolve these matters as amicably as possible to ensure and maintain a harmonious working environment; moreover, to prevent any distractions in the service delivery process and because I don't fit the mold, I got no help from the SCDMH/CAMHC senior managers and human resource officers – as Ms. Brown states..."I was doing what I was told". If an employee is seeking and attempting to speak with the State Director regarding these ongoing illegal acts against them, surely he should have known that it was important, listen, and yes - help. After eliciting his help four times, I got nothing from his office until this year when he instructed Ms. Connie to inform me that...:"He don't like to get involved in matters like that". How do you think that made me feel? Here I am the one being consistently attack and the leader of the mental health agency refuses to help. I'm tired. Dr. McConnell, please excuse me from work today.

Respectfully Submitted,
Larry Reese Sr.

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Thanks,
Harry E. Reese Sr.
'HP
Child, Adolescent and Family Services
2715 Colonial Drive
Suite 100a
Columbia, SC 29203
(803) 898-4777
Fax: (803) 898-4855

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From: Eleanor Odom
Sent: Tuesday, June 03, 2014 6:18 PM
To: Harry Reese
Cc: Vickie Brown; Joseph C. Miller; Tina Scott
Subject: RE: Employee Assistance Program

Mr. Reese,
We were trying to provide you with EAP services away from Columbia Area Mental Health Center. Santee-Wateree agreed to see you. You told me you preferred someplace closer and suggested someone from Columbia Area. At the time, we were trying to determine your reassignment before determining where services could be rendered. Now that you are remaining at Columbia Area, it is inappropriate for them to provide services to you. Since you were not reassigned to Lexington, I am more than happy to try to arrange for you to be seen there if you so desire. Just let me know which center you prefer.

Regarding your grievance request, now that you have received a written warning for the incident, we will be reimbursing you for all time lost as a result of the suspension pending the investigation which should render the need for a grievance conference as unnecessary.

I hope this information sheds some light on your concerns. Thank you.

From: Vickie Brown
Sent: Monday, June 02, 2014 2:02 PM
To: Harry Reese
Cc: Eleanor Odom
Subject: RE: Employee Assistance Program

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You can contact Don Helms at 898-8866 for EAP Services. In regards to a grievance date and time, that is not handled by this office. All grievance requests are handled through the rector of Human Resources.

From: Harry Reese
Sent: Monday, June 02, 2014 1:45 PM
To: Vickie Brown
Cc: Eleanor Odom
Subject: Employee Assistance Program
Importance: High

Dear Ms. Brown:

On approximately May 6, 2014, Ms. Odom stated that she was going to provide me with a referral to receive additional mental health services; however, she has not provided this service nor has she responded to my questions via email communications which to include providing me with a grievance request date and time . Therefore, please provide me with another referral for EAP services and provide me with a grievance date and time.

Thanks,
Harry

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Harry Reese

From: Monica McConnell
Sent: Monday, June 09, 2014 11:18 AM
To: Harry Reese
Subject: RE: Change of Case Management

Harry,

Just give me some more time. As for productivity, given we are still working on building a caseload it is not of issue right now.

Thanks,
Monica

Monica J. McConnell, Ph.D.
Licensed Clinical Psychologist
Director of Child, Adolescent and Family Services
Columbia Area Mental Health Center
Telephone: (803) 898-4777
Fax: (803) 898-4855

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From: Harry Reese
Sent: Monday, June 09, 2014 9:57 AM
To: Monica McConnell
Subject: Change of Case Management
Importance: High

Good Morning Dr. McConnell:

Please have the receptionist perform the clinical change process placing the assigned children under my I.D. In addition, I've researched the POC's under imports and none of the assigned 12 children that we've discussed signed POC's are in import. Finally, should I start calling the families to schedule their first appointment with me. As shared with you on Friday, since I've been back, I have no productivity time which is not at all contributed to me.

Thanks,
Harry E. Reese Sr.
MHP

4/58

Child, Adolescent and Family Services
2715 Colonial Drive
Suite 100a
Columbia, SC 29203
(803) 898-4777
Fax: (803) 898-4855

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State of South Carolina
Department of Mental Health

MENTAL HEALTH COMMISSION:
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Beverly Cardwell
Jane B. Jones
Everard Rutledge, PhD
J. Buxton Terry
Sharon L. Wilson

STATE DIRECTOR
John H. Magill

Columbia Area
Mental Health Center
P.O. Box 4440
2715 Colonial Drive
Columbia, SC 29203
Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

To:	Harry Reese
From:	Monica McConnell, Ph.D., CAF Director
Cc:	Vickie Brown, H.R. Director
Date:	June 10, 2014
Re:	Notice of Intent to Reassign

It has been determined that you will be reassigned effective June 11, 2014 to Impact reporting to Dr. Patel and Denise Morgan. Please report to the Impact treatment team June 11, 2014.

Supervisor

Employee

MISSION STATEMENT
To support the recovery of people with mental illnesses.
DMH South Carolina Department of Mental Health

460

ırry Reese

From: Harry Reese
Sent: Tuesday, November 04, 2014 4:21 PM
To: Radhika Patel
Cc: Priscilla Addison; Tom Mercer
Subject: FW: Case [redacted] *PGP*

Dear Dr. Patel:

The court has granted the MH clinic authorization to close Mr. [redacted] case. The case closure paperwork has been completed and provided to Ms. Charmaine for import.

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: Commitment Division [mailto:CommitmentD@rcgov.us]
Sent: Tuesday, November 04, 2014 3:37 PM
To: Harry Reese
Subject: RE: [redacted] *PGP*

Yes, Columbia Area Mental Health can close the case. Although, if he re-engages or you are able to locate him please let the court know. Let us know if you need anything else. Thank you.

Mary Mannion

·om: Harry Reese [mailto:her08@scdmh.org]
ent: Tuesday, November 04, 2014 2:30 PM
To: Commitment Division
Subject: RE: Case [redacted] *PGP*

4/6

Encrypted email notification from SCDMH
E pted email message from "Harry Reese" (her08@scdmh.org)

his email contains a message that has been sent as an encrypted PDF document in order to ensure the secure delivery of its contents.

Open the encrypted PDF attachment to view your secure message.

To access this message, you should open the attached PDF using Adobe Acrobat Reader version 7.0 or higher. In order to view its contents, you must enter the password that you should have already set during the registration process.

If you have any problems viewing the encrypted message or do not know your password, please contact the sender of the message.

Note that Adobe Acrobat may restrict access to certain attachment types. If this is the case, you will need to inform the original sender and make alternative arrangements.

If you've forgotten your password, you can reset or recover it here.

Note: if your mail program does not support active links, reset or recover your password by copying and pasting the text below into your internet browser:

https://mail.scdmh.org/portal/U2FsdGVkX1-3YbnFclvth6Qjw7iyd0qn6EMHZMaA_n1Dfn7N5AjUye_GsiW8aZwiCS-qSFpsGfTbD_BQKFDUsA/

Click here to change your password.

Note: if your mail program does not support active links, change your password by copying and pasting the text below into your internet browser:

https://mail.scdmh.org/portal/U2FsdGVkX1-uHVVzShGsfCUKyt9EQ7mUB21HYR6eHl7EyCyJYVRvlp3b94EVv8Ldg-YSCsWaRYRkGh5YpffhQ/

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SOPHOS
powered by SPX encryption

4/02

Harry Reese

From: Harry Reese
Sent: Monday, November 17, 2014 1:50 PM
To: Commitment Division (CommitmentD@rcgov.us)
Cc: Radhika Patel; Priscilla Addison
Subject: [redacted] Case Closure Request
Attachments: [redacted] Case Closure Request 11-17-14.pdf

Dear Ms. Garcia:

Please see the attached document requesting closure of Ms. [redacted] case.

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: Harry Reese
Sent: Monday, June 02, 2014 10:27 AM
To: Eleanor Odom
Cc: Zina Hampton
Subject: FW: Reese Grievance Review Request
Attachments: Reese Grievance Review 5-19-14.pdf

Importance: High

Good Morning Ms. Odom:

Has date and time been scheduled to hear the attached grievance request? If so, please provide me with the scheduled date and time.

Thanks,
Harry

From: Harry Reese
Sent: Wednesday, May 21, 2014 10:34 AM
To: Zina Hampton
Subject: FW: Reese Grievance Review Request
Importance: High

Good Morning Ms. Hampton:

I'm aware that Ms. Odom is out tomorrow; however, I'm contacting you to inquire of a grievance date to appeal SCDMH/CAMHC's recent action against me. If possible, please provide me with a date to achieve the aforementioned.

Harry Reese
Mental Health Counselor
Columbia Area MHC
2715 Colonial Dr. Suite 200A
Columbia, SC 29203
Phone: (803) 898-1555

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From: Harry Reese
Sent: Tuesday, May 20, 2014 8:56 AM

4 of 4

To: Robert Bank; Deanna McNeil
Cc: Eleanor Odom; Zina Hampton
Subject: Reese Grievance Review Request
Importance: High

Dr. Bank and other listed professionals:

Please see the attached Grievance Review Request that was submitted on Tuesday, May 20, 2014 @ 12:07 a.m.

Harry Reese
Mental Health Counselor
Columbia Area MHC
2715 Colonial Dr. Suite 200A
Columbia, SC 29203
Phone: (803) 898-1555

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Harry Reese

From: Harry Reese
Sent: Friday, June 06, 2014 10:08 AM
To: Rhonda Sims
Subject: FW: Adverse Incident Report

Importance: High

Ms. Sims:

Please provide me with a copy of the adverse incident report referencing the April 23, 2014 incident along with its' supporting documentation. Please ensure to black-out all identifying information of the reporter(s). If possible, may I please have this information by the end of the day. **Please "do not" destroy the requested documents.**

Thanks,
Harry E. Reese Sr.
MHP
Child, Adolescent and Family Services
2715 Colonial Drive
Suite 100a
Columbia, SC 29203
3) 898-4777
Fax: (803) 898-4855

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From: Vickie Brown
Sent: Wednesday, May 28, 2014 1:01 PM
To: Harry Reese
Subject: RE: Adverse Incident Report

I was out of the office on Tuesday and just received your email regarding adverse incident orts. These reports are not handled by the Office of Human Resources.

From: Harry Reese
Sent: Tuesday, May 27, 2014 8:49 AM

4 of 6

To: Vickie Brown
Cc: Deanna McNeil
Subject: Adverse Incident Report
portance: High

Dear Ms. Brown & Dr. McNeil:

Please provide me with a copy of the adverse incident report and its' support documents surrounding the April 23, 2014 incident. Please black-out each individual's name that submitted the report or their account of the incident. If possible, may I have this information by the end of business today.

Harry Reese
Mental Health Counselor
Columbia Area MHC
2715 Colonial Dr. Suite 200A
Columbia, SC 29203
Phone: (803) 898-1555

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Tina Scott called and explained about back-pay. It is in the process & being processed. State will cut checks twice-pay and off cycle. State that checks are

Harry Reese

..om: Harry Reese
Sent: Monday, June 09, 2014 8:46 AM
To: Tina Scott
Cc: Eleanor Odom; Vickie Brown
Subject: RE: Adverse Incident Report

Importance: High

Good Morning Ms. Scott:

I was hoping that my pay would have been directly deposited into my account over the weekend; however, that's not the case as of today's date. Please reference the email sent to both you and Ms. Vicki Brown on June 6, 2014. Please provide me with a timetable of which I can expect my pay to be direct deposited into my account or a check mailed to my home ASAP. Thank you in advance for your immediate attention within this extremely important matter.

disbursed on pay day and off-cycle. Def. off cycle as the day after pay day. upon inquiring of off cycle and the timetable of recd.

Thanks,
Harry E. Reese Sr.
MHP
Child, Adolescent and Family Services
2715 Colonial Drive
te 100a
Columbia, SC 29203
(803) 898-4777
Fax: (803) 898-4855

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From: Harry Reese
Sent: Friday, June 06, 2014 12:47 PM
To: Tina Scott
Subject: FW: Adverse Incident Report
ortance: High

Check informing me that accurately what she defined off-cycle as. I don't want to get into my Back-pay until pay day. / Ms. Scott concurred. 468

ello Ms. Scott:

I was referred to you by Ms. Brown regarding my pay. My pay hasn't been direct deposited into my account. As shared and recalled with Ms. Brown, I've completed the "Notarized Statement of Earnings and Unemployment Compensation" form on May 19, 2014 and my pay, which to include the suspension pay, still hasn't been deposited into my account. Please provide me with a timetable of which my pay will be deposited. Thank you in advance for your time and consideration within this extremely important matter.

Thanks,
Harry E. Reese Sr.
MHP
Child, Adolescent and Family Services
2715 Colonial Drive
Suite 100a
Columbia, SC 29203
(803) 898-4777
Fax: (803) 898-4855

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From: Harry Reese
Sent: Friday, June 06, 2014 9:25 AM
To: Vickie Brown
Cc: Eleanor Odom; Zina Hampton
Subject: RE: Adverse Incident Report
Importance: High

Ms. Brown:

Please follow-up with the payroll department in regards to my pay. As of today's date, my pay hasn't been deposited into my account even though I signed the "Notarized Statement of Earnings and Unemployment Compensation form on May 19, 2014. I have bills just like everyone employed with the agency and my bills are past due because my compensation has not been deposited in my account in a timely manner.

In addition, Ms. Odom, after reviewing the June 4, 2014 Employee Assistance Program email sent to you on June 4, 2014 @ 10:30 a.m., does the concerns raised warrant me with a grievance hearing? According to Dr. Bank's June 4, 2014 @ 12:51 email response, Dr. Bank has elected not to re-assign me to work with the population of which I have experience - upholding the involuntarily transfer; therefore, I would like to proceed with the grievance hearing as requested.

Finally, I'm once again requesting a copy of the adverse incident report referencing the April 23, 2014 incident along with its' supporting documentation. Please ensure to black-out all identifying information of the

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reporter(s). If possible, may I please have this information by the end of the day. **Please "do not" destroy the requested documents.**

...espectfully,
Harry E. Reese Sr.

Thanks,
Harry E. Reese Sr.
MHP
Child, Adolescent and Family Services
2715 Colonial Drive
Suite 100a
Columbia, SC 29203
(803) 898-4777
Fax: (803) 898-4855

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From: Harry Reese
Sent: Monday, June 02, 2014 10:35 AM
To: Vickie Brown
Cc: Eleanor Odom; Zina Hampton
Subject: RE: Adverse Incident Report
Importance: High

Thank you Ms. Brown for your response.

Ms. Odom, please provide me with a copy of the adverse incident report cited by Dr. McNeil referencing the April 23, 2014 incident. Please black-out any identifying information of the reporters who were requested to document their accounts of the incident. Of possible, may I have the requested information by the end of business today. Thanks in advance for your attention and cooperation in this extremely important matter.

In addition:
I'm not certain if this is agency wide or not; however, my pay, with the suspension pay, was not deposited into my bank account. Please provide guidance.

pectfully,
arry E. Reese Sr.

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From: Vickie Brown
Sent: Wednesday, May 28, 2014 1:01 PM
To: Harry Reese
Subject: RE: Adverse Incident Report

I was out of the office on Tuesday and just received your email regarding adverse incident reports. These reports are not handled by the Office of Human Resources.

From: Harry Reese
Sent: Tuesday, May 27, 2014 8:49 AM
To: Vickie Brown
Cc: Deanna McNeil
Subject: Adverse Incident Report
Importance: High

Dear Ms. Brown & Dr. McNeil:

Please provide me with a copy of the adverse incident report and its' support documents surrounding the April 23, 2014 incident. Please black-out each individual's name that submitted the report or their account of the incident. If possible, may I have this information by the end of business today.

Harry Reese
Mental Health Counselor
Columbia Area MHC
1515 Colonial Dr. Suite 200A
Columbia, SC 29203
Phone: (803) 898-1555

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Subject: Re:

From: Harry Reese (hreese2005@yahoo.com)

To: ECO84@SCDMH.ORG;

Date: Friday, May 16, 2014 9:44 AM

Good Morning Ms. Odom:

Just merely following up with you regarding my previous email. As of today, it's been three weeks that I've been out of work. According to SCDMH, the agency didn't believed that the April 23, 2014 incident should result in termination via referring me to Lexington County Mental Health Center. CAMHC did not think that the incident warranted termination via their attempts to force me to accept a position in Fairfield County which is still a part of CAMHC. Moreover, may pay has been affected which appears that the agency's were convinced that a 3 day suspension was in order. Please let me know when I can return to work. If possible, may I be transferred to the Lower Richland clinic where I once was located.

Thanks,
Harry E. Reese Sr.
On Tuesday, May 13, 2014 1:58 PM, Eleanor Odom <ECO84@SCDMH.ORG> wrote:

Mr. Reese,
I have not responded to your e-mail because we are still in discussions regarding the incident and how you will be impacted. As soon as I have information to share, I will contact you so that we may answer your questions.

From: Harry Reese [mailto:hreese2005@yahoo.com]
Sent: Tuesday, May 13, 2014 10:01 AM
To: Eleanor Odom
Cc: Vickie Brown
Subject:

Ms. Odom:

I re-sent this email to you earlier forwarding it to Ms. Brown; however, I received a call from Ms. Brown stating that I sent the email to Ms. E. Johnson rather than you. At Ms. Brown's request, I attempt to intercept the email; however, my efforts were unsuccessful. This was an accident on my part and I hope that it's not held against me. Ms. Brown also stated that she was going to communicate with Mr. D. Shealy to determine whether or not he could intercept it on his end.

Regretfully,
Harry E. Reese Sr.

Dear Ms. Odom:

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I'm resending this email to receive further guidance on when I can return to work and to receive responses to the questions presented in this email. I'm aware that you have other pressing matters; however, this matter is extremely important to me. I'm also forwarding this email to Ms. Vicki Brown in hopes to receive a response by the end of the day. Thank you for your attention and consideration within this important matter.

Respectfully Submitted,
Harry E. Reese Sr.

Dear Ms. Odom:

I met with Mr. Acton as you instructed on Thursday, May 8, 2014. After our lengthy discussion and his evaluation of my ability to return to work, he states that he has an opening at the LCMHC in Gatson. Mr. Acton also informed me that if he did accept me into his agency, that he could not ensure me of my employment with his agency after a year if I had not obtain my license in Social Work. I've never been faced with such an employment condition from either SCDMH or CAMHC. Since my employment with the agency, I've effectively performed my job duties without a license which can be confirmed, verified, etc., etc., etc. via my EMPS, no corrective employment plans offered by any of the several supervisors that I've had which to include Ms. Marin, receiving no negative reports from client's regarding my work performance, etc., etc. etc. Only thing that the license will do is enable the agency to bill out more for the service offered, it won't impact the service delivery process - the service that I've provided has proven effective via ongoing documentation; moreover, clients' progress. I'm not certain as to whether or not this condition was discussed with you by Mr. Acton before sending me there to meet with him, but clearly it should have been. Certainly the state agency could negotiate with the agency, but no telling what may happen after the year's time. With the above being said, I'm leery of and unable to accept any position that Mr. Acton may provide which should be understandable based on my personal and financial responsibilities similar to those employed with SCDMH and everywhere for that matter. I've discussed with Mr. Acton of my efforts in receiving study guides to prepare for the Social Work licensure test; however, anything could impede, hinder, prevent, etc., etc., etc., me from achieving my desired goal.

