

Appropriations Committee JOINT FAVORABLE REPORT

Bill No: HB-5447 / [Bill Status](#) / [Public Hearing Testimony](#)

AN ACT IMPLEMENTING RECOMMENDATIONS OF THE TRANSFORMING CHILDREN'S BEHAVIORAL HEALTH POLICY AND PLANNING COMMITTEE
Title: AND CONCERNING TEMPORARY FAMILY ASSISTANCE BENEFITS.

Vote Date: 4/1/2026

Vote Action: Joint Favorable Substitute

PH Date: 3/12/2026

File No.:

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SPONSORS OF BILL:

The Appropriations Committee

REASONS FOR BILL:

This bill seeks to implement the annual recommendations of the Transforming Children's Behavioral Health Policy and Planning Committee. Concerns have been raised regarding services related to eating disorders and food insecurity in the state, prompting the proposal of two working groups to further examine these issues. Additionally, to better support individuals with intellectual or developmental disabilities who require psychiatric treatment services, the bill directs the Departments of Children and Families (DCF), Developmental Services (DDS), and Mental Health and Addiction Services (DMHAS) to study the feasibility of establishing a dedicated facility.

Finally, the bill proposes to expand eligibility for temporary cash assistance in order to support additional families experiencing financial hardship.

SUBSTITUTE LANGUAGE (IF APPLICABLE):

Section 1(b)(A) is amended to the provision, "within available appropriations," to eliminate the fiscal impact from this section. The substitute language also modifies the scope of the working group's focus, pushes back the reporting requirement of the Commissioner on Women, Children, Seniors, Equity and Opportunity (CWCSEO), and includes all committees of cognizance to receive the report.

RESPONSE FROM ADMINISTRATION/AGENCY:

Joshua Wojcik, Acting Secretary, Office of Policy and Management: Acting Secretary Wojcik supports the intent behind Sections 1 through 3, the proposal to engage in further study on an inpatient psychiatric facility for youth with IDD. However, OPM opposes Section 4 which would mandate that the Temporary Family Assistance monthly benefit be established at $\geq 55\%$ of the monthly federal poverty level, which would result in an unfunded cost of >30 million that cannot be accommodated under the current revenue and spending cap projections.

Andrea Barton Reeves, Commissioner, Department of Social Services: Commissioner Reeves testified in opposition to Section 4 of the bill, which conflicts with the Temporary Family Assistance payment standard established in 17b-104(c). The proposed approach would overlook countable income that is presently utilized in the customization of each household's benefit and supplant the customization with a single higher maximum amount. This change would cost the department \$30.2 million annually and is not included in the Governor's budget. However, Commissioner Reeves does support Sections 1 through 3, TCB's recommendations to establish working groups regarding eating disorders, food insecurity and the feasibility of establishing an inpatient mental health treatment facility with expertise in autism and IDD.

Susan Hamilton, Interim Commissioner, Department of Children and Families: Interim Commissioner Hamilton testified in support of Section 3 which would require DCF in coordination with the Departments of Developmental Services and Mental Health Addiction Services to complete a feasibility study on creating an inpatient facility to treat children and adults (14-21 years old) who have IDD and psychiatric treatment needs. Interim Commissioner Hamilton notes that Section 5 of Public Act 25-89 created a working group to evaluate the feasibility of an interagency complex case team for young adults (17-22) with IDD that have complex behavioral health needs (i.e. autism spectrum disorder, etc.). These individuals have a pressing need for community placement or agency support and among many of the recommendations proposed include creating a similar facility.

Christina Ghio, Acting Child Advocate, Office of the Child Advocate: Acting Child Advocate Ghio testified in support of the bill, believing that the first working group will be vital in ensuring that families of children affected by eating disorders have access to the appropriate resources to prevent serious progression of their disability. Additionally, Ghio underscores that eating disorders cannot be considered in isolation from food insecurity as healthy eating is an important contributor to one's diet and eating habits. Finally, OCA stresses that children oftentimes are stuck in hospital emergency departments because the state does not have the necessary services readily available.

