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At the Pointe

Children's Mental Health Awareness Week

May 5 to May 11, 2013
Watch for notices about how AltaPointe is increasing public awareness

Youth Mental Health First Aid

Training Session
June 27-28,
Contact: 450-1386

Transition from Searcy marks new era for AltaPointe

The last patients boarded a bus departing from Searcy State Hospital Oct. 31, 2012, marking the end of a 110-year era when individuals living with severe mental illness in Mobile County received care in an institutional setting. Except for the patients deemed unfit to live in a community setting, the majority of the last patients to be discharged from Searcy who needed continued care were bound for AltaPointe.

The professionals at AltaPointe have been preparing for Searcy's closing for years. When the Alabama Department of Mental Health announced that Searcy would close, it did not come as a surprise.

"Searcy bed reduction has been a focus of our organization and a topic of discussion for nearly 30 years," Tuerk Schlesinger, AltaPointe CEO, said about the closing. "The timeline for Searcy's closing only pushed us to complete preparations to provide care for the influx of patients."

From January 2012 through October 2012, 222 patients were discharged from Searcy back to Mobile or Washington counties. Of these patients, 202 were discharged either to a community setting (private homes) to receive outpatient treatment, group homes, nursing homes, intermediate care facilities, developmental disability group homes, supported housing, or assisted living facilities. Bryce Hospital in Tuscaloosa admitted 13 of these patients; Taylor Hardin Secure Medical Facility, one; and North Alabama Regional Hospital, three. Two patients were sent to jails.

Individuals residing in Mobile, Baldwin or Washington counties who required involuntary commitment have been admitted to AltaPointe's EastPointe Hospital in Daphne.

Prepared for transition

AltaPointe began developing programs as early as March 2012 that would provide intensive,

To every AltaPointe staff member:

Thank you.

Your diligent work and dedication made it possible to close Searcy Hospital.

(See page 2 for Tuerk's Column for more.)

community-based services for Searcy patients transitioning from the institutional environment. "Because AltaPointe has the resources to create totally secure units, these patients were able to come out of Searcy," Schlesinger said.

New programs and services put into place to assist with the transition include a Centralized Services Center, headed by Olivia Nettles, AltaPointe's clinical director of children's outpatient services. "We asked Olivia to oversee this department because of her extensive experience with AltaPointe directing and providing mental health services at all levels," Schlesinger said. "Specifically, her years as BayPointe Hospital administrator gave her direct experience with caring for adults living with mental illness, understanding all levels of care and the legalities of involuntary treatment."

Centralized Services Center — The CSC is a utilization management department that systematically tracks and monitors levels of care for previous Searcy patients now admitted into AltaPointe's continuum and new patients admitted under involuntary commitment to AltaPointe's EastPointe Hospital.

Continued on Page 2



An early 1900s photo of the main entrance to Searcy Hospital – Searcy's doors closed for good Oct. 31, 2013. Searcy was built in 1828 by the US Army as a munitions depot and first used as Mount Vernon Hospital in 1900. In 1919, it was renamed in honor of Dr. J.T. Searcy, the first superintendent of Bryce Hospital located in Tuscaloosa.

Former Searcy patients now have more hope for recovery



Tuerk Schlesinger,
CEO

We talked about it for years, so when the doors of Searcy Hospital finally closed AltaPointe was ready. In fact, we had anticipated the influx of patients and the increased complexity of their symptoms and were prepared to meet the challenges we knew lay ahead. Thanks to AltaPointe's staff members, former Searcy patients now in our care have more hope for recovery.

Searcy's closing brought with it a tremendous sense of accomplishment for this organization and everyone who played a role in this successful project. Not only did AltaPointe develop new programs to meet the needs of the severely mentally ill patients new to our continuum, we watched the bottom line carefully to make sure we would continue to operate responsibly. And we did it all within a timeframe that many would have said was too short.

Ultimately, the most significant aspect of the transition from an institutional environment of care to the community was AltaPointe's capability to provide much better intensive treatment for former Searcy patients in both acute and residential environments.

Now, these patients are being treated based on individualized plans. In the institutional environment, they were placed in groups where they did not receive special care tailored to their needs. AltaPointe also provides these individuals with more time outdoors and in the community; before coming to us they may have had only one hour per day outside.

From the aftercare perspective, AltaPointe offers sophisticated levels of care to help former Searcy patients adjust to the community. We have enhanced our crisis management system offering longer hours and onsite crisis response. Combined with the newly developed levels of outpatient and residential care, AltaPointe has put in place a comprehensive structure that is succeeding in helping former Searcy patients, and other new patients, realize that recovery and wellness are possible.

Again, my sincere thanks go to everyone at AltaPointe. You have played a role in an historic transition, worked hard to succeed at your jobs and carried out extremely demanding responsibilities as if it were all "in a day's work." Saying that you are appreciated does not do justice to your service.

Transition from Searcy continued from page 1

In addition to Nettles, other CSC staff members are care coordinators Pam Maumenee and Caroline Hale, and Heather Morgan, administrative assistant. Ellen Lambert, utilization review coordinator for ADMH, works out of the CSC office.

