Guidance for Local Care Teams

Issued by: The State Coordinating Council

July 9, 2025

Executive Summary

The Children's Cabinet is committed to strengthening the system of care for children and youth at the local level through a coordinated approach to interagency case management. The goal of this coordinated approach is to return or divert children and youth from preventable out-of-home, out-of-State, and hospital and other overstay placements through the provision of community-based services.

The Local Care Teams (LCTs) continue to be an important point of access to services for children and youth. As of January 1, 2018, the Local Management Boards (LMBs) are the administrative home for the LCTs and the LCT Coordinator. Parents, family members, or agencies may make referrals directly to the LCT to seek assistance with: accessing services, developing plans of care for community-based services, and coordinating services from multiple agencies. Families and children at risk of out-of-home or out-of-State placement, with complex needs and/or who are in crisis are identified as priorities for the LCT. GOC also supports LCT Coordinators who have capacity and want to do early intervention work to support youth who are not yet requesting out-of-home placement but may be at risk of out-of-home placement without early interventions and supports.

Early intervention and supportive services are critical for preventing crises and promoting long-term well-being amongst youth and families. Reaching youth and families early may reduce the intensity of services and needs in the longer term, therefore resulting in less disruption for those engaged. Research shows that early intervention may help to prevent juvenile delinquency and promote positive mental health for youth, amongst other positive outcomes.

Given also the increasing need of local, supportive services, the SCC recommends that LCTs work to best meet these needs, by reaching youth and families earlier. Improvements to data collection, resource mapping, and follow-up procedures will allow for better monitoring and evaluation of how the State is serving youth and families with complex needs.

This document provides guidance related to revised standard operating procedures, activities, and data reporting and is applicable to all LCTs. This guidance and outlined changes are effective July 1, 2025. This guidance does not supersede information provided in previous directives issued. Questions about the material herein should be directed to: Christina Drushel Williams at christina.drushel@maryland.gov.

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);
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

LCT Outreach Strategy

In the summer of 2024, the SCC launched an outreach strategy to assess the successes and challenges of LCTs across the State. As part of these activities, 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 MD Coalition of Families, (4) met with the MD Hospital Association, and (5) conducted a statewide survey with 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 guidance included in this document reflects the feedback and observations collected during the SCC's outreach activities.

A full summary of the LCT outreach strategy and learnings is available HERE.

Protocol for Referrals to the Local Care Team

The LCT coordinator ensures a coordinated system for LCT case referral and tracking, maintains a comprehensive resource database, collects data, and ensures follow up services as necessary. The LCT coordinator is responsible for facilitating a coordinated approach to services and ensuring parent and youth involvement in LCT meetings.

LCTs should utilize the referral form as the first point of contact with families to gather initial demographic and needs data and assist families in making contact with the LCTs in an efficient manner.

Action Steps:

1. Upon completion of the referral form, LCT coordinators should conduct an intake with the parent and/or guardian, determining if an LCT meeting is warranted or if the family can be directed to services without an LCT meeting.
    a. During this intake, LCT coordinators should share with families what to expect during an LCT team meeting, including a detailed description of the LCT meeting format and process and recommendations for the family on how to prepare for the meeting.
    b. LCT coordinators are encouraged to cover questions in the intake form with the family during both the intake process and LCT team meeting.
2. In determining whether an LCT meeting is warranted, the LCT coordinator should first consider the nature of the referral and the parent or guardian's request. If the parent or guardian requests an LCT meeting or requests an out-of-home placement, an LCT meeting must be convened. However if the parent or guardian is not requesting an out-of-home placement and is instead seeking to be connected to other support services in the community, the LCT coordinator could decide to connect the family directly to requested services and not convene a team meeting. In either event, the LCT coordinator must capture data regarding the request, the referral, and the decision whether or not to convene the LCT team in the data management system.
3. Simultaneously, the LCT coordinator contacts the applicable agencies below:
    a. The local Mobile Crisis Teams, Behavioral Health Crisis Stabilization Center, and Assertive Community Treatment providers if a mobile crisis response and stabilization provider had contact with the child/family.
        i. If so, someone from the provider (program manager and/or direct line staff assigned to the case) should be included in the LCT meetings about the case.
    b. The local Maryland Consortium on Community Community Supports Hubs if a provider had contact with the child/family.
        i. If so, someone from the provider (program manager and/or direct line staff assigned to the case) should be included in the LCT meetings about the case.
4. In preparation for an LCT meeting, the LCT coordinators should review their scheduling and meeting practices to make sure they are accommodating family needs. For example, some LCTs may hold a standard time each week to convene the team meeting, however if the parent or guardian cannot make that available timeslot, the LCT coordinator should make best efforts to accommodate the parent or guardian's schedule, including by offering other times to meet whenever possible. LCT team members should work with the coordinator to make themselves available based on family needs.
5. LCT coordinators should brief their LCT teams on the family's needs ahead of the team meeting to help inform their recommendations and facilitate an efficient meeting.
6. Following an LCT meeting, LCT coordinators must follow up with families, referral agencies, and/or community partners on the status of post-meeting referrals, if applicable, and on their current situation.
    a. Follow up should occur at minimum 1 week, 1 month, and 3 months after the LCT team meeting.

