

LISTEN

ALABAMA DEPARTMENT OF MENTAL HEALTH, OFFICE OF CONSUMER RELATIONS

Robert Bentley, Governor Zelia Baugh, Commissioner Volume 15, Number 1 Winter 2011

Serving you has been my privilege

By John Houston



Many of you may have heard or seen in the media that Governor Bentley has appointed Zelia Baugh to be the new Commissioner of Mental Health. Commissioner Baugh is an excellent choice and will

continue our efforts to improve mental health care in our state.

As Ms. Baugh assumes her position as Commissioner, I will be retiring after more than 30 years in state service. I wanted to use this opportunity to express my admiration and gratitude for your support and friendship during my tenure as Commissioner. During the last six years, we have faced many challenges and many of you took part in the planning process related to plans regarding future programs and services. Consumer organizations have expanded their advocacy efforts, we expanded the peer support training, and our Annual Recovery Conference continues to be the benchmark for consumer conferences across the county.

Facilities have been downsized and new services created in the community. Deaf services were expanded and more community services were added for seniors and adolescents. These and other initiatives could not have been possible without your support and advocacy, particularly through tough

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Inspired by Shocco Conference—

Jim Hickman overcomes poverty, illness to lead and counsel peers



Born in Huntsville in 1974, Jim Hickman's early years were marked by emotional upheaval. He lived often in foster homes, and from these he developed relationships that would eventually evolve into what he calls his extended family. He needed this because his own nuclear family was often turbulent and troubled.

"My mother had schizophrenia,"

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Bentley appoints Zelia Baugh as new ADMH commissioner

Zelia Baugh has been appointed Commissioner of the Alabama Department of Mental Health by Governor Robert Bentley. Commissioner Baugh came to the department with more than 18 years experience in health care. She served most recently as Administrator of Psychiatry at the University of Alabama in Birmingham Center for Psychiatric Medicine. Prior to that position, she was the Administrative Director of Psychiatry at Brookwood Medical Center in Birmingham. She has served on the ADMH Advisory Board of Trustees since 2008.

Commissioner Baugh brings to the department experience in both administrative and clinical practice in psychiatric care and substance use disorder treatment, the two largest populations served by the ADMH. Through a network of state operated facilities, community mental health

centers and contract providers, the Department provides services for over 110,000 people each year who experience a serious mental illness. The ADMH also serves more than 25,000 people per year in substance recovery treatment programs and provides services for more than 7,000 individuals per year who have an intellectual disability. Commissioner Baugh will lead the ADMH work force of more than 2,600 employees with an annual budget, derived from state and federal funds, of more than 800 million dollars.



Commissioner Baugh holds a BA in Political Science and Sociology from Birmingham-

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Peer Bridgers help others 'pay it forward'

Peer Bridger Programs are a model program that employs people who have themselves experienced psychiatric illness and recovery. Those skilled individuals help support individuals who are moving from a hospital setting into communities. Peer Bridgers provide those individuals with a mentoring network.

The peer bridger program at JBS has been up and running for several months and is managed by Program Director Jon Brock. The recently started program at AltaPointe in Mobile is managed by peer Support Manager Ameya Scanlon.

"The JBS Peer Bridger program employs people who have successfully moved from institutions to communities. Peer Bridgers provide services that cannot be found in other programs. The program started in New York State in 1995, as that state began to downsize its old huge psychiatric hospitals. As Alabama sought to downsize Bryce, ADMH saw advantages in developing a Peer Bridger program," Brock said. "Now that the 'old' Bryce has been sold to the University of Alabama, we have two goals: to reduce the census of people in the old hospital, and to ensure that patients at the 'new' Bryce have access to strong community programs—programs that reduce the length of stays at Bryce, reduce returns, and increase success in community re-entry."

"The JBS Peer Bridgers are experienced mentors who have gone through experiences similar to the experiences of the individuals we support. All of us have spent some time in a psychiatric ward, a

psychiatric hospital, or a secure medical facility."

"At times, each of us share some of our experiences with people in the Person Centered Outpatient Program (POP) who are moving out of Bryce Hospital. The transition from life in an institutional setting to life in the community can be difficult, intimidating, and frustrating. JBS has group homes, apartments, and other settings with staff that help support these individuals as they move into communities. Support from Peer Bridgers gives those individuals additional social and personal skills. We help them live with more self-reliance and self-determination."

Dr. Tim Stone, a psychiatrist at JBS who directs the Person-Centered Outplacement Program, of which Peer Bridgers is a part, underscores this idea.

"Peer Bridgers comes from the consumer support movement which mostly started in the 1960s with the move towards de-institutionalization, but which really goes back much further to the 12-step programs."

"Peer Bridgers has provided a level of accountability that I have never had as a caregiver," he said. "I was lucky to be here in the right spot at the right time. I've gone to the Peer Bridgers to seek help. Having them in our program has been so helpful to me. Their input is very important and I appreciate it."

"In psychiatry, we focus not on those who are well, but those who are sick. These people do so much to help people transition, to get well. It is hard for me to properly convey my respect and rever-

ence for their skills and knowledge."

"We talk a lot about recovery but that means different things to different people. As a provider who has never had the trauma of separation from my natural supports, or of being institutionalized, it's odd to think when people come out, and come to us, we say 'We're going to make you well!' But the people who have been there and recovered are good at many things. This program enables consumers to help other consumers exiting the institution 'learn how to live.' We've tried the cookie-cutter approach and it doesn't work. The individual approach is better. Pairing people with people really works. Providing role models is a powerful thing."

Stone observed that the Peer Bridgers see that there is hope. "It is possible for a person with serious and persistent mental illness to live a happy and fulfilling life based on principles of recovery, rather than being doomed to an existence of inactivity, smoking cigarettes and watching TV all day. Peer Bridgers help others move toward more fulfilling lives. They are practical teachers who have 'been there and done that.'"

"The Wyatt decision was necessary for all of this to occur," Stone concluded. "People have a right to adequate treatment."

Program director Brock agrees that the Peer Bridgers program is experiencing great success. He also believes that the best testimonials to the program come from the Peer Bridgers themselves.

LISTEN recently met with a few of these dedicated peer leaders.

In their own words



Ralph Hughes

I can tell you just one example, a personal example, of what it can mean to be a Peer Bridger. I was working with a friend we will call Consumer X. He was going through a difficult period in his transition to the community. He quit trying to make it. He wouldn't bathe or shave. He didn't want anything to do with the group. He just wanted to get away from everything we were doing and to go off by himself.

