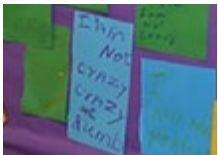


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At the Pointe

**Oct. 18
'Out of Darkness' Suicide Awareness Walk**

1 p.m. - 4 p.m.
Daphne City Hall
455-6453

Remember to get your flu shot!

Call Nicole Phillips to sign up. 665-2532

**Oct. 29
Mental Health First Aid,
Special introductory event for Mobile business leaders**

(invitation only)
Mobile Area Chamber
8 a.m. - 12 p.m.
662-8007

New ADMH Commissioner Perdue visits AltaPointe

Newly appointed Alabama Commissioner of Mental Health Jim Perdue visited AltaPointe this August for the first time since Gov. Robert Bentley named him to the position June 19. Perdue replaced Jim Reddoch who retired June 30.

Perdue met with **Tuerk Schlesinger**, AltaPointe CEO, and other administrators to learn more about the state's most comprehensive mental health center and behavioral health organization.

"AltaPointe is a model for the state's community mental health centers," Perdue said during the meeting as he listened to an overview of AltaPointe's services and infrastructure.

"He is taking this post at a crucial time for the mental health system in Alabama," Schlesinger said, commenting on the challenges Perdue will face. "The State is preparing for Managed Medicaid through the creation of Regional Care Organizations (RCOs). There are no plans for the State to increase funding for mental health. With funding becoming more and more lean, several community mental health centers across the state are being forced to cut services."

Perdue brings tremendous knowledge of and experience within the mental health system. He served



Commissioner Jim Perdue, left, discusses AltaPointe's performance improvement department with Sherill Alexander, center, director of performance improvement, and Tuerk Schlesinger, right, Aug. 12.

as Crenshaw County probate judge for 12 years, was president of the South Central Alabama Mental Health Board and a member of the Alabama Mental Health Advisory Board of Trustees.

State funding does not affect the ADMH mission

Perdue's visit to Mobile came two days after the Alabama State Legislature failed to pass a General Fund budget during a special session called by the governor in August. At that time, the legislature had not agreed on a budget that Gov. Robert Bentley would sign. It appeared the Alabama Department of Mental Health would be one of the state agencies to lose funding.

"Whether we have twice the money or half the money, the Department of Mental Health has the same mission, which is to provide the highest quality services to Alabama residents who are living with developmental disabilities, mental illnesses, and substance use disorders," Perdue said.

During a second special session called Sept. 8, a six-month stalemate on how to fund state services was broken when both houses sent a compromise budget to the governor, which he signed Sept. 16.

Mental health leaders and advocates were relieved that the \$1.75 billion General Fund budget included \$166 million in new revenue preventing any cuts to the mental health budget and calling for level funding for ADMH in 2016.

The ADMH has been operating on less money for the past several years, and level funding does not mean all is well for 2016 funding.



Newly appointed Alabama Mental Health Commissioner Jim Perdue listens intently to Ingrid Hartman, left, assistant director of CarePointe, as she explains AltaPointe's access-to-care system during a tour of the CarePointe department Aug. 12.

Underfunded mental health system requires urgent action



Tuerk Schlesinger,
CEO

Columbine. Aurora. Newtown. Charleston. These places have become synonymous with the mass murders of innocent, unsuspecting people. With each brutal, inhuman act, questions emerge about access to guns and the perpetrator's mental health. In this space, we are setting aside any discussion surrounding the weapons and examining a subject about which we know considerably more. That subject is mental illness and the inadequately funded system attempting to treat the disease.

The conclusion media, as well as society, make as they try to explain these atrocities is that surely these "shooters" must be mentally ill. The unfortunate truth, more times than not, is that the perpetrators often have undiagnosed or untreated mental illnesses. Yet, each case is complex, and the details do not readily point to ways the criminal acts could have been prevented.

The larger questions always should be what do we know and what can be done about the societal dilemma related to mental illness and preventing these crimes.

What do we know?

First, we know that fewer than five percent of the 120,000 gun-related killings in the United States between 2001 and 2010 were perpetrated by people diagnosed with mental illness. We also know the mentally ill are 60 to 120 percent more likely than the average person to be the victims of violent crime rather than the perpetrators. These are the findings of a study conducted by Dr. Jonathan Metzl and Kenneth T. MacLeish, two Vanderbilt University professors, that was published in the American Journal of Public Health.

Second, we know the stigma of mental illness that keeps people away from treatment could be reduced by education about the disease.

Third, we know that with appropriate diagnosis, treatment and compliance with prescribed medications most individuals with mental illness can achieve recovery.

Last, we know that a greater investment of federal, state and local money to fund mental health services and psychiatric medical education is needed. Likewise, implementation and enforcement of more equitable and reasonable commitment laws could help more of these individuals receive treatment and stay out of courts and jails.

Using what we know, what can be done to address the problems?

When will Congress take action?

The depressing reality is that action often is not taken until after a mass murder, the flurry of media coverage, and the unbearable moments of silent memorials on the floors of Congress. The difference is there seems to be an urgency to find solutions. Is there hope that laws will change and funding will increase?

