



## North Alabama Mental Health Coalition February 11, 2025

### **Attendees (in person):**

Daniel Adamek (Little Orange Fish)	Sarah Bailey (UAH RAN)	Kim Bigelow (Warrior Wellness Program)
Annie Brasseale (VOP)	Amy Bryan (Alliance Huntsville)	Melissa Caldwell (Wellstone)
Blake Carlyon (Pathway Healthcare)	Jamie Collier (Longleaf Recovery)	Roxanne Crawford (Bradford at Madison)
Denise Draa (Living Life Counseling)	Catherine Edwards (Alabama A&M)	Emily Eichhorn (UAH)
La'trisha Fletcher (DHR)	Melissa Foster (UAH)	Jennifer Gentry (Long Leaf Centers)
Traci Harris (Elm Foundation)	Allie Hinchman (Time Wellness)	Kim Holder (Not One More Alabama)
Stephanie Jennings (Best Life Recovery)	Kati Lang (Amedisys Home Health)	Catherine Lawson (Drug Free Partnership)
Beth McAnally (NOMA)	Cheryl McClendon (Wellstone/WES)	Cathy Miller (United Way)
Brian Moran (VFW Post 2702)	Jared Murray (Common Ground Recovery)	Letricia Ogutu (Wellstone)
Haley Pepper (UAH)	Alyssa Perry (Wellstone)	Celina Sanchez (Pathway Healthcare)
Julie Schenck-Brown (Huntsville Police)	Dorchelle Scott-Collins (VA)	Audrey Smith (Tree of Life)
Kendra Tatum (Madison County Schools)	Tiffany Taylor (BVAHCS)	Mack Yates (SVDP/VOP)

### ***1. Welcome and Introductions – Daniel Adamek***

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

Traci Harris from the Elm Foundation made an announcement about the upcoming Community Connections meeting next Thursday February 20<sup>th</sup> at the downtown public library. The topic will be mental health and they already have a large number of people coming.

Mack introduced Jeff and Terry Deason who've requested help for their niece who is living with them. She has cognitive disabilities and has lost the ability to function on her own. They are looking for resources to take care of her - possibly a group home. They came to the meeting to network and find care for her. Please contact Terry at (256)-813-8540 if you have any ideas. Someone suggested 305 8<sup>th</sup> Street.

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

Daniel showed a table based on last month's meeting where coalition members mentioned areas of interest to them. He came up with basic areas of action for the coalition that were mentioned. The purpose of the coalition is to facilitate collaboration and get resources for those dealing with serious mental illness. We have been meeting for over 10 years and have tried various approaches to facilitate communication.

Daniel identified several broad areas on which to focus: access to care (making sure people can use the resources out there), availability of services (what services are out there), community and peer support groups, continuum of care and systemic coordination, crisis response & emergency services, education & outreach, policy related activities, and research and data related activities. He used the names of people that spoke at the last meeting and assigned everyone to one of these areas of focus. He will make this information available on the website if the coalition does not object.

### ***3. Review of Action Items 2024 In Review – Daniel Adamek***

He encouraged engagement with the website and asked for feedback and ideas for the website. What is the best avenue for people to get feedback (through the website or by other means)? Daniel asked for specific ideas for the website. Should we provide a calendar? Should we provide access to the materials presented at the meetings? Should there be a forum with a suggestion box? These suggestions were met with a positive response. Someone mentioned that the couple that spoke at the beginning of the meeting would benefit from a feature like that.

We already have a box for comments on the website. Daniel is looking for something useful to help the coalition to form teams and get things done outside of the meetings.

Someone asked if there is a categorized list of resources on the website. Daniel said not at the moment. She explained that Not One More Alabama has this and that is the biggest draw for them on their website.

Daniel said he would love to get information from all of the coalition members and put it on a resource page on the website. He encouraged members to email him with their information so he can put it on the website.

Daniel's email: [daniel@littleorangefish.org](mailto:daniel@littleorangefish.org)

Someone spoke up and said they would appreciate having pictures of people in the coalition to go along with names so they could see who to talk with about different issues. Daniel said he would be glad to add that for anyone that would agree to it. Contact Daniel if you are interested in this.

