

***Final Report of the
Task Force to Study the Comprehensive Needs of Children in the State***

December 2024

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Links to Authorizing Statutes:

- A. [Public Act 21-46](#)
- B. [Public Act 22-81](#)
- C. [Public Act 23-101](#)

Charges to the Task Force to Study the Comprehensive Needs of Children in the State

The Connecticut General Assembly (2022), through Public Act 22-81, Section 24, charged this task force, which first had been established under Public Act 21-46, “to continue to study the comprehensive needs of children in the state and the extent to which such needs are being met by educators, community members and local and state agencies” (p. 18). More recently, the Connecticut General Assembly, through Public Act 23-101, requested that the Task Force also:

- Review and analyze the efficacy of those programs designed to assist and support the needs of children and their families that have received and expended federal funds received pursuant to the Coronavirus Aid, Relief, and Economic Security Act..., as amended from time to time, the Coronavirus Response and Relief Supplemental Appropriations Act..., as amended from time to time, and the American Rescue Plan Act of 2021..., as amended from time to time, and, based on such analysis, make recommendations about which of those programs should receive a more permanent funding structure from the state; and
- Conduct a needs assessment for children that identifies gaps between existing conditions and desired outcomes, and the extent to which such gaps are attributable to the result of the COVID-19 pandemic, with a focus on children and individuals who were enrolled in high school in the state and were members of the classes graduating from 2020 to 2023, inclusive.

The pages that follow identify the individuals who currently comprise the Task Force as well as the organizations or agencies that they represent. They also articulate the process that the Task Force followed to review and update the 2021 and 2023 recommendations, and to consider the two additional charges.

2024 Membership of the Task Force to Study the Comprehensive Needs of Children in the State

Anne Marie Cullinan, Executive Director, Connecticut ASCD
Dr. Linda Dixon, Administrator, Department of Children and Families
Michael Duggan, Executive Director, Domus
Tracy Duran, Program Manager, Clinical & Educational Services, Judicial Branch
(designee of Judge Elizabeth Bozzuto, Chief Court Administrator)
Katie Durand, Housing Specialist, Connecticut Department of Housing
(designee of Seila Mosquera-Bruno, Commissioner of Housing)
Dr. Alice M. Forrester, CEO, Clifford Beers Community Health Partners
Matt Geary, Superintendent, Manchester Public Schools
Tanya A. Hughes, Esq., Executive Director, Commission on Human Rights and Opportunities
Jennifer Jones, Education Consultant in the Office of Early Childhood
Tekowa Omara-Otunnu, Program Associate, Arts in Education, Department of Economic and
Community Development
Irene Parisi, Chief Academic Officer, Connecticut State Department of Education
(designee of Charlene Russell-Tucker, Commissioner of Education)
Mark Polzella, Deputy Commissioner, Department of Labor
(designee of Danté Bartolomeo, Commissioner of Labor)
Dr. Alicia M. Roy (CO-CHAIR), Retired Principal, North Canaan Elementary School
Dr. Kayleigh Royston, Legislative Liaison, Connecticut Department of Agriculture
(designee of Bryan Hurlburt, Commissioner of Agriculture)
Pam Sucato, Director of Government Relations, Department of Transportation
Dr. Christopher E. Trombly (CO-CHAIR), Interim Dean, College of Education, Southern
Connecticut State University
Mark Vanacore, Department of Mental Health and Addiction Services
(designee of Nancy Navarretta, Commissioner of Mental Health and Addiction Services)
Tammy Venenga, Department of Developmental Services
Christine Velazquez, Health Program Associate, Department of Public Health
(designee of Dr. Manisha Juthani, Commissioner of Public Health)

Process followed by the Task Force to Study the Comprehensive Needs of Children in the State

Task Force members first began working together in 2020, when they had been notified of their appointment to the Task Force to Study the Comprehensive Needs of Children in the State. The co-chairs called the first virtual meeting in October 2020. The Task Force met virtually through December 2024 as needed. This is the fourth report made by the Task Force to the Connecticut General Assembly.

