2018 Regular Session

TAB

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The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES Senator Flores, Chair Senator Stargel, Vice Chair

MEETING DATE: TIME: PLACE:	Wednesday, November 8, 2017 2:00—4:00 p.m. <i>James E. "Jim" King, Jr. Committee Room,</i> 401 Senate Office Building		
MEMBERS:	Senator Flores, Chair; Senator Stargel, Vice Chair; Senators Baxley, Book, Passidomo, Powell, and Rader		
		BILL DESCRIPTION and	
BILL NO. and INTR	ODUCER	SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
An Update from the Department of Children and Families Specific to the Federal Disaster Presented Supplemental Nutrition Assistance Program, or D-SNAP, in those Counties Impacted by Hurricane Irma			Presented
Initiate Review of Local Funding initiatives for Fiscal Year 2018-2019 Presented			Presented

Other Related Meeting Documents

D-SNAP Policy

When to activate D-SNAP:

- Must have a Presidential Declaration with Individual Assistance (IA).
- Must have commercial channels of food distribution restored so purchases can be made.
- Must ensure proper publications, staffing, and resources are in place to conduct the operation.
- What D-SNAP provides:
 - Temporary food assistance for current non-SNAP households who have suffered food loss as a result of a disaster.
 - One month of maximum allotment benefits for household size (additional months can be provided if needed and approved by waiver from FNS).
 - Supplemental food assistance benefits for regular SNAP households residing in the area served by the Presidential Declaration is provided, if not already receiving the maximum allotment.

D-SNAP is not appropriate if floodwaters have not receded, power has not been restored to the area, roads are impassable, or retailers are not operational. Under these circumstances, USDA and FNS encourages States to wait for families to return to their homes and regain the ability to shop, cook, and safely store food. Operations are approved by FNS for a limited time, typically seven days. Benefits are issued to eligible applicants within 72 hours.

D-SNAP Eligibility

Applicants must have lived or worked in the identified disaster area, been affected by the disaster, and meet the following eligibility criteria:

- Considers take-home pay (net).
- Considers accessible liquid assets (checking, savings, cash on hand).
- Allowance for disaster-related expenses (evacuation expenses, home/business repairs, etc.).
- Adjusted income (net income plus liquid assets minus disaster-related expenses) is within the disaster gross income limit set by FNS.

Verification is relaxed due to administrative burdens; however, the following guidelines are used:

- Identity must be verified on site per FNS DSNAP guidelines. An Authorized Representative (AR)
 may be used by head of household, who will also be required to verify identity.
- Household composition and dates of birth are confirmed.
- Loss of food is confirmed.
- · Residency and loss of income/liquid assets are confirmed.
- Disaster related expenses are confirmed.

Household Allotments

D-SNAP Household Size	Disaster Gross Income Limit	September 2017 Allotment	October 2017 Allotment
1	1,664	194	192
2	2,009	357	352
3	2,354	511	504
4	2,710	649	640
5	3,084	771	760
6	3,458	925	913

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/08/17				an conducting the meeting)	
Meeting Date	_			_	Bill Number (if applicable)
Topic Update on D-S	NAP			Amenda	nent Barcode (if applicable)
Name Mike Carroll					
Job Title Secretary- [Department of	Children and Familie	98		
Address 1317 Winev	vood Bivd			Phone	6
Tallahassee		FL	32311	Email Mike.Carroll	@myflfamilies.com
City Speaking: For	Against	State	-	peaking: In Sup	\$
Representing De	epartment of C	hildren and Families	.		
Appearing at reques	t of Chair: 🔽	Yes No	Lobbyist regist	ered with Legislatu	re: 🖌 Yes 🗌 No
While it is a Senate tradi meeting. Those who do a	-			• • •	
This form is part of the	public record	for this meeting.			S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Nov 8,						10001
М	eeting Date					Bill Number (if applicable)
Topic	Children's Crisis	「eam			Amen	dment Barcode (if applicable)
Name	Rose Chapman					
Job Tit	le <u>CEO Emerita</u>				_	
Addres	s 2688 Fruitville	Rd			Phone 941-587-	-5317
	Sarasota		Fl	34237	Email rchapman	1@jfcs-cares.org
Speakir	City ng: For	Against	State			upport Against nation into the record.)
Rep	presenting JFCS	S of the Su	incoast			
Арреа	ring at request of	Chair:	Yes 🗸 No	Lobbyist regist	ered with Legislat	ture: Yes No
			age public testimony, tin asked to limit their rema			speak to be heard at this can be heard.

