

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Worker's Compensation Commission

Appellant Case No. 2016-000997

RECEIVED

AUG 07 2017

SC Court of Appeals

Harry Reese..... Appellant,

V.

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

RECORD OF APPEAL – VOLUME III

Harry Reese
8408 Little John Drive
Columbia, SC 29209
(803) 851-3182
Hreese2005@yahoo.com

Pro Se

South Carolina State Accident Fund
Ms. Page Snyder
800 Dutch Square Blvd., Suite 160
Columbia, SC 29210-1317
Tel: (803) 896-5800

ATTORNEY FOR RESPONDENT/
INSURANCE CARRIER

INDEX TO RECORD ON APPEAL

ORDERS:

Appellate Panel Order, April 8, 2016.....	1
Single Commissioner's Decision and Order, July 24, 2015.....	4
Single Commissioner Request for Proposed Order.....	24
Respondent's Response to Single Commissioner Request for Proposed Order.....	28

BRIEFS:

Full Commission Brief of Defendants/Respondents.....	38
Respondent's Modified Brief To Appellate Panel.....	47
Respondent's Initial Appellate Panel Decision & Order.....	57
Appellant's SCWCC Brief, November 23, 2015.....	67
Defendant's Notice of Witnesses and Written Medical Report(s)/Physician or Other Evidence To be Introduced on Behalf of The Defendants & Defendant's Index of Medical Submissions, March 27, 2015.....	145
Defendant's APA A: Palmetto Health Behavioral Care, March 27, 2015.....	148
Defendant's APA B: Donna W. Upchurch, Ph.D., March 27, 2015.....	166
Defendant's APA C: Carol Anderson, LISW, March 27, 2015.....	169
Defendant's Exhibit 1, March 27, 2015.....	170

TRANSCRIPTS:

Transcript of Hearing before Single Commissioner, April 6, 2015.....	260
Transcript of Hearing before Appellate Panel, December 14, 2015.....	361

DEPOSITION:

Appellant's Deposition, October 22, 2014.....	381
Don Helms SC Voc Rehab Counselor Business Card.....	445
Appellant's Request for Employee Assistance Program Services.....	446
Appellant's Sick Leave Slips Signed By Supervisor & Reason For Leave.....	448
TB Test Results.....	453
SC Voc Reb Scott's Psychiatric Appointment Notification, October 13, 2013.....	454
Human Resources Manager General Job Description.....	455
Respondent's "Employer Response to Employee Request for Family or Medical Leave".....	459
SC Voc Reb Scott's Psychiatric Appointment Notification, June 16, 2014.....	461
Doctor's Excuse Email - Worker's Compensation Request.....	462
Vicki Brown's (Respondent's Human Resource Manager) Email Concerning Appellant Leave Balance September 18, 2014.....	464
Appellant's Worker's Compensation Request, August 12, 2014.....	465
Return To Work Correspondence, October 5, 2014; Request Worker's Comp; Respondent Exhausted Appellant's Sick & Annual Leave Without the Appellant's Written or Verbal Authorization.....	466
Appellant's Concerns & Assistance Email to SC Voc Rehab, October 29, 2014...	469
Appellant's Request for copy of Dr. Kirkland's Family or Medical Leave Form From Respondent, November 3, 2014.....	471
Appellant's SC Voc Rehab Medical Record Request & Response, November 24, 2014.....	472
Dr. James Kirkland Medical Opinion, December 17, 2014.....	475
Carol Anderson's (Therapist) Correction of Medical Records Correspondence, December 2, 2014.....	476
Appellant's Inaccurate Information Notification & Request to Correct,	

November, 2014 with Medical Records attached.....	477
Appellant's Doctor's Excuse from Dr. James Kirkland (Return Date – August 25, 2014).....	490
Appellant's Doctor's Excuse from Dr. James Kirkland (Return Date – September 2, 2014).....	491
Appellant's Doctor's Excuse from Dr. James Kirkland (Return Date – September 30, 2014).....	492
Appellant's Doctor's Excuse from Dr. James Kirkland (Return Date – October 6, 2014).....	493
Appellant's Wal-Mart Pharmacy Medication List (Date Range: January 1, 2009 – March, 30, 2015).....	494
Dr. Donna Upchurch's Completed Family & Medical Leave Form and Submission Email To Respondent, December, 3, 2013.....	503
Dr. Donna Upchurch's American Disability Act Correspondence/Work Accommodation Request, December 19, 2013.....	507
Respondent's Response To Dr. Upchurch's American Disability Act Correspondence/Work Accommodation Request, January 8, 2014.....	508
Appellant's "Work Accommodation" Response to Respondent, January 14, 2014.....	509
Respondent's Response to Appellant's Work Accommodation Response, January 15, 2014.....	511
Dr. Donna Upchurch's Response to Respondent Regarding Fairfield County Re-Assignment/MapQuest Driving Directions, January 26, 2014....	512
Work Accommodation Resent, January 27, 2014.....	515
Scheduled Meeting to Discuss Employee Performance Management System (EPMS), June 27, 2014.....	519
Employee Performance Management System (EPMS), June 27, 2014.....	520
Dr. Donna Upchurch's Medical Information Sent To SC Worker's Compensation Commission, September, 24, 2015.....	527
Palmetto Health Day Treatment: Physician Psychiatric Evaluation.....	532
Appellant's Lab Report – Requested by Dr. Thornton McKinney; Event	

Date: September 18, 2013.....	534
Dr. McKinney's Progress Note, October 1, 2013.....	536
Palmetto Health Day Treatment: Treatment Team Review, October 1, 2013.....	537
Dr. McKinney's Completed Certification of Physician or Practitioner Family or Medical Leave Act form, October 8, 2013.....	542
Dr. Charles Roundy's, Patient Advocate/Therapist, PHP-IOP/Clinical Notes, October 9, 2013.....	545
Dr. Sarah Schumacher's Final Report, October 9, 2013.....	546
Patient Summary: Palmetto Health Baptist Richland Parkridge, October 22, 2013.....	548
Dr. Charles Roundy's, Patient Advocate/Therapist PHP-IOP/Clinical Notes, October 17, 2013.....	550
Dr. McKinney's Psychiatric Progress Note, October 22, 2013.....	551
Dr. Charles Roundy's, Patient Advocate/Therapist, PHP-IOP/Clinical Notes: Discharge Summary, October 25, 2013.....	552
Appellant's "Long Work Hours" Email Correspondence to Mr. Harold Edwards (Supervisor at time of injury), March 9, 2015.....	554
Appellant's "Long Work Hours" Email Correspondence to Ms. Vicki Brown, CAMHC's Human Resource Manager, March 9, 2015.....	555
Ms. Vicki Brown's Response to Appellant's "Long Work Hours" Email Correspondence, March 9, 2015.....	556
Appellant's Official Employee Work Schedule: Signed By Appellant on July 21, 2014.....	557
Ms. Vicki Brown's Response to Appellant's "Long Work Hours" Email Correspondence: Overtime Compensation, March 9, 2015.....	558
Appellant's "Long Work Hours" Email Correspondence to Mr. Harold Edwards (Supervisor at time of injury) – Submission Request/Edwards' Email Response, March 9, 2015.....	559
Mr. Harold Edwards' Long Work Hours Response/Policy Adherence Correspondence, March 12, 2015.....	561
Appellant's Correspondence to Ms. Marjorie Hobbs, Program Manager	

Palmetto Health's Behavioral Care Day Treatment Requesting Clarification, Revision, & Mr. Chuck Roundy's Appearance in the Appellant's SC Worker's Compensation Commission Full Panel Appeal, March 9, 2015.....	563
Appellant's Lab Reports Request By Dr. Gary Bell, February 24, 2015.....	573
Mr. Charles Kelly, Mother's Common Law Husband, Obituary, January 21, 2015.....	576
Appellant's Employment Offer with the Respondent, May 22, 2008.....	579
Calendars – 2008, 2009, & 2010, March 30, 2015.....	580
Floater Email Correspondence, April 30, 2009.....	583
Appellant's Reassignment to Lower Richland Office; New Supervisor – Ms. Maria Marin, August 11, 2009.....	585
Appellant's "Thursday" Email Correspondence - Flex Time, March 15, 2010.....	586
Appellant's Meeting Request to Ms. Marin & Ms. Marin's Response, April 7, 2010.....	587
Appellant's Notarized Letter to Ms. Marin Expressing Concerns, April 9, 2010.....	589
Appellant's "Meeting Request" to Ms. Carla Damron, Respondent's Former Director - Adult Treatment Services/Ms. Marin's Immediate Supervisor, April 14, 2010.....	592
Appellant's "Meeting Request" Revised to Ms. Carla Damron, Respondent's Former Director - Adult Treatment Services/Ms. Marin's Immediate Supervisor, April 14, 2010.....	594
Appellant's Formal Complaint to Respondent, April 19, 2010.....	597
Appellant's April 19, 2010 Formal Complaint Sent to Attorney David Duff: "Employment Matter", Fax Confirmation Sheet, April 22, 2010.....	607
Appellant's Formal Complaint Emailed to Respondent, April 19, 2010.....	608
Respondent's "Mandatory Meeting Request"/Dr. Robert Bank's "Harmonious Work Place" Correspondence, April 20, 2010.....	617
Appellant's Meeting Cancellation Request/Ms. Vicki Brown's Response, April 21, 2010.....	619

Appellant's Employee Harassment Form, April 26, 2010.....	621
Appellant's Compliance Reporting Forms, April 26, 2010.....	622
Appellant's Consumer Report to Dr. Shelia Arnold, Respondent's Public Affairs/Community Liaison & Dr. Arnold's Response, April 28, 2010.....	624
Damron's Response to The Appellant's "Meeting" Request, April 28, 2010.....	627
Appellant's "Flex Time" Correspondence & Ms. Marin's Response, April 29, 2010.....	628
Dr. Arnold's Reese Summary Memo Correspondence & Ms. Rochelle Caton's, Respondent's Attorney/Director, Office of Client Advocacy, Investigative Findings re: "Client Complaint Against Harry Reese, April 30, 2010.....	Pg. 632
Appellant's Insubordination Write-Up, April 19, 2010.....	633
Appellant's "Cottage Intensive Program" Re-assignment Correspondence, May 20, 2010.....	634
Appellant's Key Receipt, May 21, 2010.....	635
Appellant's "Meeting" Correspondence, May 24, 2010.....	636
Appellant's "Transfer & Written Reprimand" Email Correspondence, May 24, 2010.....	638
Appellant's Employee Record Correspondence, November 25, 2014.....	643
Appellant's Employee File Correspondence, Ms. Sharon Brown, Respondent's HRS – Administrative Operations, August 29, 2013.....	644
Appellant's Harassment Complaint, Ms. Eleanor Odom, Respondent's Director, Human Resources Services, April 28, 2015.....	650
Appellant's Harassment & Grievance Submission With Supporting Documentation, May 25, 2010.....	651
New Alpha Foundation Client Invoice, July 11, 2011.....	652
Whitener "Court Summons" Correspondence, May 29, 2012.....	653
Appellant's "Concern 6-14-12" Correspondence, June 14, 2012.....	661

Appellant's Client Complaint Documentation, August 21, 2012.....	663
New Alpha "Allegations of Client Abuse" Correspondence, August 22, 2012.....	665
Client Satisfied Court Ordered Conditions, August 24, 2012.....	667
Appellant's Investigation of Client Abuse Documentation, 8-27-12 "Allegations of Client Abuse" (August 22, 2012); "Outcome of Investigation" Correspondence to New Alpha, August 28, 2012.....	668
"Whereabouts & Guidance" Correspondence, August 31, 2012.....	673
New Alpha Tax ID Email to Mr. Melvin Malone, October 12, 2012.....	674
Appellant's Documentation of Ms. Marin's Attempt To Forcible Remove Client's From Placement, October 18, 2012.....	675
Appellant's Documentation of Ms. Marin's Attempt To Forcible Remove Client's From Placement & Meeting Documentation with Mr. Cornell Ruff, Appellant's Former Supervisor, Ms. Marin, Mr. Rick Nickles, Owner/New Alpha Foundation, & Clients, October 19, 2012.....	676
Appellant's "Clinical Service Note" Regarding Mr. Melvin Malone Poor Job Performance Resulting in the Client's Decompensating, October 22, 2012.....	678
Appellant's Revised October 22, 2012 "Clinical Service Note" Regarding Mr. Melvin Malone Poor Job Performance Resulting in the Client's Decompensating, as Instructed By Dr. Riddle, October 22, 2012.....	679
"One O'clock Meeting" Correspondence & Guidance from Mr. John Brown, Respondent's Former Director of Operations for Adult Clinics – "Treat Maria as if you have contact with her in a professional manner", October 23, 2012.....	680
Appellant's Documentation – Client Decompensated & Attempt to Re- engage (Mr. Malone), October 25, 2012.....	682
Appellant's Documentation Eliciting Ms. Pat Hicks, Respondent's Nurse, assistance within re-engaging client into treatment, October 30, 2012.....	684
Ms. Pat Hicks Respondent's 2012 "Employ of the Year".....	685
Appellant's Requesting "Harassment" literature Request, October 31, 2012.....	686
"Melvin's Concern" regarding Appellant's October 22, 2012	

Documentation, October 31, 2012.....	687
Ms. Marin’s “New Referrals and Things to Do” Email Correspondence regarding Appellant’s “October 31, 2012” Email, November 1, 2012.....	688
Appellant’s Individual Treatment Documentation Regarding Decompensation Client (Mr. Malone – CM); November 7, 2012.....	689
Appellant’s Meeting Request to Mr. John Magill, Respondent’s State Director, December 3, 2012.....	690
Mr. Mark Brown’s, Sister Common Law Husband, Obituary, December 8, 2012.....	692
Appellant’s “Witnessing Documentation” to Mr. Edwards, January 30, 2015.....	695
Appellant’s Request for “Alleged Dual Relationship Report” from Ms. Rhonda Sims, Respondent’s Director of Clinical Support Services and Ms. Sims’ Response, August 22, 2013.....	696
Appellant’s “Meeting Request” to Dr. Robert Bank, Respondent’s, Executive Director & Dr. Bank’s Response, August 9, 2013.....	698
“McClain Generic Note 8-9-13”.....	700
Appellant’s “Report” Correspondence to Mr. Edwards, August 22, 2013....	701
“Alleged Dual Relationship Report”, Compliance Reporting Form, & Reporting Form (Continued), August 22, 2013.....	702
“Lewis Pardee *PGP*” Email Correspondence to Ms. Sims & Mr. Edwards, August 30, 2013.....	706
“Lewis Pardee *PGP*” Email Correspondence to Dr. Deanna McNeil, Respondent’s Former Senior Psychiatric Service Chief, Mr. Edwards & Ms. Marin, August 29, 2013.....	709
Pardee Incident Report Submitted by the Appellant, August 30, 2013.....	711
Respondent’s Criteria for Acceptance into Carter Street Residential Program Submitted by Ms. Tawanda Webb, Respondent’s Program Director – Carter Street Residential Program at the request of the Appellant, December 8, 2014.....	714
Dr. Bank’s “Client Needs Placement ASAP” Email Response Regarding Reese’s CCH, March 14, 2012.....	716

“Reese’s Community Care Home #1” SCHEC’s Report.....	718
Appellant’s “Record of Employee Counseling”, September 15, 2013.....	722
“HIPPA Training” – Dr. McNeil, September 10, 2013 @ 11:46 a.m.....	723
“HIPPA Training” – Ms. Sims, September 10, 2013.....	725
“HIPPA Training” – Dr. McNeil, September 10, 2013 @ 2:49 p.m.....	730
Respondent’s “Notice To Suspend” Appellant Correspondence, September 16, 2013.....	734
“HIPPA Training” to Dr. McNeil with Attachments, September 16, 2013...	736
Appellant’s “Response to Notice To Suspend”, September 23, 2013.....	745
Dr. Bank’s Conference & HIPPA Training Correspondence, October 2, 2013.....	753
Appellant’s “HIPPA Training & Conference” Correspondence, October 9, 2013.....	754
Dr. Bank’s Upholding Disciplinary Action Correspondence”, November 6, 2013.....	756
Appellant’s Response to Proposed Disciplinary Action which is a Response from Mr. Joseph Henry, Attorney, November 8, 2013.....	757
Respondent’s Written Warning for Inappropriate Behavior, Misconduct, or Violation of Rules to Appellant, November 19, 2013.....	760
Mr. Joseph Henry’s Response to Proposed Disciplinary Action, November 8, 2013.....	761
Appellant’s ‘Response to Proposed Disciplinary Action’ Requesting Response to Mr. Henry’s Response (November 25, 2013) & Ms. Zina Hampton’s, Respondent’s Director, Administrative Operations Response, (November 26, 2013).....	764
“HIPPA Reminder” Correspondence, December 11, 2013.....	767
Appellant’s “Formal Meeting Request” to Mr. Magill, January 9, 2014.....	769
Dr. McNeil’s “Formal Meeting Request” Response, January 10, 2014.....	771
Documentation of Communication with Ms. Connie, January 21, 2014.....	773

Respondent's "Designate Family Member" Correspondence.....	774
"Crisis – Link Client" Correspondence to Ms. Denise Morgan Respondent's Director of Operations for Adult Clinics (October 17, 2014) & Ms. Morgan's Response (October 21, 2014).....	775
Ms. Paula Toliver-Sydnor's, Respondent's Former Human Services Coordinator I "New Group 2 nd Advertisement" Correspondence, March 29, 2015.....	777
Ms. JoAnn Boards', Respondent's Human Services Coordinator I, "Anger Management Group" Correspondence, July 22, 2014.....	779
Ms. Jennifer Butler's, Respondent's Program Coordinator – Behavioral Therapy Program, "Coping Skills Group openings" Correspondence, December 3, 2014.....	782
Respondent's EMR Transfer Module.....	783
Mr. Clyde Morin's, Respondent's Human Services Coordinator I, "Ref to Impact fr Intake" Correspondence, December 23, 2014.....	785
Ms. Priscilla Addison's, Respondent's Nurse, "CID# 788" forwarded Correspondence received from Ms. Loyda Stevens, Respondent's Nurse, January 22, 2015.....	786
Ms. Priscilla Addison's, Respondent's Nurse, "CID# 551" forwarded Correspondence received from Ms. Loyda Stevens, Respondent's Nurse, January 29, 2015.....	787
Mr. Clyde Morin's "Ref to Impact fr Intake" Correspondence, February 2, 2015.....	788
Ms. Priscilla Addison's, Respondent's Nurse, "CID# 3192" forwarded Correspondence received from Ms. Loyda Stevens, Respondent's Nurse, March 9, 2015.....	789
Dr. Edward Kendall's, Respondent's Former Psychiatrist, WebMD Physician Directory Information (November 20, 2014) & Ms. Lan Bonno- Lebzec, Respondent's Human Services Coordinator I, September 26, 2012	790
Appellant's Clinical Note of an Impact Client, November 30, 2012.....	795
Appellant's Clinical Note of a Link Client (A. J.) of which Mr. Edwards Requested the Appellant to Intervene (February 4, 2014), A. J. Internal Adverse Incident Report completed by Mr. Edwards (February 5, 2014), & the client's Link Human Services Coordinator I – Ms. Toliver-Sydnor's as	

assigned Case Manager Information (February 6, 2014).....	796
Ms. Anna House’s “Clinical Service Note” of a patient of which I was the assigned Case Manager & Dr. Patel, Respondent’s Psychiatrist was his doctor, August 1, 2014.....	800
Appellant’s Assessment Documentation of a “Connections” client that decompensated (Appellant Case Managed) (August 27, 2013) & Dr. Elizabeth Alford’s, Respondent’s Psychiatrist/DBT Program, Crisis Psychiatric Medical Assessment Orders and Service Notes (PMA), August 27, 2013.....	801
Respondent’s Mental Health Centers, December 22, 2014.....	804
Appellant’s January 2013 “You’ve Made A Difference” Award & Documentation of Incident of which the award was received, October 16, 2012.....	822
Mr. Harold Edwards February 2014 “You’ve Made A Difference” Award surrounding February 4, 2014 incident.....	825
Respondent’s Additional Employees Recognitions.....	826
Respondent’s Client Advocacy Program & Advocates List, February 10, 2015.....	841
Respondent’s Updated Organizational Chart, February 27, 2013.....	845
Appellant’s “Copies of August 2013 Investigative Reports” Request from Ms. Angela Roberts, Respondent’s PS CMT HPH Central, December 8, 2014.....	846
Ms. Angela Roberts, Respondent’s PS CMT HPH Central Response to the Appellant’s Request for “Copies of August 2013 Investigative Reports”.....	850
Ms. Angela Roberts, Respondent’s PS CMT HPH Central - Who’s Who document (December 11, 2014).....	853
Appellant’s Investigation of Abuse Findings” Request of Richland County Department of Social Service’s Staff.....	854
Appellant’s “Stay Out of It” Response to Dr. McNeil, September 10, 2013.....	862
Appellant’s “B. J. *PGP* Correspondence (October 15, 2012); Ms. Marin’s completed Detention Order Request (1/29/13), Ms. Arnold’s Response To Appellant (January 29, 2013) & Appellant’s “Jones *PGP* Email to Ms. Arnold documentations ensuring that client needs were met, & Ms. Marin’s	

falsified Clinical Note of which the Mr. Ruff requested guidance from Mr. Brown (February 4, 2013).....	866
DSM-5 Boot Camp Workshop.....	875
Ms. Nia Behling, Richland County Probate Court's Director of Commitment Division Correspondence to Ms. Marin regarding Patient case closure, Ms. Marin's Response to Ms. Behling (April 23, 2014); & Client Brown's Mental Health Court Order (May 24, 2012).....	876
Respondent's "Suspension Pending Investigation" to Appellant, April 24, 2014.....	879
Appellant's "Harry Reese" Correspondence to Ms. Odom regarding disciplinary actions Surrounding the April 23, 2014 incident, April 29, 2014.....	880
Appellant's Completed Grievance Review Request Form & Documentation, May 1, 2014.....	881
Appellant's Response to "Return To Duty-Reassignment Response 5-16-14" Correspondence & Dr. McNeil's "Return to Duty/Reassignment" Correspondence with the Appellant's Response included, May 16, 2014.....	888
Respondent's Written Warning for Inappropriate Behavior, Misconduct, or Violation of Rules to Appellant to Appellant, May 19, 2014.....	890
Dr. Bank's "Amended Return to Duty/Reassignment" Correspondence to Appellant, May 17, 2014.....	891
Respondent's AIS Wing of Suite 200 Pictures where the April 23, 2014 incident took place & "AIS Pictures" Email, February 11, 2015.....	892
"Employee Assistance Program" Correspondences, June 4, 2014.....	899
"Change of Case Management" Correspondence, to Dr. Monica McConnell, Respondent's Program Manager of Child, Adolescent and Family Services (CAF), June 9, 2014.....	904
Dr. McConnell's "Notice of Intent to Reassign" to Appellant, June 10, 2014.....	906
Appellant's Case Closure Request & Court's Response, November 4, 2014.....	907
Case Closure Request, November 17, 2014.....	909
Appellant's Grievance Review Request, June 2, 2014.....	910

Appellant's "Adverse Incident Report" Request Surrounding the April 23, 2014, June 6, 2014.....	912
Appellant's "Adverse Incident Report" Request Surrounding the April 23, 2014 & Pay Concerns, June 9, 2014.....	917
Appellant's Return To Work Concern – Out Three Weeks, May 16, 2014.....	918
Appellant's "Grievance Review Request (May 19, 2014)", Documentation, & Ms. Odom's Automatic Reply, May 20, 2014.....	922
Appellant's Grievance Review Request Follow-up, May 21, 2014.....	927
Mr. Richard L. Acton's, Respondent's Lexington County Mental Health Center's Executive Director; "No Space for Appellant" per Ms. Britt, May 21, 2014.....	929
Appellant's "TCM" Correspondence, May 21, 2014.....	931
Appellant's "TCM Position II" Correspondence which included Appellant's Request to be Re-assigned to A Richland County Location, (Lower Richland/New Horizon Clinic), May 21, 2014.....	932
Dr. Bank's Response to: Appellant's "TCM Position II" Correspondence which included Appellant's Request to be Re-assigned to A Richland County Location, (Lower Richland/New Horizon Clinic, & Appellant's Grievance Review Request Follow-Up, May 21, 014.....	934
Appellant's Transcript of Pathlore Trainings for Adults & Children, June 2, 2014.....	937
Appellant's Follow-Up Regarding the Human Services Coordinator II position at Respondent's Lower Richland/New Horizon Clinic in Richland County, September 6, 2012.....	947
Respondent's Employment Opportunities Applied For by The Appellant....	949
Appellant as "Fair" Case Manager during the Anna House Documentation Evidence, July, 31, 2014.....	958
"Fair Generic Note – Appellant Case Manager for Client, August 4, 2014.....	959
Appellant's "HIPPA Investigation & Report" Request & Follow-up.....	962
Appellant's "Room 147 Reservation Request, Supporting Documents, "Jarvis Uncomfortable Statement Regarding Appellant, & Dr. Bank's	

Refusal to Intervene.....	971
“Joan LaBoo” Correspondence, August 22, 2013.....	1008
Dr. McNeil’s “Follow-Up on CRCF”, May 21, 2013.....	1019
“LaBoo’s Boarding Home” Ms. Victoria McGahee Involvement, Respondent’s Former Community Residential Care Facility (CRCF) and Preadmission Screening and Annual Resident Review (PASARR) Coordinator November 4, 2011.....	1021
Dr. McNeil’s “Follow up on CRCF Issues” Correspondence discussing the use of placements which to include boarding homes, May 21, 2013.....	1026
Respondent’s “Service Plan Development (SPD)” format, January 27, 2015.....	1027
Respondent’s, (Ms. Page Snyder), Receipt Confirmation of Appellant’s Documents, April 2, 2015.....	1029
Appellant’s Response to Respondent’s Blanket “Party Statement”, “Sailing Into Retirement Herbert Toney” Invites, & Mr. William Warren, Drug Representative Invite to the Abilify Mainena Training.....	1030
“Luncheon” Invite - Medication training with Ms. Laura Staton with Janssen, November 18, 2014.....	1049
Appellant’s Leave Prior to Herbert Leaving.....	1050
Kimberly Saunders, Abilify Maintena Workshop Program Invite, October 29, 2014.....	1055
Appellant’s “Productivity Report” Responses to Dr. McNeil.....	1056
Mr. George Sink, Injury Lawyer Correspondence, December 10, 2014.....	1064
 Respondent’s Policies & Directives	
Probationary Period.....	1066
Employee Grievance and Appeal Policy and Procedures.....	1068
Workplace Violence.....	1072
Harassment Free Workplace.....	1076

Employee Disciplinary Standards.....	1081
Transfer of Case Management.....	1089
Client Follow-Up/Case Closure.....	1090
Housing Policy.....	1091
Filing/Scanning of Clinical Documentation.....	1092
Family Inclusion.....	1093
Designated Authority of Establishing Policies.....	1094
Workplace Ethics Policy.....	1095
Reporting of Adverse Incidents.....	1098
Staffing of Clinical Care.....	1100
Policy on Ethical Principles.....	1101
Client Concern/Complaint Protocol.....	1104
Client Rights.....	1106
Abuse, Neglect, or Exploitation of Patients and Clients Prohibited.....	1109
Key/Lock/Access.....	1120
Intake Policy.....	1125
Adult Intensive Services Referral Form.....	1127
Authorization To Disclose.....	1129
SC Department of Human Services Section 2: Policies and Procedures	1130
1. SPD.....	
Leave Policies.....	1134

Room 188

Monday

11-12:15pm	Coping Skills	Behavior Therapy
3-4:15pm	Coping Skills	Behavior Therapy

Tuesday

9-10am	Treatment Team	Behavior Therapy
10:30-12pm	Problem Solving	Behavior Therapy

(Group meets every 1st and 3rd Tuesdays)

1-3pm	DBT Group	Behavior Therapy
-------	-----------	------------------

Wednesday

10- ¹² ~~11~~ am	Coping Skills	Behavior Therapy
4-5pm	Every 2 nd Wednesday	MHC Team Meeting

Thursday

10-11am	DBT Group	Behavior Therapy
3-4pm	Treatment Plan	Behavior Therapy

Friday

Free

If you need to reserve the room, please contact the AIS front office.

ROOM 175

Monday

~~9:00-10:00 Link TX/IV Dr. Reddy~~

10:00-11:30

Impact Group

Dan

Tuesday

Free

Wednesday

~~9:00-9:30 MHC TX Team Dr. Riddle~~

9:30-10:30

Impact TX Team

Dr. Patel

Thursday

10:00-12:00

Deaf Services Group

Jill/Mary

Friday

10:30-3:00

Every 3rd Friday of the month

Room 188

Monday

11-12:15pm

Coping Skills

Behavior Therapy

3-4:15pm

Coping Skills

Behavior Therapy

Tuesday

9-10am

Treatment Team

Behavior Therapy

10:30-12pm

Problem Solving

Behavior Therapy

(Group meets every 1st and 3rd Tuesdays) 2 & 4 free

1-3pm

DBT Group

Behavior Therapy

Wednesday

~~9-10am~~

~~TX Team~~

~~Dr. Alford~~

10-11am

Coping Skills

Behavior Therapy

4-5pm

Every 2nd Wednesday

MHC Team Meeting

Thursday

10-11am

DBT Group

Behavior Therapy

3-4pm

Treatment Plan

Behavior Therapy

Friday

Free

Availability ~~2020~~
Am Pm

M
T
W
T
F

the room please contact the AIS
Front Office

If you need to reserve

ROOM 143

Monday

Room 175
10:00-11:30 Impact Group

Dan ✓
Pending

Tuesday

Free

Wednesday

~~9:00-9:30~~

Room 147
~~Link~~

→ Dr. Alford TX Team

~~9:30-10:00~~

Room 188
~~Link TX Team~~

Maria

~~11:00-12:00~~

~~Peer Support~~

~~Bobbi~~

~~1:30-2:30~~

~~Life Management~~

~~Jackie/Melvin~~

Thursday

~~10:30-12~~

~~10:30-11:30~~

Room 147
Impact Group

Pending Charles

Friday

Free

559

ROOM 175

Monday

10-11:30 Free
Impact Group

Tuesday

Free

Wednesday

9:00-9:30

MHC TX Team

Dr. Riddle

9:30-10:30

Impact TX Team

Dr. Patel

Thursday

10:00-12:00

Deaf Services Group

Jill/Mary

Friday

10:30-3:00

Every 3rd Friday of the month

ROOM 147

Monday

9:00-10:00	Connections/Link TX TM	
11:00-12:15	Anger Management	JoAnn

Tuesday

9:00-10:00	Connections TX TM	
11:00-12:00	Enhancing Recovery	Harry
12:00-1:30	MHC Anger Management	Amy/Rachi
~~2:00-3:00~~	~~Peer Support~~	~~Bobbi~~

Wednesday

9-10	Link TX Team	Dr. Afford
10:00-11:00	Relapse Prevention	MHC
~~11-12~~	~~Peer Support~~	~~Bobbi~~
12:00-1:00	Music Group	Chad/Bobbie

Thursday

9:00-10:00	Link TX Team	Dr. Riddle
~~10:30-11:30~~	~~Impact Group~~	~~Charles~~
	147	
	Paula Womens Group	

Friday

10:30-11:30	Double Trouble	Connections
-------------	----------------	-------------

Room 188

Monday

11-12:15pm

Coping Skills

Behavior Therapy

3-4:15pm

Coping Skills

Behavior Therapy

Tuesday

9-10am

Treatment Team Behavior Therapy

10:30-12pm

Problem Solving Behavior Therapy

(Group meets every 1st and 3rd Tuesdays)

1-3pm

DBT Group

Behavior Therapy

Wednesday

10-11am

Coping Skills

Behavior Therapy

4-5pm

Every 2nd Wednesday

MHC Team Meeting

Thursday

10-11am

DBT Group

Behavior Therapy

3-4pm

Treatment Plan

Behavior Therapy

Friday

Free

562

Harry Reese

From: Harry Reese
Sent: Thursday, August 22, 2013 2:19 PM
To: Sheila Arnold; Rochelle Caton
Subject: RE: Joan LaBoo

Importance: High

Ms. Canton:

I apologize for my late response; however, I've been searching for an email that I emailed to Ms. McGahee referencing ongoing concerns regarding Laboo's placement and her treatment of other clients. As soon as I locate the email, I'll forward it to your office. In regards to Mr. ~~Heater~~, his current provider states that Mr. ~~Heater~~ owes \$369.00 to satisfy his current debt which resulted in Ms. LaBoo withholding Mr. ~~Heater's~~ funds upon him leaving her program and entering into Pondview. Once leaving Pondview, the director, according to client's current caretaker (Reese's RCF), only provided him with \$300.00 for the client's rent. Mr. Charles Griffin could provide you with more details regarding Mr. ~~Heater~~ status since he was his Case Manager while Mr. ~~Heater~~ residing Ms. LaBoo's placement.

We've consistently experienced issues with Ms. LaBoo in regards to inappropriately becoming client's payee after the mental health staff informed Ms. LaBoo that this practice was unacceptable and advised her against changing the client's payee or becoming the client's payee; however, our efforts produced no noticeable change.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,

Harry E. Reese Sr.

MHP

CONNECTIONS

2715 Colonial Drive, Bldg 200-A

Columbia, SC 29203

(803) 898-0851

Fax: (803) 898-4040

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

563

From: Sheila Arnold
Sent: Wednesday, August 21, 2013 8:30 AM
To: Harold Edwards; Harry Reese
Cc: Deanna McNeil; Rochelle Caton
Subject: FW: Joan LaBoo

Harold and Harry,

Please read the emails below and respond to Rochelle's questions.

Thanks,

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

From: Charles Griffin
Sent: Wednesday, August 21, 2013 8:25 AM
To: Sheila Arnold
Subject: RE: Joan LaBoo

Hi Rochelle,

I do not have any such information. ~~Anthony Harvey~~ is now being Case Managed by Harry Reese with Connections. I forwarded this email and last email to Harry. Also, Harold Edwards of Connections was forwarded this email, as he has a client who witnessed Joan LaBoo physically abuse another client. All the information I had is on tickets, regarding who I contacted and what I was told.

Sorry

Charles

From: Sheila Arnold
Sent: Wednesday, August 21, 2013 8:12 AM
To: Rochelle Caton; Broderick Anderson; Charles Griffin
Cc: Kathy Hugg; Denise Morgan
Subject: RE: Joan LaBoo
Importance: High

Broderick and Charles,

Please respond to Rochelle's email.

Thanks,

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

564

To: Harold Edwards; Harry Reese
Cc: Deanna McNeil; Rochelle Caton
Subject: FW: Joan LaBoo

Harold and Harry,

Please read the emails below and respond to Rochelle's questions.

Thanks,

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

From: Charles Griffin
Sent: Wednesday, August 21, 2013 8:25 AM
To: Sheila Arnold
Subject: RE: Joan LaBoo

Hi Rochelle,

I do not have any such information. ~~Adrian Hugg~~ is now being Case Managed by Harry Reese with Connections. I forwarded this email and last email to Harry. Also, Harold Edwards of Connections was forwarded this email, as he has a client who witnessed Joan LaBoo physically abuse another client. All the information I had is on tickets, regarding who I contacted and what I was told.

Sorry

Charles

From: Sheila Arnold
Sent: Wednesday, August 21, 2013 8:12 AM
To: Rochelle Caton; Broderick Anderson; Charles Griffin
Cc: Kathy Hugg; Denise Morgan
Subject: RE: Joan LaBoo
Importance: High

Broderick and Charles,

Please respond to Rochelle's email.

Thanks,

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

From: Rochelle Caton
Sent: Wednesday, August 21, 2013 7:48 AM

565

To: Broderick Anderson; Charles Griffin
Cc: Sheila Arnold
Subject: FW: Joan LaBoo
Importance: High

See La'Quandra's email and attachment. This is exactly what I needed. Could you send this info. on A [REDACTED] and D [REDACTED] (if applicable) and I can go ahead and contact the investigator?

Rochelle R. Caton

SC Department of Mental Health
Director, Office of Client Advocacy
2414 Bull Street, Suite 406
Columbia, SC 29202
Voice: (803) 898-8570
Fax: (803) 898-8554
Email: rrc57@scdmh.org

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 LAW INCLUDING 45 CFR PART 160 (HIPAA), 42 CFR PART 2 (ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY), § 44-22-100, S.C. CODE (SCDMH PATIENT CONFIDENTIALITY). IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINING WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY E-MAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS

From: La'Quandra Nesmith
Sent: Friday, August 16, 2013 9:18 AM
To: Rochelle Caton
Cc: John Jones
Subject: RE: Joan LaBoo

Rochelle,

M [REDACTED] has a rep. payee and we just recently faxed a letter to Social Security Administration requesting that his payee never be changed without contacting his treatment team at Mental Health. The Social Security Administration has put an alert in there system to note the request. Per our recollection he has never been in a CRCF.

In discussion of M [REDACTED]'s case it is the teams professional opinion that his impaired judgment and impulse control typically results in him making decisions that occasionally adversely affect him which makes him a vulnerable adult.

If we can be of further assistance let us know.

*La'Quandra K. Nesmith, M.A., M.S.
ACS/Columbia Area Mental Health
1800 Colonial Drive Cottage C
Columbia, SC 29203
Phone (803) 898-0123
Fax (803) 898-0154*

566

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 LAW, INCLUDING 45 CFR PART 160 (HIPAA), 42 CFR PART 2 (ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY), AND 44-22-100, S.C. CODE (SCDMH PATIENT CONFIDENTIALITY). 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 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.

