

**The Florida Senate**  
**COMMITTEE MEETING EXPANDED AGENDA**

**CHILDREN, FAMILIES, AND ELDER AFFAIRS**  
**Senator Garcia, Chair**  
**Senator Book, Vice Chair**

**MEETING DATE:** Tuesday, November 2, 2021  
**TIME:** 12:30—3:00 p.m.  
**PLACE:** *Mallory Horne Committee Room, 37 Senate Building*

**MEMBERS:** Senator Garcia, Chair; Senator Book, Vice Chair; Senators Albritton, Brodeur, Harrell, Rouson, Torres, and Wright

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Presentation by the Department of Children and Families providing an: - Overview of Florida’s behavioral health system. - Overview of the Statewide Office of Suicide Prevention. - Update on the implementation of SB 7012 (2020 Regular Session). - Update on the Commission on Mental Health and Substance Abuse established in SB 96 (2021 Regular Session).		Presented
2	Panel discussion on issues relating to Florida’s Behavioral Health System, the Baker Act and Marchman Act, and First Responder Suicide Prevention, including: - Erica Floyd-Thomas, Assistant Secretary of Substance Abuse and Mental Health, Department of Children and Families - Melissa Larkin-Skinner, CEO, Centerstone of Florida - Salvatore Gintoli, Senior Director of Crisis Services, SMA Healthcare - Dr. Annette Christy, Director, Baker Act Reporting Center; Associate Professor, Department of Mental Health Law and Policy, Louis de la Parte Florida Mental Health Institute at the University of South Florida - Chief Robert Bage, Chief of Police, City of Fort Walton Beach - Dr. Shelley Halligan, DNP, PMHNP-BC, Vice President of Integrated Healthcare, Aware Recovery Care		Presented
Other Related Meeting Documents			



# Florida Department of Children and Families

Presentation on Substance Abuse and Mental Health (SAMH)

November 2, 2021 – Presented by Erica Floyd Thomas, Assistant Secretary for SAMH, and Heather Allman, SAMH Policy Director

# Overview

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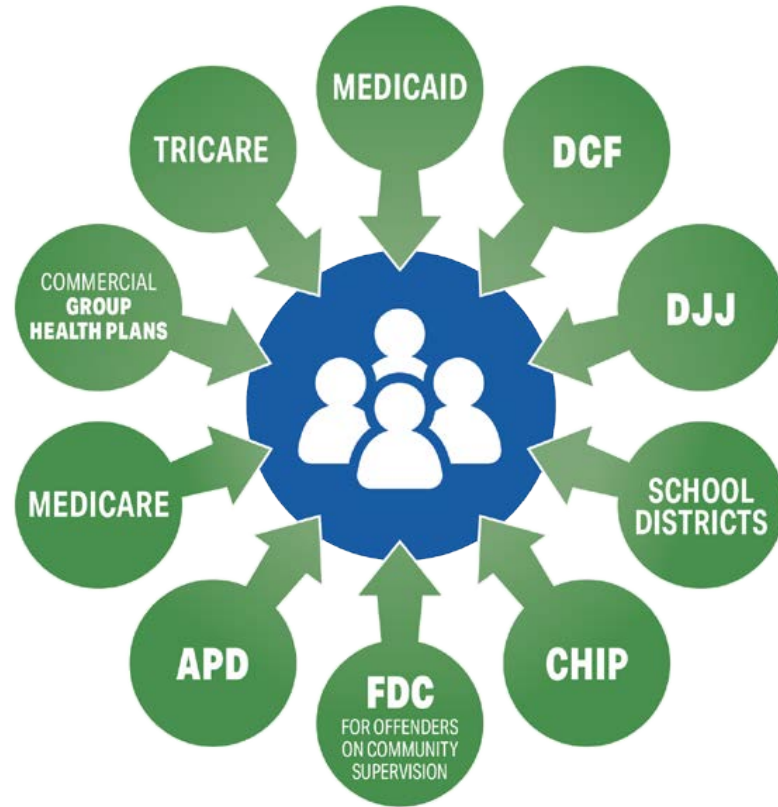
## **This presentation will cover the following topics:**

- **Behavioral health system of care**
- **Team Models**
  - **Florida Assertive Community Treatment (FACT)**
  - **Community Action Treatment (CAT)**
  - **Family Intensive Treatment (FIT)**
- **Baker Act**
- **Marchman Act**
- **Suicide Prevention**
- **SB 7012**
- **Commission on Substance Abuse and Mental Health**

# Florida's System of Care for Behavioral Health Services

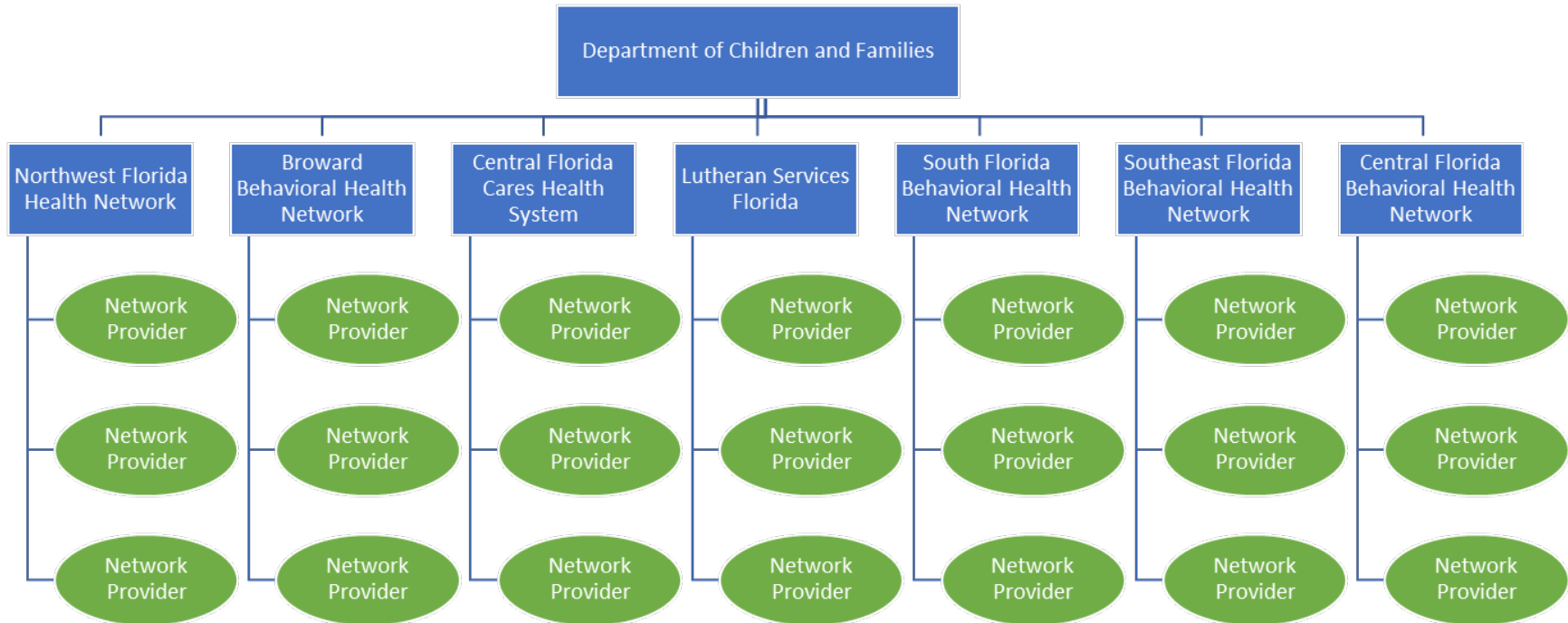
There are many points of entry for behavioral health services provided to adults and children and multiple payors of services.

Payment for services is provided by a number of entities with varying degrees of coverage.



