

Annual Report 2010

Reaching Out, Restoring Hope



Our Mission

The mission of AltaPointe Health Systems is to plan and facilitate a comprehensive, behavioral healthcare system that promotes the wellness and recovery of people living with mental illness, substance abuse and intellectual disability.



Accredited By The Joint Commission

Reaching Out, Restoring Hope

Message from the CEO



When anxiety, depression or other psychiatric illness dominates one's life, the concept of hope is difficult to grasp. Recovery can be achieved through treatment, yet an enormous gap exists between needing behavioral health care and seeking it. It is essential to know where to turn when a decision to seek services has been made.

It is AltaPointe's responsibility to reach out to those who require our services and make sure they know we are here to help. It is our goal to restore hope in their lives by delivering care with dignity and respect.

AltaPointe administration and staff members live by our mission — one that charges us with identifying behavioral healthcare needs in the communities we serve. We follow through by developing and delivering appropriate services. Our dedicated staff members work tirelessly to find new and creative approaches to care. Last year, they provided more than one million services.

This past year the most significant action we took in response to community behavioral healthcare needs was the initiation of extensive renovation to the former Albert P. Brewer Center in Daphne, Ala., which AltaPointe purchased in 2008. Named EastPointe Hospital, the facility will operate as a regional, 66-bed psychiatric hospital for adults. We look forward to providing more information about our plans for this new hospital before its opening in early fall 2011.

This annual report, "Reaching Out, Restoring Hope," offers a glimpse at some noteworthy AltaPointe accomplishments during fiscal year 2010. They include the untiring and timely response to south Mobile County residents affected by the Gulf Coast oil spill, psychiatric consultation services provided to Mobile area hospitals, the AltaPointe-University of South Alabama (USA) Department of Psychiatry collaboration, leadership of the Searcy State Hospital census reduction project, and the first steps toward behavioral and primary healthcare integration.

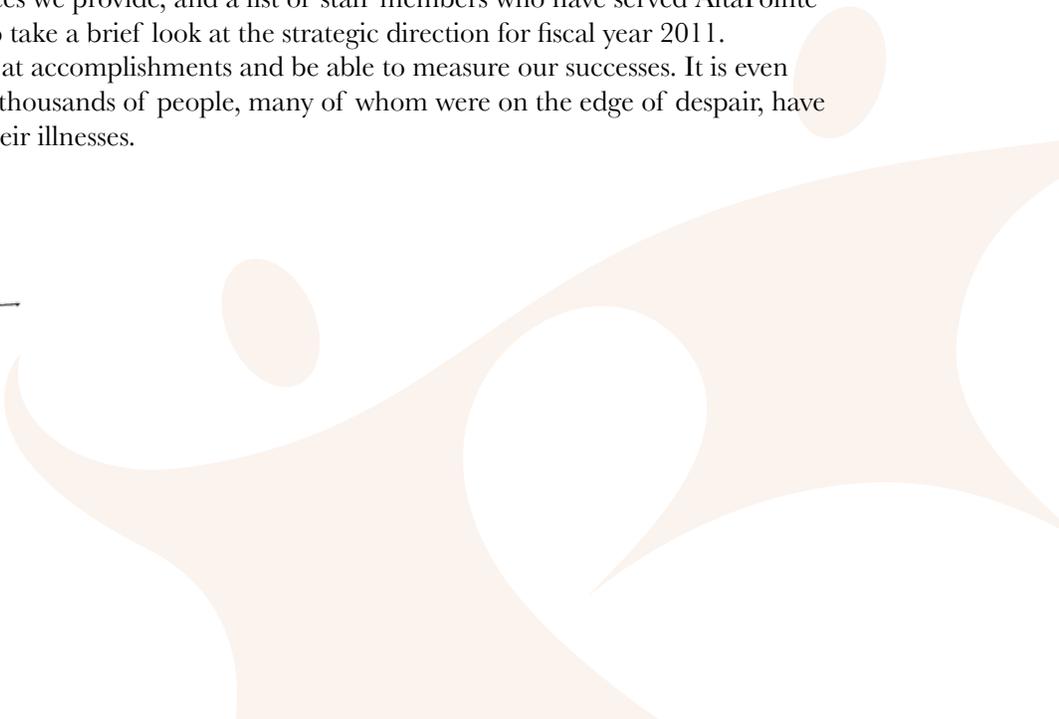
In addition to the stories, this report includes an account of our finances, statistics that show whom we serve and how many services we provide, and a list of staff members who have served AltaPointe for five years or more. We also take a brief look at the strategic direction for fiscal year 2011.

It is satisfying to look back at accomplishments and be able to measure our successes. It is even more rewarding to know that thousands of people, many of whom were on the edge of despair, have found ways to recover from their illnesses.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Schlesinger". The signature is fluid and cursive, written over a white background.

Tuerk Schlesinger, CEO



Restoring Hope in Times of Crisis

Oil Spill Response Teams assist with recovery

The effects of the April 20, 2010, Deepwater Horizon oil rig explosion faded from view for much of the world when media reports declared the BP oil well “dead” on Sept. 19, 2010. Meanwhile, for residents of Bayou La Batre and the rest of south Alabama the economic, environmental and emotional damage that emerged from the spill was still visible and appeared to be growing.

As the well continued gushing and the oil crept closer to Alabama shores, families that depended on the seafood industry were losing their livelihoods. BP money went to some, but everyone knew this money would not last indefinitely. Because of the oil, the

waters could not be fished; the processing plants had nothing to process; the demand for Gulf seafood spiraled downward.

