Contents of This Newsletter Are Not Subject to HIPAA
Dr. Tammie McCurry has resigned as Associate Commissioner for Mental Health and Substance Abuse Services effective September 30, 2022. She was first appointed to this position in December of 2019. Her tenure was marked by challenges ranging from COVID-19 to extreme staff shortages at Taylor Hardin Secure Medical and Bryce hospitals. Despite the pressures, she guided the Division with compassion and wisdom.

Prior to becoming Associate Commissioner, Dr McCurry was the Director of Performance Improvement and Risk Management, a role where she was exposed to the issues facing the Deaf Community in mental health. She proved to be sensitive to those issues and collaborated with the Office of Deaf Services in striving to improve services to deaf people.

Dr. McCurry has been a steadfast supporter of the Office of Deaf Services during her time with the Alabama Department of Mental Health. Most recently she had been working to make the Deaf Care Hub at Bryce a reality. She commented to SOMH:

"As I reflect on my time at the Alabama Department of Mental Health, one of the most rewarding experiences has been expanding my scope to include working with the deaf community. The Office of Deaf Services has been extremely supportive of the work of the Mental Health and Substance Abuse Division and me as the Associate Commissioner. In an effort to equally demonstrate my support, I made the decision to enroll in a small group to learn some basic conversational ASL skills. This allowed me some flexibility in communicating with Steve Hamerdinger, Director of the Office of Deaf Services. I will always treasure the time I had working with such a wonderful group of individuals.

While this is a bittersweet moment in my career because I will miss the outstanding group of people I had the opportunity to serve with, my assignment at the Alabama Department of Mental Health has been completed and it is time to move on to the next assignment. I will take to my next assignment some very special memories of the Office of Deaf Services. Steve and team, please continue this amazing work to ensure the deaf and hard of hearing community receive all needed support to continue their success. Until our paths cross again... I wish you well."

ODS offers best wishes as she moves on to the next assignment. She will be missed.

We Are Still Hiring!

Deaf Services at the Alabama Department of Mental Health has a number of positions open. Highlights include a Program Director and an interpreter position. See page 22 for a full listing. Come join one of the most exciting teams in Deaf Mental Health Care.
Nicole Walden will transition to the position of Associate Commissioner of the Mental Health and Substance Use Division for the Alabama Department of Mental Health. Walden is currently the Director of Substance Abuse Treatment and Development for ADMH and has served in this role since 2017. As part of this role, she serves as the chair of the Substance Abuse Treatment and Recovery Support Committee on the Governor’s Alabama Opioid Overdose and Addiction Council. She also serves as the State Opioid Treatment Authority (SOTA) for the state.

Walden received her Bachelor of Science and Master’s in Psychology with a clinical concentration from Jacksonville State University. She has worked in the direct care service field of substance use treatment and housing for 20 years.

Walden has been a fundamental part of the Alabama Department of Mental Health’s progress and growth since 2013. She began work with the ADMH as an Adult Treatment Services Coordinator, working closely with the opioid treatment programs and other providers of substance use services. She has also been a strong supporter of deaf services, committing to ensuring that deaf people with substance use disorder can access treatment. “One of my goals has always been to make treatment accessible to everyone who needs it. This is one of the reasons working with the Office of Deaf Services has always been important to me. I am positive that I can continue this work in my new position and increase the impact of our work,” Waldon told SOMH.

Walden has been the project director for numerous grants, including ones from the Bureau of Justice Assistance, SAMHSA, and the USDA. She is responsible for the management of Alabama’s Substance Abuse Treatment and Prevention Block Grant and serves as the subject matter expert for ADMH in substance use treatment.

This issue combines the Spring and Summer Issues. It wasn’t our plan. Life, as they say, happens when you are busy making plans. Hopefully, we can get back on track...

SOMH has a new assistant editor. Sandy Pascual brings some previous experience to the task and we are delighted to have her. She has already put her talents to good use having taken care of the “MHIT Yearbook.” While on the topic, a hearty thanks to Jennifer Kuyrkendall for filling that role for a couple of years.

Since our last issue, both the Annual Deafness and Clinical Training Series and the Mental Health Interpreter Training took place and both are reported here. Stories begin on page 6.

We have two new staff interpreters, filling a huge gap in our staff. What’s really cool is that they are both trilingual (Spanish/English/ASL) interpreters, giving ODS capabilities we have never had before. See their story beginning on page 4.

All the usual features are here, including “Notes and Notables” and “On the Bookshelf.” Our resident curmudgeon, your faithful editor, shares his thoughts on 988 in “As I See It.”
After making the almost 3,000 mile drive with her daughter and fur-babies from Portland this summer, Sandy Pascual, MS, MBA, NIC, CoreCHI, OCHI, Q-MHI, joined the ODS team on July 18th as the new Region II Interpreter Coordinator based in Tuscaloosa. As a first-generation American from Cuban descent, she states that she is, “looking forward to being able to offer trilingual interpreting services to the underserved Deaf Latine population in Alabama.”

Although Sandy joins us from the Pacific Northwest, she is a Southerner at heart. She grew up in Miami where her passion for ASL and Deaf culture began at an early age. Growing up with a cousin that is Deaf, she felt the compelling drive to be the first in her family to be able to communicate with her using ASL. Before the golden age of YouTube, she began learning ASL on her own from library books and eventually enrolled in classes during junior year of high school. She quickly fell in love with the language and decided to pursue a degree in ASL Interpreting at Miami-Dade College.

Before graduating from the ITP program and beginning her interpreting career in the multilingual, South Florida community 22 years ago, she worked with Deaf/HOH programs, the Deaf Service Bureau of South Florida, the Center for Independent Living of South Florida and held various disability advocacy jobs in the community.

In 2017, Sandy moved from Florida to Oregon to specialize in medical and behavioral health interpreting as a staff interpreter. Sandy is nationally certified (NIC), a Certified Medical Interpreter (CoreCHI), an Oregon Certified Healthcare Interpreter (OCHI), a Qualified Mental Health Interpreter (Q-MHI), has received supervisor training from Northeastern University’s Center for Atypical Language Interpreting (CALI), taught workshops and trainings, served on the Oregon Health Authority’s Council on Health Care Interpreters (OCHCI), as Secretary for the Oregon Registry of Interpreters for the Deaf (ORID), and as the Region V Rep for the organization of trilingual interpreters - Mano a Mano. She has also tutored Miami-Dade College and Portland Community

Claudia Mansilla, MA, QMHI, BEI Advanced Trilingual, was born and raised in Lima, Peru. “Mansilla”, as she prefers to be called, moved with her family to the United States at the age of 15. Arriving to this country as a native monolingual Spanish speaking immigrant, she experienced communication barriers and the burdens of cultural misunderstandings. Communication is not just key for social connections, but also for education, job opportunities, and in turn better living conditions.

