



Children, Families & Seniors Subcommittee

**Tuesday, November 3, 2015
9:00 AM – 11:00 AM
Reed Hall (102 HOB)**

Action Packet

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

11/3/2015 9:00:00AM

Location: Reed Hall (102 HOB)

Summary: No Bills Considered

Committee meeting was reported out: Tuesday, November 03, 2015 12:16:50PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

11/3/2015 9:00:00AM

Location: Reed Hall (102 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:	12	0	1

Committee meeting was reported out: Tuesday, November 03, 2015 12:16:50PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

11/3/2015 9:00:00AM

Location: Reed Hall (102 HOB)

Presentation/Workshop/Other Business Appearances:

Managing Entities

McKinnon, Linda (At Request Of Chair) - Information Only
Central Florida Behavioral Health Network
CEO
719 US Hwy 301 South
Tampa FL 33619
Phone: (813) 740-4811

Managing Entities

Berner, Ann - Information Only
Department of Children and Families
4720 Old Hwy 37
Lakeland FL 33813
Phone: (863)534-7100

Managing Entities

Bishop, Barney (Lobbyist) - Information Only
Florida Smart Justice Alliance
President and CEO
204 S Monroe St, Suite 201
Tallahassee FL 32301
Phone: (850) 577-3032

Managing Entities

Kelly, Natalie (Lobbyist) - Information Only
Florida Association of Managing Entities
Executive Director
411 E. College Ave.
Tallahassee FL 32301
Phone: (850) 570-5747

Managing Entities

Watkins, Mike (General Public) - Information Only
Big Bend Community Based Care, Inc.
CEO
525 N. Martin Luther King Jr. Blvd.
Tallahassee FL 32309
Phone: (850) 410-1020

Mental Health

Duncan, Donna (General Public) - Information Only
Big Bend Mental Health Coalition
Peer Specialist
420 E. Park Ave. #36
Tallahassee FL 32301
Phone: (850) 425-3013

Mental Health

Moyer, Jennifer (General Public) - Information Only
2736 Sherwood Dr.
Navarre FL 32566
Phone: (850) 936-7164

Committee meeting was reported out: Tuesday, November 03, 2015 12:16:50PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

11/3/2015 9:00:00AM

Location: Reed Hall (102 HOB)

Presentation/Workshop/Other Business Appearances: (continued)

Mental Health

Hendrickson, Dan (General Public) - Information Only
Big Bend Mental Health Coalition; NAMI Tallahassee
Legislative Liaison vol
PO Box 1201
Tallahassee FL 32302
Phone: (850) 570-1967

Mental Health

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

Mental Health & Substance Abuse Safety Net Systems

Brown-Woofter, Melanie (Lobbyist) - Information Only
Florida Council for Community Mental Health
Senior Medicaid Policy Director
316 E. Park Ave.
Tallahassee FL 32301
Phone: (850) 224-6048

Mental Health & Substance Use Disorders

Fontaine, Mark (Lobbyist) - Information Only
Florida Alcohol & Drug Abuse Association, Inc
Executive Director
2868 Mahan Dr Ste 1
Tallahassee FL 32308
Phone: (850) 878-2196

Provider Perspective of Mental Health

Ulrey, Mary Lynn - Information Only
Drug Abuse Comprehensive Coordinating Office
4422 E. Columbus Dr.
Tampa FL 33629
Phone: (813) 384-4200

Substance Abuse & Mental Health

Bryant, John (Lobbyist) (State Employee) (At Request Of Chair) - Information Only
Department of Children and Families
Assistant Secretary
723 E. College Ave.
Tallahassee FL 32301
Phone: (850) 322-7972

Committee meeting was reported out: Tuesday, November 03, 2015 12:16:50PM



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: 11-3-15

Fill in appropriate information:

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

Committee/Subcommittee: Health & Human Service

Name: John N Bryant

Title: Asst Sec. SAMH- DCF

Address: 723 East College Ave,

City: TALL State/Zip: FL 32301

Phone Number: 850-322-7972

Representing: Dept Children & Families

Registered Lobbyist: YES NO

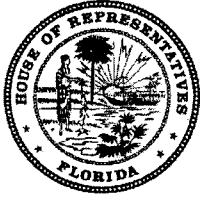
State Employee: YES NO

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"/>	





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: _____ Meeting Date: Nov 3, 2015

Fill in appropriate information:

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

Committee/Subcommittee: CHILDREN, FAMILIES & SENIORS

Name: LINDA MCKINNON

Title: CEO, CENTRAL FLORIDA BEHAVIORAL HEALTH

Address: 219 US HIGHWAY 301 S

City: TAMPA State/Zip: 33619

Phone Number: 813-740-4811

Representing: FLORIDA ASSOCIATION OF MANAGING 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"/>	





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: Mental Health Workshop Meeting Date: 11/3/11

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Donna Duncan

Title: Chair Big Bend Mental Health - peer specialist

Address: 420 E. Park Ave # 36

City: TALLAHASSEE State/Zip: FLA 32301

Phone Number: 850-425-3013

Representing: Big Bend Mental Health Coalition Depression Bipolar Alliance
support

Registered Lobbyist: YES NO

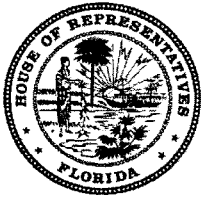
State Employee: YES NO

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"/>	





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: _____ Meeting Date: 11/3/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: From the provider perspective

Committee/Subcommittee: Children & Families Services

Name: MARY Lynn Ulrey, MS, ARNP

Title: Drug Abuse Comprehensive Coordinating Office (DACCO)

Address: 4422 E. Columbus Dr.