But I looked within myself and decided that I needed to keep working with him. I knew he had been through a lot. I told myself that I was a leader. I knew it was time to set an example for him, and that I needed to continue on. A few days later, the light came on. He flipped over a new leaf. He got better and is doing well. How did it make me feel? I felt proud. I saw the real value right there of the Peer Bridger program.



William Ruff

As a consumer, when I was released from Bryce I went through a long period of what I consider to be just waste. If I had had just one case manager or peer manager or specialist, or especially if I had had a Peer Bridger, I could have integrated much faster into the community.

We get to know people coming into the community by first going into Bryce and meeting them. We might spend two weeks there with them, two months, whatever. We engage them in many ways. We talk to them about the positive

change they will soon be experiencing. We communicate and try to establish trust. Then we seek to understand what would work best for the person's transition to the community. A group home? An independent living arrangement? Volunteer opportunities? Competitive employment? We try and put together what would work best for the person. Then our last job is to translate the person's needs and wants to the treatment team.

Success for us is when the person leaves Bryce, or any other facility for that matter, and contributes to the community. If we are all, as a group, successful, this saves the state tens of thousands of dollars per person, and gives the individual a much more rich, more fulfilling life. So we feel very strongly that this is a good program from all perspectives.

When you help a bridgee, it also boosts the Peer Bridger's self-esteem. It becomes a closed circle, an upward spiral of recovery. This is all part of a health care continuum. In all cases we remember this: we are here for the peer.

Jerome Dorsey

I think the Peer Bridger program has the potential to affect how we approach mental health treatment in Alabama. It means so much to me because I had some Bridgers who basically kept me from being homeless. I have some wonderful friends out there who just changed my life. Daniel said it very well – it's like paying it forward. This program now gives me an opportunity to help others in the way that I was helped. I'm an ordained Baptist minister but saw some really hard times, and I never knew I'd be in a position again to help others after my psychotic breakdown. But here I am. For me, this is like a calling from God.



Daniel Williams

I started out at the VA hospital and found out about the Peer Bridger program becoming available. I immediately felt it was well-suited to my experience. Everyone has a past that they want to hide, I know that. I was down and depressed and I can tell you that helping others really helped me. It's like what William said: it's a closed circle, an upward spiral of recovery. When you help a person, when you give them the tools to help them become a new person, it's a good thing. It's like paying it forward.

This program enables consumers to help other consumers exiting the institution 'learn how to live.' We've tried the cookie-cutter approach and it doesn't work. The individual approach is better. Pairing people with people really works. Providing role models is a powerful thing."



Person-Centered Outplacement Program

provides "bridge" to community support

The JBS Peer Bridger program is part of a unique program underway at Jefferson-Blount-St. Clair Mental Health Center (JBS) in Birmingham. The Person-Centered Outplacement Program – or POP for short – is designed to help people who have been confined for long periods of time in state mental hospitals, or who have been hospitalized many times in state hospitals, to successfully maintain long-term residence in the community setting of their choosing. The long-term goal of POP is to help these individuals establish strong ties in their community so they have the necessary supports to pursue recovery and stay out of the state hospital system.

Most POP consumers have been diagnosed with a serious mental illness such as schizophrenia or schizoaffective disorder,

Most POP consumers have been diagnosed with a serious mental illness such as schizophrenia or schizoaffective disorder, have spent almost a dozen years in state hospitals, and have additional problems that have complicated the course of their primary mental illness. These other problems might include intellectual disabilities, substance abuse, or a wide variety of medical illnesses.



der, have spent almost a dozen years in state hospitals, and have additional problems that have complicated the course of their primary mental illness. These other problems might include intellectual disabilities, substance abuse, or a wide variety of medical illnesses including consumers who have been adjudicated Not Guilty by Reason of Insanity.

Leading the POP team at JBS is Dr. Timothy E. Stone, a psychiatrist who, in addition to his work at JBS, is also deeply engaged in researching and writing a history and biography of Dr. Peter Bryce.

"I first heard of the POP pro-



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gram last year," Stone said. "A major goal of the Wyatt settlement is to reduce the census at Bryce. The new state hospital in Tuscaloosa will have space for 268 people. Currently the census at Bryce exceeds that number by about 100 patients so we saw this as a real opportunity to provide a new way for these people to transition into the community and succeed once they are here."

Stone is excited about the new opportunities the POP program provides.

Psychiatry focuses on generalized diagnosis, not unique individual

"This program gives us a chance to develop new services, and to emphasize that each person is not a psychiatric diagnosis – they are people. Better results come from treating people as individu-

"I tell them if they go back into the hospital, it is a personal failure on my part," he said. "We attempt to establish a sense of good will and good faith from the very start. For example, we attempt to discuss everything about the person with them in the room. Everything. Otherwise, it becomes a collusion session. If the consumer is not there the whole way, and then they walk in and hear what we have decided about them, it becomes an ambush."

als and not as a diagnosis. It is important to approach each consumer as a person with many complex, connected situations and experiences, as opposed to 'a schizophrenic.' It's a critical distinction."

Stone notes that diagnosis of psychiatric conditions is not based on objective findings such as laboratory tests or brain scans. A diagnosis is based on observed or perceived symptoms and is influenced by a myriad of uncontrolled and often unrecognized socioeconomic factors.

"Most of these patients were sent to hospitals because cultural and societal boundaries were broken, and not necessarily because of any symptoms that were displayed. This method has always been there – we send you away to go and get better. The person is then removed from their existing supports – job or family or neighborhood – into an artificial environment. Is this a good place to go to 'get better?' Maybe not."

Stone notes that the downward drift in terms of socioeconomic status that is typically associated with mental illness is, in our culture, perceived to be a natural result of the pathology of the illness. Exploration of the history of psychiatry and mental health reveals this phenomenon is more likely a result of society's neglect of providing for the needs of these individuals.

"I believe that many of the barriers encountered by people with mental illness are circumstantial, or artificial, or a result of bias against people with a mental illness," he said. "For the past 50 years psychiatry has been a biologically-oriented discipline. The profession of psychiatry, in the process of defining itself, has focused primarily on mental illness as a physical disease rather than acknowledging the complex and comprehensive nature of the conditions that result in what we might call, for example, schizophrenia or depression. This point of view has been supported by 'outside interests' such as the pharmaceutical industry, which gains a great deal economically by portraying mental illness as a simple 'chemical imbalance.'"

"In the biological orientation of psychiatry, we have forgotten the person and

focus instead on a diagnosis. If that person comes out of the hospital and doesn't 'act right,' we just file a petition and back they go to the hospital. Psychiatrists and mental health professionals haven't had a great deal of accountability to the people who we are supposed to serve. We often don't make it very easy for individuals to receive the care they need. A person who is already struggling with his or her illness must leap over some pretty high hurdles simply to access care in the community, but mental health professionals can have a hard time acknowledging or even recognizing the situation."

