



**FAMILY &  
CHILDREN'S**  
S E R V I C E

**Strategic Plan**  
**2012-2014**

## ***When old things become new...again***



It's a very exciting time for Family & Children's Service. While many other nonprofits are struggling to survive, we thrive. Where other agency budgets are being cut, ours is growing. During a time that programs are being shuttered across our community, we are starting new ones.

Are we smarter than everyone else? Probably not. Are we any more deserving? More earnest? Do we care more than others? I don't think so.

So what is it? Why are we succeeding during times that cause others to struggle?

We succeed because we have strengths to draw upon that others do not. We have a remarkable 70-year history of continuous service to our community. We have a capable and well trained staff. We have a substantial endowment. We have a solid organizational infrastructure. We have the support of thousands of people in our community, including foundations, corporations, philanthropists, volunteers, our Board of Directors, and the clients that have benefitted from decades of service.

And our community needs these strengths more so today than in many, many years. Thanks to a fragile economy, high unemployment, shrinking public support for mental health and social services, a struggling education system, and a host of other intractable social problems, a rapidly growing class of poor and working poor families, the less fortunate among us, struggle – just to survive.

That's not a euphemism. Many of the families we work with really do struggle to survive...and not all of them do.

But that's why Family and Children's Service is here. In fact, that's why Family and Children's Service has *always* been here. It's not our goal to reinvent the wheel. We may create a new logo, implement a new strategic plan, or paint the walls a different color—but on the inside, Family & Children's is the same agency we've always been.

We're here *to connect individuals and families to hope, to healing, and to one another*. It may be 'old school,' but it has worked for 70 years, and my bet is it will work for 70 more.

A handwritten signature in black ink that reads "Michael". The script is cursive and fluid.

Michael McSurdy

President & CEO

## **How We Developed This Plan**

With generous support from the Frist Foundation, we began this strategic planning process with a senior staff retreat to review community needs and frame our priorities. This was followed by a series of agency leadership team meetings to flesh out ideas for goals, tactics, and client and community impacts. This process was so successful in generating new ideas that we were able to update our mission and get a good start on creating new agency-wide impact areas that will inform our work going forward.

Once our priority areas were reasonably well defined we vetted these plans with our Board and community partners for feedback and refinement. This resulted in some changes in focus and the addition of a couple of priority areas.

When the strategic plan is launched in July 2012, the first order of business will be for the programs themselves to create work plans to reach strategic goals and targets. Progress toward goals will be evaluated quarterly at the program level and biannually at the agency level with a summary evaluation after the conclusion of the strategic plan in June 2014.

## **Strategic Directives**

One of the most important products of this process is the list of ‘**strategic directives**’ for the agency as a whole. These directives, listed below, are the beginnings of an explicit strategic infrastructure at FCS that will inform the decision making process from the executive to client levels. Strategic infrastructure is an important part of government and private sector governance and is just now beginning to play a role in nonprofit management nationally. It is our intention to be ahead of that curve. Our Strategic Directives:

FCS will increase program collaborations (internal and external to the organization).

FCS will position itself as a primary community resource on crisis, trauma, and loss.

FCS will become a primary partner for the State’s social service systems.

FCS will advocate for public policy that is in the best interest of its clients and community.

FCS will employ evidence-based practice across all its programs.

FCS programs will not be confined only to the Werthan Building, but be based in the community as well, taking services where they are needed.

FCS will pursue shared training opportunities with other agencies and be a leader in training other social service professionals.

FCS will become a center for learning and teaching by providing training and internship opportunities agency wide.

FCS will further develop an influential and connected Board of Directors and Advisory Council.

FCS will grow earned income to support mission-centric agency programs.

FCS will increase staff tenure and satisfaction, and decrease turnover.

## **2012 – 2014 Strategic Plan Summary**

If Family & Children's Service' new strategic plan has a theme, that theme is "Taking it to the Next Level."

