

Top Workplace 2016

LIGHTNING STRIKES TWICE

For the last few years NCADA has found a place among St. Louis Top Workplaces, as defined by the *St. Louis Post-Dispatch*. Many newspapers and magazines offer similar-sounding honors, but the *Post-Dispatch* offers the only legitimate, anonymous employee survey-based rating.

Last year, NCADA came out as the number one top workplace in St. Louis (50-150 employees). It was the first time a non-profit social service agency ever made it to the top spot. Unable to pay the kinds of wages offered by small for-profit companies, community health agencies like ours have a hard time competing. But last year, we defied the odds and ranked #1. It was surprising, exciting and a great honor.

Although it was improbable and unlikely that we were rated the number one Top Workplace even once, *it has happened again*. That's right. For the second consecutive year, the *St. Louis Post-Dispatch* rated NCADA as the **number one** Top Workplace in St. Louis (50-150 employees).



How'd we do it?

Hard to be sure, exactly, but we do know this: everyone here believes in the mission and everyone here understands how their job helps advance it. Everyone understands the importance of what we're trying to do, and everyone understands what we're up against. *But here's the secret sauce:* everyone here wants everyone else to succeed; the work and the mission far exceed and supersede anyone's need for money, personal recognition or achievement. So, we have high standards, personal accountability along with a strong internal support system, and an absence of competitiveness. This is a unique mixture. In many workplaces, these are mutually exclusive characteristics, but here, the combination is defining.

We are astounded, humbled and more than a little proud to be St. Louis' number one Top Workplace again. It's a testament to this amazing group of people who are all pulling in the same direction and all trying to do the impossible: actually prevent problems associated with alcohol and other drug use.

Given the way we have already defied the odds...we just might do it. 🍀

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2016 Golf Tournament

Howard Weissman

Back by popular demand, the NCADA golf tournament returns to The Country Club at St. Albans on Monday, August 8. This is our largest and most important fundraiser and we implore everyone to come out and play golf, or to support the event with a sponsorship or by volunteering.

Net donations in excess of \$500 are eligible for 50% Youth Opportunities Program tax credits which, for Missouri residents, reduces your final out-of-pocket expense to almost nothing.**

The day will include a tremendous breakfast, a crazy amount of food on the course, an attendance prize that your friends will covet (seriously), and the opportunity to win stuff with long-drive, closest to the pin and hole-in-one

contests. After golf you'll receive a hearty dinner and we will not punish you with an oral auction and a long, boring program. Instead, we will feed you well, respect your time, keep you engaged and entertained in a beautiful place, and send you on your way early, and full of good cheer. All this—and the available tax credits—for the low, low price of \$300/player.

For the non-golfers among you, many sponsorship levels are available and we very much need your support. 🍀

**I was never good at math. Consult with your tax advisor.

For more information, and on-line registration, visit ncada-stl.org/golf.



An Irish physician working in Calcutta during the 1830s wrote a paper extolling

DIRECTOR'S COMMENTARY

From snake oil to science

the virtues of a plant that was widely used by healers throughout India. W. B. O'Shaughnessy recommended botanical cannabis as an effective treatment for pain, vomiting, muscle spasticity, and seizures. Less than fifteen years later, cannabis was listed in the official U.S. Dispensary, and the black bags of 19th century doctors often contained (along with many other plant extractions) cannabis tinctures for ailments ranging from whooping cough to impotence.



Howard Weissman
Executive Director

Medicine has improved quite a bit in the last 180 years and doctors no longer rely on raw botanicals to treat illnesses. This is not to say raw botanicals don't have medicinal properties, it's only to say that, as we came to better understand the body's internal regulatory systems, scientists developed and purified specialized medications to affect those systems in faster and better ways.

Herbs and botanicals are still in use, but now largely as folk remedies—alternatives to modern, Western medicine. Unlike FDA approved drugs, they are regulated (like food) and deemed safe for human consumption, but not tested for effectiveness or standardized. As a result, their quality, concentrations, and efficacy vary widely, and their therapeutic claims are not substantiated by scientific rigor.

