

South Carolina Department of Mental Health Mobile Crisis Program Manual



Mobile Crisis

Version Date: 23 November 2020

The procedures in this manual do not replace/supersede Federal or State laws, DMH directives regarding proper medical care and service delivery, including all laws related to practice, HIPAA privacy and Corporate Compliance responsibilities. Reference SCDMH Policy & Procedures appropriate program for additional information/questions.

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Program Overview and Philosophy

Community Crisis Response and Intervention (CCRI) was created in partnership between the South Carolina Department of Mental Health (SCDMH) and the South Carolina Department of Health and Human Services (SCDHHS). The purpose of this program is to facilitate 24 hour access to adult and child clinical screening for those experiencing crisis, either at the location of crisis, in person at a mental health facility, or telephonically in all 46 counties of South Carolina. Clinicians provide screening in order to de-escalate the crisis, establish safety, and provide linkage to appropriate treatment and/or other resources.

The program, now called “Mobile Crisis”, is within the SCDMH Office of Emergency Services (OES). The program is facilitated, staffed, and maintained by the local mental health clinic with direct oversight provided by a clinic designated emergency services supervisor. The use of full time employees (FTE) and local Dual Employee (DE) clinicians provide 24 hour coverage for assigned clinic catchment areas. Community Mental Health Clinics (CMHC) will be allocated employee positions by the Mobile Crisis Program Manager which will be determined by collected data such as call volume and documentation.

As of 1 October, 2020, the SCDMH Call Center is tasked with answering all calls to the crisis hotline, 833-DMH-CCRI (364-2274). The Call Center is staffed by FTE, part-time and Dual Employment personnel to provide 24 hour coverage as directed by the Call Center Program Manager.

A scheduling program/software will be utilized and maintained by each mental health center in order to provide Call Center personnel correct contact information at all times for all catchment areas.

CMHC leadership will develop and publish local protocols for program administration specific to assigned catchment areas. Protocols should include, but may not be limited to:

- Crisis response during clinic business hours and after-hours/closures
- Staff scheduling to include periods of inclement weather closures/natural disasters
- Process of emergency commitments during clinic business hours and after-hours
- Community contacts/education
- Development of local partnerships
- Development of resource lists

Administration

Mobile Crisis Regional Coordinators

Under the supervision of the Mobile Crisis Program Manager, Regional Coordinators are assigned catchment areas and tasked with supporting centers with the implementation of 24/7 mobile crisis response in accordance with SCDMH program directives and contractual obligations as directed by the Mobile Crisis Program Manager. Regional Coordinators provide support in training new staff employees and dual employees joining the mobile crisis program. Duties also include, but are not limited to:

- Assisting centers with scheduling mobile clinicians in all catchment areas
- Training new clinicians (FTE/DE)
- Fostering community collaboration/partnerships
- Conducting program presentations to community stakeholders

- Resolving discrepancies/call complications/documentation/contract deliverables as needed
- Ensuring clinics in assigned catchment areas are providing accurate protocols to the SCDMH Call Center
- Participating in staffing needs as necessary
- Serve on the regional administration after-hours rotation

Mobile Crisis Regional Coordinators are assigned to the Office of Emergency Services, Mobile Crisis Program.

CMHC Mobile Crisis Supervisor

- Clinic leadership will identify a Mobile Crisis Supervisor to oversee all aspects of crisis within the Mental Health facilities and communities of the catchment area 24/7.
- The Mobile Crisis Supervisor will oversee all aspects of on-call/after-hours mobile crisis team scheduling, time keeping, and travel reimbursement processes.
- The Supervisor will also serve as the liaison between the center and the South Carolina Department of Mental Health Program office.
- The Supervisor should serve in a supervisory role for program FTEs at a minimum.
- The Supervisor will maintain all training aids and program documentation pertaining to the Dual Employment/On-Call Program.
- The Supervisor, in coordination with CMHC Quality Assurance Coordinator, will participate in the auditing process of local crisis information documentation in accordance with published Audit Review Guide and Audit Tool.
- The local Mental Health Center Executive Director/clinic leadership exercise oversight of the mobile crisis program as necessary.
- Maintain center protocol information provided to SCDMH Call Center and update as necessary.

DMH Call Center

The Department of Mental Health Call Center will be staffed 24/7 by SCDMH personnel. Call Center personnel will screen all calls and provide initial assessment, de-escalation, brief telephone therapy, and provide references to connect callers with local services specific to their geographical location at the time of the call. If Call Center personnel determine the call requires a mobile response, the local on-call clinicians will be contacted and provided pertinent information and dispatched to the scene. Call Center personnel will complete initial documentation in EMR.

During daytime clinic hours, Call Center personnel will coordinate crisis response with the local clinic Mobile Crisis Supervisor in the appropriate catchment area using published CMHC Protocols.

During clinic closures and after-hours, the Call Center will staff possible mobile calls with the Call Center shift leader prior to dispatching local on-call clinicians. If further staffing is necessary to determine a mobile response, the Call Center will staff with on-call Call Center Administrator.