Bed reconfiguration — EastPointe Hospital beds have been reconfigured to include a 30-bed commitment unit to meet the increased demands for acute care beds due to Searcy's closure. This spring, EastPointe will open a newly renovated 16-bed, intermediate care unit that will serve individuals under inpatient commitment who need a high level of care in a secure environment. AltaPointe Adult Residential Services reconfigured 16 of its beds to create an Intermediate Care Facility at a group home, formerly called Lakefront, on the Zeigler Campus.

CarePointe expansion — Since the Searcy closing, CarePointe has increased staffing and expanded services and hours to better respond to the increase in calls.

Other outpatient and community services include a new Transition Team (*see page 3*), which supports the former Searcy Hospital patients now in AltaPointe group homes, and two Crisis Response Teams (CRT) (*see pages 5-6*), which respond to crises by going to the site of the crisis. AltaPointe also has established a petition diversion initiative (*see page 3*) that encourages individuals in crisis to voluntarily seek treatment and avoid an involuntary commitment.

The enhanced and new services required additional staffing. From July through October, AltaPointe has hired nearly 150 additional staff, including psychiatrists, to operate the new programs and provide the necessary, higher levels of services.

New era for care

As AltaPointe enters into the new era of providing intensive inpatient psychiatric care for individuals under involuntary commitment, many people living with mental illness will continue to cycle through the system of behavioral and psychiatric healthcare.

"While many people maintain stability through consistent treatment and medication, others do not; they decompensate and require hospitalization," Schlesinger said. "The setting for treatment of these individuals living in our region has changed, but each patient's chance for a higher level for recovery will increase in the community setting."

The good news about mental illness is that recovery is possible. Without treatment the consequences of mental illness are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide, and wasted lives. Rotation of individuals with mental illness through the mental health system reflects the nature of mental illness.

"The individuals that rotated through Searcy at an extremely high cost to the system, now are being seen at AltaPointe's acute care hospital and are being stabilized and released," Schlesinger added. "Some go to extended care at Bryce; some go to group homes. But all of them have an opportunity to have a more normal quality of life if their condition allows for it."

AOP Transition Team meets former Searcy patients' needs

A new Transition Team established this fall is providing tremendous support to former Searcy State Psychiatric Hospital patients who are in AltaPointe group home settings, including supported housing and semi-independent housing settings. The team also is focused on preventing re-hospitalization and involuntary commitments among this vulnerable group.

“Our goal is to meet their needs and make them comfortable, so we are working with them to help them start moving to that level and learn new skills,”

Carl McNatt, Zeigler Adult Outpatient Services coordinator and Transition Team member, said. “We encourage them to learn how to do things more independently and increase their level of functioning.”

The team comprises **Janet Lucas**, therapist, who came to AltaPointe from Southwest Alabama Mental Health Center in Brewton with extensive experience in supported housing settings. Specialist **Charmaine Gamble** provides behavioral support. She has a master’s degree in criminal justice, is a social services qualified mental retardation professional and previously worked at Mobile Association for Retarded Citizens (MARC). **McNatt** oversees the team in addition to overseeing all ZOP programs, Rehab Day Treatment and Intensive Day Treatment.

The program began in early September with McNatt, Lucas and Gamble in place and active by mid-October. The timing of the team’s implementation coincided with the influx of patients being discharged from Searcy State Hospital as a result of that facility’s closure, which was final October 31. The Transition Team program’s model was AltaPointe’s cohort program, which was instrumental during the Alabama Department of Mental Health’s bed reduction initiatives in 2010 and 2011.

Team works with each former Searcy patient

Every patient admitted into a residential or group home setting from Searcy was assigned to the Transition Team. The team works to help them reach the same level of functioning as others who have been in residential settings.

With approximately 36 patients in their care at any given time, the team works to maintain the patients’ stability and prevent their needing more intensive care at AltaPointe, such as Intermediate Care Facilities (ICF) at the former Lakefront group home and at



The AltaPointe Transition Team is helping former Searcy patients adjust to their environment outside of an institution. They are, from left, Carl McNatt, Janet Lucas and Charmaine Gamble.

EastPointe Hospital.

“We want to prevent hospitalization any time we can,” McNatt said. “When hospitalization is necessary, we want to foster voluntary hospitalization instead of commitment.”

McNatt said he believes the treatment team approach is the piece that makes this program work. “Our Transition Team working in close conjunction with the residential staff, case managers, physicians and psychiatrists has helped us support this important population and meet their needs,” he said.

Unlike other residential consumers who attend appointments, meetings and sessions, the team visits these consumers in their residential settings two to three times each week. They make sure the new routines and schedules are consistent and less strenuous. They observe their behavior and monitor their level of wellness and stability on a more intensive level. “The transition is a big one for these individuals, so everyone in the treatment plan coordinates immediate care and makes adjustments when needed to help them remain stable,” McNatt said.

Team provides innovative outlets for patients

Because the team also is seeing more individuals with intellectual disabilities, they are witnessing increased impulsive behavior that requires monitoring and de-escalation. They address everything from medical and therapeutic needs to basic living and well-being support.

“We have some consumers who wanted to write on the walls—it is part of their illness and is an act that makes them feel better or at ease,” McNatt explained. “So, the managers at Adult Residential Services installed a chalk board wall in the house to allow them to do this without destroying any part of the house. That way they do not feel they have done something wrong. Things as simple as this can mean a difference.”

While the program is still young, McNatt says consumers have been building a rapport with the transition team and have shown signs of positive response.

