

The Transforming Children’s Behavioral Health Policy and Planning Committee’s (TCB) *National Approaches to Governance for Public Child- and Family-Serving Systems Comprehensive Fact Sheets*

Who is the “TCB”?

The Transforming Children’s Behavioral Health Policy and Planning Committee (“TCB”) was established in 2023 by Public Act 23-90 and mandated by the law to evaluate the availability and effectiveness of prevention, early intervention, and treatment services for children's behavioral health, substance use disorders, and general well-being of children. The TCB meets monthly to discuss topics aligned with the needs of children and services within the state of Connecticut. TCB Members consist of State legislators, policymakers, state agency representatives, and various stakeholders from the children’s behavioral health system in the state.

Background of the Report:

The TCB contracted The Innovations Institute, at the UConn School of Social Work to produce three reports for the committee, including the following:

1. Connecticut Behavioral Children’s Provider Survey and Gaps Analysis
2. **National Approaches to Governance for Public Child- and Family-Serving Systems Comprehensive Fact Sheets**
3. Children’s Behavioral Health System of Data Infrastructure and Use of Data For System Improvement Report

The Draft **National Approaches to Governance for Public Child- and Family-Serving Systems Comprehensive Fact Sheets** attached were designed to provide a broad overview of various states’ governmental and oversight structures.

Purpose and Intent of the Report:



Following the release of the report, the TCB's System Infrastructure Workgroup will conduct a thorough review of the report. The findings from the report will be used to educate and inform the workgroup and the TCB committee, and if applicable, insights from the report may guide the development of policy and/or legislative recommendations. We anticipate that this report will serve as a step toward informing both committee members and key decision-makers throughout Connecticut.

National Approaches to Governance for Public Child- and Family-Serving Systems

June 2025

Overview

A governance structure is a specific structure designed to support decision-making at a policy level for particular populations. Governance structures must have the decision-making authority over resources and policies needed to build and sustain the system.

Governance often is confused with system management. System management refers to the day-to-day operational decision-making and administration of a system. System management structures, however, report to governance structures, and are focused primarily on the daily operational decision-making of the system. In some smaller systems, the governance body may also assume the responsibilities of system management. Error! Bookmark not defined.

There are several elements to effective, sustainable, and functional governance structures. Governance structures must have the **decision-making authority** regarding **resources** and **policies** needed to build and sustain the system of care or specific initiatives. They must

- ✓ Have **authority** to govern,
- ✓ Have clarity about **what** they are governing and their responsibilities,
- ✓ Have **capacity** and **credibility** to govern and,
- ✓ Assume **shared accountability** across systems for the population(s) of focus, embracing shared liability and accountability. Error! Bookmark not defined.

A core tenet of systems of care is that when everyone is responsible, no one is responsible.

Individuals with lived experience should be full participants in individual service planning, quality oversight, and policy and planning, and families, youth. Individuals with lived experience should provide oversight to and accountability for the governance and system management structures. Similarly, legislators, providers, community members, advocates, members of the judiciary, and others should be engaged in relevant and ongoing ways through committees, workgroups, stakeholder engagement, and advisory bodies to increase opportunities for diverse and meaningful representation and participation *and* hold the governance body accountable for outcomes.

However, in public child- and family-serving systems, the most effective governance structures reside *within* the executive branch of government—and are not split across multiple branches of government or with stakeholders—because the executive branch of government is responsible for implementing laws and policies. If governance is shared across branches of government, everyone becomes responsible and, therefore, no one is responsible.

In addition to having the necessary authority, credibility, and clarity, governance structures need to have the *capacity* to govern. This includes having necessary subject matter expertise and

experience as well as being appropriately resourced with staff and funding to implement, monitor, and sustain programs and policies: “Many times system of care governance structures get created that are not staffed, have no dedicated resources for their own operations, and whose members have other full time responsibilities. This is a recipe for failure. **Systems of care cannot be governed out of hip pockets. Lack of capacity to govern obviously affects outcomes, builds resentment among stakeholders, unfairly assigns responsibility without providing power, and sends a message that system of care governance is not valued**” (emphasis added, p.31).^{Error!}

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Many states use Children’s Cabinets for their governance structures for their public child- and family-serving systems. **Children’s Cabinets are generally defined as formal, sustained coordinating structures that work across agencies to improve outcomes for children and families involved with public child- and family-serving systems.**ⁱ They vary in structure, size, and authority but have shared responsibility for particular populations and prioritized outcomes.