At its meetings in September and October 2024 – its first two meetings since learning of its reauthorization and new assignments, Task Force members reintroduced themselves, reviewed the five tenets of the Whole Child Framework (healthy, safe, engaged, supported, and challenged), and discussed and submitted documents pertinent to its latest two charges:

- Review and analyze the efficacy of those programs designed to assist and support the needs of children and their families that have received and expended federal funds received pursuant to the Coronavirus Aid, Relief, and Economic Security Act..., as amended from time to time, the Coronavirus Response and Relief Supplemental Appropriations Act..., as amended from time to time, and the American Rescue Plan Act of 2021..., as amended from time to time, and, based on such analysis, make recommendations about which of those programs should receive a more permanent funding structure from the state; and
- Conduct a needs assessment for children that identifies gaps between existing conditions and desired outcomes, and the extent to which such gaps are attributable to the result of the COVID-19 pandemic, with a focus on children and individuals who were enrolled in high school in the state and were members of the classes graduating from 2020 to 2023, inclusive.

Documents used to write our report can be found on the Connecticut General Assembly’s page for the Task Force ([CGA website](#).)

Co-chairs Dr. Roy and Dr. Trombly talked with school and state leaders to review the documents gathered, and to solicit additional information for this report. The first three reports

of the Task Force were presented to the legislature in December 2021, December 2022, and December 2023.

To create this final report, all members discussed and reviewed the updated findings presented herein before voicing a vote in favor of the findings at the December 2024 meeting, the final meeting of the Task Force to Study the Comprehensive Needs of Children in the State.

Work to Address the Current Charges of the Task Force 2024

The social, emotional, academic, and economic sequelae of the COVID-19 pandemic have lasted far longer than the public health crisis itself, particularly for those individuals – not least, children and adolescents – who had experienced economic insecurity and other hardships prior to the onset of the public health emergency (e.g., Baker & Koedel, 2024; Corrigan et al., 2024; Doan et al., 2024; Feinberg et al., 2022; Thomas et al., 2022). More specific to the charges lately assigned to the Task Force, the continuation of many programs that were established or reinforced with federal COVID relief funds is now in question, with the cessation of those federal monies.

In order to address our two charges, the Task Force reviewed numerous documents regarding where federal COVID relief funds had been employed in Connecticut, and regarding the current state of young people and families across the state – both before and after the pandemic, and solicited specific information from various state agencies. Additionally, we created online surveys, links to which we emailed to members of the Connecticut School Counselor Association, as well as to leaders of the state’s Community Action agencies. The former were identified as valuable sources of information because of their awareness of both the school-based and out-of-school programs and resources available to the PreK-12 students and families whom they serve, as well as because of their use of platforms that allow them to monitor the post-secondary experiences of their students for several years beyond graduation. The latter were identified because those agencies provide an array of services and programs for young people and families, from Head Start to career training.

In both recruitment emails, we quoted in full the Task Force’s two charges from the Connecticut General Assembly. In the email that was sent only to school counselors, we also included the following statement: “For the latter portion of the second of these two charges,

school counselors' access to data from Naviance or other such platforms will prove particularly invaluable to the *Task Force*.”

Survey Data Collection and Findings

Six Connecticut school counselors and seven directors of Connecticut-based Community Action agencies completed surveys. Despite being small in number, and therefore not necessarily representative of the larger populations of school counselors and Community Action agency heads, the information that was generously provided by these helping professionals is illustrative of the perspectives and experiences that they have gained from working with the state’s young people and their families. These participants’ responses are reported, by item and role, below. One item was included exclusively on the survey for school counselors, as it pertained only to them. It was:

- Please, list and describe the school-based programs that your school was able to implement because of funding that the federal government provided to help ameliorate the impact of the COVID-19 pandemic. For which (if any) of those programs should the state government make funding permanent, now that the federal monies are no longer forthcoming?