“One consumer was nonverbal, but we knew he responded to music,” McNatt said. “We began to play 50s and 60s music for him, and he began to respond and interact verbally and nonverbally. These small steps count as great leaps for this population, and we celebrate each one.”

People & Positions at the Pointe

Welcome new staff members



Mary E.
Cohen-Colson

Mary E. Cohen-Colson, MD, has joined AltaPointe's Department of Psychiatric Services. Colson earned her medical degree from Penn State University and earned a bachelor's degree in biology from the University of Delaware. She also attended the Shenandoah University Conservatory of Music in Winchester, Va. After medical school, Colson completed a combined internal medicine/psychiatry residency at the

University of Virginia. Colson previously worked as outpatient psychiatrist with the Lakeview Center in Pensacola, Fla., and was medical director of the medical/geriatric psychiatric unit at Singing River Hospital in Pascagoula, Miss. She also was an inpatient psychiatrist at the Biloxi Veterans Affairs Medical Center and an outpatient psychiatrist at the Lehigh Valley Hospital in Allentown, Penn. Her interests are in geriatrics and psychosomatic medicine.

Pedro Polanco, MD, also has joined in the Department of Psychiatric Services. Polanco has served as psychiatrist for patients in correctional settings for MHM Services, Inc. in Montgomery and as a psychiatrist specializing in co-occurring disorders for Searcy State Psychiatric Hospital in Mt. Vernon where he chaired the Utilization Review Board. Prior to working in those settings, Polanco was a psychiatrist at East Mississippi State Hospital in Meridian, Miss.; Rochester Psychiatric Center in Rochester, N.Y.; and Elmira Psychiatric Center in Elmira, N.Y. Prior to becoming a psychiatrist, he was an assistant professor of basic science at Lehman College and Hostos Community College-CUNY in New York and at New York Technical College. Polanco has formal training in the areas of child, adolescent and geriatric psychiatry and in addictive diseases. He is published in multiple journals and earned his doctorate degree in the Dominican Republic.



Pedro Polanco



Sheri Lazenby

Sheri Lazenby, CRNP, RN, BSN, has joined the Department of Psychiatric Services. Lazenby earned her nursing degree from Belmont University in Nashville, Tenn. She has served as a registered nurse in the Thomas Hospital Medical Intensive Care Unit and with Eastern Shore Heart Center in Fairhope. In 2008, Lazenby was selected to participate in a critical care summer rotation

as a nurse intern through the Vanderbilt University Experience: Student Nurse Internship Program in Nashville.



Leslie Johnson

Leslie Johnson recently joined AltaPointe working in the new position of marketing executive. Johnson is a native Mobilian and graduated from the University of Alabama with a degree in psychology. She has more than 15 years of sales and marketing experience in the

healthcare industry, which includes work for Charter Hospital and a number of Mobile area pharmacies. Johnson also worked in pharmaceutical sales. She also spent eight years as the co-host of WNSP Sports Radio's "Two Chicks and Lee."



April Douglas

April Douglas has joined AltaPointe working in the new position of public relations coordinator. She is an award-winning broadcast journalist with 12 years of experience in television broadcasting. Douglas most recently worked with FOX10 News as the 4 p.m. anchor and reporter. A Mobile native, she graduated from Murphy High School and earned a bachelor of science in mass communications from the University of Montevallo. Douglas also worked in broadcasting in Panama City and Tallahassee, Florida. She and her husband, Brent, are the proud parents of two boys, Noah and Kipper.

Moves & Promotions

Heather Joseph, MBA, has been appointed administrator of BayPointe Hospital. She was previously AltaPointe's manager of Professional Services. Joseph has more than 15 years of experience in healthcare practice management in single and multi-specialty physician practices. Joseph earned bachelor's degrees in business and marketing and a master's degree in business administration from Franklin University in Columbus, Ohio. Her healthcare practice management background includes work for Providence Health System in Seattle and Maine General in Augusta. Her practice management specialties include obstetrics and gynecology, orthopedics, pulmonology, plastic surgery, radiology, anesthesia and psychiatry.



Heather Joseph

Angela Ferrara, LPT, LPC, is the new assistant hospital administrator of BayPointe Hospital. Ferrara's clinical training and experience, as well as her many years in administration at BayPointe, qualify her to lead the clinical programming of the growing children's hospital. Ferrara joined AltaPointe more than 16 years ago as a therapist in Children's Outpatient Services. She has worked as assistant coordinator of the LeMoyne School Day Treatment Program and as BayPointe's clinical coordinator. She most recently served as the administrator and assistant director at BayPointe.

Amy Conway, MS, LPC, NCC, clinical coordinator at EastPointe Hospital. Conway joined AltaPointe in 2002 as a behavioral specialist at the LeMoyne School and became a therapist at the school. She was later named assistant coordinator of LeMoyne School and remained in that position until 2010, when she became coordinator of Child and Adolescent Residential Services at BayPointe. In her new role at EastPointe, Conway oversees the Intermediate Care Facility Program. Conway earned a bachelor's

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Bravo! Bravo!



