



Children, Families & Seniors Subcommittee

**Wednesday, January 13, 2016
9:00 AM – 12:00 PM
12 HOB**

Action Packet

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

1/13/2016 9:00:00AM

Location: 12 HOB

Summary:

Children, Families & Seniors Subcommittee

Wednesday January 13, 2016 09:00 am

HB 657	Favorable	Yeas: 10	Nays: 0
HB 673	Favorable With Committee Substitute	Yeas: 10	Nays: 0
	Amendment 600567 Adopted Without Objection		
	Amendment 935587 Adopted Without Objection		
HB 769	Favorable With Committee Substitute	Yeas: 8	Nays: 0
	Amendment 075875 Adopted Without Objection		
HB 919	Favorable With Committee Substitute	Yeas: 10	Nays: 0
	Amendment 881177 Adopted Without Objection		
HB 1083	Favorable	Yeas: 10	Nays: 0
PCS for HB 599	Temporarily Postponed		
PCB CFSS 16-01 - Mental Health and Substance Abuse	Workshopped		
HB 979	Workshopped		

Committee meeting was reported out: **Wednesday, January 13, 2016 2:22:00PM**

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

1/13/2016 9:00:00AM

Location: 12 HOB

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Gayle Harrell (Chair)	X		
Gwyndolen Clarke-Reed	X		
Bill Hager	X		
MaryLynn Magar	X		
Amanda Murphy	X		
Jeanette Nuñez	X		
Kathleen Peters	X		
Sharon Pritchett	X		
Ray Rodrigues	X		
Patrick Rooney, Jr.	X		
Cyndi Stevenson	X		
Victor Torres, Jr.	X		
Carlos Trujillo	X		
Totals:	13	0	0

Committee meeting was reported out: Wednesday, January 13, 2016 2:22:00PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/13/2016 9:00:00AM

Location: 12 HOB

HB 657 : Foster Family Appreciation Week

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Gwyndolen Clarke-Reed	X				
Bill Hager	X				
MaryLynn Magar	X				
Amanda Murphy	X				
Jeanette Nuñez	X				
Kathleen Peters	X				
Sharon Pritchett			X		
Ray Rodrigues	X				
Patrick Rooney, Jr.				X	
Cyndi Stevenson	X				
Victor Torres, Jr.	X				
Carlos Trujillo	X				
Gayle Harrell (Chair)				X	
Total Yeas: 10		Total Nays: 0			

Appearances:

Abramowitz, Alan (Lobbyist) (State Employee) - Proponent
 Statewide Guardian Ad Litem Program
 Executive Director
 600 S Calhoun St, Ste 274
 Tallahassee FL 32399
 Phone: (850) 241-3232

Zepp, Victoria (Lobbyist) - Waive In Support
 Florida Coalition for Children
 411 E College
 Tallahassee FL 32301
 Phone: (850) 241-6309

Rosenberg, Heather (State Employee) - Waive In Support
 Tallahassee Area Foster & Adoptive Parent Association
 President
 22 Shoemaker Ct
 Crawfordville Fl 32327
 Phone: (850) 322-5425

Committee meeting was reported out: Wednesday, January 13, 2016 2:22:00PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/13/2016 9:00:00AM

Location: 12 HOB

HB 673 : Adoption

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Gwyndolen Clarke-Reed	X				
Bill Hager	X				
MaryLynn Magar	X				
Amanda Murphy	X				
Jeanette Nuñez	X				
Kathleen Peters	X				
Sharon Pritchett			X		
Ray Rodrigues	X				
Patrick Rooney, Jr.				X	
Cyndi Stevenson	X				
Victor Torres, Jr.	X				
Carlos Trujillo	X				
Gayle Harrell (Chair)				X	
Total Yeas: 10		Total Nays: 0			

HB 673 Amendments

Amendment 600567

Adopted Without Objection

Amendment 935587

Adopted Without Objection

Appearances:

Rosenberg, Heather (State Employee) - Proponent
Tallahassee Area Foster and Adoptive Parent Association
22 Shoemaker Ct
Crawfordville FL 32327
Phone: 850-322-5425

Abramowitz, Alan (Lobbyist) (State Employee) - Waive In Support
Statewide Guardian Ad Litem Program
Executive Director
600 S Calhoun Street, Ste 274
Tallahassee FL 32397
Phone: (850) 241-3232

Committee meeting was reported out: Wednesday, January 13, 2016 2:22:00PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/13/2016 9:00:00AM

Location: 12 HOB

HB 673 : Adoption (continued)