- Department of Children and Families (SAMHSA Block Grant)
- Agency for Health Care Administration (Medicaid)
- Medicare
- Tricare
- Commercial insurance
- Florida Kidcare
- Other state agencies
- Florida counties

# The Department Safety Net



# Department's Roles and Responsibilities for Mental Health Services in Florida

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**The single state agency for Substance Abuse and Mental Health and the State Opioid Treatment Authority, the Department is responsible for:**

- **Acting as the safety net for those who are uninsured and underinsured**
- **Coordinating care to improve access to services**
- **Establishing evidence-based policies and programs**



# Comparative Chart of Available Behavioral Health Services

Available Behavioral Health Services	DCF	Medicaid	DJJ	Schools Districts <sup>2</sup>	CHIP <sup>4</sup>	FDC for Offenders on Community Supervision	APD	Medicare	Commercial Group Health Plans	Tricare
<b>Assessment/Treatment Plan Development and Modifications</b>										
Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Treatment Plan Development	✓	✓	✓	✓	✓		✓	✓	✓	✓
Treatment Plan Review	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Therapy Services</b>										
Group Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Individual Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family Therapy	✓	✓	✓	✓	✓		✓	✓	✓	✓
<b>Psychosocial Rehabilitation</b>										
Day Treatment	✓	✓	✓							
Psychosocial Rehabilitation Services		✓								
Supportive Housing	✓	✓ <sup>1</sup>								
Supportive Employment	✓									
Recovery Support (Individual/Group)	✓	✓	✓		✓					
Mental Health Clubhouse Services	✓	✓			✓					
Drop-In Center	✓	✓ <sup>3</sup>								
Peer Support Services	✓	✓			✓					✓

# Florida Assertive Community Treatment (FACT) Teams



**Goal: Prevent recurrent hospitalization and incarceration, as well improve community involvement and overall quality of life for program participants.**

- **General overview:**
  - **FACT is a comprehensive recovery-oriented, strength-based and in person-centered model which serves individuals with serious mental illness (SMI) and primarily diagnosed with schizophrenia and other psychotic disorders.**
    - **For example: Patients that are served by FACT may include individuals that are severely and persistently mentally ill. Patients may be referred by a family member, provider, the criminal justice system or in the large majority of cases are individuals that are re-entering the community from a state mental health facility.**



## FACT Team Data

Managing Entity	Total Served, FY20-21	Capacity	Waitlist
Northwest Florida Health Network	362	300	3
Lutheran Services Florida	615	600	14
Central Florida Cares Health Systems	342	300	17
Central Florida Behavioral Health Network	1,495	1,400	37
Southeast Florida Behavioral Health Network	316	300	5
Broward Behavioral Health Coalition	119	100	2
South Florida Behavioral Health Network	312	300	61
<b>Total:</b>	<b>3,561</b>	<b>3,300</b>	<b>139</b>

# Community Action Treatment (CAT) Teams

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**Goal: To assist young people in successfully remaining with their families and connected to their community.**

- **General Overview:**
  - Utilizing an in-home/on-site team approach, the CAT model activates a team of skilled individuals to address the needs of young persons (and their family) ages 11 - 21 with a mental health diagnosis or co-occurring substance use disorder and complex needs to improve functioning and managing of their illness.
    - For example: Patients that are served by CAT may include individuals with a mental health diagnosis, substance abuse disorder or behavioral health needs and are often referred by a family member, school or in the vast majority of times a provider.

# CAT Key Takeaways

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- **100% of clients met targets for living in a community setting**
- **98% of clients met targets for school attendance**
- **98% of clients met targets for improved family functioning**
- **93% of clients met targets for improved level of functioning**

## CAT Team Data

Managing Entity	Total Served, FY 20-21	Capacity*	Waitlist as of 10/1/2021
Broward Behavioral Health Coalition	85	35 children per month	4
Central Florida Behavioral Health Network	749	35 children per month	204
Central Florida Cares Health System	439	35 children per month	50
Lutheran Services Florida	963	35 children per month	166
NWF Health Network	687	35 children per month	107
South Florida Behavioral Health Network	271	35 children per month	51
Southeast Behavioral Health Network	229	35 children per month	44
<b>Total:</b>	<b>3,423</b>		<b>626</b>

# Family Intensive Treatment Team (FIT)

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**Goal: To ensure that every family involved in services is supported and engaged with one team and one common planning process so that the family will experience one community-wide system of care.**

- **General Overview:**

- **The FIT model utilizes an in-home/on-site team approach designed to engage and assess the entire family at an intense level to provide immediate access to services address behavioral health needs.**
  - **For example: Parents must have a substance abuse disorder, at least one child under the age of 8, be under judicial supervision with a goal of family reunification and be willing participants.**

## FIT Key Takeaways

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- **82% had improvement in caregiver protective capacities that led to reunification**
- **52% of families successfully completed treatment or transferred to another program to complete treatment**
- **31% families disengaged or had a goal change**
- **Team approach allows clients to feel support and have wrap around services in their home**

## FIT Team Data

Family Intensive Treatment Team (FIT)				
Managing Entity	Number of FIT Teams	Clients Served	Capacity	Waitlists
NWF Health Network (NWFHN)	<b>3</b>	<b>218</b>	<b>130</b>	<b>None</b>
Broward Behavioral Health Coalition (BBHC)	<b>1</b>	<b>66</b>	<b>40</b>	<b>32</b>
Central Florida Behavioral Health Network (CFBHN)	<b>6</b>	<b>496</b>	<b>476</b>	<b>None</b>
Central Florida Cares Health System (CFCHS)	<b>3</b>	<b>95</b>	<b>72</b>	<b>None</b>
Lutheran Services Florida (LSF)	<b>7</b>	<b>340</b>	<b>240</b>	<b>None</b>
South Florida Behavioral Health Network (SFBHN)	<b>2</b>	<b>90</b>	<b>107</b>	<b>None</b>
Southeast Florida Behavioral Health Network (SEFBHN)	<b>2</b>	<b>127</b>	<b>80</b>	<b>None</b>
<b>Total</b>	<b>24</b>	<b>1420</b>	<b>1145</b>	

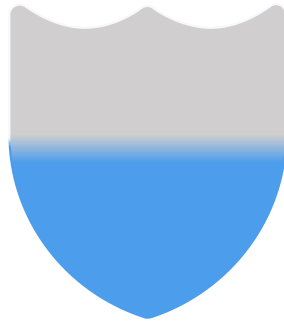
# Baker Act Overview

<b>Who may initiate crisis admission?</b>	Law enforcement officer, licensed clinical practitioner, or court.
<b>Transportation for involuntary examination</b>	Designated law enforcement must transport examinees unless county-approved transportation plans permits EMS or MRT Teams.
<b>Baker Act Facilities</b>	Crisis Stabilization Units and Inpatient Psychiatric Hospitals designated by DCF as receiving facilities.
<b>Requirement to accept for crisis assessment/examination</b>	Except for a serious medical condition, receiving facilities must accept individuals for examination.
<b>Maximum initial period of examination/assessment</b>	Up to 72 hours (for minors, exam must begin within 12 hours of arrival).
<b>Discharge planning</b>	Must be discharged as soon the patient does not meet the criteria. (This may be sooner than 72 hours.) If the patient meets criteria beyond 72 hours a petition must be filed for continued treatment.