Cherish Brannon

Cherish Brannon, therapist, AOP-West Mobile, was honored this September with the 2012 “Spirit of Recovery Award” from Mobile’s Drug Education Council. Brannon has served as a substance abuse therapist at AltaPointe for almost three years and also worked as a behavioral aide at BayPointe. Prior to joining AltaPointe, she spent three years working with South Alabama CARES (formerly Mobile AIDS Support Services) as a rural case manager. Brannon attended the University of South Alabama, where she pursued a master’s degree in clinical psychology. “Cherish guides people through uncharted sober experiences with incredible compassion, patience, enthusiasm and encouragement,” AOP Substance Abuse Services Team Leader **Christe Damico** said. “She is an inspiring example of a truly passionate professional, and she understands that substance abuse issues exist beyond the classic examples of chemical abuse. She works to help consumers with realistic behavioral changes that will impact their mind, body and soul.”

Robert Carlock, director of the Environment of Care Department, has been elected treasurer of the Gulf Coast Healthcare Engineering Association (GCHEA). The association comprises about 60 members from hospitals and healthcare organizations throughout the Gulf Coast. Carlock’s term as treasurer runs from January through December, 2013, and he will serve as president of the organization in 2014. GCHEA members meet monthly to discuss emergency preparedness, facility improvement and safety issues related to hospitals and healthcare organizations.

Michael Goldman, coordinator of the Community Counseling Center of Washington County, was re-elected as chairman of the board for the regional Child Advocacy Center, which provides child abuse services for Washington, Clarke and Choctaw Counties.

Washington County’s Habitat for Humanity and Department of Housing and Urban Development joined forces with AltaPointe

to work on the homes of consumers. **Goldman** and Washington County Probate Judge Charles Singleton were among those who helped remodel the home in late August. AOP Coordinator **Michelle Krulewicz-Dees** helped plan the event.

Stephanie Pope, assistant coordinator for Children’s Outpatient Services, published a children’s book that is available through Amazon, Authorhouse.com and Barnes and Noble, titled “Fedo the Frog Flew the Coop.” Pope wrote the book this summer for her 15-month-old son.

Miranda Goodwin, Adult Outpatient Services Bridge Team therapist, received her Licensed Graduate Social Worker accreditation in September.



Stephanie Pope



Art Meadows

Congratulations to **Art Meadows**, Bridge Team Case Manager, who retired Jan. 31 after 21 years at AltaPointe. He began his mental health career when Mobile Mental Health still operated Bay Care, an inpatient facility. Meadows most recently worked with the jail diversion program, which means he frequently met with judges, attorneys, law enforcement and other corrections officials. “Art has represented AltaPointe so well with jail diversion,” Tuerk Schlesinger, CEO, said. “We will miss his expertise and his wonderful personality.” During his retirement celebration Jan. 29, Meadows told his friends who gathered to wish him well that he has enjoyed his time at AltaPointe and will miss his many colleagues.

People & Positions *continued from page 4*

degree in psychology from Spring Hill College and a master’s degree in counseling from the University of South Alabama.

Christina Russo, MSW, LGSW, is now clinical coordinator of voluntary services at EastPointe. Russo began her career at AltaPointe as a case manager in supportive housing and later joined BayPointe as a therapist in its adult hospital. In addition to her new role at EastPointe Hospital, Russo was recently appointed chair of the Safety Committee at BayPointe. Russo earned a bachelor’s degree in special education from the University of South Alabama and a master’s degree in social work from the University of Alabama.

Cheryl Higgins, MS, is now the consumer needs specialist for community programs in the Performance Improvement Department. Higgins joined AltaPointe more than six years ago as a discharge planner at BayPointe Adult Hospital. She then joined the Project Rebound team in south Mobile County as a crisis counselor. She earned a bachelor’s degree in interdisciplinary studies/psychology, sociology and public health, and a master’s degree in health education from the University of South Alabama. Higgins is a certified case manager and a Mindset training instructor.

Meeting People in Crisis — Right Where They Are

AltaPointe Crisis Response Team and petition diversion efforts begin treatment sooner, divert petitions and hospitalizations

Going to the crisis

When the Alabama Department of Mental Health set the deadline to close Searcy State Psychiatric Hospital by Oct. 31, 2012, AltaPointe leadership recognized there would be a need for additional community services. They knew people experiencing mental health crises would require immediate, face-to-face support, particularly for those individuals not requiring involuntary hospitalization who would need outpatient services.

With additional resources allocated from the state, AltaPointe was in a unique

position to provide this outpatient support, not only to patients, but to their families and the community. Any mental health professional knows that one individual in crisis can mean an entire family, other loved ones and community supports also can be in distress if prompt and individualized help is not delivered.

In response to the need for more support services, AltaPointe established two Crisis Response Teams (CRT) in September 2012. The CRT is available from 10 a.m. to 10 p.m., seven days a week. It meets individuals in crisis and anyone who might be trying to access immediate help for them.

The team travels to the individual's location where they immediately engage that individual in treatment and provide critical support. The CRT encourages them to take voluntary steps toward care and be actively involved in their treatment.

AltaPointe's programs frequently request supportive services from the CRT. A current patient's doctor or another treatment team member may call because a patient needs additional assistance, such as medication monitoring at night or frequent, face-to-face follow-up services to maintain stabilization.

"Most mental health clinics and offices close at 4:30 or 5, but mental health emergencies don't stop happening just because of the time of day or day of the week," **Megan Griggs**, AltaPointe's clinical director of adult outpatient services (AOP), said. "In the past, our crisis line support teams had little choice but to direct people to an emergency room or to call 9-1-1 if an issue was critical, but now we can go to the families and help them avoid that step when de-escalation is possible."



