

# Children, Families & Seniors Subcommittee

Tuesday, January 26, 2016 8:00 AM – 11:00 AM 12 HOB

**Action Packet** 

# Children, Families & Seniors Subcommittee 1/26/2016 8:00:00AM

Location: 12 HOB

**Summary:** 

Children, Families & Seniors Subcommittee

Tuesday January 26, 2016 08:00 am

HB 979 Favorable With Committee Substitute	Yeas: 12	Nays: 0
Amendment 128955 Adopted Without Objection		
HB 1235 Favorable With Committee Substitute	Yeas: 11	Nays: 0
Amendment 068281 Adopted Without Objection		
Amendment 433423 Adopted Without Objection		
Amendment 519363 Adopted Without Objection		
HB 1299 Favorable With Committee Substitute	Yeas: 12	Nays: 1
Amendment 365087 Adopted Without Objection		
Amendment 451757 Failed to Adopt		
Amendment 863919 Adopted Without Objection		
PCB CFSS 16-01 Favorable	Yeas: 11	Nays: 0
PCS for HB 1381 Favorable	Yeas: 11	Nays: 0

Print Date: 1/26/2016 10:59 am **Leagis ®** Page 1 of 12

# Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

### Attendance:

	Present	Absent	Excused
Gayle Harrell (Chair)	×		
Gwyndolen Clarke-Reed	X		
Bill Hager	Х		
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.	Х		
Carlos Trujillo	X		
Totals:	13	0	0

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

1/26/2016 8:00:00AM

Location: 12 HOB

**HB 979**: Behavioral Health Care Services

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Gwyndolen Clarke-Reed	X	•	<del>, ,</del>		
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: 12	Total Nays: 0	)		

#### **HB 979 Amendments**

#### Amendment 128955

X Adopted Without Objection

#### **Appearances:**

Strike All

Reeves, Dr. Jay (General Public) - Waive In Support Florida Council for Behavioral HealthCare CFO, Apalachee Center 2634 Capital Circle NE Tallahassee FL 32308

Phone: (850) 523-3213

#### Amendment

Fontaine, Mark (Lobbyist) - Waive In Support Florida Alcohol & Drug Abuse Association, Inc Executive Director 2868 Mahan Dr Tallahassee FL 32308

Phone: (850) 878-2196

# Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

HB 979 : Behavioral Health Care Services (continued)

Appearances: (continued)

Lowrey, Thad (Lobbyist) - Waive In Support Operation PAR VP Governmental Relations 7720 Washington St, Ste 102 Port Richey FL 34668 Phone: (727) 992-8508

Akin, Jim (General Public) - Waive In Support National Association of Social Workers - FL Chapter 1931 Dellwood Dr. Tallahassee Fl 32303 Phone: (850) 224-2400

Leifman, Steve (State Employee) - Waive In Support Self Associate Administrative Judge, 11th Judicial Circuit 1351 NW 12th St., Rm 617 Miami FL 33125

Phone: (305) 548-5394

Kelly, Natalie (Lobbyist) - Waive In Support FL Association of Managing Entities Executive Director 411 E College Ave Tallahassee FL 32301 Phone: 850) 570-5747

Hendrickson, Dan (General Public) - Proponent

Big Bend Mental Health Coalition; North Florida Veterans Standown Legal component; NAMI Tallahassee Chair, Advocacy Committee

Chair, Advocacy Committee 319 E Park Ave PO Box 1201 Tallahassee FL 32301

Phone: (850) 570-1967

# Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

HB 1235 : Housing Assistance

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				
Víctor Torres, Jr.	X				
Carlos Trujillo	X				
Gayle Harrell (Chair)	X		-		
	Total Yeas: 11	Total Nays: 0			

#### **HB 1235 Amendments**

A			^	-	204
ΑM	ena	mei	TT ()	หล	281

X Adopted Without Objection	on
-----------------------------	----

#### Amendment 433423

X Adopted Without Objection

#### Amendment 519363

Phone: (850) 523-3213

X Adopted Without Objection

#### **Appearances:**

Reeves, Dr. Jay (General Public) - Waive In Support Florida Council for Behavioral HealthCare CFO, Apalachee Center 2634 Capital Circle NE Tallahassee FL 32308

Committee meeting was reported out: Tuesday, January 26, 2016 10:59:31AM

# Children, Families & Seniors Subcommittee 1/26/2016 8:00:00AM

Location: 12 HOB

HB 1235 : Housing Assistance (continued)

