

By Senator Leek

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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 certain entities to establish and operate the Coordinated Access Model Pilot Program in Clay, Duval, and St. Johns Counties; providing requirements for contracted entities; requiring contracted entities to subcontract with certain state universities for certain purposes; requiring the department and contracted entities 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 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 with local entities 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 entities must have experience in all of

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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 entities shall subcontract with a state university that is not designated 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 contracted entities 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

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

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

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

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

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

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

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88 (a) Timeliness of referrals and service connections.

89 (b) Successful engagement rates with referred services.

90 (c) Reduction in duplication of intake assessments.

91 (d) Improved consumer and family satisfaction.

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

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

101 (8) The department and contracted entities may apply for
102 and use any funds from private, state, and federal grants to
103 support or expand coordinated access models.

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

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