# Baker Act Examinations by Initiating Professional

202,598 examinations



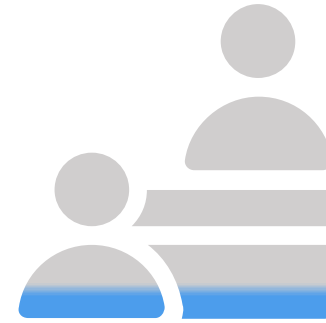
**52%**

**Law Enforcement**



**46%**

**Professional Certificate**



**2%**

**Court Order**

- **66% - Physicians**
- **11.5% - Licensed Mental Health Counselor**
- **9.5% Psychiatrist**
- **6% - Licensed Clinical Social Worker**
- **2% - Psychiatric Nurse**
- **1.5% Psychologist**
- **1.5% Physician Assistant**

# Discharge Planning

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## The discharging process includes:

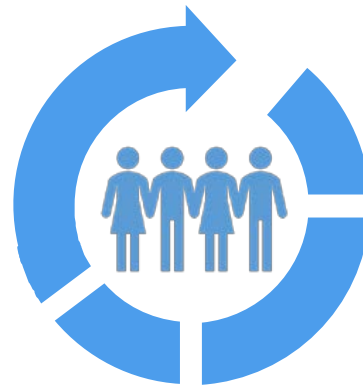
- **If the individual is a minor, information regarding the availability of community supports is provided to the patient's guardian or representative**
- **Care Coordination may be provided (optional)**
- **Patient participation (optional)**
- **Notification of the right to receive follow up care is provided**
- **If the individual is a minor, notification of release must be given to patient's guardian**

## Involuntary Examinations by Age Group

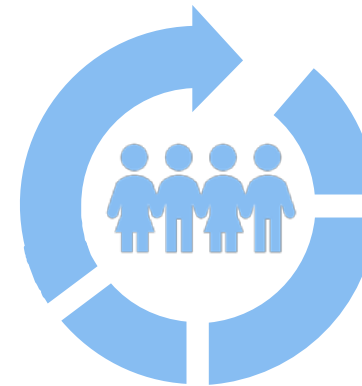
In SFY 2019-2020 there were a total of 202,598 involuntary examinations.  
A decrease of 3.98% (210,992) from SFY 2018-2019.



**73.80%**  
Adults 18 - 64



**7.30%**  
Older Adults  
65+



**17.74%**  
Children <18

## Repeated Involuntary Examinations

Of the 128,193 people with involuntary exams during the year, approximately  $\frac{1}{4}$  experienced more than one exam during the year.



**25.97%**  
Adults 18 - 64



**25.42%**  
All Ages



**23.97%**  
Children <18

## Key Marchman Act Features

<b>Who may initiate crisis admission?</b>	<b>Law enforcement officer, licensed clinical practitioner, master's level certified addictions professional for substance abuse services, or court.</b>
<b>Transportation for involuntary examination</b>	Designated law enforcement must transport examinees unless county-approved transportation plans permits EMS or an alternative vendor. Individuals under voluntary status may be transported by a friend, family or themselves.
<b>Marchman Act Facilities</b>	Medical hospital licensed by AHCA, Addictions Receiving Facilities, or Detoxification Units licensed by DCF.
<b>Requirement to accept for crisis assessment/examination</b>	When no bed is available at an Addictions Receiving Facility individuals may be transported to a medical hospital, jail or home.
<b>Maximum initial period of examination/assessment</b>	Up to 5 days (for minors, exam must begin within 12 hours of arrival).
<b>Discharge planning</b>	Providers can petition the court for an additional 7 days to complete the assessment and stabilization. Disposition must be as follows: <ul style="list-style-type: none"> <li>• Discharge with appropriate referral to another treatment facility or service provider, or community services;</li> <li>• Voluntarily treatment; or</li> <li>• Involuntary treatment when authorized by the court.</li> </ul>

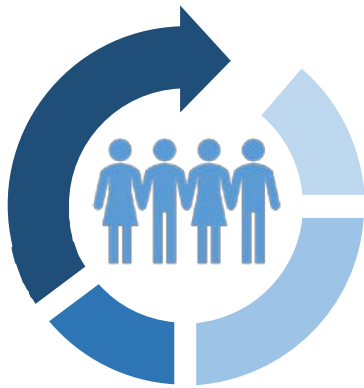
# Unique Features of the Marchman Act

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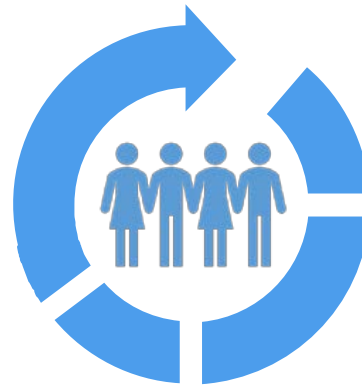
- **Includes five procedures to obtain involuntary substance abuse assessment, stabilization and treatment.**
  - **Protective custody**
  - **Emergency admission**
  - **Alternative assessment for minors**
    - **Applications can be filed by parent, legal guardian**
    - **Must be assessed within 72 hours of admission**
    - **Can be retained for total of 5 days based on physician's determination services are needed.**
  - **Involuntary assessment and stabilization**
  - **Involuntary treatment**
- **The court may order individuals that meet the criteria for involuntary treatment to into treatment for up to 90 days and can extend an additional 90 days under certain circumstances.**

## Marchman Act Data

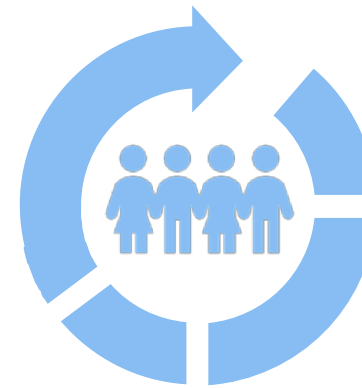
In SFY 2019-2020 there were a total of 9,268\* court orders for Marchman Act.



**3,914**  
Dismissed before  
hearing



**5,287**  
Dismissed by  
judge



**92**  
Disposed by non-  
jury trial

\*Source: Office of State Court Administrator

# Statewide Office for Suicide Prevention

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**Section 14.2019, F.S., creates the Statewide Office for Suicide Prevention (SOSP) and houses it within DCF**  
**Primary duties include:**

- **Managing the suicide prevention webpage which acts as a clearinghouse for information and resources related to suicide prevention**
- **Chairing the Suicide Prevention Coordinating Council (SPCC)**
- **Developing and evaluating the implementation of the 2020 – 2023 Florida Suicide Prevention Interagency Action Plan**



