



North Alabama Mental Health Coalition
November 15, 2022

Attendees (in person):

Daniel Adamak (Little Orange Fish)	Brad Bailey (Huntsville Hospital)	Annie Brasseale (VOP)
Akilah Brazile (UAB Family Medicine)	Aubin Cawthon (Ross)	Rudolfo Chavez (SVDP)
Gina Cushing (Our Place)	Stephanie Davis (Wellstone)	Woodie Deleuil (NAMI)
Tracy Delgado (NACH)	Denise Draa (Living Life Counseling)	Laura Edwards (Part. for Drug Free Comm.)
Christine Foster (Arc of Madison County)	Chief Johnny Gandy (Madison Police)	Zack Gilliam (HH/UAB)
Amy Gillott (Decatur West)	Kelly Goff (ADMH)	Sgt. Morris Holmes (Sheriff's Office)
Courtney Jeffreys (Amedisys Hospice)	Travis Jones (Thrive Alabama)	Katheryn Lang (Amedisys Hospice)
Alexis Lave (Wellstone)	Tammy Leeth (Wellstone)	Pat Mayfield (Wellstone)
Cathy Miller (United Way)	Diane Pierson	Mark Prescott (NAMI)
Wendy Reeves (Part. for Drug Free Comm.)	Julie Schenck-Brown (Huntsville Police)	Paula Steele (Wellstone Emer. Services)
Matt Thompson (Living Life Counseling)	Robert Turner (Oxford House)	Tim Ward (Sheriff's Office)
Don Webster (HEMSI)	Latisha Wilson (ADMH)	Mack Yates (SVDP/VOP)
Jan McCurdy		

Welcome and Introductions

CIT Coordinator – Julie Schenck-Brown (HPD)

CIT consists of mental health training and advocacy for HPD officers and first responders. The department offers four - 40-hour classes per year. We partner with WellStone and other service providers in the community to offer hands-on training and advocacy for those experiencing mental health and substance abuse issues, ultimately diverting people from jail to treatment. Officers who take the 40-hour class are paid, but they must volunteer to be a CIT Officer.

HPD also provides a 16-hour intro to Mental Health class for all officers ~~in training~~ (one class just completed last week). The state mandates a minimum of 8 hours of training for officers and notably, HPD does 16. The classes emphasize peer support and help officers become mental health advocates and to better understand what families are going through.

Julie & Paula Steele will start the North Alabama CIT steering committee again with our community partners. They are trying to grow the program for the community.

UAB/HH Pilot Crisis Program at Women's & Children's – Zachary Gilliam

Zachary has been a nurse, has a military background, and has an advanced degree in mental health. In August, UAB Dr. Clinton Martin and Zachary launched a mental health crisis program for adolescents with Huntsville Hospital. Zachary sees adolescent patients in the ER and if those patents aren't admitted into the hospital, he sets up a treatment plan with them. The goal is to get them out of the ER and into a program. They have a 24-hour follow-up program so the adolescents can be seen as soon as possible. They stabilize the adolescents and get them back to their PCP or help with a long term psychiatrist.

The goal is to have them "graduate" from the program (it is meant to be a temporary program). They are beginning to receive calls from the hospital floors as well. They work closely with the hospital to give adolescents good mental health treatment as well.

Don asked if this program helps to eliminate transporting adolescent patients out of the county. Transportation is a massive issue in Huntsville. We don't have enough care places to meet current demands. Patients that meet inpatient criteria will still continue to be inpatient. If there are no more inpatient beds, then they will still have to be transported. There is a referral sheet from all over the state and the surrounding area that they use to call to find empty beds.

The patients are rescreened after 24 hours and they have been able to downgrade some cases so that they don't have to go inpatient for treatment. The goal is to work with the patients as soon as possible.

Mack mentioned that Amy Gillot at Decatur West has added 16 beds that weren't available months ago and those are already full. Amy said her goal is to open up 8 additional beds when they have enough staff.

There is no adolescent psychiatry department at Huntsville Hospital. They are very busy and are doing the best that they can with what they have to offer.

GAP Survey, a case in point – Daniel Adamek/Little Orange Fish and Krista Moulton

Daniel played the first NAMHC PSA. WAAY-TV has already been showing it, and we hope that other TV stations will follow. A link to the PSA will be included in the minutes and Daniel asked coalition members to share it on your own social media. The link is: <https://youtu.be/8XbM97CaoUQ>

The Communications subcommittee has been meeting over the past several months. The current PSA will run for 3 months and then they will provide a follow-on PSA. The objective is to engage the community and get feedback from them. The intent is to drive people to the website and allow them to raise their concerns. Daniel is looking at reorganizing the coalition's meeting and how we do things so we can get more done and be more active with the community.