The Person-Centered Outplacement Program changes all that, according to Stone. POP provides accountability.

POP program unique, focused on holistic health

When Dr. Stone meets new people coming into the POP program, he tells them his one simple goal: to keep the person out of the hospital.

"I tell them if they go back into the hospital, it is a personal failure on my part," he said. "We attempt to establish a sense of good will and good faith from the very start. For example, we attempt to discuss everything about the person with them in the room. Everything. Otherwise, it becomes a collusion session. If the consumer is not there the whole way, and then they walk in and hear what we have decided about them, it becomes an ambush."

Stone emphasizes that everyone – from the person just leaving Bryce to the most specialized professional in the field of psychiatry – thinks from an institutional frame of reference. Therefore he believes "rather than thinking outside the box, we should get out of the box and think."

"POP is based on a broad philosophy of holistic treatment," he said. "We attempt to individualize every aspect of a consumer's care. A primary component of POP is the behavioral support team that includes a behavioral analyst and a basic life skills coach. This is standard procedure in working with people with intellectual disabilities, but is a pretty new idea in mental health treatment. To

be committed in Alabama there must be behavioral issues that make you a threat to yourself or to others. It's not the illness that gets you into the hospital, it's the problematic behavior. So we focus on identifying behavioral issues, and then try to help consumers learn to behave differently."

"A person's behavior that is understandable in an institutional setting – for example, bullying someone over food – is inappropriate in the community. If a person comes out of the hospital and displays such behavior, they may be sent back to the hospital. We attempt to specifically address these behaviors and help these individuals find alternatives to the inappropriate behaviors and to realize that the behavior is no longer appropriate for their circumstances."

Not only does POP try to address the behavior issues of consumers, but also responds to the "institutionalized" behavior of staff in the community.

POP is organized on basic behavioral principles, which Stone describes as "things your grandmother taught you when you were little" that staff may forget when responding to individuals with inappropriate behaviors (see sidebar).

"We try to abide by these POP principles ourselves, as staff members," Stone said. "If we suggest that yelling at someone doesn't help them, we can't turn around and yell at someone ourselves. We try to listen to each consumer and respond appropriately and respectfully regardless of how we might feel inside."

"In a sense, these ideas are heretical in the mental health field," Stone said. "I come from a substance abuse background. I can be confrontational because of this. But if I am confrontational with a person who is paranoid, what good does that do? It makes me feel better but it doesn't help the person. In fact, that approach tends to make the situation worse

quences, real consequences. So making an artificial punishment in this POP environment really doesn't work. The people we work with have already had real consequences. They have been placed in the institution. Eventually, if you're aggressive or abusive then you can't live here in the community. You go back to the hospital. That's a real consequence, a natural consequence. We try to emphasize the need to avoid the 'real-life consequences' of their behaviors rather than creating artificial consequences which inevitably confuse rather than clarify."

The program, as stated before, tries to address individual barriers. The team identifies behaviors and then works to modify those behaviors based on the POP Principles.

"All of the people who come through our program have become frustrated and overwhelmed with living in the real world," Stone said. "At one time or another they realize that living in the hospital was, in some ways, easier. They had no responsibility for managing even the simplest aspects of their lives. A few have even demanded to be returned to the hospital. They are overwhelmed

by the responsibility they now face and they are saying 'Listen to me. I need your help.'"

"This is the big idea: behavior is a big component in how we get along in the community. Here, both consumers and staff work to modify their behavior according to simple principles. Even though this can be challenging the approach seems to be working well for all of us."

Person-Centered Outplacement Program (POP) Principles

- Always explain ... never argue.
- Always request ... never demand.
- Be friendly ... build relationships.
- Be fair ... respect others' opinions.
- Be engaged ... stay active.
- Be open to change ... stay positive.
- Be honest ... talk it out.
- Think before you act ... and speak.
- Don't take it personally.
- Always treat others the way you want to be treated.*

rather than better. I had to confront my own issues, so I am in here learning along with everyone else."

Stone also draws a distinction between real and artificial consequences.

"If a person is driving 70 in a 55 zone, they get a ticket. But in many ways that is an artificial consequence. If it's a dry road and no one else is around it probably isn't all that dangerous. But what about a person with heart disease who won't stop smoking? There you have natural conse-

Both pursue moral treatment—

Dr. Peter Bryce inspires Stone

In addition to his work in the POP program, Dr. Stone is working on a biography of Dr. Peter Pryce, the founder of Bryce Hospital and a groundbreaking figure in the moral treatment of people with mental illness in the 19th century.

“Dr. Bryce, in my opinion, is one of the greatest figures in the history of psychiatry,” Stone said. “He was called an Alienist, which was an early name for psychiatrists because 100 years or more ago many people felt that these patients were not at all responsible for their behavior, that they were *alien* to their reason. A major line of thought was that if these patients were shielded from the stresses of life and reason was restored, they would be fine. But Dr. Bryce’s approach to treatment was scientific. To him, acknowledging illness meant a hope of recovery.”

Bryce’s treatment philosophy embraced the purest form of moral, or humane, treatment.

“His approach was indeed the purest,” Stone said. “Moral treatment, as an entity, has not been closely studied. Dr. Bryce’s ability to effect the treatment was remarkable. Dr. Bryce created a remarkably successful hospital in the face of terrible privations.”

Bryce was just 26 years old at the time, and newly married. He was completely

isolated in a professional sense. His broad education – including studies in Paris, London, and New York – strengthened his ideals regarding moral treatment. Throughout the War and Reconstruction



he managed to build and maintain state-of-the-art facilities and honed excellent treatment principles in spite of the greatest challenges. In fact, his patients had a better survival rate than some groups in the general population in Alabama.

“Dr. Bryce believed that humane treatment meant not hitting or punishing peo-

ple, and not using physical or mechanical restraints. There were no real medications then, of course, and most doctors disagreed with his approach. If a patient was manic, Dr. Bryce believed in one-on-one, calm, happy environments. And it often worked! In fact, the improvements they witnessed in that time and place are better by some measures than we experience now.”

“This is not to say that everything he did was perfect or that everyone he treated got well. I do believe, however, that I have learned a great deal regarding the therapeutic importance of simple kindness and unconditional respect, which was the foundation of Dr. Bryce’s success.”

“We try to do that here, with our POP program” Stone said. “Dr. Bryce’s willingness to risk a different approach to treating people, such as the non-use of restraints, was vilified by his peers. But his methods worked.”