Call Center personnel will provide community mental health centers with end of shift reports via email distribution.

Call Center Staffing & Protocols

The Call Center Program Manager is responsible for 24/7 staffing of the Call Center. Call Center clinicians are responsible for the triage of all calls to the Call Center and completion of associated documentation for follow up, shift reporting, and center communication for follow up and referral as necessary. Utilizing a triage decision tree and coordination with shift leaders and on-call administration, Call Center staff will determine the necessity of mobile response and notify the on-call mobile clinicians in the appropriate catchment area and provide pertinent information to include, but may not be limited to:

- Caller contact information (name, location, telephone number, address, relation to patient)
- Patient contact information and location
- Safety precautions (known access to weapons, LE response, etc)
- Pertinent patient crisis information (presentation, diagnosis, medications, DMH status, if known)

Protocols

Each CMHC will provide the Call Center with local protocols including center hours of operation, daytime clinic protocol for providing crisis response, and current contact information for emergency services supervision.

During daytime clinic hours, the Call Center will coordinate crisis response with appropriate clinic personnel in the catchment area. This may be accomplished by call forwarding or providing appropriate contact information to local centers if callers are not in imminent risk/danger*. Call Center phone systems allow for direct call forwarding of callers to CMHC locations.

During after-hours and periods of clinic closures, Call Center staff will coordinate crisis response with Call Center shift leaders and the Call Center On-call Administrator. Call Center staff will contact both on-call mobile clinicians in the appropriate catchment area in the event a mobile response is required.

NOTE: When callers are determined to be in imminent danger*, Call Center staff will remain connected with the caller until the mobile team can establish direct contact or law enforcement/first responders arrive on scene and notify Call Center personnel the scene is secure.

*Imminent danger may be defined as the reasonable clinical belief serious harm or death will occur without immediate intervention. The danger may be for the patient, caller or those individuals present or nearby the patient/caller.

Call Center personnel will initiate documentation in EMR utilizing patient centered documentation which may include C20s, Generic and Crisis Clinical Service Notes, safety plans, and 3Q Crisis Intervention Notes. Additional documentation will be completed by responding clinicians and the local clinic for follow up as required.

Call Center personnel will provide, at a minimum, caller name and contact information, patient name, specific location, and circumstances surrounding the psychiatric crisis to the mobile clinicians.

Discrepancies that arise regarding the decision to dispatch mobile clinicians will be resolved by the on call Regional Administrator in coordination with the OES Administrator.

Roles & Responsibilities

Office of Emergency Services Administrator Role

The Office of Emergency Services (OES) will designate and schedule after-hours administrators serving as a back up support when the local on-call administrator cannot be reached, becomes unavailable, or situations determine additional support/staffing is required.

On call OES Administrators are designated by the Office of Emergency Services Program Management and will be scheduled by the Mobile Crisis Program Manager.

On call OES Administrators will make the final determination for the most appropriate response when discrepancies/complications are identified between the Call Center staff and on call mobile clinicians.

Regional Administrator Role

Mobile Crisis Regional Coordinators will identify a maximum of five (5) administrators to participate in on-call rotation for regional catchment areas. After-hours administrators serve to provide oversight of all mobile responses in the assigned regional area. Administrators provide assistance to the Call Center and mobile clinicians to identify best practice approaches and resolutions to situations as they arise. Administrators will be the primary after-hours point of contact, primary initial point of contact for all adverse incidents that occur during their shift, and will ensure proper notifications and documentation is accomplished the following business day. Adverse Incidents involving clinician safety will be immediately reported to appropriate CMHC leadership and the on-call OES Administrator.

On-call Regional Administrators are designated by the Office of Emergency Services Program Management and will be scheduled by the Mobile Crisis Program Manager or Regional Coordinators unless otherwise approved.

Regional Administrators do not respond to mobile calls except in circumstances when an on call mobile clinician becomes unavailable and the crisis location is within the 60 minute response time. Prior to response, Regional Administrators will staff the situation with the on call OES Administrator for final determination.

Regional Administrators provide oversight and supervision during discrepancies/complications between the SCDMH Call Center and on-call mobile clinicians.

On-Call Mobile Clinician Role

Serve as a provider of mobile crisis intervention, by administering brief individual and/or family therapy to address crisis and identify triggers for crisis behavior to include development of crisis safety plan or initiating the process of involuntary commitment. Serves as liaison to local CMHC to provide updates on SCDMH clients during times of crisis. Engage in additional training to maintain professional development. Participates in on-call rotation as locally determined and scheduled. Additional shifts may be required to facilitate the 24/7 coverage of after hours on-call.

On-Call Mobile Clinician Responsibilities

- On-call mobile clinicians are required to answer all calls for service within their assigned catchment area in a timely manner, arriving on-scene within 60 minutes of notification. These calls for service are normally facilitated via Call Center but may be generated from local law enforcement, hospitals, and other community members.

