



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services
Legislative Appropriations Request Stakeholder Meeting
Thursday, May 22, 2014
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

- History of Clubhouse development - briefly
- Generation of support to create 4 Clubhouses in Texas
- Potential value of Clubhouse model to provide daily activity for persons with mental illnesses - diversion from long term inpatient commitment

Registrant information:

Please PRINT clearly

NAME: Cathy Weaver
ADDRESS: 7002 Windrift Way
CITY: Austin STATE: Texas ZIP: 78745
PHONE NUMBER: () REPRESENTING: Austin Clubhouses

Signature: Catherine Weaver Date: 5/22/14

To Comment:

- 1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

**Department of State Health Services
Legislative Appropriations Request Stakeholder Meeting
Thursday, May 22, 2014
Austin, Texas**

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

Comments on the importance of supportive housing for people with SMI, and a request that long term vouchers be worked into the current DSHS rental assistance program

Registrant information:

Please PRINT clearly

NAME: Tanya Lovelle		
ADDRESS: 1611 Herdway Circle		
Building 1		
CITY: Austin	STATE: TX	ZIP: 78754
PHONE NUMBER: (512) 615-6841 REPRESENTING: Easter Seals CTX		

Signature: Tanya Lovelle

Date: 5/22/14

To Comment:

1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

**Department of State Health Services
Legislative Appropriations Request Stakeholder Meeting
Thursday, May 22, 2014
Austin, Texas**

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

Support for rate increase - substance abuse services
Support for rate study - in response to feedback from providers
Support for any additional capacity expansion available

Registrant information:

Please PRINT clearly

NAME: Jerry Hall		
ADDRESS: 3015 Herring Ave Waco TX 76708		
CITY: Waco	STATE: TX	ZIP: 76708
PHONE NUMBER: (817) 652-4378 REPRESENTING: Center Foundation		

Signature: *Jerry Hall*

Date: 5-22-14

To Comment:

1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services
Legislative Appropriations Request Stakeholder Meeting
Thursday, May 22, 2014
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (*Please list agenda title(s) or number(s)*):

Summary of Comments:

Registrant information:

Please PRINT clearly

NAME:	Josette Saxton		
ADDRESS:	811 Trinity St A		
CITY:	STATE:	ZIP:	
Austin	TX	78701	
PHONE NUMBER:	REPRESENTING:		
817-473-2274	Texans Care		

Signature:

Josette Saxton

Date:

for children
5-22-14

To Comment:

1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services
Legislative Appropriations Request Stakeholder Meeting
Thursday, May 22, 2014
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

Comments in favor of the continued support and funding for essential public health services.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER, containing handwritten information for Michele Austin.

Signature: [Handwritten Signature] Date: 5/22/14

- To Comment:
1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services
Legislative Appropriations Request Stakeholder Meeting
Thursday, May 22, 2014
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

We are asking DSTU for a designated funding stream for underage drinking.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER, containing handwritten information for Beth Martinez.

Signature: Beth Martinez Date: 5/22/14

To Comment:

- 1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services
Legislative Appropriations Request Stakeholder Meeting
Thursday, May 22, 2014
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

LAR - Add \$30M to Prevention investment
- Bring CMBHS up to par
- Raise treatment rates to ensure capacity

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING, filled with handwritten information.

Signature:

Date:

To Comment:

- 1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services
Legislative Appropriations Request Stakeholder Meeting
Thursday, May 22, 2014
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

In support of increased funding for tobacco control and the Breast & Cervical Cancer Services Program.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include CAM SCOTT, 2433 Ridgpoint Dr. Austin, TX, and American Cancer Society Cancer Action Network.

Signature: [Handwritten Signature]

Date: 5-22-14

To Comment:

- 1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the
Department of State Health Services
Legislative Appropriations Request Stakeholder Meeting
Thursday, May 22, 2014
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Douglas Denton, ADDRESS: 315 Sunset Ave, CITY: Dallas, STATE: TX, ZIP: 75208, PHONE NUMBER: (214) 566-0143, REPRESENTING: ASAP-

Signature: [Handwritten Signature] Date: 5-22-14

- To Comment:
1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services
Legislative Appropriations Request Stakeholder Meeting
Thursday, May 22, 2014
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: ERIC SANCHEZ, ADDRESS: 3553 HOUSTON AVE, CITY: SAN ANGELO, STATE: TX, ZIP: 76901, PHONE NUMBER: 325-224-3481, REPRESENTING: ADACCU/ASAP

Signature:

Date:

To Comment:

- 1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services
Legislative Appropriations Request Stakeholder Meeting
Thursday, May 22, 2014
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

- Expand 1915i waiver for MH population
Enhanced case rate MCOs for hsg stab. chronic homeless
1115 - continue, use state IGT for Act in PSH
Reauth, expand Healthy Comm. Collabs

Registrant information:

Please PRINT clearly

NAME: Dianna Grey
ADDRESS: 1406 North Redondo
CITY: Austin STATE: TX ZIP: 78721
PHONE NUMBER: 712.228.0785 REPRESENTING: Corporation for Supportive Housing

Signature: [Handwritten Signature]

Date: 5.22.14

To Comment:

- 1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services
Legislative Appropriations Request Stakeholder Meeting
Thursday, May 22, 2014
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

Registrant information:

Please PRINT clearly

NAME: Greg Hansch
ADDRESS: 2800 S 1-35, Suite 140
CITY: Austin STATE: TX ZIP: 78704
PHONE NUMBER: (512) 693-2000 REPRESENTING: National Alliance on Mental Illness (NAMI)

Signature: [Handwritten Signature]

Date: 5/22/14

To Comment:

- 1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.