

The Alabama Municipal JOURNAL

March/April 2020

Volume 77, Number 5



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#LiveLocallyAlabama

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On the Cover:

Quality of life is a top priority for Alabama's cities and towns. This issue highlights several statewide factors that impact the daily lives of citizens in their communities.

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League Past Presidents Mayors George Roy, Al DuPont and Ted Jennings Remembered for their Leadership and Dedication

Since last year's Annual Convention, the League has mourned the loss of three very active past presidents who not only served in leadership roles with the League for many years but were unequivocally dedicated to their communities and the state of Alabama.



Former **Mayor George Roy** of Calera passed away at age 91 on July 13, 2019. He served as League President from 2002-2003 and was a member of the League's Municipal Workers Compensation Fund (MWCF) Board of Directors. Beginning in 1960, Mayor Roy served the City of Calera for nearly 42 years – first as a councilmember and then as mayor. Calera's population was just under 2,000 when he first took office and was approaching 11,000 when he retired in 2008. The City built George W. Roy Recreational Park in 2004 and dedicated it to Mayor Roy “in appreciation for his many years of dedicated service, devotion and commitment.”

Roy joined the Navy in 1944 at the age of 16 and served his country in the Philippines in the 5th Fleet aboard the YG30 where he eventually became commander of the ship. Once the war was over he returned to Calera where he completed his education and met and married his “sweetheart,” Elizabeth Marie Tomlin in 1948. Though he was an accomplished public servant and World War II

Veteran, his proudest accomplishment was his family. ■



Former **Mayor Alvin “Al” DuPont** of Tuscaloosa passed away at age 94 on July 30, 2019. He served as League President from 1991-92 and again from 2000-01 when the Nominating Committee asked him to complete a term following a municipal election cycle that left the League without a President or Vice President. In addition, he was a member of the Building Subcommittee responsible for the expansion of League Headquarters in 1992. Mayor DuPont was also an active member of the Advisory Council for the National League of Cities. He served as the city’s assistant city engineer, public works director, city planner, planning and development director and as a grantsman before retiring and making his first run for mayor in 1981. He remained in office until he retired on his 80th birthday in 2005. As engineer, planner and mayor, DuPont was involved with a multitude of city-wide infrastructure projects and improvements, including the creation of Lake Tuscaloosa. He also was in office when Tuscaloosa landed Mercedes-Benz U.S. International manufacturing plant.

A Louisiana native, at age 18 in 1943, DuPont became a medic with the 29th Infantry Division and was among the first wave of troops to storm Normandy on D-Day, reaching the shore of Omaha Beach on June 6, 1944. He received two Purple Hearts for the injuries he suffered during the war. After returning to the U.S., he was sent to Northington Hospital in Tuscaloosa to recuperate. He met and married Tuscaloosa native Susie Margaret McLeod and they remained in Tuscaloosa where they raised their children and where he attended the University of Alabama and graduated with an engineering degree. ■



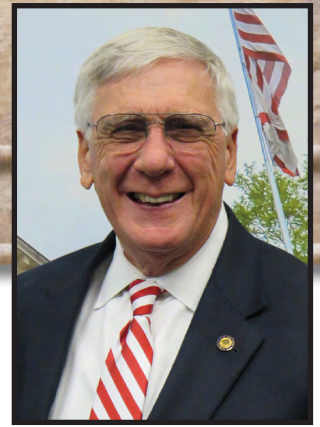
Former **Mayor Theodore “Ted” Jennings** of Brewton passed away at age 76 on January 20, 2020. He and his wife, Susan, had just celebrated their 20-year anniversary. Mayor Jennings served as League President from 1998-99 and was a member of the League's Municipal Workers Compensation Fund (MWCF) Board of Directors. In addition, he served on the National League of Cities (NLC) Board of Directors and was an active member of NLC's Advisory Council. A native of Brewton, he was appointed to fill a Council seat in 1986 and then served as mayor from 1988 to his retirement in 2012. In addition, he worked with his father in the family-owned pharmacy several years before taking a position as a pharmacist at D.W. McMillan Hospital.

Upon his retirement as mayor, Senator Jeff Sessions spoke of Jennings entered on July 19, 2012 in the Congressional Record: “During that time, he has grown Brewton both economically and technologically. But in addition to his success as a mayor, he has been a successful business owner and pharmacist ... All of us who have come to know him over the years have observed his dedication to public service, his hard work, and his effective leadership.”

Representative Jo Bonner spoke in the House of Representatives about Jennings having served almost a quarter of a century as the Mayor of Brewton: “For many, this accomplishment alone would be the epitome of a life’s work. But Ted’s body of accomplishments does not begin nor end with holding public office. A man gifted with a vision for our nation’s – and region’s – economic future, Mayor Jennings has for decades promoted the development of telecommunications on the local and state level, leveraging the resources of businesses and universities. A supporter of both electronics and paved highways, Mayor Jennings also helped establish the Florida-Alabama Strategic Task Force to improve transportation between the two states to enhance both public safety and economic growth. I have had the pleasure of working with Mayor Jennings for more than two decades and I can say, without hesitation, that his devotion to public service is without equal. I was fortunate to be a co-chair on the Alabama Rural Action Committee with Mayor Jennings, and I believe there is a no more passionate and informed voice for rural economic development than his.” ■

The President's Report

Mayor Ronnie Marks, Athens



Executive Committee Endorses Greg Cochran as Next Executive Director; Revisions to Constitution

During its January 16th board meeting in Montgomery, the League's Executive Committee unanimously endorsed our Deputy Director, Greg Cochran, as ALM's fifth Executive Director beginning June 2nd following the retirement of Ken Smith. Greg's appointment will be confirmed by a vote of our membership at the Annual Business Session this May during our convention in Tuscaloosa.

We certainly appreciate Ken and his 34 years of service and look forward to working with Greg in his new role. Greg has always provided outstanding representation for municipal government at the State House and understands the many layers and unique dynamics involved in the legislative process. The Executive Committee is confident in his leadership and ability to carry us forward as we expand services, cultivate additional stakeholder relationships and

continue to play a vital role in addressing the challenges and opportunities facing our communities.

Since 1996, Greg has served the League's members as Director of Advocacy and Public Affairs and then Deputy Director where he led ALM's legislative, advocacy and governmental efforts as well as many outreach and stakeholder endeavors. With more than 30 years of experience in governmental affairs, he has developed crucial relationships at every level of government and has served as the League's lead lobbyist for more than two decades.

During the mid-1980s, Greg began working on political campaigns as a volunteer, including Montgomery Mayor Emory Folmar's re-elections in 1984 and 1988. In 1990 he joined the staff of the Medical Association of the State of Alabama as the Director of Legislative Affairs. He then served as Vice President of Governmental Relations for the Mobile Area Chamber of Commerce followed by Vice President of Legislative Affairs for the Business Council of Alabama until he joined the ALM staff. Greg earned his Certified Association Executive (CAE) designation from the American Society of Association Executives and is a graduate of the prestigious Delta Regional Executive Leadership Institute, a year-long executive leadership academy formed by the Delta Regional Authority (DRA) to train leaders from diverse backgrounds, sectors and industries across eight states to improve the economic competitiveness and social viability of the Mississippi River Delta and Alabama Black Belt.

ALM Vice President Mayor Leigh Dollar of Guntersville said endorsing Greg was an easy decision for our board. He is highly respected by our staff, our membership and our state's lawmakers and his institutional knowledge, having served the League in significant roles for nearly 25 years, is exactly what our organization needs as we strategically move into the next decade.



ALM Deputy Director Greg Cochran speaks at one of eight statewide 2020 legislative dinners.

Revisions to ALM's Constitution

In addition to confirming Greg, several revisions to ALM's constitution will also be before our voting delegates during the Annual Business Session at our May Convention.

Unlike separately incorporated entities which operate under Articles of Incorporation, the League is a membership association operating under a constitution adopted by its membership. The League's first constitution was adopted in 1940 and outlined the purpose and basic structure of the League. Constitutions of membership associations like the League are living documents and need to be reviewed from time to time to ensure they reflect the operations of the association and vice versa. During the July 2019 Executive Committee meeting, I appointed a committee to review the League's Constitution – which was last amended in 1988 – and make recommendations for possible changes if needed.

Lori Lein, General Counsel of the League, was tasked with researching other municipal league governing documents and making some initial recommendations both to the format and substance of the existing League Constitution. She also crafted substantive changes as directed by the committee. The committee met in person and electronically on several

occasions and developed a proposed constitution which was presented to and approved by the full Executive Committee during its January meeting. By far, the biggest change is a re-formatting of the constitution into a more user-friendly and accessible document. It also updates the language a bit by, for example, renaming the Executive Committee the Board of Directors.

The League Constitution can only be changed by a 2/3 vote of authorized voting delegates present and voting at the business meeting of the League at our annual convention. At least one month prior to the 2020 League convention in Tuscaloosa, every member municipality will receive by US Mail a special League publication with the proposed revised constitution. It will also be sent out electronically to every municipal clerk who has an email address on file with the League with a request to distribute to their mayor and council. In addition to the actual proposed constitution, this publication will also provide a more detailed explanation of the changes included.

Lori is available to answer any questions you may have about the existing constitution or the proposed changes. Please contact her directly at the League. ■

Barry Crabb Joins League Staff as Deputy Finance Director

The League welcomed **Barry Crabb** as its Deputy Finance Director this past January. Prior to joining the League staff, Barry served as the Finance Director for the City of Montgomery where he spent six years providing management, control and administration of all fiscal operations of the City, including development of long-range financial planning.

Barry has more than 30 years of experience in his field. He began his career in 1983 with Ernst & Young, an international public accounting firm. He then worked for Weil Brothers Cotton where he served as Vice President and Chief Financial Officer. He is a licensed Certified Public Accountant and holds a Bachelor of Science Degree from the University of Alabama.

Barry will work closely for several months with current League Finance Director Steve Martin who will retire later in 2020 with 29 years of outstanding service.

In his spare time, Barry has served as a board member and past treasurer for the Boys & Girls Clubs of the River Region. He is married to the former Marie Rene' (Rennie) Jordan. They have a son, Brent, a daughter, Jordan, and two grandchildren. Barry enjoys golf, running and reading. ■



Municipal Overview

By Ken Smith, Executive Director



Reflections on 34 Years with the League

As I sit down to draft my final article for the *Alabama Municipal Journal*, it's hard to believe I've been with the League for 34 years now. As so many have said before me, looking back it now seems that the years have just raced by.

I have had the privilege to be an active participant planner for the incredible growth the League experienced during this time. When I was hired, I believe we had eight employees. We now employ over 60. Our membership has grown. We've added new programs to serve our members. Fortunately, League finances have kept pace with that growth. It has been exciting to be part of this progress and to realize just how much impact the League has on the lives of those who live in and serve municipalities in Alabama.

I'm excited and looking forward to the future but facing the prospect of retirement puts me in an introspective mood. So, I hope you will allow me to spend the next few moments reflecting over my time with the League.

Thirty-five years ago, I was finishing a one-year clerkship for Justice Hugh Maddox on the Alabama Supreme Court. I had been out of law school for a year and was still exploring how best to use my law degree. I was from North Alabama and strongly considered moving back to that area, but my then girlfriend and future wife, Brenda, also worked at the Supreme

Court and was staying on in Montgomery after her first year, so I hoped to stay in the area.

I came across a posting for a staff attorney position with something called the Alabama League of Municipalities. I was not familiar with this organization, but after discussing it with Justice Maddox, I decided to apply. I interviewed with Perry Roquemore and John Watkins. John was retiring and Perry would soon be appointed to succeed him. Perry needed an attorney to take his place. Perry offered me the position and I started working for the League on June 1, 1986, following the League convention in Mobile where Perry was appointed as Executive Director.

As staff attorney, my primary job was to respond to member requests for legal assistance. I spoke on municipal legal topics at numerous meetings and attended committee hearings and served on many state committees. I was also responsible for lobbying the legislature and, to some extent, advising Perry on issues that might impact the League. At the time, the League employed an outside General Counsel named Drayton Hamilton. I worked alongside Drayton until he passed away. It was an incredible experience to learn from both Perry and Drayton and I thank them both for their mentorship.

From the beginning, though, I felt that the League Legal Department could do more. I discussed my thoughts with Perry, and, over time, we began to expand the services we provided. It wasn't long until we realized that we needed to hire a second attorney and in 1992 we hired Joseph Kettler from Luverne. I then became, for the first time, a department supervisor. After employing a legal intern for a couple of summers, we decided to add a third attorney to keep up with the pace of the legal work and assigned a support staff member to help coordinate the department.

As you can imagine, the Legal Department is near and dear to my heart. I spent 25 years managing the League's legal operations. I wanted to be sure that we maintained the high standards we always worked to achieve. I was pleased to be able to hand the Department to someone as capable as Lori Lein. She has done a fantastic job as General Counsel and I know she will continue to do so. Lori supervises our Assistant General Counsels, Rob Johnston and Teneé Frazier and Sharon Carr, our Legal Services Administrator, all of whom work diligently to

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State Revolving Fund bill signing with Gov. Guy Hunt and stakeholders in 1987. Ken Smith pictured far left.



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HOMELESSNESS

No issue is closer to home than those
in your community without one.

Tayna Rains • Executive Director • New Futures, Inc. and Councilmember • Dutton • Alabama

When talking about homelessness, one can get very lost in the politics and forget about the humanity. Understanding how we deal with homelessness in our communities begins by knowing a little about some of the politics involved, such as the Homeless Emergency Assistance and Rapid Transition to Housing Act (Hearth Act) and the McKinney-Vento Act. It requires knowing about your local Continuums of Care (CoC) and the required Homeless Management Information System (HMIS) that everyone is required to use for tracking statistics for HUD.

All those things are easy enough to look up and learn some quick facts about; however, a mother and her two young children currently homeless and living in her car don't really have much interest in any of those things. There is no Congressional Act or database that erases the trauma of a child sleeping in a car or being made fun of at school because they haven't showered in days. This family's main concern is not the politics – who gets what, how and why; but the humanity – who lacks what, how and why.

The homeless are your constituents; they are in every community.

As leaders in a municipality, we must ensure that we are able to find the balance between these issues as we find ways to serve those who are homeless in our communities. There are certainly legislative issues you need to be knowledgeable about to address homelessness in your community, but never forget the homeless are your constituents, too – and *need* your support.

Alabama conducts a Point in Time (PIT) count each January. This count is a representative count of all people considered to be homeless on any given day in the state. The collection of numbers focuses on those who are living on the streets and in shelters, as well as tries to touch sites that anyone who is homeless might

To save a life is a real and beautiful thing. To make a home for the homeless, yes, it is a thing that must be good; whatever the world may say, it cannot be wrong.
~ Vincent Van Gogh

frequent for services during the day. In January 2018, Alabama had 3,434 people experiencing homelessness as reported by the CoC's to HUD. The count showed there were 280 that were family households. By contrast, public school numbers collected over the course of the year in 2018 found that there were 14,112 students who experienced homelessness during the year. There were 675 who were unsheltered, 735 who were in shelters, 681 who were in motels and 12,021 who were doubled up living with someone other than in their own home. What these numbers demonstrate is that no community – urban, suburban or rural – is immune to the challenge of homelessness.

Homelessness varies and does not discriminate.

How homelessness reflects itself in our communities often varies. In the urban city of Huntsville, where I work, there is a significant area known as “tent city”. Large groups of homeless are huddled together in makeshift camps that dot across areas of the city. They choose to live in the tents rather than go to shelters that are available. Why wouldn't they want to avail themselves of all the resources being provided in the shelters? Just how to address this issue is a source of ongoing debate.

In the rural town of Dutton, where I live and serve on the town council, there may only be a single tent in the woods somewhere. Everyone knows about it, but no one really talks about it. There is no shelter for a person to go to even if they wanted to. Everyone

understands the desire to stay in the community that they know. After all, the closest shelters are almost an hour away. Sometimes it seems that being homeless means you know exactly where home is, there just isn't a building for you there. All these people living outside in the "tents" are equally homeless and its impact on the community is draining and often traumatizing to those who endure it. *How can we make humanity a priority in our communities?*

Communities often address homelessness by setting up shelters to serve those in need of a safe place to stay. They are frequently broken down into shelters for men, women or women with children. Domestic violence shelters also exist to address another type of homelessness created by violence in the home. These resources found in many communities are often non-profits, faith-based organizations or community collaborations created under the CoC's to address the need of shelter in an area. What is often lacking is resources to *keep families together*. Most shelters are not equipped to keep couples with children in the same space. Women with children shelters often do not accept mothers who have teenage sons. The shelters designed for men do not allow children; therefore, fathers with children have no options for housing if they find themselves homeless. The startling reality is that in a society which has become enraged by actions at the border, where children are being separated from their families, we are blind to the fact this has been a practice happening to our homeless families for decades.

Family homelessness – a hidden epidemic.

While the 2018 PIT count identified 280 families homeless, needing some specialized sheltering, these were only the families that were *found*. Families who are homeless often work to avoid

detection. They don't seek out shelters or report to schools their status. They don't seek services or allow others to even know their situation out of fear they may lose or be separated from their children. Family homelessness is a hidden epidemic in our communities that can happen to anyone. It often occurs due to an event.

A 2019 study by NORC at the University of Chicago, an independent social research institution, found that 51 percent of working adults in the United States would experience extreme financial hardship if they missed more than one paycheck. A sick child, a non-working automobile, a lay-off at work are all *single events* that could happen to anyone – and lead to homelessness. Sometimes the homeless situation event is not even caused by the family, but they are still homeless nonetheless, and often need help transitioning. Fire, natural disasters, condemned property, etc. are all events that can lead a family to being homeless. Many veterans, due to no fault of their own, find themselves homeless when the property they were renting is condemned causing the veteran to lose their HUD VASH subsidy that was assisting with their rent. They can certainly reapply for that assistance with another property; however, that process takes time.

A unique approach – keeping families together.