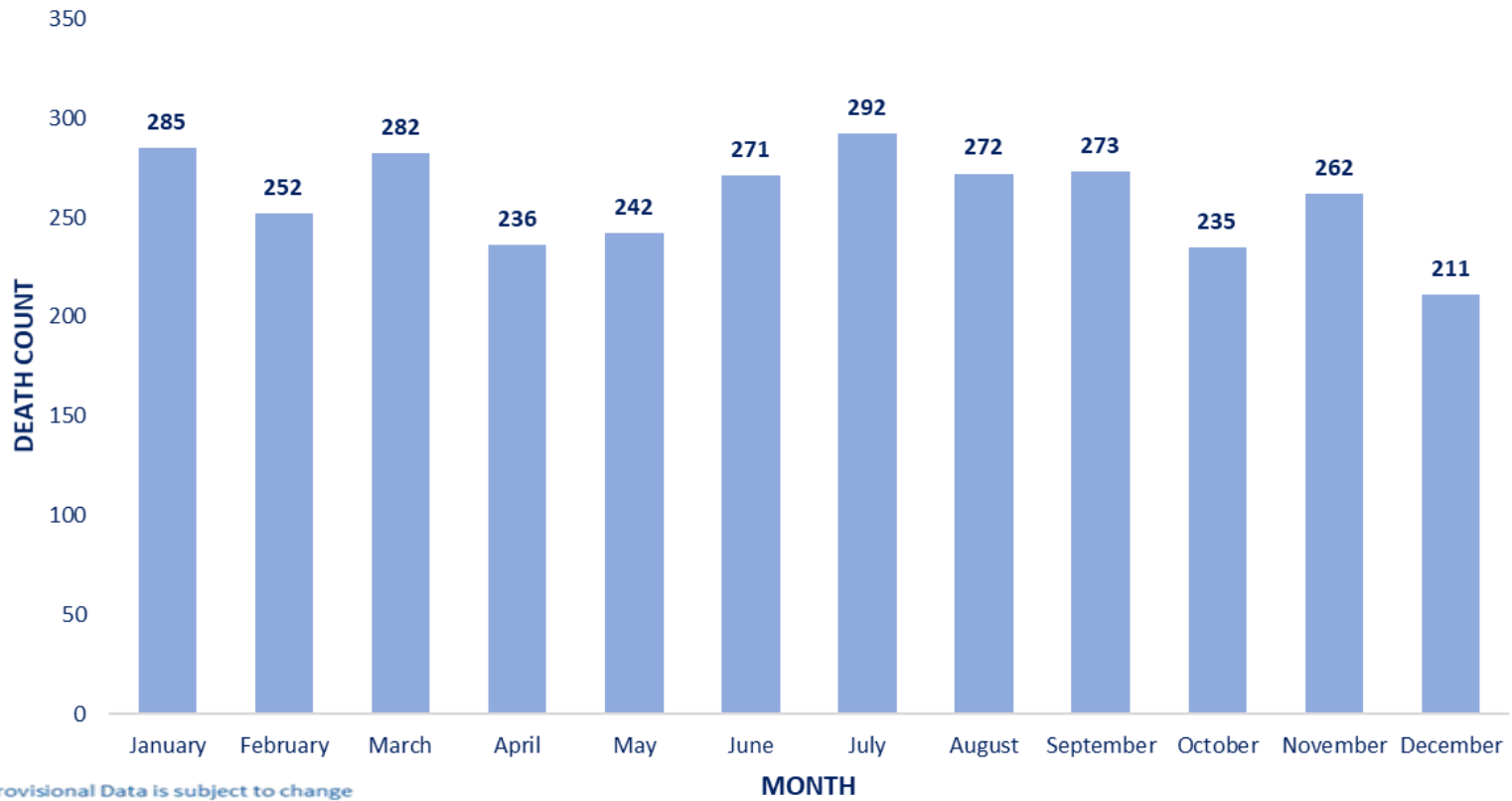


## 2019 Florida Suicide Data

Age	Rank - cause of death
10-14 years	2 <sup>nd</sup>
15-24 years	3 <sup>rd</sup>
25-34 years	2 <sup>nd</sup>
35-54 years	4 <sup>th</sup>
55-64 years	8 <sup>th</sup>
65+ years	16 <sup>th</sup>
<b>Overall</b>	<b>8<sup>th</sup></b>

- **3,465 Floridians died by suicide**
- **Suicide was the 8<sup>th</sup> leading cause of death**
- **The suicide rate per 100,000 population was 14.5**

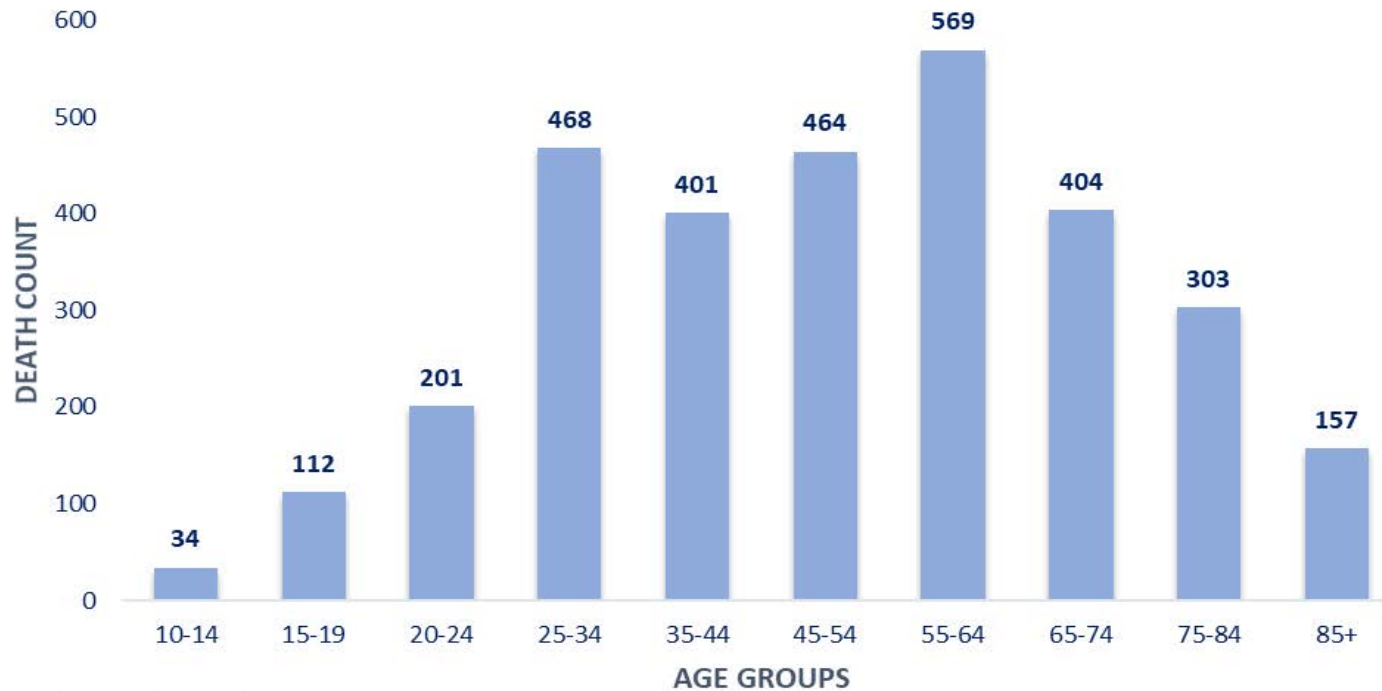
# 2020\* Florida Suicide Deaths by Month



\* 2020 Provisional Data is subject to change  
Data Source: Florida Department of Health Bureau of Vital Statistics