Ms. Odom, with my doctor's statement on file and my current status, if the agency continues to force me to accept the Fairfield County's position, will the agency assume full responsibility and liability for any damages that I may cause while driving on the road in an extreme fatigue and stressful state. Certainly I'm prepared to work; however, I'm not prepared to cause harm to myself or others. Is there a policy that prohibits the agency from relocating a staff member 30 miles way from his or her home? I'm only asking this because Mr. Acton briefly alluded to this.

Ms. Odom, please provide me with a response to the following questions:
What are the steps that I can take to amend my current Grievance Review Request to address this current concern regarding a forced transfer that could cause possible harm to me and others? Has a date been scheduled for the Grievance? Currently, I'm on suspension without pay until the investigation has been completed. It's been two weeks since I've been on suspension without pay. Is there a timetable of which the investigation will be concluded so that I can return to work? How will my pay be affected during the upcoming pay period?

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May I select Dr. Riddle as the psychiatrist to receive treatment since he's somewhat aware of the matter at hand?

Please be mindful, the agency, myself; moreover, the clients that were on my caseload wouldn't be experiencing this unfortunate situation if someone would have done something to stop Ms. Marin's consistent attacks against me after I consistently requested help. This matter reflects the analogy of firemen being present at a house fire and doing absolutely nothing to minimize the damage. Although they have every resource available to extinguish the fire which would minimize the damage to the home and others, they willingly without regard to others elected to sit back and watch the house burn to the ground. Once the home was completely destroyed by the fire, the firemen initiated efforts to put out the hot spots. SCDMH/CAMHC had every resource at their disposal to assist me within ceasing Ms. Marin's ongoing and consistent attacks against me, but no one would help. In essence the co-signed her reckless behavior which now has contributed to the issues of which I'm experiencing. Please be mindful that the emotional outburst on April 23, 2014, yes with some profanity which was directed at no staff member, was the only outburst that I made since Ms. Marin's attacks against me, which started when I provided her with the April 9, 2010 notarized correspondence. I'll provide you with a copy of the correspondence upon your request. I shouldn't be penalized for an unfortunate incident of which I applied an array of interventions, tactics, etc., etc., etc. to avoid such an emotional outburst of which the record will reflect. I was relocated to another program for defending myself in writing and requested that Ms. Marin be relocated as a resolution to only have myself relocated. Is it possible that Ms. Marin be relocated? Relocating Ms. Marin only places a band-aid on the problem; however, it will surely demonstrate to the SCDMH/CAMHC senior managers and human resource officers what myself and others are acutely aware of – I am not the problem. Other employees, who are no longer with the agency, left because of Ms. Marin's consistent attacks. Mr. Acton inquired as to the reason that I stayed with the agency after experiencing the ongoing attacks. I simply replied to Mr. Acton's valid question merely by saying..."Why should the agency lose quality staff because of Ms. Marin's reckless behavior and no one helps upon request". Perhaps, if I didn't advocate on the clients behalf or document my efforts to defend myself from Ms. Marin's ongoing attacks against me, we would be in this position. However, if I sat idle by and allowed the client's rights be trampled over, was a poor employee, allowed the ongoing attacks and fabrications against me to go on, I wouldn't be honoring the mission statement of the agencies...SCDMH - "To support the recovery of people with mental illnesses"; CAMHC – "The Center will promote a quality of life through its services and educational program which enhances the recovery of the persons served". Surely if SCDMH/CAMHC senior managers and human resource officers would have intervene as requested, no one would be dealing with such an unwarranted situation and I definitely wouldn't have received mental health treatment that was caused by the hostile and stressful working environment that Ms. Marin created and appropriate efforts to cease her reckless attacks produced unfavorable outcomes; moreover, the clients wouldn't had missed essential mental health services in my absence.

Ms. Odom, I'm respectfully requesting to return to my current post with AIS or be transferred locally in Richland County; i.e., CAF, New Horizon, Insights, etc. to aid in ensuring that I'm able to arrive to my jobsite. God forbids something happens to my only mode of transportation such as it becoming inoperable and I don't have the funds to have it repaired. Having a local jobsite will enable me to use the public transportation system whereas being forced to accept a position in Fairfield county simple because I applied efforts to address the

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slanderous, defaming, harassing, retaliating, reckless, etc., etc., etc., attacks and false allegations against me, won't allow me to do so. As I shared with you in a previous email correspondence, I've had several supervisors since my employment with CAMHC and received only favorable reports. The only unfavorable report was given by Ms. Marin only after I provided her with the April 9, 2010 notarized correspondence.

Respectfully Submitted,
Harry E. Reese Sr.

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South Carolina Department of Mental Health

2414 Bull Street
Columbia, South Carolina 29202

GRIEVANCE REVIEW REQUEST

(This form to be completed by the individual requesting review or his/her designee)

Name of Grievant: Harry E. Reese Sr.

Social Security Number: 7908

Yes No

☑ ☐ 1. Have you ever received a final decision from your facility/center/division Director or designee?

☑ ☐ 2. Is your grievance review request filed within fourteen (14) calendar days of the effective date of the adverse action?

(If your answer is "yes" to the two questions above, you may request a review by completing the remainder of the form.)

Job Classification: 2

Facility/Center/Division: 2

Home Address: 8408 Little John Dr., Cola., SC 29209

Telephone: (803) 783-1801

Name and Address of Representative: None

Telephone: N/A

GRIEVANCE

STATEMENT OF FACTS INVOLVED: (Be as specific as possible as to names, dates, and location. Continue on additional page or pages if necessary.)

Please see the email of which this document is attached.

RELIEF SOUGHT: Please see the email of which this document is attached.

Signature: [signature]

Date: 5/19/24

SCDMH FORM
SEPT. 82 REV. SEPT. 08 (FAI 00 00 03) HRS-116
DEA SAVED SP 12 444

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Harry Reese

From:	Harry Reese <hreese2005@yahoo.com>
Sent:	Tuesday, May 20, 2014 12:07 AM
To:	Eleanor Odom
Cc:	Robert Bank; Deanna McNeil
Subject:	Reese Grievance Review Request
Attachments:	Reese Grievance Review Request 5-19-14.pdf

May 19, 2014

8408 Little John Drive
Columbia, SC 29209

SCDMH/Ms. Eleanor Odom
Human Resource Services,
Employee Relations Section
2414 Bull Street
Columbia, SC 29202

CAMHC
Dr. Robert Bank
Executive Director
2715 Colonial Drive
Columbia, SC 29203

CAMHC
Dr. Deanna McNeil
Psychiatric Service Chief
2715 Colonial Drive
Columbia, SC 29203

Dear Ms. Odom:

This email serves as my formal notice to appeal my demotion to a TCM Coordinator which restricts my ability to provide an array of essential services to the population of which the agency serves and of which I'm skilled and have effectively performed my job duties (please refer to my EPMS which are on file). I'm also appealing my placement location. I'm appealing on the bases that the position and location change are unwarranted and I did not apply for the position. I'm being forced to take the position because I consistently defend myself against Ms. Maria Marin's ongoing and constant bullying of which my ongoing efforts to cease the ongoing attacks and assaults against from SCDMH/CAMHC senior managers produced no favorable outcome – no one helped. The fact to the matter is, if any member of SCDMH/CAMHC senior management would have intervene, I certainly wouldn't had to receive mental health treatment, we wouldn't be presented with the current situation; moreover, the clients wouldn't had to have missed their essential services.

I'm consistently being penalized for exhausting ongoing efforts to maintain a harmonious working environment via document and requesting help from both SCDMH/CAMHC senior managers and received absolutely no help.

Information sent previously via email:
Upon leaving Ms. Brown's office on today, I discovered that the New Horizon clinic has a MHP position open. I'm requesting that I be transferred to that position rather than be forced to accept the TCM position offered. I've requested a transfer to New Horizons during this entire unfortunate incident and was denied via the transfer to TCM Care Coordination in Lexington County of which Ms. Britt states that she was notified on Friday, May 16, 2014 that she would be receiving a new employee. According to Ms. Britt, an office space haven't been established in Lexington County for me yet.

Dr. Bank, I didn't create this situation and applied and exhausted all efforts to prevent any distractions in the workplace which to include eliciting aid from Mr. Magill and received absolutely no aid from both SCDMH/CAMHC Senor managers within ceasing Ms. Main's ongoing bullying, attacks and assaults against me which ultimately resulting in me receiving mental health treatment. I shouldn't consistently be penalized for documenting and presenting the facts to senior management. Due to the April 23rd incident, I was suspended

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from work for three weeks; whereas; Ms. Marin was immediately able to return to work (at Insights) shortly after the incident of which she provoked and I exhausted all efforts to maintain a harmonious working environment by respectfully responding to her..."Do you have something to say to me" question, walking away, and calling for help from my supervisor of which the first time I called for help, Ms. Marin replied..."That's right" to elicit the reaction that she thought I was going to give her. Rather than giving her the response that she thought I was going to provide after her..."That's right" comment, I called for help from my supervisor a second time. I'm not a threat to anyone which was evident first and foremost...no documenting history by the agency noting any acts of harm to anyone; however, you do have documentation that I've consistently requested help from Ms. Marin's ongoing bullying, attacks, and assaults. Secondly, Ms. Avis didn't force me to leave on Thursday, April 24, 2014 allowing me to make a choice as to whether or not I wanted to leave. In other words, she left me with the option - to stay at work or go home. I only vented my frustration after receiving no support from SCDMH/CAMHC senior managers.

Again, I'm respectfully requesting that I be transferred to the Lower Richland/New Horizon clinic or transferred to the Link where there are available MHP positions since Ms. P. T-S is leaving so that I can maintain my MHP status. In addition, if the position comes available, I will be applying for the Link supervisor position.

Additional Information:
Unfortunately now and being viewed as a whistle blower because I'm documenting the facts. Ms. Marin was allowed to return to work shortly after an incident that she caused. Due to Ms. Marin's poor decision-making and her personal vendetta against Rick Nickles, she has caused a client to be placed in jail of which he continues to be sitting; caused a client to overdose of a control substance and another client to receive emergency medical attention for self-administering a medication that was given to him by the client that overdosed; has disobeyed the direct orders of a doctor, in particular, Dr. Patel; consistently bullied me and destroyed my good name, etc. etc. etc. and she's allowed to remain with the agency; yet, I'm being demoted simply because I effectively performed my job duties and applied efforts to have Ms. Marin's reckless behavior combated via SCDMH/CAMHC senior managers and received no help.

Ms. Odom surely you do not believe that I'm mentally unstable to perform my job duties; in that, you offered mental health treatment of which I was receptive of; yet, no referral has been made.

The record would reflect that I've never been a threat to any staff member within either agency even with Ms. Marin's ongoing bullying and Ms. Carla Damron and Ms. Marin's bogus claim that I sexually harassed an employee during my probationary period with the agency of which they conducted no informal or formal investigation and even then, I merely documented and attempted to gain assistant with ceasing these slanderous, defaming, and retaliatory acts against me and received no help. Even when I was falsely accused of causing harm to a client by Ms. Marin, I still remain profession and documented my concerns and requesting aid in ceasing these slanderous, defaming, and retaliatory acts against me and received no help. Even when I was bullied to return the facility key to Ms. Marin of which she alluded that something was going to come of missing if I kept the key, I still remained professional documented and attempted to gain assistant with ceasing these slanderous, defaming, and retaliatory acts against me and received no help. Even consistently being bullied my Ms. Marin to the point she had the mitigated gall and the audacity to reply..."That's right" when I asked help from my supervisor to cease her attack against me, I still did not use threatening tones or acts toward her, I just merely vented my frustration in my office which was directed at not employee which to include Ms. Marin, but yet once again I'm being penalized via this demotion and my inability to visit my office to engage in Pathlore training of which I had to sit in the CAMHC Human Resource Office like I was common criminal that needed to be watched over. I still remained professional and engaged in my Pathlore trainings. Even when I received no support from SCDMH/CAMHC senior managers to combat Ms. Marin's bullying and the agency's (SCDMH/CAMHC) ongoing consistent slanderous, defaming, harassing, and retaliating acts against me which required me to receive mental health treatment, I still remained professional and documented the facts based on the agency's policies and the mission statements, but yet I'm being once again retaliated against via this current

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demotion for a position that I did not apply and relocation. I have not received any official paperwork regarding the position; i.e., job description, etc. In fact, the starting salary according to Ms. Shannon Britt for the TCM position is $31,182 and the productivity requirement if 4 hours per day rather than 3 hours per day as a Mental Health Professional within CAMHC. My caseload could be as high as 60 clients whereas, when I was with Connections I only had between 20-25 clients. If one elects to believe that this position change is because they believed that I'm unable to perform my job duties under Connections because I'm stressed, imagine what would happen if I had 60 clients based on one's possible thinking.

Even when they falsely accused me of violating ethical practices via having a dual relation with Rick Nickles of New Alpha Foundation, of which the agency's own investigation displayed no such evidence of a dual relationship, I still was attacked by Dr. McNeil requesting me to answers questions pertaining to a dual relation with the provider of which I was falsely accused of violating a client's HIPPA rights to the point she sent out an email boldly accusing me of having a dual relationship with the housing provider and was going to contact Judge McCulloch and have her to stop referring clients to New Alpha, I still remained professional and documenting the facts based on policy and requested help of which I received no support from SCDMH/CAMHC senior managers – just penalized.

At a later date and time, I'll fully discuss several reasons that I support the New Alpha program which are tremendously beneficial to the client and the taxpayers.

Please excuse me for any clerical errors. It's late and I'm exhausted documented the facts and receiving no support only being penalized. I reiterate, if anyone from SCDMH/CAMHC senior management would have intervene from Ms. Marin's ongoing bullying, slanderous, defaming, harassing, retaliating, reckless, etc., etc., etc., attacks and false allegations against me none of us would be facing this unfortunate situation; moreover, the client's wouldn't have missed their essential services due to my absence of which no SCDMH/CAMHC senior management wants to take note of this fact they just want to continue penalizing me.

Finally, I've applied online for the position of Human Services Coordinator I (Mental Health Counselor III) #308 at New Horizon; however, I was unable to clearly and effectively respond to agency questions 7 & 8 because no one has made anything clear.

Relief Sought:

Return my MHP status; return to my post with Connections or re-assign me to New Horizons much like the agency re-assigned Ms. Marin to Insights; reimburse me for my attorney fees and fees that I've paid for receiving mental health treatment – I reiterate, if any senior manager from SCDMH/CAMHC would had intervene, we would be in this situation; immediate cease of these ongoing slanderous, defaming, harassing, retaliating, reckless, etc., etc., etc., attacks and false allegations against me; allow me to present my case to the CAMHC's board of which I've been consistently denied by CAMHC senior managers; and additional reliefs are forthcoming.

Respectfully Submitted,
Harry E. Reese Sr.

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Harry Reese

From: Eleanor Odom
Sent: Tuesday, May 20, 2014 8:56 AM
To: Harry Reese
Subject: Automatic reply: Reese Grievance Review Request

I am out of the office until Thursday, May 22, 2014. If you need immediate stance, please call 803-898-8610 and ask for Doris Cleveland so that she may direct you to the assistance you may need. Thank you.

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Harry Reese

From:	Harry Reese
Sent:	Wednesday, May 21, 2014 10:34 AM
To:	Zina Hampton
Subject:	FW: Reese Grievance Review Request
Attachments:	Reese Grievance Review 5-19-14.pdf
Importance:	High

Good Morning Ms. Hampton:

I'm aware that Ms. Odom is out tomorrow; however, I'm contacting you to inquire of a grievance date to appeal SCDMH/CAMHC's recent action against me. If possible, please provide me with a date to achieve the aforementioned.

Harry Reese
Mental Health Counselor
Columbia Area MHC
2715 Colonial Dr. Suite 200A
Columbia, SC 29203
Phone: (803) 898-1555

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From: Harry Reese
Sent: Tuesday, May 20, 2014 8:56 AM
To: Robert Bank; Deanna McNeil
Cc: Eleanor Odom; Zina Hampton
Subject: Reese Grievance Review Request
Importance: High

Dr. Bank and other listed professionals:

Please see the attached Grievance Review Request that was submitted on Tuesday, May 20, 2014 @ 12:07 a.m.

Harry Reese
lental Health Counselor
Columbia Area MHC
2715 Colonial Dr. Suite 200A
Columbia, SC 29203

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Phone: (803) 898-1555

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Harry Reese

From: Harry Reese
Sent: Wednesday, May 21, 2014 11:27 AM
To: Vickie Brown
Cc: Deanna McNeil
Subject: FW: Harry Reese

Importance: ~~High~~

Ms. Brown:

Ms. Britt called @ approximately 11:22 a.m., after I sent her an email requesting guidance, and informed me that according to Mr. Acton, there's no space for me in Lexington County and that Ms. Susan was going to discuss this with Dr. Bank. She advised me to talk with Dr. Bank regarding re-assignment.

Harry Reese
Mental Health Counselor
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Columbia, SC 29203
Phone: (803) 898-1555

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From: Harry Reese
Sent: Wednesday, May 21, 2014 11:21 AM
To: Shannon Britt
Cc: Vickie Brown
Subject: RE: Harry Reese
Importance: High

Good Morning Ms. Britt:

As shared with you on yesterday via both your personal and agency's cell phones and email, I've completed my Pathlore trainings and awaiting your guidance as to where my office will be located. I'm currently at CAMHC's Human Resource office of which I've been here since 8:25 a.m. this morning awaiting your guidance. Unfortunately, Ms. Brown is unable to provide any guidance as well as to my new jobsite. Please contact me at 898-4836 or Ms. Brown at 898-4830 to apprise both of us as to where I should be at this time.

Thank you,
Harry Reese
Mental Health Counselor

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From: Harry Reese
Sent: Tuesday, May 20, 2014 2:49 PM
To: Shannon Britt
Subject: Harry Reese
Importance: High

Hello Ms. Britt:

I've completed my required Pathlore trainings. However, I'm not feeling well; therefore, I'm using my sick leave of which I'll provide the leave slip to you on tomorrow. Please call me to provide guidance of my jobsite or where I'm supposed to be on tomorrow.