“So that’s how we are alike,” Stone concluded. “Dr. Bryce believed in keeping individuals active rather than allowing them to just sit around. Our Peer Bridgers get people engaged in living their lives. The POP Principles of today and the Bryce Principles of 1890? They’re almost identical.”

John Houston

economic times.

Commissioner Baugh is well qualified for this position and I am confident that with her experience and abilities she is up to the task. Nevertheless she will need your support, help and assistance as she works to maintain the momentum of these plans and to bring new ideas to fruition. She served most recently as Administrator of Psychiatry at the University of Alabama in Birmingham Center for Psychiatric Medicine. Prior to that position, she was the Administrative

Director of Psychiatry at Brookwood Medical Center in Birmingham. Her clinical experience relates to the treatment of mental illness and substance addiction, two of the three divisions of the Department. Commissioner Baugh has served on the Department’s Advisory Board of Trustees and the Acute Care / Reconfiguration Task Force I established to make recommendations for systems transformation. The Board and Task Force included consumers. In those capacities she has been a contributing

member and is well aware of consumer concerns, the Department’s services and partnerships with stakeholders.

It has been a great privilege to work with you and to serve you. I am proud of the stories of recovery, self-determination and independence that I hear, as well as the numerous accomplishments of consumers. Advocacy should not end with retirement. Hopefully, I can continue to contribute in some way and celebrate your ongoing success.

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Jim's mother passed away when he was seven

Hickman said. "I remember her fairly well even though she passed away when I was just seven. My grandmother – my mom's mother – did a lot to try and help her. My mother was not very good with money and had a lot of medical bills. These and other expenses were paid for by my grandmother. As a result, my grandmother kind of 'nickel and dimed' herself from being a wealthy woman, to not having any money at all. She lost her financial security. Out of love and concern for my mom she did all of this. My grandmother was and, for the rest of her life remained, my most important social and emotional anchor.

foster homes, Jim and his brother Bert moved to Oregon to live with their father.

"That was a situation where we were in extreme poverty," Hickman said. "We had a stepmother there for a while which helped a lot. We were in a suburb, and I saw my first-ever movie, went to a mall, things like that. But after the first year things went downhill. My dad drank a lot and he would just disappear on us. My brother Bert was seven years older than me so he provided what care he could. We were on our own. We went to school but just kind of fell through the social safety net. I'm not sure how much of dad's benefits ever trickled down to us. We were lucky just to get some food to eat. My mom and stepfather saw us during a summer visit and then after the second



Jim's grandmother sacrificed greatly for Jim's wellbeing

remarried, they split, and young Jim was back living with the neighbors.

"They were all good people," he said. "My stepfather was a super-intelligent person, eccentric in some ways but generous and a good guy. After a year with the neighbors, who by now were just like family, we moved back in with my grandmother. She'd had her hands full with my mom. Mom was pretty sick. She'd hail down the police for stuff that wasn't really happening. She was delusional. My grandmother is really the hero of all this. My mom's death really hurt her emotionally. And for me it was different not having parents like everyone else. I had a cousin who was active in my life until I was 12 but then he died. He took me fishing and to church."

Life briefly stabilized for Hickman outside the home. In his fifth grade year he had a lot of friends. His grandmother moved them to a nicer school district. But nothing ever stayed easy for Hickman. In the sixth grade they divided the school

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Cross country and back

After spending his first six years in

year we just didn't go back. Bert had to call dad and let him know we weren't coming back."

When Hickman's mother passed away soon after his return, he went to live with some neighbors for a year or so. He then moved to Meridianville where things went well for a time. But his stepfather



Jim (number 74) rekindled old friendships when he joined the football team

into teams. For whatever reason, all of his fifth grade friends were on the other team. He really didn't have a friend for the next five years, or even any dates until he was a high school senior. He spent these years living with his stepfather, grandmother, or various neighbors.

"Looking back I realize I was different from other kids," Hickman said. "I would pace for hours imagining things like a super-hero cartoon going on like a TV in my head. Eventually things were better but until my junior year I was pretty much on my own. But by my junior year I rekindled friendships from fifth grade and played football. I started half the games and we won the city and area championship there at Huntsville High School."

Hickman continued football as a senior and even had a prom date. Upon graduation he enrolled at the University of Alabama where he bounced around from major to major. A mentor eventually convinced Hickman that he was smart and could make good grades. He joined a fraternity and became an American Studies / liberal arts major and set his sights on law school. In spite of a lot of partying, Hickman became a scholar and by his senior year mostly hung out with law students.

"I just didn't fit in with frat guys as much by then," he said. "I felt ostracized. We just didn't – it's hard to say. I drove an old economy car and they were driving new SUVs and stuff. I was very liberal – that's how I was raised. Most people there were very conservative. I had to argue with people all the time but eventually learned to avoid all that. After my junior

year I rode a bicycle from San Francisco to Charleston to raise money for children with disabilities. I was in great shape for my senior year. Then, on Christmas break of my senior year, everything fell apart."

Psychotic breakdown

"Back home for Christmas break, everything was in disarray," Hickman said. "My

brother had gotten arrested for shoplifting. He had issues with dual diagnosis. My grandmother thought she had cancer. It all worked to freak me out. I was under stress back at school. I got into a

God told me not to eat so I didn't – no food for a week. Eventually, an orderly basically just put food in my mouth. I ate but remained mute, comatose. I saw a psychiatrist and he said to me that God works through medication. I stayed in Druid City for six weeks and got on my meds and felt like my old self again."

fight with my stepfather over the whole situation. Lots of stress! I went back and finished up my last semester but still needed a few classes to graduate. It was in that summer – 1996 -- that I got sick. It was a huge turning point."

Hickman found himself in a class on postmodern television narratives. He was trying to woo a girl who caught his eye. Everything crashed in on him.

"In a matter of moments it was like I could hear what she was thinking," he

said. "I called my grandmother and felt like she was laughing inside my head. It was like being really stoned out but I wasn't. I asked myself why this was happening. In bed that night I thought my grandmother was in league with one of my English professors, kind of forcing a union between two vampires and I was the catalyst. Their mutual conversation was going on in my mind."

It got worse from there. Hickman's roommate had a deer head on his wall and to Jim, its eyes were glowing a luminescent blue. At that time he was a gun owner. He felt a need to do something.

"I grabbed my pistol because I thought vampires were going to come crashing through the door, any second" he said. "But right then, a different kind of voice told me to put down the gun and relax. I hadn't been religious in college up to that point but my Christian upbringing all came rushing back at me. The vampires made a deal in my head. I thought I had sinned grievously! It was dawn. The voices were like the vampires against what I called 'an academy of good.' I got in my car and escaped from the house."

