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2012 Campaign for United Way

YOU can make a difference! Make your pledge today.
Contact: 450-5907

Mental Health First Aid Training Session

Sept. 20-21
Contact: 450-1386

Friends & Family Walk

Saturday, Oct. 13, 8 a.m.
USA Intramural Complex
Contact: 776-1947

EastPointe opens in Daphne

Adds second psychiatric hospital to system of care

EastPointe Hospital opened in Daphne July 16 adding a second free-standing psychiatric hospital to AltaPointe's system of care. The 66-bed facility will help relieve a psychiatric bed shortage in the region.



The main entrance to EastPointe Hospital gives a first impression that is both welcoming and approachable. A great deal of planning went toward selecting and placing elements – including extensive landscaping – that will reduce anxiety on the part of visitors and patients.

Hospital is new, structure is not

EastPointe is a new hospital; however, the building is not new. Constructed in 1986 by Bradford Healthcare, the Alabama Department of Mental Health (ADMH) purchased it many years later. In the early 90s, ADMH operated the Searcy State Hospital assessment center in the building, which was known as the Emmett Poundstone mental health facility. In the late 90s, it became home to the Albert P. Brewer Developmental Center when the facility of that same name moved from Mobile. ADMH vacated the building in 2004. The Shoulder, an alcohol and drug rehabilitation organization, moved into a portion of the building in 2005.

AltaPointe purchased the property, now EastPointe, in 2008 for \$4.4 million and has since invested another \$3.2 million in the extensive renovations, which began in January 2011. The Shoulder left the property earlier this year.

As with AltaPointe's BayPointe Adult Hospital, the patients admitted to EastPointe will have exhibited life-threatening, destructive or disabling behaviors that require 24-hour monitoring and assessment. Healthcare professionals will work to stabilize patients' psychiatric symptoms hoping to improve their quality of life.

The building's need for renovation provided an opportunity to design a hospital with a purpose that goes beyond treatment.

"Our goal with EastPointe's design and décor was to completely erase stereotypes typically related to

psychiatric hospitals," Schlesinger added. "We feel like it is as nice or nicer than most."

EastPointe: Design, size and scope

The renovated portions of the 42,000-sf building include four hospital units of 12, 16, 18, and 20 beds. An additional 16-bed unit and gymnasium will be renovated at a later time. All patient rooms

are semi-private although because of the size of the building, some space may be used as private depending on the total patient census. When at full capacity, EastPointe could employ as many as 225.

Continued on page 6



Tuerk Schlesinger, AltaPointe CEO, right, hands a microphone to Jim Reddoch, commissioner of the Alabama Department of Mental Health, as he welcomes Reddoch to the EastPointe Hospital opening reception July 19. [See more about EastPointe's opening on pages 6-7.]

Changes in healthcare won't change our responsibilities



Tuerk Schlesinger,
CEO

Significant transformations are taking place at all levels of healthcare these days. Some of them will require our adjusting the way we deliver services; none of them will change our mission. Three changes — two external to AltaPointe, one internal — are worth our spending time to discuss.

Changes at the national level could affect all Americans. The US Supreme Court's recent decision to uphold the Affordable Care Act will alter healthcare

in this country dramatically. Part of the law could expand the Medicaid-eligible rolls. Each state has the option to accept this expansion. Therefore, Alabama Gov. Robert Bentley and the State Legislature will need to decide whether to expand Medicaid coverage, which could add thousands of new recipients statewide.

Since a portion of our patients are covered by Medicaid, AltaPointe is watching this issue with great interest. The law could impact AltaPointe's financial viability, especially how we are funded to manage services to indigent patients and the non-insured; services that have historically been underfunded. New funds generated by healthcare reform could help expand services. Even though we also anticipate caring for more patients who will be able to pay for services, AltaPointe will not fully realize the effects of the law until 2014.

In addition to being affected by national changes, our state's mental health system faces even more changes.

As most of you are aware, Gov. Robert Bentley appointed Jim Reddoch as the state's new mental health commissioner in June. Reddoch most recently served as executive director of Indian Rivers Mental Health Center in Tuscaloosa. His other mental healthcare

experience includes service as director of the Taylor Hardin Secure Medical Facility, director of Bryce Hospital and deputy commissioner for the Department of Mental Health.

Over the years, it has been my pleasure to work with Mr. Reddoch on various projects. It has become clear that AltaPointe will work very closely with him as the transition of patients from the Searcy State Hospital into community care proceeds. (Stay tuned for more information about this process in the coming weeks.)

Here in Mobile, AltaPointe is planning changes that will improve how we operate. For the past two years, our board and administration have discussed our need for more space. We have expanded to the point that every nook, cranny and closet has been filled by staff members. So when the ART building located on Southland Drive across from our corporate offices became available at below market price, we purchased the property.

The 11,560 sq. ft. building will allow us to enhance the quality of space for Performance Improvement — training and education — Human Resources and Access to Care. It also will relieve the parking problems at Admin-A and B buildings.

The plan also includes a move for Finance and Accounting into the Admin-B building that Performance Improvement, Human Resources and Access will vacate. MIS will remain in Admin-A, expanding into the greater part of that building. The Office of Public Relations also will reside in Admin-A. These overdue moves are expected to take place before fall.