Appearances: (continued)

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

Peters, Jacqueline (Lobbyist) - Waive In Support Florida Housing Finance Corporation Legislative Director 227 N Bronough St, Ste 5000 Tallahassee FL 32312

Phone: (850) 488-4197

Farmer, Dana (Lobbyist) - Waive In Support Disability Rights Florida Public Policy Director 2473 Care Drives, Ste 200 Tallahassee Florida 32308 Phone: (850) 617-9709

Anderson, Oscar (Lobbyist) - Waive In Support Central Florida Commission on Homelessness 28 W Central Ave Orlando FL 34786 Phone: (850) 671-4401

Rosenberg, Arthur (Lobbyist) - Waive In Support Florida Legal Services Attorney 3000 Biscayne Blvd Miami FL 33137 Phone: (850) 509-2085

Harbin, Susan (Lobbyist) - Waive In Support Florida Association of Counties Legislative Advocate 100 S Monroe St Tallahassee FL 32301 Phone: (850) 922-4300

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

# Children, Families & Seniors Subcommittee 1/26/2016 8:00:00AM

Location: 12 HOB

HB 1235 : Housing Assistance (continued)

Appearances: (continued)

Henderson, Jasmyne (Lobbyist) - Waive In Support Palm Beach County Attorney 1028 E Park Ave Tallahassee FL 32308 Phone: (850) 216-1002

Cherry, Bryan (Lobbyist) - Waive In Support Florida Coalition for the Homeless, Inc Associate 205 S Adams St Tallahassee FL 32301 Phone: (850) 544-5673

Koch, Karen (Lobbyist) - Waive In Support Florida Supportive Housing Coalition PO Box 11242 Tallahassee FL 32302 Phone: (850) 545-0818

Howat, Scott (Lobbyist) - Waive In Support Orange County Public Schools Sr Exec Director, Gov't Relations 445 W Amelia St Orlando FL 32801 Phone: (407) 317-3200

McGarry, Neal (Lobbyist) - Waive In Support Florida Certification Board CEO 1715 S Gadsden St Tallahassee FL 32301 Phone: (850) 222-6314

# Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

HB 1299 : Public Assistance

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	120 30			
Kathleen Peters	X				
Sharon Pritchett	X				
Ray Rodrigues	X				
Patrick Rooney, Jr.	X				
Cyndi Stevenson	X				
Victor Torres, Jr.		Х			
Carlos Trujillo	X				
Gayle Harrell (Chair)	X				
	Total Yeas: 12	Total Nays: 1	L		

#### **HB 1299 Amendments**

Amendmei	nt 31	65087

X	Adopted	Without	Objection
---	---------	---------	-----------

#### Amendment 451757

X Failed to Adopt

#### Amendment 863919

Phone: (850) 222-9800

X Adopted Without Objection

### **Appearances:**

Amendment
Rasmussen, Richard (Lobbyist) - Proponent
Florida Hospital Association
Vice President
306 E College Ave
Tallahassee FL 32312

Print Date: 1/26/2016 10:59 am Leagis ® Page 8 of 12

# Children, Families & Seniors Subcommittee 1/26/2016 8:00:00AM

Location: 12 HOB

HB 1299 : Public Assistance (continued)

Appearances: (continued)

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

Print Date: 1/26/2016 10:59 am Leagis ® Page 9 of 12

# Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

PCB CFSS 16-01: Mental Health and Substance Abuse

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: 11	Total Nays: (	)		

#### **Appearances:**

Reeves, Dr. Jay (General Public) - Proponent Florida Council for Behavioral HealthCare CFO, Apalachee Center 2634 Capital Circle NE Tallahassee FL 32308

Phone: (850) 523-3213

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) - Proponent

Big Bend Mental Health Coalition; North Florida Veterans Standown Legal component; NAMI Tallahassee

Chair, Advocacy Committee 319 E Park Ave PO Box 1201 Tallahassee FL 32301

Phone: (850) 570-1967

Kelly, Natalie (Lobbyist) - Information Only

FL Association of Managing Entities

Executive Director 411 E College Ave

Tallahassee FL 32301 Phone: (850) 570-5747

Print Date: 1/26/2016 10:59 am Leagis ® Page 10 of 12

# Children, Families & Seniors Subcommittee 1/26/2016 8:00:00AM

Location: 12 HOB

PCB CFSS 16-01: Mental Health and Substance Abuse (continued)