Voices told Hickman to abandon his car and he started walking, trying to figure out what was going on. It didn't occur to him that he might be experiencing the onset of mental illness. He found a friend and talked to him about religion where he was told that there is just one God, supreme over enemies. Hickman returned to his roommate's house, couldn't



Jim (far left) and cross country bicycle trek



find his gun, and freaked out. He thought the gun had been stolen so he went to the police station and filed a report.

"After that I went to the old frat house, which was locked up for the summer, and just went into my old room," Hickman said. "I had nightmare visions. The next

was taken to a mission where he spent the night. Voices led him away from the mission and told him to keep his eyes shut. At a convenience store Hickman saw what he described as an older black man.

"I thought he was an angel and I told him I wanted to go to heaven," Hickman said. "He said, 'I'll be right back.' He brought out police officers but the voice told me not to talk to them. They cuffed me and put me in an ambulance. I thought maybe they were taking me to hell so I kept my eyes shut."

At the hospital Hickman assumed he was in purgatory.

"God told me to open my eyes but to remain mute. I did so for two days. I was on a ward with mostly older Alzheimer's patients. My family came to visit but I couldn't speak to them. Of course I felt bad putting them through all that. God told me not to eat so I didn't -- no food for a week. Eventually, an orderly basically just put food in my mouth. I ate but remained mute, comatose. I saw a psychiatrist and

had sold her house and was living in a townhome, doing her best to make ends meet. She had little left to support herself, much less her grandson. Hickman stopped taking his meds because the side effects -- extreme dry mouth, blurred vision -- were overwhelming him. His decision to go off the meds became a real point of contention with his extended family.

"I didn't know what to do," Hickman said. "I was at wit's end. I became suicidal. I was a few classes short of graduation. I didn't know about disability benefits. I thought that was for people over age 65. My family signed me up but my grandmother thought she was going to have to pay for it all and she put the pay-back money in a separate account. That was a real strain on her. She was over 80 and was very worried about the money. I just thought if I were gone it would be a burden off of everyone."

Hickman's thoughts turned to suicide. "I grew up with a lot of guns and things so I just had a stockpile of them and I thought about shooting myself," he said. "But I couldn't do it at that point. I was afraid. Then I thought maybe I could swallow a bunch of pills and go to sleep and not ever wake up. I wished I had never been born. So I swallowed some pills but woke up eight hours later. I ended up in Huntsville Hospital for a day or two but they didn't want me there. I tried the pills again but this time I chased them with alcohol. The same thing happened. I took off walking so no one would find my body. I passed out from heat exhaustion -- they thought. I finally told my grandmother what it really was and that really upset her."

They began giving Hickman shots to ensure that he took his meds, and they took away all of his guns. But the side effects remained a total misery, which sent his suicidal thoughts into overdrive. After months of suicidal torture he began to feel better.

With the help of a neighbor-sister and her husband, Hickman managed to finish up his last classes at Alabama but remained totally isolated.

"I was ashamed to meet or even see my old friends," Hickman said. "They didn't

He said take me in, my grandmother said OK, and that was it. His appearance just really scared me and upset me. I could tell right away he had serious mental illness. He was talking about being able to read people's minds, interpreting the Bible and relating it to anything and everything.

morning I walked in the rain but didn't know where I was going. I took off my watch, threw it in a puddle, and became lost in the woods. Lightning was flashing. I went through a stream and found my way out of the woods. It was like a horror tale from a book."

At a small church, Hickman was sucking moisture from the wet earth to try to quench his thirst. Voices told him to walk to peoples' houses and ask for water or for help. Soon he was followed by a police car and placed into the back seat. He

he said to me that God works through medication. I stayed in Druid City for six weeks and got on my meds and felt like my old self again."

But for Jim Hickman, plenty of trouble still lay ahead.

More struggles, more uncertainty

Upon being released from the hospital, Hickman returned home to his grandmother in Huntsville. By then she

know how to react to me. I was shunned – I hadn't talked to them for over a year. I had never had huge romantic success any way and that just added to it. My grades suffered but I did manage to finish up and graduated in American Studies. I'm lucky I had my sister."

Even with a degree in hand, Hickman had no idea how to proceed. He worked two days as a Pizza Hut manager in Batesville, Miss., before walking out. He sold perfume door to door for a few days. But he landed as a front desk clerk at Holiday Inn and lasted there for nine months. That was when his long-lost brother Bert appeared, trailing clouds of trouble.

Psychotic relapse, and a turn toward peer support

While working at Holiday Inn, Hickman got back into some social situations and would drive to Tuscaloosa to see old friends. He decided to go to law school and went all out on his application and LSAT preparation.

"As I was slowly getting it together, out of nowhere my older brother Bert just pulled up in the parking lot of my grandmother's townhouse. He said take me in, my grandmother said OK, and that was it. His appearance just really scared me and upset me. I could tell right away he had serious mental illness. He was talking about being able to read people's minds, interpreting the Bible and relating it to anything and everything. He had strong religious delusions. I was off my meds but didn't think I had a mental illness. I tried to talk him down, to explain why none of his thoughts could be real. Well, the pressure of him coming back was too much, and I started going down that road with Bert. Like him, I became delusional."

Within weeks Hickman had lost the job at Holiday Inn. It ended with him being carried out of the lobby, comatose, into an ambulance.

"I was committed to North Alabama Regional Hospital in Decatur," he said. "I stayed there six weeks. My first two weeks I was delusional. Back in my right

frame of mind, surrounded by other people who were delusional, I heard them saying things that I was thinking: about the Mafia and reading minds and hearing voices. I knew there was no way we could all be right. At that point I started trying to help my peers."

It was then that Hickman first considered becoming a therapist. His application for law school was still out there but his Personal Statement on his application was pretty far out. It was like a religious edict. He knew the professor who was in charge of law school admissions at Alabama. He told Hickman he would have to apply to a different law school, but he also said Hickman should write a book.

"So I came away with the idea that I might become a therapist and that I could write a book – or at least those ideas had been planted in my mind. When I got out of the hospital I got into an apartment program in Huntsville and had some degree of independence," Hickman said. "I knew I had a mental illness and I lived in a community of people who were working on recovery. I got back on disability and went to day treatment and got depressed. I didn't have a car and wanted to go back to Decatur. But I wasn't delusional, just depressed. Depression sent me back to Huntsville Hospital and then into a group home. Vocational Rehab hadn't worked out for me, and I was actually moving back toward suicidal thoughts. This was in May of 1999."

About that time Hickman's disability check got cut off and he knew he had to do something.