Mansilla obtained her bachelor’s degree from the University of North Florida in ASL/English Interpreting in 2013, and moved to New Mexico, where she was welcomed by the Deaf Community. There, for the first time, she met other trilingual interpreters. She worked as a staff interpreter at the New Mexico School for the Deaf for nine years, a place where she learned the true meaning of being part of the Deaf Community.

Mansilla always strives to support both the Latine and Deaf communities, but her passion emerges when both of these communities intersect. As a multicultural and multilingual state, she felt that NM was the perfect place to learn how to best do this work. Mansilla also feels that in order to support the Deaf Community, there must be support available to the interpreters who work within it. Since moving to NM, she has made it a point to provide support to her trilingual interpreter colleagues and mentor trilingual interpreting students. She also recognized that in order to continue mentoring, she personally needed more tools specifically designed for trilingual interpreters. Therefore, in 2016, she became part of the NCIEC Trilingual Task Force “Train the Trainer Seminar” and became one of their trilingual trainers. In 2019, she completed her master's degree in Spanish Translation and Interpreting at the University of Texas Rio Grande Valley.

Mental Health interpreting was not on her radar until

(Continued on page 5)
Pascual
(Continued from page 4)

College ITP students, and collaborated with other BIPOC interpreters in the community on various projects.

Prior to moving to Oregon, she worked as a contract travel interpreter. The cultural immersion, domestically and abroad, allowed her to learn multicultural communication approaches that she has been able to incorporated into her interpreting work. Over the years, she has also worked as an educational, cruise, VRS, and community interpreter, an academic college advisor, and an ADA compliance coordinator. In addition to holding her degree in ASL Interpreting, she holds a Master’s Degree in Business Administration and Organizational Management, and a Master of Science in Industrial/Organizational (I/O) Psychology from Albizu University. She also holds various certificates in ADA coordinating, child development, Autism and ASD inclusion strategies, health, fitness and nutritional therapy.

In her off time, you can find her with her teenage daughter, Lexie, and two dogs, Confucius and Ace the Bat-Hound (named after Batman’s dog in the comics). Sandy enjoys traveling, spending time with family in Florida, socializing with friends, visiting art and historical museums, reading, watching the latest superhero movie or show, hiking, and attending local festivals and events.

Sandy takes pride in her work ethic and is always looking to expand her knowledge and skill set with trainings, workshops, and educational opportunities. She notes that she, “loves interpreting and is grateful to have the opportunity to work with the Deaf community daily.”

Mansilla
(Continued from page 4)

Steve Hamerdinger provided a one-day training on Mental Health Interpreting in El Paso, TX. His words deeply impacted her and made her aware that interpreters, whether they are aware of it or not, are basically interpreting in various settings that overlap with mental health interpreting. The following year, she registered for MHIT and earned her QMHI certification in early 2021.

Mansilla’s dedication to interpreting in mental health settings comes from the framework of supporting people who battle a lack of access, both hearing and deaf. For deaf individuals, this battle is about access to communication, while for some hearing immigrants, it is about access to resources. In the past five years, Mansilla has worked to curtail communication access issues by edifying and mastering her own skills and supporting others to do the same. In supporting access to resources for immigrants, she often volunteers at local organizations and advocates for their rights.

Moving to Alabama was not an easy decision, but Mansilla states she, “wanted to learn from the best!” She is sad to leave home in NM, but is enthusiastic about what the future holds for her in this new journey. Looking back at her formative years, she recognizes there were no role-models who “looked like her”. She proudly states, “representation is important!” She hopes that her presence at ODS will open doors to the future POC and trilingual interpreters. Her vision is to create a space where marginalized interpreters in this field are embraced, and belonging to a network of colleagues that share the same experiences, challenges and achievements is something she greatly values.

Why Did We Use the Term Latine?

Spanish is the official language of 21 countries – talk about DIVERSITY, each one of them has their own culture, values, beliefs and dialect. Unlike English, Spanish is a gendered language – masculine is represented by the ending with the vowel “o” and feminine “a”, and this presents a conflict for a non-binary person wanting to identify themselves. Traditionally, Spanish has used a masculine noun (o) as an inclusive gender when referring to both females and males. However, doing so establishes the male figure as the dominant presence. Many people in the community are striving for gender equality and diversity in their language and have therefore begun using the terms “Latinx” and “Latine.”

Latinx uses the ending of “x” to provide inclusivity to the speaker, this term is widely used in the United States and has brought up some controversy among Spanish speakers due to the English origins of the term, much like the use of Hispanic to refer to the Spanish speaking population. Similarly, Latine uses the “e” as gender neutral identifier. Latine has become the more accepted gender neutral form in Spanish speaking countries. As Spanish speakers, the use of the “e” at the end of a noun is something we already see in our linguistic word formation, such as student “estudiante”, president “presidente”, singer “cantante”, etc. Finding an all-encompassing term in any language can be a challenge, but our community is looking for a change in the language, a way to have a more inclusive language. Language is alive and always evolving, so although we have not reached a unanimous agreement, we are making strides and know it will take time. Like we mentioned before, we are talking about 21 unique Spanish speaking countries.
The Deaf and Clinical Training Series (DACTS) was offered virtually for the first time April 28–29, 2022. The presenter was Gabriel Lomas, Ph.D., the Program Director of Counseling Programs at Gallaudet University, who presented on “Deaf Individuals and the Justice System: Societal and Rehabilitative Risk and Protective Factors.”

DCTS is an annual event which constitutes a two-day training in which one day focuses on audiences who are deaf or sign-fluent and the second day focuses on audiences who are hearing and are not sign-fluent. This program is an outgrowth of the Mental Health Interpreter Training Project which supports the development of training for individuals who are clinicians working with individuals who are Deaf.

On the first day of training, which focused on a sign-fluent audience, ODS offered a five-hour workshop on “Deaf Individuals and the Justice System: Societal and Rehabilitative Risk and Protective Factors”. A total of 119 individuals participated in the event (104 Registered Participants and 15 staff volunteers, and interpreters) and included 22 deaf individuals, two hard of hearing individuals, 95 hearing individuals. Twenty-four states and Canada were represented. On the second day of training, which focused on a non-signing audience, offered four hours on “Deaf Individuals and the School to Prison Pipeline: Risk Factors and Reformation Strategies.” On that day, 142 individuals participated in that event, (132 Registered Participants and ten staff volunteers, and interpreters) and included four deaf individuals, one hard of hearing individual, and 137 hearing individuals. Twelve states were represented.

Continuing education was offered for Counselors, Rehabilitation Counselors, Social Workers, Nurses, and Interpreters.

The Deaf and Clinical Training Series is sponsored by the Alabama Department of Mental Health Office of Deaf Services, Wings Across Alabama, and ADARA.

