



North Alabama Mental Health Coalition January 10, 2023

Attendees (in person):

Daniel Adamak (Little Orange Fish)	Tameka Adams-Allen (Vet Center)	Amber Anderson (Children's Rehab Services)
Chief David Bailey (Madison Fire)	Erica Bradberry (ADMH)	Annie Brasseale (VOP)
Melissa Caldwell (Wellstone)	Jacqueline Carter (The Drug Free Partnership)	Aubin Cawthon (Ross)
Rudolfo Chavez (SVDP)	Gina Cushing (Our Place)	Akeem Davis (Huntsville Hospital)
Stephanie Davis (Wellstone)	Woodie Deleuil (NAMI)	La'trisha Coats Fletcher (DHR)
Ryan Gentry	Amy Gillott (Decatur West)	Chaniece Hicks (First Stop)
Erica Hochberger (NCAC)	Sgt. Morris Holmes (Sheriff's Office)	Cecile L. Hunt
Courtney Jeffreys (Amedisys Hospice)	Travis Jones (Thrive Alabama)	Kathryn Lang (Amedisys Home Health)
La'Kenya Latham (Huntsville Housing)	Tammy Leeth (Wellstone)	Peter Lenart (Stepping Stones)
Heather McCaulley (VA)	Cheryl McClendon (Wellstone/WES)	Laurin Mitchell (Wellstone)
Janella Morgan (Phoenix)	Shaquille Mosky (Wellstone)	Krista Moulton (Therapist / NAMI)
Kelli Mukaddam (NCAC)	Jan Neighbors (HAPC)	Mark Prescott (NAMI)
Eric Richards (Stepping Stones)	Chris Richtsmeier	Deidre A. Roberts (ADMH Autism Services)
Taralyn Rowell (Wellstone)	Julie Schenck-Brown (Huntsville Police)	A. Shaughnessy
Dustin Spires	Allison Spratley (The Enrichment Center)	Paula Steele (Wellstone Emer. Services)
Asia Sticka (UAH RAN)	Jana Thomas (NCAC)	Jennifer Vandiver (Amedisys Home Health)
Tim Ward (Sheriff's Office)	Mack Yates (SVDP/VOP)	Jan McCurdy

Welcome and Introductions

Mack reminded us that we are here to try to work together to solve problems and develop trust and collaboration among the stakeholders.

CIT / HPD – Julie Schneck-Brown (HPD)

The CIT Steering Committee has been reactivated and is being co-chaired by Paula Steele, WellStone Emergency Services Director, and Julie Schneck-Brown. The committee includes:

Mental Health Providers

- Paula Steele, WellStone Emergency Services Director & Co-Chair
- Kenny Anderson, City of Huntsville Minority Affairs Coordinator
- Tameka Adams, Veteran Outreach Program Specialist at the Vet Center
- Drew Gilbert, First Stop Assistant Director
- Mark Prescott, NAMI Huntsville Executive Director
- Emmitt Davis, TARCOG Community Service Coordinator
- Tammy Leeth, WellStone Diversion Programs Coordinator
- Cheryl McClendon, WellStone Peer

We also plan to invite the new Huntsville Hospital Emergency Services Director to the committee, since Dr. Squyres has retired as the director.

Substance Abuse Providers

- Aubin Cawthon, R.O.S.S. Peer Educator
- Jessica Alford, R.O.S.S. Hospital Peer Navigator
- Wendy Reeves, Executive Director of the Partnership for a Drug Free Community
- Laura Edwards, Peer Educator at the Partnership for a Drug Free Community

Law Enforcement

- Julie Schenck-Brown, Huntsville Police Department CIT Coordinator & Co-Chair
- Captain Jonathan Ware, Huntsville Police Department CIT Director
- Sergeant Joe DeBoer, Huntsville Police Department CIT Supervisor
- Sergeant Morris Holmes, Madison County Sherriff CIT Coordinator
- Detective Stacy Thomas, Madison Police Department MH Officer
- Officer Christian Nagata, UAH CIT Officer

During their first meeting, the committee began with a discussion of the issues facing our community. This will help with the identification of committee goals. Ideally, they want to have a few goals that are achievable within a year versus several goals that span the course of multiple years.

Committee members are also reviewing the CIT Core Elements and at their next meeting, they will begin discussion about mapping out their strategic plan and identifying specific goals, as well as developing a timeline for evaluation.

CIT is finalizing their 2023 schedule. If there is any interest in these classes, please contact Julie.

National Children's Advocacy Center (NCAC)

Their mission is to help kids when there is an allegation of child abuse and also help prevent child abuse by providing training.

The Multiple Discipline Team (MDT) includes law enforcement organizations, DHR, the DA's office, the probate judge's office, the medical teams from Crisis Services and NCAC. They meet every Friday to do case reviews. They look into reports of child abuse (either physical or sexual) or even if a child who has witnessed a crime or domestic abuse, and they handle the cases. Initially they take a victim statement from the child.

