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; 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:

394.45735 Coordinated Access Model Pilot Program.—

(1) The Department of Children and Families shall contract

CODING: Words stricken are deletions; words underlined are additions.

with an entity to establish and operate a behavioral health Coordinated Access Model Pilot Program in the department's Northeast Region, including Clay, Duval, and St. Johns Counties, to improve timely access to behavioral health services using a single point of entry.

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

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

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

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

(3) The contracted entity shall subcontract with a state university that is not designated as a preeminent or emerging preeminent state research university pursuant to s. 1001.7065(3) 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.

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

(a) Coordinate access to behavioral health services among multiple service providers and social service entities for

individuals requesting assistance.

(b) 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.

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

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

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

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

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

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

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

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

(h) 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:

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

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

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

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

(6) The coordinated access model shall include measurable 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.

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

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

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

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

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