DRIVING THE FUTURE

We strive to make our programs and services available and accessible to all individuals, but often, we find there are simply gaps where there are those who for various reasons, are unable to get to us. This has certainly been true for our SANE and Rape Response programs. For example, in smaller rural communities, those who are affected by sexual assault may be limited by access to transportation, either because they don’t own a vehicle and/or do not feel safe leaving their community for services.

For several years, we have dreamed of outfitting an RV to close this gap, enabling us to bring counseling and SANE services to the rural, outer reaches of our service area. In Spring of 2019, ADECA called the Crisis Center with an incredible offer. They had a fully furnished RV, equipped with an exam room and counseling suite. They simply needed an agency who was ready to deliver the services, and they hoped that we would be willing to be that agency.

We were of course delighted, and set about the task of hiring our crew and designing a plan to bring this new service into being.

In July of 2019, we were able to see our first client in rural Jefferson County. Since then, we’ve been able to see clients who couldn’t get to us but who’d been living in fear, with no access to counseling to process their trauma, no access to medical assistance to allay the many worries that had developed following a sexual assault.

We are so glad to have this service available, and as we continue to navigate the rural communities and build relationships and trust, we know that we are bringing an incredibly important service to so many in need of medical care and advocacy services.

One individual disclosed to us they’d been experiencing sexual abuse for years with no safe place to turn until our mobile unit arrived in their community. Because we were able to come to them, we helped to break the cycle of abuse, provide medical follow up care, counseling, and access to resources to help this person start a new path toward healing.

This one story demonstrates how critical a need can be. Thanks to the additional support of Protective Life Foundation, United Way of Central Alabama and ADECA, we will continue to be able to deliver this much needed service.
RECOVERY RESOURCE CENTER

Where our transparent process helps make access to treatment easier and better.

ASSESSMENT
Assessment: The state-approved American Society of Addiction Medicine (ASAM) substance abuse placement assessment can be conducted to identify the appropriate level of care needed and begin the discussion about referrals.

REFERRAL
Based on results from the assessment, community resources will be discussed to meet the individual’s treatment needs, taking into consideration factors, such as what type of insurance (or lack of insurance), gender, veteran status, place of residence, and drug of choice.

INFORMATION
Through an in-house consultation, we provide general information about addiction and recovery, as well as information specific to each treatment provider and/or type of treatment.

WHAT WE LEARNED SO FAR:

2019 was our first full year with the Recovery Resource Center program. This program was a response to a very grave need in our community. The opioid epidemic was a serious crisis, with too many individuals dying or finding themselves returning to substance abuse after failed attempts at recovery.

In short, this program seeks to fill a critical gap, helping those seeking help to navigate the system with an empathetic expert by their side. What we’ve seen so far has been a powerful testament to the impact of having a peer on this journey.

Our Program Director for the Recovery Resource Center had this to say about her journey, so far:

"Over the past (almost) two years, I’ve watched the staff grow in many different ways. There have been times when we had different faces around the office, not enough peers, and many clients to care for on a daily basis. Consistently, this staff shows up and provides kindness, humanity, and hope to every person they encounter. Whether it’s through a cup of coffee and sharing their story or celebrating a client’s graduation from treatment, the RRC staff does everything from a place of love and concern.

It’s a beautiful thing to work in an environment where people can live their truth, be open about recovery, and help others shed their shame about their substance use by simply being themselves. When I sat at the Crisis Center in April 2018 writing the policies and procedures manual for the RRC, I could not have imagined it would be like this. I am eternally grateful for this staff and the entire Crisis Center family for the ability to do the work we do. "


SUBSTANCES

Individuals disclose a range of substances during intake with the Recovery Resource Center. While Opioids make up the largest substance group, alcohol comes in as a close second.

WHAT HAPPENS NEXT?

**Detox**: 24-hour medically supervised evaluation/withdrawal management by medical professionals.

**Residential**: Intensive, live-in treatment for a short-term or long-term basis to address substance use, social, and psychological problems.

**Outpatient**: Less intensive, structured programming to address substance use, social, and psychological problems.

**Sober Living/Transitional**: Structured living environments that promote recovery, typically used after treatment.
STORIES FROM RRC STAFF-

Personal testimonials from people who share the recovery journeys of their clients.

I have been a person in long term recovery since May 11, 2008. My father was not a part of my life, but I do have two fun memories of him buying and teaching me how to ride a bike as a little girl. He died in active addiction when I was struggling with my own in my earlier adult years.

The following is one of my favorite stories:

A daughter brought her father in for services and he stated he had been in active addiction for 35 years and his daughter had never seen him clean or sober. He was referred to detox and the day before going to Pearson Hall client was called. He cried because his recovery would be the best Christmas gift to his daughter and himself. The client was discharged on Christmas Eve, was able to spend the holidays with family and now is currently in the Aletheia’s House program continuing his treatment. Additionally, he is still maintaining communication and seeking guidance with his RRC peer.