This form is part of the public record for this meeting.

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)	
11/8/17	n/a
Meeting Date	Bill Number (if applicable)
	n/a
Topic Ate Station Ameni	dment Barcode (if applicable)
Name Stacey Cook Hawk	
Job Title <u>CEO</u>	
	1) 931 9688
Street Ff Myers FC 33905 EmailScook	hawk@Sulescere
City State Zip Speaking: Information Waive Speaking: In Signation Speaking: Information Waive Speaking: In Signation	
Representing Salus Gre Community Collabora	tie
Appearing at request of Chair: Yes No Lobbyist registered with Legislat	ture: Yes 🖌 No
While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to s meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible	

This form is part of the public record for this meeting.

THE FLORIDA S	Senate
	RECORD
(Deliver BOTH copies of this form to the Senator or Senator	
Meeting Date	Bill Number (if applicable)
Topic Alzheimer's Community Care	Amendment Barcode (if applicable)
Name Mary Barnes	
Job Title CEO	
Address 800 North point Gar K Way	<u>Sura Mp</u> hone <u>561 - 683-2700</u>
Wot Calin Beach, Fl. 33	<u>Surte/01/0</u> Phone <u>561-683-2700</u> <u>407</u> Email <u>Morres Datz Carson</u> Zip
Speaking: For Against KInformation	Waive Speaking: In Support Against (The Chair will read this information into the record.)
Representing	
Appearing at request of Chair: Yes No Lob	byist registered with Legislature: 🗌 Yes 📈 No
While it is a Senate tradition to encourage public testimony time may	not permit all persons wishing to apoply to be beard at this

This form is part of the public record for this meeting.

	ORIDA SENATE	
APPEARA	NCE RECO	RD
(Deliver BOTH copies of this form to the Senate		
<u>IL-8-17</u> Meeting Date		Bill Number (if applicable)
Topic All Pro Dad Family First Adag	tion Promoti	ー へ SxC5 . Amendment Barcode (if applicable)
Name Jonathan Morgan		_
Job Title Partner Services Manage	<u> </u>	
Address <u>5509 W. Carny St. Stelo</u> Street	ひ	Phone $(813)222 - 8303$
Tampa FL City State	Zip	_ Email jonalhanc familyfirst. net
Speaking: For Against Information		Speaking: In Support Against air will read this information into the record.)
Representing		
Appearing at request of Chair: Yes No	Lobbyist regis	tered with Legislature: 🚺 Yes 🔝 No

This form is part of the public record for this meeting.

THE FLORIDA SENATE APPEARANCE RECORD (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)				
Meeting Date	Bill Number (if applicable)			
Topic Veteras Internation Program	Amendment Barcode (if applicable)			
Name Grica Smith				
Job Title Behavioral Health Many				
Address 8002 King Helie Dlud	Phone 721-315-812.5			
Street New Port Richen FL City State	34653 Email erica. Smith @ bayecure.og			
Speaking: For Against Information	Waive Speaking: In Support Against (The Chair will read this information into the record.)			
Representing Day Care Dehavitral	Health			
Appearing at request of Chair: 🔛 Yes 🚺 No	Lobbyist registered with Legislature: 🔛 Yes 🏹 No			

This form is part of the public record for this meeting.

THE FI	LORIDA SENATE
	ANCE RECORD
Meeting Date	Bill Number (if applicable)
Topic Women's Residential Treatment for	cpicid addiction Amendment Barcode (if applicable)
Name Cheryl Bello	3
Job Title <u>Clinical Director</u>	
Address 1033 N. Pine Hills Pond	Phone (407)879-1201
Orlando FL City State	32824 Email Cheryl. bello@Fisteps. City
Speaking: V For Against Information	Waive Speaking: In Support Against (The Chair will read this information into the record.)
Representing Specialized Treatment Ed	ucation and Prevention Services (STEPS)
Appearing at request of Chair: 🔄 Yes 🏹 No	Lobbyist registered with Legislature: 🔛 Yes 🗹 No

This form is part of the public record for this meeting.