#### **4. Featured Presentation – Kelli Arthur and Maria Mackall, Huntsville VA Clinic**

Kelli Arthur works for the Birmingham VA healthcare (which covers Huntsville as well) and she does community-based interventions for suicide prevention. Not all veterans come into the clinic, so they partner with other community resources to help veterans. Maria Macall is a social worker in the Huntsville VA Clinic and she is one of the suicide prevention coordinators (she is one of seven coordinators). Maria handles the calls that come in and will get help to the veteran within a day after the call. She also follows up with veterans at risk for up to 90 days, making sure they get to appointments and have safety plans. They offer VA S.A.V.E. training to community groups – an hour-long suicide prevention program. The S.A.V.E. Training is offered virtually, but you can contact Maria about live training.

Huntsville VA clinic offers all kinds of healthcare for veterans including audiology, mental health care, optometry, radiation, pharmacy and women's health care. They want to work together in the coalition and provide access to care and know what's available. Sgt. Shilt handles the veterans' response team. They have a VA dispatch team that can deal with emergencies whether the veteran is in pre-crisis, or in crisis.

*Call to Action* - Kelli suggested that service providers make sure they question whether or not this person is a veteran when they are doing intake forms. Sometimes you have to be careful how you ask that question. You don't have to just use the VA if you are a veteran. They can be directed to other resources, but we need to fill the gaps.

*Call to action* – Kelli had flyers available with 4 QR codes: 1- where are services available, 2- how to enroll, 3- “Don't Wait. Reach Out.” that will get you to specific resources, 4- financial resource center (help with utilities, loans, etc.). These flyers could be placed in areas where people are waiting. Flyers were on the table and Kelli asked that people send pictures to the VA of where you place the flyers.

Veterans Response program # **205-212-3963**. This number is for the VA Dispatch which is housed in Birmingham, but has connections across the state.

Krista asked who to contact if someone is identified as a veteran or a spouse of a veteran. John Pinion is the VA outreach coordinator who will walk them through the process, discuss eligibility, and even take them to appointments. VA Outreach Coordinator **John Pinion** – (205)435-1953

Tiffany Taylor is from the Birmingham VA and she works with the Healthcare for Homeless Veterans program. They are one of the few VAs nationwide to get a mobile medical unit (Big Blue Van). Their mission is to find vets on the street and give them help. They are based in Birmingham, but they do cover Huntsville. They can provide emergency housing for veterans in Birmingham, but in Huntsville they will help them find permanent housing. Tiffany would like to partner with members of the coalition to help locate homeless veterans in the area. Dr. Collins can provide basic health screenings in the mobile unit, but they try to get them to the VA clinics to get more services. If you see a need in the area, just call her and let her know where to bring van.

Someone asked if this could become a recurring visit. Tiffany said they do that in Birmingham where they partner with the homeless shelters. They want to be more available in the Huntsville area.

Daniel asked about the process for getting help at the mobile unit. Tiffany said the person has to be a veteran to receive help from them. Besides medical help, they have clothing and food boxes as well.

Krista mentioned that there are several organizations in the Huntsville area that help homeless people to get IDs. She said she would give Tiffany the contact information.

They want to learn more about where the homeless are in Huntsville and would appreciate any help in locating them. Veterans that are in shelters or recovery centers are still considered homeless.

Someone asked if they can get the veterans to the center in Birmingham. There is a shuttle that runs from Huntsville to Birmingham. There is no mental health inpatient center on their campus, so they either go to the Tuscaloosa VA treatment facility or out into the community mental health centers where they have contracts.

VA Mobile Medical Unit Request contact **Tiffany Taylor** (205) 240-8446 or [tiffany.taylor7@va.gov](mailto:tiffany.taylor7@va.gov)

### ***5. Directed Discussion and Gap Identification – Mack Yates***

Mack has been on the road over the last several months and was able to get every sheriff in North Alabama (16 counties) to sign his petition for a long-term mental health treatment facility in North Alabama. The Chief of Police in Huntsville and Madison also signed it as well as judges and others.

