North Alabama Mental Health Coalition

Meeting minutes for August 11, 2026

Attendees (in person):

Kelsey Acevedo (Hopeful Counseling)
Sarah Bailey (UAH RAN)
Annie Brasseale (VOP)
Darlene Burton (Salvation Army)
Traci Harris (Elm Foundation)
Kathleen Leonard (ALCPC)
Beth McAnally (NOMA)
Krista Moulton (Therapist)
Eryn Pynes (Wellstone)
Zachary Sheeley (Sheeley Counseling)
Don Webster (HEMSI)
Mack Yates (SVDP/VOP)
Daniel Adamek (Little Orange Fish)
Dr. Randy Barbour (City of Huntsville)
Amy Bryan (Alliance Huntsville)
Jen Dawson (Aliya Health)
Linda Howe (Just Serve)
Lucy Lollar (Best Life)
Cheryl McClendon (The PDFC)
Leigh Oliver (Thrive AL)
Deidre G. Roberts (ADMH Autism Services)
Holly Strayer (SSCAL)
Kendall Williams (First Stop)
Dr. Anupama Yedla (UAB Medical Center)
Shayenne Arehort
Erica Bradberry (ADMH)
Mark Burnett (NAMI)
Loyd Eaves (The PDFC)
Kimberly Lamar (Magnolia Ranch Recovery)
Dr. Clinton Martin (UAB Medical Center)
Brian Moran (VFW Post 2702)
Sarah Perry (Partnership for a Drug Free)
Audrey Rushing (Not One More Alabama)
Scott Thompson (ALC)
Latisha Wilson (ADMH)

1. Welcome and Introductions – Mack Yates

Introductions are important because you can find out who you need to talk to.
Mark Burnett from NAMI mentioned that they are starting a new family support group in September at the South Huntsville library. It will be the second and fourth Monday nights at 6:00 pm.
Brian Moran (VFW) announced that he will be starting a support group for veterans, first responders and their families on the second and fourth Wednesdays of the month. He had flyers available.

2. Coalition Updates – Daniel Adamek

Daniel worked on the calendar which is on the website (Daniel demonstrated on the screen how to locate it). Please let Daniel know of any information that needs to be added to the calendar. Daniel@littleorangefish.org

The Mental Health Task Force is meeting Thursday in Montgomery at 11:00 at the State Building. Mack will be attending the meeting.

Daniel asked if there were any revisions to last month's minutes. If there are any revisions to the minutes, Daniel will ask for them at the following meeting, make the revisions, and then copy them to the website. Daniel showed us on the screen how to get to the minutes. Don approved July's minutes and it was seconded.

The Children's Policy Council did the needs assessment survey. They also provided information on community accomplishments to the state. The following items were recognized: NAMI has started back up in Madison County, Wellstone has extended their age range for care, the "Handle with Care" Program from NCAC (helping children who have experienced traumatic events), and they also recognized the work Mack has done on petitioning the state for a long-term mental health facility in North Alabama.

Daniel reminded everyone about a report that is attached to the agenda that reflects the issues that we are working on in the coalition. Please share any accomplishments or barriers that you have encountered.

RAN is hosting Project Impact the first week in October in Tuscaloosa. Please contact Sarah if you are interested in a scholarship to attend. sarah.n.bailey@uah.edu

Holly from Shattering Silence mentioned that people are having difficulty getting guardianship for their loved ones and then it is often not being honored. They have to go back to court and then it is recognized, but extra steps have to be taken incurring time and expense. The organizations are still saying that it is a HIPA violation. CAJA has had similar problems with court orders. Sometimes the language is too broad. Some organizations will accept the wording while other organizations require a specific HIPA document. Attorneys may be needed

to get better descriptions of what is and isn't included. Mack mentioned that a lot of people in mental health on the front lines don't realize what guardianship is. It is an educational problem across Alabama.

NAMI has been doing family support meetings (first and third Tuesday nights) at Heritage Church off of County Line Rd. They have now arranged for additional family support meetings to be held at South Huntsville Library on the second and fourth Monday nights at 6:00 pm.

They have some Connections group meetings in Athens, but would like to see more. They average 3-6 family members coming to the meetings (mostly moms).

Mark mentioned that it would be good to have some kind of state registry for guardians. Currently, if the police come, you have to have the papers available showing guardianship. He has run into situations where pawn shops still sell guns to his son. You have to show guardianship papers at each gun/pawn shop individually. It would be good to have a statewide registry. Rep. Moore said in 2019 they activated a prohibitive database for felons, etc. to prevent them from purchasing firearms. He suggested that maybe they could have guardianship added to that database.

Dr. Barbour mentioned that there are meetings going on to open up more mental health beds. He said an announcement would be coming soon.

Mack heard that probate has slowed down involuntary commitments. He heard that Huntsville Hospital wanted the slow down, but he's not certain. He feels like this needs to be investigated.

Dr. Yedla feels like the holdup is related to the precommitment (72-hour hold). The doctors ask for a petition and the court stalls on it. She said that patients are having to stay longer than 72 hours waiting for the court to act on the petition. Once the petition is accepted, they become responsibility of the probate court.

Don asked for guest speakers to speak about probate and when involuntary commitment is needed. Dr. Yedla said she could speak on that topic. Mack asked Tammy to come and speak and she said there was nothing new to say.

3. Featured Presentation – Mental Health, the DSM-5 and the Probate Court – Dr. Clinton Martin, UAB School of Medicine

Dr. Martin is from UAB and they now have a psych residency program. He offered to have the residents partner with local community groups if needed.

