

THE OFFICE OF GOVERNOR  
**WES MOORE**

GOVERNOR'S OFFICE FOR CHILDREN

# **THE STATE OF MARYLAND POLICIES & PROCEDURES MANUAL FOR LOCAL MANAGEMENT BOARDS**

Issued by:

The Governor's Office for Children on Behalf of The Children's Cabinet


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#### LEGEND

 Text highlighted yellow denotes a change from the previous Manual.

## INTRODUCTION

### A. Scope

1. This Manual provides instruction on the administration and management of Maryland's Local Management Boards (Boards).
2. The Board shall incorporate by reference the relevant contents of this Manual into its contracts, as appropriate.

### B. Reference Materials

1. Some documents referenced in this Manual are included in the Appendices of the Manual.
2. Other resources are referenced as part of the Code of Maryland Regulations ("COMAR") and the Annotated Code of Maryland. These resources can be found online at: <http://www.dsd.state.md.us> and <https://bit.ly/2V6d2NY>.

### C. Distribution and Updates

1. The Manual will be issued and available online from the Governor's Office for Children's (GOC) website at: <https://goc.maryland.gov/Pages/local-management-boards.aspx>.
2. Updates to the Manual will be distributed as they are finalized.

### D. Definitions

1. "Agreement" means the Community Partnership Agreement contract that is executed by the Children's Cabinet and the Board.
2. "Carry-forward" means unspent funds from a fiscal year that are applied as a payment against a grant in the following fiscal year. Carry-forward funds do not increase the award in the following year.
3. "Carry-over" means unspent funds from a fiscal year that are applied to a grant in the following fiscal year. Carry-over funds increase the amount of the award in the following year and will not be approved by the Office.
4. "Child" has the meaning as stated in the [Courts and Judicial Proceedings Article § 3-8A-01](#) of the Annotated Code of Maryland.
5. "Child and Adolescent Needs and Strengths Assessment (CANS)" is an open domain, multi-purpose tool developed by the Praed Foundation for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.
6. "Children's Cabinet" has the meaning stated in [Executive Order 01.01.2024.05](#) and includes the members as stated in the Executive Order who convene on a regular basis to develop and implement coordinated State policies to improve the health and welfare of children and families. The Children's Cabinet is chaired by the Special Secretary of the Office.

7. "Children's Cabinet Fund" means the fund established by [Human Services Article § 8-502](#) of the Annotated Code of Maryland. Also known as the Children's Cabinet Interagency Fund (CCIF).
8. "Community Needs Assessment" means a systematic methodology for gathering information from the community regarding current problems, community strengths, and available programs, services and resources that is used by the Board to guide local development, expansion and implementation of resources, services and programs.
9. "Community Planning" means a process that includes assessing community needs and gaps and other data gathering activities. A community plan and a strategic plan are the same.
10. "Complyle" means the case management and reporting web-based application available through Clear Impact, LLC used to track referral/case management data and data for performance measures for all Local Care Teams funded through the Children's Cabinet Interagency Fund and/or the Office.
11. "Continuum of care" means the necessary array of services and supports (both professional and natural) that are available in a community to support a spectrum of intensity of need, from opportunities and prevention to intensive therapeutic interventions.
12. "Core Service Agency" has the meaning stated in [COMAR 10.21.17](#).
13. "Direct Service" means hands-on involvement working with individuals or a group to meet people's immediate needs (for food, shelter, clothing, or medical care, etc.) or to provide clinical or other interventions.
14. "Ex officio" means by right of the office. An ex officio member of a body (a board, committee, council, etc.) is a member by virtue of holding another office.
15. "Family" has the meaning as stated in [Human Services Article § 8-101](#) of the Annotated Code of Maryland.
16. "Fee-for-Service" means payment to a provider of services rendered, at a predetermined rate, separately for each particular service rendered.
17. "Fiscal Year" is the State Fiscal Year which begins on July 1 and ends on June 30 of each year.
18. "Fixed Asset" means an item with a useful life greater than one reporting period that is purchased for the productive use by the Board or its vendor (e.g. computer equipment and software, furniture and fixtures, vehicles, etc.).
19. "Flex Funds" means discretionary funds available to purchase goods and services.
20. "Incentive" means a nominal payment or other economic benefit given to a participant to encourage/reward participation in an activity (e.g., a bus token to attend a focus group, a gift card for a completed survey response).

21. "Indicator" means a measure that helps quantify the achievement of a Well-Being Result.
22. "Local Care Team" has the meaning as stated in the [Human Services Article § 8-407](#) of the Annotated Code of Maryland.
23. "Local Management Board" or "Board" means the entity established and maintained by each local jurisdiction pursuant to [Human Services Article § 8-301](#) of the Annotated Code of Maryland for the purpose of overseeing and ensuring the implementation of a local interagency service delivery system for children, youth and families in that jurisdiction.
24. "Manual" means the State of Maryland Policies and Procedures Manual for Local Management Boards issued by the Office, on behalf of the Children's Cabinet, to provide guidance on the administration and management of Maryland's Local Management Boards.
25. "Navigation" means assistance provided to specific populations. Navigators collaborate with providers in a care network to support populations to enroll in care and to access and navigate the services they need to achieve their goals. Duties include, but are not limited to referral to clinical, psychosocial, and other care and support services, accompaniment to appointments, adherence support, routine appointment reminders, linkages to services, etc. The staff position that provides navigation may be filled by either a legacy family member (referred to as a Family Navigator) or other appropriately trained professional or paraprofessional (referred to as a Systems Navigator). Navigators do not provide clinical evaluation or services. Families requiring clinical evaluation or diagnosis shall be referred to the appropriate child serving agency, organization or an appropriately credentialed professional. Navigation is not considered direct service.
26. "No-cost extension" is a request to extend the project period of a grant without requesting additional funding. It allows grantees to complete grant activities, expend grant funds, or finalize grant closeout when the original end date is approaching. Generally, no-cost extensions are granted for up to ninety (90) calendar days.
27. "Office" means the Governor's Office for Children.
28. "Out-of-home placement" has the meaning as stated in the [Family Law Article § 5-501](#) of the Annotated Code of Maryland.
29. "Performance Measure" means a measure used to assess how well a program, agency, or service system is achieving its objectives.
30. "Plan of Care" means a written document that comprehensively describes the services to be provided to a child and family across life domains.
31. "Private Sector" means those entities that are not government-controlled. The private sector encompasses for-profit entities and nonprofit entities that are not owned or operated by government.
32. "Public Sector" means those entities that are government-controlled. The composition of the public sector varies by jurisdiction, but generally includes the police, libraries, military,

public roads, public transit, primary education and healthcare for the poor.

33. "Recoverable Funds" means expenditures that have been identified as not allowable during monitoring, unallowable during reconciliation and/or unspent during reconciliation.
34. "Residential Treatment Center" has the meaning as stated in the [Health-General Article § 19-301](#) of the Annotated Code of Maryland.
35. "Result" means a condition of well-being for children, adults, families or communities.
36. "Scorecard" means the performance management and reporting web-based application available through Clear Impact, LLC used to track **ENOUGH Result Area** data and data for performance measures for all Local Management Board programs funded through the Children's Cabinet Interagency Fund and/or the Office. Also known as the Results Scorecard™ and the Clear Impact Scorecard.
37. "Service Record" means the original or a copy of any documentary material such as referral information, case history and documentation of issues experienced, services provided, clinical summaries and formal and informal assessments, recommendations, and closing material, etc. for a child receiving service.
38. "Stipend" means a fixed sum of money paid periodically to interns, apprentices, or others who are ineligible to receive a regular salary in exchange for services provided or to defray expenses (*e.g.*, the allowance for an AmeriCorps member).
39. "Systems of Care" means a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents and their families and that are family-driven, youth-guided, individualized, culturally and linguistically competent, and community-based.
40. "Sustainability" means the ability to be implemented and maintained over a series of fiscal years.
41. "Youth Services Bureaus" has the meaning as stated in the [Human Services Article § 9-233](#) of the Annotated Code of Maryland.
42. "Wraparound" means a service delivery model that includes a collaborative process in which the Child and Family Team assists in the development and implementation of an individualized Plan of Care that includes specified outcomes and adheres to the standards and guidelines set forth by the National Wraparound Initiative.

## **SECTION I – OVERVIEW**

### **Subsection 10 – Establishment**

- A. The establishment of Local Management Boards was originally provided for in Article 49D that was enacted in 1990 and expired on June 30, 2005.
- B. In response to the sunset of Article 49D, Executive Order 01.01.2005.34 was issued on June 9, 2005 establishing the Children’s Cabinet and the Office (later amended by Executive Order 01.01.2006.03).
- C. Local Management Boards were re-codified in [Human Services Article Title 8](#) of the Annotated Code of Maryland effective October 1, 2007.

### **Subsection 20 – State Structure**

#### **A. Children’s Cabinet**

- 1. [In Accordance with Executive Order 01.01.2024.05](#), The Children’s Cabinet, through the Office,:
  - a. Promote the vision of the State for a stable, safe, and healthy environment for children and families, including by:
    - i. Coordinating policies and programs targeting child poverty, including place-based strategies;
    - ii. Developing a cross-agency strategy to increase access to and improve the delivery of services through federal and State programs designed to support children and families;
    - iii. Working with the Maryland State Department of Education and the Maryland Accountability and Implementation Board to ensure successful implementation of the Blueprint for Maryland's Future;
    - iv. Developing a cross-agency strategy for educator preparation programs to recruit, train, and support high quality educators;
    - v. Developing a cross-agency strategy to increase access to and improve early care and education;
    - vi. Developing a cross-agency strategy to increase access to and completion of high quality education and training programs that lead to good jobs;
    - vii. Working with the Departments of Disabilities, Juvenile Services, Human Services, State Department of Education, and the Higher Education Commission to ensure aligned support for students with disabilities, and justice and welfare system-involved youth; and
    - viii. Working with the Departments of Health and Human Services to expand access to high quality maternal, infant, and child health care.



- b. Provide a regular forum for State agencies responsible for implementing the vision of the State to meet and develop coordinated policy recommendations for the Governor; and
- c. Adopt regulations, in accordance with [MD Human Services Code § 8-304](#), that:
  - i. Specify the roles and responsibilities of local management boards;
  - ii. Establish minimum standards for the composition of local management boards;
  - iii. Establish fiscal and program accountability in the implementation of community partnership agreements and the use of other State resources by local management boards;
  - iv. Establish procedures to ensure the confidentiality of information shared by local management board members and employees in accordance with State and federal law; and
  - v. Generally relate to the operation of local management boards.
- d. Develops a Three-Year Plan for improving the coordinated delivery of State interagency services to children and families Maryland's children and families; and,
- e. Reports annually to the Governor and the Legislature on progress towards established goals.

**B. The Governor's Office for Children**

- 1. Role in relation to Local Management Boards, Pursuant to [Executive Order 01.01.2024.05](#):
  - a. "Partner with Local Management Boards to plan, coordinate, and monitor the delivery of integrated services along the full continuum of care and oversee the use of Children's Cabinet Interagency funds in accordance with policies and procedures established by the Children's Cabinet;" and
  - b. "Assist the Children's Cabinet in the allocation of any funds assigned to the Children's Cabinet for distribution as grants to any State agency, local government or organization, local management board, or private organization."

**Subsection 30 – Compliance Monitoring and Support**

**A. The Office will verify and support Board compliance with:**

- 1. The requirements of any agreements or contracts funded by the Office and/or the CCIF;
- 2. The State of Maryland Policies and Procedures Manual for Local Management Boards; and,
- 3. Federal, State and local laws, regulations and policies.

**B. Schedule**

- 1. The Office, or its representative (monitor), will conduct Board compliance monitoring

activities on a periodic basis.

2. The monitoring plan and schedule will be released to the Boards by the Office.
3. The Office will implement the use of a risk assessment/analysis to determine the level and frequency of monitoring for Boards.
4. The frequency of monitoring and schedule of site visits is subject to change as determined by the Office and/or directed by the Children's Cabinet.
5. The Office and the Children's Cabinet reserve the right to conduct unscheduled monitoring visits and/or other monitoring activities that are not identified in the published plan and/or schedule, and without prior notification to the Board as deemed necessary.

**C. Access**

1. The Board shall make available all data, records, and any other documents as requested.
2. The Board shall ensure access to all materials referenced and any other documents and/or materials as requested.

**D. Site Visit**

1. Site visits may be conducted in accordance with the published monitoring plan and schedule. A site visit may be conducted in-person or virtually.
2. Prior to the site visit, the assigned monitor will contact the Board Point of Contact and Board Chair to:
  - a. Schedule or confirm the site visit;
  - b. Describe the monitoring scope;
  - c. Discuss any materials to be completed in advance of the site visit, as applicable; and,
  - d. Provide a list of required documents to be made available prior to or during the site visit.
3. During the site visit, the monitor(s) will review the Board's files, case records, fiscal documents, policies and procedures, monitoring tools and documentation and other materials such as, but not limited to, those listed in the scheduling letter as needed to ascertain compliance with the requirements as noted in part A, above.
4. The scope of the site visit will be determined prior to the visit and communicated to the Board in advance and will include, but is not limited to:
  - a. Programs/initiatives funded through the Agreement;
  - b. Other programs/initiatives funded by the Office and/or the Children's Cabinet; and,

5. At a minimum, the monitor(s) will review revenue and expenditures to ensure standards, policies, and procedures are consistent with the approved budget and supported by adequate documentation. Sub-Section 60, Reconciliation provides additional information.
6. Back-up documentation on use of fund proceeds must be maintained physically on-site and/or electronically, be available upon request, correlate with the mandatory reporting, and be maintained as necessary to ensure that obligations under the award, and other standards as they apply, are met.

**E. Monitoring Results and Recommendations Report**

1. At the conclusion of the monitoring process, the monitor(s) may provide the Board with the opportunity for:
  - a. An informal debriefing;
  - b. A discussion of the timeline for issuance of the monitoring results and recommendations report; and/or,
  - c. A review of next steps, including additional materials to be submitted.
2. The Office will issue a monitoring results and recommendations report to the Board Chair and Point of Contact within sixty (60) calendar days of completion of the monitoring process and upon receipt of all materials requested.
3. The Board will have the opportunity to submit additional documentation to the Office within thirty (30) calendar days of the monitoring results and recommendations report date if the Board disagrees with the conclusions reached in the report.
  - a. The documentation must not have been provided or otherwise available to the monitor(s) or representative(s) during the site visit and must be related to the issues identified and addressed in the monitoring report.
  - b. If additional documentation is provided by the Board, it will be reviewed by the Office, and the Office will determine if a reconsideration of the conclusion(s) is supported.
  - c. Upon consideration of this additional documentation, the Office may leave its finding(s) and/or conclusion(s) intact, set forth additional finding(s) and/or conclusion(s), or enter new finding(s) and/or conclusion(s). Any such consideration and/or reconsideration will be final.
4. If no written response is received by the Board to the Office within thirty (30) calendar days of the issuance of the monitoring results and recommendations report, the Office will deem the report to have been accepted by the Board.
5. Once the report has been accepted by the Board, the Board shall take corrective action on each finding and/or recommendation cited in the monitoring report.
6. The Office, on behalf of the Children's Cabinet, may require the Board to develop and implement a written remediation plan, outlining actions to rectify one or more findings

and/or implement recommendations as noted in the monitoring report.

**F. Fund Recovery and Reconsideration of Recovery**

1. If recoverable funds are identified in the monitoring report that is accepted by the Board, the Office may defer recovery until the reconciliation for the fiscal year is completed or will issue a request for payment of funds due, and will provide the Board with thirty (30) **calendar** days to either make payment or submit a request for reconsideration of the requirement for fiscal recovery to the Office.
2. In any request for reconsideration, the Board should clearly state the basis for, and include documentation in support of, its position.
3. The Office will review the request for reconsideration and adopt a schedule for resolution of the matter within sixty (60) **calendar** days of receipt of the request for reconsideration.
4. The decision of the Office regarding a request for reconsideration of intended fiscal recovery is final and is not subject to further appeal.

**Subsection 40 – Letters of Support/Commitment**

**A. A Board that desires to obtain a letter of support/commitment from the Office for a project or grant proposal must submit **a request** to the Director **of Community Initiatives** that includes:**

1. The details about the project (abstract, Executive Summary, etc.);
2. A draft of the proposed letter of support/commitment; and,
3. The date by which the letter is requested.

