Signs of Mental Health

50 YEARS OF MAKING A DIFFERENCE

Dates for 2016 Interpreter Institute Announced

See page 15

Volume 12 Number 4 December, 2015

Alabama Department of Mental Health
Office of Deaf Services
P.O. Box 301410, Montgomery, Alabama 36130

In This Issue

Signs of Mental Health
ADMH, Office of Deaf Services
James V. Perdue, Commissioner
Steve Hamerdinger, Director
P.O. Box 310410
Montgomery, AL 36130
steve.hamerdinger@mh.alabama.gov

On The Cover:

Surrounded by Commissioner Perdue and Associate Commissioners Boswell, Bell, and Tarver, Governor Robert Bentley signs the Proclamation commending DMH for 50 years of service. Story on Page 4

Help Wanted
Join Our Team

Job Announcement: Regional Therapist
Office of Deaf Services
Alabama Department of Mental Health

Mental Health Specialist II (Regional Therapist) SALARY RANGE: 74 ($39,290.40 - $59,517.60)

Work Location: Deaf Services Region III Office, Mobile, Alabama

QUALIFICATIONS: Master's degree in a human services field, plus experience (24 months or more) working with deaf individuals in a human service setting.

Human services field includes the following disciplines: Social Work, Psychology, Criminal/Juvenile Justice, Special Education, Sociology, Speech Education, Rehabilitation, Counseling, Speech Pathology, Audiology, Nursing, Physical or Occupational Therapy, and any related academic disciplines associated with the study of Human Behavior, Human Skill Development, or Basic Human Care Needs.

NECESSARY SPECIAL REQUIREMENTS: Must have near native-level signing skills equal to Advanced Plus level or higher in American Sign Language (ASL) as measured by a recognized screening process such as the Sign Language Proficiency Interview (SLPI). Must have a valid driver's license to operate a vehicle in the State of Alabama.

This is a highly responsible professional position within the Office of Deaf Services involving direct clinical services supporting deaf consumers and community mental health programs that have deaf consumers in their caseloads.

The person in this position will be responsible for providing direct clinical services to deaf individuals, advocates with other mental health agencies in support of deaf individuals who need services, arranges or supervises the arrangement of interpreter services to support service provision for deaf individuals, and serves as a liaison between the Alabama Department of Mental Health and community service providers located in the Coordinator's service region. This position will work under the direct supervision of the Director of the Office of Deaf Services

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES: Knowledge of mental illness and the effects thereof upon individuals who are deaf or hard of hearing (D/HH). Knowledge of psychotropic medications, their use and side effects. Thorough knowledge of deaf culture. Knowledge of American Sign Language. Knowledge of community mental health and community substance abuse service providers. Ability to utilize computer, internet resources, and various software packages. Ability to communicate effectively both orally (i.e. spoken English or American Sign Language) and in writing. Ability to acquire understanding of visual-gestural communication approaches used by consumers who are dysfluent. Ability to establish and maintain contact with other agencies, the general public, and community providers.

See more openings beginning on page 17.

Schafer Joins ODS to Provide Psychology, Earn Doctorate

Kent Schafer, MA, MSE, NCSP, has joined ODS as the Statewide Psychologist. He began his duties September 1, 2015. He is based at Bryce Hospital and fills the position vacated by Frances Ralston, Ph.D. when she retired in June, 2014. The position has been vacant since that time.

Schafer most recently served as the School Psychologist at the Wisconsin School for the Deaf, a position he held from August, 2009. He has also worked for the Illinois Deaf and Hard of Hearing Commission as a Project Coordinator.

A diligent student, Schafer looks forward enrolling in the University of Alabama to complete his Ph.D. in clinical psychology. Commenting about joining ODS, Schafer told *SOMH*, "If you asked me back in January of 2015, if I would like to live in the south, the answer would be 'Huh?' At that time, I was a licensed and certified school psychologist working in a residential school. I had a license to practice in a school setting, was about to finish up my certification for the department of public safety and begin a private practice in Wisconsin. I was approached by the director of the Alabama Department of Mental Health's Office of Deaf Services with an intriguing pitch. 'Come work with me in Alabama,' he said. With the blessing of my wife and family, nine months later, here we are. The state of Alabama Department of Mental Health continues to believe in me. I am happy to be the person Alabama chose for their 'grow their own' psychologist with an emphasis in direct service delivery with sign language."

"We are excited to have Kent here and are looking for great things from him in the years ahead," said Steve Hamerdinger, ODS Director.

Settling in Tuscaloosa with his wife, Brean, and daughter, Alanah, Schafer has been exploring what the town offers. Reportedly, the family is liking what they are finding, although they are not quite ready to declare themselves Tide fans… yet.

Schafer is an avid Disc Golfer (www.discgolf.com/team/kent-schafer/) and instructor, who wants to introduce other deaf people to the pleasures of disc golf.

DEAF SERVICES DIRECTORY

Central Office
Steve Hamerdinger, Director, Deaf Services
VP: (334) 239-3558
Text: (334) 652-3783
Charlene Crump, State Coordinator Communication Access
Office: (334) 353-7415
Cell: (334)324-1972
Shannon Reese, Service Coordinator
VP: (334) 239-3780
Text: (334)-294-0821
Kent Schafer, Statewide Psychologist
VP: (205) 409-4858
Text: (334)-306-6689
Joyce Carvana, Administrative Assistant
Alabama Department of Mental Health
P.O. Box 301410 (Mailing Address)
100 North Union Street (Physical Address)
Montgomery Alabama 36130
Main Number: (334) 353-4703
FAX: (334) 242-3025

Region 1
Kim Thornsberry, MA, CRC, Therapist
VP: (256) 217-4308
Text: (256) 665-2821
Interpreter, Vacant
WellStone Behavioral Health
4040 South Memorial Pkwy
Huntsville, AL 35802
Office: (256) 705-6347
Cell: (256) 684-5589
VP: (256) 217-4308

Region 2
Therapist, Vacant
Sereta Campbell, Interpreter
Taylor Hardin Secure Medical
1301 Jack Warner Parkway
Tuscaloosa, AL 35404
Cell: (334) 328-7548

Region 3
Therapist, Vacant/Recruiting
Lee Stoutamire, Interpreter
AltaPointe Health Systems
501 Bishop Lane N.
Mobile, AL 36608
Office: (251) 461-3447
Cell: (251) 472-6532
VP: (251) 281-2258

Region 4
Scott Staubach, LPC -S, Therapist
VP: (334) 239-3596
Text: (334) 324-4066
Wendy Darling, Interpreter
Montgomery Area Mental Health Authority
2140 Upper Wetumka Road
Montgomery, AL 36107
Voice: (334) 279-7830
Cell: (334) 462-4808

Region 5
Brian McKenny, Interpreter
P.O. Box 301410
Montgomery Alabama 36130
Office: (334) 353-7280
Cell: (334) 462-8289

Bryce Based
Katherine Anderson, Interpreter
Communication Specialist, Vacant

50th Anniversary of the Alabama Department of Mental Health Commemorated

By Peggy Olson

MONTGOMERY – Governor Robert Bentley commended the Department of Mental Health on its 50th Anniversary at a special proclamation signing event on October 1, 2015. Governor Bentley and Commissioner James Perdue praised the efforts of a packed crowd of department employees to provide Alabamians with mental health care.

In his remarks, Governor Bentley said "the Alabama Department of Mental Health is commended on its 50 years of service. The department has made great strides in services offered to those with mental illness. For those who have intellectual and developmental disabilities, we have prioritized treatment in the community instead of an institution. The employees at the Department of Mental Health have made a real difference in the lives of people they serve. As we move into the next 50 years, I am confident the Department of Mental Health will build on the momentum and continue to be a beacon of progress for services to those with mental illness."

After noting that he had been in his position for 90 days so far, Commissioner Perdue said "I am grateful to serve as Commissioner of the Department of Mental Health during this historic occasion. Our current success as a department can be credited to the combined efforts of many who have gone before us. I believe it is important to recognize and honor their dedication and courage. I consider it a privilege to lead a new era of innovation and creativity in the delivery of mental health services in Alabama."

The signing event included a reading of the proclamation by Senate Clerk Dowe Littleton and an unveiling of a commemorative coin designed for the anniversary. The signing event marks the start of a celebratory month for the department. A copy of the proclamation will be presented to the central office in Montgomery and to each of the three facilities in Tuscaloosa. Additional commemorative events will take place toward the end of October where Commissioner Perdue will address the future of the department and the commemorative coins will be distributed.