Many south Mobile County families suddenly had no way to pay their bills.

Relocation was not an option for them because of a lack of education or skills. For the large Asian-American population cultural and language became barriers to assistance.

From its Bayou La Batre office, AltaPointe had been providing counseling services to children and adults for six years. AltaPointe recognized the potential for extreme stress and the need for outreach to help mitigate the immediate and long-term psychological effects of this disaster.

Megan Griggs, AHS Director of Adult Outpatient Services, whose responsibility includes south Mobile County, began consulting with AHS administration to decide how to respond and named therapist Jessica Robertson to lead an oil-spill response team.

“It was obvious the community was suffering from ‘paper and badge fatigue,’” Robertson said. “Too many workers had approached too many

residents with too many empty promises. We needed to find another way.”

Therapist Pam Maumenee was one of four AltaPointe-Project Rebound team members hired in



Photo courtesy of Mobile Press-Register



August 2010. The team began building relationships with community leaders such as teachers, pastors, priests, and business owners, who gave the AHS team their stamp of approval. Doors were opened and phones began ringing.

“By helping residents understand the stress reactions they were experiencing, encouraging the use of new coping strategies and providing reliable information and resources, we have been able to instill realistic hope that positive approaches and outcomes are possible,” Maumenee said.

Months after the oil spill, AltaPointe professionals were still seeing increasing rates of anxiety, depression, grief, substance abuse, and domestic violence.

“With so many unanswered questions, the most overwhelming stress is often uncertainty,” Maumenee said. “This community has endured and overcome previous disasters. Helping residents draw upon those

experiences assists in recovery.

“It’s been said that the mission of mental health care following the oil spill is ‘a marathon and not a sprint,’” Griggs said. “An active AltaPointe presence will be in south Mobile County every step of the way.”



Empowering Others Through Recovery

AltaPointe plays major role in Searcy census reduction project

AltaPointe accepted fiduciary responsibility of the Region IV census reduction project at Searcy Hospital in 2010, and began collaboration with the four other community mental health centers across southern Alabama to increase discharges.

The Alabama Department of Mental Health (ADMH) allocated \$5.76 million for the development and addition of proper services to meet the special needs of consumers who have met the criteria established by advocates and clinicians.

“People who are still institutionalized deserve the right to live outside those walls,” Tuerk Schlesinger, AltaPointe CEO, said. “We know the potential for

recovery increases dramatically when consumers can receive treatment while living in their communities rather than in institutions.”

In addition, providing treatment in the community costs the government less. “With financial resources vanishing, long-term institutionalization should be reserved for only the most severely ill,” Schlesinger said.”

With this project, AHS is helping to transform the mental health service delivery system to one that expects an outcome of recovery, not just the management of symptoms.

AHS prepares for increased Searcy Hospital consumer discharges

The Searcy Hospital census reduction project has affected the majority of AltaPointe programs with most staff members playing a direct or indirect role. Among the greatest challenges has been preparing to care for a less-stable population of consumers and planning for appropriate and safe housing services.

“We have been preparing for some time for an increased number of consumers from Searcy,” David Beech, AltaPointe’s Adult Residential Services (ARS) Director, said. “We did not want them to experience culture shock as they transitioned from an institution to a residential setting with less restriction.”

AHS added two foster homes and numerous services in response to the bed reduction project. It also upgraded and replaced furnishings in group homes making the houses “feel like home” while maintaining a hospital’s focus on infection control.

To make room for the additional consumers from Searcy, ARS evaluated existing consumers whose recovery had advanced to a level that indicated they were ready to leave group homes. Staff members worked to move into the community or foster care any consumer who had been in a group home continuously or had not been back in the hospital for two years or more.

Since the consumers discharged from Searcy to AHS are more symptomatic and have more complex

medical issues, ARS added nursing and behavioral staff, increased management staff presence during evening and weekend shifts, and raised the knowledge-level and frequency of training for all staff.

“Our goal is to help all consumers attain their maximum level of self-care, employment, interpersonal relationships and community participation,” Schlesinger said. “We believe this goal is more attainable when consumers can live in the community while receiving the appropriate services.”



AltaPointe's Peer Bridger Team

The AltaPointe Peer Bridgers provide mentoring and support for consumers, assisting them in navigating the mental health services system and in achieving resiliency and recovery. AltaPointe expanded the team in FY2010 in response to the Searcy Census Reduction project. Team members are, front row from left, Loy Dimoff, Beverly Parker, Kristina Kapp, and Laurene Bell; second row from left, Ameya Scanlon, Peer Bridger Manager, and Alvin Callier.

Responding to Community Needs

Psychiatric consultation reaches out to hospitals

AltaPointe reached out to greater numbers of acute care hospital patients during fiscal year 2010. AHS is the only organization providing psychiatric consultation in the region and contracts with five hospitals to provide the services. The head of AHS Psychiatric Consultation Services is William Billett, MD, who also teaches psychiatric consultation to University of South Alabama's College of Medicine psychiatry residents.



“AltaPointe’s psychiatric consultation service sees several hundred patients a month in area hospitals,” Billett said. “We help manage psychiatric problems in patients who have complex medical problems and provide much-needed psychiatric consultation in several emergency rooms.”

The ultimate goal of a psychiatric consultation is to ensure the safety and stability of the patient within a medical environment, collect history and medical data to assess the patient, conduct a mental status

examination, establish a clear diagnosis and recommend a treatment plan.