They are deemed safe, but not tested for effectiveness

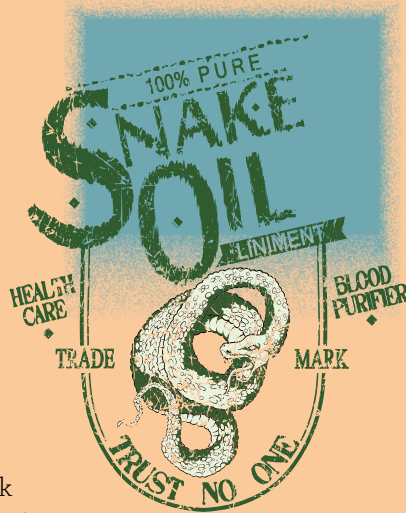
Nevertheless, many Americans eschew conventional, or allopathic, medicine and prefer to rely on herbal or folk remedies. Stores are full of these products and there has been neither opposition to nor loud advocacy for most other botanicals like ginkgo, saw palmetto, or aloe vera. There is general agree-

ment among physicians and researchers that herbal or botanical drug alternatives, while reasonably safe, usually teeter between mostly ineffective and minimally effective. And, of course, none of them are intoxicants.

A vocal group of advocates believe that marijuana is therapeutically superior to every other raw botanical on earth. They claim that marijuana has the ability

to treat—and should therefore be available to—patients with nausea and vomiting, anorexia, spasticity caused by multiple sclerosis or spinal cord injury, bladder control, Tourette's syndrome, dystonia and tardive dyskinesia, levodopa-induced dyskinesia in Parkinson disease, neuropathic pain, rheumatoid and osteo-arthritis, cancer growth and cancer pain, migraines, menstrual pain, chronic bowel inflammation, glaucoma, epilepsy, asthma, dependency on benzodiazepines, opiates and alcohol, reactive depression, sleep disorders, anxiety disorders, PTSD, bipolar disorders, dysthymia, ulcerative colitis, allergic conditions, hiccups, attention deficit disorder, hypertension, tinnitus, chronic fatigue syndrome, restless leg syndrome, and AIDS. To name a few.

Medical marijuana proponents seem unconcerned that the broader their claims for therapeutic efficacy, the less believable they become and the more they resemble the pitch of a 19th century snake oil salesman. And that's too bad, because marijuana likely has potential as an effective medicine for a smaller number of conditions. But to elevate marijuana from controversial folk remedy to valued entry in the United States Pharmacopeia (USP) we have to first elevate our debate.



Those opposed to legalization emphasize the risks of legal cannabis, and there are risks. For a non-trivial number of users, marijuana causes significant life problems from cognitive difficulties to dependence and addiction. This issue should not be shirked or dismissed.

But the key for medical decision-making is not eliminating risk—no treatment is without risk—but by examining the balance between risks and benefits. This calculus should take precedence over political expediency. If marijuana is the best or only available treatment for a condition, it should be available. Do the benefits outweigh the risks for a cancer patient fighting for life or a toddler with intractable epilepsy? Of course. Do the risks outweigh the benefits for

a 22 year-old woman with self-diagnosed anxiety? I'd like to think the answer is equally clear.

There is a blurred boundary between using cannabis for relief of debilitating or life-threatening conditions and using it recreationally to get high.

Interestingly, in the U.S., this boundary was intentionally blurred. As large numbers of young, college-educated people began smoking pot at the end of the 1960s, they fought to do so legally. The National Organization for the Reform of Marijuana Laws was founded in 1970, and before the end of the decade the president of NORML admitted to using the issue of reclassifying marijuana as a medical treatment for chemotherapy patients to increase the acceptance of cannabis use. Their ultimate goal was full legalization for recreational use, and focusing on medical marijuana was a step to get there. This shrewd strategy has been effective, but it has also contributed to a certain amount of skepticism about marijuana as a legitimate medicine.