(Continued next page)

Top right: Commissioner James Perdue listens as Governor Robert Bentley addresses the staff of the Department of Mental Health.
Above: Wendy Darling (left) was the ODS interpreter during the signing of the Proclamation. Others on the stage were Kim Boswell, Associate Commissioner for Administration, Dr. Beverly Bell-Shambley, Associate Commissioner for Mental Health and Substance Abuse, Courtney Tarver, Associate Commissioner for Developmental Disabilities, Randall Houston, District Attorney of the 19th Judicial Circuit of Alabama, Commissioner Perdue. Seated: Governor Robert Bentley

History of the Department of Mental Health and its Influence on the Mental Health System in the United States

- In 1965, Act 881 formed the Alabama Department of Mental Health with a commissioner appointed by the governor. Until that time services were managed by the hospital superintendents. Over the next five years the state made steady improvements with the emergence of several more community mental health programs. The progress, however, was woefully inadequate to meet growing demand.

- The lack of minimal standards of care and rising demand for services reached a crisis point in 1970. At that time the hospitals and residential facilities were overcrowded, short staffed and underfunded. Bryce Hospital, for example, had more than 5,000 patients with only three psychiatrists. A lawsuit, known as *Wyatt v. Stickney*, was filed in federal court and became the catalyst for change across the nation.

- Through rulings associated with the Wyatt case, U.S. District Judge Frank Johnson, Jr. and succeeding judges mandated minimum standards of care. These essentially reduced census in facilities, established basic patient rights and encouraged the development of the community mental health system as an alternative to institutionalization.

- In December 2003 U.S. District Judge Myron Thompson, Jr. terminated the Wyatt case. More than 98 percent of individuals with mental illnesses who receive services through Alabama's public mental health system are now served in community-based care, and institutions have been downsized to serve a census of hundreds rather than thousands.

State of Alabama Proclamation by the Governor

WHEREAS, the need for a state psychiatric facility in Alabama was recognized, and legislation was passed in 1852 to establish what is presently known as Bryce Hospital; and

WHEREAS, in 1900, legislation was passed to establish a second facility to serve a more Alabamians. Utilizing the Mount Vernon Arsenal land deeded by the federal government to the State of Alabama for public use purposes, this second psychiatric facility became known as Searcy Hospital; and

WHEREAS, in 1919, legislation was passed to establish a facility to care for individuals with mental retardation. The facility was named W.D. Partlow Developmental Center; and

WHEREAS, in 1965, the Alabama Department of Mental Health was created to coordinate mental health care services statewide; and

WHEREAS, in 1967, a statewide network of community care was needed and the Alabama Legislature passed legislation to enable local governments to form public corporations to provide mental health services in the community; and

WHEREAS, the lack of minimal standards of care, in addition to the rising demand for services, eventually reached a crisis point in the department. The hospitals and residential facilities were overcrowded, short staffed and under-funded. In 1970 the lawsuit, Wyatt v. Stickney, was filed in federal court and became the catalyst for change in the delivery of mental health services in Alabama and across the nation; and

WHEREAS, the Wyatt case concluded and 33 years of federal oversight ended in 2003. Key changes with the end of the Wyatt case included: mandated minimum standards of care, established basic patient rights, encouraged the development of the community mental health system as an alternative to institutionalization and reduced the patient population in the facilities; and

WHEREAS, the Department of Mental Health in Alabama is an example, known throughout the United States, for treating individuals with mental illnesses with dignity and respect, as envisioned by Dr. Peter Bryce, Alabama's first psychiatrist to work at Bryce Hospital; and

WHEREAS, the Department of Mental Health embraces community living for as many as possible through the expansion of services and funding to its statewide network of service providers and the deinstitutionalization of all individuals with intellectual disabilities:

NOW, THEREFORE, I, Robert Bentley, Governor of Alabama, do hereby commend

The Alabama Department of Mental Health on its 50th Anniversary.

Important New Language Access Legal Developments

By David B. Hunt, J.D.
President and CEO of Critical Measures.
Reprinted with permission of the author.

Federal regulations pertaining to language access have not changed significantly since August, 2003. Now however, it appears that significant changes are pending.

Briefly, the Department of Health and Human Services (DHHS) is currently taking comments on draft rules and regulations pertaining to section 1557 of the Affordable Care Act ACA). Section 1557 is a "non-discrimination" provision that prohibits discrimination in health care or health coverage on the basis of race, "color", national origin (including immigration status and English language proficiency). The proposed rule combines and harmonizes existing, well-established federal civil rights laws and clarifies the standards that HHS would apply in implementing Section 1557 of the Affordable Care Act.

As these proposed changes apply to national origin discrimination (and hence to immigrants and Limited English Proficient patients), the major changes are as follows:

- **Existing federal regulations require the use of "competent" interpreters when providing care to Limited English Proficient patients. The new, proposed regulations require the use of "qualified interpreters".** Existing regulations stress that oral interpreters must be "competent." According to DHHS, "competency requires more than self-identification as bilingual." While formal certification is "not necessary, it is helpful." Specifically, competency requires "demonstrated proficiency in both English and the target language; knowledge of specialized medical terms or concepts; understanding and adherence to interpreter confidentiality and impartiality rules and adherence to the role of interpreter without deviating into other rules such as counselor or legal advisor." Under the new draft rule, a "qualified interpreter" is defined as an individual who adheres to interpreter ethics including client confidentiality; and who, via a remote interpreting service or an on-site appearance, has demonstrated language proficiency; and can interpret effectively, accurately and impartially including knowing specialized [medical] terminology." Presumably, to be a qualified interpreter one must first have gone through some qualification process. This point is underscored by "the fact that an individual who has above average familiarity with speaking or understanding a language other than English does not suffice to make that individual a qualified interpreter for an individual with limited English proficiency."

- **Under the proposed new rule, the use of minor children as medical interpreters is specifically prohibited**. The only exception to this proposed rule is "an emergency involving an imminent threat to the safety or welfare of an individual or the public where no qualified interpreter is immediately available."

- **The proposed new rule also adopts substantial limitations on the use of adult family members and friends as medical interpreters**. According to the proposed rule, an adult accompanying an LEP individual may not be relied on to interpret "except in an emergency or if the LEP individual specifically requests the accompanying adult interpret or otherwise facilitate communication." However, such an adult may not be "qualified" (within the new definition of the term) even if the patient wants the individual to interpret because the adult may not have sufficient (demonstrated) language proficiency or knowledge of medical terminology in both languages. Thus a health provider should likely have a qualified interpreter available, in addition to the accompanying adult, to ensure effective communication and compliance with this regulation as well as Title VI.

- **Bilingual staff without formal training in medical interpreting may not be qualified to serve as medical interpreters.** According to the proposed rule, "because the definition of a qualified interpreter includes adherence to generally accepted interpreter ethics principles, bilingual or multilingual staff who are competent to communicate directly with individuals with limited English proficiency may not satisfy a requirement to adhere to such principles." The proposed rule continues: "For instance, a bilingual nurse who is competent to communicate in Spanish directly with Spanish-speaking individuals with limited English proficiency may not be a "qualified interpreter" if serving as an interpreter would pose a conflict of interest with the nurse's treatment of the patient."

- **The proposed new rule adds a specific provision designed to prevent discrimination on the basis of "association"**. In practical terms, this means that family members, spouses or same-sex partners of LEP patients who are themselves LEP must receive access to a qualified medical interpreter

if needed. Similar non-discrimination provisions would apply to a Deaf or Hard of Hearing family member, spouse or same-sex partner of Deaf and Hard of Hearing patients, thereby guaranteeing them access to qualified ASL interpreters.

- **Illegal to require an individual with limited English proficiency to provide his or her own interpreter during medical encounters.**

- **Patient are not required to accept (free) language access resources offered by providers. However, providers "cannot coerce individuals to decline language assistance services**."

- **In the past, hospitals, clinics, physicians' offices, dental clinics and other providers were encouraged to voluntarily create Language Access Plans. Under the proposed new regulations, such plans would be mandatory**.

- **Designated Employee**. Covered entities (providers who receive federal funds from Medicare, Medicaid or SCHIP programs) with at least 15 employees would be required to designate at least one employee to carry out certain specified responsibilities under Section 1557 of the ACA.

- **Grievance Procedures**. Covered entities (providers who receive federal funds from Medicare, Medicaid or SCHIP programs) with at least 15 employees would be required to provide grievance procedures (with appropriate due process standards) to resolve any disputes regarding actions prohibited under Section 1557 of the ACA.

- **Public/Patient Notice Requirement**. All covered entities will have to take initial and continuing steps to communicate with beneficiaries, enrollees, applicants, and the public about its nondiscrimination policies. Entities must provide a notice encompassing seven factors, including that the entity does not discriminate (on the basis of national origin, immigration, language and disability and other factors) and that it provides appropriate interpreters and auxiliary aids and services, free of charge, to ensure effective communication for individuals who are LEP or have a disability. These notices must include taglines in the top 15 languages spoken nationally. These notices must be included in "significant publications" and posted in "conspicuous physical locations where the entity interacts with the public." In particular, such notices must be accessible from the organization's website.

