

# INNOVATIONS INSTITUTE

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

October 22, 2025



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**UConn**  
SCHOOL OF SOCIAL WORK  
INNOVATIONS INSTITUTE

## ▲ 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.<sup>i</sup>

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.<sup>i</sup>

**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

# Children & Youth with Serious Behavioral Health Conditions are a Distinct Population from Adults with Serious and Persistent Mental Illness



Do not have the same high rates of co-morbid physical health conditions.



Are multi-system involved – two-thirds typically are involved with CW and/or JJ systems and 60% may be in special education – systems governed by legal mandates.



To improve cost and quality of care, focus must be on whole family – takes time – implies lower staffing ratios and higher rates

Have different mental health diagnoses (ADHD, Conduct Disorders, Anxiety; not as much Schizophrenia, Psychosis, Bipolar), and diagnoses change often



Coordination with other children's systems (CW, JJ, schools), between behavioral health providers, as well as family issues, consumes most of care coordination activities, not coordination with primary care.



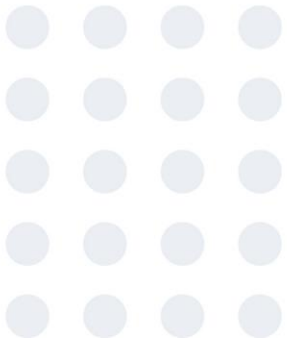
# What are we talking about?

## We ARE talking about

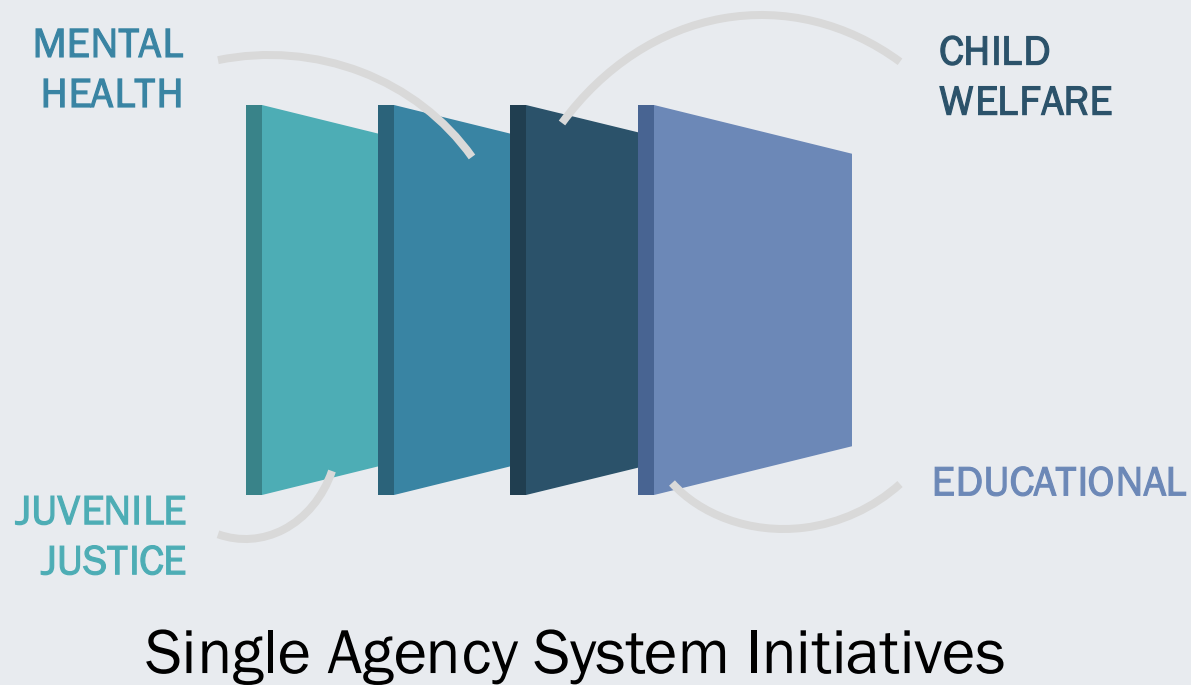
- Governance
- System Structures
- Accountability for Policy, Financing, and Decision-Making