"I got a job as a shopping mall security guard. I liked it. I dated a girl for the first time in five years. I decided to go to graduate school and started studying technical writing at UAH but my family was against it. They said I needed a job, so I couldn't be focused on my studies and I just flunked out. Really, it's more like I just quit trying. Back at my security job I began working on credentials to become a teacher, influenced by my girlfriend's family. I was really happy and was taking my meds, taking responsibility for myself."

But, as had often been the case when

"When I went to Shocco Springs after beginning my first security job I was amazed," Hickman recalled. "The people there really inspired me. They had survived so much that it felt kind of like I was meeting my ancestors. It was like being in a time warp. They didn't have the same meds and supports that I had had. They had been through so much. The connection I felt, the grace and the power, it's hard to describe."

things were looking up, Hickman was beaten down by life. Upon arriving at the townhouse one afternoon, his grandmother was very upset because Bert had gotten worse and had become belligerent, wielding a pellet gun and acting incoherent. Police arrived and Hickman



Jim makes a presentation



"I loved being a student and was very serious about my studies," Hickman said. "I graduated in 2004 and was hired on at the mental health center in Decatur as a therapist. I achieved my dream in the day treatment program. The only bad thing was that my grandmother passed away three days after my graduation. I was closer to her than to anyone else. She gave up everything for me, for my brother, for my mother. She was so great. I was heartbroken, yet my dream had come true."

told them his family history and they took Bert to the hospital.

"It was scary to explain my family history to the cop," Hickman said. "When the cop talked to Bert he was just totally incoherent. About the same time my stepfather had heart surgery and was moving to St. Louis and we had to figure out what to do with my grandmother. I lost my security job and decided to go back on disability. The next two-and-a-half years were hard for me in a lot of ways. It was lonely and frustrating. But I found a nursing home for my grandmother. I had my brother Bert committed and tried to help him as well but he eventually got out and moved around to different peo-

ple's houses. He spent a lot of time on the road and in missions. So we didn't really see much of each other for a good while. He was still in denial."

But something positive had come Hickman's way, and it was the start of a life-changing course: he became a volunteer for NAMI in Huntsville.

"I applied for a Peer Support position at North Alabama Regional and when I arrived to interview there were a ton

"There is no way I could have made it without other people. To me our movement transcends race and gender or any of these other things that society at large is hung up on. We care about each other."

of people there. I didn't get the job," Hickman said, "but I was happy for the interview. And then I learned about drop-in centers and how to start one. I had been on the Consumer Council at Huntsville MHC and as a group we learned about drop-in centers. Vickie Hatcher organized a trip and then Mary Reeder was on NAMI staff and she also led us toward starting our own drop-in center: Our Place. So I was very involved in the start-up there."

Hickman worked with Mike Autrey's Office of Consumer Relations, and won NAMI Huntsville's Consumer of the Year Award in 2000.

"I volunteered for NAMI for two years but beyond that had no social life so I was still depressed. I went back to work as a security guard paying \$10 per hour – my first-ever job with a living wage. I was very excited about it! Then I met a friend – we hung out for two weeks before realizing we both had schizophrenia. She was at Lockheed Martin. She became a real role model as one who was diagnosed with schizophrenia but was also doing such high-level work. We talked a lot and she encouraged me to go back to school."

Soon thereafter, Hickman felt a calling to become a therapist. It was, he realized, his dream. He enrolled in the Masters of Social Work program at Alabama A&M.

Dreams come true, Shocco Conference inspires

"I loved being a student and was very serious about my studies," Hickman said. "I graduated in 2004 and was hired on at the mental health center in Decatur as a therapist. I achieved my dream in the day treatment program. The only bad thing was that my grandmother passed away three days after my graduation. I was closer to her than to anyone else.

She gave up everything for me, for my brother, for my mother. She was so great. I was heartbroken, yet my dream had come true."

"After a year or so I was asked to work in a substance abuse recovery program. After nine months there I was hired as an outpatient therapist. I was in heaven. I could help others like I had been helped. A year or so later I went back to day treatment for almost four years, and now I have recently started back as an outpatient therapist here in Huntsville."

Hickman is finally feeling fulfillment after years of torment and frustration.

"I love being able to do this. I feel like I have a connection because I've been through so many of the things my peers are experiencing. In addition to the illness, there is also empathy on my part for the many difficult parts of life beyond the mental illness. There is so much pain, so much poverty, so much injustice. I love helping people heal."

A big part of the healing process for Hickman was his first-ever visit to the Recovery Conference at Shocco Springs.

"When I went to Shocco Springs after beginning my first security job I was amazed," Hickman recalled. "The people there really inspired me. They had survived so much that it felt kind of like I was meeting my ancestors. It was like

being in a time warp. They didn't have the same meds and supports that I had had. They had been through so much. The connection I felt, the grace and the power, it's hard to describe."

"What I felt at Shocco, and everything I have been through, it all makes me want to keep moving forward and that goal remains the same. I want to help keep the consumer movement going. I think I inspire people through my experiences and I want them to know I love them. I was inspired. There is no way I could have made it without other people. To me our movement transcends race and gender or any of these other things that society at large is hung up on. We care about each other."

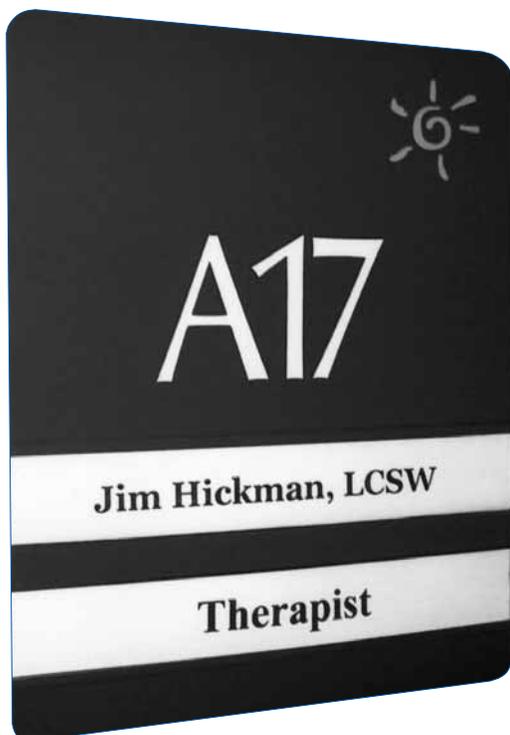
Hickman presently serves as the president of NAMI in Decatur, is on the board of Wings, Alabama's statewide consumer organization, and is on the board of the Visionary Guild. He is also developing a website so people can learn more about his life and the book he is writing. The web address is www.themindfulson.com.

