

# Children, Families & Seniors Subcommittee

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

# **Action Packet**

Steve Crisafulli Speaker

Gayle B. Harrell Chair

### **COMMITTEE MEETING REPORT**

**Children, Families & Seniors Subcommittee** 

11/3/2015 9:00:00AM

Location: Reed Hall (102 HOB)

Summary: No Bills Considered

# COMMITTEE MEETING REPORT Children, Families & Seniors Subcommittee

### 11/3/2015 9:00:00AM

### Location: Reed Hall (102 HOB)

#### Attendance:

	Present	Absent	Excused
Gayle Harrell (Chair)	x		
Gwyndolen Clarke-Reed	Х		
Bill Hager	Х		
MaryLynn Magar	Х		
Amanda Murphy	X		
Jeanette Nuñez			х
Kathleen Peters	x		
Sharon Pritchett	Х		
Ray Rodrigues	x		
Patrick Rooney, Jr.	x		
Cyndi Stevenson	х		
Victor Torres, Jr.	X		
Carlos Trujillo	Х		
Totals:	12	0	1

### **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 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 Liasion 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



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:
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: De Weatth + Human Serince
Name: JOHN N BRYANT
Title: Asst Sec. SAMH-DCF
Address: 723 Exist College Hire,
City: <u><b>T</b></u> <u><b>H</b></u> <u><b>H</b></u> <u><b>H</b></u> <u><b>H</b></u> <u><b>H</b></u> <u><b>H</b></u> <u><b>H</b></u> <u><b>H</b></u>
Phone Number: 850 - 322-7972
Representing: Drpt Children + Fumilies
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Proponent Opponent Oppone

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### **COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD**

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: Nov 3, 2015
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: MANAGING FNTITIE
Committee/Subcommittee: CHLONEN, FAMILIES & SENTON
Name: LINDA MCKINNON
Title: CEO, CENTRA FLANDA BEHAVIORE HERETHNEM
Address: 21905+1004 3015
City: TAMPA State/Zip: 33619
Phone Number: $8/3 - 740 - 48/1$
Representing: FLORIDA ASSOCIATION OF MANAGINE ENTITES
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     Proponent     Proponent     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.

*Type or Print Clearly* 

Bill Number: Mental Kealth Working Meeting Date: 11/3/15 *Fill in appropriate information:* PCB/PCS/Amendment # or Montal Health Presentation/Workshop Topic: \_\_\_\_\_ Committee/Subcommittee: DONNA Dunchn Name: Chain Big Bend Mental Health - perspectalist Title: 420 E, PARKAVE # 36 Address: City: <u>TALLA</u> State/Zip: <u>4/a</u> <u>32301</u> Phone Number: <u>850, 425 3013</u> Registered Lobbyist: YES NO State Employee: YES NO I Wish To Speak: YES NO Bill Amendment

Opponent

I Have Been Requested to Speak: YES NO X Info Only Info Only Info Only



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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: 11 / 3 / 15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: From The proviner perspective
Committee/Subcommittee: Children & FAmilie's Sorvies
Name: <u>MARY Lypn Ulvey</u> , MS, ARNP
Title: Drug Abuse Congrehenseie Coordinating Office (DACCO)
Address: 4422 E. Columbus Dr.
City: TAMPK 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 Bill Amendment
I Have Been Requested to Speak: YES NO



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: A 2015
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: MANACINA LIJTIES
Committee/Subcommittee: CHILDNEN FAMILES & SEMENS
Name: ANN BERVER Berner
Title: CFO
Address: 140 Intracoastal Pointe Dr. St. 211
City: Jupiter State/Zip: FL 33477
Phone Number: $561 - 203 - 2485$
Representing: SouthEART FOUNDA BEHAVIORAL HEAVIH NEWONG
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Proponent 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* 