- Complies with all applicable Quality Assurance, Corporate Compliance, Cultural Competence and Confidentiality policies, procedures, and regulations, as well as all Federal and State laws.
- Attend all training classified as mandatory by SCDMH, State and Federal regulations.
- Under general supervision, on-call mobile clinicians provide assessments for patients experiencing crisis as requested during times of mobile crisis interventions, consultations with community agencies, and short term case management.
- Educates clients on community resources and make arrangements for immediate disposition regarding transfers and referrals.
- During after-hours, mobile clinicians do not make determinations for mobile or telephonic response. The Regional Administrator must be contacted and will make determinations for the type of response and may staff these situations with the on-call OES Administrator.

Mobile Crisis Team Response

- Two clinicians are required to respond to all mobile response calls as determined by the Call Center, local Supervisor, on-call Administrator, or local clinic leadership.
- Clinicians will arrive on scene to all mobile calls for service within 60 minutes from the time notification was received.
- On-call mobile clinicians will coordinate mobile response arrivals to ensure both clinicians arrive on-scene prior to beginning any assessment or interaction with law enforcement, patient, family members, or other parties.
- Clinicians will notify appropriate law enforcement agency of all mobile calls for service and make requests for law enforcement presence for safety.
 - **NOTE:** This should be done at least 15 minutes PRIOR to arrival on scene of a mobile crisis call. More time may be needed in rural areas.
 - **NOTE:** Clinicians will not make contact with patients, family members, or members of the community prior to law enforcement arrival on scene to ensure safety of all parties.
- Clinicians will notify the on-call Regional Administrator when departing for crisis response, upon arrival, after initial assessment is made, upon departure from the scene and upon arrival at their residence or local clinic when crisis call is concluded.
- Clinicians will contact the on-call Regional Administrator when discrepancies arise regarding call center decision for mobile responses. Mobile clinicians will not determine mobile responses without consulting the on-call Regional Administrator.
- Clinicians will staff all mobile calls for service with local Supervisors during clinic business hours or the on-call Administrators after-hours to determine appropriate plan of care.
- Clinicians will complete all documentation prior to end of shift including end of shift call logs.

Electronic Medical Record Documentation

- 3Q Crisis Intervention Note
 - Clinicians will accurately complete, save, and sign the Crisis Intervention Note under the Crisis Tab in the EMR 3Q Facility within the assigned shift. Notes will include pertinent historical information, patient presentation with pertinent factual circumstances, supporting information, determination of outcome, and disposition of crisis assessment in accordance with the Dept. Health and Human Services (DHHS) Community Mental Health Services Provider Manual.

- (3Q) Follow Up Documentation
 - Each Crisis Intervention Note that requires follow up MUST be documented on a 3Q Crisis Intervention Note unless otherwise instructed by supervision.
 - The 3Q Crisis Intervention Note is the only acceptable documentation for crisis assessment and follow up documentation by clinicians.
 - The 3Q Crisis Intervention Note will generate an appointment for the clinician which requires the completion of the Clinical Service Note (CSN). Clinicians will properly determine the appropriate CSN type (generic or crisis) to the service. Clinicians will successfully save and sign the appropriate CSN prior to end of shift.
 - Clinicians will ensure billable services are documented along with accurate billing times and non-billable services are documented with appropriate generic CSN type.
- End of Shift Reporting
 - End of shift reporting is accomplished by clinicians at the end of each assigned shift. Designated clinicians will generate an email detailing all calls for service including telephone calls and mobile calls.
 - Attach a PDF copy of all 3Q Crisis Intervention Note generated during shift
 - Follow up requests
 - End of shift emails will be sent to locally determined distribution, Mobile Crisis Program Regional Coordinators, assigned therapists, appropriate medical staff and/or other pertinent clinic personnel as deemed necessary by the clinician.

CMHC Audit Review Process

The Mobile Crisis Program Manager is responsible for the oversight of the audit process of 3Q clinical records. CMHC Quality Assurance Coordinators will oversee the execution of annual audit reviews and reporting of 3Q mobile crisis records in accordance with the published Mobile Crisis Program Audit Review Guide and Audit Tool. Findings will be provided as directed by SCDMH Quality directives. Quality Improvement Plans, when necessary, will be directed by CMHC Quality Assurance Coordinator and the Mobile Crisis Supervisor. Mobile Crisis Regional Coordinator may be utilized if additional training or assistance is required.

Affidavit for Involuntary Emergency Hospitalization for Mental Illness

Pursuant to South Carolina Code 44-17-430, an Affidavit of Emergency Admission (Part 1) may be completed for persons believed to be mentally ill and because of this condition likely to cause serious harm if not immediately hospitalized cannot be examined by at least one licensed physician.

On-call clinicians, as petitioners, complete documentation during calls for service after completing an appropriate mental health assessment and determine a person requires immediate hospitalization. Each CMHC will be responsible for the development of protocols for completing orders of detention and publishing protocols to appropriate staff.