## We are NOT talking about

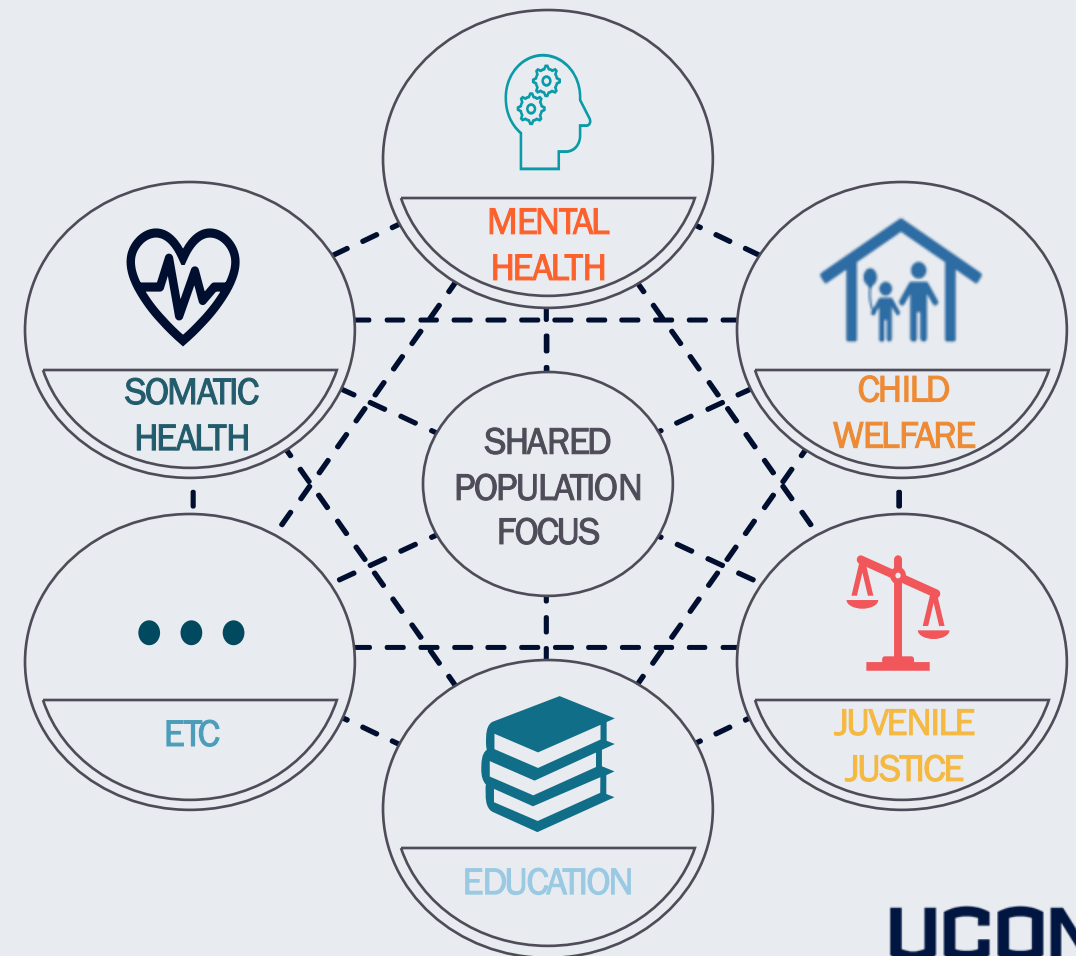
- Daily System Management and Operations
- Care Pathways (how a child and family access services)
- Services and Benefit Array
- Workforce Challenges
- Reimbursement Rates and Financing
- Quality and Outcomes



# Single System vs. Interagency and Cross-System Initiatives



## Interagency & Cross-System Initiatives





“The increasing specialization of government services has led to silos and disconnected services that can be inefficient or ineffective...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. (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/> (p.2)

“For children involved in multiple systems, when everyone is responsible, no one is responsible”

Pires, S. (2010). *Building systems of care: A primer, 2<sup>nd</sup> Edition*. Washington, D.C.: Human Service Collaborative for Georgetown University National Technical Assistance Center for Children's Mental Health. P. 107

# Truisms About Structure



- Certain functions must be structured and not left to happenstance
- Structures need to be evaluated and modified if needed over time
- New structures replace existing ones; some existing ones are worth keeping; some are more difficult to replace than others
- There are no perfect or “correct” structures
- Structures
  - Distribute power and responsibility
  - Shape and are shaped by values
  - Affects practice, outcomes, and subjective experiences



# Governance vs System Management

## Governance

- Decision-making authority regarding resources and policies needed to build and sustain the system of care or specific initiatives.
- Governance bodies must
  - Have authority to govern
  - Be clear about what it is governing
  - Have capacity to govern
  - Have credibility to govern
- Interagency or cross-systems governance structures must assume shared accountability across systems for the population(s) of focus.