As we adjust to these changes, our mission remains our top priority, which is to be diligent in helping our patients achieve recovery and wellness. It is our greatest responsibility and privilege to respond with care and compassion to their needs no matter what challenges we face as the world of healthcare evolves.

Let us know what you think about AltaNews

Take the AltaNews Readership Survey

Why you should complete the survey

AltaNews brings news and information to AltaPointe staff members each quarter. We publish articles and photos covering a variety of interesting topics that we believe are of interest to AltaPointe staff members.

Because we want and need your feedback about *AltaNews*, we have developed a "Readership Survey" to give you an opportunity to tell us what you like or don't like about the newsletter. We want to hear your opinions and suggestions to make sure we are serving your interest.

Where you can find the survey

Please watch your AltaPointe.org email for a message from "cmann@altapointe.org" with "AltaNews Readership Survey" in the subject line. The message will contain a link to the *AltaNews* Readership Survey. You may access the survey from your email

account by logging onto any AltaPointe computer, your personal computer OR a computer at a public location.

If you prefer to complete a hard copy of the survey, please contact either Carol Mann or Jan DeMouy by calling 450-5907. We will make sure you receive the survey in a paper format.

How we will use the survey results

We will use the survey results to measure how well *AltaNews* meets your needs and to make changes that improve the publication.

Thank you

We appreciate your participating in this survey. It will give us a way to measure the effectiveness of the newsletter and help us know what to improve. If you have any questions, please call the Office of Public Relations at 450-5907.

Bravo! Bravo!

Alabama Gov. Robert Bentley has named AltaPointe CEO **Tuerk Schlesinger**, MBA, to the Statewide Health Coordinating Council as a provider. The council, which is part of the State Health Planning and Development Agency, ensures the availability and accessibility of quality health care facilities, services, and equipment for Alabama's citizens in a way that assures continuity of care at a reasonable cost. Schlesinger's one-year term began in April.



Barbara Adams, LPC, and BayPointe therapist, was featured in the May issue of *Counseling Today* in an article that examined how licensed professionals make the decision to become specialists or generalists. Adams obtained the National Certified Counselor credential in March and received her licensed professional counselor from the state of Alabama in May.

Psychiatrists **Bayani Abordo**, MD, and **Eric Leonhardt**, MD, received the Red Sash Award from the University of South Alabama-College of Medicine's 2012 graduating class. The Red Sash is awarded to the teachers whom the seniors voted as having had the most impact on their medical education, and for their positive influence.

AltaPointe Psychiatrist **Bogan Brooks**, MD, was quoted in a March 8, 2012, *New York Times* article about the need for more health professionals to treat the elderly.

AltaPointe Medical Director **Sandra Parker**, MD, is president-elect of Alabama Psychiatric Physicians Society and is chairing the 2012 APPA conference to be held in Mobile this November. Also, **Parker** along with **Jennifer S. Maxey**, assistant coordinator for adult outpatient services, were quoted by the *Mental Health Weekly* in its March 12, 2012 issue. The two were interviewed for the article titled, "Program to treat schizophrenia reveals coping, social skills games," which focused on the DLA-20 Tool used by AltaPointe clinical staff members during the Advancing Standards of Care for People with Schizophrenia pilot program funded by the National Council.

Netsmart Technologies honored AltaPointe's MIS Team at its Connections 2012 Conference in New Orleans this spring with an award for innovation, specifically for the commitment to overall patient quality of care and the team's outstanding innovative practices. AltaPointe CIO **Steve Dolan** accepted the award before an audience of thousands of attendees. E-Signage, the technology for which AltaPointe received recognition, was born from a need to integrate electronic health records (EHR) into a visual medium so that nursing staff could better monitor quality of care. Early in 2011, BayPointe Hospital's administration, **Dwight Lacy, Jarrett**

Crum and **Angela Ferrara**, took this idea to Dolan and his team, who worked to bring the concept into reality. E-signage helps the nursing staff to act in "real time" regarding issues such as census management, newly created doctor orders and medication monitoring. A 60-inch flat screen mounted on each hospital and residential unit displays real-time patient data that send "push notifications" from the EHR and flags the nursing staff as reminders. This technology accelerates the overall quality of care for all patients at BayPointe and at AltaPointe's new hospital, EastPointe.



Mark Haygood, DO, was elected the American Psychiatric Association Area 5 Member in Training (MIT) Deputy Representative at the APA Annual Meeting. Haygood will represent a region which includes Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Virginia (excluding suburban DC), West Virginia, and the Uniformed Services. Haygood is the first Area 5 MIT Representative from the University of South Alabama. He will serve a two-year term. Haygood also received the University of South Alabama's William Patterson Scientific Award for his paper titled "Persistent psychosis after a single ingestion of MDMA 'Ecstasy.'"

Megan Griggs, clinical director of Adult Outpatient Services, will represent AltaPointe in the Leadership Mobile Class of 2013 beginning this fall. Leadership Mobile is a community-based organization established to train and empower leaders who are committed to supporting and leading community growth and progress through networking and collaborative problem solving.

