



North Alabama Mental Health Coalition October 11, 2022

Attendees (in person):

Daniel Adamak (Little Orange Fish)
Chief David Bailey (Madison Fire)
Akilah Brazile
Selena Carter (Huntsville Hospital)
Akeem Davis (Huntsville Hospital)
Lucy Douglas (LPC)
Chaniece Hicks (First Stop)
Krista Moulton (Therapist / NAMI)
Karen Petersen (Wellstone)
Mark Prescott (NAMI)
Dr. Sherrie Squyres (Huntsville Hospital)
Don Webster (HEMSI)

Kenny Adams (Sheriff's Office)
Erica Bradberry (ADMH)
Richard Browning (CID)
Aubin Cawthon (Ross)
Stephanie Davis (Wellstone)
Tiffany Drakeford (VA)
Ann Marie Lang (Recovery Dharma)
Jan Neighbors (HAPC)
Adina Peyton (GRAMI)
Julie Schenck-Brown (Huntsville Police)
Robert Turner (Oxford House)

Jessica Alford (Ross)
Annie Brasseale (VOP)
Darlene Burton (Salvation Army)
Rudolfo Chavez (SVDP)
Woodie Deleuil (NAMI)
Josaylon Henry (Wellstone)
Pat Mayfield (Wellstone)
Christina Pannell (Therapist)
Lisa Philippart (Living Life Counseling)
Ashley Smith (Salvation Army)
Tim Ward (Sheriff's Office)

Welcome and Introductions

Mack asked people who signed up for subcommittees to meet after meeting.

The National Roadmap – Daniel Adamek (Little Orange Fish)

Back in March, President Biden announced national health initiatives. The Dept. of Health and Human Services is using a roadmap scenario to address these issues based on the three pillars of the mental health President Biden spoke about.

Dept of Health & Human services released a brief about the three tiered initiatives in September. Key points of the roadmap: Dept. of Health and Human Services is dedicated to providing policy solutions to overcoming barriers in the mental health crisis and there is funding allocated to help with solutions.

The three pillars are:

1. Strengthen system capacity pillar
2. Connect Americans to health care pillar
3. Support Americans by creating a healthy environment pillar. They explain why this is important. In 2020, 21% of adults in America (52.9 million people) were affected by mental illness. Substance use disorders affected 15% (37.9 million). 1 in 10 children accessed mental health services (we know this is more in reality).

They are focusing on integrated care which is treating the whole person's health. They also mention equity in care and the fact that there is a disparity in care that exists. They are trying to bring better care for all including service for underserved populations such as American Indians, homeless, etc.

Major challenges are: structural support for care, stigma and mistrust, limited adoption of technology, inconsistent use of data and evidence, insufficient promotion and prevention, insurance and financing limitations, workforce challenges, and inequitable engagement of underserved populations (expanding evidence based programs).

Daniel encouraged looking over this roadmap and there are over 50 references in the document.

Mack likes the use of intergrated care – the idea that mental health and physical health need to be addressed together and that mental health and substance abuse are married together.

Daniel says the document details programs funded by NIH and other organizations. We may be able to have access to these programs as well.

Here is the link to the HHS document:

<https://aspe.hhs.gov/sites/default/files/documents/84a701e0878bc26b2812a074aa22a3e2/roadmap-behavioral-health-integration.pdf>

Daniel reminded us of the Little Orange Fish fundraiser on Thursday night.

Huntsville Hospital ED – Dr. Squyres

Dr. Squyres is the Medical director at Huntsville Hospital ER and is on the board at HEMSI. As of Jan 1st, she is stepping down as medical director of Huntsville Hospital ER. She hopes to remain active with the coalition. There is money out there for programs, but she fears that many of these have been unsuccessful. In the ER, they don't see the money having an effect. The ER staff is spending a lot of time trying to find a place for people to live and she questions whether that should be part of their job. Their job is to address the health of the people and not to tackle the rest of their issues.

There are a total of 68 beds in the ER and yesterday 21 of the beds were mental health related, waiting for rooms upstairs. 11 of those had commitment papers. She praised the CIT program for helping people to realize when they needed commitment, but what do you do with them? The ER is not a long term place for someone with mental health issues because it has limited capacity and is not equipped to provide the needed therapy. There are 3 full time psychiatrists in the ER. Mental health patients are stuck in the ER and there is nowhere for them to go. The hospital needs to stabilize them medically, but mental health issues do not need to be treated in the ER. The ER is extremely busy and the number of mental health issues they have to deal with is now compromising their ability to take care of patients with medical emergencies. If someone is suicidal the ER has to have someone sit with them for 24 hours. Crestwood no longer has a psych unit because it is too costly and there are lots of uninsured patients. The Joint commission requires lots of regulations for psych units.