DSM-5 is the guide for mental illness diagnosis. It was introduced before WWII. Initially it was used for gathering data for US Census to determine what numbers in the population have mental illness. DSM-5 has gone through various updates over the decades. The DMS-5 now requires that professionals look at functional impairments as well. Alabama law is specific about what functional impairment is. For example, anxiety is not a disorder unless it interferes with your daily life.

Because of an Alabama law in 2022, judges are required to assess a person with mental illness by looking at their psychosocial, medical and psychiatric history as well as their symptoms. Physicians tend to see a person in a vacuum, so they are required by law to get a history that the patients often won't give. They often use collateral such as a family member to get the history they need.

Dr. Martin gave an example of a patient that was going to be released and then he found out that the patient was suicidal that morning. Sometimes decisions are made at one specific time. There is pressure to release people

to free up beds, however, the law is clear – you do not have to have imminent act of harm. Real and present danger is sufficient justification for admittance.

Dr. Martin told us about some real cases of why it is important to get collateral information. For example, a young man came in and was very polite, but Dr. Martin sensed that there was more to the story. He got the parents in and they told him that the young man was delusional. He encourages his students to get collateral information because often there is more to the story.

The law is clear if you have definite actions or can't take care of yourself then the physician is legally required to treat them for mental illness. They qualify for an involuntary commitment.

Alabama law in 2022 also defined the threat window. Often there are red flags prior to seeing the doctor and those issues need to be considered. Dr. Martin gave an example of an alcoholic who came in and said they weren't drinking that day, but had previously lost a job and gotten divorced as a result of excessive drinking. The threat window is now 2 years. He sees people who do well while they are receiving treatment. However, when they stop treatment, they are back to square one.

People who have mental illness may not see the benefits of taking medications. The onus is on parents or others to make sure there is patient follow-up.

Involuntary commitment can also be outpatient. The patient goes from being locked up and followed in the hospital, to no supervision when they are released. We need something in between – some kind of oversight.

The law in 2022, allows for law enforcement to transport individuals to a mental health facility if they are unable to meet their needs. If a trained professional feels like they need to be admitted, it should be done.

Dr. Martin talked about schizophrenia. He showed a graph with age versus cognition. After the initial onset of schizophrenia, there are peaks and troughs. We think that people are more compliant as they get older and they reach a plateau. The Neuro protective medicines provide a coating on the brain. Unfortunately, they lose cognitive functioning after the first onset. The first drop off happens in the first 2 to 5 years after onset, and once that happens, they rarely come back to the baseline. They can get better, but not as usual. After the initial onset – they are having symptoms 14-16 months *before* an active breakdown. There are red flags (dropping out of school, behavioral issues, etc.) to screen for, however, the symptoms are not crystalized and there could be other factors (being a teenager, depression, etc.). It takes a lot of collateral and time to gather the information.

There is no blood test for mental illness, however, in research, the brain changes are very clear. White matter in the brain is low in COS (Childhood Onset Schizophrenia), and the surprising find is that their siblings also have lower white brain matter compared to the general public. Genes do play a role, so it is important to get the history.

Dr. Martin showed a slide of normal brain versus a brain with COS. There have been advances in seeing brain function and they can measure the grey matter in a brain. The brain develops back to front and is not fully developed until the age of 25. The back part is the emotional part of the brain and the front part is the logical part.

In COS, there is the same back to front pattern for the loss of grey matter. They are gradually losing the grey matter part of the brain which helps them to think logically.

When he is assessing patients, he has to talk to the patients in simple terms. What do you think of this treatment? What happens if you don't do it? What alternatives are there? Their reality testing will be off when they answer simple questions.

The important thing to remember is that having a mental illness doesn't negate anyone. Competence is context and time specific. People with mental illness can be very competent.

The law clearly states that functional impairment is needed for involuntary commitment. If they cannot meet basic survival needs, they can be assessed as mentally ill.

The statutory criteria are: a DSM-5 diagnosis, real and present danger, likely to decline without treatment, inability to make rational choices, and confinement (only if there is no safer alternative). If there are safer alternatives available (such as outpatient commitment), that would help more people.

Dr. Martin gave an example of the case of Garrett where his actions justified involuntary commitment.

He wanted to discuss how Alabama law compares to other states. Alabama law is actually broader than the laws in many other states in that you don't necessarily need to have imminent harm. He found that laws concerning mental health do not necessarily follow political lines. Alabama and Virginia have similar laws whereas Texas, Florida and California are similar. Alabama does not include personality disorders in mental illness definitions, unless it is severe.

Alabama does not allow involuntary commitment for substance abuse; however, as of 2024, if you have a co-occurring substance use disorder with a primary mental illness, you can qualify for involuntary commitment. There is data to show that substance use disorder is very often co-occurring with mental illness.

First responder training for handling mental illness, autism, and other invisible disabilities is now mandatory in Alabama.

Dr. Martin showed different cases that were the benchmarks for creating the laws. In the 1970's, the court said you have constitutional rights for adequate treatment, even if you are involuntary committed. Alabama law does take the rights of all into account. In the late 1970s, judges are required by law to assess for dangerousness, not just mental illness. You have to show that they cannot survive on their own. In the late 1980s, they said that anyone (including those who are involuntarily committed) do not automatically make irrational decisions. They want the physicians to engage the patients in treatment decisions.

Dr. Martin's contact information is:

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Next Meeting
Tuesday September 8, 2026
11:00 am at Wellstone