I may not have had that moment with my father -- but I get to help others create precious moments like these.

LaShun, CRSS

Cynthia walked into the Recovery Resource Center with a look of shame all over her. Traumatic events from her childhood and her drug use played key roles in her shame. Cynthia was living with an abusive man and she stated she felt as she deserved everything that she was going through because of her childhood. As I sat with Cynthia and listened to her story, I was filled with compassion. When it was my time to speak I said, "It wasn’t your fault." She cried because nobody had ever told her that, they only made her believe that she was the one that caused bad things to happen in her life. As I continued to sit and talk with Cynthia a smile started forming on her face and she said "I feel as if I can do this."

Tira, CRSS

The very first client that I had the opportunity to work with is a 30 year old male who had many of the same obstacles that did in beginning his path of Recovery. We made our way through the intake process with a range of emotions surfacing: we laughed, I sat with him while he cried, I watched the glimmer of hope spark in his eye as his chin raised from a shameful down position to a raised "maybe I can do this" position. That was at the beginning of December. Recently, roughly a month and a half after that first meeting, after fighting to get into detox at Pearson Hall and entering into the Fellowship House, he came into the office just to check in and thank me for helping him. I was working with another client when I walked by the waiting room here on the 6th floor of Cooper Green. I glanced and thought to myself that I may recognize the man sitting in the waiting room.

I came back to my office to work on some documentations and a co-worker of mine came to let me know that I had someone in the waiting room—immediately it dawned on me who it was. It was him! The first guy that I worked with while at RRC. I didn’t even recognize him because of the vast difference in his physical appearance. Even deeper, the difference in this individuals spirit was astonishing. He is now employed at Publix, is actively pursuing his recovery, working on a plan for housing and wants to become a peer support specialist. His is exact words were “I have found my purpose”.

Shea, Peer Support Specialist
CRISIS INTERVENTION & PREVENTION

INCOMING CALLS AND TEXTS FOR CRISIS & SUICIDE LINE & UTALK:
31,133

PREVENTION EDUCATION PRESENTATIONS:
5,727

CALLS MADE TO SENIORS:
9,706

Crisis Intervention & Prevention is where the Crisis Center first began delivering our services to the community. Our Crisis & Suicide Line program is certified through the American Association of Suicidology, is a member of Contact USA, and is a part of Lifelines National Suicide Prevention Hotline.

Two additional hotlines serve as a part of this area of service: UTalk, a text-enabled hotline targeted at persons of grade school age, and our Senior Talk Line, which is a phone reassurance line for seniors living in isolation as well as caregivers. Since text-enabling UTalk in 2017, we’ve seen a near 200% increase in call volume.

In schools, our prevention educators share curriculum aimed at equipping young people with the tools to prevent personal crisis and become empowered bystanders. Presentations cover topics ranging from anger management to bullying/cyber bullying and suicide prevention.
2019 was the first Christmas she had not felt suicidal since her son died, and that was because of the people on our phone line.

---Emily, Crisis & Suicide Line Counselor
A VOLUNTEER'S PERSPECTIVE

A volunteer shares a moving, life-saving moment:

The caller was a middle-aged man. His voice was flat and and determined to end his life that night. He had a time of death and a very specific plan of shooting himself in the head.

I asked if he had the weapon near him. He said, yes—unlocked and loaded. I asked him if he would put the gun on the floor while we talked? He agreed. I asked him, what brought him to the decision of suicide tonight?

He revealed that he was in crippling, unbearable back pain and needed 3 surgeries to correct the pain. However, he was also in congestive heart failure and the surgeons said he could not be a candidate for the back surgery—he was just speeding up the inevitable. I asked him if he was a candidate for the heart surgery. He replied, yes, but probably wouldn’t survive it. He was feeling completely hopeless and helpless.

That was my way to asking if he had a family. He cleared his throat, and when he spoke again, the flatness in his voice turned into tears. As he talked about his children and grandchildren, I could feel his spirit change. I asked him to tell me his most recent joyful experience with his grandchildren. His tears turned into sobs and then into laughter at the memory he was telling me.

I knew, in that moment, his plan had turned into conflict about his suicidal decision. I took that moment to acknowledge his pain and that I understood why he was making the decision to complete his suicide. I wanted him to know that I cared about him, what was going to happen to him and how sorry I was that he was in so much pain.

I gently asked him, “what it would be like for him to consider the heart surgery? If he died on the table, at least he knew in his heart that he did everything he could to save his life and spend more time with his children and grandchildren.”

He fell silent again. He said my name and I assured him I was still with him. He said he wasn’t a religious person, but if there was a higher power looking over him, that power brought him to me. He had crawled into my heart. He stated my name again and said, much to his surprise, his physical pain had subsided enough that he was going to put his pajamas on and go to sleep.