**B. Requests**

1. Requests must be submitted by the grant **applicant organization**. The Office will not accept a request from a grant writer/agent/other third party.
2. Requests should be submitted as soon as possible to the Office, but no later than fourteen (14) **calendar** days from the date the support/commitment letter is due.

**C. Letter Content and Scope**

1. Letters of Support/Commitment should generally
  - a. **Confirm that the Board is meeting all obligations under the Office or the Children's Cabinet;**
  - b. **Affirm the alignment of the proposed project with the goals and strategies of the Office or the Children's Cabinet;**
  - c. **Encourage a fair and full review of the proposal; and**
  - d. **The Office will not include an explicit recommendation for funding or imply that funding should be awarded.**
2. Any commitment/support to be given by the Office will be for the concept and will be for a

defined period - usually one (1) year.

- D. A request to categorize funding from the Office or the Children's Cabinet as match for any grant (including a renewal or reapplication) must be submitted to the Office by the grant applicant organization and not a grant writer/agent/other third party. Requests must include the following:
1. A description of how the Interagency funding supports the proposed project and aligns with the other grant requirements and with Children's Cabinet priorities.
  2. A corresponding budget modification for the proposed funds to be allocated as match funds.

### **Subsection 50 - Required Signatures**

- A. Where signatures are required, only the complete, original signature of the specified individual(s) will be accepted.
- B. Electronic signatures, signature stamps, typed signatures, and other alternatives may be accepted.

### **Subsection 60 – Waivers**

- A. The Board may request a waiver of any requirement herein except for the provision regarding ownership of fixed assets noted in Section IV, Subsection 10 D.
- B. If a Board intends to propose a program for funding that falls outside of the required criteria set by the Children's Cabinet, the Board may request a waiver under the following circumstances:
1. The program has been identified as a critical need in the community plan;
  2. No other similar service exists in the jurisdiction to meet the need; and
  3. The Board can demonstrate that the loss of service will have a significant negative impact on children or families living in poverty in the jurisdiction.
- C. The Board should send a written request for a waiver via email to the Director of Community Initiatives who will process the request for consideration as appropriate.
1. The request should include:
    - a. The rationale for the proposed waiver;
    - b. How the Board will ensure compliance should a waiver be granted;
    - c. The timeframe for the proposed waiver;
    - d. Signatures by the designated Point of Contact and Board Chair; and,
    - e. In the case of a proposed program that falls outside of the Children's Cabinet criteria for funding, documentation that demonstrates the requirements contained in Subsection 60 B 1-4.
  2. The Office will respond to the Board within thirty (30) calendar days of receipt of a waiver

request, unless additional information from the Board is required or the request is incomplete.

- D. Waivers should be submitted in advance, or as soon as is practicable.

### **Subsection 70 – Awards**

- A. Award amounts by jurisdiction/Board will be communicated in a Notice of Funding Availability and award letters.
- B. Award letters will not be issued to Boards that are delinquent in progress reports, performance measures reporting, financial reports, or other required information associated with current funding.

### **Subsection 80 – Grant Application Deadline and Late Application Submission**

- A. Applications submitted by Boards in response to a Notice of Funding Availability or another solicitation are expected to conform to the stated submission guidelines and deadline, but a late or non-conforming submission may be considered if extenuating circumstances prevented the timely and/or complete submission.
  - 1. Extenuating circumstances include, but are not limited to:
    - a. Serious illness that affects key Local Management Board staff;
    - b. Unforeseen events or emergencies; and/or,
    - c. Other reasons as approved by the Office or the Children’s Cabinet over which the Board has no control.
- B. Applications that fail preliminary technical review may be given the opportunity to resolve issue(s) if there is an immediate remedy available.
- C. Late applications will be evaluated on a case-by-case basis by the Office.
- D. Decisions of the Office with respect to late or incomplete submissions are final.

## SECTION II – BOARD REQUIREMENTS

### Subsection 10 – Board Roles

**A. Roles of the Board:** (According to [MD Human Services Code § 8-303](#)) LMBs are required to:

1. Strengthen the decision-making capacity at the local level;
2. Design and implement strategies that achieve clearly defined results for children, youth, and families as articulated in a local 5-year strategic plan for children, youth, and families;
3. Maintain standards of accountability for locally agreed upon results for children, youth, and families;
4. Influence the allocation of resources across systems as necessary to accomplish the desired results;
5. Build local partnerships to coordinate children, youth, and family services within the county to eliminate fragmentation and duplication of services; and
6. Create an effective system of services, supports, and opportunities that improve outcomes for all children, youth, and families.

**B. Administrative Functions of the Board Include:**

1. Assessment of community needs;
2. Development, review and implementation of a community planning process;
3. Local Care Team membership;
4. Development, review and implementation of Request for Proposal/Notice of Funding Availability and other solicitations, as applicable; and,
5. Contracting with the State and vendors as needed to achieve desired results.

### Subsection 20 – Board Responsibilities

**A. Each Board will:**

1. Monitor and evaluate funded programs and contracts for performance and compliance;
2. Designate staff to fully-execute the Agreement and other grants awarded from the Office and/or the Children’s Cabinet, within budgetary limits;
3. Ensure policies and procedures are in place as required;
4. Notify the Office in writing of any Board changes, including, but not limited to Board name, address, phone number, Point of Contact, Board chair, etc. Notification of changes should be sent to the Director [of Community Initiatives](#) via email as soon as the change is known;

5. Designate a Point of Contact for the Board as a means of communication with the Office;
6. Designate an individual to attend or participate by phone in meetings with the Office. These meetings provide a regular forum for communication between the Office and the Boards about expectations, changes in policies and regulations, best practices, highlights of Board work, and other pertinent information;
7. Operate according to written practices, rules and/or protocols;
8. Adopt its jurisdiction's policies and/or establish its own written policies and procedures for personnel, procurement, finance and accounting, ensuring that those policies are revised as necessary to reflect changes in this Manual and other applicable federal, State, and/or local laws, regulations and policy; and,
9. Make its policies and procedures accessible to its community partners.

### **Subsection 30 – By-Laws**

- A. Each Board shall have written by-laws that reflect actual practice and are approved by the Board and the governing body of the jurisdiction, as applicable.
- B. If the Board elects not to include conflict of interest requirements in the by-laws, the Board shall establish a separate policy specifying the procedures for Board member and staff conflicts of interest.

### **Subsection 40 – Board Meetings**

- A. The Board should meet on a regular basis in accordance with its by-laws.
- B. The Board should maintain minutes to document attendance and the business conducted at the meetings.
- C. Committees established by the by-laws or other action of the Board should maintain minutes to document attendance and the business conducted at the meetings.

### **Subsection 50 – Laws, Regulations and Policies**

- A. The Board shall comply with all applicable federal, State and local laws, regulations, and policies, including any regulations or written requirements adopted by the Office and/or the Children's Cabinet.
- B. **Criminal Background Checks and Clearances**
  1. The Board shall ensure that vendors are in compliance with criminal background check requirements in accordance with State law, including [Family Law Article § 5-551](#) of the



2. The Board shall ensure that vendors develop and comply with policies and procedures to respond to situations in which a criminal background check discloses criminal activity.
3. When a criminal background check is not required pursuant to the Family Law Article noted above, it is recommended that the Board seek legal counsel and consider the possible liabilities of not requiring a criminal background check for all persons who have contact with children.

**C. Confidentiality**

1. In accordance with federal and State law, the Board and its vendors shall maintain the confidentiality of children and families served and shall not disclose the name or other identifying information about the child and/or family, including in its written or electronic correspondence with the Office or other entities, except as permitted by law.
2. When communicating confidential information pertaining to children, youth, families:
  - a. The communication shall be sent in an encrypted format and password protected;
  - b. The communication and the password for the encrypted communication shall be sent separately to the recipient;
  - c. The Board shall develop and implement its own procedure to ensure confidentiality is maintained; and,
  - d. Hard copy communication shall have identifying information redacted.
3. Confidential information shall not be shared using cloud or other online storage and synchronization services (Dropbox, Google Drive, etc.) unless encrypted and HIPAA compliant.

**D. Record Retention**

1. Records will be maintained in accordance with the provisions noted herein and in compliance with federal and State law.
2. Records that are developed and/or maintained in hard copy format will be stored, accessed, and retained in accordance with federal and State laws and procedures.
3. Records that are developed and/or maintained in electronic format will be stored, accessed, and retained in accordance with federal and State laws and procedures including [Section 508 of the Rehabilitation Act](#).
4. The following protections will be implemented in addition to federal and State requirements:
  - a. Electronically-formatted records will be maintained for the required retention period in a format that is accessible to authorized Office staff and equipment;
  - b. Access and storage authorization and procedures for electronic records will be the

same as for hard copy records;

- c. Any and all electronically-formatted records that are stored on a server will be encrypted with limited password-only access to authorized persons; and,
- d. Any and all electronically-formatted records that are stored on a system controlled by a vendor will be in an encrypted format, and governed by written certification from the vendor that the records will be accessed, maintained, stored, and retained in accordance with federal and State laws and procedures, and that the vendor will implement all reasonable methods to preserve the confidentiality of the records and limit access to only those authorized access to the records.

### **Subsection 60 – Measuring Progress and Impact Using Results and Indicators**

- A. The Children’s Cabinet and the Office are committed to partnering with the Boards to improve outcomes for Maryland children, youth and families.
  - 1. The methodology for measuring progress towards improved outcomes is Results-Based Accountability which is the basis for the development of the Community Partnership Agreement that directly connects resource allocation to specific, measurable results.
  - 2. The application of the Results-Based Accountability framework includes a review of both population-level accountability and performance accountability:
    - a. Population Accountability
      - i. Measures how well an entire population in a jurisdiction is faring.
      - ii. Is established through a process that utilizes the following questions:
        - a) What results is the Board trying to achieve?
        - b) What does the data tell the Board? What are the indicators that tell the Board if it is making progress towards reaching the results that the Board is trying to achieve? Is the indicator getting better or worse?
        - c) What is the story behind the data and the direction it is heading?
        - d) Who are the partners who have a role to play in doing better?
        - e) What strategies work to “turn the curve” and make things better?
        - f) What is the Board’s action plan and budget?
    - b. Performance Accountability
      - i. Determines how well individual programs are performing.
      - ii. Is established through a process that considers the following questions:
        - a) Who are the customers?
        - b) How can the Board measure if the customers are better off?
        - c) What are the current measures with regard to service delivery?
        - d) What partners have a role to play in doing better?
        - e) What is the story behind the measures?
        - f) What works to improve these measures?

g) What is the Board's action plan and timeline?

3. Boards are required to use the Results-Based Accountability process in:
  - a. Developing and implementing the Community Partnership Agreement with the Children's Cabinet;
  - b. Utilization of the Scorecard, the web-based application for data collection and reporting required for all Boards and programs funded by the Children's Cabinet and/or the Office; and,
  - c. Board agreements or contracts with vendors.
4. All vendor agreements for programs/strategies funded by the Children's Cabinet and/or the Office will include performance measures developed through the Results-Based Accountability process and approved by the Office that will be entered in the Scorecard with relevant outcome data entered at intervals determined by the Office.

**B. ENOUGH Results Areas and Data Hub**

1. The Children's Cabinet has adopted the ENOUGH Results Areas as the accountability mechanism for Community Partnership Agreements.
2. The Office and the Children's Cabinet routinely collect data to measure child well-being. This State and jurisdictional data is publicly available on the Scorecard.
3. The Boards will use the ENOUGH Data Hub for planning, assessing community needs, decision-making, establishing goals for the jurisdiction and measuring progress.
4. ENOUGH Results Areas and the corresponding Indicators are:
  - a. Core Child Poverty Metric
    - i. % children in census tract living in poverty
    - ii. Total population
    - iii. Total population under 18
  - b. Cradle to Career Education
    - i. Educational Attainment: Percent of Youth Ages 18-24 with a High School Diploma (Including Equivalence) or Higher
    - ii. # of Maryland Department of Juvenile Services (DJS) committed youth who are enrolled in and complete job training programs
    - iii. # of participants in Maryland Corps
    - iv. % students demonstrating proficiency on Kindergarten Readiness Assessment (KRA)
    - v. % of public school students demonstrating proficiency on the Grade 3 English Language Arts Maryland Comprehensive Assessment Program (MCAP)
    - vi. % of public school students demonstrating proficiency on the Grade 8 English Language Arts Maryland Comprehensive Assessment Program (MCAP)
    - vii. % of public school students demonstrating proficiency on the Grade 3 Math

- Maryland Comprehensive Assessment Program (MCAP)
- viii. % of students demonstrating proficiency on Algebra I Maryland Comprehensive Assessment Program (MCAP)
  - ix. % students chronically absent
  - x. % 9th grade students on track to graduate on time
  - xi. Four-year high school graduation rate
  - xii. # of high school graduates who enroll in college in the fall term immediately following high school graduation
  - xiii. # and % of students who graduate from a two- or four-year college or university
  - xiv. % of Children Enrolled in Publicly Funded Pre-Kindergarten (Pre-K) the Year Prior to Kindergarten
  - xv. # of students who complete an apprenticeship through a Maryland public school career and technical education program at the time of high school graduation
  - xvi. # and % of children who receive child care scholarships
  - xvii. # maximum available slots with child care providers
  - xviii. % of regulated providers enrolling children receiving child care scholarship
  - xix. Student perception of school climate
  - xx. # and % of licensed child care providers who have received a level 4 or 5 quality rating from Maryland EXCELS
  - xxi. Teacher qualifications (# and % of teachers who are certified and experienced)
  - xxii. # and % of students who received one or more suspensions or expulsions

c. Healthy Families

- i. Infant mortality rate per 1,000 births
- ii. % low birth weight babies
- iii. Teen birth rate per 1,000 women, ages 15-19
- iv. # overdose-related deaths (zip code)
- v. Mental Health: % of Public School Students [in Grades 6 - 8] Reporting Depressive Episode
- vi. Mental Health: % of Public School Students [in Grades 9 - 12] Reporting Depressive Episode
- vii. % births with first trimester care
- viii. # individuals that received Substance Use Disorder services in the Public Behavioral Health System in the fiscal year
- ix. # individuals that received mental health services in the Public Behavioral Health System in the fiscal year
- x. # Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) enrollees
- xi. # Medicaid/Children's Health Insurance Program (CHIP) enrollees
- xii. Number of EMS naloxone administration encounters
- xiii. # of Non-fatal Opioid Overdose-related Emergency Department visits
- xiv. Average wait time for primary care first appointment
- xv. # unduplicated providers actively billing the PBHS for SUD treatment services rendered

- xvi. # of entries to foster care due to neglect
- xvii. % foster care placements with kin
- xviii. % children with elevated blood lead levels
- xix. % of households with children under 19 who have health insurance
- xx. % of adults 19-64 with health insurance coverage
- xxi. Baltimore City Only: Number of Emergency Medical Services (EMS) overdose calls for service per 1,000 residents

d. Economically Secure Families

- i. # households that received a Child Tax Credit (CTC) credit
- ii. # households that received an Earned Income Tax Credit (EITC) credit
- iii. % of Students Who Were Unstably Housed in the Last 30 Days (Grades 6-8)
- iv. % of Students Who Were Unstably Housed in the Last 30 Days (Grades 9-12)
- v. % of families spending >30% income on housing (rent)
- vi. % of families spending >30% income on housing (mortgage)
- vii. % of children with food insecurity
- viii. # individuals provided with homelessness services (all types of services) by Maryland Department of Housing and Community Development (DHCD)
- ix. # households exiting homelessness to permanent housing
- x. # unhoused individuals
- xi. Prime age employment rate (ages 25-54)
- xii. Median household income
- xiii. # eligible families who receive housing vouchers
- xiv. % full-time workers ages 19-64 with private insurance
- xv. Labor force participation rate for women ages 20-64
- xvi. Labor force participation rate ages 20-64
- xvii. # of individuals receiving Temporary Cash Assistance who become employed
- xviii. # of individuals enrolled in Supplemental Nutrition Assistance Program (SNAP)
- xix. # active apprentices

e. Safe and Thriving Communities

- i. Number of eviction petitions filed per year
- ii. # of Domestic violence protection orders
- iii. Amount of capital provided to businesses through the Maryland Small Business Development Financing Authority (MSBDFA Program)
- iv. % owner occupied housing units
- v. % residential properties that are classified as vacant
- vi. # Maryland Mortgage Program (MMP) loans
- vii. # foreclosure events
- viii. # evictions
- ix. # locations underserved for broadband access
- x. Number of derelict non-contributing structures demolished
- xi. Number of vacant sites/buildings acquired for solicitation or planned development (by DCHD)
- xii. # youth supervised by Maryland Department of Juvenile Services (DJS) in the community
- xiii. # youth referred by Maryland Department of Juvenile Services (DJS) in the