From: Rochelle Caton
Sent: Tuesday, August 13, 2013 10:52 AM
To: La'Quandra Nesmith; Charles Griffin; Broderick Anderson
Cc: Sheila Arnold
Subject: Joan LaBoo

What do the following three clients have in common?

~~Mr. R. Carter~~

~~Anthony H.~~

~~Mr. W.~~

They all have alleged abuse, neglect or exploitation by Joan LaBoo. Unfortunately, LaBoo is slick so making a criminal case against her is difficult. I just spoke with Richard Carter over at the RC Sheriff's Dept. He agreed to try to follow up on these cases but he needs to determine first if these clients are vulnerable adults. If one or more are vulnerable adults, he will meet with us to collect additional information. I copied each of you because you were named on the incident reports. If there is another person on the treatment team who is more appropriate to contact, please let me know.

But this is what we need:

- 1) Do any of these clients have rep. payees? If so, are there any documents in their records (like the form the Dr. fills out) to show that they need a rep. payee? If so, may I get a copy?
- 2) Are any clients now or in the past been in a CRCF or other licensed facility?
- 3) Then, I need someone's opinion on each of the clients' treatment team about whether, in the clinician's professional opinion, the client meets the following definition:
"Vulnerable adult" means a person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection. This includes a person who is impaired in the ability to adequately provide for the person's own care or protection because of the infirmities of aging including, but not limited to, organic brain damage, advanced age, and physical, mental, or emotional dysfunction. A resident of a facility is a vulnerable adult.

Right now this info. will just go to me so feel free to give me a preliminary opinion on the definition part.
Your help is greatly appreciated.

Rochelle R. Caton
SC Department of Mental Health
Director, Office of Client Advocacy
2414 Bull Street, Suite 406
Columbia, SC 29202

567

Voice: (803) 898-8570
Fax: (803) 898-8554
Email: rrc57@scdmh.org

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 LAW INCLUDING 45 CFR PART 160 (HIPAA), 42 CFR PART 2 (ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY), § 44-22-100, S.C. CODE (SCDMH PATIENT CONFIDENTIALITY). IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINING WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY E-MAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS

568

Harry Reese

From: Harry Reese
Sent: Thursday, August 22, 2013 2:35 PM
To: Sheila Arnold
Subject: RE: Joan LaBoo

Thanks Ms. Arnold:

I'm aware that Ms. McGahee is no longer with us, I just want to present the that I sent her some time ago to demonstrate a timeframe of which we've experienced the same concerns regarding the LaBoo placement and our ongoing efforts to resolve the issues observed and verbalized by the client and staff.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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

From: Sheila Arnold
Sent: Thursday, August 22, 2013 2:31 PM
To: Harry Reese; Rochelle Caton
Subject: RE: Joan LaBoo

Thanks, Harry. BTW: Vicki McGahee is no longer with DMH. Marjorie Wilson Guess is in that position now.

Thanks again.

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

From: Harry Reese
Sent: Thursday, August 22, 2013 2:19 PM
To: Sheila Arnold; Rochelle Caton
Subject: RE: Joan LaBoo
Importance: High

Ms. Canton:

I apologize for my late response; however, I've been searching for an email that I emailed to Ms. McGahee referencing ongoing concerns regarding Laboo's placement and her treatment of other clients. As soon as I locate the email, I'll forward it to your office. In regards to Mr. ~~Hogarty~~, his current provider states that Mr. ~~Hogarty~~ owes \$369.00 to satisfy his current debt which resulted in Ms. LaBoo withholding Mr. ~~Hogarty~~'s funds upon him leaving her program and entering into Pondview. Once leaving Pondview, the director, according to client's current caretaker (Reese's RCF), only provided him with \$300.00 for the client's rent. Mr. Charles Griffin could provide you with more details regarding Mr. ~~Hogarty~~'s status since he was his Case Manager while Mr. ~~Hogarty~~ resided Ms. LaBoo's placement.

We've consistently experienced issues with Ms. LaBoo in regards to inappropriately becoming client's payee after the mental health staff informed Ms. LaBoo that this practice was unacceptable and advised her against changing the client's payee or becoming the client's payee; however, our efforts produced no noticeable change.

you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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

From: Sheila Arnold
Sent: Wednesday, August 21, 2013 8:30 AM

570

From: Rochelle Caton
Sent: Wednesday, August 21, 2013 7:48 AM
To: Broderick Anderson; Charles Griffin
cc: Sheila Arnold
Subject: FW: Joan LaBoo
Importance: High

See La'Quandra's email and attachment. This is exactly what I needed. Could you send this info. on ~~Anthony~~ and ~~Dan~~ (if applicable) and I can go ahead and contact the investigator?

Rochelle R. Caton

SC Department of Mental Health
Director, Office of Client Advocacy
2414 Bull Street, Suite 406
Columbia, SC 29202
Voice: (803) 898-8570
Fax: (803) 898-8554
Email: rrc57@scdmh.org

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 LAW INCLUDING 45 CFR PART 160 (HIPAA), 42 CFR PART 2 (ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY), § 44-22-100, S.C. CODE (SCDMH PATIENT CONFIDENTIALITY). IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINING WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY E-MAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS

From: La'Quandra Nesmith
Sent: Friday, August 16, 2013 9:18 AM
To: Rochelle Caton
Cc: John Jones
Subject: RE: Joan LaBoo

Rochelle,

~~Mark R.~~ has a rep. payee and we just recently faxed a letter to Social Security Administration requesting that his payee never be changed without contacting his treatment team at Mental Health. The Social Security Administration has put an alert in there system to note the request. Per our recollection he has never been in a CRCF.

In discussion of ~~Mark's~~ case it is the teams professional opinion that his impaired judgment and impulse control typically results in him making decisions that occasionally adversely affect him which makes him a vulnerable adult.

If we can be of further assistance let us know.

La'Quandra K. Nesmith, M.A., M.S.
ACS/Columbia Area Mental Health
1800 Colonial Drive Cottage C
Columbia, SC 29203
Phone (803) 898-0123
Fax (803) 898-0154

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 LAW, INCLUDING 45 CFR PART 160 (HIPAA), 42 CFR PART 2 (ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY), AND 44-22-100, S.C. CODE (SCDMH PATIENT CONFIDENTIALITY). 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 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.

From: Rochelle Caton
Sent: Tuesday, August 13, 2013 10:52 AM
To: La'Quandra Nesmith; Charles Griffin; Broderick Anderson
Cc: Sheila Arnold
Subject: Joan LaBoo

What do the following three clients have in common?

~~Richard Carter~~
~~Richard Carter~~
~~Richard Carter~~

They all have alleged abuse, neglect or exploitation by Joan LaBoo. Unfortunately, LaBoo is slick so making a criminal case against her is difficult. I just spoke with Richard Carter over at the RC Sheriff's Dept. He agreed to try to follow up on these cases but he needs to determine first if these clients are vulnerable adults. If one or more are vulnerable adults, he will meet with us to collect additional information. I copied each of you because you were named on the incident reports. If there is another person on the treatment team who is more appropriate to contact, please let me know.

But this is what we need:

- 1) Do any of these clients have rep. payees? If so, are there any documents in their records (like the form the Dr. fills out) to show that they need a rep. payee? If so, may I get a copy?
- 2) Are any clients now or in the past been in a CRCF or other licensed facility?
- 3) Then, I need someone's opinion on each of the clients' treatment team about whether, in the clinician's professional opinion, the client meets the following definition:
"Vulnerable adult" means a person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection. This includes a person who is impaired in the ability to adequately provide for the person's own care or protection because of the infirmities of aging including, but not limited to, organic brain damage, advanced age, and physical, mental, or emotional dysfunction. A resident of a facility is a vulnerable adult.

Right now this info. will just go to me so feel free to give me a preliminary opinion on the definition part.
Your help is greatly appreciated.

Rochelle R. Caton
SC Department of Mental Health

572
SJA

Director, Office of Client Advocacy
2414 Bull Street, Suite 406
Columbia, SC 29202
Phone: (803) 898-8570
Fax: (803) 898-8554
Email: rrc57@scdmh.org

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 LAW INCLUDING 45 CFR PART 160 (HIPAA), 42 CFR PART 2 (ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY), § 44-22-100, S.C. CODE (SCDMH PATIENT CONFIDENTIALITY). IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINING WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY E-MAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS

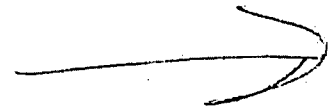
573

Subject: FW: Follow up on CRCF issues
From: Harry Reese (HER08@SCDMH.ORG)
To: [REDACTED]
Date: Tuesday, May 21, 2013 12:57 PM

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

Boards

Homes



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

From: Deanna McNeil
Sent: Tuesday, May 21, 2013 9:53 AM
To: Harold Edwards; Harry Reese; Natasha Davis
Subject: FW: Follow up on CRCF issues

From: Deanna McNeil
Sent: Tuesday, May 21, 2013 9:51 AM
To: JoAnn O. Boards, MA
Subject: FW: Follow up on CRCF issues

This is an excerpt from an earlier discussion I had with one of my staff members about the CRCF issue. I will pass this on to you since a half hour meeting is not enough time to explore the ramifications of yet another issue that DMH must address. I would also recommend that you start getting a list of your clients in the CRCFs so that in the event they must be moved, you will already know who they are. Several of the case

574

managers have already begun discussions with the CRCFs who plan to apply to be HHS certified so that we may be aware of who are our placement options.

PS- I am military trained and not often moved by passion but by methodical planning. I have discovered that in true battles the passionate ones are often the first casualties of war.

From: Deanna McNeil

Sent: Wednesday, May 01, 2013 3:48 PM

To: Sylvia Wells

Cc: Natosha Wilson-Glenn; Kathy Lundvall; Kimberly G. Kinard; LaHartha Phelps; Lan Bonno-Lebozec; La'Quandra Nesmith; Shirley M. Robinson; Genora Scott; Laurrinda Saxon; Nekesha Harris; Theada Haynes; Linda Smith; Maria Marin; Harold Edwards; Avis Buchanan

Subject: Follow up on CRCF issues

First of all, let me state that I am always impressed with the level of concern and compassion that you have for our clients that have to live each day of their lives with chronic severe mental illness. As we face our latest challenge with the CRCF issue, your level of compassion and desire to address the problem has not wavered. I wanted to follow up after the discussion we had in Management Meeting this morning. Dr Bank also viewed the changes at HHS as a challenge and the following options are being considered:

1. They have begun talking to MHA about possible placements
2. We need to put in as many TCM referrals to bring this to the attention of the Palace to assist with housing
3. Talks have begun with the courts to let them know of the possible impact on court ordered rulings for structured housing
4. Bryan has made it less cumbersome to admit clients between the ages of 18-21 and over 65
5. ~~We may have to use~~ more boarding homes
6. Homeshare will be providing more options as a temporary measure
7. Carter St has current openings
8. Politically connected advocacy groups are weighing in to hopefully delay or defeat the planned changes

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

575

Subject: FW: LaBoo's Boarding home
From: Harry Reese (HER08@SCDMH.ORG)
To: [REDACTED]
Cc: [REDACTED]
Date: Friday, November 4, 2011 4:50 PM

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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

From: Harry Reese
Sent: Friday, November 04, 2011 4:43 PM
To: Victoria McGahee
Cc: Cornell Ruff; Marjorie Wilson-Guess; Jacqueline LeGette; Dorothy Archie; Maria Marin; Genora Scott; Lisa Williams; Denise Morgan
Subject: RE: LaBoo's Boarding home
Importance: High

Dear Ms. McGahee:

For the Record: Thanks for the report referencing Ms. Laboo's placement; however, I must convey my concerns referencing the cosmetic report provided. The function of our October 24, 2011 meeting was to discuss inappropriate activity both alleged and proven committed to our clients by Ms. Laboo. Your report doesn't address those concerns; therefore, the report provided only continues to condone Ms. Laboo's alleged and proven misconduct against our clients and frankly I don't subscribe to such behavior. If only one client and case manager verbalized concerns of Ms.

576
12/4/2014

Laboo's placement, I can see continuing working with Ms. Laboo to address the identified concerns. However, a number of clients and a number of Case Managers which includes Maria Marin and yourself have verbalized concerns of this placement. Nevertheless, for those that only received a one-sided synopsis of the placement, the following are the concerns of which a number of clients and case managers reported.

Misuse of Client's Funds

- Although Ms. Laboo states that she provides meals to our clients, a number of clients reported that they only received a bologna sandwich for the entire day. Mr. Tindal hasn't received his refund since we've requested from Ms. Laboo. We've consistently requested a copy of accounting for client's funds from Ms. Laboo and haven't received the requested information.

Changing of Client's Payee

- We've informed Ms. Laboo that she can't serve as client's representative payee and she continues to ignore our guidance.

Inappropriately Removing Client from Another Placement

- Of all the concerns verbalized, this conduct alarms me the most. Ms. Laboo consistently removes cl from their placement without discussing the removal of the client with mental health staff. Staff has advised Ms. Laboo against committing such action; however, she continues to ignore our guidance. This conduct is extremely detrimental to the client's well-being; in that, Ms. Laboo doesn't have the history or knowledge of the client she's removing. This reckless behavior not only jeopardizes the well-being of the client, but others as well including Ms. Laboo.

Client's Medication

- During our meeting, Mr. Tindal stated that Ms. Laboo administers medicines to six clients. Ms. Laboo acknowledged administering meds to clients during the meeting. Mr. Tindal also verbalized that he was overdosed by the staff of the placement which according to him caused his hospitalization.
- According to your report, Mr. Tindal and Mr. G... medication are stored in a cabinet in the dining room. This concerns me; in that, both clients medication are easily accessible to their roommates and visitors of the facility; moreover, to a client, according to you, is on the verge of a nervous breakdown. Within SPD Mr. Tindal's case, Dr. Riddle has informed me that Mr. Tindal is unable to self-medicate due to the number of psych meds that he's currently prescribed. A Supplemental has been submitted to address client's unreceptiveness of mental services and placement.

Alleged Recent Misconduct

- "According to staff", Mr. S... E... has informed staff that Ms. Laboo has him selling bootleg music CD's.

577

The fact to the matter is...there must be some validity to the concerns verbalized by our clients of the placements; in that, clients from both the 5207 Ridgewood Camp Road and the 1518 Hyatt Street placements are verbalizing similar and ongoing concerns.

From Ms. Labbo's alleged and demonstrated behavior, it is evident that she has no regard for the mental health center; moreover, our clients overall well-being.

Ms. McGahee, I never approached you in regards to the physical condition of the placement, my and those of other clinicians as well as our clients were the alleged and proven inappropriate conduct of Ms. Laboo; moreover, Ms. Laboo's own self-reports. I see no relevancy to the physical condition of the placement within this matter. In fact, providing this report is an injustice to "our" clients, clinicians, service providers, etc. that are referring clients to this placement. It's a blind-sided report which doesn't provide the referring party a holistic view of the placement within their decision to refer a client to the placement. Finally, Due to our conversations and your 20 minute communication with Ms. LaBoo, I would not expect anything less than an immaculate placement. However, her alleged and proven misconduct which is in question continues to be our concerns at AIS.

Thanks,

Harry E. Reese Sr.

MHP

CONNECTIONS

2715 Colonial Drive, Bldg 200-A

Columbia, SC 29203

(803) 898-0851

Fax: (803) 898-4040

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

From: Victoria McGahee

Sent: Tuesday, November 01, 2011 9:27 AM

To: Harry Reese; Cornell Ruff; Marjorie Wilson-Guess; Jacqueline LeGette; Dorothy Archie; Maria Marin; Genora Scott; Lisa Williams; Denise Morgan

Subject: LaBoo's Boarding home

Importance: High

Good morning

578

This morning I visited (unannounced) Joan LaBoo's Boarding Home at 5207 Ridgewood Camp Road, off Monticello

There are currently six DMH clients living in this BH –

- 1. ~~J. [redacted] T. [redacted]~~
- 1. ~~S. [redacted] E. [redacted]~~ – reported he is moving to Carter St today
- 1. ~~M. [redacted] R. [redacted]~~
- 1. ~~F. [redacted] H. [redacted]~~ – he said he is moving to NY in January
- 1. ~~J. [redacted] G. [redacted]~~
- 1. ~~J. [redacted] H. [redacted]~~ (He was not at home and was reportedly at MH)

They each pay \$661 for rent and food

The house was clean, neat, odor-free and well decorated. It was also at a good temp.

The clients all had pretty much what they needed

They were all up and dressed – two in full suits and ties. Their beds were made

With the exception of ~~J. [redacted]~~ and ~~J. [redacted]~~, they all had their meds stored in their bedrooms. ~~J. [redacted]~~ had his in a seven day planner in a cabinet in the dining room – he did have access to the cabinet. He knew all his medications and could tell you a little bit about each med. If he can administer his own meds and CAMHC staff can help him to pack his planner, he can live in a boarding home (unless he has a court order). The same for ~~J. [redacted] H. [redacted]~~ – his meds were also in a seven day planner in the dining room cabinet.

In view of the fact that the facility does not have staff, Ms. LaBoo has to be making a large profit as she takes in approx. \$3,966 per month for rent and food

All in all, it seemed OK – the guys are happy, they appear to look out for themselves, etc.

THE ONLY CLIENT that concerned me was ~~M. [redacted] R. [redacted]~~. He is in charge of the keys for the frig and freezer and he is the one that is to contact Ms. LaBoo if there are any concerns, etc. He seemed extremely defensive and controlling of others. He did tell me he was tired of doing this (managing the house) and that he needed a break. He did mention that he gets a break on his rent. When I asked the guys if they needed any toiletries, ~~M. [redacted]~~ immediately very definitely said "They can buy what they need today." I then explained I had a lot of toiletries in my car and would be happy to give them what they needed. Mark appeared annoyed by this and I tried to explain to him that free was better. He also noted that he used to cook a lot, but he is just tired now. Not sure when he was last in at MH, but he was a concern.

That's it – if the guys can manage their own meds, get refills, etc and they do NOT need any personal care services, they can live in a BH (unless there is a court order)

579

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

580

Harry Reese

From: Deanna McNeil
Sent: Tuesday, May 21, 2013 9:53 AM
To: Harold Edwards; Harry Reese; Natasha Davis
Subject: FW: Follow up on CRCF issues

From: Deanna McNeil
Sent: Tuesday, May 21, 2013 9:51 AM
To: JoAnn O. Boards, MA
Subject: FW: Follow up on CRCF issues

This is an excerpt from an earlier discussion I had with one of my staff members about the CRCF issue. I will pass this on to you since a half hour meeting is not enough time to explore the ramifications of yet another issue that DMH must address. I would also recommend that you start getting a list of your clients in the CRCFs so that in the event they must be moved, you will already know who they are. Several of the case managers have already begun discussions with the CRCFs who plan to apply to be HHS certified so that we may be aware of who are our placement options.

PS- I am military trained and not often moved by passion but by methodical planning. I have discovered that in true battles the passionate ones are often the first casualties of war.

From: Deanna McNeil
Sent: Wednesday, May 01, 2013 3:48 PM
To: Sylvia Wells

Cc: Natosha Wilson-Glenn; Kathy Lundvall; Kimberly G. Kinard; LaHartha Phelps; Lan Bonno-Lebozec; La'Quandra Nesmith; Shirley M. Robinson; Genora Scott; Laurrinda Saxon; Nekesha Harris; Theada Haynes; Linda Smith; Maria Marin; Harold Edwards; Avis Buchanan
Subject: Follow up on CRCF issues

First of all, let me state that I am always impressed with the level of concern and compassion that you have for our clients that have to live each day of their lives with chronic severe mental illness. As we face our latest challenge with the CRCF issue, your level of compassion and desire to address the problem has not wavered. I wanted to follow up after the discussion we had in Management Meeting this morning. Dr Bank also viewed the changes at HHS as a challenge and the following options are being considered:

1. They have begun talking to MHA about possible placements
2. We need to put in as many TCM referrals to bring this to the attention of the Palace to assist with housing
3. Talks have begun with the courts to let them know of the possible impact on court ordered rulings for structured housing
4. Bryan has made it less cumbersome to admit clients between the ages of 18-21 and over 65
5. We may have to use more boarding homes
6. Homeshare will be providing more options as a temporary measure
7. Carter St has current openings
8. Politically connected advocacy groups are weighing in to hopefully delay or defeat the planned changes

581



South Carolina
Department of
Mental Health

Electronic Medical Record

[Logout](#)

Show/Hide Autosaves
Loading list...

SUBMIT **CANCEL** **Save and Reload**

CLINICAL SERVICE NOTE

STAFF SELECTION LIST

ADDISON, PRISCILLA 0237
AFRIN, JILL 8000
ALFORD, ELIZABETH 0561
ANDERSON, BRODERICK 1542
ARCHIE, NEKESHA 1667
ARMEL, BETTY 0767
BAKER, JILL 1796
BANK, ROBERT 0535
BARNETT, AMBER 1851
BELIN, RUTH 1437
BELL, GLORIA 1809
BENEDETTO, ALICIA 1080
BERNSTEIN, HILARY 0458
BILLINSKY, JOHN 1884
BLACKSTONE, CHARLOTTE 0759
BLUEMLE, ELIZABETH 4298
BLUEMLE, ELIZABETH 0298
BOARDS, JOANN 1781
BONNO LEBOZEC, LAN 1498
BRIGHT, BETTY 1491
BROWN, SELENA 1705
BROWN, CORETTA 4295

STAFF LIST

1568 HARRY REESE
PATEL, RADHIKA 0505
ADDISON, PRISCILLA 0237
CLAGG, KAREN 1916
MERCER, THOMAS 0836

STAFF TIME

15
15
15
15
15

PRIMARY

●
●
●
●
●

DMHFACIL: COLUMBIA AREA MHC
Location: 176 IMPACT
Place Of Service: 53 COMMUNITY MHC

Batchno: 22159835

Supervising
MAP: **In suite and immediately available when service rendered.**

Cost Center: 3DTEA IMPACT
Office: 025 EMERGENCY & INTAKE SERVIC
Svc Code: H017 03 MH SERVICES PLAN DEVELOPMENT BY NON PHYSICIAN
Group number: Group ID:
Scheduler: CIS:

Date: 01/22/2015

Time Service Provided: 09:15 AM

Name: [REDACTED]

Cancel/NS: Present

NO CHARGE INDICATOR

Ticket: Audit: Pmttp: 03 Modifier:

- ☒ SA: APRN
☒ HA: CHILD/ADOLESCENT
☒ HW: PMA ARPN CHILD-H013
☒ 76: SECOND SERVICE
☒ GA: ADVANCE NOTICE HAS BEEN GIVEN TO THE BENEFICIARY
☒ GD: UNITS EXCEEDS MEDICALLY UNLIKELY EDIT VALUE AND REPRESENTS
☒ GQ: SERVICES VIA ASYNCHRONOUS TELECOMMUNICATIONS

Cid:

SHOW
CLIENT
HISTORY
Bill

Time: 15

582

- ☐ GT: SERVICES VIA INTERACTIVE VIDEO AND VIDEO TELECOMMUNICATION
- ☐ GW: CONDITION NOT RELATED TO THE PATIENT'S TERMINAL CONDITION
- ☐ GY: ITEM OR SERVICES STATUTORILY EXCLUDED DOES NOT MEET DEFINI
- ☐ GZ: SERVICE EXPECTED DENIAL AS NOT REASONABLE AND NECESSARY
- ☐ JA: ADMINISTERED INTRAVENOUSLY
- ☐ JB: ADMINISTERED SUBCUTANEOUSLY
- ☐ JW: DRUG AMOUNT DISCARDS NOT ADMINISTERED TO ANY PATIENT
- ☐ AH: CLINICAL PSYCHOLOGIST
- ☐ AJ: CLINICAL SOCIAL WORKER
- ☐ AQ: SERVICE IN AN UNLISTED HEALTH PROFESSIONAL SHORTAGE AREA
- ☐ AR: PHYSICIAN PROVIDER SERVICES IN A PHYSICIAN SCARCITY AREA
- ☐ HF: SUBSTANCE ABUSE PROGRAM MEDICAID ONLY

GAF: _____ Incarc: N
Problem: 0 PSYCHIATRIC
Emerg: 0 NORMAL HOURS, NO EMERGENCY
Treatment Objective / Focus : _____

Note

Focus of Staffing and or Treatment Needs

Physician Recommendations

Characters Remaining: 5921

583

April 2, 2015

8408 Little John Drive
Columbia, SC 29209

The Honorable Susan S. Barden
SC Workers Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

Re: Harry Reese (Claimant) vs. S.C. Department of Mental Health (Defendant)
WCC File #: 1322039

Dear Commissioner Barden:

Enclosed you will find an array of supporting evidence that will substantiate my Worker's Compensation claim that includes: (1) a 618 page document that contains my medical reports, doctor's opinion, medication addendum, stressors, my ongoing efforts to resolve matters amicably as possible, verification from the Defendant's witness (Mr. Harold Edwards) confirming that I followed the Defendant's policies and directives in performing my job duties of which the request from the Defendant's witness was for an entire different reason (see pages 109-112 of the 618 page document); etc.; (2) the Defendant's policies and directives of which I will demonstrate that the Defendant, in many cases, refused to adhere to (see attached list); and (3) supporting "Effects of Stress" and Major Depression and Anxiety literature from reputable resources (see attached list) and my employment file provided by the Defendant. I'm providing a copy of the enclosed evidence to Ms. Paige Snyder, SC State Accident Fund/Chief Counselor, for her review along with this correspondence.

Due to mitigated circumstances beyond my control, it's taking me longer than usual to prepare the evidence for your review of which I'm hand delivering this evidence to both your and Ms. Snyder's office. Commissioner Barden, with that being said, it is my intent to present you and Ms. Snyder with a copy of the guide that I will be using to present my case during the hearing; in hopes to present my case with little distractions and interruptions as possible.

If you have any questions or concerns, please feel free to contact me at (W) (803) 898-8131; (H) (803) 851-3182; or (C) (803) 477-4227.

Respectfully,

Harry E. Reese Sr.

Enclosure

cc: Ms. Paige Snyder, SC State Accident Fund/Chief Counselor

Hand-Delivered Receipt Confirmation

To: Ms. Paige Snyder, SC State Accident Fund/Chief Counselor

Receiving Staff Print: Paige Snyder

Receiving Staff Signature: Paige Snyder

Date: 4/2/15

583A

Harry Reese

From: Harry Reese
Sent: Wednesday, October 22, 2014 4:28 PM
To: psynder@saf.sc.gov
Subject: FW: Sailing into Retirement Herbert Toney
Attachments: Abilify Maintena Training 12-11-13.pdf; Sailing into Retirement Herbert Toney (2).docx

South Carolina State Accident Fund
Ms. Page Snyder, Esq.
800 Dutch Square Blvd., Suite 160
Columbia, SC 29210-7317

Dear Ms. Snyder:

Thank you for meeting with me on today to take my deposition. During this meeting you asked me did I attend a retirement party for an employee which was Mr. Herbert Toney. I asked you the relevancy of your question and unfortunately you did not offer a rationale. The event was held on July 9, 2014.

The main function of this event was a medication training presented by Ms. Laura, Jansen Drug Rep. of which they were enhancing the mental health staff's knowledge of the drug Risperdal. Dr. Patel set up this training and also used it as Mr. Toney's retirement party because she was unable to attend Mr. Toney's retirement party held at the clinic that was held on July 11, 2014. I'm submitting this correspondence under the email advertising Mr. Toney's retirement party held at the clinic of which I did not attend and was on annual leave that day (7/11/14).

During this time, I was recently re-assigned to the Impact program and Dr. Patel requested all Impact team members to attend the training/event. Surely, Ms. Laura didn't report to Jansen that the event that the drug company paid for was used to finance Mr. Toney's retirement party. A number of disciplines outside of the nursing and medical staff were present i.e., Case Managers, administrative staff, etc.

Even though I was going through hell at the time and had recently received mental health treatment with Palmetto Behavioral Healthcare, I also attended a previous medication training after hours to increase my knowledge of the medication Abilify Maintena which continues to benefit the clients and the agency:

Wednesday, December 11, 2013

Terra Restaurant

100 State Street

West Columbia, SC 29169

Invited by: Mr. William Warren, Drug Rep.

Presented By: Dr. James Baker

(please see the attached flyer advertising the training)

Ms. Snyder, of my seven years employment with the agency, no co-worker, whether subordinate staff or otherwise, will tell you that Harry Reese entertained them after-hours which to include church, clubs, special events (outside of retirement parties held by staff), etc. You're more than welcome to investigate all claims presented by me in this correspondence.

584

Finally, the up to 400 pages of supportive documentation provided to you on today will certainly prove my worker's comp case.

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

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

From: Zenika N. Jarvis
Sent: Monday, July 07, 2014 11:48 AM
To: Amy Eichelberger; Andrea M. Scott, M.A., MHP; Avis Buchanan; Betty J. Armel; Brenda Preston; Charles Griffin; Edmond Dowling Jr.; Elizabeth Alford; Eric Hartley; Ervin Jefferson; Gloria James; Harold Edwards; Harry Reese; Herbert Toney; Holly May; Jacqueline LeGette; James F. Riddle; Jennifer Butler; Jill Afrin; Jill Baker; JoAnn O. Boards, MA; Julius Jones; Mary Reaves; Melvin Malone; Monica Davis; Paula Toliver-Sydnor; Priscilla Addison; Rachmawati Pinkney; Radhika Patel; Regina L. Harper; Shauna B. Pendergrass; Stephanie Adams; Stephanie L. Butcher; Tia N. Holtzclaw; Toni Morris; Leslie Y. Bracey; Charmaine V. Weston; Deanna McNeil; Patricia Hicks; LaSonya Parker; Greg Oates
Subject: Sailing into Retirement Herbert Toney

Good Morning All,

Herbert Toney retirement is upon us. The date we have feared, yet a well-deserved respite for him. Please join us this coming Friday in AIS break room to celebrate Mr. Toney. Everyone is invited to share in this celebration and we extend our best wishes to Mr. Toney.

If you would like to contribute to the menu please contact me before Wednesday July 9, 2014

585

Thank you, Zenika

586

Harry Reese

From: Harry Reese
Sent: Wednesday, October 22, 2014 4:28 PM
To: 'psynder@saf.sc.gov'
Subject: FW: Sailing into Retirement Herbert Toney
Attachments: Abilify Maintena Training 12-11-13.pdf; Sailing into Retirement Herbert Toney (2).docx

South Carolina State Accident Fund
Ms. Page Snyder, Esq.
800 Dutch Square Blvd., Suite 160
Columbia, SC 29210-7317

Dear Ms. Snyder:

Thank you for meeting with me on today to take my deposition. During this meeting you asked me did I attend a retirement party for an employee which was Mr. Herbert Toney. I asked you the relevancy of your question and unfortunately you did not offer a rationale. The event was held on July 9, 2014.

The main function of this event was a medication training presented by Ms. Laura, Jansen Drug Rep. of which they were enhancing the mental health staff's knowledge of the drug Risperdal. Dr. Patel set up this training and also used it as Mr. Toney's retirement party because she was unable to attend Mr. Toney's retirement party held at the clinic that was held on July 11, 2014. I'm submitting this correspondence under the email advertising Mr. Toney's retirement party held at the clinic of which I did not attend and was on annual leave that day (7/11/14).

During this time, I was recently re-assigned to the Impact program and Dr. Patel requested all Impact team members to attend the training/event. Surely, Ms. Laura didn't report to Jansen that the event that the drug company paid for was used to finance Mr. Toney's retirement party. A number of disciplines outside of the nursing and medical staff were present i.e., Case Managers, administrative staff, etc.

Even though I was going through hell at the time and had recently received mental health treatment with Palmetto Behavioral Healthcare, I also attended a previous medication training after hours to increase my knowledge of the medication Abilify Maintena which continues to benefit the clients and the agency:

Wednesday, December 11, 2013

Terra Restaurant

100 State Street

West Columbia, SC 29169

Invited by: Mr. William Warren, Drug Rep.

Presented By: Dr. James Baker

(please see the attached flyer advertising the training)

Ms. Snyder, of my seven years employment with the agency, no co-worker, whether subordinate staff or otherwise, will tell you that Harry Reese entertained them after-hours which to include church, clubs, special events (outside of retirement parties held by staff), etc. You're more than welcome to investigate all claims presented by me in this correspondence.

587

Finally, the up to 400 pages of supportive documentation provided to you on today will certainly prove my worker's comp case.

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

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

From: Zenika N. Jarvis
Sent: Monday, July 07, 2014 11:48 AM
To: Amy Eichelberger; Andrea M. Scott, M.A., MHP; Avis Buchanan; Betty J. Armel; Brenda Preston; Charles Griffin; Edmond Dowling Jr.; Elizabeth Alford; Eric Hartley; Ervin Jefferson; Gloria James; Harold Edwards; Harry Reese; Herbert Toney; Holly May; Jacqueline LeGette; James F. Riddle; Jennifer Butler; Jill Afrin; Jill Baker; JoAnn O. Boards, MA; Julius Jones; Mary Reaves; Melvin Malone; Monica Davis; Paula Toliver-Sydnor; Priscilla Addison; Rachmawati Pinkney; Radhika Patel; Regina L. Harper; Shauna B. Pendergrass; Stephanie Adams; Stephanie L. Butcher; Tia N. Holtzclaw; Toni Morris; Leslie Y. Bracey; Charmaine V. Weston; Deanna McNeil; Patricia Hicks; LaSonya Parker; Greg Oates
Subject: Sailing into Retirement Herbert Toney

Good Morning All,

Herbert Toney retirement is upon us. The date we have feared, yet a well-deserved respite for him. Please join us this coming Friday in AIS break room to celebrate Mr. Toney. Everyone is invited to share in this celebration and we extend our best wishes to Mr. Toney.

If you would like to contribute to the menu please contact me before Wednesday July 9, 2014

588

Thank you, Zenika

589

Harry Reese

From: postmaster@saf.sc.gov
To: psynder@saf.sc.gov
Sent: Wednesday, October 22, 2014 4:29 PM
Subject: Undeliverable: FW: Sailing into Retirement Herbert Toney

Delivery has failed to these recipients or groups:

psynder@saf.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: saf.sc.gov

psynder@saf.sc.gov

#< #5.1.1 smtp;550 5.1.1 RESOLVER.ADR.RecipNotFound; not found> #SMTP#

Original message headers:

Received: from MAIL.SCDMH.ORG (167.7.193.252) by exchange.saf.sc.gov (10.1.31.120) with Microsoft SMTP Server (TLS) id 8.3.348.2; Wed, 22 Oct 2014 16:28:38 -0400

Received: from MAIL.SCDMH.ORG (localhost.localdomain [127.0.0.1]) by localhost (Email Security Appliance) with SMTP id B95251FFE83_448136FB for <psynder@saf.sc.gov>; Wed, 22 Oct 2014 20:28:31 +0000 (GMT)

Received: from DOAS-EX-FE2.SCDMH.ORG (doas-ex-fe2.scdmh.org [10.24.1.201]) (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 170CC1FD4DE_448136FF for <psynder@saf.sc.gov>; Wed, 22 Oct 2014 20:28:31 +0000 (GMT)

Received: from DOAS-EX-MD4.SCDMH.ORG ([fe80::8903:6cb3:e9fa:1f7c]) by DOAS-EX-FE2.SCDMH.ORG (:::1) with mapi id 14.02.0328.009; Wed, 22 Oct 2014 16:28:30 -0400

From: Harry Reese <HER08@SCDMH.ORG>

To: "psynder@saf.sc.gov" <psynder@saf.sc.gov>

Subject: FW: Sailing into Retirement Herbert Toney

Thread-Topic: Sailing into Retirement Herbert Toney

Thread-Index: Ac+Z9kT1zuNXaPpJTm2WngmXiZrr+hUP3jka

Date: Wed, 22 Oct 2014 20:28:28 +0000

Message-ID: <ED82071D21534B4E9F07F3AC31640284401F40AC@DOAS-EX-MD4.SCDMH.ORG>

References: <8A3570BAF2D21541BC5187626815A59C0104B17ECA@DOAS-EX-MD2.SCDMH.ORG>

In-Reply-To: <8A3570BAF2D21541BC5187626815A59C0104B17ECA@DOAS-EX-MD2.SCDMH.ORG>

Accept-Language: en-US

590

Content-Language: en-US

X-MS-Has-Attach: yes

X-MS-TNEF-Correlator:

Originating-ip: [10.24.5.208]

Content-Type: multipart/mixed;

boundary="_005_ED82071D21534B4E9F07F3AC31640284401F40ACDOASEXMD4SCDMHO_"

MIME-Version: 1.0

Return-Path: prvs=136546c0da=HER08@SCDMH.ORG

X-Brightmail-Tracker:

H4sIAAAAAAAC+NgFmpiVWLjYlnOfvCPboWwR4hB07yri5gsevr7WBwYAxiiWDPzkvIrElgzNvZcYi9Y0GFY0TbxFXMDY/cv/S5
GLg4hgaWMEqtnbmGEcM4zSjReuckM4VxkkvjeuIq1i5ETyFnCKHGuUxPEZhNQIrratIcdxBYR0JU4veARM4gtLGAssWnGYai4icS
mzetZIWwjiT8f3gLVChCwCKhKvOmrBgnzCvhIbN9whwlvj/E9RlrwMzwCvhLbPg1G8xmFBCT+H5qDVgNs4C4xK0n88FsCQE
RiYcXT7NB2KISLx//Y4Ww5SV2TiewmQUyJWZuWcAEsUtQ4uTMJywQu3QkXq+7yQZyjoRAoMTvrRUQrVYSR968Z4ewdSTeT
JzNNIFRYhaSzboQTJ2FZOoCRuZVjMKuFckZiXnpqXrFiWl6xcl66flmxIBMCPFKF+Xg/H9V+dDjJicTEqivM8FPUKE+JLyUyozEos
z4otKc1KLDzFKcPAoifDKCAHleIsLEnOLM9NhUjIcHEoSvKIgKcGi1PTUirTMnJLUioj0KUJZJKXFeQ5CkAEhfRmkeXO4So6yUM08
VZqAcT0FqUW5mCUQclmBuMQpyHGASysnLz0uVgoq9YhTnYFQS5vUDmciTmVcCd8groBuZgG78vMEF5MaSRISUVANjq/Wa
teI/tY6uvnyeZ7ILbmhlclDmp2uZgdvT3/6f3ecVxNxnq3U5e/2nd62f/l8/VJZtPnGn4p1tYTIHnPxK925WZ79nfrnwIpf6sR09QU
+bAJh+qGr3RU21DI2zLfpdfwtKnhHd/ble3WhhiZW/XkqT4sq2Gwj/61l3rEq/+SWsN5ktjolluKMREMt5qLiRABG2C/wFQMAAA
==

591

Harry Reese

From: Harry Reese
Sent: Wednesday, October 22, 2014 4:39 PM
To: 'jmurray@saf.sc.gov'
Subject: FW: Sailing into Retirement Herbert Toney
Attachments: Abilify Maintena Training 12-11-13.pdf; Sailing into Retirement Herbert Toney (2).docx
Importance: High

Dear Ms. Johnnette Murray:

Please forward this email to Ms. Page Snyder. I've attempted to email Ms. Ellen Godwin and received the following response:

Ellen Goodwin will be out of the office from Thursday, Oct. 16 - Friday, Nov. 14. Please forward your email to the attention of either mrehborn@saf.sc.gov or jmurray@saf.sc.gov.