State-level Children’s Cabinets typically are established by legislation or executive order and are housed either in a state agency or at the governor’s office.ⁱ These Children’s Cabinets are distinct from interagency councils, commissions, or collaborations, that may have broader membership, inclusive of stakeholders. The Forum for Youth Investment’s 2020 survey of Children’s Cabinets found that 60 percent of respondents reported that their coordinating bodies are housed in individual executive branch agencies, while the other Cabinets are located in a governor’s office, a non-executive branch agency, or a free-standing entity.ⁱⁱ Although the survey found that 27 states had some form of Children’s Cabinet structure, that was inclusive of some formalized interagency commissions or councils.¹ Children’s Cabinets benefit from stability of and sufficient numbers of support staff, dedicated funding, and a clear mission, charge, and authority, including the appropriate legal and statutory authority to take on specific functions.ⁱ

“The increasing specialization of government services has led to silos and disconnected services that can be inefficient or ineffective. Moreover, the distribution of responsibility and the specialization within agencies often means that no one entity is responsible for listening to and holistically responding to the needs and aspirations of children and families, the intended beneficiaries of the public investments.” The Aspen Institute & The Forum for Youth Investment, p.2ⁱⁱ

¹ This included Connecticut’s Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO).

Selected State Examples

Maine



Originally established in 1996, Maine's Children's Cabinet was codified in law in 2001. Governor re-established the Children's Cabinet in 2019 after an eight-year hiatus.ⁱⁱ

The Children's Cabinet is chaired by the Commissioner of the Department of Health and Human Services and includes the Commissioners of the Departments of Health and Human Services, Education, Labor, Public Safety, and Corrections. The Children's Cabinet is staffed by the Governor's Office of Policy Innovation and the Future.ⁱⁱⁱ

"The Children's Cabinet plays a vital role in convening and facilitating coordination across State agencies on initiatives and policies that will improve and promote the healthy development of children and youth in Maine. Staff from the Departments comprising the Children's Cabinet meet regularly to maintain open communication about changes and developments in programming and policies across state agencies for children and youth, coordinate the implementation of specific strategies, and identify new opportunities to collaborate across programs to advance the Children's Cabinet's strategies and goals."(p.2).^{iv}

The Children's Cabinet has two primary strategic goals with accompanying plans: All Maine children enter kindergarten prepared to succeed and all Maine youth enter adulthood healthy, connected to the workforce and/or education. The 2024 Annual Report notes that "state agencies involved in the work of the Children's Cabinet continued to meet regularly and make progress on strategies laid out in the Children's Cabinet Plan for Young Children and the Children's Cabinet Plan for Youth"(p.2).^{iv}

The Children's Cabinet has an Early Childhood Advisory Council and a Juvenile Justice/Youth Council. The Children's Cabinet also has workgroups focusing on specific activities and priorities.ⁱⁱⁱ In the 2024 report, the Children's Cabinet states that the Early Intervention Workgroup is focusing on integrating and aligning programs and services for children ages 0-5, with staff from across divisions and agencies and that this Workgroup is focusing on implementing three key initiatives to integrate and align maternal and early childhood programs and services.^{iv} The report outlines numerous interagency initiatives in progress to support specific strategic objectives associated with the two overarching goals of the Children's Cabinet.

Governance Structure: Children's Cabinet

Chair: DHHS Commissioner

Staff: Governor's Office of Policy Innovation and the Future

Home Agency/Organization: Governor's Office of Policy Innovation and the Future

Authority: Statute

Funding: Combination of federal and state funding

Membership: Commissioners of the Departments of Health and Human Services, Education, Labor, Public Safety, and Corrections

Meeting Frequency: Bi-monthly, with staff, Advisory Councils and Workgroups meeting in addition

Notes: The Children's Cabinet has two primary strategic goals related to entering kindergarten prepared to succeed and entering adulthood healthy, connected to the workforce, and/or education. The Children's Cabinet is supported by two Advisory Councils.