- community
- xiv. # individuals ages 18-25 on probation/supervision
- xv. # of broadband service providers serving locations within area
- xvi. Percent of households with a computer and broadband internet subscription
- xvii. Violent crime rate per 100,000
- xviii. Transit trips index (number of public transit trips taken annually at the census tract by a three-person single-parent family with income at 50 percent of the area median income for renters)
- xix. Low transportation cost index (local transportation costs for a three-person, single-parent family with income at 50 percent of the median income for renters for the region)

5. The Board may prioritize local indicators on which to focus in addition to State indicators.

### **Subsection 70 – Contracting**

#### **A. Contracting with the Office and the Children’s Cabinet:**

1. Community Partnership Agreement
  - a. The Agreement is the contract executed between the Governor’s Office for Children and each Board that is individualized to the needs of the jurisdiction and details the roles and responsibilities of each party including the services to be provided to the community and the funds awarded.
  - b. The Agreement is composed of the following sections:
    - i. Standard Provisions – Including the scope of the agreement and standard legal clauses such as term, termination and general provisions and conditions of agreement;
    - ii. Appendix A – The Program Description Chart that details the specific programs/strategies to be implemented by the Board including the Results to be addressed, the Outcome Indicators to be used to measure progress and the performance measures for each program/strategy; and,
    - iii. Appendix B – The annual budget for the funds awarded to the Board by the Office and/or the Children’s Cabinet.
  - c. Appendix B may be modified from the project budget submitted in the original application, and represents final approved expenses for program/strategy and governs expenditures accordingly.
  - d. All administrative expenses for Local Management Board staff, including but not limited to salaries, fringe, operating expenses, etc., must be identified only in the Board Support budget.
  - e. A new Agreement in its entirety, or new Appendices, as appropriate, will be executed for each term.
    - i. The Agreement must be fully-executed by 5 p.m. on the last business day of the first quarter of each fiscal year (September 30th).
  - f. The contract period shall be the State’s fiscal year (July 1 through June 30) unless otherwise stated in the Agreement.

- g. Preparation of the Agreement:
  - i. Upon successful completion of the application process, the Office will issue instructions on the preparation of the Agreement, including the requirements for the Appendices.
  - ii. Performance measures for each funded program/strategy are required and shall be submitted in accordance with instructions issued by the Office.
    - i. Performance measures shall include:
      - a) Quantity of effort: How much did you do?
      - b) Quality of effort: How well did you do it?
      - c) Quality of effect: Is anyone better off? (Child and family results or outcomes)
    - ii. Incomplete submissions or those that do not adhere to the established guidelines will be rejected by the Office with a request for revision.
    - iii. Boards will utilize standardized performance measures adopted for applicable programs/strategies. In the absence of standardized measures, the Board will develop measures and submit to the Office for approval in advance of implementation.

2. Modification of the Executed Agreement:

- a. To request a modification to the Agreement, the Board will submit a request to the attention of the **Grants and Data Manager** of the Office in accordance with the protocol established by the Office.
- i. The **Director of Community Initiatives** will approve or deny the request on behalf of the Office/Children's Cabinet within thirty (30) **calendar** days, provided no additional information from the Board is necessary.
- ii. After the approval of the modification request, the **Grants and Data Manager** will provide instruction and issue the forms necessary to execute the approved change/modification.
- iii. Requests for modifications must be received by May 15<sup>th</sup> (or the next business day if May 15<sup>th</sup> falls on a weekend or holiday) for an Agreement that expires at the close of the fiscal year.
- iv. Approved modification forms will be signed by authorized representatives of the Board and/or Subdivision, as applicable, and the Director **of Community Initiatives** of the Office.
- v. The modification must be requested and the Office's approval obtained prior to the Board implementing any changes related to the modification.

3. Modification Before an Executed Agreement:

- a. To request a modification to the application before the Agreement is executed, the

Board will submit a request to the attention of the Grants and Data Manager of the Office in accordance with the protocol established by the Office.

- i. The Director of Community Initiatives will approve or deny the request on behalf of the Office/Children's Cabinet within thirty (30) calendar days, provided no additional information from the Board is necessary
  - ii. After the approval of the request, the Grants and Data Manager will provide instruction on the next steps and issue the forms necessary to execute the approved change/modification.
  - iii. Requests for a modification must be received prior to the issuance of the Agreement.
  - iv. Approved modification forms will be signed by authorized representatives of the Board and/or Subdivision, as applicable, and submitted via email to the attention of the Director of Community Initiatives.
  - v. The modification must be requested and the Office's approval obtained prior to the Board implementing any changes related to the modification.

#### 4. Reporting:

- a. Reports on implementation of the Agreement are required.
  - i. Instructions for the preparation and submission of required reports will be issued by the Office.
    - a) Reports submitted not in compliance with the issued instructions will be returned to the Board for correction.
  - ii. Program Reports
    - a) Semi-annual performance measure data for all funded activities including but not limited to Board Support, programs/strategies, and the Local Care Team Coordinator will be entered in the Scorecard as directed by the Office.
      - i) Data for the period of July 1 through December 31 will be entered by February 15; and,
      - ii) Data for the period of January 1 through June 30 will be entered by August 15.
    - b) In addition to the data noted above, required reporting includes completion of Scorecard narratives; including, but not limited to the "Story Behind", program descriptions, etc., as instructed by the Office.
  - iii. Expenditure Reports
    - a) A mid-year expenditure report is due on February 15 following the close of the second quarter of the fiscal year.
    - b) A year-end expenditure report is due August 15 following the close of the fiscal year.
    - c) Expenditure reports should be accurate and complete and based on



the approved budget, actual revenue received, and expenses paid during the reporting period.

- iv. The Office may require additional reports not referenced herein.
- v. The Office may require a Board to amend/correct a report or electronic data submission that is incomplete, incorrect, technically insufficient or includes another error.
- vi. A request for modification of the Agreement will not be approved if the Board is not in compliance with required reports.
- vii. Failure to submit required reports, including but not limited to, the data for approved performance measures will result in withholding of payment(s), as applicable.
- i. Payments:
  - i. No payment to a Board will be authorized by the Office without a fully-executed Agreement.
  - ii. The first payment for the fiscal year will be withheld until the Agreement or Appendices, as applicable, are completed, approved and fully-executed by all parties and the Board is in compliance with any special conditions specified in the Agreement.
  - iii. Subsequent payments will be made only after the executed Agreement and/or all required reports and other deliverables are received and accepted by the Office.
    - a) If a report, electronic data submission or other deliverable is not received when due, payments scheduled to follow the due date of the report, etc. will be withheld until the Board is in compliance with all reporting requirements.
  - iv. Payment to a Board is made four (4) times per year according to the following schedule:
    - a) The first payment will be for four twelfths (4/12) of the award and will be released in accordance with the guidelines noted above.
    - b) The second payment will be for three twelfths (3/12) of the award and will be released in the second quarter provided the Board is in compliance with all requirements.
    - c) The third payment will be for three twelfths (3/12) of the award and will be released in the third quarter provided the Board is in compliance with all requirements.
    - d) The fourth and final payment will be for the balance of the award and will be released in the fourth quarter provided the Board is in

compliance with all requirements.

6. Grant Agreements

- a. A Grant Agreement is a contract executed between the Office (individually or on behalf of the Children's Cabinet) and the Board for a specific project or the provision of a defined service.
- b. The Office may execute a grant agreement with a Board as necessary and appropriate.
- c. Data entry in the Scorecard may be required and will be completed by the Board in accordance with instructions issued by the Office.
- d. Modification
  - i. The Board may request a modification for a Grant Agreement that may or may not also include a no-cost extension of the term of the grant award in accordance with guidelines published by the Office on behalf of the Children's Cabinet **after award**.
  - ii. To request a modification to the Grant Agreement, the Board will send a written request via email that is signed by the Board Chair and Point of Contact to the attention of the **Grants and Data Manager** of the Office who will review and approve or deny the request on behalf of the Office and/or the Children's Cabinet.
  - iii. Requests for modifications **must** be received **no later than** forty-five (45) **calendar** days prior to the expiration date of the Grant Agreement.
  - iv. Requests for modifications that are received by the Office after the expiration date of the Grant Agreement cannot be approved without a request for a waiver of the requirement to submit the request by the due date.
  - v. Modification requests require a short narrative explaining the need for the proposed change. No-cost extension requests require a short narrative explaining why the project could not be completed as planned and a revised timeline for program completion.
  - vi. New or revised performance measures, as applicable, may be required.
  - vii. Modification requests may also require a revised budget and corresponding budget narrative, as applicable.
  - viii. The Office will respond to the Board within thirty (30) **calendar** days of receipt of the request. The Office's response may be delayed if additional information from the Board is required.
  - ix. The modification shall be requested and approved by the Office prior to

the Board implementing any changes related to the modification.

7. Reporting

- a. Reporting requirements for Grant Agreements are indicated in the terms and conditions of the Grant Agreement.
- b. The Office may require additional reports not referenced herein or in the terms and conditions of the Grant Agreement.
- c. The Office may require a Board to amend/correct a report or electronic data submission that is incomplete, incorrect, technically insufficient or includes another error. The Office may issue instructions on the protocol for the completion of reports and/or electronic data submission.
- d. A request for a grant agreement modification, extension, carry-over or carry-forward will not be approved if the Board is not in compliance with required reports and other deliverables.
- e. Expenditure reports **must** be accurate and complete and based on the approved budget, actual revenue received, and expenses paid during the reporting period.

8. Payment

- a. No payment will be authorized by the Office without a fully-executed Grant Agreement.
- b. Payment to a Board **pursuant to** a Grant Agreement is made in accordance with the terms of the Grant Agreement.
- c. Payment to a Board **pursuant to** a Grant Agreement will be made only after the executed Grant Agreement and/or all required reports and other deliverables are received and accepted by the Office.
- d. If a report, electronic data submission or other deliverable is not received when due, payments scheduled to follow the due date of the report, etc. will be withheld until the Board is in compliance with all reporting requirements.

**B. Conditions for Modifications to Community Partnership Agreements and Grant Awards**

1. Prior written approval from the Office is necessary if a Board desires to expend funds for purposes not approved in the current Community Partnership Agreement application or contract and/or a grant agreement;
2. Children's Cabinet funds cannot be used to supplant existing funding;
3. Modifications requested in the second half of the fiscal year that may impact the subsequent year's Community Partnership Agreement award:
  - i. May require certain assurances from the Board, such as, but not limited to, a written commitment to include a new program/strategy proposed to begin at the end of a fiscal year in the next year's Community Partnership Agreement, documentation of program sustainability, etc.; and/or,

- ii. May **be** held for review and approval until after Community Partnership Agreement awards are announced.
- 4. For Grant Awards, ongoing programs are required to be self-sustaining:
  - i. Requests for ongoing program funding or for salary expenses require a concrete plan for future sustainability, such as a documented commitment from another entity to provide needed funding;
  - ii. A proposal to seek funding, investigate foundation grants, or other tentative action is not a valid sustainability plan.
- 5. A request for a modification will not be approved if the Board is not in compliance with required reports and other deliverables.
- 6. Grant Management System
  - a. Boards shall utilize the Office's grant management system in accordance with instructions issued by the Office.

**C. Local Management Board Contracting with Vendors:**

- 1. Subject to applicable requirements, including, but not limited to, those with respect to procurement, the Board is responsible for the negotiation and execution of contracts for the provision of all programs and services funded by the Office and/or the Children's Cabinet with the exception of the Board's administrative services (including, but not limited to, pest control, bottled water, office cleaning, etc.).
- 2. In the event that a contract cannot be executed prior to the commencement of services, and in accordance with its applicable policies and procedures, the Board may issue a letter of commitment to the vendor outlining the scope of services and the maximum funds available based on the specified terms.
- 3. The Board will incorporate the applicable sections of the current Manual into each of its contracts.
- 4. Contracts will be formalized in writing and set forth the specific terms (*e.g.*, hourly rate, *per diem*, per visit rate, etc.) that **meet** generally accepted standards within the field.
- 5. Contracts will specify the maximum funds available based on the specified terms that are measurable and sufficiently documented to enable verification by a qualified auditor.
- 6. The Board's contracts with its vendors will provide the Board and State agencies access to all information, including client records, **subject to privacy and confidentiality requirements under State and federal laws, including, but not limited to Health Insurance Portability and Accountability Act (HIPAA) compliance outlined in Appendix 3.**
- 7. In addition to other applicable requirements stated herein, contracts with vendors will include the following provisions:
  - a. Service Records
    - i. Upon completion of services, service records will either be retained by the

Board or returned to and retained by the lead agency that referred the child to the program or the Board, as applicable.

- ii. Service records (files containing case history and documentation of issues experienced, services provided, clinical summaries and assessments, etc.) will be retained for five (5) years after the child turns 21 years old.
- iii. Service records, except as noted in Section iv below, in any form generated or arising from the use of State funds provided under a contract or an Agreement covered by this Manual are the sole and exclusive property of the State.

8. Federal Law

- a. Appropriate human services contracts will contain provisions for compliance with federal Health Insurance Portability and Accountability Act and State confidentiality laws. See Section VII, Appendix 2 of this Manual for sample language.
- b. Reports, Data, Studies, or Other Materials
  - i. Any reports, data, studies, or other materials in any form, generated or arising from the use of State funds provided under an Agreement covered by this Manual are the sole and exclusive property of the State.
  - ii. The Board is granted a non-exclusive license, without cost or fee, to use such materials. The Board may not assign or transfer its license.
  - iii. With regard to materials generated by a Board's vendor or grantee, the Board will ensure that the State's ownership interests are disclosed and not impaired by the terms and conditions of such grants and contracts.

9. In accordance with Section II, Subsection 20 of this Manual, the Board will adhere to its adopted procurement policy, as applicable.

10. A Board that is an instrumentality of local government will comply with local government procurement laws and regulations.

- a. If the local government does not have written procurement laws and regulations, or if it so elects, the Board will establish a procurement policy and procedures in accordance with Section II, Subsection 20, Part A 8 of this Manual.

11. An independently incorporated Board will establish a procurement policy and procedures in accordance with Section II, Subsection 20, Part A 8 of this Manual.

- a. The applicable sections of State procurement laws will apply until a Board establishes procurement policies and procedures and/or regulations. (See [Finance and Procurement Article § 13- 101](#) of the Annotated Code of Maryland, *et seq.* and [COMAR 21.03.01](#) through [COMAR 21.05.09](#) for applicable procurement policies and procedures, if needed.)

**D. Consultants**

1. The Board is responsible for correctly determining in accordance with Internal Revenue Service guidelines whether individuals providing services are employees or independent contractors.
2. Claims and penalties resulting from the improper designation of an employee, an independent contractor or a consultant are the responsibility of the Board.
3. Officers, employees, and members of the Board of Directors of the Local Management Board/vendors/subcontractor(s)/subgrantee(s) cannot be paid consultants to the Board, its member agencies, or its contractors and grantees.
4. The use of consultants is subject to compliance with all applicable Manual requirements, including, but not limited to, requirements for fiscal management and individual program requirements.

### **Subsection 80 – Oversight Responsibilities**

#### **A. Compliance Monitoring Policy:**

1. The Board will develop and implement a written monitoring policy that will address the process by which the Board will fulfill its monitoring responsibilities.
2. The following will not be considered the Board's written monitoring policy:
  - a. Minutes of a Board, committee or other meeting;
  - b. A job description; or,
  - c. A monitoring tool, instrument, or questionnaire.
3. In accordance with its monitoring policy, the Board will monitor all vendors and consultants for compliance with requirements as set forth in this Manual, its contracts and grants and the terms of its Agreement and other grant agreements and contracts.