Sixty-seven minutes in to our call, he thanked me. He said, “I’m saying goodnight to you, not goodbye.” I thanked him for reaching out for help and trusting me with his pain, let him know that we are there for him any time he needed us. We both said our good nights and the call ended.

I don’t know what happened to this man and probably never will. All I can do is hope.
UTALK - HEARING OUR COMMUNITY’S YOUTH

"Too often kids get told what to think, what to feel, and rarely do they get the chance to just vent..."

I was presenting to 8th graders at an area middle school on stress management. At the beginning of the presentation I asked the students what their stressors were, and a majority of the students mentioned their school. The school is being renovated and they have all new administrators. This lack of stability has led to most of the students feeling uncomfortable. I allowed time for the students to open up and discuss their worries and followed up by leading a deep-breathing exercise to give them a tool to help them soothe their own anxiety.

One of the students came up to me after class and shared about issues between her parents at home. She felt unsure who she could talk to about these issues. I listened to her story and reminded her of the information I’d shared about our text-enabled UTalk line. Later that afternoon, she texted UTalk! It felt great to be able to offer a resource for young people who simply need someone to listen. Too often, young people are told what to think, how to feel... but rarely do they get the chance to just vent. The UTalk program made this possible!

-- Tashee, Youth Services Coordinator
I have learned so much from working with the Senior Talk Line. What truly stands out is our universal need to connect with others and the power of authentic, compassionate connection. This is a simple need, a basic need, but when we do not have this need met, it can be a major factor in a downward spiral that impacts people’s mental and physical health, becoming so severe that it leads to debilitating depression and anxiety -- and even early death.

A story that illustrates this so beautifully is a time I was talking with one of our seniors who was dealing with some very serious and difficult health issues. She rarely received calls from anyone and so she spent most of her time alone. At the end of our call one day, she stated, “Your calls give me something to think about besides the pain.”

Those who are lonely often see the world through a negative lens. When there is no other input, a difficult situation can seem even worse. Just having someone there who will listen, share, and care can make such a difference.

Ana, Senior Talk Line Coordinator

SENIOR TALK LINE

Connects seniors with compassion and support that can help:

01 REDUCE ANXIETY

02 EASE LONELINESS & DEPRESSION

03 PREVENT SUICIDE

WHAT WE SAW IN 2019:

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Ana, Senior Talk Line Coordinator

WHO WE CALL:

senior citizens, their caregivers, retirees and widowed persons, grandparents... and others who might find comfort in having a counselor call them on a regular basis to talk.

IN 2019:

13 volunteers made over 9,700 CALLS to 216 seniors.

SENSEI TALK LINE

Connects seniors with compassion and support that can help:

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Through our evidence collection and team review in 2019, the lab was able to identify an unknown perpetrator whose DNA matched to 5 kits, so far. This could result in a serious, repeat offender being taken off the streets, making our community dramatically safer.

When you look at the numbers over any given year, you may begin to see a story emerge about our community, what they’re struggling with and when.

This graph above shows the number of clients who received our Rape Response and SANE services at one of our three locations: the Crisis Center’s Forest Park Office Clinic, One Place Metro Family Justice Center, and our Mobile Unit. This includes our Rape Response hotline, counseling and legal support, forensic exams and medical follow-up.
PREVENTION MINDED APPROACH

Much like with our Crisis Prevention Education programs, our prevention educators are in schools teaching young people how to prevent sexual assault with bystander empowerment programs as well as interpersonal violence prevention curriculum.

One student told the story of how she’d personally learned that when someone came and disclosed their assault that you needed to believe them. When her a friend had first disclosed to her, she hadn’t believed. Then she started to research how to help people who were assaulted and discovered how serious the problem was. She then decided to report her friend’s abuser. She shared with us how thankful she was that we validated what she had learned and that she was grateful that all her classmates were learning how to help as well.

-- Jesse, Prevention Educator

7,373

students participated in 2019

VOLUNTEERS ON-CALL

It takes an enormous team of dedicated volunteers to ensure we have 24 hour coverage to be ready to serve survivors RIGHT when they need us!

These incredible individuals sign up for 12-hour shifts, day or night. This is the difference having a free-standing clinic makes - survivors get immediate care, rather than having to wait in crowded stressful waiting rooms of high-stress emergency departments.

80

Rape Response Advocates

24

Sexual Assault Nurse Examiners

369

Acute Sexual Assault Cases
I called a client regarding her anonymous kit to consult on whether she wanted to have it destroyed or to file a police report. She made the difficult decision to destroy her kit, but tearfully thanked us profusely for helping her through, “a very difficult time in her life” and told us that we have been amazing, adding, “I’m sure y’all don’t get a lot of good calls.” Her child was also with her and apparently noticed she was crying. I heard him ask, “Mommy are you sad?” And she said, “No baby, I’m happy. And thankful.” — Emily, Rape Response Counselor

A male survivor had been unable to find any help from either medical professionals or other agencies. He had experienced sexual violence, having unknowingly contracted an STI from a partner who hadn’t disclosed his STI to him. We supported him, and reinforced to him that clear consent includes communicating about one’s STI status.