Appearances: (continued)

Mackin, Colleen (Lobbyist) - Waive In Support
The Children's Campaign
111 s Magnolia Dr, Ste 4
Tallahassee FL
Phone: (850) 425-2600

Zepp, Victoria (Lobbyist) - Waive In Support
Florida Coalition for Children
Executive Director, Gov't Affairs
411 E College
Tallahassee FL 32301
Phone: (850) 241-6309

Wartenberg, Philip (General Public) - Waive In Support
Family Law Section, The Fla Bar
501 E Kennedy Blvd, Ste 73
Tampa FL 33602
Phone: (813) 226-3113

Committee meeting was reported out: Wednesday, January 13, 2016 2:22:00PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/13/2016 9:00:00AM

Location: 12 HOB

HB 769 : Mental Health Treatment

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Gwyndolen Clarke-Reed	X				
Bill Hager			X		
MaryLynn Magar				X	
Amanda Murphy	X				
Jeanette Nuñez	X				
Kathleen Peters	X				
Sharon Pritchett			X		
Ray Rodrigues			X		
Patrick Rooney, Jr.	X				
Cyndi Stevenson	X				
Victor Torres, Jr.	X				
Carlos Trujillo			X		
Gayle Harrell (Chair)	X				
Total Yeas: 8					
Total Nays: 0					

HB 769 Amendments

Amendment 075875

Adopted Without Objection

Appearances:

Hendrickson, Dan (General Public) - Information Only

Big Bend Mental Health Coalition; North Fla Veterans Standdown Legal component; NAMI Tallahassee
 Chair Advocacy Committee
 PO Box 1201 319 E Park Ave
 Tallahassee FL 32301
 Phone: (850) 570-1967

Lowrey, Thad (Lobbyist) - Waive In Support

Operation PAR
 VP Governmental Relations
 7720 Washington St., Ste 102
 Port Richey FL 34668
 Phone: (727) 992-8508

Reeve, Dr. Jay (General Public) - Waive In Support

Fl Council for Community Mental Health
 President Apalachee Center
 2634 Capital Circle NE
 Tallahassee FL 32308
 Phone: (850) 523-3213

Committee meeting was reported out: Wednesday, January 13, 2016 2:22:00PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

1/13/2016 9:00:00AM

Location: 12 HOB

HB 769 : Mental Health Treatment (continued)

Appearances: (continued)

Bishop III, Barney (Lobbyist) - Waive In Support

Florida Smart Justice Alliance

Pres & CEO

204 S Monroe

Tallahassee FL 32301

Phone: (850) 570-3032

Bryant, John (Lobbyist) (State Employee) - Proponent

Department of Children

Asst Sec

1317 Winewood Blvd

Tallahassee FL 32301

Phone: (850) 921-8461

Committee meeting was reported out: Wednesday, January 13, 2016 2:22:00PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/13/2016 9:00:00AM

Location: 12 HOB

HB 919 : Involuntary Admission to Residential Services

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Gwyndolen Clarke-Reed	X				
Bill Hager	X				
MaryLynn Magar	X				
Amanda Murphy	X				
Jeanette Nuñez	X				
Kathleen Peters	X				
Sharon Pritchett			X		
Ray Rodrigues	X				
Patrick Rooney, Jr.				X	
Cyndi Stevenson	X				
Victor Torres, Jr.	X				
Carlos Trujillo	X				
Gayle Harrell (Chair)				X	
Total Yeas: 10					
Total Nays: 0					

HB 919 Amendments

Amendment 881177

Adopted Without Objection

Appearances:

Brown, Robert (Lobbyist) (State Employee) - Waive In Support
 Agency for Person With Disabilities
 Legislative Affairs Director
 4030 Esplanade Way
 Tallahassee Fl 32399
 Phone: (850) 414-5853

Committee meeting was reported out: Wednesday, January 13, 2016 2:22:00PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/13/2016 9:00:00AM

Location: 12 HOB

HB 1083 : Agency for Persons with Disabilities

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Gwyndolen Clarke-Reed	X				
Bill Hager	X				
MaryLynn Magar	X				
Amanda Murphy	X				
Jeanette Nuñez	X				
Kathleen Peters	X				
Sharon Pritchett			X		
Ray Rodrigues	X				
Patrick Rooney, Jr.				X	
Cyndi Stevenson	X				
Victor Torres, Jr.	X				
Carlos Trujillo	X				
Gayle Harrell (Chair)				X	
Total Yeas: 10					
Total Nays: 0					

