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# Judiciary Committee

**Tuesday, December 10, 2019**

**8:30 am – 11:30 am**

**404 HOB**

**Action Packet**

**Jose Oliva  
Speaker**

**Paul Renner  
Chair**

**Committee Meeting Notice**  
**HOUSE OF REPRESENTATIVES**

**Judiciary Committee**

**Start Date and Time:** Tuesday, December 10, 2019 08:30 am  
**End Date and Time:** Tuesday, December 10, 2019 11:30 am  
**Location:** Sumner Hall (404 HOB)  
**Duration:** 3.00 hrs

Workshop on mental health and the criminal justice system.

**NOTICE FINALIZED on 12/03/2019 4:04PM by Ellerkamp.Donna**

# **COMMITTEE MEETING REPORT**

**Judiciary Committee**

**12/10/2019 8:30AM**

**Location:** Sumner Hall (404 HOB)

**Summary:** No Bills Considered

**Committee meeting was reported out: Tuesday, December 10, 2019 2:30PM**

# COMMITTEE MEETING REPORT

## Judiciary Committee

12/10/2019 8:30AM

**Location:** Sumner Hall (404 HOB)

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Paul Renner (Chair)	X		
Ramon Alexander	X		
Mike Beltran	X		
Robert Brannan III	X		
Ben Diamond	X		
Fentrice Driskell	X		
Juan Fernandez-Barquin	X		
Heather Fitzenhagen	X		
Joseph Geller	X		
Michael Gottlieb	X		
James Grant	X		
Tommy Gregory	X		
Mike Hill	X		
Sam Killebrew	X		
Chip LaMarca	X		
Amy Mercado	X		
Bob Rommel	X		
Tyler Sirois	X		
<b>Totals:</b>	<b>18</b>	<b>0</b>	<b>0</b>

Committee meeting was reported out: Tuesday, December 10, 2019 2:30PM

# COMMITTEE MEETING REPORT

## Judiciary Committee

12/10/2019 8:30AM

**Location:** Sumner Hall (404 HOB)

### **Presentation/Workshop/Other Business Appearances:**

#### Mental Health

Art Cooksey - Information Only  
Let's Talk Interactive  
CEO  
2911 Sharon Rd.  
Charlotte NC 28211  
Phone: (704) 728-1678

#### Mental Health & the Criminal Justice System

John Couch (State Employee) (At Request Of Chair) - Information Only  
Office of the State Courts Administrator  
Chief of Court Improvement  
500 S Duval St.  
Tallahassee FL 32399  
Phone: (850) 410-1527

#### Mental Health & the Criminal Justice System

Toni Roach (At Request of Member, Committee or Staff) - Information Only  
Pasco Sheriff's Office  
Lieutenant  
8700 Citizen Dr.  
New Port Richey FL  
Phone: (727) 847-5878

#### Mental Health & the Criminal Justice System

Tracy Kaly (At Request of Member, Committee or Staff) - Information Only  
BayCare Behavioral Health  
Director of Operations  
8132 King Helie Blvd  
New Port Richey FL  
Phone: (813) 486-0397

#### Mental Health & the Criminal Justice System

Mark Inch (State Employee) (At Request of Member, Committee or Staff) - Information Only  
Florida Department of Corrections  
Secretary  
501 S. Calhoun St.  
Tallahassee FL 32399  
Phone: (850) 717-3030

#### Mental Health & the Criminal Justice System

Dr. Dean Aufderhiede (State Employee) (At Request of Member, Committee or Staff) - Information Only  
Florida Department of Corrections  
Chief of Mental Health Services  
501 S. Calhoun St.  
Tallahassee FL 32399  
Phone: (850) 717-3281

Committee meeting was reported out: Tuesday, December 10, 2019 2:30PM

# COMMITTEE MEETING REPORT

## Judiciary Committee

12/10/2019 8:30AM

**Location:** Sumner Hall (404 HOB)

### **Presentation/Workshop/Other Business Appearances: (continued)**

#### Mental Health & the Criminal Justice System

Sheriff Mike Adkinson (At Request of Member, Committee or Staff) - Information Only

Walton County

Sheriff

Defuniak Springs FL 32433

#### Mental Health & the Criminal Justice System

Judge Steven Leifman (State Employee) (At Request of Member, Committee or Staff) (Appearing in Official Capacity) - Information Only

State Courts System

County Court Judge ; Chair of the Steering Committee on Problem-Solving Courts

1351 NW 12th St.

Miami FL 33125

Phone: (305) 548-5394

#### Mental Health & the Criminal Justice System

Mark A. Speiser (State Employee) (At Request of Member, Committee or Staff) - Information Only

Senior Circuit Court Judge

Broward County Courthouse 2015 E. 619 St.