This thread runs through all of the strategic initiatives that are included in this plan. Whether it's expanding counseling services to families, improving our technology-based programs, or investing in data tracking and analysis capabilities, our primary focus over the next two fiscal years will be on expansion of and investment in current program areas--not launching new initiatives or heading new directions. We will be making investments in:

**Counseling Services:** FCS has historically been known as a 'counseling' agency, though dwindling funding has forced counseling to take a back seat to other types of social services contract work. FCS believes that *all* social service interactions are therapeutic in nature and that evidence-based clinical practice must inform each and every program at FCS. FCS will substantially increase its capacity to provide family and individual counseling services with an emphasis on trauma and family permanency, targeting services to the populations that need them the most while reducing financial and physical barriers to accessing these services.

**Technology-based Services:** FCS operates a 24-hour-a-day Crisis Call Line that annually serves nearly 30,000 callers whose concerns range from loneliness to thoughts of suicide and homicide. We also operate the United Way's 2-1-1 social services referral line which connects 220,000 callers each year to more than 9,000 local social services. The original vision of the Crisis Line and the 2-1-1 programs was solely to provide immediate crisis intervention and information and referral respectively. But our experience now tells us that the vast majority of our callers, even our 2-1-1 callers, are in some kind of crisis and often need in-depth counseling and active follow-up to ensure that meaningful outcomes are achieved. FCS will increase the depth and breadth of information and counseling supports available to the community via technology-based services (telephone and web). These services will move beyond just information/referral and immediate crisis intervention to include screening and assessment, as well as follow-up supports.





**Data Tracking and Analysis:** It is crucial that FCS be able to tell its story and demonstrate that we are truly having an impact on the lives of the people we serve. Standardized recording and reporting mechanisms are needed agency-wide to ensure that client data is being captured, analyzed, and reported in a consistent and responsible manner—one that strictly adheres to best professional and legal practice and provides the agency with the most useful information for quality improvement. FCS will further refine and expand its capacity to document and analyze program outcomes data. Data and professional practice protocols will adhere to applicable standards including those set forth by the Council on Accreditation (COA) and data collection will be standardized across the agency through the addition of a centralized client database.

**Professional Practice Models:** Most FCS programs are already informed by, if not based in, clinical practice. However, not all our programs adhere to the same, or even similar, clinical modalities. Our work with clients (particularly those clients that access more than one program at FCS) would be more impactful if all agency programs were solidly based on the same core clinical strategies and philosophies across all programs. All FCS programs will reflect a clear clinical focus and all programs will be rooted in best practice and/or evidenced-based models. FCS clinical practice will be exclusively informed by resiliency-focused, trauma-informed, cognitive behavioral, and systems therapy models of clinical care.





## **Staff Development and Retention:**

Recruiting and retaining high quality staff members is often difficult, especially given competition with private sector compensation and benefits packages. This difficulty is compounded by the degree of stress created by working with clients in crisis, which can result in job burn-out and high staff turnover rates. This is particularly true of FCS staff, since most of the clients we work with are in moderate to severe crisis or have been severely traumatized. FCS will actively promote personal and professional growth and wellness opportunities for all employees and invest in a work environment that attracts and retains talented, qualified personnel; while promoting job satisfaction and minimizing turnover rates.

**Agency Advancement:** FCS has weathered the economic downturn with budget cuts and staff reductions, numerous changes in programming and contract commitments, and a lessening of its visibility and influence in the community. Due to shrinking resource options, several of FCS' most important, mission-critical programs were reduced to single-source funding, making them highly vulnerable to budget cuts and funding losses. Fortunately, things are beginning to turn around. In FY 2012-2013, we will see a substantial budget increase for the first time in more than four years. Moving forward, FCS will secure multiple funding streams for mission-critical programs to create stability and dependability for these critical safety net resources. FCS will continue to actively position itself as a dependable resource for crisis intervention, individual and family social services and counseling, children's services, and as a reliable vehicle for philanthropic investment.