An important—but still missing—step is for marijuana advocates to clarify if they want cannabis to be considered an effective therapy that is part of modern medicine, or if they believe it should be an alternative therapy; an herbal folk remedy. Advocates tend to talk about it as if it's the former ("medical marijuana") while treating it as if it's the latter. This engenders confusion. Is cannabis a drug or is it an alternative to drugs?

If marijuana is going to continue to be a folk remedy, it will be recommended by anyone with suspect medical credentials, and sold by laypersons, like nutritional supplements. This will continue to keep medical marijuana under a cloud of suspicion. It's an inside joke that many medical marijuana card holders have no disease but feign symptoms to obtain a steady stream of a highly potent intoxicant. And many health care "professionals" certifying a patient's need in medical marijuana states are at best careless and, at worst, deliberately unethical and dishonest. Furthermore, a *budtender* is not a health care professional. This all robs the system of credibility and makes many cynical about the genuine value of medical cannabis.

While NCADA is not supportive of folk remedy marijuana, we would very much support real medical marijuana. In other words:

NCADA believes the active ingredients in marijuana (primarily THC and the non-psychoactive, CBD) should be turned into approved medicines. We believe that marijuana should move to FDA Schedule II and be researched for potential benefits. To date, the preponderance of research into marijuana has been about its harms; it's certainly time to fast-track research into its benefits.

In the meantime, NCADA believes that anyone with a serious illness that has not responded to conventional therapies should be able to try marijuana if a licensed physician has good reason to believe it could offer relief from infirmity. For patients at the end of life, neither addiction nor any other untoward risks are of great concern, and the decision to offer medical marijuana is therefore much easier.

Changing the laws around marijuana is not a civil rights issue

However, before permitting marijuana to be legalized as medicine, it is imperative to be mindful of the risks (most especially addiction, misuse, diversion, and a rise in teen use) and to take steps to minimize them. To these ends, we believe:

- ▶ Medical marijuana should be dispensed through a system that has medical legitimacy and integrity. Patients should receive marijuana because they're sick, not because they want to get high. The intoxicating effects of marijuana should, in medical applications, be considered an undesirable side effect.
- ▶ A list of conditions for which medical marijuana is demonstrably therapeutic should be refined and narrowed. Given the lack of clinical study, medical marijuana should not be a first-line therapy, but should be available if existing FDA-approved medications fail to offer relief, present greater health risks, or produce untoward side effects.
- ▶ Patients should receive dosing instructions from licensed health professionals, and any ongoing or chronic use should be carefully supervised.
- ▶ Patients should receive education and instruction about the proper use of medical marijuana, the risks of using it, and the likelihood of side effects.
- ▶ Medical marijuana patients should be screened for a history of addiction or substance use disorder. Medical marijuana which contains intoxicating concentrations of THC should be prescribed with great caution or not at all to anyone likely to misuse the substance. This would include all people between the ages of 12-25—those most susceptible to the potential harms of regular marijuana use.
- ▶ Medical marijuana prescribing policies should be consistent and exacting. If it is an effective medicine, it should be treated as such.
- ▶ Marijuana use—even as a drug—should not be advertised, promoted or encouraged.

Despite shouts from proponents, changing the laws around marijuana is not a civil rights issue like gay marriage, women's suffrage or racial equality. Legalizing its use for the treatment of serious medical conditions is a public health issue, like setting the minimum age for tobacco use, permitting drug companies to advertise directly to patients, or reintroducing Thalidomide under strict guidelines.

As with most other complex public health issues, there are rarely perfect answers. But, if history tells us anything, when it comes to any psychoactive botanical, from the opium poppy to the tobacco plant, we need to go slow, be wary of addiction, and keep big business and big marketing far, far away. ➡

hweissman@ncada-stl.org

CALENDAR

For event information and registration visit ncada-stl.org, or contact Jeanne Cordingley at jcordingley@ncada-stl.org, or (314) 962-3456 (unless otherwise noted in the event listing).

