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April 2018 Newsletter

FLORIDA SUICIDE PREVENTION COALITION

*A statewide, grassroots organization
of survivors, crisis centers, & interested citizens*

2018 FSPC MINI-CONFERENCE – THANK YOU

The FSPC 2018 Third Annual Florida Taking Action for Suicide Prevention Mini-Conference occurred in Tallahassee, February 2018.

Thanks to the generosity of *Magellan Complete Care*, conference participants each received the *SOS: A Handbook for Survivors of Suicide* booklet from the American Association of Suicidology.

Thanks to Sofia Castro, Statewide Office of Suicide Prevention, for conference facility arrangements (hosting); and to Pam Mezzina, LCSW, Director, Capstone Centers, LLC; FSPC Region 2 Director, for hosting *Lighting the Darkness – Evening of Remembrance*.

We want to extend a special thanks to FSPC's 2018 Florida Taking Action for Suicide Prevention program committee without which the 2018 conference would not have been a reality: Stevie Beale, Judy Broward, Alexandra Martinez, Pam Mezzina, Sue Opheim, & Stephen Roggenbaum.

BECOME A FSPC MEMBER TODAY!

Join FSPC, an important statewide, grassroots organization of survivors, crisis centers, & interested individuals. Collaborate to advance suicide prevention efforts in larger numbers: get involved, volunteer with local & state FSPC activities, & obtain reduced or free or reduced registration at FSPC events. Membership information:

<http://floridasuicideprevention.org/membership/>

FSPC NEWSLETTER SIGN-UP

Sign up to receive an email announcement directly to your inbox when each Newsletter is posted on the FSPC

website. Email Steve Roggenbaum, Vice Chair, to register at roggenba@usf.edu

SUPPORT FSPC WHEN YOU SHOP

Do you ever shop for yourself or others online, maybe you didn't get everything you wanted for your birthday? Support FSPC by going to smile.amazon.com and Register the Florida Suicide Prevention Coalition (FSPC) as your chosen charity. Amazon donates to FSPC, when you make an online (at Amazon) purchase – something you might do anyway.



NEWSWORTHY

Montana Basketball Team Fights for Suicide Prevention with Viral Video

By: Scott Mansch, Great Falls Tribune | March 6, 2018

Article Link: <http://usatodayhss.com/2018/montana-basketball-team-fights-for-suicide-prevention-with-viral-video>

The Arlee (Mont.) boys basketball team won its second consecutive State C championship late Saturday night in Butte. But the Warriors are champions thanks to a special effort made earlier in the week to aid suicide prevention.

The Flathead Reservation community was stunned with a teen suicide recently. Sadly, it's not an infrequent occurrence in America or Montana these days. Native American families, especially, know the heartbreak.

So the Warriors, coached by Zanen Pitts, decided to do something about it. "We want to shout out to people who are struggling," Pitts said. "To let them know there's an ear to listen or a shoulder to lean on. And we're here for you." The Warriors starred in a video that was posted earlier this week and has gone viral. It offers a message of hope amid a basketball background.

"All the things portrayed in society and movies are about the 'perfect this and that,' but you don't have to be that person," Pitts said. "You can just be happy with who you are and what you've been blessed with."

Pitts contacted Jordan Lefler, an Arlee graduate with an abundance of talent who produces videos for the team's Facebook site. "He's a real good friend of mine and the boys," Pitts said. "I asked him to use his talents to help us with a little message."

They posted a video more than two weeks ago, dedicated to the Flathead Reservation, prior to the team's divisional tournament. A second video was posted earlier this week as the Warriors prepared for the State C. It displayed the considerable basketball talents of the Arlee Warriors, as well as an uplifting humanitarian message.

"We dedicated that one to the country," Pitts said. "It would be special if we could do one more and dedicate it to the world." The second video went viral this week, reaching more than a million people with more than 600,000 shares as of Saturday afternoon. "You never know, it might save one life," Pitts said. "And if it does, we did our job."

The Warriors have faith their effort will succeed. Certainly the second video, with the team's dribbling, shooting, passing and jumping prowess displayed throughout, has caught on.

"We talked about it," Pitts said. "How God gave the boys their talents, their parents and their careers. And now you're at this point, and let's use your skillset and your talents to get people to listen. The ability to dribble, the ability to do what they do, gets people to look at the message."