Appearances: (continued)

Leifman, Steve (State Employee) - Waive In Support Self Associate Administrative Judge, 11th Judicial Circuit 1351 NW 12th St., Rm 617 Miami FL 33125 Phone: (305) 548-5394

16-01a

Potter, George (General Public) - Information Only Big Bend Mental health Coalition 9123 Blountstown hwy Tallahassee FL 32301 Phone: (850) 321-8015

# Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

PCS for HB 1381 : Treatment Programs

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: 11	Total Nays: 0	)		

Com	mittee/Subcommittee:	Children, Families & Seniors	Bil	l Numl	ber: PCB CFSS 16-01
	<b>Meeting Date:</b>	1-26-16	Date	Receiv	<u> </u>
	Place:	12 HOB	Date	Report	ted:
	Time:	8:00 AM		Subj	ect: Mental Health +
Соті	mittee/Subcommittee A	Action:			Substance Atouse
$\square$	Favorable				Retained for Reconsideration
	Favorable w/	amendments			Reconsidered
	Favorable w/Commit	tee/Subcommittee Subs	titute		Temporarily Postponed
	Other Action:				Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<b>/</b>		Clarke-Reed								
		Hager								
<b>/</b>		Magar								
/		Murphy								
<b>\</b>		Nunez								
		Peters								
1		Pritchett								
<b>V</b>		Rodrigues								
1		Rooney								
<b>✓</b>		Stevenson								1
1		Torres								
	-	Trujillo								
1		Harrell, Chair								
									-	
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	Ø									

Itager-yes after roll call Trujillo-yes after roll call

Comi	mittee/Subcommittee:	Children, Families & Seniors	Bill Num	ber: PCS for HB 1381
	<b>Meeting Date:</b>	1-26-16	Date Receiv	ved:
	Place:	12 HOB	Date Repor	ted:
	Time:	8:00 AM	Subj	ect: Treatment Programs
Comi	mittee/Subcommittee A Favorable	action:		Retained for Reconsideration
	Favorable w/	amendments		Reconsidered
	Favorable w/Commit Other Action:	tee/Subcommittee Subs	stitute	Temporarily Postponed Unfavorable

Final On	Vote Bill	MEMBERS						****		
Yea	Nay	-	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Clarke-Reed								
<b>V</b>		Hager								
/		Magar								
		Murphy							_	
<b>V</b>		Nunez								
<b>/</b>		Peters								
		Pritchett								
		Rodrigues								
		Rooney								
		Stevenson								
		Torres								
<b>\( \)</b>		Trujillo								
		Harrell, Chair								
V	N	TOTALS	V	NI	V	NY.	*/	N	<b>X</b> /	NI.
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

Pritcheff yes after roll call

Committee/Subcommittee:	Children, Families & Seniors	Bill Number:	979
Meeting Date:	1-26-16	Date Received:	
Place:	121-10B	Date Reported:	
Time:	8:00 Am	Subject:	Behavioral Health
	•		Care Services
Committee/Subcommittee A	Action:		-
Favorable		Re	etained for Reconsideration
Favorable w/	amendments	Re	econsidered
Favorable w/Commit	tee/Subcommittee Sub	stitute 🗌 Te	emporarily Postponed
Other Action:		Ur	<b>nfavorable</b>

	l Vote Bill	MEMBERS	StrikeAl 12895	5						
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
$\sqrt{}$		Clarke-Reed								
		Hager		-0						
<b>V</b>		Magar	~	\con						
1		Murphy	Not of c							
1		Nunez	10	^						
<b>/</b>		Peters	16,	186						
<b>/</b>		Pritchett		S						
1		Rodrigues								
1		Rooney	601							
1		Stevenson								
		Torres								
1		Trujillo								
1		Harrell, Chair								
*****										
				<del></del>						
				<del></del>						
	-									
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	Ø			<del>-</del>						

Itager-yes after roll call

Committee/Subcommittee:	Children, Families & Seniors	Bill Number:	17.35
Meeting Date: Place:	1-26-16 12 HOB	Date Received: Date Reported:	
Time:	8:00 Am	Subject:	Housing Assistance
Favorable Favorable w/	amendments tee/Subcommittee Subs	R stitute	etained for Reconsideration econsidered emporarily Postponed nfavorable