As the Director of New Futures, Inc., a family shelter in Huntsville, I know that homelessness does not discriminate. I have seen families of all races and ethnicities, with master's and doctorate degrees, all religions and family compositions and nothing was sacred from the wrath of homelessness. One of the

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Alabama Resources and Continuums of Care (CoC)

The Certified Public Managers Program of Auburn Montgomery compiled a publication in 2016 titled "Homelessness in Alabama" that is available online at www.summasource/sites/default/files/Homelessness and will help you become familiar with many of the programs in Alabama currently being used to meet the needs of the homeless. Gaps in service were also readily identified in this evaluation. The publication's conclusion was that, while a problem, homelessness is not an insurmountable issue.

Municipal leaders must recognize the need for solutions on a local level. One size will not fit all municipalities, but all municipalities need to have a plan in place to help those who may become homeless for whatever reason. It is also very likely that with continued decreases in federal dollars that currently support homelessness programs, Alabama will be expected to do more with less. **A list of Alabama's CoC's is available in the chart below.**

Code	CoC Name	Location	Counties Included	Phone #	Website
AL-500	One Roof	Birmingham	Jefferson, Shelby, & St. Clair	(205)254-8833	www.oneroofonline.org
AL-501	Housing First Inc.	Mobile	Mobile & Baldwin	(251)450-3345	www.hfal.org
AL-502	Homeless Care Council of NW Alabama	Florence	Lauderdale, Colbert, Franklin, Lawrence, Winston, & Marion	(256)324-2983	www.homelesscarecouncil.com
AL-503	North Alabama Coalition for the Homeless (NACH)	Huntsville	Madison, Morgan, & Limestone	(256)261-3029	www.nachcares.org
AL-504	Mid-Alabama Coalition for the Homeless (MACH)	Montgomery	Montgomery, Elmore, Autauga, Lowndes, Bullock, & Russell	(334)261-6182	www.midalhomeless.org
AL-505	Homeless Coalition of Northeast Alabama (HCNEA)	Gadsden	Dekalb, Etowah, Calhoun, & Cherokee	(256)549-4532	N/A
AL-506	West Alabama Coalition for the Homeless (WACH)	Tuscaloosa	Tuscaloosa	(205)759-8470	N/A
AL-507	Alabama Rural Coalition for the Homeless (ARCH)	Montgomery	ALL other counties <i>NOT</i> found above	(334)239-7833	www.archconnection.org

DEAF AND HARD OF HEARING

Overcoming Communication Challenges in Your Community



Steve Hamerdinger • Director • Office of Deaf Services • Alabama Department of Mental Health

In June, Kate, a 30-year deaf woman with a history of severe mental illness, was brought to the emergency department (ED) of the local hospital by the police following a 911 call from a resident who noticed her wandering through the business section of town in the wee hours of the morning. When the police officers approached her, she did not respond to their spoken, then shouted commands. When one of the officers grabbed her, her glasses fell off. She tried to protest that she needed to be able to sign, needed an interpreter and needed her glasses. But because her speech is not understandable, the officers considered her to be psychotic and resisting arrest. She was wrestled to the ground and her hands were cuffed behind her back. At the hospital, no attempt was made by the ED staff to locate a qualified interpreter. The psychiatric resident on duty proceeded to assess her. Because they could not communicate and he did not attempt to secure an interpreter, he had no history and no ability to gauge whether Kate was psychotic, which, as it later turned out, she was. Nevertheless, the doctor declared there was nothing wrong with Kate and released her without having ever had effective communication with her. The officers then transported her to the local jail, where she was held for several days with the arrest having occurred late Friday night. No one explained to her why she was arrested or how long she would be incarcerated. She was denied access to telecommunication devices commonly used by deaf people, so she could not reach her family. Kate had no interpreter for her meeting with the public defender. At the initial arraignment hearing, there was no interpreter, so the proceedings had to be postponed. Three days later, Kate finally was able to have a court date with an interpreter, after the family intervened with support from the mental health system's deaf services team.

Kate's story is true and highlights some of the difficulties deaf people face when interacting with local officials. Many of the things mentioned in the story are prima facie violations of Federal laws and regulations. In most cases, individuals are not even aware of those requirements. In addition to depriving Kate of proper care that could have led to avoiding her incarceration, these actions exposed various entities to

legal liability. This article will discuss some of those and recommend solutions.

An Attitudinal Approach

When a deaf person interacts with municipal systems, whether it be law enforcement, medical services, or even probate and licensing branches, one significant challenge is attitudinal. Deaf people are often viewed by society as defective or incompetent. Hearing loss is sometimes equated to having a cognitive problem. This attitude has been consistently, albeit inaccurately, held by many throughout history.

"On the whole what [deaf people] mind is not so much that they are left out, as the fact they are left out because hearing people consider them inferior, as not a full human being."



Steve Hamerdinger, Director of the Office of Deaf Services with the Alabama Department of Mental Health, gives a presentation using American Sign Language at the 2019 David Mathews Center for Civic Life Annual Civic Institute regarding communications challenges faced by the deaf community. His message was translated via a state licensed interpreter. Photo by Fotowerks Photography; contributed by the Mathews Center.

(Fritz and Grace Heider. 1941. Studies in the Psychology of the deaf (No.2).)

Deaf people are subject to myths and misconceptions as determined by others. Popular media, in the form of television and movies, depict deaf people as helpless, or promote thinking that deaf people have superpowers: “All deaf people can lipread. All deaf people can talk if they want to. Deafness can be fixed with hearing aids. You can understand me if you want to. Will you bring your own interpreter?” Even more insidious: “Anyone who can ‘sign a little’ – even young children – can interpret.”

Consider a deaf person in Kate’s situation. It’s dark. The police officers are nervous and hypervigilant. They expect people they encounter to readily obey their commands. Lack of response is immediately construed as defiance.

“An Oklahoma City police officer fatally shot a man on Tuesday night despite pleas from neighbors that the man was deaf and could not hear the commands to drop a metal pipe he was holding, the authorities said.” (New York Times (2017). Deaf Man Is Fatally Shot by Oklahoma City Police, Despite Pleas. www.nytimes.com/2017/09/20/us/oklahoma-city-police-shooting-deaf. Accessed January 28, 2020)

This is an all too common outcome of high stress interactions between police and deaf people. Helping Educate to Advance the Rights of the Deaf, or HEARD (behearddc.org), is a volunteer nonprofit that has tracked incidents of negative police encounters against deaf people going back 40 years, including at least five fatal incidents in the last few years – some of which were the direct result of this failure of officers to perceive that the other person was deaf. Mental illness also is a common thread through many of these incidents. Kate was fortunate that she was not significantly injured in her encounter. Frightened, confused, frustrated, bruised, traumatized – yes. But alive.

Deaf people perceive a system stacked against them. They approach interactions with hearing officials – whether legal, bureaucratic or medical – with trepidation. The source of this concern is partly language and communication and partly environmental. Consider one simple example. Knocking on a door is considered the appropriate way to announce one’s presence, be it at home or in a hospital room. Knocking on a deaf person’s door is a pointless activity. Think about a sheriff’s deputy trying to serve a warrant or perhaps a subpoena to appear in court for hearing. This encounter could quickly escalate into a deadly confrontation, whether through the officer thinking the deaf person is resisting or through a misinterpretation of actions or gestures that the deaf person is being aggressive.

Conservatively, there are at least one million people in the United States that can be considered functionally deaf and at least another 20 million with a significant hearing loss. Estimates put the percentage of people with hearing loss between nine to 15 percent of the population. More than half of all persons with hearing loss are 65 years of age or

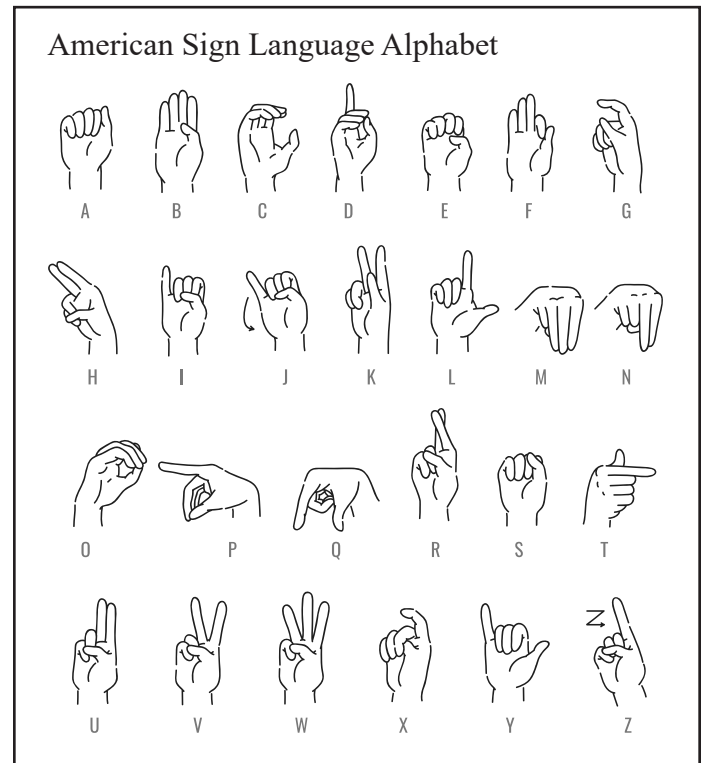
older. Veterans comprise a large group of people with hearing loss as well. Though estimates vary widely, at least half of those identified as deaf people use American Sign Language exclusively, and a sizeable number of other deaf and hard of hearing people also use it as their preferred language.

Bridging the Communication Gap

For people who are hard of hearing or who became deaf later in life and are competent users of the English language, technology can help bridge communication via text. Computer Aided Real-time Transcription (CART) can make meetings and events accessible and should be considered for civic events (www.nad.org/resources/technology/captioning-for-access/communication-access-realtime-translation/). The University of Alabama provides captions on its Jumbotron, much to the delight of deaf and hard of hearing fans! On a small scale, transcription can be accomplished by a skilled typist, sometimes assisted by specialized software like C-Print (www.rit.edu/ntid/cprint/). For small meetings or 1-to-1 interactions, a new app, Live Transcribe (www.android.com/accessibility/live-transcribe/), offers a potential solution. Not as accurate as CART, it can still be handy in low-priority, low stress situations. The major limitation is that this app is limited to Android based operating systems at this time. It also suffers from the same issue inherent to automated speech recognition systems.

Do Not Assume

While some deaf people are comfortably literate in written English, it should not be assumed that transcription services,



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OPIOIDS:

ADDRESSING ALABAMA'S SUBSTANCE USE CRISIS

STATE AGENCIES PARTNER WITH THE UNIVERSITY OF ALABAMA'S VITAL INITIATIVE TO ASSESS TREATMENT NEEDS IN ALABAMA

The rapid onset and escalation of opioid use has left Alabama unprepared to address the needs of those with addiction. As of the 2018 Census, Alabama's population is 4,227,871. Per the Centers for Disease Control and Prevention (CDC), Alabama leads the nation in opioid prescribing, a ranking that has not changed since 2014. Between 2016-17, there were 107.2 opioid prescriptions per 100 persons written by Alabama providers. Additionally, according to the CDC, Alabama saw a statistically significant incline in opioid deaths in 2016.

SHANNA MCINTOSH • VITAL PROJECT DIRECTOR • UNIVERSITY OF ALABAMA SCHOOL OF SOCIAL WORK

Local Leaders will be Asked to Join Statewide Initiative

To determine deficiencies and assess the ongoing needs of the state, the Centers for Medicare and Medicaid Services, the Alabama Department of Public Health and The University of Alabama College of Social Work's Vital Initiative are partnering to undertake a baseline *statewide* assessment to understand the current capacity to address the substance and opioid crisis facing Alabama. This assessment will involve statewide surveys to existing and potential providers and county level focus groups in order to better understand existing resources, local needs and gaps in our system.

This article is to inform communities and counties across the state that you have a role in helping identify solutions. At the local level, city and county elected leaders, first responders and law enforcement, healthcare providers, DHR and Public Health, Family Resource Centers, employers, non-profits and churches that are responding to this issue as well as school administrators, chambers of commerce and economic developers will participate in focus groups in order to bring local knowledge to this issue that we all share.

Current System of Care Cannot Meet Demands

Alabama's system of care for Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) treatment cannot meet the current demand. The 2013/14 National Survey on Drug Use and Health indicated 323,000 Alabama residents above the age of 12 needed treatment for a SUD, while the public system provided care for approximately 25,000 of them. Wait lists for treatment remains unreasonably high – there are currently 481 Alabamians on the system's waiting list for residential substance use treatment; these lists are published weekly and can frequently change. According to a National Institute on Drug Abuse (NIDA) report in 2016, less than half

of Alabama's privately funded SUD clinics offer Medication Assisted Treatment (MAT), and even in those programs, only one-third of those diagnosed with OUDs received MAT.

In terms of affordability, there is limited public funding for OUD treatment in Alabama. NIDA data indicate that nearly 90 percent of individuals receiving OUD treatment for the two-year period of the study paid out-of-pocket. The federal funding for OUD that was provided to all states by the Substance Abuse and Mental Health Services Administration (SAMHSA) altered the landscape of care in Alabama as it relates to MAT; however, this is currently unsustainable. Only 1.5 percent of individuals receiving MAT were covered by commercial insurance and 6.7 percent by Medicaid. It should be noted that most of the state's providers in its public system of care are not-for-profit entities. The lack of access to publicly-funded OUD treatment may account for the racial disparity seen in access to treatment – 95 percent of admissions to Opioid Treatment Programs are white, while 30 percent of the state's population is African American. Recovery housing also presents challenges in our state. There is no publicly funded recovery housing in Alabama. The limited amount of recovery housing offered is privately funded, which can create barriers to entry for most Alabamians. There is virtually no recovery housing available in rural communities.

AMA and ADMH acknowledge the federal opioid funding received has changed the landscape of care in Alabama for SUD services, particularly OUD. However, the needs of our state are great and many Alabamians still lack access to necessary care. In accordance with federal law governing pharmacological interventions, SUD treatment must also include medical, counseling, vocational, educational, assessment, treatment and other wraparound services. Due to funding challenges, most



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of Alabama’s treatment providers offer limited wraparound supportive services.

1.7 Billion Prescription Pain Pills Distributed in Alabama 2006-2012

Alabama faces a substantial shortage of all classifications of healthcare providers and professionals. Access to health care is inadequate and treatment options in the rural counties are relatively minimal, leaving the majority of rural Alabama counties either unserved or underserved. Alabama experienced a statistically significant increase of 11.1 percent in drug overdose deaths from 2016 to 2017. While the opioid prescription rate has decreased by 25 percent since 2013, the rate of opioid deaths has increased. In 2017, there were 422 overdose deaths involving opioids in Alabama – a rate of 9.0 deaths per 100,000 persons and more than half the national rate of 14.6 deaths per 100,000 persons. In Jefferson County – Alabama’s most populous county – alone, there were 572 documented opioid overdose deaths between 2015 and 2017. In 2017, utilizing CDC data from 2014 to 2016, the Robert Wood Johnson Foundation identified the following counties in Alabama as having drug overdose mortality rates that exceed the national average of 15.7 percent per 100,000 persons: Escambia, Marshall, Walker, Baldwin, Jefferson, Dekalb, St Clair, Blount, Shelby, Morgan, Cullman, Etowah, Cleburne and Franklin.

In Alabama, 1.7 billion prescription pain pills were

distributed between 2006-2012. While in Jefferson County, 236 million prescription pain pills were distributed between 2006-2012, and 56 million were prescribed in Shelby County (Retrieved from: <https://patch.com/alabama/birmingham-al/opioid-crisis-1-7-billion-pain-pills-flooded-alabama-7-years>).

Alabamians seeking treatment for SUD face another significant barrier to care: Alabama has the lowest number of substance use and behavioral health counselors per capita, particularly as it relates to the availability of drug treatment programs for pregnant women. Demographic characteristics such as poverty and lower formal education and risk factors such as births to teenagers and tobacco use during pregnancy are threatening the short and long-term health status of Alabamians. As the chart below demonstrates, Alabama’s demographics rank among the worst in the nation.

In 2017, 34 percent of AMA members aged 19 to 64 had an AMA opioid claim. In 2017, AMA members with opioid claims aged 19 to 64 years had an average of 3.9 opioid claims. The average days supplied for AMA members with opioid claims in 2017 was 7.5 for children (0-12), 7.1 for teenagers (13-18) and 72.7 for adults (19-64). As the graphs on the next page demonstrate, opiate prescribing trends have changed from 2011 to 2018, with the 19 to 44 years of age seeing higher rates than other age ranges.

Alabama has 67 counties, all of which have substance use treatment providers with the exception of the following eight

Measure	Alabama	Top U.S. Performers
Premature Death	9,600	5,300
Poor Physical Health Days	4.4	3.0
Poor Mental Health Days	4.6	3.1
Low Birthweight	10%	6%
Adult Smoking	22%	14%
Adult Obesity	35%	26%
% of Adults Reporting Excessive Drinking	14%	13%
% of population with adequate access to locations for physical activity	63%	91%
% of driving deaths with alcohol involvement	26%	13%
# newly diagnosed Chlamydia Cases/100,000 pop.	543.6	145.1
Teen Births/1,000 females ages 15-19	36	15
Uninsured Under Age 65	12%	6%
Ratio of Population to Primary Care Physicians	1,530:1	1,030:1
Ratio of population to mental health providers	1,180:1	330:1
# of Preventable Hospital Stays per 1,000 Medicare Enrollees	62	35
Unemployment	6.0%	3.2%
Children in Poverty	25%	12%
Children in Single-Parent Households	38%	20%
Violent crime offenses/100,000 Population	436	62
Injury Deaths/100,000 Population	77	55
Severe housing problems	15%	9%
Long Commute – Driving Alone (among workers who commute)	33%	15%

Data source: Robert Wood Johnson Foundation County Health Rankings and Roadmaps 2018

rural counties: Autauga, Bullock, Coosa, Lawrence, Lowndes, Perry, Washington and Wilcox counties. The counties that do have ADMH certified substance use providers often have only one level of care and/or one site in the county. Only 29 counties house adolescent services. There are 188 ADMH certified substance use treatment offices in the remaining 59 counties, of which 127 of them accept Medicaid. Of ADMH certified substance use providers, 28 are for-profit agencies and 47 are non-profit agencies.