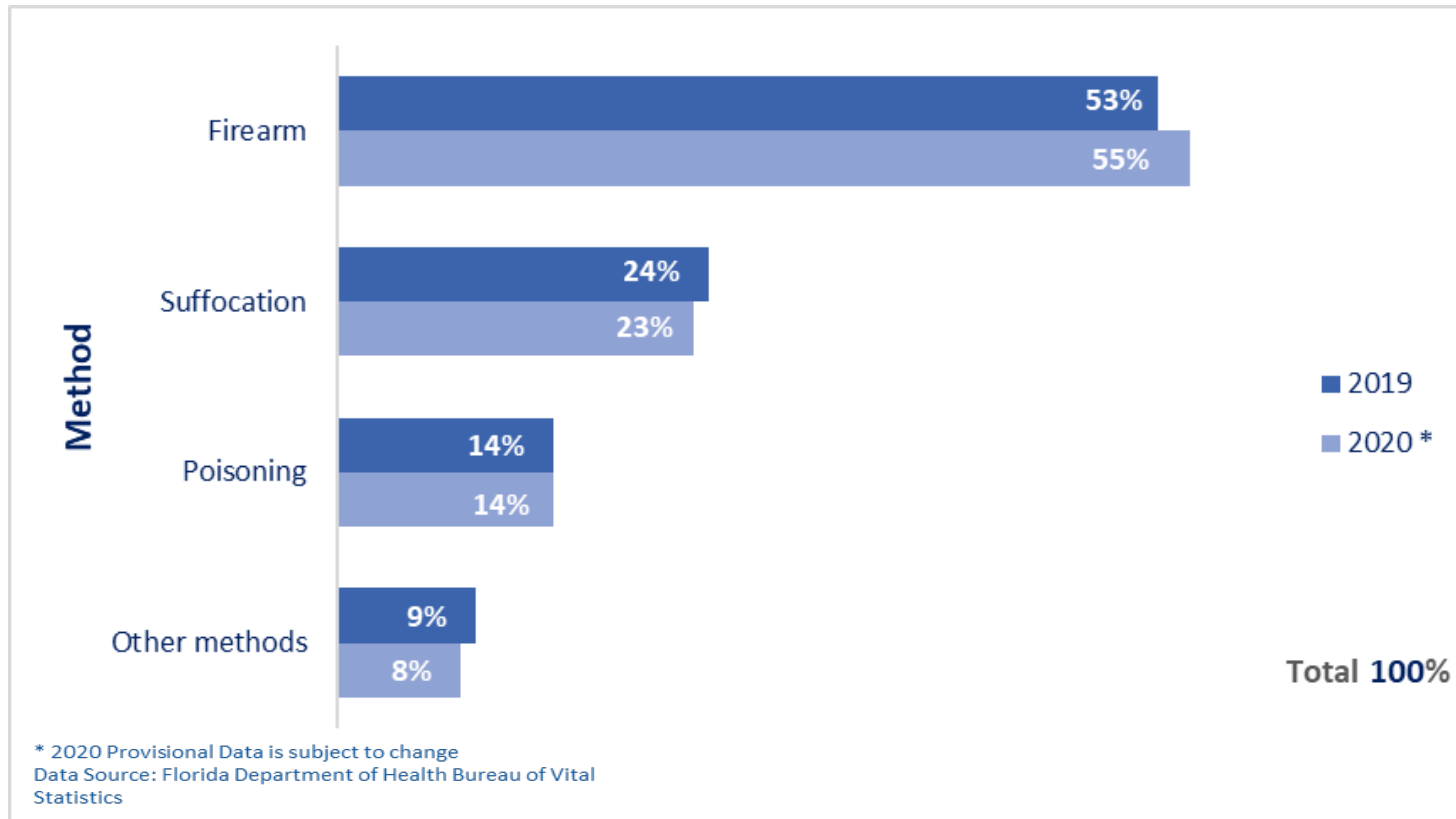


## 2020\* Florida Suicide Deaths by Age Groups

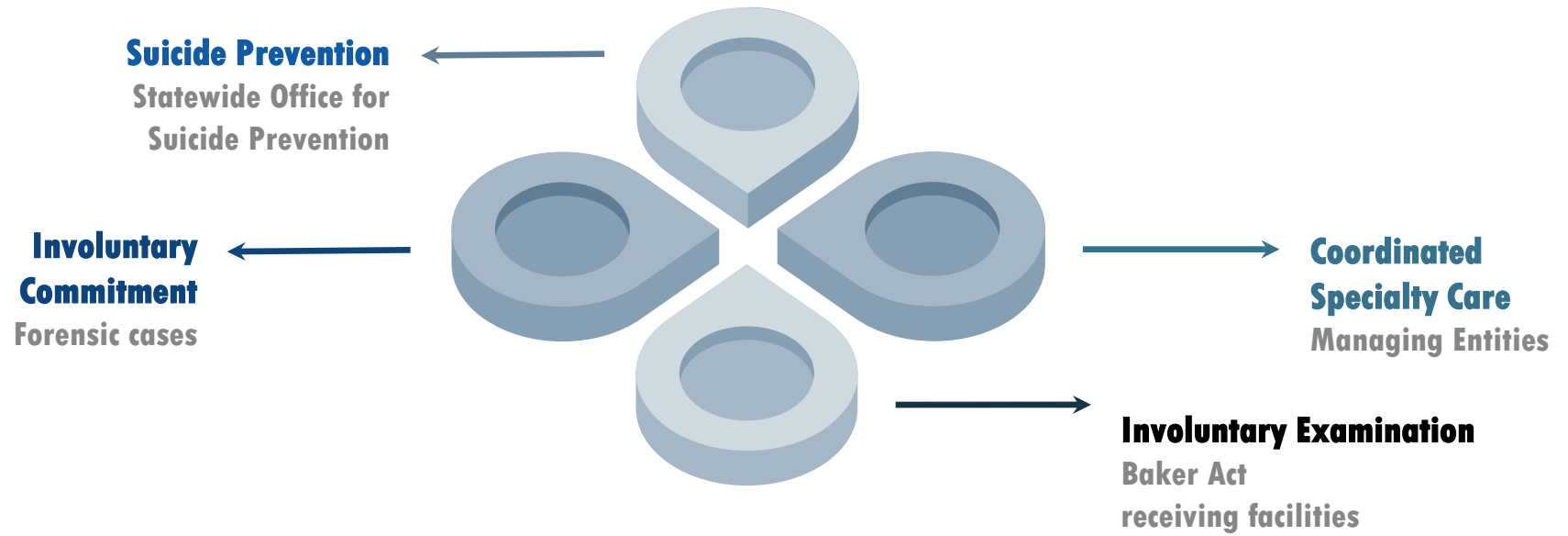


\* 2020 Provisional Data is subject to change  
Data Source: Florida Department of Health Bureau of Vital  
Statistics

## Suicide Deaths by Method and Year



# SB 7012 Overview



# SB 7012



## Suicide Prevention

- **Expanded duties of the Statewide Office for Suicide Prevention, focusing on:**
  - **Veterans and military service members; and**
  - **Suicide deterrents with Florida Department of Transportation (FDOT)**
- **Coordinated with Florida Department of Veterans' Affairs and the Governor's Challenge Team for suicide prevention of veterans and service members.**
- **Focused on implementation of evidence-based programs.**
- **Expanded to support the First Responder Suicide Deterrence Task Force and serve as a clearing house for suicide prevention resources.**

# SB 7012

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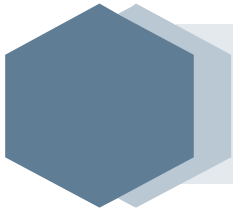


## Coordinating Specialty Care

- **Requires regular monitoring of the availability of and access to coordinated specialty care programs in order to identify any gaps in service.**
  - **Added to the Managing Entity contracts in 2020 by requiring identification of gaps in mental health service array.**

# SB 7012

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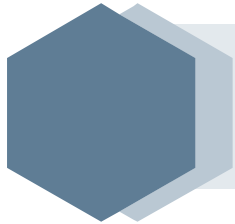
## Involuntary Examinations

- **Requires receiving facilities to include information regarding availability of local Mobile Response Team services, suicide prevention resources, social supports, and local self-help groups with the notice of the release provided to the patient's guardian or representative if the patient is a minor.**
  - **These requirements were added to the Managing Entity contracts in 2020.**



# SB 7012

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## Involuntary Commitment

- **Updated policies and procedures regarding coordination between Department treating physician and jail physician within forensic cases that include adjudicated incompetent to stand trial due to mental illness.**
  - **A memorandum and Chapter Law were provided to relevant parties to coordinate efforts.**

# Commission on Substance Abuse and Mental Health

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- **As required by 394.9086, F.S., the Commission on Mental Health and Substance Abuse was created in 2021.**
- **Meetings held:**
  - **September 1, 2021**
  - **October 20, 2021**
- **Meeting Logistics**
  - **Monthly meetings, every third Wednesday of each month**
- **Actions**
  - **Presentation from Florida Association of Managing Entities**
  - **Overview of behavioral health payor sources**
  - **Information on behavioral health service waitlists**
  - **Review of current data sources available**
- **Report Due Dates**
  - **Interim report due September 1, 2022**
  - **Final report due September 1, 2023**





**Questions?**


# Baker Act Reporting Center Fiscal Year 2019/2020 REPORT HIGHLIGHTS



### Involuntary Baker Act Exam Numbers in FY19/20

**202,598**  
Involuntary Baker Act Exams  
for  
**128,193**  
People with Involuntary Exams


### Initiating Professional




<b>51.89%</b> Law Enforcement	<b>46.12%</b> Professional Certificate	<b>1.98%</b> Ex Parte Order
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**354 of 372 (95%)**  
Law enforcement agencies initiated at least one involuntary exam.