- **Training on the new regulations is not required but is expected by DHHS**. While the draft regulation does not "require" training, DHHS "assumes" that covered entities and providers who receive federal funds "will provide a one-time, one-hour awareness program on section 1557 of the ACA to 40% to 60% of employees who interact with the public. Further, the DHHS also "assumes" that covered entities and providers who receive federal funds "will want to offer more comprehensive training to employees" and will recognize that there is "value" in "refresher" training. DHHS will be providing sample training materials to providers once the final rule has been adopted.

- **Remedies**. Individuals who experience discrimination under section 1557 of the ACA may file an administrative complaint with the HHS Office for Civil Rights. In addition, Section 1557 is enforceable through the courts, and individuals who suffer discrimination can pursue that course of action in addition to or in lieu of filing an administrative complaint.

- **Penalties, Enforcement Actions**

- **Remedial action may be required both of a covered entity that engaged in unlawful discrimination and organizations that exercise control over the entity that discriminated.**

Critical Measures is a management consulting and training organization specializing in cross-cultural health care. Mr. Hunt is a former employment law and civil rights attorney. He is a sought-after national speaker on issues of racial and ethnic disparities in health care and one of the nation's top experts on the law of language access in healthcare. Hunt has delivered major presentations on The Law of Language Access for the American Bar Association, the American Hospital Association and the International Medical Interpreters Association. Critical Measures conducts legal language access audits for prominent national health plan and multihospital system clients and has created the nation's first CME accredited e-learning program on the law of language access for medical providers.

Notes and Notables

Katherine Anderson, staff interpreter at Bryce Hospital, passed her National Interpreter Certification exam recently. Anderson is also an LGSW, which makes her especially valuable in the hospital setting. Congratulations.

Over the weekend of November 13 -14, *Brian McKenny* gave a workshop on interpreter ethics in Albuquerque, NM. He has given this workshop several times over the past few years.

After more than 11 years on the job, *Dawn Vanzo* is moving on to other adventures. She was among the first people hired to work in Deaf Services. At the time, the regional staff were all employed by the mental health centers. In 2005, she officially joined ODS when the regional staff were made state employees. Her departure leaves a huge vacancy to fill.

MHIT Enhances Online Presence and Tools

Alabama's Mental Health Interpreter Training program has made several changes this fall to better support its mission.

The most visible change is a totally redesigned website, www.mhit.org. The old site was dated and difficult to maintain. The new site is cleaner and easier to navigate. The changes seem to be well received. Several comments have been received along the lines of, "Your new website looks great!"

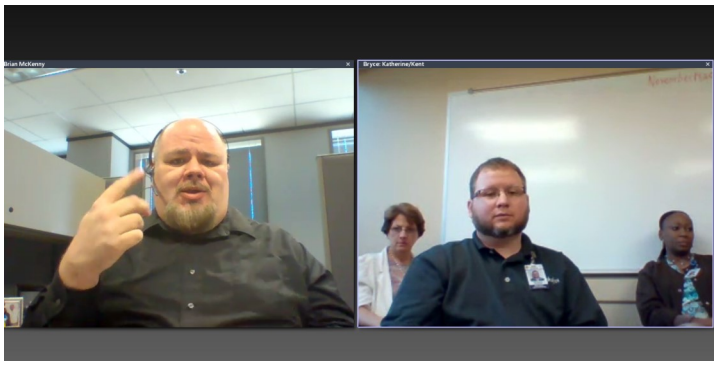
In conjunction with the new website, a YouTube Channel was set up for MHIT related videos. Over the coming months, it is hoped that a number of training and informational videos can be made and uploaded. (See https://www.youtube.com/channel/UCrorv-xu76u5ru5nca3bwHQ)

Another major enhancement is the availability of real web-based videoconferencing. Through an arrangement with ADARA, ODS' partner in running MHIT, a license to use Citrix's "GoToMeeting" videoconferencing platform was purchased. MHIT has also made it available to ODS for use for meetings and remote interpreting.

The purchase of the license was intended to make MHIT's bi-monthly Online Training more user friendly and to allow participants to see the presenter. In effect, this part of MHIT is now a webinar.

It quickly developed into a much-used tool for staff meetings, remote interpreting, and job and Sign Language Proficiency Interviews, among other things. Having the ability to do remote meetings, including having our interpreters interpret some meetings remotely, will help the staff be more productive. In this case, they would be able to spend less time in a car and more time working with consumers and completing projects.

It has already paid off in making communication access available to our staff during a times when interpreters are called into crisis situations. Recently, an all-day high level meeting at Bryce Hospital attended by both Steve Hamerdinger and Kent Schafer, had Katherine Anderson, ODS staff interpreter at Bryce, and Sereta Campbell, ODS Region II interpreter, schedule to interpret. During the course of the meeting, several codes were called, resulting in the need to pull one of the interpreters out of the meeting.



Brian McKenny (right) in Montgomery, interprets a critical staff meeting at Bryce Hospital in Tuscaloosa, as Kent Schafer contributes to a quality of care discussion. Although there are interpreters in Tuscaloosa, if they are involved in consumer care, difficult choices have to be made. Remote interpreting for the staff allows live interpreters to focus on consumers.

In the past, this would have led to unpalatable choices. One of the interpreters could go long (in one instance it was over an hour), the deaf participants could have excused themselves, or the meeting could have been held up. Thankfully, other staff ODS staff interpreters could step up and fill the gap remotely. Five different interpreters were used over the course of the eight - hour meeting.

While remote interpreting is not a novel concept, the ability to use staff interpreters, who are familiar with the lingo, the settings, and the players involved, is a tremendous boost to the

Remote interpreting is not the only, or even the most common use of the platform. Staff conferences and training are more frequent.

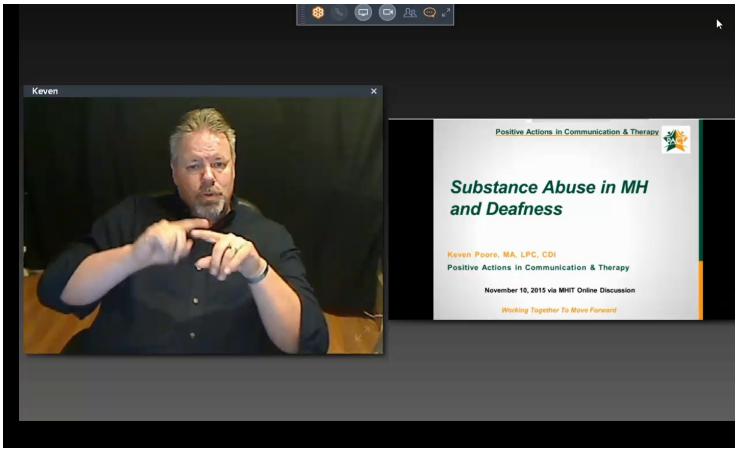
(Continued on page 9)

MHIT Enhances Online Presence and Tools

(Continued from page 8)

MHIT's bi-monthly Online Training (MHOT), which has been in operation since 2005, has heretofore been text based. While it did provide equal access for hearing and deaf participants, it had drawbacks. True presentations were difficult in a totally text-based environment, hence the online training was structured as "pre-reading" of some article –usually authored by the moderator – and a live question and answer period. Now, the training consists of live presentations in ASL, making it more immediate.

Intended as a clinically focused training, the MHOT series is approved for RID CMP units and selected clinical CEs. There is a modest annual registration fee. For more information, see http://www.mhit.org/online-learning.html.



Keven Poore provides a lecture on Substance Abuse among deaf people with Mental Illness in the first Mental Health Online Training to be held using the Citrix platform

ODS Winter Staff Meeting and Training Focuses on Technology and New Techniques

For the past several years, ODS has had a training event for the staff over a two day "mini-retreat" in Montgomery. This year, Michael Deninger, Ph.D, provided an in-depth training on Eye Movement Integration.

During the afternoon of December 17 and the morning of December 18, Dr. Deninger worked with ODS staff and other ASL-fluent clinicians in Alabama, to teach new techniques in working with deaf consumers. It also marked the first time that ODS has used GoToMeeting for an interactive staff training.

Eye Movement Integration (EMI) is an innovative and effective treatment for posttraumatic stress disorder (PTSD) and other difficulties stemming from highly emotional memories.