“ConsultPoint,” a software program developed by the AHS Management of Information Systems team and launched in July 2010, has helped to improve all areas of the consultancy service. It allows hospitals

to request consultations electronically, making accessibility easier.

“It gives accountability for both sides,” Dwight Lacy, AHS Director of Hospital Services, said. “We can identify patients; record requests, visits and progress notes; and track reimbursement information electronically. It is far more timely and efficient because the hospital nurses do not have to contact us by phone anymore.”

AltaPointe’s psychiatric consultation service opens up hospital beds, decreases the average length of stay and offers follow-up outpatient services.

Moving psychiatry forward through education

In addition to the unique collaboration with acute hospitals for psychiatric consultation, AltaPointe is the only mental health center in the country to manage a residency program at an accredited university.

AltaPointe’s psychiatrists officially became the administration and faculty of the University of South Alabama-College of Medicine’s Department of Psychiatry (DOP) in January 2008, and set a number of goals for the program. Sandra Parker, MD, AltaPointe medical director, said AltaPointe reached two of those goals during fiscal year 2010 — hiring its first USA-DOP residency program graduate and increasing by 100 percent the number of USA medical students applying to the program.

“From the beginning, we wanted to establish a residency program that would attract excellent candidates and persuade its graduates to stay in Mobile,” Parker said, “We are so pleased Dr. Magdi Tageldin became the first alumnus to join AltaPointe’s medical staff.”

AltaPointe-USA partnership attracts attention regionally and nationally

- The American Psychiatric Association invited Luke Engeriser, MD, AltaPointe-USA Residency Director; William Billett, MD, AHS Psychiatric Consultation Liaison Director, and Parker to present at its national conference in 2011.
- The USA DOP residency program qualified for membership in the APA 100 Percent Club. Each resident became an APA member. USA’s is one of only 23 psychiatry residency programs to reach this honor out of more than 180 eligible programs nationwide.
- The Alabama Psychiatric Society elected Engeriser and Kenan Penaskovic, MD, USA clerkship coordinator for medical students and faculty member, to its board of directors.
- AltaPointe began increasing the number of days and availability of psychiatric services at its BayView Professional Associates offices fall 2010.

Collaborating to Provide Total Care

Taking steps toward behavioral and primary healthcare integration

Mental health and physical wellbeing are inextricably linked, yet historically the behavioral health system and the mainstream of medicine have been separated. Studies show that people with serious psychiatric illnesses die 25 years earlier than other Americans mostly due to unmanaged physical health conditions that better collaboration of care could address.

Leading behavioral and primary healthcare organizations have well documented the advantages that behavioral and primary healthcare integration would bring to people living with serious psychiatric illness. In 2010, AltaPointe led a planning coalition to research and identify benefits and barriers to effective behavioral and primary healthcare integration in Mobile County. Other coalition partners included Bayou la Batre Rural Health Clinic, Franklin Primary Health Center, Mobile County Health Department, Mostellar Medical Center, and University of South Alabama Department of Family Medicine.

AHS submitted a written plan on behalf of the coalition to the Alabama Department of Mental Health (ADMH) that specified how it will provide overall better coordination and levels of healthcare as well as reduce wasteful spending through integration of care. The plan emphasized that technology, such as electronic medical records and TeleHealth, already utilized by AltaPointe, should be marshaled as a tool for communication, patient education, data collection, and access to care. This technology should support the infrastructure needed to deliver high-quality care while protecting patient and family confidentiality.

AHS has been providing behavioral health services through placement of its staff onsite at Bayou La Batre Clinic, Franklin Primary, Mobile County Health Department and Mostellar Medical Center.

“Imagine having behavioral health professionals located at each primary care agency,” Julie Bellcase, AHS Chief Operating Officer, said. “Consumers will have easier access to our services and better information about their treatment plan, which will lead to overall better health.”

AltaPointe brings Franklin Primary’s Mobile Medical Unit to Zeigler Campus

In August 2010, AHS Adult Residential Services (ARS) and Franklin Primary collaborated to bring Franklin’s mobile medical unit to the AHS Zeigler campus twice weekly. Consumers residing in AHS group homes now have the opportunity to receive comprehensive primary care and checkups onsite.

The majority of adult residential consumers already received their primary care through Franklin Primary, but bringing the mobile unit to the Zeigler campus has improved care coordination and quality of care. In addition, more consumers have begun receiving primary care.

“Our population has a fear of medical issues and doctors,” Patricia Sullivan, ARS Assistant Director, said. “They don’t want to see strangers; they need to see a familiar face.”

Because residents watch others going into the unit, it seems more normal to them to get care. Patients no longer have to be transported for non-invasive lab work, which is offered in the unit.



“They see the same doctor, CRNP and dentist, which gives patients continuity of care,” David Beech, ARS Director, said. “On average, the mobile unit provides total care to 80 people per month; 15 receive medical care and 10 receive dental care per week. This translates to 55 percent of consumers.

The dialogue about individuals’ healthcare plans has improved as well as an increased identification of medical and psychiatric problems. ARS staff members who are more familiar with the individual consumer’s needs can intervene, assist and guide in a collaborative effort to make sure consumers are seen.

“One consumer refused to see the doctor,” Sullivan said. “After six months, seeing the mobile unit became familiar to her. Our staff members were able to persuade her to see the doctor. Her examination led to a diagnosis and treatment for cancer.”

“We believe that integration of behavioral and primary care will give people hope,” Sullivan said.