Final Vote On Bill		MEMBERS 06828						‡2 }23	#3			****
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays		
V		Clarke-Reed				1		\				
<b>V</b>		Hager			. (	Xer.		XPC)				
<b>\</b>		Magar	, W.		100	<u> </u>	-12/2/	X				
<b>√</b>		Murphy	1000	0	70	10	16	6.0				
1		Nunez	12 0	120	7	XA	V	1, 46				
1		Peters		XO	1	<b>0</b> 5)	70					
		Pritchett	50	<del>/</del>	do		N.	7				
	<del>                                     </del>	Rodrigues	100			<b>)</b>						
<b>V</b>		Rooney										
V		Stevenson										
1		Torres										
1		Trujillo										
1		Harrell, Chair										
							7					
								<u> </u>				
							<u> </u>					
										-		
				1								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays		
11	8	1										

Pritchett-yes after roll call

Comm	M ittee/Su Favorab Favorab	leeting Date:     -7   Place:     2   Time:   8   bcommittee Action:     le w/ an   le w/Committee/Su	niors  26-16  - HOB  :00 Am	D		eived: orted: bject: _ <del>_</del> Reta Reco Tem	ined for onsidered	Postpone	leration	
Final	Vote		#	= 1	+	12	4	3		
On	On Bill MEMBERS		863919		365087		451757			
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
V		Clarke-Reed				\				
1		Hager		2	,	~ D		. 3		
1		Magar	*	es	. \<	30	(ni	100		
. /		Murphy	, LOV		Kor	\Q	YO			
1		Nunez	KO-J.	P. N	()	1, 2	, 3	(O)		
<b>/</b>		Peters	1 0	XQ,		Xp		X		
./		Pritchett	. 0	<del>(</del>	-, -, (		7	90K		
\ <u>\</u>		Rodrigues	100		007					
./		Rooney	<u> </u>							
<del>-</del>		Stevenson								
	/	Torres								
./		Trujillo								
<b>\</b>		Harrell, Chair								
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: 28 14-01 Meeting Date: 124/16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Mutal Houlth Substance Obust
Committee/Subcommittee: H Cyllden Famille 3 Sonio 8
Name: Dr. Say Reave
Title: CFO, Apalachee Center
Address: 26 34 Capital Circle NE
City: Tallahassel State/Zip: FC 32305
Phone Number: <u>\$50   523-32/3</u>
Representing: Florida Concil for Benavioral Heatencore
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 Info Only Info

Solve



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: PCB CFSS 16-01 Meeting Date: 1-26-16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  MENTAL HEACTH + Substance Abuse
Committee/Subcommittee: CHIDREN, FAMILE, Sucos
Name: MARK FONTAINE
Title: Executive Directiv
Address: 2868 MAHAN Drive
City: TAllahassee State/Zip: FL 32308
Phone Number: <u>878-2196</u>
Representing: FLORIDA Alcotol + Drug Abuse Asse.
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Opponent Opponent O
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only





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:

Jan 26 2016 8:00AM

PCB/PCS/Amendment # or

16-01

Presentation/Workshop Topic:

Committee/Subcommittee:

Children, Families & Seniors Subcommittee

Name:

Hendrickson, Dan

Title:

chair, Advocacy Committee

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

Amendment Bill N/A Proponent

Sooke



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: PCB 16-0 Meeting Date: 1/26/6
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  MFNA FAUL JB SAUE JBUSE
Committee/Subcommittee: CHUMEN FAMILIES & SENION
Name: ATACLE KELLS
Title: Execute Diazcion
Address: 41 E, Couras At
City: TALLI'ASSES State/Zip: & 3230/
Phone Number: 850 570 -5747
Representing: Fomon Association of Managina Entités
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Info Only Info Onl



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: PCB CFSS 16-0   Meeting Date: 1/26/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Children, Families d Seniors
Name: Judge Steven Leifman
Title: 1855 ASSOCIATE Administrative Judge, 11th Judicial Circuit Address: 1351 NW 12th Street, Room (a)
City: Mi ami State/Zip: FL 33125
Phone Number:
Representing: Self
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