Harry Reese
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Harry Reese

From:	Harry Reese
Sent:	Wednesday, May 21, 2014 2:33 PM
To:	Vickie Brown
Cc:	Shannon Britt; Eleanor Odom; Zina Hampton; Robert Bank; Deanna McNeil
Subject:	TCM Position
Importance:	*High*

Ms. Brown:

This is a first of two emails to prevent the disclosure of the current matter at hand; however, the communication will be sent via email shortly.

First, please let the record reflect that at no time in point did I verbalized to anyone associated with the mental health agency, department, etc., etc., etc., which to include Ms. Shannon Britt, that I was rejecting the TCM position. I merely disclosed to Ms. Britt, as I shared with you and other managers, that I believe that the forced re-assignment position was a demotion. In fact, I was receptive of assisting Ms. Britt within establishing new resources and –re-establishing existing resources in Lexington Count. I was also prepared to shadow Ms. A S-J (Richland County) and Mrs. N. D (Lexington County) TCM personnel, according to Ms. Britt, to enhance my knowledge of the TCM program. In addition, I was present at Human Resources to complete the Pathlore trainings for the past two days and on today was awaiting guidance and prepared to arrive to the new jobsite which demonstrates that I didn't reject the position.

Harry Reese
Mental Health Counselor
Columbia Area MHC
2715 Colonial Dr. Suite 200A
Columbia, SC 29203
Phone: (803) 898-1555

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Harry Reese

From:	Harry Reese
Sent:	Wednesday, May 21, 2014 2:35 PM
To:	Vickie Brown
Cc:	Eleanor Odom; Robert Bank; Deanna McNeil; Zina Hampton
Subject:	TCM Position II
Importance:	High

Ms. Brown:

This is a first of two emails to prevent the disclosure of the current matter at hand; however, the communication will be sent via email shortly.

First, please let the record reflect that at no time in point did I verbalized to anyone associated with the mental health agency, department, etc., etc., etc., which to include Ms. Shannon Britt, that I was rejecting the TCM position. I merely disclosed to Ms. Britt, as I shared with you and other managers, that I believe that the forced re-assignment position was a demotion. In fact, I was receptive of assisting Ms. Britt within establishing new resources and –re-establishing existing resources in Lexington Count. I was also prepared to shadow Ms. A S-J (Richland County) and Mrs. N. D (Lexington County) TCM personnel, according to Ms. Britt, to enhance my knowledge of the TCM program. In addition, I was present at Human Resources to complete the Pathlore trainings for the past two days and on today was awaiting guidance and prepared to arrive to the new jobsite which demonstrates that I didn't reject the position.

Secondly, the re-assignment letter that I received which only stated that I was meeting with Ms. Shannon Britt and not defining her title and role came from Dr. McNeil. With that in mind, could Dr. McNeil re-assigned me to New Horizons or back to Connections since both positions are available or do this duty is the sole responsibility of Dr. Bank?

On today, I recently received a new re-assignment with CAF of which I'm truly grateful; however, I respectfully request that I either return to my former post with Connections or be re-assigned to New Horizons since my expertise with the mental health clinic since my employment with the agency on June 17, 208 is with adults and not children. With the above being duly noted, I still want to continue my grievance appeal process, because I did nothing wrong to deserve to consistently be penalized for something that I requested aid from SCDMH/CAMHC Senior managers and resource officials and received absolutely no help. In 2010, I was penalized because of a situation of which Ms. Marin caused and re-assigned to Transitions with Mr. Gregg Oates, which to this day no one has discussed the reason for my relocation to the Cottages, of which the entire AIS program ultimately relocated to its' existing location at 2715 Colonial Drive Building 200a. Shortly after AIS relocating to the new location, Ms. Marin was transferred to the building within close proximity to my office of which she continued her bullying and tormenting behaviors towards me. As evident, my efforts to cease Ms. Marin's consistent illegal and unprofessional acts via SCDMH/CAMHC Senior Manager and Human Resource office, continued.

Ms. Brown you have advised me that Dr. McConnell has requested that I completed Pathlore trainings for CAF services. I've already completed 23 trainings in the past two days which reference adult services and completing

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additional services of which I'm not comfortable with in the mental health field in the children population. Surely Ms. Marin had a choice of which program she desired to be transferred; therefore, I'm pleading for the same consideration – either return to my post at Connections of New Horizon. Please be mindful, the record and other staff members will certainly confirmed that I wasn't the cause of this and past situations; therefore, I should have some consideration of which program that I desire to work in. Moreover, since Ms. Marin is no longer at AIS, who consistently distracted the normal operations of the agency, why can't I return to my post with Connections? I'm effective working with adults of which my past and current EPMS reflects; therefore, I should remain with the adult population. There are some concerns regarding my current EPMS. First, Mr. Harold Edwards noted that some months I was able to produce the 60 hours productivity requirement; however other months I was unable to due to..."extended leave and decrease in case load". Both scenarios are correct; however, I would like the record to reflect the entire truth – I was out on extended leave because my failed efforts 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. Please be mindful, I'm not attempting to be disrespectful, I'm just merely stating the facts which is evident based on this and other situations that I've experienced due to the aforementioned. Secondly, I in my past EPMS, you will witness that I generally produce some exceeds and substantially exceeds rating; however, during this review period these ratings aren't reflected due to the 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 of which the clients suffered the most during my absence because they were unable to receive their treatment due to my absence.

With the above being duly noted, I'm once again requesting that I be re-assigned to the Lower Richland/New Horizon clinic of which clinic currently has a MHP position available.

Ms. Hampton, please provide me with a grievance date and time.

Respectfully submitted,
Harry E. Reese Sr.

Harry Reese
Mental Health Counselor
Columbia Area MHC
2715 Colonial Dr. Suite 200A
Columbia, SC 29203
Phone: (803) 898-1555

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Harry Reese

From: Robert Bank
Sent: Wednesday, May 21, 2014 2:52 PM
To: Harry Reese
Cc: Vickie Brown
Subject: RE: TCM Position II

Your assignment is to C&A, it would be helpful to embrace it to the best of your ability.

From: Harry Reese
Sent: Wednesday, May 21, 2014 2:49 PM
To: Robert Bank
Subject: RE: TCM Position II

Dr. Bank:

I hope that you're doing well. From my understanding, you're out sick. Dr. Bank, I'm personally requesting of you that you allow me to be re-assigned to New Horizon with the adult population of which I'm effective rather than the children's population of which I have little mental health experience.

Respectfully,
Harry Reese
Mental Health Counselor
Columbia Area MHC
2715 Colonial Dr. Suite 200A
Columbia, SC 29203
Phone: (803) 898-1555

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From: Robert Bank
Sent: Wednesday, May 21, 2014 2:41 PM
To: Harry Reese; Vickie Brown
Cc: Eleanor Odom; Deanna McNeil; Zina Hampton
Subject: RE: TCM Position II

This was never a demotion, but is a moot point now.

From: Harry Reese
Sent: Wednesday, May 21, 2014 2:35 PM
To: Vickie Brown
Cc: Eleanor Odom; Robert Bank; Deanna McNeil; Zina Hampton
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488

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485

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4/90

SumTotal

View Your Transcript

HARRY REESE

Select a class for more information or to change a registration.

Your Training Calendar

	Start Date	Course Code	Name	Registration Status	Training Hours	Status Date	Class Type
SELECT	06/01/2014	OLS147	Families and Communities PT II	Mastered	1.000	06/02/2014	WBT
SELECT	06/01/2014	OLS149	Child and Adolescent Substance Abuse PT. I	Mastered	1.000	06/02/2014	WBT
SELECT	06/01/2014	OLS150	Child and Adolescent Substance Abuse PT. II	Mastered	1.000	06/02/2014	WBT
SELECT	06/01/2014	OLS145	C&A Development PT 11	Mastered	1.000	06/02/2014	WBT
SELECT	06/01/2014	OLS146	Families and Communities PT I	Mastered	1.000	06/02/2014	WBT
SELECT	05/01/2014	OLS012A	Hazard Communications	Mastered	0.500	05/19/2014	WBT
SELECT	05/01/2014	OLS015C	DMH Bloodborne Pathogens	Mastered	1.000	05/20/2014	WBT
SELECT	05/01/2014	OLS003B	Fire Safety Revised 2011	Mastered	1.000	05/19/2014	WBT
SELECT	05/01/2014	OLS138	Diagnosis of Co-Occuring Disorders in C&A PT. 1	Mastered	1.000	05/27/2014	WBT
SELECT	05/01/2014	OLS007B	Patient-Rights Revised	Mastered	1.000	05/19/2014	WBT
SELECT	05/01/2014	OLS054	Working Effectively With Families	Mastered	1.000	05/20/2014	WBT
SELECT	05/01/2014	OLS009B	DMH Safety and Security	Mastered	1.000	05/19/2014	WBT
SELECT	05/01/2014	OLS042	Employee Drug Testing	Mastered	1.000	05/20/2014	WBT
SELECT	05/01/2014	OLS002B	Corp. Compliance for New Employees	Mastered	1.000	05/19/2014	WBT
SELECT	05/01/2014	OLS098	Drug Free Workplace II	Mastered	1.000	05/20/2014	WBT
SELECT	05/01/2014	OLS011A	Personal Protective Equipment	Mastered	0.500	05/20/2014	WBT
SELECT	05/01/2014	OLS139	Diagnosis of COD in Children and Adolescents PT. 2	Mastered	1.000	05/21/2014	WBT
SELECT	05/01/2014	OLS140	Diagnosis of Co-Occurring Disorders in C&A PT. III	Mastered	1.000	05/27/2014	WBT
SELECT	05/01/2014	OLS055B	2Cultural Competence Awareness	Mastered	1.000	05/19/2014	WBT

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SELECT	05/01/2014	OLS108	Psychopharmacology PT. I	Mastered	1.000	05/20/2014	WBT
SELECT	05/01/2014	OLS027A	Workplace Violence P&P	Mastered	1.000	05/20/2014	WBT
SELECT	05/01/2014	OLS109	Psychopharmacology PT. II	Mastered	1.000	05/20/2014	WBT
SELECT	05/01/2014	OLS008A	Sexual Harassment In The Workplace	Mastered	1.000	05/20/2014	WBT
SELECT	05/01/2014	OLS153	A&D Confidentiality Privacy Training	Mastered	1.000	05/27/2014	WBT
SELECT	05/01/2014	OLS032A	GAF: Global Assessment of Functioning	Mastered	1.000	05/20/2014	WBT
SELECT	05/01/2014	OLS157	Screening for COD Disorders	Mastered	1.000	05/27/2014	WBT
SELECT	05/01/2014	OLS144	C&A Development PT 1	Mastered	1.000	05/27/2014	WBT
SELECT	05/01/2014	OLS158	GAIN-SS	Finished	1.000	05/27/2014	WBT
SELECT	05/01/2014	OLS110	Psychopharmacology PT. III	Mastered	1.000	05/20/2014	WBT
SELECT	05/01/2014	OLS156	Bath Salts and Spice	Mastered	1.000	05/27/2014	WBT
SELECT	03/07/2014	MT074	CPR & First Aid Training	Finished	8.000	04/09/2014	CLS
SELECT	11/07/2013	MT057	AAA Driver Improvement	Finished	8.000	11/20/2013	CLS
SELECT	07/19/2013	CM707	Grand Rounds: Providing Psychiatric Care to the Homeless	Finished	1.000	08/21/2013	CLS
SELECT	05/01/2013	OLS004A	Infection Control for Mental Health Centers	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS002B	Corp. Compliance for New Employees	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS012A	Hazard Communications	Mastered	0.500	05/24/2013	WBT
SELECT	05/01/2013	OLS003B	Fire Safety Revised 2011	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS109	Psychopharmacology PT. II	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS098	Drug Free Workplace II	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS008B	Workplace Harassment	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS007B	Patient-Rights Revised	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS055B	2Cultural Competence Awareness	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS027A	Workplace Violence P&P	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS110	Psychopharmacology PT. III	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS108	Psychopharmacology PT. I	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS009B	DMH Safety and Security	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS011A	Personal Protective Equipment	Mastered	0.500	05/24/2013	WBT
SELECT	05/01/2013	OLS032A	GAF: Global Assessment of Functioning	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS015C	DMH Bloodborne Pathogens	Mastered	1.000	05/24/2013	WBT

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SELECT	05/01/2013	OLS042	Employee Drug Testing	Mastered	1.000	05/24/2013	WBT
SELECT	05/01/2013	OLS054	Working Effectively With Families	Mastered	1.000	05/24/2013	WBT
SELECT	04/26/2013	MT049	Emergency Plan & Procedures; Identification & Reporting of Adverse Incidents	Finished	1.500	05/30/2013	CLS
SELECT	11/16/2012	MT044	BEST TRAINING	Finished	3.000	11/28/2012	CLS
SELECT	10/24/2012	ACT003	GLOBAL ASSESSMENT OF FUCTIONING SCALE	Finished	2.000	10/29/2012	CLS
SELECT	10/09/2012	ACT003	ASSESSMENT vs. TREATMENT SERVICES	Finished	1.000	10/12/2012	CLS
SELECT	06/01/2012	OLS002B	Corp. Compliance for New Employees	Mastered	1.000	06/14/2012	WBT
SELECT	06/01/2012	OLS003B	Fire Safety Revised 2011	Mastered	1.000	06/14/2012	WBT
SELECT	06/01/2012	OLS004A	Infection Control for Mental Health Centers	Mastered	1.000	06/15/2012	WBT
SELECT	06/01/2012	OLS007B	Patient-Rights Revised	Mastered	1.000	06/15/2012	WBT
SELECT	06/01/2012	OLS008B	Workplace Harassment	Mastered	1.000	06/15/2012	WBT
SELECT	06/01/2012	OLS009B	DMH Safety and Security	Mastered	1.000	06/15/2012	WBT
SELECT	06/01/2012	OLS011A	Personal Protective Equipment	Mastered	0.500	06/15/2012	WBT
SELECT	06/01/2012	OLS012A	Hazard Communications	Mastered	0.500	06/14/2012	WBT
SELECT	06/01/2012	OLS015C	DMH Bloodborne Pathogens	Mastered	1.000	06/15/2012	WBT
SELECT	06/01/2012	OLS027A	Workplace Violence P&P	Mastered	1.000	06/15/2012	WBT
SELECT	06/01/2012	OLS055B	2Cultural Competence Awareness	Mastered	1.000	06/14/2012	WBT
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SELECT	06/01/2012	OLS032A	GAF: Global Assessment of Functioning	Mastered	1.000	06/15/2012	WBT
SELECT	06/01/2012	OLS042	Employee Drug Testing	Mastered	1.000	06/15/2012	WBT
SELECT	06/01/2012	OLS054	Working Effectively With Families	Mastered	1.000	06/15/2012	WBT
SELECT	06/01/2012	OLS038	HIPAA Physical Safeguards: Module 4	Enrolled	1.000	06/07/2012	WBT
SELECT	02/10/2012	MT074	CPR-Adult/Pediatric, First Aid	Finished	8.000	02/27/2012	CLS
SELECT	10/01/2011	OLS002B	Corp. Compliance for New Employees	Mastered	1.000	10/28/2011	WBT
SELECT	07/01/2011	OLS108	Psychopharmacology PT. I	Mastered	1.000	07/14/2011	WBT
SELECT	07/01/2011	OLS109	Psychopharmacology PT. II	Mastered	1.000	07/14/2011	WBT
SELECT	07/01/2011	OLS110	Psychopharmacology PT. III	Mastered	1.000	07/14/2011	WBT
SELECT	07/01/2011	OLS070	Electronic Medical Record	Mastered	1.000	07/06/2011	WBT

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SELECT	07/01/2011	OLS024A	Do's and Don'ts in Corporate Compliance and QA	Mastered	1.000	07/06/2011	WBT
SELECT	06/01/2011	OLS065	Code Blue	Mastered	1.000	06/15/2011	WBT
SELECT	06/01/2011	OLS002A	Corporate Compliance Basic	Mastered	1.000	06/14/2011	WBT
SELECT	06/01/2011	OLS07B	Patient-Rights Revised	Mastered	1.000	06/15/2011	WBT
SELECT	06/01/2011	OLS098	Drug Free Workplace II	Mastered	1.000	06/15/2011	WBT
SELECT	06/01/2011	OLS042	Employee Drug Testing	Mastered	1.000	06/15/2011	WBT
SELECT	06/01/2011	OLS015C	DMH Bloodborne Pathogens	Mastered	1.000	06/15/2011	WBT
SELECT	06/01/2011	OLS032A	GAF: Global Assessment of Functioning	Mastered	1.000	06/15/2011	WBT
SELECT	06/01/2011	OLS003B	Fire Safety Revised 2011	Mastered	1.000	06/14/2011	WBT
SELECT	06/01/2011	OLS004A	Infection Control for Mental Health Centers	Enrolled	1.000	06/14/2012	WBT
SELECT	06/01/2011	OLS008B	Workplace Harassment	Mastered	1.000	06/14/2011	WBT
SELECT	06/01/2011	OLS011A	Personal Protective Equipment	Mastered	0.500	06/14/2011	WBT
SELECT	06/01/2011	OLS027A	Workplace Violence P&P	Mastered	1.000	06/15/2011	WBT
SELECT	06/01/2011	OLS048	Alcohol and Other Drugs	Enrolled	1.000	06/14/2011	WBT
SELECT	06/01/2011	OLS055B	2Cultural Competence Awareness	Mastered	1.000	06/15/2011	WBT
SELECT	06/01/2011	OLS143	Intercultural Competence	Mastered	1.000	05/27/2014	WBT
SELECT	06/01/2011	OLS009B	DMH Safety and Security	Mastered	1.000	06/15/2011	WBT
SELECT	06/01/2011	OLS012A	Hazard Communications	Mastered	0.500	06/15/2011	WBT
SELECT	06/01/2011	OLS054	Working Effectively With Families	Mastered	1.000	06/15/2011	WBT
SELECT	06/01/2011	OLS008A	Sexual Harassment In The Workplace	Mastered	1.000	06/16/2011	WBT
SELECT	05/20/2011	MT049	EMERGENCY PLANS AND PROCEDURES AND IDENTIFICATION AND REPORTING OF ADVERSE INCID	Finished	1.250	06/01/2011	CLS
SELECT	11/03/2010	FD68	NAMI Provider Education #8	Finished	3.000	12/07/2010	CLS
SELECT	10/27/2010	FD68	NAMI Provider Education #7	Finished	3.000	12/07/2010	CLS
SELECT	10/13/2010	FD68	NAMI Provider Education #5	Finished	3.000	12/07/2010	CLS
SELECT	10/05/2010	ACT003	TARGETED CASE MANAGEMENT TRAINING	Finished	3.000	10/07/2010	CLS
SELECT	09/29/2010	FD68	NAMI Provider Education #3	Finished	3.000	12/07/2010	CLS
SELECT	09/22/2010	FD68	NAMI Provider Education #2	Finished	3.000	12/07/2010	CLS
SELECT	09/15/2010	FD68	NAMI Provider Education #1	Finished	3.000	12/07/2010	CLS
			STATE PLAN AMENDMENT				

