



North Alabama Mental Health Coalition
March 14, 2023

Attendees (in person):

Daniel Adamak (Little Orange Fish)	Tameka Adams-Allen (Vet Center)	Jessica Alford (Ross)
Amber Anderson (Children's Rehab Services)	Kenny Anderson (City of Huntsville)	Kelli Axley (Unity Psych)
Jacqueline Bell (Wellstone)	Deisa Bradley (Wellstone)	Annie Brasseale (VOP)
Melissa Caldwell (Wellstone)	Akeem Davis (Huntsville Hospital)	Woodie Deleuil (NAMI)
Denise Draa (Living Life Counseling)	Chris Van Dyke (Wellstone)	La'trisha Coats Fletcher (DHR)
Ryan Gentry (Madison Fire Dept)	Kelli Glass (Wellstone)	Kelly Goff (ADMH)
Traci Harris (Elm Foundation)	Tineneta Hilton (Wellstone)	Cecile L. Hunt
Travis Jones (Thrive Alabama)	Kati Lang (Amedisys Home Health)	La'Kenya Latham (Huntsville Housing)
Krista Moulton (Therapist / NAMI)	Jan Neighbors (HAPC)	Karen Petersen (Wellstone)
Lisa Philippart (Living Life Counseling)	Wendy Pittard (ARC of Madison County)	Mark Prescott (NAMI)
Wendy Reeves (Part. for Drug Free Comm.)	Taralyn Rowell (Wellstone)	Mack Yates (SVDP/VOP)
Tiffini Davis (City of Hsv Intern)	Kentara Sanders (City of Hsv Intern)	Noreen Moise (City of Hsv Intern)

Welcome and Introductions

Mack emphasized the importance of introductions. One of the purposes of the coalition is to collaborate with others and find those who can help you.

Wellstone Community needs assessment survey – Chris Van Dyke

NAMHC is an advisory group for Wellstone's CCBHC (Certified Community Behavioral Health Center). They have a grant to implement this at Wellstone and one of the requirements of the grant is to do a Needs Assessment every year. Only the Stake holders part is complete (the Client Assessment is still in the works). The survey went out to 207 people and there was only a 15% response rate.

From the responses, these were the top three needs that were identified:

1. Expansion of access to and options for mental healthcare
2. Expansion and availability of public transportation in Madison County
3. Affordable housing for low income families

The other notable issues were the drug addiction crisis, especially fentanyl, and the need for affordable childcare and parenting classes. These are constant needs that are usually identified.

A big issue is the workforce crisis in mental health and addiction. There is a larger shortage than ever in the Masters level and below. Wellstone is going to work on this.

They looked into the workforce issue and found that in 2005 there were only 14 private practice offices in Madison County. By 2020, there are 107 private practices. Private practice has really grown but it draws licensed people out of public sphere of mental health. Wellstone's biggest need is for licensed clinicians.

Wellstone does a state-wide customer satisfaction survey every year. The biggest issue was a 14% decrease in access to children's mental health care.

Overall satisfaction is increasing at Wellstone, but they are still below the national average.

Chris then asked for feedback on results or anything that Wellstone needs to plan for. The purpose of the Needs Assessment survey is to help set goals in planning for the future.

Daniel asked several questions about the survey. Wellstone has to develop the survey and then it was sent out by email to selected participants. Daniel suggested better methods with surveys such as setting it up as online survey.

Mack said that over a year ago, this group did a survey. Mack feels that everyone has in their mind what needs to be tackled and the issue is getting people to tackle the problems and try to find solutions. We need volunteers who will take up the challenge to address issues.

Daniel asked how Wellstone anticipates following through with the problem areas that were brought up in the survey. Chris mentioned that the immediate goal is to get client input and put it together and find trends. The challenge is always to have realistic plans and work on issues that they can tackle.

Kenny mentioned that a 15% return on a survey is not bad. The market average is 10% - 25%. The return number is not the only outcome we need to consider. Kenny says they use focus groups and try and build accountability around the issues brought up by the survey.

Chris said this will be a yearly process.

Selena made the comment that they have done a lot of surveys and nothing has come out of them. We don't see the outcomes. She suggested that when the survey goes out, explain what is going to be done with the results. Will it be worth my time to complete the survey?

Mack mentioned that there are concrete problems that need to be tackled. At Huntsville Hospital right now there is a problem with mental health patients who are being boarded at the ER (Between 16 and 30 people in the last two weeks). There is no place to send them. There is also a shortage of sitters (anyone threatening suicide must have a one on one sitter). Last week there were 10 patients threatening suicide who required sitters. They are trying to hire additional sitters. Many times the homeless population will come in and say they are suicidal just to have a place to stay. We are still getting that round robin of homelessness, ER, streets, and jail. It is a recurring problem.

WES (Wellstone Emergency Services) is making a difference, but they are staying full. WES is not open 24/7 and is not open on the weekends. It is a staffing issue. Every organization is having staffing issues. Did the State provide insufficient funding for staffing or did they not allocate enough money to pay realistic/competitive wages? We don't have access to the numbers. WES is a great idea, but the current implementation is not up to level that is needed. Community access to mental health care is still lacking.

Mack feels that the legislators do not consider the needs of the poor to be a high priority. Medicaid expansion would solve a lot of problems, but they haven't taken action on it.

