North Alabama Mental Health Coalition
Meeting minutes for June 10, 2025

Attendees (in person):

Daniel Adamek (Little Orange Fish)
Randy Barbour (City of Huntsville)
Kim Bigelow (Warrior Wellness Program)
Rudolfo Chavez (SVDP)
Bruce Ford (Stepping Stones)
Faith Jackson (Medical Social Work)
Jana Mason
Cheryl McClendon (Wellstone/WES)
Krista Moulton (Therapist)
Alyssa Perry (Wellstone)
Fletcher Wilson (First Stop)

Kelli Arthur (VA)
Edward Becher (Invisible Warriors)
Erica Bradberry (ADMH)
Ofc. Shannon Defazio (Madison Police)
Jennifer Gentry (Long Leaf Centers)
Matthew Kingsolver (City of Madison PD)
Michael Mathis (QUE Training & Wellness)
Laurin Mitchell (Wellstone)
Emanda Oaiz (First Stop)
Paula Steele (Wellstone/WES)
Mack Yates (SVDP/VOP)

Sarah Bailey (UAH RAN)
Nancy Becher (Invisible Warriors)
Melissa Caldwell (Wellstone)
Meesha Emmett (AFSP)
Kelly Goff (ADMH)
Kim Lamar (Magnolia Ranch Recovery)
Marbi McCann (Bradford Warrior)
Amber Moon (Unpack It Counseling)
Leigh Oliver (Thrive AL)
Barbara Wallace (Thrive AL)

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

Mack gave an update on the petition for a long-term psychiatric facility in North Alabama. They are working on getting a meeting together with legislators.

Daniel spoke at a meeting "100 Years of VA Research" last month. He spoke about what the coalition has been doing and about our collaboration with UAB.

Kelli mentioned that the Veterans Response Team hosted a two-day VA-specific training for CIT-trained officers. Members of HPD, Madison City, and Madison County law enforcement officers attended. They are hoping to host another class in the fall.

Two members of the coalition presented information on autism during Huntsville Police Academy training and commented that it was a positive experience.

Krista spoke with a health care organization about the needs of our area first responders, veterans, and others that struggle to find mental health care coverage.

UAB is still looking for individuals to help with their study of suicide and depression (the healthy control group for adolescents is full). Adolescents with suicidal ideation or depression are needed as well as adults.

Both studies are trying to determine if a blood test can predict whether someone is going to become depressed or suicidal (looking at DNA and RNA). The study consists of a screening, questionnaires, and a blood draw … and they will be paid.

Misha is putting together a resource for the community called "The Match". When someone comes in, it would provide a match for what they need with a therapist who provides that kind of therapy.

3. Featured Presentation – Strategic Analysis Framework: A Systems Approach to Advancing NAMHC's Mission - Krista Moulton, LICSW and Daniel Adamek, PhD

Daniel, Mack, and Krista have been working on strategic measures so we can get things done. Daniel reviewed the mission of the coalition including dealing with the issues of mental health that are not working properly or need improvement. We want to figure out why they are not working and work together to improve them.

We considered the different systems of mental health care across the state and tried to put together a framework about where the issues arise and come up with a plan to address them and how they affect and impact one another.

They looked at the domains of mental health and the interdependencies across the domains. We want everyone in the room to be aware of the issues the others in the room are dealing with.

Krista said they have been working hard to give more structure to the coalition meetings. They assigned time parameters for different parts of the meeting and follow the agenda. The agenda is sent out ahead of time to give everyone a chance to look at the items that are going to be discussed.

They have also been working on the website so there is greater access to the information shared at the meetings, as well as to related resources within the community.

Krista talked about the "art" of social change in that you have to be creative when you approach social problems. She wants to know the "why" of what we do. This led to a strategic approach looking at social problems in the community that we are trying to solve. They developed a roadmap for the coalition members to use and get a broader view of all the aspects of a problem.

The 8 key domains that we are working with are:

1. Policy and governments (laws? who's making decisions? coordinating efforts?)
2. Financing and coverage (who's paying for it?)
3. Workforce and gatekeepers (People who give the care)
4. Access and service delivery (how easy is it to get the right care at the right time?)
5. Prevention and early intervention (catch problems early and reduce future crisis)
6. Crisis and acute care (what happens when the emergency is over? Who follows through?)
7. Community supports and recovery (support systems that help people stay well)
8. Data evaluation and quality (tracking results, stops gaps and drives improvement)

Krista asked how organizations are dealing with these domains. Time is a critical resource and many organizations struggle with that. Someone brought up the fact that sometimes the system is not set up to measure the work done. They brought up the example of spending time to help someone avoid a relapse (which would cost more money) is not able to be recorded properly. There is a lack of looking at outcomes. Krista said there is a value to a "lived experience".

