



**2026 DRAFT Transforming Children’s Behavioral  
Health Policy and Planning Committee (TCB)  
Recommendations In Brief**

## 2026 Draft Recommendations in Brief

### **\*Recommendations to be updated following the February TCB Meeting**

<b>TCB Cross Agency Data Sharing Workgroup</b>	<b>Establish a TCB Cross Agency Data Sharing Workgroup.</b>  1. The Transforming Children’s Behavioral Health Policy and Planning Committee recommends establishing a data working group to focus on data infrastructure and quality improvement planning and implementation activities that support a whole population focus with an equity lens, with data intentionally collected, analyzed, and used to ensure that all children have access to effective behavioral health services. a. The Workgroup should include representation from the following: i. At least one representative from the Departments of Children and Families, Correction, Developmental Services, Education, Insurance, Mental Health and Addiction Services, Public Health and Social Services; ii. At least one representative from the Offices of Policy and Management, Early Childhood, and Health Strategy; iii. At least 3 representatives from providers of	Policy Recommendation – To be embedded into the TCB Workplan
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	<p>children’s behavioral health services;</p> <ul style="list-style-type: none"> <li>iv. And at least 3 youth/young adults/caregivers with lived experience.</li> </ul> <ul style="list-style-type: none"> <li>b. The workgroup should be chaired by a representative of the Office of Policy and Management, as well as a Transforming Children’s Behavioral Health Policy and Planning Committee’s Community Voices Workgroup member.</li> </ul>	
<p><b>Disordered Eating Behaviors Recommendations</b></p>	<p><b>Establish an Eating Disorders Working Group and a Holistic Food Education Workgroup administered by the CWCSEO.</b></p> <ul style="list-style-type: none"> <li>1. The Transforming Children’s Behavioral Health Policy and Planning Committee recommends that the Commission on Women, Children, Seniors, Equity and Opportunity establish an Eating Disorder Workgroup and a Holistic Food Education Workgroup to develop a statewide eating-disorder treatment registry and consider facility standards effective July 1<sup>st</sup>, 2026. <ul style="list-style-type: none"> <li>a. The workgroups may include representation from the Transforming Children’s Behavioral Health Policy and Planning Committee’s membership.</li> </ul> </li> </ul>	<p><b>Legislative Recommendation</b></p>

	<p>b. The Eating Disorder Workgroup and Holistic Food Education Workgroup shall submit an annual report of their findings to the Transforming Children’s Behavioral Health Policy and Planning Committee by July 1<sup>st</sup>, 2027.</p> <p>c. The co-chairs of the Eating Disorder Workgroup and the Holistic Food Education Workgroup shall conduct annual reviews of workgroup progress and deliverables to determine the appropriate timeline to sunset each group.</p> <p><b>Incorporate a Question on Disordered Eating Behaviors into The Behavioral Health Section of the Connecticut School Health Survey.</b></p> <p>2. The Transforming Children’s Behavioral Health Policy and Planning Committee recommends, that within available appropriations, a question on disordered eating behaviors should be incorporated into the behavioral health section of the Department of Public Health’s Connecticut School Health Survey.</p>	<p><b>Legislative Recommendation</b></p>
<p><b>Psychiatric Residential Inpatient Treatment Facilities (PRTFS) Infrastructure for Individuals with</b></p>	<p>1. The Transforming Children’s Behavioral Health Policy and Planning Committee recommends that the Department of Social Services (DSS) work in collaboration with the Department of Children and</p>	<p><b>Legislative Recommendation</b></p>

**Intellectual and  
Developmental  
Disabilities**

Families (DCF), Department of Developmental Services (DDS), and the Department of Mental Health and Addiction Services (DMHAS) to develop a Request for Proposal (RFP) to create a 10-bed Psychiatric Residential Treatment Facility (PRTF) aimed to serve children and youth aged 14 to 21 with Intellectual and/or Developmental Disabilities.

- a. An assessment will be undertaken to determine whether current agency appropriations can support the RFP, and ongoing treatment services for the PRTF which will be billable under Medicaid.
- b. If the assessment determines that an RFP can be developed, it is strongly recommended that agencies assess the following;
  - i. If any current state-owned properties could be utilized for the PRTF;
  - ii. If there is a way to solve for those who turn 22 years old while receiving treatment, and therefore cannot have their services billed to Medicaid

	<p>children’s services;</p> <p>iii. The percentage of beds that will be held specifically for those with an ID/D diagnosis, and</p> <p>iv. If a PRTF is the best treatment option to meet the needs for this population.</p>	
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**Executive Summary**

In response to the national children’s mental health crisis, the Connecticut legislature enacted Public Act 23-90 which established and implemented the **Transforming Children’s Behavioral Health Policy and Planning Committee (“TCB”)** in 2023. The committee’s mandate is to evaluate the availability and effectiveness of prevention, early intervention, and treatment services for children's behavioral health, substance use disorders, and the general well-being of children. The TCB includes a diverse membership consisting of legislators, state agencies, community advocates, providers, families, and nonprofit organizations.

