

SUICIDE PREVENTION COUNCIL MEETING MINUTES
July 10th, 2008/ 1:00 PM – 4:00PM
Leon Human Services Conference Center, Community Room

FOLLOW UP TASKS:

Statewide Office of Suicide Prevention (SOSP):

- Make suggested changes to the April Council Meeting Minutes and distribute to the Council via email. (COMPLETE)
- The SOSP will make the Council aware of when the Suicide Prevention website is live via email link.
- The brochure, AMSR flyer, and conference registration link to the Suicide Prevention Symposium will go out on the week of July 14th. (COMPLETE)
- The Statewide Office of Suicide Prevention will look into the issues brought up by Council members regarding the Physicians Initiative. Further information will be presented at the next council meeting.

Suicide Prevention Coordinating Council (SPCC):

- The Council is asked to provide feedback to the SOSP on the website when it is up and running.
- Anyone who hands out Florida Suicide Prevention Implementation Project brochures is asked to email Steve Roggenbaum at roggenbaum@fmhi.usf.edu so they can track the distribution.
- Council members are encouraged to write a letter to the Dean of FMHI to commend the work of the Florida Suicide Prevention Implementation Project and request funding to continue the project (Dr. Junius J. Gonzales, Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Boulevard, Tampa, Florida 33612)

AGENDA ITEMS AND NOTES:

*****Time did not allow for Erin MacInnes to present at this Council meeting. Please be sure to review her update on the existing and planned initiatives of the Statewide Office of Suicide Prevention.**

1. Welcome and Introductions: Bill Janes, Director, Florida Office of Drug Control and Assistant Secretary, Substance Abuse and Mental Health at the Department of Children and Families

2. Housekeeping Items: Director Bill Janes

- Adopt April Meeting Minutes

Steve Roggenbaum suggested a few minor corrections and typographical errors that he would like implemented.

Jackie Beck made motion to adopt the April Council Meeting Minutes with suggested changes; Steve Roggenbaum seconds the motion. All in favor, motion passed. The amended minutes will be emailed with the July Council Meeting Minutes.

(Please see attached corrected April Council Meeting Minutes.)

- Updates on Tasks from April Meeting

3. National Suicide Prevention Update: Dr. Dan Reidenberg

On the federal level, Mental Health Parity has passed in both the House and Senate and is going to the President for his signature. The President has indicated that he will veto the bill but there are enough votes to override his veto. The Armed Forces Suicide Prevention Act (S. 2585) has been put forth and looking for co-sponsors with Senators

Harkin and Hagel. They are working with the Department of Defense to develop a new national awareness campaign affecting active duty and veterans which will change policy around screening before obtaining security clearance and make changes for prevention. With this new policy, mental health status disclosure will no longer be required. The National Defense Authorization Bill (HR 4986) has been put forward in the House which will make it easier for insurance providers to bill for military insurance. The Veterans' Suicide Study Act (S. 2772) has been proposed by Lieberman and Boxer: Harkin, Feingold, and Murray proposed a similar bill in the Senate (S. 2772). This study would examine suicide rates among all veterans and all wars. Lastly, the Secretary for Veterans' Affairs established a Blue Ribbon Panel, an expert panel including federal officials and Richard McKeon.

Jerry Reed is transitioning from the Suicide Prevention Action Network (SPAN USA) to the Suicide Prevention Resource Center (SPRC). Jerry has been involved in policy and practice for several years and this is a positive step for the prevention field. Last month SPAN also released a new funeral directors guide. The Suicide Prevention Resource Center has finalized Emergency Room Guides and posters for employees and family members.

The National Violent Death Reporting System (NVDRS) is currently established in 17 states; eight additional states have applied to become part of this system however \$4 million is needed for this to happen. The 2005 data was released and suicide is the leading cause of all violent death at 50%. This is significant in that this is the first time there is data coming from the government saying that suicide is a violent death and this is accurate data. If this system was spread nationwide it would be one uniform database where information is reported consistently instead of the many different databases that are currently in place.

SAMHSA has released the National Survey on Drug Use and Health, 2004 – 2006 which can be found at <http://oas.samhsa.gov/substate2k8/toc.cfm>. SAMHSA has also announced follow-up care funding with the National Suicide Prevention Lifeline. Garrett Lee Smith will also be funding 8 more states (Alaska, California, Connecticut, Montana, Idaho, Oregon, Utah and Wisconsin).