Someone brought up the situation that a client of theirs had been trying to get care for a child. Would this be a good example for the coalition to look at to gain experience problem solving? Krista felt like having real time stories of people trying to navigate the mental health system would help the coalition. Krista mentioned that we tend to focus on the negative, but there are a lot of good things coming out of the work we do.

A gentleman spoke that is head of the Family Assistance Center. They go in when a crisis occurs (bad weather, for example) and they see people at the center, and may not see them again. He has four hours to set up a Family Assistance Center anywhere in the state. He is trying to arrange some kind of follow-up to those families in crisis.

Another coalition member mentioned that he didn't see "Advocacy" and "Awareness" in the domain's list. The way we think about mental health needs to change. Everyone needs to be aware of what we do. Krista said that would be covered later in the presentation.

Daniel mentioned that the 8 domains are really the systems that we are dealing with and they want to use these domains to get everyone on the same page and have discussions.

Daniel played a WAFF48 news story, _Inside Alabama's mental health crisis: Two families fighting for change_, about a shooting at a gas station and a stabbing both done by people struggling with mental health issues. In each case, the guardian of the person committing the crimes had tried all the resources they knew of to try to get help for their family member.

Daniel introduced the news stories as an illustrative case study to explore the eight domains Krista had outlined. The cases highlighted key systemic failures, such as complex probate procedures, an unresponsive crisis system, and structural barriers like the age-14 consent law, that ultimately contributed to violent outcomes.

Domain 1: Policy and Governance

The main points of these two stories are the legal age of 14 is the consent age and it will impact the treatment of the young man and then the mother meeting with lawmakers to pitch a county mental health alert system. Why does this matter? There are fragmented consent laws and no cross-county notification system so it leaves the parents to handle crisis situations. The dependencies are: data and quality, community supports, and financing and workforce.

Daniel used ChatGPT to generate ideas that the coalition could do about this crisis.

1. Bundle county commitment date and these family stories into a one-pager, in support of Senate Bill 101 for House concurrence.
2. Get all local judges and people of influence together to put an alert system in place.

Domain 2: Financing and Coverage

The Grandfather in the news story had to relinquish custody for his son to get care for him and the mother didn't have money for the medicines needed. This matters because gaps in access to care can lead to custody loss or emergency admissions to hospitals which raise the cost to the public. The dependencies are governance and data (upstream) and workforce, service delivery and crisis and community domains (downstream).

The individuals in the coalition were asked at the last meeting about areas that they would like to do work on, and we could look at cases like this and see what actions might help.

Domain 3: Workforce and Gatekeeping

The mental health officer told the mother that he could take him, but they won't keep him. This matters because the limited number of mental health officers leaves families without help in a crisis. The dependencies are financing, governance, access to services, and community support.

Daniel pointed out on the screen that the actual policies and statues that are related to these situations are listed in case anyone would like to look into this further.

There was a discussion about how long it takes to get someone in crisis into a facility. It varies from county to county. Johnny Hollingsworth (the first CIT officer for Madison County) spoke about the process in Madison County that deals with getting a person into a crisis facility. Madison County has the infrastructure to handle a person in mental health crisis. Many other counties in Alabama do not.

Johnny went on to explain that each county handles things differently and the stories presented were not in Madison County. Daniel said we need to have these conversations to learn about the situations we are evaluating. These are not going to be the "turn the crank" solutions.

Johnny also brought up the 14-year-old consent. If the person is incapacitated, the parents can make decisions for a child from 14 up to 18 years old. You cannot do a committal unless the person is 19 or older. The committal age needs to be dropped to 18 because they are considered an adult at 18.

Domain 4: Access and Service Delivery

The mother drove back and forth between two counties for six hours. This is bureaucratic ping-pong takes precious time in a crisis situation.

Domain 5: Prevention and Early Intervention

A 13-year-old was flagged only after a suicide letter. Timeliness is important and getting the right treatment at the right time is a recurring theme at our meetings.

