



North Alabama Mental Health Coalition February 14, 2023

Attendees (in person):

Daniel Adamak (Little Orange Fish)	Tameka Adams-Allen (Vet Center)	Amber Anderson (Children's Rehab Services)
Kenny Anderson (City of Huntsville)	Annie Brasseale (VOP)	Melissa Caldwell (Wellstone)
Rudolfo Chavez (SVDP)	Kayron Clay (Serenity Communities)	Woodie Deleuil (NAMI)
Tracy Doughty (Huntsville Hospital)	Denise Draa (Living Life Counseling)	La'trisha Coats Fletcher (DHR)
Jennifer Geist (First Stop)	Amy Gillott (Decatur West)	Kelly Goff (ADMH)
Traci Harris (Elm Foundation)	Betty Harrison (Crisis Services)	Chaniece Hicks (First Stop)
Kim Holder (Not One More Alabama)	Cecile L. Hunt	Travis Jones (Thrive Alabama)
Amanda Lackey (ADMH)	Sammie Laster (GRAMI)	Janella Morgan (Phoenix)
Kelli Mukaddam (NCAC)	Jan Neighbors (HAPC)	Connie Oakley (GRAMI)
Karen Petersen (Wellstone)	Lisa Philippart (Living Life Counseling)	Mia Pile (Pain Unwasted)
Mark Prescott (NAMI)	Julie Schenck-Brown (Huntsville Police)	Nikki Smith (Law Office)
Randall Stanley (NACH)	Paula Steele (Wellstone Emer. Services)	Julie Stephens (Wellstone Emer. Services)
Kelci Surdick (Thrive Alabama)	Kendra Tatum (Madison County Schools)	Jennifer Vandiver (Amedisys Home Health)
Dr. Senthil Velrajan (Huntsville Hospital)	Tim Ward (Sheriff's Office)	Sarah Weaver (Wellstone Emer. Services)
Don Webster (HEMSI)	Quinn West (Thrive Alabama)	J'Nada Williams (Phoenix)
Mack Yates (SVDP/VOP)		

Welcome and Introductions

Mack shared the news that Dr. Betsy Traynor had passed away. She had been instrumental in forming the coalition. Mack also reminded us that we are here to collaborate and cooperate with each other, but we also need to coordinate the services offered to those with mental health issues.

ID/After Hours/MH Pros On Call – Tim Ward (MCSD), Traci Harris

Tim mentioned that he is still collecting names for the mental health resource contact list for law enforcement to call for issues, especially after hours. Krista Moulton has been compiling the list. Please contact Tim (tward@madisoncountyal.gov) with relevant info and especially regarding **days** and **times** when services are available.

Traci with the Elm foundation passed out a very GENERAL list of services available (without days or times). Charity Tracker is a good place to get resource information online (including hours available). She also passed out cards that describe Charity Tracker. The Elm Foundation has monthly Community Connection meetings that cover different topics. This provides an opportunity to meet new people and make connections. Traci is a case manager and she emphasized that they want to help the community come together and find resources.

A Recipe for HEMSI/One on One – Don Webster, Daniel Adamek

One on One is a small group that focuses on patients that are “frequent fliers”. These are people that abuse the system and we try to take the person and find help for them. We focus on just one person at a time and try to put all efforts into helping them and then move on. Don has a dilemma with a case where a gentlemen and his home is infested by bed bugs. Don described all of the steps he has taken thus far and asked if anyone has any other ideas. Contact him after the meeting if you can help.

Daniel said that Don’s situation is a good example for the need for coordination of efforts. Back in July of last year, Don asked for a recipe to give to EMTS for handling the homeless. Daniel quoted the minutes regarding situations that have occurred over that past few months. He is hoping to get mental health patients the help they need in a more timely fashion. Time is of the essence.

Daniel put together a flow for the recipe for Don. The first responders identify the situation and talk to the person to assess their needs. The goal is to get the person the help that they need in a timely manner. They need to determine how to get the person to where they need to go. If they have to go to Wellstone and they require an ID, how do you do that, especially after hours? Who is keeping track of the person and making sure that they are not forgotten?

Jennifer explained the time it takes to process an ID request. HPD can obtain an immediate ID, but only if the person has a criminal record. First Stop helped get 325 homeless IDs last year. You have to understand the process and have funds. It is not typically something that happens in an emergency.

Daniel brought up that if you have to get them to the police department to get an ID, how are they going to get there? Don said that HEMSI will take people all day long and they don't have to have an ID. The "recipe" he wants is for the non-critical people that need help. He gave an example of a person that wanted to go to the Downtown Rescue Mission but was not allowed in because he didn't have an ID. Jennifer said that lately the Rescue Mission will take people in and then come to First Stop to get IDs. Mack reiterated that if a person is having a crisis, they need to be treated with or without an ID. Paula said at Wellstone you don't have to have an ID to receive emergency treatment.