Three items were common to the surveys for both groups, albeit with slightly altered wording according to whether respondents worked as school counselors or as leaders of Community Action agencies. These items were:

- Please, list and describe any out-of-school programs that benefited your school's students and families [alternatively, the children and families whom your agency/programs serves] because of funding that the federal government provided to help ameliorate the impact of the COVID-19 pandemic. For which (if any) of those programs should the state

government make funding permanent, now that the federal monies are no longer forthcoming?

- What gaps exist between your students' [alternatively, children's and families'] existing conditions and desired outcomes? To what extent are those gaps attributable to the result of the COVID-19 pandemic?
- Are there any particular groups of current or former students [alternatively, children/adolescents] who have been especially negatively impacted as a result of the COVID-19 pandemic?

School-Based Programs Implemented with Federal Funds that Should Continue with Permanent Funding from the State of Connecticut

All six participating school counselors responded to this item. The first enumerated several projects – all pertaining to social, emotional, and behavioral wellbeing – that have been being funded with federal COVID relief monies: “A Student Assistance Center (aka the Peace Room), a Restorative Practices Program, with a Counselor as Coordinator...and 4 BSA’s (Behavior Support Assistants), one per Cohort/Grade level, to provide SEL related services for students, including: Conflict-Transformation & Mediation, School Engagement, Mindfulness & Stress Reduction techniques, Restorative Circles/Conferences, and Community & Parent Partnerships.”

The second responding school counselor identified numerous initiatives, with a variety of foci, that have been being supported with federal funds. Under the heading of ‘technology upgrades,’ they cited “purchasing devices, upgrading internet infrastructure, or providing hotspots for students without home internet.” Within the category of ‘mental health support,’ they shared that their district had “used funds to hire additional counselors, social workers, or psychologists to address the increased mental health needs of students and staff.” Under

‘academic tutoring and intervention,’ this counselor explained, “To help students catch up on missed learning, we implemented tutoring programs, small group instruction, or extended school days.” In the area of ‘staff training,’ this respondent shared, “Funds were used to train staff on topics like remote teaching, mental health support, and COVID-19 safety protocols.” Under the heading ‘physical space modifications,’ this counselor expressed that their district had “made changes to buildings to improve ventilation, create more space for social distancing, or install air purifiers.”

The third counselor succinctly shared that, with the federal COVID relief funds, “everyone was able to have a computer, and food was given out for lunch and breakfast.”

The fourth participating school counselor explained that the federal funds had been used to establish “calm corners in every classroom,” and asserted, “ongoing money to help keep them stocked and updated would be helpful.” They continued, “We also offered after school tutoring and high school application support outside of school hours based on need,” adding, “Being able to offer teachers a highly hourly rate created more interest among teachers who were generally burnt out already.”

Another school counselor wrote that the provision of “free lunches for all students” that had been made possible by the federal funds “was so helpful, not just for identified free/reduced [price] lunch students, but for families that might be temporarily struggling.” They added, “With the increasing cost of food I think this program would continue to be beneficial to families.” This counselor also identified that “free summer enrichment programs” had been made possible because of the federal COVID relief funds, adding, “We were able to run about a dozen 3-4 day long courses over the summer that were fun enrichment activities for students and at no cost to families.” This respondent pointed out, “These summer programs now cost a few hundred dollars

each [per student] and are not attainable for our lower income students, who already typically have fewer opportunities over the summer.”

The sixth and last responding school counselor shared succinctly that “after school homework help three days a week” and “after school fun activities” should be continued, but that “free lunch and breakfast” should not be.

Out-of-School Programs Implemented with Federal Funds that Should Continue with Permanent Funding from the State of Connecticut

Three participating school counselors, and all seven directors of Community Action agencies provided responses to this item.

The first school counselor indicated that students had benefited from their school’s “partnership with Community Mental Health Affiliates,” through which “counseling for students, through group programming” had been arranged “at the school.”