August 8: Golf Tournament

9:45 a.m. - 6:00 p.m.; The Country Club of St. Albans, 101 St. Albans Rd. To register visit ncada-stl.org/golf or contact Angie Yarbrough at (314) 962-3456 x352

August 11: Ethics – Right Way? Wrong Way?

8:30 a.m. – 3:30 p.m.; NCADA, 9355 Olive Blvd.

September 8: Red Ribbon Training – St. Louis County

8:15 a.m. – 1:15 p.m.; United Hebrew Congregation, 13788 Conway Rd.

September 12: Ethics – A Matter of Perspective

8:30 a.m. – 12:00 p.m.; NCADA, 9355 Olive Blvd.

September 22: Red Ribbon Training – Jefferson County

8:15 a.m. – 1:15 p.m.; Victory Church, 1 Victory Drive

September 27: Red Ribbon Training – Warren County

8:15 a.m. – 1:15 p.m.; Faith Christian Family Church, 17350 E. Veterans Memorial Pkwy.

St. Louis Coalition on Addictions

UPCOMING PRESENTATIONS

July 13 – Linda Rallo: What is ‘Raise Your Hand for Kids’?

Aug. 10 – Dr. John Hexem: Issues Surrounding Pain Management

Sep. 14 – Alex Ramsey: Are Substance Abuse Treatment Programs Ready for Technology-Based Interventions?

Oct. 12th – Clif Johnson: The Importance of Documentation

Nov. 9 – Dr. Susan Tebb: Sobriety Maintenance with Yoga: Helping Older Adults with Addictions Cope

Dec. 14 – Dr. David Patterson: Using Brain Science to Inform Substance Use Disorder Treatment Care

The Coalition on Addictions (COA) meets the second Wednesday of each month from noon – 1:00 at NCADA, 9355 Olive Blvd. in Olivette. No RSVP is required. Lunch is provided free of charge; a CEU for one contact hour is \$5.00. COA is a service of NCADA and the Community Academic Partnership on Addictions. (CAPA is an affiliate organization of Brown School at Washington University in St. Louis.)

MARILYN BADER

Nichole Dawsey

Marilyn Bader is retiring. Four words that will change the future of NCADA, and four words that deserve to be celebrated...and grieved. Because Marilyn’s gain is, to a certain extent, NCADA—and St. Louis’—loss.

For almost three decades, Marilyn Bader has been a fixture in classrooms across the St. Louis area. Her passion, skill, professionalism, and spirit have garnered many admirers. In the time I’ve worked here, I cannot tell you how many times I have been asked, “You work for NCADA? Do you know Marilyn Bader? She is so wonderful!” As if I didn’t already know that.

Although I can’t calculate the number of times I’ve been approached by a Marilyn super-fan, I can calculate a few other things:

5,282 = the *minimum* number of students Marilyn taught each year

28 = the number of years Marilyn has worked at NCADA

147,896 = the *minimum* number of students impacted by Marilyn Bader.

Think about that number for a second...147,896. Let’s use round numbers and call it 150,000 (it’s likely much higher). That is the approximate size of the Marilyn Bader fan club. It’s also more than the number of people who could fit in Busch Stadium...for *three* Cardinals games.

It’s really insufficient to say that there are 150,000 Marilyn fans. Over her career, Marilyn affected the lives of far more than 150,000 people. As a result of her influence, friendships were started, families were strengthened, jobs were obtained, careers were launched, and our community was made better.

So, while 150,000 is a large and impressive number, an even more impressive number is **one**.



Marilyn Bader, from a photo published in The Key, Sept. 2000.