The Morbidity and Mortality Weekly Report, 2007 Youth Risk Behavior Surveillance (www.cdc.gov/mmwr) found that in 2007 about 7% of high school youth had attempted suicide, 14.5% had seriously considered it, 11% had made a plan, but only 2 % had been treated by a doctor or nurse. Over 75% of these youth had reported using alcohol, 44% during the month that the survey was taken.

Later this week SAMHSA will hold a conference call regarding the 1-800-SUICIDE hotline and hopefully make an announcement from the FCC. The National Suicide Prevention Lifeline has created a new online gallery for hope and recovery. This gallery is made of cartoon avatars representing people who have called in and recorded a 2 minute message of hope or survival. It is meant to be a positive place for those who are suffering and their families.

(Please see attached Word document for further details or contact Dr. Dan Reidenberg at dreidenberg@save.org)

FURTHER INFORMATION GATHERED POST-MEETING FROM SAMHSA:

SAMHSA held a conference call on Tuesday, July 15th regarding the 1-800-SUICIDE hotline and the FCC has yet to make a decision on permanent reassignment, temporary reassignment or transfer of the lines back to the Kristin Brooks Hope Center. The Crisis Center Follow-Up Grants are in review. The veterans resource page and knowledge bank is back up and running as part of Lifeline's website. There are many great resources there for veterans for professionals, in particular those working crisis lines, direct services, referral agencies etc. There will be a regional media campaign in Washington D.C. including posters, cabs, metro trains, etc. directing veterans to the Veterans National Lifeline. They expect the exposure will result in an increase in calls to local crisis centers only very slightly.

4. Update on Veterans' Suicide Prevention & Mental Health Efforts: Joe Marino

The Department of Military Affairs represents more than 12, 000 Florida National Guardsmen (FNG) in the state and thousands more active duty and reserve military members and their families residing here. From military family

readiness programs to services and support for Florida's reserve and National Guard military members, the Department of Military Affairs is their advocate in state government.

(Please see attached PowerPoint presentation for further details or contact Joe Marino at MarinoJ@fdva.state.fl.us.)

5. Mental Health First Aid: Seminole Community Mental Health Center, National Council for Community Behavioral Healthcare and Amerigroup.

Mental Health First Aid is a program that teaches people basic skills to help someone who is in crisis or experiencing mental illness. It is not a program to make people diagnosticians, rather how can you connect someone to help. You do not need to be at the far end of the continuum of illness; it is for people to begin to recognize warning signs and risk factors. The program consists of a 12 hour training (may be condensed) that expands mental health literacy and expands knowledge of crisis help. Many trained by this program report increase mental health awareness of their own. This training encompasses the more common mental illnesses, risk factors, warning signs, skill building, what symptoms and behaviors associated mental illness, panic attacks, suicide prevention, identifying someone experiencing a psychotic episode or overdose, and how to engage others from a citizenry, rather than a clinical, perspective. There is also a 5 day instructor certification program. This is not strictly a suicide prevention program and does not replace other programs.

Mental Health First Aid was originally started in Australia and has now expanded to about half a dozen other countries with England and Scotland leading the way. Most countries who have adopted the program have universal or socialized medical systems so it has to be tweaked a bit to fit our American system, however it will stick to the Australian model as much as possible to maintain evidence-based integrity. 2008 is a pilot year for this program with a few early adopters; organizations that can invest energy and resources and test it to make sure it's the right program to go across the U.S. The eventual goal of the program is to make it as commonplace as CPR training and be updated as such.

Community providers and advocacy associations are central to the implementation and sustainability of this program and can commit long-term, rather than single individuals whose interest may wane after only a few months. We primary want to first interact with the "influencers". Seminole Community Mental Health Center was one of 7 sites that received instructor training and 10 sites are scheduled for later in the month. The program also identifies "Quick Expanders"; states with energy to bring the program to scale faster than other states, such as Florida. Other quick expanders include Iowa, Illinois, and Washington. By the end of the year more than 50 (probably close to 100) instructors will be certified. Now the focus is on the general program but in 2009 customized supplements may be added to target specific audiences like the workforce population, primary care professionals, youth or those who work with youth. Implementation costs will vary per site.

(Further information on this program can be found at www.mentalhealthfirstaid.org, the Australian website at www.MHFA.com.au or by contacting Lee Ann Browning McNee at leam@thenationalcouncil.org.)

