



# North Alabama Mental Health Coalition

## Meeting minutes for March 10, 2026

### Attendees (in person):

Daniel Adamek (Little Orange Fish)  
 Edward Becher (Invisible Warriors)  
 Erica Bradberry (ADMH)  
 Adasia Cash (CNAHSI)  
 La'trisha Fletcher (DHR)  
 Jennifer Gentry (Long Leaf Centers)  
 Alexis Harvey (ALSP)  
 Marc Hultquist (Regan's Clinic)  
 Leigh Oliver (Thrive AL)  
 Karen Petersen (Wellstone)  
 Audrey Smith (Grow Our Village)  
 Barbara Wallace (Thrive AL)  
 Hannah Willoughby (Project Transition)  
 Mack Yates (SVDP/VOP)

Max Auburtin (NACH)  
 Nancy Becher (Invisible Warriors)  
 Annie Brasseale (VOP)  
 Rodolfo Chavez (SVDP)  
 Melissa Foster (UAH Nursing)  
 Tammy Goodwin (ALNG)  
 William Justin Holmes (Probate Judge's Office)  
 Nicole Kuzmicic (CNAHSI)  
 Frankie Pack (Wellstone)  
 Julie Schenck-Brown (Huntsville Police)  
 Joshua Smith (Alabama A&M)  
 Linda Ware (UAH RAN)  
 Ashley Wilson (Wellstone)

Sarah Bailey (UAH RAN)  
 Jennifer Blazer (ALSP)  
 Amy Bryan (Alliance Huntsville)  
 Latoshia Dunbar (Madison County School)  
 Abigale Garrigan (NACH)  
 Allie Harbour (Alabama A&M)  
 Linda Howe (Just Serve)  
 Krista Moulton (Therapist)  
 Mikayla Percell  
 Bridgette Shereyk (MCSS/UNA)  
 Makenzie Thomas (Wellstone)  
 Don Webster (HEMSI)  
 Latisha Wilson (ADMH)

### *1. Welcome and Introductions – Mack Yates*

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

### *2. Coalition Updates – Daniel Adamek*

There is now a [calendar](https://northalabamamentalhealthcoalition.org/) on the website (<https://northalabamamentalhealthcoalition.org/>). Please let Daniel know if you need anything to be added to the calendar and include as much details as possible including related website links. Daniel will be doing an analysis that will be included with the monthly meeting minutes.

Daniel asked if anything was new with the development of NAMI and Mack said it will be discussed next month.

Bradford is now offering IOP (Intensive Outpatient Program) for adolescents ages 13 - 18. It is provided virtually from the Florence office and is available throughout the state of Alabama.

Wellstone will be opening a clinic in Madison next week (on Hwy 72). It will be for therapy and IOP.

Don provided a report on the number of ambulance calls to homeless shelters. In February, the calls were:

| Homeless Shelter        | Calls |
|-------------------------|-------|
| Downtown Rescue Mission | 103   |
| Salvation Army          | 21    |
| First Stop              | 16    |
| Slab                    | 3     |

(Ambulance calls for homeless shelters during February 2026.)

The call numbers are decreasing at the Slab and there was speculation that is because they are making the homeless there get into case management that might be a deterrent to staying there for some. They are also given a limited time to stay on site.

Sarah gave an update on RAN. They are working with LOF (Little Orange Fish) on an AI product to help people with autism find resources more easily. This product was highlighted at the Autism Conference on February 27<sup>th</sup>. 25 people from across the state of Alabama attended the conference. The AI tool will provide guidance on where to go for help and what to do next. Daniel explained that this is part of the “Here for You” program with LOF. This AI tool will be on display at the annual event at May 9<sup>th</sup> for LOF. It is named ARNIE (Autism Resource Navigator and Information Explorer).

Invisible Warriors is taking applications for a retreat in April for female veterans with PTSD. Flyers were on the table. They are having a gala on June 12<sup>th</sup>.