### Involuntary Exams by Age Group



<b>17.74%</b> Children <18	<b>73.80%</b> Adults 18-64	<b>7.30%</b> Older Adults 65+
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### COVID-19 2020 Pandemic Effect

FY19/20 was the first year in over 20 years the number of involuntary exams decreased. This decrease is associated with the 2020 Pandemic.

All age groups had a decrease in involuntary exams from 18/19 to 19/20.

- ↓ **5.06%** Children <18
- ↓ **4.85%** Young Adult 18-24
- ↓ **4.32%** Older Adults 65+
- ↓ **3.98%** All Ages
- ↓ **2.80%** Adults 25-64


### Involuntary Exams Initiated by Health Professionals




Physician (not psychiatrist)	65.55%
LMHC	11.35%
Psychiatrist	9.21%
LCSW	5.91%
Psychiatric Nurse	1.94%
Psychologist	1.36%
Physician Assistant	1.19%
<1% Licenced Marriage & Family Therapist	

Children were more likely than other age groups to have an involuntary exam initiated by LMHCs (24.55%) and LCSWs (12.86%).

### Involuntary Exams by Gender



	<b>Female</b>	<b>Male</b>
All Ages	45.91%	53.49%
Older Adults 65+	50.57%	49.12%
Children <18	55.39%	44.19%



### Involuntary Exam Initiation Times

**Early Morning is the LEAST common time** for involuntary exam initiations.

**Mid-Afternoon is the MOST common time** for involuntary exam initiations.

The patterns for children and older adults differed from the other age groups.

**Children** are more likely than other age groups to have their involuntary exams initiated in the afternoon or evening.

**Older adults** were more likely than other age groups to have their involuntary exam initiated in the afternoon and less likely to have them initiated in the evening.

### Evidence Upon Which Involuntary Exams Were Based


<b>53.41%</b>	Harm Only
<b>35.65%</b>	Harm & Self Neglect
<b>9.94%</b>	Self Neglect Only

*Self-neglect only (no harm) was more common with increased age.*

### Involuntary Exams Including Harm as an Evidence Type

<b>67.35%</b>	Harm to Self Only
<b>25.85%</b>	Harm to Self and Harm to Others
<b>6.80%</b>	Harm to Others Only


### Involuntary Exams by Race & Ethnicity



<b>67.05%</b>	White
<b>22.07%</b>	African American/Black
<b>7.75%</b>	Other
<b>3.31%</b>	Not Reported
<b>16.05%</b>	Hispanic Origin

### Repeated Involuntary Exams

Approximately 1/4 of the 128,193 people with involuntary exams during the year experienced more than one during the year.



<b>25.42%</b> All Ages	<b>25.97%</b> Adults 18-64	<b>23.97%</b> Children <18
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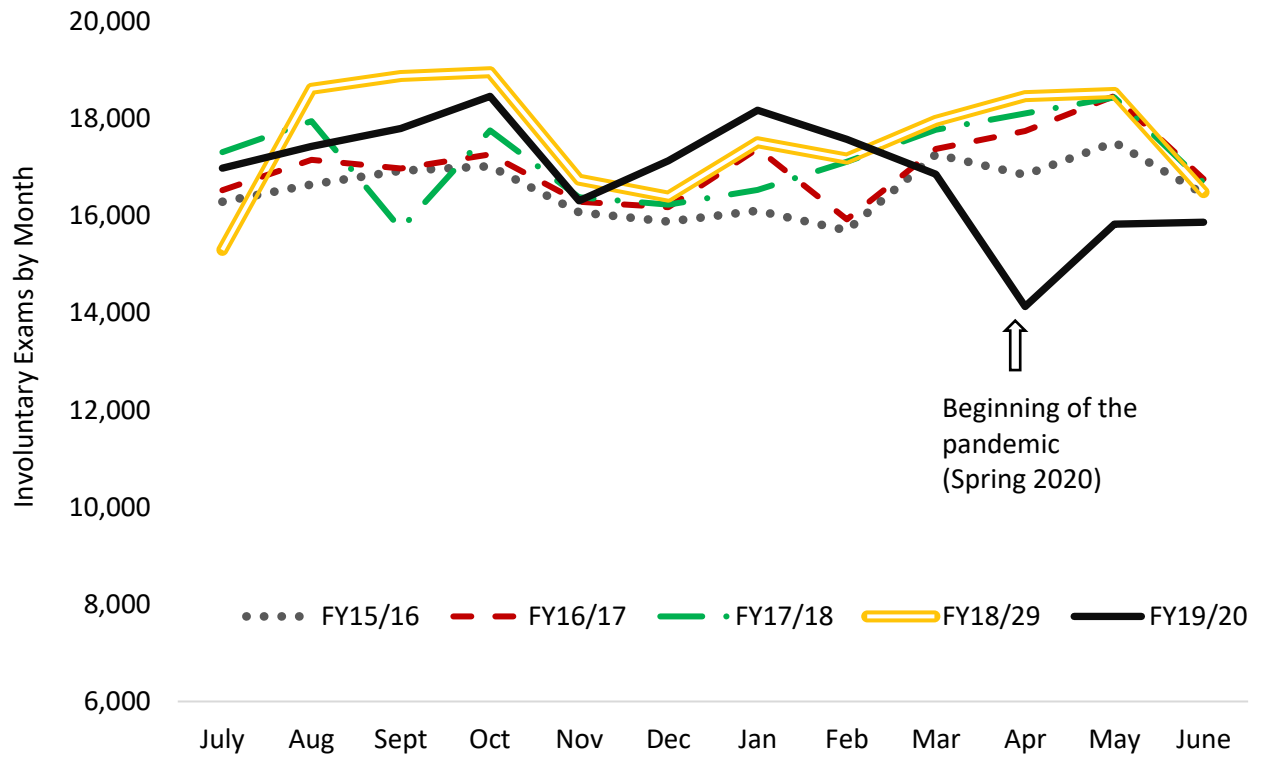
\*Some percentages do not sum to 100% due to missing data and/or rounding

There were 202,598 involuntary exams in FY 19/20 for 128,193 people. Counts of involuntary exams for five years by age group are shown in Table 1. The majority (61.44%) of involuntary exams were for adults between 25 and 64 years old, followed by 17.74% for children (<18), 12.36% for young adult (18-24), and 7.30% for older adults (65+). Information to compute age was not available for 1.15% of involuntary exams.

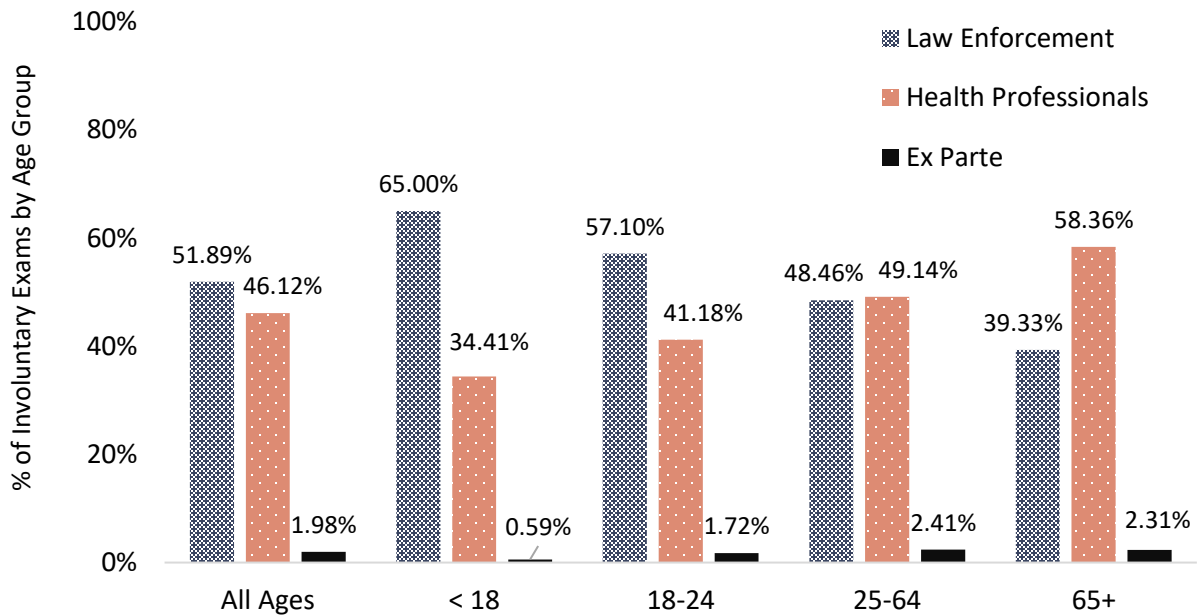
**Table 1: Involuntary Exams for 5 Years for All Ages and by Age Group**