ONE

How many people in today’s world devote decades of their lives to a cause like ours? How many people have the skills, the perseverance, and the know-how to make a program, a child, a classroom, or a community group grow and flourish? How many people have a spouse willing to chair – for years – an agency’s major fund-raising event and who singlehandedly brought the event to a whole new level? How many people recruited both their mom and dad as volunteers —who together received NCADA’s Volunteer of the Year award?

The answer, of course, is one. There is only one Marilyn Bader.

Harriet Kopolow, the legend who helped build NCADA’s prevention department, said this about Marilyn:

We all know that our work will go on when Marilyn retires. And, in large part, that is because she has devoted so much time to making sure that happens. We will really miss her, but we wish her nothing but the best while she begins her much deserved retirement. Marilyn: always remember that the legacy you’ve built will continue long into the future. Good luck, and be sure to “flow!”

Combating Jeff City inertia, County and City take bold steps

Brandon Costerison

ADVOCACY UPDATE: Our new mission statement is “NCADA works to reduce or prevent the harms of alcohol and other drug use through education, intervention and advocacy.” Education, intervention, and advocacy, are all essential parts of a comprehensive approach to combating the negative consequences associated with substance misuse.

The Missouri General Assembly’s legislative session ended May 13, and the results were disappointing. The legislature failed to pass a bill that would have tightened restrictions on the sale of alcohol and tobacco to minors, a bill that would have banned powdered alcohol in Missouri, and a bill that would have helped people experiencing an overdose to get the medical attention they need.

The biggest disappointment was the failure of the Assembly to join the 49 other states by implementing a prescription drug monitoring program. A PDMP would help reduce doctor shopping (visiting multiple providers to get the same medication). Once again, Sen. Rob Schaaf (R-St. Joseph) stood in the way of passing this life-saving bill. Again, Missouri stands alone and remains, in this regard, a national embarrassment.

However, there is some good news. Rep. Steve Lynch (R-Rolla) sponsored legislation to make it easier for Missourians to get naloxone, an opiate overdose reversal medication. Naloxone has saved dozens of lives across Missouri since it became available for first responders two years ago. We anticipate that allowing over-the-counter sale to the general public will enable friends or family members to rescue loved ones from an overdose.

Advocacy does not just happen at the state and federal level, and some of the most exciting activity has taken place here in the metro area. In April, St. Louis County passed a first-in-the-nation *local* prescription drug monitoring program. This bold, innovative step paved the way for a regional PDMP to develop in lieu of a statewide version. At the end of May, the City of St. Louis passed an ordinance to join the St. Louis County PDMP. This regional cooperation and leadership means that over 1.3 million Missourians – almost a quarter of the state’s population – will live in communities with a prescription drug monitoring program. Several other municipalities are exploring opportunities to join, and we are excited about those prospects.

Additionally, the City of St. Louis passed a 911 Good Samaritan ordinance, giving limited immunity to those calling 911 in the event of an overdose. This policy will let people save lives without fear of prosecution. When weighing saving lives versus criminal prosecution for possession of a controlled substance, we must take the side of saving lives.

NCADA is inspired by the efforts of local coalitions and agencies that have fought hard for all these measures, and by municipalities starting their own prescription drug take-back programs. We are working together to ensure that more first responders are carrying naloxone. These actions illustrate that advocacy works. When we band together, we can embrace and expand policies that save lives and make our communities safer.



Mayor Francis Slay signs the PDMP ordinance for the City of St. Louis on May 31 at NCADA, backed by County Executive Steve Stenger and Rep. Holly Rehder (upper left.)

Teen Institute 2016

Teens learn leadership skills and bond with prevention peers during four-day retreat

Seventy-seven teens from 33 different area high schools participated in the 37th annual Teen Institute for Prevention Leaders, held in Dittmer, Missouri, from June 7-10. This year’s theme was “Start Here” and students were encouraged to “start” their efforts to prevent the damage done by alcohol, tobacco and other drugs – which could involve starting a club at their school or just starting a conversation with a friend.



