FLORIDA HOUSE OF REPRESENTATIVES
BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: CS/CS/HB 783	**COMPANION BILL:** SB 1618 (Leek)
TITLE: Coordinated Access Model Pilot Program	**LINKED BILLS:** None
SPONSOR(S): Sapp and Booth	**RELATED BILLS:** None

Committee References

Human Services	➤	Information Technology Budget & Policy	➤	Health & Human Services
15 Y, 0 N, As CS		14 Y, 0 N, As CS		

SUMMARY

Effect of the Bill:
The bill requires the Department of Children and Families (DCF) to contract with an entity to create a coordinated access model pilot program within Clay, Duval and St. Johns counties to improve timely access to behavioral health services using a single point of entry. The bill requires the coordinated access model to coordinate access among multiple service providers and social service entities for individuals requesting assistance, and to provide timely referral, provider navigation and connection to appropriate levels of care using a single, electronic referral and resource platform. The bill also requires the coordinated access model to use a platform to standardize the collection of data and referral outcomes and that has the capability to integrate with other data systems and facilitate data sharing and interoperability.

The bill specifies the qualifications and level of experience that the contracted entity must have to contract with DCF and requires the contractor to subcontract with a state university to provide clinical staff.

The bill requires DCF to submit quarterly status reports, until the pilot program is fully implemented, to the Governor and Legislature, and annual reports on the effectiveness of the program beginning November 30, 2027, and annually thereafter.

Fiscal or Economic Impact:
The bill will have an indeterminate, significant negative fiscal impact on DCF, which appears to be absorbable within existing resources.

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ANALYSIS

EFFECT OF THE BILL:

Coordinated Access Model Pilot Program

The bill requires the Department of Children and Families (DCF) to establish a Coordinated Access Model Pilot Program (pilot program) in the northeast region of the state, including Clay, Duval, and St. Johns counties, to improve timely access to behavioral health services using a single point of entry and to:

- Coordinate access to behavioral health services among multiple service providers and social service entities for individuals requesting assistance; and
- Provide timely referral, provider navigation, and connection to appropriate levels of care using a single, electronic referral and resource platform capable of coordinating among multiple providers. (Section 1)

The bill requires DCF to contract with an entity that has experience building resource networks, including behavioral health providers, community-based organizations, and government and social services, connecting individuals with resources through a coordinated care network, and hosting a platform that supports closed-loop referrals and extensive program metrics. The contract must be awarded by December 1, 2026, and include provisions to ensure data portability, operational documentation, transition support, and transparency of licensing and ongoing costs.

The bill also requires the contractor to subcontract with a state university to provide allied health staff and undergraduate and graduate social work and health professions training and internship experiences to interact with and screen individuals contacting the network access point for assistance. (Section 1)

The bill requires the coordinated access model to include, at a minimum:

- A network access point available during standard business hours with options for telephone, web-based, and in-person intakes;
- Standardized screening and referral tools to identify service needs and eligibility for available programs;
- Referral coordination and warm handoffs to providers, including scheduling of first appointments and follow-up confirmation;
- Navigation and follow-up support to ensure successful engagement with referred services;
- Service directory and inventory of community-based providers, maintained in real time to the extent practicable;
- Coordination with community systems, including primary care providers, schools, social services, and local governments; and
- Cultural and linguistic competence to ensure equitable access to the county population; and
- Use of a data platform that enables standardized data collection and reporting on referral outcomes, timeliness of service connections, consumer experience, and identification of service system gaps.

The data platform must support the integration with other state and local data systems, including Medicaid, managing entities, school-based services, and community health systems and facilitate data sharing and interoperability in compliance with state and federal privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). The data platform must also provide a comprehensive view of service utilization and coordination across providers, payors, and community partners and enable DCF to evaluate system performance, identify barriers, and inform future resource allocation. (Section 1)

The bill also requires the coordinated access model to include measurable performance outcomes, including but not limited to, timeliness of referrals and service connections, successful engagement rates with referred services, reduction in duplication of intake assessments, and improved customer and family satisfaction.