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SELECT	06/28/2010	MT112	TRAINING (SPA)	Finished	4.000	06/30/2010	CLS
SELECT	06/11/2010	AD009	Changes to Medicaid CMHC Services	Finished	5.000	07/02/2010	CLS
SELECT	06/01/2010	OLS046	A Basic Guide to Drugs and Alcohol Abuse	Mastered	1.000	06/18/2010	WBT
SELECT	06/01/2010	OLS098	Drug Free Workplace II	Mastered	1.000	06/21/2010	WBT
SELECT	06/01/2010	OLS032A	GAF: Global Assessment of Functioning	Mastered	1.000	06/08/2010	WBT
SELECT	06/01/2010	OLS088	A Guide for SCDMH Employees with Inmates	Mastered	1.000	06/08/2010	WBT
SELECT	06/01/2010	OLS111A	Guidelines for Computer Use	Mastered	1.000	06/08/2010	WBT
SELECT	06/01/2010	OLS054	Working Effectively With Families	Mastered	1.000	06/08/2010	WBT
SELECT	06/01/2010	OLS006A	Slips, Trips, and Falls	Mastered	1.000	06/08/2010	WBT
SELECT	06/01/2010	OLS031	Continuity of Care	Mastered	1.000	06/08/2010	WBT
SELECT	05/13/2010	MT057	AAA DRIVER IMPROVEMENT TRAINING	Finished	8.000	11/02/2010	CLS
SELECT	05/01/2010	OLS042	Employee Drug Testing	Mastered	1.000	05/27/2010	WBT
SELECT	05/01/2010	OLS002A	Corporate Compliance Basic	Mastered	1.000	05/20/2010	WBT
SELECT	05/01/2010	OLS007A	Patient Rights	Mastered	1.000	05/20/2010	WBT
SELECT	05/01/2010	OLS013A	HIPAA Module 1: Training For Members of the SC DMH Workforce	Enrolled	1.000	05/03/2010	WBT
SELECT	05/01/2010	OLS009A	Security and DMH Public Safety	Mastered	1.000	05/19/2010	WBT
SELECT	05/01/2010	OLS008A	Sexual Harassment In The Workplace	Mastered	1.000	05/19/2010	WBT
SELECT	05/01/2010	OLS012A	Hazard Communications	Mastered	0.500	05/19/2010	WBT
SELECT	05/01/2010	OLS011A	Personal Protective Equipment	Mastered	0.500	05/20/2010	WBT
SELECT	05/01/2010	OLS003A	Fire Safety	Mastered	1.000	05/19/2010	WBT
SELECT	05/01/2010	OLS014A	HIPAA Privacy Practices: Module II	Mastered	1.000	05/20/2014	WBT
SELECT	05/01/2010	OLS015C	DMH Bloodborne Pathogens	Mastered	1.000	05/19/2010	WBT
SELECT	05/01/2010	OLS055B	2Cultural Competence Awareness	Mastered	1.000	05/20/2010	WBT
SELECT	05/01/2010	OLS108	Psychopharmacology PT. I	Mastered	1.000	05/19/2010	WBT
SELECT	05/01/2010	OLS109	Psychopharmacology PT. II	Mastered	1.000	05/19/2010	WBT
SELECT	05/01/2010	OLS004A	Infection Control for Mental Health Centers	Mastered	1.000	05/19/2010	WBT
SELECT	05/01/2010	OLS027	SCDMH Workplace Violence I - Policy & Procedures	Mastered	1.000	05/19/2010	WBT

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SELECT	05/01/2010	OLS110	Psychopharmacology PT. III	Mastered	1.000	05/19/2010	WBT
SELECT	04/27/2010	MT049	EMERGENCY PLANS AND PROCEDURES	Finished	1.000	05/06/2010	CLS
SELECT	02/18/2010	MT057	AAA DRIVER IMPROVEMENT TRAINING	Finished	8.000	05/17/2010	CLS
SELECT	01/22/2010	MT044	BEST TRAINING	Finished	3.000	01/22/2010	CLS
SELECT	10/09/2009	TX463	ASSESSING AND PREVENTING SUICIDE	Finished	4.000	10/12/2009	CLS
SELECT	10/08/2009	TX463	ASSESSING AND PREVENTING SUICIDE - OCTOBER 8, 2009	Finished	4.000	10/09/2009	CLS
SELECT	09/28/2009	MT059	Psychosocial Rehabilitation (Live class)	Enrolled	36.000	09/09/2009	CLS
SELECT	07/10/2009	MT074	CPR/FIRST AID TRAINING	Finished	7.500	07/23/2009	CLS
SELECT	05/01/2009	OLS012A	Hazard Communications	Mastered	0.500	05/21/2009	WBT
SELECT	04/01/2009	OLS002A	Corporate Compliance Basic	Enrolled	1.000	04/14/2009	WBT
SELECT	04/01/2009	OLS004A	Infection Control for Mental Health Centers	Mastered	1.000	04/14/2009	WBT
SELECT	04/01/2009	OLS008A	Sexual Harassment In The Workplace	Mastered	1.000	04/14/2009	WBT
SELECT	04/01/2009	OLS015C	DMH Bloodborne Pathogens	Enrolled	1.000	04/14/2009	WBT
SELECT	04/01/2009	OLS034	Abuse, Neglect, and Exploitation of A Vulnerable Adult or Child	Mastered	1.000	04/14/2009	WBT
SELECT	04/01/2009	OLS037B	HIPAA Module 3: Security	Mastered	0.500	04/14/2009	WBT
SELECT	04/01/2009	OLS038	HIPAA Physical Safeguards: Module 4	Mastered	1.000	04/15/2009	WBT
SELECT	04/01/2009	OLS013A	HIPAA Module 1: Training For Members of the SC DMH Workforce	Mastered	1.000	04/14/2009	WBT
SELECT	04/01/2009	OLS014A	HIPAA Privacy Practices: Module II	Mastered	1.000	04/14/2009	WBT
SELECT	04/01/2009	OLS024A	Do's and Don'ts in Corporate Compliance and QA	Enrolled	1.000	04/06/2009	WBT
SELECT	03/31/2009	MT059	Psychosocial Rehabilitation 6 Day Training	Incomplete	18.000	04/06/2009	CLS
SELECT	03/25/2009	MT049	EMERGENCY PLANS AND PROCEDURES	Finished	1.000	03/26/2009	CLS
SELECT	03/20/2009	MT058	CULTURAL COMPETENCY TRAINING-VIDEO-MUSLIM PRACTICES	Finished	1.000	03/24/2009	CLS
SELECT	02/17/2009	MT059	Psychosocial Rehabilitation 6 Day Training	Finished	18.000	03/11/2009	CLS
SELECT	12/03/2008	MT006	Case Management	Finished	12.000	12/16/2008	CLS

4/4/6

			(Classroom)				
SELECT	12/02/2008	MT123	Cognitive Behavior Therapy (videoconferenced)	Finished	3.000	12/16/2008	VCT
SELECT	10/24/2008	ACT001	PERSON CENTERED TRAINING - PLANNING/INDEPENDENCE HOUSE	Finished	4.000	10/24/2008	CLS
SELECT	09/05/2008	ACT001	PSYCHOSOCIAL REHABILITATION SERVICES (PRS) TRAINING	Finished	2.000	09/24/2008	CLS
SELECT	07/14/2008	MT002	NEW EMPLOYEE ORIENTATION-EP&P, CORP. COMP.QA1,QA2, MIS	Finished	13.000	07/28/2008	CLS
SELECT	07/14/2008	MT002	NEW EMPLOYEE ORIENTATION (INFECTION CONTROL)	Finished	2.000	08/11/2008	CLS



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page generated Mon, 2 Jun 2014 19:14:47 UTC

4/97

COLUMBIA AREA MENTAL HEALTH CENTER
Employee Training Plan C (CAF)
(To be completed by supervisor at time of EPMS Planning Stage)

Employee: Harry Reese «First Name» «Last Name» **Unit:** «Program»

Supervisor: «Supervisor» **Phone Number:**

Rating Period From: «From» **To:** «To»

NOTE: Supervisors mark (X) any additional trainings employee will need this rating period.

	TRAINING EVENT	AVAILABILITY	FREQUENCY	WHO MUST ATTEND?	Date Completed
☒	Alcohol & Other Drugs & Their Interaction with Mental Illness	OLSO48	**One Time**	CMHC Co-Occuring Disorder Programs	
☒	Alcohol and Drug Confidentially Training	OLS153	Within 30 days of hire **One Time**	All Employees	5/27/14
☒	Bath Salts and Spice: Recent Trends in Designer Drugs	OLS156	**One Time**	All Clinical & nursing staff with patients of any age with addiction issues	5/27/14
☒	Screening for Co-Occurring Disorders (COD)	OLS157	**One Time**	All Staff administering the Screening process for co-occuring disorders	5/27/14
☒	Using the GAIN Short Screener (GAIN-SS)	OLS158	**One Time**	All staff administering the GAIN-SS	5/27/14
☒ ✓	Diagnosis of Co-occurring Disorders in Children and Adolescents, Part I	OLS138	Within 30 days of hire & Annually	All clinical and nursing staff working with children and adolescents with co-occurring disorders	5/27/14
✓	Diagnosis of Co-occurring Disorders in Children and Adolescents, Part II	OLS139	Within 30 days of hire & Annually	All clinical and nursing staff working with children and adolescents with co-occurring disorders	5/21/14
☒ ✓	Diagnosis of Co-occurring Disorders in Children and Adolescents, Part III	OLS140	Within 30 days of hire & Annually	All clinical and nursing staff working with children and adolescents with co-occurring disorders	5/27/14
☒	Intercultural Competence Framework	OLS143	Within 30 days of hire & Annually	All clinical and nursing staff working with children and adolescents with co-occurring disorders	5/27/14
☒	Child and Adolescent Development Part I	OLS144	Within 30 days of hire & Annually	All clinical and nursing staff working with children and adolescents with co-occurring disorders	5/27/14
☒	Child and Adolescent Development Part II	OLS145	Within 30 days of hire & Annually	All clinical and nursing staff working with children and adolescents with co-occurring disorders	6/2/14
☒	Families and Communities as Partners Part I	OLS146	Within 30 days of hire & Annually	All clinical and nursing staff working with children and adolescents with co-occurring disorders	6/2/14

NOTE: In-service means through CAMHC or DMH classroom training; OLS means computerized learning module through DMH Pathlore.
Rev 2/2012

OVER

4/99

	TRAINING EVENT	AVAILABILITY	FREQUENCY	WHO MUST ATTEND?	Date Completed
☒	Families and Communities as Partners Part II	OLS147	Within 30 days of hire & Annually	All clinical and nursing staff working with children and adolescents with co-occurring disorders	6/2/14
☒	Understanding Clinical and Adolescent Substance Abuse Part I	OLS149	Within 30 days of hire & Annually	All clinical and nursing staff working with children and adolescents with co-occurring disorders	6/2/14
☒	Understanding Clinical and Adolescent Substance Abuse Part II	OLS150	Within 30 days of hire & Annually	All clinical and nursing staff working with children and adolescents with co-occurring disorders	6/2/14

Pathlore) Rev 02/2012

ADDITIONAL TRAINING

	TRAINING EVENT		
☐			
☐			
☐			
☐			

500

Subject: Human Services Coordinator II Position
From: Harry Reese (HER08@SCDMH.ORG)
To: VLB93@SCDMH.ORG;
Date: Thursday, September 6, 2012 12:50 PM

Hello Ms. Brown:

Just merely following up with you in reference to my application for the Lower Richland Clinic/New Horizons Clubhouse Human Services Coordinator II position.

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.

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501

COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS.

Harry Reese

From: Harry Reese <hreese2005@yahoo.com>
Sent: Thursday, November 07, 2013 8:32 PM
To: Harry Reese
Subject: Fw: Application received by State of South Carolina

On Tuesday, November 5, 2013 10:24 PM, "info@governmentjobs.com" <info@governmentjobs.com> wrote:

PLEASE DO NOT REPLY TO THIS E-MAIL
If you reply to this email, your reply will *NOT* be read.
Instead, please contact State of South Carolina if you have questions.

Your application has been received by State of South Carolina for the Human Services Coordinator II (Chief Mental Health Counselor) position at 10:24 PM Eastern Time. Thank you for applying for employment with the State of South Carolina. We have received your application. Your application will be reviewed and considered for this position.

503

COLUMBIA AREA MENTAL HEALTH CENTER

2715 Colonial Drive, Building 100-B, Columbia, SC 29201
Phone (803) 898 - 4830 Fax (803) 898 – 4835

JOBS AVAILABLE

REVISED COPY

OPENING DATE: OCTOBER 31, 2013
CLOSING DATE: NOVEMBER 6, 2013

The Columbia Area Mental Health Center (CAMHC) is now recruiting for the positions listed below. Applicants must have the stated minimum education and experience or an accepted equivalent; note preferences shown for internal job titles. **Anyone interested in pursuing career opportunities may go to the website: www.jobs.sc.gov.** Any current DMH employees desiring a transfer into any of the listed positions should go to the link from our website: **jobs.sc.gov** to find DMH job listings. **The state application will be used in place of the HRS-93 currently in use for DMH employees.**

Columbia Area MHC Human Resources Office hours: 8:30 a.m. – 5:00 p.m., Monday – Friday (unless otherwise posted)

DMH is a drug-free workplace. All candidates will be required to pass a mandatory Pre-employment drug and alcohol test.

HUMAN SERVICES COORDINATOR II – Band 06/GA60 ($37,945 - $70,204)
A bachelor's degree and professional experience in human services or social services programs.

...ernal Title – Chief Mental Health Counselor

Location: Connections - #413

Agency Additional Requirements: A master's degree in guidance, counseling or the social sciences and three (3) years experience in a clinical counseling program. **Prefer:** Extensive knowledge and skill in providing services to the chronically mentally ill; minimum working knowledge of addiction.

Job Purpose: Coordinates and supervises staff within the Connections Program. Assists Adult Services Psychiatric Services Chief in planning and implementing clinical services in the Connections program and will carry out the directives of the Adult Services Psychiatric Chief. Provide advanced psychotherapeutic services which include assessment, crisis intervention, counseling services, and case management to an assigned caseload. Services will be provided primarily in a clinic-based setting but some opportunities may also require community outreach. **#413**
Minimum Hiring Level - $37,945

HUMAN SERVICES COORDINATOR I – Band 05/GA50 ($31,182 - $57,695)
A bachelor's degree and professional experience in human services or social services programs.

Internal Title – Mental Health Counselor III

Location: Transitions/ASGDC - #063

Agency Additional Requirements: A master's degree in guidance, counseling or the social sciences and two (2) years counseling experience of which must have been in a clinical setting.

Purpose: Will work under limited supervision and engage SPMI inmates from Alvin S. Glenn Detention Center who are being ...sed with a homeless disposition into treatment, contribute to the development of services at homeless shelters and interagency ...vice sites, and be a contributing member of the Forensics and Homeless Outreach team. **Prefer:** Able to demonstrate clinical skills, understand how to work with dual diagnosed SPMI/substance abusing-dependent homeless individuals being released from the local detention center and have knowledge of existing crisis and other types of transitional housing. **#063**
Minimum Hiring Level - $36,484

504

REGISTERED NURSE I – Band 05/EA20 ($31,182 - $57,695)
duation from an accredited school of nursing. Licensed as a registered nurse by the South Carolina Board of Nursing.

Internal Title – Nurse II

Location: **Link Nursing Program - #051**
Adult Clinic Services - #194

Agency Additional Requirements: A bachelor's degree in nursing and two (2) years experience; or a three (3) year diploma and two (2) years experience; or an associate degree in nursing and two (2) years experience as a registered nurse, one (1) of which must have been in a community health program. Licensed as a registered nurse by the South Carolina Board of Nursing.

Position one: Job Purpose: Provides nursing services for a defined target group requiring psychiatric nursing services in a large community mental health setting. **Prefer:** Good understanding of mental health illness and mental health services. **#051**
Minimum Hiring Level - $36,484

Position two: Job Purpose: Provides nursing services for a defined target group requiring psychiatric nursing services in a community mental health setting. **Prefer:** Good understanding of mental health illness and mental health services. **#194**
Minimum Hiring Level - $36,484

ADMINISTRATIVE SPECIALIST II – Band 03/AA50 ($21,063 - $38,975)
A high school diploma or GED. Related clerical experience may be substituted for a high school diploma.

Internal Title – Administrative Specialist B

ation: **Insights/Young Adults Program - #066**

gency Additional Requirements: A high school diploma and two (2) years of clerical experience; or an associate degree in secretarial science or other related field; or three (3) years clerical experience. Ability to type at a corrected rate of 35 words per minute.

Job Purpose: Performs a variety of advanced secretarial and administrative duties within a Community Rehabilitative Program. **Prefer:** An associate degree in secretarial science and the ability to type at a corrected rate of 55 words per minute; extensive knowledge of office management policies, practices and procedures. **#066**
Minimum Hiring Level - $21,063

Visit the website: jobs.sc.gov to find the complete Departmental listing.

We are an Equal Opportunity Employer

COLUMBIA AREA MENTAL HEALTH CENTER

2715 Colonial Drive, Building 100-B, Columbia, SC 29201
Phone (803) 898 - 4830 Fax (803) 898 – 4835

JOBS AVAILABLE

REVISED COPY

OPENING DATE: NOVEMBER 7, 2013
CLOSING DATE: NOVEMBER 13, 2013

The Columbia Area Mental Health Center (CAMHC) is now recruiting for the positions listed below. Applicants must have the stated minimum education and experience or an accepted equivalent; note preferences shown for internal job titles. **Anyone interested in pursuing career opportunities may go to the website: www.jobs.sc.gov.** Any current DMH employees desiring a transfer into any of the listed positions should go to the link from our website: **jobs.sc.gov** to find DMH job listings. **The state application will be used in place of the HRS-93 currently in use for DMH employees.**

Columbia Area MHC Human Resources Office hours: 8:30 a.m. – 5:00 p.m., Monday – Friday (unless otherwise posted)

DMH is a drug-free workplace. All candidates will be required to pass a mandatory Pre-employment drug and alcohol test.

HUMAN SERVICES COORDINATOR II – Band 06/GA60 ($37,945 - $70,204)
A bachelor's degree and professional experience in human services or social services programs.