DACTS is in its thirteenth year and has included the following trainings to date:

2006: Barry Critchfield - Working with Deaf Children in Mental Health Settings.
2008: Dr. Amanda O’Hearn and Sharon Hayes - Dialectical Behavior Therapy with Deaf Consumers
2009: Steve Hamerdinger and Joseph Murray - Serving Kids who are Deaf and Emotionally Disturbed.
2012: Angela Kaufman and Amanda Somdal - Domestic Violence and Service Provision within the Deaf Community
2013: Dr. Michael A. Harvey - The Impact of Trauma Informed Care – Communication Barriers and Vulnerabilities in the Deaf Population
2014: Alexis Greeves - Using Play Therapy and Other Non-Verbal Approaches to Working with Deaf Children and Adults
2015: Dr. Neil Glickman - Engaging Deaf People with Language and Learning Challenges through Innovative Communication Strategies
2016: Deb Guthmann and Cindi Sternfeld - Substance Use Disorder and the Deaf Population, Understanding Unique Needs and Service Spectrums
2017: Kent Schafer and Jag Dawadi - Strategies for Working with Deaf Consumers with Developmental Behavior Disorders and/or Mental Illness
2018: Roger Williams - Trauma Informed Care and the Deaf Population
2019: Dr. Melissa L. Anderson - The Impact of Language Deprivation has on Our Work When Serving Deaf Individuals in Mental Health, Social Service, and Educational Settings
2020: Dr. Sanjay Gulati - Changing our Mindset: Viewing Developmental and Behavioral Challenges of Individuals who are Deaf through a Different Lens

DACTS was not held in 2021 due to COVID restrictions.
Nearly 20 years ago, the Office of Deaf Services conducted the first of what would become the world-renowned Mental Health Interpreter Training Interpreter Institute (MHIT). It was held over two weekends (Friday - Sunday) in September 2003. The first Institute met in Montgomery on September 5th – 7th, and in Tuscaloosa on September 12th – 14th. It was attended by 18 interpreters from around Alabama. From that small start MHIT grew into an annual event that draws people from around the world.

This year, the Institute ran August 1st – 5th and drew 113 participants. Altogether, 141 people were on hand through the week, including staff and faculty.

Heading up the roster of presenters for this year’s Institute were Robert Pollard and Steve Hamerdinger, both of whom have taught at all 20 Institutes. Other long-time veterans included Robyn Dean, Roger Williams, Charlene Crump, and Brian McKenny, all of whom have taught at 19 Institutes. Carter English, Amanda Somdal and Dr. Kent Schafer rounded out this year's faculty.

Participants came from 36 states, plus Puerto Rico. There was one spoken language (Spanish/English) interpreter in the group. In a break from the past several institutes, there were no interpreters from other countries. For the first time ever, an interpreter from Montana was present, which means the Institute has now drawn participants from all 50 states, Puerto Rico and seven other countries (Canada, England, Scotland, Denmark, Australia, Japan, and Ukraine).

The training was comprehensive and intensive. During the week there were 20 different workshops with an additional seven classes offered asynchronously. Attendees could rack up 46.75 actual clock hours of instruction if they took all the classes.

This year, ODS Director Steve Hamerdinger was honored with an MHIT Lifetime Achievement award in recognition of his (Continued on page 8)
vision in elevating the field of mental health interpreting. His work related to MHIT began as far back as 1995, while he was Director of the Office of Deaf and Linguistic Support Services in the Missouri Department of Mental Health. He co-authored a paper with Kelley Clark and Ben Karlin, titled, “Minimum Competencies for Mental Health Interpreters”. He brought that work with him when he came to Alabama, and the rest is, as they say, history.

Despite the larger capacity allowed by the virtual format, this year’s class filled up early – in mid-March – and a waiting list was begun. This waiting list eventually grew to over 72 names before project leaders just simply stopped accepting applications. MHIT has been increasingly more competitive and selective regarding who is accepted into class attendance. This trend will undoubtedly continue, especially in light of plans to return to an in-person Institute next year (2023). The MHIT class is capped in order to be able to handle subsequent practicum supervision and testing; it also allows us to work with participants better. When in person, the class is capped based on room capacity.

The competition for seats meant that this year the Institute created a class that was exceptionally well qualified. Interestingly, the deaf interpreters came with significant “real world” experience. “The level of discourse this year was the most advanced I can remember,” said MHIT project coordinator, Charlene Crump. This year’s training also included five individuals whose primarily field of work is psychiatry.

The Institute has become a very popular volunteer opportunity for interpreter training program students, which is also highly competitive with many more applications than available slots. This year, three students were accepted, representing ITPs in Alabama (Kate Beacham), Arkansas (Aaron Johnson) and Texas (Zoe Saenz). Shannon Reese, who has been part of the MHIT staff for 19 of the 20 Institutes coordinated the students.

Planning for this event is a year-round activity and it shows. “[It was] an amazing week with you all... [I] can’t even put it into words,” said Susanne Buckley of Boise, Idaho.

Alumnus Elizabeth Setley, from Reading, Pennsylvania, said, “As always, I leave this week with my head spinning from all the information presented (this is a good thing) lol.”

Over the years, more than 1,300 unique individuals have been trained, including 161 people who have earned certification as a Qualified Mental Health Interpreter.
Top left: Carter English talks about Psychopharmacology. Top Right: Steve Hamerdinger (below) introduces Dr. Michael Harvey. Middle Left: Dr. Kent Schafer and Brin McKenny. Middle Right: Dr. Schafer and Amanda Somdal. Bottom: Dr. Robyn Dean and Dr. Robert Pollard lecture while Keshia Farrand interprets.
Vital Statistics

- MHIT is in its twentieth year and constitutes a week-long training consisting of 37.5 live hours conducted remotely and 10 hours of asynchronous classes.

- 20 different workshops were offered during the live core MHIT sessions and an additional seven courses in the asynchronous component.

- 141 individuals (113 Registered Participants and 28 presenters, staff, and volunteers) participated in the core training this year and a total of 1,809 individuals have been trained since its inception. Several individuals have taken the training more than once.

- Participants: 10 Deaf, 3 HH, and 127 Hearing participants. 13 returning Alumni participants who participated in the main track and who also had the option to continue in the alumni classes.

- Participants hailed from 36 states and Puerto Rico in the core session.

- Three student workers from Alabama, Arkansas, and Texas assisted this year.

- Continuing education was offered for interpreters, counselors, rehabilitation counselors, and social workers.

- All workshops offered sign language and captioning.