#### **B. Evaluation:**

1. The Board will evaluate all programs and services it funds, including, but not limited to:
  - a. Focusing on an assessment of approved performance measures;
  - b. Ensuring that services are selected that will make a difference in performance measures and client results;
  - c. Developing and maintaining a quality improvement process to increase the quality of services;
  - d. Developing an ongoing self-assessment process to track achievements; and,
  - e. Measuring outcomes and compliance with standards of quality.

#### **C. Data Collection and Reporting:**

1. The Board is required to collect and report on characteristics of children and families served,

the services delivered, and the results of those services.

2. Each Board may opt to collect several kinds of data to suit its needs.
3. Data will be utilized to demonstrate not only the achievement of desired outcomes, but also to improve the quality of services provided.
4. Boards are required to utilize, as instructed by the Office, the Scorecard web-based application to measure performance of programs/strategies funded by the Office and/or the Children's Cabinet.
5. Boards are required to use, as instructed by the Office, the Office's grant management system for data collection and reporting.

### **Subsection 90 - Local Care Team Responsibilities**

- A. As required by [Human Services Article § 8-401](#) of the Annotated Code of Maryland, there is a Local Care Team in each Maryland jurisdiction that coordinates services for children in need of residential placement and children with **complex** needs.
- B. **Local Management Board Role**
  1. The Board will participate as a member of the Local Care Team in accordance with the provisions of [Human Services Article § 8-401](#) of the Annotated Code of Maryland.
  2. The Board will administratively house a Local Care Team coordinator funded by the Children's Cabinet Interagency Fund, subject to budgetary limits, or ensure that the responsibilities of the Local Care Team coordinator are executed by existing staff.
- C. The Local Care Team will be a forum for:
  1. Families of children with **complex** needs to receive assistance with the identification of individual needs and potential resources to meet identified needs; and,
  2. Interagency discussions and problem solving for individual child and family needs and systemic needs.
- D. The Local Care Team will:
  1. Refer children and families to care management entities when appropriate; and/or, available local and community resources, as applicable; and,
  2. Complete and submit the Interagency Placement Committee Information Form to the Interagency Placement Committee for youth who are considered for an out-of-State placement.
    - a. Information forms are not required for youth who are committed to the Department of Juvenile Services;
    - b. Instructions for submission of the Information Form are included with the form.
- E. Each Local Management Board will provide administrative **support** to the Local Care Team.

1. The Local Care Team Coordinator will have experience with child placement systems, a clinical and/or special education background, and a degree in a related field unless a waiver of this requirement is requested and approved by the Office in advance of the coordinator's hire.
2. The Local Care Team Coordinator will be full-time, part-time or contractual staff of the Local Management Board.
3. The Local Care Team Coordinator is required, at a minimum, to:
  - a. Serve as staff support to the Local Care Team and any designated Statewide committee;
  - b. Conduct intake of the youth and their family and, where a LCT team meeting is warranted, assist the youth and family in preparing for the LCT team meeting by explaining the procedures of the LCT;
  - c. Maintain detailed notes from each case discussion and track attendance of the Local Care Team meetings;
  - d. Ensure that the youth's plan of care has been addressed;
  - e. Report to the State Coordinating Council on required performance measures and resource needs identified by the Local Care Team;
  - f. Maintain a directory (such as, but not limited to, Maryland 2-1-1) of all community-based resources in the jurisdiction;
  - g. Maintain, analyze and produce written reports from various data systems, and develop policy and procedures based on written reports, as required by the Local Care Team and/or the State Coordinating Council;
  - h. Work collaboratively with diverse groups of individuals;
  - i. Develop and present training modules to small and large groups;
  - j. Capacity permitting, conduct outreach to and serve youth and families that may be in need of local services beyond those seeking out-of-home placement, particularly for those youth for whom early intervention might be warranted and beneficial; and,
  - k. Ensure that when referrals are made for local services, that the referral is made in the form of a "warm hand off" whenever possible, so that the LCT Coordinator is directly and actively connecting the youth or family to the service provider; and
  - l. Maintain and provide to the Office a current and accurate list of Local Care Team members and points of contact for the Local Care Team.
4. The Local Care Team Coordinator will maintain:



- a. Detailed notes from each case discussion that outline the plan of care and agency commitments to be reviewed and provided to the parents/guardians at the end of the meeting;
- b. A record from each Local Care Team meeting to include:
  - i. Attendance record;
  - ii. List of cases discussed that specifies whether the case:
    - a) Is new or a review;
    - b) Was referred for out-of-State placement, in-State placement or a voluntary placement; and,
    - c) Was recommended for out-of-State placement, in-State placement, community services or voluntary placement agreement; or,
    - d) Was not recommended or referred for placement but was instead referred for local services.
  - iii. Any official Local Care Team business, including votes, recommendations or actions taken.
- c. Data on required Local Care Team performance measures:
  - i. # of referrals from each type of source
  - ii. # of families requesting OOHP at the time of referral
  - iii. # of families seeking resources at the time of referral
  - iv. # of families referred based on early indicator criteria
  - v. # of contacts made by LCT Coordinator before a full LCT meeting
  - vi. # and type of outreach efforts designed to reach youth in need of additional services, based on early warning indicators
  - vii. # of families who were successfully connected to a service (disaggregated by type of services needed)
  - viii. # of referrals that did not occur and the reason why
  - ix. # of post-referral follow-up contacts successfully completed (1-week post-LCT, 1 month, 3 months, etc)
  - x. # of post-referral follow-up contacts attempted and unsuccessfully completed (1-week post-LCT, 1 month, 3 months, etc)
  - xi. # of families returning to LCT for support with the same needs/services
  - xii. # of families returning to LCT for support with new needs/services
  - xiii. # of families reporting positive outcomes from service to which they were referred
- d. Other data as requested by the Office and/or the Children's Cabinet.

**F. Each Local Care Team will develop local policies and/or procedures for:**

- 1. How referrals will be made by parents, family members or agencies directly to the Local Care Team through the Local Management Board to seek assistance with accessing services, to develop plans of care for community-based services and to coordinate services from multiple agencies;
- 2. Process for scheduling non-emergency meetings including providing 10-day notice to

parents and attorneys for the children;

3. Process for scheduling emergency meetings including immediate notice to parents and attorneys for the children;
4. Providing training and technical assistance to local agency and community partners;
5. Identifying and sharing resource development needs, and communicating with the care management entity, local core service agencies, provider networks, local management boards, and other local care teams in surrounding jurisdictions; and,
6. Interagency case coordination to provide community-based services to:
  - a. Return or divert children and youth from out-of-State placements;
  - b. Divert children and youth from preventable out-of-home placements; and,
  - c. Address a request for a Voluntary Placement Agreement for a child with a developmental disability or a mental illness under [Family Law Article §5-525](#) of the Annotated Code of Maryland.

**G. Legally mandated Local Care Team membership for every meeting is:**

1. The case worker responsible for the case to be discussed;
2. A representative from each of the following agencies who is empowered to commit agency resources at the time of the meeting:
  - a. Department of Juvenile Services;
  - b. Developmental Disabilities Administration;
  - c. Local Core Service Agency;
  - d. Local School System;
  - e. Local Health Department;
  - f. Local Department of Social Services;
  - g. Local Management Board;
  - h. A parent or parent advocate;
  - i. A non-voting representative of the local office of the Division of Rehabilitative Services to represent individuals who are 16 years old and older.

## SECTION III – PROGRAM REQUIREMENTS

### Subsection 10 – Background

- A. Subject to Appropriations, funding is available through the Office and Children’s Cabinet Interagency Fund in accordance with guidelines established by the Office and the Children’s Cabinet.
- B. Any and all programs/strategies funded by a Board in accordance with State law and this Manual are subject to the requirements set forth by State law and this Manual.
- C. The Board will ensure that programs/strategies funded by the Office and/or the Children’s Cabinet Interagency Fund operate according to specified guidelines and achieve desired results.
- D. If implementing an evidence-based program/initiative, the Board will ensure that the program/initiative operates with fidelity to the model.
- E. If the Board requires the implementation of a certain assessment tool for funded programs/strategies, it will ensure that:
  - 1. Only those individuals who have been certified administer the tool, as applicable;
  - 2. All administrators have current certification, as applicable; and,
  - 3. The tool is administered in accordance with established guidelines.

### Subsection 20 - ENOUGH Theory of Change

- A. As required by [Chapter 408 of 2024](#), the Engaging Neighborhoods, Organizations, Unions, Governments and Households (ENOUGH) Initiative invests resources place-based investments and strategies that increase economic mobility and end child poverty in Maryland.
- B. Funding available through the Office and Children’s Cabinet Interagency Fund must help address the root causes of poverty at the community level by focusing on systems and structures in the four (4) ENOUGH Result Areas:
  - 1. High-quality childcare and education
    - a. This includes early learning, strong K-12 outcomes, and real pathways to college and career.
  - 2. Healthy Families
    - a. This includes access to physical and behavioral healthcare, improved mental health support, lower infant mortality, and greater life expectancy.
  - 3. Economically Secure Families
    - a. This includes job training, small business support, other workforce pathways, and access benefits and economic assistance.
  - 4. Safe & Stable Communities

- a. This includes violence prevention, housing assistance, and ensuring families feel safe and supported where they live.
- C. Boards should prioritize ENOUGH-eligible or high-poverty communities, which include:
  - 1. Communities that include census tracts with more than 30% of children living in poverty and are served by, a community school with a concentration of poverty level, as defined in [§ 5–223 of the education article](#), of:
    - a. in fiscal year 2025 and 2026, at least 80%;
    - b. in fiscal year 2027 through fiscal year 2029, at least 75%;
    - c. in fiscal year 2030, at least 60%; and
    - d. in fiscal year 2031, and each fiscal year thereafter, at least 55%.
  - 2. Communities with at least one Census tract where more than 20% of children are living in poverty

### **Subsection 30 - Fiscal Mapping**

- A. As required by [Chapter 408 of 2024](#), the Office must create a centralized database that displays all federal, state, and local investments and resources allocated to programs for youth, families, and children.
- B. This centralized data is called a fiscal map.
  - 1. A fiscal map is a tool that analyzes funding streams and uses data visualization tools to display these allocations. This map will:
    - a. Help to strategically allocate resources to support programs for youth, families, and children.
    - b. Identify funding gaps to ensure that resources are directed where most needed.
    - c. Guide decision-making on how to distribute resources efficiently.
    - d. Build stronger partnerships and leverage additional funding sources to sustain and expand services.
- C. The Office developed one State Map and one Map for all 23 counties and Baltimore City.
- D. Boards are required to:
  - 1. Maintain and update a county-level fiscal map on an annual basis.
  - 2. Use the fiscal map to guide resource allocation, program priorities, and financial support strategies.

3. Ensure that staff capacity is allocated for the maintenance of the fiscal map.

4. Participate in appropriate training and technical assistance provided by the Office.

#### **Subsection 40 – Juvenile Delinquency Prevention and Diversion Programs**

- A. A Board may elect to fund juvenile delinquency prevention and diversion programs.
- B. A Board that funds a Youth Services Bureau will ensure compliance with the Youth Services Bureau requirements in Appendix 4.

#### **Subsection 50 – Home Visiting**

- A. A Board may elect to fund home visiting programs.
- B. A Board that elects to fund a home visiting program will utilize effective home visiting service delivery models as currently identified/approved by the U.S. Department of Health and Human Services Health Resources and Services Administration (available at: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview> under the heading “How Does the Program Ensure Effectiveness?”) or other models approved by the Office.
- C. A Board that elects to fund a home visiting program will require the program’s vendors to comply with data collection requirements as described in [Human Services § 8-507](#) of the Annotated Code of Maryland (the Home Visiting Accountability Act of 2012).

## **SECTION IV – FISCAL MANAGEMENT REQUIREMENTS**

### **Subsection 10 – General**

- A. **Financial Records** – Will be maintained for five (5) years after reconciliation or until an audit/monitoring is completed by the Office and/or the Children’s Cabinet, whichever is later.
- B. **Board Audit:**
1. **Starting in** FY19, an independent audit of Board funds is not required.
- C. **Vendor Audit:**
1. The Board will acquire and review each vendor’s audit report, exclusive of Maryland State Agencies.
    - a. The Comprehensive Annual Financial Report for the county may be accepted for any vendor that is an instrumentality of local government if the vendor’s operation is included in the Report.
  2. For Vendors who are charitable organizations as defined in [Business Regulation § 6-101](#) of the Annotated Code of Maryland, an audit or review is not required if the organization is exempt from the provisions in [Business Regulation § 6-402 \(b\)\(7\)](#) of the Annotated Code of Maryland.
  3. Waiver:
    - a. A Board may request a waiver of the vendor audit requirement for a specific vendor.
    - b. The request should be made in writing and addressed to the Assistant Deputy Director of the Office and include the following information:
      - i. Name of vendor;
      - ii. Rationale for the waiver;
      - iii. Purpose for which the funding was awarded (*e.g.*, services, purchase of equipment);
      - iv. Annual revenue of vendor;
      - v. Timeframe for the proposed waiver; and,
      - vi. How the Board alternately proposes to ensure compliance if a waiver is granted.
- D. **Assets Purchased with Funds from the Office and/or Children’s Cabinet:**
1. Fixed assets purchased, generated or arising from the use of State funds subject to this Manual are the sole and exclusive property of the Board and/or the County.
  2. The Board and/or the County must adhere to Parts 4 a-c and 5 a-d below before assigning, transferring ownership or disposing of any fixed assets purchased with State funds.

3. **Inventory:**

- a. The Board will maintain a written inventory of all fixed assets purchased with funds from the Office and/or Children's Cabinet.
- b. The inventory will include the type of item purchased; item make, model and/or serial number as appropriate; purchase date; amount of purchase; and physical location of item.
- c. The Board will update the inventory as needed.
- d. The Board is responsible for ensuring the whereabouts of all fixed assets at all times.

4. **Reclamation:**

- a. When State funds are used to purchase fixed assets, the Office and/or the Children's Cabinet has the right of first refusal to reclaim and dispose of these fixed assets and the Board will ensure that right is protected.
- b. Subject to existing law, the Office and/or the Children's Cabinet may waive its right of recovery.
- c. The Board will recover from a vendor any and all fixed assets purchased with State funds at the end of the contract term or in the event that the vendor for a program/strategy ceases to provide services.
  - i. Fixed assets will be recovered by the Board and transferred to the new vendor, as applicable.

5. **Transfer and Disposal:**

- a. The Board will not transfer or dispose of any fixed assets purchased with funds from the Office and/or Children's Cabinet unless prior approval has been granted by the Office.
- b. The Board will contact the Office to discuss the proposed transfer or disposal of fixed assets purchased with funds from the Office and/or Children's Cabinet prior to any action occurring.
- c. Transfer and State disposal of any fixed assets will be done in accordance with State law and regulation.
- d. The Board will maintain documentation of fixed asset purchases and depreciation.

E. **Sales and Use Tax Exemption:**

- 1. A Board that is exempt from the payment of sales and use taxes should routinely employ an exemption certificate, whenever practicable, to prevent paying such taxes.

**Subsection 20 - Funding Principles**

- A. **Maximum Funding** - The stated amount of the award is the maximum funding for which the Office and/or the Children's Cabinet will be responsible, unless the award is amended.
- B. **Supplemental Award:**
1. The Board may request supplemental funding in writing at any time.
  2. It is recommended that the Board contact the Director of **Community Initiatives** prior to submission of a written request for supplemental funding to ensure that additional funds are available and to ascertain if any special conditions may be imposed.
  3. The Board will provide the rationale for the request for supplemental funding to the Director of **Community Initiatives** in writing, if additional funding is available.
- C. **Budget Modification:**
1. A budget modification is a revision to the budget that restates the original total budget amount, and incorporates line item changes desired by either the Board or the Office and/or the Children's Cabinet to result in a revised budget.
    - a. See Section II, Subsection 70 of this Manual for more information on modifications.
  2. The Office will issue guidelines addressing when budget modifications are necessary and the instructions for requesting a modification.
- D. **Reduction of Award:**
1. The Office, individually or on behalf of the Children's Cabinet, or the Board may reduce the amount of an award.
  2. Generally, the reasons the amount of an award may be reduced include, but are not limited to:
    - a. Delay in developing a new program;
    - b. Failure to meet service goals;
    - c. Reduction in the scope of services to be delivered;
    - d. Reduction in appropriations;
    - e. Request of the Board; and/or,
    - f. Failure to comply with the terms and conditions of the Agreement.
- E. **Termination of the Board:**
1. Upon termination of operation or a change in the designation of the Board:
    - a. The terminating Board will submit to the Office a final report of receipts and expenditures within forty-five (45) **calendar** days after the effective date of termination.
      - i. If money is due to the Office and/or the Children's Cabinet, a check in the



full amount due will accompany the report.