THE FLORIDA SENATE	
APPEARANCE RECORD	
(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the	e meeting)
Meeting Date	Bill Number (if applicable)
Topic Optomen Residential Treatment	Amendment Barcode (if applicable)
Name Hazel Hastnicks	
Job Title Pregram Director Women's Residentia	2
Address 1991 S. Apopha Bluch Phone 3	212873676
	astingshazel Q
Speaking: K For Against Information Waive Speaking: (The Chair will read this	In Support Against information into the record.)
Representing <u>STEPS</u>	
Appearing at request of Chair: Yes X No Lobbyist registered with Le	egislature: Yes Xo
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This form is part of the public record for this meeting.

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

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November 8, 2017			
Meeting Date			Bill Number (if applicable)
Topic Continued funding for FACT T	eam in St. Johns & F	Putnam Counties	Amendment Barcode (if applicable)
Name Nicole Sharbono			16
Job Title VP, Volusia County Service	S		
Address 1220 Willis Avenue			Phone 386-254-1264
<i>Street</i> Daytona Beach	FL	32114	Email <u>nsharbono@smabehavioral.org</u>
City	State	Zip	
Speaking: For Against	Information		peaking: In Support Against ir will read this information into the record.)
Representing Stewart-Marchma	n-Act Behavioral He	althcare	
Appearing at request of Chair:	Yes 🖌 No	Lobbyist regist	tered with Legislature: 🔲 Yes 🗹 No
	public testimony, time	e may not permit al ks so that as many	l persons wishing to speak to be heard at this persons as possible can be heard.
This form is part of the public record for	or this meeting.		S-001 (10/1 4/1 4)

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/08/2017	
Meeting Date	Bill Number (if applicable)
Topic LFIR 1007 South Okaloosa County Criminal Justice	Diversion Facility Amendment Barcode (if applicable)
Name Michael Beedie	
Job Title City Manager	
Address 107 Miracle Strip Parkway SW	Phone (850) 461-2687
Street Fort Walton Beach FL	32548 Email mbeedie@fwb.org
City State Speaking: For Against Information	Zip Waive Speaking: In Support Against (The Chair will read this information into the record.)
Representing City of Fort Walton Beach	
Appearing at request of Chair: Yes 🖌 No	Lobbyist registered with Legislature: Yes 🖌 No
While it is a Senate tradition to encourage public testimony, tim meeting. Those who do speak may be asked to limit their rema	e may not permit all persons wishing to speak to be heard at this rks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/8/2017				
Meeting Date				Bill Number (if applicable)
Topic Home-Deliver	red Meals for Eld	erly in Northeast Flo	prida	Amendment Barcode (if applicable)
Name Bryan Hensle	y .			
Job Title Director of	Planning and Pr	ograms		
Address 10688 Old	St. Augustine Ro	bad		Phone 904-391-6639
Jacksonvill	e	FL	32257	Email bryan.hensley@myeldersource.org
City Speaking: For	Against	State		peaking: In Support Against ir will read this information into the record.)
Representing _	lortheast Florida	Area Agency on Ag	ing d/b/a ElderSo	
Appearing at reque	st of Chair:	Yes 🖌 No	Lobbyist regist	ered with Legislature: 🗌 Yes 🗹 No
While it is a Senate trac meeting. Those who do	lition to encourage speak may be as	e public testimony, time ked to limit their remai	e may not permit all rks so that as many	persons wishing to speak to be heard at this persons as possible can be heard.
This form is part of th	e public record f	or this meeting.		S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/8/2	017			-	
M	leeting Date				Bill Number (if applicable)
Topic	Coastal Behavioral FACT te Carole Green	am LFIR Ser Se	nator St	embe	Amendment Barcode (if applicable)
		· · · · · ·		21	
Job Ti	tle Lobbyist			-	
Addre	ss P.O. Box 07463			Phone ⁸	50-590-2206
	Street	· · · · · · · · · · · · · · · · · · ·	· · ·		
	Fort Myers	Florida	3391 9	Email car	role@capitolstrategiesinc.com
	City	State	Zip		
Speaki	ng: 🖌 For 🗌 Against	Information			In Support Against Against is information into the record.)
Re	presenting Coastal Behavi	oral of Sarasota, Florida			
While it	ring at request of Chair:	ge public testimony, time n	nay not permit al	l persons wis	egislature: Yes No hing to speak to be heard at this possible can be heard.

This form is part of the public record for this meeting.