Congress seems to have a little steam behind it now, pushing it to pass bills that would take the funding of mental health services seriously. If just one of the proposed bills we describe below becomes law, society in general and, specifically, individuals living with serious mental illness would benefit greatly.

Could two bills before US House, Senate help?

The Helping Families in Mental Health Crisis Act of 2015 — Tim Murphy (R-Penn) has put forth H.R. 2646 "The Helping Families in Mental Health Crisis Act of 2015" to reform the federal government's wasteful and inefficient approach to mental illness. Murphy has said this bill would improve the nation's mental health delivery system making it easier for caring family members to help a loved one with mental illness without having to rely on the involuntary commitment process. The bill would force accountability and coordination among federal agencies that deal with mental health. It would provide funding to support evidence-based programs such as AltaPointe's jail diversion program. It would require additional psychiatric beds; increase TeleHealth psychiatry and, finally, make sure pediatricians are trained to know when and how to consult with child psychiatrists.

The Mental Health Reform Act of 2015 — Bill Cassidy (R-La.) and Chris Murphy (D-Conn.) have introduced S.1945 "The Mental Health Reform Act of 2015." This bill would address a lack of resources, enhance coordination, and develop meaningful solutions to improve outcomes for families dealing with mental illness. It would also encourage the integration of physical and mental health through grants, creating the position of Assistant Secretary for Mental Health and Substance Use to oversee grants and promote best practices; establish an Interagency Serious Mental Illness Coordinating Committee and a new National Mental Health Policy Laboratory; reauthorize successful research and grant programs; strengthen transparency and enforcement of mental health parity and improve mental health services within Medicare / Medicaid.

Will America take action?

My job is to provide behavioral health care. Our organization must pinch pennies and be highly innovative just to be able to deliver that care. Action must be taken at the national level. Attention must be paid to the enormous and never-ending need to provide humane and effective treatment to those who live with mental illness.

The legal jargon in the bills cited in this column is often tough to wade through, but you are encouraged to become informed; learn all you can. Support the legislative efforts to increase funding, improve the mental health system and by doing so possibly stem the tide of crimes so often attributed to individuals with mental illness.

For more information on the two bills mentioned in this column, you may want to read, "America Wakes Up to Mental Health," found at usnews.com/opinion/blogs/policy-dose.

This column was written before the Umpqua Community College shootings. The media are still covering the aftermath as this issue goes to press.

CarePointe After Hours: Answering the call

Each month, CarePointe's after-hours staff members receive between 300 to 400 phone calls, any one of which could be a life-changing experience for the caller. The number of calls coming into AltaPointe's access-to-care dedicated phone lines fluctuates from three to 12 a night, each one truly unique.

"The calls vary," **Veronica Graham**, CarePointe crisis and hospital intake specialist, said. "We receive hospital referrals, calls from patients asking for someone to talk to, and healthcare providers calling for community services."

Graham along with **Larissa Dickinson, Larry Daniels, Sharon Armstrong** and **Janice Franklin**, make up CarePointe's after-hours team. Combined, they have decades of mental healthcare and nursing experience.



Veronica Graham answers a call to CarePointe's after hours line while Sharon Armstrong reviews calls received.

Dickinson says while talking with the child, she was able to look up the patient in electronic medical records to find out who her therapist was. "Referring to her therapist by name, I prompted the child to think about the coping skills she had learned from her therapist. I had the opportunity to reinforce what the child was learning in therapy, and model for her mother how to defuse and redirect [the child] from the negative behavior."

For Franklin, her most memorable call was more of a life-and-death situation when she received a call from a woman threatening to end her life with a gun.

"She said she had a gun in her hand and was ready to kill herself," Franklin recalled. "My first thought was to de-escalate the situation. I told her to think about the most wonderful time in her life and describe it to me."

Franklin said she called police while the caller reminisced. Once on scene, they confirmed the woman in fact had two guns in her home with one in close proximity.

Whether it's helping a mother nearing her wit's end or someone threatening suicide, the work this group does after hours is life changing.



Larry Daniels and Janice Franklin are two members of the CarePointe after hours team.

Each afternoon, these well-trained counselors brew a pot of coffee, gather their resource materials and settle in for the evening seated at their computers ready to show compassion to the people who call for help.

"People need to know someone out there cares," Daniels said. "If they don't hear concern in your voice, they will let you know. Our line of work is a 'calling.' We genuinely want to take care of and help others."

Dickinson recalls one memorable call involving an active AltaPointe patient. The call was from a mother who was sitting in her car in a parking lot. In the background her seven-year-old child was screaming and kicking so loudly that Dickinson said she was having trouble hearing the mother. So, she asked the mother to put the child on the phone.

CarePointeSM CORNER

In May, calls received by CarePointe increased 25 percent over last year's totals. **Ingrid Hartman**, CarePointe Assistant Director, says historically calls decrease in June and start to increase again in July.

"This past June and July, CarePointe numbers reflected this trend with a slight dip from the steady growth we had been seeing," Hartman said.