Crisis Response Team members include, from left, Greg Greene, Kelly Navan, Cindy Gipson, Linda Smith and Robert Tageant.

Stabilizing patients faster

In one recent CRT case, a family member in distress called AltaPointe explaining he was going to file a petition on an uncle who was delusional and paranoid. He believed the uncle would never agree to go voluntarily for treatment. The patient had not been enrolled in services for a long time, was not taking medication and had very poor self-care practices. He was causing trouble in his neighborhood by tampering with mail and disconnecting phone and cable lines. The family

worried that he would eventually get hurt because of his behavior.

An AOP staff member contacted the CRT, which reached out to the family. The team located the patient in the community and convinced him to talk with a nurse. The CRT nurse built a rapport with him and convinced him to go with her to see a doctor. The team later transported him to BayPointe Hospital. The patient was stabilized and eventually went home where he has continued to do well.

"The family said they were surprised that this kind of support is available," Griggs said, "and they thanked the team for helping them get the immediate care they needed."

All programs support efforts

The access to care built around this system has been essential to the CRT's success. Hospital and adult outpatient programs have worked together to ensure individuals are seen immediately in a clinic or enrolled into longer-term services such as the Bridge or Assertive Community Treatment (ACT) teams or admitted to EastPointe Hospital. This coordinated effort has helped the team succeed in mitigating crises and help patients stabilize faster.

Experienced team members

Cindy Gipson, PhD, leads the CRT team and also coordinates the ACT team. Prior to joining AltaPointe, Gipson worked on a

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similar crisis response team comprising counselors and social workers embedded in the Williamson County, Texas, Department of Emergency Services. Gipson's experience with the Texas program has helped AltaPointe build its program and ensure all systems are in place to make it a success.

Gipson also worked as a therapist at Searcy Hospital for more than 10 years. "Her background fits perfectly with the goals and role of the CRT," Griggs said. Other team members include **Robert Tageant** and **Greg Green**, AltaPointe AOP Case Managers, Kelly Navan, therapist, and **Linda Smith**, RN.

AOP Assistant Clinical Director **Janet Langley** said AOP staff members from multiple programs and locations immediately jumped on board to support the CRT program by providing additional services, offering ideas and spreading the word about crisis support.

"AOP teams have been eager to help the crisis staff in any way necessary," Langley said. "They are grateful that a consumer can be checked on at night or on weekends if needed to prevent escalation of illness. Everyone benefits, and everyone is working together beautifully and tirelessly to support our mission."

The petition diversion efforts

Along with the development of the CRT, AltaPointe began taking a new approach to reduce involuntary commitment petitions. This petition diversion initiative is intended to encourage individuals living with mental illnesses who are in crisis to voluntarily seek mental health treatment thereby diverting involuntary treatment.

AOP Coordinator **Jennifer Maxey** says that she and other staff members work with **LuCreasia McCall**, the AltaPointe Probate Court Liaison, to assist families or others who go to the court's office intending to file an involuntary commitment petition. The goal is for the petition to be placed on hold and that the families or others involved will give consent for the CRT to provide treatment to the individual in crisis.

Gipson said she is particularly proud to be a part of preserving family relationships and helping people take voluntary steps toward stabilization.

"The commitment process is unbelievably difficult for families," Gipson said. "It almost always leads to fractured or strained relationships; that is heartbreaking to see. It is equally hard for families to have to call police or emergency services. We work to help them avoid those situations."

Clearly making a difference

In its first three months, the CRT worked with nearly 200 individuals; 109 of these individuals in crisis were directed to CRT through AltaPointe's petition diversion efforts.

The other 91 cases were routed to CRT either from Access to Care, now CarePointe; or from an AltaPointe therapist, case manager, nurse, psychiatrist or other physician. In all of these cases, petition or involvement with law enforcement or emergency services was likely the next step.

The CRT cannot prevent every case from moving to involuntary actions; however, the program has many positive effects. For instance, every individual diverted to voluntary care is avoiding the traumatic experiences of a court appearance, a trip in a police car or ambulance, or a visit to an emergency room. In addition,

each similar case also represents a major cost savings to community resources.

Community partners at NAMI-Mobile say individuals living with a mental illness have welcomed the intervention and have been thankful for this new level of support.

"We have shared the information about the CRT program with our members, and the comments from family members have been very positive," **Connie Ewing**, NAMI-Mobile past president, said. "Feedback from our NAMI probate court volunteers indicates a considerable reduction in the number of probable cause hearings since implementation of the CRT."

In addition to avoiding the commitment process through the CRT and petition diversion efforts, AltaPointe staff members have helped hundreds of individuals, including AltaPointe patients in crisis, to become more stable. Maxey says the CRT and petition diversion efforts have succeeded in diverting cases where a commitment petition was imminent.

"In the winter of 2012, the probate court docket averaged 11 to 13 cases per week; right now they average about seven to nine," Maxey explained. "Our diversion and crisis response efforts are definitely having a positive impact."