W/5





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 26, 2016 8:00 AM
PCB/PCS/Amer Presentation/Wo			
Committee/Sub	committee: Childre	en, Families & Seniors Subco	ommittee
Name:	George Potter		
Title:			
Address:	9123 Blountstown hwy		
City:	Tallahassee	State/Zip:	FL
Phone Number:	850-321-8015		
Representing:	Big Bend Mental health	Coalition	
Regis	tered Lobbyist: No	State Employee:	No
I Wish To Speal	K: Yes	Bill	Amendment
I Have Been Requested To Speak: No		N/A	N/A



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: $4899$ Meeting Date: $120/10$
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Behautout Teath and Services
Committee/Subcommittee: # CM/Hen Formulas 3 Seniors
Name: Dr. Say Reeve
Title: CFO, Apalacheo Center
Address: 2634 Capital Circle NE
City: State/Zip: Jallahassea, fl 32308
Phone Number: 850/ 523 - 3213
Representing: Florida Cancio & Behaviora, Healthcare
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Proponent Opponent Oppone
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only
1 Signature
Waine in Sport of Strike ALL
H-16 REVISED 2/17/14



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 979 Meeting Date: 1-26-16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Betta/io/al Health
Committee/Subcommittee: Children, Familie, Serios
Name: MARK FANTAINE
Title: Executive Director
Address: 2868 Mahan Drive
City: TAllohausee State/Zip: Fl 32308
Phone Number: 878-2196
Representing: Florida Alahat Drug Abuse Assa.
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Opponent Opponent O
I Have Been Requested to Speak: YES NO 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:
Committee/Subcommittee: Children Formbliez + Sanion
Name: THAD LOWRIEW
Title: VP Covermental Robotions
Address: 7220 washington St. Sunt 102
City: Port Richer State/Zip: 1= 2 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
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: _	HB	979	N	Meeting Date: _	1-24	)-1b	
Fill in appropriate PCB/PCS/Amen Presentation/Wo	dment#	or					
Committee/Subc	ommittee	: Chi	dren,	FAMILIES -	+ SENIOR	Subcom	n14el
Name:	Jim	AKIN					
Title: EXBU	Utius (	INDECT ON					
Address:	1931	DELLWOOD	1 DRI	VE			
City: TALL	Ahassi	3-f2	S	tate/Zip:	32303		
Phone Number:		<del>8</del> 50 - 8					
Representing: _	MAFIONA	L ASSOCIA	tion of	SOCIAL W	OMKERS -	FLORIDA C	hapter
Registered Lobl				State Employe			1
I Wish To Speak:	YES 🗾	NO		Bill		Ameno	lment
I Have Been Reque	sted to Spe	ak: YES 🗀 1	NO $\square$	Proponent	Opponent	Proponent Info Only	Opponent



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: 979 Meeting Date: 1/26/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Children, Families & Seniors
Name: Judge Steven Leifman
Title: Associate Administrative Judge, 11th Judicial Circuit
Address: 1351 NW 12th Street, Room GIT
City: Miani State/Zip: FL 33125
Phone Number:
Representing: Self
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Waive in support Proponent Opponent Opponent Opponent O
I Have Been Requested to Speak: YES NO 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: $979$ Meeting Date: $1/26/6$
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  ACT
Committee/Subcommittee: CHUSTEN, FAMILIE, C SENION
Name: MACIE FILE
Title: EXECUTIVE DINEGAL
Address: 411 E Oacka AVENE
City: [AUAHASSFU State/Zip: F. 3230]
Phone Number: 250 570-5747
Representing: FLOMON ASSOCIATION OF MANAGING ENTITIE
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 Info Only Info Only Info Only Info Only





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

979 Bill Number: Meeting Date: Jan 26 2016 8:00AM N/A PCB/PCS/Amendment # or Presentation/Workshop Topic: Committee/Subcommittee: Children, Families & Seniors Subcommittee Hendrickson, Dan Name: chair, Advocacy Committee Title: PO Box 1201, 319 E Park Ave Address: Tallahassee City: State/Zip: FI 32301

Representing: NAMI Tallahassee

Big Bend Mental Health Coalition; North Fla Veterans Standdown Legal component;