6. Update on Baker Act: Jackie Beck

The intent of the Baker Act is to provide comprehensive services, provide emergency service and temporary detention for exam, admit persons to treatment facilities on a voluntary basis, ensure clinically appropriate evaluation and treatment, protect dignity and human rights, and employ the least restrictive means of intervention based on the individual's need and within the scope of available services.

Emergency crisis stabilization services represent a safety net for those who may experience a psychiatric crisis. Designated receiving facilities provide 24 hour a day, 7 day a week emergency crisis examination, stabilization, and treatment for persons in an acute psychiatric crisis. Access to emergency crisis stabilization services reduces the number of people in a mental health crisis admitted to hospitals and sent to jails.

(Please see attached PowerPoint presentation for further details or contact Jackie Beck at Jackie_Beck@dcf.state.fl.us.)

7. Funding Update: Erin MacInnes

- Garrett Lee Smith

One of the roles of the Statewide Office of Suicide Prevention (SOSP) is to bring in funding to Florida for suicide prevention. In January, we worked with the University of South Florida and various organizations in Duval County to apply for \$1.5 million through the Garrett Lee Smith SAMHSA grant. It will be September before we hear from SAMHSA on the awards for this grant. The start day is October 1st and preliminary work is already being done to prepare if the grant is awarded.

- Funding for Florida

The SOSP has hired a grant writer to apply for some small foundation grants to enable those communities involved in the Suicide Prevention Implementation Project (FSPIP) that USF is working with to carry out some suicide prevention efforts locally. We will do this on an ongoing basis as long as we have money to do so. The Harbor is partnering with us at this time to try and bring funding into Pasco County. One of the biggest problems is that the grant amounts for suicide prevention are typically extremely small so there just isn't a lot of opportunity for funding available.

8. Policy Update

- Bullying Bill: Brooks Rumenik, Department of Education, Office of Safe Schools

June 10th, 2008 the Bullying Bill was signed into law, stating that all school districts must adopt a policy prohibiting bullying and harassment by December 1st. The Department of Education also must develop a model policy by October 1st, 2008, although it is anticipated to come out much sooner, and technical assistance will be available starting in August.

School districts are responsible to report incidents of bullying to the Commissioner, who then in turn reports them to the Governor. Training has been provided on the appropriate way to report data. If data is not reported or a policy is not put in place than Safe School funds will not be allocated to that school.

(Please see the attached Word document for a detailed description of the Model Policy against Bullying and Harassment Draft or contact Brooks Rumenik at Brooks.Rumenik@fldoe.org.)

- Mental Health and Substance Abuse Legislation: William Hightower, FADAA

In a legislative session with tough budget reductions, FADAA came out fairly well. FADAA encourages others to provide their legislators with detailed information that is well organized and to the point focusing on deliberate conversations with house and senate leaders. FADAA promotes the message that prevention is important and cost effective; it is cheaper to pay now rather than pay later. The final budget cuts resulted in \$3.1 million from substance abuse in TANF (Temporary Assistance for Needy Families) and \$3.4 million shifted to non-recurring general revenue. This means that the money will not be there next year and it will need to be fought for once again. This year 2000 bills were filed and only 300 made it through the House and Senate. The budget is only going to get worse and we will continue to need to work harder to obtain substance abuse prevention funding.

- Suicide Prevention Education Bill 2009: Erin MacInnes

PLEASE NOTE: Time did not permit for this information to be presented at the meeting. Please be sure to carefully review this information and contact Erin MacInnes (Erin.MacInnes@myflorida.com) if you have any questions or concerns.

We will put forward for the second consecutive year our bill that adds suicide prevention to the list of options that school districts have to choose from when determining how to fulfill their required continuing education hours. It does not mandate that they receive suicide prevention training. Mandating the training was not possible considering the way the CEU system is set up in Florida. We have recommendations on two excellent trainings for teachers that are free of cost and available online. We are looking into the possibility of DOE linking to these trainings on their website even before the bill becomes law. Once it becomes law, the links to the trainings will be included on all of the school district web pages.

This bill has great support in the Senate. Last year the bill died in the House when it wasn't heard on one of the first three Pre K-12 committees. Senator Fasano and Representative Legg have committed to helping us push it through more quickly this time.

