

# Children, Families & Seniors Subcommittee

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

**Action Packet** 

## Children, Families & Seniors Subcommittee 1/13/2016 9:00:00AM

Location: 12 HOB

HB 979 Workshopped

**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			

## Children, Families & Seniors Subcommittee

1/13/2016 9:00:00AM

Location: 12 HOB

#### Attendance:

	Present	Absent	Excused
Gayle Harrell (Chair)	X	-	
Gwyndolen Clarke-Reed	X		
Bill Hager	X		
MaryLynn Magar	X		<u></u>
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

Page 2 of 13

#### **Children, Families & Seniors Subcommittee**

1/13/2016 9:00:00AM

Location: 12 HOB

**HB 657: Foster Family Appreciation Week** 

X 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) - 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

### 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.				Х	
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

X Adopted Without Objection

#### Amendment 935587

X 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

## 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

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

Phone: (850) 241-6309

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

### **Children, Families & Seniors Subcommittee**

1/13/2016 9:00:00AM

Location: 12 HOB

**HB 769**: Mental Health Treatment

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Gwyndolen Clarke-Reed	X			<u> </u>	
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		<del>.</del> .		
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

X 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

## 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

## Children, Families & Seniors Subcommittee

1/13/2016 9:00:00AM

Location: 12 HOB

**HB 919 : Involuntary Admission to Residential Services** 

X | 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 919 Amendments**

#### Amendment 881177

X 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

## **Children, Families & Seniors Subcommittee**

1/13/2016 9:00:00AM

Location: 12 HOB

HB 1083 : Agency for Persons with Disabilities

X 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: (	)		

#### **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

## Children, Families & Seniors Subcommittee 1/13/2016 9:00:00AM

Location: 12 HOB

PCS for HB 599 : Child Welfare

X Temporarily Postponed

### Children, Families & Seniors Subcommittee 1/13/2016 9:00:00AM

Location: 12 HOB

#### Workshop

#### PCB CFSS 16-01 - Mental Health and Substance Abuse

X Workshopped

#### Appearances:

Flynn, Dr. Heather (State Employee) - Information Only Professor of Behavioral Sciences, FSU College of Medicine 1115 W Call St Tallahassee FI

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 FI 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

## Children, Families & Seniors Subcommittee

1/13/2016 9:00:00AM

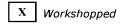
Location: 12 HOB

#### 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:



#### **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

## 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

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Comi	mittee/Su	bcommittee:	Childre & Seni	,	s	Bill Nu	mber:	(05	57			
	$\mathbf{N}$	leeting Date:										
	***	Meeting Date: 1-13-16  Place: 12 HoB				Data Danantada						
	Time: QUAD I		26		ate Itep Su	hiect: E		Can the	1			
		Time: 9:00 pm			<del></del>	Subject: Foster Family Appreciat						
Comm	mittaa/Gu	h	l ation.					We	ek			
Comi		bcommittee A	Action:				D-4-	: J C	n	3 4'		
$\bowtie$	<b>✓</b> Favorable							Reconsid	ueration			
Favorable w/ amendments Favorable w/Committee/Subcommittee Sul						onsidered		_				
			tee/Subc	ommittee S	Substitute	e 📙			Postpon	ed		
	Other A	ction:				L	Unfa	avorable				
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<b>V</b>		Torres								
<b>✓</b>		Trujillo								
21.		Harrell, Chair								
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
10	Ø									

Rooney-yes after roll call Harrett-yes after roll call

Committee/Sul M	eeting Date: Place: Time:	& Seniors  - 3- 6  2 Ho3	Date	Number:  Received: Reported: Subject:	673	
Committee/Sul Favorab Favorab Favorab Other A	ocommittee A le le w/ le w/Commit	Action:  amendments tee/Subcommittee	Substitute	Reta Reco	nined for Reconsidered aporarily Postponavorable	
Final Vote On Bill	MEMB	ERS #1	587 H	200567		

1	Vote Bill	MEMBERS	#1 935587		#2	0567				
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Clarke-Reed								
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		Torres								
V		Trujillo								
		Harrell, Chair								
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Yeas 10	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