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Fill in appropriate information:         PCB/PCS/Amendment # or         Presentation/Workshop Topic:	Bill Number:	Meeting Date: 3 Nor 15
Committee/Subcommittee: <u>Horge Children Families &amp; Soniars</u> Name: <u>Barney Bishop III</u> Title: <u>President &amp; CED</u> Address: <u>204 50. Monroe 51. 54c. 201</u> City: <u>Tallahassee</u> State/Zip: <u>FL 32301</u> Phone Number: <u>B50/577.3032</u> Representing: <u>FLA. Smart Justice Alliance</u> Registered Lobbyist: YES <u>NO</u> State Employee: YES <u>NO</u> I Wish To Speak: YES <u>NO</u> <u>Bill</u> <u>Amendment</u> <u>Proponent</u> <u>Opponent</u> <u>Opponent</u> <u>Opponent</u>	PCB/PCS/Amendment # or	anaqing Entities
Title:       President & CED         Address:       204 50. Monroe 5t., 5tc. 201         City:       Tallahassee         State/Zip:       F2 32301         Phone Number:       B50/577.3032         Representing:       FLa. Smart Justice Alliance         Registered Lobbyist:       YES         NO       State Employee:         YES       NO		
Address:       204 50. Monroe 5t., Ste. 201         City:       Tallaha55ee         State/Zip:       FL 32301         Phone Number:       B50/577.3032         Representing:       FLG. Smart         Justice       Alliance         Registered Lobbyist:       YES         NO       State Employee:         YES       NO         I Wish To Speak:       YES         YES       NO         Proponent       Opponent         Proponent       Opponent	Name: Barney Bishop TIT	
City:       Tallahassee       State/Zip:       FL 32301         Phone Number:       BS0/ST7.3032         Representing:       FLA, Smart Justice Alliance         Registered Lobbyist:       YES         NO       State Employee:         YES       NO         I Wish To Speak:       YES         YES       NO         Bill       Amendment         Proponent       Opponent         Proponent       Opponent	Title: President & CED	
Phone Number:       B50/577.3032         Representing:       Fla. Smart Justice Alliance         Registered Lobbyist:       YES         NO       State Employee:         YES       NO         I Wish To Speak:       YES         YES       NO         Bill       Amendment         Proponent       Opponent         Proponent       Opponent	Address: 204 50. Monroe 5.	t. Ste. 201
Representing:       Fla. Smart Justice Alliance         Registered Lobbyist:       YES         NO       State Employee:         YES       NO         I Wish To Speak:       YES         YES       YO         Bill       Amendment         Proponent       Opponent         Opponent       Opponent	City: <u>Tallahassee</u>	State/Zip: F2 32301
Registered Lobbyist: YES     NO     I Wish To Speak: YES     YES     NO     Bill     Amendment     Proponent     Opponent     Proponent     Opponent     Proponent     Opponent     Proponent     Opponent     Proponent     Opponent     Opponent     Opponent     Opponent	Phone Number: <u>850/577.3</u>	3032
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponent Opponent Opponent	Representing: Fla. Smart	Justice Alliance
Proponent D Opponent Opponent Opponent Opponent D	Registered Lobbyist: YES NO	State Employee: YES NO
Proponent D Opponent Opponent Opponent Opponent D		
Proponent D Opponent Opponent Opponent Opponent D		
	I Wish To Speak: YES VNO	Bill Amendment
Thave been requested to speak. The Tropic international sector in the sector internation sector in the sector internation sector in the sector	I Have Been Requested to Speak: YES NO	Proponent     Opponent     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:	Meeting Date: 11/3/15
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:	Mental Health 1 Substance Abuse safety net sy stans
Committee/Subcommittee: Heuse U	heldren, Jamilies & Seniuss
Name: Manie Broun-Woo	Her
Title: Semier Medicaid Policy	Director
Address: 316 E. Park Arenue	
City: Tallahassee	State/Zip: <u>FL</u>
Phone Number: 800 - 204 - 40 48	·
Representing: Monda Council	for Community Muntal Health
Registered Lobbyist: YES 📿 NO	State Employee: YES NO
I Wish To Speak: YES 🔽 NO	Bill Amendment
I Have Been Requested to Speak: YES N	Proponent     Opponent     Proponent     Opponent       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: Meeting Date: $N_{00}3_2015^-$				
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: MANAGLEIG ELITIES				
Committee/Subcommittee: CHIDDEN, FAMILIES & SEMONT				
Name: NATAUE FELLY				
Title: Executive Director				
Address: 411 EAST COLLEGE ALE				
City: TAUATHA SSEE State/Zip: <u>FL 3230</u>				
Phone Number: $850)570-5747$				
Representing: FLORIDA ÁSSOCIATION OF MANALING ENTITIES				
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				



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# **COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD**

Please fill out the <u>entire</u> 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/Amer Presentation/Wo		Mental Health V	Vorkshop	
Committee/Sub	committee:	Children, Famil	ies & Seniors Subco	mmittee
Name:	Jennifer Moyer	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Title:			<u> </u>	· · · · · · · · · · · · · · · · · · ·
Address:	2736 Sherwood	Drive		
City:	Navarre	····	State/Zip:	FL 32566
Phone Number:	8509367164			·····
Representing:	Self			
Regis	tered Lobbyist:	No	State Employee:	No

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



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# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

PCB/PCS/Amendr Presentation/Work		tal health panel/ workshop	
	snop ropic.		
Committee/Subcom	nmittee: Chi	dren, Families & Seniors Subco	ommittee
Name: D	an Hendrickson		
Title:			
Address: Po	O Box 1201	······································	
City: T	allahassee	State/Zip:	Fl 32302
Phone Number: 85	50/570-1967		
Representing: N	AMI Tallahassee,	Big Bend Mental Health Coaliti	on
Register	ed Lobbyist: No	State Employee:	No

I Wish To Speak: 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.

Bill Number:	Meeting Date: Nov 3, 2015	
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:	NAWAGING ENTITIES	
Committee/Subcommittee:	MEN, FAMILIES & SENIORS	
Name: MICE ATECA	j£	
Title: CEO, BIGBEN	v CBC	
Address: 525 1/.	MULK JR. BUD, TALLY	r
City: TheAHASS FE		
Phone Number: 850,	4001/020	
Representing: BIC BEND C	BC	
Registered Lobbyist: YES NO	State Employee: YES NO	
<u>بر</u>		
I Wish To Speak: YES NO	Bill Amendment	]
I Have Been Requested to Speak: YES NO	Proponent     Opponent     Proponent     Opponent       Info Only     Info Only     Info Only	
	<u> </u>	_



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: 11-3-15
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:	Mental Health + Substance Use Disorders
Committee/Subcommittee:	N, FAMILIES + SENIORS
Name: MARK FONTAINE	
Title: EXECUTIVE DING	ZTOR
Address: 2868 MAHAN D	nue
City: TAllahassee	State/Zip: <u>FL</u> 32308
Phone Number: $878 - 3$	196
Representing:	stol + Drug Abuse Association
Registered Lobbyist: YES 🕅 NO	State Employee: YES NO
I Wish To Speak: YES 🔀 NO	Bill Amendment
I Have Been Requested to Speak: YES NO	Proponent     Opponent     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:         Meeting Date:         11/3         15
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee: Mental Health
Name: Greg Pound
Title: <u>A Father</u> .
Address: 9166 Suncise DR.
City: <u>Largo</u> State/Zip: <u>Fla. 33773</u>
Phone Number:
Representing: Self
Registered Lobbyist: YES NOX State Employee: YES NOX
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO X       NO X       Info Only       Proponent       Proponent       Opponent       Opponent       Opponent