9. Existing Initiatives: Erin MacInnes

PLEASE NOTE: Time did not permit for this information to be presented at the meeting. Please be sure to carefully review this information and contact Erin MacInnes (Erin.MacInnes@myflorida.com) if you have any questions or concerns.

- Website

We have received approval for the website and are currently developing content. We anticipate having the site up and running in August. The Council will be notified when the website is live and we would appreciate your feedback at that time.

- Clinical Trials Project

During legislative session, Senator Storms was contacted by a constituent who suffered the loss of her daughter who was on antidepressants at the time of her death. We were asked by the Senate Committee on Children, Families, and Elder Affairs to look in to the issue of the availability of results from clinical trials conducted on antidepressants; namely, is the information showing negative results of clinical trials as easily accessible by the public as the positive results are? We have been working with the FDA, ClinicalTrials.gov, NIH, and DCF to determine what Florida can do as a state to make sure the public has the information they need to make a decision about treatment.

- Medication Adherence Project

Florida was awarded a grant by Noven Pharmaceuticals this month. NAMI and the Florida Psychiatric Society are taking the lead on a project that aims to educate physicians and patients on the importance of medication adherence to reduce the suicide risk. We need to teach doctors how critical it is to closely monitor patients during the first few weeks of taking a new medication. This project will also develop a tool to educate patients on the importance of taking psychotropic medications as instructed. A group of experts will be convened to develop content in July and August; then the tool developed in September and printed and disseminated in October.

- Educational Tools

In our last meeting we talked about having tools available for Council members or anyone to educate others on suicide prevention. We are creating a few standard PowerPoint presentations that can be modified and used by anyone when they are presenting to a group. These are being created using existing materials that

have the stamp of approval from credible suicide prevention organizations and will be reviewed by people in those organizations and on the Council. There will be one for faith-based, parents, youth and the general population. We will not create one for teachers because there are already two great tools that we recommend for teachers to use.

- Suicide Prevention Symposium

All of the content for this conference has been decided and speakers confirmed. The brochure and link to the updated conference website will go out the week of July 14th so please pass on the information to as many people as you can in and out of state. Please register as soon as possible, this helps us determine how much space we will need. <http://www.meetingmasterminds.com/prevention.htm>

- AMSR Training

In addition to the Symposium, we will also be offering the Suicide Prevention Resource Center's Assessing and Managing Suicide Risk Training geared toward clinicians on September 29th. There is a small \$65 charge to help us with the costs involved. This will be at the same location the Symposium is being held which is the Caribe Royale in Orlando. The flyer for this will go out with the Symposium brochure. http://www.meetingmasterminds.com/fl_amsr_flyer.pdf

- Well Aware

Well Aware is our campaign aimed at dispelling stigma and lowering resistance on the part of school administrators to implement suicide prevention programs. This is done through the creation and distribution of a bulletin designed to educate them on the link between academic achievement and suicide prevention by fostering resiliency, enhancing coping skills, and deterring violence. Issue 3 will be delivered to schools mid-September to coincide with the new school year. We are working on content now and have some people lined up for interviews. Thank you to the Florida Mental Health Institute who has funded the printing of the 3rd issue.

- DOC Educational Campaign

This is the campaign that we are working with the Department of Corrections to educate their employees about suicide. It has three components: training in assessing suicide risk for direct care staff, dissemination of public awareness materials, and distribution of monthly educational newsletters. May, June, and July issues will be sent in an email (*please see attached*) and they will also be available on our website and feel free to use these as you see fit in your own organization.

10. Planned Initiatives

- Strategy for Initiative with Columbia University for Screening in Physicians Offices: Jackie Rosen

The Florida Initiative for Suicide Prevention, Inc. (FISP) is recommending that Florida be the first to institute the five following steps of the State of Florida Physicians Suicide Prevention and Intervention Initiative:

1. The additional requirement of Florida Primary Care Physicians and Pediatricians to take a Continuing Medical Education Course (CME) which teaches suicide prevention and intervention through physician recognition of depression and other mental illnesses and the use of a suicide-severity scale to make a suicide risk evaluation and appropriate treatment recommendation as part of all patients office visits.

2. The creation of a Florida Physicians CME Suicide Prevention and Intervention Curriculum by FISP and Columbia University to be approved by the American Medical Association (AMA) for use in Florida as a required CME for Florida Primary Care Physicians and Pediatricians.