Grants Fund Adult Outpatient Training, Additional Services

ADMH selects AltaPointe Adult Outpatient for two pilot programs

The **Illness Management and Recovery (IMR)** program, an evidenced-based practice, targets consumers with schizophrenia, major depressive disorder and bipolar disorder. Staff received formal training and implemented IMR in the day treatment, rehabilitation day treatment and ACT programs. Practitioners work with individuals for four to 10 months offering information and skills to help them develop personal goals and strategies for managing their mental illness and moving forward in their lives.

The **Evidenced-Based Permanent Supportive Housing** grant provided money to assist consumers with serious mental illness who have a desire to live independently but require help to obtain housing in the community. Staff received formal training and assisted 12 consumers in obtaining furnished apartments. Case managers assist these consumers transition to more independent living. Many of these consumers do not have credit, support systems or enough money to enable them to pay for deposits, utility hookups or other housing-related expenses. This program enables them to live in the community and not be forced to live in housing that identifies them as mentally ill.

AltaPointe Children's Outpatient Services Expands Capacity

Increasing capacity to provide services

The Children's Outpatient Services program added two In-Home teams increasing to a total of four teams. The two-person teams provide intervention and case management intended to defuse immediate crises, stabilize family units and prevent out-of-home placements.

COP implemented the first Transitional Age Residential Care home for 17 to 22 year olds with serious mental illness or serious emotional disorder. The ADMH, private hospitals or other locked residential facilities in Alabama refer consumers to the AHS 10-bed home.

Collaborating with other agencies

AltaPointe COP contracted with the Gulf Regional Childcare Management Agency of Mobile County to provide classroom and individual screening of children (0-3 yrs.) in 14 Early Head Start classrooms. A therapist follows up with individual screenings based on teacher referrals and also provides training to teachers, staff and parents.

COP also has been working with the Mobile County Juvenile Court, Strickland Youth Center, and The Bridge, an alcohol and drug treatment facility for adolescents, to create a new continuum of behavioral healthcare for children involved in the juvenile justice system.



Our Professionals

No matter how many years AltaPointe professionals have served the organization, they share one primary goal — to help consumers and patients achieve recovery. Behind each name on this list is a multi-disciplinary team focused on providing complete, effective care to everyone we serve.

40-Plus Years

Norris Laurence
Fairlie Schreiber
Sheila Wimberly

35 to 39 Years

Claudia Andrews
Beverly Bryant

30 to 34 Years

Julie Bellcase
Jan Demouy
Evelyn Harbaugh
Doris Hopkins
Karen Hutchens
Billie Mosely
Veronica Pettway
Connie Reynolds

25 to 29 Years

Alberta Abrams
Jana Foster
Mae McClure
Cecelia Pope

20 to 24 Years

Vickie Brown
Stephen Dolan
Dianna Enzor
Earl Fields
Mildred Hopkins
Mae Kimbrough
Leverne McWhorter
Charles Meadows
Judy Rand
Eula Richardson
Rita Smith
Perfecto Tan

10 to 19 Years

Wanda Abrams
Sherill Alexander
Joyce Barber
Sharon Beatty
David Beech
Mary Brinkley
Antonia Brown
Sonja Butts
Sonya Caldwell
Robert Carlock
John Chieh
Cynthia Choice
Annette Clemons
Martis Cobb
Deedra Cook
Angela Ferrara
Ronald Finch
Cynthia Foster
Frankie Frinzi
Delicia Fuller
Delores Garrett
Charles Graham

William Hamilton
Emma Hayles
Sonya Henderson
Cheryl Holmes
Yvonne Jackson
Monica Jones
Cassandra Kennedy
Janet King
Aquila Logan
Leigh Macon
Kevin Markham
Iwanna McCall
David McCarter
Deborah McClendon
Robert Milam
Darrell Mitchell
Wanda Moore
Gwendolyn Mose
Olivia Nettles
Sandra Parker
Pam Parnell
Dennis Powell
Charles Randall
Schwanna Robbins
J. Tuerk Schlesinger
Sonya Sims
Pamela Tidemann
Tomikia Watson
Georgia Watts
Maurice White
Kim Whitfield
Sarah Whitfield
Paul Wiese
Betty Williams
Yolanda Williams
Nadine Woods
Evans Worthy, Jr.

Five to Nine Years

Bayani Abordo
Devon Adams
Malika Ali
Elizabeth Andrew
Bessie Armstrong
Tamara Banks
Cathy Beech
LaGail Bettis
William Billett
Mary Blair
Aurelian Borlovan
Michael Bosarge
Caprina Boykin
Burma Bozeman
Dolores Bray
Lebaron Breech
Gregory Broadnax
Pauline Brown
Rita Brown
Sharon Brown
Ann Brye
Lydia Burden
Bobbie Calhoun

Kathryn Callen
Rachel Campbell
Deborah Carmichael
Patricia Chambers
Latasha Chatman
Cheryl Cheese
Autherine Clark
Sharlene Coleman
John Conrad
Amy Conway
Angelyne Cook
Marie Crandle
Elizabeth Crooke
Kawanna Crum
Sarah Currie
Christe Damico
Sharon Daniels
Letty Davis
Sayana Davis
Yashita Demings
Joel Dobson
Richard Dockery
Laura Doss
Ollie Doyle
Laura Durgin
Kim Dyson
Khrystal Edwards
Amy Elder
Ivy Evans
LaToya Evans
Robert Ferguson
Dorshell Ferrell
Misty Flennoy
Jerry Forstrom Jr.
Deborah Fountain
Cassandra Franklin
Kimberly Freeman
Lisa Gable
Florin Ghelmez
Latasha Glaude
Lewanna Gomez
Vivian Gooding
Juanita Goodner
Megan Griggs
Carolyn Hall
Gayle Hearst
Lois Heningburg
LaTonja Herron
Sandra Herston
Cheryl Higgins
Jerlyn Hill
Katrina Hobson
Dameitrus Hollins
Bennie Hollins
Shaloundra Holmes
Barbara Huff
Phillip Ingram
Grace Irby
Charmagne Jackson
Danielle James
Diane James
Alicia Johnson