The next school counselor identified several categories of out-of-school programs whose continued funding should be provided by the state. They cited “after-school programs” that had “offered academic support, enrichment activities, or social-emotional learning opportunities.” They referenced “summer camps [organized by schools or community organizations] to help students prevent learning loss and address social-emotional needs.” They mentioned “mentorship programs [that] connected students with adult mentors to provide guidance, support, and role models.” Finally, this counselor explained that their district’s schools had “partnered with local organizations to offer programs like tutoring, sports, or other activities.”

The last school counselor who replied to this item expressed that an out-of-school math tutoring program that had been made available to their students, and paid for with federal COVID relief monies, should continue with permanent funding from the state.

The first Community Action agency leader acknowledged not having yet served as director during the pandemic, and therefore not having been “privy to funding streams that were made available.” They continued, “I can speak to the need of funding to better support community based mental health resources that are readily available to children and families as a result of the Covid-19 Pandemic.”

The next Community Action leader explained, “During the COVID-19 pandemic, federal funding allowed [our agency] to expand and enhance several key programs that provided critical support to children and families. One such program was the Emergency Food Distribution Program, which saw a significant increase in both capacity and reach due to the infusion of federal aid. This allowed [us] to serve thousands of families through [our resource center], providing essential food supplies, diapers, and hygiene products to families struggling with the economic fallout of the pandemic. Additionally, the Virtual Learning and Technology Assistance program was implemented to address the digital divide that affected many children from low-income families during remote schooling. This program provided laptops, internet access, and technical support, ensuring that children could continue their education uninterrupted. In addition to food and technological support, federal funding also enabled [our agency] to assist over 1,000 households with eviction prevention, mediation, and direct housing payment assistance. These funds provided vital resources for families at risk of losing their homes due to pandemic related financial hardships. By offering mediation services and direct payments to landlords, [we] helped stabilize housing situations for low-income families, preventing homelessness and ensuring safe, affordable housing during a critical time. This type of assistance is crucial to maintaining housing security for vulnerable populations, and state funding should continue to support these efforts to ensure long-term housing stability.”

The third Community Action leader, whose agency housed a Head Start program, shared, “We were able to get stabilization money which allowed us to lower the number of children in the classroom. This was essential with all the trauma and challenging behaviors that children were experiencing...This money should be available again. We were also able to raise staff salaries and that money is no longer available, making it difficult for us to keep staff.”

The fourth Community Action leader wrote simply, “ARPA funds were utilized to provide home visiting programs, and families with additional resources and supplies.”

Another shared, “The funding [our Community Action agency] received was critical to being able to build our workforce and retain our early childhood educators through the offering of financial support via bonuses. We know that supporting educators in reaching financial stability during such an impactful and uncertain time was paramount to us being able to provide children with consistency, experienced caregivers, and high-quality education.”

The sixth Community Action leader enumerated three specific programs in response to this item: “Low-Income Home Energy Assistance Program (LIHEAP) - The extra funding for LIHEAP was impactful and should have not been taken away because of the rise in heating costs”; “Supplemental Nutrition Assistance Program (SNAP) - The increased benefits during the COVID-19 pandemic were helpful in offsetting the rising cost of food. The increase in SNAP went away but the inflated food prices did not”; “Access Community Action Agency Food Pantries - The additional funding was instrumental in increasing our capacity to serve our areas of [our] counties and assist under-resourced individuals and families with food security.”

The last Community Action leader identified “Before and after care,” “Care4Kids subsidized funding,” and “Funding for mental health services” as programs for which federal COVID relief monies had been employed, and for which the state should cover the costs going forward.

Gaps Between Existing Conditions and Desired Outcomes; the Extent to Which They Are Attributable to the Result of the COVID-19 Pandemic

All six participating school counselors, and all seven participating Community Action agency leaders responded to this item.

The first school counselor shared simply that the COVID-19 pandemic had resulted in “Significant lapses in academic exposure and instruction, especially in Math,” as well as a “Significant increase in truancy I & school dis-engagement.”