Domain 6: Crisis and Acute Care

There are a lack of beds and this leads to early discharge which fuels relapse and public risk. There is a 150-day renewal requirement (applies to both inpatient and outpatient). We need to look at why that is and if there is anything that can be done about it. This is a legislative issue.

Domain 7: Community Supports and Recovery
The probate director reports a 100-day waitlist for group homes after discharge. What happens after they leave crisis stabilization before the group home becomes available. The policymakers are not looking at the details. Daniel feels that we can be effective if we help get the data to show the true stories.

Domain 8: Data, Evaluation, and Quality
Daniel listed the bills that were related to the situation talked about during the meeting.
- The age of consent: that's what Johnny was just talking about.
- The 150-day commitment cap — 105 is the **inpatient**, 103 is the **outpatient**.
- CMS 1115 — that allows Medicaid to fund adult psych stays.
- And then the HCBS waiver — the **Home and Community-Based Services** waiver — the community slot limits for supported housing.

Daniel said this example was to get us talking about situations and how we can look at them based on domains. He feels that this is a valuable method to look at situations and figure out what the coalition can do about them. He left the door open to modify this model based on the recommendation of the group.

The method was summarized on a slide in the presentation. Krista read: "Each domain supports and conditions the other. A well-governed and well-financed system can build a strong workforce and infrastructure, deliver a broad range of services, and invest in data systems. In turn, inclusive policies and engaged communities legitimize and sustain those investments."

Alabama's strategic efforts must therefore be coordinated across all domains to achieve a resilient and responsive mental health system.

That story we showed is an example to illustrate how we can work through those eight domains — and what we need to be considerate of any time we approach a problem. We all need to share the insight each of us has in order to have collective effort and come to solutions.

Mack mentioned that he saw the news story we have been discussing on his computer and attached to it was a report on **"Alabama's Mental Health Landscape at the County Level: A Survey of Alabama's Probate Judges"** — conducted by the County Commission members appointed in 2024, Leadership Program, and an initiative of the Association of County Commissions of Alabama. Page one of the 15-page document listed the number one need of the counties in Alabama (according to 92% of the probate judges) is "More long-term care options and resources, including increased volume of inpatient beds and accountability measures for services provided." The number one priority for mental health care is "Better access to long-term care, including adding more inpatient beds in state hospitals."

Mack listed several examples of probate judges stressing the need for long-term mental health care options. "We're not talking about warehousing people — we're talking about recovery and treatment facilities." Our system currently treats people for days and then puts them out on the street. They end up back at the hospital or jail. It is an endless cycle.

Even with the deaths that are occurring, the hospitals just talk about "stabilizing" people with mental health and that doesn't work. Mack feels like the priorities of the legislators need to include help for the mentally ill.

There are too many laws that make it hard for people to get care, even outpatient care. There is only one long-term mental health facility in the state and that is in Tuscaloosa, and it can take over a year to get in. Another long-term facility in North Alabama would help the situation.

Mack had copies of the first page of the report and the rest is online.

Daniel feels like trying to make the impact on the right people is what we have been working on over the last month. If we think very deliberately and specifically, we can influence the right people to get the laws changed and any other kind of structural impediment that is in the way.

4. Recap and Adjournment

Johnny Hollingsworth spoke about a state law – a "Use of Force" under Title 13. This talks about people with suicide ideation and give parents, wardens, teachers and others, the ability to physically go and detain them. Number 4 actually allows any law enforcement office in the State of Alabama to go "hands on" and do whatever it takes to de-escalate a person who is attempting suicide. This is a law we can use when people are actively looking at suicide. The suicide note talked about earlier in the meeting was enough to justify taking that person to the hospital.

Daniel asked why those tools are not being implemented and how do we help get this information out. Johnny said most of the people don't know this law exists. Someone suggested that more law enforcement officers need to be CIT certified. An EMT spoke up and said he was very grateful to receive this information especially since a situation like this just happened to him.

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Next Meeting
Tuesday July 8, 2025
11:00 am at Wellstone

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Minutes for past meetings can be found at:
https://northalabamamentalhealthcoalition.org/stay-informed

Minutes can be searched and analyzed using the NAMHC is Here for You - GPT:
https://chatgpt.com/g/g-rsEoS1Q7i-namhc-is-here-for-you