Eliminating Stigma

Stigma is a significant issue for treating physicians in Alabama. Physicians have expressed a reluctance to treat individuals with a SUD because of the negative perceptions of the communities in treating a population classified as “those people.” Historically, there has been a pervading belief that MAT was unsuitable in addiction treatment – as if one addiction was being replaced by another. Addiction was viewed as a moral failing and was met with stigmatization and often criminal consequences. However, in August 2017, by an executive order of Governor Kay Ivey, the Alabama Opioid Overdose and Addiction Council was established. This council presents a four-pronged action plan to address prevention of opioid misuse; intervention within the law enforcement and justice systems; treatment of those with OUDs; and community response that

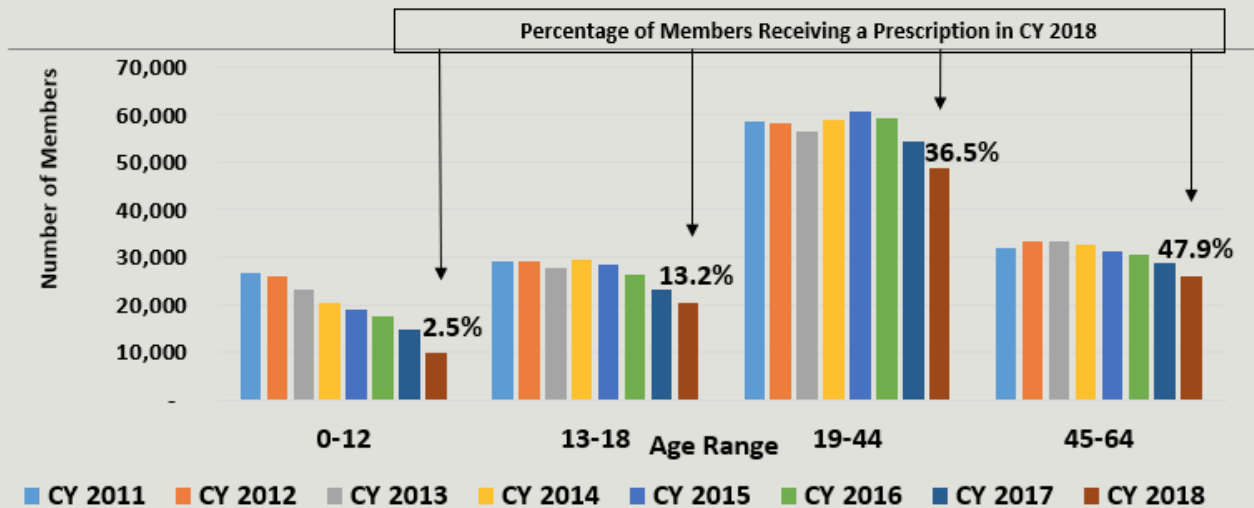
engages the people of Alabama in finding solutions at a local level. With the support of this Council, Alabama state agencies are now able to increase awareness of the whole-patient approach to the treatment of SUDs.

Solutions Through Collaboration and a Statewide Assessment

Alabama is one of 15 states chosen to combat the disparity issues mentioned above and be a part of the solution to the substance use crisis across our nation. Alabama’s Demonstration Project to Increase Substance Use Provider Capacity (Alabama Provider Capacity Project or APCP) proposes to increase substance use provider treatment capacity by creating a pipeline to expand provider participation options. The goal is to decrease the extent of health disparities particularly related to SUD, which includes OUDs and its consequences in Alabama’s low-income communities. This project places great emphasis on promoting the principles of whole-person integrated care, a continuum of care, and seamless coordinated care systems. The primary strategy is to strengthen current and future Medicaid health systems by developing and implementing best practices to reduce the morbidity and mortality of SUD through leveraging existing resources, facilitating new provider participation processes, and utilizing telehealth technologies to intensify provider capacity.

MEDICAID OPIOID PRESCRIBING TRENDS: CY 2011- CY 2018

**Alabama Medicaid Agency
Members Prescribed a Full Agonist Opioid
CY 2011 to CY 2018**



**Percentage of Members Receiving a Prescription:
CY 2017 vs CY 2018**

Calendar Year	Age Group			
	0-12	13-18	19-44	45-64
CY 2017	3.7%	15.2%	41.4%	53.0%
CY 2018	2.5%	13.2%	36.5%	47.9%

Note: Unique Pharmacy members in CY 2018 may be overstated by ~10% due to members transitioning between eligibility system.



Alabama leads the nation in opioid prescribing, a ranking that has not changed since 2014. Between 2016-17, there were 107.2 opioid prescriptions per 100 persons written by Alabama providers.

Centers for Medicare and Medicaid Services Strategies and Objectives

Research and insight into the current health climate in Alabama demonstrates the need to present sustainable strategies for improving health outcomes extending beyond traditional focus of disparities. Alabama's vast rural land size and population and the state's internal capacity to meet the Centers for Medicare and Medicaid Services' (CMS) objectives make our state a prime candidate for this funding opportunity. This opportunity will guide in developing and implementing integrated, inclusive and comprehensive treatment and recovery services and strategies that address behavioral and physical health needs, assessments of public health risk, rural disparities and social support for Medicaid enrollees with SUDs. APCP seeks to increase the capacity and bridge the gap between behavioral health providers, social service representatives and other relevant stakeholders in our state, and we believe that this funding opportunity will facilitate our process.

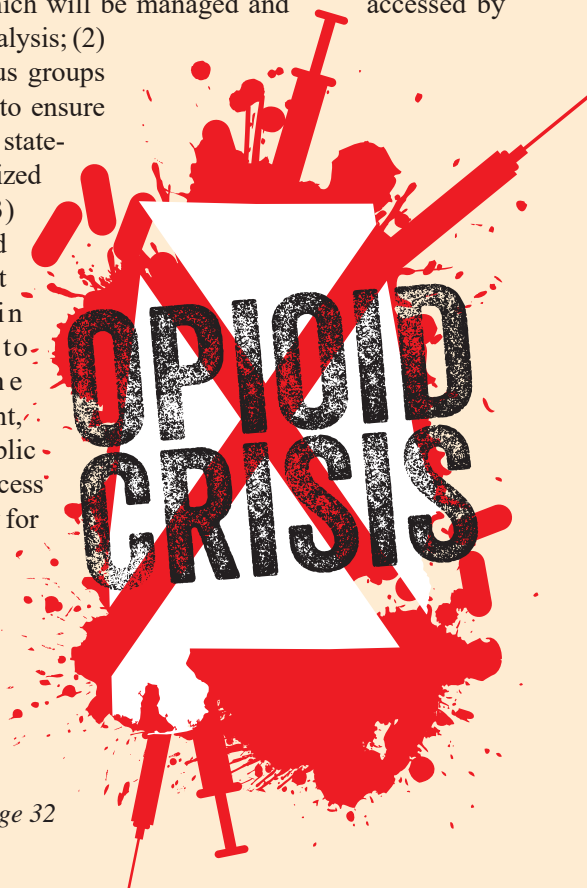
AMA and the ADMH recognize that despite many prevention and treatment efforts, drug use often continues. Provider treatment capacity remains our primary goal, however, increasing morbidity and mortality rates suggests a need for critical intermediary goals to combat the detriments of substance use/misuse. The enhancement of substance use treatment and recovery options to include MAT responds directly to the epidemic of unnecessary opioid related overdose deaths and the long-lasting impacts because overdose deaths are preventable.

AMA and ADMH are collaborating with the Vital initiative at the University of Alabama School of Social Work to work through an 18-month planning phase to conduct an initial assessment of the behavioral health treatment needs for the entire state of Alabama. The assessment will determine the extent to which providers are needed to address the SUD treatment and recovery needs of Medicaid beneficiaries.

In the state of Alabama, the gaps and needs are equally significant and varied as it relates to SUD treatment, and most populations are underserved. Throughout our state, in the urban and the rural areas, the gaps, although there is some variance in community needs, are related to workforce, residential treatment options, withdrawal management services, de-stigmatization and supportive services. Statewide, there are challenges to funding on all levels of treatment services to include prevention, intervention, treatment and recovery. SUD insurance coverage can result in the lack of consistent access to services. Inflexible funding and inconsistent benefits can lessen provider participation. Research has shown that providers often report that, in regard to SUD funding, there are no liable sources of payment and often no guarantee of payment because payment sources – including Medicaid – vie to be the payer of last resort.

APCP goals are to leverage existing resources, facilitate new provider participation processes and intensify provider capacity. A preliminary analysis based on previously collected data indicate that the following activities must be implemented to develop an initial assessment: (1) establishing a data repository to host all existing treatment and claims data for the state which will be managed and accessed by the APCP for analysis; (2) conducting focus groups in each county to ensure a consistent and state-wide view is utilized in the plan; (3) developing and deployment of surveys in each county to examine the provider, patient, and general public landscape for access to care, capacity for treatment and willingness to engage; and (4) collaboration with Alabama Department of Public

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FOCUSING ON FIRST RESPONDERS IN THE CHALLENGE TO OVERCOME OPIOID OVERDOSES

UNIVERSITY OF ALABAMA • SCHOOL OF SOCIAL WORK VITAL TEAM



The University of Alabama School of Social Work’s efforts to stem opioid use and rates of overdose deaths in Alabama have a new focus: first responders. The School of Social Work and the Alabama Department of Mental Health have partnered on this project that is federally funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Alabama received one of 20 SAMHSA awards across the United States to support and increase first responder response to opioid related overdoses.

The school’s Vital Team, which oversees four state-focused mental health projects, will soon begin work on Project FREEDOM: First Responder Expansion of Education and Distribution of Overdose Medication, which aims to reduce opioid overdose deaths in rural Alabama through training emergency medical service personnel at varying local levels on how to respond to opioid overdoses, particularly the administration of Narcan, an emergency drug used to treat opioid overdoses.

Project Focuses on 16 Counties; 14 Rural and Two Urban

Alabama’s rate of opioid overdose deaths more than doubled from 2012 to 2017, according to the National Institute on Drug Abuse. In 2017, Alabama recorded 422 opioid overdose deaths.

This four-year, \$3.2 million project will focus on a total of 16 counties including 14 rural counties – Blount, Cullman, Etowah, Fayette, Franklin, Jackson, Lawrence, Marion, Marshall, Morgan, St. Clair, Shelby, Walker and Winston – and two urban counties – Jefferson and Tuscaloosa – all of which have a combination of high opioid overdose rates and low resources. The grant is underway in its planning phase. Community education began with Tuscaloosa County in March 2020.

“We will study and address first responder fatigue; secondary stress and burnout among Emergency Medical Service (EMS) workers and Municipality and Volunteer Fire personnel; and develop outreach and training related to the trauma experiences of our first responders, including

learning communities on opioid overdose within the catchment area,” said Dr. David L. Albright, Hill Crest Foundation Endowed Chair in Mental Health Research and Vital primary investigator.

According to Vital Project Coordinator Shanna McIntosh, first responders will receive training and education on opioid overdoses and reversal, opioid safety and occupational hazards related to opioid exposure. “In addition to first responders, the project will have a focus on healthcare provider training related to opioid overdose dangers; overdose surveillance data in their county; and treatment and recovery options for their patient population,” McIntosh said.

Opioid overdose surveillance data will be coordinated by co-investigator and lead evaluator Dr. Justin McDaniel, an assistant professor of public health at Southern Illinois University. To supplement county-level reports, he will be creating – with geographic information systems (GIS) – heat maps of opioid overdoses to enable targeted efforts at the neighborhood-level.

“The project will also provide education to the general public about opioid safety and the Good Samaritan Law,” McIntosh said. “It is important for Alabamians to understand the dangers of exposure to overdose; proper use and disposal of prescribed opioids; and the Good Samaritan Law, which is in place to encourage bystanders to take action when someone

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SECOND HELPING – A WORKFORCE REENTRY PROGRAM FOR RECOVERING OPIOID ADDICTS

ALABAMA MOUNTAIN LAKES TOURIST ASSOCIATION



Second Helping, a recently launched program of the Alabama Mountain Lakes Tourist Association (AMLA), serves to help those recovering from opioid addictions reenter the work force while helping to fill job positions in the North Alabama tourism and hospitality industry.

“I believe the opioid addiction crisis is crippling the north Alabama area as well as many other communities across the nation,” said AMLA President/CEO Tami Reist. According to the Health Resources and Services Administration, more than 130 people a day die from opioid-related drug overdoses.

“I have seen first-hand the detrimental effects drug addiction has on a family,” Reist said. “A family is shaken to its core as it watches a member of its own fight a constant battle to survive. In the midst of watching this suffering, I realized I needed to do my part in combating this ever-growing crisis. That led me to consider what would happen if there was a mentoring program connecting those who are in recovery with available jobs. And that led to what is now known as Second Helping.”

Research suggests that people in addiction recovery are often highly motivated to work because employment provides an opportunity to reclaim their lives and to be loyal and committed to the employer willing to give them a chance to help them achieve financial, social and personal stability. In addition, those who have completed a treatment program have also learned the importance of self-care, which often translates into increased productivity and focus at work.

The North Alabama tourism and travel industry is growing rapidly and in need of motivated, dependable workers. The opioid-addiction crisis is of growing concern across our region and nation. After collaborating with other industry professionals in seeking a solution, the consensus was that merging the challenges of opioid recovery and workforce development and addressing them as one could prove to be a win-win for everyone involved. Second Helping will demonstrate to Alabama that the hospitality and tourism industry truly cares for its communities and is willing to lead the way in being part of the solution.

The Second Helping program name evolved from a common seminar within the industry, “Four Courses of Hospitality Training,” which outlines basic service needs based on a four-course meal theme: appetizer, salad, entree and dessert. As with any good meal, there is always room for a second helping. Therefore, this unique program is designed to bring together different sectors of society including



tourism bureaus, lodging, transportation and rehabilitation facilities that each play a role in preparing individuals who are transitioning back into society so they may enter the workforce prepared to work in the tourism, travel and hospitality industry. A type of mentoring program, it is designed to prepare recovering addicts by placing them in a training program and offering services such as interviewing tips, transportation and financial management basics as well as extend opportunities for employment.

A Second Helping podcast was recently launched by The Mark White Show (themarkwhiteshow.com). Hosted by an Athens, Alabama radio personality, The Mark White Show’s primary focus is to recognize people, groups and organizations that are making a difference in our communities across the state of Alabama. The new podcast features 15-year-old Levi Smith from Moulton, Alabama, who shares how he feels about the Second Helping program and has a message to his mom, Paige, who is a Second Helping success story. To listen to the podcast, visit secondhelpingjobs.com.

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CITY OF VESTAVIA HILLS ADDRESSES ADDICTION THROUGH UNIQUE COMMUNITY PROGRAM

CINNAMON MCCULLEY • COMMUNICATIONS SPECIALIST • VESTAVIA HILLS



Addiction is a public health and economic crisis that does not discriminate based on neighborhood, income, race, sex, age or class. Contrary to popular belief, addiction occurs everywhere and is not isolated to urban, rural or low-income communities. According to a report published by the Alabama Department of Health, there were 836 overdose deaths in the state of Alabama in 2017 due to the abuse of opioids, heroin, stimulants and fentanyl, with the highest rates of all drug-related deaths occurring in the Northeastern district – Jefferson, Blount, St. Clair, Calhoun, Etowah and DeKalb counties.

In consideration of these alarming statistics, the mayors of Vestavia Hills, Mountain Brook, Homewood and Hoover began meeting regularly in November 2017 to discuss these types of issues. Together they formed the Freedom from Addiction Coalition (FFAC) and, in January 2018, the first Freedom from Addiction Coalition community breakfast was held in Vestavia Hills. The intent of the coalition, which has now inspired 14 additional municipalities to create the Northeast Jefferson Freedom from Addiction Coalition this past June, is to raise awareness about the drug addiction problems faced by citizens and to provide available resources to individuals that, first and foremost, want to help themselves. Any life lost to drug addiction is one too many, so efforts are almost singularly focused on preventing overdoses.

Vestavia Hills Mayor Ashley Curry is all too aware of what drug addiction does to individuals and their families. As an FBI Special Agent who worked narcotics in Birmingham, he saw first-hand the drugs flowing in and out of communities in the metro Birmingham area. Years later, he lost a nephew to a drug overdose. He is very proud to be an integral part of the Freedom from Addiction Coalition but was all too aware that more could be done to provide resources for those seeking assistance. On July 1, 2019, Mayor Curry launched his brainchild – the Phoenix Program.

A Unique Community Program

The Phoenix Program is a substance abuse intervention program that provides an opportunity for individuals who realize they have an addiction to seek counseling or recovery assistance through Vestavia Hills police and fire departments. Individuals can seek assistance 24 hours per day, 7 days per week by coming to any of the five Vestavia Hills Fire stations or the two Vestavia Hills Police Department locations. First responders will perform an initial medical evaluation to be sure the individual does not require immediate medical

assistance. Following the evaluation, a first responder will contact a participating recovery resource agency that will provide the necessary assessment and placement depending on the individual's needs and financial ability.

In Greek mythology, the phoenix was a long-lived bird that was continually reborn. Associated with the sun, a phoenix obtained new life by rising from the ashes of its predecessor. Vestavia Hills cares deeply about its citizens and is committed to assisting individuals that are struggling with addiction. The Phoenix Program provides the missing piece of the puzzle that was so desperately needed so that assistance can be provided for anyone ready to “rise out of the ashes” of addiction with a new life.