Ft. Lauderdale FL 33301

Phone: (954) 831-7805

#### Mental Health & the Criminal Justice System

Kristen Rodriguez (At Request of Member, Committee or Staff) - Information Only

Walton County Sheriff's Office

Bureau Chief

Defuniak Springs 32433

Phone: 865-0628

Committee meeting was reported out: Tuesday, December 10, 2019 2:30PM



**HOUSE OF REPRESENTATIVES  
COMMITTEE ATTENDANCE ROLL CALL**

The Committee on Judiciary

met at 8:30 AM o'clock on 12-10-19 with the following attendance:

<u>Member</u>	<u>Present</u>	<u>Absent*</u>	<u>Excused</u>
Chair Renner, Paul	✓		
Vice Chair Rommel, Bob	✓		
Ranking Member Diamond, Ben	✓		
Alexander, Ramon	✓		
Beltran, Mike	✓		
Brannan, Chuck	✓		
Driskell, Fentrice	✓		
Fernandez-Barquin, Juan	✓		
Fitzenhagen, Heather	✓		
Geller, Joe	✓		
Gottlieb, Michael	✓		
Grant, James	✓		
Gregory, Tommy	✓		
Hill, Mike	✓		
Killebrew, Sam	✓		
LaMarca, Chip	✓		
Mercado, Amy	✓		
Sirois, Tyler	✓		

Representative Paul Renner  
Chair

\*A member must be excused by Chair or Speaker. A member answering roll call is presumed "present" thereafter.



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill  Amendment

Bill/PCS/PCB Number: \_\_\_\_\_

Amendment Barcode Number: \_\_\_\_\_

Name: Art Cooksey

Representing: Let's Talk Interactive

Title: CEO

Address: 2911 Sharon Rd

City: Charlotte State/Zip: NC 28211

Phone Number: 704 228 1678 Meeting Date: 12/10/19

Committee/Subcommittee: House Judiciary

Presentation/Workshop Topic: Mental Health

Registered Lobbyist: YES  NO

State Employee: YES  NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [ ] Amendment [ ]
Bill/PCS/PCB Number: \_\_\_\_\_
Amendment Barcode Number: \_\_\_\_\_

Name: John Couch

Representing: Office of the State Courts Administrator

Title: Chief of Court Improvement

Address: 500 S. Duval St.

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-410-1527 Meeting Date: 12/10/19

Committee/Subcommittee: Judiciary

Presentation/Workshop Topic: Mental Health & the Criminal Justice System

Registered Lobbyist: YES [ ] NO [X]
State Employee: YES [X] NO [ ]

- I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
[X] Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill <input type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: _____	
Amendment Barcode Number: _____	

Name: TONI ROACH

Representing: PASCO SHERIFF'S OFFICE

Title: LIEUTENANT

Address: 8700 CITIZEN DR

City: NEW PORT RICHEY State/Zip: FL

Phone Number: 727-847-5878 Meeting Date: 12/10/19

Committee/Subcommittee: MENTAL HEALTH / HOUSE JUDICIARY

Presentation/Workshop Topic: BEHAVIORAL HEALTH INTERVENTION TEAM  
PASCO COUNTY

Registered Lobbyist: YES  NO

State Employee: YES  NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [ ] Amendment [ ]
Bill/PCS/PCB Number: \_\_\_\_\_
Amendment Barcode Number: \_\_\_\_\_

Name: Tracey Kaly
Representing: Bay Care Behavioral Health
Title: Director of Operations
Address: 8132 King helu Blvd
City: New Port Richey State/Zip: FL
Phone Number: 813-486-0397 Meeting Date: 12/10/19
Committee/Subcommittee: House Judiciary
Presentation/Workshop Topic: mental health + criminal reinvet.

Registered Lobbyist: YES [ ] NO [x]
State Employee: YES [ ] NO [x]

- I wish to speak
[ ] Appearing in response to an inquiry for information made by member, committee, or staff
[ ] Appearing in response to subpoena
[ ] Appearing at the written request of the chair
[ ] Judge or elected officer appearing in official capacity
[ ] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [ ] Amendment [ ]
Bill/PCS/PCB Number: \_\_\_\_\_
Amendment Barcode Number: \_\_\_\_\_

Name: Mark Inch

Representing: Florida Department of Corrections

Title: Secretary

Address: 501 South Calhoun Street

City: Tallahassee State/Zip: Florida/32399

Phone Number: (850) 717-3030 Meeting Date: 12/10/19

Committee/Subcommittee: House Judiciary

Presentation/Workshop Topic: Workshop on mental health

Registered Lobbyist: YES [ ] NO [ ]