Maryland



Maryland is home to one of the longest operating interagency structures with a dedicated children's interagency fund. In 1978, Maryland established the Governor's Office for Children and Youth and the Interagency Fund. In 1987, the Subcabinet for Children and Youth was established by Executive Order. There were multiple evolutions to the structure over the years, with significant changes in 2005 when the Governor established the Children's Cabinet and Governor's Office for Children through executive order after the General Assembly allowed statutory provisions codifying the Subcabinet and Office to lapse.^v For the next decade, this structure continued to provide support for interagency work, including issuing an [interagency strategic plan](#) in 2008.^{vi}

In 2011, Maryland's children's mental health director observed that "system of care development in Maryland has continued steadily for more than 15 years as the result of the leadership shown by the Children's Cabinet and Governor's Office for Children, which provides staff support to the Children's Cabinet." (p.408)^{vi}

However, after Governor Larry Hogan took office in 2016 and for the following eight years, there were significant changes to the structure, focus, and impact of the Governor's Office for Children and Children's Cabinet. In 2024, Governor Wes Moore re-established the Governor's Office for Children as an independent agency and updated the membership and responsibilities of the Children's Cabinet.^{vii} The Maryland Children's Cabinet is chaired by the Special Secretary of the Governor's Office for Children and staffed by the Governor's Office for Children.

Historically, Maryland's Children's Cabinet has included a "deputy level" body that meets regularly to support communication and decision-making. These individuals brief and prepare the Secretaries for the Children's Cabinet meetings and support implementation activities. Currently, the Children's Cabinet meets quarterly. The Children's Cabinet has an Advisory Council and has established four working groups.^{viii} In 2025, the Children's Cabinet is required to provide the General Assembly with a State 3-Year Plan for Children, Youth, and Families. Error! Bookmark not defined.

Governance Structure: Children's Cabinet

Chair: Special Secretary, Governor's Office for Children

Staff: Governor's Office for Children

Home Agency/Organization: Independent Agency (Governor's Office for Children)

Authority: Executive Order (Governor's Office for Children) & Statute (Children's Cabinet & Interagency Fund)

Funding: Dedicated funding for Governor's Office for Children & Interagency Fund, with funding from federal and state sources.

Membership: Secretaries of the Departments of Budget & Management, Disabilities, Health (includes Medicaid, Developmental Disabilities, Maternal & Child Health, and Behavioral Health); Human Services (including child welfare, TANF, refugee services), Juvenile Services, Higher Education, Labor, Housing & Community Development, and Service and Civic Innovations; State Superintendent of Schools; and the Special Secretary of the Governor's Office for Children

Meeting Frequency: Quarterly

Notes: There is an Advisory Council and, currently, there are 4 working groups. The Children's Cabinet is required to provide an annual report to the General Assembly. It is also required to produce a report on neighborhood indicators of poverty (October 2025) and a State 3-Year Plan for Children, Youth, and Families (December 2025).

Massachusetts



The Children’s Behavioral Health Initiative (CBHI) is an interagency initiative of the Commonwealth’s Executive Office of Health and Human Services, which is home to 11 agencies and the MassHealth Program.^{ix} CBHI began as an interagency initiative to carry out the remedy from the Rosie D. class action lawsuit, which was filed on behalf of MassHealth-enrolled children and youth with serious emotional disturbance.^x

CBHI is now part of the MassHealth Office of Behavioral Health and focuses on increasing timely access to appropriate services; expanding the array of community-based services; reducing health disparities; promoting clinical best practice and innovation; establishing an integrated behavioral health system across state agencies; strengthening, expanding, and diversifying the workforce; and ensuring mutual accountability, transparency, and continuous quality improvement. All CBHI services are managed by MassHealth and its contracted vendors, with the result that there is “no well-coordinated or integrated children’s behavioral health system” (K. English, personal communication, June 9, 2025).

The primary focus of CBHI is the implementation of specific home- and community-based services for children. A December 2023 report on a survey of behavioral health service providers identified significant staffing and workforce issues and increasing wait lists for many services.^{xi} During the current legislative session (2025; 194th General Court), a petition ([Resolve S. 1392](#)) was submitted for a special commission to study available behavioral health services and to make recommendations for improving access to behavioral health services for children and families in Massachusetts.

Massachusetts has a Children’s Behavioral Health Advisory Council, which was established in 2008 to make recommendations to the Governor, the General Court, and the Secretary of Health and Human Services. Its membership includes state agencies and representatives of various stakeholder groups. In its most recent annual report^{xii}, the Council identified priorities that include enhancing and expanding access to intervention and treatment, investing in and bolstering the current children’s behavioral health workforce, and promoting collaboration among children’s mental health service provider sectors.