June's 6,013 total calls received still showed a 28.5 percent increase over last year at the same time. July's numbers rebounded with CarePointe receiving 6,216 for the month, well over the 5,105 calls received last year at the same time.

"There are some obvious events that occur, such as the merger or APS closing, which helps us to explain the increase in call volume," Hartman said when asked to explain the reasons for the monthly call volume fluctuations. "Other reasons are not as well defined and seem to be seasonal."

People & Positions at the Pointe



Caroline Nicole Morris, CRNP

has joined AltaPointe Children's Outpatient. Her responsibilities at COP include

reviewing medications, assessing client's psychological status, diagnosing psychiatric disorders and conditions, ordering laboratory tests, and coordination of care. She received her bachelor's degree in nursing from Arizona State University and a master's in nursing from the University of Alabama at Birmingham. Morris completed her CRNP internship at COP last year. Prior to that she worked as a staff nurse in a hospital and as a nurse home visitor. Morris also was deployed for six months to southern Iraq with the 28th Combat Support Hospital.

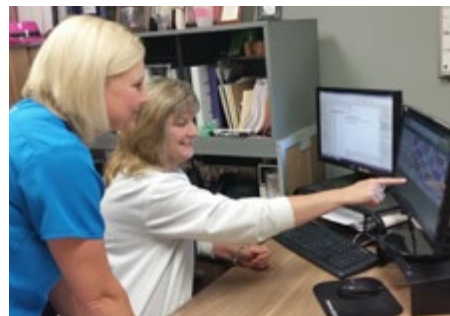


University of South Alabama Psychiatry Residents

Congratulations to USA's residents and faculty beginning the 2015-2016 academic year. They include, back row from left: Ronald D. Franks, MD, Acting Chair Psychiatry, University of South Alabama; Shanthi Gatla, MD (PGY1); Sean Sinclair, MD (PGY3); David Benavidez, MD (PGY2); Maria Hamilton, MD (PGY3); Fanisha Porter, MD (PGY3); Julie English, Residency Program Coordinator; J. Luke Engeriser, MD, USA-DOP Residency Program Director and AltaPointe Deputy Chief Medical Officer. Middle Row, from left, Sandra Parker, MD, USA -DOP Vice Chair and AltaPointe Chief Medical Officer; Jun Liu, MD (PGY1); Christina Talerico, MD (PGY3) and seated, from left, Erica Fasano, MD, Chief Resident (PGY4); Serena Nimityongsukul, MD (PGY1); Jamie Nguyen, DO (PGY2); and Sarah Siddiqui, DO (PGY2). *Not shown: Dustin Marmalich, MD (PGY2)*

API proves to be a win-win with staff scheduling

Nearly one year of implementations of API Healthcare software solutions has proven to successfully streamline AltaPointe's human resource processes. The API staff scheduling software is the most recently implemented phase to all 24/7 AltaPointe facilities this summer. It allows staff members to trade shifts with co-workers, request shifts and overall gives them more flexibility in their work life.



Renee Presley, RN, MSN, EastPointe Director of Nursing (seated), points to the API Staff Scheduling matrix as she discusses the system with Susan Deas, RN, BSN, EastPointe Nurse Coordinator.

"It's shaping up to be a win-win situation for employees and AltaPointe alike,"

Alicia Donoghue, AltaPointe's director of human resources, said. "Employees have gained a lot of control over their schedules."

According to Donoghue, before staff scheduling, new hires were given a set schedule

and had to request paid time off if something came up on a day they were scheduled to work. Now, they can request certain days, within specific parameters, to avoid using "paid time off," or PTO.

"API's staff scheduling gives employees flexibility, which is something very important to most employees," she said. "The goal of this API feature is to reduce absenteeism and to increase company morale and retention. Donoghue says AltaPointe is the only healthcare system in the Mobile area to use this type of staff scheduling."

EastPointe Hospital in Daphne was the first 24/7 AltaPointe facility to use staff scheduling.

Renee Presley, EastPointe Hospital director of nursing, says staff scheduling is paying off for her employees. "Some benefits for staff have been long stretches of days off without having to use any PTO; the ability to attend school and continue to work full-time hours; and to attend children's functions."

The three components to the staff scheduling include request to work, broadcast message and trades and offers. A staff member may request a certain schedule to be in effect for six weeks. Next, when requests cause a shift not to be covered a broadcast message goes to all employees asking the recipients if they would like work. The final step, trades and offers, allows employees to trade shifts among each other.

Donoghue said the next phase to come is the API talent acquisition software, which will allow staff members to see job openings within AltaPointe and upload their resumes. The purpose of this piece is to promote career advancement and growth.

Bravo! Bravo!



Robert Carlock

Robert A. Carlock III, MBA, CHA, AltaPointe Director of Environment of Care, completed the Healthcare Emergency Preparedness Professional Certification course. He completed 200 hours of course work in conjunction with University of South Alabama (USA) and the Alabama Department of Public Health (ADPH).