Documentation is pursuant with South Carolina Code 44-17-410 which requires a written affidavit documenting the belief a person is mentally ill and, because of this condition likely to cause serious harm if not immediately hospitalized cannot be examined by at least one licensed physician and must detail the specific type of serious harm thought probable if the person is not immediately hospitalized and the factual basis for this belief.

NOTE: At no time should clinicians complete documentation without personally completing an assessment of the person believed to be in serious harm and staffing case specifics with local supervisor or the on-call Administrator. Assessments must be accomplished in person or via approved telehealth procedures.

Clinic Request for Follow up/Patient Check-in Requests

- When requested, patients may require after-hours follow up due to the presence of heightened factors which could result in patient decompensation and crisis episodes.
- Requests for Follow Up/Wellness Checks will be made via Mobile Crisis Supervisor who will notify appropriate on-call clinicians of the requirement.
- Local On-Call clinicians are responsible for follow up/wellness check calls and all subsequent documentation in EMR and response to requesting clinicians.
- The SCDMH Call Center will not be responsible for follow up/patient check-in requests.

Employee Conduct

- As employees of the South Carolina Department of Mental Health, all clinicians are expected to conduct themselves in accordance with administrative, ethical, and procedural guidelines as outlined and published in local policy IAW SCDMH Policy 786-94 and 875-06.
- Employees failing to uphold the principles of these policies are subject to disciplinary actions. Reports of violations will be forwarded to the Mobile Crisis Supervisor and center leadership.
- During periods of on-call, clinicians will refrain from use of alcoholic beverages or other substances which could impair abilities of the clinician to appropriately fulfill on-call duties to include, but not limited to:
 - Conducting crisis telephone calls/interventions
 - Operating a motor vehicle
 - Conducting face to face crisis assessments/care coordination/documentation
- Mobile clinicians must physically remain within assigned catchment area for their entire assigned shift to ensure response times within 60 minutes. Regional Administrators must remain in their assigned regional catchment area for the entire shift unless otherwise approved by Regional Coordinators or Mobile Crisis Program Manager.
- Clinicians/Administrators must readily take all telephone calls during their assigned shift. If a call is missed, clinicians will return missed calls within 5 minutes.
- Clinicians will immediately notify the Supervisor if they are unable to fulfill their assigned shift due to illness, personal matters or emergencies.
- At the discretion of the Mobile Crisis Supervisor, confirmed violations may result in the removal from the after-hours program for an indefinite period of time. Further disciplinary action may also result as determined by local supervision.

Adverse and Unusual Incident Reporting

- On-call clinicians are responsible for submission of Adverse Incident Reports to the local supervisor by the end of shift in accordance with local guidance.
- Adverse or unusual incidents include but are not limited to:
 - Incidents involving injury

- Communicable disease
- Violence or aggression
- Use or possession of weapons
- Elopement and/or wandering
- Vehicular accidents
- Abuse and neglect
- Suicide or attempted suicide
- Sexual assault
- Other sentinel events (delay in treatment, serious harm, other complications, etc)

Onboarding for Dual Employment/On-Call Team

- Employees accepted for on-call dual employment must complete all onboarding documentation as provided by the Supervisor in accordance with local HR Policy, After-Hours Emergency Screening Staff (see attachment for Dual Employment Agreement).
- Newly assigned clinicians must complete Mobile Crisis Program Training facilitated by the Director of Training and Assessment prior to assignment of shifts.
- Newly assigned dual employees must have access to the “3Q” documentation area of EMR prior to being assigned to after-hours shifts and demonstrate proficiency of training.
- Newly assigned clinicians will have or make application for South Carolina Notary rights.
- Within 90 days of employment or acceptance as a dual employee, all clinicians will complete:
 - Applied Suicide Intervention Skills Training (ASIST)
 - Assessing and Managing Suicide Risk (AMSR) Training
 - DBT Skills for Crisis Clinicians
 - NOTE: These trainings can be facilitated by SCDMH staff who are certified trainers through the Office of Suicide Prevention. The training may be facilitated at the center or at Central office. Please coordinate with OSP for clinicians requiring these trainings.
- Newly assigned clinicians will also be provided local training covering, but may not be limited to, local policy and guidance:
 - Position Responsibilities
 - LE Interaction/Safety
 - Community Resources
 - Orders of Detention
 - Employee Conduct
 - EMR Documentation
 - Shift Reporting/Follow Up
 - Attendance policy
 - Time Sheet submission
 - F12 Travel Reimbursement

On-call Scheduling

- Scheduling of on-call clinicians is the responsibility of the Mobile Crisis Supervisor. The Supervisor will ensure 24 hour shift coverage for all after hour/clinic closure periods.
- Supervisors will ensure scheduling is complete a minimum of 30 days in advance at all times.

- Participating clinicians understand this includes all observed holidays and agree to participate in shift coverage during scheduled holidays.
- On-call clinicians are generally designated as essential staff during periods of inclement weather, natural disasters, clinic closures, or declared emergencies and may be required to respond to crisis calls.
- Clinicians will be provided access to scheduling process (software/website/mobile application) and provided necessary user training.
- The Supervisor should publish local guidance regarding shift assignment, weekend shifts, and a rescheduling policy.

