

Alachua County Board of Commissioners  
Advisory Board Coordinator  
PO Box 2877  
Gainesville, FL 32602-2877  
Telephone: 264-6904, FAX: 338-7363  
Confirmation #:7504

**Name of Advisory Board/Committee:**

Criminal Justice, Mental Health & Substance Abuse Grant Planning Committee

**Applying For:**

Director of a Community Mental Health Agency

**First Name:**

Donald

**Middle Initial:**

P

**Last Name:**

Savoie

**Suffix:**

**Address:**

4300 SW 13th Street

**City:**

Gain

**Zip Code:**

32608

**E-Mail Address:**

don\_savoie@mbhci.org

**Home Phone:**

352-213-6799

**Work Phone:**

352-374-5600

**Ext:**

8220

**Occupation:**

Executive VP / COO

**Place of Employment**

Meridian Behavioral Healthcare, Inc.

**Education:**

BA Computer Science

**Professional Organizations:**

Wellflorida - Board Member

Florida Smart Justice Alliance - Board Member

**Age (60 and over):**

**Optional - Check the Race/Ethnic Group with which you identify:**

White

**Are you a resident of Alachua County?**

Yes

**If yes, how long?**

8 Years ( Work Address )

**If no, what county?**

Marion

**Are you currently serving or have you ever served on an Alachua County advisory board?**

No

**If yes, please list board(s):**

**Civic and Professional Accomplishments/Honors:**

**Training or Experience Related to the Appointment:**

30 + Years Behavioral Healthcare experience

**What contributions do you feel you could make if you were selected for this board?**

Direction and expertise in the advancement of healthcare innovation, growth and quality outcomes. My focus is expanding access to care and capacity.

**Some of the boards and committees appointed by the County Commission are required to comply with Chapter 112, Florida Statutes, the Financial Disclosure Law. If applicable, would you be willing to file the required financial statement?**

Yes

**Appointees to advisory board/committees are required to attend scheduled meetings as specified in the "Guidelines for Citizen Advisory Boards and Committees".**

**Do you affirm that your personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities rules and regulations?**

Yes

**I understand that this completed application is the property of Alachua County and I hereby certify that the statements made on this application are true and correct.**

Checked