Griggs said she hopes AltaPointe can expand crisis response and petition diversion services. "We would like to be able to provide support 24 hours a day, seven days per week and be available to work more closely with law enforcement and EMS services," she said. "That may be a reality down the road, but what we are already doing is unique to our region in the state. It is critical to the new system [in effect since Searcy closed] and is helping families in our community when they need it most."

AltaPointe Crisis Response Teams

Team members

A nurse or therapist plus a case manager

Hours of operation

10 a.m. to 10 p.m., seven days a week

Service area

Mobile & Washington counties

CRT responds to family members or others when there is a crisis, even if a petition for involuntary commitment may be in process at probate court.

When there is a crisis, call CRT through CarePointe at 450-2211.

During business hours, call CRT directly at 473-4423.

Program Progress

Adult Outpatient Services

Family Support Group educates caregivers about crisis prevention, support services

A new AltaPointe Family Support Group meets one day each month at the AOP-Gordon Smith location to engage family members and caregivers in discussions about diagnoses treated at AltaPointe and services, such as the Crisis Response Team and the CarePointe crisis line. Since September 2012, the group has been part of an initiative to reduce the numbers of unnecessary involuntary commitments, hospitalizations and calls to police or 9-1-1 when an individual is experiencing a mental health crisis.

“We wanted to let family members and caregivers know that they can call us any time, day or night, when they need help with an escalating situation,” AltaPointe Adult Outpatient Services Coordinator Brandie Johnson, said. “They do not have to wait until a situation gets so bad that the legal system or emergency services have to be involved.”

Johnson said that the group also discusses medications, crisis prevention and community support services. “We hope to direct people to what they need, when they need it,” Johnson continued. “We don’t want people suffering as a situation gets worse when there is immediate help available to them right here at AltaPointe.”

Representatives from NAMI also attend the meetings to give an overview of its programs offered for the individual and for family and caregivers.

The sessions foster better understanding of mental illness to generate more compassion for people living with mental illness within the community and to reduce stigma. For instance, this fall, Janssen Pharmaceuticals demonstrated its Mindstorm Machine, a 3D-simulator that provides auditory, visual and olfactory simulation of hallucinations similar to those experienced by people with schizophrenia or who are experiencing psychosis. Group participants reported being amazed at the experience, and noted that the feeling was overwhelming after just a few minutes of exposure and that after learning what they live through each day they felt much more empathy for their loved ones who live with schizophrenia.

The group meets from 6 p.m.-7 p.m. one day per month. For dates and locations, call 450-5964.

PATH impacts the lives of Mobile’s neediest

AltaPointe Adult Outpatient Services’ PATH program, which stands for “Projects for Assistance in Transition from Homelessness,” continues to provide one of the most basic human needs for needy people in Mobile: a place to live. PATH helps place chronically homeless people in apartments or other homes after going out into the homeless community and offering housing and mental health support.

Many of the program participants receive the first mental health services ever provided to them through PATH, and over the past



PATH team members work together to reach the homeless. From left, team members include Ben Helms, Pamela Wisner and Emily Minto-Head.

year, 97 percent of them have remained in housing and off of the streets.

“I am so proud of our outreach program for homelessness,” said AOP Coordinator **Michelle Krulewicz-Dees**. “So many homeless people end up in emergency rooms or jails. They get arrested for things like ‘wandering abroad,’ and that is such a burden on the system.”

The outreach team comprises **Emily Minto-Head** and **Ben Helms**, case managers; **Pamela Wisner**, therapist; and **Praveen Narahari**, MD, psychiatrist. For the first time, PATH has a psychiatrist doing outreach work. Narahari has been going to 15 Place, a day shelter providing multiple services to the homeless, and accompanying the outreach workers in the homeless camps to make assessments and prescribe medications.

Dees recently related an account about an individual whose story represents what the team sees each day. The team had been seeing this man in the homeless camps and on the streets for months.

“He was so sick, exhibited very strange behavior and was just completely uncontrolled,” Dees explained. “He was going to get hurt.”

After six months of working with him and developing a relationship with him, the team was able to convince him to get him into a car so they could transport him to the clinic where he could receive care.

“We finally got him housed at one of our apartments,” Dees said. “He began getting care and received his first ever Invega–Sustenna–injection, a medication used for the treatment of schizophrenia.”

A few weeks later, Dees said he came up to her at the clinic and said, “Hey, lady, I like my apartment.” She said it was the first full sentence she had ever heard him utter.

“He had a full conversation with me,” she continued. “He didn’t look anything like he did before — I hardly recognized him. He has

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been in our program for about a year and is stable, has a roommate, has benefits, is getting care and is on a steady medication regimen.

“He’s not in jail, in the ER, a psychiatric unit or mental hospital, and he’s not in the court system. This is a man who truly was in jeopardy of being hurt. Now, he’s speaking full sentences and safe in a home. Out on the streets and in the system, he and his roommate both were using community resources and funds. It is so much less expensive to provide appropriate care and a home than to pay for corrections, emergency rooms or psychiatric hospitalization.”

Supported Employment’s new approach helps with job success

AltaPointe Adult Outpatient Services Supported Employment Program, a cooperative effort with Alabama Rehabilitative Services Agency, is taking employment support to a new level. Thanks to an additional team member and a new approach, the program now provides job readiness classes to individuals living with mental illnesses to help them prepare for employment.