"And it gets kids excited about it. And that was the plan." Pain and depression have always been part of society. And so, unfortunately, has suicide. But the problems seem worse now.

"A lot of it's social media, and a lot of it's TV," Pitts said. "The adversary has a hold on a lot of things right now. We hope for the Spirit and for God to rise up and push out the negative morals that

have taken over this country and society nowadays."

Teen suicide has been an epidemic across the land and Montana's suicide rates have ranked second-worst in the nation. "It's just a plague," Pitts said. "It's hit us hard (on the reservation), and by golly we're going to try to stop it."

The text of the video:

"All throughout history warriors protected and fought for their people. Now more than ever we need warriors. Today we are bombarded by technology meant to make our lives better. However we often find ourselves feeling as though we don't measure up. So please rise up. Many are bullied or made to believe that others have the perfect life or are much better off while we suffer. Please don't hang around and do nothing. This can lead to a feeling of hopelessness. Many think that suicide is the answer to the way out, but the truth is that we all struggle. You just have to dive in to someone's life and help. The perfect life portrayed online is not reality. It's time to stand up as Warriors. To fight for each other and ourselves. We can win this battle against hopelessness. Get involved. Become part of a team either on the court or in the classroom or part of a movement in your community. Find your passion and seek out positive teammates and role models. You are the future leaders of America and we need you. You have the strength, you just have to make the choice to fight. And remember, if you are struggling let us fight for you. We fight for our people. That's what being a Warrior is all about. Please share this message as we stand up to stop suicide across America. We are the Arlee Warriors. We are dedicating the state tournament. Together we rise. Join the Warrior movement. Please join the Warrior movement and help us spread this message. 1-800-273-8255. There is always someone willing to listen."

ALSO NEWSWORTHY

A 'Relatively Simple' Intervention that could Save Lives

Link: https://www.washingtonpost.com/video/national/a-relatively-simple-intervention-that-could-save-lives/2018/01/16/d2cee450-fb08-11e7-9b5d-bbf0da31214d_video.html?utm_term=.9071ad5c4be7

National Institute of Mental Health director Joshua A. Gordon explains some of the latest research surrounding suicide rates in the U.S. (in the video link above).

Video Transcript: Suicide is indeed increasing in the United States, it's been -- the rate of suicide has been increasing for the past 15 years and over 40,000 people fall victim to suicide each year in the United States so it's a huge problem. It's a problem that we ought to be able to do better at. And, in fact, other countries, other developed countries, the rates of suicide are steady or decreasing so we stand out in our inability to stem the tide of increased suicide. We don't understand why our rates are going up. We don't understand why other countries' are going down. There are some hints.

There are bigger investments in some countries in providing mental health care more universally and providing greater access to care. That's one hint. Another hint is if you look at the map, we see the greatest increases in the rural areas where there is less access to mental healthcare.

In the area of suicide prevention, research funded by NIMH has shown that you need to ask people whether they are thinking about hurting themselves or killing themselves, whether they might be depressed, and you need to do it all the time, whenever a doctor sees a patient, at least for the first time because most people who are suffering from suicidal thoughts won't volunteer them. But what we've also shown is that when you ask, you can actually make a difference in suicide risk. You can lower an individual's suicide risk in pretty simple, straightforward ways. A study that we just found looked at individuals who presented to emergency rooms for any problem. And, when asked about suicide, about 6% of those people acknowledged suicidal thoughts.

Moreover, when offered referrals and when those referrals were followed up with phone calls home over the next year -- very simple intervention, very inexpensive intervention -- the rates of subsequent suicide attempts in those individuals dropped by about 15%, 20%. So one can make a difference, actually, a big difference, in suicide risk with relatively simple interventions. So that's an exciting development that we're continuing to follow up on.

YET ANOTHER NEWSWORTHY ITEM

National Rally to Prevent Suicide

The National Council for Suicide Prevention (AAS, AFSP, The Jason Foundation, The Jed Foundation, Samaritans USA, SAVE, The Trevor Project) along with numerous behavioral health, military and veterans' organizations invite you to stand on the steps of the US Capitol and send a message to Congress that suicide prevention needs to be a priority in the USA. Top leaders in the field of suicide prevention will be speaking along with individuals who have attempted suicide and families who have lost a loved one to suicide. The Rally is scheduled for April 21, 2018 from 5:30 pm – 6:30 pm on the West Front Steps, US Capitol, Washington, DC.