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

Children, Families	Bill Number	r: 1000
& Seniors		1003
1-13-16	Date Received	l:
12 HOB	Date Reported	
9:00 AM	Subject	t: Agency for Persons W/
amendments	stitute	t: Agency for Persons w/ Disabilities  Retained for Reconsideration Reconsidered Temporarily Postponed Unfavorable
	& Seniors  1-13-16  12 HOB  9'.00 AM  Action:  amendments	& Seniors    - 3- 6   Date Received    -12- 6   Date Reported

	Vote									
On	Bill	MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
$\checkmark$		Clarke-Reed								
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		Rooney								-
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7		Torres								
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		Harrell, Chair								
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		-								
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
10	Ø									

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

## House of Representatives

		COMMITTEE	/SUBCOMM	(ITTEE )	BILL AC	CTION V	VORKS	HEET		
Committee/Subcommittee: Children, Familie & Seniors			s	Bill Nu	mber:	910	9			
	M	leeting Date:  -	13-16		ate Rec	eived:				
			ZHOB	D	ate Rep	orted:		*********		
			1:00 AM		Su	ibject: J	involu	untar	· Admi	ssion
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Comm	ittee/Su	bcommittee Action:				,	المارك	c <sub>l</sub> (w)	34 0.0	••
	Favorab	ole				Reta	ined for	Reconsid	deration	
	Favorab	ole w/ am	endments			Reco	onsidered	ł		
$\square$	Favorab	ole w/Committee/Sul	bcommittee S	Substitute	e 🗌	Tem	porarily	Postpon	ed	
	Other A	ction:				Unfa	vorable			
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	l Vote									
On	Bill	MEMBERS	88117-			,				
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
J_		Clarke-Reed		<b>\</b>						
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سبيبي		Pritchett	101							
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1		Torres								
. 7		Truiillo								

Nays

Yeas

Nays

Yeas

Nays

Yeas

Nays TOTALS reas

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

Harrell, Chair

Yeas

Comr	nittee/Subcommittee:	Children, Families	Bill	Number:	710
		& Seniors			169
	<b>Meeting Date:</b>	1-13-16	Date 1	Received:	
	Place:	12 HOB	Date F	Reported:	
	Time:	9:00 AM		Subject:	Mental Health
Comr	nittee/Subcommittee A	ection:			Mental Health Treatment
	Favorable			Re	etained for Reconsideration
	Favorable w/	amendments			econsidered
$\mathbf{V}$	Favorable w/Commit	tee/Subcommittee Subs	titute		emporarily Postponed
	Other Action:		· · · · · · · · · · · · · · · · · · ·		nfavorable

	Vote Bill	MEMBERS	07587	15						
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<b>V</b>		Clarke-Reed								
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	_	Rodrigues	10%							
<b>V</b>		Rooney								
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1		Torres								
		Trujillo								
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nove
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Magar yesafter roll call

Committee/Subcommittee:	Children, Families & Seniors	Bill Numbe	er: 599	
Meeting Date: Place: Time:	1-13-16 12 HOB 9:00 Am	Date Receive Date Reporte Subje	ed:	elfare
Committee/Subcommittee A	Action:		Retained for Red	consideration
Favorable w/ Favorable w/Commit	amendments tee/Subcommittee Subs		Retained for Rec Reconsidered Temporarily Pos	
Other Action:	tee/Subcommittee Subs		Unfavorable	siponeu
Final Vota	14 1	++ 2	1+2	44 11

Final Vote On Bill		MEMBERS	井丨		#2		#13		# 4	
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								
								-		
							1			
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number:	657		Meeting Date: _	1/1	1/16	
Fill in appropriate PCB/PCS/Amene Presentation/Work	dmont # or	<u>HB</u>	657-1	tar for	4 April	the Wedg
Committee/Subc	ommittee:(	- Wm FA	657-1	Sub cal	Ž .	
Name:	ALAN AM	MUIN				
Title:	Exceta	Director				
Address:	601 5, (	thur j	- heat ship 2	74		
City:	Mhup		State/Zip:	32149		
Phone Number:		855-24				
Representing: _	GUARN	ind Ao	LIREN Progra	<b>~</b>		
Registered Lobb	oyist: YES NO		State Employee	: <b>,</b>	NO	
I Wish To Speak:	YES NO NO		Bill Proponent	Opponent	Amend	
I Have Been Reques	sted to Speak: YES	□ NO 🂢	Info Only	Opponent L	Proponent Info Only	Opponent L