When an individual living with mental illness is prepared to work, it is less risky for a business to employ them and removes some of the obstacles for the individual. The new approach works well because it includes assessments of skills and basic knowledge that might be needed in work environments and then provides training to assist individuals in preparing for employment.

For instance, the team assesses to see if an individual understands the meaning of the colors red, yellow and green related to safety. They assess punctuality, transportation resources and social interaction. The team then searches to find a job that would be compatible with the individual’s level of functioning, knowledge and skills.

The team also looks at symptoms, likes and dislikes, and identifies activities that individuals like and that might make them feel well, such as, cleaning, gardening, counting, painting, etc. Additionally, the team provides basic training such as résumé writing, interview techniques, dressing for an interview and practicing interviews. The team’s goal is to place these individuals in a competitive-wage position.

Lisa Gable, job developer and **Doris Gayle**, case manager, work with potential employers to identify available positions.



Supported Employment Team includes Lisa Gable, job developer, left, and Doris Gayle, case manager.

They also participate in training for the potential position. Then, they identify individuals who would be a good fit and train them for the job, which helps them better determine whether the individual would be able to perform the job duties.

If individuals employed through the program have issues, Gable and Gayle work with them to improve their performance and make sure they can remain employed. This takes a burden off the employer because there is less trial and error with the placement and less hassle with corrective actions or performance management.

“This is not a population that doesn’t want to work; it is a population that needs help getting there,” **Michelle Krulewicz-Dees**, coordinator of AltaPointe Adult Outpatient Services, said. “A lot of our program participants say, ‘I don’t think I’ve ever been asked that before,’ or ‘If I knew how to do this, I would like to do it.’ We are actually taking the time to help them get there — to help them find a skill. We really are meeting our mission even more directly when we attend to occupational growth.”

Adult Residential Services

ICF replaces ‘Lakefront’ on Zeigler Campus

Lakefront, an AltaPointe Adult Residential Services group home located on the Zeigler campus, was transformed this past fall into an Intermediate Care Facility (ICF). AltaPointe made specific alterations to the house to accommodate the specific needs of individuals living with mental illness who had been discharged from Searcy State Psychiatric Hospital, which closed Oct. 31, 2012.

The ICF primarily admits patients who are under inpatient commitment to this non-hospital setting. AltaPointe installed a perimeter fence to secure the grounds; all entry doors are now locked for patient safety. According to Patricia Sullivan, ARS assistant director, new recreational services and a canteen have been implemented and installed for the patients’ enjoyment.

Lakefront had operated as a partial hospital program facility where treatment services were provided on-site. The program structure continues at the ICF in much the same fashion; however, the staffing pattern has been increased to coordinate treatment needs in this new structured environment.

Fall Festival entertains residents

Individuals from 19 AltaPointe group homes attended the Third Annual Adult Residential Fall Festival Oct. 26 at the Rosewood campus. Hot dogs, burgers and nachos, with all the trimmings, were a big hit as were a talent show, volleyball, a basketball free throw competition and a soda toss. Gwen Mose chaired and coordinated the event. Shane Rehberg from Northeast Pharmaceuticals served as the deejay and kept the guests dancing throughout the event.

Individuals living in the Intermediate Care Facility on Zeigler Campus participated in a Halloween Party Oct. 31. Staff members and patients dressed up in creative costumes and showcased their talents in a talent show. Music, dancing and games made the day enjoyable.

ARS staff members that organized the events report that the patients enjoyed the activities and are already talking about next year’s events.

Survey shows interest in seeing more of AltaNews

The results of the *AltaNews* Readership Survey show that most of the 140 AltaPointe staff member respondents said they read *AltaNews*. Overall, staff members reported they are impressed with the writing and content of *AltaNews* so much that they would like to see it published more often.

Conducted electronically via email, and in part through paper copies of the survey, 22 percent of staff members responded. Forty-six percent of survey respondents said they “feel better connected to AltaPointe” and more involved because of *AltaNews*.

When asked their favorite topics covered by the AltaPointe employee newsletter, feature stories about the people, places and departments of AltaPointe topped the list. Photo pages and front page news were favorites, too.

The survey responses showed room for improvement when it comes to *AltaNews* highlighting community efforts. One AltaPointe staff member said he would like to know more about upcoming events so he too can get involved.

There is also work to be done sharing the good news of AltaPointe with family members. Thirty-six percent of respondents

said they never take *AltaNews* home while 39 percent never share *AltaNews* with others outside of AltaPointe.

The survey results also showed AltaPointe staff members are interested in reading more about mental health news from across the state in addition to articles featuring our patients.

The majority of *AltaNews* Readership Survey respondents included administrative staff members, therapists, nurses and case managers.

Responses to a question intended to gauge interest in receiving *AltaNews* via social media showed that 97 percent of staff members owned a cell; half of them said they would like to receive important information via text.

AltaNews gives staff members a way to stay connected to what’s happening down the hall or across town at other AltaPointe locations. The AltaPointe Office of Public Relations will use the survey results to strengthen *AltaNews* and will announce changes to the newsletter that have been motivated by the survey.