> *EMI treatment reactivates the natural healing processes of the brain through guiding the client through a series of eye movements. These movements permit the brain to reorganize the "charged" information in a healthy way, by diluting the original memory with counterbalancing positive information, thus liberating the emotional charge. In this way, EMI circumvents the habitual patterns of thought and avoidance that keeps the person stuck in the trauma response.*
>
> *This neuro-therapeutic technique produces very rapid results, freeing the client from the problematic effects of overwhelming experiences. The technique is applicable not only to major traumas, (such as rape, sexual abuse, domestic violence, victimization or witnessing of abuse or crimes, war or natural disasters), but also to any situation that may result in a chronic and uncontrollable emotional reaction. While effects vary between individuals, the use of EMI, if practiced by a competent therapist, will assist the client to more fully integrate their trauma and can help speed the therapeutic process along considerably compared to 'talking therapies' alone.* (www.nicomulder.net/eye-movement-integration-therapy)

Following a 25-year career at Gallaudet University, including positions as Dean of the Clerc Center and as a Graduate Professor, Dr. Mike Deninger embarked on a new career as a Licensed Professional Counselor. He is now a leading proponent of the use of Eye Movement Integration™ for the treatment of acute and chronic post-traumatic stress, phobias, situation-specific anxiety and negative or self-limiting thoughts. He has worked with hundreds of physical and sexual assault victims, childhood sexual abuse survivors, 9-11 first responders, police, fire and EMS officials and survivors of accidents and natural disasters.

These winter trainings differ from the annual clinical training in that they are highly specific to experienced ASL-fluent

(Continued on page 18)

As I See It

Over Thanksgiving, I binge watched "The Man in the High Castle," an Amazon Studios alternate reality series examining what life in America might be like had the Axis Powers won World War II. Being something of a history buff in general, with a special interest in World War II, the premise caught my attention. It's dark and gloomy, focusing on the seemingly inherent depravity of people.

In one scene, the protagonist, Joe Blake, is passing through the middle of the "Greater Nazi Reich" (the eastern two-thirds of continental United States) on his way to the "Neutral Zone," when the truck he is driving develops a flat tire. A local police officer, pulls over to help him change the tire. As he does so, ashes began falling like snow. "Oh, it's the hospital," the cop says. "Tuesdays, they burn cripples, the terminally ill — drag on the state."

Scene from "the Man in the High Castle"

This small town cop, who stops to offer help to a stranger and shares his lunch with him, is of the type found in rural communities throughout the heartland of America. He is friendly, kindly, and an apparently "moral" person who is not immediately suspicious of people. In short, he is a Normal Rockwell portrait of the friendly police officer. The totally blasé manner in which he makes the comment is discombobulating. To him, it is perfectly normal to burn the societal detritus. This was a gut punch. Good people can learn to accept bad things as normal.

No, this isn't fiction. There really was an effort by the Nazis to exterminate all "Useless Eaters." According to a 2010 article appeared on the BBC website, SeeHear,

> *It's estimated that some 17,000 deaf people were sterilised between 1933 and 1945 - the youngest was only 9 years old. Given that there was no national register of deaf or disabled people in Germany,* ***many were given over to the authorities by teachers of the deaf - the very people trusted with their care and support****. Some Nazi educationalists even began to question the right of deaf children to be educated at all, believing the education of the 'inferior' to be wasteful.*

The right of deaf children to be "educated" in the United States is defined by regulations issued pursuant to P.L. 94-142 as reauthorized. In particular, "Free and Appropriate Education" is an Orwellian manifestation of "what is the very least we can get away with?" In *Board of Education v. Rowley*, the U.S. Supreme Court ruled that IDEA does not require states to develop IEPs that **"maximize the potential of handicapped children."** Another important ruling established by a case called *Walczak v. Florida Union Free School District* in 1998 asserts that children are not entitled to the best possible or even an education that would equipment them to succeed as adults. They are only entitled to an education in which *di minimus* progress can be shown. And progress can be defined however the local officials would like. The entirely predictable result of this is a 50% unemployment rate among the deaf population.

This creates a "society-wide bigotry of low expectations." It's really the "Pygmalion Effect", or more accurately, its theoretical counterpart, the "Golem Effect" If society doesn't expect deaf people to be productive and self-sufficient citizens, it is unlikely they will invest the time and energy to provide them with the level of education and training needed to effect that end. This creates a self-fulfilling prophesy, wherein otherwise capable deaf people become "useless eaters."

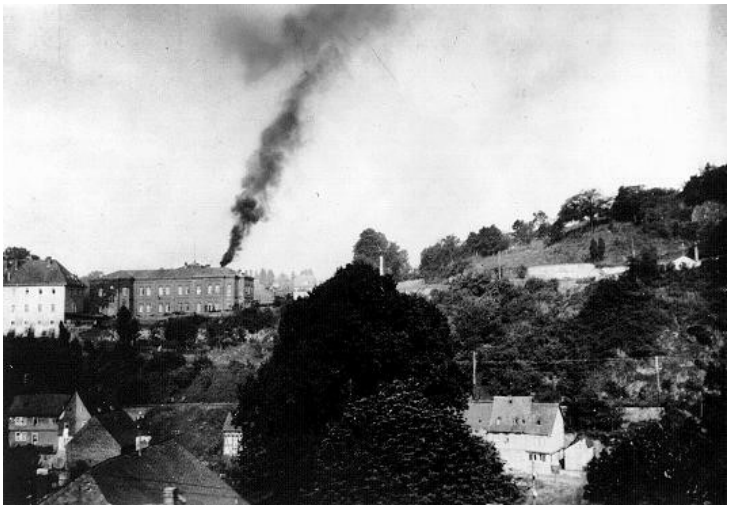
> *In 1939, the Nazi policy towards deaf and disabled people took an even more sinister and horrific turn. Hitler decided that Germany should be rid of 'useless eaters' and that deaf and disabled children should be killed. New-born babies with physical 'defects' were removed from their mothers and killed. Children who were judged to have mental or physical disabilities were taken to special*

(Continued on page 11)

AS I See It

(Continued from page 10)

> *children's wards and killed by lethal injection or starvation. The parents were often informed that their children had died of natural causes. It is estimated that nearly 2000 deaf children were killed in this way.*



Smoke from the chimney at Hadamar, one of the Nazi euthanasia centers, c.1941.

I am not going to delve into the ethics of prenatal screening for disabilities and selective abortion. It is enough to note the parallels. The only difference is whether the elimination of the potentially deaf baby is pre or post-natal.

But it doesn't stop there. That same year, 1939, saw the creation of the T4 program, which:

> *[T]argeted disabled and deaf adults living in institutional care homes. A questionnaire was filled out for each resident to indicate who should be removed to the hospital killing centres in Germany and Austria. The residents were never examined by a qualified doctor – the questionnaire was, in effect, the person's death warrant.*

The long arc of history here is toward the dispersion of deaf people from specialized programs where they have a chance to learn skills needed to succeed. Instead, for the greater good, of course, they are spread out ("mainstreamed") into places where they are unable to communicate with others around them ("Least Restrictive Environment") and thus become a "drag on society." They are "accommodated" only to the extent that they can be passed on to the next grade. Should the deaf student protest this arrangement much, the next placement is an alternative school for those with behavior disorders.

Uneducated, unemployable, with poor to non-existent social skills, using the only (maladaptive) skills that the system allowed them to develop, they are then picked up and placed in modern day institutions for the mentally defectives, which we call county jails now.

Given the ever-increasing acceptance of John Hardwig's "duty to die" theories, we wonder how long it will be before deaf people are prejudged "useless eaters" who have a "burdensome illness" and thus should be put down "for the greater good."

In the TV series, the Neutral Zone was a place that those who were considered undesirables might find refuge. For years, the mental health system in Alabama has been such a place. Here the language was respected and the culture valued. For the past decade, Alabama has been the place deaf people pointed to as a model for how the system should be structured.

Alas, the "Big Medicine" system is trying to adopt models that have been proven detrimental to deaf people with mental illness. Under the guise of "more efficient spending, states are doing away with state operated care and giving responsibility to large "healthcare" organizations to manage care. Tennessee. Oregon. Ohio. All paragons of excellence, so we are told by our hearing betters have relegated deaf citizens to inaccessible, inappropriate care.

Alas, we are seeing that it's perfectly normal to expect deaf people to accept these changes. I have seen hearing people say that with cochlear implants, deafness is a choice and as such they deserve no special treatment. "Implant all and let Gaia sort them out" seems to be the attitude held by many, especially in the otorhinolaryngology field. I have led ground rounds where a psychiatric resident stated there was "no need for interpreters and all that crap. Just medicate them and be done with them."

With the integration of "behavioral health" with the decidedly unsympathetic medical system to the Deaf Community as a cultural and linguistic minority, we wonder how long it will be before the ashes start falling for deaf people with mental illness. ***As I See It***, in this nightmare for the deaf community it is unlikely that Tagomi will wake up on the park bench.