The first step was the gap survey and it is up on the NAMHC website (northalabamamentalhealthcoalition.org). Daniel would like feedback from everyone about how to make it better. Hopefully the website has a good description of what the coalition is all about.

The mission of the coalition is to fill the gaps in access and care of treatment of mentally illness. The point of the survey is to help guide coalition members with the current issues that need to be addressed.

We still have not provided Don with his recipe to help homeless in crisis even though it has been discussed at meetings. If the homeless person doesn't have an ID, then they can't access care. We need to figure out what the nature of the problem is.

If you go to the survey button (on the left hand side of the website home page) and type in your email address, it will proceed to general information. Daniel suggested that we really try and think about the most important problems that we currently have.

The next screen prompts you to choose if this is a Problem Identification or a suggestion. You can be as vague as you like in your responses.

If you chose Problem identification, it will prompt you to state the nature of the problem. Daniel encouraged everyone again to do the survey so we can get feedback on the problem categories. You have the ability to identify a problem and then describe its impacts and consequences. The third question is to identify what you think the causes are. None of this has to be perfect, but it gives us a fighting chance to pull people together that can help solve the problems. The goal is to form teams in the coalition that have the expertise to address the problems presented.

The last page is the suggestion box. When you click Next, you will have to scroll up to the top of the page to continue. This is a bug in the website and not the survey. This survey can and will be updated based on our feedback.

You can send yourself a copy of the survey and review the email later if you think of something you want to revise. Once the survey is submitted, a prompt will be given for you to edit your response or submit another survey. If it is a distinct problem, Daniel suggested that you submit another survey. The purpose of the survey is to bring focus to what we are trying to achieve and start to take action.

Krista has been through a nightmare helping a client of hers and Daniel suggested that she fill out the survey clarify the problems. Daniel went through Krista's survey to help illustrate how it works.

When you go to the summary, based on answers from the questions, it can help us focus our efforts better. The more feedback we get, the more useful this will be.

Krista's problem statement was lack of coordination between providers and systems. The impacts were: lack of communication between providers, needs were not well understood, limited or inappropriate treatment, health and safety needs were not met. This resulted in added mental health burden on the family and a lack of confidence in the care system.

Krista felt like the cause of the problem was lack of understanding of the policies and procedures and the system is overstretched so there is lack of availability of providers and inpatient facilities. Daniel feels there is an important distinction between access and availability.

Krista also felt like there is a lack of awareness of resources and how to use them as well as a lack of accountability.

There is a button on the form if you want to put more information. Krista included the whole timeline of the incident, but maintained the privacy of her client.

Ultimately we are here to fix these gaps in the system. Hopefully the survey will help pull together teams to address these issues and each month we can report back on successes.

A question was asked about who is going to look at the website and keep track of the survey responses and how are improvements going to be made. Daniel explained that this is a work in progress. We are in the collecting stages currently and all the information is going into a database, so we can start to track and prioritize the issues. The collection of the data is automated, but in the current time, Daniel will be looking at it. His hope is that this will drive our agenda forward and every month we should have actions that come out of the meetings.

A deputy mentioned that miscommunication between service providers is a big issue.

Mack said when something like this situation comes up we need to have a team to handle this and figure out where the gap is and try to do something so it doesn't happen again. There are families out there who are suffering because they can't navigate the system.

Daniel wants to get very specific about the issues. Truly filling the gap with the ID issue is that no one should have to have an ID to get treatment. There should be a team that addresses the policies that keep services away from those without IDs.

Amy said that there are a lot of caveats. If guardianship has not been maintained, then it is not valid. There are so many different perspectives. The survey is designed to try to get to the real root causes of the issues. HIPA also makes it difficult to share information. HIPA is particularly strict when dealing with mental illness. It would be nice if there was an interdisciplinary team that dealt with all the different entities.

Cathy appreciates the group view that getting to the root causes is the way to solve problems and not pointing fingers. A good example of an interdisciplinary team is the National Children's Advocacy Center. They have done it right and taken it across the world. Maybe we could get coaching from them on how to make it work with mental illness.

Daniel said that the point is to resolve problems and not to point fingers at individuals. We may have philosophical differences, but our focus should be on how to fix the system.

Cathy sent out the video on the United Way of Madison County Facebook page (uwmadisoncounty) and encouraged everyone to share it on your social media page and identify that you are a member of the coalition when you post. Suzanne is going to send it to the other three local TV markets and she is working on the PSA audio for public radio. It needs to be out there.

The video is currently on YouTube under Suzanne's name (Suzanne Sullivan).

Next Meeting
Tuesday January 10, 2023
11:00 am at Wellstone