Millions of Americans battle some type of drug addiction. However, statistics show the number of those who seek treatment is relatively low. The ultimate goal of the Phoenix Program is to provide assistance to those who ask for help as quickly as possible. Everyone involved with the program is cognizant of the fact that in the absence of immediate assistance, an addict will return to the substance that was providing relief previously and that can be extremely dangerous – even deadly – for the individual. Therefore, anyone seeking help can surrender any illegal substances in their possession without fear of facing criminal charges.

“I was concerned about reaching addicted individuals that wanted help,” Mayor Curry said. “Having lost a family member some four years earlier, I realized that we needed to provide help to individuals when they were ready and didn’t know where to go or what to do. Hence, the Phoenix Program was founded. Families that have lost a loved one have told me



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The Three-Legged Stool: Balancing social, educational and economic factors in combination to improve rural health outcomes

Carolyn Bern • MPA • Director of Governmental Affairs & Community Relations • Alabama Dept of Public Health

Over the past thirteen years, I have had the privilege of working in rural Alabama on healthcare access issues. Most of our Alabama rural communities are considered health professional shortage areas. These federal designations, also known as HPSAs, indicate health care provider shortages in primary care, dental health or mental health. The HPSA designation and review process is handled at both the state and federal level.

HPSA Designation and Review Process

The Alabama State Primary Care Office conducts a needs assessment to determine which areas are eligible for shortage designation, and the Health Resources and Services Administration (HRSA) reviews the state's recommendation and approves or declines the shortage designation. Through this process, the health professional shortage designated area receives a score that reflects the degree or seriousness of the healthcare workforce shortage. For both mental health and primary care, the HPSA score ranges from 0 to 25 while the dental health HPSA score ranges from 0 to 26.

This designation provides policy makers, community leaders and citizens an easy way to determine if they live in a county that has a shortage of healthcare professionals and understand how serious the shortage of healthcare professionals is for their county/area population. An additional geographic or low-income HPSA designation provides information for decision-makers that the shortage affects the population at large or low-income populations.

Challenges and Solutions for Recruiting Medical Professionals

With this available HPSA information, it seems simple that physicians, psychiatrists and dentists would just need to be recruited and retained in the most serious HPSA areas of Alabama. Unfortunately, simplicity does not exist when addressing healthcare workforce recruitment and retention issues and community health.

For healthcare workforce recruiters, the high-scoring HPSA area is usually in a rural community with few resources. These resources may include lack of broadband technology; lack of specialists or hospitals; lack of a strong education system for the healthcare provider's children; and lack of economic development that would enhance the number of insured patients who could help support the business side of the provider practice. Solutions to these issues include the growing telehealth infrastructure

and the expanding loan repayment programs in the state for healthcare practitioners. However, these solutions don't always address the need to retain the practitioner in the community on a long-term basis. Education, healthcare and economic development all are part of the solution to the healthcare workforce recruitment and retention challenges – similar to a three-legged stool. Without education, healthcare and economic development working together at the community level – recruiting and retaining healthcare workforce in rural Alabama will continue to challenge our communities.

From the community health perspective, we focus on wellness and prevention. However, if you live in a community without access to fresh fruits and vegetables, without safe places to exercise outdoors and without adequate access to transportation, wellness and prevention programs will not be effective in changing individual or community health behaviors until these social and economic factors are also addressed.

Poor social determinants of health are now being considered one of the strongest health factors contributing to health outcomes. Social determinants of health include education level, employment opportunities, race, income, family and social support and community safety. According to a 2016 study by the Aetna Foundation, your zip code

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Improving Healthcare Access in Rural Alabama

Medical Association of the State of Alabama & Alabama Academy of Family Physicians

The State of Alabama is experiencing an overwhelming physician shortage, most notably in rural areas. 62 out of Alabama's 67 counties are considered to have a primary care shortage with a total shortage of over 130 primary care physicians.¹ Moreover, Alabama ranks in the bottom 5 of 50 states in health status categories. Even though it provides a tremendous benefit to the state by supporting hospitals, improving the economic status of disadvantaged communities and raising health status, encouraging physicians to locate in rural areas is a challenge.

Recognizing the growing crisis in rural healthcare, the Medical Association of the State of Alabama is working to develop and restore adequate healthcare manpower with a specific focus on Alabama's rural areas. One of the goals in this endeavor is to work with cities and local communities to identify solutions and areas of common interest.

We believe there are already a number of initiatives currently in place designed to improve the rural physician workforce in Alabama. These programs have proven to be successful in the past; yet, given the growth trends in population and the fact that fewer physicians are choosing to locate to rural settings, these initiatives will not be enough to sustain adequate access to care for our residents living in rural areas without additional funding. Further work at the state and local level is needed to improve these initiatives and provide adequate funding. Below are just a few of the Medical Association's efforts that are already in place:

Alabama Board of Medical Scholarship Awards. This legislative program was created as an incentive to increase the supply of primary care physicians (family practice, internal medicine and pediatrics) and encourage their practice in the state's rural, medically underserved communities. Educational

loans are awarded to students enrolled in medical schools in Alabama. In exchange for repaying the loan, scholarship recipients agree to return to a pre-approved, medically underserved community. Funding currently allows about nine recipients per year (full cost of medical school attendance), with a significant waiting list. As a result, 96 percent of recipients practice in Alabama with 98 percent in primary care (78 percent family medicine); 90 percent in rural Alabama; 73 percent continue in their original communities after completing the scholarship obligation.

Physician Tax Credit Act. The State of Alabama currently allows a state income tax credit of \$5,000 for up to five years for a physician or dentist in rural practice. Data shows that 87 percent of family physicians, primary care internists or primary care pediatricians who live and practice in a rural community for six years will continue to practice in that community or another rural community. While this tax credit is a significant factor in keeping our physicians in rural Alabama communities, we believe the amount of the credit needs to be increased in future years.

Rural Medical Scholars Program (RMSP). This is a program that was created to address the shortage of primary care physicians in Alabama's rural communities. The program works to recruit University of Alabama college students who want to become physicians and practice in rural communities. Since its founding in 1996, more than 200 students have participated in the program, and of the graduates, 81.8 percent practice in Alabama while 62 percent practice in rural Alabama.

Rural Medical Program (RMP). Started in 2005 and modeled after RMSP, the Rural Medical Program provides a five-year medical school curriculum for Auburn University students with the sole purpose of training physicians to serve in the areas of greatest necessity. The program has 79 percent of graduates that are family physicians, 90 percent are in primary care practice and 74 percent are rural.

Early Medical and Other Health Professions Pipeline Programs. Rural Health Scholars, Rural Minority Scholars and others have sought to provide high school and community

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It's Time to Make Eye Health an Essential Part of Overall Health

Dr. David Britton • President • Alabama Optometric Association

When is the last time you went to the dentist? Or saw your primary health care provider? How about your eye doctor? The fact is, little more than half of Americans make an annual eye exam part of their health care routine. The importance of comprehensive eye exams with an eye doctor goes well beyond just making sure your vision isn't blurry. With research showing over 16 million Americans struggle with undiagnosed or untreated vision impairments, it's time to make comprehensive eye exams the focus of the public's attention and ensure that vision health is an inseparable component of routine healthcare for all Americans.

Vision is critically important in day-to-day life. It impacts how people of all ages function in the world around them – whether at home, school, work or within their community. In fact, 49 percent of Americans worry about losing their eyesight over their ability to walk or hear, according to the American Optometric Association's (AOA) annual American Eye-Q survey.

Sadly, the survey also revealed many respondents were not aware of how vision impacts overall health. Only 53 percent visit an eye health professional at least once a year and one-third of those surveyed lacked an understanding of how to take care of their eyes and vision.

Don't confuse a comprehensive eye exam with a vision screening. You may remember this from your first days in school or the simple eye test that you take at your primary care doctor's office. Such a simple vision screening cannot assess your overall eye and vision health. A comprehensive eye exam goes much deeper. Your doctor will review your health history, including your overall health, eye or vision symptoms and medication. Several tests are then conducted based on your specific situation and your optometrist's professional judgement.

Every day, doctors of optometry examine asymptomatic patients who come in for comprehensive eye exams and diagnose them with serious eye and health issues including glaucoma, macular degeneration and other conditions. In addition to maintaining quality visual acuity and eye health, eye exams can signal the presence of more than 270 serious medical conditions. The eyes can uncover risks for stroke, heart attack or eye disease before they occur. In 2018 alone, doctors of optometry across the nation identified signs of diabetes in more than 301,000 patients who did not know they had it, leading to earlier management of the disease.

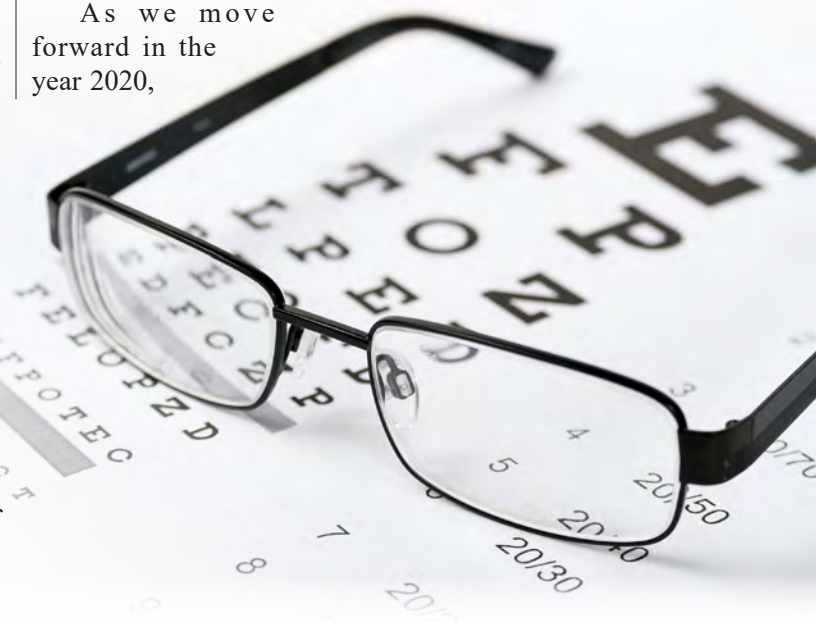
Expanding Optometric Services in Alabama

This is vitally important in Alabama, where patients in many rural counties have difficulty accessing health care services. Doctors of optometry are geographically accessible and uniquely available to furnish Alabama's primary eye care services. Doctors of optometry currently practice in 54 of 67 Alabama counties, providing access to 96.1% of the state's total population.

This is one reason that the Alabama Optometric Association is advocating for an expansion of the scope of practice for doctors of optometry. The last time the optometric practice act was updated was 25 year ago and medical technology has changed dramatically during that period. In Alabama, optometrists have full prescription privileges; however, we do not have the authority to deliver medication by injection or do in-office laser procedures that do not require general anesthesia. The ability to provide these services to our patients – especially our rural patients – is important to their well-being.

Several states already have these privileges and all optometry schools teach these procedures to their students. I am personally concerned that our gifted students at the UAB School of Optometry may choose to leave Alabama to go to a state where they can practice to the full extent of their training. I strongly believe that in order to continue to bring the highest quality eye and vision care to our citizens, our optometry law needs to be updated to reflect the changes in education and technology.

As we move forward in the year 2020,



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dental practices are located in Alabama. This map, as well as additional information regarding access to dental care, can be found on the UAB School of Dentistry Community page at uab.edu/dentistry/home/community (click on the “interactive map” link at the bottom of the page).

The grant also allowed for dental student rotation experiences in rural areas with the intention of exposing them to dental practice life in these areas. We also provided significant financial awards to nine graduating dentists over time who would agree to practice in a rural area as well as treat a certain percentage of Medicaid patients for a specified number of years. Graduating dental students can have very significant school debt, and this program was designed to assist them with that debt and help them as they established a practice. The grants were planned to help “plant” dental offices in geographically different rural areas of the state needing a dentist. Nine such practices were planted through this grant program and have successfully continued in those areas to this day.

Dr. Lockwood, the Alabama Dental Association and I have also worked together on language presented to the state legislature and the Governor’s office for consideration of a similar state-based financial incentive program for new dentists

willing to locate in a rural area. This state-based program would fund tuition scholarships for dental students willing to commit to practicing in a rural area of Alabama for a specified number of years upon graduation. We hope this will encourage the young dentists to choose to practice in a smaller town or rural area. While all the legislators and the Governor’s staff with whom we discussed this program were favorable to the concept – and some legislation about it has passed – funding has not yet been significant. However, we continue pursuing this possibility in hopes of turning the current tide before lack of dental care becomes a crisis.

So – to answer my earlier question – is it easy to find a dentist to see you on short notice anywhere in Alabama? The answer is no. However, many of us are engaged with this concern and working towards positive solutions for all Alabamians and hope to be able to answer my question in the affirmative in the near future! ■

Conan Davis recently retired from his position as Assistant Dean for Community Collaborations and Public Health at the UAB School of Dentistry. He continues to research the inequities in access to dental care across Alabama.

Rural Healthcare Access

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college students recruitment and guidance. Tuscaloosa’s Rural Minority Health Scholars has had 200 members and 15 have gone to medical school. Of the 650 Rural Health Scholars from 1993-2018, 56 have gone to medical school. These programs are aimed at all health care occupations and serve to raise awareness to high school students regarding medical opportunities.

Huntsville Rural Premedical Internship (HRPI) HRPI brings college students with rural backgrounds to the UAB Huntsville medical campus for a summer experience that includes clinic shadowing, didactic sessions, field trips and medical skill workshops. Seventy-four percent of available graduates have been accepted to medical school with 67 percent of participants completing medical school and residency and practice in primary care.

All the above-mentioned state programs seek to identify students from rural areas with an interest in the medical sciences and provide them with a pathway to medical school and other medical professions. Research data clearly shows that students from rural areas are more likely to return to a rural area after completion of their training. Although proven to be successful, these programs remain under-funded by the Alabama Legislature.

Economic Impact of Alabama’s Physicians

In addition to positively impacting the health of individual patients, physicians also have invaluable effects on their

community and the state of Alabama. Each Alabama physician has an average economic output of \$1.9 million and funds an average of more than \$839,000 in wages and benefits. Moreover, every physician in Alabama supports an average of 11.7 jobs in the economy and generates an average of \$65,000 in tax revenue.¹¹ As stated in these numbers, the economic impact of a physician is tremendous.

Physician Recruitment in Rural Areas

It takes a physician-led healthcare team to deliver high quality patient care in today’s environment and it takes an engaged community to recruit a high-quality physician to locate to Alabama’s rural areas. Most physician recruiters say that a key factor in the successful recruitment of a physician is the involvement of the local community. Many of the more progressive communities that have had success have created a “Community Recruitment Committee” ranging from representatives from local city government, school administration, real estate, banking, economic development, etc. These representatives are chosen to not sell their wares but to promote and sell the community and the lifestyle it offers. Such a committee can be very welcoming to the potential physician and their family and can be a valuable tool to the community.

Collaboration is Key

The Medical Association realizes that there is a long road ahead to finding the best solution to Alabama’s rural health crisis, but we hope to partner with the Alabama League of Municipalities and work toward the solutions mentioned above for our rural communities. We appreciate the League of Municipalities for reaching out to our organizations for our input and look forward to working together. ■

The Medical Association of the State of Alabama is the professional association for some 7,000 physicians of all specialties throughout Alabama. The association exists to serve, lead and unite physicians in promoting the highest quality of health care for the people of Alabama through advocacy, information and education. The Alabama Academy of Family Physicians was founded in 1949 by five general physicians, in Montgomery. The chapter currently includes more than 900 active family physician-members as well as more than 430 student and family medicine residents and exists to provide educational programming for its members, as well as to represent family physicians and their patients in the legislative, regulatory, and public arenas. For more information on these two associations, visit www.alamedical.org and www.alabamafamilyphysicians.org.

End Notes

ⁱ “Story Map Series.” *Health Professional Shortage Areas*, Data.hrsa.gov, 2019, data.hrsa.gov/maps/fact-sheet-maps/.

ⁱⁱ IQVIA. *The Economic Impact of Physicians in Alabama*. The American Medical Association, 2018, pp. 10–11, *The Economic Impact of Physicians in Alabama*.

Three-Legged Stool continued from page 21

has a stronger correlation to your length of life and quality of life than your genetics. This zip code correlation has been demonstrated in the Black Belt of Alabama where the lack of economic, healthcare and educational infrastructure has led to generational poverty for more than a century. Citizens in this area of the state suffer higher incidences of cardiovascular diseases and diabetes. They also are living in the higher scoring HPSA-designated counties.

With more research supporting the zip code/community health dilemma, our leaders have a greater opportunity to address social, education and economic factors as one “three-legged stool” rather than separate and distinct issues. The challenge is how Alabama stakeholders and policy makers representing education, healthcare and economic development interests, on both the community and state level, can work together to address poor social determinants of health. ■

In August 2019, Carolyn was appointed Director of Governmental Relations and Community Affairs for the Alabama Department of Public Health. Prior to this appointment, Carolyn established the ADPH Office of Community Affairs in August 2016 to focus on healthcare transformation and evolving roles of public health in regional care organizations and other population-focused healthcare initiatives. Carolyn also served as the Office of Primary Care and National Health Service Corps Coordinator as well as the coordinator of the statewide 2015 Community Health Improvement Plan. Carolyn graduated from Vanderbilt University with a BA in Economics and has a master’s degree in Public Administration from Auburn University Montgomery. She currently serves on the boards of the Alabama Rural Health Association, the Statewide AHEC Advisory Committee, the Alabama Public Health Association and is a former member of the 3RNet National Membership Committee. She was appointed to the Governor’s Executive Team for the Alabama Campaign for Grade-Level Reading. She also serves on the Community Advisory Board for the Vanderbilt-Ingram Cancer Center.