Daniel feels like Don's recipe should include a step by step procedure about how to get someone the help they need without being turned away for not having an ID or any other criteria.

No health care facility will require an ID for emergency treatment. When an ID is required, why is it required? Salvation Army needs ID because registered sex offenders are not allowed to stay in their facilities. Someone asked if places like the Rescue Mission keep a record of IDs on file. The Downtown Rescue mission does keep records and Charity Tracker will also keep a file online about them.

Daniel reemphasized that we need coordination from all the service providers to solve these kinds of problems.

Jan brought up a good example of coordination of services. Last Saturday in Tuscaloosa they had a service day bringing all the resource providers together to provide the services needed for the homeless. They brought in doctors, dentists, and DMV workers among others to provide the support needed for the homeless. It was the whole community helping those in need. She suggested that Huntsville could do the same thing.

Daniel encouraged everyone to read the minutes of the meeting and fill out the gap survey online (<https://northalabamamentalhealthcoalition.org>). Daniel will try to identify actions from the minutes and hopefully people will self-commit to take action so we can improve our coordination.

57 North Hampton – Exec. Dir. Janna Peterson

57 North Hampton was founded in 2016 and is a local health mental advocacy nonprofit. They started with children and then moved to adults to provide free mental health therapy to those without access. They have a Jump Start program where therapy sessions are offered on a "first come first serve" basis. They are working on finding new strategies to educate people about mental health and to learn coping strategies. Work-out classes, painting classes, and even cooking classes with a mental health focus are offered.

They are looking to partner with other organizations in the community to find creative ways to deal with mental health issues.

Their saying is "I've 99 problems, but thanks to 57 North Hampton, I'm coping pretty well."

<https://57nhampton.com> is the website. They started in 2014 working along with churches and community centers.

They have events all the time and you don't necessarily have to sign up.

There is an upcoming event called *57 and Vibe* which features live music and conversation about mental health. It will be held on Monday Feb. 20th at 6:00 – 8:00 pm at the Third Circle at Straight to Ale campus.

They are funded by individual donors, but also received a grant recently.

For first time enrollees, the wait to see a therapist is about two months, but they are hoping to reduce this wait to one week. They are trying to recruit more therapists (would like to have an LMFT certificate) so there is not such a long backlog. They start off at three sessions and go up to as many as 24.

They hope to have a collaboration project in the future with *Little Orange Fish*.

Interested therapists can contact them at info@57nhampton.com.

ECTs/Electroconvulsive Therapy – Dr. Senthil Velrajan

ECT therapy for depression is available at Huntsville Hospital. Anti-depression medication only helps a certain percentage of sufferers. What happens to the group that doesn't respond to medication? There are mixed reactions to ECT treatment, but it is extremely safe – often with less side effects than medications. In the last 6

months, over 100 procedures have been performed. It is painless; however, there can be side effects including possible headaches.

Besides depression, ECT can also help with catatonia. Dr. Senthil wants to spread the word that they are offering ECT treatment at Huntsville Hospital, so patients don't have to drive longer distances to Birmingham or Nashville. After the initial sessions, the benefits last for months. Patients feel the benefit and they know it is helping them.

Insurance companies are covering this procedure. You don't have to stay in the hospital. They perform the procedure on MWF under anesthesia and muscle relaxation medication. The first four sessions are performed in the hospital after which they switch to outpatient (as long as someone can drive them back).

There is no age range; however, because Huntsville Hospital doesn't have a pediatric unit, the youngest has been 19 years old and the oldest has been in their 80s.

Someone asked if there is any assistance program for covering the costs and helping with transportation after the procedure. This is a big issue because they need to be monitored for at least 6 to 8 hours after the procedure. They get case managers to help them. The question was asked, if someone who has an addiction problem, could they have this procedure. Dr. Senthil said they could have the procedure as long as they are not going through active withdrawal. Dual diagnosis is not a problem.

This procedure is safe even for pregnant women. If they have a heart condition, they must have recovered from their most recent heart attack for at least two months. Most of the time is spent on preparation. The actual procedure takes only 5 to 10 minutes. Because it is performed under anesthesia, the patient should not eat after midnight prior to the procedure.

Most patients are physician-referred. Nurse practitioners and counselors can refer patients, too. Some patients are able to complete the entire process as outpatients.

Someone asked if a person on involuntary commitment could get ECT. The person's guardian can sign the necessary paperwork to have it done. It is mainly for depression and catatonia and can benefit the geriatric population the most.

Has this information gotten to GPs? Right now it has spread through word of mouth.

Next Meeting
Tuesday March 14, 2023
11:00 am at Wellstone