State Employee: YES [x] NO [ ]

- I wish to speak
[ ] Appearing in response to an inquiry for information made by member, committee, or staff
[ ] Appearing in response to subpoena
[ ] Appearing at the written request of the chair
[ ] Judge or elected officer appearing in official capacity
[ ] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [ ] Amendment [ ]
Bill/PCS/PCB Number: \_\_\_\_\_
Amendment Barcode Number: \_\_\_\_\_

Name: Dr. Dean Aufderheide

Representing: Florida Department of Corrections

Title: Chief of Mental Health Services

Address: 501 South Calhoun Street

City: Tallahassee State/Zip: Florida/32399

Phone Number: (850) 717-3281 Meeting Date: 12/10/19

Committee/Subcommittee: House Judiciary

Presentation/Workshop Topic: Workshop on mental health

Registered Lobbyist: YES [ ] NO [ ]

State Employee: YES [x] NO [ ]

- I wish to speak [ ]
Appearing in response to an inquiry for information made by member, committee, or staff [x]
Appearing in response to subpoena [ ]
Appearing at the written request of the chair [ ]
Judge or elected officer appearing in official capacity [ ]
Lobbyist Appearance form submitted online [ ]

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [ ] Amendment [ ]
Bill/PCS/PCB Number: \_\_\_\_\_
Amendment Barcode Number: \_\_\_\_\_

Name: Sheriff Mike Adkinson

Representing: Walton County

Title: Sheriff

Address: \_\_\_\_\_

City: Defuniah Springs State/Zip: FL 32433

Phone Number: \_\_\_\_\_ Meeting Date: 12-10-19

Committee/Subcommittee: Judiciary

Presentation/Workshop Topic: Mental Health in Criminal Justice

Registered Lobbyist: YES [ ] NO [ ]
State Employee: YES [ ] NO [ ]

- I wish to speak
[ ] Appearing in response to an inquiry for information made by member, committee, or staff
[ ] Appearing in response to subpoena
[ ] Appearing at the written request of the chair
[ ] Judge or elected officer appearing in official capacity
[ ] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [ ] Amendment [ ]
Bill/PCS/PCB Number: \_\_\_\_\_
Amendment Barcode Number: \_\_\_\_\_

Name: Judge Steven Leifman

Representing: State Courts System

Title: County Court Judge; Chair of the Steering Committee on Problem-Solving Courts

Address: 1351 NW 12th St.

City: Miami State/Zip: FL 33125

Phone Number: 305-548-5394 Meeting Date: 12/10/19

Committee/Subcommittee: Judiciary

Presentation/Workshop Topic: Mental Health & the Criminal Justice System

Registered Lobbyist: YES [ ] NO [X]

State Employee: YES [X] NO [ ]

- I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
[X] Appearing at the written request of the chair
[X] Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill  Amendment   
Bill/PCS/PCB Number: \_\_\_\_\_  
Amendment Barcode Number: \_\_\_\_\_

Name: MARK A. SPEISER

Representing: \_\_\_\_\_

Title: SENIOR CIRCUIT COURT JUDGE

Address: BROWARD COUNTY COURTHOUSE, 201 S. E. 6th ST. ROOM 15133

City: FT. LAUDERDALE State/Zip: FLA 33301

Phone Number: 954 831-7805 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: \_\_\_\_\_

Presentation/Workshop Topic: MENTAL HEALTH ISSUES IN CRIMINAL JUSTICE SYSTEM

Registered Lobbyist: YES  NO

State Employee: YES  NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [ ] Amendment [ ]
Bill/PCS/PCB Number: \_\_\_\_\_
Amendment Barcode Number: \_\_\_\_\_

Name: Kristen Rodriguez

Representing: Walton County Sheriff's Office

Title: Bureau Chief

Address: \_\_\_\_\_

City: DeFuniak Springs FL State/Zip: 32433

Phone Number: 865-0628 Meeting Date: 12/10/2019

Committee/Subcommittee: Judiciary

Presentation/Workshop Topic: Mental Health in Criminal Justice

Registered Lobbyist: YES [ ] NO [X]
State Employee: YES [ ] NO [ ]

- I wish to speak [X]
Appearing in response to an inquiry for information made by member, committee, or staff [X]
Appearing in response to subpoena [ ]
Appearing at the written request of the chair [ ]
Judge or elected officer appearing in official capacity [ ]
Lobbyist Appearance form submitted online [ ]

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]