Eye Health continued from page 23

we want to spread the message that there is no substitute for an in-person, comprehensive eye exam by a doctor of optometry. Taking steps to improve eye health via regular comprehensive eye exams is a critical component in preventive health care. In 2020, we encourage all Alabamians to make eye health and vision care a priority by scheduling an in-person, comprehensive eye exam with a doctor of optometry. The quality care our patients deserve needs to be given the same level of importance and attention as other standard medical practices to improve overall health and well-being. ■

Dr. David Britton is a native of Belgreen, Alabama where he resides with his wife Traci and two children. He received his Doctorate of Optometry from the University of Alabama at Birmingham School of Optometry and currently serves as the President of the Alabama Optometric Association.

ALABAMA'S HOSPITALS ADDRESS CHALLENGES THROUGH ADVOCACY AND COLLABORATION

DANNE HOWARD • EXECUTIVE VICE PRESIDENT AND CHIEF POLICY OFFICER • ALABAMA HOSPITAL ASSOCIATION



The leaders of cities across Alabama understand better than anyone what a hospital means to the community. Hospitals are open day and night, 365 days a year, providing emergency services, surgeries and medical care to all who walk through their doors. But their mission goes beyond treating illnesses. Hospitals are the cornerstone of the economic and healthcare infrastructure of Alabama. Mayors and councilmembers know that hospitals are often the largest employer in a community and a vital economic engine. Alabama's hospitals serve rural and urban communities keeping the economy strong, the workforce healthy and the state prepared for all emergencies.

Challenges Threaten Access to Care

Obviously, hospitals are an important stitch in the fabric of our communities, but they face many challenges. They are caring for a growing number of uninsured patients, many of which are in rural communities or dealing with mental health problems. These challenges are threatening the viability of Alabama's healthcare delivery system, threatening everyone's access to care.

Every community understands the value of a local hospital, and in a rural community it is critical. More than half of all hospitals in Alabama operate in rural areas. These hospitals are the foundation of their communities, providing primary care and life-saving services in emergencies when every second counts. Urgent care centers and ambulances serve an important role in the state's delivery system, but rural hospitals must remain strong in order to care for of the people in their community. When every second counts during a heart attack or serious injury, many wouldn't

survive an ambulance ride to an urban area – often more than an hour away. The closure of a rural hospitals is not just a rural problem – it negatively impacts hospitals in larger, urban areas as well. When a rural hospital closes, it places a strain on capacity and the workforce in urban hospitals by creating longer wait times and strained emergency department resources. When an urban hospital is overcrowded with patients from rural areas, a bed may not be available, compromising everyone's access to care.

Additionally, Alabama's hospitals are caring for a growing number of uninsured patients, making their ability to provide care even more difficult. Approximately 75 percent of all of Alabama hospitals operate in the red. All together, they provide more than \$500 million in uncompensated care every year and will continue to treat all patients regardless of their ability to pay. However, if changes are not made, hospitals will be forced to discontinue services, reduce staff or, in the worst case, close their doors. The large number of Alabamians who do not have health insurance coverage was a driving factor in 13 Alabama hospitals closing in the last nine years, seven of which were rural, leaving countless people without access to care. Unfortunately, until Alabama addresses the problem of the uninsured it will continue to threaten hospitals' ability to provide care.

Mental Health Crisis Adds Additional Treatment and Financial Burden

The mental health crisis is also creating a strain on Alabama hospitals. In 2012, the state decided to close its four psychiatric facilities, initially planning to channel those dollars to care for mentally ill patients in their communities.



The large number of Alabamians who do not have health insurance coverage was a driving factor in 13 Alabama hospitals closing in the last nine years, seven of which were rural, leaving countless people without access to care. Unfortunately, until Alabama addresses the problem of the uninsured, it will continue to threaten hospitals' ability to provide care.

Unfortunately, these dollars never made it to the people that needed the care, and our hospitals are seeing the devastating results of not having the resources.

In fact, while thousands of Alabamians suffer with a severe mental illness, it's estimated that only 44 percent of them ever receive treatment. The result is that our emergency departments are often full of patients suffering with a mental health crisis with nowhere to turn for ongoing treatment. Hospitals will always care; however, together we must make it a priority to develop the community resources needed to treat those suffering from mental health and substance abuse issues. State and local leaders and providers across Alabama must make it a priority to develop the comprehensive infrastructure needed to help people in a crisis while also addressing the underlying issues that contribute to the crisis, such as a lack of access to medical care, housing, needed medications and treatment options.

Collaboration to Overcome Challenges

Despite the monumental challenges, Alabama's hospitals are leaders in providing quality health care and supporting the overall health of our citizens. They are not only participating with local and state partners and elected officials seeking to find solutions, they are often the conveners of these partnerships. For example, a statewide mental health steering committee was formed and has already taken the first steps to find solutions to Alabama's mental health crisis. Together with the Alabama Department of Mental Health, it is working

to create a system of crisis care centers. These crisis centers will be able to treat patients suffering from an acute episode. Currently there are only two places for these patients to go, a local jail or a hospital emergency room, neither of which is the right place for the care that is needed. To make this successful, we must invest in the mental health infrastructure, knowing it will take all of us working toward a common goal to solve the challenges we are facing.

Hospitals are saving lives in real time every day. It should be comforting to know that Alabama's hospitals lead the nation in efforts to prevent the spread of infection. They drive state and local economies, directly employing nearly 90,000 Alabamians and generating an economic impact of more than \$21 billion every year. Since they first opened nearly 100 years ago, hospitals have partnered with municipalities. With support from their communities, hospitals across Alabama can continue to provide convenient and compassionate care for the next century and beyond. Together we will be prepared to care. ■

Danne Howard has been with the Alabama Hospital Association for nearly 25 years, where she currently serves as the Executive Vice President and Chief Policy Officer. For more information on the Hospital Association, visit alaha.org.

or passing notes, will work in all, or even most contexts. It should not be assumed that because written English may work in a less stressful, casual setting that it can be applied to more complicated language interactions. Nor should it be assumed that deaf people can “lipread”. Properly called speechreading, the process of perceiving language through observation of a person speaking is a highly complex art which few people truly master. In fact, less than 30 percent of the English language is visible on the lips, so even for competent English speakers, it is largely guesswork. It is also affected by many outside factors, such as lighting, clarity of the speaker’s articulation, accents, stress levels, illness and many others. For people who were born deaf, effective speechreading is vanishingly rare.

Writing is often problematic because many people who were born deaf or became deaf at an early age are often not comfortable or competent in written English. Research indicates that the average English reading competency of pre-lingually deafened people barely approaches fourth grade level. A second reason that writing is less than ideal is that communication becomes truncated. It takes significantly longer to write something, even if you are typing it on a computer or other device, than it takes to say something.

Legal and Regulatory Considerations

For deaf people who use American Sign Language, communicating is easier in the language they most readily understand. Right to effective communication is codified in a myriad of laws and regulations mandating the use of interpreters, translated documents and the like. The legal burden of effective communication belongs to the agency or organization, rather than the individual who is deaf. Courts are required by law to have interpreters, as are hospitals and healthcare providers. Police officials are required to have interpreters when interrogating, booking or otherwise restricting a deaf person’s freedom. Increasingly, legal action against various state Departments of Corrections have greatly expanded the right to effective communication access, including interpreters, in penitentiaries and jails.

The Americans with Disabilities Act Title II requires state and local governments to be accessible. Title IV requires any other entity receiving Federal funds to do the same. For communication access, this often means interpreters, especially when communication with a deaf person in

English is not effective. In healthcare, Section 1557 of the Patient Protection and Affordable Care Act broadened those protections even further.

Federal law requires interpreters to be qualified, defined as one “who is able to interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary.” (www.hhs.gov/civil-rights/for-individuals/disability/effective-communication/index.html) In Alabama, interpreters are required to be licensed by the state. Nearly half the states in the country also have licensure or registration laws. It is important to be aware of those regulations.

Increased awareness about the nature of hearing loss in general, and deafness in particular, can go a long way toward making government agencies more accommodating. Ensure that staff understand that expecting deaf citizens to speechread or write may not be effective and may be discriminatory.

Statewide Resources

The Alabama Institute for the Deaf and Blind has regional offices throughout the state (aidb.org) with staff who are accustomed to advising and training people to work with deaf citizens. Many of these regional offices also have interpreter referral services which can assist with locating interpreters when needed.

The Alabama Department of Rehabilitation Services also has offered training in working with people with hearing loss, particularly in the area of employment. Independent Living Centers, such as Disability Rights and Resources (drradvocates.org) in Birmingham, can be an excellent resource. In addition, they are particularly skilled at consultation on compliance with the ADA.



The Alabama Department of Mental Health, and particularly its Office of Deaf Services, have provided hundreds of training events focusing on deafness, hearing loss and mental illness for state and local government entities.

Emergency and Disaster Response Accessibility

Another area where local governments can benefit its deaf and hard of hearing citizens is to make its emergency and disaster response efforts more accessible. By working with local deaf organizations, officials can locate where deaf people are living and working and maintain that information which can help guide notification and rescue efforts when disaster strikes. Locating where deaf people live, such as that being done by Jefferson County's Emergency Management Agency to include deaf and hard of hearing people in their Everbridge Emergency Alert system, can help first responders and make the difference between a tragic death and saving a life. They have an active community advisory committee comprised of deaf and hard of hearing people and agencies serving them.

Some technology is coming online that holds great promise to ease communication between municipalities and citizens with hearing loss. Text-to-911 is one exciting example. The federal Communications Commission encourages emergency call centers to begin accepting texts but notes that the method of doing so is a local decision. Video Remote interpreting, despite important limitations (www.nad.org/resources/health-care-and-mental-health-services/video-remote-interpreting/), can be a helpful arrangement in emergency situations. Equipping police patrol units and emergency response vehicles with VRI and CART capability can be lifesaving.

Conclusion

Effectively serving deaf or hard of hearing citizens like Kate is not difficult. It does require some planning and thought as to how access will be implemented across the array of services provided by local government entities. ■

Steve Hamerdinger has been the Director of the Office of Deaf Services at the Alabama Department of Mental Health since 2003. Before that, he was the Director of the Office of Deaf and Linguistic Support Services at the Missouri Department of Mental Health for 10 years. He has a degree in counseling from Gallaudet and has been in the field of mental health and deafness since the early 1980's. He provides consultation and training on mental health and deafness nationally and internationally. In 2009, Steve was appointed by the Substance Abuse and Mental Health Services Administration under the U.S. Department of Health and Human Services as one of the two U.S. representatives to the International Initiative for Mental Health Leadership (IIMHL) Network on Mental Health and Deaf Individuals. He is a Past-President of the American Deafness and Rehabilitation Association (ADARA) and served more than 14 years on the board. Steve is also a Past President of the New Mexico Association of the Deaf and was the first chairperson of the New Mexico Commission for the Deaf and Hard of Hearing. Currently on the board of directors of the National Association of the Deaf, Steve served as chair of mental health subcommittee for 2 years and was presented with the Knights of the Flying Fingers award from the NAD in 2016.



Alabama's only state tax refund municipal debt recovery program

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Why use Municipal Intercept Services (MIS) when you already have a debt collection service?

MIS is **NOT** a debt collection agency or service. MIS does not do what debt collection services do and debt collection services cannot offer what MIS does. MIS is a unique way to attempt to recover money owed to your municipality by "intercepting" an individual's Alabama State tax refund. Debt collection agencies can NOT offer you this service. MIS is a legislatively sanctioned conduit with the Alabama Department of Revenue (ADOR) that enables ADOR to recover delinquent debts owed by individuals to your municipality by collecting this debt from the individual's Alabama state tax refund. This system was made possible by an Alabama legislative change enacted in 2014 through which ADOR agreed to process these debts through only two clearinghouse organizations: the Alabama League of Municipalities (ALM) for municipal entities and the Association of County Commissions of Alabama (ACCA) for county entities. In 2015, ALM formed MIS to act as the clearinghouse on behalf of its municipal entities. **NOTE:** If the debtor is not eligible for an Alabama State tax refund, no money can be collected.

Who is eligible to use the MIS system?

Only municipal entities within Alabama are eligible to use the MIS system. This includes cities, towns, certain utility boards, housing authorities and hospitals. **For more information, visit: www.alintercept.org.**

END IT ALABAMA:

A Project of the Alabama
Human Trafficking Task Force

Human trafficking is the second largest criminal industry in the world today, second only to the illegal drug trade. However, it is the fastest growing criminal industry in the world. It is only a matter of time until it becomes the largest criminal industry in the world. Human trafficking is definitely a clear and present danger to Alabama and its communities. Human trafficking cases have been reported all across the state. Cases have been reported in Montgomery County, Birmingham, Fort Payne, Madison County, Huntsville, Albertville, Guntersville, Dothan and Mobile. ~ enditalabama.org

In April 2014, former Governor Robert Bentley signed House Joint Resolution 270, which passed the Legislature in March 2014, to establish the Alabama Human Trafficking Task Force. Since that time, the 23-member Task Force has met once a quarter at the Alabama State House. All meetings are open to the public. The purpose of the Task Force is to:

1. Combat all aspects of human trafficking, including sex trafficking and labor trafficking.
2. Pursue a comprehensive response to crimes of human trafficking.
3. Coordinate strategies to provide necessary services for victims of human trafficking.
4. Focus prevention efforts to end the demand for human trafficking and create awareness through education and community initiatives.
5. Develop legislation to prevent, intervene and treat human trafficking.

Councilwoman Bridgette Jordan Smith of Vincent is the Alabama League of Municipalities representative on the statewide Task Force and has served since its inception. She is heavily involved in the efforts of the Task Force, including the initiative to recruit municipalities to adopt proclamations in observance of National Human Trafficking Awareness Month for the 2020 Alabama Human Trafficking Summit that was held in Montgomery this past January. This was the Summit's sixth year and more than 450 attended the day-long event where 140 municipal proclamations were presented – a clear indication that human trafficking is a growing and dangerous issue faced throughout the state.

"Awareness is one of the key components in combating Human Trafficking," Jordan Smith said. "Representing the Alabama League of Municipalities on the Governor's Human Trafficking Task Force has allowed the opportunity to increase awareness of this criminal activity across Alabama's 463 incorporated towns and cities. When we are aware, educated and informed, we can do a much better job representing and protecting our constituents."

End It Alabama

The Alabama Human Trafficking Task Force has developed End It Alabama – a website resource at www.enditalabama.org that provides information about the Task Force, facts about human trafficking, warning signs, documents on how to be prepared as well as links to national and statewide resources. In addition, various regions of the state are developing resources and websites, such as the North Alabama Human Trafficking Task Force (www.stnow.org), in an effort to raise public awareness, educate communities and advocate for policies to aid in the effort to stop human trafficking.

For more information on how your municipality can be involved in this endeavor, visit www.enditalabama.org. ■



For the fourth year in a row, the City of Cullman and the Cullman County Human Trafficking Task Force participated in Alabama Human Trafficking Awareness Month in January. From left, District Attorney Wilson Blalock; Director of the Child Advocacy Center Gail Swafford; Blakely Hopper of the Child Advocacy Center; Cullman County Human Trafficking Task Force Chairman Kathy Wilson; Cullman Mayor Woody Jacobs; and Presiding District Judge Kim Chaney. Photo courtesy of The Cullman Times.

OPIOIDS

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Health and other state data sources to ensure the data repository is robust and inclusive of all data required to develop a sound state plan.

The assessment findings, outcomes and projections will lead to the development of state infrastructure and possibly a follow-up 36-month demonstration grant funded by CMS to incorporate the state action plan and improve access to care for Alabama residents. The follow-up funding for demonstration of the state plan will be awarded to only five of the currently funded 15 states.

The support and participation of our leaders is imperative to the success of the project and will increase our probability of receiving one of the next five awards. Each county is slated for contact to participate in the assessment through both surveys and focus groups. ■

Shanna McIntosh is the Vital Project Director in the School of Social Work at the University of Alabama. She earned a master's degree in Counseling and Psychology and has more than 10 years of experience as a Substance Use Counselor, Mental Health Therapist, a certified case manager, and a substance use treatment director. She serves as an advisor to the board for the Parent Resource Institute of Drug Education of Tuscaloosa, as well as the Tuscaloosa Mental Health Alliance, and is a co-founder of the West Alabama Recovery Coalition. Vital is committed to improving the wellness of Alabamians through training, education, service, implementation, research, evaluation and community engagement. Shanna can be contacted at semcintosh@ua.edu.

First Responders

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is in need. A targeted media campaign will run statewide, and community education forums will be held in the 16-county catchment area. Community trainings will cover the dangers of high toxicity opioids, opioid prescription safety and Mental Health First Aid.”

Multiple Statewide Projects

Project FREEDOM is one of the state-focused projects the Vital Team is overseeing. In addition, Vital recently received a contract to oversee a statewide needs assessment to gauge the willingness and capacity of providers to deliver substance use treatment. The Vital Team is also working on a state-funded project to reduce Alabama's infant mortality rates and is in its fourth year of a five-year contract funded by the Substance Abuse and Mental Health Services Administration to integrate mental health care and alcohol and drug screenings into primary care settings.

“Vital is making a difference and we are committed to improving wellness in Alabama through engagement, collaboration, research and education,” Albright said. ■

The School of Social Work was established in 1965 by an act of the Alabama Legislature to address the state's critical shortage of and pressing need for professionally trained social workers. Its vision is to lead the country in community-engaged research in health, behavioral health and social and economic justice solutions for Alabama and the nation. For more information, visit socialwork.ua.edu.

Second Helping

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“The opioid-addiction crisis is of growing concern across our region and nation,” Reist said. “We believe this program will show the world that the hospitality and tourism industry truly cares for our communities and we are willing to lead the way in being part of the solution.”

