



*Premier Healthcare Services, Inc.  
Cornerstone Treatment Facility, Inc.  
CTFP, Inc.*

*Mending Young Hearts, Minds, and Souls For  
Reintegration into Society*

Vol. 1

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**Locations**

Gracehouse Treatment Center  
1892 Turnpike Road  
Raeford, NC 28376  
Phone: 910-878-0121  
Fax: 910-878-0123

Cornerstone Treatment Facility  
129 Wallace Road  
Wadesboro, NC 28170  
Phone: 704-695-0601  
Fax: 704-695-0607

Hope Gardens Treatment Center  
1958 Turnpike Road  
Raeford, NC 28376  
Phone: 910-904-7180  
Fax: 910-904-7177

New Haven Treatment Center  
703 B West 3<sup>rd</sup> Avenue  
Red Springs, NC 28377  
Phone: 910-843-2097  
Fax: 910-359-0288

Crossroads Treatment Center  
703 A West 3<sup>rd</sup> Avenue  
Red Springs, NC 28377  
Phone: 910-227-2136  
Fax: 910-227-2139

**Inside Newsletter**

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**From the Desk of the CEO (Fred Surgeon)**

I would like to thank everyone involved in assisting with the opening of New Haven and Crossroads Treatment Center in Red Springs, NC. We are the only PRTF provider in Robeson County and in the Southeastern Regional catchment area. This growth reflects our Value Statement:

“We believe individuals should have the opportunity to receive services and support in their communities, regardless of the complexity of their condition, the severity of their condition, the severity of their disabilities, or the challenges of their behaviors.”

**Feature Article: “Grace-Hope” Vegetable Garden**



*“Grace-Hope” Vegetable Garden*

Under the leadership of Ms. Purdie, Executive Director, Gracehouse and Hope Gardens Treatment Centers have a vegetable garden. The “Grace-Hope” Vegetable Garden is designed to give the consumers a constant reminder of what a little ‘grace and hope’ can bring into their lives. The garden will be used to show and teach the consumers the importance of taking care of our environment and the significance of what dedication and hard work can produce. Below are areas of concentration for our consumers:

- **Reward System-** From the time the consumers walk into Gracehouse and Hope Gardens facilities, they

will be able to earn points towards being able to participate in the “Grace-Hope” Vegetable Garden program. This will be a chance for the consumers to have a positive and immediate reward, as well as something to look forward to. The consumers’ weekly behaviors will determine if they are eligible to participate in the ongoing treatment and care of the garden.



*Apple Tree in the garden*

- Teaching Aspect-** The goal is to teach the consumer how to manage the care of the garden from preparing the soil to picking the harvest and enjoying the fruits of their labor. Our intent is to show them that anything is possible with the proper care, attention and treatment. They will have first hand experience and knowledge on how to properly plant, nurture and grow the vegetables. This will help increase their moral development (i.e. cooperation, self-esteem, pride in their activities and nurturing living things). It is also a chance to build on their academic learning (i.e. extending education from books to reality; live and ongoing Science, Math, and Social Studies projects). Consumers will have positive interactions with staff as well as other consumers (i.e. building age-appropriate positive peer interactions). This will surely be a quick reward for a pleasant and calm experience (i.e. a chance to be removed from the daily happenings of the facility). The consumers will be taught the difference in costs of growing their own vegetables versus having to purchase them from a grocery store. At harvest time there will be a decrease in food purchases because the

consumers will be able to eat from their own labor.

- Overall Goal-** Is to increase horticultural awareness and the value of interdependence and responsibility. As the consumers watch the vegetables grow as well as the apple and pear trees blossom, they will become more engaged and have something positive to focus on. The consumers should develop an increased appreciation for gardening and realize the rewarding feeling of being able to plant, treat, harvest, and enjoy prepared meals from the natural resources that they have physically nurtured and caused to grow.

### **News Flash!**

During the winter holiday, the snow and ice did not prevent our dedicated employees from performing their tasks. They worked very long hours to serve our consumers. Many employees went above and beyond the call of duty. We appreciate all the work that was done. Keep up the great work.

On Friday, March 25, 2011, a Farewell Party was given to honor the talented services provided by Mr. Jarvis Carr. During his time working for our organization, he served as a very dedicated compliance officer. We offer him best wishes for future success. He will be truly missed. The conference room at the Wadesboro facility will be named in honor of Mr. Carr.

