

Children, Families & Seniors Subcommittee

Tuesday, October 20, 2015 12:00 PM - 3:00 PM Reed Hall (102 HOB)

Action Packet

Children, Families & Seniors Subcommittee 10/20/2015 12:00:00PM

Location: Reed Hall (102 HOB)

Summary:

Children, Families & Seniors Subcommittee

Tuesday October 20, 2015 12:00 pm

HB 103 Favorable

Yeas: 11 Nays: 0

Children, Families & Seniors Subcommittee 10/20/2015 12:00:00PM

Location: Reed Hall (102 HOB)

Attendance:

	Present	Absent	Excused
Gayle Harrell (Chair)	×		
Gwyndolen Clarke-Reed	X		
Bill Hager			Х
MaryLynn Magar	Х		
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	×		
Totals:	12	0	1

Children, Families & Seniors Subcommittee

10/20/2015 12:00:00PM

Location: Reed Hall (102 HOB)

HB 103 : Transactions in Fresh Produce Markets

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		

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comn	Meeting Date: 10/20/15 Date Received:									
	l Vote									
	Bill	MEMBERS		1						,
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	 	Clarke-Reed								
		Hager		-						
<u> </u>	-	Magar								
		Murphy								
		Nunez	ļ ·						L	
	et.	Peters								-
		Pritchett								
		Rodrigues								
J		Rooney								
		Stevenson								
J		Torres							_	
		Trujillo								
J		Harrell, Chair								
			 							
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		 	ļ	 						

Yeas

11

Nays

0

TOTALS

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas

Nays

Children, Families & Seniors Subcommittee 10/20/2015 12:00:00PM

Location: Reed Hall (102 HOB)

Presentation/Workshop/Other Business Appearances:

Baker Act

Smith, Kathy (State Employee) (At Request Of Chair) - Information Only

Florida Public Defender Association, Inc.

Public Defender

Lee County Justice Center Annex 2000 Main Street

Ft. Myers FL 33901 Phone: (239) 533-2911

Baker Act and Marchman Act

Lotierzo, Anne (At Request Of Chair) - Information Only

New Horizons of the Treasure Coast

LMHC, Supervisor

412 SE Edgewood Drive

Stuart FL 34996

Phone: (772) 284-0345

Baker Act and Marchman Act

Gualtieri, Bob (At Request Of Chair) - Information Only

Pinellas County

Sheriff

10750 Ulmerton Rd.

Largo FL 33778

Phone: (727) 251-5105

Baker Act and Marchman Act

Evans, Eddie (State Employee) (At Request Of Chair) - Information Only

State Attorney's Office

Assistant State Attorney, 2nd Circuit

Leon County Courthouse 301 S. Monroe Street

Tallahassee FL 32358 Phone: (850) 606-6000

Baker Act and Marchman Act

Bryant, John (Lobbyist) (State Employee) (At Request Of Chair) - Information Only

Department of Children and Families

Assistant Secretary for Substance Abuse and Mental Health

1317 Winewood Blvd Tallahassee Fl 32399

Phone: (850) 487-1111

Baker Act and Marchman Act

Messer, Shane (Lobbyist) - Proponent

Florida Council for Behavioral Healthcare, Inc

Legislative Affairs Director

316 E Park Ave

Tallahassee FL 32301

Phone: (850) 224-6048

Children, Families & Seniors Subcommittee 10/20/2015 12:00:00PM

Location: Reed Hall (102 HOB)

Presentation/Workshop/Other Business Appearances: (continued)

Marchman Act

Mader, Brenda (At Request Of Chair) - Information Only Office of Regional Conflict Counsel, 1st DCA Region Former Assistant Regional Conflict Counsel 2015 Magolia Ave. Pensacola FL 32503

Phone: (850) 332-8766

Mental Health

Hendrickson, Dan (General Public) - Information Only Big Bend Mental Health Coalition Legislative Liasion vol 319 E. Park Ave. Tallahassee FL 32301

Phone: (850) 570-1967

Mental Health and Substance Abuse

Brown, Richard (At Request Of Chair) - Information Only Agency For Community Treatment Services CEO 4612 N. 56th Street

Tampa FL 33610 Phone: (813) 246-4899

Mental Health and Substance Abuse

Fontaine, Mark (Lobbyist) - Information Only Florida Alcohol & Drug Abuse Association, Inc Executive Director 2868 Mahan Dr. Tallahassee FL 32308

Phone: (850)878-2196





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:	October 20, 2015 12:00 PM
PCB/PCS/Amer Presentation/Wo	idilioni // Oi	Act Panel	
Committee/Sub	committee: Childre	n, Families & Seniors Subco	ommittee
Name:	Kathy Smith		
Title:			
Address:	Lee County Justice Cen	ter Annex, 2000 Main Stree	t
City:	Ft. Myers	State/Zip:	Florida 33901
Phone Number:	239.533.2911		
Representing:	Florida Public Defender	Association, Inc.	
Regis	tered Lobbyist: No	State Employee:	Yes
I Wish To Speal	k: No	Bill	Amendment
-	quested To Speak: Yes	Info Only	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.

