

FY25 LCT Outreach Strategy: Lessons Learned and FY26 Updates

Developed by: The State Coordinating Council

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Executive Summary

The State Coordinating Council (SCC) was reinvigorated in 2025 with the reestablishment of the Governor's Office for Children. As part of the new launch, the SCC set out to explore areas of achievement and opportunities for improvement among the Local Care Teams (LCT) across the State. This document provides an overview of lessons learned during the FY25 outreach strategy, which informed the FY26 guidelines for LCTs.

Background

State Coordinating Council ([Md. Human Services Code Ann. § 8-401-04](#))

The State Coordinating Council (SCC) was established in the 1980s to promote interagency collaboration and development of quality educational, treatment, and residential services in Maryland, so that children with complex needs could be served in the least restrictive setting appropriate to their individual needs. The SCC is charged with:

- Promoting policy that develops a continuum of quality educational, treatment, and residential services in Maryland which will enable children with intensive needs to be served in the least restrictive setting appropriate to their individual needs;
- Interagency data monitoring and tracking of metrics specified by the Children's Cabinet;
- Providing training and technical assistance to State and local partners; and
- Conducting case reviews of all youth referred to non-family home out-of-State placement or other requests from State or local partners involving youth with intensive needs.

The SCC is composed of representatives from the child-serving agencies including:

1. Governor's Office for Children (GOC);
2. Department of Juvenile Services (DJS);
3. Maryland Department of Health (MDH) with representatives from the Behavioral Health Administration (BHA) and the Developmental Disabilities Administration (DDA);
4. Department of Human Services (DHS);
5. Maryland State Department of Education (MSDE);
6. Department of Budget and Management (DBM) serves as a nonvoting ex officio member
7. Maryland Department of Disabilities (MDOD) serves as a nonvoting ex officio member

Overview of Outreach Strategy

In the summer of 2024, the SCC launched an outreach effort to assess the successes and challenges of LCTs across the State. As part of this engagement, the State Coordinating Council: (1) convened LMB directors and LCT coordinators, (2) held deep-dive discussions with select LCTs, one from each region of the State, (3) held two focus groups with families through the Maryland Coalition of Families, (4) met with the Maryland Hospital Association and (5) conducted a statewide survey of LCT team members. Based on this outreach, the SCC identified areas for improvement for LCTs across the State to better serve youth and families. These improvements include: process and data collection adjustments to streamline activities, increased

awareness of state and local resources, and guidance around how to best reach and serve youth and families with complex needs. The takeaways included in this document reflect the feedback and observations collected during the SCC's outreach activities. **These recommendations will be implemented through the LMB Manual and other GOC or SCC processes and activities (many of which are already underway).**

Key Takeaways

1. LCTs and LCT coordinators play a significant role in bridging state agencies and resources for families.

- The structure of the LCT allows families to seek services in a streamlined fashion. Families are able to connect with multiple agencies during the LCT team meeting, rather than reaching out to these agencies individually. LCT teams may also increase families' knowledge of various services and connect them with family advocates and other support systems. The LCT also allows for a personalized approach to care, providing youth and families with specific recommendations, given their requests and needs.
- During outreach, families noted the positive effect of being able to connect with multiple state agencies at once. Some also noted the significance of their LCT coordinator in supporting them as they sought out resources.

2. LCTs face process challenges, resulting in inconsistent and often burdensome experiences for families.

- During outreach, the SCC found two inconsistencies related to the case review process: 1) coordinators do not consistently conduct in-depth intakes after receiving referrals and 2) coordinators do not consistently follow up on cases after they are referred for services or placement.
- Additionally, the LCT meeting structure itself can create barriers to participation for families. Restrictive and inflexible scheduling of LCT meetings, duplication of prior engagements with other agencies, and team cultures that are not client-centered and based in trauma-informed care can all affect the participant experience.
- A Rapid Evidence Assessment (REA) conducted by Klassman et al. (2024) focused on children and youth ages 10-25 and reviewed literature to uncover key barriers and facilitators of effective service delivery and engagement. They found similar process related challenges to those noted in the LCT outreach, like those created by insufficient transitions between services, collaboration across agencies, and service structures that are inflexible to the needs of families, as key barriers for youth with complex needs.¹
- SCC Recommendations:
 - Ensure LCTs have systems, including case management software, to strengthen and expand strong case management practices
 - Encourage LCT teams to assess their meeting model and make improvements based on their population served