## System Management

- Day-to-day operational decision-making and management of systems, services, resources, reporting, and outcomes.
- Report to governing bodies and external stakeholder and oversight entities.

*Individuals with lived experience, 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.*



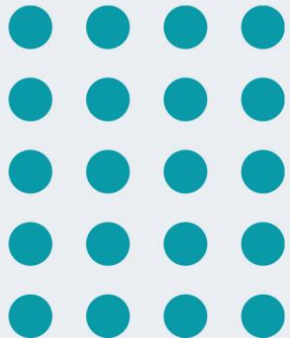
“Many times system of care governance structures get created that are not staffed, have no dedicated resources for their own operations, and whose members have other full time responsibilities.

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.”

Pires, S. (2010). *Building systems of care: A primer, 2<sup>nd</sup> Edition*. Washington, D.C.: Human Service Collaborative for Georgetown University National Technical Assistance Center for Children’s Mental Health. P. 31

# State Examples



# Maine

- **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. For FY2024-FY2025, budgeted \$1 million annually for the Children's Cabinet Early Childhood Advisory Council (50% federal funds, 50% special revenue)
- **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

- **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. For FY26, budget appeared to be ~\$770,000 for operations and \$3.6 mil in personnel costs (not including funds for grants and local partners)
- **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)

# Maryland's Children's Cabinet

**Chair:** Special Secretary, Governor's Office for Children

**Staff:** Governor's Office for Children

Secretary, Department of Budget & Management

Secretary, Department of Disabilities

Secretary, Department of Health (includes Medicaid, Developmental Disabilities, Maternal & Child Health, and Behavioral Health)

Secretary, Department of Human Services (includes child welfare, TANF, refugee services)

Secretary, Department of Juvenile Services

State Superintendent of Schools

Secretary of Higher Education

Secretary of Labor

Secretary of Housing & Community Development

Secretary of Service and Civic Innovations

Special Secretary of the Governor's Office for Children

Historically includes a "deputy" level body that meets regularly to support communication and decision-making. This group has typically included the child welfare director, the children's behavioral health director, and other positions responsible for ongoing systems management and governance activities related to children and youth. These individuals brief and prepare the Secretaries for the Children's Cabinet meetings.

Operating since 1978 with a dedicated Children's Cabinet Interagency Fund.

<https://msa.maryland.gov/msa/mdmanual/08conoff/cabinet/html/child.html>

In 2024, Governor Moore re-established the Governor's Office for Children as an independent agency and updated the membership and responsibilities of the Children's Cabinet. <https://dsd.maryland.gov/executiveorders/Pages/01.01.2024.5.aspx> and <https://dsd.maryland.gov/executiveorders/Pages/01.01.2024.6.aspx>



# Massachusetts

- **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

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).