Spoke



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: +B 657 Meeting Date: 11316
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Foster Family Appreciation Week
Committee/Subcommittee:
Name: Heather Rosenbercy
Title: President
Address: 22 Shoemalur Ct
City: Crawfordville State/Zip: Fl 32327
Phone Number: 850-322-5425
Representing: Tallahassee Area Fosker + Adoptive Paview
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO NO Info Only Info
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Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: <u>657</u> Meeting Date: <u>1/13/16</u>
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:  The family appropriate information:  Appropriate information:  Appropriate information:  The family appropriate information:
Committee/Subcommittee: CF & Sencoro
Name: Victoria Zolp
Title: 2xec. Dic
Address: 41 E. College
City:
Phone Number: 250,244, 430 9
Representing: FCC
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO

W/S



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: <u>HB 673</u> Meeting Date: <u>1/13/2016</u>
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: PL 33602
Phone Number: 813. 226. 3113
Representing: Family Law Section, The Plonta Ray
Registered Lobbyist: YES NO State Employee: YES NO
WAIVE+SUPPORT
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On

uy's



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 43 Meeting Date: 1/13/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Chellen Families & Snare
Name: Vatoria Zepp
Title: Exec Dir Govt Affairs
Address: 411 E. College
City: State/Zip:
Phone Number: 850, 241.630 9
Representing:
Registered Lobbyist: YES NO State Employee: YES NO NO
Warve
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Proponent Opponent Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: $0.73$ Meeting Date: $0.1-13-10$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Children Families
Name: Olleen Mackin
Title:
Address: W.S. Moorpolia DR Suite 4
City: Tallavasce State/Zip:
Phone Number: \$50425.2000
Representing: <u>The Children's Carupaign</u>
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponen
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only

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### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

M	January 13, 2016 9:00 A	ate:	Meeting Dat	: Adoption	Bill Number:
			N/A		PCB/PCS/Amen Presentation/Wo
	mmittee	Subcon	Children, Families & Seniors S	mittee:	Committee/Subo
			berg	ther Rosenb	Name:
					Title:
			Ct	Shoemaker (	Address:
	FL 32327		State/Zip:	wfordville	City:
				-322-5425	Phone Number:
	Tallahassee Area Foster and Adoptive Parent Association			Representing:	
	Yes	oyee:	: No State Employ	d Lobbyist:	Regist
	iation	Associa	Ct State/Zip: rea Foster and Adoptive Parent A	Shoemaker ( awfordville -322-5425 lahassee Are	Title: Address: City: Phone Number: Representing:

Bill

Amendment

N/A

I Wish To Speak: Yes

I Have Been Requested To Speak: No Proponent



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 6	13	Meeting Date:	1/3/14		
Fill in appropriate info PCB/PCS/Amendment Presentation/Workshop	t#or	HB673 - Ad	ration .		
Committee/Subcommi	ttee: (\\ildot\ildot\ildot\ildot\	v fm.li & Sm	in Idea	rly	
Name: AC	AN ABM	AMUMIR			
Title:	Keutin Y	)ircctur			
Address: 600	) S. Calh	our stryt, Sith	274		
City: Talkhar		State/Zip:			
Phone Number:	850-24	H-3232			
Representing:	tations i	FUARDIAN AO LITE	m Prym	И-,	
Registered Lobbyist:	YES X NO	State Employee:	YES NO		
I Wish To Speak: YES	Х №	Bill		Amend	ment
I Have Been Requested to	Speak: YES 1		<b>I</b>	oponent.	Opponent



Please fill out the <u>entire</u> form and submit  $\underline{two}$  copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: $+3  083$ Meeting Date: $1/13/16$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: House Children, Families and Serviors
Name: Robert Brown
Title: Legislative Affairs Director
Address: 4030 Esplanade Way  City: Tallahassee State/Zip: Florida
Phone Number: 950 414 5853
Representing: Agney for Persons with Disubilities
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponen
I Have Been Requested to Speak: YES NO Info Only Info On