3. The creation of a website by the Statewide Office of Suicide Prevention listing all mental health resources in the state and the establishment of an advertising campaign for the new website and the new physician requirements.
4. The distribution of the newly approved CME Physicians Suicide Prevention and Intervention Curriculum by FISP to Florida approved organizations teaching the curriculum and the annual train the trainer course for the Physicians Suicide Prevention and Intervention Curriculum providers by FISP.
5. The commencement of the Florida State Physicians Suicide Prevention and Intervention Curriculum research project conducted by Columbia University. The purpose of the research project is to gather data to determine if the project with the required use of this curriculum reduced suicide rates, educated patients and families about treatment options, increased numbers of patients getting treatment and made physicians more involved in mental health diagnosis and treatment in the State of Florida.

The Florida Physicians Suicide Prevention Continuing Medical Education Curriculum will be developed by the Florida Initiative for Suicide Prevention, Inc. in partnership with Dr. Kelly Posner and her colleagues at Columbia University and approved by the AMA as required by the Florida Department of Health. It would be a required (by the legislature) continuing medical education curriculum for a medical licensure and/or license renewal for Primary Care Physicians and Pediatricians. The Columbia Suicide-Severity Rating Scale (C-SSRS), the tool that is being accepted and used worldwide in medical facilities in the United States and the European Union, will be adapted for use in the CME curriculum. This scaled was created by Dr. Kelly Posner and her colleagues.

(For complete details of the proposed initiative please see the attached Word document or contact Jackie Rosen at jrosenfisp@aol.com.)

The Council raised some specific concerns regarding this initiative, namely: What will the reaction be among physicians and is there currently physician support? Who will pay for the screening? Has input been sought from the American Psychiatric Society or other groups who will be on the receiving end (i.e. treatment)? How will this affect licensing practices? How will this be implemented, is legislation being proposed?

As a result of these concerns, the Statewide Office of Suicide Prevention will assist FISP in addressing the barriers and determining the most feasible avenue to take. Further information will be presented at the next council meeting. At this time, the Council has not voted to support this initiative.

- Strategy for Initiative to Reach Males/Females Ages 25-55: Jackie Rosen

Time did not permit for this initiative to be presented. Please see the attached Word document for further details or contact Jackie Rosen at jrosenfisp@aol.com.

- Update on Florida Suicide Prevention Implementation Project; Duval and Pasco Communities: Steve Roggenbaum

The website (<http://preventsuicide.fmhi.usf.edu/>) is undergoing revisions. One feature that will be added is a community corner with examples of brainstorming lists, newsletters, and PSAs, etc.

A Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians was held on June 24th and 25th in Tampa with 34 attendees. Eighty four people applied and 40 were accepted. Five seats were reserved for representatives from the pilot counties Pasco and Duval – Pasco utilized all five seats and Duval sent one individual. The participants received the two day training, introduction letter from the Statewide Office of Suicide Prevention, a copy of the Florida Suicide Prevention Strategy, the Statewide Office of Suicide Prevention Annual Report, brochures, National Suicide Prevention Lifeline materials and order forms and order forms for the Youth Suicide Prevention School-Based Guide (18 people ordered at least one copy).

In Pasco County the Implementation Project has contacted people who have missed meetings and identified individuals of potential interest to assist Pasco Aware expand partnerships for including a broader segment of the community. The Implementation Project assisted Pasco Aware with steps to develop a strategic plan as requested. We facilitated a brainstorming activity for Pasco Aware on April 1st that continued over the following four weeks using the concept mapping software. Almost 30 people (nearly triple the average meeting attendance) attended with more participating over the Internet. The prompt to which individuals responded was

“To invigorate and expand suicide prevention efforts in Pasco County, Pasco Aware should...”

The activity yielded 108 ideas for action.

The follow up analysis meeting was delayed about one month due to the emergency hospitalization of the Pasco Aware coordinator and then rescheduling challenges. The analysis meeting was held July 8th. About 20 individuals attended, reviewed the reported, discussed next steps, and asked for additional information and analysis that we are in the process of producing for them, such as a county data summary related to suicide, breakout of zone one actions by clusters (most important, easiest to implement).