# **STRATEGIC PLAN DETAIL**

## **I. Counseling Services Expansion**

### **Problem Statement**

Each month in Nashville/Davidson County:

- 438 children are in foster care and another 429 children are in the care of relatives
- 109 children are removed from homes for sexual or physical abuse or neglect
- 59 people are hospitalized for suicide attempts and 7 people commit suicide
- 2,488 domestic violence complaints are reported
- The FCS Crisis Call Line receives 1,900 calls from people in crisis

These problems disproportionately affect the poor and there is a critical shortage of crisis intervention and counseling services for impoverished and un- and underinsured children and families in Nashville. What services do exist separate case management from clinical practice, decreasing the effectiveness of each. Moreover, what free and low-cost resources are available are scattered across the community, creating significant client access barriers. Though there is a general need for free and low-cost counseling services in Nashville, there is an even more pressing need for services targeted to adoptive and relative caregiver families, children in the child welfare system, child victims of domestic violence and abuse, children and families in need of post adoption supports, and adults caring for children in serious crisis.

### **Strategic Goal**

FCS will substantially **increase its capacity to provide family and individual counseling services** with an emphasis on trauma counseling and family permanency, targeting services to the populations that need them most, and reducing financial and physical barriers to accessing these services.

### **Rationale**

Counseling has been central to the mission of FCS throughout its history, and FCS staff members collectively possess an extraordinary amount of expertise in several counseling specialties, including trauma intervention, attachment, and family systems therapy. As a result, we are regularly approached by governmental and private agencies to develop intervention and support services that go beyond the standard outpatient models of care in these areas. It is our goal to fully integrate clinical practice into all supportive services (DCRCP, adoption support, crisis line, prevention programs, et al) so that real intervention with clients starts at first contact—not at an appointment set for days or weeks later.

In order to accomplish this goal we will need to increase capacity for populations we have identified are at greatest need: victims of trauma, and post-adoption support for children and families from the child welfare system. As an added benefit, this increased capacity will allow us to once again provide quality counseling services to the general public on a sliding scale, something the public has been demanding and that our community sorely needs.



## **Measurable Outcomes**

***Co-locate 4-6 FCS counselors at community-based partners by June 2014.*** Fragmentation of services is a huge problem for many of our clients. To receive the services they need, most clients must travel to numerous different agencies, dramatically reducing the chance for successful outcomes. Since transportation is a primary access barrier for most of the clients we serve, collocating services is the best way to ensure that clients get the services that they need. These collocations will be the result of interagency collaborations with private nonprofits and government agencies.

***Increase number of persons supported through counseling services by 30% to more than 2,200 persons served annually by June 2014.*** FCS currently serves approximately 1700 persons through its counseling services, including individual and family counseling, counseling for children and families in the child welfare system, and counseling for victims of trauma and domestic violence. It is our goal to expand counseling services to the following target populations: children in the foster care system, impoverished families in crisis, individuals isolated by geography or other circumstances, and the un- and underinsured. Most of these referrals will come from DCS, FCS programs, our nonprofit partners, and our Crisis Line.

***Promote private pay/public counseling services.*** FCS is already aggressively promoting its clinical/counseling expertise agency and community wide by integrating clinical practice into all its programs and placing clinicians at nonprofit partner sites across our service area. In order to ensure the sustainability of this effort, we are exploring ways to generate revenues from this work. To this end we will diversify funding streams for counseling services by (1) diversifying the mix of children and families receiving counseling (by adding TennCare, contract, and private pay clients); (2) investing in an internal billing infrastructure that will allow us to bill for these clients (and other types of billable clients agency wide); (3) seeking grant funding with a focus on children and families from the child welfare system and victims of domestic violence; (4) offering new specialty private pay services such as post adoption family support; and (5) offering these services through our community nonprofit partner sites.

***Develop a team of clinicians (at least 3, by December 2013) with specific child welfare training to serve children and families in our community (at schools, in client homes, and through other agencies).*** Children in the child welfare system have experienced great trauma and loss which makes attachment and bonding difficult for them. Without addressing and resolving these concerns their ability to connect to others as they grow and mature is negatively impacted. This team will provide trauma and attachment-focused counseling to help families build stronger internal relationships and improve permanency outcomes. Clinicians will serve a total of 125 persons annually by June 2014.