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date	Bill Number	(if applicable)
Topic <u>Funding Initiatives 2018</u> Name Christine Falkowski	- 2019 Amendment Barcode	(if applicable)
Job Title Director of Marke	ting	
Address 3800 5th St	Phone <u>407-892-</u>	5700
St. Cloud FL City State	34769 Email Chris@thetrans	ition house
Speaking: For Against Information	(The Chair will read this information into the	Against record.)
Representing The Transition Ha	use Inc	<u> </u>
Appearing at request of Chair: 🔄 Yes 🔀 No	Lobbyist registered with Legislature:	es 🕅 No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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NA

THE FLORIDA SENATE APPEARANCE RECORD				
(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)				
Meeting Date Bill Number (if applicable)				
Topic Local Funding Initiative Requests Amendment Barcode (if applicable)				
Name Joann Baker				
Job Title Administrator				
Address 2600 Hospital Drive Phone (850) 487-8000				
Bonifay FL 32425 Email JoAnn. Baker				
Speaking: For Against Information Waive Speaking: In Support Against (The Chair will read this information into the record.)				
Representing Doctors Memorial Hospital, Bonifay				
Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No				
Vhile it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this neeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.				

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THE FLORIDA SENATE	
APPEARANCE RECO	RD
(Deliver BOTH copies of this form to the Senator or Senate Professional St	aff conducting the meeting)
Meeting Date	Bill Number (if applicable)
Topic leterans Nursing Home	Amendment Barcode (if applicable)
Name Kathy Bryant	
Job Title Vice Chair Marion County Commission	
Address 601 SE25th Ave	Phone (352) 438-2323
Street Ocala FL 34471	Email Kathy - Dryant Devolty fl. org
City State Zip	
Speaking: For Against Information Waive Sp (The Chai	eaking: In Support Against r will read this information into the record.)
Representing Marion County	
Appearing at request of Chair: Yes Ko Lobbyist registe	ered with Legislature: Yes Vo

This form is part of the public record for this meeting.

THE FLORIDA SENATE APPEARANCE RECO (Deliver BOTH copies of this form to the Senator or Senate Professional	
Meeting Date	Bill Number (if applicable)
Topic Support for Local Funding	Amendment Barcode (if applicable)
Name Kod LNE	
Job Title Charkman	_
Address 299 Lexime DR. 1001	_ Phone 407 925-1077
Al-Aminte Springs, PC 32-714 City State Zip	_ Email Consg@ Conss. net
	Speaking: In Support Against bair will read this information into the record.)
Representing	
Appearing at request of Chair: Yes No Lobbyist regi	stered with Legislature: 🗌 Yes 🔀 No

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD
Image: Meeting Date (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) Image: I
Topic Community Addiction Recovery Beds Amendment Barcode (if applicable)
Name Faul Sutton
Job Title <u>Exector</u> Director
Address 1124 Frazer Pine Blid Phone 941-928-4435
State Zip Email pKSutton 788 M City State Zip Yahoo. goon
Speaking: Information Speaking: Against Information Waive Speaking: Information Waive Speaking: Information (The Chair will read this information into the record.)
Representing Scarsoit Confitnees on Substance Abuse / The
Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

This form is part of the public record for this meeting.

11/8/17	THE FLOR APPEARAN Deliver BOTH copies of this form to the Senator			the meeting)
Meeting Date				Bill Number (if applicable)
Topic	ity Addrestion Recover	(BU)S	-	Amendment Barcode (if applicable)
Name Chris	Johnson			
Job Title Dired	er of frogram Service	\$	-	
Address <u>1400 10²</u>	8)-		Phone_	941-954-4673
Sonsula	FL	34236	Email	
City	State	Zip		
Speaking: 🔀 For 📃	Against Information			In Support Against In Support Against
Representing	The Salvation Army			
Appearing at request of	Chair: 🔄 Yes 📈 No	Lobbyist regis	tered with	Legislature: 🗌 Yes 🔀 No

This form is part of the public record for this meeting.

THE FLO	RIDA SENATE
APPEARAN	NCE RECORD
Deliver BOTH copies of this form to the Senator	r or Senate Professional Staff conducting the meeting)
Meeting Date	Bill Number (if applicable)
Topic Community Crisis Prevention	Team Amendment Barcode (if applicable)
Name Elizabeth Franco	
Job Title Director of Clinical Operations	
Address 3,292 County Road 220	Phone <u>904-7915 21 × 2150</u>
Middleburg <u>P</u> . City State	32018 Email elizabeth, franco firstucky
Speaking: For Against Information	Waive Speaking: In Support Against (The Chair will read this information into the record.)
Representing <u>Clay Behavioral</u>	
Appearing at request of Chair: Yes No	Lobbyist registered with Legislature: 🗌 Yes XNo

This form is part of the public record for this meeting.