On-Call Timesheet & Travel Reimbursement

On-Call Timesheet

- Timesheets are due no later than 3pm on the 2nd and 17th day of each month without exception.
 - **NOTE:** Late timesheet submissions may be processed for the following pay period.
- Submissions will be made on SCDMH approved form as published. No other form will be accepted for on-call pay requests.
- Timesheets must be correctly and completely accomplished. Corrections will delay submission and could result in a delay until the following pay period.
- The Supervisor is responsible for the quality control of the on-call timesheet submission process.
- Clinicians on sick or annual leave will not be scheduled for on-call after-hours.

On-Call Pay

- On-call time will be paid an hourly rate as published by SCDMH unless a mobile call is required.
- Mobile calls for service will be paid an hourly rate as published by SCDMH and will begin when the clinician departs and will end when they arrive home from the call for service. The hourly rate will then revert back to the hourly on-call rate.
- Mobile calls for service will only be paid for time spent driving to the incident location, time spent on scene and travel time returning.
 - Stops or diversions not related to the crisis call will not be paid the mobile call rate.
- Mobile calls for service will be paid a minimum of two (2) hours when assessments are completed/attempted.
- If on-call clinicians are cancelled en-route or upon arrival, reimbursement may be requested only for actual time spent traveling and are not eligible for the two (2) hour minimum.

F12 Travel Reimbursement

- State vehicles will be used for crisis response during clinic hours. If a state vehicle is not available, the use of clinician privately owned vehicle (POV) will be reimbursed monthly at the rate published by the South Carolina Department of Mental Health in accordance with policy 11.19.1.
- Mobile Crisis Supervisors will ensure adherence to vehicle use policy and verify no state vehicle is available prior to authorizing the use of privately owned vehicles for crisis response.
- Travel will be reimbursed for actual miles driven to and from the mobile call for service.
 - Stops or other diversions not related to the crisis call for service will not be reimbursed.

- Submissions will be made on SCDMH approved form as published. No other form will be accepted for travel reimbursement.
 - Travel reimbursements must be submitted no later than the 27th of each month. Late submissions may be processed for the following pay period.
- Travel reimbursement forms must be correctly and completely accomplished. Corrections will delay submission and could result in a delay of reimbursement until the following calendar month.
- NOTE: A Letter of Justification must be on file with the Mobile Crisis Program Manager prior to clinicians being reimbursed for use of their personal vehicle during clinic hours when a state vehicle is available.

Mobile Crisis Program funding

The Mobile Crisis Program Manager is responsible for the oversight and adherence of program and budgetary constraints as provided in the current year contractual agreement between SCDMH and the SCDHHS.

Centers will be allotted staffing positions based upon previously collected call volume and EMR documentation data. The program will provide for quarterly disbursement of funds to CMHC only after required program reporting has been submitted to the Mobile Crisis Program office by the center per contract requirements.

Clinic Mobile Crisis Supervisors will submit completed Notice of Hire/Notice of Vacancy (NOH/NOV) reports within 30 days of ending quarter days below. The reports should list each allocated position and associated information. See attachments for this form.

Fiscal Year End of Quarter Dates

Quarter 1: 30 September	Quarter 2: 31 December
Quarter 3: 31 March	Quarter 4: 30 June

NOTE: Centers failing to submit completed NOH/NOV forms will not be approved to receive disbursement of program funds. Funds may be delayed until the following quarter.

Centers will be allocated \$40,000 per allocated Full Time Employee (FTE) position. These funds do not include cost of fringe benefits associated with each position.

Quarterly, centers will be allocated funds for after-hours reimbursement to ensure complete coverage of after-hours crisis response. These funds will not be used for other expenses such as equipment, training, other functions or regular salary unless previously authorized by the Mobile Crisis Program office.

Centers will provide quarterly Payroll Distribution Reports indicating funds utilized during the quarter on mobile crisis personnel and after-hours reimbursement.

Requests for additional positions must be supported by SCDMH Call Center data, documentation or other program data submitted to the Mobile Crisis Program Manager.

Notice of Hire/Notice of Vacancy

Center Mobile Crisis Supervisors will notify the Mobile Crisis Program Manager within 5 business days when clinicians are hired or vacating positions. This information will be validated quarterly by program administration to calculate funds disbursement. Delays in obtaining accurate position information will result in delayed disbursement of program funds to the centers.

Use of Full Time Employees/Part Time Employees

Program funded positions are to be utilized only in the support of CMHC emergency services. CMHC utilizing the ACCESS/Mobile Crisis (A/MC) model may utilize program funded employees in their day to day crisis services under the direct supervision of the Mobile Crisis Supervisor.

Program funded employees will not be assigned non-crisis responsibilities such as patient case load, assigned routine patient outreach, productivity hours unrelated to crisis services, or other administrative roles.