References: <http://fosteringcourtimprovement.org/tn/County/Davidson/>; <http://fosteringcourtimprovement.org/tn/County/Davidson/>; <http://tspn.org/wp-content/uploads/dcsptf093011.pdf>; [http://www.ywcanashville.com/Programs/Domestic\\_Violence](http://www.ywcanashville.com/Programs/Domestic_Violence)



## **II. Improve and Expand Technology-based Services**

### **Problem Statement:**

Phone and web-based crisis and referral services at FCS have grown exponentially over the past five years. FCS' Crisis Line now receives 24,000 calls annually, and we serve more than 215,000 callers through the 2-1-1 information and referral line each year. The original vision of the Crisis Line and the 2-1-1 programs was solely to provide immediate crisis intervention and information and referral and respectively. But our experience now tells us that the vast majority of our callers, even our 2-1-1 callers, are in some kind of crisis and often need in-depth counseling and active follow-up to ensure that meaningful outcomes are achieved.

### **Strategic Goal**

FCS will **increase the depth and breadth of information and counseling available to the community via technology** (telephone and web). Program services will move beyond solely information, referral, and immediate crisis intervention to include screening and assessment, as well as follow-up supports. All services will be informed by clinical practice.

### **Rationale**

People seeking support and information by phone or over the Internet are often the most isolated and the least connected to resources. As an agency specializing in trauma intervention and counseling, we have the capacity to do much more than provide information or short-term crisis intervention to vulnerable populations like these, and they are demanding more of us. A single question can turn a 2-1-1 information call into a crisis call—and save a life in the process. The stakes are that high. Once we have callers on the line it is imperative that we maximize the value of the calls to the clients by providing them with all the resources they need in one seamless, streamlined process. Accomplishing this goal will go a long way toward reducing access barriers to social services for clients and integrating services across our community—both strategic directives for FCS.