Appearances:

Abramowitz, Alan (Lobbyist) (State Employee) - Waive In Support
Guardian Ad Litem Program
Executive Director
800 S Calhoun
Tallahassee FL 32399
Phone: (850) 241-3232

Zepp, Victoria (Lobbyist) - Waive In Support
Florida Coalition for Children
Executive Director
411 E College Ave
Tallahassee FL 32301
Phone: (850) 241-6309

Brown, Robert (Lobbyist) (State Employee) - Waive In Support
Agency for Persons With Disabilities
Legislative Affairs Director
4030 Esplanade Way
Tallahassee FL 32399
Phone: (850) 414-5853

Committee meeting was reported out: Wednesday, January 13, 2016 2:22:00PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/13/2016 9:00:00AM

Location: 12 HOB

PCS for HB 599 : Child Welfare

Temporarily Postponed

Committee meeting was reported out: Wednesday, January 13, 2016 2:22:00PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/13/2016 9:00:00AM

Location: 12 HOB

Workshop

PCB CFSS 16-01 - Mental Health and Substance Abuse

Workshopped

Appearances:

Flynn, Dr. Heather (State Employee) - Information Only
Professor of Behavioral Sciences, FSU College of Medicine
1115 W Call St
Tallahassee FL
Phone: (850) 645-7367

Fontaine, Mark (Lobbyist) - Proponent
Florida Alcohol & Drug Abuse Association, Inc
Executive Director
2868 Mahan Dr
Tallahassee FL 32308
Phone: (850) 878-2196

Hendrickson, Dan (General Public) - Information Only
Baker Act PCB 1601
Big Bend Mental Health Coalition; North Fla Veterans Standdown Legal component; NAMI Tallahassee
Chair, Advocacy Committee
PO Box 1201 319 E Park Ave
Tallahassee FL 32301
Phone: (850) 570-1967

Potter, George (General Public) - Information Only
Big Bend Mental Health Coalition
Pastor
9123 Blountstown Hwy
Tallahassee FL 32310
Phone: (850) 574-0326

Pound, Greg (General Public) - Information Only
9166 Sunrise Dr
Largo FL 33773

Rasmussen, Rich (Lobbyist) - Information Only
Florida Hospital Association
Vice President
306 E College Ave
Tallahassee FL 32301
Phone: (850) 222-9800

Committee meeting was reported out: Wednesday, January 13, 2016 2:22:00PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/13/2016 9:00:00AM

Location: 12 HOB

Workshop (continued)

Reeve, Dr. Jay (General Public) - Information Only
Fl Council for Community Mental Health
President Apalachee Center
2634 Capital Circle NE
Tallahassee FL 32308
Phone: (850) 523-3213

Zepp, Victoria (Lobbyist) - Information Only
Florida Coalition for Children
Executive Director, Gov't Affairs
411 E College Ave
Tallahassee FL 32301
Phone: (850) 241-6309

HB 979:

Workshopped

Appearances:

Berry, Anita (Lobbyist) - Proponent
All Children's Hospital, Johns Hopkins Medicine
Government and Corporate Relations Manager
501 6th Ave S
St Petersburg Fl 33701
Phone: (727) 767-2392

Fontaine, Mark (Lobbyist) - Proponent
Florida Alcohol & Drug Abuse Association, Inc
Executive Director
2868 Mahan Dr
Tallahassee FL 32309
Phone: (850) 878-2196

Hendrickson, Dan (General Public) - Information Only
Baker Act PCB 1601 & 979
Big Bend Mental Health Coalition; North Fla Veterans Standdown Legal component; NAMI Tallahassee
PO Box 1201 319 E Park Ave
Tallahassee Fl 32301
Phone: (850) 570-1967

Marzullo, Denise (General Public) - Information Only
Mental Health Association of Northeast Florida
President & CEO
8280 Princeton Sq Blvd W, #8
Jacksonville Fl 32256
Phone: (904) 738-8426

Committee meeting was reported out: Wednesday, January 13, 2016 2:22:00PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/13/2016 9:00:00AM

Location: 12 HOB

Workshop (continued)

McKinnon, Linda (General Public) - Information Only

Florida Assoc Mang Entities

CEO

719 US Hwy 301 South

Tampa FL 33619

Phone: (813) 740-4811

Reene, Dr. Jay (General Public) - Proponent

Fl Council for Community Mental Health

President for Apalachee Center

2634 Capital Circle NE

Tallahassee FL 32308

Phone: (850) 523-3213

Committee meeting was reported out: Wednesday, January 13, 2016 2:22:00PM

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Children, Families & Seniors

