



## North Alabama Mental Health Coalition November 14, 2023

### **Attendees (in person):**

Daniel Adamek (Little Orange Fish)	Jessica Alford (Ross)	David Battle (Partnership for Drug Free)
Kimberly Bearden (Ross)	Callie Bengs (UNA)	Kim Bigelow (Warrior Wellness Program)
Jennifer Blazer (ALSP)	Crystal Bone (Fox Army Health)	Erica Bradberry (ADMH)
Annie Brasseale (VOP)	Melissa Caldwell (Wellstone)	Selena Carter (Huntsville Hospital)
Judge Patricia Demos (Madison County Circuit Court)	La'trisha Coats Fletcher (DHR)	Jennifer Geist (First Stop)
Amy Gillott (Decatur West)	Kelli Glass (Wellstone)	Tammy Goodwin (ALNG)
Tennille Harkins (Downtown Rescue Mission)	Traci Harris (Elm Foundation)	Zack Harris (Holder Construction)
Erica Hochberger (NCAC)	Jessica Hodge (Ross)	Kim Holder (Not One More Alabama)
Daelyn Houser (Wellstone)	Debbie Igou (SOS)	Lt. Col. Victoria Ijames (Fox Army Health)
Stephanie Jennings (Best Life Recovery)	Kati Lang (Amedisys Home Health)	Sammie Laster (GRAMI)
Tammy Leeth (Wellstone)	Alexis Love (Wellstone)	Andrea Massey (Wellstone)
Heather McCaulley (VA)	Cheryl McClendon (Wellstone/WES)	Diane McCrary (NACC)
Tealacy Mitchell (Thrive Alabama)	Judith Moon (NAMI)	Kelli Mukaddam (NCAC)
Jan Neighbors (HAPC)	Roman Peppers (Community of Hope)	Adina Peyton (GRAMI)
Deidre A. Roberts (ADMH Autism Services)	Cheryl Russell (Drug Free Partnership)	Julie Schenck-Brown (Huntsville Police)
Paula Steele (Wellstone/WES)	Kendra Tatum (Madison County Schools)	Jana Thomas (NCAC)
Don Webster (HEMSI)	Shara Wollar (Wellstone)	

### **Welcome and Introductions**

Introductions are important because you need to find out who to help you

### **Fox Army Health Center – Installation Director of Psychological Health RSA/ Lt. Col. Victoria Ijames, LMSW BCD**

The Fox Army Health / Psychological Health Center is considered to be a specialty clinic within the military health system. It addresses mental health issues for those who come to them and also evaluates whether they are fit for duty. The Center primarily takes care of active military, but also takes care of their families. Their primary mission is to provide uniform health care service across all of the military installations since members of the military and their families move around so often.

They have a family advocacy program that is the military's direct response for prevention of domestic violence and child abuse. The family advocacy program is a Commander's program which assesses the needs of the families using installation support as well as community resources to try to reduce incidences of child and spouse abuse.

They also have a substance abuse program that includes both a clinical program and a prevention program. Commanders will refer members of the military to the program as needed. If they have an alcohol-related problem, they are mandated to this substance abuse program.

Krista Moulton is a child/family therapist and takes care of family members of active-duty military. They also try to provide uniform service from installation to installation.

They have a neural psychology program (Dr. Davis) which does testing for TBIs. The pilots especially have to be clear to be on active duty if they have experienced a TBI.

Their primary mission is regular health care, but they like to highlight their prevention services. They have a Military Family Life consultant. Military OneSource is a phone number that the military can call to connect with people that can help them with their problems. Military OneSource is the first level of care before an issue becomes a bigger problem.

Military OneSource is where service members can call to be triaged over the phone. They are hoping to provide intervention before mental health problems affect fitness for duty.

Regarding referrals to outside resources (such as those in the coalition), Daniel Adamak asked if they work together or simply give referrals. Lt. Col. Ijames said they work together with the referrals. Family members can go to other providers in the community as long as the providers accept TRICARE. Active duty personal need to be monitored more closely because they have to maintain readiness. If fitness for duty is in question for someone, they must be treated at a military treatment facility so they can be monitored and tracked.

Someone asked if a promotion could be in jeopardy if a person with a mental health issue seeks treatment. Lt. Col. James said that promotions should not be related to behavioral health care. The commanders don't have access to their mental health records. If someone has an alcohol related situation, then treatment is mandated and they will get a flag on their record. This could possibly affect someone's promotion. They do have to be more mindful of those in special situations such as pilots where a mental health issue or medication may affect their service. They try to look at the problems as just "taking a knee" while they receive treatment and hoping that things will improve in the long term.