A great end to this amazing story for Hickman has been re-connecting with his brother Bert. He lives now with Hickman, and works part-time at a truck stop. Bert isn't part of the consumer movement – yet – but Jim is working on him.

"This is hard to explain, but it just feels



good to be helping others both inside and outside of work. I'm working on a book about my life, I'm working with other people like me in my job, and I'm helping my brother get back on his feet. So much has happened that I never thought possible. I didn't do it alone. I could never have done it alone. For that and for many other reasons, I just want to keep giving back."



Bentley appoints new ADMH commissioner

continued from page 1

Southern College and a Master of Social Work from the University of Alabama in Tuscaloosa, Alabama. Commissioner Baugh has received numerous awards throughout her career. By those who know her both professionally and personally, her compassion for patients and family members is her highest accolade.

"Helping ensure the mental health of our people is one of the most important services Alabama can provide for our citizens," Governor Bentley said. "Ms. Baugh is eminently qualified to guide our mental health system."

To honor SO-MI long time supporter and president
First-ever Senator Bill Menton Golf Tournament in support of SO-MI

big success



The first-ever 'Senator Bill Menton Memorial Golf Tournament' was held this past October to honor the memory of the South Alabama legend who in addition to serving as a state senator was also a Mobile County Commissioner, the Bayou La Batre police chief, and a juvenile probation officer.

Menton dedicated his life to serving others, especially the less fortunate. Just before his death he said the following to the Mobile Press Register:

"The most rewarding thing I've gotten out of helping the kids is when I meet some grown man, and he tells me, 'If it hadn't been for you I'd be in the penitentiary today.' That's a reward money can't buy."

What many people don't know about Menton is that he also had a heart for people working to recover from mental illness.

"He was the long time supporter of the SO-MI Drop-In Center," said Terance Brown, SO-MI's manager. "After he died last year we wanted to do something to honor his memory as well as help sustain the organization he cared so much about. We came up with the idea of a golf tour-



Participants and family relax with a picnic lunch after a round of golf

at ease with everyone here. He was very hard working but he was also a comedian. He was hilarious. He got along really well with everyone here."

Brown felt that in Menton's role as a police chief he had seen a lot of people with mental health issues come through the jail. For this reason he wanted to do something to help.

"He did so much for this organization but he really did a lot for all kinds of people. Since he supported our organization for so long he has been keeping up

with us. We thought the tournament was a way to honor him and keep his name alive."

The tournament itself, according to Brown, was a real success.

"It's a lot of work putting on a golf

tournament," Brown said. "We didn't know just how hard it was. We had 14 teams come to play and had a lot of terrific support from sponsors. Some of the sponsors were big corporations like Wal-Mart, but also people chipped in to help just because they had known and loved Senator Menton. All kinds of people came together to make this work."

Brown said the next tournament will probably be held in late spring since the October date conflicted with college football, which in the State of Alabama of course is like a second religion.

"We think we'll get better participation that way, but we were very happy with how this one turned out. Over 20 sponsors kicked in for the event at Silver Kings in Bayou la Batre, and a lot of people who knew Bill came to cheer us on. It was a lot of work but a lot of fun. We hope this is something that we can carry on with and make even better as time goes on."

"He did so much for this organization but he really did a lot for all kind of people. Since he supported our organization for so long he has been keeping up with us. We thought the tournament was a way to honor him and keep his name alive."

nement. This way, we can help his name live on. That's very important to us."

Brown said Menton was a frequent visitor to SO-MI up until his death at age 90.

"He'd drive himself out here. It was amazing how active he was. He was so

Support Groups & Consumer Advocacy Organizations

Statewide

Wings Across Alabama

P.O. Box 211286
Montgomery, AL 36121
(334) 395-7616 or
Toll Free: 888-WINGSAL(946-4725)

The Visionary Guild for Mentally Ill Artists

Sylvia Richey, President
c/o Carole Eskridge, Foundress
For information Call
(334) 703-3853 OR (256) 429-8697

Alabama Minority Consumer Council

Steve Bison, President
(256) 566-3818

Alabama Peer Specialist Association (APSA)

Leigh Few, President
For information contact Leigh Few (256) 221-0229

Region I

Albertville Soul Survivors

Yvonne Jones, President
Meets last Fridays 4:00 PM
Albertville, AL 35950
(256) 293-2268

Anniston Emotions Anonymous

c/o Roy Chisam, President
Meets Monday-Thursday 9:00-10:00 AM
Calhoun-Cleburne MHC
(256) 237-3796

Anniston NAMI Connection

Contact Sara Parfait (256)276-8834 or
Hazel Moore @ 256-831-7165
Meets Thursdays 2:00 PM
The Galley in The Tyler Center
731 Leighton Ave, Anniston
Saraparfait@bellsouth.net

Athens Consumer Outreach

Steve Pendergrass, President
Meets 2nd Tuesdays at 12:00 noon
Athens-Limestone Counseling Center
1307 E. Elm St., Athens, AL
For more info call Steve at (256) 771-1613

Boaz Angels Outreach

Ann Jenkins, President
Meets 3rd Thursdays at 11:00 AM
Boaz, AL 35957
(256) 593-2374

Cullman R.E.S.T.T.

Nancy Jester, President
Meets 3rd Friday at 1521 McNabb
Cullman, AL 35055
For additional info call Nancy (256) 347-4008

Cullman Wallace Support Group

Roberta Armstrong, President
Meets 2nd & 4th Thursday at 6:30 PM
Wallace State Community College
81 Main St. NW, Hanceville, AL
Tom Bevell Building, Room 608
(256) 734-8169

Decatur DBSA Morgan County

c/o Sue Brantley
MHA in Morgan County
(256) 353-1160
Meets 2nd & 4th Thursday at 6:30 PM
MHA Office 207 Commerce Circle SW
Decatur, AL 35602

Decatur The Serenity Group

Elizabeth Volonino, President
Meets 3rd Wednesdays at 10:00 AM
North Central MHC
4110 Highway 31 S., Decatur, AL
(256) 355-5548

Florence Shoals Sharing Group

Corey Holmes, President
Meets 1st & 3rd Sundays at 2:00 PM
North Wood United Methodist Church
Florence, AL 35630
(256) 765-2081

Huntsville DBSA Huntsville

Dave Hepler, President
Meets Thursday at 6:00 PM
United Way Building
701 Andrew Jackson Way
Huntsville, AL
(256) 539-1411

Huntsville MHCA in Huntsville

Helen Bishop, President
Meets 1st Mondays at 1:00 PM
Our Place Drop-In Center
205 Max Luther Dr. Huntsville
(256) 704-9133

Moulton Hogohegee Consumer Wellness Center

Doris Smith, President
Meets last Monday of each month at 6:00 PM
John's Bar-B Que
15165 Court St. Moulton, AL
(256) 566-3315

Centre NAMI Connection/Centre

Contacts: Paul & Suzanne Theis
Meets Tuesdays at 6:30 PM
First Baptist Church ROC
300 East Bypass
Centre, AL 35960
256-779-5794
ptconstuction@tds.net

Region II

Bessemer Free Spirit Consumer Group, Inc.