The next school counselor categorized their responses to this item. Under the heading of ‘academic achievement gaps,’ they explained, “These gaps can manifest in various ways, such as differences in test scores, grade point averages, or course completion rates.” Under the heading of ‘social emotional learning gaps,’ this individual shared, “Students may struggle with emotional regulation, stress management, or interpersonal relationships.” Regarding ‘digital equity gaps,’ they wrote, “Students from disadvantaged backgrounds may have limited access to technology, which can hinder their academic and social development.” Finally, under the heading of ‘career readiness gaps,’ this counselor expressed, “Students may lack the skills and knowledge needed to transition successfully into higher education or the workforce.”

The third counselor offered, “The gaps in education are [due to the fact] that so many families had internet issues, with little or not access to connecting to school,” adding, “Kids ended up falling so far behind that they couldn’t keep up with curriculum based practices.”

Another counselor shared, “Behaviorally students are more immature than we would expect them to be, especially at the middle school level. The lack of socializing and structure during the shutdown is likely why.”

The fifth responding school counselor identified there is “More demand for mental health services outside of school and not enough supply of therapists. This also includes therapists who

work with parents/family systems, as it seems there's been an increased need for parental services post-COVID." They explained, "I would define parental services as therapy and coaching related to how to parent/manage behaviors, as well as mental health needs and family dynamics of parents that impact their children."

The last school counselor shared that, since the pandemic, "Academically students are behind. Students also lack social skills and don't know how to talk to each other. Students have a difficult time sitting in a classroom and understanding class rules."

The first participating Community Action agency leader shared, in response to this item, "The high needs of families and children during this time create a barrier to executive functioning skills needed to advance among society. These gaps were amplified by the COVID-19 pandemic in lack of social interactions for adults and children, availability of in-person resources necessary for building meaningful connections and a sense of belonging and community." Identifying, "Feeling safe is essential to precede the ability to practice and build executive function skills to then experience success and achievement as a human being," this individual explained, "A sense of safety was taken away during the pandemic."

The second Community Action agency leader wrote, "The gaps between the existing conditions of the children and families we serve and their desired outcomes are rooted in long-standing issues, particularly in the areas of food and housing insecurity. These challenges, while present prior to COVID-19, have been significantly amplified due to the pandemic's economic impact. Many of our families were already struggling with access to affordable housing and consistent food supplies, but the pandemic exacerbated these vulnerabilities." They continued, "For example, the economic ripple effects of COVID-19 affected external entities like landlords and employers, placing additional pressure on families. As rents surged by nearly 40%, even previously affordable housing became out of reach for many low-income families,

drastically increasing rates of eviction and homelessness. Families are now often forced to double or triple up in housing, creating overcrowded living conditions that often violate housing regulations. Additionally, with utility costs doubling, and most rental agreements in Connecticut excluding utilities, families are being pushed further into financial distress. These escalating costs, coupled with job losses or reduced income during the pandemic, have only deepened the gap between the current realities of our families and their ability to achieve stable, secure living conditions.” This Community Action agency leader concluded, “Without permanent state support, these gaps will continue to widen, leaving already vulnerable populations in increasingly precarious situations.”

The third leader identified “staffing shortages and children/families dealing with trauma” as preventing children and families from achieving their desired outcomes.

The fourth enumerated insufficient “food, safe and affordable housing, formula & diapers, daycare, transportation, ability to communicate (technology & English not primary language)” as responsible for the gaps that exist between children’s and families’ current circumstances and their desired outcomes. They asserted, “COVID exponentially heightened the growth of pre-existing societal struggles. These obstacles are still experienced post-COVID.”

The fifth Community Action agency leader shared, “I believe that the pandemic contributed to overburdened systems that sent families and programs into survival mode. We have noticed that since COVID-19, many organizations have experienced staffing shortages. What has really accentuated the gaps between our families’ and friends’ current conditions and desired outcomes is the staffing shortages existing for support services, such as B23, School Readiness support, etc. It is not uncommon for needs to be assessed in the classroom and months to pass before services are able to support the child and educators. In addition, it’s been our

experience that children are not always able to receive the services consistently by someone who can provide it in their native language.”