Teens participated in informational workshops on substance misuse and heard from individuals who have faced addiction in their own lives. When they weren’t learning, attendees recharged by paddle boating, playing sports, and just relaxing with new friends. They even participated in a yoga class and learned a few circus tricks!

The participants left with more knowledge about alcohol, tobacco and other drug use, and with more confidence in their leadership skills. Most importantly, they left with the enthusiasm to share their knowledge, and the realization that they can make a difference. ➡



GREEN MURALS

When NCADA moved to our new office in 2014, we were immediately faced with blank walls. Fortunately, Josie Green, a local artist and the mother of NCADA prevention educator, Catherine Green, has become our own Thomas Hart Benton. Her murals have transformed two unremarkable rooms into memorable, inviting environments.



First, she brightened The Lounge (a part of our Transitional Counseling Program) with thematic art depicting a multiplicity of potential paths. That was followed by a 12’ wide abstract mural in the Community Services conference room.

Tributes and contributions

February 2016 – May 2016

CORPORATIONS, FOUNDATIONS & ORGANIZATIONS

- Alkermes, Inc.
- AmazonSmile Foundation
- American Association of University Women
- Andrew Eagles Memorial Fund
- Brady-Raeber Equity
- Commercial Bank
- Cuivre River Electric Community Trust
- Dovetail
- Drury Hotels
- Enterprise Holdings Foundation
- Franklin County Children & Families Community Resource Board
- Frederick Pitzman Fund
- Guarantee Electrical Company
- Jefferson Memorial Community Foundation
- Kohl’s Department Stores
- Ladue Horton Watkins High School
- Missouri Department of Mental Health, Division of Behavioral Health
- Missouri Foundation for Health
- Missouri History Museum
- Moneta Foundation
- Moondance Foundation
- Nidec Commercial Motors
- Optimist Club of Kirkwood
- The Pott Foundation
- Russell Sabor Foundation
- Saigh Foundation
- Sander Foundation
- Schnucks eScrip
- Smith Patrick, LLC
- St. Joan of Arc PTO
- St. Louis County Children’s Service Fund
- St. Roch’s School
- Thomson Reuters
- TKH, Inc.
- United Way of Greater St. Louis
- United Way of Texas
- Walmart Foundation
- Washington University

GRANTS RECENTLY RECEIVED

- Alkermes, Inc.
Strike Down Heroin
- Cuivre River Electric Community Trust
Youth Leadership Programs
- Drury Hotels
Prevention Leadership Conference

- Enterprise Holdings Foundation
General Operating Funds
- Frederick Pitzman Fund
General Operation Funds
- Jefferson Memorial Community Foundation
Youth Leadership Programs
- Moneta Foundation
Strike Down Heroin
- The Pott Foundation
Prevention First – City
- Russell Sabor Foundation
Prevention Leadership Conference
- Saigh Foundation
Prevention First – City
- Sander Foundation
Prevention First - City
- Walmart Foundation
Prevention Leadership Conference

MEMORIALS

- | | |
|--|--|
| Bette Cody
Becky Shimony | Anne Butler
John Canupp
Peggy & John Cribbin |
| Alyssa Devoto
Barb & Sal Benigno
Gary & Sheila Diepenbrock | Jackie Davis
William & Sally Jo Delabar
Linda Gauvain
Matthew Graham |
| Brett Hefe
Albert & Dorothy Ackfeld
Mark & Mary Ann Arrieri
Rick Bottini
Thomas Bottini | Nancy & Stanley Gudenkauf
Fred Harre
Karen & Matt Hauser
Beth & Kevin Hollander |