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

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

From: Harry Reese
Sent: Wednesday, October 22, 2014 4:34 PM
To: 'egoodwin@saf.sc.gov'
Subject: FW: Sailing into Retirement Herbert Toney

.is. Ellen Goodwin:

Please forward this email to Ms. Page Snyder. My attempt failed of which I received the following error message:

Delivery has failed to these recipients or groups:

psnyder@saf.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.

Thanks,

Harry E. Reese Sr.

MHP

Impact

2715 Colonial Drive, Bldg. 200A

Columbia, SC 29203

(803) 898-8131

Fax: (803) 898- 4374

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

From: Harry Reese

Sent: Wednesday, October 22, 2014 4:28 PM

To: 'psnyder@saf.sc.gov'

Subject: FW: Sailing into Retirement Herbert Toney

South Carolina State Accident Fund

Ms. Page Snyder, Esq.

800 Dutch Square Blvd., Suite 160

Columbia, SC 29210-7317

Dear Ms. Snyder:

Thank you for meeting with me on today to take my deposition. During this meeting you asked me did I attend a retirement party for an employee which was Mr. Herbert Toney. I asked you the relevancy of your question and unfortunately you did not offer a rationale. The event was held on July 9, 2014.

The main function of this event was a medication training presented by Ms. Laura, Jansen Drug Rep. of which we were enhancing the mental health staff's knowledge of the drug Risperdal. Dr. Patel set up this training and so used it as Mr. Toney's retirement party because she was unable to attend Mr. Toney's retirement party held at the clinic that was held on July 11, 2014. I'm submitting this correspondence under the email advertising Mr. Toney's retirement party held at the clinic of which I did not attend and was on annual leave that day (7/11/14).

During this time, I was recently re-assigned to the Impact program and Dr. Patel requested all Impact team members to attend the training/event. Surely, Ms. Laura didn't report to Jansen that the event that the drug company paid for was used to finance Mr. Toney's retirement party. A number of disciplines outside of the nursing and medical staff were present i.e., Case Managers, administrative staff, etc.

Even though I was going through hell at the time and had recently received mental health treatment with Palmetto Behavioral Healthcare, I also attended a previous medication training after hours to increase my knowledge of the medication Abilify Maintena which continues to benefit the clients and the agency:

Wednesday, December 11, 2013

Terra Restaurant

100 State Street

West Columbia, SC 29169

Invited by: Mr. William Warren, Drug Rep.

Presented By: Dr. James Baker

(please see the attached flyer advertising the training)

Ms. Snyder, of my seven years employment with the agency, no co-worker, whether subordinate staff or otherwise, will tell you that Harry Reese entertained them after-hours which to include church, clubs, special events (outside of retirement parties held by staff), etc. You're more than welcome to investigate all claims presented by me in this correspondence.

Finally, the up to 400 pages of supportive documentation provided to you on today will certainly prove my worker's comp case.

Thanks,

Harry E. Reese Sr.

MHP

Impact

2715 Colonial Drive, Bldg. 200A

Columbia, SC 29203

(803) 898-8131

Fax: (803) 898- 4374

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

From: Zenika N. Jarvis

Sent: Monday, July 07, 2014 11:48 AM

To: Amy Eichelberger; Andrea M. Scott, M.A., MHP; Avis Buchanan; Betty J. Armel; Brenda Preston; Charles Griffin;

594

Edmond Dowling Jr.; Elizabeth Alford; Eric Hartley; Ervin Jefferson; Gloria James; Harold Edwards; Harry Reese; Herbert Toney; Holly May; Jacqueline LeGette; James F. Riddle; Jennifer Butler; Jill Afrin; Jill Baker; JoAnn O. Boards, MA; Julius Jones; Mary Reaves; Melvin Malone; Monica Davis; Paula Toliver-Sydnor; Priscilla Addison; Rachmawati Pinkney; Radhika .el; Regina L. Harper; Shauna B. Pendergrass; Stephanie Adams; Stephanie L. Butcher; Tia N. Holtzclaw; Toni Morris; Leslie Y. Bracey; Charmaine V. Weston; Deanna McNeil; Patricia Hicks; LaSonya Parker; Greg Oates
Subject: Sailing into Retirement Herbert Toney

Good Morning All,

Herbert Toney retirement is upon us. The date we have feared, yet a well-deserved respite for him. Please join us this coming Friday in AIS break room to celebrate Mr. Toney. Everyone is invited to share in this celebration and we extend our best wishes to Mr. Toney.

If you would like to contribute to the menu please contact me before Wednesday July 9, 2014

Thank you, Zenika

595

Harry Reese

From: Ellen Goodwin <egoodwin@saf.sc.gov>
Sent: Wednesday, October 22, 2014 4:34 PM
To: Harry Reese
Subject: Out of Office: Sailing into Retirement Herbert Toney

Ellen Goodwin will be out of the office from Thursday, Oct. 16 - Friday, Nov. 14. Please forward your email to the attention of either mrehborn@saf.sc.gov or jmurray@saf.sc.gov.

596

Harry Reese

From: Harry Reese
Sent: Wednesday, October 22, 2014 4:34 PM
To: 'egoodwin@saf.sc.gov'
Subject: FW: Sailing into Retirement Herbert Toney
Attachments: Abilify Maintena Training 12-11-13.pdf; Sailing into Retirement Herbert Toney (2).docx

Ms. Ellen Goodwin:

Please forward this email to Ms. Page Snyder. My attempt failed of which I received the following error message:

Delivery has failed to these recipients or groups:

psynder@saf.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.

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

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

From: Harry Reese
Sent: Wednesday, October 22, 2014 4:28 PM
To: 'psynder@saf.sc.gov'
Subject: FW: Sailing into Retirement Herbert Toney

South Carolina State Accident Fund
Ms. Page Snyder, Esq.
800 Dutch Square Blvd., Suite 160

597

Columbia, SC 29210-7317

Dear Ms. Snyder:

Thank you for meeting with me on today to take my deposition. During this meeting you asked me did I attend a retirement party for an employee which was Mr. Herbert Toney. I asked you the relevancy of your question and unfortunately you did not offer a rationale. The event was held on July 9, 2014.

The main function of this event was a medication training presented by Ms. Laura, Jansen Drug Rep. of which they were enhancing the mental health staff's knowledge of the drug Risperdal. Dr. Patel set up this training and also used it as Mr. Toney's retirement party because she was unable to attend Mr. Toney's retirement party held at the clinic that was held on July 11, 2014. I'm submitting this correspondence under the email advertising Mr. Toney's retirement party held at the clinic of which I did not attend and was on annual leave that day (7/11/14).

During this time, I was recently re-assigned to the Impact program and Dr. Patel requested all Impact team members to attend the training/event. Surely, Ms. Laura didn't report to Jansen that the event that the drug company paid for was used to finance Mr. Toney's retirement party. A number of disciplines outside of the nursing and medical staff were preset i.e., Case Managers, administrative staff, etc.

Even though I was going through hell at the time and had recently received mental health treatment with Palmetto Behavioral Healthcare, I also attended a previous medication training after hours to increase my knowledge of the medication Abilify Maintena which continues to benefit the clients and the agency:

Wednesday, December 11, 2013

Barra Restaurant

100 State Street

West Columbia, SC 29169

Invited by: Mr. William Warren, Drug Rep.

Presented By: Dr. James Baker

(please see the attached flyer advertising the training)

Ms. Snyder, of my seven years employment with the agency, no co-worker, whether subordinate staff or otherwise, will tell you that Harry Reese entertained them after-hours which to include church, clubs, special events (outside of retirement parties held by staff), etc. You're more than welcome to investigate all claims presented by me in this correspondence.

Finally, the up to 400 pages of supportive documentation provided to you on today will certainly prove my worker's comp case.

Thanks,

Harry E. Reese Sr.

MHP

Impact

2715 Colonial Drive, Bldg. 200A

Columbia, SC 29203

(803) 898-8131

Cell: (803) 898- 4374

PRIVACY NOTICE: THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN SCDMH PATIENT OR

Handwritten signature: H. Reese Sr.

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

From: Zenika N. Jarvis

Sent: Monday, July 07, 2014 11:48 AM

To: Amy Eichelberger; Andrea M. Scott, M.A., MHP; Avis Buchanan; Betty J. Armel; Brenda Preston; Charles Griffin; Edmond Dowling Jr.; Elizabeth Alford; Eric Hartley; Ervin Jefferson; Gloria James; Harold Edwards; Harry Reese; Herbert Toney; Holly May; Jacqueline LeGette; James F. Riddle; Jennifer Butler; Jill Afrin; Jill Baker; JoAnn O. Boards, MA; Julius Jones; Mary Reaves; Melvin Malone; Monica Davis; Paula Toliver-Sydnor; Priscilla Addison; Rachmawati Pinkney; Radhika Patel; Regina L. Harper; Shauna B. Pendergrass; Stephanie Adams; Stephanie L. Butcher; Tia N. Holtzclaw; Toni Morris; Leslie Y. Bracey; Charmaine V. Weston; Deanna McNeil; Patricia Hicks; LaSonya Parker; Greg Oates

Subject: Sailing into Retirement Herbert Toney

Good Morning All,

Herbert Toney retirement is upon us. The date we have feared, yet a well-deserved respite for him. Please join us this coming Friday in AIS break room to celebrate Mr. Toney. Everyone is invited to share in this celebration and we extend our best wishes to Mr. Toney.

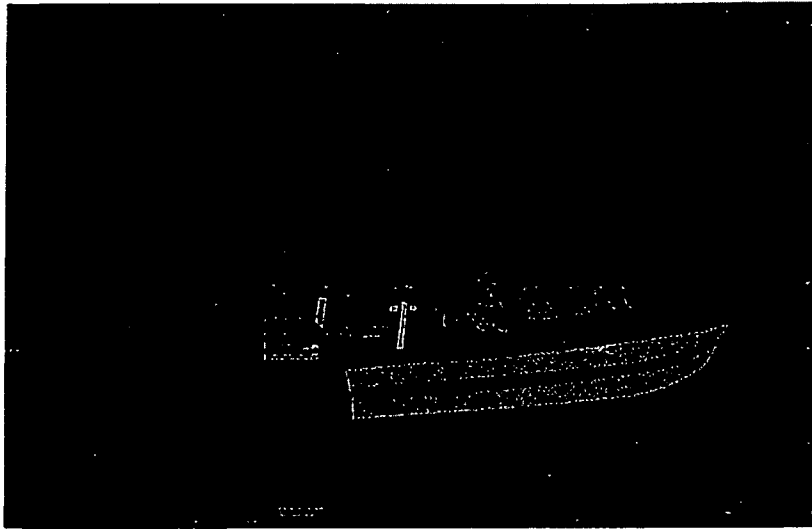
If you would like to contribute to the menu please contact me before Wednesday July 9, 2014

Thank you, Zenika

599

Sailing into Retirement

Congratulations Herbert Toney!



Come join us on Friday, July 11th

At 12:00 p.m.

Each department can provide a retirement gift if desired.

*598
578
6000*

Sailing into Retirement

Congratulations Herbert Toney!

Menu

Meats

Chicken Wings- Impact, MH Court
BBQ Meatballs-Tammy, Leslie
Bake Chicken-Emergency Service

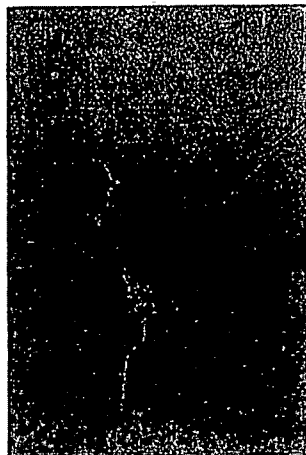
Desserts

Cake-Monica
Yummy Stuff-Toni, Carolyn, Marilyn
Fruit Salad - Paula

Sides

Bake Mac n Cheese- Avis
Rice -Dr. Patel
Drinks- Harold, Amber
Collard Greens-Cornell
Coleslaw-Zenika, Stephanie
Potato Salad-Stephanie
Salad-Emergency Service
Green Beans-Charmaine
Fruit Tray-Shauna
Pasta Salad- Regina, Edmond
Assorted Bread Basket-BJ Preston
Croissants-Emergency Service

Chip and Dip-BJ Armel, Daniel
Deviled Eggs- Andrea, Cheryl
Paper Products/Decor-Gloria, Allison, Enda



601

You Are Cordially Invited to Attend

Potential Misconceptions About Long-Acting Injectable Use in Schizophrenia: Review of the Clinical Data for Abilify Maintena™ (aripiprazole)

James Barker, MD

This program will be held on

Wednesday, December 11, 2013

Terra Restaurant

100 State Street

West Columbia, South Carolina 29169

at

6:30 PM

You have been cordially invited by

William Warren

To make a reservation, please call 803-429-9646

or e-mail William.Warren@otsuka-us.com.

Please refer to Meeting ID number ORT0008560 when making your reservation.

INDICATION and IMPORTANT SAFETY INFORMATION for ABILIFY MAINTENA™ (aripiprazole) for extended-release injectable suspension

INDICATION

ABILIFY MAINTENA is an atypical antipsychotic indicated for the treatment of schizophrenia.

- Efficacy was demonstrated in a placebo-controlled, randomized-withdrawal maintenance trial in patients with schizophrenia and additional support for efficacy was derived from oral aripiprazole trials.

IMPORTANT SAFETY INFORMATION

Increased Mortality in Elderly Patients with Dementia-Related Psychosis

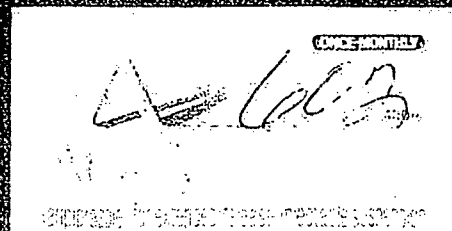
Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk (1.6 to 1.7 times) of death compared to placebo (4.5% vs 2.6%, respectively). Analyses of 17 placebo-controlled trials (modal duration of 10 weeks), largely in patients taking atypical antipsychotic drugs, revealed a risk of death in drug-treated patients of between 1.6 to 1.7 times the risk of death in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. ABILIFY MAINTENA is not approved for the treatment of patients with dementia-related psychosis.

Contraindication: Known hypersensitivity reaction to aripiprazole. Reactions have ranged from pruritus/urticaria to anaphylaxis.

Cerebrovascular Adverse Events, Including Stroke: Increased incidence of cerebrovascular adverse events (e.g., stroke, transient ischemic attack), including fatalities, have been reported in clinical trials in elderly patients with dementia-related psychosis treated with oral aripiprazole.

IMPORTANT SAFETY INFORMATION continued on reverse.

Please see accompanying FULL PRESCRIBING INFORMATION, including Boxed WARNING, for Abilify Maintena (attached).



Harry Reese

From: Edmond Dowling Jr.
Sent: Tuesday, November 18, 2014 9:12 AM
To: Avis Buchanan; Amber R. Barnett; Allison P. Boggs; Amy Eichelberger; Andrea M. Scott, M.A., MHP; Betty J. Armel; Brenda Preston; Brooke L. Gibbs; Charmaine V. Weston; Daniel C. Long; Donald J. Lynch; Jill Baker; Eric Hartley; Elizabeth Alford; Enda C. Wade; Gloria James; Harold Edwards; Harry Reese; Holly May; Janice H. Morrow; Jennifer Butler; JoAnn O. Boards, MA; James F. Riddle; Julius Jones; Kersha Sessions; Leslie Y. Bracey; Monica Davis; Melvin Malone; Mary Reaves; Mary C. How; Nancy H. Smith; Priscilla Addison; Paula Toliver-Sydnor; Rickey E. Henderson; Rachmawati Pinkney; Radhika Patel; Stephanie L. Butcher; Susan P. Yelverton; Toni Morris; Tammy L. Mackins-Hill; Tia N. Holtzclaw; Terrell Jacques; Zenika N. Jarvis
Subject: Luncheon!

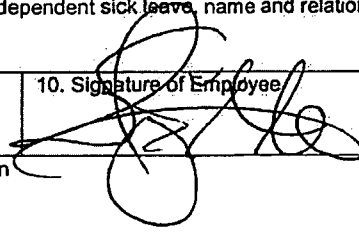
Good Morning Staff, there is a Luncheon today at 12 noon. Laura Staton with Janssen is our representative. Please plan your lunch around this time to attend. Thanks in advance.

603

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Application for Leave

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
 Sick leave requests may require a certificate from a physician or other recognized practitioner
 Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
 Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

1. Name Harry E. Reese Sr.		2. Facility Impact		3. Organizational Component CAMHC	
4. No. of Hours Requested: 37.50	5. Type of Leave Annual	6. Beginning Hour 08:30	Month, Day, Year AM 07/07/2014	7. Ending Hour 05:00	Month, Day, Year PM 07/11/2014
8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship. Annual Leave					
9. Date 07/03/2014		10. Signature of Employee 			
11. ☐ Approved ☐ Disapproved	If disapproved, State Reason				
12. Date.		13. Signature of Supervisor			
14. Remarks:					
15. Date		16. Signature of Approving Authority			

SCDMH FORM
 REV JAN 2009 (F.M. JAN 20, 2009)
 REC SCHED. 00115

P-14

here for pad form size

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Application for Leave

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
 Sick leave requests may require a certificate from a physician or other recognized practitioner
 Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
 Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

1. Name		2. Facility		3. Organizational Component	
4. No. of Hours Requested:	5. Type of Leave	6. Beginning Hour	Month, Day, Year	7. Ending Hour	Month, Day, Year
8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship.					
9. Date		10. Signature of Employee			
11. ☐ Approved ☐ Disapproved	If disapproved, State Reason				
12. Date.		13. Signature of Supervisor			
14. Remarks:					
15. Date		16. Signature of Approving Authority			

SCDMH FORM
 REV JAN 2009 (F.M. JAN 20, 2009)
 REC SCHED. 00115

P-14

604

Harry Reese

From: Harry Reese
Sent: Thursday, July 03, 2014 11:58 AM
To: Denise Morgan
Subject: RE: Vacation
Attachments: Reese Leave Slip 7-3-14.pdf

Ms. Morgan:

Please see the attached leave slip.

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

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

From: Denise Morgan
Sent: Thursday, July 03, 2014 11:03 AM
To: Radhika Patel
Cc: Harry Reese
Subject: RE: Vacation

Harry,
Go ahead and send me your leave request.

Thank you,

Denise Morgan, M.Ed.

Director
Emergency & Intake Services
Columbia Area Mental Health Center

605

2715 Colonial Drive, Suite 100B
Columbia, SC 29203
803-898-4851
803-898-4850
803-898-4007 Fax

Email: dom14@scdmh.org

From: Radhika Patel
Sent: Thursday, July 03, 2014 10:32 AM
To: Denise Morgan
Cc: Harry Reese
Subject: RE: Vacation

Denise,
It should be fine as Herbert will be here. Herbert is aware of need to do assessment in emergency services.

Radhika D. Patel M.D.
Columbia Area MHC
2715 Colonial Drive
Columbia, SC 29203
Phone: (803) 898-1555
Fax: (803) 898-4374

PRIVACY NOTICE: THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN SCDMH PATIENT OR OTHER INFORMATION, THAT IS PRIVATE AND PROTECTED FROM DISCLOSURE BY APPLICABLE LAW INCLUDING 45 CFR PART 160 (HIPAA), 42 CFR PART 2 (ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY), § 44-22-100, S.C. CODE (SCDMH PATIENT CONFIDENTIALITY). IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINING WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY E-MAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENT

From: Denise Morgan
Sent: Wednesday, July 02, 2014 3:49 PM
To: Harry Reese
Cc: Radhika Patel; Herbert Toney; Priscilla Addison
Subject: RE: Vacation

As long as Dr. Patel feels she has adequate coverage I don't have a problem with you taking AL. Just let me know ASAP.

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

606

Email: dom14@scdmh.org

From: Harry Reese
Sent: Wednesday, July 02, 2014 3:18 PM
To: Denise Morgan
Cc: Radhika Patel; Herbert Toney; Priscilla Addison
Subject: Vacation
Importance: High

Ms. Morgan:

Do you foresee any problems with me taking a week vacation before Herbert leaves? The vacation will run through the week of July 7th.

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

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

607

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](#)

Leave Overview

[History](#) [Back](#) [Forward](#) 

Leave Since:

Type of Leave	Start Date	End Date	Status	Used
FMLA/Annual Leave	9/2/2014	9/2/2014	Approved	7.50 Hours
FMLA/Annual Leave	8/29/2014	8/29/2014	Approved	7.50 Hours
FMLA/Annual Leave	8/28/2014	8/28/2014	Approved	7.50 Hours
FMLA/Annual Leave	8/27/2014	8/27/2014	Approved	7.50 Hours
FMLA/Annual Leave	8/26/2014	8/26/2014	Approved	7.50 Hours
FMLA/Sick Leave	8/22/2014	8/22/2014	Approved	1.50 Hours
FMLA/Annual Leave	8/22/2014	8/22/2014	Approved	6 Hours
FMLA/Sick Leave	8/21/2014	8/21/2014	Approved	7.50 Hours
FMLA/Sick Leave	8/20/2014	8/20/2014	Approved	7.50 Hours
FMLA/Sick Leave	8/19/2014	8/19/2014	Approved	7.50 Hours
FMLA/Sick Leave	8/18/2014	8/18/2014	Approved	7.50 Hours
FMLA/Sick Leave	8/15/2014	8/15/2014	Approved	7.50 Hours
FMLA/Sick Leave	8/14/2014	8/14/2014	Approved	7.50 Hours
FMLA/Sick Leave	8/13/2014	8/13/2014	Approved	7.50 Hours
FMLA/Sick Leave	8/12/2014	8/12/2014	Approved	7.50 Hours
A2.Sick Leave	8/11/2014	8/11/2014	Approved	5.50 Hours
A1.Annual Leave	7/11/2014	7/11/2014	Approved	7.50 Hours
A1.Annual Leave	7/10/2014	7/10/2014	Approved	7.50 Hours
A1.Annual Leave	7/9/2014	7/9/2014	Approved	7.50 Hours
A1.Annual Leave	7/8/2014	7/8/2014	Approved	7.50 Hours
A1.Annual Leave	7/7/2014	7/7/2014	Approved	7.50 Hours
A2.Sick Leave	7/1/2014	7/1/2014	Approved	1.25 Hours
A1.Annual Leave	7/1/2014	7/1/2014	Approved	2.50 Hours
A2.Sick Leave	6/5/2014	6/5/2014	Approved	3.50 Hours
A2.Sick Leave	6/5/2014	6/5/2014	Approved	4 Hours

Row 28 of 86

[Exit](#)

608

YOU ARE CORDIALLY INVITED TO ATTEND

Moving From Hospital to Community: Coordinating the Care for Patients With Schizophrenia

WORKSHOP PROGRAM

Andrew Muzyk, PharmD
Campbell University College of Medicine and Health Sciences

Andrew Muzyk is a paid consultant of Otsuka America Pharmaceutical, Inc. and Lundbeck.

This program will be held on

Wednesday, October 29, 2014
Terra Restaurant
100 State Street
West Columbia, South Carolina 29169

at

6:00 PM Eastern

You have been cordially invited by
Kimberly Saunders

To make a reservation, please call 864-325-9582 or e-mail KIM.SAUNDERS@OTSUKA-US.COM
Please refer to Meeting ID number ORT0041956 when making your reservation.

INDICATION and IMPORTANT SAFETY INFORMATION for ABILIFY MAINTENA® (aripiprazole) for extended-release injectable suspension

INDICATION

ABILIFY MAINTENA is an atypical antipsychotic indicated for the treatment of schizophrenia.

- Efficacy was demonstrated in a placebo-controlled, randomized-withdrawal maintenance trial in patients with schizophrenia and additional support for efficacy was derived from oral aripiprazole trials.

IMPORTANT SAFETY INFORMATION

Increased Mortality in Elderly Patients with Dementia-Related Psychosis

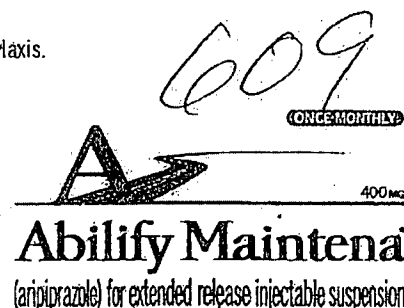
Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk (1.6 to 1.7 times) of death compared to placebo (4.5% vs 2.6%, respectively). Analyses of 17 placebo-controlled trials (modal duration of 10 weeks), largely in patients taking atypical antipsychotic drugs, revealed a risk of death in drug-treated patients of between 1.6 to 1.7 times the risk of death in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. ABILIFY MAINTENA is not approved for the treatment of patients with dementia-related psychosis.

Contraindication: Known hypersensitivity reaction to aripiprazole. Reactions have ranged from pruritus/urticaria to anaphylaxis.

Cardiovascular Adverse Events, Including Stroke: Increased incidence of cerebrovascular adverse events (e.g., stroke, transient ischemic attack), including fatalities, have been reported in clinical trials in elderly patients with dementia-related psychosis treated with oral aripiprazole.

***IMPORTANT SAFETY INFORMATION continued on reverse.

Please see accompanying FULL PRESCRIBING INFORMATION, including Boxed WARNING, for Abilify Maintena (attached).



Harry Reese

From: Deanna McNeil
Sent: Wednesday, January 08, 2014 9:23 AM
To: Harry Reese
Subject: Productivity report

The productivity report for December has been posted and your session hours for the month of December was 32. Please let me know if you took any vacation time during the month of December.

Dr. Deanna McNeil
Psychiatric Service Chief
Columbia Area MHC
1800 Colonial Dr.
Columbia, SC 29203
Phone: (803) 898-0275
Fax: (803) 898-0632

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 LAW INCLUDING 45 CFR PART 160 (HIPAA), 42 CFR PART 2 (ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY), § 44-22-100, S.C. CODE (SCDMH PATIENT CONFIDENTIALITY). IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINING WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY E-MAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS

6/10

Harry Reese

From: Harry Reese
Sent: Wednesday, January 08, 2014 5:19 PM
To: Deanna McNeil
Cc: Harold Edwards
Subject: FW: Reese FMLA *PGP*
Attachments: FMLA - Reese 12-3-13 Dr. Upchurch.pdf; Americans With Disability Act Correspondence 1-6-14.pdf

Importance: High

Dr. McNeil:

Re: Productivity Rationale for the Month of December

FMLA

I presented FMLA form to Mr. Harold Edwards on 12/3/13 for reduction of productivity hours based on current mental health status; Mr. Edwards approved and signed FMLA form; I submitted the FMLA form to Ms. Vicki Brown on 12/3/13 via email; I received a denial letter "two weeks" later via letter developed by Human Resources and signed by Mr. Edwards. Submitted letter from doctor to apply for work accommodations to reduce productivity hours under the Americans With Disability Act (ADA) on 1/6/14; the doctor's letter arrived o my home over the holiday break of which I was also on vacation (envelop dated 12/24/13); I immediately submitted the ADA correspondence to CAMHC Human Resources upon my return to work on 1/6/14; I've attached a copy of the ADA correspondence for your review.

I was on vacation during the weeks of December 23rd – January 3rd; however, the aforementioned wasn't the only legitimate reason that I didn't meet the required productivity.

Several clients was a no show due to transportation issues with Logisiticare of which Toni Morris, the receptionist, followed up with Logisiticare – this is a reoccurring event especially with 10079907 (CIW) and 9810597 (CS).

I have several clients missing in action or arbitrarily refusing treatment – CID # with client's initials:

- 10083868 (MP) – consistently misses appointments; have staff with the Treatment team on a number of occasions to gain guidance; efforts employed produced no change
- 10029432 (MC) – consistently missed appts refusing treatment which required court intervention via a Judicial for Mental Health and Chemical Dependence designations – missed all 3 appts in December
- 9715907 (AW) – missing in action
- 9806240 (RK) – visiting family members in Wagener, SC; cancelled 1/7/14 appt due to visit with probation officer
- 10042115 (BE) – receiving inpatient treatment at Morris Village scheduled to be discharged on 1/9/14
- 10123442 (MS) – secured temporary employment with Amazon of which she works 12 – 14 hours per day

Cell

- 7303134 (AN) – receiving inpatient treatment at Richland Springs; assessed for the Home Share program by Ms. Libbey Corley.
- 9335046 (TT) – appts scheduled bi-weekly; cancelled one appt in December due to attending a funeral of a church member; unable to re-scheduled appt
- 9810597 (CS) – missed one appt in December

Ongoing efforts to re-schedule the missed appointments were unsuccessful via unable to locate or communicate with the clients or client rejected the offer to re-schedule his/her missed appointment.

Also in December, I assisted 10172543 (SM) within transporting client to receive her child as court order and attending a meeting at The Nurturing Center (TNC) with the client as requested by TNC staff.

Judicial Examination – 12/17/13 for 10029432 (MC); 90 minutes

Attended Family Court on 12/12/13 on the behalf of 10172543 (SM)

Although on vacation, I attended Probate Court for 10029432 (MC) on 12/23/13.

Productivity - Week of 1/6/14

- 1/6/14

10042115 (BE) – receiving inpatient TX

9810597 (CS) – cancelled; brother was present to transport home; unable to re-schedule appt. due to previous arrangements (client; assured staff the he would attend his 1/10/14 appt

- 1/7/14

9806240 (RK) – cancelled; meeting with probation officer

8280709 (CW) – cancelled; van was no show

10123442 (MS) – No Show

10079907 (CIW) – 1/7/14 @ 2:03 p.m. client initiated contact with therapist; left voice message cancelling appt due to illness; clt did not specify type of illness; effort to f/u with client was unsuccessful.

7303134 (AN) – receiving inpatient treatment

- 1/8/14

10138340 (AWAL) – cancelled; attending NA meeting; client receptive of re-scheduling standing appt for every Wednesday @ 3:00 p.m. to commence on 1/15/14. (New clt will assess on 1/15/14).

10127736 (MiC) – staff cancelled – clinic/therapist's office cold

0029432 (MC) – No Show

6/2

8780370 (RG) – New Client will staff for acceptance into the Connections program on 1/9/14; due to the doctor's unavailability, Mr. Edwards was unable to staff clt's case during this author's absence as requested).

Projected Productivity for 1/9/14

Required Probate Court attendance @ 10:30 a.m. (10203821 (CM) - Supplemental Review); will leave the office at approximately 10:15 a.m.; unaware of my return time of which I'll receive no productivity time for this essential job duty requirement.

9715907 (AW) – appt with CM cancelled due to emergency PMA @ 11:30 a.m. with Dr. Riddle; regularly scheduled with CM every Thursday @ 11:00 a.m.; re-scheduled appt for 1/10/14 @ 12:00 p.m. to be screen by a housing provider.

9335046 (TT) – attendance is questionable

10083868 (MP) - attendance is questionable based on history of non-compliance

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,

Harry E. Reese Sr.

MHP

CONNECTIONS

2715 Colonial Drive, Bldg 200-A

Columbia, SC 29203

(803) 898-0851

Fax: (803) 898-4040

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

From: Harry Reese

Sent: Tuesday, December 03, 2013 4:44 PM

To: Vickie Brown

Subject: Reese FMLA *PGP*

Importance: High

Ms. Brown:

Please see the attached completed FMLA form.

613

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,

Harry E. Reese Sr.

MHP

CONNECTIONS

2715 Colonial Drive, Bldg 200-A

Columbia, SC 29203

(803) 898-0851

Fax: (803) 898-4040

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

614

Harry Reese

From: Deanna McNeil
Sent: Thursday, April 03, 2014 8:45 AM
To: Harry Reese
Cc: Harold Edwards
Subject: RE: Missed Appointments

Thanks for keeping me aware of the high No show rate. Please also address this in treatment team to discuss the issue of clients who have a pattern of No shows. Some recommendation has to be made about their disposition. I would also let Harold know about these clients in the event that they require more outreach.

Dr. Deanna McNeil
Psychiatric Service Chief
Columbia Area MHC
1800 Colonial Dr.
Columbia, SC 29203
Phone: (803) 898-0275
Fax: (803) 898-0632

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 LAW INCLUDING 45 CFR PART 160 (HIPAA), 42 CFR PART 2 (ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY), § 44-22-100, S.C. CODE (SCDMH PATIENT CONFIDENTIALITY). IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINING WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY E-MAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS

From: Harry Reese
Sent: Wednesday, April 02, 2014 3:28 PM
To: Deanna McNeil
Cc: Harold Edwards
Subject: RE: Missed Appointments
Importance: High

Dr. McNeil:

I apologize for the multiple emails; however, this makes the 10th client that was a no show for his 3:00 p.m. assessment. Client referred to Connections via the Link.

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
303) 898-0851
Fax: (803) 898-4040

6/5

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

From: Harry Reese
Sent: Wednesday, April 02, 2014 2:54 PM
To: Deanna McNeil
Cc: Harold Edwards
Subject: RE: Missed Appointments

Dr. McNeil:

In addition to the missed appointments, my scheduled 4-1-14 group didn't materialize because only one client presented.

Finally, I communicated the transportation concerns with Ms. Toni and she's researching the transportation issue with Logisticare.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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

4/14

From: Harry Reese
Sent: Wednesday, April 02, 2014 2:42 PM
To: Deanna McNeil
Cc: Harold Edwards
Subject: Missed Appointments
Importance: High

Dr. McNeil:

This email is to inform you that as of the week of March 31, 2014, I've had (9) "No Show" appointments. A number of them according to the clients was because the Medicaid van did not present to transport them to their appointments; one was accepted into the Link shortly before being assessed by Maria on the day of his appointment; today's 2:00 p.m. appointment presented to the clinic with a doctor's excuse, of which he made no attempt to communicate with me regarding his absence/issue; (I followed up with him), excusing him from his appointment, according to the client, due to "Panic attacks"; one cancelled his appointment due to, according to the client, meeting with his probation officer; and one arbitrarily missed several appointments and exhaustive efforts to re-engage him in treatment has produced no change to the point that Dr. Riddle instructed me, during a SPD, to mail a correspondence encouraging the client to communicate with the clinic regarding his intentions within 10 days or we would have no other recourse but to close his case. The correspondence was mailed on March 24, 2014 of which a copy of the correspondence also was mailed to the client's mother's home to his attention and imported into EMR. At this point, the client has made no attempts to contact the clinic nor is he returning my calls.

While typing this correspondence (2:35 p.m.), a client called and informed me that the Medicaid van didn't arrive to transport him to the clinic to engage in group treatment. Ms. Amy (Mental Health Court) had already apprised me of the client's absence early today.

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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

617

GEORGE Sink, P.A.

INJURY LAWYERS

www.sinklawn.com

Suite 105
7011 Rivers Avenue
North Charleston, SC 29406
FAX: 843-569-1848
843-569-1700

Please reply to:

Post Office Box 63506
North Charleston, SC 29419-3506

December 10, 2014

Harry Reese
8408 Little John Drive
Columbia, SC 29209

Re: Injury occurring on 10/1/2013

Dear Harry:

Thank you for considering George Sink P.A., Injury Lawyers.

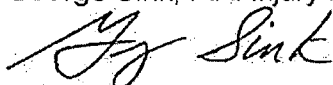
We enjoyed talking with you regarding your accident on the job. I hope we were successful in answering your questions. Please be advised that after careful review of your case as discussed, we have determined that it would cost more money to represent you in this matter than you are likely to recover. Accordingly, we cannot represent you in this matter and we will take no action on it.