Another Community Action agency leader wrote of “a low inventory of affordable housing,” pointing out that “from 2019 to 2023 the overall rental increase in [our county] was 36.95%, which made families no longer able to afford their rents. Householders are cost-burdened and assistance from a variety of programs frees up resources that in turn help to pay for increased housing costs.” They continued, “The desired outcome would be for families to have a safe, warm, affordable place to live. The stress of not knowing where you will live and not being able to afford a home for your family can impact health outcomes. I think the increased housing costs of this magnitude are directly related to the COVID-19 pandemic and its aftermath.”

The seventh Community Action agency head cited the existence of “literacy and language development gaps,” and wrote of the need for an “increase in behavioral supports, developmental pediatric care, [and] birth to 3 services.” They explained, “These issues are directly related to the pandemic as parents and children began to overly depend on technology, [which resulted in a] decrease in language, impacted adult mental health, [contributed to] increases in birth to 3 referrals, and [increased identification of] special education needs.”

Particular Groups of Young People Who Have Been Especially Negatively Impacted As a Result of the COVID-19 Pandemic

All six participating Connecticut school counselors and all seven participating Connecticut-based Community Action agency heads provided responses to this item.

The first school counselor identified that the COVID-19 pandemic had especially negatively impacted students in “Special education [as well as] English Language Learners, most of [whom] are identified as eligible for Free/Reduced [Price] lunch, and students of color.”

The second school counselor identified “students from low-income families” as having been especially impacted by the pandemic, sharing, “Lack of access to reliable internet, devices, and quiet study spaces often hindered remote learning. Additionally, economic hardships within these families could lead to increased stress and reduced educational opportunities.” They also named students of color as having been especially negatively impacted, explaining, “Systemic inequities in education and healthcare often exacerbated the challenges faced by students of color, including limited access to quality education, mental health resources, and technology.” Also citing the pandemic’s deleterious impacts on students with disabilities, this school counselor wrote, “The transition to remote learning posed significant challenges for students with disabilities who require specialized accommodations or support.” Finally, this counselor shared, “Language barriers and limited access to language support services made it difficult for many English language learners to engage in remote learning.”

The third participating school counselor reported, “the MLL/ESL population were severely impacted,” explaining, “It’s going to be a while before we get back on track.”

Another school counselor identified youngsters from families earning low incomes and those with special needs as having been especially negatively impacted by the pandemic.

The fifth participating school counselor shared, “lower income students and English-Language Learners who recently moved to the country...tend to have fewer supports in place, despite having an increased need as compared to other groups of students, and often don’t have the resources/knowledge/means to access supports.”

The sixth participating school counselor simply wrote that “students with anxiety” were particularly negatively impacted as a result of the COVID-19 pandemic.

In response to this item, the first participating Community Action agency head shared, “Children who were born between the years 2020 and 2022 were negatively impacted by

potential missed developmental [milestones] and developmental services such as Birth-to-3 services due to a pause in services (by choice of family or program due to safety precautions) or virtual visits.” They continued, “Teaching and Family Service staff are seeing a rise in delays in social/emotional skills as well as a rise in documented disabilities and diagnosis of disabilities.”

The second responding Community Action agency head expressed, “The COVID-19 pandemic has disproportionately impacted children and adolescents living in poverty, regardless of race, but the effects have been particularly severe for Black and Brown children who already faced systemic inequities before the pandemic. Children experiencing poverty were more vulnerable to disruptions in education, food security, housing stability, and access to healthcare. For these children, the pandemic widened existing gaps, further limiting their opportunities for success and exacerbating their struggles to meet basic needs.” This leader went on, “Black and Brown children have been especially affected due to a combination of racial and economic disparities. These children are more likely to live in communities that were hardest hit by the pandemic, where families faced higher rates of unemployment, housing insecurity, and food scarcity. Additionally, the digital divide was more pronounced in communities of color, leaving many children without access to adequate technology for remote learning, further impeding their educational progress. These compounded effects have deepened inequities and left many children and adolescents in Black and Brown communities at a significant disadvantage as they attempt to recover from the impact of the pandemic. Addressing these disparities requires targeted, sustained support to close the gaps and ensure that all children, particularly those in marginalized communities, have access to the resources they need to thrive.”

