A bill to be entitled

An act relating to procedures for discharging persons to avoid homelessness; providing a short title; amending s. 420.626, F.S.; revising legislative intent; encouraging certain facilities and institutions, in collaboration with a Continuum of Care lead agency, to develop and implement certain procedures for when persons are discharged from certain facilities or institutions; requiring the Department of Children and Families to conduct a pilot program in specified counties; requiring the department to submit certain quarterly and, beginning on a specified date, annual reports to the Governor and the Legislature; revising certain procedures; defining the term "client-level data"; requiring the sharing of client-level data to comply with specified state and federal laws and regulations; requiring a Continuum of Care lead agency to evaluate certain procedures and identify gaps and opportunities for improvement in its annual Continuum of Care plan; authorizing the State Office on Homelessness, in conjunction with the Council on Homelessness, to provide guidance to a Continuum of Care lead agency for a specified purpose; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. This act may be cited as the "Bridging Systems to Housing Act."

Section 2. Section 420.626, Florida Statutes, is amended to read:

420.626 Homelessness; discharge guidelines.—

(1) It is the intent of the Legislature~~, to encourage mental health facilities or institutions under contract with, operated, licensed, or regulated by the state and local governments~~ to ensure, to the extent practicable, that persons leaving the ~~their~~ care or custody of hospitals and other facilities and institutions under contract with, operated, licensed, or regulated by the state and local governments are not discharged into homelessness without connecting such persons to the Homeless Continuum of Care.

(2) The following facilities and institutions, in collaboration with the Continuum of Care lead agency in the facility's or institution's catchment area, are encouraged to develop and implement procedures as provided under subsection (4), which are designed to reduce the discharge of persons into homelessness when such persons are admitted or housed for more than 24 hours at such facilities or institutions: hospitals and inpatient medical facilities not located in a county in which a pilot program is conducted under subsection (3); crisis

stabilization units; residential treatment facilities; assisted living facilities; and detoxification centers.

(3) The department shall conduct a pilot program in Broward, Duval, Hillsborough, and Pinellas Counties for the development and implementation of the procedures required under subsection (4) for all hospitals and inpatient medical facilities located in those counties.

(a) Until the pilot program is fully implemented, the department must submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives quarterly reports on the status of the pilot program in each designated county.

(b) The department shall assess the effectiveness of each pilot program and, by November 30, 2027, and annually thereafter, submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives a report on the effectiveness of each program.

(4) ~~(3)~~ The procedures, for persons who consent to participate in services, must ~~should~~ include all of the following:

(a) Development and implementation of an early assessment ~~a~~ screening process or other mechanism for identifying persons to be discharged from the facility or institution who reported being homeless at the time of intake, are at considerable risk for homelessness, or face some imminent threat to health and

safety upon discharge.

(b) Development and implementation of a discharge plan that ensures ~~addressing how~~ identified persons are offered a transition from the facility or institution to the local Continuum of Care for connection to housing or shelter resources, if available, or supportive services ~~will secure housing and other needed care and support~~ upon discharge.

(c) Communication with the entities to whom identified persons may potentially be discharged to determine their capability to serve such persons and their acceptance of such persons into their programs, and selection of the entity determined to be best equipped to provide or facilitate the provision of suitable care and support. A discharge to an entity may only occur during normal operating hours when the receiving entity is open to receive the discharged person.

(d) Coordination of effort and sharing of information with entities that are expected to bear the responsibility for providing care or support to identified persons upon discharge through the following processes:

1. Enrollment in the Homeless Management Information System to collect and share client-level data in order to gain an understanding of an identified person's characteristics, eligibility, and needs for housing and related services; or

2. With an identified person's consent, development and implementation of a process or mechanism to share client-level

data regarding a person's medical and mental health needs outside of the Homeless Management Information System.

As used in this paragraph, the term "client-level data" means detailed, individual-level information regarding the housing and other relevant needs, such as mental health support, of a person being discharged from a facility or institution. Client-level data sharing is used to ensure the timely, continuous, and coordinated delivery of housing-related services and supports after an identified person is stabilized and before the person is released from the facility or institution. The sharing of client-level data must comply with federal and state privacy and confidentiality laws and regulations.

(e) Provision of sufficient medication, medical equipment and supplies, clothing, transportation, and other basic resources necessary to ensure that the health and well-being of identified persons are not jeopardized upon their discharge.

(f) Development and implementation of a process for facilities and institutions to verify in the Homeless Management Information System if a person is registered with the Homeless Continuum of Care and, if so, the entry of a referral in the Homeless Management Information System for such person. If a person is identified at intake as homeless or is at considerable risk of homelessness upon discharge, but the person is not registered in the Homeless Management Information System, the

facility or institution must ensure such person contacts the 211-call center or other local nonemergency service referral hotline to facilitate registration in the Homeless Management Information System in order to receive a referral to the Homeless Continuum of Care coordinated entry system.

(g) Provision of information, such as a website or other resource guides if available, to identified persons regarding resource availability through the 211-call center, any other local nonemergency service referral hotline, or the Continuum of Care.

(5) The Continuum of Care lead agency shall evaluate the procedures developed and implemented under subsection (4) and identify gaps and opportunities for improvement in its annual Continuum of Care plan submitted to the State Office on Homelessness. The State Office on Homelessness, in conjunction with the Council on Homelessness, may provide the Continuum of Care lead agency guidance to address ongoing gaps in services to strengthen local discharge planning practices.

(6)~~(4) This section is intended only to recommend model guidelines and procedures that mental health facilities or institutions under contract with or operated, licensed, or regulated by the state or local governments may consider when discharging persons into the community.~~ This section is not an entitlement, and no cause of action shall arise against the state, the local government entity, or any other political

subdivision of this state for failure to follow any of the procedures or provide any of the services suggested under this section.

Section 3. This act shall take effect July 1, 2026.