b. LCT coordinators should provide resources and information if additional support is needed as identified during the follow up process.
c. LCT coordinators must report data on follow-up processes and should consider adjusting referral practices if certain referrals or certain providers produce poor outcomes or regularly result in the family needing to return to the LCT for additional assistance.

LCT coordinators must participate in Quarterly LCT Coordinator meetings and are strongly encouraged to participate in other training opportunities identified and provided by the Governor's Office for Children and the State Coordinating Council. These trainings will be geared toward running effective meetings, trauma-informed care practices, and state policies and procedures.

Each LCT will have access to Compyle, a case management system software through Clear Impact. The LCT will utilize the Compyle software to complete referral requests, intake forms, and referral/case management processes. Data generated through the Compyle forms will be used for data reporting and linked to each jurisdiction's Scorecard for GOC for regular required reporting.

<u>FY26 Performance Measures</u>

The LCT Coordinator will maintain data on required LCT performance measures. These new measures, reflecting the SCC's recommendations and the Children's Cabinet discussion, will be added to the reporting requirements in FY26. Where appropriate, some of these reporting requirements would be incorporated into the LCT intake form; all will be uploaded into the Compyle system for comprehensive data collection.

- **Referrals, Intake & Process**
    - # of referrals from each type of source
        - Single select:
            - School
            - Hospital (Inpatient)
            - Hospital (Emergency Department)
            - Law enforcement
            - Self-referral
            - Community organization
            - MD Coalition of Families
            - Other
    - # of families requesting OOHP at the time of referral
    - # of families seeking resources at the time of referral
        - Multi-select:
            - Basic needs (housing)
            - Basic needs (food assistance)
            - Basic needs (employment support)
            - Parent/guardian support with youth (i.e. Mental health services, delinquency services, educational supports, after school

programming)
        - Connection to a local organization or resource
        - Other - not listed
    - # of families referred based on early indicator criteria
    - # of contacts made by LCT Coordinator before a full LCT meeting

- **Children with Complex Needs**
    - # and type of outreach efforts designed to reach youth in need of additional services, based on early warning indicators
        - Multi-select (type):
            - Community events or information sessions
            - Outreach to schools
            - Outreach to hospitals
            - Outreach to law enforcement
            - Outreach to local organizations
            - Outreach to MD Coalition of Families
            - Other - not listed

- **Outputs & Outcomes**
    - # of families who were successfully connected to a service (disaggregated by type of services needed)
        - Multi-select:
            - Requesting OOHP
            - Other - Basic needs (housing or food assistance)
            - Other - Basic needs (employment support)
            - Other - Parent/Guardian support with youth
            - Other - Connection to a local organization or resource
            - Other - not listed
    - # of referrals that did not occur and the reason why
        - Single select (reason):
            - Referral made - Parent/guardian was unresponsive
            - Referral made - Service provider was unresponsive
            - Referral made - Youth did not meet service requirements
            - Referral made - Other (not listed)
            - Referral not made - No relevant services available
            - Referral not made - Long wait times or services not accepting new clients
            - Referral not made - Lack of insurance
            - Referral not made - Parent/guardian refusal of services
            - Referral not made - Youth refusal
            - Referral not made - Other(not listed)
    - # of post-referral follow-up contacts successfully completed (1-week post-LCT, 1 month, 3 months, etc)
        - Multi-select (“Contacted and successfully completed”):
            - 1-week after LCT meeting
            - 1-month after LCT meeting