We were the only place that would listen to him, but by validating his emotional experience and acknowledging his trauma, we were able to help him find his path to true healing.

***

A daughter/mother came in because no other agency or counseling program could see them so quickly. Their sister/daughter had been assaulted as a teenager by the father/husband of the family. Their sense of family felt destroyed. The mother and daughter just needed someone to listen. I met with the mother and daughter separately, helping them process the experience of sharing a life with a person who had done such horrible things. By having a safe place to talk through their feelings, they were able to begin recovering from trauma and take steps toward healing their family. — Jesse, Rape Response Counselor
The Prison Rape Elimination Act - or PREA - was passed in 2003 to enable inmates who’d experienced sexual violence while incarcerated to access information and resources to help them heal from trauma associated with their assault as well as to help protect future assaults within federal, state and local prisons and detention facilities.

The Crisis Center serves inmates through a PREA hotline, which is used by inmates to access counseling while serving time. Once a relationship is established and sexual assault has been disclosed to us, we correspond with each inmate through a letter from our staff outlining what resources are available to the inmate to help them heal from sexual violence and prevent future assaults.

In 2019, we received multiple letters back from one particular individual who thanked us for sending this information. He wanted us to know helpful our correspondence with him was.

As well, we spoke with an inmate in-person who had been to the Crisis Center for SANE services over a year ago. He specifically requested that we continued to send him the letters.

In 2019, 250+ Inmate Letters/Modules were sent to incarcerated individuals in our service area.
MENTAL HEALTH SUPPORT

Too often, a diagnosis of significant mental illness such as schizophrenia or severe bipolar disorder leaves an individual feeling isolated and overwhelmed by a difficult and confusing new world. Navigating even the most basic life events can feel insurmountable, and too often, those living with mental illness feel all too alone in the world.

This is where Piper Place is able to make impact. Our community of mental health consumers find special connections with one another, forming friendships with others who face similar obstacles, creating opportunities for empathy and relationship they may miss out on without the support of such a community.

This comradery leads to greater happiness, quality of life, and even management of symptoms. Individuals who enroll in our programs also learn important life skills, empowering them to thrive not only at Piper Place, but at home and out in the world, as well.

In 2019, Piper Place Programs received a 2-year recertification from the Alabama Department of Mental Health as a community mental health provider.

In 2019, there were 208 individuals enrolled in our Piper Place programs, with locations in Birmingham and downtown Bessemer.

REPRESENTATIVE PAYEE PROGRAM

The Crisis Center Representative Payee Program meets an essential need in the community for those seeking payee services.

The primary population served consists of individuals diagnosed with severe mental illness in the Birmingham area.

Our goal is to assist recipients of Supplemental Security Income (SSI) benefits with money management. We also take an active role in the beneficiary’s lives in order to best meet their needs.

379 individuals in the Greater Birmingham area had their Social Security benefit(s) managed by our Representative Payee Program in 2019.

COFFEE & FRIENDS

In 2019, STARBUCKS and United Way of Central Alabama’s “United Way Hands-On Project” established a coffee shop for Piper Place clients at our McCoy Center location.

The coffee shop is run by Piper Place program participants, and provides Starbucks coffee and products to our clients each afternoon as a special treat during their program day!
HEARTS WITH A MISSION

The Todd Parsons Memorial Foundation has stepped up as a major supporter of the Crisis Center in the last few years. After losing their beloved son Todd to mental illness in 2012, Tommy and Nancy formed the foundation as a way to build a legacy from Todd’s life by helping those struggling with mental illness and suicide. Once they found the Crisis Center, the Parsons were able to further focus their mission, enabling them to fund a generous scholarship for those going into a helping profession.

In 2018, the foundation adopted the Recovery Resource Center as their devoted cause at the Crisis Center. In their honor, in 2019, we dedicated our clothing closet at the RRC in the foundation’s name.

The Todd Parsons Memorial Clothing closet was able to clothe 118 individuals who came in for services at the Recovery Resource Center between its opening in September 2019 and December of 2019.
“One of the most important things you can do on this earth is to let people know they are not alone.”
— Shannon L. Alder

As we grow, one of our goals is to continue to diversify our funding, allowing us to ensure we continue providing free, essential services - services that may save lives - even if one funding source becomes unavailable.

In 2019, we saw some of our most incredible corporate partnerships begin to bloom and grow. Additionally, we received some new and unexpected gifts from individuals in our community who want to make an impact.