Veronica Mercadel, admission professional at BayPointe's Children's Hospital, recently graduated from Faulkner University with a bachelor's degree in management of human resources.

Adult Outpatient Services Therapist **Melissa Smilie** received certification as a licensed professional counselor (LPC) in May.

Brittany Rice, therapist at Community Counseling Center of South Mobile, has been approved as an associate licensed counselor (ALC), is now working toward licensure.

Carol Mann, APR, AltaPointe Director of Public Relations, was named the Grover Smith Lifetime Achievement Award recipient by the Public Relations Council of Alabama at its annual conference in Birmingham in April. The award is PRCA's highest individual honor and recognizes a lifetime of distinguished service to the organization and the public relations profession.

Access specialists save lives by phone every day

Editor's note: AltaPointe Access to Care comprises 10 professional staff members who answer calls from the public and referral sources about how to access AltaPointe services. They also verify the caller's insurance coverage and ability to pay, conduct intake and admissions, and carry out a variety of other duties. Some of the calls received at 450-2211 are about scheduling appointments and other predictable topics. Sometimes the calls involve crises; this article highlights several such stories.

Calls that can mean life or death

The caller desperately spewed the words into the phone. "I am about to drink bleach and beer; I want to kill myself... Nobody loves me."

On the other end of the line was Bernadette Hudson, the AltaPointe Access to Care specialist who happened to answer the call.

"Sir, you should get someone to take you to the nearest emergency department," she urged.

"No. I don't have anyone," the caller said.

"Do you need me to call the police for you?"

Hudson asked, unflappably.

"No," he said, as he threatened to drink more bleach and beer.

With that answer, Hudson knew this man wouldn't accept help. Like all AltaPointe Access specialists, she is trained to de-escalate crises. She knew she had to call 911. Hudson continued talking with the inconsolable young man, speaking calmly, soothingly, asking his age, his location and seeking other information.

"He finally gave me the address; that's when I sent an instant message to my Access teammate, Michelle Dunson, asking her to call 911," Hudson said.

"Within minutes, I could hear over the phone the police bursting into the room and asking loudly, 'Who is trying to kill himself?' I stayed on the phone until I spoke with a policeman on the scene and knew they would stop him from committing suicide."

Getting callers the help they need

In cases like this, Hudson said Access specialists will turn an individual over to the police when they become involved. Conversely, some callers *do* want help and respond by getting themselves to a hospital. Access specialist Tonya Garlington related a conversation she had with another man in crisis who did just that.

"A man called to say he was in his car, driving, and that he would crash it into someone so he could kill himself. He told me that his fiancé and baby had died in a car wreck two days earlier. He was grieving terribly, alone in Mobile and not coping well."

Garlington told him he should go to the nearest emergency room. "He agreed to go to the hospital. I stayed on the phone with him, giving him directions. It's important to try to move the conversation away from the subject of self-harm or suicide. So, while he was driving to the hospital, I asked him if he had any hobbies that brought him joy to try to keep him talking."

Garlington said he began telling her about the good times he had with his daughter and his fiancé. "We continued talking until



Access to Care team members include, standing from left, Christine Curtis, insurance clerk; Bernadette Hudson, Access specialist; Ingrid Hartman, assistant director; Victoria Sharp, Access specialist; Ellen Lambert, utilization review coordinator; and Kate Davis, admission and referral specialist; seated, from left, Judy Rand, Access specialist; Tony Garlington, Access specialist; and Michelle Dunson Eddins, aftercare and referral specialist.

he got out of the car. I heard him say to someone else, 'I'm having thoughts of suicide.' I asked to speak with the person, who happened to be a nurse, and related what had been happening. The nurse confirmed the caller was in the ER and said their staff would take care of him from there."

Challenges of intervention by phone

Possibly the most challenging part of being on the phone with someone in crisis can be maintaining self-control. "These situations can explode and end in tragedy in the blink of an eye," Hudson said. "In order to help someone else gain control, you must stay calm."

Both Hudson and Garlington also said it is sometimes frustrating not to know what happens to callers. "One of the toughest things about this job is not being able to follow up and find out what happens to people after we hang up the phone," Hudson said.

Another life or death crisis

Sometimes the specialists are able to have a little more closure about the status of callers in crisis. Victoria Sharp, Access specialist, learned that a recent caller received help after she spoke with him.

She received a call from a man who said he was calling from the treetops, literally. He was at work, in a mechanical arm lift more than 50 feet in the air. When Sharp answered the phone, this caller spoke calmly, but she could tell he was in crisis when he began telling his story.

"I think I need to come in for help," he said. Last night, I held a gun to my girlfriend's head; I was going to shoot her. I think I just might end it all right now and jump."

Sharp described his voice as having a flat affect; calm, but urgent.

“Sir, I’m here to listen,” Sharp quickly replied, “And your safety and the safety of others is my ultimate concern. We need to make a safety plan.”

When Sharp asked more questions, she discovered the police were not involved and the girlfriend was safe. She then began communicating via instant message with Kate Davis, Access admission and referral specialist, who came to Sharp’s desk to help her convince the man to come as soon as possible. Forty minutes later, the man had promised not to hurt himself or anyone else and agreed to a safety plan. Davis then spoke to him and began the admission process.