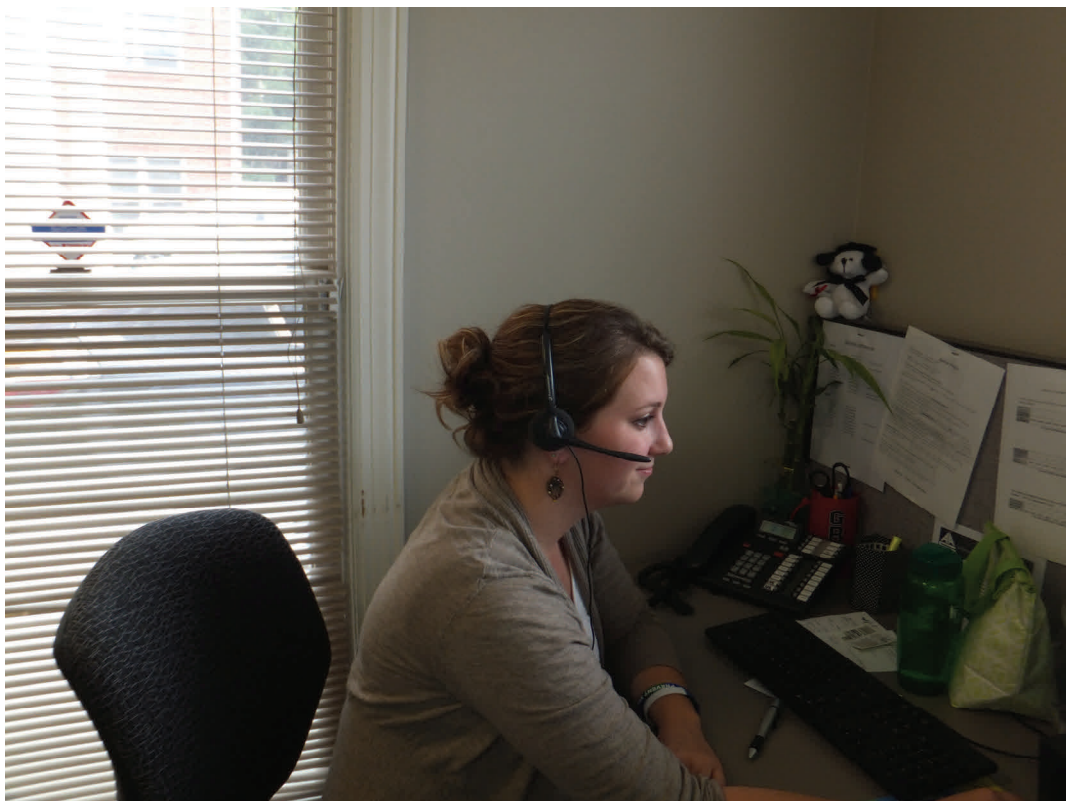
### **Measurable Outcomes**

#### ***Expand current health assistance programs from 1,400 clients to 2,400 clients***

***served annually by June 2014:*** Access to health care is a huge issue for the vulnerable populations we serve; in fact, it's an issue for a large percentage of the general population of our state. Many of the calls we receive have to do with access to health care and the need for assistance in navigating the health care system—particularly for the uninsured. FCS has secured funding from the St. Thomas Foundation and adopted the programs of Health Assist Tennessee which together create a substantial new health navigation program here at the agency. By 2014 we expect the Affordable Healthcare Act will be fully implemented and, by preparing now, we will be well positioned to serve what may be an explosion of state and local contracts to assist formerly uninsured clients citizens with negotiating a brand new healthcare system.

***Pre-screening and service layering (to be completed by December 2012):*** The Call Center will integrate 'behind the scenes' screening questions that trigger phone counselors to connect callers to particular resources automatically. FCS is now getting regular requests from funders and agency partners to provide services to targeted populations through the Call Center, such as screening for food stamp eligibility (which we currently do for United Way) and health navigation. It is our goal to maximize the number of services we can provide to our clients in this way. Other current areas of interest include personal financial management, language interpretation services, and screening for families in need of home visit services following the birth of a baby.

***Clinical Integration (initial trainings to be completed by December 2013):*** One of our strategic directives is to integrate clinical practice across all programs at FCS, but perhaps the most notable impacts will come in the Call Center. The vast majority of people calling for information or assistance, even from the 2-1-1 referral line, are in some kind of crisis. It is imperative that we take the opportunity to meet the real needs of these callers, instead of just referring them elsewhere, especially considering that many of these callers are highly isolated and have very limited access to services. We will develop an ongoing series of clinical trainings and staff development activities to support these efforts in the call center and other programs agency wide.



### III. Improve Data Tracking and Analysis

#### **Problem Statement**

It is crucial that FCS be able to tell its story and demonstrate that we are truly having an impact on the lives of the people we serve. Standardized recording and reporting mechanisms are needed agency wide to ensure that client data is being captured, analyzed and reported in a consistent and responsible manner—one that strictly adheres to best professional and legal practice and provides the agency with the most useful information for quality improvement.

#### **Strategic Goal**

FCS will **further refine and expand its capacity to document and analyze program output and outcomes data**. All data collection protocols will adhere to applicable standards including those set forth by the Council on Accreditation (COA) and data collection methods will be standardized across the agency through the addition of a centralized client database.

#### **Rationale**

The collection and management of reliable data sources is the cornerstone of responsible business practice. Improving our ability to capture and analyze data will enable our agency to function at an optimum level **and** relate moving and inspirational stories about the work we do to our community.

#### **Measurable Outcomes**

***Agency will have identified a minimum of 3 agency-wide Impact Areas through which we will measure our work across all programs by December 2012.*** Impact Areas are agency-wide outcomes that measure desired changes in client behavior or circumstances. By aligning Impact Areas across programs we ensure that our work achieves broad goals that go beyond the superficial to create real and permanent change for our clients. Tracking these outcomes is the best way to show how we as an agency have a real impact in our community.

