North Alabama Mental Health Coalition

Meeting minutes for September 9, 2025

Attendees (in person):

Daniel Adamek (Little Orange Fish)
Annie Brasseale (VOP)
Darlene Burton (Salvation Army)
Rudolfo Chavez (SVDP)
Jen Dawson (Aliya Health)
Melissa Foster (UAH Nursing)
Kimberly Lamar (Magnolia Ranch)
Beth McAnally (NOMA)
Amber Moon (Unpack It Counseling)
Alyssa Perry (Wellstone)
Audrey Smith (Tree of Life)
Don Webster (HEMSI)
Tara Vardaman (Charlie Health)
Randy Barbour (City of Huntsville)
Richard Browning (CID)
Melissa Caldwell (Wellstone)
Roxanne Crawford (Bradford at Madison)
Woodie Deleuil (NAMI)
Tammy Goodwin (ALNG)
Tammy Leeth (Probate Judge's Office)
Cheryl McClendon (Wellstone/WES)
Krista Moulton (Therapist)
Sarah Perry (Partnership for a Drug Free)
Paula Steele (Wellstone/WES)
J'Nada Williams (ADRS)
Julia Barham (Thrive AL)
Amy Bryan (Alliance Huntsville)
Selena Carter (Crestwood Hospital)
Deione L. Crutcher (ADRS)
Breann Dodson (MCSS)
Daelauren Harrison (First Stop)
Jana Mason (Odyssey BH)
Laurin Mitchell (Wellstone)
Leigh Oliver (Thrive AL)
Julie Schenck-Brown (Huntsville Police)
Shayla Tarront (Pasadena Villa)
Mack Yates (SVDP/VOP)

1. Welcome and Introductions – Daniel Adamek

Introductions are important because you need to be able find out who can help you.

2. Coalition Updates – Daniel Adamek

Richard Browning mentioned that the 4th year of suicide prevention vigil will be on Saturday, September 13th at 6 pm at the Healing Steps Labyrinth in Huntsville. There will also be a suicide prevention vigil on Saturday in Cullman. Wellstone and the VA will have tables there on Saturday.

Audrey Smith is launching a program designed to help expectant and new parents with inclusive support for children including therapy, low-cost rentals, and classes.

Mack mentioned that the entire board of First Stop signed the petition for a long-term treatment facility in north Alabama. The petition has been signed by all the sheriffs of north Alabama as well as the UAB psychiatric staff and Senator Orr in Decatur. Currently all 3 mental health facilities are in Tuscaloosa and the waiting list is currently a year.

Don Webster gave us an update on HEMSI response to calls in August. The Downtown Rescue Mission had 98 calls, First Stop had 23, Salvation Army had 13 responses, and the Slab (the homeless camp) had 8 calls in the month of August. A lot of times it is the same people. Most of the calls are drug, alcohol, or mental health related. This only represents the calls at the facilities and doesn't count other calls. HEMSI responds to 270 calls every 24 hours. Don said they are always looking for more EMTs.

Daniel asked if there was a way to figure out how many calls are mental health related. Don said it is hard to tell which calls constitute a mental health crisis. Someone may call and say their family member is "sick".

The Salvation Army Shelter has been open since June 16th. They have reopened the dining hall. Dinner is provided at 5:00 pm and check-in for the shelter is at 6:15 pm.

3. Featured Presentation – Advancing Mental Health Outcomes in North Alabama Through Partnership – Daniel Adamek

Daniel gave a history of the coalition and when he got involved. 12 years ago (October 2), Daniel's son died by suicide. His son streaked at a football game and was expelled. There was a lot more to the story. This was not the only point of failure for his son's actions. Daniel noted that the principal was not the only point of failure. We need to acknowledge that we could be doing things better and that the systems could operate better. We are

here in the coalition to look at the points where the systems fail: from the system, operational, and the implementation side of things.

His son had written a story about a Little Orange Fish (LOF) and Daniel used the name to create an organization to look at the mental health care systems and try to fill the gaps in these systems. The mission of LOF is to "*educate public on the value of mental health, raise awareness in understanding of the systems of care that we all work with and how to make these systems more navigable and accessible. Also, to try to raise the quality of those systems and fill the gaps of the things that are not currently in existence*". LOF, as well as the coalition, want to assure that everyone has access to the quality mental health care that we all deserve.

Daniel showed the World Health Organization's definitions of mental health:

1. Cope with stress
2. Learn well and work well
3. Realize your abilities
4. Ultimately be able to connect and contribute with the communities in which we live

Daniel feels we need to have the right perspective to give those entering the system the care (we all are here to provide) maybe limited in their capacity to engage in the system.

4 basic areas of work of Little Orange Fish:

1. Feelings are Real (education)
2. Here For You (community outreach and advocacy)
3. Expressions (provides scholarships and does events in music and arts)
4. Inner Defense Incitive (looks at the molecular level of PTSD)

Daniel looked at the people who had interacted with his son (family, Huntsville Hospital, Decatur General West, etc.) and he tried mapping these things out and figure out how to enhance ability of those resources to better help those in our community. He used his experiences to try to improve the systems.

Early 2014, Daniel met with the board of directors of LOF and other stakeholders to try and map out how they could more effectively help others and communicate with the other stakeholders. Daniel feels that the individual should be the focus of what we are all about and we should look at all the systems through a humanitarian perspective. He started to work on mapping out all the systems.

In 2014, Annie encouraged Daniel to meet with SVDP Voice of the Poor because they were working on gaps in the mental health systems. We started trying to work on a roadmap for people (or family members) who were experiencing a mental health crisis could navigate the systems. (Daniel called it a "Help resolution flow").