Paul Irvin, President
Meets Tuesdays at 10:00 AM
Board Room Suite 201
UAB West, 985 9th Avenue SW
Bessemer
(205) 481-8562
Facilitator: Lisa Burks

Birmingham

The Sharing Group of Birmingham

c/o Jesse Stinson, President
(205) 592-9773; 1-800-537-3806
(205) 592-9774 FAX
Meets: Sunday 6:00 PM
South Highland Presbyterian Church
2035 Highland Ave.
The Sharing Group/Hill Crest
Friday 6:00 PM
Hill Crest Hospital
6869 5th Ave South

The Sharing Group/Wednesday

Wednesday 2:00 PM
South Highland Presbyterian Church
2035 Highland Ave.

The Sunday Club

Sunday 2:00 PM
South Highland Presbyterian Church
2035 Highland Ave.

Birmingham Recovery, Inc.

Judy Fleck, President
Meets Saturday 2:00 PM
Southside Library
11th Ave, Five Points South
Birmingham
(205) 918-0746

Birmingham Young Adult Sharing Group

Meets Wednesday 9:00 AM
Mountain Brook Community Church
3001 Highway 280 E
Birmingham, AL
(205) 886-7553
yasgpham@gmail.com; www.yasg.org

Birmingham NAMI Connection/Birmingham

Contacts: William Ruff, (205) 566-8681,
cosmicray3@yahoo.com
Vickey (205) 933-6955
NAMI Birmingham, (205) 327-3777

NAMI Connection/Birmingham/Group 1

Tuesday at 12:30 PM, The 1920 Club
1920 10th Ave. South

NAMI Connection/Birmingham/Group 2

Monday at 7:00 PM
700 28th St South

Eutaw NAMI Connection/Eutaw

Meets Thursdays at 10:00
West Alabama Mental Health Center
301 Prairie Ave. Eutaw
Contact: Maurika Walton
205-482-8534
mlwalton27@gmail.com

Helena Recovery International

c/o Cliff Bennett
Meets Fridays at 10:00 AM
Helena United Methodist Church
2035 Highway 38
(205) 685-0520

Selma Cahaba Consumer Affairs Committee

Meets 2nd Tuesday & 4th Thursday 6:30 PM
Cahaba Consumer Affairs Drop-in Center
302 Franklin St., Selma
(334) 875-9911 or (334) 418-6525 M-F 1:00-6:00
www.cahabaconsumeraffairs.com

Tuscaloosa Emotions Anonymous

Meets Monday-Thursday 9:00 AM
Friendship House
505 19th Ave. N.
Tuscaloosa
(205) 345-1534

Tuscaloosa The Moodies (DBSA)

Harley Sullivan, President
Meets 2nd Thursday 7:00 PM
Friendship House
505 19th Ave. N.
Tuscaloosa
(205) 657-1054
www.moodies.org

Tuscaloosa DBSA Tuscaloosa County/Pathfinders

Meets Tuesday 6:00 PM
Trinity United Methodist Church
729 Paul W. Bryant Dr. East, Tuscaloosa
(205) 826-3642

Tuscaloosa Support for Recovery/Tuscaloosa

Meets 3rd Sunday 4:00 PM
(205) 292-5438 almon205@aol.com

Region III

Montgomery DBSA Montgomery (2 Groups)

Meets 1st Thursday 7:00 AM
Frazier United Methodist Church and
3rd Saturday 12:00 noon
Montgomery Public Library
245 High & McDonough St
For more information contact
Clairepatrese (334) 652-1431

Auburn/Opelika Revelations of Self

Kathleen Roye, President
Meets last Friday of each month 6:30 PM
Frank Brown Rec. Center
235 Opelika Rd, Auburn
(334) 741-0228

Auburn/Opelika Center of Hope

Meets 1st Mondays, 12:30 PM
2300 Center Hill Drive, Bldg. #1
Opelika, AL 36274
For more information contact
Sylvia at (334) 703-3853 or 742-2124

Region IV

Dothan NAMI Connection/Dothan

Contact: Adele Morgan
334-702-2952
Meets Thursdays at 6:30 PM
Mt. Gilead Baptist Church
2864 Brannon Stand Rd., Dothan
Groups are held in Family Life Center
334-702-2952
Milton626@aol.com

Mobile Schizophrenics Anonymous/Mobile

Meets 2nd & 4th Tuesdays 11:00 AM
Government Street United Methodist Church, Mobile
(251) 438-5928



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 Office of Consumer Relations
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Alabama Consumer-Run Drop-In Center Locations



FRIENDSHIP HOUSE

505 19th Avenue
 Tuscaloosa, AL 35401
 (205) 345-1534
 Open Monday - Thursday,
 8:00 a.m. - 2:00 p.m.

THE 1920 CLUB

1920 10th Avenue South
 Birmingham, AL 35205
 Open Monday - Friday, 10:00 - 3:00 p.m.
 Call (205) 933-6955

CAHABA DROP-IN CENTER

302 Franklin Street
 Selma, AL
 Open 1:00 p.m. - 6:00 p.m. daily
 (334) 418-6525 (Clubhouse number)
 If no answer, call (334) 875-1850
www.cahabaconsumeraffairs.com

SO-MI CENTER

4351 Midmost Drive
 Mobile, AL 36609
 (251) 342-0261
 Open Monday - Friday,
 7:00 a.m. - 3:00 p.m.

OUR PLACE

205 Max Luther Drive,
 Huntsville, AL
 Open Mondays, Tuesdays, Wednesdays, and
 Fridays from 10:00 a.m. - 4:00 p.m.
 Open Thursdays from 1:00 a.m. - 8:00 p.m.
 For more information call (256) 746-4145

CLEAR VIEW

308 Chisholm Street
 Montgomery, AL
 Open Tuesdays and Thursdays
 12:00 noon - 5:00 p.m.
 Call (334) 239-7448 for further information



To find out more about how to start a drop-in center in your area, call the Office of Consumer Relations at 1 (800) 832-0952.