A question was asked if the Military OneSource was being advertised enough. The Defense Agency is building up Military OneSource such that the stigma for getting help over the phone is hopefully less than it would be if the person visited a clinic in person. The bigger installations are building up Military OneSource more because they have more resources in their areas; however, there are Military OneSource providers in our area.

Someone asked if the numbers confirm that people are really using the Military OneSource. Lt. Col. James doesn't have that data. She said that most people come on their own and want to receive care. She does know that the numbers for military family life consulting are going up.

Mack asked what happens if someone has a bad psychotic episode, as might occur with schizophrenia. If it is a trainee who experiences a first-time psychotic event, then they have to leave. They don't need to be in the service. Even in active duty, you have to have fitness for duty and someone with a severe mental health issue would not be considered fit. There is a program called Accutual Level Family for the family of the service person. The military is aware of the needs of the family members and they won't send a service person to a location where their family members can't get help.

### **Current Event Impacts – Daniel Adamek/Little Orange Fish**

Two years ago, Daniel started a communications push. He would like to get feedback from the coalition and then, in the new year, to start to have a 5-minute talk during each meeting about things that are happening currently (legislative, community events, etc.). He also hopes to have a community calendar on the coalition website.

He gave the HASBAT calendar as an example of what he would like to create. He would like to get everyone's input to make it part of the website. In this way, the community could see what we do and it would also facilitate communication among the coalition.

Mack feels like this is a good idea since we are trying to get the word out about what is happening in mental health in our area.

Daniel encouraged us again to go to the website: [www.northalabamamentalhealthcoalition.org](http://www.northalabamamentalhealthcoalition.org)

The fundraiser for Little Orange Fish in October was a big success.

GRAMI will be preparing a once-a-year magazine to be distributed all over town, and they are hoping that the Mental Health Coalition will be included in their first issue.

Daniel said the policy and legislative part is going to be difficult.

### **Psychiatric Residency – Mack Yates / SVDP, VOP**

In 2022 Alabama ranked #50 for access to care for mental illness. Per 1000 of the population, we were also #50 for having access to practitioners. A lot of psychiatrists will retire in the next 5 years, so it will get worse.

There is a maldistribution of psychiatrists because they tend to practice where they graduate and stay in the large metro areas (69% likelihood of staying in the area they graduated in).

The UAB health system has a program where they are trying to increase the number of psychiatrists in North Alabama: a psychiatric residency program. This is a joint effort with UAB, Huntsville Hospital, and the VA.

They have available in-patient and out-patient rotation sites, as well as the facilities to support child and adult psychiatric residency programs. The program will graduate 6 psychiatrists per year for 4 years. There is a Residency Development Working Group (13 MDs and 13 psychiatrists) that is heading this effort.

The teaching faculty is 14 already. They are ready to go. If you would like to support them, call them at UAB (256) 551- 4461. They are located at 301 Governors Drive.

We have been hoping to get more psychiatrists in our area for a long time. Mack encouraged everyone to support this program in whatever way they can.

Don mentioned that they do see patients at UAB currently. They are up and running.

### **Adult Mental Health Court of Madison County – Judge Patricia Demos**

Judge Demos is a district court judge in Madison County and handles the Mental Health Court. There are 3 mental health courts in Madison County: Judge Cleveland for the Huntsville municipal court (misdemeanor crimes), Judge Demos (for crimes where there are felonies and crimes against the State, but the offenders are non-violent) and Judge Ruth Anne Hall (circuit court for veterans). The Diversion program started in 2008 and Judge Demos+ has handled it since 2015. The people admit that they are guilty and she withholds sentencing until treatment has finished. If they complete the treatment and what Judge Demos requires, there is a good chance that the charges will be dismissed. If they don't follow through, they are sentenced at that time. She reminds them that it is a felony and they are looking at jail time of up to 20 years.

The newest program was started by Mac McCutcheon and it includes funding for medicines and treatment. These people have a constitutional right to bail but can't make it and usually they are homeless.

Legal Services comes to the court and helps with grants and housing. The courts run the 1<sup>st</sup> and 3<sup>rd</sup> Fridays of the month and are open to the public. She needs help especially with dual diagnosis treatment programs.