Sandra Parker, MD, AltaPointe Chief Medical Officer, gave a talk titled “Disaster Psychiatry, Coping with Disaster: The Impact of Natural Disasters on Mental Health,” to the USA College of Medicine Alumni Society in June. She also spoke on “ADHD Across the Life Cycle” at a Medical Association of the State of Alabama (MASA) conference in July.



Sandra Parker



J. Luke Engeriser

J. Luke Engeriser, MD spoke at the American College of Physicians’ Alabama Chapter Annual Scientific Meeting held in June in Point Clear, Ala. He presented, “Depression and Anxiety: When to Treat, How to Treat and When to Refer.”

During the VA Community Mental Health Summit in August, Dr. Engeriser participated on the Best Practices Panel discussion: Medication & Procedures for PTSD, Depression & TBI.

This summer, **Teresa Lanier, MSN, RN, CNL**, graduated and received her master’s degree in nursing from Spring Hill College and passed the Clinical Nurse Leader Certification Exam.

Employed since 2004 as a staff RN at AltaPointe Adult Outpatient Services (AOP), **Reneta Powe, RN**, has been promoted to nurse manager at AltaPointe Children’s Outpatient Services (COP). She attended Bishop State Community College where she received her practical nursing diploma and registered nursing associate’s degree in applied science. Powe is on track to graduate with a bachelor’s degree in nursing from Jacksonville State University-Mobile in December 2015.



Reneta Powe

Congratulations to **Anne Brye, RN**, who retired from AltaPointe in June. She began her career at BayPointe Children’s Hospital and, over the next 14 years, worked at COP-Lemoyne West and eventually South Mobile County Community Counseling Center.

Kudos go to **Christle Reddix**, therapist at Three Notch residential group home. She graduated in May from the University of Mobile with a master’s degree in marriage and family therapy. Prior to this, she graduated from the University of Southern Mississippi with a bachelor’s degree in child and family studies.

Physicians, residents receive honors from USA

At the end of each academic year, University of South Alabama College of Medicine residents recognize the faculty member they feel showed the most excellence in teaching each year. This year two AltaPointe physicians tied for the honor. **Edgar Finn, MD**, and **William Billett, MD**, received the Faculty Teacher of the Year award from the residents.

USA’s medical students select at the end of their psychiatry rotation each year the resident teacher that impacted them most positively on their education. This year, **David Benavidez, MD**, was named the Resident Teacher of the Year.

The Psychiatry Residency In-Training Examination (PRITE) is taken by most psychiatry residents in the United States each year. This year, two University of South Alabama College of Medicine residents, who also work with AltaPointe, achieved the highest scores in two sections of the exam from among USA’s psychiatry residents. **Ashley Dumas, MD**, won the PRITE Score Award for Psychiatry, and **Maria Hamilton, MD**, won the PRITE Score Award for Neurology.

The USA Department of Psychiatry also may recognize on an ad hoc basis one resident with an Award for Excellence in Community Service. This year’s recipient was **Fanisha Porter, MD**, who was judged to have “gone the extra mile” to help a patient about whom she was concerned; subsequently, her actions saved the patient’s life.



AltaPointe physicians receiving awards from the University of South Alabama residents and medical students include, standing from left, Dr. William Billett, Dr. Edgar Finn and Dr. Fanisha Porter; seated from left, are residents who received awards, from left, Dr. Maria Hamilton, Dr. David Benavidez and Dr. Ashley Dumas.



We want to know about your accomplishments. Please submit your information to info@altapointe.org with AltaNews/Bravo! in the subject line.

AOP intensive day treatment helps patients grow and succeed

Larry Coleman spends most weekdays making sure the shelves are stocked at the AltaPointe Adult Outpatient Intensive Day Treatment intensive (IDT) canteen. He stacks bags of chips, cookies and other snack items for the more than 50 patients who attend AOP's intensive day treatment program. Coleman says the program has helped him cope with anger issues; plus, he says he enjoys helping out "Mr. Mark."

Mark Miele, day treatment therapist, who is affectionately known as "Mr. Mark," may be found on any given weekday standing before a classroom of patients like Coleman – individuals who are living with mental illness. Miele focuses on giving them tools and opportunities to help them learn how to maintain their well-being.

In this school-like setting, patients learn effective coping skills, the importance of taking their medicine and participating in group and individual therapy. IDT is a lifeline to recovery for many in the group, Miele said.

"For a lot of our patients, we're their biggest support," Miele said. "Many of them live in foster homes or with family who may or may not be able to handle their specific needs. They can come here four hours a day, five days a week to receive help from me as their therapist and our behavioral staff as trainers."

Intensive day treatment teaches skills

Intensive day treatment is recommended for patients that require a more focused level of care where they can learn about their illnesses and prescribed medications. The education they receive helps increase their functioning and enhances their ability to live in the community successfully.

Behavioral and activity aides **LeShounda Robinson**, **Lazetta Smith** and **Kim Allen** teach basic living skills that include information on infection control, money management and symptom management, as well as classes in cooking, shopping and basic personal hygiene, among other topics. Miele says they are working to establish a GED-type class.