            - 3-months after LCT meeting
    - # of post-referral follow-up contacts attempted and unsuccessfully completed (1-week post-LCT, 1 month, 3 months, etc)
        - Multi-select ("Contacted and was unable to reach"):
            - 1-week after LCT meeting
            - 1-month after LCT meeting
            - 3-months after LCT meeting
    - # of families returning to LCT for support with the same needs/services
    - # of families returning to LCT for support with new needs/services
    - # of families reporting positive outcomes from service to which they were referred

Mapping Local Resources

Each LCT Coordinator should ensure that the LCT and its members are equipped with a comprehensive asset map of all local resources and services to support children with complex needs and their families. LCT should centralize lists of resources to ensure accessibility by LCT members, families, and community partners. Activities and resources can include:

1. State and Local agency programs and services
2. Local Asset Maps/ Community Resources
3. Coordination with Maryland Consortium on Community Community Supports Hubs (see appendix for directory of Hubs and contact information)
4. Coordination with 211
5. Coordination with Maryland Coalition for Families

Potential indicators to guide LCT outreach and activities

LCTs are encouraged to conduct outreach to and serve youth and families that may be in need of local services outside of those seeking out-of-home placement. To this end, LCTs may engage in outbound activities with referral entities (e.g., hospitals, schools, the Maryland Coalition of Families, police chiefs and sheriffs) to direct these youth and families to the LCT. Additionally, LCTs may seek out these youth and families in existing outreach activities (e.g., community events). LCTs are encouraged to use the list of criteria below and the corresponding intake questions, included in the intake form, to guide their outreach and activities to reach and serve these youth and families.

These criteria, developed in partnership with the agencies within the State Coordinating Council, reflect the recurring needs of families seeking resources across the State and/or indicators that a youth or family could benefit from additional support. These criteria are both indicators associated with complex needs according to research and that the agencies have observed are common amongst youth and families that they serve.

Justice/safety considerations:

- Are victims of gun violence
- Have out-of-school suspensions for violent offenses or weapon possession, multiple suspensions, expulsions or health-related exclusions

- Have been arrested on school premises
- Have multiple misdemeanor convictions
- Have parents/guardians who are justice-involved
- Has experienced human trafficking
- Has experienced cyberbullying

Health considerations

- Have multiple hospital visits for behavioral health concerns
- Have had multiple emergency room visits for behavioral health concerns or at least one mobile crisis interaction
- Have had at least one hospital overstay
- Confirmed diagnoses
    - Have emotional, intellectual and developmental disabilities that present a threat to themselves or others
    - Have medical conditions in addition to emotional, intellectual and developmental disabilities
    - Have a diagnosis of autism
- Have behavioral, intellectual, emotional, and/or developmental disabilities that impact their quality of life and require support beyond what the guardian can provide
- Are considered high risk for substance use disorders based on the CRAFFT screening tool
- Have attempted community-based behavioral health supports in the past without success
- Have utilized 911/988/behavioral health crisis services
- Has had suicidal ideation and/or attempted suicide

Appendix

- **LCT Directory and Contact List**
- **State Coordinating Council Contact List**
- **Maryland Consortium on Community Community Supports Hubs**

Appendix A: LCT Directory and Contact List

County	Name	Title/Role	Email
Allegany	Erin Lewis	LCT Coordinator	erin.lewis@maryland.gov
Anne Arundel	Arianna Rodríguez	LCT Manager	srrodr21@aacounty.org
Baltimore City	Rennett Bennett-Burden	LCT Coordinator	rbennett@familyleague.org
	Michael Lee Jr.	LCT Manager	mlee@familyleague.org
Baltimore County	Marci Kogan	LCT Coordinator	mkogan@baltimorecountymd.gov
Calvert	Ariane Odom	LCT Coordinator	Ariane.Odom@calvertcountymd.gov
Caroline	Gabrielle Gianninoto Horan	LCT Coordinator	carolineco@localcareteam.com
Carroll	Maria Lowry	LCT Coordinator	mlowry@carrollcountymd.gov
Cecil	Heather Baginski	LCT Coordinator	HBaginski@cecilcountymd.gov
Charles	Sapreen Khalaifeh	Acting LCT Coordinator/ LMB Supervisor	KhalaifS@charlescountymd.gov
Dorchester	Nancy Shockley	LMB Coordinator	nancy@mdforward.org
Frederick	Adrian Adlam	LCT Coordinator	aadlam@frederickcountymd.gov
Garrett	Fred Polce	LCT Coordinator/LMB Director	fred.polce@maryland.gov
Harford	Amy McClaskey	Interim LCT Coordinator/LMB Director	ammcclaskey@harfordcountymd.gov
Howard	Mary Ddukwe	LCT Coordinator	mndukwe@howardcountymd.gov
	Mia Pierson	Behavioral Health Manager	mpierson@howardcountymd.gov