The more detailed schedule includes:

- 5:30-5:45 PM National Council for Suicide Prevention Members Speak About Suicide Prevention Priorities For America
- 5:45-6:00 PM Military And Veterans Speak About The Needs Of This Special Population
- 6:00-6:15 PM Special Guests Speaking On Lived Experience And Suicide Survival
- 6:15-6:30 PM TBD

For more information and tools:

Website: www.rallytopreventsuicide.org

Twitter: <https://twitter.com/Rally2Prevent>

Facebook event: <https://www.facebook.com/events/754006484809407/>

IN FOCUS

Veteran Walk-Up at the Florida Capitol By Aaron J. Brooks



FSPC Vice Chair Stephen Roggenbaum met Aaron at the FSPC table during the AFSP/FSPC Suicide Prevention Day at the Capitol and asked him to share this story of awareness & support.

Aaron J. Brooks is an honorably discharged Marine Corps Veteran who has recently returned to Tallahassee and has organized a monthly “walk up” the 22 flights of Capitol stairs to bring attention to the Veteran suicide rate and to better connect Veterans to services in their community.

The often cited statistic of +20 Veterans per day committing suicide has been at the heart of everything from 22 mile marches to runs across America. This walk-up was started with simplicity and symbolism in mind.

The walk-up has gained momentum from January to February and includes a stop at the 21st floor so that participants know how to connect to the Florida Department of Veteran affairs and how to contact their Senator with constituent service issues.

The walk ends before sunrise at the observatory deck of the Florida Capitol and concludes with coffee in the Capitol Cafe before participants return to their lives as students, employees, volunteers and citizens.

“Frankly, I was fortunate to receive an Honorable Discharge, given the highly punitive nature and culture of our military” Brooks said.

“The same high standards that are used to maintain good order and discipline can create



serious disadvantages after transition for otherwise productive and responsible veterans.”

“There are thousands of Veterans that served honorably and with good character, but have General Discharges or worse for issues of judgment. These are the most vulnerable veterans among because

it is so much harder for them to get proper access to care and services.

This walk-up was designed to physically keep putting one foot in front of the other and move onward and upward until watching the sunrise with peers. It may seem merely symbolic, but

we have already started to build a sense of camaraderie and connection among our participants!”

The monthly walk-up is not yet officially affiliated with any specific nonprofit or charity by design.

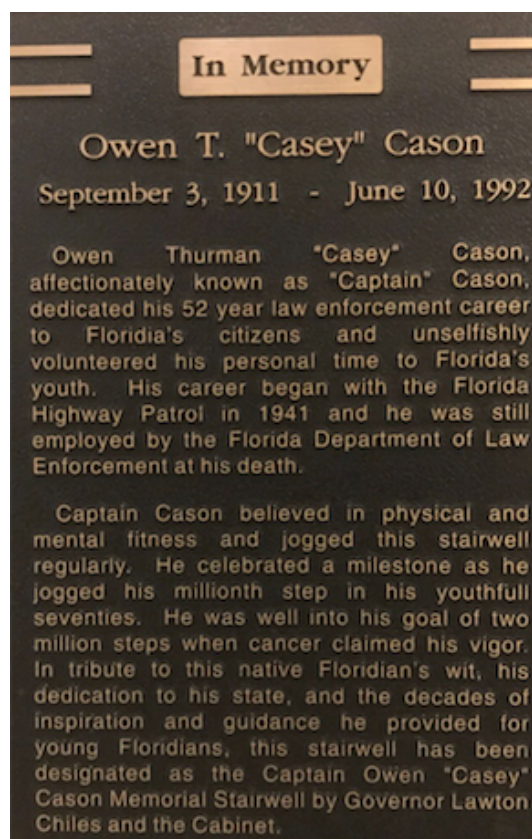
“We’ve invited FSU Student Veterans, VFW, American Legion, Team RWB, Sacred Soil for Veterans and others to participate in an effort to have a monthly informal cross-pollination of ideas, information and access to community for Veterans in Tallahassee” Brooks said, when asked about participation.