- b. The terminating Board will transfer any accumulated earned reinvestment funds to the new Board within forty-five (45) **calendar** days after the effective date of termination.

**F. Unauthorized Expenditures:**

1. **Children's Cabinet Interagency Funds cannot be used toward any unauthorized expenditures. Unauthorized expenditures are the sole responsibility of the Board and the Board must pay those expenditures with a separate source of funding.**
2. Unauthorized expenditures include, but are not limited to:
  - a. All expenditures that cause total expenditures to exceed the amount of the approved budget;
  - b. All expenditures that exceed the approved budgeted amount (for controlled categories or line items only); and,
  - c. All expenditures that are at variance with the Manual provisions or an explicit provision of the Agreement or Grant Agreement.

**Subsection 30 - Income Principles**

**A. Income**

1. All income from all sources resulting from, earmarked for, or allocated to the support of the Board or programs/strategies funded by the Office and/or the Children's Cabinet will be identified in all budgets and the expenditure reports in accordance with instructions issued by the Office.

**B. Deposits and Investments**

1. The Board will deposit all funds from the Office and the Children's Cabinet and those funds allocated to program(s) supported by the Office and/or the Children's Cabinet in an account that is either federally-insured or secured when such funds are not required to meet current expenses, with the exception of any federal funds which shall be handled in accordance with the appropriate federal guideline(s).
2. Deposited funds, per account, should not exceed the federally-insured amount, unless collateralized.
3. If investing funds from the Office and/or Children's Cabinet, the value of the principal and any interest or other investment earnings should be protected.
4. Funds from the Office and/or Children's Cabinet may not be invested with the possibility that the value of the investment may decrease.

**C. Income Shortfall**

1. Any income shortfall is the liability of the Board unless recognized by the Office and/or the Children's Cabinet through an approved budget modification or another approval.

2. Such a shortfall may be compensated for either by a reduction in the Board's expenditures or by an increase in other income, or both.

#### **Subsection 40 - Accounting Standards**

**A. Standards** – The Board will maintain financial records on an accrual basis in accordance with Generally Accepted Accounting Principles (GAAP) or Generally Accepted Governmental Accounting Principles (GAGAP), except as otherwise specifically provided in this Manual.

**B. Accounting Policy**

1. Each Board is required to develop and operate in accordance with a written accounting/policy manual, a copy of which will be made available to the Office and/or the Children's Cabinet or its representative upon request.
2. At minimum, the information in Appendix 5 of this Manual will be addressed in the Board's written accounting/policy manual.

**C. Related Party Transactions**

1. Transactions with organizations that are associated with or controlled by the Board, its members, and/or employees should be disclosed.
2. Such transactions may be subject to additional review by the Office to determine the propriety of the transaction, *e.g.*, that a fair price was paid for goods or services obtained.

**D. Gift Cards**

1. Gift cards are used only as a temporary response to needs related to program participant incentives only and are not approved for routine program operations.
2. A log of gift card recipients must be maintained that includes: recipient name, address, phone number, gift card name and denomination, date purchased, date disbursed, signature of recipient acknowledging receipt of gift card, and signature of person delivering the gift card. Logs will be reviewed during monitoring site visits.
3. Gift cards purchased shall be used during the fiscal year purchased. If unused at the end of the fiscal year, gift cards shall be considered assets and recovered by the LMB from the vendor at the close of the grant term.
4. At the end of the fiscal year, the vendor shall provide to the LMB a complete accounting of the gift cards purchased (including type of card, denomination and number of each), utilized, and available.
5. The purchase of gift cards may not be authorized in order to circumvent established LMB or GOC policies – including but not limited to *e.g.*, flex funds, accounting, purchasing, payroll or others.
6. Neither the LMB nor the vendor will create nor maintain an inventory of gift cards. Instead, only the total number of cards that will be issued to a family shall be purchased.

7. At the close of the fiscal year, any gift cards that are unspent by the vendor and/or held by the LMB (including those unused cards recovered from a vendor and those purchased and used by the LMB) are subject to fiscal recovery as part of the CPA reconciliation process.

- E. All proposed expenditures in the budget and actual expenditures will be attributed to the appropriate line item of the budget.

### **Subsection 50 - Cost Principles**

#### **A. Reasonable Costs**

1. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.
2. The question of reasonableness is particularly important when governmental units or components are predominately federally-funded.
3. In determining the reasonableness of a given cost, consideration should be given to:
  - a. Whether the cost is of a type generally recognized as ordinary and necessary for the operation of the Board and/or program/strategy;
  - b. The restraints or requirements imposed by such factors as: sound business practices; arm's length bargaining; federal, State and other laws and regulations; and terms and conditions of the award;
  - c. Market prices for comparable goods or services; and,
  - d. Whether the individuals concerned acted with prudence in the circumstances considering their responsibilities.

#### **B. Direct Costs**

1. Direct costs are those that can be identified specifically with a particular final cost objective.
2. Typical direct costs chargeable to funding from the Office and/or Children's Cabinet include:
  - a. Compensation of employees for the time devoted and identified specifically to the performance of the funding;
  - b. Cost of materials acquired, consumed, or expended specifically for the purpose of the funding;
  - c. Equipment and other approved fixed assets purchased specifically to carry out the purpose of the funding; and/or,
  - d. Travel expenses incurred specifically to carry out the purpose of the funding.

#### **C. Indirect Costs**

1. Indirect costs are expenses that cannot be attributed to individual projects or initiatives but

are necessary for an organization's overall operation and administration.

2. Effective October 1, 2018, indirect costs will not be identified in budgets and expenditure reports except for nonprofit organizations in accordance with [State Finance and Procurement Article § 2-208](#) of the Annotated Code of Maryland.
3. For organizations not identified in #2 above, all costs must be disaggregated and attributed to the appropriate line item of the budget.
4. Up to 15% of Modified Total Direct Costs (MTDC)\* may be requested for indirect costs.

**D. Allowable Costs**

1. Allowable costs include, but are not limited to:
  - a. All reasonable direct costs associated with activities funded by the Office and/or Children's Cabinet, except for any indirect costs and direct costs identified as unallowable costs listed in Section V, Subsection 10, Part E; and,

**Subsection 60 - Reconciliation**

- A. Reconciliation is a fiscal resolution of the Agreement conducted at the termination of the award period or at the end of each fiscal year.
  1. Reconciliation is a review and arithmetic check of reported and actual revenue and expenditures, a determination of net balances, and disposition of those balances.
  2. Reconciliation activities will be conducted by the Office.
- B. The Board's year-end expenditure report will serve as the basis for conducting reconciliation along with submission of the following at a minimum:
  1. Chart of Accounts/Fund Codes and/or Transaction Codes for Children's Cabinet funding; and
  2. General Ledger for the fiscal year under review that should contain documentation for the Board's administrative expenses and vendor expenses.
- C. The Office will approve the report and issue an invoice for any funds due back to the State, as applicable.
- D. Boards with any findings from the mid-year expenditure report review or previous reconciliations will be required to comply with a desktop monitoring review.
  1. The Office may request additional documentation to include a general ledger of expenditures to date, along with supporting documentation if needed.
  2. If there is significant underspending, the Board will be required to submit a spending plan to describe how the funding will be spent as proposed.
- E. If during the year-end expenditure report review further documentation is needed before approval can be made, the Office will notify the Board. The Board will have thirty (30) calendar days to provide the supplemental documentation. Issues that may warrant a request for further

documentation include, but are not limited to:

1. Expenditures that exactly match the approved budget line items throughout the mid-year and/or year-end expenditure report
2. Extensive errors in the mid-year and/or year-end expenditure report
3. Expenditure reports submitted late without an extension request
4. Boards with reconciliation findings from the previous fiscal year(s)
5. Boards with a history of reconciliation findings and/or capacity challenges
6. Expenditures that would have warranted a budget modification during the fiscal year.

**F.** Boards may submit supplemental documentation to the Office electronically. If the requested documentation is not received within thirty (30) calendar days, the Board will be out of compliance and subject to the withholding of future grant award payment. Upon satisfactory review of the supplemental documentation, the Office will approve the report and issue an invoice if applicable.

**G.** Funds identified for recovery as part of reconciliation will be returned to the Office and/or the Children's Cabinet Interagency Fund unless otherwise directed by the Office and/or the Children's Cabinet.

**H.** Reconciliation may involve resolving post-audit issues as identified in audit, monitoring and reporting documents.

**I.** Unbudgeted expenditures and over-expenditures in line items that have not been previously approved by the Office and/or the Children's Cabinet are subject to non-recognition and recovery.

**J. Findings:**

1. The reconciliation process can conclude in several ways:
  - a. The Board's expenditures are greater than the payments received from the Office and/or Children's Cabinet;
  - b. The Board's expenditures are less than the payments received from the Office and/or Children's Cabinet; or,
  - c. The Board's expenditures equal the payments received from the Office and/or Children's Cabinet

**K. Recovery and Reconsideration of Findings**

1. If recoverable funds are identified, the Office will issue an invoice for payment of funds due, and will provide the Board with thirty (30) calendar days to either make payment or submit a request for reconsideration of the requirement for fiscal recovery to the Children's Cabinet.
2. In any request for reconsideration, the Board should clearly state the basis for, and include documentation in support of, its position.

3. The Office will review the request for reconsideration and adopt a schedule for resolution of the matter within sixty (60) **calendar** days of receipt of the request for reconsideration.
4. The decision of the Office regarding a request for reconsideration of intended fiscal recovery is final and is not subject to further appeal.

**L. Disposition:**

1. Net balances due will be handled as follows:
  - a. If no balance is identified as payable to either party, no action is required.
  - b. If a balance is identified as payable to the Board, the Office will authorize payment to the Board;
  - c. If a balance is identified as payable to the Office/Children's Cabinet:
    - i. An invoice will be issued to the Board upon completion of the reconciliation process.
    - ii. The Board shall remit payment as soon as is practical upon receipt of the invoice.
    - iii. If the organization has ceased to be a Local Management Board, an account receivable will be established and the organization that holds the funds shall be billed by the Office.
    - iv. **The Office may authorize a carry-over of the amount due to be credited as a cash advance (payment) of the following year's award.**

## **SECTION V – RESTRICTIONS**

### **Subsection 10 – Restrictions**

- A.** The Board may not utilize funding from the Office and/or the Children’s Cabinet to provide direct services.
- B.** The Board may not operate as a child placement agency and may not place a child in an out-of-home placement.
- C. Funding:**
  - 1. The Board will ensure that the funding from the Office and/or Children’s Cabinet is not used for services that could be provided by another organization or State agency.
  - 2. Funding from the Office and/or Children’s Cabinet cannot be blended with other revenue unless the order of utilization of all the revenue sources is defined and support documentation is maintained by the Board for the expenditures that are charged to each revenue stream.
    - a. In the absence of a written plan for the utilization of revenue, expenditures charged to Children’s Cabinet revenue first and not to other sources will be considered unallowable.
    - b. Expenses should be charged to revenue in accordance with the plan for the utilization of revenue that is maintained by the Board.
  - 3. Funding from the Office and/or Children’s Cabinet will not be used to supplant income from other sources.
- D.** Funding from the Office/Children’s Cabinet will not be used for unallowable costs including, but not limited to:
  - 1. Alcoholic beverages;
  - 2. Bad debts;
  - 3. Contributions and donations to charitable organizations not in support of a defined activity;
  - 4. Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringement;
  - 5. Entertainment costs;
  - 6. Incentive compensation for employees, as follows:
    - a. That does not involve all sources of funding;
    - b. That is not based on job performance, a written job appraisal or some other documented, measurable criteria;
    - c. That is not available to all employees within the same class;

- d. That is not part of a defined benefit plan;
  - e. Does not increase an employee's salary and/or to circumvent payroll limitations; and/or
  - f. That is not issued pursuant to an agreement or an established plan entered into in good faith between the organization and the employees before the services were rendered.
- 7. Personal use by employees of organization-furnished automobiles (including transportation to and from work) and other assets;
- 8. Fines and penalties and interest on fines and penalties;
- 9. Assets, goods or services for personal use;
- 10. Interest on borrowed capital/lines of credit;
- 11. Costs of organized fundraising;
- 12. Costs of investment counsel/management;
- 13. Lobbying;
- 14. Losses on other awards;
- 15. Renovation/remodeling and capital projects;
- 16. Gifts for Board members and/or Board employees;
- 17. Food and beverages, except for:
  - a. Those incurred by Board members and employees traveling overnight on official Board business;
  - b. Bulk drinking water for coolers where tap water is not potable;
  - c. Those routine expenses for the operation of a program serving children and youth (e.g., snacks served to children on a regular basis at an out-of-school time program funded by the Board);
  - d. Meetings/focus groups/forums where the majority of attendees expected are family and/or youth; and/or,
  - e. Special events where the majority of attendees are not Board members or staff or State/local Agency representatives.
- 18. Costs of training/technical assistance offered by consultants that the Office and/or the



Children's Cabinet or one of its member Agencies makes available to the Board and its vendors at no cost;

19. Any plaque or item presented to a speaker, official, legislator, vendor, or other person (not a Board member or Board employee) in recognition of service provided with a value in excess of \$50;
20. Any expenses relating to the establishment, maintenance or liquidation of foundation or other accounts that the Board utilizes for the purpose of maintaining earned reinvestment and other State funds, to the extent that the Board does not receive prior approval for the expenses;
21. Investment fees and losses;
22. Flex fund expenditures;
23. Gift card expenditures (in any form or format), except for incentives for participants attending meetings/focus groups/forums where:
  - a. The Board purchases only the number of gift cards necessary based on the number of participants;
  - b. The Board, or its vendor/consultant, does not establish or maintain an inventory of gift cards; and,
  - c. The participants are families and/or children/youth.
24. For fee-for-service contracts, vendor staff vacation, sick leave and other leave time during which services were not provided.
25. Trinkets/promotional/giveaway items (e.g., pens, notepads, hats, mugs, portfolios, t-shirts, coins, gift bags, etc., whether or not they include the Board/program/vendor name and/or logo), except when materials are program supplies for participants and/or staff participating in a specified program or event.

## **SECTION VI – RECOMMENDATIONS**

### **Subsection 10 – Board Composition**

- A.** A Board may be composed of:
  - 1. Public and private community representatives who share the responsibility for implementing a community-based, interagency, family-focused service delivery system for children, youth and families; and
  - 2. A senior representative or department head of the:
    - a. Local health department;
    - b. Local office of the Department of Juvenile Services;
    - c. Core Service Agency/Behavioral Health Administration;
    - d. Local school system;
    - e. Local department of social services;
  - 3. Family members or family advocates; and,
  - 4. Youth or youth advocates.
- B.** Private sector members may include representatives from business organizations; civic and neighborhood organizations; community collaborative groups; private providers of employment, vocational services or other human services; and religious communities and other individuals involved with children and family issues, such as a member of the early care and education community.
- C.** It is recommended that at least 51% of the Board membership be from the public sector, with no more than 49% of members representing the private sector (such as parents, children, advocacy groups, private service providers, etc.).
- D.** It is recommended that the composition of the Board represent the ethnic, **socioeconomic** and geographical diversity of each jurisdiction.
- E.** It is recommended that the Board review the by-laws at least every three (3) years to ensure that the by-laws are current and meet the needs of the Board and that the review is documented in an appendix of the by-laws.
- F.** It is recommended that the Board meet at least quarterly or four times per year.

### **Subsection 20 – By-Laws**

- A.** It is recommended that the Board by-laws include/address the following, at a minimum:
  - 1. Statement of name;

2. Board mission/goal;
3. Function or purpose of the Board;
4. Identification of Board membership, including the number and composition of members, manner of appointment, length of term, procedure for vacancies, voting authority and process, and attendance requirements;
5. Officers' terms, removal, resignation, authority and duties;
6. Meetings;
7. Quorum:
  - a. A quorum of 51% of voting membership is recommended unless otherwise specified in the by-laws or other local requirements in order to constitute an official meeting;
  - b. A meeting in which a quorum is not satisfied, as applicable, is not considered an official meeting.
    - i. No decisions or votes from the meeting should be considered binding unless and until a majority of the voting members have ratified any actions considered.
8. Committees;
9. Indemnification;
10. Identification of fiscal year;
11. Conflict of interest; and,
12. Process for enacting amendments.