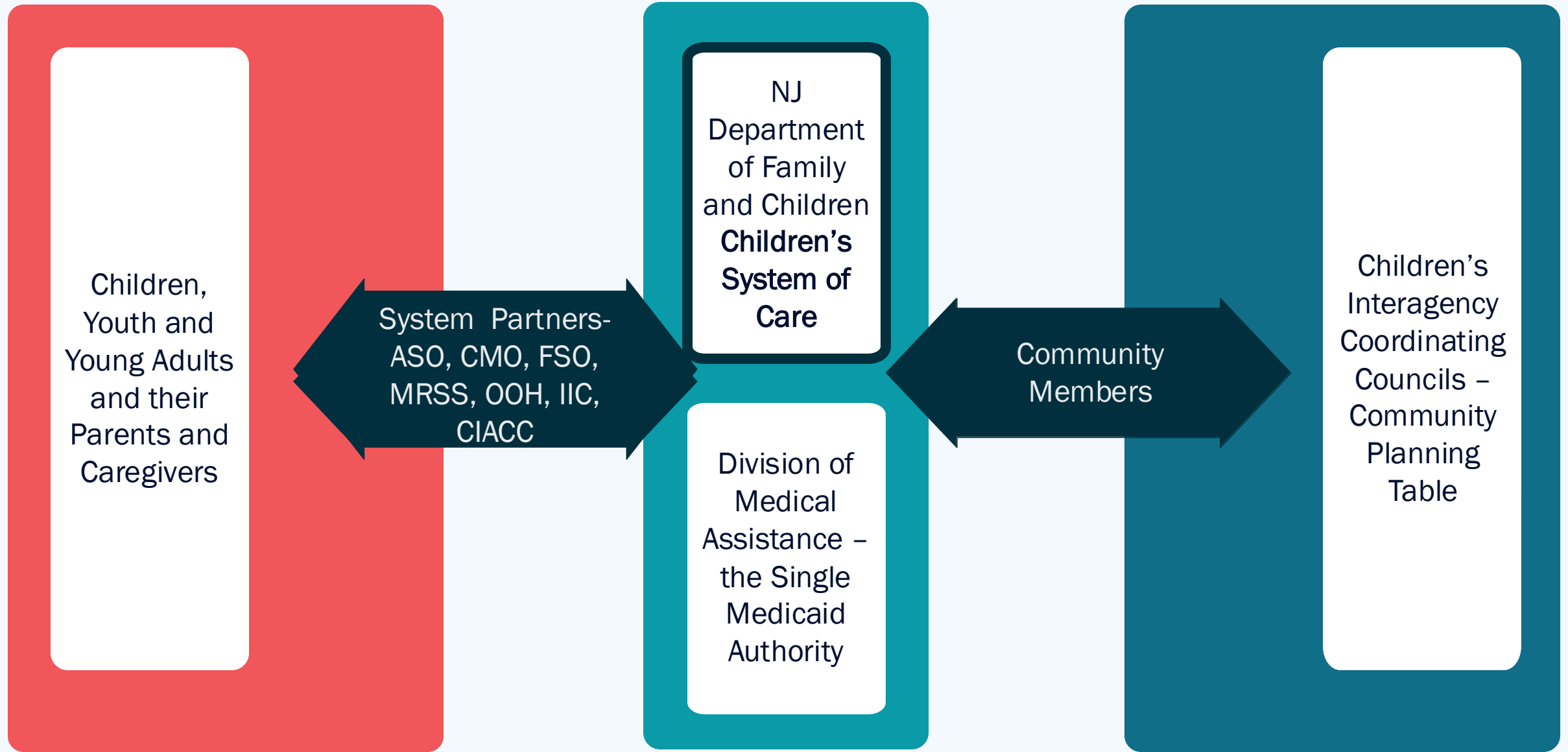
# Minnesota

- **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:** State funds, with FY24 budget of \$1 million annually for operations and funding inside the Minnesota Department of Management and Budget
- **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 (no published schedule-recent public meeting in fall 2025)
- **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

- **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 Jersey Governance Structure



# New York

- **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

NY DOH & OMH are collaborating on a proposed class action settlement related to access to Medicaid's provision of intensive home and community-based mental health services to Medicaid-eligible children in NY under age 21 with a mental or behavioral health condition. <https://omh.ny.gov/omhweb/childservice/proposed-class-action-settlement.html>