Ingrid Johnson
Sherelyn Johnson
Erica Johnson
Aloha Johnson
Alecia Johnson
Madeline Jones
Alecia Jones
Lisa Jones
Kartikeya Joshi
Earica Key
Pamela Knight
Michelle Krulewicz-Dees
Dwight Lacy
Carla Ladnier
Ellen Lambert
Jannis Landrum
Janet Langley
Teresa Lanier
Zandra Leverett
Lynn Mackie
Carol Mann
Phyllis Mason
Latoya Massey
John Matthews
LuCreasia McCall
Donald McGraw
Silvia McNeal
Kathy McPherson
Francesca McQuirter
Vanessa Mobley
Lakeshia Moffett
Rosita Moore
Shirley Myers
Bessie Nobles
Patricia Noonan
Nikkie Odom
Danette Overstreet
James Persons
Carolyn Plash

Orda Powell
Lorraine Pugh
Lori Reed
Jessica Reeder
Donyelle Reese
Bobbie Rembert
Julie Roberts
David Roberts
Judis Ross
Marianne Saitz
Tiffany Shea
Paulette Shepherd
Anita Simmons
Cathy Singleton
Rose Skanes
Cynthia Stargell
Leslie Stinson
Patricia Sullivan
Marvin Tarleton
Tyeasha Taylor
Karin Terrell
Kimberly Thomas
Chassity Thrash
Laura Varner
Eric Velleux
Mary Vinson
Debra Walcott
Carla Walker
Cellestine Walker
Yosha Wallace
Theanja Washington
Jennifer Webb
Lorene Webster
Albert Welch
Bennie Whigham
Joshua Willis
Stephanie Wright
Zhiwen Zhu

AltaPointe practitioners having unparalleled knowledge, skills, and experience:

13 Psychiatrists (MD)
5 Certified Registered Nurse Practitioners (CRNP)
61 Registered Nurses (RN)
33 Licensed Practical Nurses (LPN)

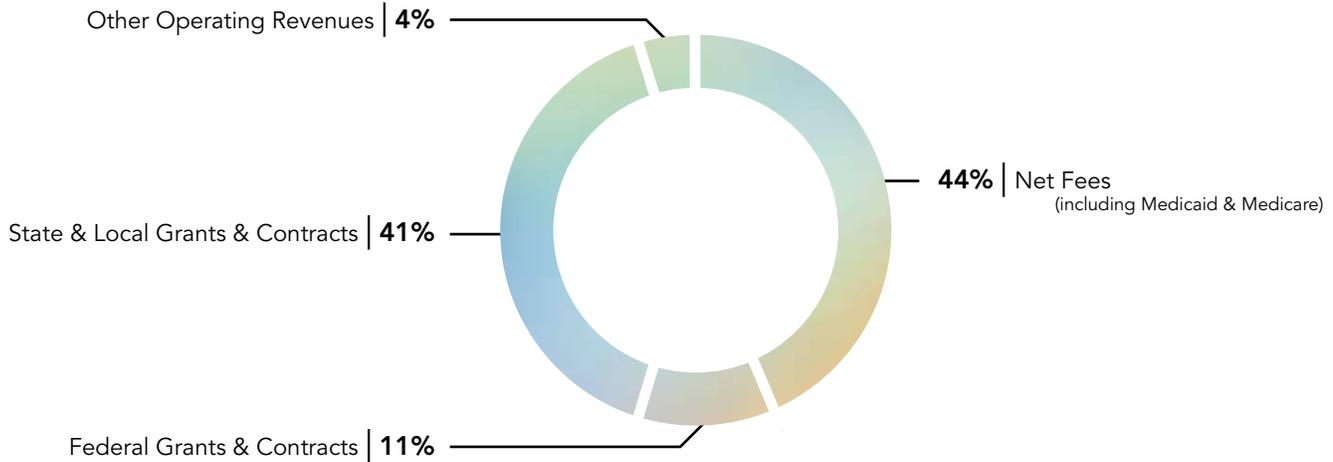
100 Masters Prepared Practitioners/Therapists:

- 32 Licensed Professional Counselors
- 9 Licensed Clinical Social Workers
- 2 Licensed Marriage & Family Therapists
- 5 Associate Licensed Counselors
- 1 Licensed Graduate Social Worker

FY 2010 AltaPointe Revenue

Net Fees (inc. Medicaid & Medicare)	\$ 21,233,568
Federal Grants & Contracts	5,771,475
State & Local Grants & Contracts	17,764,402
Other Operating Revenues	2,240,968

