



North Alabama Mental Health Coalition
May 10, 2022

Attendees (in person):

Chief David Bailey (Madison Fire)	Annie Brasseale (VOP)	Laura Burdeshaw (Decatur Morgan Hospital)
Melissa Caldwell (Wellstone)	Selena Carter (Huntsville Hospital)	Aubin Cawthon (Ross)
Tiffani Chandler (Rehab Alabama)	Rudolfo Chavez (SVDP)	Jayla Dawson (New Season)
Lucy Douglas (Sereno Ridge)	Denise Draa (Living Life Counseling)	Laura Edwards (Part. for Drug Free Comm.)
Jennifer Geist (First Stop)	Amy Gillott (Decatur West)	Kelly Goff (ADMH)
Kim Holder (Part. For Drug Free Comm.)	Johnny Hollingsworth (CIT state coordinator)	Sgt. Morris Holmes (Sheriff's Office)
Travis Jones (Thrive Alabama)	Tammy Leeth (Wellstone)	Diane McCrary (NACC)
Janella Morgan (Phoenix)	Krista Moulton (Therapist / NAMI)	Jan Neighbors (HAPC)
Christina Pannell (Therapist)	Karen Petersen (Wellstone)	Adina Peyton (GRAMI)
Diane Pierson	Mark Prescott (NAMI)	Wendy Reeves (Part. for Drug Free Comm.)
Paula Steele (Wellstone Emer. Services)	Dep. Tim Ward (Sheriff's Office)	Fred Whitlow (Huntsville Housing)
Latisha Wilson (ADMH)	Mack Yates (SVDP/VOP)	

Welcome and Introductions

Pediatric Beds Update – Amy Gillott

Amy reported that they have now opened a second adolescent unit at Decatur West. They are currently staffed to have 14 middle schoolers, 12 high schoolers, and 9 children on their units. Five additional beds will be added next week. It has really helped especially with not having to transport children out of town or state. Things are looking good for the adolescent pediatric population.

CIT Update – Johnny Hollingsworth

Johnny has become the state representative for CIT. He will no longer be head of CIT steering committee, but will still serve as a guide. The police department is in the process of hiring a civilian to be the administrator of the CIT program. They will be sending the new person and their aid to the International CIT conference and train them as well in the CIT program. They will still stay with CIT international guidelines.

Capt. Ware said the Chief is currently out of town but will be making a decision soon about hiring a new CIT coordinator. They are still planning on putting officers through CIT as their schedule will allow. The police are busier in the warmer months.

Partnership for a Drug Free Community – Wendy Reeves

Next week Partnership for a Drug Free Community will celebrate its 34th year in North Alabama. Parents were concerned about their children on drugs and didn't know where to go for help. Their mission is to try and make it easy for parents giving them one place to call and help them figure out where they can get help for their kids whether or not they have insurance. An advisory committee suggested they create a recovery resource hub which was new for the agency. It took 18 months to establish and is still being refined as they go along. They helped almost 500 people in first 2 years. There is a big need for assessment to get people into state funded treatment. They use the ASAM criteria. Their staff does the assessment and determines what level of care a person needs. Our goal with the Hub is to try to match the needs of each person with a type of recovery program. Their media hashtag is #Giving Hope.

Partnership has always been a youth prevention (drugs, alcohol, and tobacco) agency. The Junior League of Huntsville gave them grant money to start.

There is a current program called Ossie Ops Prevention which is an opioid prevention program with an ostrich as a mascot. A VISTA worker helped them develop the program from scratch.

They also have a very strong tobacco and vaping prevention program. 75% of the youth in Alabama refuse to vape so they call the program Level 75 campaign trying to focus on the positive.

This week is Prevention week. If you have social media posts for the week, please share.

They have a Speakers bureau and can speak on any topic you request.

The call in number for recovery help is (256)539-7339.

The Partnership agency tries to fill in the gaps (other groups do assessment) but they do it for free. If they miss the appointment, then they have to pay for it. They want to help those who have burned all their bridges and don't have anywhere else to turn. They are starting outreach programs and visiting places like Rose of Sharon Soup Kitchen.

Someone asked how they handle co-occurring symptoms. Wendy explained that this is explored during assessment. We don't tell people where to go; instead, we just give suggestions. Currently it is difficult to find a bed in a treatment facility. The treatment facility will just let them know if they have availability and the people themselves have to call and schedule. Laura will try to follow up and make sure they call a treatment center. Johnny brought up that the Partnership has a good staff with lots of experience.

They are not state funded, so they don't just refer to state programs, but rather look for the best fit for a person. There is a long list of state funded treatment centers but they only refer people to places they are sure about.

Someone asked if there are detox facilities in Madison County. There are not enough and they all have a 20-30 person waiting list. The state funding for detox is exhausted quickly.

Mack said if they are at a level where they need detox, then they need follow through after detox so they just don't go back. Partnership will assess people after detox to determine what level of care they need then.