- Dana & Ralph Ippolito
- Geraldine Jacobs
- Mary & Thomas Jacobs
- James Jesiolowski
- Teresa Kelley
- Craig Krapf
- Mary Claire & Michael MacDonald
- Heather Mayes
- Scott McBride
- Wanda Million
- Maureen Morgan
- Ann & Jim Mueller
- Terry Obermark
- John & Robin Porta
- Harriet & Walter Preiss
- Laura Puleo
- Karen Reece
- Brent & Celeste Rueter
- Dorothy & Dennis Simpson
- Carolyn Stelzer
- John & Sylvia Tierney
- Larry & Susan Torbeck
- Dana Trokey
- Susan Wadlow
- Nancy Wambach
- John & Sue Wegener
- Paula Rozzo Wolman

- Lonesworth Hill**
Mary Lewis
- Tom Hughes**
Sandy Hughes
- Keith Kolman**
Evelyn Shickman
- Adam Kram**
Barry & Jackie Chod
Cheri Keller
- Michael Lane**
Martha Smith
- Jessica Medley**
Ashley Campbell
Cathy Coffman

- Bernice Schrand**
Michelle & Mark Rubin
- Joseph Schwiezer**
Robert Frenzel-Berra
- Helen & Bob Sharp**

- Harry & Susan Hom
- Laura Smiglewski**
Special School District
- Ann Marie Spoeneman**
Keith Spoeneman
- Thomas J. Terry**
Becky Shimony

- Ginny Arlene Wattler**
Vance & Gee Vigna
- Shaun Willey**
Scott & Cheryl Mueller
- Max & Susan Trueblood

TRIBUTES

- Pam Casey**
Adele Carey
- Dan Duncan**
Susan Meltz
- Mary Forest**
Adele Carey
- Betty Hardin**
Adele Carey

- Howard Kanefield**
Albert Hamel
- Stafford Manion**
Guy Slay

- Sue Stuart**
Adele Carey
- Howard Weissman**
Meg Selig

INDIVIDUALS

- Alison Allman & Bob McCoolle
- Elliot & Peggy Alper
- John & Kathy Anderson
- Lisa Bernstein
- Ron Cain
- Henrietta & Hank Chesnek
- Patricia Derosiers
- Dick Goldberg
- Tom & Trish Goldberg
- Robert Gulino
- Virginia Ham
- Christopher Kallaos
- Howard & Elma Kanefield

- The Pageant, L.L.C.
- River City Rascals
- Square One Brewery & Distillery
- St. Louis Airport Marriott
- Studio Branca Salonspa
- Sunshine Drapery & Interior Design
- Walking for Wellness: Stop Heroin
- Walter Knoll Florist
- Westrich Photography
- Julie Zapore

VOLUNTEERS

- Billy Brooks
- John Carriker
- Amanda Derosiers
- Patricia Derosiers
- Zach Duggard
- Adrienne Eagles
- Inez Epstein
- Thomas Ferdman
- Elizabeth Freeman
- Brittany Freeman
- Heather Freeman
- Laura Grenier
- RJ Hartman
- Kody Hopen
- Frankie Isaac

- Ga’Nea Jones
- Allison Karagiannis
- Karli Keeling
- Sam Krakowski
- Vinai Kumar
- Sherry Lennon
- Michelle Li
- Terri Lott
- Elaine Mallon
- Randy Mellovitz
- Tod O’Donoghue
- Dejah Overall
- Claire Quan
- Sarah Rice
- Ann Roberts
- Steve Roberts
- Kilah Robinson
- Phil Roush
- Akash Sarkar
- Andy Seeger
- Carys Shearer
- Valerie Snyder
- Katie Spralding
- Allison Stauder
- Zach Stauder
- Mitch Stern
- Eby Strauss-Barrett
- Kayla Theberge
- Katy Theberge
- Henry Watkins
- Fred Worth
- Sam Yarbrough
- Brad Yarbrough
- Julie Zapor

RETURNING THIS SEPT.

RED RIBBON TRAINING

See the Calendar for Information



Golf Tourney p. 1



Retiring Marilyn p. 4



Advocacy Update p. 5



Green Mural p. 6

the
key