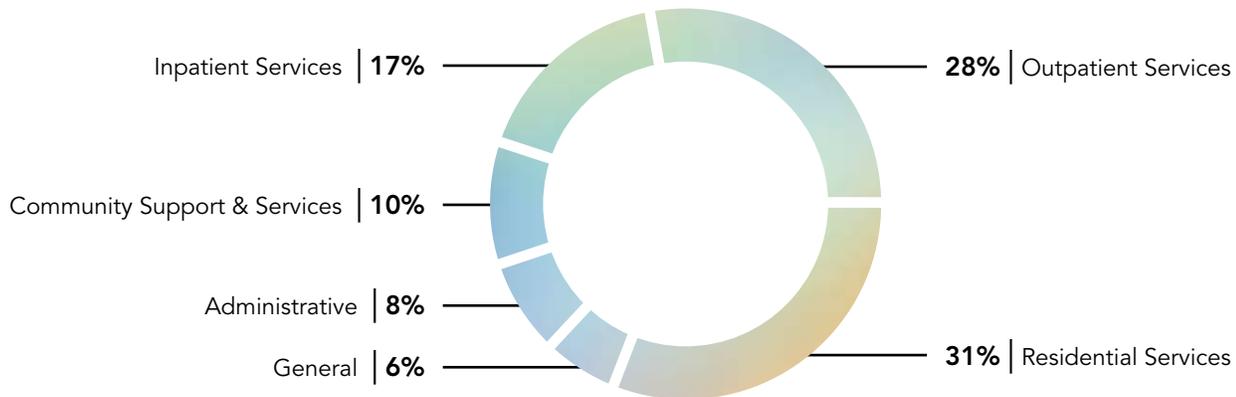
Total Operating Revenue **\$ 47,010,413**



FY 2010 AltaPointe Expenses

Outpatient	\$ 12,746,068
Inpatient	7,990,241
Residential	14,066,517
Community Support	4,403,816
Administrative	3,635,354
General	2,743,178

Total Expenses **\$ 45,585,174**



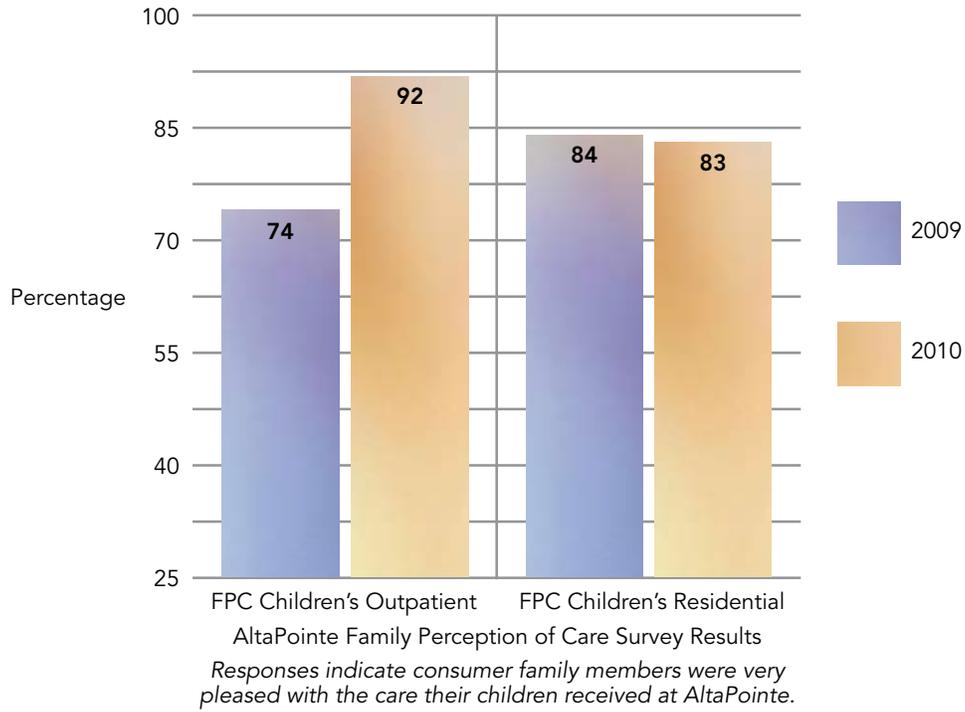
AltaPointe Economic Impact as a Healthcare Service in Mobile = \$36,901,884