Bill Number: 657

Meeting Date: 1-13-16

Date Received: _____

Place: 12 HOB

Date Reported: _____

Time: 9:00 AM

Subject: Foster Family Appreciation week

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Clarke-Reed								
✓		Hager								
✓		Magar								
✓		Murphy								
✓		Nunez								
✓		Peters								
		Pritchett								
✓		Rodrigues								
		Rooney								
✓		Stevenson								
✓		Torres								
✓		Trujillo								
		Harrell, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
10	0									

Rooney - yes after roll call
Harrell - yes after roll call

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Children, Families & Seniors

Bill Number: 1083

Meeting Date: 1-13-16

Date Received: _____

Place: 12 HOB

Date Reported: _____

Time: 9:00 AM

Subject: Agency for Persons w/ Disabilities

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Clarke-Reed								
✓		Hager								
✓		Magar								
✓		Murphy								
✓		Nunez								
✓		Peters								
		Pritchett								
✓		Rodrigues								
		Rooney								
✓		Stevenson								
✓		Torres								
✓		Trujillo								
		Harrell, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
10	0									

Rooney - yes after roll call
Harrell - yes after roll call



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 657 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HS 657 - Family Appointments Week

Committee/Subcommittee: Child, Family - Senior Subcomm

Name: ALAN ASCANOVITZ

Title: Executive Director

Address: 600 S. Colburn Street, Suite 274

City: Tallahassee State/Zip: 32319

Phone Number: 850-241-0232

Representing: GUARDIAN AD LITEM Program

Registered Lobbyist: YES NO

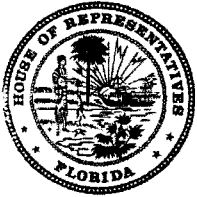
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 657 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Foster Family Appreciation Week

Committee/Subcommittee: _____

Name: Heather Rosenberg

Title: President

Address: 22 Shoemaker Ct

City: Crawfordville State/Zip: FL 32327

Phone Number: 850-322-5425

Representing: Tallahassee Area Foster + Adoptive Parent Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 657 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Foster Family Appointments

Committee/Subcommittee: C.F. & Seniors

Name: Victoria Zapp

Title: Exec. Dir

Address: 411 E. College

City: TLH State/Zip: 32301

Phone Number: 850.241.6309

Representing: FCC

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 673 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Children + Families

Name: Philip Wartenberg

Title: _____

Address: 501 E. Kennedy Blvd., Ste 73

City: Tampa State/Zip: FL 33602

Phone Number: 813. 226. 3113

Representing: Family Law Section, The Florida Bar

Registered Lobbyist: YES NO

State Employee: YES NO

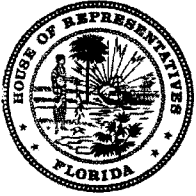
WAIVE + SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 673 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Adoption

Committee/Subcommittee: Children Families & Seniors

Name: Victoria Zapp

Title: Exec Dir Govt Affairs

Address: 411 E. College

City: TLH State/Zip: 32301

Phone Number: 850.241.6309

Representing: FOC

Registered Lobbyist: YES NO

State Employee: YES NO

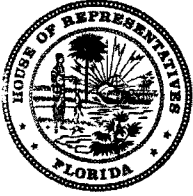
Waive

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 673 Meeting Date: 01-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Adoption

Committee/Subcommittee: Children Families

Name: Colleen Mackin

Title: _____

Address: 115 S. Magnolia DR Suite 4

City: Tallahassee State/Zip: FL

Phone Number: 850 425 2600

Representing: The Children's Campaign

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



98922399



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

Bill Number: **673 : Adoption**

Meeting Date: **January 13, 2016 9:00 AM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

Committee/Subcommittee: **Children, Families & Seniors Subcommittee**

Name: **Heather Rosenberg**

Title:

Address: **22 Shoemaker Ct**

City: **Crawfordville**

State/Zip: **FL 32327**

Phone Number: **850-322-5425**

Representing: **Tallahassee Area Foster and Adoptive Parent Association**

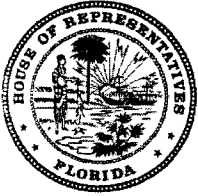
Registered Lobbyist: **No**

State Employee: **Yes**

I Wish To Speak: **Yes**

I Have Been Requested To Speak: **No**

	Bill	Amendment
	Proponent	N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 673 Meeting Date: 1/13/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 673 - Adoption