Fiscal Year	Involuntary Exams		% Change in Exams to FY 19/20	Year-to-Year Change		
	#	% of Total		% Change for Involuntary Exams	Population	% Change in Population
<b>All Ages</b>						
2019-2020	202,598		N/A	-3.98%	21,297,524	N/A
2018-2019	210,992		-3.98%	2.53%	20,932,893	1.80%
2017-2018	205,781		2.53%	2.92%	20,561,824	1.62%
2016-2017	199,944		2.92%	2.88%	20,234,222	1.70%
2015-2016	194,354		2.88%	3.38%	19,896,963	1.62%
<b>Age: &lt; 18</b>						
2019-2020	35,965	17.75%	N/A	-5.06%	23,079	1.46%
2018-2019	37,882	17.95%	-5.06%	5.00%	23,618	1.52%
2017-2018	36,078	17.53%	-0.31%	10.18%	19,521	1.27%
2016-2017	32,744	16.38%	9.84%	0.88%	19,937	1.31%
2015-2016	32,458	16.70%	10.80%	-0.54%	4,486	0.30
<b>Age: 18-24</b>						
2019-2020	25,051	12.36%	N/A	-6.01%	1,844,831	0.57%
2018-2019	26,653	12.63%	-4.85%	1.23%	1,834,318	0.59%
2017-2018	26,328	12.79%	-4.85%	0.32%	1,823,567	0.37%
2016-2017	26,243	13.13%	-4.54%	1.48%	1,816,845	0.42%
2015-2016	25,861	13.31%	-3.13%	5.70%	1,809,160	0.75%
<b>Age: 25-64</b>						
2019-2020	124,474	61.44%	N/A	-2.80%	154,125	1.44%
2018-2019	128,061	60.69%	-0.43%	2.43%	157,430	1.50%
2017-2018	125,017	60.75%	-0.43%	0.62%	135,275	1.30%
2016-2017	124,249	62.14%	0.18%	2.84%	140,809	1.38%
2015-2016	124,474	61.44%	3.02%	4.72%	169,142	1.68%
<b>Age: 65+</b>						
2019-2020	14,789	7.30%	N/A	-4.32%	136,011	3.26%
2018-2019	15,457	7.33%	-4.32%	1.35%	137,188	3.40%
2017-2018	15,251	7.41%	-3.03%	6.29%	130,990	3.36%
2016-2017	14,348	7.18%	3.07%	3.96%	132,881	3.53%
2015-2016	13,801	7.10%	7.16%	-0.21%	111,588	3.05%

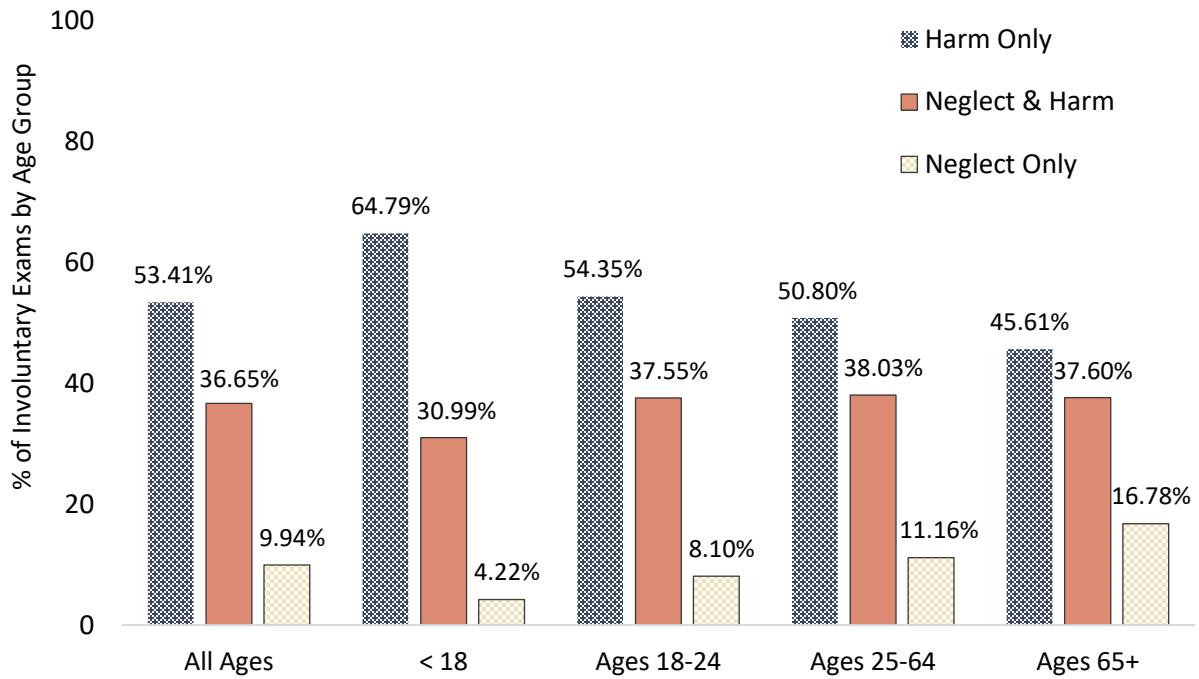
**Figure 1: Involuntary Exams Comparing Months Across Years: All Ages**



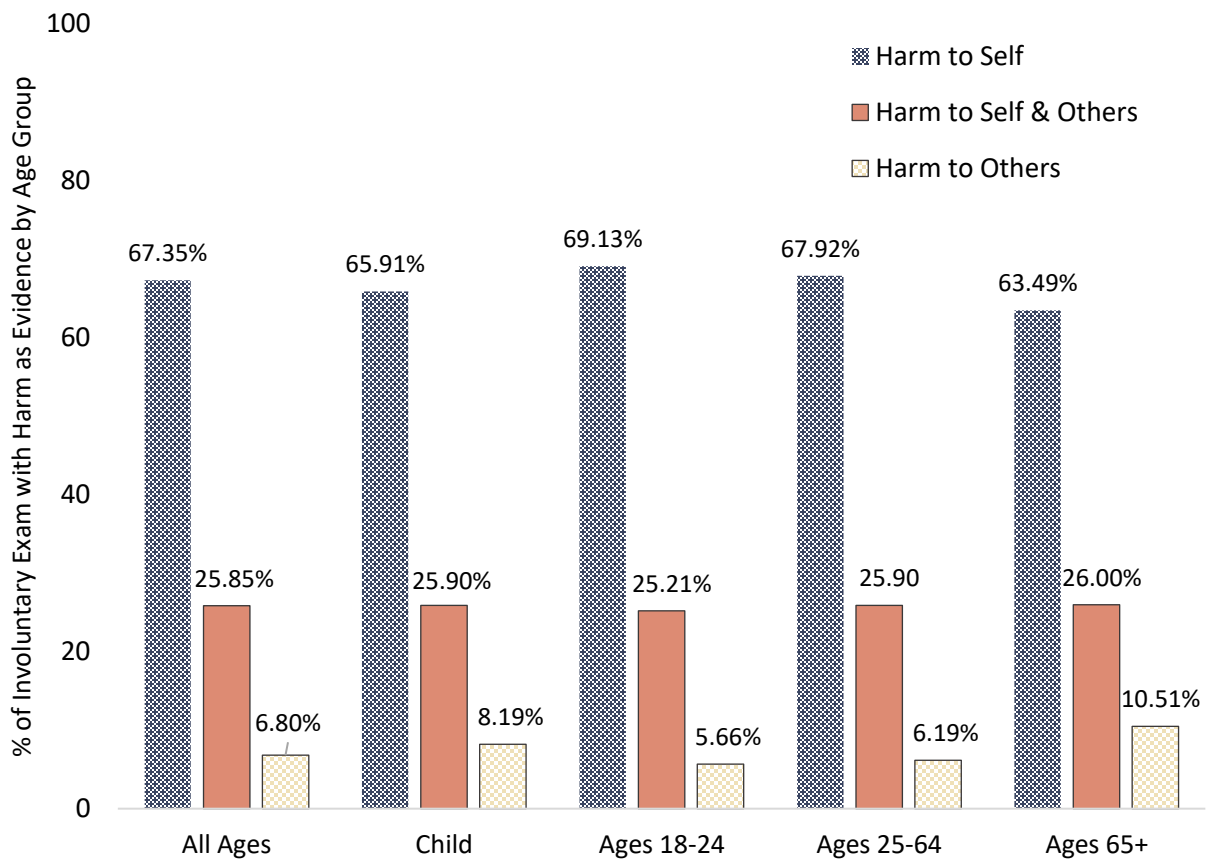
**Figure 2: Initiation Type for FY19/20**