There is a statute of limitations that applies to your claim, and if you have not brought your claim within that time, you will never be able to bring a claim. Also, you must report the injury to your employer within 90 days of the date of the accident. I encourage you to seek the advice of another lawyer on this matter if you so desire. If you wish to make a claim yourself, you should contact the Workers Compensation Commission directly at the following address:

Ms. Kay Shealy
Division of Claims
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

The commission staff will assist you in handling your claim. I am sorry that we are unable to assist you in this matter. If you should ever need assistance in the future, however, please do not hesitate to call.

Sincerely,
George Sink, P.A. Injury Lawyers



George Sink
Attorney At Law
GTS/mcs

6/8

**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
&
COLUMBIA AREA MENTAL HEALTH CENTER**

DIRECTIVES/POLICIES

DIRECTIVE/POLICY	PAGE
• Probationary Period	1
• Employee Grievance and Appeal Policy and Procedures	3
• Workplace Violence	7
• Harassment Free Workplace	11
• Employee Disciplinary Standards	16
• Transfer of Case Management	24
• Client Follow-Up/Case Closure	25
• Housing Policy	26
• Filing/Scanning of Clinical Documentation	27
• Family Inclusion	28
• Designated Authority of Establishing Policies	29
• Workplace Ethics Policy	30
• Reporting of Adverse Incidents	33
• Staffing of Clinical Care	35
• Policy on Ethical Principles	36
• Client Concern/Complaint Protocol	39
• Client Rights	41
• Abuse, Neglect, or Exploitation of Patients and Clients Prohibited	44
• Key/Lock/Access	55
• Intake Policy	60
• Adult Intensive Services Referral Form	62
• Authorization To Disclose	64
• SC Department of Human Services Section 2: Policies and Procedures	65
○ SPD	

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE DIRECTOR OF MENTAL HEALTH

DIRECTIVE NO. 903-11
(3-250)

TO: All Organizational Components

SUBJECT: Probationary Period

THE FOLLOWING DOCUMENT IS TO BE INTERPRETED CONSISTENT WITH SECTION 41-1-110, CODE OF LAWS OF SOUTH CAROLINA. NOTHING IN THIS DOCUMENT OR ANY SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (SCDMH) DIRECTIVE, EMPLOYEE HANDBOOK, MANUAL, POLICY PROCEDURE, OR RELATED DOCUMENT, CREATES AN EMPLOYMENT CONTRACT OR CONTRACTUAL RIGHTS OR ENTITLEMENTS. SCDMH RESERVES THE RIGHT TO REVISE THIS DOCUMENT AND ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY PROCEDURE, OR OTHER DOCUMENT. NO PROMISES OR ASSURANCES CONFLICTING WITH THIS STATEMENT CREATE AN EMPLOYMENT CONTRACT.

I. Purpose

The purpose of this directive is to update the policies and procedures of SCDMH regarding the probationary period. This Directive will be implemented and operate consistent with related SCDMH Directives including Employee Discipline.

II. Policy

Each person who is given an original or reinstatement appointment must serve a probationary period of twelve (12) months.

During this probationary period, the employee's conduct and performance will be monitored. Any employee who receives an unsatisfactory performance appraisal during his/her probationary period will be terminated before becoming a covered employee. Any employee who engages in misconduct during his/her probationary period may also be terminated before becoming a covered employee.

The probationary period begins on the day the employee reports to work. An employee who is promoted, demoted, reassigned, or transferred during the probationary period will be required to serve a probationary period of twelve (12) months in the new position. At the discretion of the State Director of Mental Health, (as evidenced by a State Director's written determination), an employee who is promoted, demoted, reassigned, or transferred may count up to six (6) months of continuous satisfactory service in the previous position toward completion of his/her probationary period.

III. Procedures

An Employee Performance Management System (EPMS) evaluation must be completed before the end of the probationary period, in accordance with the EPMS Directive, so that it can be received by Human Resource Services (HRS) at least one (1) week prior to the actual date on which the employee's evaluation is due. Failure to complete this evaluation in the specified time will result in the employee receiving a rating of "Meets Performance Requirements" through default regardless of the employee's actual performance.

An employee who receives an EPMS rating of "Meets Performance Requirements" or higher has successfully completed the probationary period and attained covered status including grievance rights. If the employee is subsequently promoted, demoted, reassigned, or transferred without a break in state service, the employee will not be required to serve another probationary period. However, an EPMS evaluation would be required six (6) months after the change in position, and the regular EPMS evaluation date would be determined there from.

If, at any time during the probationary period, the employee does not meet performance and/or conduct requirements of the job and workplace, the supervisor should advise the employee of the reason for the termination, and normally give the employee a fifteen (15) calendar day notice, in writing, prior to his/her separation. A copy of this notice must be forwarded to HRS to be filed in the employee's official personnel folder. The reason(s) for the termination must be specified and must be entered on the Form P-35, "Notice of Personnel Separation." The separation must occur prior to the end of the probationary period. In the event of serious misconduct or non-performance of essential job duties where continued employment is not productive to the agency, the termination shall be immediate with the appropriate documentation to follow.

An employee who is separated from service during the probationary period for failure to demonstrate adequate performance and/or conduct for the job shall not have the right to file a grievance review request under SCDMH's Grievance Directive.

This directive rescinds and supersedes South Carolina Department of Mental Health Directive No. 866-06, entitled "Probationary Period."



John H. Magill, State Director

December 20, 2011

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE DIRECTOR OF MENTAL HEALTH

DIRECTIVE NO. 854-06
(3-240)

□□□

TO: All Employees

SUBJECT: Employee Grievance and Appeal Policy and Procedures

THE FOLLOWING DOCUMENT IS TO BE INTERPRETED CONSISTENT WITH SECTION 41-1-110, CODE OF LAWS OF SOUTH CAROLINA. NOTHING IN THIS DOCUMENT OR ANY SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (SDCMH) DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR RELATED DOCUMENT, CREATES AN EMPLOYMENT CONTRACT, OR CONTRACTUAL RIGHTS OR ENTITLEMENTS. SCDMH RESERVES THE RIGHT TO REVISE THIS DOCUMENT AND ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR OTHER DOCUMENT. NO PROMISES OR ASSURANCES CONFLICTING WITH THIS STATEMENT CREATE AN EMPLOYMENT CONTRACT.

I. Purpose:

The purpose of the Employee Grievance and Appeal Policy and Procedures Directive is to provide a means whereby all covered employees may be afforded the opportunity to present and seek answers to grievances in a prompt, orderly, and fair manner when the employee feels that he or she has been subjected to unfair or abusive treatment.

II. Policy:

It is the policy of the SCDMH to recognize the right of covered employees, who have completed twelve (12) months of satisfactory performance in an established position, to present and seek answers to grievances without fear of restraint, interference, coercion, or reprisal.

The SCDMH Commission and the Director of SCDMH fully expect and will require all Departmental personnel to abide by established grievance and appeal policies and procedures and will take appropriate action against anyone who disciplines a covered employee or causes a covered employee to be disciplined or otherwise prejudiced in his or her employment for exercising his or her rights under these policies and procedures.

It is the responsibility of the immediate supervisor to make proper decisions and to work toward solutions that are in the best interest of the SCDMH and the covered employee involved in attempting to settle complaints without the covered employee having to file a grievance. Therefore, it is expected that the supervisor will make every effort to reach a satisfactory solution so that the majority of covered employee complaints will be settled informally between the covered employee and his or her immediate supervisor.

To ensure that all time limits and proper procedures are known and followed, grieving covered employees may receive assistance from their Facility/Center/Division Human Resources Representative or from the Departmental Employee Relations Manager. However, covered employees who are on duty shall notify their supervisor when leaving their place of employment and/or duty assignment to obtain assistance.

III. Grievable and Appealable Actions:

- A. Terminations – The action taken against a covered employee by the appointing authority to separate the covered employee from employment with the SCDMH.
- B. Suspension – An enforced leave of absence without pay pending the investigation of charges against

3

an employee or for disciplinary purposes.

C. **Involuntary Reassignments** – The movement of a covered employee's principal place of employment in excess of thirty (30) miles from the prior work station at the initiative of the agency. (The reassignment of a covered employee by the agency in excess of thirty ((30)) miles from the prior work station to the nearest facility with an available position of comparable status for which the covered employee is qualified shall not be considered as an involuntary reassignment.)

D. **Demotion** – The assignment of a covered employee by the appointing authority from one established position to a different established position having a lower state salary range.

IV. Actions Which May Be Grievable or Appealable:

An action that is not listed as grievable is a non-grievable action, except for the following:

A. **Promotions** are not adverse employment actions which may be considered as grievable or appealable except in instances where the SCDMH or in the case of appeals, the State Human Resources Director, determines that there is a material issue of fact as to whether or not the agency has considered a qualified covered employee for a position for which the employee formally applied or would have applied if the employee had known of the promotional opportunity. However, when an agency promotes an employee one organizational level above the promoted employee's former level, that action is not grievable or appealable for any other qualified covered employee. Failure to be selected for a promotion is not considered an adverse employment action which can be grieved or appealed.

B. **Reclassifications** are grievable only if an allegation is made that a reclassification was punitive and it is determined that there is a material issue of fact or conclusion to be drawn from the facts of the allegation then the reclassification shall be deemed grievable. (Reclassifications, transfers, or reassignments to the same pay band are not considered as grievable.)

C. **Salary decreases**, as the result of an EPMS evaluation.

D. **Reduction in Force** – A determination made by an agency head to eliminate one or more positions in one or more organizational units within the agency due to budgetary limits, work shortages, outsourcing/privatization, or organizational changes. Reductions in force are considered a grievance only if the agency, or as an appeal, if the State Director, Office of Human Resources, determines there is a material issue of fact that the agency was inconsistent or improper in the reduction in force policy or plan.

V. Procedures:

When a covered employee has a complaint that cannot be resolved through supervisory channels, the covered employee may file a grievance review hearing request by completing form P-115, "Grievance Review Hearing Request", and submitting it through the Director of Human Resource Services to the Director of SCDMH. Grievance review hearing requests must be filed within fourteen (14) calendar days of the effective date of an adverse action. (All periods of time set forth in this Directive are expressed in calendar days. Periods of time shall be computed by excluding the first day and including the last. If the last day falls on Saturday, Sunday, or an official holiday, it shall be excluded.)

The SCDMH will make a final decision on an appeal within forty-five (45) calendar days of the filing. Failure by the SCDMH to render a final decision within forty-five (45) calendar days after the filing should be considered an adverse decision and the covered employee may appeal to the State Human Resources Director.

The internal (SCDMH) time periods identified in this Directive may be waived upon the mutual written agreement of the SCDMH and the covered employee. However, the fourteen (14) days for filing a grievance request cannot be waived. The forty-five (45) calendar day period for action by the SCDMH may not be waived except by mutual agreement.

Within five (5) calendar days of receiving a grievance review hearing request, the Director of Human Resource Services, or the Director's designee, will assemble all records, reports and documentation relative to

4

the case to ascertain that there has been full compliance with SCDMH policies and procedures. Then the Director of Human Resource Services will forward the request with a summary of all records, reports, and documentation, along with recommendations, to the Director of SCDMH. If SCDMH grievance policies and procedures and appropriate human resource practices have been followed, it will be recommended that the case be referred to the SCDMH Grievance Panel for action. If there has not been full compliance, the Director of Human Resource Services may recommend that the adverse action be rescinded or such other corrective action as would be appropriate. Upon receipt of the request and the Director of Human Resource Services' recommendations, the Director of SCDMH, or the Director's designee, will review the case and return it within five (5) calendar days to the Director of Human Resource Services with instructions as to appropriate action.

VI. Departmental Grievance Panel:

A. Function

The Departmental Grievance Panel is established to provide covered employees who have grievances and have fully complied with Departmental policy and procedures the opportunity to have their cases reviewed by an unbiased and impartial review panel. While the Panel will make recommendations to the Director of SCDMH regarding specific grievances, it is not the purpose or function of the Panel to establish or amend policy. Grievants have the right to a representative, including counsel, in the grievance and appeal processes. If a grievant chooses to exercise the right to counsel, it shall be at the grievant's own expense.

In conducting reviews, after having carefully analyzed all records, reports, and other documentation, the Panel shall conduct informal fact-finding conferences and/or interviews with the grievant, his or her representative, if any, and other individuals it deems necessary and recommendations regarding the fair and equitable disposition of the grievance. The grievant and/or representative and appropriate facility representatives may submit additional documentation for the Panel's consideration and may suggest the names of individuals with relevant information who the Panel may interview.

B. Composition

The Departmental Grievance Panel shall be appointed by the Director of SCDMH. One member shall be designated as Chairperson for each review and serve as presiding officer at that review. At least three (3) members will be assigned to review each case with two (2) being needed for a quorum. More members may be assigned to participate in any grievance review in which the Panel Chairperson feels their presence is needed due to the complexity of the case.

C. Panel Action

The Panel will conduct the review not later than fifteen (15) calendar days after receipt of the request for a grievance review. Within five (5) calendar days after the review, the Panel will submit its findings and recommendations to the Director of Human Resource Services.

VII. Final Decision:

Upon receipt of the Grievance Panel's findings and recommendations, the Director of Human Resource Services will within five (5) calendar days forward a copy of the Panel's findings and recommendations to the Director of SCDMH, or his designee, for review and final decision. The Director of SCDMH, or his designee, may adopt, reject, or modify the Panel's Recommendations.

The Director of SCDMH, or his designee, will make the decision as soon as possible, and in no case later than five (5) calendar days after receipt of the Panel's findings and recommendations. The final decision will be communicated in writing to the grievant, the employing facility, the Director of Human Resource Services, the Employee Relations Manager, the Department's General Counsel, and the Grievance Panel and will constitute the SCDMH's final decision.

Should a grievant want to appeal the decision of the Director of SCDMH to the State Office of Human Resources, the grievant's request for appeal must be filed, in writing, directly with the State Human Resources Director, no later than ten (10) calendar days after the date on which the grievant received the final decision

5

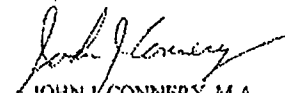
from the Director of SCDMH or within fifty-five (55) calendar days after the grievance review hearing request was initially filed, whichever occurs later.

VIII. Forms to Be Used

- A. Grievance Review Request (SCDMH Form P-115).
- B. Notification of Receipt of Grievance Review Request (SCDMH Form P-116).
- C. Notification of Individuals to Appear at Grievance Review (SCDMH Form P-118).

Grievants may obtain the required forms from their Facility/Center/Division Human Resources Representative or the Departmental Employee Relations Manager.

This Directive rescinds and supersedes SCDMH Directive No. 803-96, entitled "Employee Grievance and Appeal Policy and Procedures."


JOHN J. CONNERY, M.A.
INTERIM STATE DIRECTOR

January 6, 2006

6

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE STATE DIRECTOR OF MENTAL HEALTH

DIRECTIVE NO. 859-06
(3-250)

TO: All Employees, Volunteers, and Operating Components

SUBJECT: Workplace Violence

THE FOLLOWING DOCUMENT IS TO BE INTERPRETED CONSISTENT WITH SECTION 41-1-110, CODE OF LAWS OF SOUTH CAROLINA. NOTHING IN THIS DOCUMENT OR ANY SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (SCDMH) DIRECTIVE, EMPLOYEE HANDBOOK, MANUAL, POLICY, PROCEDURE, OR RELATED DOCUMENT, CREATES AN EMPLOYMENT CONTRACT OR CONTRACTUAL RIGHTS OR ENTITLEMENTS. SCDMH RESERVES THE RIGHT TO REVISE THIS DOCUMENT AND ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR OTHER DOCUMENT. NO PROMISES OR ASSURANCES CONFLICTING WITH THIS STATEMENT CREATE AN EMPLOYMENT CONTRACT.

I. Policy

The SCDMH has a zero tolerance policy regarding acts or threats of workplace violence (as described in III).

II. Purpose

The purpose of this Directive is to help SCDMH centers, facilities, and other operating components assess and improve workplace security and to develop and implement policies and procedures to address workplace violence.

III. Workplace Violence

All forms of workplace violence are prohibited, including: attack or use of force with intent to harm; physical or verbal threats to cause harm; harassment or other behavior intended to worry the victim; stalking; intentional damage to property owned by SCDMH, the State, employees, officials, visitors or vendors; or unauthorized possession or use of firearms, weapons or other dangerous devices or materials on property owned, leased or under other SCDMH control.

IV. Implementation

Directors of SCDMH centers, facilities, and other operating components must, within thirty (30) days of the effective date of this Directive and annually thereafter, assess workplace security and assure compliance with applicable policies and procedures to address workplace violence. These functions are to be performed by the operating component Workplace Violence Prevention Committee or other committee with the responsibility and authority to assess workplace security and address workplace violence (e.g.; Health, Safety, Environmental Care, Risk Management, Quality Management, or similar committee.) The operating component must designate a liaison to, as needed, confer and work with the operating component and SCDMH offices related to specific Workplace Violence Prevention functions (e.g.; Human Resources Services, Quality

Management, Community Care, General Counsel, Public Safety, etc.)

Applicable policies and procedures include those contained in this Directive as well as other SCDMH Directives and operating component policies and procedures pertaining to employee injury, emergency care, and workplace safety; harassment; post-trauma counseling and other assistance services; leave and other benefits; background checks; employment counseling and discipline; pre-termination conferences and exit interviews; risk management and incident reporting; as well as BEST and other safety-related education or training programs. Further development of this Directive or related policies and procedures must incorporate applicable provisions of the S.C. Budget and Control Board, Office of Human Resources, Workplace Violence Model Policy.

Each SCDMH operating component must post a copy of this Directive (and any operating component written policy supplementing this Directive) in a prominent location within its building or office. Each operating component must clearly communicate the content of this Directive, (and any operating component's written policy supplementing this Directive) to its employees and volunteers.

Employees, volunteers, and visitors must be advised that SCDMH will strictly enforce the applicable provisions of Section 16-23-420 and Section 16-23-460, Code of Laws of South Carolina, prohibiting firearms or concealed weapons in public buildings or adjacent areas. Operating components must post a sign to that effect at applicable entrances.

V. Workplace Environment

The workplace environment includes SCDMH buildings and grounds. Some points to consider in reviewing and making any needed changes to the workplace environment:

- A. Designate and train employee contact/key persons in a emergency (e.g. fire/safety officer).
- B. Provide a floor plan to key personnel and post a copy in conspicuous areas consistent with the fire/safety plans.
- C. Post internal and external telephone numbers in conspicuous areas consistent with fire/safety plans.
- D. Provide adequate lighting in parking areas and entrances and encourage employees to walk in groups to parking areas.
- E. Review landscaping (hedges, trees, etc.) where intruders could hide.
- F. Increase staff on duty during high-risk hours.
- G. Arrange peer or other escorts for employees who work late.
- H. If doors lock from the inside, post warning signs on the inside to remind employees to lock doors behind them.

The workplace environment also includes employee attitudes about SCDMH, employee perceptions of fair and equal treatment, and belief that they will be safe at work. Employees

must be encouraged to voice workplace concerns to their superiors or other designated staff (e.g., safety, risk management, human resource, or other staff.)

VI. Some Indicators of Potential Workplace Violence

In some cases, employees can be identified and provided assistance before they contribute to a violent incident. Some behaviors that should be considered are:

- A. Known history of violent or threatening behavior;
- B. Co-worker fear of an employee;
- C. Extreme stress in an individual's personal or job life;
- D. Chemical dependency;
- E. Obsession with weapons, recently publicized violent acts, or violent entertainment;
- F. Observations of threatening behavior;
- G. Routine violations of SCDMH Directives/operating component policy;
- H. Harassment of co-workers;
- I. Destructive behavior;
- J. Obsession with retaliation after being disciplined, not receptive to criticism;
- K. Little involvement with co-workers;
- L. Significant adverse changes in behavior or beliefs;
- M. Deteriorating physical appearance; or
- N. Paranoid behavior.

VII. Reporting

- A. Any employee who believes that there is a serious, imminent threat of violence in the workplace that requires immediate action must call 911 or law enforcement and notify his or her manager or supervisor. Employees should not attempt to take action themselves unless their life is threatened, but should follow safety and emergency procedures applicable to the operating component workplace.
- B. Any employee who is the victim of or witnesses workplace violence must immediately report the incident to his or her supervisor or human resource representative. Any manager or supervisor receiving such a report must immediately contact his or her human resource representative to evaluate and take appropriate personnel action. An employee reporting an incident may request that his or her identity not be disclosed. Any employee who is the victim of or witnesses workplace violence must be offered post-trauma counseling.

- C. Reports of workplace violence must be investigated by the operating component. If following the investigation the report is substantiated, appropriate action must be taken, including applicable disciplinary action, which may result in dismissal. Acts of workplace violence are also subject to civil and/or criminal prosecution.
- D. The reporting employee will be notified of the investigation outcome and advised of any corrective or preventive action taken. However, the employee will not be told if any or what type disciplinary action was taken against another employee.
- E. An employee reporting an incident in good faith will not be subject to retaliation by SCDMH. However, employees who knew of such incidents, but did not act consistent with this Directive or who knowingly made false reports are subject to appropriate discipline.

This is the first directive on this topic.


JOHN J. CONNERY, M.A.
INTERIM STATE DIRECTOR

February 10, 2006

Page 1 of 3

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE DIRECTOR OF MENTAL HEALTH

DIRECTIVE NO. 842-03
(3-240)

TO: ALL ORGANIZATIONAL COMPONENTS

SUBJECT: HARASSMENT □ FREE WORKPLACE

THE LANGUAGE USED IN THIS DIRECTIVE DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS DIRECTIVE, IN WHOLE OR IN PART, WITH OR WITHOUT NOTICE.

I. POLICY:

It is the policy of the South Carolina Department of Mental Health (DMH) to provide all of its employees with a work environment free from harassment and intimidation. Certain forms of conduct based on sex, race, religion, color, or other legally protected categories, which have the effect of substantially interfering with a person's work performance, or creating an intimidating, hostile or offensive work environment may be illegal, and are prohibited by this policy. In addition, even conduct which is not deemed to be illegal is nevertheless improper if it has the effect of substantially interfering with an employee's performance of his/her duties or creates an intimidating, hostile or offensive work environment.

It shall be the policy of the DMH to take immediate and appropriate action when it learns of an employee being subjected to unwelcome sexual advances, disparaging or insulting remarks, verbal or physical conduct of an improper nature, or any other conduct that might be construed as racial, sexual, ethnic, religious or any other type of harassment in the workplace.

Any behavior prohibited by this policy will be treated as misconduct and will be subject to immediate review when reported. Appropriate disciplinary action up to and including dismissal will be taken in accordance with the DMH's progressive discipline policy if an employee is determined to have engaged in improper prohibited conduct.

Harassment is defined as any conduct that is unwanted by the recipient or affects the dignity of any individual or groups of individuals at work. Key feature: repetitive nature of the behavior.

II. PROHIBITED CONDUCT GUIDELINES:

It is not the intent of this policy to prohibit conduct which is in furtherance of a purely personal/social relationship without a discriminating or harassing employment effect. However, the DMH also has an interest in maintaining a professional work environment, which fosters productivity and efficiency, and all employees are expected to refrain from horseplay, excessive socializing, or spending time on

//

personal matters while working. Accordingly, even employees engaging in invited or welcomed personal social interactions are subject to discipline if such conduct interferes with the performance of the duties of other employees.

It is also not the intent of this policy to remedy every rude, unpleasant or discourteous incident that an employee may experience. Most work settings will require that employees work with, interact with, and provide services to a diverse group of people, some of whom may be upset or in crisis. Employees are expected to be able to tolerate and respond professionally to a wide range of human behavior, including, on occasion, rude, angry or upset individuals, or critical statements or comments.

The DMH will review the totality of the circumstances, including the nature of the conduct, and the context in which the alleged incidents occurred prior to determining whether disciplinary action is warranted. If the challenged conduct would not substantially affect the work environment of a reasonable person, no violation should be found.

III. RESPONSIBILITIES:

A. Director, Human Resource Services:

The Director of Human Resource Services or his/her designee will serve in the capacity of the DMH's Harassment-Free Workplace Officer. The Director of Human Resource Services has the authority to implement every facet of the DMH's Harassment-Free Workplace plan and report directly to the State Director of Mental Health or his/her designee. The Employee Relations Manager, Human Resource Services, will assist the Director of Human Resource Services in all phases of the complaint and subsequent investigative procedures.

Specific responsibilities of the DMH's Harassment-Free Workplace Officer include, but are not necessarily limited to:

1. Developing guidelines to prevent harassment and communicating such guidelines throughout the DMH.
2. Assisting in the identification of potential problem areas and propose resolutions or actions needed for correction.
3. Hosting periodic discussions with managerial personnel, supervisors, and employees to assure the DMH's policies pertaining to Harassment-Free Workplace are promoted.
4. Assuring that managerial personnel and supervisors understand they will be evaluated at least annually on promotional enforcement of a harassment-free environment in addition to other job-related criteria.
5. Compiling reports based on data provided by facilities, centers, and organizational components as needed or required by internal or external personnel.

B. Facilities, Centers, Division Directors:

Facility, Center and Division Directors are responsible for ensuring that the work environment is free of prohibited harassment. It is also their responsibility to resolve complaints promptly at the lowest possible level. Once they are informed of a potential problem, they must take action.

C. Managers and Supervisors:

Managers and supervisors have as one of their responsibilities the promotion of a harassment-free environment. It is their responsibility to adhere to, implement and support the DMH policies designed to prevent harassment. In this regard, managers and supervisors are expected to intervene appropriately whenever they become aware of conduct by their employees which manifests any illegal or otherwise improper discriminatory behavior or which creates an intimidating and/or hostile work environment. Managers and supervisors are expected to take actions that are in the best interest of the DMH.

D. Employees:

All employees of the DMH are expected to treat their co-workers, as well as patients, clients, and members of the public with courtesy and respect. Employees are also expected to perform their duties without interfering with the duties of others. Harassment or even the appearance of harassment has no place in the workplace and employees are expected to conduct themselves at all times in a professional manner.

IV. PROCEDURE:

A. Informal Complaint Procedures:

It is the intent of the DMH to resolve complaints promptly and at the lowest level. If, after being advised of a complaint, the Facility, Center or Division Director deems informal resolution appropriate the following steps may be taken:

1. The alleged offender may be requested by his/her supervisor to cease the offending behavior.
2. A resolution may be negotiated by the alleged offender's supervisor after consultation with the Facility, Center or Division Director.
3. All action must be properly documented. If an informal resolution is sought, an ☐ Employee Harassment Form ☐ shall be completed, with an indication that the complaint is ☐ Informal ☐.
4. All harassment complaint forms must be submitted to the Employee Relations Manager, Human Resource Services, to be maintained in a confidential harassment file.

5. If warranted, disciplinary action and/or another remedy may be issued.

B. Formal Complaint Procedures:

1. If the complaint cannot be resolved informally, redress may be sought through the Formal Complaint Procedure. An ☐Employee Harassment Form☐ must be completed and submitted to the Facility, Center or Division Director and then forwarded to the Employee Relations Manager, Human Resource Services.
2. The Employee Relations Manager, Human Resource Services, shall contact the complainant to review all circumstances regarding the complaint. All parties to the complaint shall provide written statements to the Employee Relations Manager, Human Resource Services.
3. The investigation shall be completed within a reasonable period of time.
4. All DMH employees are required to cooperate in the official investigation pursuant to this policy.
5. The results of the investigation shall be forwarded to the Director, Human Resource Services, who shall review the information and distribute to the appropriate manager.
6. If the investigation determines that a complaint is without merit or is false, it shall be dismissed. Disciplinary action may be taken if it appears that willful false accusations have been made.
7. If disciplinary action is recommended, it shall then be conveyed by the Director, Human Resource Services, to the Facility, Center or Division Director.
8. Disciplinary actions imposed on persons found to be in violation of discrimination of any form should be addressed through the ☐Employee Disciplinary Standards☐ policy.

V. **OTHER REMEDIES:**

Regardless of the outcome of the investigation, if the complaint alleges illegal discriminatory conduct, the complainant shall be advised by the Employee Relations Manager, Human Resource Services, that a complaint may be filed with other state and federal agencies that enforce compliance with laws prohibiting discrimination.

If the disciplinary action is grievable, the affected employee shall be advised of his/her right to grieve through appropriate channels.

VI. **CONFIDENTIALITY:**

All efforts shall be made to maintain the confidentiality of complaints and investigations of complaints. Harassment complaints and subsequent reports and investigations shall be maintained in files by the Employee Relations Manager, Human Resource Services, separate and apart from the official personnel file.

This Directive rescinds and supersedes South Carolina Department of Mental Health Directive No. 816-99, ☐Harassment-Free Workplace☐.



GEORGE P. GINTOLI
STATE DIRECTOR

November 7, 2003

**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina**

**OFFICE OF THE DIRECTOR OF MENTAL HEALTH DIRECTIVE NO. 856-06
(3-240)**

TO: All Organizational Components

SUBJECT: Employee Disciplinary Standards

THE FOLLOWING DOCUMENT IS TO BE INTERPRETED CONSISTENT WITH SECTION 41-1-110, CODE OF LAWS OF SOUTH CAROLINA. NOTHING IN THIS DOCUMENT OR ANY SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (SCDMH) DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR RELATED DOCUMENT, CREATES AN EMPLOYMENT CONTRACT, OR CONTRACTUAL RIGHTS OR ENTITLEMENTS. SCDMH RESERVES THE RIGHT TO REVISE THIS DOCUMENT AND ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR OTHER DOCUMENT. NO PROMISES OR ASSURANCES CONFLICTING WITH THIS STATEMENT CREATE AN EMPLOYMENT CONTRACT.

I. Policy

Consistent with sound management and good employee relations practices, it is most important that the disciplinary action be administered in an equitable and uniform manner. The Department of Mental Health recognizes its continuing responsibility in developing and administering disciplinary procedures as a mechanism for safeguarding the patients and clients served by the Department of Mental Health, the rights of all employees, and the interests of the Department of Mental Health. Standards for applying discipline afford a due process by which each employee may be subject to disciplinary action for offenses. An equitable and systematic process of warning will be followed unless severity of circumstances warrants otherwise.

Covered employees of the SCDMH, regardless of the position or length of service, shall be disciplined whenever an employee's action(s) or inaction(s) indicate the need. The SCDMH is committed to the concept of progressive discipline, which means that the severity of disciplinary action imposed should reflect the severity of the offense. In addition, repeated misconduct shall generally be disciplined more severely than first time misconduct. Nevertheless, some misconduct may be so serious as to warrant dismissal for a first offense. Disciplinary actions that involve suspension, demotion, involuntary reassignment, or dismissal of an employee shall be reviewed with the Director, Human Resource Services, or his/her designee prior to the action being taken.

This progressive disciplinary directive does not apply to probationary or other non-covered employees who may be disciplined at the department's discretion.

It is the Department of Mental Health's policy that uniform procedures and guidelines be published to further the goals that:

- A. Employees of the department will be on notice of the potential sanctions for misconduct;

16

- B. Misconduct of similar severity will be subject to discipline of similar severity throughout the agency, with the exception that repeat offenders will be treated more severely than first time offenders;
- C. Employee misconduct will be documented and filed in a uniform manner;
- D. Prior to initiating disciplinary action other than an employee counseling or written warning, supervisors should review the circumstances and consult with the Director, Human Resource Services, or his/her designee;
- E. Employees covered by the State Employee Grievance and Appeal Act should be advised of any right of appeal in accordance with the Department's Grievance Appeal Policy at the time a grievable disciplinary action is taken.

II. Voluntary Resignation and Performance Issues

Employees who voluntarily fail to report to work for three (3) consecutive workdays and fail to contact the agency during this time period will be considered to have voluntarily resigned. The policy is also not to be utilized for taking corrective actions for substandard work performance by employees. Supervisors should utilize the SCDMH policy entitled "Employee Performance Management System" for direction and guidance in addressing substandard work.

III. Forms of Disciplinary Action

The following should be used as guidelines for taking disciplinary action to correct inappropriate employee conduct.

A. Employee Counseling

For relatively minor occurrences of inappropriate behavior, misconduct, and violation of rules, an employee should be verbally counseled.

1. The supervisor shall inform the employee in private of the unacceptable conduct.
2. The supervisor shall explain how the conduct has been improper or unacceptable and discuss ways in which the employee may improve or correct conduct.
3. The supervisor shall inform the employee that personal conduct must improve.
4. The supervisor shall further inform the employee that unless the problem is corrected: the employee will be subject to further disciplinary action. A record of this action shall be made on South Carolina Department of Mental Health Form P-155, "Record of Employee Counseling." The employee shall be asked to sign the employee counseling, at the time of the counseling, as having been received and understood. If the employee refuses to sign, the following notation, "Employee Refused to Sign," shall be inserted by the supervisor, initialed and witnessed. The original "Record of

Employee Counseling”, Form P-155, will be given to the employee and a copy will be placed in the employee’s facility or center or division personnel file. A copy will not be placed in the official personnel file located at SCDMH, Human Resource Services.

B. Written Warning

A written warning is administered for the repetition of an offense addressed in a previous “Record of Employee Counseling” Form P-155, or first occurrence of a more severe offense.

1. The written warning should be addressed to the employee and discuss the nature of the offense or offenses for which the written warning is being issued.
2. The written warning should include corrective actions that may be taken by the employee in order to correct the offense.
3. The employee shall be informed in the written warning the repetitions of the offense or more severe offense will warrant further disciplinary action up to and including dismissal.
4. The employee shall be asked to sign the written warning, at the time the warning is given, as having been received and understood. If the employee refuses to sign the notation, “Employee Refused to Sign,” shall be inserted by the supervisor, initialed, and witnessed. The original written warning shall be given to the employee and a copy shall become a permanent part of the employee’s official personnel file maintained by SCDMH, Human Resource Services, as well as the facility, center, or division field folder.
5. Copies of documentation of prior employee counseling, including prior “Record of Employee Counseling,” as well as other supportive documentation, may be added to the employee’s official personnel file in conjunction with the written warning.

C. Suspension

An employee may be suspended for a first offense of serious misconduct or for an accumulation of a number of less serious offenses or as a progressive step when previous warnings concerning the same or similar misconduct have not been heeded. Suspension, including suspension pending investigation, must be reviewed by the Director, Human Resource Services, or his/her designee.

1. Suspension Pending Investigation – Suspension of an employee, pending investigation of serious allegations of misconduct involving safety or security or pending a final decision regarding the employee’s dismissal (See paragraph D) is not in and of itself a disciplinary action. Such

18

suspension is administered to protect the safety of patients, staff, and/or Departmental property in circumstances in which the supervisor has a reasonable belief that the employee's continued presence on the job would present a threat to patients, staff, or Departmental Property. Such concern must be based upon the past conduct of the employee as personally known to the supervisor, or as reported by others with personal knowledge of the past conduct.

2. Notice of Intent to Suspend – Except for suspensions pending investigation of further action (Paragraph 1.), once it has been determined that suspension is warranted, a letter or memorandum notifying the employee of the supervisor's intent to suspend shall be prepared by the appropriate supervisor. "A Notice of Intent to Suspend" shall include the following information.

- a. A summary of prior related disciplinary actions, such as employee counseling, written warnings, etc.
- b. The proposed inclusive dates of the suspension.
- c. A description of the facts and circumstances supporting the supervisor's conclusion that the employee committed the offense or offenses.
- d. A statement advising the employee of his/her right to request in writing, a pre-suspension conference with the facility/center/director or division deputy director, or his/her designee. The employee must be informed that their request for such conference must be made within two (2) working days of receipt, if the notice is hand delivered, or five (5) calendar days from the date of mailing, if mailed.

3. Notice of Suspension – If a final decision is made to discipline an employee by means of suspension, South Carolina Department of Mental Health, HRS Form, P-154, "Notice of Suspension" shall be used to document the action. The "Notice of Suspension" shall include the following information.

- a. The nature of the offense or offenses for which the suspension is being issued and inclusive dates of the suspension.
- b. A description of the facts and circumstances supporting the conclusion that the employee committed the offense or offenses listed.
- c. The length of the suspension period.
- d. A summary of prior related disciplinary actions such as, employee counseling, written warnings, suspensions, etc.

e. A statement that a suspension is an action for which an employee may file a grievance appeal. Should the employee wish to file a grievance appeal, he or she must do so within fourteen (14) calendar days from the first date of his/her suspension. His/her grievance review request must be received by SCDMH Human Resource Services, Employee Relations Section, 2414 Bull Street, Columbia, South Carolina 29202 within the fourteen (14) calendar day deadline. A statement of the consequences if the offense is repeated or if other problems occur. Copies of the suspension notice and appropriate leave documents will be placed in the employee's official personnel file. All suspensions shall be without pay.

D. Dismissal

If progressive discipline fails to correct misconduct, the employee is subject to dismissal. Extremely serious offenses may call for dismissal even in the absence of prior disciplinary actions. All dismissals shall be reviewed with the Director of Human Resources or his/her designee. This policy does not apply to probationary employees. Probationary employees may be dismissed at the agency's discretion.