“It’s more challenging to de-escalate a crisis over the phone, but I was as confident as I could be that he would do as he said,” Sharp said. “He opened up to me and was feeling less urgent by the end of the call. In this case, I know the caller checked into BayPointe.”

Teamwork: The key to helping others

Access specialists frequently depend on their team members to help callers. Judy Rand, who has been working in Access for almost nine years, received a call from a man who was in the lobby of a local hospital. Desperate for help and confused as to where to go and whom to ask for, he called AltaPointe’s Access number.

“He sounded frantic, full of panic and fearful of what was happening to him,” Rand said. “Afraid he was having a nervous breakdown; he told me he wanted to walk into traffic.”

The caller was angry and irritated, but Rand stayed on the line and listened as he told his story. Meanwhile, she sent an instant message to Ingrid Hartman, assistant director of Access to Care, about the call.

“I knew AltaPointe had a psychiatric consultation contract with this particular hospital,” Hartman said. “After I spoke with my contacts, they dispatched someone to find the caller.”

During this time, Hartman and Rand connected via conference

Access to Care KEY Facts for AltaPointe Staff Members

Access to Care operates solely on information AltaPointe programs provide regarding staff scheduling, and availability, services offered, etc.

- Consumers *may present very differently* at the location compared to what they communicated or how they presented during their call to Access to Care.
- Access not only serves the community, it helps AltaPointe staff members do their jobs more effectively and efficiently.
- Staff members should call the Access dedicated line, **660-2384, during business hours** for adult and child/adolescent hospital referrals, questions about AltaPointe services and/or information about community resources and providers.
- The community, consumers and patients may call **450-2211 at any time of the day or night, any day of the week** regarding services, crisis intervention, community resource information, and/or adult and child/adolescent hospital referrals.

call and asked the caller to stay where he was, that a hospital staff member would be there to speak to him momentarily. A few minutes later, the caller was met by a nurse.

Experience, education helps Access specialists

Hudson, Garlington, Sharp and Rand each have a bachelor’s degree. Garlington holds a master’s degree, and Hudson and Sharp are working on master’s degrees in either counseling and psychology or social work. All four have previous experience working in the field or with AltaPointe.

“I experienced lots of crises—restraints and seclusions—and used Mindset all the time,” Hudson said of her time at BayPointe. “I eventually grew to love the work, which truly has helped me comprehend what callers to Access are dealing with.”

Garlington also said her previous work prepared her for Access calls. “I became accustomed to being called bad names and people being upset. We sometimes get that with the phone calls to Access.”

Sharp said she moved into Access from case management so she could gain experience helping people in crisis. “In case management, the patients already have received treatment. In Access, I am learning to work with people on the front end of treatment, people who need help coming to terms with their illness and the need for treatment.”

Rand worked as a case manager in the children’s residential services before coming to Access in 2003. “I like being able to link people with resources,” she said. “I also like knowing that no two days are the same – boredom does not exist.”

Hartman said she has a great team working in Access to Care. “I think we all find the work challenging but truly rewarding. Nearly every day, sometimes more than once a day, we save the life of someone in crisis. At the end of the day, not many people can say ‘I saved a life today.’”

Access to Care: Gateway to services, resources

The concept for Access to Care began in 1998 when AltaPointe, then Mobile Mental Health, operated a hospital called BayCare. Since then, Access to Care has grown along with the organization. It is the entry point for all AltaPointe services and care coordination with the exceptions of the LeMoyne School, the Federal Probation Services and Case Management for Intellectual Disabilities.

Access provides information to the community, support to AltaPointe staff members and community agencies, and often makes referrals to other resources. The Access phone line is

answered 24 hours/7 days per week.

Access to Care facilitates admissions to AltaPointe’s hospitals and links individuals to aftercare services for those being discharged from any hospital.

Over the last several years, Access to Care has experienced a 55-60 percent increase in calls per month and currently receives 3,200-3,300 calls on average per month. March 2012 recorded the highest number of calls ever with 3,718.

To learn more about Access to Care, go to *AltaLink*, AltaPointe’s intranet site, and find the Access to Care page.



Tuerk Schlesinger greets guests gathered in the EastPointe Multi-Purpose Room at an opening reception July 19.



Julie Roberts, right, visits with Connie Ewing, president of NAMI-Mobile, stand in the EastPointe pharmacy.



The nurses' stations are designed for maximum visibility and staff connection with the patients.



EastPointe includes comfortable spaces where family and patient consultations may take place.

EastPointe opens *Continued from page 1*

Walcott, Adams and Verneuille Architects of Fairhope designed the building with the idea of making it aesthetically appealing and ensuring safety. The rustic, pastoral-themed art hanging on the walls creates a calming and engaging environment and helps promote a non-institutional feeling.

Soothing colors and patterns are included for the same purposes through items such as the patient room window shades and dayroom furnishings. In the patient areas, every fixture and furnishing is anti-ligature to ensure a safe environment.

The multi-purpose room can be used for training and meetings of large groups. Doorways from this room lead to a lounge where staff members can eat meals and relax. Adjacent to this is a cafeteria serving line that adjoins an institutional-sized kitchen featuring professional appliances, ample storage and food-prep areas.