**Figure 3: Evidence Type for FY19/20**



**Figure 4: Harm Type for Involuntary Exams with Harm as an Evidence Type FY19/20**



12:30:56 PM Meeting called to order by Chair Garcia

12:31:08 PM Roll call

12:31:14 PM A quorum is present

12:31:28 PM Comments by chair Garcia

12:31:37 PM Take up tab 1: A presentation by Department of Children and Families

12:32:25 PM Secretary of Substance Abuse and Mental Health, Erika Floyd-Thomas presenting for the department

1:04:07 PM Presentation concludes

1:05:08 PM Questions; yes

1:05:15 PM Question by Senator Book

1:06:00 PM Response by Secretary Thomas

1:07:26 PM Follow-up question by Senator Book

1:08:21 PM Response by Secretary Thomas

1:09:25 PM Follow-up question by Senator Book

1:10:15 PM Comments by Senator Book

1:10:48 PM Response by Secretary Thomas

1:12:21 PM Follow-up question by Senator Book

1:12:41 PM Response by Secretary Thomas

1:13:10 PM Question by Senator Harrell

1:14:17 PM Response by Secretary Thomas

1:16:59 PM Follow-up question by Senator Harrell

1:20:21 PM Response by Heather Altman; Department of Children and Families

1:20:36 PM Question by Chair Garcia

1:20:52 PM Response by Heather Altman

1:22:33 PM Follow-up question by Chair Garcia and response by Heather Altman

1:22:58 PM Question by senator Rouson

1:23:28 PM Response by Secretary Thomas

1:23:58 PM Question by Senator Torres

1:24:16 PM Response by Secretary Thomas



1:24:45 PM Follow-up question by Senator Torres

1:25:02 PM Response by Secretary Thomas

1:25:38 PM Follow-up question by Senator Torres

1:25:58 PM Response by Secretary Thomas

1:26:32 PM Follow-up question by Senator Torres

1:26:51 PM Response by Secretary Thomas

1:27:24 PM Question by Chair Garcia

1:28:14 PM Response by Secretary Thomas

1:29:31 PM Question by senator Book

1:29:46 PM **Take up tab 2: A Panel** Discussion with Secretary Erica Floyd-Thomas, Melissa Larkin Skinner, Salvatore Gintoli, Dr. Annette Christy, Chief Robert Bage, Dr. Shelby Halligan

1:31:08 PM Question by Senator Albritton

1:32:08 PM Response by Melissa Larkin- Skinner

1:33:25 PM Follow-up question by Senator Albritton

1:34:23 PM Response by Ms. Larkin-Skinner

1:35:37 PM Follow-up question by Senator Albritton

1:35:51 PM Response by Secretary Thomas

1:36:17 PM Question by Senator Albritton

1:36:44 PM Response by Secretary Thomas

1:37:21 PM Question by Senator Harrell

1:39:29 PM Response by Mr. Gintoli

1:40:27 PM Additional Response by Dr. Halligan

1:42:05 PM Comments by Ms. Larkin-Skinner

1:43:59 PM Question by Senator Book

1:45:12 PM Response by Ms. Larkin-Skinner

1:49:13 PM Follow-up question by Senator Book

1:49:33 PM Response by Ms. Larkin-Skinner

1:49:48 PM Follow-up Question by senator Book

1:50:11 PM Response by Ms. Larkin-Skinner

1:50:53 PM Follow-up question by Senator Book

1:51:35 PM Response by Ms. Larkin-Skinner

1:52:45 PM Question by Senator Torres

1:53:38 PM Response by Ms. Larkin-Skinner

1:54:24 PM Question by Senator Wright

1:54:51 PM Response by Chief Bage

1:57:59 PM Follow-up question by Senator Wright

1:59:19 PM Response by Chief Bage

2:01:21 PM Comments by Dr. Annette Christy

2:02:37 PM Question by Chair Garcia

2:02:48 PM Response by Secretary Thomas

2:03:37 PM Question by Senator Harrell

2:04:13 PM Response by Secretary Thomas

2:05:52 PM Follow-up question by Senator Harrell

2:06:19 PM Response by Dr. Christy

2:08:34 PM Comments by Senator Harrell

2:08:54 PM Question by Senator Wright

2:09:24 PM Response by Chief Bage

2:10:45 PM Question by Senator Book

2:11:48 PM Comments by Chair Garcia

2:12:49 PM Response by Ms. Larkin-Skinner

2:16:26 PM Comments by chair Garcia

2:18:20 PM Response by Dr. Shelby Halligan

2:19:58 PM Comment by chair Garcia

2:20:14 PM Comment by Mr. Gintoli

2:22:46 PM Appearance and public testimony by Molly Mckinstry

2:24:24 PM Question by Senator Harrell

2:24:49 PM Comments and question by Senator Albritton

2:28:21 PM Response by Ms. Larkin-Skinner

2:31:02 PM Comment by Senator Book

2:32:40 PM Comments by Senator Wright

2:33:37 PM Comments by Senator Rouson

2:34:48 PM Comments by Senator Torres

2:37:12 PM Comments by Chair Garcia

2:37:53 PM No additional business, Senator Brodeur mover to adjourn, the meeting is adjourned.

The Florida Senate

**APPEARANCE RECORD**

Presentation By the Department of Children & Families

11/02/2021

Meeting Date

Children, Families & Elder Affairs

Committee

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Bill Number or Topic

Amendment Barcode (if applicable)

Name Heather Allman

Phone 850-488-9410

Address 2415 N. Monroe Street

Email \_\_\_\_\_

Street

Tallahassee

FL

32303

City

State

Zip

Speaking:

For

Against

Information

**OR**

Waive Speaking:

In Support

Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

I am appearing without  
compensation or sponsorship.

I am a registered lobbyist,  
representing:

I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

11/02/2021

Meeting Date

Children, Families, and Elder Affairs

Committee

Name Molly McKinstry

Phone 850-488-9410

Address 2415 N Monroe St

Email

Street

Tallahassee

FL

32303

City

State

Zip

Bill Number or Topic

Amendment Barcode (if applicable)

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# The Florida Senate APPEARANCE RECORD

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

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I am a registered lobbyist, representing:

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This form is part of the public record for this meeting.

S-001 (08/10/2021)