Audrey Smith of Grow Our Village (grand opening last month) has upcoming classes on Healthy Attachments with Baby, Learning Literacy and Healthy Sleep Training.

### ***3. Featured Presentation – National Shattering Silence Coalition (NSSC) – Holly Strayer, Alabama State Director***

National Shattering Silence Coalition (NSSC) began in 2017 in Virginia with 3 ideals: Serious mental illness is a biological brain disease (not a moral failure), families and care givers must be included in policy and treatment discussions, and care needs to be provided for those effected. NSSC has grown to include 1000 members in 28 states. It started in January in Alabama.

Holly presented a program called “From crisis to care: Solutions for psychosis and anosognosia”. Their mission is to advocate for individuals living with severe mental illness/brain disorders by providing education and support to families as well as promoting systemic reforms to ensure adequate care for those effected. SSCAL (Shattering Silence Coalition of Alabama) is the local division.

Holly explained that psychosis is the brain not processing information properly (not bad behavior). Psychosis can result in a loss of contact with reality (hallucinations, paranoia, etc.) and it does not disappear. If left untreated, it often escalates. SSCAL (and others) want to see psychosis treated like any other medical emergency. Psychosis causes loss of brain matter, so the longer someone goes without treatment, the mores it escalates. They want to establish clear standards for psychosis admission at hospitals (treatment varies across the state) so the ER discharges without treatment would stop.

The “Invisible barrier” to care is anosognosia which is neurological blindness of mental illness – it is not denial. Traditional expectations fail because the person doesn’t know they are ill. Anosognosia is a symptom of frontal lobe damage. Frontal lobe damage can lead to other diseases such as dementia, Alzheimer’s, and stroke. It is the number one reason for treatment non-adherence. They don’t realize that they are sick so that makes it challenging for parents, clinicians, and first responders. SSCAL wants to work together to come up with solutions since lack of treatment for psychosis can result in felonies.

The lack of insight (anosognosia) is often is mistaken as a choice. The system fails when insight is required for treatment. Treatment must match illness. Dr. Amador recommended a communication style called LEAP (Listen, Emphasize, Agree and Partnership). Long-acting meds are very helpful. Family assistance is needed. Assisted Outpatient Treatment is very important for those affected. A person suffering with psychosis will not understand the education or therapy if they don’t accept that they are sick.

Untreated anosognosia fuels the crisis: ER visits, jail, homelessness, and preventable deaths. Many time families are blamed while being legally excluded from care. People in crisis need treatment instead of criminalization. They are promoting CIT, diversion programs and to stop using jails as mental health facilities. We need to address mental health before law enforcement steps in with early treatment. Criminalization is a failure across the US.

She gave her contact information: Holly Strayer - [hstrayer@nationalshatteringsilencecoalition.org](mailto:hstrayer@nationalshatteringsilencecoalition.org) .

Holly gave her story. Their middle child had mental health problems. When he came home at from college at Christmas, he had changed. He slept all the time and was angry. They did not know what they were experiencing. He started to get violent and pulled a knife on his dad. They had tried to get him help and he refused. They got him to the hospital and they would not admit him because he was not a danger to himself or others. They were told to get a court order. He finally got into the hospital and came out with a diagnosis of bipolar with psychotic features and lots of medicine. They did not give the parents any education about their

**[NorthAlabamaMentalHealthCoalition.org](http://NorthAlabamaMentalHealthCoalition.org)**

‘Here for You’ from [littleorangefish.org](http://littleorangefish.org)

son's situation. The medication worked well but had side effects including gaining 65 pounds. He stopped taking meds and got worse again. Holly believes you should treat the whole person and not just the disease.

They had to move him out of their home and the cycle of being in and out of the hospital began. The hospital would not give them any information. No one would help.

