10/11

Date *(Fecha)*

10

Agenda Item #
(Numero de agenda)

B.H

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
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Audra

First Name *(Nombre)*

Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below ***(Marque una casilla)*:**

- [x] I would like to speak as an individual. *(Me gustaria comentar como individuo.)*
- [ ] I do not need to speak if the item is approved on consent. *(No necesito comentar si el articulo es aprobado.)*
- [ ] I would like to register my position, but I do not wish to speak. *(Me gustaria registrar mi puesto, pero no deseo comentar.)*

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

Oct 11, 22

Date *(Fecha)*

10

Agenda Item #
(Numero de agenda)

Health

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

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Mark

First Name *(Nombre)*

Last Name *(Apellido)*

Address *(Direccion)*

92109

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below ***(Marque una casilla)*:**

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

Oct, 11 2022

Date (Fecha)

10

Agenda Item # (Numero de agenda)

BH workforce

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

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Karen

First Name (Nombre)

Macauley

Last Name (Apellido)

6500 Campanile

Address (Direccion)

SD

City (Ciudad)

CA

State (Estado)

Zip (Codigo Postal)

619 847-8094

Phone Number (Numero de Telefono)

SDSU

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

- [x] I would like to speak as an individual. *(Me gustaria comentar como individuo.)*
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

10/11/22

Date (Fecha)

10

Agenda Item # (Numero de agenda)

BH Workforce Shortage

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

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Stephanie

First Name (Nombre)

Gioia-Beckman

Last Name (Apellido)

3020 Children's Way

Address (Direccion)

San Diego

City (Ciudad)

CA

State (Estado)

92123

Zip (Codigo Postal)

619-813-9217

Phone Number (Numero de Telefono)

Rady Childrens Hospital

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

- [x] I would like to speak as an individual. *(Me gustaria comentar como individuo.)*
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

10/11/22 (10)

Date (Fecha) | Agenda Item # (Numero de agenda)

Mental Health Work Force Funding

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

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Jeff — First Name (Nombre)
Gering — Last Name (Apellido)
4715 55th Street — Address (Direccion)
San Diego — City (Ciudad)
CA — State (Estado)
92115 — Zip (Codigo Postal)
619-515-2536 — Phone Number (Numero de Telefono)
Family Health Centers of San Diego — Organization or company, if any (Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

- [x] I would like to speak as an individual. *(Me gustaria comentar como individuo)*
- [ ] I do not need to speak if the item is approved on consent. *(No necesito comentar si el articulo es aprobado)*
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

10/11/2022 — Date (Fecha)
10 — Agenda Item # (Numero de agenda)

BH Workforce

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

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Steve — First Name (Nombre)
Koh — Last Name (Apellido)
6260 Cabaret St — Address (Direccion)
San Diego — City (Ciudad)
CA — State (Estado)
92120 — Zip (Codigo Postal)
619 665 3816 — Phone Number (Numero de Telefono)
UCSD — Organization or company, if any (Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

- [x] I would like to speak as an individual. *(Me gustaria comentar como individuo.)*
- [ ] I do not need to speak if the item is approved on consent. *(No necesito comentar si el articulo es aprobado.)*
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

10-11-22

Date *(Fecha)*

10

Agenda Item # *(Numero de agenda)*

BH Workforce Report

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

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(Por favor escriba legible)

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Karen

First Name *(Nombre)*

Connolly

Last Name *(Apellido)*

8815 Greyling Pl

Address *(Direccion)*

SD

City *(Ciudad)*

CA

State *(Estado)*

92123

Zip *(Codigo Postal)*

619-818-7035

Phone Number *(Numero de Telefono)*

San Diego Workforce Partnership

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below ***(Marque una casilla)*:**

- [x] I would like to speak as an individual. *(Me gustaria comentar como individuo)*
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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

10/11/22

Date *(Fecha)*

10

Agenda Item # *(Numero de agenda)*

Behavioral Health Board Letter

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

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Daniel

First Name *(Nombre)*

Enemark

Last Name *(Apellido)*

4939 E Mountain View Dr

Address *(Direccion)*

San Diego

City *(Ciudad)*

CA

State *(Estado)*

92116

Zip *(Codigo Postal)*

650-636-3224

Phone Number *(Numero de Telefono)*

San Diego Workforce Partnership

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below ***(Marque una casilla)*:**

- [x] I would like to speak as an individual. *(Me gustaria comentar como individuo)*
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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

10/11/22
Date *(Fecha)*

10
Agenda Item # *(Numero de agenda)*

Behavioral Health Fund
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
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Peter
First Name *(Nombre)*

Callstrom
Last Name *(Apellido)*

5445 Cam Erg
Address *(Direccion)*

San Diego
City *(Ciudad)*

CA
State *(Estado)*

92130
Zip *(Codigo Postal)*

858-525-3615
Phone Number *(Numero de Telefono)*

SD Workforce Partnership
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below ***(Marque una casilla)*:**

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

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(Rev. 10/16)

Individuals Speaking by Phone
October 11, 2022

10	BEHAVIORAL HEALTH WORKER SHORTAGE			
		PAUL	HENKIN	O
		Naris	Barmaksezian	S
		Truth		O
		Crystal	Irving	S
		Levi	Giafaglione	S

"S" indicated the speaker is in support
"O" indicated the speaker is in opposition