The building also features a spacious lobby and reception area, board room, numerous administrative and staff offices, consultation rooms, exam rooms, a pharmacy and various other spaces required in a psychiatric hospital.

The extensive landscaping at the front entry was redesigned to bring the first impression to a human scale and feel welcoming, not “scary” or intimidating, hopefully reducing anxiety on the part of both visitors and consumers. Although part of the original building’s design, several courtyards have been incorporated and landscaped to provide natural light and soothing views.

JC Duke & Associates served as general contractor, and JubileeScape designed and installed the exterior landscaping.

Tours, reception celebrate EastPointe opening

On July 19, EastPointe Hospital's opening was celebrated with a reception attended by more than 100 guests, including Jim Reddoch, commissioner of the Alabama Department of Mental Health.

Larry Jackson, AltaPointe Board President; Tuerk Schlesinger, AltaPointe CEO; and Jarrett Crum, EastPointe Hospital Administrator, each welcomed the guests who had gathered in the hospital's multi-purpose room and made a few comments before opening the hospital for tours. Schlesinger emphasized the needs that will be met by the hospital.

"There has been a shortage of adult psychiatric beds in our

region for a long time," Schlesinger said. "With the opening of EastPointe there are now 66 additional beds to help meet the inpatient needs of people with severe mental illness who live in this region."

AltaPointe staff members greeting guests as they arrived for the reception received compliments and praise about the décor. "Nearly everyone said, 'This is beautiful,' as they looked at the lobby and walked the hallways," Cindy Martin, assistant director of human resources, said. "They didn't think it looked like a hospital."

A special time was set aside July 12 for AltaPointe staff members to tour EastPointe. More than 60 staff members attended.



Richard Monroe, assistant director of EastPointe Hospital, directs guests through the hospital's involuntary unit on July 19.



Dr. Magdi Tageldin, AltaPointe psychiatrist; Dr. Ron Franks, Vice President of USA Health Services; Dr. Praveen Narahari, USA psychiatric chief resident, and his wife, Dr. Shanthi Gatla, discuss the features of EastPointe's involuntary unit during the July 19 EastPointe tour.



AltaPointe Board of Directors President Larry Jackson addresses guests gathered in EastPointe's multi-purpose room before the tours began July 19.



AltaPointe staff members touring EastPointe July 12 include Pam Tideman, second from left, Anna Heredia, Amy Conway and Robert Carlock. At far left, Jarrett Crum, EastPointe Administrator, describes some of the hospital's unique features.



Among the guests at the July 19 EastPointe reception are, from left, Jim Reddoch, commissioner of Alabama Department of Mental Health; Robin Riggins, executive director of Baldwin County Mental Health; and James Dill, executive director of the Alabama Council of Community Mental Health Boards.



Staff members greeting guests as they arrived in the EastPointe lobby July 19 include Jana Foster, Jan DeMouy, Cindy Martin and Kelly Hughes.

Program Progress

Adult Residential Services

Everyone wins with ARS Safety Bonus Program

As an AltaPointe employee, you know that safety is of the utmost importance. Identifying new ways to continually improve safety for AHS employees, consumers and visitors is certainly an important focus throughout the organization. Adult Residential Services has implemented the Safety Bonus Program to encourage staff members to make safety an even bigger focus in their daily jobs.



Members of the ARS Safety Team include, from left, Monica Jones, Chantay Chalmers, Contrice Powell, Bill Hamilton, Dennis Powell, Alberta Abrams and David Dortch.

ARS Safety Bonus Program

“The ARS Safety Team is a very upbeat group that strives for excellence,” stated ARS Coordinator Bill Hamilton. The team meets every other month to identify ways to improve safety and decided to start a new program at the beginning of 2012. In January, recognizing that the best division-specific safety ideas often come from employees, the Safety Bonus Program was implemented within ARS.

The Safety Bonus Program is designed to encourage employees to identify ways to further improve safety and to reward them for making suggestions based on their ideas. Employees who give ARS Safety Team members suggestions for improving safety receive a Safety Bonus Card, which they may immediately use to visit the division’s Safety Bonus Closet and select a reward.

Program Success: The first six months

The ARS Safety Bonus Program is a win-win approach to enhancing safety, and it’s off to a successful start. Between January

and June, seven ARS employees received Safety Bonus Cards through the program. This means that seven proactive steps that might not otherwise have been identified could be taken toward improving overall safety.

Employees who suggest improvements receive immediate recognition and tangible rewards, so creativity and mindfulness toward safety are recognized and rewarded. The ultimate result, however, is improved safety for everyone — all employees, consumers and visitors.

Hamilton also credits the Safety Rewards Program as leading to improved outcomes on the division’s June Alabama Department of Mental Health (ADMH) Life Safety Inspection. There’s no doubt that everyone wins with the Safety Bonus Program.

Peer Specialist Program benefits many AltaPointe programs

When AltaPointe’s Adult Residential Services (ARS) division established its peer services programs in 2008, some staff members were designated as peer bridgers and others as peer specialists. In June, ARS leadership combined both programs into one Peer Specialist Program with its staff members being certified as peer specialists. The program also has expanded to provide services in other areas of the AltaPointe continuum including supported housing and apartments, foster homes, day treatment centers and BayPointe Hospital.