...ernal Title – Chief Mental Health Counselor

Location: **Connections - #413**

Agency Additional Requirements: A master's degree in guidance, counseling or the social sciences and three (3) years experience in a clinical counseling program. **Prefer:** Extensive knowledge and skill in providing services to the chronically mentally ill; minimum working knowledge of addiction.

Job Purpose: Coordinates and supervises staff within the Connections Program. Assists Adult Services Psychiatric Services Chief in planning and implementing clinical services in the Connections program and will carry out the directives of the Adult Services Psychiatric Chief. Provide advanced psychotherapeutic services which include assessment, crisis intervention, counseling services, and case management to an assigned caseload. Services will be provided primarily in a clinic-based setting but some opportunities may also require community outreach. **#413**
Minimum Hiring Level - $37,945

HUMAN SERVICES COORDINATOR I – Band 05/GA50 ($31,182 - $57,695)
A bachelor's degree and professional experience in human services or social services programs.

Internal Title – Mental Health Counselor III

Location: **Transitions/ASGDC - #063**
CAF/Infant Services - #551

Agency Additional Requirements: A master's degree in guidance, counseling or the social sciences and two (2) years counseling experience of which must have been in a clinical setting.

...tion one: Job Purpose: Will work under limited supervision and engage SPMI inmates from Alvin S. Glenn Detention Center ... are being released with a homeless disposition into treatment, contribute to the development of services at homeless shelters ... interagency service sites, and be a contributing member of the Forensics and Homeless Outreach team. **Prefer:** Able to demonstrate clinical skills, understand how to work with dual diagnosed SPMI/substance abusing-dependent homeless individuals being released from the local detention center and have knowledge of existing crisis and other types of transitional housing. **#063**
Minimum Hiring Level - $36,484

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Position two: Job Purpose: Provides advanced assessment, crisis management, and short- and long-term individual, family, and group therapy services for children and their families who present with psychiatric, social, emotional, or behavioral disorders of infancy or early childhood. Services are provided in a clinic-based setting. **Prefer:** Extensive knowledge of principles and practices comprehensive mental health treatment and services for very young children (0-3 years old) and families. Licensure preferred. **051**
Minimum Hiring Level - $36,484

REGISTERED NURSE I – Band 05/EA20 ($31,182 - $57,695)
Graduation from an accredited school of nursing. Licensed as a registered nurse by the South Carolina Board of Nursing.

Internal Title – Nurse II

Location: **Link Nursing Program - #051**

Agency Additional Requirements: A bachelor's degree in nursing and two (2) years experience; or a three (3) year diploma and two (2) years experience; or an associate degree in nursing and two (2) years experience as a registered nurse, one (1) of which must have been in a community health program. Licensed as a registered nurse by the South Carolina Board of Nursing.

Job Purpose: Provides nursing services for a defined target group requiring psychiatric nursing services in a large community mental health setting. **Prefer:** Good understanding of mental health illness and mental health services. **#051**
Minimum Hiring Level - $36,484

Visit the website: jobs.sc.gov to find the complete Departmental listing.

We are an Equal Opportunity Employer

Subject: Application received by State of South Carolina

From: noreply@governmentjobs.com (noreply@governmentjobs.com)

To: hreese2005@yahoo.com;

Date: Friday, November 14, 2014 8:57 PM

------*---*---*---*---*---*---*---*---*---*---*---*---*---*---*---*---*---*

PLEASE DO NOT REPLY TO THIS EMAIL
If you reply to this email, your reply will *NOT* be read.

------*---*---*---*---*---*---*---*---*---*---*---*---*---*---*---*---*---*

Dear Harry Reese,

Your application has been received by **State of South Carolina** for the **Human Services Coordinator II (Chief Mental Health Counselor) #041** position at 11/14/2014 08:56 PM Eastern Time (US & Canada)

Thank you for applying for employment with the State of South Carolina. We have received your application. Your application will be reviewed and considered for this position.

509

COLUMBIA AREA MENTAL HEALTH CENTER

2715 Colonial Drive, Building 100-B, Columbia, SC 29201
Phone (803) 898 - 4830 Fax (803) 898 – 4835

JOBS AVAILABLE

OPENING DATE: **NOVEMBER 13, 2014**
CLOSING DATE: **NOVEMBER 19, 2014**

The Columbia Area Mental Health Center (CAMHC) is now recruiting for the positions listed below. Applicants must have the stated minimum education and experience or an accepted equivalent; note preferences shown for internal job titles. **Anyone interested in pursuing career opportunities may go to the website: www.jobs.sc.gov.** Any current DMH employees desiring a transfer into any of the listed positions should go to the link from our website: **jobs.sc.gov** to find DMH job listings. **The state application will be used in place of the HRS-93 currently in use for DMH employees.**

Columbia Area MHC Human Resources Office hours: 8:30 a.m. – 5:00 p.m., Monday – Friday (unless otherwise posted)

DMH is a drug-free workplace. All candidates will be required to pass a mandatory Pre-employment drug and alcohol test.

PSYCHIATRIST (NON-CERTIFIED) – Band 00/9301

Licensed to practice medicine in South Carolina and completion of required residency in psychiatry. Board certification in psychiatry strongly preferred, and required for certified classes.

Location: **Medical Services/CAF - #406**

Job Purpose: Exercises medical responsibility for the Child and Adolescent Programs. Interviews, examines, diagnoses and treats mental disorders of patients. Performs professional duties requiring analysis of broad problems and planning of various interrelated activities within assigned section. **#406**

HUMAN SERVICES COORDINATOR II – Band 06/GA60 ($38,703 - $71,608)

A bachelor's degree and professional experience in human services or social services programs.
Internal Title – Chief Mental Health Counselor

Location: **Link Program - #041**

Agency Additional Requirements: A master's degree in guidance, counseling or the social sciences and three (3) years experience in a clinical counseling program.

Job Purpose: Plans, implements, coordinates, and supervises staff within the Link Program an intensive clinic based program for adults with serious and persistent mental illness. **Prefer:** Extensive knowledge and skill in providing services to the chronically mentally ill; also the ability to do concurrent documentation. **#041**
Minimum Hiring Level - $38,703

HUMAN SERVICES COORDINATOR I – Band 05/GA50 ($31,805 - $58,848)

A bachelor's degree and professional experience in human services or social services programs.
Internal Title – Mental Health Counselor III

Location: **Alvin S. Glenn Detention Center - #063**
Link Program - #067
Connections - #083
CAF/School Based Services - #102
CAF/School Based Services - #103
CAF/School Based Services - #507
CAF/Infant Services - #551

S10

Agency Additional Requirements: A master's degree in guidance, counseling or the social sciences and two (2) years counseling experience of which must have been in a clinical setting.

Position one: Job Purpose: Will work under limited supervision and engage SPMI inmates from Alvin S. Glenn Detention Center who are being released with a homeless disposition into treatment, contribute to the development of services at homeless shelters and interagency service sites, and be a contributing member of the Forensics and Homeless Outreach team. **Prefer:** Able to demonstrate clinical skills, understand how to work with dual diagnosed SPMI/substance abusing-dependent homeless individuals being released from the local detention center and have knowledge of existing crisis and other types of transitional housing. **#063**
Minimum Hiring Level - $37,213

Position two: Job Purpose: Provide intensive case management to adult clients with co-occurring disorders (serious mental illness, substance abuse). The goal of this position is to prevent re-hospitalization, enhance community placement and recovery. **Prefer:** Extensive knowledge and skills in providing services to the chronically mentally ill; working knowledge of addiction; also the ability to do concurrent documentation. **#067**
Minimum Hiring Level - $37,213

Position three: Job Purpose: Responsible for case management of a diverse and challenging consumer population of adults with chronic psychiatric disorders. Program is designed to be performed on an outpatient basis and to prevent re-hospitalization and enhance community placement. **Prefer:** Able to provide services to serious, persistent mentally ill persons and the dually diagnosed; able to work constructively with families; also the ability to do concurrent documentation. **#083**
Minimum Hiring Level - $37,213

Position four: Job Purpose: Provide advanced assessment, crisis management, short- and long-term individual and family therapy, and case management services for children and their families who present with psychiatric needs. The main goal of interventions will be to reduce psychiatric symptomatology and increase positive functioning within a variety of ecological systems. Services are delivered in school-based settings. **Prefer:** The ability to perform child and adolescent (birth to 18 years of age) mental health assessments, assign DSM-IV diagnoses, assess levels of potential lethality of suicidal/homicidal behavior/ideation, develop treatment plans, and manage the treatment of children and adolescents; familiarity with child and adolescent stages of development. Licensure preferred. **#102**
Minimum Hiring Level - $37,213

Position five: Job Purpose: Provide advanced assessment, crisis management, short- and long-term individual and family therapy, and case management services for children and their families who present with psychiatric needs. The main goal of interventions will be to reduce psychiatric symptomatology and increase positive functioning within a variety of ecological systems. Services are delivered in school-based settings. **Prefer:** The ability to perform child and adolescent (birth to 18 years of age) mental health assessments, assign DSM-IV diagnoses, assess levels of potential lethality of suicidal/homicidal behavior/ideation, develop treatment plans, and manage the treatment of children and adolescents; familiarity with child and adolescent stages of development. Licensure preferred. **#103**
Minimum Hiring Level - $37,213

Position six: Job Purpose: Provide advanced assessment, crisis management, short- and long-term individual and family therapy, and case management services for children and their families who present with psychiatric needs. The main goal of interventions will be to reduce psychiatric symptomatology and increase positive functioning within a variety of ecological systems. Services are delivered in school-based settings. **Prefer:** The ability to perform child and adolescent (birth to 18 years of age) mental health assessments, assign DSM-IV diagnoses, assess levels of potential lethality of suicidal/homicidal behavior/ideation, develop treatment plans, and manage the treatment of children and adolescents; familiarity with child and adolescent stages of development. Licensure preferred. **#507**
Minimum Hiring Level - $37,213

Position seven: Job Purpose: Provide advanced assessment, crisis management, short- and long-term individual, family, and group therapy services for children and their families who present with psychiatric, social, emotional, or behavioral disorders of infancy or early childhood. Services are provided in a clinic-based setting. **Prefer:** Extensive knowledge of principles and practices of comprehensive mental health treatment and services for very young children (0-3 years old) and families; also the ability to do concurrent documentation. Licensure preferred. **#551**
Minimum Hiring Level - $37,213

Visit the website: jobs.sc.gov to find the complete Departmental listing.

We are an Equal Opportunity Employer

511

Harry Reese

From: Karen Brown
Sent: Thursday, November 13, 2014 11:36 AM
To: 3DCOLAADM-DL; 3DCOLAIDH-DL; 3DCOLAMHC-DL
Subject: CAMHC Jobs Available November 13 - 19, 2014
Attachments: CAMHC Jobs Available Nov 13 - 19, 2014.doc

Please post for those employees who do not have access to e-mail.

Thanks,

Karen O. Brown
Columbia Area MHC/Human Resources
2715 Colonial Drive
Columbia, SC 29203
Phone: (803) 898-4830
Fax: (803) 898-4835

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5/2

(F) The function of today's services was to address housing issues verbalized by the client/to reduce hostility/promoting recovery.

(I) Provided clt w/Crisis Intervention services; redirected agitation/allotted time for self-expression/attentively listened; discussed outcome of SPD explaining the doctor's recommendations/instructions of the CM; offered and provided clt w/a list of shelters/boarding homes and encouraged/instructed clt to use the telephone in the clinic's lobby to initiate contact w/the provider's to secure placement; inquired/encouraged ongoing med compliance w/in any settings selected and processed with clt of the importance of avoiding AOD use/advised against usage/informed clt that CM would conduct random UDS/offered and explained strategies used to aid in preventing AOD use/requested clt to recall skills acquired to assess focus/comprehension/encouraged application/reporting outcome to staff during his next scheduled appt; and monitored for acute symptoms throughout the session.

(R) Mr. Fair presented to the clinic agitated requesting to see the CM regarding placement issues. Clt was agitated with a loud tone/intervention produced some noticeable change AEB clt appropriately verbalizing his thoughts. Mr. Fair states..."Mr. Nickles said I need to go to court. I need to summons the court. He said there's no need of staying there if I don't get services. He said the people staying there need services. I need what Dr. Patel said in writing. What she said about me going to work and stuff. Basically transferring me to ACS and stuff rather than going to New Horizon. I would only see the doctor every three months at ACS. Basically what she telling me is that I only need a shot and a doctor's appt and there's no need for structured living. I don't think I need structured living. I didn't need structured living before. There's no reason for me to stay there...ain't going to no groups or nothing. She states that I don't need services. But that's stupid to me. Clt was receptive of list of housing providers/guidance offered; self-reported med compliance/informed staff that he would present to receive his injection as scheduled; clt denied AOD use stating..."I don't want it no more. I got things to do like get a job and see my daughter". Clt receptive of strategies offered/able to relevantly recall skills obtain upon probed/acknowledged random UDS; No AVH were observed.

(P) Moderate Progress – clt presented agitated; however, receptive of interventions and services; met topic relevancy; self-reported med compliance; stable at end of session.

(P) Mr. Fair to return to the clinic next week as scheduled for f/u; to ensure med compliance, to conduct UDS; and to continue receiving essential services designed to aid in preventing decompensation.

I received a report stating that on last week that Mr. Fair was inappropriate with a staff member, Ms. Cox, asking her about her personal life and having a boyfriend. Mr. Nickles states that Ms. Cox redirected the clt's behavior. However, Mr. Nickles states that. Ms. Monica, another New

S13

Created: 7-31-14
Modified: 8-4-14
Accessed: 8-4-14
Witness: C.B.C.Fair

Alpha employee, informed him that on today she received a called from Ms. Cox stating that Mr. Fair was inappropriate with her again on last night.

Fair

Met w/TX team to discuss clt's current status; informed team that clt denies symptoms/current AOD use; informed team of clt's desire to relocate to a less restrictive placement to seek and secure employment/reviewed and discussed clt's current court order ordering clt to reside in restrictive placement for up to 12 months; and discussed clt's desire to receive MH services via New Horizon; discussion took place.

Dr. Patel recommended referring clt to ACS based on his current need/the function of the New Horizon's program; provide clt with a list of shelters/boarding homes to seek/secure alternate placement informing/advising the CM against aiding clt in securing placement that's not structured based on the conditions of his current court order; and informed/encouraged CM to advise/encourage clt to seek/attend community AA/NA support groups.

Gilmore

Met with TX team to discuss clt's current MH (delusional/paranoid/hyperverbal) and placement status; informed team that clt is usually combative which is one of the major reason that she continues to remain in jeopardy of losing her placement at Transitions; discussed current POC/informed team that clt continues to refuse to sign her current TX plan; discussion took place.

Dr. Patel recommended only providing clt w/PMA services until a level of stabilization has been achieved which will include offering the clt the option of receiving a monthly injection; Furthermore, Dr. Patel states that the clt's demanding, manic and disruptive behaviors would interfere with the TX of group members.

Thomas 9:00 a.m.

Met w/the TX team to discuss the clt's current status; informed team that the clt was accepted into the CM Tucker Nursing Care Center and requested authorization to close clty's case; discussion took place.

Dr. Patel recommended case closure since the clt's was receiving appropriate services.

Jones 9:15 a.m.

Client's case was staffed with Dr. Patel and Impact. Reviewed screening information to determine if client meets the criteria for intensive services. Mr. Jones is a 45 year old AA male with a diagnosis of Schizoaffective Disorder. He has had multiple hospitalizations for suicide attempts. Clt also has a hx of non-med compliance which also contributed to his hospitalizations. Currently lives independently w/his live-in gf. He has a legal history in which he has been

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Created: 7-31-14
Modified: 8-4-14
Accessed: 8-4-14
Witness: K-BC/Jess

incarcerated for use of a vehicle w/out consent/petty larceny/violating his restraining order of which he threatened to kill an ex-girlfriend. Clt also has an August 11th court date for Petty Larceny. Client has history of cannabis and crack use. Mr. Jones also is HIV positive.

Physician Recommendations: Dr. Patel recommends (1) Accept client into Impact; (2) Inform current case manager of client's acceptance into Impact; and (3) Schedule PMA with Impact.

Bristol 9:30 a.m.

Client's case was staffed with Dr. Patel and Impact. Reviewed screening information to determine if client meets the criteria for intensive services. Mr. Bristol is a 25 year old Caucasian male with a diagnosis of Schizophrenia, Undifferentiated Type and Cannabis Abuse. He has had multiple hospitalizations/self-reports hx of non-med compliance. Currently lives in a local shelter. He has a legal history in which he has been incarcerated for trespassing/loitering stating that he wasn't stable and wasn't on his medications. Client is currently court ordered for MH TX. Client has history of cannabis use.

Physician Recommendations: Dr. Patel recommends (1) Accept client into Impact; (2) Inform current case manager of client's acceptance into Impact; and (3) Schedule PMA with Impact.

Corley 9:45 a.m.

Client's case was staffed with Dr. Patel and Impact. Reviewed screening information to determine if client meets the criteria for intensive services. Ms. Corley37 is a 37 year old Caucasian female with a diagnosis of Major Depressive Disorder, Recurrent, Severe Without Psychotic Features; Alcohol Dependence; and Anxiety Disorder NOS. She has had multiple hospitalizations/self-reports hx of non-med compliance; informed team that clt was evicted from the Oxford House program for presenting a positive drug screen for Benzos/Marijuana and residing in a car w/her bf. She has a legal history in which he has been incarcerated for CDV, Resisting Arrest, Breach of Peace, and DUI/clt denied current legal issues/charges . Client is currently court ordered for MH TX. Informed the team that clt states that she prefers to continue receiving psychiatric services via her current psychiatrist – Dr. Igama.

Physician Recommendations: Dr. Patel recommends (1) Accepting client into Impact contingent upon the clt's willingness to allow Dr. Patel to serve as her psychiatrist w/in ensuring continuity of care; (2) informing current case manager of the doctor's recommendation; and (3) encouraging the clt's CM to submit a Judicial for chemical dependency.

515

Fair Generic 8-4-14

9:09 a.m. Ms. Tommi Marquec of LRADAC contacted and informed the CM that Mr. Fair contacted/informed her that he needed a place to stay. She states that he informed her that he was staying in a hotel. She further deduced that based on her conversation w/the clt, that he had exhausted all of his Social Security benefits received on 8/1/14. Ms. Marquec states that LRADAC would aid the clt in securing placement/that she would call him and discuss his options.

12:34 p.m. Mr. Fair contacted/informed the CM that he required placement. Upon inquiring of his intentions of residing with his cousin, Mr. Fair replied..."That didn't work out. They were still using". Upon probed for clarity regarding using, clt replied "Marijuana". Clt states that he was stressed out. He states that he depleted all of his SS funds on..."Hotel room, cabs, and eating". Upon inquiring as to the reason that the clt secure placement via the list provided by the CM, Mr. Fair replied..."I called and they say I wasn't a good candidate". CM informed clt that he needed to discuss his current status w/another staff member and provide a return call to discuss outcome. Clt was receptive.