<table>
<thead>
<tr>
<th>Core Course List</th>
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<tbody>
<tr>
<td>Deaf Mental Health Care: How We Got Here</td>
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<tr>
<td>MH Providers and Treatment Approaches</td>
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<tr>
<td>Substance Use Disorder Settings and Deafness</td>
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<tr>
<td>Considering Dysfluency in Mental Health</td>
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<td>Practice Profession and Normative Ethics</td>
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<td>Demand Control Schema and Value Based Decision Making in MH Settings</td>
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<td>Normal Differentness</td>
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<td>Psychiatric Evaluations, DSM, and Clinical Thought Worlds (Parts 1 and 2)</td>
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<tr>
<td>Reflective Practice/Supervision in MH</td>
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<tr>
<td>Psychopharmacology</td>
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<tr>
<td>Coping with and Benefiting by Vicarious Trauma</td>
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<tr>
<td>Secondary Trauma Stress/Vicarious Trauma and Self Care</td>
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<tr>
<td>Adverse Childhood Experiences</td>
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<td>Communication Impairment Techniques for Dealing with Dysfluency</td>
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<tr>
<td>Role Playing and DCS Analysis</td>
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<tr>
<td>Domestic Violence/Intimate Partner Violence</td>
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<tr>
<td>Mental Health and Legal Settings</td>
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<tr>
<td>Confidentiality Laws and Considerations</td>
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<tr>
<td>Communication Assessments in MH</td>
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Core Instructors included Robert Pollard, Robyn Dean, Steve Hamerdinger, Roger Williams, Angela Kaufman, Mike Harvey, Charlene Crump, Brian McKenny, Kent Schafer, Amanda Somdal, and Carter English.
Participants who Completed MHIT Program (2022) CORE SESSION

Formal Education (Core) Participants only
14 Associates degree
76 Bachelor’s degree
39 Master’s degree
9 PHD

Certification Levels (Core)
84 RID/NAD National Certification
9 BEI
2 CDI/CDI-W
3 DI
4 Other State credentialing
8 Other, EIPA
14 QMHI/QMHI-S
3 ITP Students
9 Mental health clinicians
2 Administrators
13 Alumni
1 Spoken Language
5 Medical degrees (Psychiatrists, CRNP)

Some individuals have multiple certifications

Residency Status (Core)
51 Southeast
15 Southwest
21 Midwest
27 Northwest
26 Northeast
1 US Territory

Countries and States in attendance:
Participants and staff from 35 different states and 1 additional territory were represented in the core sessions including:

Alabama (22) Nevada (1)
Arkansas (6) North Carolina (1)
Arizona (2) Ohio (2)
California (12) Oklahoma (1)
Colorado (3) Oregon (5)
DC (1) Pennsylvania (5)
Florida (3) Rhode Island (1)
Georgia (4) South Carolina (5)
Idaho (1) Tennessee (4)
Illinois (2) Texas (9)
Indiana (1) Utah (1)
Kansas (1) Virginia (3)
Kentucky (3) Washington (3)
Massachusetts (1) Wisconsin (8)
Maryland (3) Puerto Rico (1)
Maine (2) Note: As of this year, participants from all 50
Michigan (2) states have attended MHIT.
Minnesota (5) Thanks Montana!!
Montana (1)
New Jersey (4)
New Mexico (3)
New York (8)

- Post training learning activities include bi-monthly online
discussions of research articles in mental health and deafness, listservs, and 40-hour practicum and a comprehensive written examination designed to certify the individual as qualified to work in mental health settings.

- MHIT 2022 occurred remotely for the third time. The tentative plan is to return to in-person training for the core MHIT in 2023. Alumni will remain virtual.

- Alumni 2022 will occur October 17-21, 2022.

Signs of Mental Health
Row 1: Robyn Lehmann-Doane, Armelia Luna-Chavez, Alisa Barnes Matchinsky, Belle McGhee, Rhonda McKinzie, Kayelle Morgan. 
Note: Not all participants are shown.
2021 MHIT Staff

**ODS Staff MHIT Production Team**
Row 1: Steve Hamerdinger (ODS Director/MHIT Technical Support), Charlene Crump (MHIT Project Director) Shannon Reese (Student Representative Coordinator, CEU Coordinator). Row 2: Alyssa Cote Flannery (MHIT Alumni Coordinator), Brian “BAM” Moss (ODS Staff)

**MHIT Presenters in Order of Appearance**

**MHIT Communication Access Team**
Row 1: Lee Stoutamire-Ramirez (Communications Coordinator), Keshia Farrand, Jennifer Kuyrkendall. Row 2: Brian McKenny. Kate Block, Sereta Campbell. Row 3: Eric Workman, Alan Peacock (Captioning/IT)

**MHIT Student Volunteers**
Kate Beacham, Aaron Johnson, Zoe Saenz

Signs of Mental Health
Notes and Notables
Events and Honors in the ODS Family

Amanda Somdal and Charlene Crump completed CSA training for Kentucky Division for Behavioral Health, and for Maine Behavioral Healthcare. An upcoming training with ADMH ODS staff and the Georgia Department of Behavioral Health and Developmental Disabilities is scheduled for November.

With the hiring of Sandy Pascual as the Region II Interpreter Coordinator and Mansilla as a Mental Health Interpreter III based out of Bryce, it is the first time in almost a year that all our current interpreting positions have been filled. With the projected opening of The Deaf Hub, we have opened and posted a new interpreting position.

ODS Administrative Support Assistant III, Mary Ogden, had previously scored a Novice+ on her SLPI interview, making her the first signing ASA in the history of the department. She recently took her annual evaluation and scored higher, receiving a Survival Level.

Allyssa Cote received her National Interpreter Certification in late April and was promoted to Mental Health Interpreter II.

ODS Staff members Brian Moss, Mansilla and Sandy Pascual will be in attendance at AIDB’s inaugural deaf awareness festival, DeafFest on September 24th in Decatur.

Charlene Crump earned her Certified Trauma Professional Certification.


Dr. Kent Schafer and ODS Staff members Sandy Pascual, Allyssa Cote, and Mansilla, will be in attendance at University of Alabama Deaf Awareness Week’s Forum. Schafer will moderate a panel and provide closing remarks to the event to consider promoting why education is important in mental health.

Charlene Crump is involved with the Alabama Language Coalition Project. The goals of the Alabama Language Access Coalition are to:
- Establish a network of organizations and individuals who are working to increase language access in Alabama
- Create a central point of contact and a clearinghouse of information on language access issues in the state
- Educate stakeholders in Alabama, including providers, interpreters and translators, advocates, and the Limited English Proficient population, on the importance of language access and relevant laws and regulations
- Build our capacity in Alabama to serve the Limited English Proficient population by increasing access to training for professional interpreters and translators in medical, legal, and community interpreting
- Research and advocate for tools to improve and institutionalize language access procedures, such as legislation, language access plans, and federal complaints.

August 23, 2022 marked the one year anniversary of the untimely death at the age of 32, of Katherine Anderson, who was the Region V Interpreter Coordinator. Katherine was well known for her commitment to the Deaf Community.

Friend of the family took up a collection to make a donation to Friends of Deaf Services (FODS) in her honor. Over $1,000 was raised and will be used to provide basic necessities for deaf consumers who are indigent. Over the years, the fund has provided everything from toiletries and clothing to utility deposits to people in our programs who have no other resources. FODS also operates an annual “Operation Deaf Santa,” which provides presents at Christmas to deaf people living in residential programs who might otherwise have no Christmas.
MHIT ALUMNI SESSIONS

OCTOBER 17 - 21, 2022 VIRTUAL

A Presentation of:
Mental Health Interpreter Training Project,
Office of Deaf Services, Alabama Department of Mental Health.
In Partnership with ADARA.