After all this time, we are still struggling to get communication and openness with all the stakeholders. Daniel wants to encourage each member of the coalition to talk about their organization and where they are coming from over the next several months. We are all trying to help our community get access to the help they need.

Daniel displayed a slide showing all of the major locations of mental health facilities. Kelli Goff and Daniel worked to get the Alabama Dept. of Mental Health to use technology to facilitate their engagement with the autism community. With the help of some researchers at UAH, they designed a tool which outputs a map showing the concentration of services for the autistic. It is an Equity Distribution map. It also shows where various demographics are not getting care.

Three years ago, the coalition did a PSA on getting the word out to the community about the coalition. (It is available on the website). Currently there is a PSA on public radio that announces this meeting every month. It

would be nice to tell success stories on more PSAs. Daniel encouraged members of the coalition to share their success stories.

In 2015, Chief Dave Jernigan brought the idea of CIT to the coalition. Johnny Hollingsworth now heads the program statewide. We have the CIT program because of the coalition – a big success for the coalition.

Recently Daniel has been trying to better coordinate the coalition to get things done. Bringing different areas together is always a struggle. Daniel wants to use technology to help with the situation. He has developed a ChatGPT tool to navigate the minutes and create reports to understand what is going on at the meeting.

Daniel presented a chart in 2022 that shows how all the stakeholders interact with each other in helping the homeless. Now he has put together a tool that will take a video, text transcripts, audio, etc. and identify all the mental health issues and social determinants at play. This is a triage approach that hopefully gives a fuller picture of the individual.
Krista and Daniel have been working on this tool to present a "lived experience, needs assessment" of the community and they can use it to show individuals a better picture of their situation. He wants to aggregate that information. This is a tool that allows you to get an objective perspective on the individual that allows for the lived (subjective) experience. Daniel showed an analysis of the transcript of an individual identifying the ICB codes for each of the statements or visual cues.

The Inner Defense initiative is based on a pilot study by Professor Joe Ng (survivor of the Amy Bishop shooting). He noticed that other survivors were showing odd physiological symptoms associated with PTSD. He did a study of veterans who had been exposed to trauma and were showing symptoms, those who had been exposed to trauma and were *not* showing symptoms and those who had not been exposed to trauma. There is a t-cell receptor (part of the adaptive immune system) that had been affected by trauma. They found that there is an antibody that is present in those who have PTSD and this inspired the Inner Defense Initiative. Since 2012 there have been lots of publications showing this connection between the adaptive immune system and trauma and stress. There is an inflammatory response when you feel stress or anxiety, you have inflammation which exacerbates the condition and in 15% of people, this can lead to PTSD as well as other complications (diabetes, cancer, etc.).

iXpressGenes has come up with a blood test kit that identifies markers for predisposition to PTSD. They are in collaboration with Wellstone. This is also a success for the coalition because the connection came about through our meetings.

Daniel, with a group at UAH, continues this work on computational side to determine what are the mechanisms that go from a psychological trauma to changes to our physiology and modifications to our body when stressed. They have found 11 genes strongly linking PTSD and the inflammatory stress and other disorders. On a side note, Daniel said they found that there is a gene that is strongly related to PTSD and height.

Daniel displayed a slide showing the Little Orange Fish community of support which is all volunteer and no one is funded. These people are passionate. He listed the board of directors.

Daniel encouraged everyone to come up and give their story and engage in the coalition. Feel free to bring ideas to Daniel or Krista.

4. Directed Discussion and Gap Identification

Krista mentioned that when people are in a chronic state of stress (like those who interact with HEMSI), it affects their inflammatory markers. If they are in a chronic state of emergency, the issues keep growing. She

asked how do we address those issues of stress response so we don't have an unwell community. Stress response is common to all human beings and, for many of us, it does not become a chronic situation.

Daniel mentioned that every system interacts with every other system. The data is clear that trauma associated with homelessness does not cause PTSD, but contributes to other problems. It is a cyclic thing. Trying to figure out how to reduce recidivism and other issues depends on understanding how we work together, and also on understanding how people heal and develop resilience and get back to being a productive member of the community. If any part of the system is not functioning well, then the whole thing breaks down.

Mack brought up that when you have someone who already has an issue (mental health or drugs, etc.) you have a balancing act of whether we try to adapt to them or have them adapt to us. Are we asking too much of these people that already have a problem, to adapt to our system of work as oppose to us adapting to them?

Daniel agreed that there are people who are far from "normal" functioning in the community and we need to try to meet them where they are in order to bring them back to a place where they can integrate back into the community.

Mack mentioned that the care givers for these people are also under stress. Their families are also under a lot of stress.

Krista said that there is a need to establish a sense of safety and rapport with the individual. When someone is unwilling to go to a treatment center, we have to recognize the circumstances of the individual and meet them where they are.

Somone mentioned that there is a group of mental health providers that go to the homeless and meet them where they are. They are going to have a community meeting at the homeless location next week so they can better address their needs.

Daniel closed by saying the balance between the community, public safety and the health of the people in the community has tradeoffs. The jail, for example, which is there to keep the community safe, is not the best choice for someone experiencing a mental health crisis. We need to recognize the real impacts of how the systems are working.

5. Recap and Adjournment – Daniel Adamek

Daniel again encouraged people to talk about their organizations and share their stories at the meetings. Please contact Krista@littleorangefish.org.

Next Meeting
Tuesday October 14, 2025
11:00 am at Wellstone