4410147	(Deliver BOTH copies of this form to the Senator	or Senate Professional Staff conducting the	e meeting)
11/8/17	_		n/a
Meeting Date			Bill Number (if applicable)
~	-		n/a
Topic GRACEPO	INT BAKER ACT BED.	S-1-LILIBOROVGH	Amendment Barcode (if applicable)
Name Jor R.	172/67.520		
Job Title <u>CEO</u>			
Address <u>5707</u>	N. 22NO. STREET	Phone <u></u>	13-239-8083
Tampa City	FL. <u>33610</u> State	Zip Email	KETURATWELLNESS. ORG
Speaking: V For	Against Information	Waive Speaking:	In Support Against
Representing	<u></u>		
Appearing at request	of Chair: 🗌 Yes 🖌 No	Lobbyist registered with L	egislature: 🔲 Yes 🗹 No
While it is a Senate tradition meeting. Those who do sp	on to encourage public testimony, time beak may be asked to limit their reman	e may not permit all persons wish ks so that as many persons as p	ning to speak to be heard at this ossible can be heard.

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(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/8/17			n/a
Meeting Date			Bill Number (if applicable)
			n/a
Topic <u>centerstone</u>	PSYCHLATRIC RESID	ENCY EXPANSION	Amendment Barcode (if applicable)
Name <u>PHILLIP BUR</u>	NETT		
Job Title <u>CHIEF RE</u>	MENT		
Address <u>379</u> 6 TH Street	AVE WEST	Phone	(850) 508-6513
GRADENTON City	FLORIDA State	<u>342<i>05</i></u> Email_ _{Zip}	
·	ainst Information	Waive Speaking: (The Chair will read	In Support Against <i>this information into the record.)</i>
Representing <u>_</u> CEN	TERSTONE OF P	LORIDA	
Appearing at request of Ch	air: 🗌 Yes 🖌 No	Lobbyist registered with	i Legislature: ☐Yes ✔No
	encourage public testimony, time nay be asked to limit their remar		vishing to speak to be heard at this s possible can be heard.
This form is part of the public	record for this meeting.		S-001 (10/14/14)

THE FLORIDA SENATE

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) 11/8/17	n/a
Meeting Date	Bill Number (if applicable)
B. Magger + Ageran Jean -	n/a
Topic Emergency Management Access Jean -	ment Barcode (if applicable)
Name Bonnie R. Barlow	
Job Title Chilf Operating Officer	- 12
Address 137 Haspital Quive Phone 850-	833-7510
T. Walton Beach, H. 32518 Email Drusht City State Zip Email Drusht	tan Obridgeway.
	pport Against
Representing Bridgeway Center, Inc.	
Appearing at request of Chair: Yes No Lobbyist registered with Legislate	ure: Yes 🖌 No
While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to sp meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible of	

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(Deliver BOTH copies of this form to the Senator or Senate Professional 11/8/17	Staff conducting the meeting) n/a
Meeting Date	Bill Number (if applicable)
	n/a
Topic Virtual Response Team	Amendment Barcode (if applicable)
Name Anna Baznik	
Job Title Pris/CEO	_
Address 3157 N. Alafaye Tr	Phone 407 491 0965
Street FL 32826	Email abaznike impower fl-og
City State Zip	
	Speaking: In Support Against air will read this information into the record.)
Representing IMPOWER	
Appearing at request of Chair: Yes Vo Lobbyist regis	stered with Legislature: Yes 🖌 No
While it is a Senate tradition to encourage public testimony, time may not permit a	all persons wishing to speak to be heard at this

meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE	
APPEARANCE RECOR	RD
(Deliver BOTH copies of this form to the Senator or Senate Professional Sta	aff conducting the meeting)
Meeting Date	Bill Number (if applicable)
	and St K Amendment Barcode (if applicable)
Name Raymond M. Porn mg	
Job Title Medical Director	
Address 535 Stockton St. Street	Phone 337-4661
Tucksonville FL 322012 City State Zip	Email from Orrhs.org
	eaking: In Support Against will read this information into the record.)
Representing <u>Loy BH/Gatouroy 1 St Vincent</u>	9'3 ED
Appearing at request of Chair: Yes X No Lobbyist registe	ered with Legislature: 🔄 Yes 📈 No

This form is part of the public record for this meeting.