Mac McCutcheon gave money to start this release program. Alternative sentencing is in place. About 25% of the population in the jail are diagnosed with mental health issues. They run a risk assessment on the person (are they a threat to the community or to themselves) and if that passes then a case manager or therapist provides a mental health assessment. Often the people with mental health issues don't admit it and are not compliant, so there often is nothing they can do. They are trying to get a program going where individuals with really bad mental health issues are committed to the hospital. If they are stabilized, they might be able to get in to the program. The biggest problem with getting stabilized in the hospital is that when they go back to the jail, then their problems start again. Judge Barger has been a big help with this program.

The biggest issue is finding the resources to run the programs.

A question was asked if the program is just a "second chance" or is it restorative. For the diversion program they try to give them the skills they need so they don't have to go to jail again. After a year in the program, they have to accept that they have mental health issues and get the education needed to better deal with their mental health issues so they can become active members of society.

With better medicines that have become available, it has made a huge difference and they are able to graduate from the program and to get jobs. The program is working.

Jennifer said that First Stop might be able to become a resource for Judge Demos once the client's mental health issues are addressed.

Someone asked how do people get to mental health court. Usually, they wait for the DA to point out those with mental health issues and they do an assessment. If they are out on bail, and they want to get in the diversion program, an assessment has to be done. If they are in jail, then they try to help them there.

Our jail is overloaded and the sheriff is trying to get people out of jail who are not threats or dangerous.

Someone asked how Judge Demos works with those who have dual diagnosis. She works with the drug court judge (Judge Hundley) and they decide which is the bigger problem: the drugs or the mental health issues.

They have a hard time finding services. Some of the drug treatment programs won't allow mental health medications.

Mack talked to someone who said the major problem with jail overcrowding is that there is no place to send people for long-term treatment. He feels like the State of Alabama needs to provide some kind of long-term facility. The jail stays full because there is nowhere else to send them. Judge Demos agreed that there are very few long-term facilities and that the jail population does not have the funds for long-term treatment. The drug program is very bad right now - especially because of fentanyl.

Selena has found a way to get someone with dual diagnosis to a program in another state. Georgia has great state programs. The problem she has is if they are on probation. She asked if the courts work with other states. Judge Demos sometimes uses the release program as leverage in probation. Sometimes getting them away from the state or family is best thing for them. Her probation officers will work with the out of state treatment facility and they have even had Zoom probation meetings. They have to check the reputation of the treatment facility. There are a lot of treatment facilities out there that are not legitimate. She mentioned there is a good dual diagnosis facility in Meridian and they will accept Alabama Medicaid. Dothan has a group home with a dual diagnosis program.

Judge Demos said it would be nice to have a resource guide for professionals – hopefully on the website. She is willing to work with anyone who can help her with services for those in her program.

Mack said we would like to advocate the State of Alabama to have a long-term facility. He asked Judge Demos what would help to do that. She said her understanding is the we would have to start by changing the laws. Currently, to do mental health treatment you have to have one certification and if you want to do drug treatment you have to have another certification and they don't mix. There is a process that you have to go through with the Alabama Department of Mental Health and they only offer the related courses four times a year.

They got rid of the mental health hospitals and said that the communities should handle the care of the mentally ill; however, our communities do not have the resources to handle it.

Daniel asked if there was someplace where we could look at the case numbers. Judge Demos said the cold hard facts are in a program called Midas. The Midas program is run through the administrative office of courts located in Montgomery, but she doesn't know if anyone else can access those.

She complimented her staff of therapists and case workers because they are working with a group that is difficult to deal with. A dream of Judge Demos is to get an old hotel and convert it into a studio home for the vulnerable.

### **Open Floor**

The Survivors of Suicide (SOS) Loss Support group has launched. They meet the first Tuesday of every month at the south Huntsville Library. The meeting begins at 6:00 pm, but you can arrive early at 5:30 pm for food.

Don Webster mentioned that HEMSI is being taken over by Huntsville Hospital on January 1<sup>st</sup>. Don hopes this will improve the system throughout North Alabama. He gave an example of how the transport of people going from the hospital in one city and having rehab in another will flow easier.

If there is some kind of disaster, they will be able to work together better because they will share the same command system. This new collaboration will be able to help all over North Alabama.

Employees will now have a group pay scale and there will be equity in pay and the benefits will all be the same. He hopes this will help with employee retention.

This new relationship will help the buying power of the organization because they can now buy in bulk.

HEMSI will still take you to the hospital of your choice provided that the hospital offers the services that you need. Mental health is not done by Crestwood; so, you must go to Huntsville Hospital.

The coalition will not meet in December.

*Next Meeting*  
*Tuesday January 9, 2024*  
*11:00 am at Wellstone*