WS



Please fill out the <u>entire</u> form and submit <u>two</u> 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:
Committee/Subcommittee: Mulhun Amilen & St
Name: Victoria Zepp
Title: Exec. Di
Address: 4/1 E. College ave
City: Tallahassee State/Zip: 32381
Phone Number: 80.241.6309
Representing: F2 Coalition for Children
Registered Lobbyist: YES NO State Employee: YES NO
Warre
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On

w/S



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _	1083	Meeting Date:	1 13 13	
Fill in appropri PCB/PCS/Amer Presentation/Wo	ate information: ndment # or orkshop Topic:	(hillow, Frailie + Sa	For Perm vil	Dinsilifa
Committee/Sub	committee:	Chillow, Kribin + Ja	gethmoter min	
Name:	ALAN ABR	MomIR		
Title:	ALAN ABR Exertin	Diregr		
Address:	800 J. (a	/how		
City:	T-11 showed	State/Zip: FC	)2) <sup>a</sup> 1	
Phone Number:	d50-			
Representing:	GUARDIA	IN AL LITEM Progra	<u> </u>	
Registered Lob	obyist: YES NO	State Employee: Y	ves no	
I Wish To Speak:	YES NO	Bill Proponent Oppo	Amenda	ment Opponent
I Have Been Reque	ested to Speak: YES	/	Info Only	



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: #B 919 Meeting Date: 1/13/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: House Children Families and Serions
Name: Robert Brown
Title: Lejislative Affairs Director
·
Address: 4030 Esplande Way  City: Tallahussee State/Zip: 32399
Phone Number: 850 414 5853
Representing: Agary for Person W. M. Disabilities
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO NO NO NO NO Opponent I Proponent Info Only Info

WS



Please fill out the <u>entire</u> form and submit  $\underline{two}$  copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 4/3 769 Meeting Date: 1-13-16	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	
Committee/Subcommittee: Childre v & Funilies & Service	
Name: John Bryant	
Title: Asst Sec	
Address: 1317 Wine wood Blvd.	
City: Tu//. State/Zip: 3230/	<u>.</u>
Phone Number: 850 - 921 - 8461	
Representing: Dep of DEF	
Registered Lobbyist: YES NO State Employee: YES NO	
,	_
I Wish To Speak: YES NO Bill Amendment	
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only	

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### 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 H	ealth Treatment	Meeting Date:	January 13, 2016 9:00 AM
PCB/PCS/Amer Presentation/Wo		N/A		
Committee/Sub	committee:	Children, Famil	ies & Seniors Subco	mmittee
Name:	Dan Hendrickson			
Title:				
Address:	PO Box 1201, 3	19 E Park Ave		
City:	Tallahassee		State/Zip:	Fl 32301
Phone Number:	8505701967			
Representing:	Big Bend Mental Health Coalition; North Fla Veterans Standdown Legal compone NAMI Tallahassee			
Registered Lobbyist:		No	State Employee:	No
I Wish To Speak: Yes			Bill	Amendment

Stoke

N/A

I Have Been Requested To Speak: No Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: #B 769 Meeting Date: 13/16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Mutcl Heath Treatment
Committee/Subcommittee: Horse Children Families Sepros
Name: Dr. Jay Reeve
Title: Prosidont, Apalachel Center
Address: 21134 Capital Circle NE
City: State/Zip:
Phone Number: <u>850</u> /523-3213
Representing: Dovi da Council for Community Mental Heat
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: VES NO Bill Amendment
TWISH TO Speak. TES NO.
I Have Been Requested to Speak: YES NO Info Only Info On

w/s



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number:	769	Meeting Date: 1 63:16
Fill in appropriate PCB/PCS/Amen Presentation/Wo	dment # or	: Neutal Health Treatment
Committee/Subc	ommittee:	Childen Families
Name: Ba	rney B	15hop III
Title:	, –	
Address: ZC	A 5. Mo	nroe
City: 7a	11.	State/Zip: <u>FL 3230</u> ]
Phone Number:	850/	577.3032
	-	mart Justice Alliance
	oyist: YES	/
I Wish To Speak:		Proponent Opponent Proponent Opponent Opponent
I Have Been Reque	sted to Speak: Y	ES NO Info Only Info Only Info Only