***FCS will achieve re-accreditation from the Council on Accreditation by December 2012.*** COA accreditation not only provides the agency with a highly respected certification of professional competency agency wide, it also comes with a well-defined and nationally recognized set of measurable performance standards for agency programs and administration.

***All programs will use an integrated client information database for tracking of client demographics, outcomes, and outputs by July 2013.*** The value of an integrated database for data management and analysis needs no explanation.

## IV. Standardization of Professional Practice Models

### **Problem Statement**

Most FCS programs are informed by, if not based in, clinical practice. However, not all our programs adhere to the same, or even similar, clinical modalities. Our work with clients (particularly those clients that access more than one program at FCS) would be more impactful if all agency programs were solidly based in the same core clinical strategies and philosophies across all programs.

### **Strategic Goal**

All FCS programs will **reflect a clear clinical focus and all programs will be rooted in best practice and/or evidenced-based models**. FCS clinical practice will be exclusively informed by resiliency-focused, trauma-informed cognitive behavioral, and systems therapy models of clinical care.

### **Rationale**

All of the work of FCS is therapeutic in nature. From intervention at the time of a trauma or crisis, to assisting a child and family considering adoption, to school-based activities that promote positive life choices—all our work is based in therapeutic practice. Effective therapy requires a foundation of well-researched, evidence-based clinical practice and service delivery models. Not only do we know this to be true from experience, it is increasingly a requirement of program funders. Moreover, utilizing proven, evidence-based or best practice models allows us to concentrate on collecting data that will help us to tailor programs to the specific needs of our clients, instead of spending our time collecting data to prove that the program model itself works—an activity that would require research expertise and funding sources that nonprofits generally do not have at their disposal.

### **Measurable Outcomes**

***We will create and fill a Director of Clinical Services position by December 2013*** that will be responsible for ensuring that: (1) all programs (current and future) are based in a unified clinical approach; (2) all programs are based on proven models of service; and (3) all staff members are properly trained in clinical and service practice modalities.

***FCS will adopt evidenced-based or best practice models for all programs by June 2013.*** Many programs are currently implementing best or evidenced-based practice.

***FCS will provide in-depth semi-annual trainings to all program staff on applicable clinical practice starting in January 2013.***



## V. Staff Development and Retention

### **Problem Statement**

Recruiting and retaining high quality staff members is often difficult, especially given competition with private sector compensation and benefits packages. This difficulty is compounded by the degree of stress staff members often feel in working with clients in crisis. Such work can result in job burn-out and high staff turnover rates. This is particularly true of FCS staff, since most of the clients we work with are in moderate to severe crisis or have been severely traumatized.

### **Strategic Goal**

FCS will **actively promote personal and professional growth and wellness for all employees** and invest in a work environment that attracts talented, qualified personnel, promotes job satisfaction, and minimizes turnover rates.

### **Rationale**

Our clients deserve no less than our best effort, every day. In order to ensure that we are able to meet such a high level of service, we must hire and retain the best employees. To be successful in that endeavor, FCS needs to be more than just a place of employment. People attracted to nonprofit service demand continuous opportunities to make genuinely meaningful contributions to the lives of others, as well as the chance to develop personally and professionally. Annual employee surveys indicate that professional and personal development, a positive, collegial working environment, and respect for individual contributions are of primary concern to all FCS employees.

### **Measurable Objectives**

***Aggregated employee satisfaction measures (as recorded by an annual survey) will average 85% or higher.*** Targeted measures will include those addressing staff believing they are valued, have professional growth and development opportunities, are genuinely connected to the mission of the agency, and have confidence in agency leadership.

***FCS will actively promote professional development and investments in education.***

Each staff member will be encouraged to participate in no fewer than two professional development activities (such as conferences and seminars). Each school semester the agency will have a minimum two applications for scholarship funding for continuing staff education and will actively make accommodations for school schedules.