Program funded employees may be tasked with assessments resulting from crisis services such as the Initial Clinical Assessment (ICA), initial Daily Living Assessment 20 (DLA-20), hospital discharge appointments, etc.

Split/Shared Salary

Centers that assign program funded employees non-crisis responsibilities must submit a proposed Position Description to the Mobile Crisis Program Manager. Upon review, a split salary agreement will be drafted and agreed upon detailing the utilization of center funds to support those duties not related to crisis services. The agreement will specify percentages of funds to equal 100% of the base salary for the employee prior to the performance of any non-crisis duties.

CMHCs failing to submit Position Description will forfeit quarterly program funding disbursements until a split salary agreement is finalized.

Questions regarding this manual should be directed to the Mobile Crisis Program Manager or Director of the Office of Emergency Services.

Community Mental Health Centers Information

Center	Counties	Phone	Address		
Aiken Barnwell MHC	Aiken, Barnwell	803.641.7700	1135 Gregg Highway	Aiken	29801
Anderson-Oconee-Pickens MHC	Anderson, Oconee, Pickens	864.260.2220	200 McGee Rd	Anderson	29625
Beckman MHC	Abbeville, Edgefield, Greenwood, McCormick, Saluda, Laurens, Newberry	864.229.7120	1547 Parkway, Suite 100	Greenwood	29646
Berkeley Community MHC	Berkeley	843.761.8282	403 Stoney Landing Rd	Moncks Corner	29461
Catawba Community MHC	York, Chester, Lancaster	803.328.9600	205 Piedmont Blvd St 100	Rock Hill	29730
Charleston Dorchester MHC	Charleston, Dorchester	843.852.4100	2100 Charlie Hall Boulevard	Charleston	29414
Coastal Empire Community MHC	Allendale, Beaufort, Colleton, Jasper, Hampton	843.524.8899	1050 Ribaut Rd	Beaufort	29902
Columbia Area MHC	Richland, Fairfield	803.898.4800	2715 Colonial Dr Suite 100	Columbia	29203
Greater Greenville MHC	Greenville County	864.241.1040	124 Mallard St	Greenville	29601
Lexington County MHC	Lexington	803.996.1500	301 Palmetto Park Blvd.	Lexington	29072
Orangeburg Area MHC	Bamberg, Calhoun, Orangeburg	803.536.1571	2319 St. Matthews Rd	Orangeburg	29118
Pee Dee MHC	Florence, Darlington, Marion	843.317.4073	125 E Cheves St	Florence	29506
Santee-Wateree MHC	Sumter, Clarendon, Kershaw, Lee	803.775-9364	801 N. Pike	Sumter	29153
Spartanburg Area MHC	Spartanburg, Union, Cherokee	864.585.0366	250 Dewey Avenue	Spartanburg	29303
Tri-County Community MHC	Chesterfield, Marlboro, Dillon	843.454.0841	1035 Cheraw St	Bennettsville	29512
Waccamaw MHC	Georgetown, Horry, Williamsburg	843.347.5060	164 Waccamaw Medical Park Dr	Conway	29526

Sample Attachments

Notice of Hire/Notice of Vacancy

Dual Employment Responsibilities Checklist

DP 65 Sample for 3Q Access

HRS-03B Dual Employment Request Form

Application for Notary Public (current form located at <https://sos.sc.gov/services-and-filings/notaries>)





NOTICE OF HIRE/VACANCY

HIRE

Center Reporting Hire: _____

Center HR Contact Information:

Name: _____

Phone: _____

Email: _____

Employee Name: _____

Position Number: _____

Official start date: _____

First pay date: _____

Salary: _____

VACANCY

Center Reporting Vacancy: _____

Center HR Contact Information:

Name: _____

Phone: _____

Email: _____

Employee Name: _____

Position Number: _____

Last official date of employment: _____

Last pay date: _____

Please submit completed reports to Jeff Payne at jeffrey.payne@scdmh.org. For questions, please contact the Mobile Crisis Program Office at 843.956.3104.



Mobile Crisis Dual Employee Responsibilities

Please review and initial next to each of the following responsibilities to signify your understanding.

Prior to your shift:

___ I am responsible for looking at the schedule in Sling to know when I am on call and who the Administrator on call will be. (Sling has a feature on the mobile app to notify you 1 hour before your shift starts. It is advised you use this feature to remind you to have your ringer on.) I need to know my partner and the Admin on Call numbers and am aware this can be found in Sling.

___ I am responsible for communicating with my partner and the Admin on Call PRIOR to my shift to confirm correct numbers and ensure the on call team is ready for the shift.

___ I am responsible for ensuring my mobile phone is in working order and the number listed for me in Sling is up to date. If I am aware of any issues which may prohibit me from being able to fulfill my on call shift, I am responsible for communicating this to the Mobile Crisis Supervisor and finding coverage if I am unable to resolve the issue.

___ In the event an emergency arises and I am unable to work my shift, I am responsible for communicating this to the Mobile Crisis Supervisor and finding coverage.