Total Employee Wages & Salaries = \$22,074,466

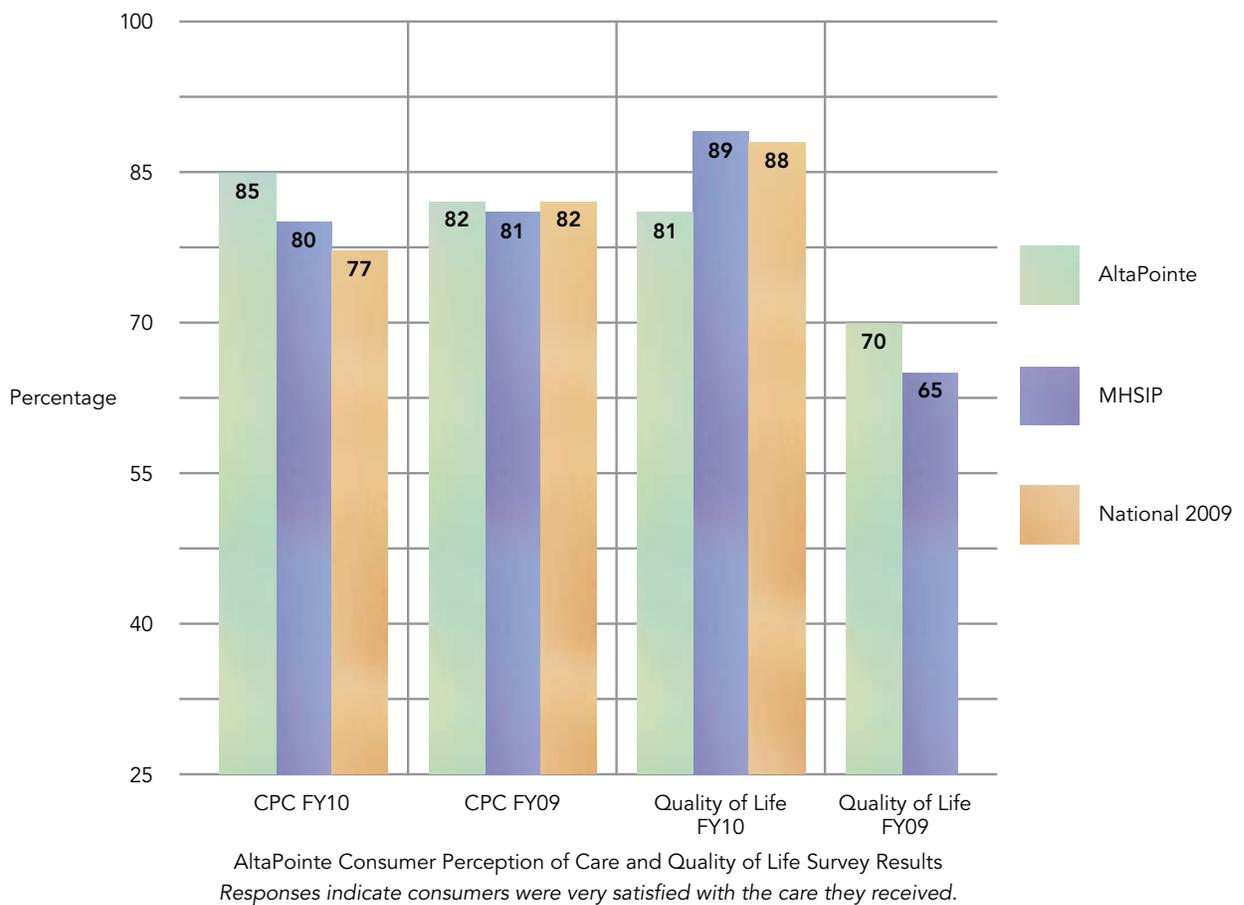
(Or \$1.67 value per dollar paid in wages)

Resource: Mobile Area Chamber of Commerce

FY 2010 Children's Outpatient and Residential Service Family Surveys

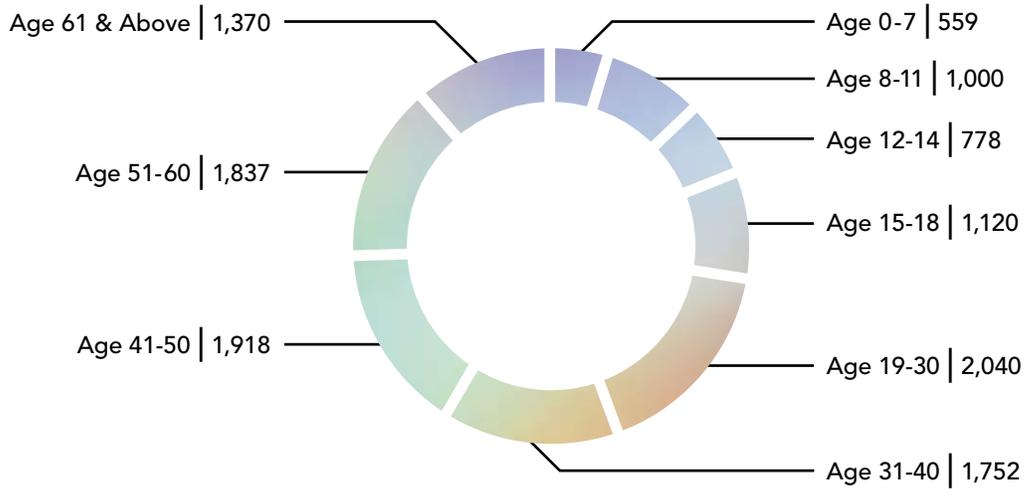


FY 2010 Adult Outpatient Consumer Surveys



FY 2010 AltaPointe Consumers/Patients Served

Total Consumers/Patients by Age : 12,374

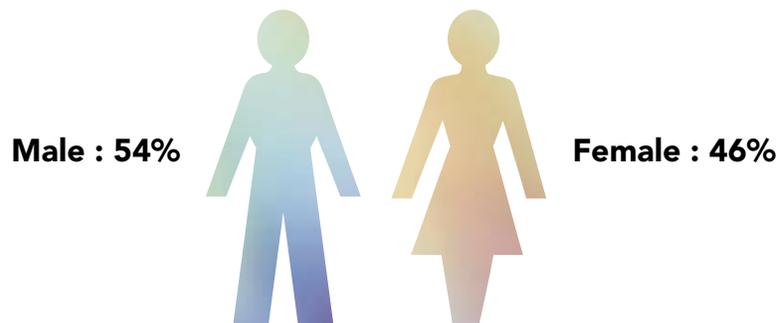


Race

Asian/Pacific Islander	41
Black/African-American	5,117
White/Caucasian	6,566
Other	650