The trouble with Hanlon's Razor (Never attribute to malice that which is adequately explained by stupidity.) is that it does not take into consideration people who are both stupid and malicious…

- Anonymous

Friends of Deaf Services, 2015 Christmas Gift Drive

"It's easier to take than to give. It's nobler to give than to take. The thrill of taking lasts a day. The thrill of giving lasts a lifetime."
— Joan F. Marques

Each year, the Friends of Deaf Services (FODS), which is a project of the Alabama Association of the Deaf, operates a Christmas gift campaign for mentally ill deaf consumers who are in residential programs around the state.

The elves from ODS were busy collecting gifts donated by people from around the state. Standing, left to right: Scott Staubach, Brian McKenny, Kent Schafer, Charlene Crump. Kneeling, left to right: Lee Stoutamire, Wendy Darling, Kim Thornsberry, Shannon Reese. Sitting: Sereta Campbell

FODS compiled a list of gift requests from deaf people in community programs throughout the state. A list was compiled and sent out through social media and email list serves. Within a week-all of them were filled by supporters from all over the state. This remarkably quick turnaround was unprecedented.

The kindness of donors out there wanting to make the holidays a brighter one for people in community programs is heartwarming. Most of the consumers have no family so this is a great way to show them that they ARE our family. Each one of them matters and it shows through your kindness.

The elves (ODS staff) are always a big help in gathering the gifts and delivering them to the proper people near Christmas. It isn't an easy feat but they do it with a smile on

their faces because of the joy it gives consumers.

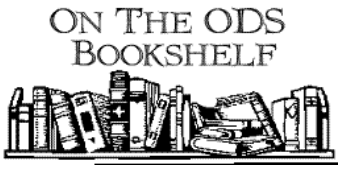
Any contributions left over from the drive was placed in the Friends of Deaf Services fund to be used for requests next year (2016). AAD is a 501.c.3 organization so all contributions are fully tax-deductible. FODS also provides assistance throughout the year, helping consumers financially with things for which they may not otherwise have resources.

AAD has been supporting FODS since it's beginning. Most recently, an evening social was held in conjunction with the National Association of the Deaf Leadership Training Conference, which was held in Birmingham, September 25—26. The event, billed as a mixer, was a fund raiser, and half the proceeds were earmarked for FODS.

That is an example of one of the various ways the Deaf Community supports the efforts of FODS. The annual Christmas gift drive is another. All are deeply appreciated by the people served by ADMH and ODS.

Many thanks to those who contributed to the 2015 Christmas Drive:

Aley Konesky
Several Anonymous Donors
Anonymous Donors of JBS Mental Health Authority
Brian McKenny
Carrie Meriwether
Charlene Crump
Ginny Bowling
Joy, Michelle, Suzanne, Jennifer, Diane, Teresa
Karen Gunter
Katherine Anderson
Kathy House
Netra Myrick
Sereta Campbell
Shannon Reese
Shawn Register
Steve Hamerdinger
Tammy Noblitt
Wendy Darling



Important Recent Articles of Interest

Stone, A., Kartheiser, G., Hauser, P. C., Petitto, L. A., & Allen, T. E. (2015). Fingerspelling as a Novel Gateway into Reading Fluency in Deaf Bilinguals. PloS one, 10(10), e0139610.

Studies have shown that American Sign Language (ASL) fluency has a positive impact on deaf individuals' English reading, but the cognitive and cross-linguistic mechanisms permitting the mapping of a visual-manual language onto a sound-based language have yet to be elucidated. Fingerspelling, which represents English orthography with 26 distinct hand configurations, is an integral part of ASL and has been suggested to provide deaf bilinguals with important cross-linguistic links between sign language and orthography. Using a hierarchical multiple regression analysis, this study examined the relationship of age of ASL exposure, ASL fluency, and fingerspelling skill on reading fluency in deaf college-age bilinguals. After controlling for ASL fluency, fingerspelling skill significantly predicted reading fluency, revealing for the first-time that fingerspelling, above and beyond ASL skills, contributes to reading fluency in deaf bilinguals. We suggest that both fingerspelling—in the visual-manual modality—and reading—in the visual-orthographic modality—are mutually facilitating because they share common underlying cognitive capacities of word decoding accuracy and automaticity of word recognition. The findings provide support for the hypothesis that the development of English reading proficiency may be facilitated through strengthening of the relationship among fingerspelling, sign language, and orthographic decoding en route to reading mastery, and may also reveal optimal approaches for reading instruction for deaf and hard of hearing children.

Rostami, M., Movallali, G., Younesi, J., & Abbasi, S. (2014). Mental rehabilitation based on positive thinking skills training on increasing happiness of boy hearing impaired adolescents. Indian Journal of Fundamental and Applied Life Sciences, 4(2), 290 -294.

Researchers from Tehran, Iran conducted a small experimental study with the belief that a positive thinking intervention tool may be beneficial. 24 students with hearing loss were involved. The intervention appeared to improve happiness according to results from their Oxford happiness questionnaire. There is potential for psycho-education intervention to help students with hearing loss.

Stamp, R., Schembri, A., Evans, B. G., & Cormier, K. (2015). Regional Sign Language Varieties in Contact: Investigating Patterns of Accommodation. Journal of Deaf Studies and Deaf Education, env043.

Research from United Kingdom explored the feasibility of lexical accommodations from different regions (Belfast, Glasgow, Manchester, and Newscastle. 25 candidates were selected and asked to exchange information in their native regional sign language. The evaluation was measured by observation and recognition of different dialectal signs. One interesting aspect was that the younger signers were more willing to accommodate during the task than the older signers. The relationship between regional sign language may help others understand how accommodation contribute to language change.

Kuenburg, A., Fellinger, P., & Fellinger, J. (2015). Health Care Access Among Deaf People. Journal of Deaf Studies and Deaf Education, env042.

15 years of literature review (2000-2015) regarding access to health care for the deaf. Significant challenges in communication as well as gaps in global health knowledge for the deaf are highlighted. There is concern on marginalization. Improving Deaf+Health Care appear to be: provide visual communication, use technology, provide cultural awareness training, put emphasis on programs that improve Deaf community awareness or models of primary health care for the Deaf.

Carvalho, C., Monteiro, C., Martins, N., Nunes, L., Pereira, A., Rodrigues, A., & Barroco, J. (2015). The challenges of teaching statistics to deaf students. Into Knowledge: New Opportunities for Statistics Education, 139.

Qualitative study that explored pedagogical strategies to approach statistics contents with students who have hearing loss. This was conducted at a Portuguese elementary school. Five teachers and three researchers collaborated on the teaching approach, bilingualism, and the use of visuals. They designed two interventions to use on six deaf students and twenty hearing students. Group discussion occurred after each intervention. Results appear to prefer individualized

(Continued on page 16)

Sometimes hearing people can do really stupid stuff! If any of you dear readers have something to contribute, send the item or link to the Editor at SOMH@mhit.org.

Say What???

In *Atlas Obscura* recently, there was an enlightening article on the process of how movie titles and dialog change over the course of translation. The article, "How Movie Titles Get Lost In Translation," written by Dan Nosowitz, was amusing as well as informative.

> *Before American Hustle (2013) was an Oscar-winning film, it was an unproduced screenplay floating around Hollywood with the "aggressive" title of American B***s***, according to Screenshadow.net. It's not hard to imagine why the name was changed. But it is less clear why, in China, American Hustle was translated as 美国骗局: literally, "United States Cheat Bureau," according to the language learning service Babbel.*
>
> *In Malaysia, for example, the movie Austin Powers: The Spy Who Shagged Me was re-named something more like Austin Powers: The Spy Who Behaved Very Nicely Around Me, thanks to Malaysia's extremely strict censorship and profanity regulations. Sometimes titles are changed thanks to literal tastes; Cloudy With a Chance of Meatballs, in Israel, goes by Geshem shel Falafel, or Rain of Falafel.*

You will want to read the whole thing, of course.

When ASL interpreters are working, some of the same kinds of challenges crop up. Differences in thought-worlds, conceptualization, cultural experiences, and other factors, all make interpreting challenging.

To these challenges we must add another: language deprivation.

Some Folks Just Won't Learn...

From www.nj.com we learn of the umpteenth iteration of this particular story.

N.J. Health Facility Pays $35K for Denying Deaf Man an Interpreter

An East Orange medical rehabilitation center has paid $35,000 to a hearing-impaired patient for denying him a sign language interpreter he requested numerous times during a lengthy stay last year, acting Attorney General John J. Hoffman said.