City: Tampa State/Zip: FL 33629

Phone Number: 813-384-4200

Representing: DACCO

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"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: _____ Meeting Date: Nov 3, 2015

Fill in appropriate information:

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

Committee/Subcommittee: CHILDREN, FAMILIES & SENIORS

Name: ANN BEVERLY Berner

Title: CFO

Address: 140 Intracoastal Pointe Dr. Ste 211

City: Jupiter State/Zip: FL 33477

Phone Number: 561-203-2485

Representing: SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK

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"/>	

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Type or Print Clearly

Bill Number: _____ Meeting Date: 3 Nov 15

Fill in appropriate information:

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

Committee/Subcommittee: House Children Families & Seniors

Name: Barney Bishop III

Title: President & CEO

Address: 204 So. Monroe St. Ste. 201

City: Tallahassee State/Zip: FL 32301

Phone Number: 850/577-3032

Representing: Fla. Smart Justice Alliance

Registered Lobbyist: YES NO

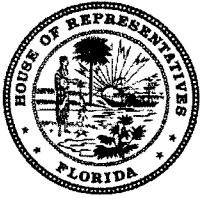
State Employee: YES NO

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"/>	





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Type or Print Clearly

Bill Number: _____ Meeting Date: 11/3/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Mental Health & substance Abuse safety net systems

Committee/Subcommittee: House Children, Families & Seniors

Name: Melanie Brown-Woofler

Title: Senior Medicaid Policy Director

Address: 316 E. Park Avenue

City: Tallahassee State/Zip: FL

Phone Number: 800-224-6048

Representing: Florida Council for Community Mental Health

Registered Lobbyist: YES NO

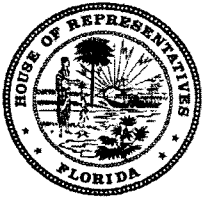
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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





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Type or Print Clearly

Bill Number: _____ Meeting Date: Nov 3, 2015

Fill in appropriate information:

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

Committee/Subcommittee: CHILDREN, FAMILIES & SENIORS

Name: NATALEE KELLY

Title: ~~EXECUTIVE DIRECTOR~~ EXECUTIVE DIRECTOR

Address: 411 EAST COURSE AVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: (850) 570-5747

Representing: FLORIDA ASSOCIATION OF MANAGING 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	
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Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	





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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: November 03, 2015 9:00 AM

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

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

Name: **Jennifer Moyer**

Title:

Address: **2736 Sherwood Drive**

City: **Navarre**

State/Zip: **FL 32566**

Phone Number: **8509367164**

Representing: **Self**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
	N/A	N/A





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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: November 03, 2015 9:00 AM

PCB/PCS/Amendment # or Presentation/Workshop Topic: **mental health panel/ workshop**

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

Name: **Dan Hendrickson**

Title:

Address: **PO Box 1201**

City: **Tallahassee** State/Zip: **Fl 32302**

Phone Number: **850/570-1967**

Representing: **NAMI Tallahassee, Big Bend Mental Health Coalition**

Registered Lobbyist: **No**

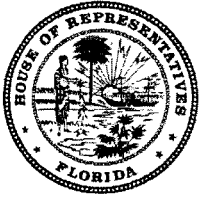
State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
	N/A	N/A

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill Number: _____ Meeting Date: Nov 3, 2015

Fill in appropriate information:

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

Committee/Subcommittee: CHILDREN, FAMILIES & SENIORS

Name: MIKE WATKINS

Title: CEO, BIG BEND CBC

Address: 525 N. WALKER JR. BLVD, TALLAHASSEE

City: TALLAHASSEE State/Zip: 32309

Phone Number: 850, 401/020

Representing: BIG BEND CBC

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"/>	





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: _____ Meeting Date: 11-3-15

Fill in appropriate information:

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

Committee/Subcommittee: CHILDREN, FAMILIES + SENIORS

Name: MARK FONTAINE

Title: EXECUTIVE DIRECTOR

Address: 2868 MATHAN DRIVE

City: Tallahassee State/Zip: FL 32308

Phone Number: 878-2196

Representing: FLORIDA ALCOHOL + DRUG ABUSE 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 type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	





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Bill Number: _____ Meeting Date: 11/3/15

Fill in appropriate information:

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

Committee/Subcommittee: Mental Health

Name: Greg Pound

Title: A Father.

Address: 9166 Sunrise DR.

City: Largo State/Zip: Fla. 33773

Phone Number: _____

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"/>	