During your shift:

___ I am responsible for taking all calls the Call Center places to my phone when I am on call.

___ I understand that due to the nature of the calls transferred by the Call Center, it is of the utmost importance I answer the phone. If I miss a call and do not return the call within 5 minutes, I understand I will be considered not on call, and will not be paid for the shift.

___ I understand if this reoccurs I will be taken off the on call rotation for a length of time determined by the Mobile Crisis Supervisor.

___ I understand I am responsible for communicating with the Admin on Call for any concerns regarding calls and in the event of a mobile response.

___ I understand if I am unable to reach my partner for a mobile response, I am to communicate this to the Admin on Call.

___ I understand if I am unable to reach the Admin on Call and do not receive a call back within 5 minutes, I am to contact the Central Office Admin on Call.

___ I understand I am responsible for knowing the protocols for the area I am scheduled to cover.

Concluding your shift:

___ I understand the CI note and appropriate CSN need to be completed prior to the end of shift.

___ I understand the CI notes from the shift need to be emailed to the specified contacts to ensure hand off and appropriate follow up.

___ I am responsible for accurate documentation on my timesheet and F12 for mileage reimbursement.

___ I am responsible for attending a Dual Employee training annually. My renewal date is: _____

By signing below, I acknowledge that I have read and understand the above expectations of me as a dual employee with Mobile Crisis.

Employee Signature: _____ Date: _____

DMH COMPUTER SECURITY UPDATE REQUEST

John	M. Doe	XXX-XX-1234	3/20/2020
First Name	Init. Last Name	Credentials i.e. (MD, RN, etc)	Soc. Sec. Num. (last 4 of SSN) Date

Berkeley CMHC	Supervisor	(943) 123-4567
Facility/Center Name	Supervisor's Name	Telephone Number

Type request: New Change Delete User-id: ????? (ID on change/delete only)

<p>Inpatient EMR</p> <p>AVATAR CWS</p> <input type="checkbox"/> Activity Therapist <input type="checkbox"/> Adult Transitional Services <input type="checkbox"/> BHA <input type="checkbox"/> Clinical Counselor <input type="checkbox"/> LPN <input type="checkbox"/> Nurse Extern <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> ODon <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> RN <input type="checkbox"/> Social Worker <input type="checkbox"/> Student Nurse <input type="checkbox"/> Unit Clerk <input type="checkbox"/> Utilization Management <input type="checkbox"/> Other	<p>Patient Information</p> <p>AVATAR PM</p> <input type="checkbox"/> Admissions <input type="checkbox"/> Census Responsibilities <input type="checkbox"/> Client - Inquiry <input type="checkbox"/> Financial Eligibility <input type="checkbox"/> Medical Record/ HIS <input type="checkbox"/> Nursing <input type="checkbox"/> Social Worker <input type="checkbox"/> Discharge Readiness <p>AVATAR CFMS -Banking</p> <input type="checkbox"/> Cashier <input type="checkbox"/> Administration	<p>CIS - CMHC's Outpatient/EMR</p> <input checked="" type="checkbox"/> CIS - Data-Entry <input type="checkbox"/> CIS - Center Administration <input type="checkbox"/> CIS - Staff Prod. View Pay <input type="checkbox"/> CIS - Read Only (Clinicians) <input type="checkbox"/> CIS - Intake Only <input type="checkbox"/> CIS - Scheduler - Read ONLY <input checked="" type="checkbox"/> CIS - Scheduler <input type="checkbox"/> CIS - Comm. Homes / CRCF <p>CIS - Privileges</p> <input type="checkbox"/> CIS - Reverse Privileges <input type="checkbox"/> CIS - Continuity of Care <input type="checkbox"/> CIS - Web Entry <p>EMR</p> <input checked="" type="checkbox"/> EMR Data - Entry <input type="checkbox"/> EMR Read - ONLY <input type="checkbox"/> EMR Staff Admin. <input type="checkbox"/> SCHIEx
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<p>Mainframe Patient System</p> <input type="checkbox"/> Patient Inquiry <input type="checkbox"/> Patient Accounts <input type="checkbox"/>
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<p>NOTES: Request 3Q access, current EMR user.</p>

<p>Date:</p> 	<p>Security Administrator Signature:</p> 	<p>Director of Designee Signature:</p> <p style="text-align: center; font-size: small;">Supervisors Signature</p>
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Dual Employment Request Form

New
Renewal

It is the employee's responsibility to obtain all necessary approvals prior to engaging in any dual employment.

REQUESTING (Secondary) AGENCY

AGENCY NAME: S.C. Dept. of Mental Health Department CCRI Cost Center J1203Q0000 Fund Code 37570001 Functional Area J120_C000
(Secondary)

EMPLOYEE NAME _____ SOCIAL SECURITY NUMBER: _____
(as it appears on Payroll): _____

DESCRIPTION OF SERVICES TO BE PERFORMED: Mobile crisis services, travel to patients experiencing psychiatric emergencies, de-escalation, assesment, and indicate level of care disposition.

