

**Florida Children and Youth Cabinet
Youth Service Collaboration Team
(Formerly the Interagency Workgroup on Administrative Flexibility)
Minutes - January 24, 2010**

The following were in attendance. Co-chair Debbie Ervin was out of town.

Theda Robert, Co-chair, Department of Juvenile Justice (DJJ)

Jennifer Lange, Department of Children and Families (DCF)

D.D. Pickle, Agency for Health Care Administration

Holly Carson, Department of Economic Opportunity

Charlotte Curtis, Department of Health

Bettye Hyle, Department of Education

Tammy Workman, DCF

Apolonia Villonueva, DCF Intern

Joan Wimmer, DJJ

Jeannie Becker-Powell, DJJ

Meg Bates, DJJ

As directed by the Children and Youth Cabinet (cabinet) at the December meeting, it was determined that the new name of this workgroup will be Youth Services Collaboration Team (YCST). The Forum for Youth Investment continues their work to develop a survey for top level officials. YCST members will utilize the survey as we reach out to cabinet members to determine their concerns and suggestions relating to collaboratively serving multi-system youth.

Concepts put forward by Florida and other states to address the needs of youth serve by multiple agencies were discussed. These included case management, a unified intake system, mental health and substance abuse needs, medical services and prevention. As a youth moves through multiple systems, several case managers touch the child and the family. The definition of a case manager varies from federal agency to federal agency and funding may be allocated in various child-serving agencies for case manager. An alignment of case management definitions, qualifications, and existing funds to provide one case manager for life as a child moves through the system was discussed. Currently, interagency teams at the local level work with deep-end youth to coordinate care for these youth. Issues that cannot be resolved at the local level are bumped to a state level interagency team. The one child/one case manager concept could build on the local interagency team concept and would provide continuity of service providers,

such as for mental health and substances abuse, and stability as the child moves through multiple systems. Information sharing between the agencies serving the child will be critical.

States have reported that federal rules vary by program as to eligibility and how it is determined. For example, some programs use gross income while others use net income and there are inconsistencies in how a family or a household is defined or what income is counted or excluded. An alignment of intake processes and eligibility definitions would provide opportunity to build efficiencies at the state level. An information sharing system that allows child serving agencies to pull the data each agency needs would be ideal.

Prevention services that address the needs of a child and family before they escalate to involvement with a child serving agency may increase expenditures in the short term while providing substantial future cost savings. If treated early, learning disability or minor mental health issues could be resolved and the family made more healthy. A case manager who stays with the child and family would be in the best position to become aware of problems and help the family work through them. A pilot that consolidates case management, unifies intake, and shares information between agencies will continue to be discussed at future meetings.

Multi-system youth will be discussed with the Forum for Youth Investment, various federal agencies, and other states on Thursday, January 26. YSCT members are encouraged to call in to the phone conference.

Big Bend Community Based Care is working on a case management pilot. Mike Watkins will be invited to share about the pilot as well as any local level barriers.

The next meeting is scheduled for February 7.