Another part of the process is a medical exam. There are only a few medical examiners that handle these cases across the state, so they handle the exams for several counties. If a situation happens after hours, it is referred to Crisis Services. NCAC has a team that goes over what happens in the case with the family, letting them know what to expect. They do a trauma screening to find out if there are any mental health needs for the child and, if so, they provide therapy for the child.

NCAC was formed in 1985 to coordinate the services among organizations to help children. Now there are Child Advocacy centers all over the country and world that duplicate this model. They have accreditation from the National Children's Alliance to provide certain services and have to renew it every three years.

Once a case gets into the process, a member of the Family Advocate Team reaches out to a non-offending care giver to assist them in the process and answer any questions. Advocates also have access to the facility doctor (Wilson) who helps to alleviate stress on family. They also do a Needs assessment to see what the family requires. The Advocate Team needs everyone in the room to help out and support child in the whole process.

If they need shelter, Crisis Services can help out. If the children have developmental delays, Amber Anderson at Children's Resource Center has been able to help. They work out to help the child in the aftermath of the crisis in any way they can.

They work with the NOVA team every day if the child has ongoing mental health problems. They are excited to be a part of NAMHC so we can all be a part of helping the children.

NCAC also offers support groups. There is a group meeting next Monday from 4:30 to 5:30 pm for care givers whose children have been sexually abused. They also work with children that have substance exposure and have a support group for them. They can help the family with victim's compensation. There is money from the State of Alabama that will cover the costs incurred when a crime has occurred.

In 2020, NCAC started a new multi-disciplinary team (the Cares MDT) that focuses on what the child has been going through if a parent is abusing drugs. This new MVT has a holistic approach trying to get the parent into treatment and recovery and the whole family recovered as well. The advocates support the family. Dr. Mark Sapp is the pediatrician working with them as well as Crisis Services.

If you need information about how to handle a child who has experienced a crisis of any sort, you can come to NCAC. They are there to support the child and the family as much as they can. They also follow up until the family no longer needs them.

Mack mentioned that this is a wonderful model of support for the whole family.

NCAC also has prevention programs. There are three different parenting classes one of which is Healthy Families America for first time moms.

There is a new national program called "Handle with Care". This is a simple way to inform schools when children have been involved in a traumatic situation. The first responders let schools know what has happened

so the schools can keep an eye on the child. Name, school, and “Handle with Care” is all the information that is provided by EMT. This helps the school know about the situation and they can observe and bring in a counselor when needed.

NCAC also offers Community lunch and learn programs once a month. They are looking for people to come and present programs about what their agency does and all are invited to attend the programs. Mack is coming in February to talk about NAMHC.

They also have a Hispanic outreach and are working on creating a network to help with services for that community. They asked for anyone interested to contact them.

A question was asked about a certain situation where the offender is a sibling and a minor – what resources are available for the child? If they are involved with the Juvenile Justice, there are resources available through that program. If they are not adjudicated and have trauma, NCAC can assess the child. Just email NCAC to start the process. If the child is between 7 and 12 years old, then NOVA has a program for children that have problematic sexual behavior.

Someone asked if there was a VOCAL (Victims of crime and leniency) active in the area. The Victims Comp director said there is money available for expenses such as emergency housing and funeral expenses. There is an interest in starting a chapter in the area.

Game Plan and GAP Survey – Daniel Adamek/Little Orange Fish

The communication committee has put together a PSA that is airing on local stations. The impact of our work is difficult to see. The committee has been having discussions about how we could organize better since we only meet 12 hours a year. They have been working on a way to capture ideas and form actions committees to address gaps found.

Daniel presented an approach to organizing these meetings and forming groups to address the issues that come up in the meetings.

How do we address the questions brought up in the meetings so that they are not ignored and continue to be brought up again? If there is a gap in the system of any form, how do we handle those situations most efficiently?

The first recommendation was to have time allowances for each issue in the meeting put on the agenda.

At the beginning of each meeting we should recognize why we are here. Daniel went over the purpose of the coalition – develop trust and collaboration among all mental health stakeholders. As a coalition, identify the greatest mental health needs in our community and work together to meet those needs. When we identify gaps, we need to work together to address them.

The mission of the coalition is to move every consumer to his/her best outcome. If we identify a gap in the needs of the consumer, we try to help move them to their best outcome. We want to ensure appropriate treatment in appropriate time.

Daniel went over other objectives of the coalition (<https://northalabamamentalthcoalition.org>).

We can't solve all the problems in our limited meeting time, but we can try to identify the problems.

