



North Alabama Mental Health Coalition

October 8, 2024

Attendees (in person):

Daniel Adamek (Little Orange Fish)
Jeremy Blair (Wellstone)
Richard Browning (CID)
Catherine DeCanal (National CAC)
Jessica Hays (Huntsville Hospital)
Faith Jackson (Thrive AL)
Beth McAnally (NOMA)
Krista Moulton (Therapist / NAMI)
Mack Yates (SVDP/VOP)

Jessica Alford (First Stop)
Erica Bradberry (ADMH)
Darlene Burton (Salvation Army)
Woodie Deleuil (NAMI)
Kim Holder (Not One More Alabama)
Stephanie Jennings (Best Life Recovery)
Cheryl McClendon (Wellstone/WES)
Letricia Ogutu (Wellstone)
Emanda Ortiz (First Stop)

Sarah Bailey (UAH RAN)
Annie Brasseale (VOP)
Rudolfo Chavez (SVDP)
Lakebra Harper (Alliance Health)
Maggie Howard (First Stop)
Alexis Love (Wellstone)
Judith Moon (NAMI)
Amanda Sloane

Welcome and Introductions

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

Details on the new Pediatric Emergency Facility – Jeremy Blair, Wellstone

The building finally opened one week ago. It was a “soft” opening since there are still construction items being finished. It is a short-term facility for 7 days; 10 days max. It is not for long term hospitalizations. This is a place where adolescents can get their meds tweaked (for example), get stabilized, and then hooked up with on-going care.

The WES Adult unit is handling about 175 cases per month as compared with two years ago when they handled 40 cases per month. This is the first pediatric emergency unit in the state. They continue to work with Decatur West and Huntsville Hospital Women’s and Children’s.

A question was asked about how their patients get admitted. Jeremy explained that it is a walk-in 24/7 facility; however, if presented at the Emergency Department, they need them to be medically cleared before going to WES. They can also come from schools.

Someone asked about the outreach of this facility. Wellstone contracts with all mental health centers in Region 1 (north of Birmingham, east and west to the state line) to provide a case manager to facilitate admissions to the crisis center.

Jeremy was asked what happens on discharge from the crisis center. The adolescents are assigned a case manager upon admission and they work with them through discharge. The case managers make outpatient appointments for them and can even take them to the appointments, if necessary. All cases have follow-up appointments before discharge.

Someone asked about where adults with substance use disorder go. Wellstone has a residential substance abuse program called River Valley. Wellstone has an outpatient program as well, and, if needed, will help get them into other facilities like Bradford or Mountain Lakes. If someone needs ASAM, they follow up with a care program.

Does Wellstone consider themselves to be a detox facility? They will provide oral detox meds at the crisis center. They are currently looking into a plan to build a detox facility in North Alabama. There are several detox centers in other parts of the state.

A question was asked about where follow up sessions for the children take place. The first appointment for the parents would be at the facility and then it depends on where they go. There is only one long term facility in the state. Jeremy feels that there shouldn’t be long term commitment for kids; there are other options.

Decatur West is an acute care facility for the adolescents that need it. It is the only one around.

If a child comes to WES and they need longer term care, then Wellstone will facilitate the move to a longer-term facility.

A question was asked about Wellstone admitting children who are not from the United States. Jeremy said they have contract services with translation facilities.

The Loss of Gabriel – Adam McNutt

Adam lost a son during an incident with police in Athens in June. His son Gabriel was born with an arteriovenous malformation (“AVM”) in his brain (somewhat like a tumor). Gabriel had a history of surgeries and treatment to stop the seizures caused by the AVM. The medication to stop the seizures led to depression. His growth led to changes in his medications and consequently led to stress which caused additional problems. They got him counseling and got the non-epileptic seizures under control. But in February, he had brain seizures that changed his brain permanently. From that time on, he would have altered states and in an instant, he would be a completely different person. As a result, Adam became very familiar with mental health resources and facilities.

The neurologist said it was just growing and behavioral issues. They visited four different hospitals and had five different psychiatrists before one finally recognized that the issue was neurological.

They ran out of time, because on June 15th, Gabriel got out of control which evidentially led to his death.

Through this process with their son, Adam and his wife learned things that need to change in dealing with mental health issues.

1 - Evaluations were always very generic. The evaluators need to be compassionate. The people who are the first ones to meet the children need to be the most compassionate.

2 – They would release him when he said he would no longer hurt himself or others even though the parents disagreed. The adolescents can play the system. The parents know better. The parents need to have more say. In Alabama at age 14 you can deny mental help. It should be age 18.

3 – When an adolescent has hallucinations, the hospital does drug testing and does not look further for an explanation. Gabriel had a neurological problem that caused the hallucinations.