(CHECK ONE): EXEMPT NON-EXEMPT (CHECK ONE): LUMP SUM PAYMENT HOURLY RATE (Keyed by Timekeeper)

DURATION OF SERVICES AND PROPOSED COMPENSATION

DATES (MONTH / DAY / YEAR)

TIMES:

FROM: _____ FROM: _____ AM PM TRAVEL AND SUBSISTENCE: _____

TO: _____ TO: _____ AM PM TOTAL COMPENSATION: _____

OR

HOURLY RATE: _____

Not to exceed 30 % of Total Annual salary

EMPLOYEE'S SIGNATURE _____ DATE _____

FACILITY/CENTER DIRECTOR _____ DATE _____

CLINICAL SERVICES ADMINISTRATOR _____ DATE _____

HUMAN RESOURCE SERVICES DIRECTOR _____ DATE _____

EMPLOYING (Home) AGENCY

AGENCY NAME: S.C. Dept. of Mental Health SECTION / DEPARTMENT: _____

(Primary)
EMPLOYEE CLASS CODE: _____ CURRENT ANNUAL SALARY: _____

(CHECK ONE): EXEMPT NON-EXEMPT

NORMALLY SCHEDULED HOURS OF WORK ARE FROM: 08:30 AM PM TO: 05:00 AM PM

IS THE REQUESTING AGENCY AUTHORIZED TO PAY THE EMPLOYEE TRAVEL AND SUBSISTENCE? YES NO

PRIOR ARRANGEMENTS MUST HAVE BEEN MADE FOR THE EMPLOYEE TO TAKE ANNUAL LEAVE OR LEAVE WITHOUT PAY TO RENDER THE SERVICES DESCRIBED ABOVE. YES NO
(ANNUAL / SICK / OFFICIAL / COMP. LEAVE PROHIBITED IF WORK IS PERFORMED WITH SCDMH.)

EMPLOYEE'S SIGNATURE _____ DATE _____

FLEX HOURS INFORMATION:

FACILITY / CENTER DIRECTOR _____ DATE _____

Application/Renewal for Notary Public
STATE OF SOUTH CAROLINA

For delegation office use only

Date received

Check number

OFFICE OF THE SECRETARY OF STATE
THE HONORABLE MARK HAMMOND

New Renewal

Notary Public Application and Renewal Instructions

- Carefully type or print legibly all information requested on the top portion of your application and sign in the presence of a notary public. *(The bottom portion is to be completed by your County Delegation, whose addresses are provided at the end of the application.)*
- Attach a check or money order to your original application in the amount of \$25.00 payable to "SC Secretary of State."
- Mail both pages of your original application and check/money order to your county delegation office listed at the end of this application for the required signatures. Your delegation office will forward your application and check/money order to the Secretary of State's Office.
- If your county delegation is not listed, forward your application to: South Carolina House of Representatives, PO Box 11867, Columbia, SC 29211. The phone number is (803) 734-2010.
- You must be a registered voter to become a notary public. If you do not know your voter registration number, call your County Voter Registration and Election Commission for this information. The number will be listed in the county government section of your local telephone book. You can also check your voter registration number at www.scvotes.org.
- If your commission has not yet expired, you may file your application as a renewal.

To: Governor of the State of South Carolina

I respectfully petition to be appointed Notary Public for this State, and for your information, I herewith submit the following:

PLEASE PRINT

Name _____

**If you are renewing your commission, please note that if your name or home address has changed since the issuance of your current commission, you must file the Change of Status form regarding these changes prior to renewing your commission.*

Home Street Address _____ City _____ Zip Code _____

**You must be a registered voter at the home address provided on this application.*

Mailing Address (if different from home address) _____ City _____ Zip Code _____

County _____ Last 4 Digits of your Social Security # _____ Sex _____ Date of Birth ____/____/____

Voter Registration # _____

(Voter Registration Number may be obtained from your County Voter Registration and Election Office or the State Election Commission.)

Telephone # (____) _____ E-mail _____

Mail application to delegation for required signatures (addresses and telephone numbers are on the front of the application).

This section must be completed by your Legislative Delegation. Please choose one of the three options.

We, the _____ Delegation, recommend the appointment of the above named applicant.
(County)

1) _____ 2) _____
Signature of the Delegation Chairman OR Secretary Signature of Senator / Senate District # _____

Signature of House Member / House District # _____

3) Signed by at least half of the present Legislative Delegates from applicant's county of residence:

References

G032	Authority of the Executive Director
G043	Review of Center Policies and Procedures
G084	Legal Requirements
G087	Ethics
G101	HIPAA Violation Sanction Policy
HR019	After-Hours Emergency Screening Staff
CS101	Admission, Intake and Assessment
S023	All Hazards Disaster Plan
S052	Reporting of Adverse and Unusual Incidents
S067	Seclusion, Restraint and Emergency Intervention
11.19.1	Mileage and Other Transportation
	Current Memorandum for General Appropriations Act in Proviso 117.20J