40/5



Please fill out the <u>entire</u> form and submit <u>two</u> 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: Coff/LDRED FAMILIES + SENIORS
Committee/Subcommittee. (2) 7/1/1/21/3 4 5/= N(0/2)
Name: THAD LOCUREY
Title: UP FOUERNMENTAL RIFLATIONS
Address: 7720 SUITE 102 WASHINGTON ST
City: PORT RICHTY State/Zip: 1-1 34668
Phone Number: 727-992-8508
Representing: OPERATION PAR
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Proponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only

W/S



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: Meeting Date: 13 Jan 2010
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  SAMH SCALOS
Committee/Subcommittee: Mildven Furnilus
Name: Mark Fortain
Title: Executive Director
Address: 2008 Mahin Dy
City: Tallahasse State/Zip: A 32308
Phone Number: 850 878 2190
Representing: <u>A Alcohol &amp; Drug Abuse Assic</u>
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponent Info Only Info Only Info Only Info Only Info Only NO

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#### 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/Amer Presentation/Wo		Baker Act PCB	1601 & 979	
Committee/Sub	committee:	Children, Famil	ies & Seniors Subco	mmittee
Name:	Dan Hendricks	on		
Title:				
Address:	PO Box 1201, 3	19 E Park Ave		
City:	Tallahassee		State/Zip:	Fl 32301
Phone Number:	8505701967			
Representing:	Big Bend Menta NAMI Tallahas		on; North Fla Vetera	ns Standdown Legal component;
Regis	tered Lobbyist:	No	State Employee:	No

Bill

Amendment

N/A

I Wish To Speak: Yes

I Have Been Requested To Speak: No Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:	179	Meeting Date: 113	10	
Fill in appropriate inf PCB/PCS/Amendmen Presentation/Worksho	nt # or	779 Workstry	2	
Committee/Subcomm	ittee: <u>MNAKN</u>	1 and Famile	is	
Name:	to Berry			
Title: Govern	nunt and C	arparate Pelati	on Man	agar
Address: 50\	6th tres			
City: St. Petu	vspary	State/Zip: FL 33	701	
Phone Number:	727 747	2392		
Representing:	11 Children's +	tespital Johns	Hapkins	maiane
Registered Lobbyist:	YES NO	State Employee: YES	] NO X	
	,		,	
I Wish To Speak: YES	NO	Bill	Amend	ment
I Have Been Requested to	o Speak: YES NO	Proponent Opponent Info Only	Proponent Info Only Info Only	Opponent



Please fill out the <u>entire</u> form and submit  $\underline{two}$  copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Committee/Subcommittee:  Name:    Leather Flynn	Bill Number: _	RB	M	leeting Date:	1/1	3/16	
Committee/Subcommittee:  Name: Dr. Heather Flynn  Title: Professor of Behavioral Science, FSJ (allege a Medicinal Address: 115 west Cow St.  City: Address: State/Zip: FC  Phone Number: Sub State Employee: YES NO State Employee: YES NO State Employee: YES NO State Employee: YES NO Opponent O	PCB/PCS/Amen	dment # or	Mar	sallea	een Bil	(	
Title: Professor of Behaviolal Sciences, FSJ (ollege a Medical Address:	Committee/Subc	committee:					
Address:	Name:	r Heather	Flyn	Λ			
Address:	Title: PLO	lessor of Bel	haviole	al Science	er, FS	ollege	9 Medica
City:   Culabousee   State/Zip:   C    Phone Number:   (3 2)   (04 5 - 3) 73 4 7  Representing:   State Employee: YES   NO      I Wish To Speak: YES   NO     Bill   Amendment   Proponent   Opponent   Opponent	,	•			,	0	
Registered Lobbyist: YES NO State Employee: YES NO State Employee: YES NO State Employee: YES NO Proponent Opponent Oppo	_						
Registered Lobbyist: YES NO State Employee: YES NO State Employee: YES NO State Employee: YES NO Proponent Opponent Oppo	Phone Number:	(70)6	45-3	7367			
Registered Lobbyist: YES NO State Employee: YES NO State Employee: YES NO Proponent Opponent							
Proponent Opponent Proponent Opponent Opponent		<i>V</i>	7	State Employe	ee: YES	NO	
Proponent Opponent Proponent Opponent Opponent							
	I Wish To Speak:	YES NO		Bill		Amend	lment •
T Have Been Requested to Speak, AFVI   MOTIVI TIMO ONLY   TIMO ONL	I Have Reen Reque	ested to Speak. VES	7 NO [Z]	Proponent  Info Only	Opponent	Proponent  Info Only	Opponent