THE	FLORIDA SENATE
APPEAR	ANCE RECORD
November 8,2017 Meeting Date (Deliver BOTH copies of this form to the Se	enator or Senate Professional Staff conducting the meeting)
Meeting Date	Bill Number (if applicable)
Topic Flagler Hospital	Amendment Barcode (if applicable)
Name Paul Wharton	
Job Title Lobbyist	
Address 8458 Drayton Park	Drive Phone (904) 563-0627
Jax FL	32217 Email departwharton equail.com
City State	Zip /
Speaking: For Against Information	Waive Speaking: In Support Against (The Chair will read this information into the record.)
Representing Flagler Hospital	
Appearing at request of Chair: Yes No	Lobbyist registered with Legislature: Yes No

This form is part of the public record for this meeting.

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/08/2017

Meeting Date

Bill Number (if applicable)

Topic U	CF PTSD Clinic for Florida \	eterans and First Res	oonders	Amendment Barcode (if applicable,
Name _D	eborah C. Beidel, Ph.D., AB	PP		-
Job Title	Trustee Chair and Pegasus Profess	or; Director UCF RESTORES	(UCF PTSD Clinic)	-
Address 4111 Pictor Lane, University of Central Florida			Phone 407-823-3254	
	Street Orlando	FL	32816	Email_deborah.beidel@ucf.edu
	City	State	Zip	<u> </u>
Speaking	: 🖌 For 🗌 Against [Information		peaking: In Support Against in will read this information into the record.)
Representing UCF PTSD Clinic for Florida Veterans and First Responders				
Appearing at request of Chair: \boxed{V} Yes \boxed{No} Lobbyist registered with Legislature: \boxed{V} Yes \boxed{V} No While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.				

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(11/8/17	Deliver BOTH copies of this form to the Senator	or Senate Professional Staff conduc	ting the meeting) n/a
Meeting Date			Bill Number (if applicable)
Topic Meridian	Health ainic		n/a Amendment Barcode (if applicable)
Name Ma Dr. 1	naggie Labarta		
Job Title Preside	•		
Address 1565	SW Williston Rd	Phone	e 352 - 374 - 5600 × 8220
	sville, FL 32608	Email	maggie-laborta@mbhci.og
	Against Information	Zip Waive Speaking (The Chair will rea	: In Support Against ad this information into the record.)
Representing			
Appearing at request of	f Chair: Yes 🖌 No	Lobbyist registered wi	th Legislature: 🔲 Yes 🗹 No
While it is a Senate tradition meeting. Those who do spe	to encourage public testimony, time ak may be asked to limit their remai	e may not permit all persons ks so that as many persons	wishing to speak to be heard at this as possible can be heard.

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THE FLOR	RIDA SENATE	
(Deliver BOTH copies of this form to the Senator		
Meeting Date		Bill Number (if applicable)
Topic Local Funding initiative	<u> </u>	Amendment Barcode (if applicable)
Name rold Dixon		
Job Title Director of Common L	Affeirs	
Address 5151 Adamson Street		Phone (407) 875-3700
Street Orlando FC City State	32804 Zip	Email rold Dixon@ Aspire HAP
Speaking: For Against Information		> > > > > > > > > > > > > > > > > > >
Representing Aspire Health Pay	rhers	
Appearing at request of Chair: Yes No	Lobbyist regist	ered with Legislature: 🗌 Yes 📈 No

This form is part of the public record for this meeting.