He started having run-ins with the law. He was ordered on a 180-day outpatient therapy. There was no testing for drugs or if he was med compliant. He was sent to the hospital again and they tried to get a court order to have him committed but by the time they got there, he had left. The voices in his head told him that the parents were the enemy. He crashed into their house and the police put him in jail. He was in jail in full blown psychosis and he starved himself because he thought the food was poison. He spent time in the hospital in the psych ward and he was still in psychosis when they were going to release him to a homeless shelter. Holly and her husband finally found a long-term treatment center outside of the state. He has been there since October and is finally improving. Short term treatment doesn't work with psychosis.

Tammy Valentine gave her story. She is a member of NAMI and Shattering Silence Coalition. She has exhausted every avenue of mental health services available in the state. She wants accountability and change. Her son has been experiencing psychosis for 6 years. The family has repeatedly sought help through crisis services, law enforcement, emergency response and legal channels. Despite all these efforts, meaningful intervention has not happened. After being released from care in December, he has had delusional thinking, aggressive and abusive treatment. These incidents have been documented and reported. They called County crisis services and were told to call 911. Law enforcement was called multiple times, but they did not do anything even though there was documented history.

They finally escalated and got an attorney to issue involuntary commitment. Now they had to wait until a bed is available. Meanwhile her son is a danger to himself and to others. Consequences mounted and he was evicted. They had documentation and a diagnosis. This is systemic failure of the mental health system. We need action, coordination and accountability now and not after tragedy.

Tammy gave us a time line from December 4<sup>th</sup> when he was hospitalized the first time until now when her son is in jail and not receiving treatment. There were multiple visits to the hospital and repeated suicide attempts. Each time he left the hospital there was no follow-up, just an appointment to see a nurse practitioner. She described how her son continued to get worse and worse, but when law enforcement would check on him, he said he was fine and would not consent to treatment. He was finally hospitalized again and they got commitment papers issued by a judge, but the doctor felt he was fine and let him out. After that, there was a rapid decline. She did a wellness check and her son was arrested and his dog was shot. Today, her son is in jail and there continues to be no treatment.

Mack mentioned that hospitals do not see mental health disease as they do things like heart disease. It is not a money maker.

#### ***4. Directed Discussion and Gap Identification- Daniel Adamek***

Our Coalition tries for a continuum of care from the beginning. The signs of psychosis are not always recognized. It is so important for us to work together to help fill gaps in education, crisis management, and everything in between. Krista mentioned that it's a struggle to hear these real-life stories. The repeat pattern is that we cannot coordinate services. We are up against hospitals and insurance companies that dictate what is available.

Holly mentioned that if there was time, they might be able to get insurance to cover her son's illness. However, there are so many that are not able to get insurance because they don't have jobs.

Krista feels like we need to get together to help solve these problems. We need feedback and we need to work on problem solving outside of this meeting. If anyone has ideas, please let Daniel know. We need action more than one hour per month. Daniel encouraged us to spread the word about the coalition and get more people at the table.

Mack mentioned that the Madison County Legislation office (on Madison Street) has a list of all of the legislators and how to contact them. He encouraged everyone to contact their legislators and bug them about these things.

Don elaborated on how in a mental health crisis, everyone wants to kick the can. They want to push the responsibility to another organization and it is a never-ending cycle. The person with psychosis just gets worse until they end up in jail and there is no treatment in jail.

Daniel said that these conversations in this room are important and we are fortunate to have this coalition. We can work together to resolve some of these issues.

Someone from Thrive spoke and said even though she calls in a co-responder or Wellstone, they all have different definitions of how suicidal or homicidal someone is. Everyone has their own opinion.

Mack mentioned that in 2022 there was a revision to getting admitted. It used to be that only if you are going to hurt yourself or others, but now you can also add mental health history to it. He also said that if you have someone with psychosis, early on you need to work with an attorney to get involuntary commitment. If you become a guardian, the hospitals can share information with you.

#### ***5. Recap and Adjournment - Daniel Adamek***

Daniel reminded us to send him information about dates to add to the calendar.

*Next Meeting  
Tuesday April 14, 2026  
11:00 am at Wellstone*