In 2025, the TCB developed a [2025-2028 Strategic Plan](#), that outlines the goals, priorities and deliverables of the TCB. The Strategic Plan highlights the purpose and mission of the TCB that aligns with the work done in workgroups, subgroups, and with the larger committee. The Strategic Plan is a living document that will be amended based on work proposed and introduced to the committee, outcomes of reports and subgroups, and to align with workgroup workplans.

**TCB Mission Statement**

*“The TCB Committee exists to strengthen and align Connecticut’s system of care through legislative recommendations and strategic reforms aimed at improving*

access to high-quality services and promoting children’s behavioral health and well-being through a sustainable continuum of care.

As a bridgebuilder, TCB will engage system-wide stakeholders, use **data to assess gaps and system inefficiencies, identify cross-system alignment, and make recommendations that address and overcome the root obstacles to promote the well-being and resilience of all children and families.**

*We define success as achieving a behavioral health system that is accessible to all children and provides appropriate, affordable, high-quality behavioral health services at the right time and place to ensure the most positive outcomes so that Connecticut’s children can thrive well into the future.”*

The Recommendations were developed and informed through TCB workgroups, monthly presentations, feedback from critical stakeholders, and research. As TCB is a vehicle for legislation, content developed outside of workgroup activities is sometimes presented to TCB to be considered for legislative recommendations if they are centered on improving children's behavioral health and wellbeing. This set of recommendations includes such content to promote cross-agency collaboration. The TCB provides direction and determines if the set of recommendations requires legislative process and or is policy improvement.

## **TCB Cross Agency Data Sharing Workgroup**

### **Background**

In 2025, the TCB had contracted with the Innovations Institute at the UConn School of Social Work to develop the [Children’s Behavioral Health System Data Infrastructure and Use of Data for System Improvement Report](#). This report, published in Fall 2025, recommends that “Connecticut should establish a Children’s Behavioral Health Data Workgroup (“Data Workgroup”) with the expertise and capacity to plan and support strategies that strengthen the state’s behavioral health infrastructure, along with robust reporting mechanisms to ensure accountability.”<sup>1</sup>

In discussion amongst TCB Members, and within the TCB System Infrastructure Workgroup, the TCB recommends establishing a TCB Cross Agency Data Sharing Workgroup that aligns with the purpose and vision of the recommendation proposed in the Children’s Behavioral Health System Data Infrastructure and Use of Data for System Improvement Report.

As noted in the report, *“the workgroups purpose and focus should be on data infrastructure and quality improvement planning and implementation activities that support a whole population focus with an equity lens, with data intentionally collected, analyzed, and used to ensure that all children have access to effective behavioral health services”*.<sup>1</sup>

Additionally, the vision of the workgroup, would be to ensure high-quality publicly available data describing the range of services provided across the children’s behavioral health system are used for ongoing quality improvement and system development, including information about access, quality, effectiveness, and equity, while the data reporting burden on providers is limited to key data elements that will be used by the system. The ultimate purpose of this data is to inform consumers, providers, policymakers, and other stakeholders about the availability and quality of services in children’s behavioral health system.

The workgroup upon being enacted would develop a 3–5-year data agenda that would outline goals and next steps including but not limiting the following:

- Identification and review of previous children’s behavioral health system data reports.
- Develop a model/framework/structure for making data publicly available about the system and use of data for ongoing quality improvement and system/policy development.
- Identify infrastructure needs and costs for data system development.
- Map data elements available across the system and identify gaps.
- Identify data requirements that could be made more efficient or reduced.
- Develop clear guidance on data sharing and consent.