Complete Information at mhlt.org/2022-institute.html
The Alumni Interpreter Institute Is:

MHIT Alumni Sessions is a separate conference that operates in conjunction with the Mental Health Interpreter Training. It is a 40-hour course designed to provide more in-depth and continuing education on topics related to mental health and mental health interpreting building on the foundational information acquired at MHIT.

WHO SHOULD ATTEND:
Candidates for the Alabama Mental Health Interpreter Training (MHIT) - Alumni Sessions have already completed the 40-hour MHIT Interpreter Institute, including, but not limited to, Qualified Mental Health Interpreters (QMHI), and QMHI—Supervisors. Participant acceptance is on a first-come, first-serve basis.

MHIT CORE ALUMNI PARTICIPANT VS MHIT ALUMNI SESSIONS
Any person who has previously attended MHIT is eligible to attend MHIT Alumni Sessions. Registering for Alumni Sessions provides participants access to only the MHIT Alumni Sessions courses. If a participant would like the option to attend courses in both MHIT and MHIT Alumni Sessions, then the participant needs to apply for MHIT at the Alumni rate. MHIT and MHIT Alumni Sessions have separate application forms. Participants are required to complete both application forms.

<table>
<thead>
<tr>
<th>COST OF TRAINING</th>
<th>Through June 15, 2022</th>
<th>June 16, 2022 through August 31, 2022</th>
<th>After September 1, 2022</th>
<th>Day Rate</th>
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<tr>
<td>PARTICIPANTS</td>
<td>$225</td>
<td>$275</td>
<td>$325</td>
<td>$75</td>
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<tr>
<td>QMHI</td>
<td>$50</td>
<td>$70</td>
<td>$90</td>
<td>$40</td>
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*QMHI-S registration fee is waived

- A minimum of 4.0 CEUS/40 clock hours will be offered for the training.
- Before September 1st refunds will be provided upon written request.
- All refunds will be provided via PayPal and minus 15% processing and handling fee.
- Refund policy remains the same regardless of the format of the conference.
- Applications reviewed on first-come, first-serve basis.
- Contact: alumni@mhit.org (ALUMNI) for more information.
Information You Can Use:

Online Learning System

Participants are responsible for and required to join the designated MHIT Alumni Sessions online learning system. The online learning system is utilized for communication, updates, asynchronous trainings, schedules, meeting links, handouts, etc.

- A link for the MHIT 2022 class will be sent to participants upon acceptance into the program.

Application:

- The MHIT Alumni Sessions online electronic application is available at mhit.org/2022-institute.html
- The online electronic application is required.
- Applications will be reviewed and participants should receive confirmation within 10 working days. If you have not received information after 10 working days, please contact our office at alumni@mhit.org

Payment:

- You do not need to submit payment with your application.
- Once accepted, you will be invoiced and will have 30 days to submit payment based on the rate of the date your application was received.
- After 30 days, the rate at the time will be in effect and you risk losing your slot in the program.

Remote Requirements:

- This webinar will be presented via an online platform.
- To participate in the training, you will need to have access to: a computer, high speed internet connection, and a camera.
- It will be best viewed on a computer. A tablet may be used but it may impact your ability to see the material/participate. Viewing it on a phone will severely limit your ability to see the material and participate. There will be a PowerPoint, presenter, and at times, an interpreter, on the screen.
- Additional information including links to specific courses will be sent to you prior to the training.

Continuing Education

- Continuing education will be provided for RID.
- Continuing education pending for NBCC, CRC, and Social Workers.

For More Information on MHIT Alumni Sessions: www.mhit.org

Get up-to-date information at the MHIT website: www.mhit.org. All information and updates will be posted there. If there are any discrepancies between this announcement and the information on the website, the website supersedes any information here.
QUALIFIED MENTAL HEALTH INTERPRETERS

MHIT Alumni Sessions will satisfy the continuing education requirement for renewing QMHI certification.

INTERESTED IN BECOMING A QUALIFIED MENTAL HEALTH INTERPRETER?

If a participant attends all 40-hours of the MHIT Alumni Sessions training it can* count as the required prerequisites for QMHI Practicum. However, if you attended MHIT prior to 2017 it is required that you retake MHIT prior to pursuing QMHI Practicum.

* Acceptance to QMHI Practicum and approval of prerequisite courses are at the discretion of the Qualified Mental Health Interpreter Board.

Office of Deaf Services

Among the one in five Alabamians who will need mental health services in their lifetimes are more than 39,000 people who are deaf or hard of hearing.

Because deafness or hearing loss pose their own challenges in coping with risk factors and accessing and receiving treatment services, the Alabama Department of Mental Health has established an Office of Deaf Services to break down the barriers that inhibit the department in its mission to enable Alabamians to live in recovery.

Newsletter:

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

Please Note: The language of the conference is not prescribed. We do ask participants to be mindful and sensitive to the fact we have deaf participants and communication choices take this into consideration. We also ask that participants are respectful of other’s choices.

Mentoring and Clinical Supervision

Our staff interpreters provide clinical supervision and mentoring for interpreters who complete MHIT and work in the field. They also are actively providing workshops around the country.

Online Learning:

Online training in hot areas relating to Deafness and/or interpreting and Mental Health. Pre-registration required. Continuing Education Credit Offered

Clinical and MH Interpreter Trainings

MHIT periodically offers workshops on various topics related to Deafness and/or interpreting and Mental Health.

For more information www.mhit.org

Follow Us On Twitter

Like Us on Facebook
Join Our Team!

We Are Hiring!

In 2022, ODS will embark on an exciting new venture, linking our residential programs and new crisis services work. This significant expansion will create a number of new positions.

- Unit Director
- Deaf Therapists
- Deaf Care Workers
- Interpreters
- Peer Support Specialist

Why Join Our Team?

- We are cool!
- 20 years of trend setting work in Deaf Mental Health Care
- Outstanding training and promotional opportunities

  - Alabama is an outdoor lover’s paradise

Come join our team!