During his 39-day admission at the Park Crescent Healthcare & Rehabilitation Center in East Orange in March 2014, Thomas Snyder of Newark and his sister repeatedly asked for an American Sign Language interpreter, but the facility staff said no, according to the attorney general's office. A social worker at the center also made the request on Snyder's behalf.

In addition to paying Snyder, Park Crescent has also agreed to assess every new patient to determine whether they need special accommodations, use a conspicuous label highlighting their needs, and identify an employee who will be charge of these efforts. The facility is barred from charging patients extra fees for these services, according to Hoffman's statement.

A call to Park Crescent was not immediately returned.

We don't suppose we would be too eager to talk to reporters, either, if we were called out on such an egregiously dumb move.

Some Folks Just Won't Learn, Verse 2...

A federal judge has granted class-action status to a lawsuit brought by deaf inmates alleging the Illinois Department of Corrections violates their civil rights.

The complaint, first filed in 2011, claims deaf and partially deaf prisoners have limited access to sign language interpreters, hearing aids and other accommodations. Attorneys say the result is exclusion because the prisoners can't communicate. That means effectively missing religious services, court-mandated classes, medical visits and in some cases, emergency evacuations.

Plaintiff George Childress, 60, is serving time at Dixon Correctional Center. He uses sign language to communicate, is completely deaf in one ear and uses a hearing aid in the other. According to the lawsuit, Childress gets an orange, peanut butter and bread nightly because he

has diabetes. Once, a warden saw the food and accused Childress of stealing it, the lawsuit states.

Childress was unable to explain why he had the food because of his disability so "the warden took the food and gave Mr. Childress a ticket. As punishment, Mr. Childress was deprived of his commissary privileges for 15 days," according to the lawsuit.

Inmates are routinely handcuffed during disciplinary hearings, which prevents them from using sign language to defend themselves. The Department of Corrections has denied requests from prisoners for a visual system that would alert them to safety announcements and fire alarms, the lawsuit states. Accessible telephones and closed-captioning on televisions are not always available to deaf inmates.

These things routinely happen in Alabama as well, even in locked psychiatric wards. While ADMH operated hospitals have policies to prevent such violations of human rights, many non-DMH operated units do not. Source: http://www.nbcchicago.com/news/local/Judge-Class-Action-Status-Allowed-in-Deaf-Inmates-Lawsuit-332170252.html#ixzz3tjjMbzlK

2016 Interpreter Institute Dates Set July 25—29, 2016

The 14th Annual Interpreter Institute will run July 25—29, 2016, in Montgomery, Alabama, it was announced on Friday.

Traditionally held around the beginning of August, the 2016 Institute will be moved up one week to better accommodate interpreters who may be under contract to schools and colleges that begin in early August.

The application packet should be available on the website by the January 1.

There was a lengthy waiting list of people who passed screening for the 2015 Institute but could not be accommodated. Interpreters interested in applying are urged to do so early, as the class is expected to fill up very quickly.

As in years past, the Institute will be held at Troy University in Montgomery. MHIT leaders inform SOMH that they are planning to bring back the Alumni track with even more special topics and speakers.

Questions may be directed to info@mhit.org,

Current Qualified Mental Health Interpreters

Becoming a *Qualified Mental Health Interpreter* in Alabama requires a rigorous course of study, practice, and examination that takes most people nearly a year to complete. It involves 40 hours of classroom time, 40 hours of supervised practica and a comprehensive examination covering all aspects of mental health interpreting. *(Alabama licensed interpreter are in Italics)* ***Denotes QMHI- Supervisors***

Charlene Crump, Montgomery*
Denise Zander, Wisconsin
Nancy Hayes, Remlap
Brian McKenny, Montgomery*
Dee Johnston, Talladega
Lisa Gould, Mobile
Gail Schenfisch, Wyoming
Dawn Vanzo, Huntsville
Wendy Darling, Montgomery
Pat Smartt, Sterrett
Lee Stoutamire, Mobile
Frances Smallwood, Huntsville
Cindy Camp, Piedmont
Lynn Nakamoto, Hawaii
Roz Kia, Hawaii
Kathleen Lamb, North Carolina
Dawn Ruthe, Wisconsin
Joy Thompson, Ohio
Judith Gilliam, Talladega
Stacy Lawrence, Florida
Sandy Peplinski, Wisconsin
Katherine Block, Wisconsin*
Steve Smart, Wisconsin
Stephanie Kerkvliet, Wisconsin
Nicole Kulick, South Carolina
Rocky DeBuano, Arizona
Janet Whitlock, Georgia
Sereta Campbell, Tuscaloosa*
Thai Morris, Georgia
Lynne Lumsden, Washington*
Tim Mumm, Wisconsin
Patrick Galasso, Vermont
Kendra Keller, California*
June Walatkiewicz, Michigan
Melanie Blechl, Wisconsin
Sara Miller, Wisconsin
Jenn Ulschak, Tennessee
Kathleen Lanker, California
Debra Barash, Wisconsin
Tera Vorphal, Wisconsin
Julayne Feilbach, New York
Sue Gudenkauf, Wisconsin
Tamera Fuerst, Wisconsin
Rhiannon Sykes-Chavez, New Mexico
Roger Williams, South Carolina*
Denise Kirby, Pennsylvania
Darlene Baird, Hawaii
Stacy Magill, Missouri
Camilla Barrett, Missouri
Angela Scruggs, Tennessee
Andrea Nelson, Oregon
Michael Klyn, California
Cali Luckett, Texas
Mariah Wojdacz, Georgia
David Payne, North Carolina
Lori Milcic, Pennsylvania
Amber Mullett, Wisconsin
Nancy Pfanner, Texas
Jennifer Janney, Delware
Stacie Bickel, Missouri
Tomina Schwenke, Georgia
Bethany Batson, Tennessee
Karena Poupard, North Carolina
Tracy Kleppe, Wisconsin
Rebecca De Santis, New Mexico
Nicole Keeler, Wisconsin
Sarah Biello, Washington, D.C.
Maria Kielma, Wisconsin
Erin Salmon, Georgia
Andrea Ginn, New Mexico
Carol Goeldner, Wisconsin
Susan Faltenson, Colorado
Mistie Owens, Utah

On the ODS Bookshelf

(Continued from page 13)

activities, manipulatives, and visual materials. Of critical note is the need to consider prior knowledge and meeting their specific needs to improve their work in statistics.

Mathos, K. K., & Pollard Jr, R. Q. (2015). Capitalizing on Community Resources to Build Specialized Behavioral Health Services Together with Persons who are Deaf, Deaf-blind or Hard of Hearing. Community mental health journal, 1-7.

There are relatively few counselors, psychologists, psychiatrists, and social workers who specialize in serving people who are Deaf, Deafblind or hard of hearing in the United States. Professionals that serve minority populations are often an insular group. They tend to network most often with fellow professionals who understand the language and cultural needs of their service population. Such specialized behavioral health providers rarely have the opportunity to interface with "mainstream" program planners, funders and administrators. Consequently, new recovery agendas, best practice models and community reintegration ideas are only slowly integrated into the care of persons who are Deaf, Deaf-blind or hard of hearing. We describe the development and implementation of a task force comprised of "front line" providers, administrators, county government officials, advocates and consumers that has made strides toward effective change in a local behavioral health care system. Methods employed, successes, barriers and other reflections on the task force's efforts also are described.

Wright, G. W., & Reese, R. J. (2015). Strengthening Cultural *Sensitivity in Mental Health Counseling for Deaf Clients. Journal of Multicultural Counseling and Development, 43 (4), 275-287.*

Much attention has been given to cultural sensitivity within the mental health counseling literature. Deafness has been discussed in the disability literature, but there is little mention of deafness in a cultural context. Consequently, counselors may not be providing culturally sensitive services to their deaf clients. The authors provide an overview of the Deaf culture, describe the unique communication needs of deaf clients, and offer a description of culturally embedded behaviors that are relevant to counseling.

Movallali, G., Amiri, M., Yousefi Afrashteh, M., & Morovati, Z. Parental Stress and Mental Health in Mothers of Children with Hearing Impairment: The Effectiveness of a Behavioural Training Program.

The aim of this study was to investigate the effectiveness of behavioral training for parents in reducing parental stress and improving mental health of mothers of children with hearing impairment. This study employed a quasi-experimental study design with pretest, posttest, and a control group. Then, 24 mothers with deaf children were randomly selected by accessible sampling and assigned into two groups, the experimental group, and the control group. Research collection data tools were mental health questionnaire and parenting stress index. Behavioral training of parents was conducted in nine 90-minute sessions in the experimental group. Finally, the two groups completed answering the questionnaires for a posttest. Data were analyzed using analysis of covariance. The analysis of the results indicated the experimental intervention has reduced parenting stress in the mothers in experimental group ($p < .05$). The analysis of the results also indicated the impact of experimental intervention on reducing maternal mental health problems ($p < .05$) of the experimental group compared with the control group. In general, the findings suggest that behavioral training of parents have reduced the psychological problems of mothers of children with hearing impairment and will prevent psychological and health problems from happening in these parents.