1. Notice of Intent to Dismiss – Except for temporary employees, once it has been determined that a dismissal is warranted, a letter or memorandum notifying the employee of the supervisor's intent to dismiss shall be prepared by the appropriate supervisor.

a. A statement that due to one or more instances of misconduct, the supervisor is recommending that the employee be dismissed.

b. A description of the facts and circumstances supporting the supervisor's conclusion that the employee committed the offense or offenses charged.

c. A summary of prior related disciplinary actions, if any.

d. A statement advising the employee of the employee's right to request, in writing, a pre-dismissal conference with the facility/center/division director, or their designee. The employee must be informed that his/her request for such conference must be made within two (2) working days of receipt, if the notice is personally delivered, or five (5) calendar days from the date of mailing, if mailed.

2. Letter of Dismissal – If a final decision is made to discipline an employee by means of dismissal, a letter or memorandum so notifying the employee shall be prepared by the appropriate supervisor. A letter of dismissal shall include the following information.

20

- a. The nature of the offense or offenses for which the dismissal is being implemented and the effective date of the dismissal.
- b. A description of the facts and circumstances supporting the conclusion that the employee committed the offense or offenses listed.
- c. A listing of prior related disciplinary actions, if any.
- d. A statement that a dismissal is an action for which an employee may file a grievance appeal if the employee has grievance rights. Should the employee wish to file a grievance appeal, he or she must do so within fourteen (14) calendar days from the effective date of their dismissal. In the event the effective date of his/her dismissal is retroactive to a date prior to the date of the letter of dismissal, the fourteen (14) calendar days run from the date of the letter of dismissal. His/her grievance review request must be received by Human Resource Services, Employee Relations Section, 2414 Bull Street, Columbia, S.C. 29202, within the fourteen (14) calendar day deadline.

E. Demotion

When it is determined that a demotion is the appropriate recourse to address employee misconduct, an employee may be demoted. All demotions must be approved by the Director, Human Resource Services or his/her designee.

1. Notice of Intent to Demote – Except non-covered employees, once it has been determined that a demotion is warranted, a letter or memorandum notifying the employee of the supervisor's intent to demote shall be prepared by the appropriate supervisor.

- a. A statement that due to one or more instances of misconduct, the supervisor is recommending that the employee be demoted.
- b. A description of the facts and circumstances supporting the supervisor's conclusion that the employee committed the offense or offenses charged.
- c. A summary of prior related disciplinary actions, if any.
- d. A statement advising the employee of the employee's right to request, in writing, a pre-demotion conference with the facility/center director or division deputy director or his/her designee. The employee must be informed that his/her request for such conference must be made within two (2) working days of receipt, if the notice is personally delivered, or five (5) calendar days from the date of mailing, if mailed.

21

2. Notification of Demotion – If a final decision is made to discipline an employee by means of a demotion, the demotion and accompanying salary reduction information shall be documented by a written notice addressed to the employee. The notice will include the reasons for the involuntary demotion, effective date of the demotion, the consequences of continued or additional conduct problems, and information concerning the employee appeal rights under the agency's Grievance and Appeal Policy. Should the employee wish to file a grievance appeal, he/she must do so within fourteen (14) calendar days from the effective date of their demotion. The employee's grievance review request must be received by Human Resource Services, Employee Relations Section, 2414 Bull Street, Columbia, South Carolina, 29202, within fourteen (14) calendar day deadline.

F. Reassignment

When it is determined that a reassignment is an appropriate recourse to address conduct, the employee may be voluntarily reassigned to a position of equivalent salary range.

1. A reassignment used to address employee conduct matters must be reviewed with the Director of Human Resource Services or his/her designee prior to implementation. A reassignment which results in the loss of salary must be approved in advance by the Budget and Control Board. Such request must be submitted through the Director of Human Resources or his/her designee.

2. The reassignment will be documented by a written notice of reassignment and accompanying salary reduction information if applicable, addressed to the employee outlining the nature of the involuntary reassignment and the consequences of continued or additional conduct problems.

3. A reassignment of a covered employee may be considered a grievable action. The Director of Human Resource Services or his/her designee shall advise whether the notice of involuntary reassignment should contain information advising the employee of appeal rights under the agency's Grievance and Appeal Policy.

IV. Progressive Discipline Guidelines

Examples of appropriate disciplinary action to be taken in response to specific offenses are attached and are to be used as a guide. They are not intended to be all inclusive but rather to provide guidance to supervisors by means of examples. The severity of discipline should reflect the seriousness of the individual offense, as well as take into account any past history of misconduct.

Discipline may begin at any step in the procedure depending on the seriousness of the individual offense. It should be emphasized that in some situations dismissal or demotion or involuntary reassignment may be appropriate on the first offense, depending on the severity of the offense and the circumstances involved, even though a lesser degree of

22

disciplinary action is indicated in the guideline for a first offense occurrence. Violations are not restricted to the examples listed.

Any questions pertaining to these guidelines should be directed to SCDMH, Human Resource Services, Employee Relations Section.

This policy rescinds and supersedes SCDMH Directive No. 819-99, "Employee Disciplinary Standards."



JOHN J. CONNERY, M.A.
INTERIM STATE DIRECTOR

January 6, 2006

STANDARDS OF PROGRESSIVE DISCIPLINARY ACTION - ATTACHMENT A

**COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY**

DATE: January 5, 2000 Revised: April 19, 2000, April 18, 2001, Revised: June 9, 2010, May 24, 2013	CATEGORY: Clinical	NUMBER: 2-01-2000
---	---------------------------	--------------------------

TITLE: Transfer of Case Management

POLICY:

It is the policy of Columbia Area Mental Health Center that clients will be case managed by the unit and program from which s/he receives the majority of services and that the clinical and computer records must reflect the current case manager for each client. In implementing treatment plans with individuals and their families, programs will make every effort to maintain the involvement of the same clinician and treatment team throughout the course of that treatment. Some programs require an evaluation period during which the client's appropriateness for and acceptance of the services are tested. This evaluation period begins after the client actually begins attending the program, not with receipt of the referral form from the case manager. Case management responsibility will be transferred to the program where the client receives the majority of his/her services no more than 30 calendar days after the beginning of the client's evaluation period unless the client is deemed inappropriate for the program.

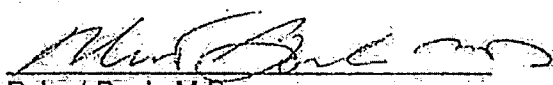
Exceptions to the 30-day rule are the Community Integration Programs, which will accept case management within 60 calendar days from the beginning of the client's evaluation period, and DBT, which will accept case management after the completion of the first module (8 weeks). DBT will also accept case management immediately for TLC clients.

When a staff member who serves as case manager leaves Center employment, the staff member's supervisor is responsible for the transfer of client case management to other staff. Computer and medical records should reflect the transfer of all cases within 30 calendar days of the announced date of departure of the case manager.

When a client's care needs to be transferred for other clinical reasons, the transfer must be preceded by a staffing or discussion between the sending and receiving case managers, with concurrence of their supervisors. Forms reflecting transfer of case manager will be completed by the clinician assuming case management responsibility. Responsibility is not transferred until a Change of Clinical Information form is completed and entered into CIS. The documentation should be completed within 30 days of agreement to transfer. The record will be audited by the supervisor of the sending unit for compliance with Medical Records Standards using an approved Quality Assurance checklist (attached). The record will be forwarded to the supervisor of the receiving unit who also will conduct a review. Transfer of the case will not occur until required documentation and CIS update is completed.

Staff will utilize Clinical Review Committee according to Policy #7-02-96, "Clinical Review Committee" to arbitrate disputes.

In all cases, case management may be accepted earlier than stated in this policy.


Robert Bank, M.D.
Executive Director

Distribution: All clinical staff, all policy manuals

**COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY**

DATE: June 16, 2010 Jan 21, 2004 Feb. 6, 2002 April 1, 1998 Supersedes 5/01/85	CATEGORY: Quality Assurance	NUMBER: 7-04-98
---	------------------------------------	------------------------

TITLE: CLIENT FOLLOW-UP/CASE CLOSURES

POLICY: It is the policy of the Columbia Area Mental Health Center to follow-up with clients who have missed a scheduled appointment. It is especially important to initiate follow-up procedures with clients who are vulnerable (those who have a recent psychiatric hospitalization, history of multiple psychiatric hospitalizations, a history of suicide attempts, have suicidal or homicidal potential, or who are court ordered to treatment).

PROCEDURE: When a client misses a scheduled appointment, follow-up will be initiated. The type of follow-up will be determined by the assigned clinician and may consist of a Center-approved letter, telephone call, personal visit or some combination. Follow-up letters must include the name of a clinician (either case manager or clinician whose appointment was missed) and a copy of the letter must be placed in the medical record. The follow-up letter must meet the standards of the Center-approved letter.

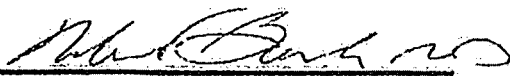
Immediate follow-up will be initiated on all clients who are defined as vulnerable through direct contact with the client or with the person identified in the client's medical record as their "Emergency Contact." All follow-up efforts should be thoroughly documented in the client's medical record.

When a client who is court ordered to treatment misses an appointment, the appropriate authority (e.g., Probate Court, probation/parole officer, Department of Social Services) should be notified of the missed appointment. Staff must also inform the appropriate authority of changes in status of a client, related to the court ordered treatment. No action that involves case closure should be taken until the appropriate authority has been notified and approved the actions through changes to the court order. Additional measures may be ordered by the court.

Depending on the client's response to the initial follow-up effort by telephone, letter, or visit, additional follow-up efforts may be necessary.

If the follow-up efforts reveal that the client is no longer in need of services at the Center and if the person is not under a current court order to receive services, the case will be staffed with the treating or substitute physician as appropriate. The staffing should address the status of the client's treatment and reason for closure of the record. If there are complicating factors, such as a history of violence, suicide attempts or non-compliance with treatment or if the person is a high user of inpatient facilities, the case should be presented to the Center's Clinical Review Committee prior to the record being closed. However, if there are no complicating factors present and the physician approves the recommendation to close the record the clinician may proceed with doing so, following Guidelines for Case Closure.

Clients admitted to the hospital will not be discharged from the Center during the first six months of hospital stay. Case Managers will maintain conjoint responsibility for discharge planning along with the hospital Social Worker and as outlined in the SCDMH Continuity of Care Manual. If it is determined that the client will remain in the hospital past six months, a decision may be made to close the case after staffing with the treating or a substitute physician.


Robert Bank, Executive Director

DISTRIBUTION: All Policy Manuals

**COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY**

DATE: 4-1-98 Revised 5/14/2013	CATEGORY: Clinical	NUMBER: 2-09-98
--	---------------------------	------------------------

TITLE: **HOUSING POLICY**

POLICY: Center Case Managers will provide assistance, as needed, to consumers in securing safe, decent and affordable housing. Clients may also be referred to the Center's Care Coordination Program for assistance with obtaining housing

Also, it is the policy of the Center to collaborate with other governmental and private non-profit agencies, as funding is available, in the development of housing for consumers with serious and persistent mental illness.


Robert Bank, M.D., Executive Director

Distribution: All Policy Manuals

**COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY**

DATE: October 1, 1997 Reviewed: June 14, 2007 Revised May 24, 2013	CATEGORY: Quality Assurance	NUMBER: 7-15-97
---	------------------------------------	------------------------

TITLE: Filing/Scanning of clinical documentation

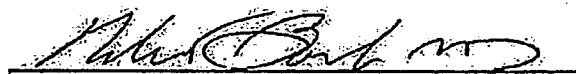
POLICY: Clinical documentation must be entered or scanned in the individual client's medical record as soon as is practicable. Standards vary according to the type of documentation.

Clinical service notes must normally be documented or scanned into the electronic medical record within 5 working days of the delivery of the service

Laboratory reports must be reviewed by a program nurse or physician before they are filed in the medical record. This review must be performed within 24 working hours of the receipt of the laboratory results.

Other documentation will be filed within 96 working hours of receipt of the documentation, Discharge/Transition Summaries, Screening Forms, and other clinical documentation will be scanned into the client's medical record within 48 hours of completion. Time frames for completion of this documentation are outlined in the South Carolina Department of Mental Health service standards manual.

Documentation received but not belonging to an identified client of the mental health center will be filed in an "Information Only" folder and an information folder number will be established. If, at some future time, an individual is identified for whom documentation has been previously received, the information will be consolidated into the established medical record.



Robert Bank, M.D.
Executive Director

Distribution: All Staff

Page 1

COLUMBIA AREA MENTAL HEALTH CENTER

ORGANIZATIONAL POLICY

DATE: July 11, 2006

CATEGORY: Quality Assurance

NUMBER: 7-02-06

TITLE: Family Inclusion

PURPOSE: To insure appropriate involvement of each client's network of support.

POLICY: The Columbia Area Mental Health Center (CAMHC) recognizes that optimal client treatment requires an appropriate level of proactive inclusion of the client's network of support in the development, implementation and monitoring of the client's plan of treatment. The Center also recognizes that appropriate inclusion of the client's network of support can occur without compromising client confidentiality and right to privacy. The Center believes the appropriate level of involvement should be determined by the client with the assistance of his/her treatment team. The Columbia Area Mental Health Center is committed to client confidentiality and each client's right to privacy.

Procedures:

1. Each client and their identified network of support will receive a copy of the following documents during orientation to Center services:
 - a. "CAMHC's Commitment to Family Inclusion" (a user friendly version of this policy)
 - b. "What Families Want to Know and discuss - The Information Model", and
 - c. "Information for Families when a Client is Hospitalized" (from the SCDMH Continuity of Care Manual)
2. CAMHC treatment professionals will discuss (with the client) and document who should be involved in the client's treatment, and to what extent. This information will be documented on the "Authorization to Disclose SCDMH Protected Health Information" form in the client's medical record.
3. CAMHC treatment professionals will document any individuals that the client does not provide authorization to release information to. This information will be documented on the "Authorization to Disclose SCDMH Protected Health Information" form in the client's medical record.
4. All CAMHC staff will participate in required trainings on Family Inclusion and the appropriate application of the SCDMH HIPAA Privacy Practice policy.
5. All CAMHC staff will receive and consider information about clients from a client's network of support regardless of whether the client has provided consent to release information.



Robert L. Bank, M.D., Executive Director

Distribution: Senior Managers; All policy manuals

**COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY**

DATE: November 1, 1997 Revised: August 27, 2002; Reviewed 2007	CATEGORY: Board	NUMBER: 8-12-97
---	------------------------	------------------------

TITLE: Designated Authority for Establishing Policies

POLICY: The designated authority for community mental health centers in the state of South Carolina is the community mental health center board. The board has responsibility for establishing policies for the operation of the mental health center.

The board reviews and approves policies and procedures with regard to input from the persons served, accessibility, outcomes, health and safety, legal requirements, human resources, cultural diversity, financial planning, and an ethical environment for the management and delivery of services. The board delegates development of the policies to management in accordance with procedures outlined in Center policy number 1-01-97 (Development, Review, Approval, and Distribution of Policies).

The board approves other policies and procedures as required by law and regulatory, funding or accrediting agencies.

The board delegates the development, review and approval of all other necessary operational policies and procedures to the management of the Mental Health Center through the Executive Director, in accordance with Center policy number 1-01-97 (Development, Review, Approval, and Distribution of Policies).

Policy Review: This policy will be reviewed on an annual basis.



Board Chair

Distribution: All policy manuals

Columbia Area Mental Health Center Organizational Policy

Date: July 16, 2003 Revised: March 16, 2005; June 12, 2007	Category: Clinical	Number: 2-01-2003
--	----------------------------------	---------------------------------

Title: Workplace Ethics Policy

Center staff (employees and volunteers) are expected to conduct themselves in conformance to the highest degree of ethical conduct. As public servants, we are held to high standards of accountability and must take steps to avoid conflicts of interest, and avoid the appearance of conflict of interest and actions which call into question the honesty and integrity of the organization. Guides to ethical conduct include the South Carolina Department of Mental Health Code of Ethics, the Center Board's Policy on Ethical Principles, Ethical Principles for South Carolina State Government Service and the Guide to the South Carolina State Ethics Act. Some staff are also subject to the code of ethics of their respective professional licensing bodies. This policy also contains detailed ethical principles.

1. Staff will monitor compliance of their own conduct to ensure it conforms to ethical principles of the staff member's profession.
2. Relations between staff and clients shall be based on therapeutic principles.
 - a. Staff will not accept gifts, entertainment or items of value from clients, or family members of clients. Clinical judgment must be used in order to assure that professional and therapeutic relationships are maintained with clients and their family members. Gifts should be returned to the giver but may be kept when the giver will not accept the return of the gift or when the giver cannot be identified or when return could damage the therapeutic relationship. Items that are kept should be placed in client areas for use by Center clients. Offers of items and receipt of these items should be reported by staff to their supervisor up to the level of Senior Manager.
 - b. Staff will not have dual relationships with clients, including business or financial dealings, dating and sexual intimacies.
 - c. Staff will neither borrow money from nor lend money to Center clients.
 - d. Questions regarding appropriate client-staff relationships with current or previously served individuals should be discussed with the appropriate Senior Manager.
3. All treatment provided to the clients shall be for the benefit of the client and designed to assist the recovery of the client's highest level of functioning and quality of life. Staff will avoid clinical relationships that foster dependency. Staff will provide treatment to clients based on medical necessity.

Distribution: All policy manuals

Page 1 of 3

C:\ca\CAMHC\policies\07\Workplace ethics.2-01-2003.doc

4. Staff will perform services for which they are qualified by virtue of licensure, training, clinical supervision or experience. Staff will not misrepresent their qualifications to provide services. Competent provision of service includes complete, accurate and timely documentation.
5. Staff will treat all clients, family members of clients, members of the public and fellow staff with respect, courtesy, impartiality, fairness and dignity. Staff will not discriminate against individuals based on preference, medical condition, handicap or other condition or status.
6. Staff will conduct clinical and business practices in conformance with the SCDMH and Center Corporate Compliance Plans. All Center staff will comply with state and federal regulations and laws concerning delivery, documentation and reimbursement for services. This includes but may not be limited to filing false claims or seeking reimbursement for services which are not medically necessary. Business practices and contracts will also avoid seeking duplicate payments for activities through grants and reimbursement for clinical services.
7. Staff will avoid conflicts of interest and the appearance of conflict of interest. Staff will not accept kickbacks from businesses or other entities for referrals. For example:
 - a. Staff will disclose participation on boards, commissions or other entities which have oversight and/or advisory authority over businesses or organizations which serve Center clients. In their capacity in such groups, staff are expected to report any conflicts of interest and remove themselves from decision making or discussion about the matter of conflict.
 - b. Staff will not accept discounts on personal purchases from a supplier of goods or services or from organizations with which the Center conducts significant business, unless these discounts are available to the general public.
 - c. Staff having pre-existing business or other relationships with clients seeking services shall disqualify themselves from providing clinical services to the person.
 - d. As a general rule, staff will not accept items of \$25 or more from businesses or other organizations. If the entity giving the gift cannot be identified or will not accept return of the item, the item should be placed in a client area for use by clients, if possible. Individuals may have a responsibility under state law to report receipt of the gift. Staff having questions about this responsibility should consult with their supervisor.
 - e. Staff will report potential conflicts of interest to the Center's Corporate Compliance Officer on the DMH Conflict of Interest form.
8. Staff will not normally require clients to receive Center services they do not wish to receive in order to receive other services they want from the Center. If there is significant clinical justification documented in the client's medical record, services may be made contingent on matters other than client wishes. Also, if services are required as part of our practice standards and/or are mandated by external bodies (Medicaid requirements, SCDMH outcomes requirements, etc.), some services may be made contingent upon receipt of other services. The basis for such exceptions must be documented in the client's medical record.

Distribution: All policy manuals

Page 2 of 3

C:\cal\CAMHCPolicies\07\Workplace ethics.2-01-2003.doc

9. Staff and family members of the Center will not normally receive services within Columbia Area Mental Health Center. If services at the Center are provided to the family members of staff, staff who are family members must be certain not to provide care, or review medical records documentation. Consultation with treatment staff will be consistent with what the family or significant other would normally expect from other medical providers.
10. All staff will strictly comply with State and SCDMH nepotism policies and directives. If related individuals are employed, they shall not be in direct lines of supervision.
11. Personal disagreements with practices of others and evaluations of the competency and appropriateness of services of other providers should be discussed with other treatment or supervisory staff, not with clients and should not be documented in the client's medical record.
12. Involving clients in one's personal problems is not appropriate or ethical. Staff will not discuss their personal problems with clients.
13. Staff shall show regard for the generally accepted standards of the local community, recognizing that violations of such standards may negatively affect their own credibility as well as the standing and reputation of the organization in the community.
14. As a state agency, the Center does not market its services. The Center will fairly represent itself, its personnel and its services in Center publications and through community presentations. Staff will never encourage clients to receive services from the Center that are unnecessary and for which alternative community resources may be suitable. Staff will not encourage individuals to become clients of the Center unless the person's needs are consistent with the mission and purpose of the mental health center and for which alternative community resources for treatment are not available. The Center will operate and develop programs based on client and community need and not on considerations of market opportunities.
15. Staff will not perform duties while using any illegal substances or impaired by the use of substances prescribed by a physician.
16. If a client expresses a desire to discuss religious beliefs and asks for advice about religious issues, the client should be referred to a qualified spiritual advisor.
17. Staff who believe there has been a breach of workplace ethics policy will report the breach through supervisory channels to the Executive Director or designee, without reprisal. Within 15 working days, the Executive Director will assign responsibility for investigation to appropriate management staff. Management staff will provide a report within 2 weeks of the initiation of the investigation to the Executive Director or designee. If necessary, staff will request more time to complete the full investigation. Each renewal will result in a further 2 week interim report until such time as the investigation is complete. Final action in response to the completed report will occur within 30 days of receipt of the final report.


Robert Bank, M.D.

Executive Director

Distribution: All policy manuals

**COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY**

DATE: April 15, 1998 Supersedes: 10/17/95 REVISED: May 19, 1999 REVISED: April 19, 2000 REVISED: April 18, 2001 Revised: May 30, 2007	CATEGORY: Quality Assurance	NUMBER: 7-01-95
--	--	--

TITLE: Reporting of Adverse Incidents

PURPOSE:

This policy and procedure is intended to clarify responsibility for reporting incidents which are exceptional and may call into question the integrity and appropriateness of services rendered by Columbia Area Mental Health Center. All staff receive training on Reporting of Adverse Incidents policy during new employee orientation.

POLICY:

In the interest of improving the quality of care and the safety of consumer, staff and the public, it is the policy of Columbia Area Mental Health Center to continuously and systematically monitor and evaluate all incidents and situations which may adversely affect consumer care, safety, rights or dignity.

RESPONSIBILITY:

It is the responsibility of the Center Executive Director to see that a system is in place to identify adverse incidents, report these incidents to DMH as described in DMH Directive 740-90, to see that these incidents are reviewed, and that reasonable recommendations to prevent future incidents are implemented. This Center policy is part of the responsibility.

DEFINITION AND GUIDE TO EVENTS TO REPORT AS ADVERSE INCIDENTS:

Incidents which jeopardize the health or safety of consumers and/or the staff, or which pose a significant threat of harm to the general public should be considered adverse incidents. These occurrences must be identifiable events. The items below are examples of adverse incidents. The list is not exhaustive and staff adds to the list as new events occur. The list should be treated as a guide to reporting. Staff should check with their supervisor if questions arise concerning whether an event should be reported as an adverse incident.

- | | |
|--|--|
| 1. Suicide/attempted suicide | 15. Disorderly conduct |
| 2. Homicide/attempted homicide | 16. Inappropriate sexual conduct |
| 3. Sexual assault | 17. Use or possession of licit or illicit substances |
| 4. Physical assault | 18. Theft |
| 5. Verbal assault | 19. Run away/wandering/lost |
| 6. Physical threat | 20. Self injury |
| 7. Verbal threat | 21. Victim of other's acts not elsewhere described |
| 8. Drug overdose | 22. Psychiatrically unstable hospital discharge |
| 9. Medication error | 23. Medication side effects |
| 10. Arson/burning | 24. Delusional acts implying threat |
| 11. Accidental injury not elsewhere described | 25. Stalking |
| 12. HIV +, Hepatitis B, Infectious TB and other Infection Control issues | 26. Contraband in program |
| 13. Seizure | 27. Patient Abuse or Neglect |
| 14. Acute medical condition/physically induced | |

Distribution: All policy manuals

28. Communicable Diseases
29. Infection Control Issues

30. Automobile Accidents
31. Biohazard Exposure

REPORTING OF ADVERSE INCIDENTS:

Each and every staff member of Columbia Area Mental Health Center is responsible for identifying incidents which occur to consumers, staff or the public which adversely reflect on the quality of the center and its services. Any staff member who has knowledge of adverse incidents must report these incidents. Supervisors made aware of incidents must ensure that they are followed up with Significant Adverse and Unusual Incidents reports. In cases where staff expect a delay in filing the report, staff must notify the Center's Director of Clinical Support Services of an occurrence as soon as possible so that the event may be tracked. The initial report should include the consumer's name, register number and a brief description of the occurrence. It should also include the source of discovery and the actions taken in response to the incident.

An urgent incident must be reported to the Center Director, Medical Director or Assistant Director immediately, via telephone or face to face, regardless of the hour or day of the week. Staff must follow up this telephonic report with a typewritten Center Significant Adverse and Unusual Incidents form. The Director must complete and send to DMH a DMH Adverse Incidents Form within 24 hours of receipt of the telephone report for those incidents so designated by the DMH Office of Risk Management. After-hours, staff should call the on-call MHP at 898-8888 to get the phone number to call to report adverse incidents. During program hours, staff should call the Executive Director's Office. Serious incidents must be reported on the Center form through supervisory channels, with notification to the consumer's treating physician. The Executive Director will forward both forms to the Director of Clinical Support Services within 24 hours.

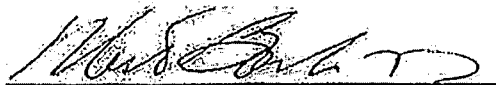
Incidents which are not urgent must be reported through the clinician's program manager to the Center's Executive Director's Office via the Center Significant Adverse and Unusual Incident Report form within 24 hours of discovery of the incident. The Executive Director will forward the report to the Director of Clinical Support Services within 24 hours of receipt.

Clinical Support Services staff shall accumulate information related to the consumer's care (see attached form). Upon completion, this information will be forwarded to the Peer Review Committee for consideration and review.

Each Significant Adverse and Unusual Incidents report and Adverse Incident Report must be treated as confidential information. Reports are to be distributed in sealed envelopes. Reports should be kept in secure files. They are not to be open to display for the public or for staff. Adverse Incident Reports are not to be filed or mentioned in the Medical Record. Staff must document the incident itself in the consumer's Medical Record to include a description of the incident, actions taken by staff in direct response to the incident and follow-up actions subsequent to the incident.

TIMELY DEBRIEFING

Following traumatic adverse incidents, debriefing with staff will be conducted by the Senior Manager or their designee. Debriefing will occur following any significant incident. Documentation of debriefings will be forwarded to Clinical Support Services.



Robert Bank, M.D.
Executive Director

**COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY**

DATE: November 17, 1999 Revised: May 30, 2007 Revised: October 15, 2008	CATEGORY: Clinical	NUMBER: 2-02-99
--	------------------------------	---------------------------

TITLE: **Staffing of Clinical Care**

PURPOSE: To establish standards for treatment planning following a client's episode of inpatient stay or other crisis and to comply with Section 2 standards of regular staffings for some services requiring 90 day staffing. This policy shall apply to all open and previously closed cases.

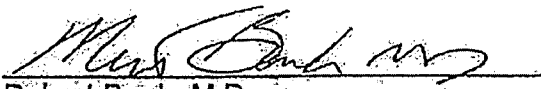
POLICY: Clinical cases are subject to team planning and linking conferences. These staffings are especially important following an inpatient stay or other crisis.

Clinical teams will review care of each client in active treatment at the Center according to the Section 2 Manual, with some services requiring a 90 day staffing. Additionally, staffings will be done following a DMH hospitalization, a local hospitalization for psychiatric/substance abuse care, a stay at a residential treatment facility (LRADAC), a visit to the Emergency Room for a psychiatric/substance abuse problem, or following any incarceration.

Staffings will occur within 72 hours of the client's discharge from these facilities. If the client fails appointments, a second staffing will be conducted within 8-10 days following the client's second failed appointment.

These staffings should include members of the treatment team, including the team psychiatrist. The team will review events leading to the hospitalization or crisis and make recommendations for care to prevent reoccurrence of the crisis. These recommendations will be documented in a Service Plan Development (SPD) note or Progress Summary and on the client's Plan of Care (Goals and Objectives section).

The Center's Utilization Review Committee already reviews cases for implementation of clinical recommendations as part of its normal review process. In addition, the Center's Clinical Review Committee will follow up on selected cases. The Committee will review medical records looking for evidence of implementation of the recommendations. The Committee will report findings to the clinical team, the Senior Manager for the team, the Clinical Director and the Chair of the Center's Quality and Standards Committee as feedback for further action.


Robert Bank, M.D.
Executive Director

Distribution: Senior Managers; All policy manuals
--

COLUMBIA AREA MENTAL HEALTH CENTER ORGANIZATIONAL POLICY

DATE: September 23, 1997 Revised: February 27, 2001 April 23, 2002; Revised: September 1, 2003; Reviewed 2007	CATEGORY: Board	NUMBER: 8 -06 -97
--	------------------------	--------------------------

TITLE: Policy on Ethical Principles

PURPOSE: To state the ethical principles and establish policy and procedures to guide Columbia Area Mental Health Center (CAMHC) operations in providing an ethical environment for the management and delivery of services which promote the respect and dignity of the persons served.

POLICY: The Columbia Area Mental Health Center is committed to the highest code of conduct and quality of care possible for our clients and their families. We conform to the State Ethics, Government Accountability, and Campaign Reform Act. We subscribe to the Ethical Principles for South Carolina State Government Service of integrity, honesty, respect for others, fairness and accountability. We further subscribe to the following areas of commitment to excellence:

- I. Commitment to clients of mental health services and their families. We reflect our commitment by expressing, in our daily work, dependability, compassion, empathy, advocacy, and sensitivity.
- II. Commitment to the highest quality of clinical care, provided in a manner which promotes the respect and dignity of the client and protects his or her privacy. We express this commitment by having our actions reflect competence, fairness, and diligence and by including the client in his or her own treatment planning.
- III. Commitment to our staff and volunteers. We value the contributions of every member of the CAMHC team and reflect our commitment through reliability, loyalty, cooperation, trustworthiness and sacrifice.
- IV. Commitment to CAMHC and the citizens and communities of Richland and Fairfield counties. As public servants, that commitment comes through accountability, courage of convictions, creativity, ownership, personal responsibility, professionalism, stewardship and partnership.

Procedures:

1. Communication.

It is important that all clients and their families, employees and volunteers of the Center be informed about and involved in the operations of the Center in an ethical manner. For this reason, the Center will include discussions about ethical issues, including this policy and procedures to implement and report violations during client orientation, new employee orientation, treatment team meetings, and specific training programs. Discussions will also be held during Board, staff and supervisory meetings.

2. Allegations of violations.

It is incumbent upon each and every client, employee and volunteer within the Center to practice the ethical principles stated and to maintain an ethical environment. The Center Board and Management will report allegations to the appropriate authority, such as Department of Mental Health Public Safety, State Ethics Commission, or professional licensing board for investigation and possible actions. If personnel policies are violated, Department of Mental Health personnel procedures will be followed. Allegations must be supported with facts. Issues of privacy for both client and staff may preclude actions taken being announced or known.

3. Reporting possible violations.

a. Clients who wish to report allegations of violations should initiate the Client Concern/Complaint Protocol (CAMHC Policy 3-01-07).

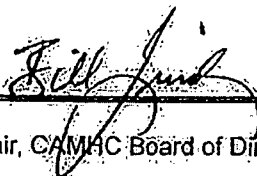
b. Volunteers should report alleged violations to the site supervisor and/or the Volunteer Coordinator.

c. Employees should report alleged violations to their immediate supervisors.

d. In the event the complainant feels an allegation is not being handled appropriately, he or she should meet with the next level supervisor to express that concern.

4. Center management has developed an internal Workplace Ethics Policy (2/01/03) that articulates more specific guidelines and expectations for staff. The Board endorses this management practice.

5. A client-friendly version of the Center's Ethical Principles Policy is available (attached).



Chair, CAMHC Board of Directors

Ethical Principles of the Columbia Area Mental Health Center

- I. We are committed to clients of mental health services and their families. We reflect that commitment by expressing in our daily work, dependability, compassion, empathy, advocacy and sensitivity.
- II. We are committed to the highest quality of clinical care, provided in a manner which promotes the respect and dignity of the client and protects his or her confidentiality. We express this commitment by having our actions reflect competence, fairness and diligence and by including the client in his or her own treatment planning.
- III. We are committed to our staff and volunteers. We value the contributions of every member of the CAMHC team and reflect our commitment through reliability, loyalty, cooperation, trustworthiness and sacrifice.
- IV. We are committed to the Columbia Area Mental Health Center and the citizens of Richland and Fairfield counties. As public servants, we show that commitment through accountability, courage of convictions, creativity, ownership, personal responsibility, professionalism, stewardship and partnership.

We comply with the South Carolina State Ethics Act, the Government Accountability, and Campaign Reform Act.

If you have a question or concern about any aspect of this statement, contact the CAMHC Client Advocate at 898-4809.

38

**COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY**

DATE: 1-11-97 Rev. 11-14-97 Rev: October 5, 2005 Rev. 04/07 Rev. 04/13	CATEGORY: Public Affairs/Community liaison	NUMBER: 3-01-97
---	---	------------------------

TITLE: CLIENT CONCERN/COMPLAINT PROTOCOL

POLICY: It is the policy of Columbia Area Mental Health Center that concerns expressed by clients will be addressed promptly, courteously and professionally. As used in this policy, the term "client" may also include representatives of a client, such as family members or other advocates, provided that rules of confidentiality are observed.

PURPOSE: This Protocol provides a standard procedure which staff will use in order to achieve the following:

1. To insure adherence to clients rights as stated on the CAMHC Client Rights and Responsibilities flyer provided in Center Orientation materials;
2. To address concerns expressed by clients promptly, courteously and professionally.
- 3 To use concerns/complaints as opportunities for improving the quality of service.

PROCEDURES:

I. Problem Resolution at Service Sites:

- a. Concerns/complaints expressed to a Center staff member will be referred initially to the client's case manager. *If the concern alleges the violation of a stated client right, the concern will also be documented and referred to program supervisor and the Center's Client Advocate.*
- b. The client will be encouraged to speak to the case manager directly. If necessary, the staff member receiving the concern/complaint will facilitate contact between the client and case manager either personally or by use of a brief written memo. If the case manager is unavailable for any reason (e.g. annual leave, sickness, etc.), the client should be referred to the case manager's supervisor.
- c. The case manager will review the complaint and respond to the client within one working day, offering to address the concern/complaint in the most appropriate manner. If the concern is resolved to the satisfaction of the client, the resolution should be appropriately documented and no further action is necessary.
- d. If the case manager is not available or is unable to resolve the concern/complaint to the satisfaction of the client, the client will be referred to the case manager's

supervisor. The supervisor will review the complaint to see how it can be resolved, and respond to the client within one working day. If the concern is resolved to the satisfaction of the client, the resolution should be appropriately documented and no further action is necessary.

II. Problem Resolution involving the CAMHC Client Advocate:

- a. If the supervisor is unable to resolve the concern/complaint to the satisfaction of the client, the client will be referred to the Center's Client Advocate. The CAMHC Client Rights and Responsibilities flyer will include the Client Advocate's telephone number and will be posted in all waiting areas.
- b. The Client Advocate will field and insure proper documentation of the complaint, including a "Request for Review" form if necessary.
- c. The Client Advocate will work with the client to address the concern/complaint to the satisfaction of the client. The complaint will be resolved or a progress report made to the client within two working days. If the concern is resolved to the satisfaction of the client, the resolution should be appropriately documented and no further action is necessary.
- d. If the concern/complaint is still not resolved to the satisfaction of the client, the client will be referred to the SC Department of Mental Health Client Advocate.

- III.** The client advocate will report any major trends or issues through supervisory channels to the Center's Management Team, along with recommendations to address systems issues identified.



Robert Bank, MD, Executive Director

Distribution: Senior Managers for appropriate distribution and all Policy Manuals

COLUMBIA AREA MENTAL HEALTH CENTER

ORGANIZATIONAL POLICY

DATE: 10-15-97 Revised: 2-4-98; 5-20-2007; 1-18-14	CATEGORY: Administration	NUMBER: 1- 06 - 97
--	---------------------------------	---------------------------

TITLE: Client Rights

PURPOSE: The purpose of this policy is to establish policies for the support and protection of the fundamental human, civil, constitutional and statutory rights of the individual client while receiving treatment at Columbia Area Mental Health Center (CAMHC).

POLICY: The CAMHC is vitally interested in the rights of all persons. Center employees will consider client rights to be of paramount importance, and take every step possible to safeguard those rights. Every employee will be made familiar with those rights which include the following:

- A. Access to treatment is impartial, that is, free of discrimination based on race, color, religion, disability, gender, ability to pay, sexual orientation, age or national origin.
- B. Care and treatment does, at all times, recognize and respect the personal dignity, health and safety of the client. This includes the following:
 1. The prohibition of physical abuse, including sexual abuse, and physical punishment, as specifically defined in SCDMH Directive #885-07, Abuse, Neglect or Exploitation of Patients and Clients Prohibited, Section III.A.
 2. The prohibition of psychological abuse, including humiliating, threatening and exploitative actions, as specifically defined in SCDMH Directive #885-07, Abuse, Neglect and Exploitation of Patients and Clients Prohibited, Section III.B, C and D.
- C. The client has a right to individualized treatment, which includes the following:
 1. Adequate and humane services, regardless of source(s) of financial support.
 2. A written individualized plan of treatment.
 3. Periodic review of the treatment plan.
 4. An adequate number of competent, qualified, and experienced clinical staff supervising and implementing the treatment plan.