The Second Helping program is currently seeking additional partners who would like to be a part of this innovative program. A comprehensive website with more information as well as current job listings is available at secondhelpingjobs.com. ■

AMLA is a nonprofit organization that was created in 1964 with the express purpose of developing North Alabama's travel industry and marketing the 16-county region to the traveling public. AMLA's 500-plus members include chambers of commerce, convention and visitors bureaus, attractions, campgrounds, festivals, communities, counties, golf courses, restaurants, tour operators, accommodations, vendors, financial institutions, parks and individuals and represents progressive travel-regulated businesses and associations as well as various levels of government. Additional information on AMLA and North Alabama destinations, accommodations and special events is available by visiting www.NorthAlabama.org.

Alabama State Parks: Year-Round Quality of Life

Jerry Weisenfeld • Marketing and Promotions Manager • Alabama State Parks



*Live Locally Alabama is an ALM grassroots campaign designed to encourage civic engagement, instill community pride and highlight the crucial role municipal government plays in the daily lives of Alabama's citizens. As part of this campaign, a Live Locally Alabama feature is included in each issue of the **Journal** highlighting important community topics and quality of life issues that will help municipal officials and employees improve their cities and towns for the people they serve.*

Alabama is one of the most biologically diverse states in the country with regard to plant and animal variety and offers an abundance of natural beauty for those who enjoy spending time in the outdoors. Nowhere can people enjoy what Alabama has to offer like a trip to an Alabama State Park.

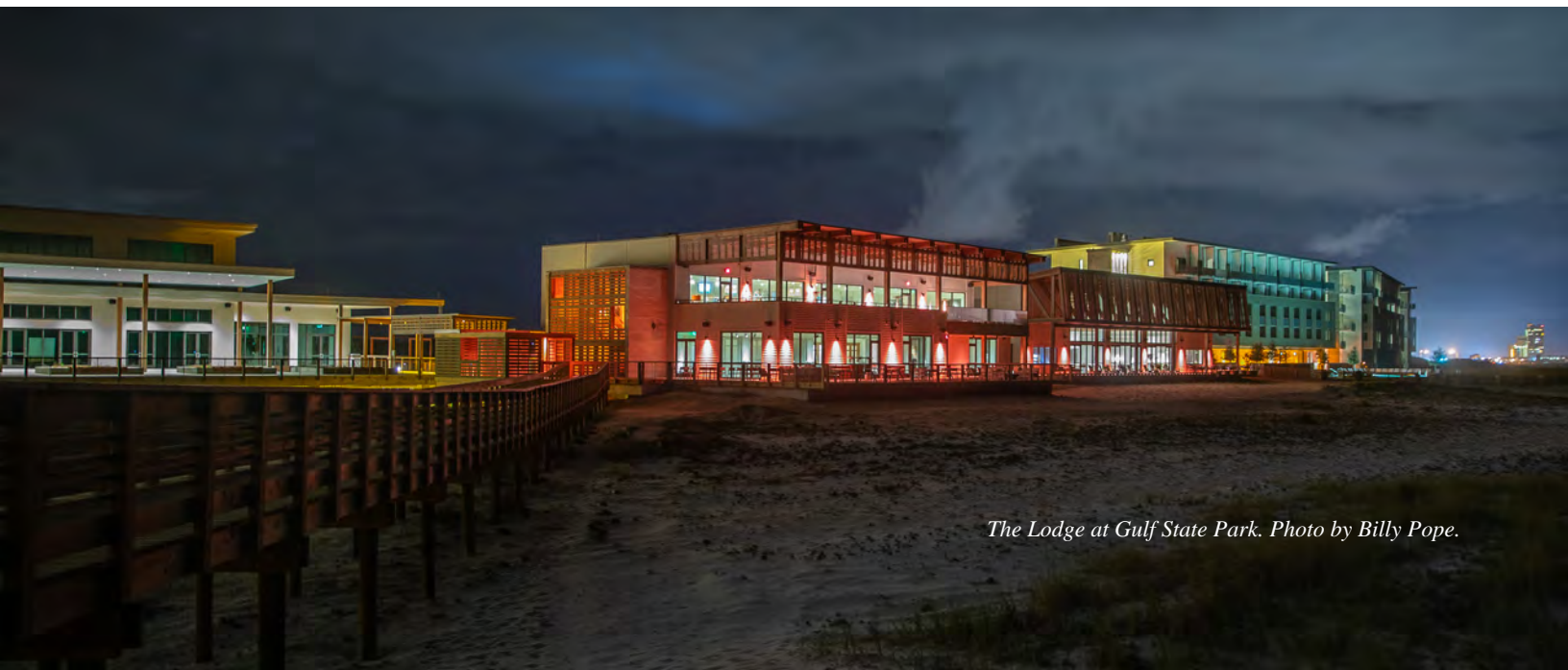
The Alabama State Parks Division operates and maintains 21 state parks encompassing approximately 48,000 acres of land and water. The geographic variety offered to guests includes Gulf State Park's sugar white beaches all the way up to the Appalachian Mountains near Cheaha State Park, as well as five additional parks within the Tennessee Valley. More than 5 million guests visited the Alabama State Parks in 2019 and that number is increasing as people continue to find ways to enjoy the parks for increased health and a better quality of life.

Early Vision

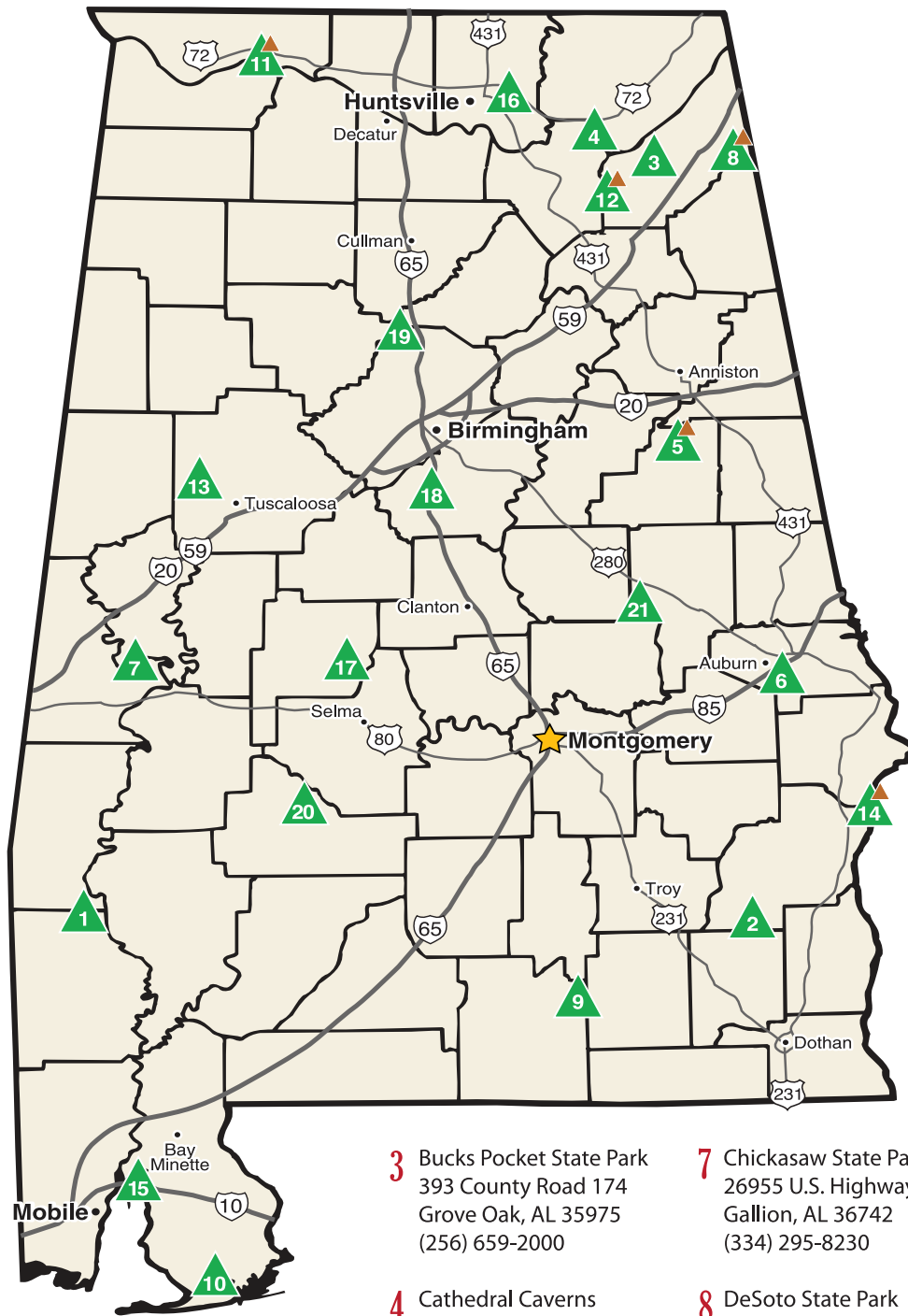
The history of Alabama's state parks began in 1927, when the Alabama Legislature passed the State Land Act providing for the development and operation of state parks

and the administration of other state lands by the State Commission of Forestry. The Commission then formed the Bureau of Parks and Recreation to manage all state park lands. At its establishment, the Bureau had no parks to manage; however, acquisition of land for parks began soon thereafter. Procurement started slowly but then accelerated after 1930, at which time only Cheaha State Park existed. By the end of 1933, the Bureau had created 11 more parks. The goal in acquiring and establishing these first parks was to preserve wild areas and provide recreational opportunities. In 1933, the State Commission of Forestry secured the resources of the Civilian Conservation Corps (CCC) through the federal government for various park improvement projects, including construction of facilities and forest improvement efforts such as reseeding and fire control. The CCC facilities constituted the first state park infrastructure developments in Alabama.

Alabama State Parks now operate and manage 21 parks state-wide that are vital to conserving the environment and providing the public with a variety of recreational choices. Not all the parks center on nature and recreation, however. Six



The Lodge at Gulf State Park. Photo by Billy Pope.



- 11** Joe Wheeler State Park
4403 McLean Drive
Rogersville, AL 35652
(256) 247-5461
- 12** Lake Guntersville State Park
1157 Lodge Drive
Guntersville, AL 35976
(256) 571-5440
- 13** Lake Lurleen State Park
13226 Lake Lurleen Road
Coker, AL 35452
(205) 339-1558
- 14** Lakepoint State Park
104 Lakepoint Drive
Eufaula, AL 36027
(334) 687-8011
- 15** Meaher State Park
5200 Battleship Parkway East
Spanish Fort, AL 36577
(251) 626-5529
- 16** Monte Sano State Park
5105 Nolen Avenue
Huntsville, AL 35801
(256) 534-3757
- 17** Paul M. Grist State Park
1546 Grist Road
Selma, AL 36701
(334) 872-5846
- 18** Oak Mountain State Park
200 Terrace Drive
Pelham, AL 35124
(205) 620-2520
- 19** Rickwood Caverns State Park
370 Rickwood Park Road
Warrior, AL 35180
(205) 647-9692
- 20** Roland Cooper State Park
285 Deer Run Drive
Camden, AL 36726
(334) 682-4838
- 21** Wind Creek State Park
4325 AL Hwy. 128
Alexander City, AL 35010
(256) 329-0845

- 1** Bladon Springs State Park
3921 Bladon Road
Bladon Springs, AL 36919
(251) 754-9207
- 2** Blue Springs State Park
2595 Highway 10
Clio, AL 36017
(334) 397-4875
- 3** Bucks Pocket State Park
393 County Road 174
Grove Oak, AL 35975
(256) 659-2000
- 4** Cathedral Caverns
637 Cave Road
Woodville, AL 35776
(256) 728-8193
- 5** Cheaha State Park
19644 Highway 281
Delta, AL 36258
(256) 488-5111
- 6** Chewacla State Park
124 Shell Toomer Pkwy
Auburn, AL 36830
(334) 887-5621
- 7** Chickasaw State Park
26955 U.S. Highway 43
Gallion, AL 36742
(334) 295-8230
- 8** DeSoto State Park
7104 DeSoto Parkway NE
Fort Payne, AL 35967
(256) 845-5380
- 9** Frank Jackson State Park
100 Jerry Adams Drive
Opp, AL 36467
(334) 493-6988
- 10** Gulf State Park
20115 State Highway 135
Gulf Shores, AL 36542
(251) 948-7275

parques are classified as Resort Parks which means they offer hotels, conference centers and restaurants. Alabama's state parks have won 18 TripAdvisor "Awards of Excellence" and Gulf State Park was recently noted in *National Geographic Magazine* as one of their "Unique Lodges of the World."

Funding

The Alabama Department of Conservation and Natural Resources receives no support from the state's General Fund. Instead, state parks are funded through user-generated funds in the form of entrance fees, equipment rentals, lodging, golf and other recreational fees. In addition, there are special revenue sources that include federal money, user and license fees as well as mandated interest from endowments and federal regulations. The state park system employs approximately 700 people during peak season and approximately 550 workers during the off-season. The staff is aided by a large group of volunteers who offer their time and energy in maintaining park facilities and ensuring guests enjoy their stay.

Outdoor Experiences Enhance Quality of Life

Several Alabama parks have Naturalists on staff to share information about the local wildlife and fauna. Their programs vary by park and include outreach to local schools, summer camps and other groups interested in learning about Alabama's fascinating history and rich biodiversity. Park Naturalists at Lake Guntersville State Park host Eagle Awareness each year where guests can see Bald Eagles in the wild and learn about the bald eagle restoration program that was started in Alabama in 1985. For guests in southeast Alabama, Lakepoint State Park in Eufaula hosts "Fins, Feathers and Flowers", a weekend waterfowl/wildlife program sponsored by the Alabama Department of Conservation and Natural Resources with representatives from State Lands, Wildlife and Freshwater Fisheries Division as well as the U.S. Fish and Wildlife Service.

The Alabama State Parks website, www.alapark.com, lists all the educational programs and special events at each state park so guests can pick what interests them the most and fits with their schedule.

Unsurpassed Recreational Opportunities

The recreational opportunities offered at an Alabama State Park are quite impressive. Sixteen parks provide extensive public access to gorgeous waterways that host boating, fishing, water skiing, wildlife viewing and other related activities. Guests can bring their boats and launch into Wheeler Lake at Joe Wheeler State Park to explore the deep water near the Wheeler Dam or troll down into the Decatur "flats" for some of the best big largemouth bass fishing in North Alabama. Lakepoint State Park is located on the 45,000-acre Lake Eufaula, which is also known as the "Bass Capital of the World." For those who don't own a boat, most parks offer boat



Mountain biking at Chewacla State Park.

rentals including pontoon boats, kayaks and paddle boats, so visitors can enjoy a unique water experience.

For exceptional land-based experiences, Alabama State Parks are rich with trails that accommodate hiking, backpacking, biking, and even horseback riding. Trails range from a casual one-mile island hiking experience at Frank Jackson State Park to more than 52 miles of trails at Oak Mountain State Park. Two parks host some of the most spectacular cave features in the southeastern United States. Cathedral Caverns State Park, originally called Bat Cave, was opened in the 1950s and features an enormous 126-foot wide opening. Inside the cavern guests will find some of the most beautiful formations Mother Nature has ever created including "Goliath" – one of the largest stalagmites in the world. Rickwood Caverns State Park allows guests to explore 175 feet underground to see stalactites and stalagmites that are millions of years old.

Not to leave anyone out, Alabama State Parks also offer other traditional amenities including camp sites, swimming pools, golf courses, picnic areas and ziplining. A new trend offered at many state parks is geocaching. Guests use their



Camping at Oak Mountain State Park.

smart phone or other GPS enabled device to find hidden treasures through this high-tech game of hide-and-seek. Participants navigate to a specific set of coordinates and then attempt to find a geocache (container) hidden at the location. Most parks have dozens of hidden geocaches to keep visitors busy for hours.

Passport to Fitness

Health and wellness are pursuits of many people when they look for ways to spend their time out of the office or away from the workplace. One way to stay fit is to participate in “Passport to Fitness”, a project developed by the Alabama Department of Economic and Community Affairs (ADECA) that encourages and promotes fitness opportunities throughout the state, including 85 Alabama trails, tracks and historic town tours. Alabama State Parks partners with ADECA to promote this program by helping users complete their Passport to Fitness stamp pages each time they walk or hike a trail suited to their skill level. For a complete guide, visit adeca.alabama.gov/Divisions/ced/Recreation/Pages/Passport-to-Fitness.aspx.

If your idea of staying active and fit includes two wheels, then an exciting day on a mountain bike might be just what you’re looking for. Alabama State Parks offer a wide range of trails for mountain bike enthusiasts ranging from easy to extreme. Meeting other mountain bikers is a great way to exercise and socialize. There are many groups that support and

use the mountain biking trails at Alabama State Parks. Visit online or ask a state park employee how to meet someone from one of these groups: Birmingham Urban Mountain Pedalers (BUMP), Central Alabama Mountain Pedalers (CAMP) or West Alabama Mountain Biking Association (WAMBA).

Proximity

Regardless of where one lives in Alabama, there is a state park nearby. From the mountains and lakes in North Alabama to the beaches and marshlands in South Alabama, the state parks are ready to provide unique experiences to all Alabamians as well as guests to our state. The rich history of the park system combined with the wide array of affordable recreation, vacation, educational and quality of life options makes Alabama State Parks a treasured state resource. To learn more about Alabama’s 21-park system, visit www.alapark.com for detailed information on each park as well as videos about the different amenities they have to offer. Alabama State Parks looks forward to seeing you soon! ■

Jerry Weisenfeld is the Marketing and Promotions Manager for Alabama State Parks. In this role, he informs and educates people about the recreational and educational options at the 21 state parks and encourages guests throughout the Southeast and beyond to vacation with Alabama State Parks.



ADECA Programs Contribute to Healthy Communities

Jim Plott • Communications and External Affairs Section • ADECA

A healthy community can mean different things to different people, but one thing is certain: It doesn't just happen.