Mack read the petition (the petition text is included at the end of these minutes). The petition notes that the closest long-term mental health facility is in Tuscaloosa, and those with mental health or substance abuse issues have nowhere to go in North Alabama. Because of this lack of long-term facilities, it is a burden on community resources, so most of the people end up in jail (which is costly for the counties). In Madison County, the average jail population of 1127 has 270 (24%) inmates on some mental health protocol. For medication, food and housing of these individuals with mental health issues, the cost is over \$14,000 per day or over \$5 million annually.

Currently all long-term mental health beds (534) are located in Tuscaloosa for the whole state. With a population of over 5 million, that works out to be about 100 beds per million people.

The petition requests that the legislature take immediate action to provide a long-term treatment and rehabilitation facility in North Alabama for those with serious mental illness and substance use disorders.

Mack had sheets for organizations and individuals to sign the petition.

Daniel asked where does petition ultimately land. Mack says they're going to have a meeting in Montgomery with legislators within the next month.

Someone asked the definition of long-term inpatient treatment. Mack explained that the length of time of treatment is decided solely by medical personal, not the administration.

Another person asked if this would include involuntary commitment. Mack said it would involve everyone and would not be restricted. He was not sure of the number of beds because he said that still had to be worked out.

Mack said there is a possible offer of a 10-bed unit in North Alabama, but that is still being worked out and a lot more beds are needed.

Someone was wondering if there is an expectation that some people may need to be there forever. Mack said that's what Bryce is. We are not warehousing them, but offering treatment recommended by psychiatrists. There will be hearings all the time (every 6 months or yearly).

Another person brought up that substance use treatment is only voluntary by law in Alabama. Are we going to try to change the law to help those with substance abuse and mental illness? Mack said that is a "long term evolutionary question". If it is a person with dual diagnosis (substance abuse and mental health disorder), this might help those people.

### ***6. Recap and Adjournment – Daniel Adamek***

Daniel encouraged people to read the minutes. All the minutes are up on the website from the past three years. He will try to implement suggestions made at the meeting on the website.

*Next Meeting  
Tuesday March 11, 2025  
11:00 am at Wellstone*

# PETITION

(3 minute read)

There is no long-term Inpatient Treatment and Recovery Facility in North Alabama for those suffering from Serious Mental Illness (SMI) and, or Substance Use Disorder (SUD). Because of this, SMI and SUD individuals are caught in a seemingly endless cycle of:

**ER/Hospital, Short Term Treatment Facility, Streets, Jail, Streets**, and the cycle repeats in one order or another.

This endless “pass on and out” cycle impacts not only those suffering from SMI, SUD, and their families, it also puts a major social and economic burden on our **communities, law enforcement, public safety, jails, streets, our mental health providers, ERs, hospitals, first responders, courts and increases our homeless populations.**

It is also very costly for the sixteen (16) counties that make up North Alabama, whose jails continue to be the largest inpatient facilities for SMI and SUD individuals.

In Madison County alone, of a total average jail population of 1127, 24% or 270 inmates are currently on some level of mental health protocol, and are prescribed medication. The medication cost at this level is \$4400.00 per month. These medication costs, plus housing, food, etc. for these 270 individuals totals a whopping \$14,850.00 per day, \$445,500.00 per month and \$5,420,250.00 annually. Our law enforcement officers and our jails should not be forced to be the largest inpatient providers of treatment for SMI and SUD individuals.

Currently all long-term inpatient beds are in Tuscaloosa:

- Taylor Harden                      140 beds      Tuscaloosa
- Bryce                                      268 beds      Tuscaloosa
- Mary Harper (Geriatric)    126 beds      Tuscaloosa

**Total = 534 beds**

**534 beds for a state population of over five million people. Approximately 100 beds per million people, all in Tuscaloosa.**

Therefore, we the undersigned of this Petition, call on our Alabama State Legislators, our Governor, and the Alabama Department of Mental Health to take immediate action to establish a long-term inpatient facility in North Alabama for treating and rehabilitating those suffering serious mental illness (SMI) and, or, substance use disorder (SUD).