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)
n/a
Meeting Date Bill Number (if applicable)
Topic Apalachee Cauter SRT, CAT and CRF Amendment Barcode (if applicable)
Name My Reeve
Job Title CEO Aprilachee Center
Address <u>2634</u> Capital Circle Phone (850) 523-321B
internallahussee, FL 32308 Email 124 Odpulachee
Speaking: Information Speaking: Information Waive Speaking: In Support Against Information
Representing Apalachee Center, InC.
Appearing at request of Chair: Yes Vo Lobbyist registered with Legislature: Yes VNo
While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

CourtSmart Tag Report

Room: SB 40 [°] Caption: Sena		Case No.: mmittee on Health and Human Services	Type: Judge:
	/2017 2:03:41 PM /2017 4:00:14 PM	Length: 01:56:34	
	/2017 4:00:14 PM Sen. Flores (Chair) TAB 1 - Update on Fed urricane Irma	Length: 01:56:34 deral Disaster Supplemental Nutrition Assis Dept. of Children and Families	tance Program, or D-SNAP, in Counties
2:51:10 PM 2:51:38 PM 2:51:46 PM 2:52:49 PM 2:54:46 PM 2:56:07 PM 2:57:33 PM 2:58:07 PM 2:58:38 PM 2:59:04 PM 2:59:04 PM 3:00:24 PM 3:00:24 PM 3:00:48 PM 3:06:25 PM 3:06:25 PM 3:06:40 PM 3:07:24 PM 3:09:14 PM 3:09:14 PM 3:09:14 PM 3:09:14 PM 3:09:14 PM 3:09:14 PM 3:09:14 PM 3:10:33 PM 3:11:32 PM	M. Carroll Sen. Powell M. Carroll Sen. Powell M. Carroll Sen. Powell M. Carroll Sen. Powell Sen. Book M. Carroll Sen. Stargel M. Carroll Sen. Rader M. Carroll Sen. Rader Sen. Flores M. Carroll Sen. Flores TAB 2 - Initiate Review Rose Chapman, CEO E Stacy Cook Hawk, CEO	of Local Funding initiatives for Fiscal Year Emerita, JFCS of Sun Coast O, SalusCare Community Collaborative cheimer's Community Care	2018-2019

- 3:16:54 PM Sen. Rader
 3:17:01 PM Jonathan Morgan, Partner, Services Mgr., Family First Adoption Promotion Services
 3:19:28 PM Erica Smith, Behavioral Health Mgr., Bay Care Behavioral Health
 3:21:32 PM Cheryl Bello, Clinical Director, STEPS
- **3:23:16 PM** Hazel Hastings, Program Director Women's Residential, STEPS
- 3:24:08 PM Nicole Sharbono, VP, Volusia County Services, Stewart-Marchman-Act Behavioral Healthcare
- **3:25:12 PM** Michael Beddie, City Manager, City of Fort Walton Beach
- 3:26:31 PM Bryan Hensley, Director of Planning and Programs, DBA ElderSource
- 3:28:09 PM Carole Green, Lobbyist, Coastal Behavioral of Sarasota, Florida
- **3:28:49 PM** Christine Falkowski, Director of Marketing, The Transition House, Inc.
- 3:30:31 PM JoAnn Baker, Administrator, Doctor's Memorial Hospital, Bonifay, FL
- **3:31:55 PM** Kathy Bryant, Vice Chair, Marion County Board of Commissioners
- **3:33:47 PM** Rod Love, Chairman, Community Synergy Group, Inc.
- **3:34:59 PM** Chris Johnson, Director of Program Services, The Salvation Army
- 3:36:05 PM Paul Sutton, Executive Director, Sarasota Coalition Substance Abuse/Salvation Army
- 3:37:46 PM Elizabeth Franco, Director of Clinical Operations, Clay Behavioral Health
- **3:39:06 PM** Joe Rutherford, CEO, Gracepoint Wellness
- 3:40:48 PM Phillip Burnett, Chief Resident, Centerstone of FL
- **3:42:36 PM** Bonnie R. Barlow, COO, Bridgeway Center, Inc.
- 3:44:30 PM Anna Bazrik, President/CEO, Impower
- 3:47:59 PM Raymond M. Pomm M.D., Medical Director, Clay Behavioral Health/Gateway/St. Vincent's ED
- 3:49:37 PM Sen. Rader
- 3:50:04 PM R. Pomm
- 3:50:38 PM Paul Wharton, Lobbyist, Flagler Hospital
- **3:52:03 PM** Deborah C. Beidel, Ph.D., ABPP, UCF PTSD Clinic for Florida Veterans and First Responders
- 3:54:03 PM Dr. Maggie Labarta, President/CEO, Meridian Health Clinic
- 3:56:29 PM Todd Dixon, Director of Community Affairs, Aspire Health Partners
- **3:58:10 PM** Jay Reeve, CEO, Apalachee Center, Inc.