



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Friday, May 12, 2006
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:

3d LAR / Strategic Plan

Partnership Speakers - Robin Poyos, Delia Meade, King Davis, Richard Wallace, Sandy Skelton, Leah Evans

Registrant information:

Please PRINT clearly

Registration form fields: NAME: Nancy Speck, ADDRESS: X. Health Institute, CITY: Austin, STATE: , ZIP: , PHONE NUMBER: (936) 557-0562, REPRESENTING: State Strategic Health Partnership - NHSA workgroup

Signature: Nancy Speck

Date: May 12, 2006

- To Comment: 1. Register by completing the form. 2. Turn the form in before the start of the meeting. 3. Wait for the chairman 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:

Introducing the work of the Texas Strategic Health Partnership Mental Health Sub. Abuse workgroup

RICHARD WALLACE, Executive Director Prothonotary Services.

Registrant information:

912-343-8606

Please PRINT clearly

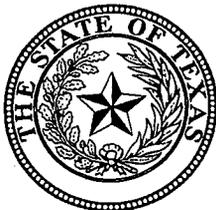
Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Delia Mears - Texas Health Institute, 9050 Capital of TX Hwy, Austin TX, 78711, and Texas Health Institute.

Signature: Delia Mears

Date: 5-12-06

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Summary of Comments:

CAR STRATEGIC Plan

Registrant information:

Please PRINT clearly

NAME: Kelly Chou		
ADDRESS: 2121 Rodeo		
CITY: Austin	STATE: TX	ZIP: 78727
PHONE NUMBER: (512) 238-0767 REPRESENTING: DBSA		

Signature: Kelly Chou

Date: 5/12/2006

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Summary of Comments:

LAR

Registrant information:

Please PRINT clearly

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

Signature: Denise Brady Date: 5/12/06

- To Comment:
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Summary of Comments: #4 LAR

Registrant information:

Please PRINT clearly

NAME: Dr. Chilo L. Madrid		
ADDRESS: 1628 Loy GRAHAM DR.		
CITY: EL PASO	STATE: TX	ZIP: 79936
PHONE NUMBER: ()	REPRESENTING:	

Signature: Chilo Madrid Date: 5/12/06

- To Comment:**
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Summary of Comments: Support for HAR request for additional funding for Crisis Services

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Leon Evans, 3031 IH 10 West, San Antonio, TX, 78201.

Signature: Leon Evans Date: 5/12/06

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Summary of Comments:

RELATED TO THE MENTAL HEALTH/SUBSTANCE ABUSE WORKGROUP REPORT TO BE ADDRESSED UNDER DBHS STRATEGIC PLAN BY DR. NANCY SPECK.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: MR. SANDY SKELTON, ADDRESS: PO Box 28101, CITY: AUSTIN, STATE: TX, ZIP: 78755, PHONE NUMBER: 512 794 9268, REPRESENTING: TX Council of Mental Health Centers.

Signature: [Handwritten Signature]

Date: 5/12/06

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Summary of Comments:

Support for the overview; budget figures discussed by Dr. Steer

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include King Davis, P.O. Box 7998, Hogg Foundation, Austin, TX, 78763, (512) 471-5041, and Hogg Fd.

Signature: [Handwritten Signature] Date: 5-12-06

- To Comment:
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2ND REQUEST

ALSO LISTED FOR # 6



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Summary of Comments:

GENERAL COMMENTS - CAR

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include CLIFFORD GAY, MHA SPCS, + SUBSTANCE ABUSE.

Signature: _____ Date: 6/12/06

- To Comment:
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Summary of Comments:

Importance of supporting funding MH peer support org. efforts -
SHOW POSITIVE OUTCOMES - TREATMENT / PEER SUPPORT / BACK TO WORK
GET OUT OF MHMR Public Services
Fewer Relapses - especially Bipolar / Unipolar illnesses

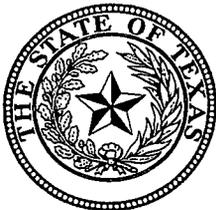
Registrant information: TREATING MH disorders AS Medical disorders

Please PRINT clearly

Form with fields for NAME: Karen BROWN, ADDRESS: 11809 RAIN FOREST COVE, CITY: AUSTIN STATE: TX ZIP: 78759, PHONE NUMBER: (72) 331-6866 REPRESENTING: AUSTIN DBSSA CHPT / SELF

Signature: [Handwritten Signature] Date: 5/12/06

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Summary of Comments:

BI-POLAR EXPERIENCE

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include HARRY LOVER, 8004 CANYON PARK CT, AUSTIN, TX, 78726.

Signature: [Handwritten Signature]

Date: 5/12/06

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2. Turn the form in before the start of the meeting.
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2ND REQUESTED
ALSO LISTED FOR #6

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Summary of Comments:

GENERAL COMMENTS - CAR

Registrant information:

Please PRINT clearly

NAME: <u>PATTY DERR</u>		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBER: ()	REPRESENTING:	

Signature: _____

Date: 5/12/06

To Comment:

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Summary of Comments:

concerns regarding DSHS

Registrant information:

Please PRINT clearly

NAME: <i>Patti Derr</i>		
ADDRESS: <i>4500 Steiner Ranch Blvd. #2208</i>		
CITY: <i>Austin</i>	STATE: <i>Tx</i>	ZIP: <i>78732</i>
PHONE NUMBER: <i>(512) 944-9972</i> REPRESENTING: <i>TXFFUMH</i>		

Signature: *Patti Derr*

Date: *5-12-06*

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TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services
Legislative Appropriations Request Stakeholder Meeting
9:00 am - 12:00 noon, Friday, April 28, 2006
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 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: Robin Peyson E.O., NAAMI-TX; ADDRESS: 2800 South IH 35; CITY: Austen; STATE: TX; ZIP: 78704; PHONE NUMBER: (512) 693-2000; REPRESENTING: NAAMI-TX.

Signature: [Handwritten Signature] Date: 5/12/06

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