



North Alabama Mental Health Coalition

June 11, 2024

Attendees (in person):

Daniel Adamek (Little Orange Fish)	Armih Ahmadi (UAH)	Natalie Arendall (Daniel Foundation)
Sarah Bailey (UAH RAN)	Kim Bigelow (Warrior Wellness Program)	Jennifer Blazer (ALSP)
Annie Brasseale (VOP)	Erwinique Brown (AAMU)	Richard Browning (CID)
Breanna Burgess (Redstone Arsenal)	Darlene Burton (Salvation Army)	Melissa de la Cerda (Wellstone)
Emily Colbert (Wellstone)	Catherine DeCanal (National CAC)	Ed Finn (Wellstone/WES)
La'trisha Fletcher (DHR)	Amy Gillott (Decatur West)	Kelly Goff (ADMH)
Traci Harris (Elm Foundation)	Jessica Hays (Huntsville Hospital)	Rachel Heard (DHR)
Chaniece Hicks (First Stop)	Kim Holder (Not One More Alabama)	Kim Houser (Not One More Alabama)
Lauren Hubert (WES)	Faith Jackson (Thrive AL)	Kati Lang (Amedisys Home Health)
Sammie Laster (GRAMI)	Catherine Lawson (The Drug Free Partnership)	Tammy Leeth (Probate Judge's Office)
Alexis Love (Wellstone)	Cheryl McClendon (Wellstone/WES)	Diane McCrary (NACC)
Laurin Mitchell (Wellstone)	Tealacy Mitchell (Thrive Alabama)	Judith Moon (NAMI)
Connie Oakley (GRAMI)	Letricia Ogutu (Wellstone)	Cheryl Russell (Drug Free Partnership)
Julie Schenck-Brown (Huntsville Police)	Ashley Smith (Salvation Army)	Chief Dustin Spires (Madison Fire)
Paula Steele (Wellstone/WES)	Tony Steelman (The Drug Free Partnership)	Don Webster (HEMSI)

Welcome and Introductions

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

Little Orange Fish – Daniel Adamek

Daniel presented a power point (attached to these minutes) covering the work of the coalition communications effort. He showed a quick history of the “Here for You” program and Little Orange Fish. It is still a work in progress. He showed a Roadmap framework (he has been working on it for almost 10 years) designed to help people navigate through systems of care. The roadmap was a starting point and they worked to try to tailor it to people’s needs. When Daniel started Little Orange Fish, he tried to figure out all the stakeholders and how to facilitate communication between them. He worked on how to help people more quickly navigate through emergency situations.

A couple of years ago, Little Orange Fish tried to map specific systems of care looking at all mental health care providers across north Alabama. He displayed a map that showed the connections of the systems of care.

About 1 ½ years ago, they began putting together a project with help from UAH professors and the Department of Mental Health. The objective was to create a tool that could navigate systems to better satisfy individual needs. They are developing an AI engine to do this and used the Department of Mental Health’s Autism Division as the first test case. They are trying to make searching and finding resources more automated and individualized.

They created a map that showed all the resources for autism in Alabama and it became apparent that there are major disparities in services. This helped inform the building of the model.

Daniel started working several years ago on social determinants that effect homeless community and is still working on that today. He feels that well-being should be achieved by everyone in community and showed a “causal loop map” trying to account for the factors regarding the homeless population.

Social determinants that effect homelessness directly are: feeling safe, social connection, basic needs, security, health, public safety, and shelter insecurity. The objective for Daniel is to help facilitate communication within the coalition to meet the individual needs of the homeless.

Using the test case of the autism work, they are looking at problems of the homeless community.

They are now working with personal interviews of the homeless which they feed into their tools and pull out situational specifics (social determinants). These are cataloged and put into a database to identify needs of the whole community.

Daniel took transcript of a YouTube interview and fed it into the AI program as a test case. The output is a summary of the interview which gives all the specifics and gives a social determinate analysis. All of the codes

are logged in database and the program shows the causal analysis and relationships. Daniel feels that personalizing it is important because it is a reminder that these are real people.

You can just type into the program: “*How can we help Idena?*”. They are trying to build the engine to be more specific to this community.