Christian Duborg, Nutrition Policy Analyst, The Commission on Women, Children, Seniors, Equity & Opportunity (CWCSEO): Duborg testified in support of the bill, but strongly recommends consolidating the overlapping language in HB 5323 and HB 5447 to ensure clarity and alignment for successful implementation. CWCSEO has suggested language improvements for sections 1 and 2.

NATURE AND SOURCES OF SUPPORT:

Ceci Maher, Senator and Tammy Exum, Representative, Connecticut General Assembly: Senator Maher and Representative Exum testified in support of the bill, underscoring that the

working groups will be crucial, as Connecticut does not have a formal, cross-sector framework to coordinate eating disorder prevention and treatment pathways with robust, evidence-informed food education in schools.

Lauren Fluckiger, Rohith Lanka, Kaushik Mahesh, Parsh Verma, Health Policy and Advocacy Coalition: Fluckiger et al. testified in support of the bill underscoring that there is only one acute treatment center, Walden Behavioral Care for eating disorders in CT. Fluckiger etc. believe that the creation of working groups will promote greater accountability and action regarding food insecurity and eating disorders. Additionally, they stress that the bill does not mandate the construction of a facility, but rather permits a feasibility study, given that traditional emergency departments are ill-equipped to support youth with neurodivergent disabilities in psychiatric crises.

Kristen Noelle Miller Hatcher, Connecticut Legal Services: Hatcher testified in support of the bill, particularly section 4, stressing that temporary family assistance (TFA) provides economic stability during turbulent periods of their lives. While the 15% increase in TFA benefits to \$970/mo is modest, it can be the difference in retaining housing or keeping the utilities on.

Emmy Franklin, Public Policy and Advocate Associate, CT Nonprofit Alliance: Franklin testified in support of Section 3 of the bill, underscoring the acute need for a feasibility study on the creation of a specialized inpatient facility for children and young adults with IDD who need psychiatric treatment. Over the past decade, there has been an intentional reduction in residential treatment, which has increased the strain on nonprofits who are encountering children that have needs that their settings were not constructed to address. Subsequently, IDD youth are cycling between emergency departments, inpatient units that lack staff with specialized training and community placement. This study will help identify potential models of care and investments to support this fragile population.

Dr. Yann Poncin, Vice-Chair for Clinical Affairs, Yale Child Study Center: Dr. Poncin testified in support of the bill, particularly the emphasis on studying service gaps impacting children and young adults with IDD who require psychiatric treatment services.

The Connecticut Hospital Association (CHA): The CHA testified in support of the bill, believing that it will address two longstanding gaps in the pediatric behavioral health continuum: access to coordinated eating disorder treatment pathways and insufficient inpatient psychiatric capacity for youth and young adults in the IDD community. However, the CHA encourages that an amendment be added in Section 3 to require consultation with current providers of inpatient psychiatric services in the study development process.

Emily Bohmbach, Senior Project Manager of the Transforming Children's Behavioral Health Policy and Planning Committee (TCB), Tow Youth Justice Institute: Bohmbach testified in support of the bill, underscoring the importance of creating workgroups on food insecurity and eating disorders. Emergency department visits for eating disorder behaviors have increased and there is a need to identify gaps in services and better understand the impacts of food insecurity on the population. Finally, the proposed feasibility study on establishing an inpatient facility with concurrent behavioral health and IDD is in alignment with the Complex Case Workgroup's Final Report.

Melanie Wilde-Lane, Executive Director, Connecticut Association of School Based Health Centers: Wilde-Lane testified in support of the bill, stressing that eating disorders are a growing public health concern and that convening a working group will help improve access to relevant community-based resources for affected children. Wilde-Lane supports the provision to increase Temporary Family Assistance to 55% of the Federal Poverty Level, believing that it will strengthen the social safety net to improve physical and behavioral health outcomes.

Jimnahs Miller, Chair, Connecticut Autism Spectrum Disorder Advisory Council: Chair Miller testified in support of the bill, stressing that youth across the state are regularly excluded from psychiatric and other mental health treatment models. Miller underscores that the legislature is taking an important step to develop appropriate, effective and humane treatment options for impacted individuals.

NATURE AND SOURCES OF OPPOSITION:

None expressed.

Reported by: Kyle Zingler

Date: 4/6/2026