# Connecticut's Kids Cabinet

*(information as of 12/24)*

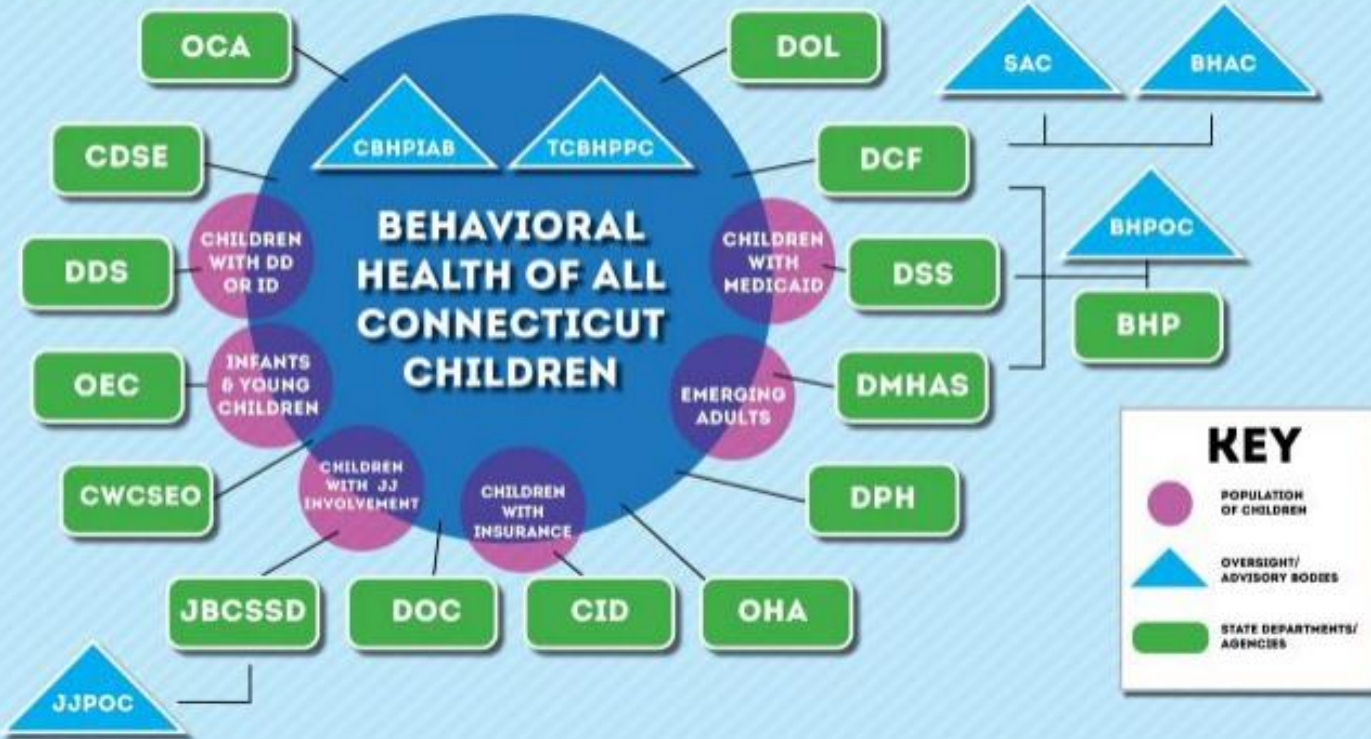
- **Governance Structure:** Kids Cabinet
- **Chair:** Senior Advisor to the Governor
- **Staff:** N/A
- **Home Agency/Organization:** Governor's Office
- **Authority:** Established by Governor as an Advisory Council
- **Funding:** Existing staff supporting initiative with limited philanthropic support
- **Membership:** Department of Children & Families, the Office of Early Childhood; the State Department of Education; the Departments of Social Services, Public Health, Developmental Services, Housing, and Mental Health and Addiction Services; and the Offices of Health Strategy and Policy and Management
- **Meeting Frequency:** Quarterly
- **Notes:** As of 12/24, The Kids Cabinet has prioritized focusing on children experiencing homelessness, children in the child welfare and juvenile justice systems; and opportunity youth.

"The governor is forming this group because these agencies have several overlapping responsibilities and he wants to ensure that his administration is taking a coordinated approach to optimize their functions across systems."

Connecticut Department of Children and Families. (2023). *Press Release: Governor Lamont Forms Advisory Panel Within His Administration To Develop Coordinated Strategies That Support the Well-Being of Children and Young People*. <https://portal.ct.gov/dcf/press-room/press-releases---latest-news/kids-cabinet-press-release>

# CT Oversight & Advisory Bodies

## STATE AGENCIES AND OVERSIGHT/ADVISORY BODIES



### OVERSIGHT/ADVISORY BODIES

**CBHPIAB** – Children’s Behavioral Health Plan Implementation Advisory Board

**TCBHPPC** – Transforming Children’s Behavioral Health Policy and Planning Committee

**JJPOC** – Juvenile Justice Policy and Oversight Committee

**BHPOC** – Behavioral Health Partnership Oversight Council

**SAC** – State Advisory Council on Children and Families

**CBHAC** – Children’s Behavioral Health Advisory Council

### STATE AGENCIES

**DCF** - Department of Children and Families

**DDS** - Department of Developmental Services

**DSS** - Department of Social Services

**DPH** - Department of Public Health

**DMHAS** - Department of Mental Health and Addiction Services

**CID** - Connecticut Insurance Department

**DOC** - Department of Corrections

**DOL** - Department of Labor

**CSDE** - Connecticut State Department of Education

**OEC** - Office of Early Childhood

**OCA** - Office of the Child Advocate

**OHA** - Office of the Healthcare Advocate

**JBCSSD** - Judicial Branch Court Support Services Division

**CWCSEO** - Commission on Women, Children, Seniors, Equity and Opportunity

**BHP** – Behavioral Health Partnership (includes DCF, DMHAS and DSS)

From the *Connecticut Children’s Behavioral Health Plan* (2025)

[https://plan4children.org/wp-content/uploads/2025/10/CBHPIAB-Annual-Report-2025\\_Final.pdf](https://plan4children.org/wp-content/uploads/2025/10/CBHPIAB-Annual-Report-2025_Final.pdf)