A peer specialist is an individual who has a mental illness, is in recovery and is hired into a mental healthcare program to serve as a role model and mentor. All AltaPointe peer specialists must attend the Alabama Department of Mental Health’s five-day Certified Peer Specialist Training to become certified. The key to the program’s credibility lies in the fact that peer specialists have “been there;” they can speak from experience when they tell consumers that sustained and consistent treatment works and that there is always hope ahead.

The use of peer support has spread rapidly across the United States over the last 10 years and can now be found in numerous mental healthcare facilities. According to research, mental healthcare programs that include peer specialists have seen improved compliance with treatment.

The primary role of peer specialists is to provide assistance to adults by developing trusting relationships with consumers in the facility and serving as role models, mentors, motivators, teachers, connectors, advocates, supporters and allies. The specialist is not expected to be a treatment team member or to take on case

manager or crisis worker roles. However, peer specialists can closely complement the work of other staff by helping to support a more comprehensive, coordinated approach and providing insight to treatment team members.

Support for treatment in three ways

Peer specialists support mental healthcare treatment at AltaPointe in three major ways. 1/ **Peer bridging** — Peer specialists can be matched to individuals to work with them more intensely during a time of transition such as moving into a group home. 2/ **Peer support groups** — Specialists lead peer support groups where consumers can open up and share with others about their experiences. 3/ **Recovery-oriented groups** — Specialists lead groups that center on activities or topics such as crafts, board games, smoking cessation or physical fitness and nutrition.

“The Peer Specialist Program has been integral for advancing the level of care for consumers at AltaPointe, particularly during these recent years of seeing consumers moving from more intensive levels of care or institutionalization into community care,” said David Beech, clinical director of Adult Residential Services. “This program adds another layer of eyes, ears and perspectives to the care continuum that helps improve the feedback loop, increase our level of consumer support and address our consumers’ needs even more thoroughly and thoughtfully.”

AltaPointe’s Peer Specialist team includes Team Leader Beverly Parker, Loy Dimoff, Charles Mason, Eugene Mullen and Renee Stewart.

Peer specialist support is strictly voluntary for consumers. An individual consumer may request a peer specialist, or any member of a treatment team may request that a specialist be matched with a particular consumer. The consumer must be an adult or teenager, and the consumer must agree to the peer match.

For more information about the AltaPointe Peer Specialist Program, call the program team leader at 344-1684.

Children’s Outpatient Services

COP Transitions Program making positive impact

Just introduced in January 2012, the Transitions Program is already making a positive impact in the lives of at-risk adolescents in Mobile County. AltaPointe Children’s Outpatient Services (COP) is playing a big role in the program’s success, in part through the efforts of the dedicated Transitions Truancy Program In-Home Intervention Team.

About the Transitions Program

Made possible by a grant from United Way of Southwest Alabama, the Transitions Program as a whole is designed to be an alternative to placement in the Department of Youth Services for adolescents experiencing behavioral and legal issues. Participants must meet specific criteria and be referred through the Mobile County Juvenile Court to be eligible.

The program involves a cooperative effort among several agencies in addition to AltaPointe, including The Bridge, Lifelines, the Mobile County Juvenile Court and The University of South Alabama, with each entity providing specific services and serving

together to provide a central resource to help program participants navigate and utilize the services available to them throughout Mobile County.

The Role of AltaPointe’s Transitions Truancy Team

The Transitions Truancy Program is one component of the overall Transitions Program. “Transitions Truancy is an intensive, therapeutic program,” Children’s Outpatient Coordinator Stephanie Gatlin said. “Members of the in-home intervention team complete at least two or three in-home and/or in-school visits every week for 12 consecutive weeks.”

Emphasizing behavior modification and relapse prevention, the Transitions Truancy Program is designed to make a real and significant difference in the lives of consumers. “The families and consumers served through the Transitions Truancy Program receive education and therapeutic interventions that allowed them to further understand their diagnoses and develop effective coping strategies,” Gatlin explained.

AltaPointe’s in-home intervention team provides a variety of services to program participants, including case management, crisis management, medication assessment, medication monitoring, mental health consultation, therapy (individual and group), basic living skills training, parent education, and parent support.

Program success

During the Transitions Truancy Program’s first six months of operation, AltaPointe’s in-home intervention team had an opportunity to serve 17 consumers, six of whom have already completed the program. Even at this early stage, the program’s results are quite encouraging.

According to Gatlin, the program has realized two key outcomes for the first six months. All participants who completed the in-home program demonstrated an improvement in overall mental health and **no** criminal activity. In addition, 67 percent of those who completed the in-home program demonstrated a decrease in absences and suspensions and an improvement in academic functioning.

Beyond Transitions Truancy

Once an individual completes the in-home program, the adolescent returns to outpatient treatment, including case management, which ensures that the success they have accomplished is maintained.



Vickie Charpie, left, and Savannah Gillman plan their work as the Transitions Truancy In-Home Intervention Team.