CM consulted with Ms. Priscilla Addison regarding the clt's current status. Ms. Addison advised the CM to inform the clt that his options at this point was a shelter due to depleting all of his funds/to contact LaSonya to determine bed availability.

12:44 p.m. CM returned clt's called and discussed options provided by Ms. Addison (shelter). Mr. Fair replied..."I called Oliver Gospel Mission and they say the was full". CM informed clt that he would contact Transitions to determine bed availability/would provide him w/a call back. Clt receptive.

12:46 p.m. CM contacted/inquired of bed availability at Transitions. LaSonya states that she would contact the appropriate personnel and provide CM w/the outcome.

12:57 p.m. Ms. LaSonya contacted/apprised the CM of a bed availability. She advised the CM to inform the clt to present at the shelter before 5:00 p.m. to receive a bed. CM that Ms. LaSonya.

12:58 p.m. CM contacted the clt and apprised him of the outcome w/LaSonya. Mr. Fair replied..."I can't go until tomorrow. I've already paid for another night". CM discussed the consequence of not presenting to the shelter as requested informing him that a bed may not be available on tomorrow. Clt replied..."I don't know. I'm confused right now. I'll call you back and let you know what I decide to do". CM reminded clt of the benefits of having placement for 30 days rather than just merely a night. Mr. Fair repeated..."I'll call you back if things change".

5/6

Harry Reese

..om: Harry Reese
Sent: Thursday, August 22, 2013 1:12 PM
To: Zenika N. Jarvis
Subject: HIPPA Investigation & Report

Ms. Zenika:

Please provide me with a copy or your HIPPA violation fact finding investigation surrounding the August 8, 2013 incident of the clients that formerly resided at the New Alpha Foundation program. As shared with you and others, I was unaware of the client's Case Manager intentions to relocate the client to another placement as reported by the client. Thank you for your attention in this extremely important matter.

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
x: (803) 898-4040

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SP

Harry Reese

From: Harry Reese
Sent: Wednesday, September 04, 2013 8:53 AM
To: Harold Edwards
Subject: RE: Report

Harold:

I've decided to wait until Zenika provides me with a copy of her HIPPA report to submit my somewhat comprehensive report to you, senior management and external resources.

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: 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 'mit not only internally; however, externally as well as mentioned to you and Dr. Riddle. I just feel that since ɔu're my immediate supervisor, it is appropriate, respectful, and necessary for you to see all the hell that I've ɹeen 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.
MHP
CONNECTIONS
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Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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Harry Reese

..om:	Harry Reese
Sent:	Friday, September 06, 2013 11:14 AM
To:	Zenika N. Jarvis
Subject:	RE: HIPPA Investigation & Report
Importance:	High

Ms. Zenika:

This is a follow-up referencing my email correspondence provided to you on August 22, 2013. From our conversation on 9/3/13, you informed me that you hadn't submitted your findings. Question: As the HIPPA Representative, have you completed your investigation and submitted your findings to the appropriate authorities? If so, please provide me with a copy of your findings as previously requested. Ms. Zenika, please define an "Unauthorized Source". In addition, please discuss how listening to a caretaker (someone that provides and prepares meals for the clients residing in his/her placement; purchases shoes, clothing and hygiene products for the clients as needed; pays for all the clients medication co-pays and purchases that resides in his/her placement; ensures that clients attends all his/her mental health appointments, pays for haircuts; etc., etc, etc. without requesting any reimbursement by the clients be describe as an "Unauthorized Source" under HIPPA when the mental health staff placed the client at the placement via a probate court order for structured placement) violates HIPPA. As previously shared with you, I only listened and documented the information shared by the caretaker. Furthermore, as shared with you previously, I offered no guidance, advice, etc., etc., . to the caretaker. I just merely listened and documented the caretaker's account of the alleged 8-27-13 ncident as well as documented the reason that caretaker contacted this Columbia Area Mental Health Center professional. If any caretaker present such an account such as the one provided by the caretaker reporting the incident and states that his/her calls are being ignored by the client's Case Manager (CM) and the CM's supervisor, isn't it imperative that I listened and document the shared information; moreover, apprise the appropriate personnel to help aid in ensuring the mental health stability of the client. The marquee out front displays Columbia Area Mental Health Center, not Connections, The Link, Impact, etc., etc. etc. Are we not a team within meeting the needs of the population that we serve? Are we not to listen to those that could aid in meeting the holistic needs; i.e., mental, social, physical, medical, etc. needs of the client's that we serve? My demonstrated effort on 8/29/13 wasn't to harm the clients or the agency, but merely to help the clients involved and prevent the agency from possible liability issues. So please tell me again, how did I violate HIPPA when I'm performing my duties as the agency's mission statement states; moreover, as the client and taxpayers requires, demands, expects, etc. etc., etc.?

Question: Because the caretaker in question aids the clients residing in his placement in meeting their needs and not expecting reimbursement, under HIPPA, should this communication been billed under Family Support to assist the caregiver in improving the quality of life for the client that through taking another client's medication (a controlled substance) experienced a bad reaction of which according to the caretaker after the client, authorized the caretaker to communicate with the attending ER physician, discovered that the client suffered a seizure and that the inappropriate use of the controlled substance could have been deadly.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP

$20

CONNECTIONS
2715 Colonial Drive, Bldg 200-A
lumbia, SC 29203
)3) 898-0851
Fax: (803) 898-4040

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From: Harry Reese
Sent: Thursday, August 22, 2013 1:12 PM
To: Zenika N. Jarvis
Subject: HIPPA Investigation & Report

Ms. Zenika:

'lease provide me with a copy or your HIPPA violation fact finding investigation surrounding the August 8, 2013 incident of the clients that formerly resided at the New Alpha Foundation program. As shared with you and others, I was unaware of the client's Case Manager intentions to relocate the client to another placement as reported by the client. Thank you for your attention in this extremely important matter.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
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Harry Reese

From: Harry Reese
Sent: Thursday, October 31, 2013 8:48 AM
To: Zenika N. Jarvis
Subject: RE: HIPPA Investigation & Report

Importance: High

Ms. Zenika:

Please provide me with a copy of your completed HIPPA report.

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: Friday, September 06, 2013 11:14 AM
To: Zenika N. Jarvis
Subject: RE: HIPPA Investigation & Report
Importance: High

Ms. Zenika:

This is a follow-up referencing my email correspondence provided to you on August 22, 2013. From our conversation on 9/3/13, you informed me that you hadn't submitted your findings. Question: As the HIPPA Representative, have you completed your investigation and submitted your findings to the appropriate authorities? If so, please provide me with a copy of your findings as previously requested. Ms. Zenika, please define an "Unauthorized Source". In addition, please discuss how listening to a caretaker (someone that

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provides and prepares meals for the clients residing in his/her placement; purchases shoes, clothing and hygiene products for the clients as needed; pays for all the clients medication co-pays and purchases that resides in his/her placement; ensures that clients attends all his/her mental health appointments, pays for haircuts; etc., etc, etc. without requesting any reimbursement by the clients be describe as an "Unauthorized Source" under HIPPA when the mental health staff placed the client at the placement via a probate court order for structured placement) violates HIPPA. As previously shared with you, I only listened and documented the information shared by the caretaker. Furthermore, as shared with you previously, I offered no guidance, advice, etc., etc., etc. to the caretaker. I just merely listened and documented the caretaker's account of the alleged 8-27-13 incident as well as documented the reason that caretaker contacted this Columbia Area Mental Health Center professional. If any caretaker present such an account such as the one provided by the caretaker reporting the incident and states that his/her calls are being ignored by the client's Case Manager (CM) and the CM's supervisor, isn't it imperative that I listened and document the shared information; moreover, apprise the appropriate personnel to help aid in ensuring the mental health stability of the client. The marquee out front displays Columbia Area Mental Health Center, not Connections, The Link, Impact, etc., etc. etc. Are we not a team within meeting the needs of the population that we serve? Are we not to listen to those that could aid in meeting the holistic needs; i.e., mental, social, physical, medical, etc. needs of the client's that we serve? My demonstrated effort on 8/29/13 wasn't to harm the clients or the agency, but merely to help the clients involved and prevent the agency from possible liability issues. So please tell me again, how did I violate HIPPA when I'm performing my duties as the agency's mission statement states; moreover, as the client and taxpayers requires, demands, expects, etc. etc., etc.?

Question: Because the caretaker in question aids the clients residing in his placement in meeting their needs and not expecting reimbursement, under HIPPA, should this communication been billed under Family Support to assist the caregiver in improving the quality of life for the client that through taking another client's medication (a controlled substance) experienced a bad reaction of which according to the caretaker after the client, authorized the caretaker to communicate with the attending ER physician, discovered that the client suffered a seizure and that the inappropriate use of the controlled substance could have been deadly.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
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From: Harry Reese
nt: Thursday, August 22, 2013 1:12 PM
.o: Zenika N. Jarvis
Subject: HIPPA Investigation & Report

Ms. Zenika:

Please provide me with a copy or your HIPPA violation fact finding investigation surrounding the August 8, 2013 incident of the clients that formerly resided at the New Alpha Foundation program. As shared with you and others, I was unaware of the client's Case Manager intentions to relocate the client to another placement as reported by the client. Thank you for your attention in this extremely important matter.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
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525

Harry Reese

From: Harry Reese
Sent: Thursday, June 19, 2014 9:48 AM
To: Leslie Y. Bracey
Cc: Zenika N. Jarvis
Subject: Room 147 Reservation

Importance: High

Dear Ms. Bracey:

Please reserve Group Room 147 to me for the Enhancing Recovery Group on Tuesdays from 11:00 a.m. – 12:00 p.m. If you have any questions or concerns, please consult with Ms. Jarvis.

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

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6/19/14 Dr. Bank visited the clinic @ 11:00 a.m. However, the reason for his visit was unknown by me. He walked past my office

Harry Reese

From: Harry Reese
Sent: Thursday, June 19, 2014 8:58 AM
To: Zenika N. Jarvis
Subject: FW: Group Schedule (2)
Attachments: Group Schedules - Previous.pdf; Group Schedule (2).doc

Importance: High

Dear Ms. Jarvis:

Recently you've denied me the use of a Group Room 147 that I've requested citing that my use of the requested room would impede on the Links team treatment team meeting (9:00 a.m. - 10:00 a.m.) and MHC group meeting (12:00 p.m. - 1:30 p.m.). Both of your rationales that you've cited has no merit and shouldn't be used to prevent me from using the room as requested. As a former Connections team member, I'm acutely aware that our staffings has never been two hours long neither has the Links' staffings. As far as MHC group, certainly we'll depart the room before MHC's group starts which their group start time is the time of which I eat lunch; moreover, I certainly wouldn't interfere with the client's pick-up time via the Logisticare transportation service.

I've used the requested group room in the past. In fact, on the same day and time of which I'm requesting the use of the room once again and no other staff member has secured the day and time slot for Room 147; :efore, I shouldn't be prevented from using it now. I perceived your current interference as being harassing ased on the aforementioned and the following. Since my return to work and the AIS building, Mr. Long has allowed me to enter into my former office four times without interference or permission from you. Upon requesting of Mr. Long that I enter my former office for the last time on yesterday to retrieve the hole puncher and stapler left in the office, Mr. Long merely replied..."You have to ask Zenika". He's the supervisor of Connections; therefore, he has the authority to allow me to enter into my former office without any interference from you. Unless CAMHC's senior administrative staff; i.e., Dr. Bank, Dr. McNeil, Ms. Brown, etc. has instructed you to prevent me from using the group room or even being on that end of the building, you have no authority to restrict my use of any group rooms within the building if they are available. If the CAMHC's senior administrative staff has provided you with such directive, please have them place their directive in writing and surely I will abide. However, if they have not provided you with such directive, please do not interfere and prevent me from using the room as requested of which Ms. Bracey was receptive of my initial request.

On today, I went into the administrative office and requested the old schedules which will apprise you that I used Group Room 147 previously without interference from anyone; therefore, I shouldn't be prevented from using the room as requested once again. Attached also is the new "Group Schedule" provided to me by Ms. Bracey. I prefer using Group Room 147 because it's more comfortable and the set-up is beneficial.

Ms. Jarvis, in line with the Chain of Command, if my request is not granted, I have no other recourse but to submit my complaint in writing to my supervisor requesting a consult with you. If no resolve is established after consult, I'll submit a Harassment Complaint to the CAMHC's Human Resource Office in hopes of .dressing this harassing matter.

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Finally, on today, I'll email Ms. Leslie to assign Group Room 147 to me on the scheduled date and time (Tuesdays @ 11:00 a.m.) as previously requested and request that she consult with you if there are any estions or concerns.

Respectfully,

Harry Reese Sr.

Thanks,
Harry E. Reese Sr.
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From: Leslie Y. Bracey
Sent: Wednesday, June 18, 2014 10:41 AM
To: Harry Reese
Subject: Group Schedule (2)

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Harry Reese

ɔm: Avis Buchanan
Sent: Tuesday, June 24, 2014 12:24 PM
To: Harry Reese; Zenika N. Jarvis
Subject: RE: Meeting Concerns

Good afternoon, Mr. Reese,
Thank you for your comments, hopefully Vicki will be able to assist.
Avis

Avis M. Buchanan, MSN, RN-BC, MSS, MHP
Nurse Administrator
Columbia Area Mental Health Center
Adult Clinic Services/Clinical Support Services
2715 Colonial Drive, Bldg. 200-A
Columbia, South Carolina 29203
Office No. 803 898-1884 or 803 898-4867
Fax No. 803 898-4899 or 803 898-2194

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From: Harry Reese
Sent: Tuesday, June 24, 2014 9:42 AM
To: Avis Buchanan; Zenika N. Jarvis
Subject: Meeting Concerns
Importance: High

Dear Ms. Buchanan and Ms. Jarvis:

Thank you for meeting with me on yesterday to discuss the group room reservation for format. Although I'm not pleased with the final outcome, I'm receptive of it; however, I must place my thoughts in writing concerning the events discussed in the meeting which some are truly alarming.

First, I was informed by Ms. Jarvis that I was unable to use the group room based on the following reasons: The Link's 9:00 a.m. staffing and Mental Health Court's 12:00 p.m. group meeting (both held on Tuesdays) of ⁻ich Ms. Jarvis basically stated that I would impede on the identified groups times slots which clearly isn't the ɜe based on history and the time of which I've requested the use of the room. Question: As you shared with ııe on yesterday a new group room reservation format is currently in existence, of which I wasn't apprised of during Ms. Jarvis and I discussion on 6/18/14, will Mental Health Court be requested to move to room 175 as I

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am now being forced to do? Although you discussed that the Link team will be required to conduct groups and the four nurses may desire to conduct a group as well, I'm still concern as to how my one hour on Tuesdays in oup room 147 will impede their efforts The Links staffing starts at 9:00 a.m. and based on history, no eatment team staffing has ever lasted 2 hours; therefore, my group time wouldn't interfere in that process; Mental Health Court's group starts at 12:00 p.m., my lunch time and possible some client's pick-up times via their transportation; therefore, no problems will be observed during this time.

Secondly, Ms. Jarvis states that during our conversation on 6/18/14 that she wasn't afforded with the opportunity to discuss additional rationales as to the reason that "I" was unable to use Group Room 147. This is entirely untrue. Our conversation was completed and appropriately terminated. Moreover, as shared with you and Ms. Jarvis, in her role as the Space Utilization Coordinator which according to you she has held for some time, leading with the rationale that you offered during the meeting as to the reason that I was unable to use Group Room 147 as requested surely would have negated the need of offering the two rationales that Ms. Jarvis provided: The Link's 9:00 a.m. staffing and Mental Health Court's group meeting. Ms. Buchanan, as you stated in yesterday's meeting, a discussion regarding Group Room 147 over usage and the Link staff conducting groups were discussed well before I was re-assigned back to the AIS building; therefore, surely Ms. Jarvis could have lead with this rationale rather than the two rationales that she offered. Although she stated that my approach when visiting her office in some regards didn't allow her to entirely convey her thoughts this too is untrue; moreover, leading with your rationale would have clearly cleared things up and our meeting yesterday wouldn't have been needed. Let's examine Ms. Jarvis' observation of my approach to her while visiting her office. First and foremost, I presented myself professional to discuss the matter and the meeting was terminated due no other rationales were offered. Furthermore, my approach was again professional in that, Ms. Jarvis door s open, I was standing in her doorway, and none of Ms. Jarvis' staff had to visit her office to intervene to any nappropriate behavior that I allegedly displayed.

Thirdly, during this meeting Ms. Jarvis consistently stated that she was uncomfortable; however, she consistently offered no rationale as to the reason that she was uncomfortable upon consistently probed by myself. What is the premise for her feeling uncomfortable in my presence? Did she start feeling uncomfortable upon my return to the AIS building? Did it stem from me documenting the facts of our 6/18/14 meeting? Why wasn't her feelings of being uncomfortable discussed prior to our meeting on yesterday? In fact, our meeting on yesterday was about the use of Group Room 147 which for some strange reasons, her feelings on being uncomfortable in my presence surfaced. Ms. Jarvis wasn't presence during my emotional break behind closed doors on April 23, 2014; therefore, surely that couldn't have made her uncomfortable. As Ms. Jarvis' role as the Privacy personal, she consistently interviewed me regarding the alleged HIPPA violation, which by the way was a hellacious time for me, and not one time did she ever discussed with me that she was uncomfortable during this process. Even after her investigation, I've consistently requested a copy of her final HIPPA report and never has she provided to me. Even after consistently requesting a copy of her report and not receiving it, I never approached her in an unprofessional manner regarding her refusal to provide me with a copy her findings of the investigation. I've always supported her fundraising efforts going above and beyond. I've always treated her with the upmost respect. There hasn't been any past discussions, reports, etc. from any member of management (to include Ms. Jarvis) or subordinate staff stating that she was uncomfortable in my presence. With the aforementioned examples being duly noted, what is her premise for stating that she was comfortable? Again, Ms. Jarvis was unable to provide any rationale upon respectfully probed during our meeting.

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I'm requesting that Ms. Jarvis, if she hasn't already, document and present her feelings of being comfortable in my presence to Human Resources so that an investigation and an open dialogue can take place to address her verbalized concern.