Daniel used the same tool to pull out topics from meeting minutes of the last 2 ½ years. He showed the output from that exercise. Every topic is assigned a code and a database can be created. This will be made available to coalition. He has tried to set it up so decisions and actions are highlighted as well as social determinants. He is trying to better track what the coalition has been doing for last 2 years. He showed an example of the April meeting including who said what and some actions to move forward on, etc.

Madison County DHR – Rachel Heard

Rachel gave a brief overview of the DHR programs. Their mission is to provide for protection, wellbeing and self-sufficiency of children and adults. There is a financial side and a welfare side.

On the financial side, there is the SNAP (Supplemental Nutrition Assistance Program) that many people know as food stamps. Individuals apply and get food assistance.

Families can apply for the TANIF (Temporary Assistance to Needy Families) program which provides cash assistance. If a relative takes in a child, they can apply for monetary assistance. It is not much; for a family of 3 it is \$344. Parents applying for TANIF have to attend employment programs which train them in the tools they need in order to try and become more self-sufficient.

RESET is a jobs program that helps people to find employment. They work with Calhoun Community College to provide trade or GED classes.

Adult protective service unit helps adults that have been abused, neglected or exploited. They conduct an investigation and try to provide services for them such as getting guardians or other in-home services.

The child care program helps families by providing child care while the parents are at work. They are trying to expand the program especially so they can provide child care during nighttime hours.

Child welfare works with families that have an abused or neglected child or represent a family that is struggling with housing or employment. They also help when the kids have mental health issues and the parents are struggling.

Currently, there are 394 children in foster care. 270 CPS (Child Protective Services) cases where the children are in the home and they are trying to keep them in the home unit or the child is with a relative and they are trying to get them back home. Of the 270 cases, there are 540 children in those families.

Anthony Booth then spoke about the reports that DHR receives. They are available 24/7 to make reports to their intake unit. There is a regular intake unit that works 8 to 5 during the week and then their on-call unit works the rest of the hours. He acknowledged the support of the mobile crisis unit.

He talked about the intake process. A report cannot be made anonymously. They have to have the name, age, date of birth, race, and a working address (so they can mail the follow-up report). Every report should get an outcome letter. Every case is filed under the mother’s name...unless the person was adopted. They need as much information as can be provided to them.

He asked that when you are making reports, please be patient. If you don’t have certain information, just tell them that you don’t know. They need to know who has access to the child. Information about a sexual abuse report is important for their work. They need to know where it happened and when so they can respond appropriately. It is important to know if the person accused of sexual assault is living in the same home as the individual. This information affects the timeliness of their response.

When making a mental health report, give as much history as possible, especially if the child has been in a facility or has been taking medications.

When making reports, Anthony stressed that it is a partnership. Also, when you make a report, give the names of who has firsthand knowledge of the situation (teachers, grandparents, etc.). They want to talk to everyone.

They work with everyone including HEMSI, the Sheriff’s office, etc. to insure the child’s safety.

Don’t be afraid to make a report.

Madison County DHR (256) 427-6200 available 24/7

Don Webster wanted to acknowledge what a good job the DHR does.

Someone asked what to do if you know an adult who has mental health problems and is being abused. You can call DHR (number above) and if no one responds...leave a message.

All mandated reporters are required by law to make a verbal and written report (form 1593).

Chasdity Perry is on the ongoing side of DHR. They get the children after the investigation has been completed. They work with the children in foster homes or wherever they have been placed. One of the biggest barriers to the children getting help is that DHR does not have all of the information that they need. An example is a child in care who is acting out and they think it is behavioral but there could be an underlying mental health issue that they don't know about. They want to make sure the child has all that they need while they are in the custody of DHR.

If a child has autism, they need to know if the child has already been tested. They work hard to try to make sure that the child has their medications and anything else that they need. She asked if anyone has information about how to get autism testing appointments right away, to please let them know. Some of their workers manage 20 kids in foster care. All their kids are on Medicaid and that is a barrier to getting a doctor for them. They work hard to try to make sure get the children get their meds on time.

Someone asked when DHR workers run into barriers if there is there a record of them. They try to get their workers trained to work around the barriers. They communicate any barriers they encounter to the state office.

Chief of Corrections, Madison County Sheriff's Office – Chad Brooks

Chad has been with the Sheriff's department for 30 years and the last 5 years, he has been in charge of the jail. He thanked everyone in the room for their service to the community and the jail.