County	Name	Title/Role	Email
	Kim Eisenreich	LMB Director	kaeisenreich@howardcountymd.gov
	Marsha Dawson	Board Manager	mdawson@howardcountymd.gov
Kent	Rachael Carmody	Systems of Care Coordinator/LMB	rcarmody@kentgov.org
Montgomery	Kayma Freeman	LCT and Pathways Resource Manager	Kayma.Freeman@collaborationcouncil.org
Prince George's	Charlena G. Cordon Jones	LCT Coordinator	CGJones@co.pg.md.us
Queen Anne's	Lacey Amos	LCT Coordinator/LMB Director	lamos@qac.org
	Lisa Michael	Administrative Coordinator	LMichaels@qac.org
St. Mary's	Amanda Meatyard	Interim LCT Coordinator/LMB Director	amanda.meatyard@stmaryscountymd.gov
	Cynthia Brown	Interim LCT Coordinator	cynthia.brown@stmaryscountymd.gov
Somerset	Ashley Collins	LCT Coordinator	Acollins@sclmb.org
Talbot	Jan Willis	LCT Coordinator	talbotlct@talbotfamilynetwork.org
Washington	Nedra Wingate-Dix	LCT Coordinator;	contact@wclct.org
	Kwema Ledbetter	LCT Coordinator Assistant	contact@wclct.org
Wicomico	Ashley Collins	LCT Coordinator	acollins@wicomicocounty.org
Worcester	Christen Barbierri	LCT Coordinator	Christen.barbierri@maryland.gov
	Kailyn Holland	Assistant LCT Coordinator	Kailyn.Holland@maryland.gov

Appendix B: State Coordinating Council Contact List

Agency	Name	Title	Email
Governor's Office for Children (GOC)	Andrea Barnes	Policy Advisor	andrea.barnes@maryland.gov
	Christina Drushel Williams	Director of Community Initiatives	christina.drushel@maryland.gov
Department of Juvenile Services (DJS)	Kara Aanenson	Director, Legislation, Policy and Reform	kara.aanenson@maryland.gov
	Maisha Davis	Assistant Secretary for Community Resources	maisha.davis@maryland.gov
Maryland Department of Health (MDH)	Janet Furman	Director of Children's Services - Developmental Disabilities Administration	janet.furman@maryland.gov
	Diya Jhuti	Program Manager I, Office of Acute Care - Division of Urgent & Acute Care - Behavioral Health Administration (BHA)	diya.jhuti@maryland.gov
	Joana Joasil	Program Manager Senior I, Primary Behavioral Health/ Early Intervention (fka CAYAS) - Behavioral Health Administration (BHA)	joana.joasil1@maryland.gov
	Mary Anne Kane-Breschi	Director of Family Supports - Developmental Disabilities Administration (DDA)	mary.kane-breschi@maryland.gov
Maryland Department of Human Services (DHS)	Carnitra White	Principal Deputy Secretary, Office of the Secretary	carnitra.white@maryland.gov

Agency	Name	Title	Email
Maryland State Department of Education (MSDE)	Sheila Philip	Section Chief, Nonpublic Special Education - The Division of Special Education (DSE)	sheila.philip@maryland.gov
Maryland Department of Disabilities (MDOD)	Kirsten Bosak	Director of Health and Behavioral Health Policy	Kirsten.Bosak@maryland.gov

Appendix C: Maryland Consortium on Community Community Supports Hubs

Organization Name	Jurisdiction Served
Anne Arundel County Mental Health Agency, Inc.	Anne Arundel County
Behavioral Health System Baltimore, Inc.	Baltimore City
Baltimore County Bureau of Behavioral Health	Baltimore County
Garrett County Health Department DBA the Local Behavioral Health Authority	Garrett and Allegany Counties
Office on Mental Health/Core Service Agency of Harford County, Inc.	Harford County
Howard County Office of the Local Children's Board	Howard County
Mid Shore Behavioral Health, Inc.	Dorchester, Kent, Queen Anne's, and Talbot Counties
Montgomery County Maryland through its Department of Health and Human Services	Montgomery County
St. Mary's County Health Department	St. Mary's County
Worcester County's Initiative to Preserve Families	Worcester and Somerset Counties