For More Information

Contact Steve.Hamerdinger@mh.alabama.gov (334.239.3558)

or

Visit Us At

www.mhit.org,

and https://mh.alabama.gov

#AlabamaMHIT/
Important Recent Articles of Interest


Abstract: The crisis aspects of caring for a deaf person with Alzheimer’s disease or related dementias (ADRD) are having detrimental effects on deaf people who are informal caregivers for loved ones with ADRD, including deaf and hearing family members, and who require medical care. In response to the findings from that study, which included survey data from the Caregiver Module of the Behavioral Risk Factor Surveillance System and qualitative interview data from informal family caregivers of people with ADRD, deaf community advocates, policy makers, researchers, and multiple major deaf organizations have been making attempts to rectify the needs of deaf patients with ADRD. However, we believe that past mandates from the Americans With Disabilities Act (ADA) to accommodate deaf people in health care have not resulted in the hoped-for remedies for deaf people with ADRD. Although well-intentioned, the ADA’s mandates have at times failed to meet the health care needs of deaf people with ADRD. The current crisis in the deaf community calls for evidence-based, comprehensive caregiver training. This training needs to be accessible to deaf caregivers from racially and ethnically diverse backgrounds and include direct sign language accommodations as well as captioning. Culturally and linguistically accessible education materials in sign language or with captions on ADRD, informal caregiver training, mentors, experienced dementia care workers, and support groups are lacking. This lack of accessibility to information and the historical marginalization of deaf people who use sign language hamper the dissemination of evidence-based, professional, and public education, resulting in inadequate reimbursement for caregiving. We propose a call to action for policy makers, health care systems, assisted living facilities, health insurers, gerontology providers, and health care educators to lead in effecting the changes needed to increase accessibility of ADRD-based training and educational materials to the deaf community. Here, we offer recommendations for health care professionals, organizations, and researchers whose goals are to support and achieve health equity for deaf caregivers and deaf people with ADRD.


Abstract: Deaf individuals struggle with accessing mental health services because of language and cultural discordance. Our project’s purpose was to design and pilot an accessible, integrated mental health program for the Deaf population, scalable for other health centers interested in serving these individuals. Our team addressed several identified barriers to care. The addition of a language[1] concordant mental health clinician and telemental health appointments helped us better manage Deaf patients’ mental health needs. Individual and clinic level data were collected and analyzed. Results demonstrated a significant improvement in the patients’ depression and anxiety scores from their baseline to their last documented visit. Patient satisfaction overall was high. Telemental health appears to be a feasible tool to address some of the mental health gaps in the Deaf community. Further studies are needed to demonstrate how this program can be effective within a larger geographical area.


Abstract: There is a dearth of literature on health outcomes for Black people who identify as deaf or hard of hearing (DHH). Black DHH individuals generally experience at least 2 types of oppression, racism and audism, both of which contribute to health disparities within the Black
and Deaf communities. To understand the prevalence of health outcomes in a Black DHH adult sample and compare this to a Black hearing sample. A descriptive cross-sectional study with primary Health Information National Trends Survey (HINTS)-American Sign Language survey data from Black DHH adults and secondary National Cancer Institute-HINTS English survey data from Black hearing adults. Black DHH adults and Black hearing adults (18 years or older).

Using NCI’s health information national trends survey in American Sign Language and English, self-reported data was gathered for all medical conditions as diagnosed by healthcare providers. The study showed that Black DHH adults had a higher likelihood for diabetes, hypertension, lung disease, cancer, and comorbidity compared to their hearing Black counterparts. Black DHH adults are at disparity for certain medical conditions compared to the general Black adult population. Future directions are needed to ensure that anti-racist policies include consideration of people with sensory disabilities. Inclusion of cultural and language needs of Black DHH patients in cultural humility training for healthcare providers is recommended to address health disparity in this population.


Abstract: As a consequence of long-lasting experiences of communicative and social deprivation and exclusion, adults who are deaf and have intellectual disabilities must be considered a high-risk group for the development of mental health problems. A therapeutic living community model with special emphasis on social communication development that has been implemented at three different sites in Austria is described. Through the development of the therapeutic living communities and subsequent observations, an approach is suggested to understand the mediating role of signed language and social communication skills in mental health outcomes for those with such mental health risk factors. The model requires further empirical verification.

amongst d/Deaf patients and healthcare provider awareness of communication barriers and cultural sensitivity show promise in achieving more equitable care for d/Deaf patients. Meaningful engagement of d/Deaf individuals in the conceptualization, implementation and evaluation of health-related interventions is imperative.


Abstract: Presenting Problem: Mr. D is a 62-year-old, undomiciled, unemployed, single, Caucasian, deaf, American Sign Language (ASL)-using male with alcohol use disorder and chronic lower extremity pain. He was brought to the emergency department via an ambulance after being found lighting the contents of a garbage can on fire. Psychiatry was consulted because of his bizarre behavior and the concern for psychosis. This case report and subsequent discussions explore the unique considerations and limitations of assessing a deaf/Deaf patient along with treatment and complications of alcohol use disorder.


Abstract: OBJECTIVE: To analyze the prevalence and factors associated with non-communicable chronic diseases in deaf people. METHODS: Cross-sectional study with 110 deaf people in Maringá-Paraná, selected using the snowball sampling technique. Data were collected from February to August 2019, using a structured instrument; and, in the analysis, multiple logistic regression was used. RESULTS: The self-reported prevalence of chronic diseases was 43.6%, the most frequent being: arterial hypertension (12.7%), depression (6.4%), diabetes mellitus (5.4%), respiratory disease (5.4%) and hypothyroidism (4.5%). Using health services for routine consultations was significantly associated with being bimodal bilingual. The only risk behavior significantly associated with chronic disease was excessive consumption of sweet foods. CONCLUSION: The prevalence of chronic diseases in this population may be higher than that found, as there is a possibility of underdiagnosis due to the low demand for routine consultations and the “difficulty of communication with health professionals.”
On July 16th, 988 went live to much fanfare in the mental health world. Outside that cloistered circle, it was more of a whisper than a bang. I would be surprised if the average person on the street is even aware of 988. Within the Deaf World, it was scarcely noted except for a few people who objected to the fact the promotional material seemed to ignore how deaf people communicate with the world at large.

Designed to be an easy to remember alternative to call 911 in times of a mental health crisis, there is considerable misunderstanding as to what 988 really is. In a nutshell, 988 offers a 3-digit dialing access to the 988 Suicide and Crisis Lifeline, formerly called the National Suicide Prevention Lifeline. According to [www.988lifeline.org](http://www.988lifeline.org), "The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States."

The calls are routed to crisis counselors rather than to first responders as it is with 911. This means that police officers will not be dispatched in most cases, and if they are, it will be in the form of a mobile crisis team that includes a therapist and a peer support specialist.

"When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing Lifeline network. These trained counselors will listen, understand how their problems are affecting them, provide support, and connect them to resources, if necessary." ([https://988lifeline.org/current-events/the-lifeline-and-988/](https://988lifeline.org/current-events/the-lifeline-and-988/))

It is effective for people who can call and talk to the counselors. It is reported that as many as 80% of the crisis calls are resolved on the spot, with a referral to outpatient resources often part of the resolution. A network of over 200 call centers in 50 states, the 988 Suicide and Crisis Lifeline allows for hearing callers to connect with resources near them. There are sub-networks for Spanish speaking people and for veterans, as well as those in the LGBTQ+ communities. Unfortunately, there is no similar network for deaf people.

Although a chat function is available, it does not connect to counselors who are trained to work with deaf people, ([https://988lifeline.org/help-yourself/for-deaf-hard-of-hearing/](https://988lifeline.org/help-yourself/for-deaf-hard-of-hearing/)). This can be an intimidating choice for someone whose English skills are not on par with their ASL skills. Unlike the Disaster Distress Helpline ([https://www.samhsa.gov/find-help/disaster-distress-helpline](https://www.samhsa.gov/find-help/disaster-distress-helpline)) which does have direct to ASL option, 988 requires the deaf person calling to either use text, the chat in English or to call 988 through a relay service.