The bill requires DCF to provide quarterly status reports on the implementation of Coordinated Access Model Pilot Program, up until the program is fully implemented, and an annual report on the effectiveness of the pilot program by November 30, 2027, and annually thereafter. The reports must be submitted to the Governor, the President of the Senate and the Speaker of the House. (Section 1)

The effective date of the bill is July 1, 2026. (Section 2)

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

The bill will have an indeterminate, significant, negative fiscal impact on DCF to implement the pilot program, but it appears DCF is able to absorb the associated costs.[1]

The bill also expressly authorizes DCF and the contracted entity to apply for and use any funds from private, state, and federal grants to support or expand the pilot program.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Behavioral Health Services

Mental illness affects millions of people in the United States each year. It is estimated that more than one in five adults live with a mental illness.[2] In 2024, 23.4 percent of adults age 18 or older experienced mental illness.[3]

Approximately, 48.4 million people in the U.S. aged 12 and older (16.8 percent of the population) had a substance use disorder in 2024.[4] The most common substance use disorders in the U.S. are from the use of alcohol, tobacco, cannabis, stimulants, hallucinogens, and opioids.[5]

Behavioral Health Safety Net Services

Several agencies provide publicly-funded behavioral health services in Florida. For example, agencies such as the Department of Education and the Department of Corrections provide behavioral health services ancillary to their broader missions of education, and incarceration and rehabilitation, respectively. The Agency for Health Care Administration provides behavioral health services as part of its primary charge to provide health care but restricts services to those individuals who are eligible based on factors such as income, age, and disability.

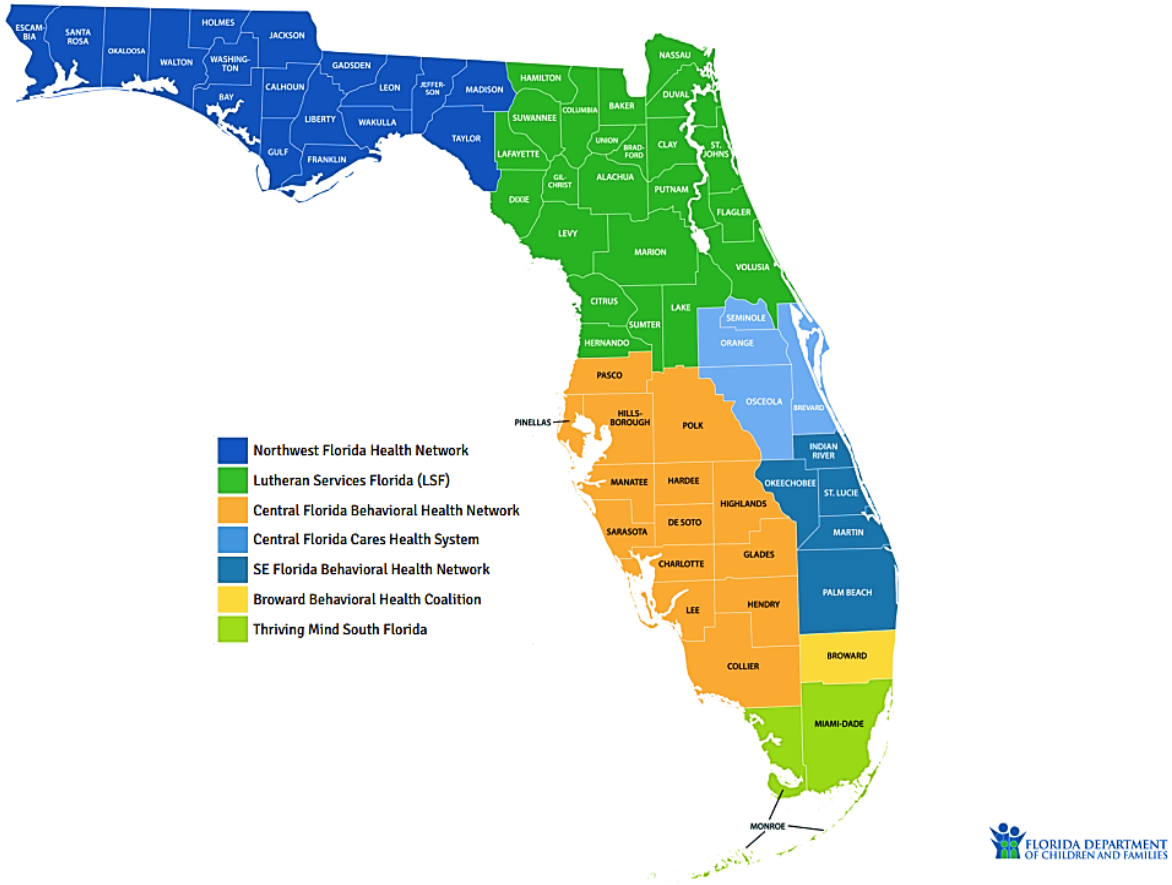
However, the Department of Children and Families (DCF), responsible for safety-net behavioral health services, serves all Floridians who are otherwise unable to obtain certain behavioral health services, based on priority populations and the limitations of available funding. DCF administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment and recovery for children and adults meeting eligibility requirements based on the nature of illness and inability to pay.[6] SAMH programs include a range of prevention, acute interventions (e.g. crisis stabilization), residential treatment, transitional housing, outpatient treatment, and recovery support services. Services are provided based upon state and federally-established priority populations. DCF provides these services primarily through behavioral health managing entities.[7]