Roberts, S., Wright, B., Moore, K., Smith, J., Allgar, V., Tennant, A., ... & Rogers, K. (2015). Stage 1: cross-cultural translation of a screening tool for mental health in deaf children.

This chapter describes the translation of the most commonly used mental health screening questionnaire for children and young people into BSL. We took a cross-cultural perspective to accommodate the differences between spoken and signed languages. In order to do this, representation from the Deaf community was sought consistently throughout the study. This section also summarises some of the challenges faced throughout this translation work and how all the final materials for the study were produced and agreed.

Help Wanted Join Our Team

Office of Deaf Services, Alabama Department of Mental Health

Mental Health Specialist II (Regional Therapist)
SALARY RANGE: 74 ($39,290.40 - $59,517.60)

Work Location: Deaf Services Region III Office, Mobile, Alabama

QUALIFICATIONS: Master's degree in a human services field, plus experience (24 months or more) working with deaf individuals in a human service setting.

Human services field includes the following disciplines: Social Work, Psychology, Criminal/Juvenile Justice, Special Education, Sociology, Speech Education, Rehabilitation, Counseling, Speech Pathology, Audiology, Nursing, Physical or Occupational Therapy, and any related academic disciplines associated with the study of Human Behavior, Human Skill Development, or Basic Human Care Needs.

NECESSARY SPECIAL REQUIREMENTS: Must have near native-level signing skills equal to Advanced Plus level or higher in American Sign Language (ASL) as measured by a recognized screening process such as the Sign Language Proficiency Interview (SLPI). Must have a valid driver's license to operate a vehicle in the State of Alabama.

This is a highly responsible professional position within the Office of Deaf Services involving direct clinical services supporting deaf consumers and community mental health programs that have deaf consumers in their caseloads.

The person in this position will be responsible for providing direct clinical services to deaf individuals, advocates with other mental health agencies in support of deaf individuals who need services, arranges or supervises the arrangement of interpreter services to support service provision for deaf individuals, and serves as a liaison between the Alabama Department of Mental Health and community service providers located in the Coordinator's service region. This position will work under the direct supervision of the Director of the Office of Deaf Services

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES: Knowledge of mental illness and the effects thereof upon individuals who are deaf or hard of hearing (D/HH). Knowledge of psychotropic medications, their use and side effects. Thorough knowledge of deaf culture. Knowledge of American Sign Language. Knowledge of community mental health and community substance abuse service providers. Ability to utilize computer, internet resources, and various software packages. Ability to communicate effectively both orally (i.e. spoken English or American Sign Language) and in writing. Ability to acquire understanding of visual-gestural communication approaches used by consumers who are dysfluent. Ability to establish and maintain contact with other agencies, the general public, and community providers.

MH Interpreter I (I position available now, 1 anticipated soon)
SALARY RANGE: 73 ($37,389.60 - $56,685.60)

WORK LOCATION: Tuscaloosa and Deaf Services Region I Office, Huntsville

QUALIFICATIONS: Bachelor's degree in Interpreting, Linguistics, Deaf Studies, Psychology, Sociology, or a related human service field, plus (24 months or more) of paid experience interpreting in a variety of different settings.

OR

High school diploma or GED equivalency, plus considerable (48 months or more) of paid experience interpreting in a variety of different settings.

NECESSARY SPECIAL REQUIREMENTS: Must be licensed or eligible for licensure by the Alabama Licensure Board of Interpreters and Transliterators. Must be certified or eligible to receive certification as a QMHI (Qualified Mental Health Interpreter) or its equivalent. **Certification must be obtained within 24 months of hire.** Must have a valid driver's license to operate a vehicle in the State of Alabama. Must be willing to work flexible hours.

KIND OF WORK:

This is professional level work in providing specialized services to individuals who are deaf and hard of hearing and who have mental illness, intellectual disability and/or substance abuse issues. Work involves interpreting between deaf or hard of hearing consumers, staff of the Alabama Department of Mental Health facilities or contract service providers. Other duties include providing communication training such as sign language classes to contracted service providers, and performing communication assessments of consumers who are deaf or hard of hearing.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES: Knowledge of American Sign Language. Knowledge of the function of a professional interpreter and interpreting code of Ethics. Knowledge of deafness and deaf culture. Knowledge of telecommunication devices and their use. Ability to interpret between consumers using a variety of dialects and fluency levels. Ability to communicate effectively both orally and in writing. Ability to interpret in situations where partial control by interpreter is possible. Ability to utilize computer, internet resources, and various software packages. Ability to provide training in the American Sign Language and the use of adaptive technology. Ability to work flexible work schedule to include nights and/or weekends as needed.

MH Specialist I (Communication Specialist)
SALARY RANGE: 70 ($33,086.40 - $50,119.20)

Work Location: Bryce Hospital, 1651 Ruby Tyler Parkway, Tuscaloosa, AL 35404

MINIMUM QUALIFICATIONS: Bachelor's degree in Communications, Psycholinguistics, Deaf Studies or a human services field plus experience (24 months or more) interpreting, working with language dysfluent clients, communication specialist work or working with individuals who are mentally ill.

OR

Considerable (48 months or more) programmatic experience in the field of deafness with the Department of Mental Health, plus

(Continued on page 18)

Positions Open in Deaf Services

(Continued from page 17)

experience (24 months or more) interpreting, working with language dysfluent clients, communication specialist work, or working with individuals who are mentally ill.

NECESSARY SPECIAL REQUIREMENTS: Native or near-native signing skills equal to superior level or higher of signing skills in American Sign Language, as measured by a recognized screening process (SLPI). Certification in either sign language (RID), in teaching American Sign Language (ASLTA-Q or ASLTA-P), or equivalent must be obtained within three (3) years of employment. Must be able to obtain licensure or be exempt from licensure to interpret according to Alabama Licensure Board of Interpreters and Transliterators (ALBIT).

KIND OF WORK: Works within the Office Deaf Services of the Department of Mental Health

providing culturally and linguistically affirmative services to deaf and hard of hearing (D/HH) to include consumers with disorders of mental illness and/or chemical dependency in inpatient, community and DMH related settings. Responsibility includes providing the specialized services of a communication assessment and facilitation of language for D/HH individuals. Participates as a member of an interdisciplinary treatment team, assisting in the development and implementation of treatment and discharge plans. Provides advisory services on sign language and alternative communication issues to D/HH individuals and professional staff. Teaches standardized sign language and alternative or augmentative communication methods to dysfluent individuals with functional hearing losses. Coordinates and teaches ASL to non-signing staff. Other work duties involve research and development of non-verbal or limited verbal types of communication tools and teaching materials. Provides some interpreting in conjunction with a Mental Health Interpreter.

Community Programs

MENTAL HEALTH TECHNICIANS
Deaf Services Group Home (Clanton, AL)
SALARY RANGE: Competitive

Positions Available:

Part-time position Schedule: Sat-Mon 8a-4p
Full-time position Schedule: Tues-Sat. 12a-8a

Candidates must possess proficiency in American Sign Language

Duties:
Provide personal, direct care for consumers with mental illness diagnosis who are also deaf or hard-of-hearing.
1. Pass medications under the direction of a Medical Assistance LPN.
2. Provide transportation to day habilitation and/or consumer appointments.
3. Provide basic living skills training and assistance.
4. Provide communication assistance to the consumers through the use of Sign Language or language of the consumer's preference. Ensure that consumers have access to assistance by a qualified interpreter.
5. Maintain policy of confidentiality.

Qualifications:
- High School Diploma or equivalent required
- Current AL Driver License and safe driving record
- Fluent in Sign Language as demonstrated through the Sign Language Proficiency Interview. A score of Intermediate Plus level or greater is required.
- Prior experience serving clients who are deaf or hard-of-hearing preferred.
- Prior experience working with clients with mental illness or intellectual disabilities preferred.
- Excellent customer service skills and professionalism required.

For more information go to our webpage or contact
Judy Towner
Executive Assistant
Chilton-Shelby Mental Health Center
jtowner@chiltonshelby.org
office: 205/668-4308
cell: 205/914-6969

ODS Winter Staff Meeting

(Continued from page 9)

consumers who are currently working with DMH providers. This small pool of clinicians with advanced skills allows the trainer to explore techniques and approaches in considerable depth.