Governance Structure: Children’s Behavioral Health Initiative (CBHI), an initiative of the Executive Office of Health and Human Services

Chair: N/A

Staff: State Agency Staff

Home Agency/Organization: MassHealth Office of Behavioral Health

Authority: Established in response to the *Rosie D.* lawsuit; part of the Executive Office of Health & Human Services

Funding: Federal and state funding

Membership: N/A, Office within State Government

Meeting Frequency: N/A

Notes: Established as part of the response to the Rosie D. lawsuit and continues to support interagency work within the MassHealth Program

Minnesota



In 1993, Minnesota established its Children's Cabinet. In 2019, the Children's Cabinet was re-launched as part of a charge to "Place Children at the Center of Government." The Minnesota Children's Cabinet focuses on childcare and early education, child well-being, housing stability, mental health and well-being, and healthy beginnings. The Children's Cabinet is co-chaired by the Governor and Lieutenant Governor and is composed of Commissioners from the Department of Administration; Department of Children, Youth, and Families; Department of Corrections; Department of Education; Department of Employment and Economic Development; Department of Health; Minnesota Housing Finance Agency; Department of Human Services; Department of Management and Budget; Department of Public Safety; and Department of Transportation.

A senior cross-agency leadership team supports the work of the Children's Cabinet, which is staffed by the Minnesota Department of Management and Budget. The Governor asked the following additional agencies to participate in the Children's Cabinet: Department of Agriculture; Department of Commerce; Office of Higher Education; Department of Labor & Industry; Met Council; Department of Military Affairs; Minnesota IT Services; Department of Natural Resources; Department of Revenue; Iron Range Resources and Rehabilitation Board; and Pollution Control Agency.^{xiii}

The Minnesota Children's Cabinet *2024 Year in Review*^{xiv} identified a number of accomplishments, including relaunching a cross-agency action team to address the urgent and evolving mental health needs of young people in Minnesota and to respond to external and urgent complex needs in the community. The report also identified how the Children's Cabinet supported interagency program implementation, including collaborating to implement 2023 legislative investments and developing a children and families policy package for 2024. Minnesota also launched a new cabinet-level agency supporting families, which is home to multiple boards and councils. This agency was designed to put "children at the center of state government, creating a permanent state agency and commissioner focused on elevating children and families in policy and budget decisions." Some programs are being transitioned from four existing state agencies (Education, Health, Human Services, and Public Safety) from 2024 through 2025, with leadership and capacity from the DCYF Steering Team and Implementation Office, housed at Minnesota Management and Budget.^{xv}

Governance Structure: Children's Cabinet

Chair: Co-Chaired by the Governor and Lieutenant Governor

Staff: Minnesota Department of Management and Budget

Home Agency/Organization: Minnesota Department of Management and Budget

Authority: Statute (1993) and relaunched via Executive Order (2019)

Funding: Unknown

Membership: Departments of Administration; Children, Youth, and Families; Corrections, Education; Employment and Economic Development; Health; Human Services; Management and Budget; Public Safety; and Transportation; and the Minnesota Housing Finance Agency.

Meeting Frequency: Unknown

Notes: Includes an Advisory Council and a State Advisory Council on Early Childhood Education and Care. Senior cross-agency leadership team designated by Commissioners participates in the work.

New Jersey



New Jersey's Department of Children and Families (DCF) is a Cabinet-level agency that includes the Division of Child Protection and Permanency and the Division of Children's System of Care (CSOC). The CSOC is New Jersey's public behavioral health system for youth under 21 with emotional and mental health care needs, substance use challenges, and/or intellectual/developmental disabilities and their families.^{xvi}

In 2001, New Jersey created a Children's System of Care Initiative/Partnership for Children, which led to the formation of the Office of Children's Services with a Division of Child Behavioral Health Services. In 2012, this division was re-established as the Division of Children's System of Care. In regulation, this Division is defined as "the Division established within the Department of Children and Families, which provides a comprehensive approach to the provision of mental health/behavioral health services to eligibility children, youth, and young adults" (N.J. Admin. Code § 10:77-1.2).

In addition to being home to the children's public behavioral health system, the CSOC serves as the governance entity, working collaboratively with the Division of Medical Assistance (the Single Medicaid Authority). CSOC works closely with numerous system partners, including the administrative service organization, care management organizations, family support organizations, and providers, and collaborates with the Children's Interagency Coordinating Councils. The Children's Interagency Coordinating Councils are county-based and include youth, parents and caregivers, community members, providers, and others.

Funding from multiple sources is provided to CSOC and braided to provide comprehensive behavioral health services. In New Jersey, the CSOC is the governance structure and systems management structure and provides behavioral health and developmental disabilities services for children and youth under age 21 through a range of services.