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 (\$1 million for the Early Childhood Advisory Council)	Dedicated funding for Governor's Office for Children & Interagency Fund, with funding from federal and state sources. ~\$4 million for FY26 for personnel and operations (including oversight of grants and initiatives)	Federal and State Funding	State (\$1 million annually within Management & Budget)	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 (schedule not published-not a regular structure)	N/A	Unknown

# Reminders...

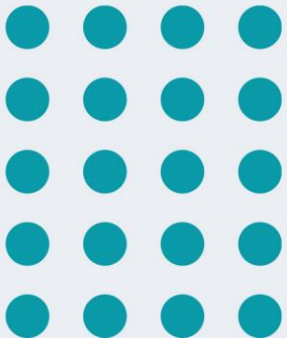
- Governance in systems of care is “decision making at a policy level that has legitimacy, authority, and accountability.”
- Governance is *not* daily system management, service delivery support, or individualized care planning.
- A planning structure can exist to inform a governance, system management, or other body.
- Councils, workgroups, taskforces, and committees can provide input, oversight, accountability, and a diversity of voices and experiences without being *responsible* for governance.



# Questions to consider...

- What does and should governance look like for cross-agency children's services in Connecticut? Are there lessons learned from Connecticut or other states? Opportunities to leverage?
- How does the cross-agency children's governance structure (current or desired) in Connecticut have the necessary:
  - *Authority*
  - *Clarity about its responsibilities*
  - *Capacity and capability (including necessary staffing)*
  - *Credibility*
  - *Embrace shared liability and accountability?*

# Additional Resources



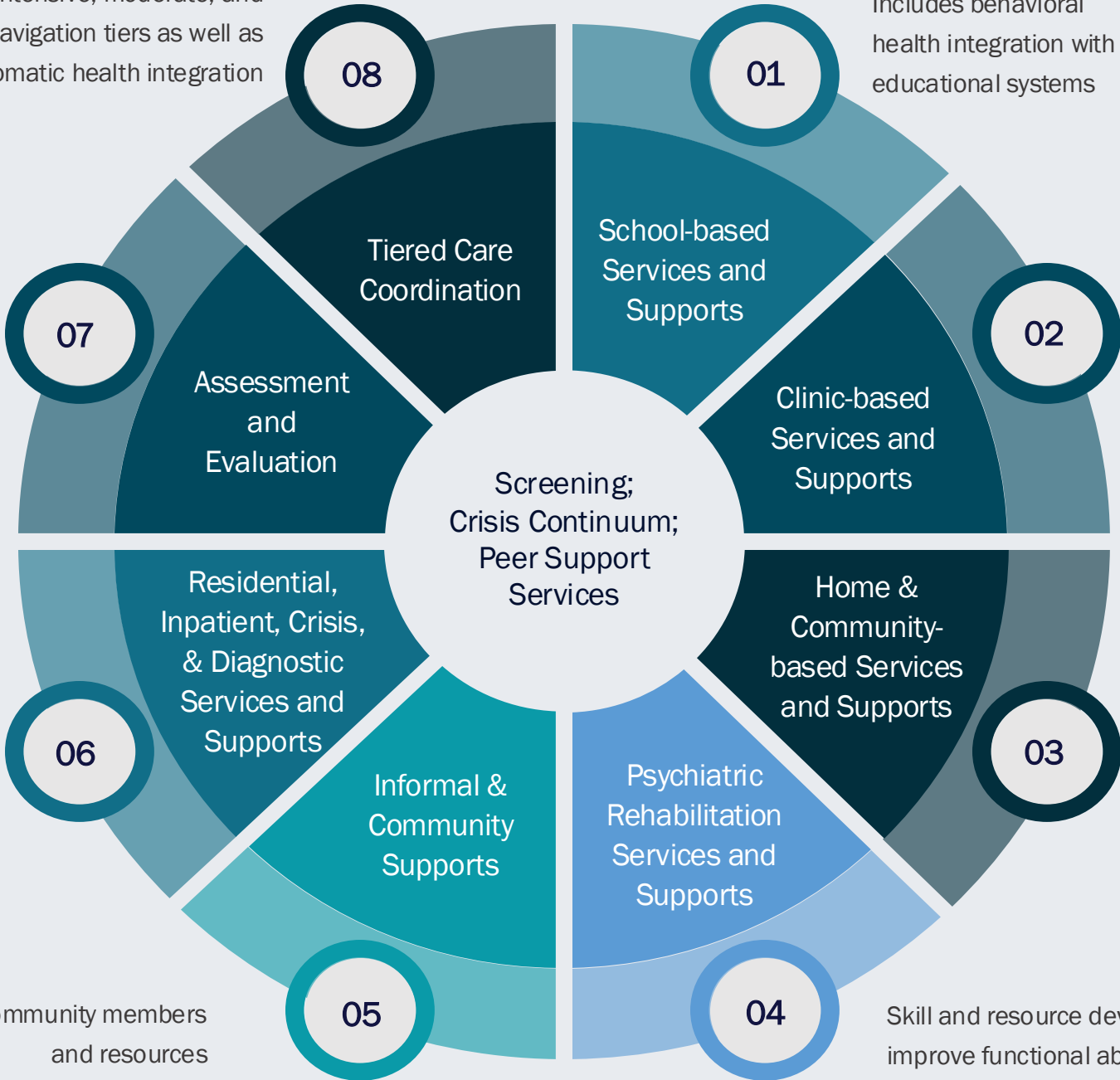
# Comprehensive Service Array for Children & Youth