The Madison County jail is one of the largest in the state (Mobile County has 1400 inmates). We have room for 1220 inmates, but currently 1153 people are in custody (closest they have ever been to full capacity).

The jail is the largest consumer of Madison County financial resources (\$23 million/year to run jail). The jail is funded for 200 employees, but don't have that many (they are always hiring).

They are so big because they are the only jail in North Alabama servicing every law enforcement agency in the county including Huntsville police, Madison police, Triana police, all area police forces, and the University police and state troopers. They take in 60 people per day and release about 40-60 people per day. These numbers increase during the summertime. Once a person is in custody, every need that person has becomes their responsibility.

They provide the needs through contracts. Summit Food Services provides each inmate with 19 meals/week (1150 inmates means \$25K per week to feed the inmates at \$1.16 per meal).

NCIC provide phone services and video visitation. Most importantly, "Southern Health partners" is the provider for health care services. It is the single largest contract Madison County signs annually. Just the in-house care is \$3.5 million annually and for that they get 6 physicians and on-call access to 38 UAB residents who guide the nurses in the facility. A dentist visits once a week. They have 5 Ob/Gyns that make 2 rounds weekly. There are 13 registered nurses in the facility and 15 LPNs. There is a 13-bed ward with as much as can be done inside a jail as possible such as imaging, etc. The medical staff makes the decision as to whether they have to go outside the jail to treat someone. People come to the jail after years of abusing themselves, so they are often very sick and receive treatment inside the jail.

Mental health treatment has always been a focus of Sheriff Turner's. He works to get resources inside the jail.

There is a doctor from Southern Health that oversees the mental health of the inmates. Between $\frac{1}{3}$ and $\frac{1}{2}$ of the inmates are using the mental health facilities inside the jail at any one time. Over $\frac{3}{4}$ of the inmates have substance abuse issues. There are mental health nurse practitioners that come in 8 hours per week to see patients, and they also have 3 dedicated mental health RNs in the jail full time. Their only job is to check in on people who have SMI (Serious Mental Issues). The nurses give daily updates on them if they are in crisis; otherwise it is a weekly update. The inmates with SMI are in a separate area of the jail. Last week there were 63 SMI. They are doing as much as they can to provide a better outcome for these people.

The goal of the jail is care, custody and control (in that order). Their goal is to maintain the inmate's own safety as well as the safety of the officers. They try to make them better.

In addition to the in-house nurses, they also have partners on the outside. Judge Demos handles the mental health court and the jail tries to take full advantage of that. Judge Hundley also has a drug court.

Judge Robinson and Judge Cleveland also work with the jail to get these people where they need to be. Most importantly, Judge Barger has been extremely active in creating a roadmap to success. There is always the impediment of criminal charges that stand in the way of those needing treatment. Judge Barger has created a system that can bypass a lot of that. He works with the district and circuit court judges to provide these people with needed care. Tammy Leeth (from Judge Barger's office) works in partnership with the jail to check on people.

Wellstone is an excellent partner for our jail. Brad sends a list of new jail arrivals every day to Wellstone. They check the list to see who has been to Wellstone in past. Social workers from Wellstone come into the jail and meet with those people and help plan their care. It is good to have someone from the outside come in and see what is going on.

Chad said he did want to mention the success of the jail improving the wellbeing of the inmates. He says he can look at mug shots when they entered the jail and then look at them later (with the camera system in the jail) and can see the progression. The food service does a lot with nutrition and keeping tabs on their diet. You can watch them get better every day. He draws satisfaction from that.

Mack said he wants to make sure that the jail can do what it needs to do, but it shouldn't become a long term mental health care facility. He iterated again that there is no long term mental health treatment facility in the area. He asked Chad if there is something we can advocate for that would help with that.

Chad emphasized that when inmates are in the facility, they are under his and his staff's care. When the court order comes down for them to be released, they must be released; however, the time frame is not specified by law. They have to make arrangements as quickly as they can and they don't want to release them without a place to go. A lot of them are transient and they are limited on where they can go. They face challenges finding places for the inmates where they haven't been banned, miss the time window to get in, etc. If they release them with nowhere to go, they usually end up right back in the jail again.

Someone asked if there are ways to case manage individuals so they don't end up on the streets. Isn't it easier to have a release plan?