The Cross Agency Data Sharing Workgroup would include membership from Connecticut State Agencies, applicable entities, those with lived experience of the children’s behavioral health system, and providers of children’s behavioral health services. This workgroup would be chaired by a staff member from the Office of Policy and Management, as well as a representative from the TCB’s Community Voices Workgroup, to ensure those with lived experience are at the forefront of this effort. As noted in the Children’s Behavioral Health System Data Infrastructure

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<sup>1</sup> Farrell, J., Harburger, D. S., Zabel, M., Plant, R., & Shaw, T. V. (2025, September). Children’s Behavioral Health System Data Infrastructure and Use of Data for System Improvement. Innovations Institute, UConn School of Social Work.  
[https://www.cga.ct.gov/app/tfs/20230703\\_Transforming%20Children's%20Behavioral%20Health%20Policy%20and%20Planning/20251022/Children%E2%80%99s%20Behavioral%20Health%20System%20of%20Data%20Report%20\(1\).pdf](https://www.cga.ct.gov/app/tfs/20230703_Transforming%20Children's%20Behavioral%20Health%20Policy%20and%20Planning/20251022/Children%E2%80%99s%20Behavioral%20Health%20System%20of%20Data%20Report%20(1).pdf)

Report, establishing this data workgroup with clear purpose, structure and expertise will be critical to close gaps and promote the effective use of data in the State of Connecticut.<sup>1</sup>

For more information regarding this recommendation, please refer to the [Children's Behavioral Health System Data Infrastructure and Use of Data for System Improvement Report](#) as well as the correlated [Data Report Presentation](#) given by the Innovations Institute, at the UConn School of Social Work this past fall.

### **Draft TCB Cross Agency Data Sharing Recommendation Language**

1. The Transforming Children's Behavioral Health Policy and Planning Committee recommends establishing a data working group to focus on data infrastructure and quality improvement planning and implementation activities that support a whole population focus with an equity lens, with data intentionally collected, analyzed, and used to ensure that all children have access to effective behavioral health services.
  - a. The Workgroup should include representation from the following:
    - i. At least one representative from the Departments of Children and Families, Correction, Developmental Services, Education, Insurance, Mental Health and Addiction Services, Public Health and Social Services;
    - ii. At least one representative from the Offices of Policy and Management, Early Childhood, and Health Strategy;
    - iii. At least 3 representatives from providers of children's behavioral health services;
    - iv. And at least 3 youth/young adults/caregivers with lived experience.
  - b. The workgroup should be chaired by a representative of the Office of Policy and Management, as well as a Transforming Children's Behavioral Health Policy and Planning Committee's Community Voices Workgroup member.

### **Disordered Eating Behaviors Recommendations**

*\*Recommendations were derived from the Commission on Women, Seniors, Children, Equity and Opportunity (CWSCEO) 2026 Disordered Eating Policy Recommendations that were presented to the TCB in January of 2026.*

## **1. Establish an Eating Disorders Working Group and a Holistic Food Education Workgroup administered by the Commission on Women, Seniors, Children, Equity and Opportunity (CWSCEO).**

### **Background**

Connecticut currently lacks a formal cross-sector structure to coordinate (1) eating disorder prevention, early identification, referral pathways, and treatment access, and (2) coherent, evidence-informed food education across schools. These issues sit at the intersection of health, education, and family systems; they show up in schools, primary care, community programs, and behavioral health settings, but responsibility is fragmented across agencies and stakeholders. The two workgroups would allow Connecticut to align strategy, define shared goals, and move recommendations into implementable guidance rather than isolated Initiatives.

Adding at least one disordered eating behavior question to the Connecticut School Health Survey (CSHS) would establish a consistent, statewide surveillance mechanism to better understand the prevalence and patterns of disordered eating among Connecticut youth. One or two additional questions related to disordered eating and eating disorders on the school-based survey could help provide key information on unhealthy behaviors and improve school health education policies and programs.

### **A) Eating Disorders Workgroup**

#### **Purpose**

Coordinate a statewide approach to eating disorder prevention, early recognition, referral, and treatment access for children and adolescents, with an emphasis on practical implementation across school and healthcare settings.

#### **Broad Scope & Responsibilities**

- Identify barriers across the ED (eating disorder) continuum of care, including gaps by geography, insurance, and level of care.
- Recommend standardized best practices for early identification and referral pathways.
- Recommend approaches for workforce and system readiness.

- Support consistency in definitions and service expectations for ED-capable care across settings.
- Establish a statewide ED treatment registry/directory that is maintained and updated to support families, schools, and providers in quickly finding appropriate care. This should:
  - List ED treatment resources across levels of care (with consistent service definitions),
  - Include key access details (population served, insurance/Medicaid acceptance, waitlist/availability where feasible, telehealth options),
  - Support referral navigation and identify capacity gaps to inform future planning

*\* Facility standards have not yet been defined/classified and would be developed through discussions from the Eating Disorders Working Group. When referencing the eating disorder treatment registry, a goal of the workgroup would be to design a publicly accessible website or webpage that includes statewide eating disorder treatment providers.*

## **B) Holistic Food Education Workgroup**

### **Purpose**

Develop a coherent, evidence-informed statewide approach to food education that supports students' health literacy and practical skills, while giving districts implementable, consistent tools rather than piecemeal materials.