Holistic family-centered care that is personalized, appropriate, and tailored to their unique needs

Therapeutic services with structured and individualized programming and interventions. More restrictive and out-of-home environments have intensity of specialized interventions and supervision.

Family, friends, community members and resources

Includes intensive, moderate, and service navigation tiers as well as somatic health integration



Includes behavioral health integration with educational systems

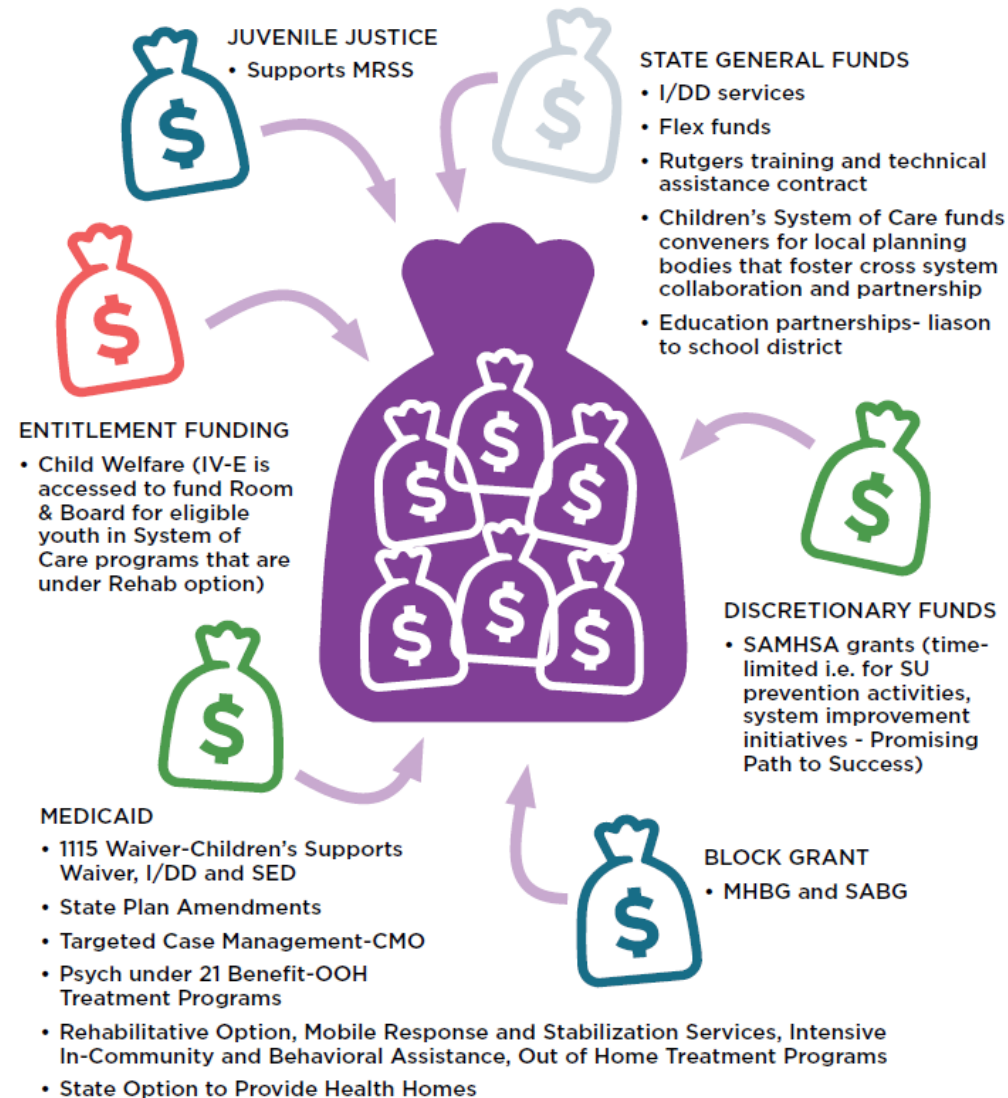
*Service access, coordination, and delivery at the individual level can be supported through mechanisms like Care Management Entities (CMEs) and Certified Community Behavioral Health Centers (CCBHCs).*