¹ Klassman, K., Malvaso, C., Delfabbro, P., Moulds, L., Young, J. (2024). A rapid evidence assessment of barriers and strategies in service engagement when working with young people with complex needs. *Children and Youth Services Review*, 156, 107292. <https://doi.org/10.1016/j.childyouth.2023.107292>

- Provide training and technical assistance to the LCTs through the SCC on case management and client-centered, trauma-informed practices
- 3. **At times, LCTs lack awareness of all existing resources and supports available at the state and local levels to meet families' needs.**
 - LCT teams were not always aware of available resources to refer families, creating added burden particularly for families who have exhausted all other resources and resulting in unproductive team meetings.
 - SCC Recommendations:
 - Require LMBs to compile, regularly update, and widely distribute a resource list/asset map of relevant local resources in their jurisdictions to LCT members to ensure that all members are aware of current services and offerings.
 - Ensure that there is strong partnership between the “Partnership Hubs” under the Maryland Consortium on Coordinated Community Supports and the LCTs.
 - Re-invigorate quarterly meetings between the LCTs and the SCC to provide briefings on state policy and programmatic changes, as well as address challenges and share tools.
- 4. **There is inconsistent data available on a range of metrics, including: 1) the families that LCT are serving, 2) which needs are or are not being met by the LCT and why, and 3) families' outcomes after being served by the LCT.**
 - Data tracking and management varies across the LCTs. Similarly, there is variation across the LCTs in the procedures and practices used to capture and track outcomes as a result of being served by the LCTs.
 - SCC Recommendations:
 - Strengthen data reporting requirements by introducing new performance measures and guidance on tracking follow-ups and outcomes.
- 5. **Many families self-refer to LCTs seeking local services rather than an out-of-home placement. The scope and quantity of these requests for early intervention services vary by county, as do LCTs' ability to meet these requests.**
 - At times, referral sources may not provide sufficient information about a child/youth and their needs to the LCTs, nor sufficient information to the family about what the LCTs can provide or what to expect from them.
 - Families also increasingly seek out or are directed to the LCT for additional needs that extend beyond an out-of-home placement request. The variety of incoming requests can result in a mismatch in expectations, unmet needs for families, and strain for the LCT teams.
 - Additionally, some families are seeking out LCTs as a last resort after exhausting other resources, especially those available through the agencies. As a result, many of the recommendations, referrals, and services that LCTs are providing are often duplicative and have already been explored by families.
 - SCC Recommendations:

- LCTs should continue to serve families seeking out-of-home placements. LCTs with capacity and interest should apply the guidance on outreach and serving those seeking the LCT for other needs.
- To the extent possible, LCTs should expand support for families in need of other, non-out-of-home placement related supports to reach families as early as possible and prevent future placement or crisis related needs.

6. There are often insufficient resources and providers across the State to meet families' needs (e.g., treatment beds, transportation in rural areas, and respite care).

- During outreach, the SCC noted feedback on there being limited to no access to transportation, housing, food, and other key resources necessary for families. These gaps were noted most often in discussions on rural areas of the State. As a result, LCTs are often unable to direct families in need of these supports, at times resulting in long wait times or unmet needs. Addressing these gaps as a state is crucial. Casey Family Programs similarly points to the importance of addressing the role of systems in both the concept of and support for children with complex needs. They noted that in order to best support youth with complex needs, systemic challenges (e.g., gaps in services) must be considered and addressed. They also noted the importance of cross-system collaboration, citing examples of systems of care that help to provide families with integrated support from various agencies.²
- SCC Recommendations:
 - The SCC will continue to address these needs by leveraging the Children's Cabinet to develop strategies that ensure connectivity between existing resources and that help fill resource gaps.

In FY26, the SCC will continue to monitor progress on these challenges and solutions to ensure that families' needs are being met across the State.

² Casey Family Programs Youth with Unmet Complex Care Needs Workgroup. (2024). Creating healing pathways for children with behavioral health needs: Key Considerations for Child Welfare Leaders and Partners. Seattle, WA. [Creating-Healing-Pathways-for-Children-Report-Sept.pdf](#).