***By June 2014 the average tenure for an FCS staff person will be 4 years.*** The current average tenure is 3 years.

***By 2014, the vast majority of staff leaving FCS employment will leave due to a family move, educational or advancement opportunity, or other positive reason, rather than termination or simply taking a lateral position at another agency.***

## VI. Agency Advancement

### Problem Statement

FCS has weathered the economic downturn over the past four years with dramatic budget cuts and staff reductions, numerous changes in programming and contract commitments, and a lessening of its visibility and influence in the community. A focus on contract work has resulted in single-source funding for many programs, leaving mission-critical activities vulnerable to funding cuts.

### Strategic Goals

FCS will **actively position itself as a primary resource for crisis intervention, individual and family social services and counseling, children's services**, and as a premier investment of philanthropic funds. FCS will **create multiple funding streams for mission-critical programs** to create stability and dependability for these critical safety net resources.

### Rationale

For many years FCS has been the go-to agency for child and family services in our community. In financially challenging times many nonprofit agencies have been forced to focus more on what they can get funded— even when that means downsizing or letting go of mission-centric programs. It is our intention to avoid this path by aggressively seeking funding for those programs that we consider critical to achieving our mission.

Moreover, the past several decades have seen nonprofit social service providers become increasingly specialized, fragmenting social service delivery into smaller and smaller pieces. We know that this fragmented approach does not serve our community well, and creates access problems for clients. It is also not appealing to program funders, which see that resources are being wasted through duplication and overlap of services. By increasing substantive partnerships with other nonprofits, government agencies, and private service providers, FCS is working toward streamlining the process of accessing social services for our clients, most of whom access not one, but multiple social services. These partnerships not only decrease access barriers, they increase program impacts, and decrease costs.



## Measurable Objectives

***By December 2012 FCS will complete an agency rebranding.*** FCS is currently working on a new logo and agency collaterals and is also in the process of completely redoing its agency identity documents. This includes a new mission statement and program descriptions, a new website and social media outlets, and new donor relations and marketing plans.

***By June 2014 all mission-critical programs will have a minimum of three funding streams.*** Current programs that will require additional funding streams include, counseling, and child welfare and adoption support programs.

***By June 2014 FCS will more than triple the size of its active constituent database.*** In order to tell our story, we need an audience. The CEO and Advancement staff will be out in the community connecting with potential supporters and communicating with them throughout the year to keep them engaged in meaningful ways with the work of FCS.

***By June 2014 no single income stream will exceed 25% of the agency's annual budget.*** Single revenue source dependence is a strong indicator of financial instability and has led to the demise of many nonprofits. FCS will not be one of them.

***By December 2014 the Advancement Department will launch at least two new sources of unrestricted funding streams or funding initiatives; unrestricted income will increase by at least 10% per year during FYs 2013 and 2014.*** Unrestricted income (income from events and individual donations), though a relatively small part of the budget, plays a huge role in keeping the agency solvent. Most funders/contractors pay only for a limited range of expenses; the agency is left to figure out how to cover other necessary, but uncovered, costs. Great care is required to ensure that unrestricted income streams always remain viable.

***By June 2014 annual earned income will increase by nearly 150% agency wide.*** As competition for limited charitable dollars grows, and the responsibility for the delivery of social services continues to be transferred from government to nonprofits, earned income is the future of unrestricted income at social services nonprofits. Social service nonprofits that survive into the future will have a healthy mix of contracts and earned income. FCS will leverage its expertise and resources to produce income from contracted work that will support under and unfunded mission-critical programs.



## **Acknowledgements**

FCS thanks the Frist Foundation for its generous support of the Family & Children's Service strategic planning process. This plan is the product of the commitment and contributions of Family & Children's Service staff, Board of Directors, and Advisory Board members as well as many community partners and collaborators. Our thanks also to Berlin & Company for its expertise in guiding the initial stages of this process.

### **Family & Children's Service Board of Directors 2012-2013**

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Evette White, *Vice Chair and Chair Elect*

William Liles, *Treasurer*

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