No matter your definition of healthy, the Alabama Department of Economic and Community Affairs (ADECA) has many obvious – and some not so obvious – programs in place to enhance the overall well-being of a community, whether it be exercising, eating a balanced diet or engaging in social activities.

“There is no doubt that ADECA has a strong lineup of programs that add to the vitality of a community and the people who live there,” said ADECA Director Kenneth Boswell.

Quality of Life Via Recreation and Conservation Grants

ADECA's Recreation and Conservation Unit administers two grant programs that have contributed greatly to recreation projects across the state over the years. Those programs encourage Alabamians to go outdoors and engage in activities that can help them feel better physically and live longer lives. Grants from the Land and Water Conservation Fund and the Recreational Trails Program annually help Alabama towns, cities and others construct or improve recreational outlets. Projects funded through the grants may range from a simple walking track in a park to a rugged obstacle course for motorized vehicles.

The city of Trussville is one municipality that has taken advantage of ADECA's recreational programs in its effort to offer residents more outdoor activities. Already a big draw for residents, the city's Masonic Park/Cahaba River Greenway was

awarded a \$175,000 LWCF grant in 2019 to improve several ballfields and enhance the 3-mile-long greenway. Enhancing the appeal of the greenway is the fact that it serves as a connect-the-dots route to the city's sports complex, a school, public library, a senior citizen center and other nearby amenities. Part of the grant will be used to install stationary exercise equipment along the route of the greenway.

“There are people on the greenway all the time,” said David Vinson, executive director of the city's Parks and Recreation Department. “We're making it better. The exercise equipment will allow walkers to get a complete workout while on the greenway.”

Quality of Life Via Healthy Food Financing

Although new to the ADECA program roster, the Healthy Food Financing Act is already having an impact in areas of Alabama without close access to grocery stores or where many residents have no means of reliable transportation. Approved by the Legislature and signed into law in 2015, the program provides grants to businesses and non-profits to provide fresh and healthy foods to communities and neighborhoods populated by low-income families, senior citizens or both.

Two rounds of grants have been awarded since awards started in 2018. Grants have been awarded for projects involving produce stands, grocery stores and food trucks. One of the organizations to receive a Healthy Food grant was the West Alabama Food Bank, Inc.

“We have some of the highest-need counties in Alabama, so we have to do things differently and have several programs



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in place to meet those needs,” said West Alabama Food Bank Executive Director Jean Rykaczewski. “We also have a large area to cover and the people are very scattered.”

The Northport-based agency used its \$47,150 grant to purchase and retrofit a truck and trailer for use as a rolling grocery store. The program serves areas of Bibb, Fayette, Greene, Hale, Lamar, Marion, Pickens, Sumter and Tuscaloosa counties.

“We go into areas where there is a lack of a grocery store,” Rykaczewski said. “We will provide fresh fruit and vegetables and other staples, and people can purchase the groceries at our cost.”

Quality of Life Via Community Development Block Grants

Although usually associated with infrastructure improvements, the Community Development Block Grant program, administered through ADECA, has also contributed to the health and welfare of many Alabamians. In 2015, a \$250,000 CDBG was awarded to Lee County to help build a new senior citizen center in the Beulah community.

Senior citizen centers serve as a beacon to many people, age 60 and older, who are seeking a daily hot meal, socialization, exercise program and medical screenings. The Beulah center was no different, but its location in the basement of an old school along with other problems caused attendance to decline, said Louella Foxx, nutrition program coordinator for the Lee-Russell Council of Governments.

“(Senior centers) are a place for seniors to come who may not be able to get out on their own. It’s a way for them to stay connected to the community as opposed to being isolated and alone. It keeps them engaged,” said Foxx. “Yet despite all the benefits, our participation at the Beulah center was dwindling because we had so many obstacles at the old location.”

However, that trend reversed itself last year when the new and much larger center opened. “Now that we have opened in the new building, we have so many people return, and our attendance continues to grow,” she said.

With rural health care a concern in Alabama, ADECA’s CDBG programs have also helped support many medical projects in the state. The City of Thomasville used a \$524,660 grant to provide water and sewer services needed for the construction of the Thomasville Regional Medical Center. The 29-bed facility, which opened in February, serves people in Thomasville and parts of Clarke, Wilcox and Marengo counties. Funds from the Delta Regional Authority, also administered through ADECA, were used.

“The medical center is going to be a game changer not just for Thomasville, but for our area,” Mayor Sheldon Day said. “We will be offering services that now you have to drive to Mobile or Birmingham to get.”

The city had been without a hospital since 2011 when another facility closed. Day said the grants through ADECA were an “integral part” in constructing the facility and eliminated the need for additional debt taken on by the public-private partnership formed to build the medical center.

CDBG funds along with other funds from the Appalachian Regional Commission, another ADECA administered program, were also awarded for medical facilities in Clanton and Wetumpka.

“Gov. Ivey is certainly attentive to the importance of medical care in rural Alabama and what it means to residents who call those places home,” Boswell said. “Therefore, we at ADECA will certainly provide an ear to feasible projects that will lead to better health care in those areas.”

Numerous other ADECA programs also contribute to the health and welfare of Alabama residents. The Energy Division’s Weatherization Assistance and the Low-Income Home Energy Assistance programs help the elderly and low-income families keep their homes cooled and heated in the summer and winter while Community Service Block Grants provide several services to help people lead healthier lives.

For more information on ADECA and its many quality of life programs, visit adeca.alabama.gov. ■



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first families I worked with at New Futures was a father, mother and their four children. They became homeless as the father was battling cancer. He had originally been told he would likely only have about six months to live. Over the course of about 2 years, he recovered, beating cancer, and was able to work again and return to a more normal life and support his family again; yet, he told me one day with tears in his eyes that the fact he lived was the worst thing that ever happened to his family.

Homelessness can happen to anyone.

New Futures, Inc. is a unique shelter in that we are equipped to keep all family compositions together. By providing private rooms to the families, in a community living setting, we do not have to separate anyone. Couples with children stay together. Mothers keep all children of any age with them, even their teenage sons. New Futures is the only shelter in the area that can bring fathers with children into shelter. We also may see multi-generational families or grandparents with custody of their grandchildren able to be kept together during times of homelessness at New Futures. Whatever the family composition, we are equipped to keep families together. After all, how can we ever expect that a family can return to stable living as a unit if we don't keep them together during that process?

Our communities need to be honest, and if we say that we value families, our homeless sheltering policies need to reflect that by keeping families together. Further we need to decrease the stigma of family homelessness so we can help families in need overcome the events that have led them there. As Linda Lewis, Founder and Executive Director of Louis Armstrong Family Services, states: "Although homelessness can happen to anyone, it just wasn't expected."

Educate yourself about homelessness and housing options.

Diminishing the stigma and helping our society understand the event-based nature of much homelessness is important to helping us be better leaders for all constituents in our communities. Being homeless in and of itself is not a reason to lose your children. When people find themselves homeless, it is important that they come forward to find resources that can allow them to get the help they need to become stable again without fear.

What must we do as elected officials? Again, I encourage you to familiarize yourself with legislation related to homelessness. Become familiar with emergency housing, transitional housing and HUD standards. If you aren't already familiar with your local CoC, get to know who they are and what they do (see sidebar). Find out the resources they have for your community and what process is in place for those who are homeless in your communities. You may be shocked to find out how many or how few already exist.

Homelessness is a local problem. Far beyond many other issues surrounding our communities today, if you aren't equipped to address the fact that people in your community are without shelter, there may be no better place to start than there. Let's be honest, no issue is closer to home than those in your community not having a home. Remember, it can happen to anyone – maybe even you. ■

Tayna Rains is currently serving in her fourth term as an elected councilmember in the Town of Dutton. She became the Executive Director of New Futures, Inc., a family homeless shelter in Huntsville in 2017. Her entire career has been spent working with non-profits in a variety of settings dedicated to developing resources in communities and serving those in need. Tayna attended the University of Montevallo where she studied social science with a concentration in political science and sociology and she is a Certified Alcohol and Drug Counselor. She is married to R.J. Knott. She has a daughter Claudessa and granddaughter Katherynn who was just born in January.

Phoenix Program

that they wished that they had been aware of this program at the time they realized that they had a problem. The bottom line is; if we can help one person to "rise from the ashes", then it will have been worth the effort."

Within the first week of its inception, an individual came to the Vestavia Hills Police Department (VHPD) seeking help and surrendered a quantity of illegal substances. VHPD contacted one of the partnering recovery resource agencies who immediately responded and began the assessment and placement of this individual in the recovery process. As of February 2020, a total of 11 individuals have taken advantage of the Phoenix Program and have taken their first step on their road to recovery.

For additional information on the addiction epidemic in Alabama, see this report by the Alabama Department of Public Health: www.alabamapublichealth.gov/pharmacy/assets/overdosesurveillancedatasummary.pdf. ■

Cinnamon McCulley has been the communications specialist for the City of Vestavia Hills since April 2017. She is responsible for developing communication strategies that advance the City's efforts through the sharing of information, ideas and practices. These strategies include publications, Web marketing, social media outreach, working with local and national media outlets and participation in membership organizations. She brings more than 20 years of experience in marketing and communications with both non-profit and for-profit entities including not only communications and public relations, but also the development of strategic marketing plans, graphic design and fundraising campaign experience. She is a 1992 graduate of the University of Montevallo with a Bachelor of Business Administration in Marketing.



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The Legal Viewpoint

By Lori Lein, General Counsel



Public Employees, Public Property and the Political Process

Since the early days of our country, the political activity of public employees and the use of public property for political or campaign purposes has been a concern to government officials. Thomas Jefferson was among the first to give voice to concerns about this issue. Jefferson stated, as part of an Executive Order, “the right of any officer (federal employee) to give his vote at elections as a qualified citizen... it is expected that he will not attempt to influence the votes of others nor take any part in the business of electioneering, that being deemed inconsistent with the spirit of the Constitution...” See U. S. Office of Special Counsel, *Political Activity and the Federal Employee* (Rev. 2005).

Every municipal election cycle, we get numerous calls at the League asking about the political activity of public employees and the use of public property for political or campaign purposes. This article summarizes the rights and restrictions applicable to public employees participating in the political process as well as those that apply to the use of public property for political purposes.

Political Activity of Public Employees

In 1983, Alabama’s public employees were given the right to fully participate in political activities with the passage of the “Equality of Citizenship Act”. Acts 1983, No. 83-497. This Act gave all public employees, city, county or state, the right to participate in election and campaign activities so long as it was at a different level of government from the one they were employed with. This provision was amended in 1995 by Acts 1995, No. 95-378, to allow public employees to participate in the political process at any level of government, regardless of their employment. These provisions are now codified at Section 17-1-4, Code of Alabama 1975.

Section 17-1-4, Code of Alabama 1975, provides that no city employee, whether classified or unclassified, shall be denied the right to participate in county and state political activities to the same extent as any other citizen of the state, including the endorsing of candidates and contributing to campaigns of his or her choosing. The law also provides that all employees of any city, county, or state have the right

to join local political clubs and organizations, and state or national political parties. Section 17-1-4(a)(4). Further, public employees have the right to publicly support issues of public welfare, circulate petitions calling for or in support of referendums, and contribute freely to those of his or her choosing. Section 17-1-4(a)(5). And finally, Section 17-1-4(c) provides that when off duty, out of uniform, and acting as a private citizen, no law enforcement officer, firefighter, or peace officer shall be prohibited from engaging in city, county, or state political activity or denied the right to refrain from engaging in political activity so long as there is compliance with this section. As such, the law is clear that public employees cannot be denied their right to engage in political activities.

Another protection public employees have is Section 17-17-5(c), Code of Alabama 1975. This provision provides that it shall also be unlawful for any officer or employee to coerce or attempt to coerce any subordinate employee to work in any capacity in any political campaign or cause. Any person who violates this section shall be guilty of the crime of trading in public office and upon conviction thereof, shall be fined or sentenced, or both, as provided by Section 13A-10-63. It goes on to provide that it is unlawful for any officer or employee to solicit any type of political campaign contributions from other employees who work for the officer or employee in a subordinate capacity.

In addition to state law protections, a public employee has a First Amendment right under the United States Constitution to be free from coercion or retaliation by a superior regardless of their participation in the political process. Supervisors and employers may not coerce employees to campaign nor can they retaliate or discharge an employee based solely on their political beliefs and activities. If the First Amendment protects a public employee from discharge based on what they say, then it also protects them from discharge based solely on what they believe. See *Branti v. Finkel*, 445 U.S. 507 (1980); but see *Elrod v. Burns*, 427 U.S. 347 (1976) (a State provides a compelling interest in infringing First Amendment rights when it can show that party affiliation is an appropriate requirement for the effective performance of

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the public office involved). The rule that the First Amendment forbids public employers from discharging or threatening to discharge employees solely for non-support of the political party in power extends to decisions on hiring, promotion, transfer and recall after layoff. *See Rutan v. Republican Party of Illinois*, 497 U.S. 62 (1990).

There is no doubt that employees do not give up their right to participate in political activities just because they work for a municipality. But what happens when a municipal employee decides they want to run for office for the municipality they currently work for? Section 17-1-4(b) provides the following:

Notwithstanding Section 17-17-5, any employee of a county or a city, whether in the classified or unclassified service, who qualifies to seek a political office with the governmental entity with which he or she is employed, shall be required to take an unpaid leave of absence from his or her employment, or use accrued overtime leave, or use accrued vacation time with the county or city from the date he or she qualifies to run for office until the date on which the election results are certified or the employee is no longer a candidate or there are no other candidates on the ballot. For purposes of this subsection, the term "employing authority" means the county commission for county employees or the city council for city employees. Any employee who violates this subsection shall forfeit his or her employment position. In no event shall this subsection apply to elected officials.

Therefore, to be a candidate in an election in the municipality where an employee works, the employee must take an unpaid leave of absence or use personal leave or compensatory time from the date they file qualifying papers to run for office. For municipal elections, qualification of candidates begins on July 7, 2020 and goes through July 21, 2020. The employee/candidate's leave of absence would begin on the date they formally file qualifying paperwork.

Keep in mind that persons running for municipal office can begin campaigning long before they actually qualify to run. Employees running for municipal office may very well have "announced" that they are running and begin campaigning before they are required to take a leave of absence. Remember that they are only required to take a leave of absence if they are running for office in the municipality where they work. For example, the public works director of the City of Luverne could run for Mayor of Luverne, if she meets the qualifications and is a resident, but she must take a leave of absence from her job as the City of Luverne public works director. The same would not be true if she is running for mayor of Rutledge, where she may reside, or County Commissioner for Crenshaw County. While she wouldn't have to take a leave of absence from the City of Luverne to

run for either of those seats, the public works director can only engage in political activities while she is on approved leave, off duty, and on personal time, before or after work, and on holidays. See AGO 2005-187. Employees who violate this provision must be dismissed. See Section 17-1-4 (a)(5), Code of Alabama 1975. Unpaid reserve officers do not have to take a leave of absence to run for municipal office unless the council establishes a policy requiring this. AGO 1997-00034. A personnel policy that allows employees during an unpaid leave to continue their health insurance coverage, provided they pay the premiums, would permit an employee taking time off to run for office to do the same. AGO 1998-00090.

No discussion of the political rights of public employees would be complete without referencing the Hatch Act. The Hatch Act is a federal law covering federal employees and officers and employees of a state or local agency if their principal employment is in connection with an activity which is financed in whole or in part by loans or grants made by the United States government or a federal agency. Generally, this law does not restrict activity in nonpartisan elections. Municipal elections are nonpartisan. Additional information and advisory opinions on the application of the Hatch Act may be obtained from the U.S. Office of Special Counsel office.

Finally, with regard to employees and their right to vote, employers, whether public or private, must provide employees with the opportunity to vote in elections. Section 17-1-5, Code of Alabama 1975, provides that every employee in the state shall, upon reasonable notice to his or her employer, be permitted by his or her employer to take necessary time off from his or her employment to vote in any municipal, county, state, or federal political party primary or election for which the employee is qualified and registered to vote on the day on which the primary or election is held. The time off cannot exceed one hour. If the employee's work schedule commences at least two hours after the opening of the polls or ends at least one hour prior to the closing of the polls, then the employer is not required to grant time off for voting. Further, the employer may specify the hours during which the employee may be allowed off to vote.

Use of Public Funds or Property for Campaign Activities

As mentioned in the example above regarding the public works director for the City of Luverne running for office in another municipality or the county, one restriction on a public employee's right to participate in the political process, whether they are a candidate or not, is that they can only engage in political activity on their own time. They are also prohibited from using any public resources. State law provides that "no person in the employment of the State of Alabama, a county, a city, a local school board, or any other governmental agency, whether classified or unclassified, shall use any state, county, city, local school board, or other governmental agency funds, property, or time, for any political

activities." See Section 17-17-5(a), Code of Alabama 1975. Public employees may not use public property for political activities, nor may they use their official positions to influence voters. AGO 93-00108.

In addition to requiring public employees to use their own time and resources for any political activities, Alabama law also prohibits them from arranging, by salary deduction or otherwise, for any payments to a political action committee or for the payment of dues to a membership organization which uses any portion of the dues for political activity. Section 17-17-5(b)(1). Political activity for these purposes is limited to the following:

- Making contributions to or contracting with any entity which engages in any form of political communication, including communications which mention the name of a political candidate.
- Engaging in or paying for public opinion polling.
- Engaging in or paying for any form of political communication, including communications which mention the name of a political candidate.
- Engaging in or paying for any type of political advertising in any medium.
- Phone calling for any political purpose.
- Distributing political literature of any type.
- Providing any type of in-kind help or support to or for a political candidate.

If a public employee wishes to have membership dues paid by salary deduction, they must provide to their public employer a certification from the membership organization stating that none of the membership dues will be used for political activity. Further, at the end of each calendar year, any organization which has arranged for public employees to have membership dues deducted from their salary must provide to the public employer a detailed breakdown of the expenditure of membership dues. Originally passed in 2010, Section 17-17-5(b)(1) was challenged as being unconstitutional in violation of the First Amendment to the United States Constitution. The Eleventh Circuit determined that the statute was not unconstitutionally vague or overbroad. See *Ala. Educ. Ass'n v. State Superintendent of Ed.*, 746 F.3d 1135 (11th Cir. 2014).