In mental health, Mack feels like no one wants to step up and say "The buck stops here". No one wants to take responsibility and solve the problems.

Access to care is still the number one problem.

Mark mentioned that the three priorities that Chris mentioned are the items that NAMI deals with the every day. Not having a place to send people with mental health problems continues to be a challenge.

Daniel asked if Chris could share information about how the survey was conducted and the information received back from the surveys with the coalition.

Chris said that they will share the information from the surveys once they get the clients portion done.

Mack feels like the money flow is number one. If we don't know how things are funded, or why they are not funded, then how can we solve problems? Selena brought up the fact that many of the staff that work in the mental health field are not paid enough to keep their families afloat. Many households require two incomes to survive.

Someone asked where the CCBHC money comes from. Chris said it is a federal grant and they have requirements that they must meet. The grant only funds the gaps to show they are meeting the requirements. The whole state is moving toward every mental health facility becoming a CCBHC and offering a standard package of services. Once the facilities are certified CCBHC on a State-wide level, it will help better to fund the services provided.

Krista said that a survey helps identify issues, but we need supporting data about the issues. She asked what happens after someone seeks care. What data is being tracked about those going to the ER? What type of funding source do they have? Are they private pay? These are important issues and the data about these issues needs to be collected somehow. Krista feels that it is not reasonable for Wellstone alone to do this in an effective way. There needs to be a collection of data from all kinds of providers.

This discussion is excellent because the reason we are here is to identify gaps in care and try to address them. What are the roots of those gaps? Transportation is a big issue because sometimes people have to walk to get to counseling. Krista feels like we lack collaboration between the coalition and the community. We don't make an intentional effort to get together. These are community issues, and not just Wellstone issues.

We've heard these gaps in mental health for a long time but how do we have success with these issues and see an impact in the community? How do we get people in private practice to help the community mental health service providers (such as Wellstone)? Other states are using a model where private practitioners work with the public mental health facilities. If we want to have skilled clinicians, we need to have comparable pay. Collaboration is the key to solving these issues. It involves a lot of thought and intention and needs repeated follow-up to insure that it is done properly.

If you don't have supporting data, you won't get any money. We need to meet with mental health providers to gather the numbers of those seeking mental health and compile those numbers. We also need to find out what was done to help the individuals, to what extent it succeeded, and if the individuals had to return to care. All this information is crucial to solving the issues we are having. Mack said we asked for those numbers five years ago and it has not been forthcoming.

Selena said that ADMH applies for grants and they usually get them because they are so large. ADMH will distribute the money amongst the mental health groups. In Alabama, the money is distributed only to public providers. Medicaid only accepts Wellstone or UAB for mental health care (the waitlist at UAB is over one year). No private entity is allowed to get the Medicaid money.

Krista gave an example of using interns as a start for helping with the staffing shortage. We need to have these in-depth conversations and figure out the most viable options to fill the gaps.

Daniel asked whether the needs assessment report is going to be shared publicly and will it include an analysis of the responses. Chris mentioned that it will be shared with the coalition and it can be shared publicly.

Elm Foundation has Community connections meetings once a month. The topic for April is child care solutions. In September they are having a meeting about transportation. These issues are big, take time, and often require thinking "outside the box". We have to work together.

Chris said his biggest goal today was to present the initial findings and get feedback. Chris will come back and bring the client part he has it compiled.

Child/Adolescent Mobile Crisis Team (CAMCT)– Lauren Mitchell, Wellstone

Lauren is the manager of the new child mobile crisis team at Wellstone's NOVA center. She passed out a flyer and her card encouraging everyone to email or call if they have any questions.

CAMCT are servicing children ages 3 to 21. They are providing services 24/7. There are two phone numbers and anyone can call (256-947-4013 or 256-947-4014). They respond in person to the child. They perform an assessment on the child and determine what they need to do to assist the child.

Lauren was thanked for her presentation at an "Anti-violence in the black community" summit last summer. There was a good response from attendees asking about how they can implement this model in their communities.

Lauren gave an example of a typical call. A police officer might call in and say they have a child that needs help (e.g., suicidal, homicidal, or is off their meds) and the CAMCT team member will go out and assist the child. They are also partners with the hospital and will assist the child when they are released from the hospital. The child is in case management automatically because of the call. They will follow the case and get them the resources they need to prevent them having to readmit to the hospital. They are also in partnership with DHR. They cover all of Madison County.

Someone asked about the volume of cases they have experienced. Lauren did say that the day shift has been busier than the night shift so far, but it is not consistent. They just started running in January. A family can call in as well for situations such as the child is suicidal or there is physical aggression toward parents. They will also respond to school systems (all of the counselors are aware of the program). Lauren is trying to spread the word through meetings (she will come and speak) and also noted that local TV Channel 48 was here this morning doing a feature on CAMCT.

The age range of children they service is from 3 to 18 years old, except for DHR clients where it goes up to age 21.

Autism Dept. Change – Kelly Goff

Autism services are being rehoused within the State Department of Mental Health. Children with dual diagnosis were having barriers to services and following through the cracks. All of the child services will be in the same area now and hopefully there will be fewer barriers to services.

Next Meeting
Tuesday April 11, 2023
11:00 am at Wellstone