**Happy Birthday!****January**

Al Anderson  
 Keith Armstrong  
 Jermaine Blount  
 Michael Cummings  
 Joshua Dillard  
 Christopher Ellerbe  
 Clarence Ferguson  
 David Graham  
 Selena Harris  
 Malicia Johnson  
 Demeco Riggins  
 Charlton Roberson  
 Erick Scott

**February**

Shirley Campbell  
 Sharon Hicks  
 Taocia Jackson  
 Kariem Lane  
 Bonita Moss  
 Charles Washington  
 Jackie Wooten

**March**

Ronald Boatwright  
 Carmela Brooks  
 Ellen Gaddy  
 Gloria McNeil  
 Fred Nealy  
 Junius Sapp

**Congratulations!**

We would like to congratulate two of our employees on the birth of their children.

Shirley Campbell, baby girl, AnJewel Bethea, January 4<sup>th</sup>

Randall Raeford, baby boy, Christian Raeford, January 29<sup>th</sup>

**Promotion Corner**

We are pleased to announce the following promotions, position changes, and new hires.

**Promotions**

Charlton Roberson – Senior Team Leader  
 Earnest Manning – Senior Team Leader  
 Denise Gaddy – Executive Director  
 Jack Pratt – Senior Team Leader  
 Vickie Walden – Lead Nurse

**Position Changes**

Hillary Rumppe – Vice President of Administration  
 Calvin Taylor – Vice President of Operations  
 Jonathan Glover – Vice President of Business Affairs  
 Debbie Atkinson – Director of Program Services  
 Tameka Mostella – Administrative Assistant for Business Affairs

**New Hires**

Major Peavy – Licensed Certified Teacher  
 Frieda Green – Clinical Director/Executive Director  
 Jacqueline James – Executive Director  
 Carmela Brooks – Assistant Teacher  
 Isabel Lee – Accounting Clerk

**Employees of the Months****Cornerstone**

January – Delvonne Sturdivant  
 February – Wonne Mills  
 March – Samantha Jenkins

Gracehouse

January – Tammy McRae

Hope Gardens

January – Jack Pratt

Congratulations to all of you!

**Here We Grow Again!!!**

New Haven and Crossroads Treatment Facilities, located in downtown Red Springs, NC, opened their doors during this quarter. These facilities are licensed to provide psychiatric residential treatment services to young boys from ages 9 – 18. The consumers in each facility are afforded the opportunity to participate in a variety of venues. Among them are: educational classes, individual and family therapy, psychiatric services, medication management, substance abuse treatment, recreational therapy, focused groups, 24-hour in-house nursing services, onsite meals, snacks and refreshments, numerous leisure/recreational activities, family and friends visitation, community outings, monthly treatment team meetings, monthly clinical staffing and other interventions.

If it were not for the dedication, insight, persistence, and compassion of the staff in these facilities, these young men in our charge would not be afforded this opportunity for growth, development, and change. Under the auspices of the Executive Director; Jacqueline James, the Senior Team Leaders; Earnest Manning and Craig Southerland, the Team Leaders; Tonya Newkirk, David Graham, Casey Mack, Keith Armstrong, Kenneth Daniels, Jason Hodges, Randall Raeford, Garrett Carpenter, Fred Nealy, Erica McMillian, Kevin Baxter, Jerome Alford, numerous Residential Mentors, Lead Nurse; Angela Riddick and staff, Ms. Atkinson, Ms. Mostella, Ms. Campbell, and Ms. Winfield, our Administrators, and Maintenance staff, these young men experience the very best care available in North Carolina and surrounding

states. We want to thank each individual for sharing their experiences, for showing undying loyalty, and for consistently managing to overcome numerous obstacles and challenges.

Our motto is “whatever it takes.”

**Health Update**

Universal precautions were infection control techniques that were implemented in the 1980s with the outbreak of AIDS. With universal precautions, all patients were considered possible carriers of blood-borne pathogens. The original guidelines recommend wearing gloves when collecting or even handling bodily fluids and/or blood contaminated items. It was also recommended to wear face shields when there was a possibility of blood splashing on mucous membranes and to dispose of needles in puncture-resistant containers.