Because recovery is different for every individual, the goal for each patient is unique and depends on individual needs and the current level of recovery. "Seeing a patient progress each week is promising," Miele says. "This reaffirms my commitment to provide five-star customer care."

Patients make progress

One patient whose progress Miele has watched is Ralph Singleton. Singleton was a patient at Searcy State Psychiatric Hospital many times over nearly two decades before it closed in October 2012. One of the most prevalent untrue beliefs that people like Singleton who are living with mental illness have to fight is the perception of others that he is dangerous.

Asked if there is any reason for people to be afraid of him Singleton replied, "They don't have to be scared of me. I don't have violence. I won't try to hurt you. I am normal. I won't do nothing to you."



Mark Miele, day treatment team leader, leads a therapy session on goal setting and processing participants' progress in day treatment.

Singleton said he enjoys the fellowship he finds in day treatment and knows it's important to help maintain his recovery. Both he and Coleman say they enjoy the time spent with others who can relate to living with mental illness and the sometimes difficult journey it can be.

Day treatment reduces hospitalization

Mental illness can be very isolating, and it helps for patients to know that they are not alone in their struggle with the disease. "The intensive day treatment programs require that a person have a psychiatric diagnosis," **Jennifer Maxey**, coordinator adult outpatient services, said. "It does not necessarily have to be a serious mental illness (SMI) diagnosis, which is a common misconception among referring clinicians."

The majority of patients that attend any of the three IDT programs in Mobile have diagnoses including those on the schizophrenic spectrum, bipolar disorder or major depressive disorder.

Marianne Saitz, MD, said patients learn from each other different ways to manage their illnesses. Saitz says day treatment is an integral part of that process. "Many of our patients need the added social support that day treatment can provide. They tell us they really enjoy the special events, such as fall festival and the outings in the community. I think the evidence is clear that day treatment reduces hospitalizations."

Miele agreed and added that together day treatment and clinical staff members monitor patients' progress to ensure they aren't experiencing an increase in symptoms. "If they do we are able to

notice this early and work to prevent hospitalization," Miele said.

"We have a patient seen by the Assertive Community Treatment (ACT) team who lives in a stressful home situation, but he attends IDT daily," Saitz added. "He benefits from having the structure, having a reason to get out of bed and get out of the house daily. It gives him a purpose and makes him feel valued. Coming to day treatment allows him to see the ACT team nurse daily, so they are able to easily monitor his taking medication properly; this has kept him from decompensating."

Planning ahead

Day treatment staff members recognize the importance of growth for the patient. "Growth is an important part of the recovery process even when it seems hard to achieve," Miele said, adding that it helps patients realize their potential.

Putting stigma in its place

Together, the men and women who attend day treatment have been working to say 'So Long to Stigma' by creating handwritten notes that set negative stereotypes straight. Brightly colored cards with the patients' heartfelt messages cover the day treatment program hallway.

Staying well and in recovery is often made tougher because of the stigma aimed toward mental illness and the subsequent discrimination that frequently follows. Stigma is a harmful and unfair attitude often attached by society to people living with mental illness.

Artist illustrates how 'stigma' feels

Sometimes simplicity is the best way to make a point.

That's exactly what artist Marissa Betley did to show through her art how mental illness can take a toll on an individual. She began making sketches that show how she believes it truly feels to struggle with mental health disorders. Betley began posting her simple sketches on Instagram with powerful results – thus Project 1 in 4 was born. It is named for the statistic that one in four American adults suffers from a diagnosable mental illness each year. You can find her sketches online at project1in4.com.



Project 1 in 4 sketches by Marissa Betley



Program Progress

Adult Outpatient Services

'Open Access' gives new adult outpatients scheduling flexibility

A new Open Access Screening process allows new adult patients to be screened, pre-qualified and directed to AltaPointe Adult Outpatient Services-Gordon Smith for their first appointment on the same day rather than scheduling an appointment at a later time. AOP-GS began the new approach in mid-July.

"The number of patients seen daily is consistently higher than the 10-11 patients we saw before and without the wasted time, man-hours and costs associated with missed appointments," **Megan Griggs**, AOP clinical director, said.

Even new patients that have not been pre-screened can walk in and be screened onsite. If they have the proper documentation with them, they can be seen that same day. If not, they may leave to get the needed identification, such as, insurance, and proof of income/no-income, and return to receive priority status so they may be seen quickly.

Before this program began, the average "no show rate" for appointments was around 50 percent, according to **Somaly Murrill**, AOP Practice Manager. "The Open Access program gives our patients the flexibility they need," she said.

The AOP-GS Open Access hours are Monday through Friday between 7:30 a.m. to 9:30 a.m., and 12:30 p.m. to 2 p.m.

MHFA trains first responders

AltaPointe Health Systems, the Gulf Coast Behavioral Health and Resiliency Center, and Baldwin County law enforcement teamed up

to teach Mental Health First Aid (MHFA) to first responders from across the area in June. **Mark Miele**, AltaPointe therapist, joined Gwinnett County, Ga., Deputy Sheriff Bryant Harris to teach the courses.