- D. The program's environment and procedures shall assure and protect the personal privacy of the client within the constraints of the individual treatment plan.
- E. The client has the right to participate in developing the individual treatment plan, to review and sign his or her plan, and to be provided a copy of his or her plan.
- F. Clients have access to information pertaining to immediate, pending, and potential treatment needs in sufficient time to facilitate their decision making. The information is offered in a manner that is clear and understandable with risks identified when applicable.
- G. Clients are annually informed of their rights in language understood by the client and shall receive written description of the client rights. Such description is posted in various areas of the Center.
- H. Each client is fully informed of the following rights:
 - 1. Their right to express preferences regarding service delivery and input into the composition of the service delivery team as well as the nature of the care, procedure and treatment which he or she will receive.
 - 2. The risk, side effects, and benefits of all medication and treatment procedures used, especially when the medications or treatment procedures are unusual or experimental.
 - 3. That participation in a particular research project may introduce additional inconvenience or risk.
 - 4. The alternative treatment procedures that are available.
 - 5. The right to refuse to participate in any research project without compromising access to the program services.
 - 6. The right, to the extent permitted by law, to refuse specific medications or treatment procedures.
 - 7. The cost of services rendered.
 - 8. Any proposed change and the reasons for the change in the clinical staff responsible for the client or any transfer of the client outside the program.
 - 9. The right to initiate a complaint or grievance procedure and the appropriate means of requesting a hearing or review of the complaint.
 - 10. The right to be served without retaliation for filing a complaint or grievance.
 - 11. The development of discharge plans.
- I. The confidentiality of communications between clients and staff and of all information recorded in the client's record is the responsibility of all staff. The Center has continuing training for all staff and specific orientation for all new personnel in the principles of confidentiality, privacy and client rights.
- J. The right to request a copy of his or her medical record within HIPAA guidelines as described in the SCDMH Privacy Notice.

- K. Through this policy, CAMHC prohibits any use of behavior programs that use reinforcers with potential negative health effects.
- L. A CAMHC staff member will be designated as Client Advocate by the Executive Director. In addition to other assigned responsibilities, the Advocate will be expected to perform the following duties:
 - 1. Conduct investigations/reviews of advocacy issues/complaints.
 - 2. Ensure that SCDMH Client Advocacy receives copies of intervention forms.
 - 3. Inform the Executive Director of complaints and other advocacy issues.
 - 4. Serve as a consultant to staff on rights and advocacy issues.
 - 5. Ensure that advocacy posters are in all program locations.



Robert Bank, M.D.
Executive Director

Distribution: All policy manuals

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE DIRECTOR OF MENTAL HEALTH

DIRECTIVE NO. 885-07
(4-100)

TO: All Employees

SUBJECT: Abuse, Neglect or Exploitation of Patients and Clients Prohibited

I. Purpose:

The purpose of this directive is to describe the types of conduct involving patients and clients of the Department of Mental Health (DMH) which is prohibited, including that which is unlawful, and to establish procedures for the reporting and investigating of such conduct in any facility or program of DMH. This directive also sets forth guidelines governing staff relationships with patients and clients.

II. Policy:

It is the policy of the South Carolina Department of Mental Health that all of its programs and activities shall be conducted in accordance with current standards of good clinical practice. All employees shall carry out their duties in such a manner that the dignity and safety of every patient and client is protected to the fullest extent possible. Employees must report suspected abuse, neglect or exploitation of clients and patients as required by law and departmental policy. Following investigation, if improper conduct by an employee is found to have occurred, appropriate disciplinary action shall be taken.

III. Prohibited Conduct:

The following types of improper conduct are strictly prohibited, and any employee who is found to have engaged in such conduct or who has failed to report knowledge of such conduct by others shall be disciplined. Refer also to the current DMH Directive on Standards of Disciplinary Actions for other types of misconduct regarding patients and clients which will subject an employee to disciplinary action.

A. Physical Abuse:

"Physical abuse" means intentionally inflicting or allowing to be inflicted physical injury on a patient or client by an act or failure to act. Physical abuse includes, but is not limited to: slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a

restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that a therapeutic procedure prescribed by a licensed physician or other qualified professional is not considered physical abuse if it is part of a written plan of care.

Note: Excessive force. "Excessive force" means utilizing greater force than necessary to achieve physical patient control. Unless excessive force is done for the purpose of punishment, it is not physical abuse, but excessive force is nevertheless prohibited conduct, and use of excessive force will subject an offending employee to disciplinary action. Excessive force includes but is not limited to: utilizing unapproved techniques for patient control, using physical intervention when non-physical intervention is sufficient and unauthorized restraint or seclusion. Excessive force does not include physical control administered by a person in direct and primary contact with the patient for the sole purpose of restraining or correcting the patient for the protection of the person so acting out of fear of bodily harm for his own or the patient's safety or the safety of others. Such physical control must be reasonable in manner, moderate in degree and shall be administered in such a manner as to not produce permanent or lasting physical injury to the patient.

B. Psychological Abuse:

"Psychological abuse" means deliberately subjecting a patient or client to threats or harassment or other forms of intimidating behavior causing or likely to cause fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress. Psychological abuse includes but is not limited to, abusive language or gestures, use of profane language, calling names, spitting on or at a patient or client, threatening physical abuse, neglect or exploitation, derogatory gestures, teasing or ridiculing, making sexual or sexually suggestive comments or encouraging patients or clients to tease, ridicule, or make sexual or sexually suggestive comments.

Note: Profane or abusive language. All use of profane or abusive language to patients or clients, or use of profane or abusive language in the presence of clients, is improper and prohibited, and will subject an offending employee to disciplinary action, whether or not it is subsequently shown that such conduct caused or was likely to cause serious emotional distress.

C. Neglect:

"Neglect" means the failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a patient or client including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services. Neglect may be repeated conduct or a single incident which has produced or could produce serious physical or psychological harm or substantial risk of death. Noncompliance with regulatory standards alone does not constitute neglect. Neglect includes, but is not limited to: failing to intervene or assist a patient or client when they are in clear distress or in circumstances posing a risk of injury, or failing to carry out orders, policies or procedures related to patient or client care or safety.

Note: Negligence. Although non-compliance with regulatory standards or other standards of care alone may not constitute neglect, it will likely constitute negligence. Negligent conduct resulting in injury to a patient or client will subject an offending employee to disciplinary action. Negligent conduct includes violation of rules, requirements or standards of care in the

45

supervision and treatment of patients and clients by staff responsible for such supervision or treatment. Conduct may be negligent whether the violation of standards was intentional or unintentional.

D. Exploitation:

"Exploitation" means:

1. causing or requiring a patient or client to engage in activity or labor which is improper, illegal, or against the wishes of the patient or client (exploitation does not include requiring a patient or client to participate in an activity or labor which is a part of a written plan of care); or
2. an improper, illegal, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a patient or client for the profit or advantage of the employee or another person.

Exploitation includes, but is not limited to, borrowing money or property from a patient or client, selling goods or services to a patient or client or accepting gifts from a patient or client or their family in circumstances other than as permitted by state law and facility policy. Depending on the circumstances, purchasing property from a patient or client may also constitute exploitation. In any event, engaging in any financial or business transaction with a patient or client is prohibited, and subjects an offending employee to discipline. (See Paragraph VII, below "Staff-Patient/Client Relationships.")

IV. Reporting:

All DMH employees having reason to believe that a patient or client has been abused, neglected or exploited must report the circumstances giving rise to such belief in accordance with this paragraph.

A. Adult Patients or Clients

1. Incident occurring in a DMH operated/contracted-for-operation facility or residential program.
 - a. If the alleged abuse, neglect or exploitation occurred in a DMH facility or a residential program operated or contracted for operation by DMH, the employee must:
 - i. Personally report the incident to the State Law Enforcement Division (SLED) by calling the Special Victim's Unit Hotline (1-866-200-6066); and
 - ii. Personally report the incident to their supervisor.
 - b. Either the employee or their supervisor must additionally report the incident to the DMH Office of Public Safety.

2. Incidents occurring at a location other than a DMH operated/contracted-for-operation facility or residential program.

- a. If the alleged abuse, neglect or exploitation occurred outside a facility or residential program operated or contracted for operation by DMH, (EG. a private community residential care facility, private home or apartment or in a non-residential DMH program, such as a mental health center clubhouse) the employee must personally report the incident to their supervisor.
- b. In case of emergency, serious injury or sexual assault, an immediate report should be made directly to the local law enforcement agency with jurisdiction.
- c. Either the employee or their supervisor must additionally report the incident to the DMH Office of Public Safety. All reports received by Public Safety will be forwarded to the appropriate agencies in accordance with the Adult Protection Act thereby relieving the individual employee of having to make a separate report under such statutes.
- d. Public Safety shall report the incident to
 - i. the State Long Term Care Ombudsman Program for incidents occurring in private facilities; or
 - ii. the County Department of Social Services, Adult Protective Services program for incidents occurring in private settings other than a facility; when the alleged perpetrator is a family member or caretaker; or
 - iii. the local law enforcement agency with jurisdiction when it appears the alleged perpetrator is not in a caregiver role; or
 - iv. the State Law Enforcement Division (SLED) when it appears that although the incident did not occur in a DMH operated/contracted-for-operation facility or residential program, the alleged perpetrator is a DMH employee.

3. In addition to other required reports, the Medical Examiner or Coroner must also be notified in cases where it is suspected that a vulnerable adult died as a result of abuse or neglect.

B. Child and Adolescent Patients or Clients

1. Incidents occurring while the child or adolescent patient or client was in a DMH facility, mental health center or center.

- a. All Department employees having reason to believe that a child has been or is likely to be abused, or neglected while in a Department facility or mental health, must immediately report the incident and facts to his or her supervisor.
- b. In case of emergency, serious injury or sexual assault, an immediate report should be made directly to the local law enforcement agency with jurisdiction.
- c. Either the employee or their supervisor must additionally report the incident to the DMH Office of Public Safety in Columbia. All reports of child abuse or neglect

received by Public Safety will be forwarded to the appropriate agencies in accordance with the Child Protection Act thereby relieving the individual employee of having to make a separate report under such statutes.

2. Incidents occurring while the child or adolescent patient or client was outside a Department facility or mental health center.

a. The South Carolina Child Protection Act requires that the following persons report to the applicable state or local entity:

physician, nurse . . . or any other medical, emergency medical services, mental health, or allied health professional. . . school teacher, counselor, principal, assistant principal, social or public assistance worker, substance abuse treatment staff, or childcare worker in a childcare center or foster care facility, police or law enforcement officer. . . computer technician or a judge must report. . . when in the person's professional capacity the person has . . . reason to believe that a child has been or may be abused or neglected.

b. If the alleged person responsible for the abuse or neglect of a child or adolescent outside a Department facility or mental health center is a parent, guardian or other person responsible for the child's welfare, the report must be made within 24 hours or the next business day to the County Department of Social Services, Child Protective Services office. In an emergency, the report is first made to the local law enforcement agency with jurisdiction.

c. If the alleged person responsible for the abuse or neglect is other than a parent, guardian or other person responsible for the child's welfare, the report is made directly to law enforcement.

V. South Carolina Law

A. Adult Protection Act:

1. It is a criminal offense for any person to abuse, neglect, exploit or threaten to abuse, neglect or exploit any vulnerable adult. Any person convicted of such an offense may be fined up to \$5,000.00 or imprisoned up to three (3) years.

a. "Vulnerable adult" means a person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection. This includes a person who is impaired in the ability to adequately provide for the person's own care or protection because of the infirmities of aging including, but not limited to, organic brain damage, advanced age, and physical, mental, or emotional dysfunction. A resident of a facility is a vulnerable adult.

48

b. "Facility" includes a nursing care facility, community residential care facility, a psychiatric hospital, or any residential program operated or contracted for operation by the Department of Mental Health.

2. It is a criminal offense for any person required to report actual abuse, neglect or exploitation of a vulnerable adult to knowingly and wilfully fail to make a report. Any person convicted of such an offense may be fined not more than twenty-five hundred dollars or imprisoned not more than one year. A person required to report under this chapter who has reason to believe that abuse, neglect, or exploitation has occurred or is likely to occur and who knowingly and wilfully fails to report the abuse, neglect, or exploitation is subject to disciplinary action as may be determined necessary by the appropriate licensing board. Employees of the South Carolina Department of Mental Health having reason to believe that a patient or client has been abused, neglected or exploited are further subject to disciplinary action if they fail to make the required report.

B. The Child Protection Act:

Employees of the Department of Mental Health are also required under the Child Protection Act to report or cause a report to be made of child abuse or neglect in those instances where the employee has reason to believe a child has been or is likely to be abused or neglected. Incidents which occur in Department residential facilities or programs must be reported orally or in writing to the Office of Public Safety or the Department of Social Services Out-of-Home Abuse and Neglect Investigations Unit. Incidents which occur in settings outside of a Department residential facility or program must be reported orally or in writing to the local law enforcement agency or the Child Protective Services Program of the County Department of Social Services.

VI. Care of the Patient or Client, Reporting and Investigation:

A. Inpatient Facilities (See Part B of this Section for Reporting and Investigations in Community Mental Health Centers):

1. Employee(s) who witness, discover or are notified of conduct which may be prohibited by this directive shall:

(a) Immediately take action to protect, comfort and assure treatment of the patient;

(b) Notify the State Law Enforcement Division (SLED) Special Victims Unit Hotline if the patient is an adult, and, in all cases, notify their supervisor and the Office of Public Safety, reporting all information surrounding the incident;

(c) Ensure the nursing supervisor and physician are notified immediately;

(d) Initiate the Unusual Occurrence Report form and document observations on the patient's record.

2. The Nursing Supervisor shall:

49

- (a) Assess the patient, assist in providing immediate care and follow-up care;
- (b) Obtain any additional information and confer with the Director of Nursing Service and Public Safety;
- (c) Document observations on the patient's record.

3. The Physician shall:

- (a) Examine the patient immediately;
- (b) Complete the Unusual Occurrence Report form;
- (c) Document findings on the patient's record.

4. The Office of Public Safety shall complete an initial Incident Report and, if the alleged victim is an adult, provide a copy to the SLED Special Victim's Unit.

5. All employees shall cooperate with investigating personnel and answer questions concerning the incident asked by their supervisor, SLED, Public Safety and/or other officials authorized to conduct a review or investigation. Failure to cooperate in an official investigation shall result in disciplinary action.

6. When circumstances strongly suggest that an employee has abused, neglected or exploited a patient, the employee shall be advised of the allegation and informed of their legal rights. Those include the employee's right to have an attorney present during questioning, at their own expense, and the right to not respond to questions. Interviews with employees shall be conducted in a professional manner, away from the employee's work area and other employees.

7. The investigation shall be concluded as promptly as possible.

B. Community Mental Health Centers

1. Employee(s) who witness, discover or are notified of conduct which may be prohibited by this directive shall:

- (a) Immediately take action to protect, comfort and assure treatment of the client;
- (b) If the client is an adult residing in a Center residential program, the employee shall notify the State Law Enforcement Division (SLED) Special Victims Unit Hotline. In all cases, the employee shall notify the Center Director, or other person in charge, and the DMH Office of Public Safety, promptly reporting all information surrounding the incident;
- (c) Notify physician, if one is readily available;

(d) Initiate the Unusual Occurrence Report form and document observations on the client's record.

2. The manager, supervisor or other person in charge who is on duty at the time an incident occurs shall:

(a) Assess the client, assist in providing immediate care and follow-up care;

(b) Obtain any additional information and confer with the Center Director if or other person in charge and the Director of the Division of Community Care Systems or his/her designee;

(c) Document observations on the client's record.

3. If the incident occurred on the premises of the Center or on the premises of a non-residential program operated by the Center, the Center Director or other person in charge shall begin an investigation of the incident after conferring with the Office of Public Safety. If the incident occurred at a location not operated by the Center, the Center Director or person in charge shall promptly notify local law enforcement or the County Department of Social Services. If the incident occurred at a location not operated by the Center, but a Center employee is accused of the abuse, neglect or exploitation, the Center Director or other person in charge shall confer with the Office of Public Safety. The Office of Public Safety shall complete an initial Incident Report and promptly forward it to any outside investigatory entity which have jurisdiction to investigate the matter. Thereafter, Public Safety shall provide guidance to the Center on which cases must be investigated by SLED or another outside investigatory entity, and shall provide assistance to the Center as resources permit in those cases which may be investigated by the Center management.

4. Each employee shall cooperate with investigating personnel and answer questions asked by the official authorized to conduct a review or investigation.

5. When circumstances strongly suggest that an employee has abused, neglected or exploited a client, the employee shall be advised of the allegation and informed of their legal rights. Those include the employee's right to have an attorney present during questioning, at their own expense, and the right to not respond to questions. Interviews with employees shall be conducted in a professional manner away from the employee's work area and other employees.

7. The investigation shall be concluded as promptly as possible.

C. Action to be Taken:

1. When an investigation indicates prohibited conduct on the part of an employee, the Director of the facility, center or organizational component involved shall immediately ensure that appropriate disciplinary action is initiated in accordance with the current Department of Mental Health directive relating to Standards of Disciplinary Actions.

2. If disciplinary action is taken as a result of such an incident the Office of Public Safety shall be notified in order to indicate the disposition of the case in their records of the incident.
3. The decision to undertake criminal prosecution when the investigation indicates a violation of state law will be made by the appropriate Circuit Solicitor.
4. When the review of a report of alleged abuse, neglect or exploitation indicates that the incident is or includes an issue of patient's or client's rights, that issue or issues will be referred to the assigned Local Client Advocate or the SCDMH Client Advocate for review and resolution.

D. Knowledge and Training:

Each Facility Director and Center Director shall ensure that all employees review this directive and that all direct care employees receive sufficient training regarding actions which may constitute conduct prohibited by this directive and the procedures for reporting such conduct prior to the employee's assuming responsibility for the care and treatment of patients and clients.

E. Abuse, Neglect or Exploitation Occurring Outside the Department of Mental Health:

Reports of abuse, neglect or exploitation of patients and clients occurring within Department of Mental Health facilities or programs shall be made in accordance with the provisions of this directive. Reports of child abuse and abuse, neglect or exploitation of vulnerable adults occurring outside the Department of Mental Health facilities and programs must also be reported in accordance with the provisions of the Child Protection Act and the Omnibus Adult Protection Act. The SCDMH Office of General Counsel may be consulted when there are questions concerning the reporting of such incidents.

VII. Staff-Patient/Client Relationships:

All employee relationships with patients and clients of the Department of Mental Health should be therapeutic and professional in nature. However, the Department recognizes that friends, neighbors and relatives of Department employees have been, are, or may become patients or clients of the agency. In order to protect the welfare of patients and clients, encourage adherence to professional standards and preserve the public image and integrity of the Department, the following guidelines are issued to supplement the prohibited conduct listed in paragraph III. These guidelines shall be adhered to by all employees, and employees are subject to disciplinary action in the event of a violation.

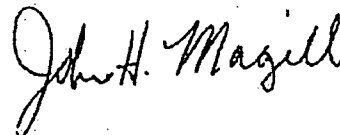
A. An employee shall not be directly involved in providing care or treatment of a patient or client who is a friend or relative of the employee. If an employee becomes aware that a friend or relative has become a patient or client of the facility in which the employee works, the employee shall promptly notify their supervisor, who shall ensure the employee is not assigned to provide care or treatment for the individual. The employee is further expected to refrain from seeking or disclosing information concerning the treatment or condition of the patient or client except in accordance with the SCDMH Directive entitled "Privacy Practices."

B. For professional staff, it is uniformly contrary to standards governing the practice and conduct of the respective health care professions to form personal or business relationships with patients or clients under their care. Any professional employee who engages in conduct contrary to the standards published by the licensing body of the employee's respective profession is subject to discipline by the Department.

C. Treatment programs are structured to meet the patient's or client's treatment related needs for socialization without unnecessarily increasing the patient's or client's dependence on staff for social relationships. Moreover, such relationships may give rise to an appearance of impropriety, and compromise the public image and integrity of the Department. Therefore employees are prohibited from forming social or business relationships with patients or clients or former patients or clients except as outlined below:

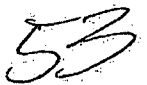
1. Contacts as a result of the patient or client being a relative of the employee.
2. Any group social interactions that are a result of similar religious, political or civic affiliations.
3. Any approved group treatment, rehabilitation, socialization or business activities of the center or facility.
4. Contacts which are the result of the continuation of a social or business relationship which pre-dated the patient's or client's receipt of services from a Department of Mental Health facility or the employee's employment with the Department.
5. Social or business relationships with a former patient or client: (a) who was never under the direct care of the employee; and (b) which developed separate and distinct from the performance of official duties by the employee.

This Directive is effective January 1, 2007, and rescinds and supersedes SCDMH Directive No. 780-94, entitled "Prohibited Abusive, Neglectful and Exploitative Conduct Toward Patients and Clients."



John H. Magill
State Director

January 18, 2007



STATEMENT

I have been furnished a copy of the South Carolina Department of Mental Health directive entitled "Abuse, Neglect or Exploitation of Patients and Clients Prohibited" and will retain a copy for reference.

Date

Employee's Signature

Employee's Name (Please Print or Type)

Social Security Number

Please return this signed/dated Statement to your Center/Facility Personnel Department

54

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE DIRECTOR OF MENTAL HEALTH

DIRECTIVE NO. 905-12
3-400

TO: All Organizational Components

SUBJECT: Key/Lock/Access Control

THE FOLLOWING DOCUMENT IS TO BE INTERPRETED CONSISTENT WITH SECTION 41-1-110, CODE OF LAWS OF SOUTH CAROLINA. NOTHING IN THIS DOCUMENT OR ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR RELATED DOCUMENT, CREATES AN EMPLOYMENT CONTRACT, OR CONTRACTUAL RIGHTS OR ENTITLEMENTS. SCDMH RESERVES THE RIGHT TO REVISE THIS DOCUMENT AND ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR OTHER DOCUMENT. NO PROMISES OR ASSURANCES CONFLICTING WITH THIS STATEMENT CREATE AN EMPLOYMENT CONTRACT.

I. Purpose:

The purpose of this Directive is to provide adequate physical security for persons and property through the establishment of policies and procedures concerning key, lock and access control services for facilities and buildings. It is also to maintain strict control of key and access control distribution, and to ensure a recorded chain of accountability for all issued keys and accesses. This Directive is intended to enhance safety and security of Departmental clients, employees, and property, and shall be strictly adhered to. Although mainly directed to inpatient, administrative, and Community facilities in the Columbia area, this directive to provide key and access control is relevant to all of DMH. Centers and inpatient facilities outside the Columbia area are to develop similar control procedures for their buildings.

II. Policy:**Physical Plant Services:**

Physical Plant Services (PPS) is responsible for creating and managing the Department's keying systems, excluding Community Mental Health Centers not maintained by PPS. These responsibilities include controlling the production, storage and issuance of keys; the replacement or re-keying of lock cylinders; the acquisition of new keying systems; providing and maintaining key management software; and the adherence to key system authorizations. PPS will only issue keys after properly completed authorizations have been received. PPS is responsible for restoring physical security in a timely manner whenever key control has been compromised.

Public Safety:

Public Safety is responsible for overall campus security. Any deviation from established security policies and practices must be submitted to the Deputy Director of Public Safety in writing for evaluation. Any changes to the established policy must be routed through the Key and Access committee and senior management.

Public Safety shall review all requests for changes in key and lock services and may stop

the performance of such work deemed inappropriate for reasons of safety or security. Public Safety will also investigate any activity that it deems necessary as a result of a request for key or lock services.

DMH Divisions Key Managers and Key Approvers:

Each Division within the Department of Mental Health shall be responsible for establishing internal key and access control procedures in accordance with this Directive. It is the responsibility of each Division Deputy Director to appoint Key Approvers and Key Managers, and provide PPS and Public Safety with the names of buildings under their control. Key Managers are responsible for maintaining the Division's key control records using the key control software provided through PPS. Each Division Key Manager will request keys via the on-line request procedures through the PPS Key and Access Control Module. Each Division Key Manager will utilize the Key and Access Control Module provided by PPS to record and account for all key issues to individuals. Each Division Key Manager shall protect keys from loss, theft or unauthorized use; report lost or stolen keys immediately to the Director of Building Maintenance in PPS and the Deputy Director of Public Safety. The Key Manager is responsible for updating the software to reflect the key being returned. If the key is to be reissued the Key Manager must initiate a new approval process.

It is the Key Approvers responsibility to verify the need for the requested access.

Key Holders:

Key holders assume responsibility for safekeeping of the key. Keys are not to be loaned or made available to others. Holders are to report lost or stolen keys immediately to the appropriate Key Manager, Public Safety and PPS. Holders are to return all department keys to their Division Key Manager prior to terminating employment or changing Departments.

III. Procedure:

A. Key Level Authorization

1. Great Grand Master key: Provides access to all buildings within a particular key system within the Department. May extend beyond hospital or campus boundaries.

- a. Approval level for key issuance: State Director
 - b. Restricted To: As deemed necessary by State Director
- This key level should be closely restricted, if used at all

2. Grand Master Key: Provides access to all buildings within a particular hospital or campus system. Will not extend beyond particular hospital or campus.

- a. Approval level for key issuance: Division Deputy Director or Designee
- b. Restricted To: Program manager level, Public Safety, Physical Plant Services maintenance personnel and IT personnel.

3. Building Master Key: Provides access to all spaces within an individual building.

- a. Approval levels for issuance: Division Deputy Director or Designee.
- b. Restricted To: Program manager level, Public Safety, Physical Plant

56

Services maintenance personnel and IT personnel. Multi-organizational buildings will require approval from all Key Approvers with occupants in the building.

4. Building Sub-master: Provides access to a group of spaces within a building or an activity area.

- a. Approval level for key issuance: Division Deputy Director or Designee.
- b. Restricted To: Activity area supervisor.

5. Individual Room/Door Key: Provides access to a room/office within an individual building.

- a. Approval level for key issuance: Division Deputy Director or Designee

B. Requesting Keys

1. Each Division Director will be responsible for providing PPS Building Maintenance and Public Safety with a list indicating who has been designated as the Key Manager(s) and Key Approver(s) for their Division organizations. The list will clearly indicate which buildings the authorization covers. If the building has multiple Divisions the list must provide specific room numbers managed by the Key Manager. See Form attached. The Key Manager is the only person authorized to request keys for individuals.

2. All key requests submitted by the Key Manager will be routed through the proper electronic approval hierarchy to include the Key Approver and Public Safety.

3. After the Lock Shop receives all necessary approvals, the keys will be cut and delivered to the Key Manager. The Key Manager will sign for receipt of the keys and release the keys to the individuals in the Key and Access Control software. Then the keys can be distributed to the individuals. The individual receiving keys will be required to show their DMH ID and sign for the keys.

C. Issuing Keys to Contractors: Keys will be issued on a temporary basis to contractors working on Department projects. Access needed will be determined by the Project Manager and approved by Division designated Key Approver. Key issuance information will follow the same electronic process. The contractor is responsible for re-establishing security if the keys are not returned to the Department. This will include but is not limited to the cost to re-establish security. It is the responsibility of the project manager to collect keys from the contractor at the end of the project and return to the Lock Shop.

D. Lost, Stolen, Un-returned, and Broken Keys or Cards:

1. Lost & Stolen Keys or Cards

- a. If a key or card is lost or stolen it must be immediately reported to Public Safety, PPS and the appropriate Key Manager.
- b. A detailed incident report must be filed with Public Safety detailing the circumstances of the loss or theft within 24 hours.
- c. A new key request procedure must be initiated for replacement keys.

57

- d. Each Division is responsible for the total cost of lock changes and new keys to secure the areas compromised by the lost or stolen keys. The charge for the key replacement will be \$10.00 per key. The charge for the lock replacement is dependent on the number of locks requiring replacement.

2. Un-returned Keys or Cards

- a. It is the responsibility of the authorizing entity to make every effort to secure keys and cards from personnel before terminating employment or moving to another department. If efforts fail to obtain the keys, they should be considered lost or stolen, and the policy outlined above under Lost & Stolen Keys should be followed.
- b. A new key request procedure must be initiated for replacement keys.
- c. Each Division is responsible for the total cost of lock changes and new keys to secure the areas compromised by un-returned, lost or stolen keys.

3. Broken or Damaged Keys or Cards

- a. If a key or card is broken or otherwise damaged the pieces must be returned to the Division Key Manager. If a key is broken off in a lock or is malfunctioning a PPS Work Order should be initiated.
- b. A new key or card will be issued after damage verification. There is no charge for the replacement.

E. Key Audits and Reports: Quarterly key audits will be conducted by PPS with each Key Manager. This will entail verification of the number of keys and cards in the virtual key cabinet and slot compared to the number of physical keys and cards held by the Key Manager. Additionally, a report will be run from SCEIS to verify that all employees that have keys released to them are still active employees.

F. Locks Removed from the Master Keying System: Circumstances may occur that result in specific areas requesting removal from the master keying system. Since removal eliminates the usual custodial, maintenance, and emergency services, special authorization and procedures are needed. A representative with a key would be required to unlock the space and be present in the event emergency entry is needed. These specific areas will normally fall in the High Risk or High Security categories such as controlled substance rooms, areas storing money, Public Safety evidence rooms, etc. Written request for such special keying will be submitted by the Division Key Approver, PPS and Public Safety for consideration. In the event of an emergency and Public Safety is unable to contact the individuals having keys, forcible entry will be necessary and billed to the Division responsible for that area.

G. Electronic Access Control: As funds allow, the Department plans to convert some buildings to electronic access control through the use of ACCESS card. Individual ACCESS card authorizations will be determined similar to the key authorizations established earlier in this Directive. Each Division Key Approver will determine which doors the employee's ID card will be allowed to access. The Division Key Manager will submit this authorization to PPS in the same manner as established for keys. PPS will program the door operator to only allow access to those employees authorized.

1. Key Override: In the event of emergency, the lock shop and public safety will have key override.

2. Server Support: In the case of server failure, the door controller remembers the last set of commands/updates. It should work without the server being operational.

This Directive hereby rescinds and replaces South Carolina Department of Mental Health Directive No. 624-83, entitled Key/Lock Control.



John H. Magill, State Director

February 6, 2012

Key Managers Form

Key Approvers Form

###

59

**COLUMBIA AREA MENTAL HEALTH CENTER
ORGANIZATIONAL POLICY**

DATE: 10-15-97 Revised: 11-17-99, 2-6-02, 2-4-09, 5-24-2013	CATEGORY: Clinical	NUMBER: 2-06-97
--	---------------------------	------------------------

TITLE: Intake Policy

PURPOSE: To describe the policy and procedure for persons to access services within the Columbia Area Mental Health Center and to describe priorities for screening and admission to treatment in the Center.

POLICY: It is the policy of the Columbia Area Mental Health Center to provide clear and easy access to mental health services to the citizens of Richland and Fairfield Counties. The Center will conduct an assessment to determine whether the individual is in need of mental health or other services and make referrals to the appropriate center or community program.

PROCEDURE:

SCREENING:

1. In Richland County, the person seeking service contacts Emergency/Intake Services (for adults) or the Child & Adolescent Program by telephone or in person. In Fairfield County, all persons seeking services contact the Fairfield County Mental Health Clinic.
2. A telephone or face-to-face screening interview by a mental health professional or other staff approved by the Executive Director will be provided on the same day that a request for services is made. The mental health professional will determine if the request for services seems appropriate for the mental health center, or if a referral to another agency should be made. When questions of eligibility are involved, a face to face assessment will be scheduled. If the person is clearly ineligible for Center services, a referral to another provider will be completed. If Columbia Area Mental Health Center services are appropriate, the mental health professional or other staff approved by the Executive Director will make a clinical judgment as to the urgency of the need for a face-to-face assessment. Individuals will be selected for a face to face assessment according to the following priority order:
 - a. Individuals staff judge to have a psychiatric emergency
 - b. Individuals being discharged from inpatient psychiatric treatment
 - c. Individuals referred from detention or correctional facilities
 - d. Non-emergency appointments.
3. Emergencies will be seen the same day. Urgencies will be seen within 2 working days. When the screening interview determines that the individual seeking services does not need urgent care, clients will be seen within 7 working days for a professional clinical assessment. For clients being discharged from inpatient facilities, an appointment for a scheduled assessment will be within seven (7) days of discharge and preferably within 3 days. Prior to the client's scheduled appointment, additional information may be gathered by telephone or questionnaire to facilitate an efficient and complete assessment.

ASSESSMENT AND TREATMENT:

4. Individuals who appear to have a psychiatric emergency will be provided a professional assessment immediately or as soon as arrangements can be made for the person seeking services to get to a safe site, ordinarily a Columbia Area Mental Health Center facility, Palmetto Health Richland Memorial Hospital, Palmetto Health Baptist Medical Center, or Fairfield Memorial Hospital Emergency

Room.

Distribution: All clinical staff, all policy manuals

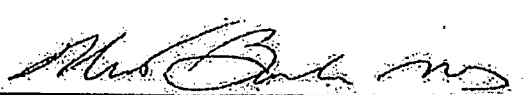
5. When a person receives a face to face assessment, a mental health professional will conduct a clinical assessment and document the assessment on approved forms. Following the clinical assessment, additional appointments may be scheduled, or the consumer may be referred to a more appropriate provider. When necessary, the consumer will be immediately referred to a psychiatrist for further assessment or treatment disposition, e.g. hospital admission or prescription for medication. Center treatment priorities are as follows:
 - a. Life threatening situation (homicide or suicide)
 - b. Imminent risk of psychiatric or alcohol or drug hospitalization
 - c. All psychotic disorders and mood disorders
 - d. Any psychiatric condition that significantly impairs an individual's level of functioning
 - e. Other problems which may be the focus of treatment.
6. If logistically possible, within 7 days of completion of the initial assessment, a staffing will occur for those consumers who are appropriate for Center services. This staffing will include a physician in the unit to which the consumer has been assigned for treatment services.
7. Waiting lists are not ordinarily used in the Center's intake process. All individuals deemed eligible for services or for a face to face assessment through the screening process will be given an appointment. All individuals given an appointment will be given information at the time of the screening concerning ways to re-contact the Center should they need services before the scheduled appointment. If a waiting list becomes necessary because the demand for services exceeding the capacity to respond in a timely manner, procedures will be developed that identify persons on the list and their needs, provide a periodic review of the list and identify any actions that are taken. The waiting list review will be documented appropriately.

PERSONS INELIGIBLE FOR SERVICES:

8. When a person is found ineligible for Center services after the initial screening or the professional assessment, or it is determined that another provider would be more appropriate, the person screened or assessed and the referral source will be informed as to the reasons the referral is being made and the reasons the person is ineligible for Center services.

PROGRAM SPECIFIC ADMISSIONS PRIORITIES:

9. Each program will supplement this policy with program specific admission criteria and priorities for screening, assessment and treatment. These priorities will be outlined in the program's brochures, handbooks (if appropriate) and Program Descriptions.
10. Individual Center programs may have limited capacity due to funding, space or staffing limitations. These programs may develop waiting lists as necessary. Procedures will identify persons on the list and their needs, provide a periodic review of the list and identify any actions that are taken. The waiting list review will be documented appropriately.


Robert Bank, M.D., Executive Director

Distribution: All clinical staff, All policy Manuals

**CAMHC
ADULT INTENSIVE SERVICES**

Referral Form

☐ New Solutions ☐ Suicide Prevention ☐ Connections ☐ DBT ☐ Impact ☐ I.O.P ☐ The Link

Date Rec'd:		Acknowledged:		Staffing Date:		Decision:		
Case Manager:			Office:			Phone #:		
Referring Doctor:			Last PMA:			Day/Time of your Tx Team:		
Consumer:						Center I.D. #:		
Address, City, Zip:								
Phone #:		S.S. #:		DOB:				
Medicaid #:		Medicare #:		Insurance:				
Reason for Referral : (Check all that apply)				☐ Suicidal Risk: ☐ Thoughts ☐ History of Attempts ☐ Plans ☐ *Explain:				
☐ Multiple admissions to ER ☐ Hospitalizations ☐ Non compliance with meds ☐ Failed Appointments ☐ *Symptomatic Explain: ☐ *Other Explain:								
Emergency Contact:		Phone#:		Relationship:				
Current living situation:		☐ Alone ☐ Parents/Relatives ☐ Spouse ☐ Roommate ☐ Other						
☐ Unemployed ☐ Currently Employed		Place of employment:		Telephone #:				
Current Diagnosis: Axis I				Axis III				
GAF: Axis II				Axis IV				
Describe Strengths, Abilities, and Preferences:								
MEDICAL/ PSYCHIATRIC HISTORY								
Current Medications (Psych and other):								
Current Medical Problems:						Medication Compliance: ☐ Yes ☐ No		
Dates of Hospitalizations:								
HISTORY OF ALCOHOL /DRUG USE								
Name	Amount	Date of last usage	Where					
Other Info: (for New Solutions & Suicide Prevention, include ability to process, capacity for insight, and ability to take responsibility for own actions)								

*Complete entirely or note N/A - Unknown

*Add additional sheet if necessary

COMPLETE 2nd SHEET ONLY FOR NEW SOLUTIONS & DBT

62

Suicide Hx:

Parasuicide Hx (Any tissue damage done w/out the intent of dying):

Affective Liability:

Problems with anger:

Chaotic relationships:

Fears of abandonment:

Difficulties with sense of self:

Impulsive behaviors:

Dissociative responses:

Paranoid ideations:

Hx of anti-social Behaviors (arrests, imprisonments, aggressive acts):

CLIENT KNOWLEDGE OF DBT PROGRAM

Has Case manager discussed DBT program with client?

