

CS/CS/HB 783

2026

A bill to be entitled
An act relating to Coordinated Access Model Pilot Program; creating s. 394.45735, F.S.; requiring the Department of Children and Families to contract with an entity to establish the Coordinated Access Model Pilot Program in Clay, Duval, and St. Johns Counties; requiring the department to award the contract by a certain date; requiring certain contractual provisions; providing requirements for the contracted entity; requiring the contracted entity to subcontract with a certain state university for certain purposes; requiring the department and the contracted entity to create a coordinated access model; providing model requirements; requiring the department to provide specified reports to the Governor and the Legislature within specified timeframes; authorizing the department and the contracted entity to apply for and use certain funds to support or expand Coordinated Access Models; authorizing the department to adopt rules; providing an effective date.

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

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

26 394.45735 Coordinated Access Model Pilot Program.—

27 (1) The Department of Children and Families shall contract
28 with an entity to establish and operate a behavioral health
29 Coordinated Access Model Pilot Program in the department's
30 Northeast Region, including Clay, Duval, and St. Johns Counties,
31 to improve timely access to behavioral health services using a
32 single point of entry. The department must:

33 (a) Award the contract to the selected entity no later
34 than December 1, 2026.

35 (b) Include contractual provisions to ensure:

36 1. Any data created, processed, or maintained under the
37 contract is portable and can be extracted in a machine-readable
38 format upon request.

39 2. The entity will provide, upon request, comprehensive
40 operational documentation sufficient to allow continued
41 operation and maintenance by the agency or a new entity.

42 3. The entity will provide, upon request, reasonable
43 assistance and support during a transition to the agency or to a
44 new entity.

45 4. All anticipated software license fees, license renewal
46 fees, and operation and maintenance costs are documented in
47 detail. If exact figures are not feasible, the entity must
48 provide a reasonable cost range.

49 (2) The contracted entity must have experience in all of
50 the following:

51 (a) Building resource networks, including behavioral
52 health providers, community-based organizations, and government
53 and social services.

54 (b) Connecting individuals requesting assistance with
55 resources through a coordinated care network.

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

58 (3) The contracted entity shall subcontract with a state
59 university that is not designated as a preeminent or emerging
60 preeminent state research university pursuant to s. 1001.7065(3)
61 to provide allied health staff and undergraduate and graduate
62 social work and health professions training and internship
63 experiences to interact with and screen individuals contacting
64 the network access point for assistance.

65 (4) The department and the contracted entity shall create
66 a coordinated access model which shall:

67 (a) Coordinate access to behavioral health services among
68 multiple service providers and social service entities for
69 individuals requesting assistance.

70 (b) Provide timely referral, provider navigation, and
71 connection to appropriate levels of care using a single,
72 electronic referral and resource platform capable of
73 coordinating among multiple providers.

74 (5) The coordinated access model must include, at a
75 minimum:

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

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

81 (c) Referral coordination and warm handoffs to providers,
82 including scheduling of first appointments and followup
83 confirmation.

84 (d) Navigation and followup support to ensure successful
85 engagement with referred services.

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

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

90 (g) Cultural and linguistic competence to ensure equitable
91 access to the county population.

92 (h) Use of a data platform that enables standardized data
93 collection and reporting on referral outcomes, timeliness of
94 service connections, consumer experience, and identification of
95 service system gaps. The data platform must:

96 1. Support the potential integration with other state and
97 local data systems, including, but not limited to, Medicaid,
98 managing entities, school-based services, and community health
99 systems.

100 2. Facilitate data sharing and interoperability in

101 compliance with applicable state and federal privacy laws,
102 including the Health Insurance Portability and Accountability
103 Act of 1996 and 42 C.F.R. part 2.

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

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

108 (6) The coordinated access model shall include measurable
109 performance outcomes, including, but not limited to:

- (a) Timeliness of referrals and service connections.
- (b) Successful engagement rates with referred services.
- (c) Reduction in duplication of intake assessments.
- (d) Improved consumer and family satisfaction.

110 (7) (a) Until the program is fully implemented, the
111 department shall provide reports of the status of the
112 Coordinated Access Model Pilot Program quarterly to the
113 Governor, the President of the Senate, and the Speaker of the
114 House of Representatives.

115 (b) By November 30, 2027, and annually thereafter, the
116 department shall assess the effectiveness of the pilot program
117 and submit a report to the Governor, the President of the
118 Senate, and the Speaker of the House of Representatives.

119 (8) The department and the contracted entity may apply for
120 and use any funds from private, state, and federal grants to
121 support or expand Coordinated Access Models.

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126 (9) The department may adopt rules to administer this
127 section.

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