Two training sessions were held at the Baldwin County Emergency Operations Center in Robertsdale. The sessions included law enforcement officers from Baldwin County, Mobile County, Escambia County, the University of South Alabama and emergency dispatchers.

MHFA teaches people how to effectively intervene in a mental health emergency. Based on the same premise as medical first aid, MHFA trains individuals to recognize the signs and symptoms of various mental health crises to provide initial aid. Trainees are taught proven methods to assist adults experiencing a mental health crisis such as a panic attack, a suicide attempt, an overdose or a variety of other mental health emergencies. AltaPointe also offers Youth Mental Health First Aid training courses based on a curriculum that focuses on helping youth, ages 12-18, who may be experiencing a mental health crisis.

To learn more about Mental Health First Aid please visit the AltaPointe website, AltaPointe.org or call (251) 450-4340.



Adult Residential Services

ARS nurses require special set of skills as 'first responders'

"Just what do you do at a group home?" That's a question frequently asked of AltaPointe Adult Residential Services' (ARS) nurses because most people think of nurses working in hospital, clinic or nursing home settings. The answer includes an explanation that ARS nurses are first responders to psychiatric and medical emergencies, among many other responsibilities.

The reality is that nurses working in a group home setting perform a variety of tasks that range from simply placing a Band-Aid™ on a scrape to performing



Nurses who oversee ARS nursing services include, from left, Kelly Havard, RN, assistant nurse manager; Kathryn Kilcrease, RN, nurse manager; and Jennifer Hornung, RN, assistant nurse manager.

mindset techniques to administering advanced first aid such as CPR.

One of the ways we learn about the high quality of our nurses is through AltaPointe's AltaPraise recognition program," **David Beech**, ARS clinical director, said. "An AltaPraise recently submitted by one resident revealed the extraordinary care given by one of our nurses."

This resident praised **Kelly Havard**, RN, for recognizing his increased symptoms of depression and need for hospitalization. This is the same

resident in whom Kelly noticed chest pain symptoms several years ago. Her quick action at that time resulted in the resident receiving immediate medical care, transport to a medical hospital and, subsequently, undergoing quadruple bypass surgery. He credits Kelly for “saving his life twice.”

Working independently, being adaptable and having the patience to deal with uncertainty are key triage skills nurses must employ when working with residential patients. *Knowing* your patients personally is vital to their well-being and progress.

An example of how well two AltaPointe nurses knew one particular Dogwood resident shows the excellent triage skills these LPNs possess. **Audrey Wade**, LPN and **Charquindra Stone**, LPN, recognized symptoms of weakness in a longtime resident. Their assessment skills enabled this resident to quickly receive



Audrey Wade, LPN, above, along with Charquindra Stone, LPN, intervened to make sure a longtime Dogwood resident received urgent medical care.

medical treatment and a serious medical diagnosis. Without their intervention, permanent damage could have resulted.

Nurses assist with medication delivery, supervise Medication Assistant Certified (MAC) workers, educate and promote health and well-being. They are advocates for the residents and often act as case managers to obtain economically priced medications and assist with needs of the aging population when they require moving into a higher level of care. **Jennifer Hornung**, RN, who works at the Bradford group

home in Robertsdale, recently completed assessments and obtained nursing home placement for two residents in need of this service.

“My answer to the question of what our nurses do in residential services,” **Kathy Kilcrease**, RN, ARS nurse manager, said, “is ‘a job well done!’ I can’t say enough good things about our nurses.”

Other AltaPointe Adult Residential Nursing staff members, not named in the above article, include full-time RNs – Pamela Bartlett, Amanda Carter, Oma Dobbs, Kim Gebauer, Jennifer Gray, Neil Secor, Terrance Shattuck, Margaret Steadman, Monica Turner; full-time LPNs – Janice Anthony, Linda Arnett, Carol Ashburn, Mike Bosarge, Porche Brown, Mike Byrd, Carolyn Carson Curry, Peggy Garrison, Teresa Henderson, Carolyn Johnson; and PRNs – Nancy Hand, RN; Ernest Weekley, RN; Claudia Davis, RN; Rosalind Eldridge, RN; and Katie McArthur, LPN.

Children’s Outpatient Services

TransAge residents mark major milestone with high school graduation

Graduating from high school is a rite of passage for most young people, and two AltaPointe Transitional Age residents are basking in the glow of wearing the cap and gown. This spring, the two students graduated from a Mobile County public high school, and, in addition, are both college bound.

Jane Smith,* 20, graduated with a 3.61 GPA and received thousands of dollars in scholarships to attend Birmingham Southern, a private liberal arts college located in Birmingham.

“I almost didn’t finish high school and just wanted to get my GED because I was so much older,” Smith said. “I didn’t know if I wanted to be that old and still be in high school. But I really wanted my diploma, and I just did it.”

Smith, who plans to major in special education, said she applied to five schools and was accepted into all five. “I chose Birmingham Southern because it doesn’t just focus on academics but character building, too,” she said. “And, it is a small school so I will have more one-on-one time with professors.”