### **Subsection 30 – Assessing Community Needs**

- A. The Board **must** gather information from the community regarding current problems, community strengths, available programs, services and resources. This information is crucial to the coordination of services within the jurisdiction to eliminate fragmentation and duplication in order to create an effective system of services, supports, and opportunities that improve outcomes for children, youth and families.
- B. As part of the community planning process, it is recommended that the Board complete an assessment of community needs every three (3) years (or sooner, depending on local conditions) prior to developing/updating the community plan.
- C. It is recommended that the assessment of community needs investigate all **four (4) ENOUGH Result Areas** and the associated Indicators.

1. For each indicator or baseline, including a historical part and a forecast part that show where the indicator is headed if nothing is done is preferred.
  2. The Board should identify priority indicators from needs assessment(s) and obtain information about the causes and forces that are affecting each indicator.
- D.** It is recommended that the assessment of community needs include:
1. A review of data related to indicators;
  2. A review of other relevant data;
  3. Information from stakeholders and community partners; and
  4. Community resource mapping, including:
    - a. Services within the full continuum of care from all child-serving public and private agencies;
    - b. Identification of community strengths; and,
    - c. Identification of gaps in addressing results and indicators through a continuum of care.
- E.** The information obtained from the assessment of community needs should be used by the Board to identify which Results and Indicators to prioritize, and the causes and forces at work affecting the prioritized Indicators.
- F.** It is useful also to identify community strengths, resources, and assets that will help to address each of the prioritized Results and Indicators.
- G.** It is recommended that Boards review the [Needs Assessment, Asset Map, and Neighborhood Action Plan Guidance](#) for additional guidance and best practice on conducting a needs assessment.

#### **Subsection 40 – Community Plan**

- A.** It is recommended that each Board develop a written community plan every three (3) years (or sooner, depending on local conditions).
- B.** The community plan should follow the Results-Based Accountability format below and identify:
1. One (1) or more of the **four (4) ENOUGH** Result **Areas** that the Board has prioritized as most important to the jurisdiction.
  2. One (1) or more of the primary Indicators for each prioritized Result that will be used to measure achievement.
  3. The “Story Behind” for each of the selected Indicators that are headed in the wrong direction with an analysis of the causes and forces behind that movement.

4. Partners and their input. Partners may be different for each prioritized Result.
5. What Works to “Turn the Curve”, including evidence-based, best and promising practices, and other strategies that have been proven successful or have the potential to improve the primary Indicators.
6. Prioritized strategies that are determined by consideration of:
  - a. Specificity - Is the strategy specific enough to be implementable?
  - b. Leverage - Does the strategy have a high degree of leverage to “turn the curve”?
  - c. Values - Does the strategy meet the Board’s organizational and the community’s values?
  - d. Reach - Is it practical for the Board to implement this strategy? Is the strategy sustainable over a long period of time? Is it feasible and affordable?
  - e. Funding sources for each of the prioritized strategies.

**C.** It is recommended that Boards review the [Needs Assessment, Asset Map, and Neighborhood Action Plan Guidance](#) for additional guidance and best practice on developing a community plan.

### **Subsection 50 – Community Engagement**

- A.** A Board may participate in community engagement activities to:
1. Increase the number of stakeholders, program consumers, family members, and agency and other partners who are committed to take actions that will identify, promote, and support the needs of children, youth, and families in the State; and,
  2. Direct the jurisdiction to support an interagency approach to better the lives of children and families.
- B.** Community engagement activities include, but are not limited to:
1. Community Surveys;
  2. Focus Groups and Interviews;
  3. Roundtable Events;
  4. Awards and Other Recognition;
  5. Sponsorship of events and other activities that directly impact prioritized Results and Indicators; and,
  6. Training

**C.** It is recommended that Boards review the [Needs Assessment, Asset Map, and Neighborhood Action Plan Guidance](#) for additional guidance and best practice on engaging communities.

## **Subsection 70 – Out-of-School Time Programs**

### **A. Recommended Program Design:**

1. Programs should incorporate the following core components:
  - a. Time for homework completion with support (during the school year);
  - b. Nutritious snack and/or meals:
    - i. Programs should participate in (State and/or) federal nutrition programs, as applicable.
  - c. Recreation and physical activity of at least thirty (30) minutes for every three (3) hours of programming.
  - d. Intentional and/or project-based learning that:
    - i. Utilizes research-based curricula for academic instruction;
    - ii. Connects to but does not repeat school-day learning;
    - iii. Integrates academic skills with hands-on and engaging activities;
    - iv. Projects and curricula chosen based on the needs of participants and/or targeted outcomes for the program; and
    - v. Offers developmentally-appropriate learning, leadership and participation opportunities in decision making.
  - e. Parent/family engagement.

### **B. Recommended Program Quality:**

1. Programs should adopt and apply the [Maryland Out-of-School Time \(MOST\) Quality Standards Framework](#) and shall share and review the framework with all program staff.
2. Programs should participate in the related Quality Improvement System – including all required trainings, professional development opportunities and internal and external assessment.
3. The Youth Program Quality Assessment is recommended to:
  - a. Evaluate the quality of the following domains:
    - i. Safe Environment;
    - ii. Supportive Environment;
    - iii. Interaction;
    - iv. Engagement;
    - v. Youth-Centered Policies and Practices;
    - vi. Expectations for Youth and Staff; and
    - vii. Access.
  - b. Identify staff training needs.
4. Programs should track the following participant information:
  - a. Program attendance;
  - b. School attendance;
  - c. Academic outcomes for students;
  - d. Results of a pre-post survey designed to measure targeted outcomes for program;
  - e. Child and parent satisfaction with program; and,
  - f. Parent participation and involvement.

5. Programs should offer an opportunity for children to demonstrate and document mastery of skills (as related to targeted outcomes for program)

### **Subsection 80 – Mentoring Programs**

A. A Board may elect to fund mentoring programs.

**B. Recommended Program Design:**

1. A Board that elects to fund a mentoring program should consider the following in program design:

- a. Offer mentoring as a formalized service, either as a standalone support (e.g., a Big Brothers Big Sisters, Boys and Girls Club, or similar nonprofit) or as one component of a multi-intervention youth-serving organization (e.g., a youth development organization that offers a mentoring program in addition to academic, job training, mental health counseling, or other services).

- b. Common Program Models:

- i. Group Mentoring
- ii. Peer Mentoring
- iii. E-Mentoring
- iv. School and other Formal Site-Based
- v. Informal Mentoring

- c. Elements of Effective Mentoring Services:

- i. Recruitment of youth participants and mentors
- ii. Youth Enrollment
- iii. Mentor Screening and Enrollment
- iv. Preparation and Training for Youth, Caregivers, and Mentors
- v. Establishing Mentoring Relationships
- vi. Ongoing Caregiver Engagement
- vii. Supporting Mentoring Relationships
- viii. Celebration and Program Exit

**C. Recommended Program Quality:**

1. Programs should track the following participant information:

- a. Program attendance;
- b. School attendance;
- c. Results of a pre-post survey designed to measure targeted outcomes for program;
- d. Child and parent satisfaction with program; and,
- e. Parent participation and involvement.

2. A Board that elects to fund a mentoring program may utilize the the National Quality Mentoring System (NQMS) [Elements of Effective Practice for Mentoring™](#), Fifth Edition

(EEPM), to assist in identifying existing quality practices, acknowledging areas for improvement, and developing action plans to meet national standards, while providing ongoing training and support to achieve program goals.

### **Subsection 90 – Navigation**

**A.** A Board may elect to fund navigation programs or services.

**B. Models:**

1. The following models are recommended for implementation with funding from the Office and/or the Children’s Cabinet:

a. Single Point of Access:

i. A Single Point of Access is the one point of entry for families who wish to enter the system, regardless of the intensity of the needs of their children.

ii. A Single Point of Access provides a pathway for families in the navigation of the service delivery system. Examples include:

a. A web-based resource guide.

b. A 211 hotline number.

c. Another hotline operating within the community.

b. “No Wrong Door” Model:

i. Under a “no wrong door” model, families become known to the Local Access Mechanism through an array of existing services and agencies.

ii. Existing points of access continue to serve children and families, while directing them to the Local Access Mechanism when appropriate.

c. Hybrid Model:

i. In the hybrid model, the Board elects to combine elements of the two models above.

ii. The Board may propose to maximize access to local services by funding both a centralized information and referral source (such as the 211 number – principally for families not involved with existing organizations or agencies) *and* points of access through existing services (for families already involved with or seeking categorical services for the first time).

d. Another model approved by the Office and/or the Children’s Cabinet.

**C. Navigation:**

1. Navigation is for those families who need additional assistance beyond a simple referral.

2. At a minimum, a navigation component should provide the following functions:

a. Information and Referral:



- i. During that first contact, an information and referral specialist should ask preliminary questions and determine if the child or family is in a crisis situation that requires immediate attention by the police, a crisis response unit, hospital or other medical professional.
  - ii. There is a mechanism in place that will ensure that the family is connected with the appropriate crisis response system.
- 3. A Board funding navigation should ensure that the family is:
  - a. Assisted with identifying strengths and needs and obtaining necessary services.
    - i. Assessment is used to identify strengths, resources and needs and to obtain information for measuring client results.
    - ii. An appropriate instrument shall be used to assist in the planning of non-clinical services for children and adolescents and their families, as well as to provide information for quality assurance monitoring.
  - b. Appropriately screened and assessed by asking specific questions about current health conditions, recent family stresses, and other more detailed information.
    - i. Screening does not constitute clinical evaluation or diagnosis.
    - ii. Families requiring clinical evaluation should be referred to appropriate child-serving agencies, organizations, or appropriately credentialed professionals.
    - iii. Some level of intervention may occur at this point if the individual or family is not willing to obtain the necessary level of service.
    - iv. There are two (2) levels to screening, which may be done at the same time or in two (2) distinct phases:
      - a) A screening to determine if assistance beyond information and referral is needed, including crisis intervention.
      - b) A next level of screening if it is determined that the caller's needs exceed simple information and referral, such as when a specific problem is presented.
    - v. This screening should generate more detailed information concerning the families' strengths, needs, previous and current use of services, and other information that is needed to best address the individual or family's expressed concerns or problems.
      - a) At this stage, there is a fuller identification of needs and concerns than at the first contact (although it is recognized that this screening may occur during the same encounter as the first contact).
- 4. Staff:
  - a. The position that provides navigation services may be filled by:
    - i. A family member with lived experience in the human services system and who has experience in accessing these services (Family Navigator); and/or,

- ii. Another appropriately-trained professional or paraprofessional without lived experience in the human services system (System Navigator).

5. Training:

- a. Navigators should complete training that will prepare navigators for their role and responsibilities.
- b. In addition to learning about system services and access:
  - i. Family navigators may receive training to prepare them for their unique dual role as family member and family navigator; and
  - ii. System navigators may receive heightened training on family experiences and concerns.

6. Secondary Screening:

- a. Navigators may provide the second level of screening in a Local Access Mechanism and may complete a strengths and needs assessment with the family.
- b. Navigators do not provide clinical evaluation.
- c. Families requiring clinical evaluation or diagnosis should be referred to the appropriate child-serving agency, organization or an appropriately credentialed professional.

## **SECTION VII – APPENDICES**

## Appendix 1

### Local Management Board Performance Accountability Process Approved December 16, 2020

*This document is currently under review. A revised version will be issued in a future addendum.*

#### **Introduction**

The Performance Accountability Process (the process) was developed at the behest of the Governor's Office of Crime Prevention, Youth, and Victim Services (Office) in collaboration with the Maryland Association of Local Management Boards (MALMB) as part of a larger community accountability process for each Local Management Board (LMB). This process builds on the existing Results Based Accountability (RBA) framework utilized by all LMBs to examine and address local needs in alignment with state requirements, priorities, and existing policies and procedures. This includes each LMBs' work to:

- Prioritize community results and indicators within the existing Child Well-Being Results approved by the Children's Cabinet;
- Conduct a local community needs assessment;
- Develop an annual or multi-year plan that includes new and existing programs, strategies, and/or initiatives; and,
- Evaluate and report performance measurement data on funded programs, strategies, and/or initiatives.

The primary focus of the Process is to provide objective criteria and suggested practices with respect to monitoring, assessing and evaluating existing programs, strategies, and/or initiatives funded through the annual Community Partnership Agreement (CPA) with the Office. While each funded program, strategy and/or initiative tracks performance measurement data through the Scorecard, this data cannot be the only factor weighed in any evaluation process. There are several other factors that should also be considered as part of the larger picture of meeting community needs and making appropriate investments:

1. **Community Voice** – As each jurisdiction across the State has unique needs, strengths and challenges, it is imperative that the voices of community members are lifted up and weighed when and wherever possible. This should include:
  - People with lived experience
  - People of diverse races, ethnicities and cultural backgrounds
  - People across the lifespan (with a focus on youth voice)
  - Other traditionally marginalized populations within the community
2. **Racial Equity** – Systemic and institutional racism by definition, are embedded within our society; government; public service systems and agencies. To that end, it is imperative that all LMBs employ an equity lens in every aspect of their work to ensure inclusivity and to address these systemic inequities that contribute to the marginalization of black, indigenous, and people of color.
3. **Continuous Improvement and Capacity Building** - A key role of LMBs in a community is to act as a "neutral convener to create an effective system to improve results for children, youth and families". This role requires that LMBs actively help to build the capacity of organizations to

provide high quality programs and achieve outcomes for their customers.

This integrated approach will ensure that grassroots organizations, organizations representing underserved communities, and organizations with limited resources are not penalized by the process; instead, they will be supported in their growth and stability as they provide critical and authentic service to the community. In addition, it will preserve and protect local decision-making and local priorities as a key component of a comprehensive, equitable process that best serves children, youth and families in every Maryland community. Note: no portion of this policy should supersede local policy with respect to procurement, contracting and monitoring. Any future amendments to this policy will be completed in collaboration with the MALMB.

## ***Policy***

### **1) Setting Monitoring Standards**

#### **a) Setting Acceptable Ranges for Performance Measures:**

- i) **How Much Measures (Quantity of Effort):** When contracting with an agency, it is best to set a range of acceptable values for these measures. What are the number of customers (i.e. youth, families, children, etc.) you expect the program to serve? How many activities should be completed within a designated time period?
- ii) **How Well Measures (Quality of Effort):** For these measures, it is suggested that programs be given up to two-years to set baseline data. This will enable the program and the LMB to identify trends in the data and provide information for setting acceptable ranges for the data for the following years.
- iii) **Better Off Measures (Quantity and Quality of Effect):** It is also suggested that programs be given up to two years to set baseline data for these measures.
- iv) **Resetting Ranges After Baseline:** Targets and ranges should be evaluated on an on-going basis and may need to be adjusted based on this evaluation and/or external conditions. This adjustment should be a joint decision by the LMB and the vendor.

#### **b) Scorecard Tip:** Begin using color bands in the Scorecard to identify when the performance measure is within the acceptable range instead of a single target number.