Dr. Deninger holds a Bachelor of Arts in English and a Master of Science in Education with a specialization in deafness from Canisius College. He earned his PhD with distinction in Special Education Administration and a MA in Mental Health Counseling from Gallaudet University. He currently serves as an adjunct in the Counseling Department at Gallaudet.

Did You Know...?

Did you know that Joint Commission requires hospital to conduct as assessment upon admission? - this assessment must include information about communication and how the hospital meets those communication needs in the provision of services. Most healthcare/hospitals are accredited by Joint Commission. Something for individuals advocating for services to keep in mind.

http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf

SAVE THE DATE!

ADARA BREAKOUT 2016
COLORADO

A NATIONAL CONFERENCE PROMOTING WELL-BEING IN THE DEAF COMMUNITY

MARCH 16TH - 19TH, 2016

Conference Registration Opens Fall 2015

Please join leaders from across the nation in a spectacular and relaxed setting in Colorado Springs, CO. Come to collaborate and be inspired by the work of others who are contributing to the well-being of the deaf, deafened, deaf-blind and hard of hearing communities. ADARA is excited to announce the ADARA Breakout 2016 Colorado Conference. The purpose of the Breakout Conference is to provide professional development and networking opportunities for behavioral health professionals, administrators and related professionals serving deaf, deafened, deaf-blind and hard of hearing persons.

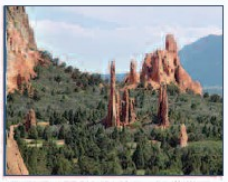
Stunning Location

Cheyenne Mountain Resort is a premier Colorado location set against picturesque mountain views and surrounded by Colorado Springs' naturally breathtaking scenery. Amenities include an impressive range of year-round recreational activities including swimming, golf, tennis, horseback riding, indoor half-court basketball and a full-service workout center complete with state-of-the-art fitness equipment. Cheyenne Mountain Resort's relaxed and restorative environment promotes self-care and well-being.

Hotel Registration is open at Cheyenne Mountain Resort.

Colorado School for the Deaf and Blind

Olympic Training Facility



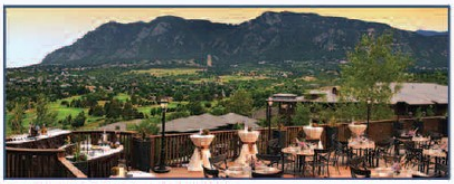
Garden of the Gods

"Purple Mountains Majesty"

The conference will take place in beautiful Colorado Springs, CO, the city at the base of Pikes Peak. Colorado Springs is home to the U.S. Olympic Training Center, Garden of the Gods, U.S. Air Force Academy and since 1874, the Colorado School for the Deaf and the Blind.

Beautiful mountain views

Luxurious hotel rooms



Great views of the Rocky Mountains

A Focus on Well-Being

Delivery of healthcare and behavioral healthcare services in the U.S. is changing rapidly. There is a growing emphasis on treating the whole person through integrated care and integrated systems. Rather than a focus on "managing" disease, we now have the opportunity to optimize well-being. Topics for ADARA Breakout2016 Colorado include:

- Wholistic Approaches and Integrated Care
- Evidenced-Based and Best Practices
- Trauma-Informed Care
- Community Education and Social Awareness
- Deaf Plus
- Culture and Identity
- Interpreting in Behavioral Healthcare, Domestic Violence, and Primary Care Settings

Follow Us Online

www.ADARABreakout2016.org
www.facebook.com/ADARAorg
@ADARABreakout16

Fiscal Year 2015
Annual Report of the Office of Deaf Services

Highlights of the Year:

- The Office of Deaf Services provided community- based services directly with 3,323 consumer contacts throughout the year.
    - Last year 1,761 people with hearing loss were reported in community service programs. Of these, 219 were deaf. ODS oversees the operation of five group homes as well as several special supported living projects.
        - Three-bed home in Woodville
        - Two three-bed homes in Birmingham
        - Six-bed home in Clanton
        - Three-bed home in Mobile

- In an average month, ADMH served 27 hard of hearing and 8.12 deaf people in the state facilities. Most deaf consumers are served on Unit 7 at Bryce Hospital.
    - Kent Schafer was hired as a full-time psychologist.
    - ODS has three communication access team members based in Tuscaloosa at this time.
        - Katherine Anderson is dually licensed as an interpreter and a social worker, making her unique in our system.
        - Vyron Kinson has resigned, this position has been posted for recruitment.
    - There are 4 Deaf Care Workers authorized to Bryce. There are several vacancies at this time.

- Last year, 8,972.25 hours of interpreter services were provided for deaf consumers. Of this, 7,291.25 hours were provided by staff interpreters. This is in spite of having an interpreter vacancy the entire year and the Communication Specialist position vacant for the last three months of the year.

- ODS has had the lead responsibility for ensuring communication access for deaf and hard of hearing consumers of substance abuse treatment services. To this end, the office provided 1,051.5 hours of interpreter services, plus limited direct clinical services provided by regional therapists. Twelve deaf people were served.

- The Office of Deaf Services is nationally recognized as one of the outstanding mental health programs for deaf people. Agencies around the country seek assistance from ODS. Technical assistance and consultation was provided to 4,887 people and programs. The staff provided 50 different training events throughout the year, attended by 1,872 people. Highlights include:
    - Steve Hamerdinger made several important speeches including at the Tennessee System of Care CLAS conference, the National Association of the Deaf Leadership Training Conference, and the Alabama Hospital Association Quality Forum.
    - Charlene Crump has provided several workshops across the nation on Etiology, Linguistics and Interpreter Law
    - Brian McKenny provided a workshop on “Ethical Decision Making” in Albuquerque, NM
    - Kim Thornsberry lead a Deaf Advocates training in Baltimore, MD
    - ODS is partnering with AIDB and ADRS on Sign Language Proficiency Interviews. ODS trains staff from both agencies leading to consistency and fidelity to the national standards.

- We provided Sign Language Proficiency Interviews for the Interpreter Training program at Troy University. We also assisted with communication access to events on campus.
- There are now two Troy Interpreter Training Program students receiving DMH stipends. They will come to work for mental health programs on graduation.
- Beginning in 2016, one clinical psychology student (deaf) will be receiving DMH stipends.

- Charlene Crump and Roger Williams have published their new Communication Skills Assessment, which is now in used Alabama and South Carolina. Training on the assessment has been provided to Pennsylvania, Michigan, Utah and Texas, in additional to national conference venues. This data drive assessment will hopefully lead to a national model on how to measure and assess language dysfluency in deaf people with mental illness.

- ODS is working to develop spoken language standards and RFP language for DMH.

- Several ODS staff members earned significant recognition for their work
  - Charlene Crump was presented with the Earl Lindsey Lifetime Achievement Award by the Council of Organizations Serving Deaf Alabamians (COSDA).
  - Steve Hamerdinger was presented with the Frederick Schreiber Award for Service by ADARA at its biennial conference. He had served on the Board for 14 years and was President 2005 – 2007.
  - Vyron Kinson was given COSDA's Leadership award. He was also presented the Southeast Regional Institute on Deafness' Distinguished Service Award.
  - One of our contract programs, Chilton-Shelby Mental Health Center, was recognized as Employer of the year for their work around the Civitan Group Home. The group home manager, Anita Moore, was awarded COSDA's Community Service Award. She was also honored by SERID as Outstanding Deaf/Hard of Hearing Individual.

- ODS staff continue to represent DMH and ODS on various state and national committees, task forces, and work groups.
  - Steve Hamerdinger leads the National Association of the Deaf Mental Health sub-committee. They are currently developing a position statement on managed behavioral health care.
  - Charlene Crump is President of ADARA (American Deafness and Rehabilitation Association).
  - ODS continues to be active in COSDA.
  - Shannon Reese is involved in the Alabama Coalition Against Rape.
  - Wendy Darling is representing ODS on the Alabama DeafBlind Coalition.

- The eighth annual Clinical Training, a project of MHIT, featured internationally renowned author and teacher, Dr. Neil Glickman, and drew 134 participants. This training is designed to give clinicians new skills in working with deaf consumers and interpreters.

- Mental Health Interpreter Training Project held its 13th week-long Interpreter Institute August 4-8, 2015 at Troy University at Montgomery. The annual Institute, with attendance, was "sold out" months before the opening session. Altogether 93 individuals from 26 different states. The total attendance with all staff, volunteers and participants was 130. Since the first Interpreter Institute, 935 different people have been trained, an average of 72 new people every year.
  - There are 76 Qualified Mental Health Interpreters currently active.
  - We have 6 Qualified Mental Health Interpreter – Supervisors, including Brian McKenny and Sereta Campbell
    - They successfully supervised 13 candidates for certification as Qualified Mental Health Interpreters during Fiscal Year 2015


Happy Holidays
From All of Us at the
Office of Deaf Services