The following activities have been going on in Duval County as well. In the introductory phase we attended the Garrett Lee Smith Grant planning meeting to better acquaint ourselves with key players and services in the community. Based on a series of phone calls with these individuals we were invited to the Adult and Children’s Mental Health Task Force meetings where we presented our project and offered our assistance. We also interviewed other key informants in the community to get their opinions on suicide prevention and how it could be encouraged in Duval County.

In response to these presentations both task forces stated that suicide prevention should be a high priority of their workgroups. Key persons from both task forces have started to meet jointly to coordinate their activities and this was made the agenda item of the next meeting that we participated in by phone. The decision was made that this joint task force be the core of a suicide prevention coalition with invitations to other to expand the efforts. At this point, the group decided they had enough key, community individuals and did not need assistance in this area. We provided information on working with the media related to suicide prevention and best practice resources in response to specific requests. Additionally, we’ve shared information about conferences and trainings as they become available.

Edna Schaefer, LMHC of Shands Jacksonville Hospital, contacted us through the website to be involved in the Duval Task Force and we were able to facilitate the connection.

At this time we are maintaining contact on a regular basis and are available for technical assistance as requested. For example, Susan Shulman, Director of the SAGES Coalition (Solutions Aimed at Growth and Empowerment for Seniors) remembered us from the presentation at the Jacksonville Mental Health Coalition Meeting and contacted us for an elder suicide expert to conduct training for professionals in the aging field.

Rocky Rodriguez representing Ellen Piekalkiewicz made motion encouraging Council members to write a letter to the President of FMHI to commend the work of the Implementation Project and request funding to continue the project; Steve Roggenbaum seconds the motion. All in favor, motion passed.

11. Yearly Planning Calendar

September 29, 2008: Assessing and Managing Suicide Risk Training, Orlando

September 30 – October 3, 2008: Suicide Prevention Symposium/ Statewide Prevention Conference; Orlando

October 28, 2008: Council Meeting, the Capitol room 2103, Tallahassee, Florida, 1:00 PM – 4:00 PM

October 29 – November 1, 2008: Florida Association of School Psychologists Conference; Orlando

January 29, 2009: Council Meeting, Leon Human Services Conference Center, Tallahassee, FL, 1:00 PM – 4:00 PM
April 15 – 18, 2009: 2009 American Association of Suicidology Conference
April 22, 2009: 2009 Suicide Prevention Day at the Capitol
Early May 2009: Future Council Meeting

12. Council Discussion

MOTIONS:

- Jackie Beck made motion to adopt the April Council Meeting Minutes with suggested changes; Steve Roggenbaum seconds the motion. All in favor, motion passed.
- Rocky Rodriguez representing Ellen Piekalkiewicz made motion encouraging Council members to write a letter to the President of FMHI to commend the work of the Florida Suicide Prevention Implementation Project and request funding to continue the project; Steve Roggenbaum seconds the motion. All in favor, motion passed.

NEXT MEETING:

Tuesday, October 28th, 2008 Council Meeting 1:00 PM – 4:00 PM, The Capitol, Room 2103

ATTENDEES:

Allyson Adolphson
Rene Barrett (rep. Judy Bousquet-Broward via conf.)
Jackie Beck
Lee Ann Browning-McNee
Shila Salem (representing Pam Denmark)
Debbie Driskell
Judy Evans (representing Linda McKinnon)
Debbie Greer
Bettye Hyle
Marlene Jehs
Debbie Johnston (via conference)
Karen Koch
Joe Marino
Louise Peloquin (via conference)
Clint Rayner
Dr. Dan Reidenberg (via conference)
Rocky Rodriguez (representing Ellen Piekalkiewicz)
Jackie Rosen (via conference)
Kyla Shelton (representing Lisa VanderWerf-Hourigan)
Lorie Simmons (via conference)
Dr. Martin Von Holden
Frank Zenere (via conference)

Terri Sue Aldridge-Russell
Larry Baxter
Jim Berko
Geri Dedominicis (via conference)
Wayne Dreggors
Marie Dudek
Kirk Fasshauer (via conference)
William Hightower
William H. Janes
Gwen Johnson (representing Lee Condon)
Dr. Marshall Knudson (via conference)
Erin MacInnes
Dee Miller (via conference)
Dr. Briley Proctor (representing Dr. Gene Cash)
Laurie Reid
Bobby Roberts
Steve Roggenbaum
Brooks Rumenik
Claude Shipley
Mark Thomas
Elizabeth Woodsmall