#### **c) Identify other monitoring needed to ensure vendor's adherence to the contract.** Examples may include, but are not limited to:

- i) Hiring and training staff
- ii) Obtaining appropriate space for programming
- iii) Obtaining transportation
- iv) Recruiting participants

#### **d) Best Practices:**

- i) Work in partnership with the vendor as you set up the acceptable ranges for all three types of measures.
- ii) Targets should only be used when they are fair and useful. Mark Friedman suggests using "aspirational targets", targets that "we want to get as close to possible as soon as possible". If targets are used, they should never be used for punishment but rather as a way to encourage people to strive to do better. (Friedman, 2015, pp 45-47)
- iii) Disaggregate the demographics of the customers to determine who the program is working for and who isn't benefiting from the program
- iv) **Measurement Tools:** Measurement Tools are usually not prescribed by the Office. However, the LMB may want to prescribe measurement tools and also provide them for programs. It is important to be mindful of the cost of using measurement tools and to provide any funding

- required to cover these costs.
    - v) Other monitoring standards: What to look for may come from your Scope of Work or Grant Agreement, etc.
  - e) Racial Equity and Community Voice
    - i) It is particularly important to provide flexibility and training in this process for grassroots organizations that serve minority and other underserved populations. Newer and/or smaller organizations may not have as much experience with setting performance measures and predicting accurate values for their performance measures (i.e.: how many clients will be served, % of customers satisfied; % of families achieving outcomes, etc.).
- 2) Analyze the Data from the Program
- a) Collect Data: Once the performance measures are established, the program will collect data and report it to the LMB for inclusion in the Scorecard. While the LMB is required to report to the Office once every six months, best practice for collecting data is quarterly. Data should never be reported without telling the “story behind the data”. When completing the “story behind the data” be sure to include any racial equity factors and/or barriers that need to be addressed.
  - b) Disaggregate the demographics of the customers to determine who the program is working for and who isn’t benefiting from the program. Use the disaggregated data to identify any conditions of service that contribute to any apparent disparities.
  - c) Required documentation in the Scorecard:
    - i) Program Notes: Summarize the program and the target population. This is also the best place for having programs summarize their Turn the Curve process for all performance measures and develop their action plans. Each note should be filled out as follows:
      - (1) Program Summary: A brief description of what the program does including key activities. This should also identify the purpose of the program, i.e.: the impact you hope to have on the program’s “customers”.
      - (2) Target Population: Identify your customers, i.e.: the children, youth, families and/or other persons who benefit most directly from your program.
      - (3) Story behind the curve: This should summarize in bullet form the challenges, barriers and other contributing factors identified in the percentage “better off measures” and the “how well we do it measures” (if applicable).
      - (4) Action Plan: 3-5 concrete and specific actions that the program will take to address the contributing factors and improve the program for the next time period.
    - ii) Data Discussion: If there is a performance measure for which no data can be entered, you must complete the “Data Discussion” field under that measure. If there is more than one performance measure with missing data, add the “Data Discussion” field to the programs annual Scorecard and enter notes there. These notes should include:
      - (1) Why data is missing, when/if it will be available, etc.
      - (2) If data for Better Off performance measure will not be available until after the reporting period , please indicate when the data will be available.
    - iii) Turn the Curve Process and Notes for the Better Off measures: This process should be done in partnership with the vendor of the program:
      - (1) Story Behind the Curve: What factors contribute to the data history and forecast? Why is the data trending in a certain direction? Make sure that racial equity and systemic factors are considered in this step of the process.
      - (2) Partners: Who are the partners that supported the program? What was their role? Are there new partners that need to be involved?
      - (3) What Works: Share what worked during the reporting period for successful program

implementation. If the measure is not where it should be and/or is headed in the wrong direction, identify what works to move it in the right direction.

- (4) Action Plan: Prioritize the top actions from the “what works” section to implement over the next reporting period. For measures that are headed in the right direction, you will want to indicate the actions you will continue. For measures headed in the wrong direction, you will want to indicate the actions you will be taking to address the barriers presented in the “story behind the data”.

### 3) Program Monitoring

- a) Follow the requirements set forth in Section 80A of the State of Maryland Policies and Procedures Manual for Local Management Boards (Manual).
  - i) The Board will develop and implement a written monitoring policy that will address the process by which the Board will fulfill its monitoring responsibilities.
  - ii) In accordance with its monitoring policy, the Board will monitor all vendors and consultants for compliance with requirements as set forth in this Manual, its contracts and grants and the terms of its agreement and other grant agreements and contracts.
  - iii) Suggested Practices:
    - (1) While there is no minimum timeline required, it is recommended that monitoring is completed no less often than twice per year.
    - (2) This can be a mix of formal and informal monitoring and can be accomplished in-person or virtually depending on the needs of the LMB and vendor.
    - (3) Suggested components of monitoring visits are:
      - (a) Fiscal/Administrative checks
      - (b) Review of performance measures and data backing up the actual values reported to the LMB
      - (c) Action Plans
    - (4) Working with other LMBs to conduct peer reviews with each other may be helpful.

### 4) Partnership Support Plan

- a) If there are concerns about the data and/or other organizational capability, the LMB will work in partnership with programs to continuously improve performance measures through a Partnership Support Plan. A Partnership Support Plan is a heightened level of technical assistance; support and expectations for improvement.
  - i) Concerns about the data are triggered when the trend line for a performance measure is headed in the wrong direction; trend lines become stagnant or if there is a sudden change in the data. Another potential “red flag” is when the data for a performance measure is consistently 100% or 0%.
  - ii) This process should be open and transparent and approached as a learning opportunity. The most important step is to thoroughly explore the story behind the data to identify any challenges or barriers the program is experiencing. These factors will depend on the specific performance measure that is being examined and may include: access to the program; staffing issues; staff training issues; youth and family engagement; economic barriers; systemic barriers; youth and families not feeling welcomed, safe and valued in the program; etc.
  - iii) Together with the program, the LMB should explore other partnerships that may help address the challenges identified and develop an action plan to address these challenges.
    - (1) Suggested practice for the action plan: The action plan should meet the following criteria:

- (a) Leverage: The actions identified should address the challenges surfaced in the story behind the data
    - (b) Feasible: The actions are doable and reasonable for the vendor to accomplish
    - (c) Specific: The actions include: persons responsible for completing the action and a timeline for completion
    - iv) The action plan should be reviewed and adapted as needed on a regular basis.
    - v) Re-evaluate performance measures at the next reporting period and adapt the action plan as needed.
  - b) Capacity Building: Capacity building is important for all programs and specific capacities may be identified through the Continuous Improvement Process. Aspects of the capacity building may be (but are not limited to) the following:
    - i) Training and technical assistance to programs and vendors on specific topics as necessary.
    - ii) Organizational Infrastructure
    - iii) Fiscal Stability
    - iv) Quality and Impact of Programs
- 5) Corrective Action Plans (CAP)
- a) If the Partnership Support Plan outlined in step 4 does not lead to improved performance measures and/or the program does not implement the Partnership Support Plan jointly developed, then a corrective action plan should be implemented.
  - b) A CAP may also be implemented if programs are out of compliance for other monitoring standards.
  - c) A CAP is a written and very specific plan as to the actions required for the program to implement within a specified time period. This plan will be only shared between the program and the LMB, unless documentation is needed for funding decisions.
  - d) A CAP should be within the rules of the county.
  - e) The CAP generally requires more frequent meetings between the LMB and the program to ascertain and address any barriers to the implementation of the actions identified.
  - f) If improvements are made in the specified time period, the CAP conditions may be removed.
  - g) If improvements are not made within the specified time period, funding of the program may be reduced and/or discontinued.



## Appendix 2

### Prior Results and Indicators

#### A. Maryland's Results and Indicators

1. In December of 2021, the following eight Results with corresponding Indicators were adopted to capture the quality of life for children and families in Maryland.

a. Babies Born Healthy

- i. Infant Mortality: The number of deaths occurring to infants under one year of age per 1,000 live births, for all infants, and for infants in selected racial groups.
- ii. Births to Adolescents: The rate of births to adolescent females ages 15 through 19 per 1,000 in the age-specific population.
- iii. Low Birth Weight: The percent of all births and births in selected racial groups with birth weight < 2,500 grams (approximately 5.5 pounds).
- iv. Women with Prenatal Care in the First Trimester: The percent of all births and births in selected racial groups with prenatal care beginning in the first trimester.

b. Healthy Children

- i. Health Insurance Coverage: The percent of children who have health insurance coverage.
- ii. Immunizations: The percent of children ages 19 through 35 months who have received the full schedule of recommended immunizations.
- iii. Obesity: The percent of Maryland public school students in grades 9-12 who are overweight or obese.
- iv. Hospitalizations: The nonfatal injury hospitalization rate for self-inflicted injuries to children ages 0-21 per 100,000 of the population.
- v. Depressive Episode: The percent of public school students in grades 6-8 and grades 9-12 reporting a depressive episode (felt sad or hopeless).
- vi. Physical Activity: The percent of public school students in grades 6-8 and grades 9-12 reporting physical activity for 60 minutes in the last 7 days.
- vii. Vapor Product Use: The percent of public school students in grades 6-8 and grades 9-12 reporting electronic vapor product use.

c. Children Enter School Ready to Learn

- i. Kindergarten Readiness Assessment (KRA): % Demonstrating Readiness: The percent of students who received "Demonstrating Readiness" on their composite, or overall, KRA score.

d. Children are Successful in School

- i. MCAP: Math: The average percent of public school students in grades 3 and 8 performing at or above Performance Level 4 on the Maryland Comprehensive Assessment Program.
- ii. MCAP: Reading: The average percent of public school students in grades 3 and 8 performing at or above Performance Level 4 on the Maryland

- Comprehensive Assessment Program.
  - iii. Chronic Absenteeism: The percent of students enrolled in school at least 10 days who are absent for 10% or more days.
  - iv. MSAA: English: The percent of students in grades 8 and 11 scoring at or above Proficient on the English Multi-State Alternative Assessment.
  - v. MSAA: Math: The percent of students in grades 8 and 11 scoring at or above Proficient on the Math Multi-State Alternative Assessment.
- e. Youth Will Complete School
- i. Educational Attainment: High School Graduate (Includes Equivalence): The percent of young adults ages 18 through 24 who have completed high school (includes equivalency).
  - ii. Four-Year Cohort Graduation Rate
  - iii. Program Completion of Students with Disabilities: The percent of students with disabilities who graduated with a diploma.
- f. Youth Have Opportunities for Employment or Career Readiness
- i. Youth Employment: The percent of 16-19 year olds in the labor force who are unemployed.
  - ii. Youth Employment: The percent of 20-24 year olds in the labor force who are unemployed.
  - iii. Percent of High School Graduates Who Complete a Career and Technology Education (CTE) Program.
  - iv. Youth Disconnection: The Percent of Youth Not Working and Not in School: The percentage of youth ages 16-24 who are not enrolled in school and not working or not currently seeking employment.
- g. Communities are Safe for Children, Youth and Families
- i. Crime: The rate of violent crimes committed per 1,000 persons.
  - ii. Hospitalizations: The nonfatal injury hospitalization rate for assault injuries to children and youth ages 0-21 per 100,000 of the population.
  - iii. Child Maltreatment: The rate of unduplicated children ages 0-17 with Indicated/Unsubstantiated child abuse/neglect findings (per 1,000).
  - iv. Juvenile Felony Offenses: The rate of referrals, per 100,000 youth ages 11 through 17, for felony offenses including both violent and non-violent charges.
  - v. Lead Levels: The percent of children under 72 months of age with confirmed blood lead levels (BLL) > 5 µg/dL.
  - vi. Out-of-Home Placements: The rate of children placed in out-of-home placements per 1,000 children ages 0-18.
- h. Families are Economically Stable
- i. Child Poverty: The percent of children under age 18 whose family income is equal to or below the federal poverty threshold.
  - ii. Homelessness: The percent of children enrolled in the public school system who lack a fixed, regular, and adequate nighttime residence or who are awaiting foster-care placement.
  - iii. Percent of Families Spending > 35% Income on Housing (Rent and Utilities).

iv. Percent of Families Spending > 35% Income on Housing (Mortgage and Utilities)

**Appendix 3**  
**Suggested Vendor Contract Provisions for Compliance with**  
**The Health Insurance Portability and Accountability Act and State**  
**Confidentiality Law**

- A. The Contractor acknowledges its duty to review and comply, to the extent applicable, with all requirements of the federal Health Insurance Portability and Accountability Act, 42 U.S.C. §1320d, *et seq.* and all implementing regulations including 42 CFR Part 2, 45 CFR Parts 142, 160 and 164. The contractor also agrees to comply, where applicable, with the Maryland Confidentiality of Medical Records Act, Md. Health-General §4-301, *et seq.* This obligation includes, but is not limited to adhering to the privacy and security requirements entailed for protected health information under both Acts, making the transmission of all electronic information compatible with the federal requirements, and otherwise providing good information management practices regarding all health information and medical records.
- B. Protected Health Information as defined in the federal regulations at 45 CFR 160.103 and 164.501, means information transmitted as defined in the regulations, that is individually identifiable; that is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school or university, or healthcare clearinghouse; and that is related to the past, present, or future physical or mental health or condition of an individual, to the provision of healthcare to an individual. The definition excludes certain education records as well as employment records health by a covered entity in its role as employer.

## Appendix 4 Youth Services Bureaus

### A. Purpose:

1. Youth Services Bureaus (Bureaus) are community-based, nonresidential entities that provide delinquency prevention, youth suicide prevention, drug and alcohol abuse prevention, and youth development services to children, youth and their families.
2. Bureaus work to ameliorate conditions that breed delinquency, youth suicide, drug and alcohol abuse, and family disruption.
3. Each Bureau functions as an advocate of the needs of youth and families.

### B. Authority:

1. [Human Services Article, § 9-233](#), Annotated Code of Maryland.
2. [COMAR 16.17.01](#).

### C. Program Requirements:

1. Eligibility for Services
  - a. Bureaus serve children, youth and their families in a specific catchment area approved by the Department of Juvenile Services.
2. Each Bureau shall provide the following services:
  - a. Core Services, including:
    - i. Formal Counseling
      - a) Individual, family, and group counseling shall be considered formal counseling if counseling sessions are provided on a regularly scheduled basis for more than three (3) sessions.
      - b) Case files for each formal counseling case shall contain:
        - i) Intake material;
        - ii) Progress and session notes;
        - iii) Service plan; and
        - iv) Termination summary.
      - c) Service plans shall be developed for each formal counseling case before the fourth (4<sup>th</sup>) counseling session and shall contain:
        - i) A problem statement;
        - ii) Mutually agreed-upon treatment goals;
        - iii) Strategies used by the counselor to meet treatment goals;
        - iv) Interactions with other parties when necessary to meet treatment goals; and,
        - v) Quarterly updates.
      - d) Case files are the property of the Bureau which shall allow access to the files in accordance with the provisions of this Manual.
      - e) The Bureau shall document information on formal counseling sessions as described in Section D, below.
    - ii. Information and Referral Services

- a) Information and referral services shall be provided to the general public or individual clients of the Bureau.
  - b) The Bureau shall maintain a list of available community services.
  - c) The list shall include the name of the referral service, its address, and its telephone number.
  - d) The Bureau shall document its provision of information and referral services, as described in Section D, below.
- iii. Crisis Intervention
  - a) Crisis intervention, including intervention relating to youth suicide prevention, shall be provided to any child, youth and family in the community.
  - b) These services are of an emergency nature and shall be provided when the situation demands an immediate response or action by the Bureau.
  - c) The type and number of crisis intervention incidents shall be documented, as described in Section D, below.
- iv. Substance Abuse Assessment and Referral
  - a) Substance abuse assessment and referral services shall be provided by Bureau staff who have received substance abuse assessment and referral training from the Office of Education and Training for Addictions Services of the Department of Health or from any other entity that the Secretary of the Department of Juvenile Services determines to be qualified to provide substance abuse assessment and referral training.
  - b) The Bureau shall document the number of substance abuse assessments and referrals the Bureau provides, as described in Section D, below.
- v. Informal Counseling
  - a) Individual, family, and group counseling is provided on an irregular basis for three (3) or fewer sessions.
  - b) The Bureau shall document informal counseling occurrences as described in Section D, below.
- b. Non-Core Services
  - i. In addition to core services, the Bureau shall identify and provide non-core services to the community.
  - ii. Non-core services can include, but are not limited to, tutoring, alternative leisure activities, employment assistance, and community education including training and information relating to youth suicide prevention.
  - iii. The Bureau shall document the provision of non-core services as described in Section D, below.

**D. Additional Requirements - Each Bureau shall:**

- c. Provide services at convenient hours in a manner that is accessible to the community.
- d. Promote community awareness of its services to children, youth and families.