4 – The etiologist said Gabriel’s problem were all behavioral issues. After trying quite a few hospitals and treatment centers, they finally got the help they needed at Mountain View in Gadsden. They would keep him until the parents were comfortable taking him home.

Gabriel was a flight risk. He had a neurological episode and he was off balance. They finally got him to the hospital and got his medications fixed.

5 – The etiologist wanted his psychologist to work with Gabriel and the psychologist would pass him back to the etiologist. They need to be on the same page. Need to streamline the profile so everyone who is taking care of a patient has the same information.

Gabriel had been home for five weeks and then he had a neurological seizure. He started throwing knives at people. He obtained a gun and then the police had to step in. Adam feels that if people would have listened to them years ago, this could have been prevented.

We have to do better about getting better information to people at the right time. Organizations shouldn’t keep getting money if their success rate is so low. There should be checks and balances.

Adam had experience with a good headache doctor at Children’s in Birmingham. The doctor even came to the memorial service and offered to help make changes in the mental health field.

We have got to take action because these children need help. We need to offer long term health care. Adam and his wife had to turn their home into a mental health hospital and then their other children were traumatized.

Adam lost a son, so now he is going to do all he can to help change the mental health field.

Someone asked what advice would you give to others in a similar situation. Adam suggested to reach out to others in a similar situation by making yourself available to them. Surround yourself with a support group. For Adam, Facebook has been a good outlet to find support. There are local ministries that can help. There are many resources out there and people need to be able to reach them. Put all the resources in one spot and direct everyone there. Have a printout available with a QR code to direct them to a website with the resources.

It could be like a 211 for mental health and support groups and needs to be on display at the hospitals where the families are.

You are dependent on where the doctors send you, but the more information you have is power.

Someone mentioned that the metric Adam suggested is unattainable because of the way the resources are allocated in the current system of mental health. The Federal resources are coming but very fragmented. Every agency should have access to the same information. He asked if Adam was working with any legislators.

Adam mention that Gabriel's headache doctor is going to try to reach out to lobbyists and help put through legislation to help. Adam has reached out to his representative. He also put information on Facebook and received a call within the hour.

Mack mentioned that Dr. Turner at Children's in Birmingham said that the big problem is that medical and mental health care are not under the same roof - they are two separate facilities. Gabriel kept being sent from one side to the other and it didn't work. Medicare would cover both sides, however Medicaid and Blue Cross will not. Mack read an email from Dr. Turner that emphasized this reality. Billing on the medical side rather than the behavioral side will be covered more often by insurance.

From Dr. Turner:

As a neurology provider, one of the barriers we face in embedding mental health providers in our clinic settings is lack of reimbursement for Health Behavior Intervention codes. I know these CPT codes are covered by CMS for Medicare, but not for Alabama Medicaid or BCBS.

I have spoken with Pediatric Psychology here at Children's of Alabama and they agree that pursuing coverage for health behavior codes would go a long way to improving the health and wellbeing of youth across Alabama. If you are not familiar with these, health behavior/assessment codes allow mental health professionals to assess patients with primary medical complaints and bill for services on the medical side versus behavioral health side of their insurance policies. Medical reimbursement for these services will facilitate and sustain the incorporation of mental health providers into interdisciplinary teams to help patients better manage their chronic health conditions from a biopsychosocial perspective. This would have far-reaching implications for the hundreds of thousands of youths in Alabama who suffer from chronic medical conditions. It would also "normalize" the involvement of mental health professionals in the management of chronic disease. This approach would allow for earlier recognition and integrated psychological services for youth like Gabe whose chronic medical conditions were the underlying cause of his psychiatric problems.

We are operating under two different sides and they need to be under the same roof especially when determining treatment of a patient.

Dr. Turner will be in touch with Mack and connect him with the legislator for Children's in Birmingham so they can work on changes to the system.

Adam recognized that because the damage was permanent, Gabriel was not going to get better. That is not the case for everyone and there are children that can be helped.

The one long term home in the state is closing this year, and they were going to have to send him to Memphis for treatment. We have so many people in the state and we should be able to help the children that need help. You need to connect the medical and psych working together and share information.

Making a portal for all the medical facilities in the state would help. Currently, they have to tell the story over and over every time with each new doctor and they could never get the whole puzzle together.

Adam volunteered to help in any way possible. He wants to make a difference. He would like to see people working in the mental health field that have a soft spot for kids.

Open Floor/ Time to Visit

Thrive Alabama has primary care and pediatrics. They help clients with trouble paying copays or just need a pediatrician. Thrive Alabama is accepting new pediatric patients. Their website is www.thrivealabama.org.

October is domestic violence awareness month. They have therapy for free.

*Next Meeting
Tuesday November 12, 2024
11:00 am at Wellstone*