### **Broad Scope & Responsibilities:**

- A statewide food education roadmap (what Connecticut aims to teach, why, and how it can be scaffolded across grade bands and settings).
- A model school nutrition education policy (a template districts can adopt/adapt to standardize expectations and implementation).
- Model curricula/lesson plans (ready-to-use, age-appropriate materials aligned with the roadmap and policy to reduce burden on districts and educators).

### **Draft Recommendation Language**

1. The Transforming Children's Behavioral Health Policy and Planning Committee recommends that the Commission on Women, Children, Seniors, Equity and Opportunity establish an Eating Disorder Workgroup and a Holistic

Food Education Workgroup to develop a statewide eating-disorder treatment registry and consider facility standards effective July 1<sup>st</sup>, 2026.

- a. The workgroups may include representation from the Transforming Children’s Behavioral Health Policy and Planning Committee’s membership.
- b. The Eating Disorder Workgroup and Holistic Food Education Workgroup shall submit an annual report of their findings to the Transforming Children’s Behavioral Health Policy and Planning Committee by July 1<sup>st</sup>, 2027.
- c. The co-chairs of the Eating Disorder Workgroup and the Holistic Food Education Workgroup shall conduct annual reviews of workgroup progress and deliverables to determine the appropriate timeline to sunset each group.

## **2. Incorporate a Question on Disordered Eating Behaviors into The Behavioral Health Section of the Connecticut School Health Survey.**

### **Rationale**

- Establish a baseline and monitor trends over time (including post-pandemic shifts and emerging risks).
- Identify disparities across subgroups and regions to support targeted prevention and outreach.
- Inform resource allocation and program design (e.g., where prevention curricula, training, or referral supports are most needed).
- Evaluate whether statewide initiatives (education, screening/referral improvements, registry development) correspond with improved early identification and reduced risk behaviors over time

### **Draft Recommendation Language**

2. The Transforming Children’s Behavioral Health Policy and Planning Committee recommends, that within available appropriations, a question on disordered eating behaviors should be incorporated into the behavioral health section of the Department of Public Health’s Connecticut School Health Survey.

# Psychiatric Residential Inpatient Treatment Facility (PRTF) Infrastructure for Individuals with Intellectual and Developmental Disabilities

*\*Recommendations were derived from Final Report from the Complex Case Workgroup Pursuant to Public Act 25-89, Section 5.*

## Background

PRTFs provide inpatient psychiatric care for youth who require intensive treatment outside of a traditional hospital setting. In Connecticut, children with Intellectual and developmental disabilities who have co-occurring behavioral health needs are often denied access due to the current PRTF Model not being able to meet their needs and levels of care. This may result in a child being placed in an inpatient unit while continuing to look for alternative placement, or this child going home while remaining at risk.

Research done by the State's Complex Case Working Group found that there is a lack of specialized treatment options for the ID/D population.<sup>2</sup> The workgroup noted in their final report that while the number of individuals with ID/D and a co-occurring behavioral health diagnosis fluctuates, the population is growing, therefore there is a critical need for additional levels of care that meet the needs of the individuals.<sup>2</sup>

## Draft Recommendation Language

1. The Transforming Children's Behavioral Health Policy and Planning Committee recommends that the Department of Social Services (DSS) work in collaboration with the Department of Children and Families (DCF), Department of Developmental Services (DDS), and the Department of Mental Health and Addiction Services (DMHAS) to develop a Request for Proposal (RFP) to create a 10-bed Psychiatric Residential Treatment Facility (PRTF) aimed to serve children and youth aged 14 to 21 with Intellectual and/or Developmental Disabilities.
  - a. An assessment will be undertaken to determine whether current agency appropriations can support the RFP, and ongoing treatment services for the PRTF which will be billable under Medicaid.
  - b. If the assessment determines that an RFP can be developed, it is strongly recommended that agencies assess the following;

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<sup>2</sup> Complex Case Workgroup (2/1/2026). Final Report Pursuant to Public Act 25-89, Section 5.

- i. If any current state-owned properties could be utilized for the PRTF;
- ii. If there is a way to solve for those who turn 22 years old while receiving treatment, and therefore cannot have their services billed to Medicaid children's services;
- iii. The percentage of beds that will be held specifically for those with an ID/D diagnosis, and
- iv. If a PRTF is the best treatment option to meet the needs for this population.