The walk-up is done as a group at the pace of the slowest participant, and has been completed between 6-9 minutes on average.

No special equipment or payment is requested or required.

“We’ve has everything from CrossFit athletes to older veterans in business suits and cowboy boots. The most important thing is we started together, we kept moving upward together and we finished together before starting a new day”

If you would like more information on how to participate, please contact Aaron J. Brooks at 601-701-7017



RESEARCH FOR THE REST OF US



Sometimes important research is filled with jargon, is hard to understand, or doesn't seem to make sense. We've tried to summarize research in common English language.

Physician Strategies to Reduce Elderly Suicide Risk

Friedman and colleagues summarized valuable tips on how doctors can decrease suicide risk in the elderly. Most older adults who died by suicide visited their doctor within a month of their death. This creates a valuable intervention opportunity. Additionally, two important factors that increase elders' risk for suicide are a lack of social connectedness and feeling like a burden upon friends and family.

Physicians can actively work towards preventing suicide and:

- Screen for behavioral health conditions with follow-up discussions.
- Refer elder patients to mental health professions with expertise in geriatric mental health.
- Ensure effective treatment for physical health conditions that lead to deterioration of mental health. Alleviating feelings of hopelessness and burdensomeness should be important.

- Prescribe low dosages of medications (i.e. opiates or benzodiazepine) for pain management but also consider medication alternatives such as physical therapy, exercise, and cognitive behavior therapy.
- Learn risk factors of suicide risk: social isolation, distancing oneself from his or her family, inactivity and boredom, bereavement, and/or feeling worthless.
- Provide patients with resources as needed (e.g., hotlines, websites).
- Train their own staff on how to effectively discuss the topic of suicide and suicide ideation with their patients.
- Follow up with patients on treatment, medication, and referrals.

Physicians should attend to physical conditions, particular among the elderly, which might create hopelessness and assess perceived impact on the patient's family. Friedman and colleagues highlight public health initiatives and physician-related policy issues.

(Summary by Stephen Roggenbaum & Yaritza Carmona)

Friedman, M.B., Nestadt, P.S., Furst, L., & Williams, K.A. (2015). How physicians can help prevent elder suicide. *Today's Geriatric Medicine*, 11(2), 32. Retrieved from <http://www.todaygeriatricmedicine.com/archive/MA18p22.shtml>

AVAILABLE RESOURCE

Resource link: <https://www.nimh.nih.gov/labs-at-nimh/asq-toolkit-materials/index.shtml>

Intramural Researchers Develop Suicide Risk Screening Toolkit for Medical Settings

Article Link: <https://www.nimh.nih.gov/news/science-news/2018/intramural-researchers-develop-suicide-risk-screening-toolkit-for-medical-settings.shtml>

January 12, 2018 • Science Update

Researchers in the National Institute of Mental Health (NIMH)'s Division of Intramural Research Programs (IRP) developed and recently shared a free resource—the *Ask Suicide-Screening Questions (ASQ) toolkit*. This toolkit includes a set of screening questions that can help nurses or physicians in medical settings successfully identify youth at risk for suicide.



Suicide is a major public health concern in the United States. In 2015, more than 5,900 youths between the ages of 10 and 24 died by suicide according to the Centers for Disease Control and Prevention (CDC). Even more common than death by suicide are suicide attempts and suicidal

thoughts. Early detection is a critical prevention strategy, according to Dr. Lisa M. Horowitz, Ph.D., M.P.H., an NIMH IRP clinician and researcher who led the development of the toolkit. Emergency departments, inpatient medical/surgical unit, and outpatient primary care and specialty clinics offer a promising opportunity for suicide screening and intervention.

“Many families use the emergency department as their sole contact in the health care system,” said Dr. Horowitz. “Most people don’t show up to the emergency department and say, ‘I want to kill myself.’ They show up with physical complaints and will most likely not discuss their suicidal thoughts unless they are asked directly. Nurses and physicians need to know what questions to ask to identify the patients at risk.”

The ASQ is a set of four screening questions that takes 20 seconds to administer. In a study by the NIMH IRP researchers who developed the ASQ and the toolkit, a “yes” response to one or

more of the four questions identified 97% of youth (aged 10 to 21 years) at risk for suicide. The toolkit is organized by the medical setting in which it will be used: emergency departments, inpatient medical/surgical units, and outpatient primary care and specialty clinics.