Access to care for the Seriously Mentally Ill with Autism – Kelly Goff

Kelly gave us an overview of the barriers to mental healthcare for individuals diagnosed with autism. Her presentation is included at the end of this document.

She highlighted that often people who have autism diagnosis they may be excluded from care for their mental health issues. When they are hospitalized sometimes they don't get autism services. There are also medication management issues. Often when individuals get mental health meds, they are directed to follow up with a counselor. Some counselors can't handle autism along with mental health issues.

Autism is often concurrent with schizophrenia. Many individuals end up in crisis with nowhere to go. The parents can't handle them, so they get sent to DHR or sometimes end up homeless. They often end up in hospitals, but don't get the same care every time. There is often no follow-up, so they end up back in the hospital. Kelly says she is very grateful that Amy has gotten beds at Decatur West, because at least now there is a place to send them.

Dep. Holmes told a story about an autistic girl that ran away. He explained that law enforcement tries to do the best they can but they need correct information when they go into a situation. They are trying to get dispatchers to get as much information as they can for the officers to use when they go into a situation. The first responders need to know if there are any triggers they need to avoid.

Please let Kelly know if you know of any mental health providers that can help autistic individuals. They are desperate to know of more resources. They are willing to collaborate. It does not have to be a state facility.

Mack wants to know who to follow up on red tape that excludes these people. Who do we talk to? Can it be changed? What is it going to take to change it? If anyone has any information please talk to Kelly or Mack.

Someone mentioned that they had good experience with Glenwood in Birmingham which treats autism in children and adults.

Medicaid Expansion – Dianne Pierson

Dianne has worked with CIT on traumatic brain injury. She has taken the lead on the Medicaid expansion subcommittee. People don't know what Medicaid Expansion is...have to teach people. She wants to make sure she knows what the community needs. She is trying to get in touch with legislators. The bill is sitting on the Ways and Means General Fund desk and no one has touched it since January, so it probably will not get passed this year. Gov. Ivey said she would consider thinking about it. Dianne would like to talk to anyone – pro or con.

Louisiana is the only state in the southeast that has Medicaid expansion. She would like to talk to them to see what it is doing. She would like to find out how Decatur West feels about it and how it might help them.

HB 70 has been enacted!

Mack thanked Diane for taking the lead on this. 60% of all of the nursing homes bills are paid by Medicaid. It is not just for young people. A former governor of Alabama has decided he is for Medicaid expansion. The article is on AL.com and he suggested that COVID relief money could go to Medicaid expansion. The hospital association has been trying to get Medicaid Expansion for so long.

Open Floor

Officer Wade gave a quick update on peer support for first responders. He is trying to arrange for the North Alabama First Responders conference for September 2023. He would love some help in organizing it. He is trying to get a board from all over North Alabama. Any first responders are welcome to the conference.

Next Meeting
Tuesday June 14, 2022
11:00 am at Wellstone

Barriers to Mental Healthcare Access with ASD

Population

Individuals with a diagnosis of Autism Spectrum Disorder (autism, ASD, Asperger's, etc.); children, youth, & adults; especially those with Medicaid coverage

Barriers & Concerns

- **Exclusionary Criterion**
 - Many MH providers will not serve those with a “primary diagnosis” of autism.
 - For those with Medicaid coverage, choices are further limited
 - Primary diagnosis varies by diagnostician or treating provider
 - Presenting or current symptoms of concern are not always related to ASD
 - Autism is a spectrum disorder, so they are not impacted the same and strengths vary. Some individuals could easily participate in traditional therapeutic models.
 - 1:44 (CDC, 2021)
 - 30-61% Attention Deficient Hyperactivity Disorder*
 - ≥50% One or more chronic sleep problems*
 - 11-40% Anxiety Disorders (children & teens)*
 - Estimated 7% (children) & 26% (adults) Depression*
 - 4-35% (adults) Schizophrenia*
 - A little over 1% of general population
- **Restricted Freedom of Choice**
 - Many providers & MHCs require services through an “in-house” counselor or therapist to access med management through the psychiatrist
 - Not all individuals with ASD can participate in this model
 - Not all of these agencies have providers willing to work with individuals with ASD (exclusionary criteria, limited experience/training)
 - Those willing to see the individuals do not always have ample time available
 - Individuals faced with choosing between quality care or med access
 - Risperidone and aripiprazole, the only FDA-approved medications for autism-associated agitation and irritability.
 - Many primary care physicians will not prescribe
- **Crisis Access**
 - Lack of providers
 - Exclusionary criteria can overlook underlying cause of presenting symptoms

Related Issues & System Strains

- Residential Instability
- Repeated Hospitalizations/Commitments
- Exacerbation of Symptoms across Dx
- Law Enforcement Involvement

*Autism Speaks, <https://www.autismspeaks.org/autism-statistics>