Behavioral Health Managing Entities

[1] DCF, *Agency Bill Analysis HB 783*, on file with the House Health and Human Services Committee. The DCF bill analysis provides costs for a similar program in Pinellas County, but does not estimate costs to the department to implement the program created by the bill.
[2] National Institute of Mental Health (NIH), *Mental Illness*, https://www.nimh.nih.gov/health/statistics/mental-illness (last visited January 21, 2026).
[3] Substance Abuse and Mental Health Services Administration (SAMHSA), Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health, available at https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf, (last visited January 21, 2026).
[4] SAMHSA, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health*, available at https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf, (last visited January 21, 2026).
[5] The Rural Health Information Hub, *Defining Substance Abuse and Substance Use Disorders*, available at https://www.ruralhealthinfo.org/toolkits/substance-abuse/1/definition (last visited January 21, 2026).
[6] S. 394.674, F.S.
[7] S. 394.9082, F.S.

In 2001, the Legislature authorized DCF to implement behavioral health managing entities (MEs) as the management structure for the delivery of local mental health and substance abuse services.[8] The implementation of the ME system initially began on a pilot basis and, in 2008, the Legislature authorized DCF to implement MEs statewide.[9] MEs were fully implemented statewide in 2013, serving all geographic regions.

DCF currently contracts with seven MEs for behavioral health services throughout the state. These contracts totaled $1.197 billion[10] in FY 2024-25, with $1.076 billion spent on direct services.[11] MEs plan for and coordinate the delivery of community mental health and substance use disorder services, improve access to care, promote service continuity, purchase services, and support efficient and effective service delivery. MEs subcontract with community providers to serve clients directly; this allows services to be tailored to the specific behavioral health needs in the various regions of the state.[12]



Coordinated System of Care

Managing entities are required to promote the development and implementation of a coordinated system of care.[13] A coordinated system of care means a full array of behavioral and related services in a region or community offered by all service providers, participating either under contract with a managing entity or by another method

[8] Ch. 2001-191, Laws of Fla.
[9] Ch. 2008-243, Laws of Fla.
[10] DCF, *A Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Positions of the Managing Entities Including a System of Care Analysis (November 2025)*, p. 5, available at https://www.myflfamilies.com/sites/default/files/2025-11/Behavioral%20Health%20Managing%20Entities%20-%20Multiyear%20Review%202025.pdf, (last visited January 21, 2026).
[11] *Id.* at 11.
[12] Department of Children and Families, *Managing Entities,* available at https://www.myflfamilies.com/services/samh/providers/managing-entities, (last visited January 21, 2026).
[13] S. 394.9082(5)(d), F.S.

of community partnership or mutual agreement.[14] A community or region provides a coordinated system of care for those with a mental illness or substance abuse disorder through a no-wrong-door model, to the extent allowed by available resources. If funding is provided by the Legislature, DCF may award system improvement grants to managing entities.[15] MEs must submit detailed plans to enhance crisis services based on the no-wrong-door model or to meet specific needs identified in DCF's assessment of behavioral health services in this state.[16] DCF must use performance-based contracts to award grants.[17]

There are several essential elements which make up a coordinated system of care, including:[18]

- Community interventions;
- Case management;
- Care coordination;
- Outpatient services;
- Residential services;
- Hospital inpatient care;
- Aftercare and post-discharge services;
- Medication assisted treatment and medication management; and
- Recovery support.

A coordinated system of care must include, but is not limited to, the following array of services:[19]

- Prevention services;
- Home-based services;
- School-based services;
- Family therapy;
- Family support;
- Respite services;
- Outpatient treatment;
- Crisis stabilization;
- Therapeutic foster care;
- Residential treatment;
- Inpatient hospitalization;
- Case management;
- Services for victims of sex offenses;
- Transitional services; and
- Trauma-informed services for children who have suffered sexual exploitation.

Behavioral Health Coordinated Access Model

A behavioral health coordinated access model, similar to Florida's coordinated system of care, is a system designed to streamline access to behavioral health care services and treatment.

Care About Me Program

[14] S. 394.4573(1)(c), F.S.
[15] S. 394.4573(3), F.S. The Legislature has not funded system improvement grants.
[16] *Id.*
[17] *Id.*
[18] S. 394.4573(2), F.S.
[19] S. 394.495(4), F.S.