Governance Structure: Children's System of Care (State Agency)

Chair: N/A

Staff: Division Employees

Home Agency/Organization: Department of Children and Families

Authority: Statute

Funding: Braided from multiple federal and state sources

Membership: N/A

Meeting Frequency: N/A

Notes: The governance structure is the systems management structure. While there are numerous interagency initiatives in New Jersey, there is not an interagency governance structure that formalizes the collaboration or shared population focus. Instead, the CSOC has been charged as responsible for the children's behavioral health system across populations.

New York



New York has a New York State (NYS) Council on Children and Families (Council), composed of 12 commissioners and directors of New York State's health, education, and human services agencies. The Council was established in 1977 and focuses on cross-agency collaboration. As a convener, innovator, and change agent among these state child-serving agencies, the Council is charged with addressing cross-systems issues and providing recommendations to the New York State Executive Chamber.^{xvii}

The Council has initiatives across early childhood, cross-systems collaboration, family and youth engagement, research and data, and advancing equity. It also produces resources and publications. The Council was established in statute and serves as the cross-system governance structure. The Council is home to the Early Childhood Advisory Council, InterAgency Resolution Unit, and New York State HeadStart Collaboration Office, and other projects and initiatives.^{xvii}

The Cross-Systems Deputy Commissioners Workgroup meets regularly “with the shared purpose of reinforcing and advancing a statewide system of care to support children and their families in accessing supports more efficiently.”^{xviii} New York State houses its System of Care team within its Office of Mental Health, Division of Integrated Community Services for Children and Families.²

Governance Structure: Council on Children and Families

Chair: Executive Director

Staff: Council on Children and Families

Home Agency/Organization: Independent Agency, Administratively Merged with the NYS Office of Children and Family Services

Authority: Statute

Funding: Federal and state sources, with some philanthropic funds

Membership: Commissioners and Directors of the Office of Addiction Services and Supports; Office for the Aging; Office for Children and Family Services; Division of Criminal Justice Services; State Education Department; Justice Center for the Protection of People with Special Needs; Department of Labor; Office of Mental Health; Office for People with Developmental Disabilities; Office of Temporary and Disability Assistance; Council on Developmental Disabilities

Meeting Frequency: Unknown

Notes: There is a Cross-System Deputy Commissioners Meeting that occurs monthly, facilitated by the Council

² Information about New York's System of care can be found at <https://nyssoc.com/soc-team/>

Appendix: Table of Examples of State Governance Structures

State Examples of Children's Public Systems Governance Structures
(with a primary focus on children's behavioral health and systems of care)

Feature	Maine	Maryland	Massachusetts	Minnesota	New Jersey	New York
Structure	Children's Cabinet	Children's Cabinet	Children's Behavioral Health Initiative (CBHI)	Children's Cabinet	State Agency (Children's System of Care)	Council on Children and Families
Chair	DHHS Commissioner	Special Secretary, Governor's Office for Children	N/A	Co-chaired by the Governor and Lieutenant Governor	N/A	Executive Director
Staff	Governor's Office of Policy Innovation and the Future	Governor's Office for Children	State Agency Staff	Minnesota Department of Management and Budget	State Agency employees	Council on Children and Families
Home	Governor's Office of Policy Innovation and the Future	Independent Executive Branch Agency	MassHealth Office of Behavioral Health	Minnesota Department of Management and Budget	Division of Department of Children and Families	Independent Agency, Administratively Merged with the NYS Office of Children and Family Services
Authority	Statute	Executive Order (Governor's Office for Children) & Statute (Children's Cabinet & Interagency Fund)	Unknown	Statute (1993) and re-launched via Executive Order (2019)	Statute	Statute
Funding	Federal and state funding	Dedicated funding for Governor's Office for Children & Interagency Fund, with funding from federal and state sources.	Federal and State Funding	Unknown	Braided from multiple federal and state sources	Federal and state sources, with some philanthropic funds

