



Children, Families & Seniors Subcommittee

**Wednesday, December 2, 2015
9:00 AM – 11:00 AM
12 HOB**

Action Packet

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
12/2/2015 9:00:00AM

Location: 12 HOB

Summary:

Children, Families & Seniors Subcommittee

Wednesday December 02, 2015 09:00 am

HB 439	Favorable With Committee Substitute	Yeas: 11	Nays: 0
	Amendment 296725 Adopted Without Objection		
	Amendment 198843 Adopted Without Objection		
	Amendment 554789 Adopted Without Objection		
HB 4033	Favorable	Yeas: 11	Nays: 0

Committee meeting was reported out: Wednesday, December 02, 2015 10:46:28AM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
12/2/2015 9:00:00AM

Location: 12 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:	11	0	2

Committee meeting was reported out: Wednesday, December 02, 2015 10:46:28AM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
12/2/2015 9:00:00AM

Location: 12 HOB

HB 439 : Mental Health Services in Criminal Justice System

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: 11					
Total Nays: 0					

HB 439 Amendments

Amendment 296725

Adopted Without Objection

Amendment 198843

Adopted Without Objection

Amendment 554789

Adopted Without Objection

Appearances:

Fontaine, Mark (Lobbyist) - Waive In Support
 Florida Alcohol & Drug Abuse Association, Inc
 2868 Mahan Dr Ste 1
 Tallahassee FL 32308
 Phone: (850)878-2196

Trammell, Robert (Lobbyist) - Waive In Support
 Florida Public Defender Association
 103 N Gadsden St
 Tallahassee FL 32301
 Phone: (850) 510-2187

Committee meeting was reported out: Wednesday, December 02, 2015 10:46:28AM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

12/2/2015 9:00:00AM

Location: 12 HOB

HB 439 : Mental Health Services in Criminal Justice System (continued)

Appearances: (continued)

Sexton, Samantha (Lobbyist) - Waive In Support
Assoc. Dir. of Gov. Affairs, Pace Center for Girls
One West Adams St., #301
Jacksonville FL 32202
Phone: (904) 383-9403

Youmans, Laura (Lobbyist) - Proponent
Florida Association of Counties
Legislative Advocate
100 N. Monroe
Tallahassee FL 32302

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

Hendrickson, Dan (General Public) - Proponent
Big Bend Mental Health Coalition; NAMI Tallahassee
Volunteer Lobbyist
301 N Gadsden St
Tallahassee FL 32301
Phone: (850) 570-1967

Mahon, Mark (State Employee) - Proponent
Judicial Court
Chief Judge, 4th Judicial Court
501 W. Adams Street
Jacksonville FL 32202
Phone: (904) 255-1000

Craig-Myers, Cathy (Lobbyist) - Waive In Support
Florida Juvenile Justice Association
1107 Hays St
Tallahassee FL 32301
Phone: (850) 294-9960

Committee meeting was reported out: Wednesday, December 02, 2015 10:46:28AM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
12/2/2015 9:00:00AM

Location: 12 HOB
HB 4033 : Prostitution

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
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			

Committee meeting was reported out: Wednesday, December 02, 2015 10:46:28AM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
12/2/2015 9:00:00AM

Location: 12 HOB

Presentation/Workshop/Other Business Appearances:

Residential Group Care

Zepp, Victoria (Lobbyist) - Information Only

Florida Coalition for Children

121 N. Monroe Street

Tallahassee FL 32301

Phone: (850) 241-6309

Residential Group Care

Pound, Greg (General Public) - Information Only

9166 Sunrise Dr

Largo FL 33773

Committee meeting was reported out: Wednesday, December 02, 2015 10:46:28AM

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

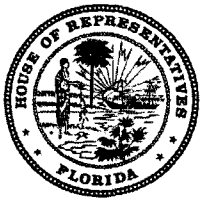
Committee/Subcommittee: Children, Families
& Seniors
 Meeting Date: 12-2-15
 Place: 12 HdB
 Time: 9:00 AM

Bill Number: 4033
 Date Received: _____
 Date Reported: _____
 Subject: Prostitution

Committee/Subcommittee Action:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS								
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								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	0									



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: 12/2/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Res. Group Care

Committee/Subcommittee: Children, Families, Elder Affairs

Name: Victoria V. Zepp

Title: Exe. Dir, Gov't Affairs

Address: 411 E. College Ave.