Continued on page 10

EOC Department launches initiatives

Robert Carlock and a staff of nine provide maintenance and upkeep ranging from relocating entire programs to painting to changing light bulbs at AltaPointe's 40 facilities. As director of the AltaPointe Environment of Care Department, Carlock says the restructuring of the department in January and the recent implementation of several new initiatives have dramatically improved the way this team works.

Maintenance responsibilities have been divided into community mental health systems — outpatient and residential divisions — and hospital systems to meet each system's unique needs, Carlock said.

New initiatives improve services

The AltaPointe EOC Department has launched three initiatives to improve service delivery

The first initiative was the development of an electronic maintenance requisition that tracks and responds to requests and informs staff about the status of requests. Carlock worked with MIS to develop the requisition, which is available through AltaLink, the AltaPointe intranet, where manuals, forms, EOC contacts and health and safety information are also accessible.

In addition, maintenance staff members are scheduled until 10 p.m. each day to better meet the maintenance needs of programs that operate beyond regular business hours. This change means quicker responses by maintenance when emergencies arise.

The third initiative involves the many vendors with whom Maintenance works. Vendors are now required to sign in upon arrival at any location, wear a vendor's badge, and undergo training about the populations we serve and specific measures to take anytime work is performed at AltaPointe. Carlock said that at any given time, the maintenance staff works with more than 20 vendors, including pest control, plumbers, electricians, janitorial services and general contractors.

Carlock said the maintenance staff also must maintain a working knowledge of life/safety standards related to public health, the Joint Commission and the Alabama Department of Mental Health.



EOC staff members are, back row, from left: Tony Conway, Roylyn Chaney, Abe Gilchrist, David Roberts, Jim Russell, Martis Cobb, Dexter DeVaughn, Evans Worthy; and, seated from left: Robert Carlock and Marvin Tarleton.

EOC emphasizes customer service

The department places a tremendous emphasis on customer service. "We realize that we play a support role for the organization," Carlock said. "Consumers get the best treatment if we do our jobs fast and efficiently.

"Not only are the consumers our customers, so are AltaPointe staff members," he continued. "When we can meet the staff's needs, they are better able to provide care and support to the consumers."

Roylyn Chaney, facilities manager for hospital systems and Tony Conway, facilities manager for community mental health systems, each has more than 20 years of experience. Other EOC staff members, their years of experience and specialties, include **Martis Cobb**, 16 years, electrician; **Marvin Tarleton**, 10 years, painting; **David Roberts**, 7 ½ years, drywall repairer; **Abe Gilchrist**, 2 ½ years, basic mechanical; **Jim Russell**, 12 years, basic electrician; **Dexter DeVaughn**, 14 years, basic mechanical; and **Evans Worthy**, 16 years, life safety and compliance.

Program Progress continued from page 9

Making a difference

Gatlin's explanation of the positive impact on the lives of those who have already completed the program tells the story. "These families have learned innovative parenting skills that have resulted in an improvement in their parenting response to their child's unique issues. The adolescents have learned coping strategies developed individually, along with their families, to overcome anger, anxiety and impulsivity."

While Transitions Truancy is but one component of the overall Transitions Program, it is an important piece that has the potential to make a lasting, positive difference in the lives of the adolescents who have an opportunity to participate in the AltaPointe program.

Adult Outpatient Services

Day Treatment consumers participate in WRAP seminar

In May, AOP day treatment consumers participated in a three day seminar entitled WRAP (wellness recovery action plan) hosted by Sister Lucindia Claghorn and two representatives from Wings Across Alabama. Consumers learned how to recognize when they are feeling well or having symptoms and create a plan now for when they experience symptoms. Consumers that completed the seminar received a certificate, WRAP journal and were treated to lunch.

61 Staff members reach weight-loss goal during Scale Back Alabama

Each year for the past four years, dozens of AltaPointe staff members tighten their belts and begin the 10-week weight-loss and fitness challenge known as Scale Back Alabama, which is sponsored by the Alabama Department of Public Health and the Alabama Hospital Association. As an incentive to lose weight and get healthier, AltaPointe awards cash prizes to the competitors that reach their goals.

This year, a record total of 61 staff members each lost ten pounds and received \$20 for their efforts. To four teams on which each of its four members lost the 10 pounds, AltaPointe awarded an additional \$50 to each team member. The incentive helped to draw 144 participants.

Congratulations to the following winners, who each lost 10 pounds: **Ann Brye, David Beech, Rita Brown, Charee Calland, Kathy Callen, Marquesha Chaney, Che'Quita Chaney, Cheryl Cheese, Sharronda Cobb, John Conrad,**

Faye Cowan, Toby Cummings, Candes Dotson, Kim Dyson, Rebecca Faulkner, Tori French, Tomekia Finklea, Cynthia Foster, Savannah Gillman, Juanita Goodner, Tracy Gradford, Bill Hamilton, Ingrid Hartman, Emma Hayles, Sonya Henderson, Afiyah Hooker, Kelly Hughes, Mike Jenkins, Bo Johnson, Erica Johnson, Kyla Lamar, Deloris Law, Norris Lawrence, Robin Lawrence, Leigh Ann Macon, Mary-Claire Marshall, Tamiaka Martin, Eunice Mingo, Demettrice Mitchell, Wanda Moore, Eugene Mullen, Willie Myers, Olivia Nettles, Taniqua Norfus, Brenda Phelan, Reneta Powe, Veronica Pettway, Stephanie Pope, Rochelle Porter, Ebony Robinson, Jamie Turner, Melonee Wall, Bernita Washam, Sara Whitfield, Julicia Williams, Kimberly Williams, Pamela Williams, Cindy Wilson and Ryan Zimlich.