Registered Lobbyist: No State Employee: No

I Wish To Speak: Yes

Phone Number: 8505701967

I Have Been Requested To Speak: No | Proponent

Bill Amendment N/A

Swie



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: $1235$ Meeting Date: $12000000000000000000000000000000000000$
Fill in appropriate information:  PCB/PCS/Amendment # or
Presentation/Workshop Topic: Hausen
Committee/Subcommittee: # Children Familia Seniors
Name: Dr. Jay Reene
Title: CFO Apalachoe Contes
Address: 2634 Capital Circle NE
City: \( \frac{1}{3} \) \( \frac{3}{3} \) \( \frac{3}{3} \) \( \frac{3}{3} \)
Phone Number: <u>\$50</u> /523-32(3)
Representing: Florida Cancil for Benaural Healthcare
Registered Lobbyist: YES NO State Employee: YES NO
waine in support
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO 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: _	HB 1235	Meeting Date:	1-26-16
Fill in appropriate PCB/PCS/Amer Presentation/Wo	ndment # or orkshop Topic:	Hausing Assista	nce
Committee/Subo	committee: <u>CHU</u>	ven, Families +S	entoro
Name:	MARIL FANT	AINO	
Title:	Excertive	Director	
Address:	2868 M	AHAN Drive	
City: TA	HAHACSEE	State/Zip: FL	32308
Phone Number:	<u>878-</u> 2	496	
Representing:	Florida Alcoh	17 Drug Abuse	Association
Registered Lob	byist: YES NO	State Employee:	
I Wish To Speak:	YES NO NO	Bill	Amendment
I Have Been Reque	ested to Speak: YES	NO Info Only Op	ponent Proponent Opponent Info Only

NYS



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 1235	Meeting Date: $1/24/14$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	
Committee/Subcommittee:	1, Families, Senier Subcommittee
Name: Jacqueline Pete	
Title: legislatine Direc	
Address: 227 N. Brono	
City: Tallahassel	/
Phone Number: 850 488 416	97
Representing: Florida House	sing France Corporation
Registered Lobbyist: YES NO NO	State Employee: YES NO
NANC M SUPPORA I Wish To Speak: YES NO	
I Wish To Speak: YES NO NO	Bill Amendment
I Have Been Requested to Speak: YES NO	Proponent Opponent Dopponent Doppone

WYS





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

Bill Number:	HB 1235 : Hou	sing Assistance	Meeting Date:	Jan 26 2016 8:00AM
PCB/PCS/Amer Presentation/Wo		N/A		
Committee/Sub	committee:	Children, Fami	lies & Seniors Subco	mmittee
Name:	Farmer, Dana			
Title:	Public Policy D	irector		
Address:	2473 Care Driv	es, Suite 200		
City:	Tallahassee		State/Zip:	Florida 32308
Phone Number:	8506179709	14.5 14.6		
Representing:	Disability Righ	ts Florida		
Regis	tered Lobbyist:	Yes	State Employee:	No

I Wish To Speak: No	Bill	Amendment	
I Have Been Requested To Speak: No	Proponent	N/A	

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: 1235 Meeting Date: 1-26-16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: CHILDREN & FAMILIES  Name: USCAR AND ERSON
Name: USCAR ANDERSON
Title:
Address: 28 W. CWTMA AVE
City: OR4No State/Zip: FC 34786
Phone Number:
Representing: CENTRIC FLORIDA COMMISSION ON HOMELESSNESS
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 Info Only Info Only Info Only Info Only

MS



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: 1235 Meeting Date: 1/26/16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Housing Assistance
Committee/Subcommittee: Children Families
Name: Arthur Rosenberg
Title: Attorney
Address: 3000 BISCAYNE BLUD,
City: Miamy State/Zip: FL 33137
Phone Number: 850-509-2085
Representing: Florida Legal Services
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 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: _	1235	· · · · · · · · · · · · · · · · · · ·	Meeting Date:	1/26/	16	
Fill in appropriate PCB/PCS/Amen Presentation/Wo	ndment # or		housing	cassiste	nce	
Committee/Subc	committee:	Children	Combies	Servis		
Name:		Non				
Title:	Legislative	· A	avocale			
Address:			Si Munior			
City:	Tallaha	SCC	State/Zip:	a		· · · · · · · · · · · · · · · · · · ·
Phone Number:						
Representing:	FLor	ide Asso	ociation of	ڊ	m4-5	
Registered Lob	byist: YES 700		State Employee	e: YES	NO NO	
I Wish To Speak:	YES NO		Bill		Ameno	
I Have Been Reque	ested to Speak: YES		Proponent Info Only	Opponent	Proponent Info Only	Opponent L