Universal precautions were designed to protect nurses, doctors, patients, and other health care workers that may come into contact with patients or bodily fluids in any way. Pathogens that a health care worker can come into contact with are either blood-borne (carried in body fluids) or airborne. The bodily fluids a health care worker may come into contact with could be blood, semen, vaginal secretion, synovial fluid, amniotic fluid, cerebrospinal fluid, pericardial fluid, and pleural fluid. Bodily fluids that do not require these precautions are feces, nasal secretions, vomits, sputum, urine, perspiration, and saliva.

Protective equipment includes, but is not limited to barrier gowns, gloves, eyewear such as goggles or glasses, and face shields. There are also some instances where

additional precautions are needed such as when a person is known or suspected to have an infectious disease or condition. Examples of the need for extra precautions include prior diseases, diseases with airborne transmission (tuberculosis), diseases with droplet transmission (rubella, mumps, influenza) and transmission by direct or indirect contact with a person's dried skin (MRSA colonization), or contaminated surfaces. It could also be any combination of the above.

*\*Submitted by: Denise Gaddy, RN, FNE, Cornerstone*

For more information, visit the sites below.  
[www.cdc.gov/mmwr/preview/mmwrhtml/0000039.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/0000039.htm)  
[www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html](http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html)

### **Conduct Disorder**

Conduct disorder is “a repetitive and persistent pattern of behavior in children and adolescents in which the rights of others or basic social rules are violated.” These patterns can be exhibited at home, school, and social events. Conduct disorder has both a genetic and environmental affect but other factors such as social, have contributed to the disorder. Conduct disorder is more commonly found in boys than girls. Studies have shown that in the general population, boys range from 6% to 16%, while girls range from 2% to 9%. This disorder can have an onset as early as age 10. It is one of the most frequently diagnosed disorders in mental health settings.

There are four behaviors characteristic of conduct disorder.

1. Aggressive behavior – causes or threatens harm to other people or animals, such as bullying.
2. Non-aggressive conduct - causes property loss or damage such as

deliberate destruction of others' property.

3. Deceitfulness or theft – breaking into personal property such as a car.
4. Serious rule violations – staying out at night or running away from home.

Research has also shown that most youth “do well as adults both socially and occupationally.” The most successful approach is early intervention.

Early intervention and structure can address the problem behavior exhibited in young people. Some examples of effective approaches are functional family therapy, multisystemic therapy, and cognitive behavioral approaches which focuses on building skills such as anger.

For more information contact the National Mental Health Association and to read this article in its entirety, go to [www.nmha.org/go/conduct-disorder](http://www.nmha.org/go/conduct-disorder).

### **What happens to a dream deferred?**

**By Langston Hughes**



Does it dry up  
 Like a raisin in the sun?  
 Or fester like a sore—  
 And then run?

Does it stink like rotten meat?  
 Or crust and sugar over—  
 Like a syrupy sweet?

Maybe it just sags  
 Like a heavy load.

Or does it explode?

These questions asked by Langston Hughes many years ago still resound for many youth today. Our facilities help many young men find the answer everyday. We assist them with defining and achieving their goals of reuniting with family and the community. Our program allows them to affirm their self worth through achievement and knowledge. The consumers at our facilities learn the value of good character, healthy eating, cleanliness, honesty, and responsibility. Our staff members are trained to meet the individual needs of each client. We assist them with reaching vantage points where they see their dreams come to fruition. Nothing pleases us more than to see a young man progress through our Butterfly Behavior Management plan and sprout his wings. We affirm, dreams do not remain deferred; they become realized.

*\*Submitted by Charlton Roberson, Senior Team Leader*



### **Mission Statement**

*Our mission is to provide high-quality compassionate behavioral health care to individuals by utilizing evidence-based practices and rendering exclusive therapeutic residential treatment services in a safe, caring environment leading to independence, and opportunities to grow and develop personal connections in a natural setting.*

### **Referral**

If you have a need for our service and would like to meet with us, please download an admission application from our website [www.ncprtf.com](http://www.ncprtf.com) and fax it to (910) 222-3299. For additional information contact Jonathan F. Glover, Vice President of Business Affairs at (910) 416-0063.