



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1094		DATE: 3/6/2023	
COMMITTEE: Health and Mental Health Policy			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 3/6/2023 10:58 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Support of this Bill and its Intention of removing from All Statues the words "Mental Health Coordinator" and Mandating that the Mental Health Professional MUST Meet with the person arriving at the Mental Health Facility within 48-hours from the current 96-Hours, which currently is to long to explain to the person their Statutory Rights under State and Federal Laws.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: NORA BOCK		PHONE NUMBER: 573-751-8104	
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF MENTAL HEALTH		TITLE: DIRECTOR, DIVISION OF BEHAVIORAL HEALTH, DMH	
ADDRESS: 1706 EAST ELM STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: nora.bock@dmh.mo.gov	ATTENDANCE: In-Person	SUBMIT DATE: 3/6/2023 11:24 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JEANETTE SIMMONS		PHONE NUMBER: 573-751-9647	
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF MENTAL HEALTH		TITLE: DIV BEHAVIORAL HEALTH- DEPUTY DIRECTOR	
ADDRESS: 1706 E. ELM			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM	
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