Coast Guard helps raise American flag at EastPointe



Members of the US Coast Guard-Mobile Sector performed an official American flag-raising ceremony at EastPointe Hospital this fall at the request of Gayland Harris, AltaPointe IT staff member and retired US Coast Guard Chief Petty Officer. Jarrett Crum, EastPointe Administrator, and Harris had discussed the hospital’s flag pole needing a flag. So Harris contacted Boatswain Mate Senior Chief Seth Tomas with the US Coast Guard asking him to assist and prepare the flag. He made sure the EastPointe American flag had the eyehooks and cleats necessary to raise a flag on its line. The US Coast Guard flag-raising crew included officers who had more than 60 years of service. Harris said they all were very pleased to be able to assist.



Present for the raising of the American flag ceremony at the EastPointe campus this fall are Jarrett Crum, Tuerk Schlesinger, Boatswain Mate Senior Chief Chris Browning, Boatswain Mate Senior Chief Seth Thomas, Chief Warrant Officer William Gordon, Amy Conway and Richard Monroe.

Annual 'ham toss' brings smiles and joy

For nearly a decade, AltaPointe staff members have enjoyed "ham toss" day right before Christmas holidays. When CEO Tuerk Schlesinger parks the refrigerator truck he has packed full of

hams in the parking lots of their offices, they know Christmas isn't far behind. This past December was no different, except that the company has grown so much that it took two days to make the ham deliveries.



Crystal DeWeever receives her ham from AltaPointe CEO Tuerk Schlesinger early in the morning on Dec. 17 at BayPointe.



Caroline Hale, Pam Maumenee and Heather Morgan seem happy about receiving their hams Dec. 18.



AOP-Gordon Smith staff members seem in the holiday spirit during the Ham Toss Dec. 18. They are from left, Laura Bell, Kara Biggs, Tuerk Schlesinger, and Ashley McDonald.



The ham truck made its way to south Mobile County Dec. 17 to personally deliver hams to Project Rebound staff members. Tuerk Schlesinger, right, spends a moment with Danny Nguyen Dec. 17.



Julicia Williams, second from left, and Chris Cordon, far right, exchange some fun moments with Stephanie Gatlin, far left, and Tuerk Schlesinger, at Children's Outpatient offices Dec. 18.

AltaPointe staff members pledge generously to United Way

LIVE UNITED 

Once again AltaPointe staff members increased their commitment to the United Way of Southwest Alabama (USWA) by pledging more funds and attending more rallies during the organization's 2013 campaign this fall. Staff increased donations by 25 percent and nearly quadrupled the number of rallies held.

AltaPointe held 23 campaign rallies at seven service locations with an average attendance of 12. Representatives from other UWSWA agencies such as the American Red Cross, Victory Health Partner and Lifelines spoke at several of the rallies. Staff members who helped facilitate and plan the rallies include Julie Bellcase, Jarrett Crum, Jan DeMouy, Stephanie Gatlin, Bill Hamilton, Cheryl Holmes, Kelly Hughes, Brandie Johnson, Carol Mann, Carl McNatt, Sonya Sims and Patricia Sullivan. Sonja Butts, HR Payroll Specialist, gathered the pledges and completed the report for United Way.

"United Way of Southwest Alabama plays a vital role in our community," Julie Bellcase, AltaPointe COO, said. "Our staff members who made pledges or gave one-time gifts also are playing a role by helping United Way help people in need."

Benefits Fairs offer direct access to information



Cindy Martin, left, and Julie Bellcase, right, present a Bose radio to Ingrid Hartman, whose name was drawn as the HR Benefits Fair door prize winner.

One attraction at this year's fair was the chance to win a Bose radio, thanks to the generosity of AltaPointe's vendors. Ingrid Hartman, assistant director of CarePointe, was the lucky winner.

AltaPointe's annual Benefits Fairs this fall attracted 309 staff members to the six events held at BayPointe Hospital, Children's Outpatient Services, EastPointe Hospital, Zeigler Campus and the Fred Delchamps Center on Gordon Smith Drive.

The Human Resources Department plans and sponsors the fair, which offers a comfortable environment for staff members to talk to the benefits vendors and HR staff. "It's a good time to assess the benefit options available to them for the coming year," said Cindy Martin, assistant director of human resources.



Admin-C opens for business

The AltaPointe departments of human resources, performance improvement, and CarePointe moved at the end of 2012 into a two-story office building named Admin Building C. Located at 5741 Southland Drive across from the AltaPointe administrative office buildings at 5750-A Southland, the new location provides additional training and education space, meeting rooms and an increased number of offices.

In Memory of Che'Quita Chaney-Grier



The AltaPointe family is mourning the death of Project Rebound Therapist and friend, Che'Quita Chaney-Grier, a woman known for her smile and compassion for others.

"She always had a smile on her face, regardless of what was going on," said Martha Pharr, South Mobile Outpatient Coordinator. "She always asked about others, how they were doing and she loved her family."

Grier joined AltaPointe Health Systems in 2008, and worked with Project Rebound since 2010. She was a member of the educational team that spent most of its time in the south Mobile County community making sure its residents knew of AltaPointe's services.

"What I remember most about her was how she felt so passionate about helping other people, particularly those less fortunate. I think that was something consistent in her personal life as well," said Pam Maumenee, Grier's one-time supervisor. "Che'Quita was a larger-than-life part of that team, and we are all going to miss her."

Think about this...

Everybody can be great...because anybody can serve. You don't have to have a college degree to serve. You don't have to make your subject and verb agree to serve. You only need a heart full of grace. A soul generated by love.

— Martin Luther King, Jr.