Committee/Subcommittee: Child, Family & Senior Services

Name: ALAN ABRAMOWITZ

Title: Executive Director

Address: 600 S. Calhoun Street, Suite 274

City: Tallahassee State/Zip: 32397

Phone Number: 850-241-3232

Representing: Statewide Guardian Ad Litem Program

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1083 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: House Children, Families and Seniors

Name: Robert Brown

Title: Legislative Affairs Director

Address: 4030 Esplanade Way

City: Tallahassee State/Zip: Florida

Phone Number: 850 414 5853

Representing: Agency for Persons with Disabilities

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1083 Meeting Date: 11/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: APD

Committee/Subcommittee: Children, Families & Sr's

Name: Victoria Zapp

Title: Exec. Dir.

Address: 411 E. College Ave.

City: Tallahassee State/Zip: 32301

Phone Number: 800.244.6309

Representing: F2 Coalition for Children

Registered Lobbyist: YES NO

State Employee: YES NO

Warne

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1083 Meeting Date: 1/13/13

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 1083 - Agency For Person with Disabilities

Committee/Subcommittee: Child, Family + Senior subcommittee

Name: ALAN ABLONOWITZ

Title: Executive Director

Address: 800 S. Calhoun

City: Tallahassee State/Zip: FL 32309

Phone Number: 850-241-3232

Representing: GUARDIAN AL LITEM Program

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 919 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: House Children, Families and Services

Name: Robert Brown

Title: Legislative Affairs Director

Address: 4030 Esplanade Way

City: Tallahassee State/Zip: 32399

Phone Number: 850 414 5853

Representing: Agency for Person with Disabilities

Registered Lobbyist: YES NO

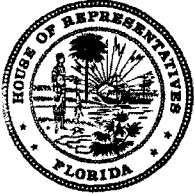
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 769 Meeting Date: 1-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Children & Families & Senior

Name: John Bryant

Title: Asst. Sec

Address: 1317 Wine wood Blvd.

City: Tall. State/Zip: 32301

Phone Number: 850-921-8461

Representing: Dep of DCF

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spokie



90926130



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

Bill Number: **769 : Mental Health Treatment** Meeting Date: **January 13, 2016 9:00 AM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

Committee/Subcommittee: **Children, Families & Seniors Subcommittee**

Name: **Dan Hendrickson**

Title:

Address: **PO Box 1201, 319 E Park Ave**

City: **Tallahassee** State/Zip: **FL 32301**

Phone Number: **8505701967**

Representing: **Big Bend Mental Health Coalition; North Fla Veterans Standdown Legal component; NAMI Tallahassee**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

I Have Been Requested To Speak: **No**

	Bill	Amendment
Info Only		N/A

Spoke



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 769 Meeting Date: 4/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: mental Health Treatment

Committee/Subcommittee: House Children Families, Seniors

Name: Dr Jay Reese

Title: President, Apalachee Center

Address: 2634 Capital Circle NE

City: Tallahassee State/Zip: FL 32308

Phone Number: 850/523-3213

Representing: Florida Council for Community Mental Health

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO - waive

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 769 Meeting Date: 1. 6. 16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Mental Health Treatment

Committee/Subcommittee: Children Families

Name: Barney Bishop III

Title: Pres & CEO

Address: 204 S. Monroe

City: Tall State/Zip: FL 32301

Phone Number: 850/577.3032

Representing: FLA. Smart Justice Alliance

Registered Lobbyist: YES NO

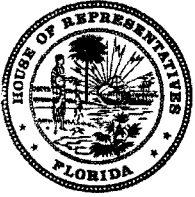
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 769 Meeting Date: JAN. 13, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: CHILDREN FAMILIES + SENIORS

Name: THAD LOWREY

Title: VP GOVERNMENTAL RELATIONS

Address: 7720 SUITE 102 WASHINGTON ST

City: PORT RICHEY State/Zip: FL 34668

Phone Number: 727-992-8508

Representing: OPERATION PAR

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 15551 Meeting Date: 13 Jan 2010

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: SAMH SERVICES

Committee/Subcommittee: Children Families

Name: Mark Fontaine

Title: Executive Director

Address: 2008 Mahan Dr

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 878 2190

Representing: FL Alcohol & Drug Abuse Assoc

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke info



39846404



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

Bill Number: N/A

Meeting Date: January 13, 2016 9:00 AM

PCB/PCS/Amendment # or Presentation/Workshop Topic: Baker Act PCB 1601 & 979

Committee/Subcommittee: Children, Families & Seniors Subcommittee

Name: Dan Hendrickson

Title:

Address: PO Box 1201, 319 E Park Ave

City: Tallahassee

State/Zip: FL 32301

Phone Number: 8505701967

Representing: Big Bend Mental Health Coalition; North Fla Veterans Standdown Legal component; NAMI Tallahassee

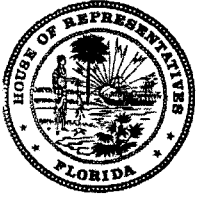
Registered Lobbyist: No

State Employee: No

I Wish To Speak: Yes

I Have Been Requested To Speak: No

	Bill	Amendment
	Info Only	N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 979 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 979 WORKSHOP

Committee/Subcommittee: Children and Families

Name: Anita Berry

Title: Government and Corporate Relations Manager

Address: 501 6th Ave S

City: St. Petersburg State/Zip: FL 33701

Phone Number: 727 767 2392

Representing: All Children's Hospital Johns Hopkins Medicine

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

info



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCB Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Mental Health Bill

Committee/Subcommittee: _____

Name: Dr. Heather Flynn

Title: Professor of Behavioral Sciences, FSU College of Medicine

Address: 1115 West Call St.

City: Tallahassee State/Zip: FL

Phone Number: (820) 645-7367

Representing: self

Registered Lobbyist: YES NO

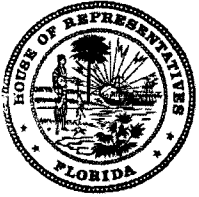
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

info



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCB CFSS 16-01 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Comment on PCB

Committee/Subcommittee: Children, Families + Seniors

Name: Rich Rasmussen

Title: Vice President

Address: 306 East College Av

City: Tall State/Zip: 32301

Phone Number: 850-222-9400

Representing: FIA Hospital Assn

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Brief comments on PCB



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCB CFSS 16-01 Meeting Date: 11.13.16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Mental Health + Substance Abuse

Committee/Subcommittee: Children, Families + Seniors

Name: Victoria Zapp

Title: Executive Dir., Gov't Affairs

Address: 411 E. College Ave

City: Tallahassee State/Zip: 32301

Phone Number: 850.241.6309

Representing: F2 Coalition for Children

Registered Lobbyist: YES NO

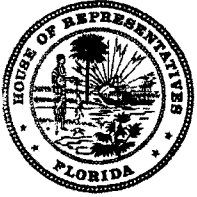
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

info



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: RB Meeting Date: _____

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Substance Abuse & Mental Health

Committee/Subcommittee: ~~Health~~ ^{Treatment} Children Families & Senior

Name: George Potter (Pastor)

Title: Pastor

Address: 9123 Blountstown Hwy

City: Tallahassee State/Zip: FL 32310

Phone Number: 850-574-0326

Representing: Big Bend Mental Health Coalition

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

info



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 979/PCB Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: BAKER/MARCHMAN ACT

Committee/Subcommittee: _____

Name: Linda McKinnon

Title: CEO

Address: 719 05 HWY 301 S.

City: Tampa State/Zip: FL 33619

Phone Number: 813-740-4811

Representing: FL Assoc Mang Entities

Registered Lobbyist: YES NO

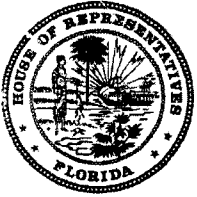
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Organization



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCB 16-01/979 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Mental Health & Substance Abuse

Committee/Subcommittee: H Children Families, & Seniors

Name: Dr Jay Reeve

Title: President, Apalachee Center

Address: 2634 Capital Circle NE

City: Tallahassee State/Zip: FL, 32308

Phone Number: (850) 523-3213

Representing: Florida Council for Community Mental Health

Registered Lobbyist: YES NO

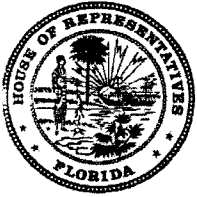
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	

Info



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 979 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCB

Committee/Subcommittee: House Children, Families + Seniors

Name: Denise Marzullo

Title: President + CEO

Address: 8280 Princeton Sq Blvd. W. #8

City: Jacksonville State/Zip: FL 32256

Phone Number: 904-738-8426

Representing: Mental Health America of Northeast Florida

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Mental Health PCB

Committee/Subcommittee: _____

Name: Greg Pound

Title: _____

Address: 9166 Sunrise Dr.

City: Largo State/Zip: 33773

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	