Reasons why Consumer wishes to participate in DBT:

63

AUTHORIZATION TO DISCLOSE SCDMH PROTECTED HEALTH INFORMATION

I, _____, at _____
(Name of requestor) Address (Street, City, State, Zip)

DOB _____, SS# _____, Medical Record # _____ authorize the release of my SCDMH

health information, as specified below, for the following purpose: _____

I authorize the release of the following information for the time period from: _____ to _____

☐ Information from all SCDMH inpatient and outpatient facilities, centers, clinics, programs and offices

OR

☐ Information from (name of specific hospital): _____

AND The information authorized to be released includes:

This information should be released to:

- ☐ All information from above
- ☐ Diagnoses
- ☐ Clinical History & Evaluation
- ☐ Admission and Discharge Dates
- ☐ Individualized Treatment Plan Progress Summaries
- ☐ Discharge Summary (Summary of Treatment)
- ☐ Physician's Medication Orders
- ☐ History and Physical
- ☐ Psychiatric History and Mental Status Examination
- ☐ Consultant Notes
- ☐ Billing and Payment Information
- ☐ Written Summary (copy attached)
- ☐ Other: _____

Name: _____

Address: _____

Telephone No.: _____

Relationship: _____

I understand that the above information is protected by applicable law and if this form is not complete, SCDMH may not be able to release the information. I understand that the information may include alcohol/drug abuse and/or HIV/AIDS/ARC and other infectious disease information about me. I do not want the following information disclosed: _____

This Authorization is valid for one year from my signing unless an earlier date, condition or event is specified here: _____

I understand that information disclosed may be subject to re-disclosure by the entity named above. I may cancel this Authorization by writing the local Privacy Officer where I received or am receiving treatment. I understand that if I cancel this Authorization, SCDMH cannot take back any use or release made with my Authorization, and SCDMH must keep records of my treatment. I understand that I may refuse to sign this Authorization and my refusal will not limit my access to SCDMH treatment or other services. I also understand that applicable law may permit or require the use, disclosure or re-disclosure of information about me without my Authorization. I have been given a copy of this Authorization.

Signature of Individual/Personal Representative _____ Printed Name _____ Date _____

Authority if signed by Personal Representative _____

Signature of DMH Staff releasing information _____ Printed Name _____ Method of Release _____ Date Released _____

Patient Identification

604

SECTION 2 POLICIES AND PROCEDURES**PROGRAM SERVICES****MH SERVICE PLAN
DEVELOPMENT BY NON-
PHYSICIAN****Service Description**

MH Service Plan Development by Non-Physician is a face-to-face or telephonic interaction between a physician and a Mental Health Professional (MHP) to jointly assess the client's mental and physical strengths, weaknesses, social history, and support systems; and to establish treatment goals and treatment services to reach those goals.

Eligibility

All clients are eligible for MH Service Plan Development by Non-Physician.

Staff Qualifications

A physician or MHP may render this service.

Service Documentation

The CSN shall document the physician and MHP's involvement in the following:

- The development, staffing, review and monitoring of the POC
- Outcome data as it impacts diagnosis, treatment discharge plans, frequency and focus of types of service (may include progression through stages of change reduction in use, reduction in risky or harmful behavior associated with use, reduction in acute service utilization, as well as achievement of abstinence if the client has a co-occurring disorder)
- Confirmation of medical necessity
- Establishment of one or more diagnoses, including co-occurring substance abuse or dependence if present
- Recommended treatment

The MHP and the physician are required to sign and date the CSN corroborating the delivery of the service.

Service Content

MH Service Plan Development by Non-Physician is the joint interaction between a physician and MHP designed to:

- Assess the client's mental and physical history, mental status examination, symptoms, strengths,

425

SECTION 2 POLICIES AND PROCEDURES**PROGRAM SERVICES****Service Content (Cont'd.)**

weaknesses, social history and support systems, etc.

- Establish treatment goals and treatment services to reach these goals

The physician shall establish one or more diagnoses, including co-occurring substance abuse or dependence if present; confirm medical/psychiatric necessity of treatment; determine the appropriateness of treatment services – including the need for integrated treatment of co-occurring disorders; and upon periodic review, determine progress towards goals and justify continuation of treatment.

The MHP shall provide multidisciplinary input and assure effective linkage and continuity of care.

Billable Places of Service

MH Service Plan Development by Non-Physician may be provided at the community mental health center, inpatient hospital or other approved community mental health facility.

Billing/Frequency Limits

MH Service Plan Development by Non-Physician is billed in unit increments of 15 minutes for a maximum of two units per day.

Relationship To Other Services

No restrictions.

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina

OFFICE OF THE STATE DIRECTOR OF MENTAL HEALTH DIRECTIVE NO. 902-11
3-250

TO: All Employees

SUBJECT: Leave Policies

THE FOLLOWING IS TO BE INTERPRETED CONSISTENT WITH SECTION 41-1-110, CODE OF LAWS OF SOUTH CAROLINA. NOTHING IN THIS DOCUMENT OR ANY SCDMH DIRECTIVE, EMPLOYEE HANDBOOK, MANUAL, POLICY, PROCEDURE, OR RELATED DOCUMENT CREATES AN EMPLOYMENT CONTRACT OR CONTRACTUAL RIGHTS OR ENTITLEMENTS. SCDMH RESERVES THE RIGHT TO REVISE THIS DOCUMENT AND ANY SCDMH DIRECTIVE, HANDBOOK, MANUAL, POLICY, PROCEDURE, OR OTHER DOCUMENT. NO PROMISES OR ASSURANCES CONFLICTING WITH THIS STATEMENT CREATE AN EMPLOYMENT CONTRACT/

I. General Policies

This directive contains the revised leave regulations of the South Carolina Department of Mental Health. These policies apply to all employees of mental health facilities, including clinics, centers, and administrative areas.

Supervisors are required to administer the leave regulations consistent with the policies outlined herein. They will ensure that the leave regulations are strictly observed and deal promptly with violations and abuse. All supervisors are responsible for the duty status of employees under their supervision and they must notify their timekeepers on attendance of employees to ensure accurate recording of time and leave.

Applications for leave will be submitted to the appropriate supervisor on SCDMH Form P-14, Application For Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave. All supervisors will act on all requests except that applications for leave without pay in excess of five (5) work days for reasons other than illness must be submitted to the Facility, Center, or Division Director or his/her designee.

The granting of annual leave at any specific time is an administrative determination which should be based on the work requirements of the service concerned. It may not be possible at times to authorize annual leave; however, every reasonable effort should be made to allow

the employee the leave time of his/her choice. In cases where there are excessive numbers of applications in one service for the same vacation period, consideration will be given to seniority, family conditions (children in school or mandatory vacation period of another member of the family) or other conditions which will contribute to a reasonable decision.

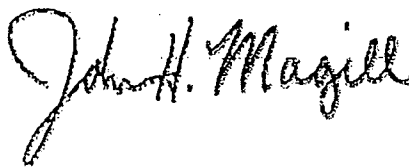
II. Leave Accounting

Leave taken will be recorded on SCEIS, the on-line timekeeping system. Consistent with SCEIS policy leave taken will be submitted via the computer system to SCEIS where the leave records will be processed. At the middle of each month (*beginning of each pay period*), the SCEIS system will display the current amount of accrued annual and sick leave for each employee in MY SC Employee.

III. Responsibilities

- A. The supervisors are responsible for leave authorization within the prescribed regulations and will guard against violations and abuse. They will ensure that leave and attendance are recorded accurately on SCEIS, the on-line timekeeping system. The regulations will be applied on an equitable basis for all employees and supervisors will advise their employees concerning leave matters.
- B. The South Carolina Department of Mental Health, Human Resource Services, is responsible for administering and interpreting leave policies.
- C. The Internal Audit Office is responsible for auditing leave records.

This directive rescinds and supersedes South Carolina Department of Mental Health Directive No.834-02, "Leave Policies."



John H. Magill
State Director

December 5, 2011

68

CONTENTS

Leave Policies

Section 1 - Annual Leave

Section 2 - Sick Leave

Section 3 - Leave Transfer Program

Section 4 - Military Leave

Section 5 - Other Leave Programs

Section 6 - Leave Without Pay

Section 7 - Unauthorized Absence

Section 8 - Family and Medical Leave Guidelines

Section 9 - Overtime - Compensatory Time

Section 10 - Holidays

**Section 11 - Hazardous Weather and Other Emergency
Conditions Policies**

69

SECTION 1
ANNUAL LEAVE

I. Annual Leave

The 1972 Annual Leave Act, as revised, established a standard annual leave earning rate for state employees, except teaching personnel and officials of academic rank at state supported institutions of higher learning.

II. Definitions

For the purpose of this section, the following definitions apply:

- A. Covered and Probationary Full-Time Employees: One who is scheduled to work one of the Department's official workweeks (but in no event less than 75 hours bi-weekly) and occupies a Full-Time Equivalent (FTE) position.
- B. Covered and Probationary Half-Time Employees: One who is scheduled to work at least 40 hours bi-weekly and occupies a permanently established position.
- C. Day: The total hours in a workday that an employee is regularly scheduled to work.
- D. Year: The year begins with the first full pay period of the new calendar year.

III. Eligibility

Annual leave shall be accrued by and granted to:

- A. Covered and probationary full-time employees
- B. Covered and probationary half-time employees in accordance with the provisions of this directive.

IV. Annual Leave Record

- A. An annual leave record shall be maintained in SCEIS for each employee which shall be subject to audit by the State Budget and Control Board's Office of Human Resources.
- B. Employees shall be able to view their annual leave records in My SC Employee on the SCEIS on-line system.

V. Annual Leave Earnings

A. Covered and Probationary Full-Time Employees

Covered and probationary full-time employees shall earn annual leave from the date of employment at the rate of one and one-fourth (1 ¼) working days per month. In addition, full-time employees with state service of more than ten (10) years shall earn additional annual leave at the rate of one and one-fourth (1 ¼) working days for each year of continuous state service in excess of ten years. The maximum number of days of annual leave that may be earned in any one calendar year shall not exceed thirty (30) days. The accrual rate is as follows:

<u>Years of Service</u>	<u>Days Earned Per Year</u>
1 - 10	15.00
11	16.25
12	17.50
13	18.75
14	20.00
15	21.25
16	22.50
17	23.75
18	25.00
19	26.25
20	27.50
21	28.75
22 or more	30.00

B. Covered and Probationary Part-Time (at least half time) Employees

Covered and probationary part-time employees shall earn annual leave from the date of employment on a pro-rated basis that produces the equivalent earnings of full-time employees. Example: An employee who works forty (40) hours bi-weekly would be entitled to earn five (5) hours of annual leave per month for the first ten (10) years of state service.

C. Covered Part-Time (less than half-time) Employees

Covered part-time (employees who work less than half the regular full-time work schedule) shall not be entitled to accrue annual leave. However, employees who were earning annual leave and whose work hours changed to less than half-time will be allowed to retain their leave and use it until it has been depleted.

D. Accrual

An employee will be credited with full accrual rate when in a pay status for at least one-half the regularly scheduled workdays of the month. If the employee is in pay status less than one-half of the workdays, the employee will not earn any annual leave.

VI. Maximum Accumulation

Employees shall be permitted to carryover from one calendar year to the next any unused annual leave up to a total accumulation of forty-five (45) workdays, except that, employees of an agency which provided for maximum accumulation in excess of forty-five (45) workdays as of June 2, 1972, shall not forfeit the excess, but shall retain excess leave which shall be the maximum amount the employee may carryover into future years. If the employee subsequently reduces that amount of such leave carried over, the reduced amount, if in excess of forty-five (45) workdays, shall become the employee's maximum carryover into future years. If the employee further reduces the amount of such leave carried over to forty-five (45) workdays or less, forty-five (45) workdays shall become the maximum amount of unused annual leave the employee may thereafter carryover. During the calendar year, an employee may earn annual leave in excess of the forty-five (45) workdays; however, the employee may only carryover forty-five (45) workdays to the next calendar year.

VII. Maximum Days Used Per Year

The maximum number of accumulated working days of annual leave that may be used in any one calendar year shall not exceed thirty (30) days. Should an employee be charged annual leave in excess of thirty (30) days for the calendar year, the annual leave in excess of thirty (30) days shall be charged to leave without pay. It is the employee's responsibility to keep up with the annual leave that he/she has used.

Exception: The thirty (30) working day maximum of annual leave that may be used in one calendar year may be exceeded for emergencies or serious health conditions of the employee or the employee's immediate family and other Family Medical Leave Act (FMLA) qualifying reasons. (See Section 8; paragraph II, for FMLA qualifying reasons.) Immediate family is defined as the employee's spouse, children, and the following relationships to the employee or the spouse of the employee: mother, father, brother, sister, grandparent, legal guardian, and grandchild. An employee who has used all available sick leave and thirty days of annual leave may, with the approval of the State Director of Mental Health, or his designee, use any remaining

Section 1 – Page 3

annual leave credit he/she may have. Denial of the use of annual leave as provided herein will be grounds for review by the State Human Resources

72

Director upon request of the employee.

VIII. Requests for Annual Leave

Requests for annual leave must be made in advance. Exceptions may be made in emergency situations where circumstances prevent advance applications. An employee who is unable to make an advance request will be responsible for notifying his/her supervisor, or the supervisor's designee, of his/her absence and the reason for the absence as soon as possible, and in no case later than the beginning of the assigned tour of duty. If the leave is approved, the employee will immediately submit upon return to work an application for leave for formal confirmation. If the annual leave is not approved, the absence will be charged to leave without pay. It is mandatory that the employee make written application for annual leave on SCDMH Form P-14, Application for Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave for periods of fifteen (15) minutes or more. In services where shift coverage is a factor, written applications for leave should be submitted at least twenty-four (24) hours in advance.

In situations where the employee has received verbal approval for annual leave, the annual leave may be subsequently denied if the employee does not submit the written request for leave within a timely manner and in no case later than two weeks from the date when the leave was taken.

To ensure an accurate accounting of leave balances before an employee's termination date, the granting of annual leave during the employee's last pay period with SCDMH is discouraged.

IX. Minimum Charge

The minimum charge for annual leave shall be fifteen (15) minutes. Unauthorized absences such as tardiness, etc., should be charged as leave without pay. If an employee is absent for tardiness, etc., for a period of less than seven and one half (7 ½) minutes, the employee will not be charged leave without pay, but may be subject to disciplinary action for such tardiness. For periods of more than seven and one half (7 ½) minutes, but not more than fifteen (15) minutes, the employee will be charged for fifteen (15) minutes of leave without pay.

X. Holiday During Leave

When a legal holiday falls during a period of annual leave, that day will not be counted as an annual leave day.

Section 1 – Page 4

XI. Credited Service

73

Employees on a five-day per workweek schedule with State service time of more than ten (10) years shall earn a bonus of one and one quarter (1 ¼) workdays of annual leave for each year of service over ten (10) years. The maximum number of days of annual leave that may be earned in any one calendar year shall not exceed thirty (30) days. In addition, all service as a certified employee in a permanent position of a school district of this State must be used to calculate the leave accrual date. The annual leave earnings based upon State service time of over ten (10) years shall be granted to employees on a calendar year basis beginning the month after their leave accrual date.

XII. Employees On Leave Without Pay

An employee who is granted leave without pay shall have his/her state hire date advanced one calendar day for each calendar day on such leave, beginning with the first work day after expiration of thirty (30) consecutive workdays. (Exception: If an employee is approved to furlough for not more than ninety (90) days, the employee's state hire date will not be adjusted.

XIII. Break-In-Service

An employee experiences a break-in-service under the following circumstances:

- A. When transferring from one state agency to another, an employee does not report to work with the gaining agency within fifteen (15) calendar days following the last day for which the employee was paid by the losing agency.
- B. When transferring from a permanent position to a temporary grants position.
- C. By separation from State service and subsequent re-employment regardless of lapse of time. An employee is considered to have terminated from State service (as opposed to an interagency transfer) if he/she is paid for unused annual leave.
- D. By remaining in leave without pay status for a period of more than one (1) calendar year.

Exceptions: An employee in leave without pay status for more than one (1) calendar year shall not experience a break-in-service if:

Section 1 – Page 5

1. The employee is on extended disability leave with or without pay beyond 365 days that has been extended by the Agency Head's

74

approval.

2. The employee is on a military leave with re-employment rights protected under Federal and/or State law.
3. The employee is participating in the Government Employees Interchange Program.
4. In the event a disciplinary act such as suspension or dismissal is set aside or the employee is re-employed as may be directed by a subsequent decision of a grievance hearing, the period in which the employee is not on the agency's payroll shall not be considered as break-in-service.

XIV. Disposition of Annual Leave

A. Organizational or Facility Reassignment

When an employee is reassigned from one facility/center or division of the department to another, accumulated leave shall be transferred with the employee.

Covered employees who are reassigned from one full-time position to another shall be entitled to receive credit for the total amount of accrued annual leave days.

Covered full-time employees who are reassigned to a position of half-time or more shall be entitled to receive credit for the total amount of accrued annual leave. However, the employee may not accumulate in excess of the pro-rated share of annual leave after the effective date of the reassignment. If the total amount of accumulated annual leave is in excess of the pro-rated share at the time of reassignment, annual leave taken will be deducted from the total until the total is reduced to the pro-rated share, or less, after which the employee shall accumulate annual leave but not to exceed the maximum pro-rated share allowed.

Covered full-time or half time employees who are reassigned to part-time positions (less than half-time) shall be entitled to receive credit for the total amount of accrued annual leave. After the effective date of the reassignment, part-time personnel shall not accrue additional annual leave.

Section 1 - Page 6

Annual leave taken will be deducted from the total amount of accrued annual leave at the time of reassignment until the leave has been used. When an employee's position status changes from permanent to non-permanent, the employee shall be paid for all accrued annual leave and forfeit all sick

leave.

75

B. Agency Transfer

should

Upon transfer of an employee without a break-in-service from one State agency to another, all accumulated annual leave shall be transferred with the employee from the losing agency to the gaining agency. The employee who is transferring request that the losing agency notify the gaining agency of the amount of annual leave the employee has accrued. The computation of annual leave to be transferred shall be based on "days" accumulated due to the fact that work hours may vary from agency to agency. In the new position the employee will continue to earn, be credited with, and eligible to use annual leave. (Exception: When an employee transfers from a position in which he earns both annual and sick leave to a teaching position or a position of academic rank at a State-supported institution of higher learning, the employee shall be paid from accrued annual leave credits.)

C. Termination of Employment

Upon termination from employment, a lump sum payment will be made for unused annual leave, not to exceed forty-five (45) days. Upon the death of an employee while in active service, the estate of the deceased employee shall be entitled to a lump sum payment not to exceed forty-five (45) days.

Section 1 - Page 7

SECTION 2

SICK LEAVE

I. Sick Leave

76

The June 28, 1974, Sick Leave Act for State employees established a standard sick leave earning rate that shall apply to all state employees occupying Full-Time Equivalent (FTE) positions in accordance with the following guidelines:

II. Definitions

- A. Covered and Probationary Full-Time Employee: One who is scheduled to work one of the Department's official workweeks (but in no event less than seventy-five (75) hours bi-weekly) and occupies a FTE position.
- B. Covered and Probationary Half-Time Employee: One who is scheduled to work at least forty (40) hours bi-weekly and occupies a permanently established position.
- C. Covered and Probationary Part-Time Employee: One who is scheduled to work less than forty (40) hours bi-weekly.
- D. Day: The total hours in a workday that an employee is regularly scheduled to work.
- E. Year: The year begins with the first full pay period of the new calendar year.

III. Eligibility

Sick leave shall be accrued by and granted to:

- A. Covered and probationary full-time employees
- B. Covered and probationary half-time employees in accordance with the provisions of this directive.

IV. Sick Leave Record

A sick leave record shall be maintained in SCEIS for each employee which shall be subject to audit by the State Budget and Control Board.

Section 2 – Page 1

V. Sick Leave Earnings

- A. Covered and Probationary Full-Time Employees

Covered and probationary full-time employees shall earn sick leave from the date of employment at the rate of one and one-fourth (1¼) working days per month or

77

fifteen (15) working days per year.

B. Covered and Probationary Half-Time Employees

Covered and probationary half-time employees shall earn sick leave from the date of employment on a pro-rated basis that produces the equivalent earnings of full-time employees. Example: An employee working forty (40) hours bi-weekly would earn one half (1/2) the annual leave an employee working eighty (80) hours bi-weekly would earn.

C. Covered and Probationary Part-Time Employees

Covered and probationary part-time employees who work less than forty (40) hours bi-weekly shall not be entitled to accrue sick leave. However, employees who have previously earned sick leave and whose work hours have changed to less than forty (40) hours bi-weekly will not continue to accrue sick leave, but will be allowed to retain and carry over from one calendar year to the next up to a maximum of one hundred eighty (180) days of sick leave and use it until it has been depleted.

D. Accrual

An employee will be credited with the full accrual rate when in pay status for at least one-half (½) of the working days of the month. If an employee is charged with leave without pay in excess of one-half (½) of the work days of the month, no sick leave will accrue.

E. Additional Sick Leave Earnings

In addition to sick leave earnings that may be credited as provided under this section, the State Director of Mental Health, or his designee may, in extenuating circumstances and only after the employee has exhausted all other paid leave, advance up to fifteen (15) days of additional sick leave, where there is documentation of assurance from a health care provider that the employee will be expected to return to active duty, within that period of time. Upon return to active duty, the employee will have all sick leave credits applied to the leave deficit at the rate of one and one-fourth (1 ¼) days per month until the deficit has been erased. If an employee

Section 2 - Page 2

separates from employment before satisfying the leave deficit and returns to state employment, the leave deficit will need to be satisfied upon reemployment. Where no competent medical prognosis is available and an approximate date of return to active duty cannot be ascertained, the employee should be placed in leave without pay status.

78

VI. Maximum Accrual and Carry Over

Covered/probationary full-time and covered/probationary half-time employees shall be permitted to accrue up to one hundred ninety-five (195) days of sick leave, and carry over from one calendar year to the next any unused sick leave up to a total maximum carry over of one hundred eighty (180) days. The beginning of the first full pay period in the calendar year shall be the date that sick leave is reduced to this one hundred eighty (180) day maximum carry over.

VII. Granting of Sick Leave

Employees are eligible to use sick leave for the following reasons: (Note: Leave taken under this section may qualify as Family Medical Leave [FMLA] and, if so, will run concurrently. See Section 8, paragraph V.C.)

- A. When incapacitated for duty by sickness or injury.
- B. Upon exposure to a contagious disease which may endanger the health of others at the workplace. A physician must determine whether the employee should remain off duty and the length of such absence.
- C. For medical, dental or optical examinations or treatment by licensed physicians or other recognized practitioners. This includes the fitting of glasses and prosthetic devices and treatment for mental illness, alcoholism, and drug addiction.
- D. Sickness during pregnancy or other temporary disabilities. To the extent permissible, the date on which sick leave for disability is to begin shall be at the request of the employee based on determination and advice of a physician that the employee is physically incapable of performing normal duties or that continuing to perform normal duties would be hazardous to the health of the employee.
- E. Employees earning sick leave as provided in this section may use not more than ten (10) days of sick leave annually to care for ill members of their immediate families. For the purpose of this paragraph, "immediate family" means the

Section 2 – Page 3

employee's spouse and children and the following relations to the employee or the employee's spouse: mother, father, brother, sister, grandparent, legal guardian, and grandchildren.

- F. An adoptive parent, who is primarily responsible for furnishing the care and nurture of the child, is entitled to use up to six (6) weeks of earned sick leave for the purpose of caring for the child after placement.

79

- G. In situations where the employee has received verbal approval for sick leave, the sick leave may be subsequently denied if the employee does not submit the written request for leave within a timely manner and in no case later than two weeks from the date when the leave was taken.
- H. To ensure an accurate accounting of leave balances before an employee's termination date, the granting of sick leave during the employee's last pay period with SCDMH is discouraged.

VIII. Substitution of Sick Leave

When illness occurs during a period of annual leave, accrued sick leave may be substituted to cover the period of illness provided it is reported promptly. Application for substitution of sick leave for annual leave must be supported by certification from a licensed physician or other evidence administratively acceptable.

IX. Notification of Illness

When an employee is incapacitated for duty because of illness, he/she must notify the immediate supervisor as soon as possible, and in no case any later than the beginning of the tour of duty on the first day of absence, and each subsequent day of absence, unless the inclusive dates of the entire period of absence have been established by a physician's statement or other acceptable documentation on the first day of absence. In this case, the employee may report the entire period of absence on the first day without making further calls. It is the employee's responsibility to make his/her own call to the supervisor, except in cases of emergency. In case of emergency, arrangements should be made to have someone notify the supervisor on behalf of the employee. Failure to give notice of the emergency within the first two (2) hours may result in the absence being charged to leave without pay. In case of emergency, arrangements should be made to have someone notify the supervisor on behalf of the employee. Failure to give notice of the emergency within the first two (2) hours may result in the absence being charged to leave without pay.

Section 2 – Page 4

X. Application for Sick Leave

- A. Immediately upon return to work, the employee should complete a SCDMH Form P-14, Application For Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave.
- B. Absences of three (3) or more consecutive work days must be supported by a medical

80

certificate of a licensed physician or other recognized practitioner. Whenever the employee is unable to obtain a medical certificate, or if the circumstances of the employee's illness do not require the services of a physician, the employee must submit a signed statement indicating the nature of the illness and the reason why a medical certification is not furnished. The supervisor shall determine whether the statement constitutes sufficient information to support the application for sick leave. If the employee fails to submit an application, or if there is insufficient information to support the application for sick leave, the absence shall be charged to annual leave or leave without pay.

- C. All sick leave for periods of fifteen (15) minutes or more must be requested and approved in writing, using SCDMH Form P-14, Application For Leave. Where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave.
 - D. In individual cases when there is reason to believe that sick leave is being abused, the supervisor should inform the employee in writing that because a question has arisen concerning the use of sick leave, a medical certificate will be required for each future application for sick leave until further notice. If medical evidence is not submitted with each future application the time shall be charged to leave without pay. It is recommended that the initial period of time that an employee is required to provide medical evidence should not exceed six (6) months. If the pattern of sick leave use has not improved during this period, the supervisor may continue the requirement of medical documentation.
 - E. When an employee is scheduled in advance for surgery and/or appointments with physicians, dentists, optometrists, or other recognized practitioners, he/she should notify the supervisor and apply for sick leave in advance in order that adjustments may be made in the work schedule.
- necessary

XI. Minimum Charge

The minimum charge for sick leave shall be fifteen (15) minutes.

Section 2 – Page 5

XII. Holiday During Sick Leave

When a holiday falls during a period of sick leave, that day will not be counted as a sick leave day.

XIII. Disposition of Sick Leave

A. Organizational Reassignment

81

When an employee is reassigned from one facility/center or division to another, accumulated sick leave days will be transferred with the employee.

B. Position Reassignment

Covered employees who are reassigned from one full-time position to another shall be entitled to receive credit for the total amount of accrued sick leave days.

Covered full-time employees who are reassigned to a position of half-time or more shall be entitled to receive credit for the total amount of accrued sick leave.

Covered full-time or half-time employees who are reassigned to part-time positions (less than half-time) shall be entitled to receive credit for the total amount of accrued sick leave. After the effective date of the reassignment, they will no longer be eligible to earn sick leave. However, they will be able to use the sick leave they previously earned. Sick leave taken will be deducted from the total amount of accrued sick leave at the time of reassignment until the leave has been used.

When an employee's position status changes from covered to non-covered (temporary, temporary grant, etc.), that employee will forfeit all accrued sick leave.

C. Transfer Between Departments or Agencies of State Government and School Districts of South Carolina

1. Employees who transfer without a break-in-service from one state agency to another shall transfer their accumulated sick leave up to the maximum amount accrued adjusted to the scheduled workweek of the gaining agency.
2. A SCDMH employee who transfers to a school district of this State or a school district employee who transfers to the Department will be permitted to retain all sick leave he/she accumulated at his/her former employer for use at the new employer regardless of the employee's status at the new employer.

Section 2 - Page 6

3. Any employee of a school district transferring to a state agency or any employee of the Department transferring to a school district of the State after June 28, 1984, may have up to sixty (60) days of sick leave restored which were lost as a result of the transfer. This may not pertain to all school districts.

XIV. Leave Without Pay for Disability (Employee Only)

For any extended period of certified disability due to illness, injury or maternity, exceeding the amount of accrued sick leave, the employee may apply for extended disability leave

82

which shall not exceed one hundred eighty (180) calendar days. The written request for leave without pay shall specify the inclusive dates of the disability. The request shall not be denied for bona fide illness or disability for employees in permanently established positions.

The leave without pay shall be granted with reinstatement privileges to the same position or one of comparable band for which the employee is qualified. The center/facility or division shall require a physician's certificate or other acceptable documentation verifying the disability and giving the projected inclusive dates of disability prior to approval. Dates set forth in the physician's certificate can be amended by the physician. The center/facility or division may require additional documentation from the physician issuing the certificate or may secure additional medical opinions from other physicians. As long as the disability is certified by a physician or other acceptable documentation, the amount of leave authorized shall not exceed one hundred eighty (180) calendar days; otherwise, the employee shall forfeit reinstatement privileges and be separated from service.

In extenuating circumstances, two (2) extensions are available:

- A. The State Director of Mental Health, or his designee, may extend the period of leave to a total of three hundred sixty-five (365) calendar days without a break in service, provided the health care provider certifies the employee's return within this time period of the requested extension; and
- B. The State Director of Mental Health, or his designee, may extend the disability beyond the three hundred sixty-five (365) days without a break in service provided the health care provider certifies the employee will be able to return to work within the time frame of the requested extension.

The employee shall have the option of using or retaining accrued annual leave prior going into a leave without pay status. The employee shall use all sick leave before going into leave without pay status. In Workers' Compensation cases, it is optional with the employee as to exhausting all sick leave credits before going on leave without pay and not discretionary with the State Director of Mental Health.

Section 2 - Page 7

Additional covered employees shall not be hired to replace employees on sick leave or leave without pay for extended periods of disability due to illness, injury or maternity. Temporary employees may be hired for limited periods of time to provide coverage during the absences of covered employees on extended leave.

XV. Administrative Leave For Disability

Employees in full-time equivalent (FTE) positions, who are physically attacked while in the performance of official duties and suffer bodily harm as a result, must be placed on administrative leave with pay rather than sick leave. The period of the administrative leave

83

per incident may not exceed one hundred eighty (180) calendar days.

Denial of administrative leave is subject for review by the State Office of Human Resources upon request by the employee.

XVI. Performance of Duties While Injured

An injured employee who is unable to perform his/her duties may be reassigned to temporary light duty, provided such reassignment is approved by a physician.

The first general principle should be that the employee's limitations are expected to be temporary, such that the employee's physician will state that it is likely that the employee will again be able to perform the essential duties of his/her position.

The second general principle should be that temporary light duty is offered only if it is in the department's interest either because it allows the Department to gain some meaningful services from the employee during the healing process or because it appears it will assist the employee in resuming his/her full duties more rapidly.

Guidelines:

- A. Light duty shall generally be utilized upon the recommendation of the employee's physician or other recognized health care provider.
 - B. Light duty shall be time limited to coincide with the employee's projected date of return to full-duty, or to coincide with re-evaluation of the employee's ability to resume full duties. Consideration should be given to having a general cap (this should be a reasonable time frame based upon the type of disability which normally would not exceed a six month period) by which time the employee is expected to be able to resume their regular duties.
- Section 2 – Page 8**
- C. An offer of light duty shall be in writing to the employee, stating the purpose and duration, and expressly advising the employee that it is temporary in nature to assist him/her in resuming their full-time duties.
 - D. In the event that it appears, at any time, that the employee will not be able to resume performing the essential functions of the job, temporary light duty should be discontinued. It must then be determined whether reasonable accommodation can be made for the employee.

If the employee refuses to accept a suitable reassignment, he/she shall be subject to disciplinary action up to and including termination.

84

XVII. Workers' Compensation

In the event of an injury arising out of and in the course of employment with the Department, which is covered under Workers' Compensation, an employee shall make an election to receive compensation under one of the following methods:

- A. To be placed in paid status using accrued sick and/or annual leave. If such leave credits are exhausted before the employee can return to work, the employee shall be entitled to Workers' Compensation disability benefits;
- B. To use Workers' Compensation benefits awarded in accordance with Title 42 of the South Carolina Code of Laws, 1976, as amended;
- C. To use sick and/or annual leave on a prorated basis in conjunction with Workers' Compensation according to the formula provided by the Budget and Control Board.

Before the election is made, the supervisor or facility/center or division personnel representative must explain each available option to the employee and the effect on the employee's future leave. The election of the employee is irrevocable as to each individual incident.

All lost time due to an injury on the job must be reported to the Departmental Workers' Compensation Coordinator by the employee's supervisor. The Workers' Compensation Coordinator is located in the Department's Human Resource Services Office.

XVIII. Fitness for Duty

Employees must report and remain "fit for duty" (able to perform their job duties in a

Section 2 – Page 9

safe, secure, productive, and effective manner) during their entire time on duty. Employees must notify their supervisors when they are not fit for duty.

If at any time a supervisor has reason to believe that a supervisee is not fit for duty, the supervisor must document the specific reason(s) and facts supporting that belief and take appropriate action. Supervisor documentation must include, as applicable, statements from other employees or witnesses and the supervisor's own observation noting the supervisee's observable behavior, impairment, difficulty in performing job duties or other circumstances causing the supervisor's concern. Observations indicating that an employee may not be fit for duty include: difficulties with dexterity, coordination, concentration, memory, alertness, vision, speech; inappropriate interactions with coworkers or supervisors; inappropriate reactions to directions or criticism; disruptive,

suicidal or threatening statements or behavior.

Supervisors who have reason to believe that a supervisee is not fit for duty may require that the employee leave the workplace. Supervisors may also require, as a condition of returning to work, that the supervisee provide a written Fitness for Duty Evaluation by a physician or other DMH approved healthcare provider which addresses the supervisee's observed workplace behavior and/or medical, mental or other condition, and essential job duties. If applicable, an employee may also be required to submit to alcohol and drug testing in accord with Employee Drug Testing Program.

Supervisors may require that a supervisee returning to duty from any medical or other leave provide a written Certification of Fitness for Duty from their physician or other DMH approved healthcare provider, and if applicable, a DMH approved physician. The Certification of Fitness for Duty must indicate that the provider has considered the employee's documented workplace behavior or condition, the employee's essential job duties and the employee's fitness for duty to return to work and perform all of the essential job duties. If applicable, the Certification of Fitness for Duty should address any requested restriction or accommodation related to the employee's essential job duties including timelines and, if applicable, any threat to the workplace. Copies of applicable documents for the evaluation and Certification for Fitness for Duty and release and/or authorization to disclose information to DMH, are available through DMH HRS Employee Relations and on-line on the HRS intranet site.

Based on the circumstances, employees may be approved for up to two weeks of sick leave. If the employee does not have available sick leave, the employee may use annual leave or leave without pay.

Employees must cooperate fully with SCDMH supervisors and applicable healthcare providers, sign applicable consent, release and/or authorization forms for disclosure of the Fitness for Duty Evaluation and Certification, alcohol and/or drug test if deemed necessary, to be provided to DMH or local HRS, applicable DMH or local Medical

Section 2 – Page 10

Officer and the employees' supervisor. Refusal to cooperate in the above procedure may be considered insubordination and/or other applicable misconduct and may result in disciplinary action.

DMH may require additional information, including an evaluation by a DMH approved healthcare provider (at DMH expense) related to an employees' Fitness for Duty, including an assessment of the need for any employee requested restriction or accommodation. DMH may also require a re-entry conference with the employee, supervisor, HRS representative, medical review officer, and medical provider. This consultation may include return to duty conditions including any requested restriction or accommodation of job duties including timelines, and any hazard to the workplace.

The Certification of Fitness for Duty and related medical documents (including copies) containing the employee's Protected Health Information will be kept separate and apart

86

from the employee's official employment record and will otherwise not be disclosed except as may be permitted by applicable law.

XIX. Break-In-Service

When an employee experiences a break-in-service, all sick leave credits are forfeited and may not be reinstated. An employee experiences a break-in-service under the following circumstances:

- A. When, in transferring from one State agency to another, an employee does not report to work with the gaining agency within fifteen (15) calendar days following the last day worked or approved day of leave at the losing agency. Under certain circumstances the State Director may request an extension of the fifteen (15) calendar days up to but not in excess of six (6) months for an employee in a full-time equivalent (FTE) position to be employed in another FTE position within State government without having a break in service. Such requests require approval by the State Human Resources Director. The request must be made prior to the employee receiving a lump sum payment for unused annual leave and within fifteen (15) days of the last day the employee is in pay status.
- B. By remaining in leave without pay status for a period of more than one (1) year (see Exceptions);
- C. If, following a reduction in force, the employee is not recalled within twelve (12) months of the effective date of the layoff;
- D. By separation from State service and subsequent reemployment regardless of time, if the employee received a lump sum payment for accrued annual leave, except in the following situations: (1) the employee is separated from a position in which he/she

Section 2 – Page 11

earned both sick and annual leave and who, within fifteen (15) calendar days of separation is appointed to a position in which he/she earns only sick leave; and (2) the covered employee is separated due to a reduction in force and within twelve (12) months for the date of separation, is appointed to a permanent position by any State agency.