Finally, during our meeting on yesterday, Ms. Jarvis define what I perceive as dialogue to get past this matter as back and forth of which she stated that where she's from, they don't do back and forth. Her definition as shared with both of you made me feel disrespected; in that, it clearly demonstrates that the subordinate staff doesn't have a voice. This too can be demonstrated in the following recent example: After our collaborative documentation training a staff member stated that they didn't verbalized their concern in the meeting, because they (management) were going to do what they wanted to do anyway; therefore, it wasn't no reason for the staff member to offer their concerns regarding the new documentation process. We all are important, adults, educated, etc., etc. etc., therefore, we should be able to respectfully verbalize our thoughts and feelings without the feeling of being devalued and restricted because we're not a member of management. As shared with both you and Ms. Jarvis, any discussion is warranted to aid in establishing a resolve that's beneficial to all stakeholders – especially to the population of which we serve. It's obvious that documenting my concerns have made individuals feel uncomfortable; therefore, this will be my last written communication regarding this matter. It's important that I document to protect me from individuals unwarranted claims of myself being threatening, disrespectful, unprofessional, etc., etc., etc., but again, this is my last communication regarding this matter. Again, I respectfully request that Ms. Jarvis place in writing the reasons that she was so compelled to disclose that she was uncomfortable with me and present them to Human Resource so that an investigation can be initiated; moreover, she could feel safe in my presence; moreover, to maintain a harmonious working environment. I will be following up with Ms. Brown on Thursday, 6/26/14 to discuss this matter.

Respectfully,

Harry E. Reese Sr.
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S31

Harry Reese

From:	Harry Reese
Sent:	Thursday, June 26, 2014 9:15 AM
To:	Robert Bank; Deanna McNeil; Avis Buchanan; Vickie Brown
Subject:	FW: Group Schedule (2)
Attachments:	Group Schedules - Previous.pdf; Group Schedule (2).doc
Importance:	High

Dear CAMHC Administrative Senior Management Staff:

I'm emailing this correspondence to request that an investigation be launched concerning two concerns - Ms. Jarvis' verbalized feelings of being uncomfortable in my presence (of which she offered no rationale as to the reason that she was uncomfortable upon probed on several occasions) and my inability to have full access to the AIS building (please reference June 19, 2014 and June 24, 2014 emails which will apprise you of this current matter). I'm submitting my concerns and request to you via forwarding June 19, 2014 email.

Ms. Jarvis states that she denied my access to my former office due to client's hard files being left in the office since my absence starting on April 23, 2014 and wanted to ensure the privacy of the clients. I left the AIS building on April 23, 2014, returned to the AIS building on June 10, 2014 and asked to enter into my former office for the fifth time to retrieve the hole puncher and stapler on June 18, 2014 and still the client's files were remained in my former office which clearly demonstrates that they weren't too concerned of the patient's privacy as the files were still in my former office. As I shared with both Ms. Buchanan and Ms. Jarvis on June 5, 2014 meeting, I created the hard files; therefore, there's no privacy issues as it relates to me.

During the meeting held on 6/23/14, Ms. Buchanan states that a meeting was held to discuss the Link's staff conducting groups prior to my return to the AIS building and four nurses that may desire to use Group Room 147; yet, as of June 18, 2014, the only Link staff member reflected on the reserved list for Group Room 147 is Paula and no nurses has reserved the room as of the date that I requested to use the room. Certainly the day and time that I've requested use of Group Room 147 wouldn't impede in any of the Connections, Link, or nurses from effectively performing their job duties due to the number of vacancy slots available for Group Room 147; moreover, according to Ms. Buchanan, they're using Ms. Marin's former office for different functions as well.

It appears that, for whatever reason, I'm being prevented from having any presence on the Connections end of the clinic - as if I'm only being restricted to the Impact side of the building. This restriction doesn't seem logical; in that, I have to access the Connections side of the building to enter in the clinic for work. The facts will demonstrate that I'm not a threat to anyone. Even with the emotional outburst displayed on April 23, 2014, which was the only outburst display of emotion that I displayed throughout the four year and several month ordeal, no one has accused me of verbalizing or causing physical harm to them; moreover, local authorities, Public Safety Officers, Columbia Police Department, Richland County Sheriff Department, etc., were never called to intervene nor have I served any prison or jail time due to causing harm to any of SCDMH/CAMHC's employees or anyone for that matter. The person that you all are consistently describing me as (threatening, unstable, nuisance, etc.) is not the person that I am; however, I'm an advocator for the clients and myself.

With the above being duly noted, I'm requesting that the harassment immediately be cease, my restriction lifted allowing me to have full access to the building just like every CAMHC staff member has, and my access to Group Room 147 be granted as requested.

532

June 24, 2014 email is forthcoming.

.ıank you for your immediate attention within the extremely important matter.

Respectfully,
Harry E. Reese Sr.

Thanks,
Harry E. Reese Sr.
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From: Harry Reese
Sent: Thursday, June 19, 2014 8:58 AM
To: Zenika N. Jarvis
Subject: FW: Group Schedule (2)
Importance: High

Dear Ms. Jarvis:

Recently you've denied me the use of a Group Room 147 that I've requested citing that my use of the requested room would impede on the Links team treatment team meeting (9:00 a.m. - 10:00 a.m.) and MHC group meeting (12:00 p.m. - 1:30 p.m.). Both of your rationales that you've cited has no merit and shouldn't be used to prevent me from using the room as requested. As a former Connections team member, I'm acutely aware that our staffings has never been two hours long neither has the Links' staffings. As far as MHC group, certainly we'll depart the room before MHC's group starts which their group start time is the time of which I eat lunch; moreover, I certainly wouldn't interfere with the client's pick-up time via the Logisticare transportation service.

ɛ used the requested group room in the past. In fact, on the same day and time of which I'm requesting the ɜe of the room once again and no other staff member has secured the day and time slot for Room 147; therefore, I shouldn't be prevented from using it now. I perceived your current interference as being harassing

based on the aforementioned and the following. Since my return to work and the AIS building, Mr. Long has allowed me to enter into my former office four times without interference or permission from you. Upon questing of Mr. Long that I enter my former office for the last time on yesterday to retrieve the hole puncher and stapler left in the office, Mr. Long merely replied..."You have to ask Zenika". He's the supervisor of Connections; therefore, he has the authority to allow me to enter into my former office without any interference from you. Unless CAMHC's senior administrative staff; i.e., Dr. Bank, Dr. McNeil, Ms. Brown, etc. has instructed you to prevent me from using the group room or even being on that end of the building, you have no authority to restrict my use of any group rooms within the building if they are available. If the CAMHC's senior administrative staff has provided you with such directive, please have them place their directive in writing and surely I will abide. However, if they have not provided you with such directive, please do not interfere and prevent me from using the room as requested of which Ms. Bracey was receptive of my initial request.

On today, I went into the administrative office and requested the old schedules which will apprise you that I used Group Room 147 previously without interference from anyone; therefore, I shouldn't be prevented from using the room as requested once again. Attached also is the new "Group Schedule" provided to me by Ms. Bracey. I prefer using Group Room 147 because it's more comfortable and the set-up is beneficial.

Ms. Jarvis, in line with the Chain of Command, if my request is not granted, I have no other recourse but to submit my complaint in writing to my supervisor requesting a consult with you. If no resolve is established after the consult, I'll submit a Harassment Complaint to the CAMHC's Human Resource Office in hopes of addressing this harassing matter.

Finally, on today, I'll email Ms. Leslie to assign Group Room 147 to me on the scheduled date and time uesdays @ 11:00 a.m.) as previously requested and request that she consult with you if there are any questions or concerns.

Respectfully,

Harry Reese Sr.

Thanks,
Harry E. Reese Sr.
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Harry Reese

om: Harry Reese
Sent: Thursday, June 26, 2014 9:17 AM
To: Robert Bank; Deanna McNeil; Avis Buchanan; Vickie Brown
Subject: FW: Meeting Concerns

Importance: High

Dear CAMHC's Administrative Senior Management Staff:

As promised, here's the second email.

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-1555
Fax: (803) 898- 4374

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From: Harry Reese
Sent: Tuesday, June 24, 2014 9:42 AM
To: Avis Buchanan; Zenika N. Jarvis
Subject: Meeting Concerns
Importance: High

Dear Ms. Buchanan and Ms. Jarvis:

Thank you for meeting with me on yesterday to discuss the group room reservation for format. Although I'm not pleased with the final outcome, I'm receptive of it; however, I must place my thoughts in writing concerning events discussed in the meeting which some are truly alarming.

First, I was informed by Ms. Jarvis that I was unable to use the group room based on the following reasons: The Link's 9:00 a.m. staffing and Mental Health Court's 12:00 p.m. group meeting (both held on Tuesdays) of

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which Ms. Jarvis basically stated that I would impede on the identified groups times slots which clearly isn't the case based on history and the time of which I've requested the use of the room. Question: As you shared with me on yesterday a new group room reservation format is currently in existence, of which I wasn't apprised of during Ms. Jarvis and I discussion on 6/18/14, will Mental Health Court be requested to move to room 175 as I am now being forced to do? Although you discussed that the Link team will be required to conduct groups and the four nurses may desire to conduct a group as well, I'm still concern as to how my one hour on Tuesdays in Group room 147 will impede their efforts The Links staffing starts at 9:00 a.m. and based on history, no treatment team staffing has ever lasted 2 hours; therefore, my group time wouldn't interfere in that process; Mental Health Court's group starts at 12:00 p.m., my lunch time and possible some client's pick-up times via their transportation; therefore, no problems will be observed during this time.

Secondly, Ms. Jarvis states that during our conversation on 6/18/14 that she wasn't afforded with the opportunity to discuss additional rationales as to the reason that "I" was unable to use Group Room 147. This is entirely untrue. Our conversation was completed and appropriately terminated. Moreover, as shared with you and Ms. Jarvis, in her role as the Space Utilization Coordinator which according to you she has held for some time, leading with the rationale that you offered during the meeting as to the reason that I was unable to use Group Room 147 as requested surely would have negated the need of offering the two rationales that Ms. Jarvis provided: The Link's 9:00 a.m. staffing and Mental Health Court's group meeting. Ms. Buchanan, as you stated in yesterday's meeting, a discussion regarding Group Room 147 over usage and the Link staff conducting groups were discussed well before I was re-assigned back to the AIS building; therefore, surely Ms. Jarvis could have lead with this rationale rather than the two rationales that she offered. Although she stated that my approach when visiting her office in some regards didn't allow her to entirely convey her thoughts this too is true; moreover, leading with your rationale would have clearly cleared things up and our meeting yesterday wouldn't have been needed. Let's examine Ms. Jarvis' observation of my approach to her while visiting her office. First and foremost, I presented myself professional to discuss the matter and the meeting was terminated due no other rationales were offered. Furthermore, my approach was again professional in that, Ms. Jarvis door was open, I was standing in her doorway, and none of Ms. Jarvis' staff had to visit her office to intervene to any inappropriate behavior that I allegedly displayed.

Thirdly, during this meeting Ms. Jarvis consistently stated that she was uncomfortable; however, she consistently offered no rationale as to the reason that she was uncomfortable upon consistently probed by myself. What is the premise for her feeling uncomfortable in my presence? Did she start feeling uncomfortable upon my return to the AIS building? Did it stem from me documenting the facts of our 6/18/14 meeting? Why wasn't her feelings of being uncomfortable discussed prior to our meeting on yesterday? In fact, our meeting on yesterday was about the use of Group Room 147 which for some strange reasons, her feelings on being uncomfortable in my presence surfaced. Ms. Jarvis wasn't presence during my emotional break behind closed doors on April 23, 2014; therefore, surely that couldn't have made her uncomfortable. As Ms. Jarvis' role as the Privacy personal, she consistently interviewed me regarding the alleged HIPPA violation, which by the way was a hellacious time for me, and not one time did she ever discussed with me that she was uncomfortable during this process. Even after her investigation, I've consistently requested a copy of her final HIPPA report and never has she provided to me. Even after consistently requesting a copy of her report and not receiving it, I never approached her in an unprofessional manner regarding her refusal to provide me with a copy her findings of the investigation. I've always supported her fundraising efforts going above and beyond. I've always treated her with the upmost respect. There hasn't been any past discussions, reports, etc. from any member of management (to include Ms. Jarvis) or subordinate staff stating that she was uncomfortable in my presence.

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With the aforementioned examples being duly noted, what is her premise for stating that she was uncomfortable? Again, Ms. Jarvis was unable to provide any rationale upon respectfully probed during our ɔeting.

I'm requesting that Ms. Jarvis, if she hasn't already, document and present her feelings of being comfortable in my presence to Human Resources so that an investigation and an open dialogue can take place to address her verbalized concern.

Finally, during our meeting on yesterday, Ms. Jarvis define what I perceive as dialogue to get past this matter as back and forth of which she stated that where she's from, they don't do back and forth. Her definition as shared with both of you made me feel disrespected; in that, it clearly demonstrates that the subordinate staff doesn't have a voice. This too can be demonstrated in the following recent example: After our collaborative documentation training a staff member stated that they didn't verbalized their concern in the meeting, because they (management) were going to do what they wanted to do anyway; therefore, it wasn't no reason for the staff member to offer their concerns regarding the new documentation process. We all are important, adults, educated, etc., etc. etc., therefore, we should be able to respectfully verbalize our thoughts and feelings without the feeling of being devalued and restricted because we're not a member of management. As shared with both you and Ms. Jarvis, any discussion is warranted to aid in establishing a resolve that's beneficial to all stakeholders – especially to the population of which we serve. It's obvious that documenting my concerns have made individuals feel uncomfortable; therefore, this will be my last written communication regarding this matter. It's important that I document to protect me from individuals unwarranted claims of myself being threatening, disrespectful, unprofessional, etc., etc., etc., but again, this is my last communication regarding this ıtter. Again, I respectfully request that Ms. Jarvis place in writing the reasons that she was so compelled to ısclose that she was uncomfortable with me and present them to Human Resource so that an investigation can be initiated; moreover, she could feel safe in my presence; moreover, to maintain a harmonious working environment. I will be following up with Ms. Brown on Thursday, 6/26/14 to discuss this matter.

Respectfully,
Harry E. Reese Sr.
MHP
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Columbia, SC 29203
(803) 898-1555
Fax: (803) 898- 4374

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Harry Reese

om:	Robert Bank
Sent:	Thursday, June 26, 2014 9:38 AM
To:	Harry Reese; Deanna McNeil; Avis Buchanan; Vickie Brown
Cc:	Denise Morgan
Subject:	RE: Group Schedule (2)

Any concerns you have need to be addressed with your supervisor. Your groups will be done on the IMPACT end of the building. I am instructing you to direct future e-mails on this topic to Denise Morgan only.

From: Harry Reese
Sent: Thursday, June 26, 2014 9:15 AM
To: Robert Bank; Deanna McNeil; Avis Buchanan; Vickie Brown
Subject: FW: Group Schedule (2)
Importance: High

Dear CAMHC Administrative Senior Management Staff:

I'm emailing this correspondence to request that an investigation be launched concerning two concerns - Ms. Jarvis' verbalized feelings of being uncomfortable in my presence (of which she offered no rationale as to the reason that she was uncomfortable upon probed on several occasions) and my inability to have full access to the AIS building (please reference June 19, 2014 and June 24, 2014 emails which will apprise you of this current matter). I'm submitting my concerns and request to you via forwarding June 19, 2014 email.

Ms. Jarvis states that she denied my access to my former office due to client's hard files being left in the office since my absence starting on April 23, 2014 and wanted to ensure the privacy of the clients. I left the AIS building on April 23, 2014, returned to the AIS building on June 10, 2014 and asked to enter into my former office for the fifth time to retrieve the hole puncher and stapler on June 18, 2014 and still the client's files were remained in my former office which clearly demonstrates that they weren't too concerned of the patient's privacy as the files were still in my former office. As I shared with both Ms. Buchanan and Ms. Jarvis on June 23, 2014 meeting, I created the hard files; therefore, there's no privacy issues as it relates to me.

During the meeting held on 6/23/14, Ms. Buchanan states that a meeting was held to discuss the Link's staff conducting groups prior to my return to the AIS building and four nurses that may desire to use Group Room 147; yet, as of June 18, 2014, the only Link staff member reflected on the reserved list for Group Room 147 is Paula and no nurses has reserved the room as of the date that I requested to use the room. Certainly the day and time that I've requested use of Group Room 147 wouldn't impede in any of the Connections, Link, or nurses from effectively performing their job duties due to the number of vacancy slots available for Group Room 147; moreover, according to Ms. Buchanan, they're using Ms. Marin's former office for different functions as well.

It appears that, for whatever reason, I'm being prevented from having any presence on the Connections end of the clinic - as if I'm only being restricted to the Impact side of the building. This restriction doesn't seem logical; in that, I have to access the Connections side of the building to enter in the clinic for work. The facts will demonstrate that I'm not a threat to anyone. Even with the emotional outburst displayed on April 23, 2014, which was the only outburst display of emotion that I displayed throughout the four year and several month ordeal, no one has accused me of verbalizing or causing physical harm to them; moreover, local authorities, Public Safety Officers, Columbia Police Department, Richland County Sheriff Department, etc., were never called to intervene nor have I served any prison or jail time due to causing harm to any of SCDMH/CAMHC's

538

employees or anyone for that matter. The person that you all are consistently describing me as (threatening, unstable, nuisance, etc.) is not the person that I am; however, I'm an advocator for the clients and myself.

..ith the above being duly noted, I'm requesting that the harassment immediately be cease, my restriction lifted allowing me to have full access to the building just like every CAMHC staff member has, and my access to Group Room 147 be granted as requested.

June 24, 2014 email is forthcoming.

Thank you for your immediate attention within the extremely important matter.

Respectfully,
Harry E. Reese Sr.

Thanks,
Harry E. Reese Sr.
MHP
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From: Harry Reese
Sent: Thursday, June 19, 2014 8:58 AM
To: Zenika N. Jarvis
Subject: FW: Group Schedule (2)
Importance: High

Dear Ms. Jarvis:

Recently you've denied me the use of a Group Room 147 that I've requested citing that my use of the requested room would impede on the Links team treatment team meeting (9:00 a.m. - 10:00 a.m.) and MHC group eting (12:00 p.m. - 1:30 p.m.). Both of your rationales that you've cited has no merit and shouldn't be used to .event me from using the room as requested. As a former Connections team member, I'm acutely aware that our staffings has never been two hours long neither has the Links' staffings. As far as MHC group, certainly

we'll depart the room before MHC's group starts which their group start time is the time of which I eat lunch; moreover, I certainly wouldn't interfere with the client's pick-up time via the Logisticare transportation service.