Video relay services are supposed to be able to handle 988 calls. Other then a bland press release from Sorenson, there is not a lot of information regarding the various companies’ ability to ensure that a 988 call from, say, Montgomery, Alabama, is routed to a 988 call center in Alabama. (Yes, we have two in state, actually.) VRS companies are notoriously tight-lipped about how they train interpreters to handle 988 calls, which, one would presume, would be more challenging than a call to order pizza. But successful routing is only part of the problem.

The other part is the skill and preparation of the interpreter on the relay call. What training has the interpreter had in mental health? Do they have protocols established to back up the interpreter the way they do for 911 calls?

Effectiveness using a relay service for crisis calls has not been measured. We don’t have the data to prove that crisis intervention via relay can be successful. Such success would necessitate effective collaboration between the counselor and the video relay interpreter, something that is not a given. Indeed, it is more likely that the

(Continued on page 25)
counselor will lack experience in working with deaf people who have mental illness and unlikely to be familiar with doing clinical work through an interpreter. It is also likely that the interpreter will not be mental health trained. The combination is not one to inspire confidence.

Lack of sensitivity and familiarity with the Deaf Community on the part of promoters of 988, shown primarily by the lack of acknowledgement of ASL, isn’t helping. While promotional materials mentioned earlier in this article may state they are for deaf people, in reality, they are only for English-using people who happen to have a hearing loss of some degree. But if you are an ASL-using deaf person, what do you do? There has been some push back regarding the lack of options for deaf people. “Use chat or your old TTY,” but that’s not how many of us communicate now. We have videophones and VRS these days.

In some ways, this reaction is understandable to any deaf person who has encountered the emergency response system. A deaf person calling 911 experiences at best anxious moments driven by concern about how they will be treated once responders arrive. Lashonn White’s arrest is a cautionary tale. (https://www.kiro7.com/news/crime-law/police-use-taser-deaf-crime-victim/246931400/) White called 911 while she was being abused and ended up being tasered and arrested for “failing to obey commands” she could not hear.

The National Association of State Mental Health Program Directors networked state directors of deaf mental health care to discuss concerns around 988. Those discussions led to NASMHPD recommending, “That one National Call Center be established for people who are deaf and hard of hearing who are primary users of American Sign Language (ASL). A critical component for services for deaf people is the experience of language and addressing issues related to language acquisition, language deprivation, and information deprivation.”

The whole paper is well worth the reader’s time and can be accessed at https://www.nasmhpd.org/sites/default/files/NASMHPD_Recommendations_on_988_and_Deaf_Crisis_Services.pdf. A key argument was that a similar platform, the Disaster Distress Helpline, already exists and already is administered by Vibrant Emotional Health, which runs the 988 suicide and Crisis Lifeline.

John Draper, the outgoing Executive Vice President, National Networks of Vibrant Emotional Health, hinted during a national webinar, “Crisis Jam,” on July 13, 2022, that, “Vibrant will be looking to launch an ASL-Videophone pilot for 988 users this Fall.” This will, at least address one part of the problem. It won’t resolve the lack of accessible services after the call, but As I See It, it would be an important first step.
ODS Job Announcements

Positions Now Available in Deaf Services

All the following positions require Competency in American Sign Language. Refer to individual announcements for full details.

Deaf Care Unit at Bryce (New)

Administrator IV (Director of Bryce Deaf Care Unit): Based at Bryce Hospital in Tuscaloosa, Alabama
SALARY RANGE: 79 ($53,707.20 - $81,813.60 Annually)

Responsible for the overall professional clinical, ethical, and administrative activities of the staff and the overall care on a day-to-day basis of the patients on Bryce Deaf Care Unit. Responsible for overseeing and coordinating crisis response for deaf consumers across Alabama.


Deaf Therapist I (Social Worker): Based at Bryce Hospital in Tuscaloosa, Alabama
SALARY RANGE: 78 ($51,177.60 - $77,892.00)

To provide for the psychosocial needs of chronically, seriously mentally ill deaf adults and their families in linguistically and culturally appropriate ways, while ensuring that Medicare, Joint Commission, and hospital standards are being met.


Mental Health Interpreter: Based at Bryce Hospital in Tuscaloosa, Alabama
SALARY RANGE: 80 ($56,433.60 - $86,037.60)

Works with individuals who are deaf or hard of hearing with severe mental illness, and who are patients in the deaf care unit or other hospital units in Tuscaloosa. Must be licensed or eligible for licensure by the Alabama Licensure Board of Interpreters and Transliteratoros. Must be certified as a QMHI (Qualified Mental Health Interpreter) or its equivalent. (Option for hiring without QMHI certification is available)


Deaf Care Worker: Based at Bryce Hospital in Tuscaloosa, Alabama (2 positions open)
SALARY RANGE: 50 ($23,277.60 - $32,925.60)

This is beginning level work for the care, habilitation, and rehabilitation of deaf and hard of hearing (D/HH) persons with co-occurring disorders of mental illness and chemical dependency at Bryce Hospital.

Certified Peer Specialist I: Based at Bryce Hospital in Tuscaloosa, Alabama

SALARY RANGE: 50 ($23,277.60 - $32,925.60)

The Certified Peer Specialist is to provide for the psychosocial needs of the seriously mentally ill, Deaf patients at the Bryce Deaf Unit by using their own personal experiences with mental illness and their own recovery experiences through sharing, building hope, and assisting patients with achieving their own personal recovery goal leading to discharge from an inpatient setting to the community.


My Mental Health: Do I Need Help?
First, determine how much your symptoms interfere with your daily life.

Do I have mild symptoms that have lasted for less than 2 weeks?

- Feeling a little down
- Feeling down, but still able to do job, schoolwork, or housework
- Some trouble sleeping
- Feeling down, but still able to take care of yourself or take care of others

If so, here are some self-care activities that can help:

- Exercising (e.g., aerobics, yoga)
- Engaging in social contact (virtual or in person)
- Getting adequate sleep on a regular schedule
- Eating healthy
- Talking to a trusted friend or family member
- Practicing meditation, relaxation, and mindfulness

If the symptoms above do not improve or seem to be worsening despite self-care efforts, talk to your health care provider.

Do I have severe symptoms that have lasted 2 weeks or more?

- Difficulty sleeping
- Appetite changes that result in unwanted weight changes
- Struggling to get out of bed in the morning because of mood
- Difficulty concentrating
- Loss of interest in things you usually find enjoyable
- Unable to perform usual daily functions and responsibilities
- Thoughts of death or self-harm

Seek professional help:

- Psychotherapy (talk therapy)—virtual or in person; individual, group, or family
- Medications
- Brain stimulation therapies

For help finding treatment, visit nimh.nih.gov/findhelp.