Municipal officers, in addition to employees, are also restricted in the use of public property or funds by the Alabama Ethics Law. There have been numerous opinions of the Ethics Commission over the years relating to the use of public property and funds by public officers and employees. For example, a municipal planning commission director may run for a seat on the city school board, but he must campaign on his own time and may not use public property to aid his campaign. If elected, the director may perform school board

business only on his own time. If the director's spouse works for the school system, he may vote on an across-the-board pay raise that affects all school employees the same, but he may not participate in the discussion of any matter that will affect his spouse in a manner different from the rest of the class to which she belongs. AO No. 96-45. A public official may not use a public vehicle to attend a campaign function, nor may the vehicle be used in matters related to the campaign. The vehicle may be used to attend political party functions when the official is attending in his or her official capacity. AO No. 97-86. A Parks & Recreation Department Director may run for a seat on the County Commission provided, all campaign activities be conducted on his own time, whether after hours or on annual leave and, that no public equipment, facilities, time, materials, human labor or other public property under his discretion or control be used to assist him in either running his campaign or in performing the duties of County Commissioner, if elected to that seat. AO No. 99-57

During the election cycle, the League also gets calls asking about the use of public property and facilities by candidates, regardless of whether or not they are also public employees. Often candidates will want to hold a forum to talk about their campaign and they would like to use city meeting facilities. Or, they may wish to display campaign materials on public buildings, rights of ways or bulletin boards. Article 4 of Chapter 12 of Title 36 of the Code of Alabama 1975 governs the use of state property for campaign activities and in a nutshell

provides that it is unlawful for any state owned property to be used for the advancement of any candidate for office and that political materials may not be displayed on buildings that are owned, rented or leased by the state. While there is no similar provision for property owned by municipalities, it appears that municipalities may adopt ordinances to control the placing of political advertising on municipal property.

Based on opinions of the Attorney General, it is the opinion of the League that common or public areas of public buildings and grounds can be used for holding press conferences or videotaping political advertising, provided that access to these areas is available to all candidates on an equal basis, subject to reasonable restrictions. Any areas in public buildings that are not open for equal access to all candidates, such as individual offices, should not be used by any candidate, including public officials and employees. AGO 1998-00211.

Conclusion

It is important for public employees and employers, and candidates running for public office, to be mindful during the election process of the rights and restrictions that apply to public employees and the use of public property. Hopefully this article will help answer some of the questions that will arise between now and the 2020 municipal elections on August 25, 2020. For further information on municipal elections issues please contact the Legal Department at the League of Municipalities. ■

F.A.Q.

Your Frequently Asked (Legal) Questions Answered
by Assistant General Counsel Teneé Frazier

Elections - Candidates - Public Property

Can Candidates for Public Office Hold Press Conferences at City Hall?

Although Sections 36-12-60 – 36-12-64 of the Code of Alabama, 1975 prohibit public officials and employees from using public funds, public property, and public time for political activities; the short answer to this question is *yes*, with a few conditions. Common or public areas of public buildings and grounds can be used for holding press conferences provided access to those areas is available to all candidates on an equal basis and subject to reasonable scheduling restrictions to ensure that such activities do not interfere with the conduct of public business. However, areas that are not open for equal access to all candidates, such as individual offices, should not be used by any candidate, including public officials and employees. AGO 1998-00211 ■

provide the best legal advice and support to League members. They are a great team.

I don't know that people outside the association world realize how important it is for our staff members to meet with their peers from around the country. We send staff members to many meetings just for the opportunity they will have to meet with other League staff members and share information. I've developed life-long friendships with many of my counterparts and we all know we can count on each other for help and support when needed.

Sometime around 1990, at one of these meetings, I discussed the idea of an Alabama municipal attorneys' association with League attorneys from other states. Some Leagues already had attorney associations, but most didn't. I brought this idea back to Perry and we developed the Alabama Association of Municipal Attorneys (AAMA) in 1992. I took on the responsibility of serving as Secretary/Treasurer for AAMA. This association has been instrumental in bringing municipal attorneys together to share information and work on League legislative issues.

In 2006, using AAMA as an example, we created the Alabama Municipal Judges Association (AMJA). The Alabama Administrative Office of Courts had operated a municipal judges association for years, but it had ceased to function by 2006. I met with former officers of this association in Birmingham to discuss the prospect of the League taking on this role. After discussions, AMJA was created.

In 1994, I helped Perry develop the League's Certified Municipal Official Program. We were the second League in the country to create a program specifically designed to train municipal elected officials. This program has become incredibly successful, training over 5,000 officials and serving as a model to many other Leagues.

I have been privileged to witness what is likely the greatest transition in interactive participation in history. When I started working for the League, all work was conducted by telephone, letter or meetings. Computers were barely beginning to be used in office settings. We didn't even have a fax machine. Technology has allowed much more direct participation. While making life easier, technology has also greatly expanded the workload and the work day, as we are no longer inaccessible.

Sometime in the 1990s, after meeting with another League attorney who also served as the webmaster for his League, I approached Perry with the idea of developing a website for the Alabama League. It may be hard to imagine now, but at that time very few organizations had websites. Like most of them, we didn't have any IT staff on board. To convince Perry that we should have a web presence, I had to agree to develop the site and maintain it. By this time, most League staffers were working on computers and the next thing I knew, I was responsible for maintaining the League's technology infrastructure in addition to the website. As I like to joke with people when I tell this story, there went my nights and weekends. If you've ever worked

in IT, you'll know what I mean. But as much time as it took, learning IT functions and providing those services was a blast!

In 1996, my legislative role with the League was reduced somewhat when Perry hired the first full-time League lobbyist, Greg Cochran. I no longer had to spend as much time roaming the halls at the Statehouse and I concentrated more on reading and writing legislation and amendments, testifying at public hearings and coordinating local participation when needed. Greg has done an outstanding job representing municipalities and, of course, I was pleased to let go of some of the workload.

But, speaking of legislation, I have had the opportunity to work with hundreds of State Representatives and State Senators over the last 34 years. Passing or defeating legislation is almost always the result of a team effort. Working with other League staffers and municipal representatives, I have worked on or negotiated hundreds of bills that have protected or increased municipal revenues and services. I have served on committees to rewrite the state constitution Article by Article, to rewrite Alabama's election laws, to develop Alabama's court rules for magistrates and clerks and many others.

While most of our legislative efforts are directed at protecting existing municipal authority, we have helped pass measures to increase and protect state and local infrastructure funding. We were one of the first states to provide Alabama municipalities with a revenue stream from remote sellers. We developed a more unified licensing system. We helped insure that local governments participate in funds raised from oil and gas windfalls and developed legislation to allow municipalities and counties to jointly provide certain services. We managed to pass hundreds of laws over the past 34 years that have benefited municipal governments and I'm proud of the role I played in those efforts.

In 2001, Perry appointed me as the League's Deputy Director. As part of my new role, Perry placed me directly over what had now become an IT department and over the Certified Municipal Official Program.



Debt Set-Off bill signing with Gov. Robert Bentley in 2014 (ALM began MIS in 2015 thanks to this legislation). Standing left to right: then ALM President Mayor Wally Burns of Southside, ALM Executive Director Ken Smith, Rep. Steve Clouse and ALM Deputy Director Greg Cochran.

One of my first assignments as Deputy Director was to find a new program for us to serve our members. After exploring services other Leagues provided, I brought two proposals back for his consideration. One was a bond program, which became the Alabama Municipal Funding Corporation (AMFund), in 2004. We developed this program from the ground up. The Executive Committee authorized its incorporation and I was selected as AMFund President. You can credit my wife, Brenda, with coming up with the moniker AMFund. I wanted a shorthand way to refer to it. She suggested AMFund and it stuck.

The other program was a debt set-off program. While we didn't pursue it at the time, in 2013, after becoming Executive Director, I decided to go forward with the debt set-off idea. We passed legislation authorizing us to develop a program and then created the Alabama Municipal Intercept Service (MIS). This program, which is still only in its infancy, has already returned almost \$6,000,000 to Alabama's municipalities. I hired Richard Buttenshaw from our Loss Control Division to direct MIS, and to serve as Operations Director for the Alabama Municipal Workers Compensation Fund. He has done an incredible job with both programs.

In 2011, I was chosen to succeed Perry as the League's fourth Executive Director. The past nine years I have had the privilege of helping the League continue to grow, evolve and take advantage of new developments in technology.

On the legislative front, we have made a 180 degree turn from our former approach. Rather than working in the background, a process that has worked well for the League for many years, we have decided that the time has come to take a more proactive and direct approach to addressing legislative issues. This reflects a desire from our members for the League to be more visible in the legislative arena. We developed Live Locally Alabama, a separate web site with the goal of showing the positive, quality of life impact municipalities have on their citizens. We publish the *Statehouse Advocate* weekly during the legislative session, presenting a look back at the week that just passed and a look ahead at expected activities. We hold weekly meetings with municipal lobbyists to discuss on-going issues and concerns and to coordinate lobbying efforts. We hold annual dinners for our leadership to meet with legislators from their districts. We approach media with comments about legislative issues and encourage them to seek information and comments from us. We've employed Kayla Bass to help us develop new ways to increase the League's visibility, and she has moved the needle in the area of legislative communications. We now hold an annual Media Day for our leadership to meet with members of the media. We've also registered all League attorneys as lobbyists, giving us more League staff dedicated to lobbying efforts than ever before. Staff members and I speak to numerous groups about our legislative agenda and goals, and we've provided CMO credit for member participation in certain legislative activities.

In the CMO area, we have added a core curriculum to be sure all graduates have at least minimal training in certain

key areas. We've created the Emeritus Certification level, adding a points component to encourage municipal officials to not only attend training, but to participate in League activities and to help develop future League leadership. We have new training opportunities, including a very popular midyear meeting we call the Municipal Leadership Institute, monthly webinars and Saturday training sessions for officials who work during the week and may only be able to attend weekend training. We have also created the CMO Achievement Award to recognize municipalities where all elected officials have been designated as Certified Municipal Officials. Cindy Price manages the CMO program, along with our sponsorship and expo areas.

In the communications area, several years ago Carrie Banks, our Communications Director, approached me with an idea to use electronic communications for League publications. As a result, we now provide many communications through social media, email and electronic newsletters. We reduced the number of issues of the League magazine from twelve to six, giving Carrie and Karl Franklin, our graphic artist, more time to improve and develop each issue. As a result, I believe the *Alabama Municipal Journal* is now one of the premier League publications in the country. I have had Directors from other Leagues tell me that they have used the *Journal* as an example of the goal they want their publications to aim for.

Having a dedicated IT Department has allowed us to expand our operations and take advantage of new technological developments to better serve our members. IT Director Chuck Stephenson, along with Rob Sellers and Ken Gabehart stay abreast of new technology and work hard to keep League data safe and secure in the dangerous on-line world. Ken Gabehart also serves as our Facilities Manager, keeping League facilities safe and in good shape.

Financially, the League is as strong as it ever has been. When I became Executive Director, I made it a point to sit down with the Directors from other Leagues to see what they were doing. I wanted to identify areas where we could improve. The most successful Leagues all identified the same key component for success – economic security. In most cases, this was defined as having at least a year's reserves. I approached our Executive Committee about setting this as a goal and they concurred. I'm pleased to say that we've now achieved this goal. This will create a financial springboard that will allow the League to pursue new programs and approaches to serve our members.



Ken Smith - early years with ALM.

The current Finance Department, managed by Finance Director Steve Martin, does a fantastic job keeping our financial affairs in order. He, along with Barry Crabb, Richard Buttenshaw, Melissa Chapman and Rachel Wagner are true stewards of the funds with which you entrust us.

Financial security has already brought changes to benefit our staff and members. We've made much needed improvements to our office, addressing security and construction concerns. We are also implementing a new directory software program that will revolutionize the way we gather information about our members and the way we disseminate information to our members. Implementing this program as recently as two years ago would have been a financial risk. Today, we can absorb the cost much more easily.

This program has the potential to change the way we store and share training information as well as other data regarding our membership. This has been in the works for the past year or more, but I'm very happy to report that the preliminary groundwork for future development and use of League membership information is being laid. Look for huge changes in this area in the next few years.

It would be impossible for us to do our jobs without the help of our support staff, managed by our Operations Manager Barbara Alexander. She is aided by Dana Buster and Alexis Rawls. These ladies truly enjoy their jobs and I can't tell you how often they've brightened my day. They serve all League functions without complaint. Barbara is also certified in Human Relations, marking the first time that the League has had a trained HR Director.

I also have to say a few words about Theresa Cook, my Executive Liaison. I think that during her decades of service to the League, Theresa has handled almost as many various duties as I have – maybe more. These days, Theresa directs our meeting planning, including overseeing the massive annual League Convention, works closely with the CMO program and with our support staff and assists me with administrative functions.

I'm proud of all the improvements we've made, expanding our technological infrastructure and security, changing the design and use of our office space, creating a true sponsorship program, restructuring our Finance Department, redesigning the League's web site and outsourcing hosting, hiring our first HR Director, new enterprise programs with groups like American Fidelity, Sophicity and Alabama First Responders Benefits Program, development of an on-line legal research tool for our members, moving our Policy Committee meetings to the Spring during the legislative session so Committee members would be available to meet with legislators, the development of a five-year strategic plan for the League, which will lead to new programs like a mentorship program that is currently in the works, the creation of a Facilities Manager position to take care of our building maintenance needs, and so, so many other improvements.

Recognizing the needs of our membership, the League has authorized the creation of several entities to address those needs. These organizations help collect delinquent insurance licenses, provide municipal workers compensation insurance (the Municipal Workers Compensation Fund – MWCF), property and casualty coverage (the Alabama Municipal Insurance Corporation – AMIC), bond funding (the Alabama Municipal Funding Corporation) and debt set-off (MIS).

AMIC and MWCF have jointly created a Loss Control Division that has worked diligently to visit all municipal members and help control and reduce risks. The protections they have provided for municipal employees – and the resulting savings from the work they do – in incalculable.

Your League staff has always worked together as a team to improve the services we provide, always keeping the needs of our members foremost. I can't say enough good things about this staff. I always tell other Directors that the Alabama League has the best staff in the association business. Some of them insist their staffs are better, but I always tell them they are wrong. These skilled individuals are among the most highly trained, creative and enthusiastic people in their chosen professions. It's amazing to brainstorm ideas with them, sharing goals and working out solutions to issues. It has been an honor to work with them all.

League staffers have the best jobs in the world, working with the best staff in the world for some of the best people on the world. I will miss working alongside them. I am thankful that I have had the opportunity to work with countless dedicated municipal



Ken and Brenda Smith, Speaker's Balcony, Washington, D.C.

officials. These individuals are elected by their citizens and they work very hard to improve their communities, usually without recognition and appreciation. Many of them have worked directly with us in leadership positions here at the League. I will not try to name them because there are too many to list and I would leave someone out. But I appreciate their support and hard work.

As an attorney, I would be remiss not to mention my relationships with the hundreds, if not thousands, of municipal attorneys, judges and prosecutors I've been blessed to know and work with. If I tried to list them, I know I would leave someone out, but I hope they know how important they have been to the League, our legal department, and to me. I also want to thank all of the city employee groups I've had the pleasure of working with. Municipal clerks, revenue officers, city managers, personnel administrators, revenue examiners, police chiefs, fire chiefs . . . the list goes on and on. I hope municipal officials and citizens know how blessed they are to have these hard-working individuals serving them. They truly keep our cities and towns running.

Perhaps the key to the success of any organization is the leadership, and the Alabama League has always been blessed with great leaders. They always respond to requests for service with genuine enthusiasm. They have provided me and the League with their input, guidance and suggestions and we would not be where we are today without them. I am pleased to know each of them and to call them my friend.

Finally, I cannot end this article without saying thank you to the one person who deserves more thanks than I can ever express – my wife, Brenda. She has celebrated with me, suffered with me, laughed with me, helped more of our officials than I can even name and since her retirement has even pitched in around the office when we were short-handed a couple of times. When I was hired, I was told the League wasn't just hiring me – they were hiring a team that included my wife. She was expected to work alongside me as a representative of the association. She would be a visible part of my term as Executive Director and members would draw conclusions based on her willingness to be part of League functions and, especially, the way she and I treated each other. While we often disagreed about Attorney General's Opinions – and for some reason, her opinion always won out at her office – I hope our members are proud of the job she did representing you. She has been my counselor, my confidante, my kick in the butt, my everything. In her position with the Attorney General's Office, Brenda provided legal interpretations to municipal officials and she and I often found ourselves discussing municipal legal matters long into the night. Representing the AG's Office, she always made herself available to discuss legal concerns with municipal officials when she traveled with me and frequently spoke on legal issues to our members. Thank you, Brenda. I love you.

It has been a remarkably enjoyable career. If I've left anyone out of this article, or failed to mention something that should be listed, please forgive me. I have been blessed to make so many connections through my work at the League, both in Alabama and around the country. Many of these have grown into life-long friendships and I hope to spend more time with my friends when I retire. We've all shared so many experiences together and I can't imagine not having these folks in my life.

What will the next chapter bring? My plans are to play more golf. Brenda and I enjoy traveling. I'll read more and catch up on the many books that I've stored over the years. I enjoy writing, so I'll likely do more of that. I used to play guitar, maybe I'll relearn it. Beyond leisure time, I'm leaving my options open. I'll likely do some volunteer work. Perhaps I can find some way to continue to serve Alabama's cities and towns and the people who represent them. You are all very important to me.

Let me close by thanking you all for the support, encouragement and friendship you've provided for the League and for me over all these years. I wish you all the best. ■



Brenda and Ken Smith, ALM Annual Convention



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