TransAge resident Ryan Brown,* 20, will attend Bishop State Community College in Mobile this fall to study computer science.

“I feel like a totally new person,” Brown said, reflecting on his accomplishment. “I have always liked computers and fixing them. I am really proud of myself.”

Smith and Brown have called AltaPointe’s TransAge residence home for the last two years, and each has lived on BayPointe Hospital’s residential unit for a period of time.

“The young people in TransAge programs have unique challenges that others living in typical family settings do not,” **Kathy Rouse**, TransAge coordinator, said. “Their family lives have been disrupted; most have

experienced trauma. They have had to overcome more challenges than most.

“With the help of therapeutic supports in the program, encouragement and their own initiative, they met their goals,” she continued. “We are so very proud of these two hard-working young people for sticking to their goals, striving for excellence and accomplishing this significant milestone.”

**Editor’s note: TransAge residents’ names have been changed to protect their identities.*

‘We are so very proud of these two hard-working young people for sticking to their goals, striving for excellence and accomplishing this significant milestone.’

– Kathy Rouse, TransAge coordinator

Program Progress continued on page 10

Children's Summer Camps

More children attend summer programs this year

Over the course of two months nearly 80 children took part in summer camps operated by AltaPointe in Mobile and Baldwin counties, an increase in numbers over last year's attendance for both sides of the bay. Campers ranged in school ages from kindergarten to eighth grade.

"The camp is very important to Baldwin County residents," **Eddie Pratt**, assistant coordinator children's day treatment services, said. "Every year, we have parents and kids request to come back. We are the only therapeutic program offered in Baldwin during the summer."

Pratt says enrollment in the Baldwin County camp was up from last year, and kids enrolled went on field trips, participated in group and individual therapy, worked on arts and crafts, and learned new coping skills along the way.

"The community has trusted us for more than 20 years to provide treatment and encouragement to kids recovering from abuse, neglect, trauma, stressful home lives and other challenges... their needs do not change during the summer months," Pratt added. "There are no breaks in recovery."

Across the bay in Mobile County, 54 children were served through the summer day treatment program offered by LeMoyne School at BayPointe Hospital.

Jennifer Burns, LeMoyne School Day Treatment coordinator, says kids learned about different cultures, professions and languages, all in a therapeutic environment to continue their journey to recovery.

"Anytime we are able to service children in the community, it is considered a success," Burns said. "There is a lot of work that goes into preparing for summer camp but it wouldn't be successful without hardworking staff that help make it possible."

"This year we had a higher rate of kids showing up on a daily basis than in previous years. And although it is great to serve as many kids as possible, it [camp] is about looking at the impact we make on each child that makes a difference."



Yvens Melidor teaches a LeMoyne School student the proper way to tie a tie on one of the 'Tie Tuesdays' during the summer day treatment program at BayPointe Hospital.

'Children often struggle when school doors close'

According to the National Association of Summer Learning (NASL) when the school doors close, many children struggle to access educational opportunities, as well as basic needs such as healthy meals and adequate adult supervision. NASL data also supports the fact that most students lose mathematical computation skills over the summer months. Low-income students lost two months in reading achievement, while that their middle-class peers made slight gains.

Statistics such as these drive **Yvens Melidor**, LeMoyne School therapist, to offer a well-rounded summer program that provides educational and character building activities for children.

"It's important we continue to work on their reading and mathematical skills over the summer months," Melidor said. "We also want to serve as positive role models and teach them basic life skills."

'Tie Tuesdays' was developed for that very reason. Boys and girls enrolled in LeMoyne School's summer program were asked to dress for success each Tuesday and were taught how to tie a tie. "I know adults who cannot tie a tie," Melidor added. "Any advantage we can give these kids puts them one step closer to success in life."



EastPointe Hospital

Former gym renovated as meeting and office space

Newly renovated space at EastPointe Hospital is providing a much-needed dedicated office and meeting area for physicians, therapists, USA residents and medical students as well as a secure office for medical records. Though not officially named, staff members have tagged the area a centralized multidisciplinary team office.

“Our hope is that the open layout will encourage sharing ideas that will help us learn and better serve our patients and their families,” **Phil Cusa**, EastPointe Hospital Administrator, said.

Originally designed as a gymnasium in the late 1980s, the 4,300 square feet most recently had been used for storage. “Now the space is impressive and highly functional,” Cusa added.



EastPointe therapists show off their new work spaces. Clockwise from left front, they are, Fawn Wiley, Amy Kirkpatrick, Jody Donald, Amanda Howard and Kaitlyn Mount.

The brainchild of **Tuerk Schlesinger**, AltaPointe CEO, the vision behind the design was a space that would encourage open interaction among the various disciplines and develop a cooperative approach to successful treatment for both voluntary and involuntary patients.

Walcott Adams Verneuille Architects designed a space that takes advantage of natural light coming through a wall of windows that bounces off light wall colors. Staff members will work from open pods partitioned by glass and attend group meetings in a centrally-located, glass-enclosed area nicknamed the “fish bowl.”