Bill Number: BA MA	Meeting Date: October 20, 2	015
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	BA/MA Discussion	
Committee/Subcommittee:	Children, Families, and Senio	,13
Name: Anne C. Lot	jerzo	
Y	1 1/ 11	the Treasure
Address: 412 SE E	dgewood Drive	Coast
City: Stuart	State/Zip: FL 34996	N. C.
Phone Number: <u>772 - 2</u>	84-0345	
Representing: New Horizo	ons of the Treasure Coast a	nd Okee check
Registered Lobbyist: YES 1	NO State Employee: YES NO NO	
I Wish To Speak: YES NO	Bill Am	endment
	Proponent Opponent Proponent	Opponent
I Have Been Requested to Speak: YE	ES NO 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:	N	Meeting Date: _	10/2	0/15	
Fill in appropriate PCB/PCS/Amenor Presentation/Work	dment # or	er & M	Marc	Ma	ZO
Committee/Subc	ommittee:				
Name:	303 C	JAC	57 85	2	
Title:	Sherri for	3			
Address: \(\sum \)	0750 Ulm	ress		₹.	
City:\	<u>-9</u>		`	PS	2801
Phone Number:	777-6	151-	570	5-5-	
Representing: \(\)	Floring S	Lieb	7135	fre	Je.
Registered Lobb	oyist: YES NO	State Employee	e: YES	NO D	
I Wish To Speak:	YES NO	Bill		Amend	ment
			Opponent	Proponent	Opponent 🔲
I Have Been Reques	sted to Speak: YES NO	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:	N	Meeting Date:	
Fill in appropriate PCB/PCS/Amend Presentation/Wor	dment # or		
Committee/Subco	ommittee:	· · · · · · · · · · · · · · · · · · ·	
Name: EC	Idie Evans	2	
Title: As	sitant Stab	e Attornues	2nd Circunt
Address: Leaf	v County Courth	mu 301. S.	Monroe St
City: Talla	hasse s	tate/Zip: FC 3	2358
Phone Number:	(850)-606-	6000	
Representing:	Stile Allow	ys Office	
Registered Lobb	yist: YES NO	State Employee: YES	NO
	•		
I Wish To Speak:	YES NO	Bill	Amendment
I Have Reen Reques	ted to Speak: VES NO	Proponent Opponent Info Only	Proponent Opponent 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: Meeting Date: 20 October 2015
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Baker Act 9 Marchman Ret
Committee/Subcommittee: House Children Families a Seniors
Name: John Bryant
Title: Assistant Secretary for Substance Abor and Mental Heal
Address: 137 Winewood Blud.
City: Tallahassee State/Zip: FL 32399
Phone Number: <u>850</u> 487 1111
Representing: Dept. Children & Families
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Opponent Opponent
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.

Bill Number:	Meeting Date: 10/20/15	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	Ler Act Marchman Act	
Committee/Subcommittee:	en families 3 Seniors	
Name: Shane Messer		
Title: Legislatine Affai	is Director	
Address: 3/Le E Park A	rve	
City: Tallahassee	State/Zip: <u>FC 3230</u>	
Phone Number: 856 244-	3048	
Representing: Forida Cana	cil for Behavioral Heatthcare.	
Registered Lobbyist: YES NO NO	State Employee: YES NO	
I Wish To Speak: YES V NO	Bill Amendment	7
I Have Reen Requested to Speak: VES NO	Proponent Opponent Dopponent Doppone	



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: 10/20 S
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Marchman A-t
Committee/Subcommittee:
Name: Brenda Mader
Name: Brenda Mader Titleformer Asst Regional Confirt Counsel
Address: 2015 Magnolia Due
City: Pensacola State/Zip: Fz 32503
Phone Number: 850 332-8766
Representing:
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Rean Requested to Speek: VEST NO I Info Only Info Only Info Only I



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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:	October 20, 2015 12:00 PM
PCB/PCS/Amer Presentation/Wo		nl health panel/ workshop	
Committee/Sub	committee: Child	ren, Families & Seniors Subc	committee
Name:	Dan Hendrickson		
Title:			
Address:	PO Box 1201, 319 E P	ark Ave	
City:	Tallahassee	State/Zip:	Fl 32301
Phone Number:	8505701967		
Representing:	Big Bend Mental Heal	th Coalition	
Regis	tered Lobbyist: No	State Employee	: No
I Wish To Speal	k: Yes	Bill	Amendment
-	quested 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.



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:	10-2	0-15	
Fill in appropriate PCB/PCS/Ament Presentation/Wo	1 11	Mental Health	+ Subst.	nce Abuse	ے
Committee/Subo		DREN, FAMILIES +			
	MARL FORTAI				
Title:	Executive Di	rector			
	2868 MAHAN				
		State/Zip: 4	Z 3231)B	
Phone Number:	(850) 8				
Representing:	^ -	of Drug Abuse A	receation	\triangleright	
	byist: YES NO		ee: YES		
•					
I Wish To Speak:	YES 🔀 NO	Bil		Ameno	lment
I Have Reen Reque	ested to Speak: YES	Proponent Info Only	Opponent	Proponent Info Only	Opponent