“Each setting needs to have a plan in place to manage patients that screen positive,” Dr. Horowitz explained. “The ASQ toolkit will help with suicide risk screening, but also provides tools for the management of patients who are found to be at risk.”

The ASQ is free of charge and available in multiple languages, including Spanish, Portuguese, French, Arabic, Dutch, Hebrew, Mandarin, and Korean. To learn more or download the toolkit, visit www.nimh.nih.gov/ASQ.

WHAT'S HAPPENING



April 21, 2018 (5:30– 6:30 pm). *Rally To Prevent Suicide: The Time to End Suicide is Now*. West Front Steps, US Capitol, Washington DC.

<https://www.rallytopreventsuicide.org/>

April 28, 2018 (10:00 am – 2:00 pm). *National Prescription Drug Take Back Day*.

May 2018. Mental Health Awareness Month. *Whole Body Mental Health*.

<http://www.mentalhealthamerica.net/may>

August 15-17, 2018. *Florida Behavioral Health Conference*. Hilton Orlando Bonnet Creek Resort.

September 10, 2018. *World Suicide Prevention Day*. Global activities.

September 10 - 16, 2018. *National Suicide Prevention Week*.

<http://www.suicidology.org/about-aas/national-suicide-prevention-week>

September 2018. *National Suicide Prevention Month*.

RESOURCES



If you or someone you know is in crisis, please call **1-800-273- 8255** (*National Suicide Prevention Lifeline*).

Crisis Text Line – text “start” to **741-741**

Veteran’s Crisis Line **1-800-273- 8255**, press 1 &

<https://www.veteranscrisisline.net/>

Resources for Survivors of Suicide Loss. SAVE. Suicide Awareness Voices for Education maintains a resource list at: <http://suicidogrief.save.org/ResourceLibrary>

Suicide Loss Survivors. The American Association of Suicidology (AAS) hosts a webpage with listed resources for survivors of suicide loss at <http://www.suicidology.org/suicide-survivors/suicide-loss-survivors>

Suicide Grief Resources. Helpful information, tools, and links for people bereaved by suicide at <http://suicidogriefresources.org/>

STOP Suicide Northeast Indiana. (2016). *Help & Hope: For Survivors of Suicide Loss*. Retrieved from <http://www.stopsuicidenow.org/toolkits-now-available/>

Florida’s Statewide Office of Suicide Prevention (DCF):

<http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention>

National Action Alliance for Suicide Prevention: The Public-Private Partnership Advancing the National Strategy for Suicide Prevention:

<http://actionallianceforsuicideprevention.org/resources>

Is there a local NAMI Chapter in my area? <http://www.nami.org/Local-NAMI?state=FL>

Controlled Substance Public Disposal Locations. Proper disposal of expired drugs or unused medications can be an effective suicide prevention tool by eliminating access to lethal means. Many community-based drug *take-back* programs offer the best option for disposal. For disposal locations

<https://www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s3>

Project ChildSafe® is committed to promoting firearms safety among firearms owners through the distribution of safety education messages and free firearm [Safety Kits](#) [cable-style gun-locking device and an informational [brochure](#) (also in [Spanish](#))]. Find Florida Law Enforcement partners to inquire about a free Safety Kit from Project ChildSafe.

<http://www.projectchildsafes.org/safety/safety-kit/Florida>

AN EXTRA HELPING . . .

National Prescription Drug Take Back Day

Link: <https://takebackday.dea.gov/>



Removing unwanted or expired medications from the medicine cabinet is an easy and concrete step that everyone can take to make a difference in the opioid epidemic

(and to reduce potential suicide risk by eliminating means). The Drug Enforcement Agency (DEA) created a new partnership toolbox of materials for promoting [National Prescription Drug Take Back Day](#) on April 28, 2018. Too often, unused prescription drugs find their way into the wrong hands. "That's dangerous and often tragic. That's why it was great to see thousands of folks from across the country clean out their medicine cabinets and turn in - safely and anonymously - a record amount of prescription drugs."

AN EXTRA, EXTRA HELPING . . .