City: TLH State/Zip: 32301

Phone Number: 850.241.6309

Representing: FL Coalition for Children

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 checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	

Suite





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: 12-2-15

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: Residential Group Care

Committee/Subcommittee: Children, Families & Seniors

Name: Greg Pound

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____

Representing: himself

Registered Lobbyist: YES NO

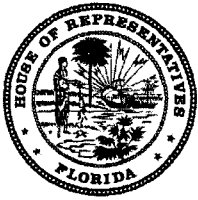
State Employee: YES NO

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 checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: 439 Meeting Date: 12.2.15

Fill in appropriate information:

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

Committee/Subcommittee: Children, Families

Name: MARK FONTAINE

Title: Executive Director

Address: 2868 Mahan 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

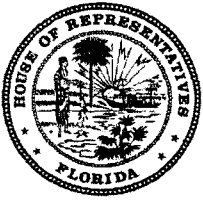
I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

W/S





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: 439 Meeting Date: 12/2/15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Robert Trammell

Title: Gen Counsel

Address: P O Box 1799

City: Tallahassee State/Zip: FL 32302

Phone Number: 850-510-2187

Representing: FL Public Defender

Registered Lobbyist: YES NO

State Employee: YES NO

WAVE IN SUPPORT

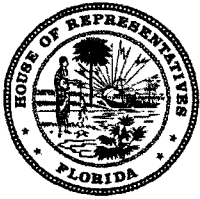
I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

W/S





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: 439 Meeting Date: 12/2

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: mental health

Committee/Subcommittee: Children, Families + Seniors

Name: Samantha Sexton

Title: Dir. Government Affairs

Address: One W Adams St. Suite 301

City: Jacksonville State/Zip: FL 32202

Phone Number: 904-383-9403

Representing: PACE Center for Girls, Inc

Registered Lobbyist: YES NO

State Employee: YES NO

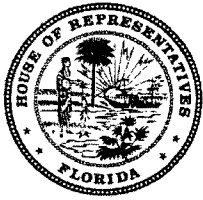
I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

W/S





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: HB 439 Meeting Date: 2 Dec 2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: MENTAL HEALTH SERVICES IN CRIMINAL JUSTICE

Committee/Subcommittee: CHILDREN FAMILIES

Name: LAURA YOUMANS

Title: LEG. ADVOCATE

Address: 100 N. MONROE

City: TAL State/Zip: FL 32304

Phone Number: _____

Representing: FLORIDA ASSOCIATION OF COUNTIES

Registered Lobbyist: YES NO

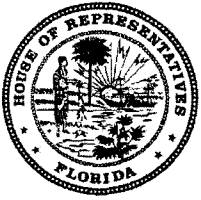
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input checked="" 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: 439 Meeting Date: 2 Dec 15

Fill in appropriate information:

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

Committee/Subcommittee: Children, Families & Seniors

Name: Barney Bishop III

Title: President & CEO

Address: 204 S. Monroe St. Ste. 201

City: Tall State/Zip: FL 32301

Phone Number: 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"/>	

Speaker's appointment





86554368



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: **HB 439 : Mental Health Services Meeting Date: Dec 2 2015 9:00AM**
in Criminal Justice System

PCB/PCS/Amendment # or N/A
Presentation/Workshop Topic:

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

Name: **Hendrickson, Dan**

Title: **volunteer lobbyist**

Address: **PO Box 1201, 319 E Park Ave**

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

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

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

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

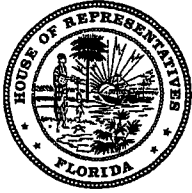
	Bill	Amendment
Proponent		N/A

State





03017450



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: **HB 439 : Mental Health Services Meeting Date: Dec 2 2015 9:00AM**
in Criminal Justice System

PCB/PCS/Amendment # or **N/A**
Presentation/Workshop Topic:

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

Name: **Mahon, Mark (Circuit Chief Judge)**

Title: **Chief Judge, 4th Judicial Cir.**

Address: **501 West Adams Street**

City: **Jacksonville** State/Zip: **FL 32202**

Phone Number: **904-255-1000**

Representing: **Appearing in capacity as chief judge of a judicial circuit**

Registered Lobbyist: **No**

State Employee: **Yes**

I Wish To Speak: **Yes**

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

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

Spoke





84444364



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: **439 : Mental Health Services in Criminal Justice System** Meeting Date: **December 02, 2015 9:00 AM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

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

Name: **Cathy Craig-Myers**

Title:

Address: **3333 W Pensacola Street**

City: **Tallahassee** State/Zip: **FL**

Phone Number: **8502949960**

Representing: **Florida Juvenile Justice Association**

Registered Lobbyist: **Yes**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
	Proponent	N/A

11/5