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:	1235	N	Meeting Date:	1/25	16	
Fill in appropriate PCB/PCS/Amend Presentation/Wor	dment # or	Hou	is ing			
Committee/Subco						·
Name:	es bound					
Title:	<i></i>					
Address: 9	166 Sunrése	e On				
City: <u>haryo</u>	Fla.	S	tate/Zip:	73273		
Phone Number:		·····				
Representing: _	Saving fami	1,05				
Registered Lobb	$\sim$ oyist: YES $\square$ NO	K	State Employ	ree: YES	NO X	
٠.						
I Wish To Speak:	YES X NO		Bil	1	Ameno	lment
I Have Been Reques	sted to Speak: YES	No 🗔	Proponent Info Only	Opponent	Proponent  Info Only	Opponent

Julie



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:	1235	Meeting Date: 01/20/15
Fill in appropriate PCB/PCS/Ameno Presentation/Wor	lment # or	ing Assirianu
Committee/Subco	ommittee: Childran, F	ing Assistance Families & Sunions Supcommittee
Name: Jarry	yne Hunderson	
Title: Aflower	Ψ	
Address: 1079	East Park Syene	
City: Tallah	iru	State/Zip: Florida 32318)
Phone Number:	(050)216-1472	
Representing:	Palm Beach Count	4
Registered Lobb	yist: YES NO	State Employee: YES NO
I Wish To Speak:	YES NO	Bill Amendment
I Have Been Reques	ted to Speak: YES NO	Proponent Opponent Dopponent 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: 1235 Meeting Date: 1-26-16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee Subcommittee: Children Familles + Seniors
Name: Bryan Cherry
Title: ASSOCIATE
Address: 205 S. Adams St.
City: Jalahassee State/Zip: Ft. 3230/
Phone Number:
Representing: FL. Coalition for the Homeless
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

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: HB 1235 Meeting Date: 1/26/2016
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Housing Assistance
Committee/Subcommittee: CF55
Name: Karen Koch ((ook)
Title: Ex. Director
Address: P.O. Box 11242
City: Tallahassez State/Zip: Fl. 32302
Phone Number: 850 - 545 - 0818
Representing: Fl. Supportive Housing Coxlitini
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Proponent Opponent Oppone
I Have Been Requested to Speak: YES NO 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:	HB1235	Meeting Date:	1-26-16
PCB/PCS/Ame	iate information: endment # or forkshop Topic:	Howing As	s15tome
Committee/Sub	ocommittee: <u>Chuld</u>	ren Famili	s + Semon
Name:	Scoth Hou	nat (Hou	vit)
	ir Exec Dir		,
	445 W. Dm	1	
City:	pelando	_ State/Zip: _ FC	32801
Phone Number	: 407-3	17-3208	
Representing:	Orenze	County Po	blic Schools
	bbyist: YES NO	State Employee: Y	
	Wawe	. In Suppor	1
I Wish To Speak:	YES NO	Bill	Amendment
I Have Been Requ	nested to Speak: YES NO	Proponent Oppo	nent Proponent Opponent Info Only

SW



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: 1235 Meeting Date:
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: HB-1235
Committee/Subcommittee:
Name: Neal MGarry
Title:
Address: 1715 S. Godsden Street
City: Tallahassed State/Zip: 3230/
Phone Number: 850-227-6314
Representing: Florida Certification Board
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 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: 1299 Arrago Meeting Date: 1/26/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Children, Families + Seniors
Name: Ruh Rasmussen
Title: Vice President
Address: 306 E. College Ave
City: Tallahassee State/Zip: 32312
Phone Number: 850 - 222-9860
Representing: FIA. Hospital ASSN
Registered Lobbyist: YES ONO State Employee: YES NO
Support Murphy ComenDMent ON 1299
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

Spie



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

	1200			
Bill Number: _	1299	Meeting Date:	1/26/16	
Fill in appropriate PCB/PCS/Amer Presentation/Wo	ndment # or			
	committee:			
Name:	Freg Pound			
Title:				
Address: $Q$	166 Surise	De,		
City: Low	5 c	State/Zip: Ha	33773	
Phone Number:				
Representing:	Saving family	lies		
	obyist: YES NO		: YES NO NO	
I Wish To Speak:	YES NO	Bill	Amen	ndment
I Have Been Requ	ested to Speak: YES N		Opponent Proponent Info Only	Opponent