. ve used the requested group room in the past. In fact, on the same day and time of which I'm requesting the use of the room once again and no other staff member has secured the day and time slot for Room 147; therefore, I shouldn't be prevented from using it now. I perceived your current interference as being harassing based on the aforementioned and the following. Since my return to work and the AIS building, Mr. Long has allowed me to enter into my former office four times without interference or permission from you. Upon requesting of Mr. Long that I enter my former office for the last time on yesterday to retrieve the hole puncher and stapler left in the office, Mr. Long merely replied..."You have to ask Zenika". He's the supervisor of Connections; therefore, he has the authority to allow me to enter into my former office without any interference from you. Unless CAMHC's senior administrative staff; i.e., Dr. Bank, Dr. McNeil, Ms. Brown, etc. has instructed you to prevent me from using the group room or even being on that end of the building, you have no authority to restrict my use of any group rooms within the building if they are available. If the CAMHC's senior administrative staff has provided you with such directive, please have them place their directive in writing and surely I will abide. However, if they have not provided you with such directive, please do not interfere and prevent me from using the room as requested of which Ms. Bracey was receptive of my initial request.

On today, I went into the administrative office and requested the old schedules which will apprise you that I used Group Room 147 previously without interference from anyone; therefore, I shouldn't be prevented from using the room as requested once again. Attached also is the new "Group Schedule" provided to me by Ms. Bracey. I prefer using Group Room 147 because it's more comfortable and the set-up is beneficial.

. Jarvis, in line with the Chain of Command, if my request is not granted, I have no other recourse but to submit my complaint in writing to my supervisor requesting a consult with you. If no resolve is established after the consult, I'll submit a Harassment Complaint to the CAMHC's Human Resource Office in hopes of addressing this harassing matter.

Finally, on today, I'll email Ms. Leslie to assign Group Room 147 to me on the scheduled date and time (Tuesdays @ 11:00 a.m.) as previously requested and request that she consult with you if there are any questions or concerns.

Respectfully,

Harry Reese Sr.

Thanks,
Harry E. Reese Sr.
MHP
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From: Leslie Y. Bracey
Sent: Wednesday, June 18, 2014 10:41 AM
To: Harry Reese
Subject: Group Schedule (2)

541

Harry Reese

..om: Harry Reese
Sent: Thursday, June 26, 2014 10:50 AM
To: Robert Bank
Subject: FW: Group Schedule (2)

Importance: High

Dr. Bank:

I truly didn't mean to offend you. However, since this is an ongoing matter, I thought that in the best interest of the agency, you should be apprised of the current situation. Nevertheless, I'll certainly abide by the instructions that you've provided and forward the emails that were presented to you on today to Ms. Morgan so that she can address my concerns. Dr. Bank, if she's unable to address the concerns referenced in the emails, who I am to speak within addressing the concerns documented? Please provide guidance.

Respectfully,
Harry E. Reese Sr.

Thanks,
Harry E. Reese Sr.
MHP
- ɔact
. 15 Colonial Drive, Bldg. 200A
Columbia, SC 29203
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From: Robert Bank
Sent: Thursday, June 26, 2014 9:38 AM
To: Harry Reese; Deanna McNeil; Avis Buchanan; Vickie Brown
Denise Morgan
ɔject: RE: Group Schedule (2)

Any concerns you have need to be addressed with your supervisor. Your groups will be done on the IMPACT end of the building. I am instructing you to direct future e-mails on this topic to Denise Morgan only.

542

From: Harry Reese
nt: Thursday, June 26, 2014 9:15 AM
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Subject: FW: Group Schedule (2)
Importance: High

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Ms. Jarvis states that she denied my access to my former office due to client's hard files being left in the office since my absence starting on April 23, 2014 and wanted to ensure the privacy of the clients. I left the AIS building on April 23, 2014, returned to the AIS building on June 10, 2014 and asked to enter into my former office for the fifth time to retrieve the hole puncher and stapler on June 18, 2014 and still the client's files were remained in my former office which clearly demonstrates that they weren't too concerned of the patient's privacy as the files were still in my former office. As I shared with both Ms. Buchanan and Ms. Jarvis on June 23, 2014 meeting, I created the hard files; therefore, there's no privacy issues as it relates to me.

During the meeting held on 6/23/14, Ms. Buchanan states that a meeting was held to discuss the Link's staff conducting groups prior to my return to the AIS building and four nurses that may desire to use Group Room 7; yet, as of June 18, 2014, the only Link staff member reflected on the reserved list for Group Room 147 s Paula and no nurses has reserved the room as of the date that I requested to use the room. Certainly the day and time that I've requested use of Group Room 147 wouldn't impede in any of the Connections, Link, or nurses from effectively performing their job duties due to the number of vacancy slots available for Group Room 147; moreover, according to Ms. Buchanan, they're using Ms. Marin's former office for different functions as well.

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With the above being duly noted, I'm requesting that the harassment immediately be cease, my restriction lifted allowing me to have full access to the building just like every CAMHC staff member has, and my access to Group Room 147 be granted as requested.

e 24, 2014 email is forthcoming.

Thank you for your immediate attention within the extremely important matter.

543

Respectfully,
Harry E. Reese Sr.

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From: Harry Reese
Sent: Thursday, June 19, 2014 8:58 AM
To: Zenika N. Jarvis
Subject: FW: Group Schedule (2)
Importance: High

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I've used the requested group room in the past. In fact, on the same day and time of which I'm requesting the use of the room once again and no other staff member has secured the day and time slot for Room 147; therefore, I shouldn't be prevented from using it now. I perceived your current interference as being harassing based on the aforementioned and the following. Since my return to work and the AIS building, Mr. Long has allowed me to enter into my former office four times without interference or permission from you. Upon requesting of Mr. Long that I enter my former office for the last time on yesterday to retrieve the hole puncher and stapler left in the office, Mr. Long merely replied..."You have to ask Zenika". He's the supervisor of Connections; therefore, he has the authority to allow me to enter into my former office without any interference

from you. Unless CAMHC's senior administrative staff; i.e., Dr. Bank, Dr. McNeil, Ms. Brown, etc. has instructed you to prevent me from using the group room or even being on that end of the building, you have no thority to restrict my use of any group rooms within the building if they are available. If the CAMHC's senior administrative staff has provided you with such directive, please have them place their directive in writing and surely I will abide. However, if they have not provided you with such directive, please do not interfere and prevent me from using the room as requested of which Ms. Bracey was receptive of my initial request.

On today, I went into the administrative office and requested the old schedules which will apprise you that I used Group Room 147 previously without interference from anyone; therefore, I shouldn't be prevented from using the room as requested once again. Attached also is the new "Group Schedule" provided to me by Ms. Bracey. I prefer using Group Room 147 because it's more comfortable and the set-up is beneficial.

Ms. Jarvis, in line with the Chain of Command, if my request is not granted, I have no other recourse but to submit my complaint in writing to my supervisor requesting a consult with you. If no resolve is established after the consult, I'll submit a Harassment Complaint to the CAMHC's Human Resource Office in hopes of addressing this harassing matter.

Finally, on today, I'll email Ms. Leslie to assign Group Room 147 to me on the scheduled date and time (Tuesdays @ 11:00 a.m.) as previously requested and request that she consult with you if there are any questions or concerns.

Respectfully,

rry Reese Sr.

Thanks,
Harry E. Reese Sr.
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From: Leslie Y. Bracey
Sent: Wednesday, June 18, 2014 10:41 AM

545

To: Harry Reese
Subject: Group Schedule (2)

546

Harry Reese

.om:	Robert Bank
Sent:	Thursday, June 26, 2014 1:36 PM
To:	Harry Reese
Cc:	Denise Morgan; Vickie Brown
Subject:	RE: Group Schedule (2)

We will follow DMH policy on all such matters. You will be advised as the need arises. I would suggest you focus on your work.

From: Harry Reese
Sent: Thursday, June 26, 2014 10:50 AM
To: Robert Bank
Subject: FW: Group Schedule (2)
Importance: High

Dr. Bank:

I truly didn't mean to offend you. However, since this is an ongoing matter, I thought that in the best interest of the agency, you should be apprised of the current situation. Nevertheless, I'll certainly abide by the instructions that you've provided and forward the emails that were presented to you on today to Ms. Morgan so that she can address my concerns. Dr. Bank, if she's unable to address the concerns referenced in the emails, who I am to speak within addressing the concerns documented? Please provide guidance.

.espectfully,
Harry E. Reese Sr.

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-1555
Fax: (803) 898- 4374

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From: Robert Bank
Sent: Thursday, June 26, 2014 9:38 AM
To: Harry Reese; Deanna McNeil; Avis Buchanan; Vickie Brown
Cc: Denise Morgan
Subject: RE: Group Schedule (2)

Any concerns you have need to be addressed with your supervisor. Your groups will be done on the IMPACT end of the building. I am instructing you to direct future e-mails on this topic to Denise Morgan only.

From: Harry Reese
Sent: Thursday, June 26, 2014 9:15 AM
To: Robert Bank; Deanna McNeil; Avis Buchanan; Vickie Brown
Subject: FW: Group Schedule (2)
Importance: High

Dear CAMHC Administrative Senior Management Staff:

I'm emailing this correspondence to request that an investigation be launched concerning two concerns - Ms. Jarvis' verbalized feelings of being uncomfortable in my presence (of which she offered no rationale as to the reason that she was uncomfortable upon probed on several occasions) and my inability to have full access to the AIS building (please reference June 19, 2014 and June 24, 2014 emails which will apprise you of this current matter). I'm submitting my concerns and request to you via forwarding June 19, 2014 email.

Ms. Jarvis states that she denied my access to my former office due to client's hard files being left in the office since my absence starting on April 23, 2014 and wanted to ensure the privacy of the clients. I left the AIS building on April 23, 2014, returned to the AIS building on June 10, 2014 and asked to enter into my former office for the fifth time to retrieve the hole puncher and stapler on June 18, 2014 and still the client's files were remained in my former office which clearly demonstrates that they weren't too concerned of the patient's privacy as the files were still in my former office. As I shared with both Ms. Buchanan and Ms. Jarvis on June 23, 2014 meeting, I created the hard files; therefore, there's no privacy issues as it relates to me.

During the meeting held on 6/23/14, Ms. Buchanan states that a meeting was held to discuss the Link's staff conducting groups prior to my return to the AIS building and four nurses that may desire to use Group Room 147; yet, as of June 18, 2014, the only Link staff member reflected on the reserved list for Group Room 147 is Paula and no nurses has reserved the room as of the date that I requested to use the room. Certainly the day and time that I've requested use of Group Room 147 wouldn't impede in any of the Connections, Link, or nurses from effectively performing their job duties due to the number of vacancy slots available for Group Room 147; moreover, according to Ms. Buchanan, they're using Ms. Marin's former office for different functions as well.

It appears that, for whatever reason, I'm being prevented from having any presence on the Connections end of the clinic - as if I'm only being restricted to the Impact side of the building. This restriction doesn't seem logical; in that, I have to access the Connections side of the building to enter in the clinic for work. The facts will demonstrate that I'm not a threat to anyone. Even with the emotional outburst displayed on April 23, 2014, which was the only outburst display of emotion that I displayed throughout the four year and several month ordeal, no one has accused me of verbalizing or causing physical harm to them; moreover, local authorities, Public Safety Officers, Columbia Police Department, Richland County Sheriff Department, etc., were never called to intervene nor have I served any prison or jail time due to causing harm to any of SCDMH/CAMHC's employees or anyone for that matter. The person that you all are consistently describing me as (threatening, unstable, nuisance, etc.) is not the person that I am; however, I'm an advocator for the clients and myself.

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With the above being duly noted, I'm requesting that the harassment immediately be cease, my restriction lifted allowing me to have full access to the building just like every CAMHC staff member has, and my access to Group Room 147 be granted as requested.

June 24, 2014 email is forthcoming.

Thank you for your immediate attention within the extremely important matter.

Respectfully,
Harry E. Reese Sr.

Thanks,
Harry E. Reese Sr.
MHP
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From: Harry Reese
Sent: Thursday, June 19, 2014 8:58 AM
To: Zenika N. Jarvis
Subject: FW: Group Schedule (2)
Importance: High

Dear Ms. Jarvis:

Recently you've denied me the use of a Group Room 147 that I've requested citing that my use of the requested room would impede on the Links team treatment team meeting (9:00 a.m. - 10:00 a.m.) and MHC group meeting (12:00 p.m. - 1:30 p.m.). Both of your rationales that you've cited has no merit and shouldn't be used to prevent me from using the room as requested. As a former Connections team member, I'm acutely aware that their staffings has never been two hours long neither has the Links' staffings. As far as MHC group, certainly I'll depart the room before MHC's group starts which their group start time is the time of which I eat lunch; moreover, I certainly wouldn't interfere with the client's pick-up time via the Logisticare transportation service.

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I've used the requested group room in the past. In fact, on the same day and time of which I'm requesting the use of the room once again and no other staff member has secured the day and time slot for Room 147; therefore, I shouldn't be prevented from using it now. I perceived your current interference as being harassing based on the aforementioned and the following. Since my return to work and the AIS building, Mr. Long has allowed me to enter into my former office four times without interference or permission from you. Upon requesting of Mr. Long that I enter my former office for the last time on yesterday to retrieve the hole puncher and stapler left in the office, Mr. Long merely replied..."You have to ask Zenika". He's the supervisor of Connections; therefore, he has the authority to allow me to enter into my former office without any interference from you. Unless CAMHC's senior administrative staff; i.e., Dr. Bank, Dr. McNeil, Ms. Brown, etc. has instructed you to prevent me from using the group room or even being on that end of the building, you have no authority to restrict my use of any group rooms within the building if they are available. If the CAMHC's senior administrative staff has provided you with such directive, please have them place their directive in writing and surely I will abide. However, if they have not provided you with such directive, please do not interfere and prevent me from using the room as requested of which Ms. Bracey was receptive of my initial request.

On today, I went into the administrative office and requested the old schedules which will apprise you that I used Group Room 147 previously without interference from anyone; therefore, I shouldn't be prevented from using the room as requested once again. Attached also is the new "Group Schedule" provided to me by Ms. Bracey. I prefer using Group Room 147 because it's more comfortable and the set-up is beneficial.

Ms. Jarvis, in line with the Chain of Command, if my request is not granted, I have no other recourse but to submit my complaint in writing to my supervisor requesting a consult with you. If no resolve is established after consult, I'll submit a Harassment Complaint to the CAMHC's Human Resource Office in hopes of addressing this harassing matter.

Finally, on today, I'll email Ms. Leslie to assign Group Room 147 to me on the scheduled date and time (Tuesdays @ 11:00 a.m.) as previously requested and request that she consult with you if there are any questions or concerns.

Respectfully,

Harry Reese Sr.

Thanks,
Harry E. Reese Sr.
MHP
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From: Leslie Y. Bracey
Sent: Wednesday, June 18, 2014 10:41 AM
To: Harry Reese
Subject: Group Schedule (2)

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Adult Intensive ervices – Group Schedule

Monday		Tuesday		Wednesday		Thursday		Friday	
9:00 10:00	**Room 135 Link TX Team (Dr. Reddy)**	9:00 10:00	**Room 147 Link TX Team (Dr. Riddle)**	9:00 10:00	**Room 135 Connections TX Team (Dr. Alford)**	9:00 10:00	Room 147 Connections TX Team (Riddle)	10:30 11:30	Room 147 Double Trouble (Connection Team)
9:00 10:00	**Room 147 Connections (Dr. Riddle)**	9:00 10:00	**Room 188 B.T. TX Team (Dr. Alford)**	9:30 10:00	**Room 175 MHC TX Team (Dr. Riddle)**	10:00 11:00	Room 147 Woman's Group (Paula)	10:00 3:30	Room 175 3rd Friday Every 3rd month Deaf Services
10:00 11:30		10:30 1:00	**Room 188 Problem Solving (Jill)1st and 3rd**	9:00 10:30	**Room 175 Impact TX Team (Dr. Patel)**	10:00 12:00	Room 188 DBT		
10:30 11:30	Room 175 Impact Group (Dan)	11:00 12:00	Room 175 Enhancement Recovery (Harry)	10:00 11:00	Room 188 Coping Skills (Jennifer/Jill)	10:30 11:30	Room 143 Impact Group (Charles)		
11:00 12:00	Room 147 Anger Management JoAnn	12:00 1:30	Room 147 Anger Management (Amy/Rachi)	9:30 10:00		10:00 12:00	Room 175 Deaf Services (Jill/Mary)		
11:00 12:15	Room 188 Coping Skills DBT	1:00 3:00	Room 188 DBT Group (Jennifer)	10:00 11:00	Room 147 Relapse Prevention (MHC)	1:00 2:00	**Link/Connection TX Dr. Greggo**		
3:00 4:15	Room 188 Coping Skills DBT	2:00 3:00		11:00 12:00		3:00 4:00	**Room188 DBT TX Team (Dr. Alford**		
		4:00 5:00	Room 188 Court Team Mtg. 2nd Wed. of the Month	4:00 5:00	Room 188 MHC Meeting Every 2nd Wednesday				
				12:00 1:00					

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ROOM 147

Monday

9:00-10:00	Connections TX TM	
11:00-12:15	Anger Management	JoAnn

Tuesday

~~9:00-10:00~~ 9:00 - 10	~~Link TX TM~~ Link TX Team	~~Dr. Riddle~~ Dr. Riddle
~~11:00-12:00~~	~~Enhancing Recovery~~	~~Harry~~
12:00-1:30	MHC Anger Management	Amy/Rachi

Wednesday

~~9:10:00~~	~~Link TX Team~~	~~Dr. Alford~~
10:00-11:00	Relapse Prevention	MHC
~~12:00-1:00~~	~~Music Group~~	~~Chad/Bobbie~~

Thursday

9:00-10:00	Connections TX Team	Dr. Riddle
~~10-11:00~~	~~Women's Group~~	~~Paula~~

Friday

10:30-11:30	Double Trouble	Connections

Add Room 135.

M TX TEAM - Link Dr Reddy

TX ~~Team Dr. Riddle~~

W TX TEAM - Link - Dr. Alford

T ~~Relax Free TX~~

F - Free

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ROOM 175

Monday		
10:00-11:30	Impact Group	Dan
Tuesday 11-12	Free Enhancement recovery	Happy
Wednesday		
9:30-10:30 11-12	Impact TX Team Enhancer	Dr. Patel
Thursday		
10:00-12:00	Deaf Services Group	Jill/Mary
Friday		
10:30-3:00	Every 3rd Friday of the month	

If you need to reserve the room, please contact the AIS front office.

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ROOM 147

Monday		
9:00-10:00	Connections TX TM	
11:00-12:15	Anger Management	JoAnn
Tuesday		
9:00-10:00	Link TX TM	Dr. Riddle
~~11<12~~	~~Enhancement-recovery~~	~~Harry~~
12:00-1:30	MHC Anger Management	Amy/Rachi
Wednesday		
10:00-11:00	Relapse Prevention	MHC
Thursday		
9:00-10:00	Connections TX Team	Dr. Riddle
10-11:00	Women's Group	Paula
Friday		
10:30-11:30	Double Trouble	Connections

If you need to reserve the room, please contact the AIS front office.

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