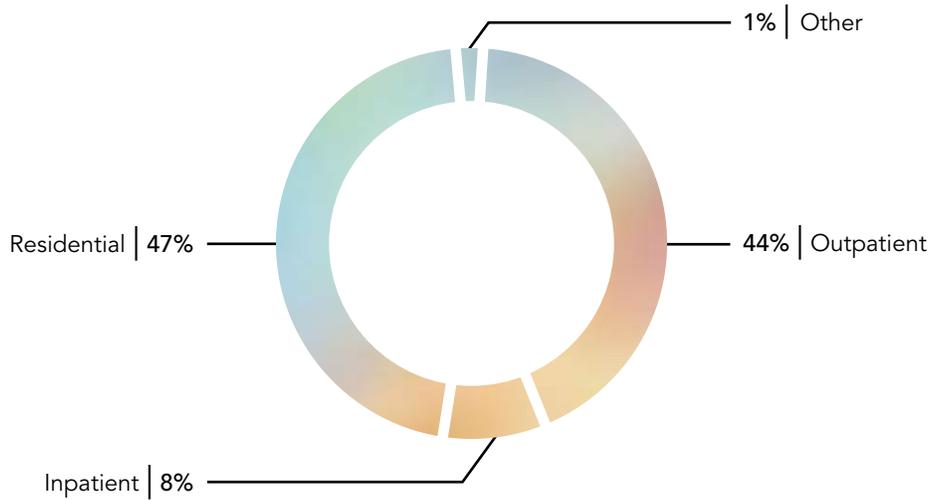


Gender



FY 2010 Services Provided : 976,396

Outpatient	434,938
Inpatient	75,912
Residential	458,260
Other	7,286



FY 2010 Total Individuals Receiving Services

AltaPointe professionals provide clinical and consultation services via contract to area hospitals, nursing homes, assisted living facilities and other entities. These individuals served are included in the "Other" group in the chart below.

Outpatient	11,917
Inpatient (BayPointe)	1,117
Residential	455
Other	4,218



Sustaining Hope Through Growth

EastPointe Hospital in Daphne

AltaPointe will open EastPointe Hospital, a 66-bed regional psychiatric facility for adults, in Daphne on the Eastern Shore of Mobile Bay by early fall 2011. AltaPointe purchased the building from the State of Alabama and began major renovations and construction in FY2010.



BayPointe Hospital in Mobile

The demand for inpatient assessment services for adults with serious mental illnesses has increased in the Mobile area over the past few years. During FY 2010 AltaPointe began planning to meet the need by expanding its adult hospital services by 16 beds.





More About AltaPointe

AltaPointe Health Systems oversees a community-based, regional system of behavioral healthcare, substance abuse and intellectual disability service provision in Mobile and Washington counties of Alabama. In 1957, the Alabama State Legislature established the organization, known for many years as the Mobile Mental Health Center. Our board of directors implements and provides services under Alabama Act 310.

AltaPointe collaborates with dozens of state and local partners to promote wellness and recovery by providing the highest quality of behavioral health services.

AltaPointe is Alabama's largest regional community behavioral health provider and employs more than 700 clinical and non-clinical staff members who serve more than 15,000 children, adolescents and adults annually.

AltaPointe is more than a community mental health center. It is a comprehensive, behavioral health system. We are committed to meeting community needs by expanding service provision and enhancing the quality of life for everyone we serve.

AltaPointe works to make service access easier and provide extensive services to the community. To inquire about services, please call our Access to Care Department at (251) 450-2211.

AltaPointe Board of Directors

Larry Jackson, *President*

Ralph Garrick

Malvina Holloway

Gaylord C. Lyon

Dr. Denise McAdory

The Hon. Michael E. McMaken

The Hon. Jerry Turner

Jean Williams

Mary Wood

Advisory Members

Victor Gaston

David V. deGruy

Mary Zoghby

AltaPointe Leadership

Tuerk Schlesinger, *MBA, Chief Executive Officer*

Sandra Parker, *MD, Chief Medical Officer*

Julie Bellcase, *MBA, Chief Operating Officer*

Kevin Markham, *MBA, CPA, Chief Financial Officer*

Steve Dolan, *Chief Information Officer*

Sherill Alexander, *RN, Director, Performance Improvement*

Dwight Lacy, *Director, Hospital Services*

Angela Ferrara, *LPC, LPT Administrator, BayPointe Hospital & Residential Services*

Olivia Nettles, *LPC, NCC, Director, Children's Outpatient Services*

Megan Griggs, *MS, Director, Adult Outpatient Services*

David Beech, *LPC, MBA, Director, Adult Residential Services*

Alicia Donaghue, *SPHR, Director, Human Resources*

Carol Mann, *APR, Director, Public Relations*

Our Philosophy

We are responsible for the public system of mental health, substance abuse and intellectual disability service provision throughout Greater Mobile.

We facilitate a comprehensive behavioral healthcare continuum through clinical excellence, cultural awareness and community partnerships.

We believe it is our obligation to promote mental health awareness and understanding.

We ensure psychiatric competence by educating and training future healthcare professionals.

Our care delivery model is characterized by dignity and respect of the individual, consumer and family involvement, each consumer's enhanced role functioning and inclusion in the community.

Our Core Values

Service

We focus on understanding individual and community needs and respond with compassion, dignity and respect.

Quality

We deliver care that meets the highest-quality standards and achieves the best possible results.

Integrity

We keep our word and take responsibility for our actions.

Innovation

We bring new ideas and concepts to life through creativity, invention and problem solving.

Collaboration

We collaborate with others to achieve common goals.