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Please fill out the <u>entire</u> form and submit  $\underline{two}$  copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number: PCB CFSS 16-01 Meeting Date: 113/16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Comment & N PCB
Committee/Subcommittee: Children, Families + Senors
Name: Rich Kasmussen
Title: Uce President
Address: 306 East College Av
City: Tall State/Zip: 3236/
Phone Number: <u>850 - 222-9800</u>
Representing: PA HOSQUAL ASSN
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponent Opponent Opponent Opponent Opponent Opponent Opponent D
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only
Brief Comments ON PCB



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: PCB CFSS /6-0/ Meeting Date: // . /3-/6
Fill in appropriate information:  PCB/PCS/Amendment # or Presentation/Workshop Topic:  Menfal Health & Substance Ubuse
Committee/Subcommittee: Children, Families Seniors
Name: Victoria Zepa
Title: Executive Dr. Cort affairs
Address: 411 E. Colloge Are
City: Tallahassee State/Zip: 3230/
Phone Number: 850.241.6309
Representing: Low tim & Children
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NQ. Info Only Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: Meeting Date:
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Substance House & Mental Healt
Committee/Subcommittee: Market Children Familie & Seur
Name: George Potter (Pasto-)
Title: Pasto-
Address: 9123 Blown to Lown Hwy
City: Tallalance State/Zip: FL 32310
Phone Number: 830 - 574 - 0326
Representing: Big Bend Mental Health Coalition
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On

into



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

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

Bill Number: PCB 16-5   979 Meeting Date: 13/16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Mutal Hauth 3 Supstance Hay
Committee/Subcommittee: H Children Fanulus 3 Seni OVS
Name: Dr Jay Reeve
Title: President. Apalachee Center
Address: 2634 Capiful Civole NE
City: Tallahussée State/Zip: 1=1,32308
Phone Number: (850) 523 - 32(3
Representing: Harida Cancil for Comminty Mental Heath
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NOV Proponent Opponent Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:	979	Meeting Date:	1/13/16	
PCB/PCS/Ame	riate information: endment # or Vorkshop Topic:	B		
Committee/Sul	ocommittee: House 1	Children,	Families	Seniors
Name:	enise Marzuli	lo		
Title: Pres	sident + CED			
Address: S	280 Prenceton	Sq. Blvd	. W. #8	<u></u>
City: Jac	Ksonville	State/Zip: FL	32256	
Phone Number	: 904-738-8	426		
Representing:	Mental Heals	4 America	of Northe	ast Floric
Registered Lo	obbyist: YES NO	State Employee:	YES NO NO	
I Wish To Speak:	YES 💢 NO 🗌	Bill	Amen	ndment
I Have Been Rea	uested to Speak: YES NO	Proponent O	pponent Proponent Info Only	Opponent 🔲
		, <del></del>		



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:		Meeting Date: / / \( \)	/16
Fill in appropriate i PCB/PCS/Amendme Presentation/Worksl	information:		CB
Committee/Subcom	mittee:		
Name:	Pound		
Title:			
Address: 916	6 Sunrise D	2,	
		State/Zip: <u>33773</u>	
Phone Number:			
Representing:			
Registered Lobbyis	t: YES NOX	State Employee: YES	NO 🔀
I Wish To Speak: YE	ES NO	Bill	Amendment
		Proponent Opponent	Proponent Opponent
I Have Been Requested	to Speak: YES NO 🔨	Info Only	Info Only