

1b

1



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Work Session
Wednesday, November 20, 2013
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. (Please complete a separate form for each agenda topic on which you wish to provide comments):

\* Submit written comments only

Summary of Comments: Regarding Proposed Rules agenda item 1.6 concerning Interventions in mental health programs

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Douglas Matney, UHS, 1400 W. Trenton, Edinburg, Tx, 78539, and 956 388-2002.

Signature: by Velva Lura Date: 11-20-13

- 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.



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Summary of Comments:

1B

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Stacy Wilson, ADDRESS: 1108 Lavaca, 7th floor, CITY: Austin, STATE: TX, ZIP: 70701, PHONE NUMBER: 512 465-1022, REPRESENTING: TIA

Signature:

Date:

To Comment:

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TEXAS DEPARTMENT OF STATE HEALTH SERVICES

13

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*Please Print*

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic. *(Please complete a separate form for each agenda topic on which you wish to provide comments):*

Summary of Comments:

*Review of District 113 of HB 325*

Registrant information:

*Please PRINT clearly*

|   |                  |                   |
|---|------------------|-------------------|
| NAME: <i>Craig Nuckels</i>  |                  |                   |
| ADDRESS: <i>2600 Sunset Blvd</i>  |                  |                   |
| CITY: <i>Dallas</i>   | STATE: <i>TX</i> | ZIP: <i>75189</i> |
| PHONE NUMBER: <i>214-388-1130</i> REPRESENTING: <i>Timberland North America</i> |                  |                   |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To Comment:**

1. Register by completing the form.
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2 - Behavioral Interventions

Summary of Comments:

Area of concern

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Kathryn Lewis, ADDRESS: 2222 West Braker Lane, CITY: Austin, STATE: TX, ZIP: 78757, PHONE NUMBER: (512) 727-2734, REPRESENTING: DRTX

Signature: [Handwritten Signature]

Date: 11/20/13

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Summary of Comments:

IB
comments on new rules & repeats
concerning interventions in MH programs

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Gyl Switzer, ADDRESS: 1210 San Antonio, CITY: Austin, STATE: TX, ZIP: 78701, PHONE NUMBER: 512 454 3706, REPRESENTING: Mental Health America of TX.

Signature:

Gyl Switzer

Date:

11-20-13

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