Huntsville Hospital is a non-profit and has a mission to serve the community.

Birmingham has been sending patients to Huntsville Hospital. Dr. Squyres told a story of a homeless patient from UAB (homicidal/suicidal) who was a "placement problem" and they paid for the Uber to send him to the Rescue Mission. They told him they were putting him in a "program" in the Rescue Mission. He went to the hospital and had COVID. The Rescue Mission will not let people come back, so he just sleeps around the hospital. The hospital social services had to work on finding a place for him to stay. How do you keep people from sending mental health patients to Huntsville when Huntsville is already beyond capacity?

The Salvation Army also receives people who are simply dropped off in their parking lot without a phone call. They are a night emergency shelter, not a day facility. The Salvation Army can feed them and give them shelter at night, but they cannot address mental illness issues.

Every morning HEMSI gets a call from the Rescue Mission (11 to 15 calls every week) and they have to take the people to the ER even though there is nothing really wrong. HEMSI feels like they are a taxi service and they are not able to deal with real emergencies. The only place they can go to get 24 hour care is the jail. Mack said the head of the jail said there is no long term treatment facility in Huntsville.

Don mentioned that there are people who are willing to help 8 to 5, but there is no help after regular business hours. The sheriff's office has often had to wait 2 hours for an ambulance for a wreck because no ambulances were available.

The Salvation Army will try not to call an ambulance unless it is absolutely necessary. The Salvation Army does have a small rehab facility on their property and they will try to help those with mental illness. They don't want to see anyone on the street at night.

Lucy mentioned that if the mental health patients are coming from out of the area, they can go back to the area they came from and contact the mental health coordinator in their area who should be responsible for taking care of them. Lucy asked if we are keeping data on this situation because data drives what we do. Have the IT area develop a method to keep track of these cases. It would also help to sit down with all of the resources involved and gather information about where these cases are coming from so they can present the data (people can't argue against the data).

Dr. Squyres wanted the coalition to know what is happening and is concerned that cases coming from out of our area should not be our responsibility. This situation is not only affecting mental health patients, but is also affecting everyone that comes to the ER. Someone was sent to the Rescue Mission from the Trauma Center in Birmingham. The man was wheelchair-bound and on lots of meds. The Rescue Mission is not the place for him to go, so they called 9-1-1 and he ended up in Huntsville Hospital ER.

The number of mental health cases has doubled, so the screeners are now overloaded and there is no place for patients to go because Huntsville's beds are full. Lucy also mentioned that the community resources providers

need to be held accountable because they receive funding and we need to make sure they are doing their job. They are overloaded at the ER and the community needs to know what is going on.

Mack said we are working on letting people know what is going on with mental health in the Huntsville area. We are going to start PSAs in November. Mack asked Lucy to write down the information she has so they can incorporate that into the public message. If the public knows what is going on, maybe they will put pressure on the legislators.

Dr. Squyres said this situation is a big burden on HEMSI. We need to make sure that those going to the ER need to be in the ER and not sent to a place where they could get the services they need. Mental health cases are ending up at the ER because people are not sure where else to send them.

There are no pediatric mental health facilities so those patients have to be transported by ambulance to other facilities (if there are openings) and it ties up an ambulance all day. The beds at Decatur West are full. There are not enough pediatric beds.

Aubin said people are being bussed to Huntsville after they complete treatment elsewhere, because of the services that they believe to be available here.

Someone brought up the fact that Cullman doesn't have any beds and Huntsville is the only place to go in North Alabama that has the facilities to treat mental illness. This is going to be a problem until we can get mental health facilities in outlying areas. The need exceeds and overwhelms what is actually available.

Oxford House – Robert Turner

Oxford House was established in 1975 with over 3,000 homes across America. There are 4 homes in the North Alabama area. It is a safe home for someone in recovery but they are not a detox or drug rehab facility.

There are single family homes where the residents are held accountable and pay rent. They run democratically and the residents have complete ownership of the house including voting on who is allowed to move in as well as issues such as thermostat settings. They don't provide food or transportation. They have to make their own way. They are a non-profit and all the money residents pay goes into rent. If you know of someone who needs a safe environment while recovering from substance abuse issues, Robert encouraged people to check out their website.

Our Place – Jan McCurdy

Jan works at Our Place and he has been there for years. Our Place has helped him make good decisions and aided his recovery.

*Next Meeting
Tuesday November 8, 2022
11:00 am at Wellstone*