EXCEPTIONS:

An employee in leave without pay status for more than one calendar year shall not experience a break-in-service if:

- A. The employee is on a military tour of duty with reemployment rights under Federal and/or State Law;
- B. The employee is participating in the Government Employee Interchange Program;

87

- C. The employee is on disability leave without pay that has been extended by the Budget and Control Board Office of Human Resources, upon the request of the State Director of Mental Health, or his designee;
- D. In the event a disciplinary action, such as suspension or dismissal, is set aside or the employee is reinstated as may be directed by a subsequent decision of a grievance conference, the period in which the employee is not on the agency's payroll shall not be considered as a break-in-service;
- E. The employee is a teacher or official of academic rank at a State-supported institution of higher learning on sabbatical leave.

XX. Termination of Employment

- A. Upon termination from employment with the State (other than retirement), employees shall forfeit all accumulated sick leave credit, except employees transferring to a school district of this State.
- B. At retirement, after March 31, 1991, an employee shall receive credit for not more than ninety (90) days of unused sick leave at no cost to the employee. The leave must be credited at a rate where twenty (20) days of unused sick leave equals one month of service. This additional service credit may not be used to qualify for retirement.

Section 2 – Page 12

SECTION 3

LEAVE TRANSFER PROGRAM

I. Leave Donation

- A. Employees may voluntarily transfer sick and/or annual leave into the Departmental leave pools, sick or annual, as appropriate, from which other employees with personal emergency circumstances resulting in a substantial loss of income due to the unavailability of paid leave may draw.
- B. An employee may donate no more than one-half (1/2) of the annual or sick leave he/she earns within a calendar year to the appropriate leave pool for that calendar

88

year.

- C. An employee with less than fifteen (15) days of sick leave in his/her sick leave account may not transfer any sick leave to the leave pool, and an employee with more than fifteen (15) days of sick leave in his/her sick leave account may transfer sick leave to the pool if he/she retains a minimum of fifteen (15) days in his/her own sick leave account.
- D. Employees wishing to donate sick and/or annual leave may do so by completing SCDMH Form HRS-166, Leave Donation Request.
- E. Once leave of an employee has been transferred to the Departmental leave pools, it may not be restored or returned to the leave donor.

II. Minimum Criteria for Requesting Leave

- A. The requesting employee must be eligible to accrue sick and/or annual leave to qualify as a recipient of transferred leave.
- B. The requesting employee must have experienced a personal emergency, which means a medical or family emergency, or other hardship situation that is likely to require an employee's absence from duty for a prolonged period of time and result in substantial loss of income to the employee because of the unavailability of paid leave.
- C. A personal emergency is limited to catastrophic and debilitating medical situations, severely complicated disabilities and severe accident cases, each of which would require a prolonged period of recuperation. Routine disabilities or disabilities resulting from elective surgery do not qualify for leave transfers.

Section 3 – Page 1

- D. An employee must have been on leave without pay for at least thirty (30) working days or documentation must certify a medical emergency will result in an employee being on leave without pay for that length of time.
- E. Employees who become eligible for other paid benefits for periods of absence from work will generally not be considered eligible for the leave transfer. Examples of other paid benefits include, but are not limited to: Workers' Compensation, Long-Term Disability, and Disability Retirement Benefits.
- F. An employee who is within thirty (30) days of eligibility for Long-Term Disability Insurance or Disability Retirement and who has exhausted a substantial balance of accrued leave due to the prolonged personal emergency shall be eligible for consideration when requesting approval for less than the thirty (30) day minimum requirements for leave transfer.

89

- G. An employee must have used all earned sick and/or annual leave, as appropriate, prior to using approved transferred leave.

III. Leave Request

Employees experiencing a personal emergency may request sick or annual leave from the appropriate Departmental leave pool by completing the recipient's (requestor's) portion of the SCDMH Form P-167, Recipient Leave Request. While there is no limit to the number of separate requests, each request shall be limited to no more than thirty (30) working days.

IV. Leave Approval

- A. Upon receipt of a completed SCDMH Form HRS-167, Recipient Leave Request, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave. The Center/Facility Director or Division Deputy Director or his/her designee will, after reviewing all necessary information and certifying that the facility/center or division has sufficient funds to pay for the requested leave, forward his/her recommendation to the State Director of Mental Health for necessary action.

If sufficient funds are not available to pay for the requested leave, the SCDMH Form HRS -167 will be denied and returned to the requestor.

- B. The State Director of Mental Health, or his designee, may, upon receiving a

Section 3 - Page 2

completed request, review all necessary information and approve employees from within the Department to participate in the leave transfer program. Unless the personal emergency involves a medical condition affecting the leave recipient, the Department may consider the likely impact on morale and efficiency within the Department in approving a leave recipient to use transferred leave.

V. Use of Annual or Sick Leave

- A. When the selection of a leave recipient has been approved by the State Director, or his designee, all or any portion of the annual leave transfer pool will be transferred to the annual leave account of the recipient, and all or any portion of the sick leave transfer pool will be transferred to the sick leave account of the recipient.
- B. Upon approval of a request, an employee may use annual or sick leave from the appropriate pool account in the same manner and for the same purposes as if the employee has accrued the leave in the manner provided by law.

90

- C. Annual or sick leave transferred under this program may be substituted retroactively for periods of leave without pay, or used to liquidate indebtedness for advanced sick leave.
- D. Annual or sick leave that accrues to the account of the leave recipient must be used before using any leave from a leave transfer pool.

VI. Termination of Leave Before Being Exhausted By Recipient

- A. The personal emergency affecting a leave recipient terminates when it is determined that the personal emergency no longer exists. A leave recipient shall not be permitted to receive or use transferred annual or sick leave from a pool account after the personal emergency ceases to exist. Any unused transferred annual or sick leave is to be restored to the appropriate leave pool account.
- B. Transferred annual or sick leave from a pool account remaining to the credit of a leave recipient when the leave recipient's employment terminates must be restored to the appropriate leave pool account. When employment terminates, transferred leave from a pool account may not be transferred to another employee, included in a lump-sum payment for accrued leave, or included in the leave recipient's total service for retirement computation purposes.

VII. Leave Restoration

Any unused annual or sick leave referred to in paragraph VI. A. and VI. B. above as leave to

Section 3 - Page 3

be restored, is to be returned by the Center/Facility Director or Division Deputy Director or his/her designee completing SCDMH Form HRS-165, Leave Restoration, and submitting it to SCDMH, Human Resource Services.

VIII. Responsibilities

- A. Employees are responsible for completing and submitting SCDMH Form HRS-166, "Leave Donation Request," and completing the recipient's portion and submitting SCDMH Form HRS-167, Recipient Leave Request, to the Center/Facility Director or Division Deputy Director, or his/her designee.
- B. The Center/Facility Director or Division Deputy Director, or his/her designee, is responsible for reviewing all SCDMH Forms HRS-166, Leave Donation Request, for completeness and accuracy. Completed Forms HRS-166 will be forwarded to

91

SCDMH, Human Resource Services. The Center/Facility Director, Division Deputy Director, or his/her designee, is responsible for reviewing the recipient's portion of all SCDMH Forms HRS-167, Recipient Leave Request, for completeness and accuracy before making their recommendation and submitting the request to the State Director of Mental Health.

The Center/Facility Director, Division Deputy Director, or his/her designee, shall monitor the status of personal emergencies to ensure that leave recipients are not permitted to receive or use transferred annual or sick leave from a pool account after a personal emergency ceases to exist.

- C. SCDMH Human Resource Services is responsible for administering and interpreting leave transfer policies, and for processing leave transfer computations and preparation of required reports and records associated therewith.
- D. SCDMH Financial Services is responsible for recording and reporting leave that is transferred.
- E. SCDMH Internal Audit is responsible for auditing leave transfer records.

Section 3 - Page 4

SECTION 4

MILITARY LEAVE

I. Short Term Leave for Training or Other Duties – National Guard and Reserve Armed Forces (Short Term)

- A. Under the provisions of Section 8-7-90, Code of Laws of South Carolina, 1976, as amended, military leave for training or other duties is authorized as follows:

“All officers and employees of this State or political subdivision of this State who are either enlisted or commissioned members of the South Carolina National Guard, the United States Army Reserve, the United States Air Force Reserve, the United States Naval Reserve, the United States Marine Corps Reserve, or the United States Coast Guard Reserve are entitled to leaves of absence from their respective duties without loss of pay, time or efficiency rating for one or more periods not exceeding an aggregate of fifteen regularly scheduled work days in any one year during which they

may engage in training or any other duties ordered by the Governor, the Department of Defense, the Department of the Army, the Department of the Air Force, the Department of the Navy, the Department of the Treasury, or any other department or agency of the government of the United States having authority to issue lawful orders requiring military service. Saturdays, Sundays, and state holidays may not be included in the fifteen-day aggregate unless the particular Saturday, Sunday, or holiday to be included is a regularly scheduled work day for the officer or employee involved. In the event any such person is called upon to serve during an emergency he is entitled to such leave of absence for a period not exceeding thirty additional days."

- B. As used in this section, "in any one year" means either a calendar year or, in the case of members required to perform active duty for training or other duties within or on a fiscal year basis, the fiscal year of the National Guard or reserve component issuing the orders.
- C. The provision of this section must be construed liberally to encourage and allow full participation in all aspects of the National Guard and reserve programs of the armed forces of the United States, and to allow state officers and employees who are enlisted or commissioned members of the National Guard or reserve to excel in military and emergency preparedness and service by taking full advantage of all career-enhancing assignments and training opportunities.
- D. Military leave for training or other duties in excess of fifteen (15) days in each year

Section 4 - Page 1

shall be charged against accrued annual leave or leave without pay, whichever the employee elects.

II. Emergency Military Leave

- A. Military leave for emergency purposes shall be granted not to exceed thirty (30) days per year, in addition to the regular fifteen (15) days per year provided for military training. Emergency military leave will only be granted if a state of emergency is declared and the employee must be under military orders from the Governor or the respective armed service.
- B. Emergency military leave in excess of thirty (30) days in each year shall be charged against accrued annual leave or leave without pay, whichever the employee elects.
- C. The Center/Facility Director, Division Deputy Director, or his/her designee, will verify periods of military leave for emergency purposes with the appropriate military authorities.

93

III. Application

- A. Application for military leave must be submitted to the appropriate supervisor, in advance, on SCDMH Form P-14 and supported by a copy of the military orders or other written evidence of duty from appropriate military authorities.
- B. Application for emergency military leave must be submitted to the Center/Facility Director, Division Deputy Director, or his/her designee, no later than the third workday upon returning to work from emergency military leave. Such requests will be made on SCDMH Form P-14, Application for leave, and must be supported by a copy of the military orders or other written evidence of duty from appropriate military authorities.

IV. Leave for Long Term Military Leave of Absence

- A. When an employee enters upon an extended period of active military service, such absence shall not be considered as military leave with pay for the purpose of training.
- B. Under the provisions of Section 8-7-20, Code of Laws of South Carolina, 1976, as amended, "Every employee of the State or any political subdivision thereof, who, on or after June 25, 1950 has been, or shall be, commissioned, enlisted or selected for service in the armed forces of the United States shall, so long as the requirements and regulations of the armed forces shall prevent his return to his civil employment and

Section 4 - Page 2

for a period of ninety (90) days thereafter, but in no event for a period longer than five (5) years from the date of his entry into the armed forces of the United States, be entitled to leave of absence from his duties as an employee of the State or any political subdivision thereof, without loss of seniority or efficiency or register rating."

- C. Applications for an extended military leave of absence shall be submitted in advance to the Center/Facility Director, Division Deputy Director, or his/her designee, on SCDMH Form P-14, Application for Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave with a copy of the military orders of evidence from appropriate military authorities.
- D. An employee serving on extended active duty shall not be entitled to accrue annual or sick leave during the period of service with the armed forces.
- E. Employees returning from extended military leave, who are reinstated within a period of ninety (90) days from their date of release from the armed forces, shall be entitled to receive credit for the amount of sick leave accumulated at the time of their entry into the armed forces.

94

V. Medical Examination for Military Service

When an employee is ordered to take a physical examination to determine fitness for extended active duty, he/she shall be granted a leave of absence, and may elect to take sick leave, annual leave, or leave without pay.

Section 4 - Page 3

SECTION 5

OTHER LEAVE PROGRAMS

I. Court Leave

A. Jury Service in a State Court or a Political Subdivision

1. In accordance with Section 14-7-840, Code of Laws of South Carolina, 1976, as amended; "No person is exempt from service as a juror in any court of this state except men and women sixty-five years of age or over. Notary Publics are not considered state officers and are not exempt under this section."
2. Any covered or probationary employee of the South Carolina Department of Mental Health who is not exempt as specified above and who is summoned as a member of a jury panel shall be granted court leave with pay, and any jury fees and travel payment shall be retained by the employee.
3. Any employee of the South Carolina Department of Mental Health, who is exempt in accordance with paragraph A. 1 above and elects to serve on a jury panel when summoned, will be charged annual leave or leave without pay for

95

the period of jury service.

4. An employee excused from duty by the court for any period of time exceeding two (2) hours shall be expected to return to duty, unless such return would work a hardship because he/she is employed to work at night, or due to the distance from his/her residence or place of duty. If the employee fails to return to duty, the time excused by the court shall be charged to annual leave or in case of illness to sick leave or leave without pay.
5. Application for court leave for jury service in a State court or political subdivision must be submitted to the appropriate supervisor on SCDMH Form P-14, Application for Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave immediately upon receipt of the summons.

B. Jury Service in a Federal Court

1. Any covered or probationary employee who is summoned by a Federal court to serve as a juror will be granted court leave with pay for the period of such absence.

Section 5 – Page 1

2. An employee excused from duty by the court for any period of time exceeding two (2) hours shall be expected to return to duty, unless such return would work a hardship because he/she is employed to work at night or due to the distance from his/her residence or place of duty. If the employee fails to return to duty, the time excused from court shall be charged to annual leave or in case of illness to sick leave or leave without pay.
3. Court leave with pay shall not be granted for court attendance when an employee is engaged in personal litigation.
4. When an employee attends court in connection with his/her official duties, the time required shall be shown on the time records as though he/she were present for duty.
5. Applications for court leave for Federal court service must be submitted to appropriate supervisor on SCDMH Form P-14, Application for Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave immediately upon receipt of the summons.

C. Service as Witness in a Federal, State or Political Subdivision Court

96

1. Any covered or probationary employee who is subpoenaed by a Federal court, a State court or a political subdivision thereof, to serve as a witness will be granted court leave with pay for the period of absence.
2. An employee excused from duty by the court for any period of time exceeding two (2) hours shall be expected to return to duty, unless such return would work a hardship because he/she is employed to work at night or due to the distance from his/her residence or place of duty. If the employee fails to return to duty, the time excused by the court shall be charged to annual leave or in case of illness to sick leave or leave without pay.
3. Court leave with pay shall not be granted for court attendance when an employee is engaged in personal litigation.
4. When an employee attends court in connection with his/her official duties, the time required shall be shown on the time records as though he/she were present for duty.

Section 5 – Page 2

5. Application for court leave to serve as a witness must be submitted to the appropriate supervisor on SCDMH Form P-14, Application for Leave, immediately upon receipt of the summons. Applications to serve as a witness in Federal and State courts, or political subdivisions thereof, must provide sufficient information in order for the supervisor to determine if personal litigation is involved. Employees refusing to provide this information shall not be granted court leave.

D. Leave for Jury Duty and Court-Subpoenaed Witness

When summoned for jury duty or subpoenaed as a witness by a Federal court, a State court, or a political subdivision thereof, in cases other than personal litigation, an employee is required to work on a given workday only the number of hours that, combined with the time required to be at court that day, would equal the total number of hours in the regularly scheduled workday. For example, an employee who is scheduled to work a 3 to 11 (8 hour) shift and who has served four (4) hours at court that day, would be expected to work only four (4) hours of the 3 to 11 shift for the Department that workday. The time at court and the time at work are equal to the employee's eight (8) hour workday.

II. Leave for Death

A. Leave of Absence for Death in the Immediate Family

97

1. An employee, upon request, shall be granted up to three (3) consecutive work days of leave with pay on the death of any member of the employee's immediate family. Immediate family is defined as the spouse, great-grandparents, grandparents, parents, legal guardian, brothers, sisters, the spouse of brothers, spouse of sisters, spouse of children, children, grandchildren, and great-grandchildren of either the employee or the spouse.
2. An employee requesting leave due to death in the immediate family shall submit a statement to his/her supervisor stating the name of the deceased and the relationship to the deceased.
3. When a death occurs in the employee's immediate family while he/she is on annual or sick leave, the period of such leave shall be reduced accordingly.

B. Deceased Employee or Other Individual

The Center/Facility Director, Division Deputy Director, or his/her designee at his/her discretion, may grant time off to employees who are acting as official representatives

Section 5 – Page 3

of the Center/Facility or Division for the purpose of attending the funeral of a deceased employee or other individual. Such absence shall not be charged against accrued leave.

III. American Red Cross Certified Disaster Service Leave

An employee who is a certified disaster service volunteer for the American Red Cross may use up to ten (10) days of paid leave in a calendar year participating in specialized disaster relief services with the approval of the State Director of Mental Health, or his designee. Requests for such leave should be submitted on SCDMH Form P-14, Application for Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave and should include information about the nature of the specialized disaster relief services being offered.

IV. Blood, Bone Marrow and Organ Donors

A. Blood Donors

Employees are permitted to participate in Department-arranged blood drives during the employee's work hours at those times as may be determined by the Department without using accrued leave. Department of Mental Health employees desiring to donate blood must be excused from work during the employee's regular work hours for the purpose of making the donation without prejudice to the employee and no

98

leave or makeup time may be required. Any employee desiring to donate blood shall notify his/her supervisor of the scheduled donation and the amount of time needed for the donation as far in advance as may be practicable. The supervisor may deny the employee's request for time to donate if the absence of the employee would create an extraordinary burden on the facility. In considering the employee's request, the supervisor shall take into consideration such factors as type of blood donation, workload, etc. The supervisor may, as a condition of approving the request, require the employee to provide documentation of the donation.

B. Bone Marrow Donors

Employees who work an average of twenty (20) hours or more a week and who seek to undergo a medical procedure to donate bone marrow may be granted paid leave of absence, if such leave is approved by the appropriate Center/Facility Director or Division Deputy Director, or his/her designee. The combined length of paid leave may not exceed forty (40) work hours unless a longer length of time is approved by the State Director. Such leave may require verification by a healthcare provider of the purpose and length of each request.

Section 5 – Page 4

If a medical determination finds that the employee does not qualify as a bone marrow donor, the paid leave of absence granted to the employee before that medical determination is not forfeited.

C. Organ Donors

Employees who wish to be an organ donor and who accrue annual or sick leave, are entitled to leaves of absence from work without loss of pay, time, leave, or efficiency rating for one or more periods not exceeding a total of thirty (30) workdays in any one calendar year during which they participate in the donation of their organs.

The employee must show documentation from the attending physician that confirms that the employee is an organ donor before leave can be approved

V. Educational Leave

An employee is encouraged to schedule classes during off-duty hours, whenever possible. When a class cannot be scheduled during off-duty hours, the Department may adjust the employee's work schedule, if doing so will not interfere with normal efficient operations of the Department. When a class cannot be scheduled during off-duty hours and the Department cannot feasibly adjust the work schedule of the employee, the employee may be allowed to take annual leave or may be granted leave without pay in order to attend class.

99

VI. Voting Leave

An employee who lives at such distance from assigned work location as to preclude voting outside of working hours may be granted a maximum of two (2) hours of voting leave with pay for this purpose. An employee may not be granted voting leave to work at the polls during elections.

Section 5 - Page 5

SECTION 6

LEAVE WITHOUT PAY

I. Authorized Absence

- A. Leave without pay when requested and approved in advance is considered an authorized absence. Leave without pay shall not be granted until all appropriate accumulated leave has been used unless the request is for military duty, Workers' Compensation cases, time lost from work due to hazardous weather or other emergency conditions, when declared by the Governor, or as authorized in Section II, paragraph XV, Leave Without Pay for Disability. Leave without pay shall not be converted into annual leave or sick leave when such leave is subsequently accrued. Applications for leave will be submitted to the appropriate supervisor on SCDMH Form P-14, Application For Leave, or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter leave.

An employee cannot demand to be granted leave without pay as a matter of right unless the request for leave without pay is for military duty, Workers' Compensation cases, time lost from work due to hazardous weather or other emergency conditions, when declared by the Governor, or as authorized in Section II, paragraph XV, Leave Without Pay for Disability. The circumstances in all other cases will be considered in determining whether approval is warranted.

100

- B. An employee who is on leave of absence without pay in excess of thirty (30) consecutive workdays shall have the performance review date advanced one calendar day for each calendar day on leave without pay after the first thirty (30) workdays. In applying this rule, any day for which an employee is paid shall not be counted in determining the number of workdays the employee is on leave without pay. Exception: An employee on an approved furlough shall not have his/her performance review date advanced while on leave without pay.

II. Amount Authorized

Leave without pay in excess of thirty (30) workdays may be granted for disability. Leave without pay for other reasons may not be granted in excess of thirty (30) workdays per year unless it is considered to be in the best interest of the Department.

III. Approval of Leave Without Pay

Section 6 - Page 1

Applications for leave without pay may be approved by the personnel listed below.

A. Five (5) workdays or less

May be approved by the appropriate supervisor.

B. Six (6) through thirty (30) workdays

Must be approved by the Center/Facility Director, Division Deputy Director, or his/her designee.

C. Thirty-one (31) workdays or more

1. The Center/Facility Director, Division Deputy Director, or his/her designee, may approve leave without pay in excess of thirty (30) workdays for reasons of disability.
2. Request for leave without pay in excess of thirty (30) workdays for reasons other than disability must be submitted to Human Resource Services for final action by the State Director of Mental Health, or his designee.

IV. Application

Applications for leave without pay of fifteen (15) minutes or more must be submitted on SCDMH Form P-14, Application for Leave. The application must be accompanied by a

101

written statement from the employee giving pertinent details for the reason leave without pay is being requested.

V. **Furlough**

The State Director may institute a voluntary furlough program, based upon budgetary reductions, which would allow an employee to furlough for not more than ninety (90) days without affecting the employee's state hire date or continuous state service date.

During the furlough, the employee would be eligible to participate in the same state benefits as otherwise available to him/her with the exception of his/her salary.

The Department would be responsible for making both the employee and employer contributions if coverage would otherwise be interrupted for benefits, which require employer and employee contributions. The employee would be responsible for making contributions that require only the employee contribution.

Section 6 – Page 2

SECTION 7

UNAUTHORIZED ABSENCE

I. **Unauthorized Absence**

- A. An absence, which has not been previously applied for and granted, shall be considered as an unauthorized absence from duty.
- B. When an employee is absent without obtaining approval, the supervisor shall administer appropriate disciplinary action in accordance with South Carolina Department of Mental Health Directive No. 819-99, "Employee Disciplinary Standards" unless satisfactory explanation is given to justify the period of absence.

II. **Reason for Unauthorized Absence**

- A. An employee who is absent without permission for any cause must explain to his/her immediate supervisor upon return to work the reason for such unauthorized absence.
- B. In cases where satisfactory explanation is given to justify the period of absence, the time may be charged to accrued annual leave or in the case of illness to accrued sick leave. If leave is not available, the time may be charged to leave without pay. Whether the absence is charged to annual leave, sick leave, or authorized leave without pay, if the period of absence is fifteen (15) minutes or more, SCDMH Form P-14, Application for Leave must be completed or, where approved by Human Resources, employees may use electronic leave reporting, My SC Employee, to enter

102

leave.

Section 7 – Page 1

SECTION 8

FAMILY AND MEDICAL LEAVE ACT GUIDELINES (FMLA)

I. Eligibility

FMLA leave shall be granted to:

- A. Any employee who has worked for S.C. State Government for at least twelve (12) months. The required total of 12 months of employment need not be consecutive. An agency can go back 7 years prior to the date of the need for leave to determine if the employee worked a total of 12 months with the state government. An agency has the ability to go beyond 7 years if an employee left state government due to National Guard or Reserve military obligations or a written agreement reflecting an employer's intention to rehire after a break, and
- B. Any employee who has worked at least one thousand two hundred fifty (1250) hours, defined as Fair Labor Standards Act compensable hours of work, during the twelve (12) month period prior to the request for FMLA, including "on-call" hours. In order to determine if exempt employees meet the one thousand two hundred fifty (1250) hours of service, work records may be kept. Otherwise, exempt employees are presumed to have met the one thousand two hundred fifty (1250) hours of service.

II. Use of FMLA Leave

An eligible employee shall be granted up to a total of twelve (12) weeks of FMLA leave, in each calendar year, for any of the following reasons:

103

- A. For the birth and care of a child;
- B. For placement of a son or daughter for adoption or foster care with the employee;
- C. To care for the employee's spouse, child or parent with a serious health condition;
- D. Because of a serious health condition that makes the employee unable to perform the functions of the employee's job;
- E. For qualifying exigencies arising out of the fact that: 1.) an employee's spouse, son, daughter, or parent is on active duty; 2.) or called to active duty status as

Section 8 – Page 1

a member of the active military, the National Guard or Reserves in support of contingency events and related activities; 3.) childcare and school activities; 4.) financial and legal arrangements; 5.) counseling; 6.) rest and recuperation; 7.) post-deployment activities; and 8.) additional activities not encompassed in other categories but agreed to by the agency and the employee: or

- F. Under the military caregiver leave provisions, an eligible employee who is a spouse, son, daughter parent or next of kin of a current member of the Armed Forces, including a member of the National Guard Reserves, with a serious injury or illness may be able to take up to a total of 26 workweeks in a single 12 month period to care for the service member.

Note: Eligibility for reasons A and B expires twelve (12) months after the date of the birth or placement.

III. Charging FMLA Leave

It is the Department's responsibility to declare leave as FMLA leave based on information provided by the employee.

- A. When the Department designates leave as FMLA leave it must notify the employee in writing. No leave may be designated as FMLA leave after the leave has ended, except as provided by FMLA.
- B. An eligible employee's FMLA leave allowance shall be charged for the actual time (or at a maximum in quarter hour increments) an employee must be away from the job.

104

IV. Scheduling FMLA Leave

- A. An eligible employee requesting FMLA leave must give the Department thirty (30) days' advance notice of the need to take unpaid FMLA leave when the need for leave is foreseeable. When the need for leave is not foreseeable, such notice must be given as practicable.
- B. The use of FMLA leave shall be subject to verification. The agency may require that an employee's request for FMLA leave to care for the employee's family member or due to the employee's own serious health condition, be supported by a certification issued by the health care provider. Agencies may also require documentation for a qualifying exigency or to confirm familial relationships.

Section 8 – Page 2

V. Use of Paid and Unpaid Leave

- A. Eligible employees will be required to use accrued sick leave when the FMLA leave request qualifies for sick leave usage.
- B. An eligible employee may elect to substitute accrued annual leave for unpaid FMLA leave.
- C. Any leave taken that qualifies as FMLA leave should be designated as such by the Department. Note: The FMLA leave should run concurrently with the other leave and the leave should be charged against both leave categories' allowances.

VI. FMLA Leave Record

A leave record shall be maintained for each employee in SCEIS covered under the provisions of the FMLA. It shall be subject to audit by the Budget and Control Board's Office of Human Resources. Such records shall:

- A. Reflect the maximum FMLA leave allowance (twelve [12] weeks in a calendar year) and charges in terms of hours.
- B. Indicate the number of FMLA leave hours used in the current calendar year.
- C. Indicate the number of hours in the employee's official workweek.
- D. Include any other information which may be deemed necessary.

VII. Reinstatement from FMLA Leave

105

- A. On return from FMLA leave, an employee is entitled to be returned to the same position the employee held when the FMLA leave commenced, or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment. That position must involve the same or substantially similar duties and responsibilities, which must entail equivalent skill, effort, responsibility, and authority.
- B. The employee must be reinstated to the same or a geographically proximate work site to where the employee had previously been employed.

Section 8 - Page 3

SECTION 9

OVERTIME - COMPENSATORY TIME

I. General Statement

- A. "Overtime" is defined as hours worked in excess of forty (40) hours in a given seven (7) consecutive day period. (Exceptions: See paragraph III. D. for certain categories working special work periods.)
- B. "Hours worked" is defined as all hours worked during an established work period. In general, "hours worked" includes all the time an employee is required to be on duty, or on the employer's premises, or at other prescribed places of work, and any additional time the employee is required or permitted to work for the Department. Hours worked do not include leave time, paid or unpaid, or holidays.
- C. Compensatory time off is an acceptable alternative to overtime compensation for nonexempt employees. In determining whether to grant compensatory time or payment for overtime worked, supervisors should consider all factors involved to ensure that their decision will be in the best interest of the Department.
- D. If the work of an employee for which compensatory time may be provided includes work in a public safety activity, the employee engaged in such work may accrue not more than four hundred eighty (480) hours of compensatory time. If such work is other than in a public safety activity, the employee engaged in such work may accrue not more than two hundred forty (240) hours of compensatory time. Any nonexempt employee who has accrued compensatory time of four hundred eighty (480) hours in the case of public safety and two hundred and forty (240) hours for all other activities shall be paid overtime compensation for additional overtime hours of work.

106

E. Upon termination of employment, nonexempt employees shall be paid for unused overtime compensatory time at a rate of compensation not less than whichever of the following is higher:

1. The average regular rate received by such employee during the last three (3) years of the employee's employment, or
2. The final regular rate received by such employee.

Section 9 - Page 1

Upon termination of employment, exempt employees shall not be paid for unused compensatory time.

II. Payment for Overtime

- A. Nonexempt employees shall be paid or given compensatory time for hours worked in excess of forty (40) hours in a given work period of seven (7) consecutive days.
- B. For hours worked by nonexempt employees in excess of forty (40) hours in a period of seven (7) consecutive days, payment for overtime or the accrual of compensatory time shall be at the rate of time and one-half (1½) the employees' regular rate, computed on the basis of a forty (40) hour workweek. (See exceptions in paragraph III. D.)

III. Special Provisions

Special provisions are authorized for computing overtime for pay purposes for employees in certain classifications. These provisions provide for employees in the following categories:

- A. Fire protection activities;
- B. Law enforcement activities;
- C. Hospital or institutions primarily engaged in the care of the sick, the aged, or the mentally ill that reside on the premises;
- D. Employees who are compensated for overtime using the fluctuating workweek method of payment for overtime as defined in the Fair Labor Standards Act (FLSA). Such a method of payment must be approved by the Budget and Control Board's Offices of Human Resources prior to implementation.

107

IV. Holiday Compensatory Time

Holiday compensatory time procedures are outlined in Section 10 - Holidays.

Section 9 - Page 2

SECTION 10

HOLIDAYS

I. Eligibility

All employees in FTE positions shall be allowed to observe with pay those holidays listed in Section 19-708.02 listed in Paragraph II and III below.

II. Legal Holidays

New Year's Day	January 1
Martin Luther King, Jr. Day	Third Monday in January
George Washington's Birthday/President's Day	Third Monday in February
Confederate Memorial Day	May 10
National Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Veterans Day	November 11
Thanksgiving Day	Fourth Thursday in November
Day after Thanksgiving	Friday following Thanksgiving

Christmas Eve	December 24
Christmas Day	December 25
Day after Christmas	December 26

Section 10 - Page 1

III. Holiday Observance Procedure

- A. Holidays are to be taken on the prescribed day unless it is necessary for the employee to be at the work station. Prior notice insofar as possible shall be given employees who must work on holidays.
- B. In the event an employee, whose regular workweek is forty (40) hours, is scheduled to work on a holiday, that employee will receive compensatory time based on a five (5) day, forty (40) hour workweek.
- C. An employee who must work a portion of the holiday due to a shift that begins on one day and ends on another shall be granted holiday compensatory time equal to all hours worked on the holiday.
- D. An employee who is required by the agency to work on a holiday shall be given holiday compensatory time at the convenience of the agency. The holiday compensatory leave credits must be used within ninety (90) calendar days.
- E. The length of an employee's holiday is computed based on the number of hours in the employee's average workday. To determine the number of hours in a holiday, divide the total number of hours an employee is regularly scheduled to work during a week by five (5) (regardless of the number of days the employee actually reports to work).
- F. When a holiday falls between Monday and Friday, an employee who is not scheduled to work on that day will be given compensatory holiday credit only if such credit is necessary for the employee to receive the same number of holidays as the Monday through Friday employee receives during a calendar year. The holiday shall be credited as compensatory leave and the employee shall be authorized to observe the holiday within ninety (90) days from the time that the Monday through Friday workweek employees observed it.
- G. All employees whose positions are nonexempt as defined by the FLSA and who are

109

not allowed to take compensatory leave earned for working on a legal holiday within the ninety (90) day period, shall be compensated for the holiday, at the employee's straight hourly pay rate, no later than the second regular pay period following the last day of the time period prescribed in which compensatory time must be given. Exempt employees shall not be paid for unused holiday compensatory time credits. The Department may submit a request to the Budget and Control Board's Office of Human Resources for an extension for an additional ninety (90) days because of limited staffing.

Section 10 - Page 2

IV. Holiday Compensatory Leave Records

Records shall be maintained in SCEIS for all employees who receive holiday compensatory leave credits.

V. Miscellaneous

- A. When a holiday falls on a Saturday or Sunday, it shall be observed on the preceding Friday or the following Monday, respectively, by employees working a Monday through Friday schedule. Employees scheduled to work on a Saturday or Sunday that is a legal holiday shall observe the actual holiday or receive compensatory time in accordance with Paragraph IV. above.
- B. When a legal holiday falls during a period of sick or annual leave that day will not be counted as a sick or annual leave day.
- C. Holiday compensatory leave credits or monetary compensation are to be awarded only to those employees who are required to be on the job and performing authorized work.
- D. Part-time employees in FTE (Full Time Equivalent) positions, who work on legal holidays, shall receive a pro-rated amount of the holiday time in holiday compensatory leave credits or monetary compensation, in accordance with Paragraph IV above.
- E. Employees who are on leave without pay status the day before a holiday shall not be paid or receive holiday compensatory time for holidays falling during this leave without pay.
- F. Upon termination from employment a nonexempt employee shall be compensated for all holiday compensatory leave credits. Exempt employees shall not be paid for unused holiday compensatory leave.
- G. When a holiday falls on a day an employee on paid military leave would have been

110

scheduled to work, it will be counted as a day of military leave. Compensatory time will not be allowed.

Section 10 - Page 3

SECTION 11

HAZARDOUS WEATHER AND OTHER EMERGENCY CONDITIONS POLICY

The policy as it applies to the South Carolina Department of Mental Health is as follows:

I. Issuance of a Declaration of Emergency

Upon issuing a Declaration of Emergency, the Governor has the authority to excuse all employees of State government from reporting to work during extreme weather or other emergency conditions. "Emergency conditions" means circumstances that would expose employees to harmful or unsafe conditions as determined by the Governor's Office. Unless such Declaration of Emergency has been issued, all State government employees are expected to report to work.

Exception: Nothing contained in this Section precludes the necessary immediate evacuation of any facility by an individual in an appropriate supervisory capacity in the interest of personal safety.

II. Geographical Location

The Declaration may be applicable to all employees in the entire State, or only to those employees who live or work in one geographical region of the State, or a combination of geographical regions.

III. Essential and Direct Services

During a Declaration of Emergency, all essential and direct care services will be maintained. Each agency shall identify essential employees by position, classification, or internal title, and post a list thereof. Generally, no change of the essential employee roster should be authorized after the Governor's Declaration of an Emergency. Nonessential employees will not be expected to report to work.

IV. Notification of Declaration of Emergency

A. Between the hours of 8:00 a.m. and 5:00 p.m.

1. The Declaration of Emergency shall be communicated from the Governor's Office to the South Carolina Emergency Management Division. The

Section 11 - Page 1

South Carolina Emergency Management Division will communicate the Declaration of Emergency to each agency.

2. The State Human Resources Director will communicate the Declaration of Emergency to each agency in accordance with the list of agency representatives to be contacted in the case of an emergency declaration.
3. The Governor's Office will issue a statement to the news media concerning the release of employees due to the emergency.

B. Between the hours of 5:00 p.m. and 8:00 a.m.

All Declarations of Emergency will be transmitted by the Governor's Office to the news media. Employees will assume an individual responsibility to respond in an appropriate manner to closings as they may be announced.

V. Compensation During Declaration of Emergency

An employee who does not report to work or who reports late shall use annual leave or compensatory time to make up hours scheduled but not worked, take leave without pay, or be allowed to make up the hours at a time to be scheduled by the Department. The employee must be given the option of making up the hours if the employee so desires.

Note: The Governor can provide state employees up to five (5) days leave with pay for absences from work due to a state of emergency for hazardous weather.

112

Section 11 - Page 2

113