Salt-n-Peppa Mamas — from left, Veronica Pettway, Stephanie Pope, Olivia Nettles and Delores Law



Serious Ladies — from left, Ann Brye, Robin Lawrence and Bernita Washam. Demettrice Mitchell was not available for the photo.

Winning Teams



Tip the Scale to Compliance — from left, Eunice Mingo, Wanda Moore, and Sharronda Cobb. Juanita Goodner was not available for the photo.



The Slinderellas — from left, Taniqua "Tee" Norfus, Sara Whitfield, Rita Brown and Leigh Ann Macon

People & Positions at the Pointe



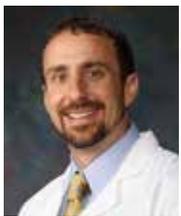
Lalit K. Singh

Lalit K. Singh, MD, MPH, joined BayPointe as a board certified child and adolescent psychiatrist this summer. After earning a bachelor's degree in medicine and surgery from Mahatma Gandhi Mission's Medical College, Aurangabad, Maharashtra, India, Singh went on to complete a master's in public health at Wichita State University in Wichita, Kansas. He completed his residency in psychiatry at the University of South Alabama College of Medicine. His wife, Gaurie, is in her first year of the pediatric residency program at USA.



Edgar W. Finn

Edgar W. Finn, MD, joined AltaPointe as a board certified child and adolescent psychiatrist this summer. He earned a bachelor's degree in economics from the University of Alabama in Birmingham before going on to earn a medical degree from the University of South Alabama College of Medicine. Finn completed residency training in general psychiatry at UAB and Vanderbilt University Medical Center in Nashville, and child/adolescent psychiatry at Vanderbilt where he was selected Chief Fellow his second year. He is board-certified in adult psychiatry and in child/adolescent psychiatry. Following residency training and fellowship, Finn worked at the Children's Hospital of Alabama in Birmingham as a staff psychiatrist of the Vaughan Psychiatric Service. He is a member of the Alabama Medicaid Physician's Advisory Committee. Finn most recently served as Medical Director at Glenwood, Inc. in Birmingham. His professional experience has led to a primary interest in autism and other developmental disorders. Finn has three adult children and two precious grandchildren.



Bradley J. Sadler

Bradley J. Sadler, MD, joined AltaPointe this summer as psychiatrist. He is working at the Adult Outpatient Services office at Gordon Smith Drive in the Assessment Department. Sadler is board certified in psychiatry and neurology. He completed his medical doctorate at Chicago Medical School and his psychiatric residency at Johns Hopkins Hospital in Baltimore. Prior to moving to Alabama, he worked with the Sheppard Pratt Health System in Towson, Maryland, as an attending psychiatrist. Sadler and his wife, Laurie, have two Italian Greyhounds.

Environment of Care Department

Roylyn Chaney is the facilities manager for hospital systems. **Tony Conway** is the facilities manager for community mental health system. Each has more than 20 years of experience.

Promotion

Cindy Martin, MBA, PHR, has been promoted to Assistant Director of Human Resources.

Move

Grace Moffett is now the clinical educator for AltaPointe working in Performance Improvement Department.

NOTE: The "new employee" section of *People at the Pointe* is now available at *AltaLink*, AltaPointe's internal website. Please visit *AltaLink* to find out who is new and who has moved. Contact the Office of Public Relations with your comments and questions about this change.



In Memory of Christina Hutton



The staff members of AltaPointe's Community Services program are mourning the passing of their co-worker, Christina Hutton. Michelle

Krulewicz-Dees, AltaPointe Adult Outpatient Coordinator, supervised Christi, who worked as case manager in Supervised Housing.

"Christi Hutton is missed at AltaPointe," Dees said. "Her coworkers regularly depended on her to help out with a variety of projects. Her consumers miss her. One consumer said of Christi, 'I understood that though she had her own life she still made sure I knew I was important to her.'"

"She had a bright smile and a way about her that encouraged her co-workers and consumers alike. Christi was extremely dedicated to her consumers and to doing her work well. Christi was part jokester, part peacemaker and part cheerleader; she was an important part of our team."

'5-Star' survey, secret shopper and standards

Nearly 230 staff members responded to questions about their awareness and understanding of, as well as satisfaction with, AltaPointe's Five Star Customer Service program. The electronic survey was distributed via AltaPointe email addresses with a link to the survey contained in a message. A summary of those results is located on AltaLink's home page.



Also in progress is the 5SCS Secret Shopper program with the first round of secret shopper reporting completed in June. More than 33 staff members were "shopped" from January through June. The majority of reports distributed to division directors were positive. The 5SCS Committee's Evaluation Workgroup will review the reports to identify trends and deliver to AltaPointe leadership.

Watch for more news about 5SCS and AltaPraise to arrive via email or on AltaLink.