Feature	Maine	Maryland	Massachusetts	Minnesota	New Jersey	New York
Membership	Commissioners of the Departments of Health and Human Services, Education, Labor, Public Safety, and Corrections.	Secretaries of the Departments of Budget & Management, Disabilities, Health (includes Medicaid, Developmental Disabilities, Maternal & Child Health, and Behavioral Health); Human Services (includes child welfare, TANF, refugee services), Juvenile Services, Higher Education, Labor, Housing & Community Development, and Service and Civic Innovations; State Superintendent of Schools; and the Special Secretary of the Governor's Office for Children.	N/A	Departments of Administration; Children, Youth, and Families; Corrections, Education; Employment and Economic Development; Health; Human Services; Management and Budget; Public Safety; and Transportation; and the Minnesota Housing Finance Agency.	N/A	Commissioners and Directors of the Office of Addiction Services and Supports; Office for the Aging; Office for Children and Family Services; Division of Criminal Justice Services; State Education Department; Justice Center for the Protection of People with Special Needs; Department of Labor; Office of Mental Health; Office for People with Developmental Disabilities; Office of Temporary and Disability Assistance; Council on Developmental Disabilities
Meeting Frequency	Bi-monthly. Staff meet more frequently	Quarterly	N/A	Unknown	N/A	Unknown

Feature	Maine	Maryland	Massachusetts	Minnesota	New Jersey	New York
Notes	Children's Cabinet was reinstated in 2019 after an 8-year hiatus. The Children's Cabinet has two primary strategic goals related to entering kindergarten prepared to succeed and entering adulthood healthy, connected to the workforce, and/or education.	There is an Advisory Council and, currently, there are 4 working groups. The Children's Cabinet is required to provide an annual report to the General Assembly. It is also required to produce a report on neighborhood indicators of poverty (October 2025) and a State 3-Year Plan for Children, Youth, and Families (December 2025).	Established as part of the response to the Rosie D. lawsuit and continues to support interagency work within the MassHealth Program	Includes an Advisory Council and a State Advisory Council on Early Childhood Education and Care. Senior cross-agency leadership team designated by Commissioners participates in the work.	The governance structure is the systems management structure. While there are numerous interagency initiatives in New Jersey, there is not an interagency governance structure that formalizes the collaboration or shared population focus. Instead, the CSOC has been charged as responsible for the children's behavioral health system across populations.	There is a Cross-System Deputy Commissioners Meeting that occurs monthly, facilitated by the Council

Endnotes

- ⁱ The Aspen Institute & The Forum for Youth Investment. (2022). *Strong and sustainable children's cabinets: A discussion for state leaders*. <https://forumfyi.org/knowledge-center/strong-and-sustainable-childrens-cabinets-a-discussion-guide-for-state-leaders/>
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- ⁱⁱⁱ State of Maine Governor's Office of Policy Innovation and the Future. (2023). *Children's Cabinet*. <https://www.maine.gov/future/childrens-cabinet>.
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- ^{ix} Mass.Gov (n.d.) Learn about CBHI MassHealth Children's Behavioral Health Initiative (CBHI). Available from: <https://www.mass.gov/info-details/learn-about-cbhi>
- ^x The Mental Health Legal Advisors Committee. (2012). *Access to Children's Behavioral Health Initiative (CBHI) Services in Massachusetts*. Available from: https://mhlac.org/wp-content/uploads/2018/10/cbhi_services.pdf
- ^{xi} Association for Behavioral Healthcare. (2023). *Kids are waiting: Children's behavioral health services crisis and collapse*. https://www.abhmass.org/images/CBHI_Brief/ABH_Brief_Children_Are_Waiting_FINAL_121423_R.pdf
- ^{xii} Massachusetts Department of Mental Health. (2023) *The Children's Behavioral Health Advisory Council Annual Report*. <https://www.mass.gov/doc/cbhac-annual-report-2023-pdf/download>
- ^{xiii} Minnesota Management and Budget. (n.d.). *Minnesota's Children's Cabinet*. <https://mn.gov/mmb/childrens-cabinet/>
- ^{xiv} State of Minnesota. (2024). *Minnesota Children's Cabinet 2024 Year in Review: Driving Impact across Sectors and Agencies*. <https://mn.gov/mmb-stat/childrens-cabinet/2024-Childrens-Cabinet-Year-in-Review.pdf>
- ^{xv} Minnesota Department of Children, Youth, and Families. (2025). *About us*. <https://dcyf.mn.gov/about-us>
- ^{xvi} New Jersey Department of Children and Families. (2024). *Children's System of Care*. <https://www.nj.gov/dcf/about/divisions/dcsc/>
- ^{xvii} NYS Council on Children and Families. (2025). *About us*. Available from: <https://www.ccf.ny.gov/>
- ^{xviii} NYS Council on Children and Families. (2025). *Cross-Systems Collaboration*. <https://ccf.ny.gov/cross-systems/>