Suicide Grief: Healing After A Loved One's Suicide

By Mayo Clinic Staff

Link: <https://www.mayoclinic.org/healthy-lifestyle/end-of-life/in-depth/suicide/art-20044900>

A loved one's suicide can be emotionally devastating. Use healthy coping strategies — such as seeking support — to begin the journey to healing and acceptance.

When a loved one dies by suicide, overwhelming emotions can leave you reeling. Your grief might be heart wrenching. At the same time, you might be consumed by guilt — wondering if you could have done something to prevent your loved one's death.

As you face life after a loved one's suicide, remember that you don't have to go through it alone.

Brace for powerful emotions

A loved one's suicide can trigger intense emotions. For example:

- Shock. Disbelief and emotional numbness might set in. You might think that your loved one's suicide couldn't possibly be real.
- Anger. You might be angry with your loved one for abandoning you or leaving you with a legacy of grief — or angry with yourself or others for missing clues about suicidal intentions.
- Guilt. You might replay "what if" and "if only" scenarios in your mind, blaming yourself for your loved one's death.
- Despair. You might be gripped by sadness, loneliness or helplessness. You might have a physical collapse or even consider suicide yourself.
- Confusion. Many people try to make some sense out of the death, or try to understand why their loved one took his or her life. But, you'll likely always have some unanswered questions.
- Feelings of rejection. You might wonder why your relationship wasn't enough to keep your loved one from dying by suicide.

You might continue to experience intense reactions during the weeks and months after your loved one's suicide — including nightmares, flashbacks, difficulty concentrating, social withdrawal and loss of interest in usual activities — especially if you witnessed or discovered the suicide.

Dealing with stigma

Many people have trouble discussing suicide, and might not reach out to you. This could leave you feeling isolated or abandoned if the support you expected to receive just isn't there.

Additionally, some religions limit the rituals available to people who've died by suicide, which could also leave you feeling alone. You might also feel deprived of some of the usual tools you depended on in the past to help you cope.

Adopt healthy coping strategies

The aftermath of a loved one's suicide can be physically and emotionally exhausting. As you work through your grief, be careful to protect your own well-being.

- Keep in touch. Reach out to loved ones, friends and spiritual leaders for comfort, understanding and healing. Surround yourself with people who are willing to listen when you need to talk, as well as those who'll simply offer a shoulder to lean on when you'd rather be silent.
- Grieve in your own way. Do what's right for you, not necessarily someone else. There is no single "right" way to grieve. If you find it too painful to visit your loved one's gravesite or share the details of your loved one's death, wait until you're ready.
- Be prepared for painful reminders. Anniversaries, holidays and other special occasions can be painful reminders of your loved one's suicide. Don't chide yourself for being sad or mournful. Instead, consider changing or suspending family traditions that are too painful to continue.
- Don't rush yourself. Losing someone to suicide is a tremendous blow, and healing must occur at its own pace. Don't be hurried by anyone else's expectations that it's been "long enough."
- Expect setbacks. Some days will be better than others, even years after the suicide — and

that's OK. Healing doesn't often happen in a straight line.

- Consider a support group for families affected by suicide. Sharing your story with others who are experiencing the same type of grief might help you find a sense of purpose or strength. However, if you find going to these groups keeps you ruminating on your loved one's death, seek out other methods of support.

Know when to seek professional help

If you experience intense or unrelenting anguish or physical problems, ask your doctor or mental health provider for help. Seeking professional help is especially important if you think you might be depressed or you have recurring thoughts of suicide. Unresolved grief can turn into complicated grief, where painful emotions are so long lasting and severe that you have trouble resuming your own life.

Depending on the circumstances, you might benefit from individual or family therapy — either to get you through the worst of the crisis or to help you adjust to life after suicide. Short-term medication can be helpful in some cases, too.

Face the future with a sense of peace

In the aftermath of a loved one's suicide, you might feel like you can't go on or that you'll never enjoy life again.

In truth, you might always wonder why it happened — and reminders might trigger painful feelings even years later. Eventually, however, the raw intensity of your grief will fade. The tragedy of the suicide won't dominate your days and nights.

Understanding the complicated legacy of suicide and how to cope with palpable grief can help you find peace and healing, while still honoring the memory of your loved one.

FSPC MEMBERSHIP

New FSPC Membership or Renewal information available online at:

<http://floridasuicideprevention.org/membership/>