The “fish bowl” is enclosed by two floor-to-ceiling glass walls and two sheetrock walls painted yellow, and furnished with chairs upholstered in yellow fabric.



This view of the EastPointe multidisciplinary team office shows the cubicles surround the “fish bowl” meeting space and the wooden accents hanging from the high ceilings.

‘Five-Star’ plans new standards, new brand

AltaPointe’s Five-Star Customer Service Committee has developed a new set of Five-Star Standards of Behavior that will help guide staff members as they work hard to improve the patient experience. The Committee decided it was time to revise the original 2008 standards to make it easier for staff members to remember and apply them on the job. The new standards were established following brainstorming sessions and research that included employee interviews and surveys.

The results showed a shared belief among staff members that AltaPointe is committed to providing the highest quality *care*. Subsequently, the new standards were based on the acronym CARE, which symbolizes the following four major attributes that should describe each AltaPointe staff member: Compassionate,

Accountable, Respectful and Encouraging. When combined, the first letters of each of these words spell CARE.

The new standards will be introduced officially this fall. AltaPointe staff members will be asked to uphold these standards and pledge to be *compassionate* by treating everyone with dignity, kindness and equal importance; *accountable* by taking responsibility for their actions, appearance and job duties; *respectful* by showing respect to patients and co-workers alike; and *encouraging* by being positive and reassuring to everyone with whom they come in contact.

In keeping with the new focus on CARE, AltaPointe’s 5SCS Committee is developing a brand to compliment the new standards. Moving forward, the 5SCS program will be known as Five Star Customer Care. Watch for more this fall.



Medicaid funding, expert interviews top list of media coverage



Tuerk Schlesinger, AltaPointe CEO, far right, talks to Gov. Robert Bentley, left, about the impact budget cuts could have in mental health services during a tour of BayPointe Hospital. Jack Lungu, center, BayPointe Hospital Administrator, also toured with the governor. Local TV, print and radio media outlets covered the event.

News media continue to seek out AltaPointe behavioral health professionals as experts for interviews and to cover events in which AltaPointe is involved. AltaPointe responds when possible to these requests as well as pitches story ideas in an effort to promote the wellness and recovery of people living with mental illness.

AltaPointe garnered extensive local media attention over two days in May when it was featured 19 times in television news reports in Mobile. Topics included Alabama Governor Robert Bentley's visit to BayPointe Hospital May 11 to talk about how the state's budget crisis would affect mental health services and the sudden end to the Medicaid Emergency Psychiatric Demonstration Project and how it dramatically affects EastPointe Hospital's services. The total local television audience reached was an estimated 16,000 viewers.

"AL.com" interviewed **Tuerk Schlesinger**, AltaPointe CEO, the possible expansion of Medicaid in Alabama as it relates to the Affordable Care Act and reimbursement for mental health services. "Lagniappe," a local bi-weekly publication, sought an interview with Schlesinger about local funding of mental health services, specifically for involuntary evaluation at EastPointe Hospital. That article was published May 27.

Because the public continues to be interested in the dangers of the illegal drug, Spice, **Dr. Bradley Sadler** was invited to participate in the Uncle Henry call-in show, "Ask the Expert," June 3, as part of a three-person panel that discussed the illegal drug on News Talk Radio AM.

National trade magazine, "Modern Healthcare," also interviewed Schlesinger, for two articles posted online June 18 and 20 about the decrease of Medicaid funding for free-standing psychiatric hospitals.

AltaPointe's social media presence increased during May, June and July. One Facebook post featuring a video demonstrating AltaPointe's efforts to fight stigma reached 1,788 people, followed by a post about the budget crisis and a call to action to visit AltaPointe.org reached 1,656 people. And, finally, a post highlighting AltaPointe's jail diversion program reached an audience of 1,313.

AltaPointe participated in more than 10 community outreach projects in May, June and July including behavioral healthcare conferences, speaking engagements and Mental Health First Aid training sessions.



Survey and Review Results

ADMH Life Safety review

The continued improvement in the AltaPointe Environment of Care department and programs was reflected in our scoring by the Alabama Department of Mental Health (ADMH) Life Safety reviews. In earlier years, it was not uncommon to have more than 150 items that required some sort of resolution. Our most recent survey only required 25 items to be addressed, with most being resolved before the survey was over. Neither hospital and most group homes received no deficiencies.

Joint Commission surveys

AltaPointe has had two Joint Commission surveys this year.

The first one was in the Methadone Treatment Program.

It received a three-year accreditation from Joint Commission. We also had a Joint Commission extension survey for all of our Baldwin County programs.

"The survey went very well," **Sherill Alexander**, performance improvement director, said. "When and we are waiting for the last measure of success to be completed on Sept. 10. When the MOS is complete, Baldwin County programs will be officially Joint Commission accredited."

ADMH conducted its two-year survey for all AltaPointe programs. ADMH awarded two-year certification for all programs with only two exceptions. Child and adolescent case management and developmental disability case management received one-year certifications.

EastPointe and BayPointe hospitals also underwent their three-year licensing survey from the Alabama Department of Public Health. The survey was completed and all plans of correction submitted.