- e. Make referrals to existing public and private services in their communities that are available and appropriate for the individual, family, or group.
  - f. Have a valid organizational structure, including a board of directors or an advisory board.
  - g. Follow sound personnel practices and maintain complete personnel files that include for each Bureau staff member:
    - i. A job description;
    - ii. A completed criminal background check;
    - iii. Evidence of the staff person's educational credentials and experience;
    - iv. Annual staff evaluations.
  - h. Provide insurance coverage, as appropriate for the services provided.
  - i. Establish and maintain such fiscal control and fund accounting procedures as may be necessary to assure prudent use, proper disbursement, and accurate accounting of funds.
  - j. Meet the program requirements, the information reporting and confidentiality requirements set forth in statute and regulations.
  - k. If the Bureau charges its clients a fee for services, the fee requirements shall meet the requirements set forth in statute and regulations.
  - l. Conduct criminal background checks for employees and volunteers in accordance with Family Law Article, Section 5-561 (d) and (e).
  - m. Comply with the Department of Juvenile Services' policy on reporting critical incidents.
  - n. As part of its contract with the Board, submit an annual budget.
3. In accordance with Children's Cabinet priorities, if a Board elects to fund a Youth Services Bureau, it shall ensure that funding is utilized for:
- a. Evidence-Based Programs:
    - i. Listed on SAMHSA's National Registry of Evidence-based Programs and Practices (<http://www.nrepp.samhsa.gov/ViewAll.aspx>); or
    - ii. Listed as "Effective," "Promising," or "Exemplary" in the Matrix of Programs updated 1/7/14 listed on the Blueprints for Healthy Youth Development website maintained by the University of Colorado Boulder, Institute of Behavioral Science, Center for the Study and Prevention of Violence <http://www.blueprintsprograms.com/resources/Matrix.pdf>); or
    - iii. Listed in another clearing house approved by the Office; and/or,
  - b. Programs/initiatives that have been demonstrated to be effective in addressing one or more of the Children's Cabinet's priorities, including, but not limited to:

- i. Children, Families and Communities Impacted by Parental Incarceration;
    - ii. Disconnected Youth;
    - iii. Childhood Hunger; and/or,
    - iv. Youth Homelessness.
  - c. Other programs/initiatives at the discretion of the Office including but not limited to:
    - i. Locally-developed programs with two (2) to three (3) years of performance measure data that demonstrate positive outcomes/results; or,
    - ii. Proposed programs that have been demonstrated to achieve desired outcomes based on evaluations and/or research.
- D. **Data Collection and Reporting** - The Board is responsible for having the Bureau collect the following specific information on program services, demographics, and indicators on at least a quarterly basis.
- 1. Data Collection
    - a. Formal Counseling (3+ Sessions):
      - i. Number of individuals receiving formal counseling.
      - ii. Number of individuals completing formal counseling.
      - iii. Number of families receiving formal counseling.
      - iv. Number of families completing formal counseling.
      - v. Number of groups receiving formal counseling.
      - vi. Number of groups completing formal counseling.
    - b. Information and Referral Services
      - i. Number of each type of referral provided (*i.e.*, referrals to outside sources).
      - ii. Number of each type of referrals received (*i.e.*, referrals received from schools, police, Department of Juvenile Services, etc.).
    - c. Crisis Intervention (Including Suicide Prevention).
      - i. Number of each type of crisis intervention provided.
      - ii. Number of individuals receiving crisis intervention services.
      - iii. Number of individuals receiving suicide prevention services.
    - d. Substance Abuse Assessment and Referral Services.
      - i. Number of individuals who received a substance abuse assessment.
      - ii. Number of individual substance abuse referrals made.
    - e. Informal Counseling
      - i. Number of individuals receiving informal counseling.
      - ii. Number of families receiving informal counseling.
      - iii. Number of groups receiving informal counseling.
    - f. Non-Core Services
      - i. Number of each type of non-core service provided.
      - ii. Number of individuals receiving non-core services.
      - iii. Number of families receiving non-core services.
      - iv. Number of groups receiving non-core services.



- g. Critical Incident Reports
  - i. Number of critical incident reports sent to the Department.

## 2. Reporting

- a. Information Bureaus Report to the Boards and Department:
  - i. For each Department client on informal supervision, protective supervision, probation, or aftercare status who is referred by the Department to the Bureau, the Bureau shall allow the Department access to the client's information and shall provide the Department confirmation of the acceptance of the client by the Bureau. The Bureau shall keep the Department informed at reasonable intervals to be determined by the Department of the client's attendance and cooperation in the Bureau's program.
  - ii. For all formal counseling clients, excluding those clients referred by the Department, the Bureau shall provide the Department with the first three initials of the client's surname, the initials of the client's first and middle names, and the client's date of birth. The Bureau shall inform their formal counseling clients that the information in this subsection shall be provided to the Department.
  - iii. The Bureau shall obtain an appropriate release of information to comply with statute and [COMAR 16.17.05](#) A (1) and (2).
  - iv. For all Bureau clients not covered by [COMAR 16.17.05](#).A.(1) or (2), the Bureau shall provide non-client-identifying information, as requested, regarding program activities and statistics in the form and format approved or provided by the Department.

## 3. Confidentiality

- a. Client records shall be stored inside a locked file cabinet. The client records shall be supervised and controlled directly by an authorized Bureau staff member.
- b. A Bureau shall allow the Department full access to client-identifying records and files of those children and youth described in [COMAR 16.17.05](#).A (1).
- c. Unless otherwise provided by law or regulation, access to client-identifying records and files without consent of the client shall be restricted to:
  - i. The child or youth who is subject of the record;
  - ii. The parent or guardian of the child or youth named in the record; and,
  - iii. Members of the administrative staff of the Bureau.
- d. A Bureau may maintain its client records in a manner that codes client-identifying information as specified in [COMAR 16.17.05](#).A (2).
- e. Individual client records shall be retained by a Bureau for five (5) years after

services to the individual are no longer necessary. The records then shall be destroyed by incineration or shredding in a way that preserves the confidentiality of the records.

- f. Nothing in this Manual shall be construed to affect any obligation concerning client record confidentiality that is otherwise set forth in any federal or State statute or regulation.

#### **E. Program-Specific Fiscal Requirements**

##### **1. Funding of Bureaus**

- a. The funding of an eligible Bureau shall be a shared responsibility of the State of Maryland and of local governments. The State's share shall not be more than 75 percent of the funding of an eligible Bureau, as provided in the State budget.
- b. At the option of the local governing body that provides the matching funds for an eligible Bureau, the State funds for the support of the eligible Bureau may be paid directly to its private sponsor or to the local governing body.
- c. Before the State funds are paid for purposes of the Bureau, the fiscal officer of the local government shall certify, in writing, the source and availability of the 25 percent local funds.
- d. Subject to appropriation, funding from the Office and/or Children's Cabinet for a Bureau shall be paid to the Board of record for that jurisdiction. No payments can be made prior to the execution of appropriate contracts.

##### **2. Fees**

- a. The Bureau's board of directors may charge clients a fee for services that is based upon the client's family income. However, the Bureau may not assess a fee-for-service provision to a child or youth referred to the Bureau by court order.
- b. Before implementing its fee plan, the Bureau shall consult with the Department of Juvenile Services.
- c. Fees obtained from clients may be retained by the Bureau for Bureau purposes.

## **Appendix 5**

### **Requirements for the Board's Accounting Manual**

#### **A. General Ledger**

1. The function of the General Ledger is to accumulate and classify the transactions posted from the journals.
  - a. The framework for this system is the chart of accounts.
  - b. The general ledger accounts are the source of all the financial reports used.
  - c. It is critical that the accounting records are properly controlled.
2. The General Ledger is the starting point for gathering various components of financial information in complying with the financial reporting provisions of the Office's and/or Children's Cabinet contract.
3. The following information will assist in developing the specific financial information required for various reports as well as the overall management of the total organization:
  - a. All amounts in the Report of Final Expenditures and Revenues shall agree with the corresponding account balance(s) in the General Ledger. Any differences shall be reconciled and retained for future review.
  - b. Program(s) funded by the Office and/or Children's Cabinet shall be separately accounted for and identified from other programs by an individual chart of accounts in the General Ledger.
  - c. Any activity reflected in subsidiary records (*e.g.*, Accounts Receivable and Accounts Payable) shall be reflected in the corresponding control account in the General Ledger.
  - d. Specific account balances used in the preparation of various tax returns shall be reconciled to the General Ledger.
  - e. General Ledgers shall contain adequate cross references to the source(s) so they can be easily identified and traced back to original documentation.
  - f. After all adjustments have been entered into the General Ledger at the end of the State fiscal year (or as otherwise designated), a twelve (12)-month General Ledger shall be run. This enables the review of all transactions concerning a single account at the same time, and which shall allow any mistakes to be noticed.
  - g. At a minimum, all activity shall be posted to the general ledger monthly.

#### **B. General Journal Entries**

1. The General Journal is an accounting record used to record all transactions for which special journals have not been provided.
2. All journal entries posted to the General Ledger shall contain sufficient information to explain all the various adjustments and postings made to accounts.

### **C. Cash Management**

#### **1. Internal Control:**

- a. Division of responsibilities, also known as separation of duties, shall be split into the following three functions:
  - i. Authorization;
  - ii. Custody of assets; and,
  - iii. Record-keeping functions.
- b. Internal control over cash transactions shall also provide assurance that:
  - i. All cash that shall have been received was in fact received and recorded promptly and accurately; and,
  - ii. Cash disbursements are made only for authorized purposes and are properly recorded.

#### **2. Cash Receipts:**

- a. Control shall be established over all cash and checks received, and they shall be deposited daily in the entity's bank accounts.
- b. Cash receipts shall be protected from misappropriation.
- c. Physical access to cash receipts and cash receipt records shall be limited to authorized personnel; personnel that handle cash shall not be responsible for the recording of cash receipts.
- d. Additionally, cash receipts shall be recorded in the appropriate period.
- e. The following general guidelines shall at a minimum be implemented:
  - i. All cash receipts shall be recorded daily and properly substantiated with supporting documentation;
  - ii. All funding received from the Office and/or the Children's Cabinet shall be recorded in a General Ledger Account designated for Office and/or Children's Cabinet programs;
  - iii. All funds generated or earned in the Office and/or Children's Cabinet program shall be recorded in separate General Ledger Account designed for Office and/or Children's Cabinet programs;
  - iv. Maintain cash listing for all receipts;
  - v. All checks received shall be restrictively endorsed "for deposit only" immediately upon receipt and deposited daily;
  - vi. Generate pre-numbered multi-form receipts when cash is received;
  - vii. Account for all pre-numbered cash receipt forms monthly. Any missing cash receipt forms shall be investigated; and
  - viii. Perform a periodic independent verification of pre-numbered cash receipt forms to the validated deposit slip. This will ensure that all recorded collections were deposited.

#### **3. Cash Disbursements:**

- a. Disbursements from bank accounts shall be made only for valid transactions.

- b. The payment of goods and services shall be organized to ensure that no unauthorized payments are made, that complete and accurate records are made of each payment, and that payments are recorded in the appropriate period.
  - c. Additionally, physical access to cash and unissued checks shall be restricted to authorized personnel.
  - d. The following general guidelines shall at a minimum be implemented:
    - i. All cash disbursements shall be substantiated with supporting documentation which includes, but is not limited to, invoices, canceled checks, properly prepared time sheets, travel expense forms, etc. Statements by themselves are not considered proper documentation;
    - ii. State and federal funds are to be used only for the purpose specified in the Agreement; State and federal funds are not to be used for loans to employees, other programs, etc.;
    - iii. Checks written off or voided that were charged to an Office and/or Children's Cabinet program in a prior contract period shall be charged back to the appropriated account and reported to the Office and/or the Children's Cabinet; and
    - iv. All expenditures shall be charged to the proper detail budget and the detail line-item budget accounts.
- 4. Check Signing - The following general guidelines shall, at minimum, be implemented:
  - a. Checks shall have two (2) signatures (for approval) whenever possible. Each person signing the check shall review all the supporting documentation;
  - b. Checks shall not be made payable to cash or bearer;
  - c. An authorized check signer may not issue a check made payable to him/herself or cash;
  - d. Checks shall not be signed with a blank amount;
  - e. Bank signature cards shall be reviewed and updated at least annually and whenever an authorized signer terminates employment;
  - f. There shall be adequate check controls to ensure that no one staff person has the authority to approve, issue, sign and/or endorse a check; and,
  - g. Except for electronically issued checks, where signatures are required on checks, only the original signature of the specified individual will be accepted. Electronic signatures, signature stamps, and other alternatives will not be accepted, except when submitted as a reasonable accommodation under the Americans with Disabilities Act.
- 5. Other Check Controls: The following general guidelines, at minimum, shall be implemented:
  - a. All disbursements (other than petty cash) shall be made by check;

- b. All checks shall be sequentially numbered so that it can be established that all checks have been accounted for;
  - c. All checks shall be preprinted with the organization's name and address; and,
  - d. Voided checks shall be maintained and filed in numerical sequence.
- 6. Other Cash Disbursement Controls: The following general guidelines, at minimum, shall be implemented:
  - a. Vendors' monthly statements shall be compared with recorded liabilities at the end of each quarter;
  - b. Invoice arithmetic and charges shall be checked prior to payment. A comparison is also made to purchase orders and receiving tickets prior to payment; and,
  - c. Pre-numbered purchase orders are used for purchases.
- 7. Cash Reconciliation:
  - a. Adequate steps shall be taken to confirm the accuracy of the bank balances shown in the general ledger.
  - b. All funds shall be properly controlled, maintained, and safeguarded.
  - c. At a minimum, the following shall be done:
    - i. Bank balances, as shown by the bank statements, shall be reconciled regularly with the general ledger balance. A monthly bank reconciliation shall be performed for each bank account. These reconciliations shall be performed by someone other than the person responsible for writing or recording checks;
    - ii. Bank reconciliations and proposed adjustments to the general ledger cash balances shall be reviewed by a party independent of the initial reconciliation; and,
    - iii. Any checks found to be over six (6) months old shall be either reissued or written off. If the check(s) from the same contract period are written off, the check amount(s) shall be debited to cash and credited to the same account charged when the check was issued.
- 8. Petty Cash:
  - a. Petty cash is the amount of cash on hand (maximum of \$250) available for minor disbursements in accordance with written policy.
  - b. Under this system, cash is disbursed and from time to time restored to its original amount through reimbursements equal to sums expended.
  - c. All petty cash transactions shall be properly substantiated with supporting documentation in accordance with internal written policy.

d. Wage or salary advances or loans cannot be made from this fund.

9. Credit Cards:

- a. Boards shall establish or adopt written policies for the use of credit cards;
- b. Use of the credit card shall conform to the established policies;
- c. Receipts shall be maintained for each transaction and shall be reconciled to the expenses reported on monthly statements; and,
- d. The use of the credit card may not circumvent established policies – including but not limited to procurement, flex fund, accounting, purchasing, payroll or others.

**D. Payroll and Fringe Benefits:**

- 1. The establishment of strong internal control for payroll functions is important to reduce the possibility of payroll fraud. Such fraud may involve listing fictitious persons on the payroll, overpaying employees, and continuing employees on the payroll after their separation from the entity;
- 2. All payroll disbursements shall be properly substantiated with supporting documentation, which includes a properly completed timesheet, in accordance with Board's written human resources policy; and,
- 3. Salaries from the payroll records shall reconcile to the amount of salaries charged in the General Ledger. Gross salaries reported to governmental entities on payroll tax returns shall reconcile to the General Ledger.

**E. Professional and Consultant Fees** - The budget usually contains information pertaining to the types of professionals and consultants, rate of compensation, kind(s) of service to be rendered, and any maximum cap for the compensation received by each professional or consultant.

- 1. All disbursements shall be properly substantiated with supporting documentation.
- 2. A policy forbidding the acceptance of gifts or other gratuities by employees from professionals and consultants shall be established.
- 3. The rate of pay and number of hours worked for each type of professional and consultant shall not be greater than the amount budgeted and/or contracted.
- 4. Determination of the appropriate status of an individual is the sole responsibility of the contracting party. Claims and penalties resulting from improper designation of an employee as an independent contractor or consultant are the responsibility of the contracting party.
- 5. Officers, employees, and members of the Board shall not be paid consultants to that organization.

**F. Equipment Inventory System** – Individual program budgets shall contain a specific list of equipment

that is approved for purchase, as applicable.

- G.** The Board shall ensure that the invoices are agreed to the terms of the contracts prior to payment.



**Appendix 6**  
**FY26 Guidance for Local Care Teams**  
*Issued by: The State Coordinating Council*  
**Effective July 1, 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](mailto: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.

### FY26 Performance Measures

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 OOH
    - 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