Daniel suggests a welcome to the meeting (recognizing the stakeholders present), presenting issues to tackle, (trying to make people accountable and staying on top of issues), and getting recognition for the problems that we solve.

Daniel presented an example from 2015 when it was mentioned that HIPA got in the way of helping consumers. Mack did a good job of educating people about HIPA. We didn't solve any issues.

Mack said Daniel is trying to get us to step forward and work on small things. Chris Newlin (NCAC) was on a committee dealing with the lack of pediatric beds in Madison County. Chris made a suggestion that the unit of pediatric beds already in Decatur be enlarged to include mental health pediatrics. Mack visited Jeff Sams and then Amy Gillott pushed it through. Now there are 16 beds in the area. This is an example of what we can do.

Mack is trying to get people to step forward and work on problems.

We need to stay on top of the problems, work on them and highlight the successes.

The proposed path moving forward is to use the gap survey to highlights gaps in the system. At the beginning of every meeting, we look at progress made from the commitments of the last meeting. We need to start with problem identification (problems listed in the gap survey). An example of this is when Don asked for a recipe for a work with homeless. We need to identify people in the coalition to help give Don his recipe.

Mack encouraged people to join a group even if they don't have a solution. No one always knows how to solve the problem, but you put your heads together and try. We are trying to do the best for consumers. We all have our strengths and we all need to feel engaged and valued. There should be commitment, accountability and then recognition for our efforts. We need to monitor our progress in addressing the gaps.

Daniel encouraged us to go to the website (<https://northalabamamentalhealthcoalition.org>) and scroll down the left hand side menu. Second from the bottom is a link to the gap survey. Fill out the survey as many times as you want to help identify gaps and you can change your mind if you want to. This is also an opportunity to include examples of situations that you have encountered. If we don't write it down, we won't have a chance of addressing these issues. As we collect the information, it goes into a database. It is not about solving the issues that come up but rather about identifying structural issues that are at play and see where gaps are. We need to feel comfortable sharing our experiences and expose the things we don't understand.

At the meeting we will go through a 15-minute period of problem identification. Hopefully this will lead to commitments to action and teams forming to solve gaps.

Ideally we will start to converge on problems and solutions to those problems. It will be a slow process. We want to engage the community on our successes, but we don't have a good way to do that now.

Mack emphasized again that we need everyone's help to identify the problems and help with the solutions.

Daniel went over the Working agenda:

- 10 minutes for introduction
- 5 minutes to review commitments (transparency, trust, and accountability)
- 15 minutes to address issues and ask for volunteers to help on the issues (be very clear about what we are committing to so next month we can report and review those actions) Keep an ongoing history of what is accomplished so we are not going over the same thing over and over. Review the issues and get firm commitments.
- 20 minutes to hear from new comers, new issues and any organizational issues
- 5 minutes for closing thoughts

This is not a lot of time, so it will require that we get commitments and engagement from everyone here and hopefully get more things done.

At end of gap survey is recommendations so you can list your ideas about the survey, meetings or any gaps.

Action item: Need to have access to a projector for our meetings.

Open Floor

WellStone is conducting a "needs assessment" for Madison County. Please fill out the 5-minute survey.

NOVA will have a new program. A Child/Adolescent Mobile Crisis Team is forming in the next few weeks that will be 24/7 for children. Starting next week, there will be someone everyday including weekends from 7a-7p so staff can feel free to request them. This is for children in crisis.

The team will consist of a Lead Therapist and Co-therapist that will come out and do an assessment on the child (ages 3-18). The parent or HEMSI will still have to transport if staff thinks that they are in need of inpatient treatment. If they refuse, they will be asked to sign a refusal form. NOVA will follow up with client for 3-6 weeks through case management services to assist them with receiving the services that they need after they are discharged from inpatient treatment.

Action item: Tim Ward asked for all members of the coalition to contact him (tward@madisoncountyal.gov) and describe your organization, what resources you provide, and contact information and hours. Tim will create

a list of all of the resources available. For many people, the biggest issue is who to call and many of the contact numbers are not active.

The Mental Health Association compiled a registry years ago. It would be better now because it would be electronic.

Homelessness without IDs can go to an office around the back of the Downtown Rescue Mission.

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

This update was emailed to the secretary from the Communications committee:

UPDATE ON THE VIDEO PSA from Communications Committee – the FOUR local TV stations have received; the committee asked them to run now through March. Continuing to discuss and follow-up with them to assure they are running and find out how we can capture how much “air time” is involved in that sharing. Suzanne Sullivan may be able to confirm status of WAAY.

PSA has been scripted and waiting for a call back for WLRH on when to “record” special “public radio version” of message.

Also, audio file sent to all radio stations – committee members will be asked to reach out to various radio stations to confirm receipt and assure that we are getting air time from them as well.

Once these have been running for a month or so, the Communications committee will re-convene to see “what’s next”.