An example of a behavioral health coordinated access model is Pinellas County's (County) Care About Me Program (Program). The Program is intended to assist individuals, and family members of individuals, who are in non-crisis need. The Program provides a confidential phone line for the County's residents when seeking help with finding mental health and substance use and/or addiction services.[20] Callers speak directly with experienced behavioral health specialists who are trained to assess and triage the callers needs and connect callers with the appropriate supportive services such as: counseling, support groups, educational resources, and referrals to local, specialized treatment centers and providers. If needed, specialists can also schedule appointments with local providers. Through a secure online platform, program specialists are able send electronic referrals, track the progress of care of the caller and ensure that the caller receives timely assistance and follow up if needed.[21]

Care About Me Program Contract

During a 2019 review of the Pinellas County's (County) behavioral health system, the County discovered three challenges to the system. Those challenges included:

- Barriers to access and confusion around intake pathways: Residents were not aware of how to access behavioral health services and thus did not receive care until they were in crisis.
- Lack of warm hand off: Care providers offered similar and occasionally duplicative services without central coordination or warm handoffs.
- Lack of consistency: Practices across providers, such as screening, triage, and transitioning clients to appropriate level of care were inconsistent.

As a result, in late 2021, the County competitively solicited a client-centered coordinated access model (CAM), leading the County to contract with Unite USA, Inc., d/b/a Unite Us.[22]

Under the contract, Unite Us is obligated to serve the County's 974,995 citizens and provide intake services for clients in multiple languages, which comply with the Americans with Disabilities Act, and are accessible to all residents regardless of disability status. The intake process is required to provide, at minimum, the following:

- Standardized screening and assessment tools.
- Streamlined access to client health records.
- Ability to triage clients to the appropriate level of care, with e-scheduling for participating care providers.
- Telepsychiatry.

The contract requires Unite Us to possess the ability to integrate with current crisis care services offered within the County. Unite Us is also required to automate tracking of clients from the point of first contact to service initiation, including:

- Automated reminders: the ability to issue automated reminders to clients of their appointments via text/email.
- Updates on referral completion: the ability of a shared platform to enable service providers to send automated updates to notify the CAM on client progress, including whether a client appeared for their appointment, rescheduled, or failed to appear.

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[20] Pinellas County, *Pinellas County Launches New Program to Streamline Access to Behavioral Health Services*, available at https://pinellas.gov/news/pinellas-county-launches-new-program-to-streamline-access-to-behavioral-health-services/, (last visited January 21, 2026).

[21] *Id.*

[22] DCF currently contracts with Unite Us to provide cloud hosted web-based solution services for the Hope Florida - A Pathway to Prosperity Program. See, Contract Number LF936, Department of Management Services, available at https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=600000&ContractId=LF936&Tab=1, (last visited February 21, 2026).

- Client and provider satisfaction: the ability to issue satisfaction surveys to clients at the conclusion of the screening process and following initial assessment with a service provider, as well as satisfaction surveys to providers 30 days after a referral.

The contract requires Unite Us to perform phased advertising/marketing beginning with targeting adults seeking outpatient behavioral health services and then expanding to other age groups, such as children and seniors.[23]

Unite Us has served as the CAM for Pinellas County since October 2022. The contract provides that the County will pay no more than a total of $9,158,372.36 to Unite Us over 4 years with the following annual caps:

- Year 1: $2,215,467.00
- Year 2: $2,241,828.51
- Year 3: $2,318,683.37
- Year 4: $2,382,393.87[24]

In 2024 and 2025, 2,270 Pinellas County residents sought assistance from the Program. Of those:

- 1,672 were successfully contacted.
- 1,194 were screened.
- 1,048 were appointments scheduled.
- 395 attended their appointments.[25]

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Human Services Subcommittee	15 Y, 0 N, As CS	1/28/2026	Mitz	Curry
THE CHANGES ADOPTED BY THE COMMITTEE:	Requires DCF to contract with a single contractor to implement the pilot program rather than multiple entities.			
Information Technology Budget & Policy Subcommittee	14 Y, 0 N, As CS	2/12/2026	Davila	Loe
THE CHANGES ADOPTED BY THE COMMITTEE:	Required the contract to be awarded by December 1, 2026, and include provisions to ensure data portability, operational documentation, transition support, and transparency of licensing and ongoing costs			
Health & Human Services Committee			Calamas	Curry

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.

[23] Standard Services Contract between Pinellas County and Unite USA, Inc., d/b/a Unite Us, contract no. 22-0101-B, dated Oct. 11, 2022, on file with the Human Services Subcommittee.
[24] *Id.*
[25] Pinellas County Care About Me Metrics, 2.1.24-12.19.25, on file with the Human Services Subcommittee.