

1 A bill to be entitled
2 An act relating to Coordinated Access Model Pilot
3 Program; creating s. 394.45735, F.S.; requiring the
4 Department of Children and Families to contract with
5 certain entities to establish the Coordinated Access
6 Model Pilot Program in Clay, Duval, and St. Johns
7 Counties; providing requirements for contracted
8 entities; requiring contracted entities to subcontract
9 with certain state universities for certain purposes;
10 requiring the department and contracted entities to
11 create a coordinated access model; providing model
12 requirements; requiring the department to provide
13 specified reports to the Governor and the Legislature
14 within specified timeframes; authorizing the
15 department to adopt rules; providing an effective
16 date.

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

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20 **Section 1. Section 394.45735, Florida Statutes, is created**
21 **to read:**

22 394.45735 Coordinated Access Model Pilot Program.—

23 (1) The Department of Children and Families shall contract
24 with local entities to establish and operate a behavioral health
25 Coordinated Access Model Pilot Program in the department's

26 Northeast Region, including Clay, Duval, and St. Johns Counties,
27 to improve timely access to behavioral health services using a
28 single point of entry.

29 (2) The contracted entities must have experience in all of
30 the following:

31 (a) Building resource networks, including behavioral
32 health providers, community-based organizations, and government
33 and social services.

34 (b) Connecting individuals requesting assistance with
35 resources through a coordinated care network.

36 (c) Hosting a platform that supports closed-loop referrals
37 and extensive program metrics.

38 (3) The contracted entities shall subcontract with a state
39 university that is not designated pursuant to s. 1001.7065(3),
40 to provide allied health staff and undergraduate and graduate
41 social work and health professions training and internship
42 experiences to interact with and screen individuals contacting
43 the network access point for assistance.

44 (4) The department and contracted entities shall create a
45 coordinated access model which shall:

46 (a) Coordinate access to behavioral health services among
47 multiple service providers and social service entities for
48 individuals requesting assistance.

49 (b) Provide timely referral, provider navigation, and
50 connection to appropriate levels of care using a single,

51 electronic referral and resource platform capable of
52 coordinating among multiple providers.

53 (5) The coordinated access model must include, at a
54 minimum:

55 (a) A network access point available during standard
56 business hours with options for telephone, web-based, and in-
57 person intakes.

58 (b) Standardized screening and referral tools to identify
59 service needs and eligibility for available programs.

60 (c) Referral coordination and warm handoffs to providers,
61 including scheduling of first appointments and follow-up
62 confirmation.

63 (d) Navigation and follow-up support to ensure successful
64 engagement with referred services.

65 (e) Service directory and inventory of community-based
66 providers, maintained in real time to the extent practicable.

67 (f) Coordination with community systems, including primary
68 care providers, schools, social services, and local governments.

69 (g) Cultural and linguistic competence to ensure equitable
70 access to the county population.

71 (h) Use of a data platform that enables standardized data
72 collection and reporting on referral outcomes, timeliness of
73 service connections, consumer experience, and identification of
74 service system gaps. The data platform must:

75 1. Support the potential integration with other state and

76 local data systems, including, but not limited to, Medicaid,
77 managing entities, school-based services, and community health
78 systems.

79 2. Facilitate data sharing and interoperability in
80 compliance with applicable state and federal privacy laws,
81 including the Health Insurance Portability and Accountability
82 Act of 1996 and 42 C.F.R. part 2.

83 3. Provide a comprehensive view of service utilization and
84 coordination across providers, payors, and community partners.

85 4. Enable the department to evaluate system performance,
86 identify barriers, and inform future resource allocation.

87 (6) The coordinated access model shall include measurable
88 performance outcomes, including, but not limited to, all of the
89 following:

90 (a) Timeliness of referrals and service connections.

91 (b) Successful engagement rates with referred services.

92 (c) Reduction in duplication of intake assessments.

93 (d) Improved consumer and family satisfaction.

94 (7)(a) Until the program is fully implemented, the
95 department shall provide reports of the status of the
96 Coordinated Access Model Pilot Program quarterly to the
97 Governor, the President of the Senate, and the Speaker of the
98 House of Representatives.

99 (b) By November 30, 2027, and annually thereafter, the
100 department shall assess the effectiveness of the pilot program

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101 and submit a report to the Governor, the President of the
102 Senate, and the Speaker of the House of Representatives.

103 (8) The department and contracted entities may apply for
104 and use any funds from private, state, and federal grants to
105 support or expand Coordinated Access Models.

106 (9) The department may adopt rules to administer this
107 section.

108 **Section 2.** This act shall take effect July 1, 2026.