If you are in crisis, call or text the 988 Suicide & Crisis Lifeline at 988 or chat at 988lifeline.org, or text the Crisis Text Line (text HELLO to 741741).
Mental Health Technician

Job Location: Clanton, Alabama (Deaf Group Home)
Site: Central Alabama Wellness

Two positions available: Thursday - Sunday, 10 pm – 8 am

To Apply: E-mail your resume to: recruiting@centralalabamawellness.org

MINIMUM QUALIFICATIONS: HIGH SCHOOL DIPLOMA OR GED; SLPI RATING OF AT LEAST INTERMEDIATE PLUS; VALID ALABAMA DRIVERS LICENSE AND ACCEPTABLE DRIVING RECORD REQUIRED; FIRST AID AND CPR CERTIFICATION PREFERRED. ABILITY TO LIFT HEAVY OBJECTS (100 POUNDS). EXPERIENCE WORKING WITH PEOPLE WHO HAVE SERIOUS MENTAL ILLNESS PREFERRED. RELATED POST HIGH SCHOOL EDUCATION MAY BE SUBSTITUTED FOR EXPERIENCE.

PHYSICAL AND MENTAL REQUIREMENTS:
While performing the duties of this job, the employee will be required to communicate with peers, clients and/or vendors. Performs duties that require the employee to stand and walk for extended periods, Requires ability to operate a vehicle and make sound judgement while driving. Work requires lifting of up to 100 pounds. While performing the duties of this job, the employee is regularly required to stand, sit; balance, walk, talk, hear, push, pull, bend, reach, lift, grasp and use hands and fingers to operate home equipment and computer and telephone equipment.

LIFE SKILLS SPECIALIST - SIGN LANGUAGE PROFICIENT

Job Location: Woodville, Alabama
Site: Mountain Lakes Behavioral Health

Shift/Hours: Part-Time and PRN (as needed) positions available

Pay Grade: 11 ($12.73-$18.11) Starting pay is $14.32 per hour

REQUIRED QUALIFICATIONS:
This position minimally requires a high school diploma or equivalent, valid driver's license, CPR and First Aid certification (on-the-job training provided), and shall hold at least Intermediate Plus level fluency in Sign Language as measured by the Sign Language Proficiency Interview (SLPI).

SUMMARY OF RESPONSIBILITIES:
This is a direct service position for a group home for deaf and mentally ill residents. Duties will include assisting with day to day tasks of the home as well as helping develop basic living skills for the residents.

TO APPLY:
Resumes may be e-mailed to hr@mlbh.com, faxed to 256-582-4161, or USPS to: MLBHC-HR, 3200 Willow Beach Road, Guntersville, AL 35976.
DEAF AWARENESS Week Forum
SEPTEMBER 19 & 20, 2022.

TIME 10AM - 3PM CT
VENUE: HOTEL CAPSTONE
320 Paul W Bryant Dr, Tuscaloosa, AL 35401

Organizers
The University of Alabama
- Critical Languages Center
- Department of Communication Studies
- School of Social Work
- Department of Communicative Disorders

Are you interested in American sign language?
Do you want to know more about Deaf Culture?
Come and discuss to share ideas to make our community more inclusive.

More information and Registration
Or email clc@ua.edu
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 practicum and a comprehensive examination covering all aspects of mental health interpreting. *(Alabama licensed interpreters are in Italics)*

† Denotes Certified Deaf Interpreters. *Denotes QMHI- Supervisors.

Alabama
- Cindy Camp
- Charlene Crump*
- Wendy Darling
- Keshia Farrand*
- Lisa Gould
- Mary Beth Grayson
- Nancy Hayes
- Jennifer Kuyrkendall
- LaShawnda Lowe
- Claudia Mansilla
- Dee McElroy
- Brian McKenny*
- Kenton Myers
- Sandy Pascual
- Frances Smallwood
- Pat Smartt
- Lee Stoutamire
- Dawn Vanzo
- Debra Walker

Alaska
- Laura Miller

Arizona
- Crystal Lentz

California
- Meagan Kelly
- Michael Klyn
- Jessica Poitevin

Colorado
- Susan Faltinson

Delaware
- Jennifer Janney

District of Columbia
- Sarah Biello

Florida
- Stacy Lawrence

Georgia
- Persis Bristol
- Sereta Campbell*
- Lori Erwin*
- Debbie Lesser
- Pam Loman
- Earnestine Lowe
- Jasmine Lowe*
- Thai Morris
- Leah Rushing
- Erin Salmon*
- Tomina Schwenke
- Aaron Shoemaker
- Janet Whitlock
- Mariah Wojdacz

Hawaii
- Darlene Baird

Illinois
- Susan Elizabeth Rangel†

Kentucky
- Jessica Minges

Maine
- Judy Shepard-Kegl

Massachusetts
- Roxanna Sylvia

Michigan
- Denise Miller
- June Walatkiewicz

Minnesota
- Dixie Duncan
- Emily Engel
- Jenae Farnham
- Josephine Heyl
- Brandi Hoie
- Becky Lukkason
- Paula MacDonald
- Melissa Marsh
- Margaret Montgomery
- Nicolette Mosbeck
- Adeline Riley
- Bridget Sabatke*
- Sarah Trimble
- Tracy Villinski
- Shawn Vriezen†

Missouri
- Christine Beasterfeld
- Stacy Magill

New Jersey
- Kacy Wilber

New Mexico
- Cara Balestrieri
- Rebecca DeSantis
- Andrea Ginn*
- Rhiannon Sykes-Chavez

New York
- Danielle Davoli
- Julayne Feilbach
- Jamie Forman
- Tara Tobin-Rogers

North Carolina
- Kathleen Lamb
- David Payne

North Dakota
- Renae Bitner

Ohio
- Rebecca Conrad-Adams
- Kathleen Lanker

Oregon
- Claire Alexander
- Patrick Galasso
- Christina Healy
- Jolleen Ives
- Christina McDaniel
- Ali Ray Perrin
- Colleen Thayer

Pennsylvania
- Denise D’Antonio
- Lori Milic

South Carolina
- Nicole Kulick*
- Holly May
- Karena Poupad
- Roger Williams*

Tennessee
- Angela Scruggs
- Eric Workman

Texas
- Lee Godbold
- Beth Moss
- Nancy Pfanner

Utah
- Melody Fico
- Mistie Owens†
- Cody Simonsen

Virginia
- Rachel Effinger
- Christina Jacob

Washington
- Lacy Darby
- Melissa Klindtworth
- Andrea Nelson
- Donna Walker
- Eloisa Williams

West Virginia
- Amanda Dorsey

Wisconsin
- Scottie Allen
- Melanie Blech
- Katherine Block*
- Tera Cater-Vorpahl
- Tamera Fuerst†
- Amanda Gilderman
- Carol Goeldner
- Debra Gorra Barash
- Sue Gudenkauf
- Lisa Heglund

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DEAF SERVICES DIRECTORY

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