Includes evidence-based practices (EBPs) and traditional therapies.

Intensive and broad supports provided in the home and/or community tailored to the needs of the child and family. May include non-traditional therapies and evidence-based and promising practices.

Skill and resource development to improve functional abilities related to daily living

# New Jersey's Children's System of Care Provides *System Management* for Braided Funding





# New Jersey's Structural Changes (NOT governance related!)

- Moved access for children's behavioral health services to a single point (contracted administrative service organization), regardless of any systems involvement
- Established standardized mobile screening and assessment for clinical services
- Removed prior authorization for traditional, outpatient clinical interventions
- Created a Medicaid lookalike number
- Focused on clinical necessity not ability to pay
- Created strategies around both braided and blended funding
- Invested in family organizations that provide family support and youth partnerships
- Care plan stays with the youth and community, even when youth goes into residential care







Resilience through  
Integrated Systems and Excellence

**A specialized managed care program for youth with complex  
behavioral health and multisystem needs**



### **Specialized Managed Care Plan**

Aetna Better Health of Ohio serves as the single statewide specialized managed care plan.



### **Shared Governance**

OhioRISE features multi-agency governance to drive toward improving cross-system outcomes – we all serve many of the same children, youth, and families.



### **Coordinated and Integrated Care & Services**

OhioRISE brings together local entities, schools, providers, health plans, and families as part of our approach for improving care for enrolled children and youth.



### **Prevent Custody Relinquishment**

OhioRISE's 1915(c) waiver targets the most in need and vulnerable families and children to prevent custody relinquishment.

### **OhioRISE Eligibility**

Children and youth who may be eligible for OhioRISE:

- ✓ Are eligible for Ohio Medicaid (either managed care or fee for service),
- ✓ Are age 0-20, and
- ✓ Require significant behavioral health treatment needs, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment or a recent inpatient behavioral health hospital/psychiatric residential treatment facility admission.

### **OhioRISE Services**

- ✓ All existing behavioral health services – with a few limited exceptions (behavioral health emergency dept.)
- ✓ Intensive and Moderate Care Coordination **NEW**
- ✓ Intensive Home-Based Treatment (IHBT) **ENHANCED**
- ✓ Psychiatric Residential Treatment Facilities (PRTF) **NEW**
- ✓ Behavioral health respite **ENHANCED**
- ✓ Flex funds to support implementing a care plan **NEW**
- ✓ 1915(c) waiver that runs through OhioRISE **NEW**
  - Unique waiver services & eligibility
- ✓ Mobile Response and Stabilization Service (MRSS) **NEW**
  - Also covered outside of OhioRISE (managed care or fee for service)

# OhioRISE Ecosystem

## Family and Children First Cabinet Council:

Governor's Office of Children's Initiatives, Office of Family & Children First MHAS, ODJFS, DODD, ODM, DYS, DRC, ODH, ODE,  
Federal and State funds | Governance and Oversight

### **Aetna, the OhioRISE Plan**

Contract with providers, CMEs  
to deliver care to enrolled  
children

### **Medicaid Managed Care Organizations (MCOs)**

Coverage of physical  
health, limited BH services

### **Ohio Department of Medicaid (ODM)**

Contract, provide oversight  
of the OhioRISE and MCOs

### **Service Providers**

Contract with OhioRISE and MCOs to provide services

### **OhioRISE Advisory Council/Working Groups**

Ongoing stakeholder involvement and  
engagement

### **Network of Care Management Entities (CMEs)**

Provide Intensive Care Coordination using High  
Fidelity Wraparound

### **Child and Adolescent BH Center of Excellence (COE)**

Support evidence-based practices, training, fidelity  
reviews, workforce development