Chad assured us that a release process is taking place. They usually know the time frame of when they are going to be released.

Some of the inmates are nonverbal and you can't easily prepare them for release. There is no state hospital for them to go to, so they need options. They get better in jail, but when they are released there is no schedule maintained and they don't stay on their medications.

Tammy brought up that housing is a great need. They are released from the jail and they end up back there because there is nowhere else to go.

Mack brought up that there needs to be a secure long term mental health facility and the state does not have one. The Legislature needs to take action.

Johnny Hollingsworth presented what is going on with the state mental health. There are several new programs coming through the state CIT office (they are working on their website). They are working on 6 to 7 hubs in the state and they are mimicking the receiving programs. A true CIT program must have a receiving center (somewhere for those in mental health crisis to go beside jail or ER).

They are trying to start an evolution of a crisis system, not just training law enforcement. Every 18 months they should do a "Sequential Intercept" map (go through the modules and see how to remove someone with mental health issues out of the judicial system). Alabama does not have pretrial diversion and they are trying to get it here. It is important to deflect people from going into the jails in the first place. They need to start training 911 dispatchers to recognize problems. "Wings Across Alabama" is a 24/7 warmline for someone who is not in crisis, but needs someone to talk to. The telephone number for "Wings Across Alabama" is [1-844-999-4647](tel:1-844-999-4647). It is a peer support helpline.

When you take people to jail, it creates trauma and can create additional problems. You have to have a better system. Johnny has a team that will come in, analyze your system and help you look at 2-5 priorities that need fixing. Once those things are fixed, they look at the next priorities.

They are starting a new emergency training program called "CRIT". CRIT (Crisis Response Intervention Training) is CIT streamlined with IDD (Intellectual Disability Disorder) added to it. This new training is not just for officers, but also for corrections personnel.

They also have a program called CRPT for teachers to deescalate crises in their classrooms. Johnny's group can also come in and do QPR (Question Persuade and Response) suicide training for free. Mental Health First Aid for law enforcement and Mental Health for EMS and Fire training are available (free through 2025).

You have to connect our mental health system with your law enforcement system; they need to work together. Everyone in the state is looking at Huntsville to see how to set up their systems, but strive to keep getting better.

Johnny emphasized that **988** is new suicide and crisis prevention line that needs to be advertised more. We need to get better funding for 988.

He sent 35 people to the international CIT meeting to learn what everyone else in the nation is doing and bring it back to Alabama.

Someone asked about the percentage of jail inmates that have substance abuse history and what is being done to help them. Of the 1153 inmates, $\frac{3}{4}$ of them have been involved with substance abuse. There is an RN that works intake and goes through a medical screening. They can perform tests to detect substance abuse and identify the substance(s) involved. There is a detox protocol; however, narcotics are not allowed in the jail. There are specific places in the jail where they go for detox and the staff does 15 minute suicide checks on them. Several times a day, an RN takes vitals and they are sent to the hospital if needed. Fentanyl has given them the worst problems.

Someone brought up again that the county doesn't have long term supportive care. Crisis Services is awesome but it is always full. Usually the hospital or jail is the only option still.

When the state got out of the mental health "business", it became the problem for the cities and counties.

The CIT people are looking at pretrial diversion. During COVID, they issued criminal summons instead of performing arrests and the jail population got down to only 700. When they are brought in with "probably cause" arrest, the jail is duty bound to take them.

Chad offered the coalition to call or email him with any options or suggestions you can think of:

Chad Brooks office # - (256)532-3448 (direct line). Feel free to leave message if he doesn't answer.

c.brooks@madisoncountyal.gov

The **Salvation Army** has a 24/7 intake number for after hours **(256) 536-9147**

They take people in after hours. They are still open and feeding people. They had to cut out some services because they lost staff (they are hiring). They have temporarily suspended emergency shelter operations. They are still running an extended stay program, drug and alcohol program, and long term in-house care for up to 12 months.

They stopped providing breakfast, but First Stop offers it. They still provide dinner 7 days a week.

Don wanted to alert everyone that the only overnight shelter is Downtown Rescue Mission and a lot of people have been banned from there. That is why you are seeing more and more people on the streets.

NO MEETING IN JULY!

*Next Meeting
Tuesday August 13, 2024
11:00 am at Wellstone*