The third and fourth participating Community Action agency leaders identified young children as having been particularly negatively impacted by the pandemic. The former merely wrote “children age birth-5” in response to this item. The latter shared, “Toddlers and children of

primary education [age] suffered the loss of crucial social, emotional, and educational foundational building blocks.” They added, “Postnatal moms suffered from loss of support due to quarantining, increasing the risk of postnatal depression, ultimately increasing the risk of attachment disorders.”

Another Community Action agency head expressed, “I think all groups of children, particularly children of families with low income, have been negatively impacted. Their social skills suffered, there arose instability and disconnect between children and programs due to closings, inabilities to staff classrooms, and inabilities to benefit from facial cues and expressions in building their language and emotional intelligence skills, and there was trauma – families who did not have job flexibility or access to resources suffered.”

The sixth participating Community Action agency focused their response on adolescents, who they described as being “at an age where they recognize the financial struggles their parents are going through related to inflation caused by the pandemic,” adding that their awareness of their families’ challenges “affects their sense of security.”

The seventh participating Community Action agency leader identified that both very young children and emerging adolescents had been particularly negatively impacted by the COVID-19 public health emergency. With regard to the latter, they explained, “Students that were in K-2 during the pandemic...are now our 5, 6, 7 grade students.”

Summary of Survey Results

In identifying which school-based programs, having been funded through federal COVID relief monies, should continue with permanent funding from the State of Connecticut, responding school counselors cited (in descending order of frequency): *additional academic supports for students; social and emotional supports for students, food assistance for students and families, and technology supports for students and families; supports for school staff* (i.e., additional

training, opportunities to earn extra money through providing after-school supports); and *physical improvements to schools*.

In identifying which out-of-school programs should receive permanent funding from the state as the federal COVID relief funding expires, three participating school counselors and seven Community Action agency heads were largely in agreement. The largest number of school counselors and agency leaders identified *counseling services for young people and families* and *academic and/or enrichment opportunities for young people beyond the school day* as top priorities. Additionally, three Community Action agency heads identified *food assistance* programs as continuing to be necessary for young people and their families. Continued funding to *bridge the digital divide*, to provide *housing support*, and to provide *energy/fuel assistance* were also each identified by at least one agency leader.

The gaps identified by participating school counselors (6) and Community Action agency leaders (7) between young people's/families' existing conditions and desired outcomes included (at equal levels of urgency) *social, emotional, and mental health challenges* and *academic gaps and school disengagement*. Those were followed by *families' lack of access to digital tools*; *lack of adequate staff numbers to meet young people's/families' needs*; and *lack of access to such basic necessities as sufficient food or adequate housing*. Responding school counselors and agency heads were nearly unanimous in stating that, while the COVID-19 pandemic had not caused these gaps, it had certainly exacerbated them.

Regarding which groups of young people had been particularly negatively impacted by the COVID-19 pandemic and its sequelae, equal numbers of participating school counselors and Community Action agency leaders expressed that *young people with learning and/or emotional disabilities* and *young people from families earning low incomes* were most negatively impacted. School counselors also shared that *multi-language learners and English language learners* had

also been especially negatively impacted by the pandemic. Small numbers of both groups of participants identified *young people of color* as having been harmed by COVID-19 and its effects. Although most respondents wrote generically about young people, without mention to specific age groups, a small number of the participating Community Action agency heads specified that *infants, toddlers, and pre-school aged children* had been particularly impacted by the pandemic, and an even smaller number wrote that *adolescents* had been. Notably, none of the respondents, either school counselors or Community Action agency leaders, specifically mentioned “individuals who were enrolled in high school in the state and were members of the classes graduating from 2020 to 2023, inclusive” – a population to whom the Connecticut General Assembly specifically referred in its charges to this Task Force.

Blue Ribbon Panel on Child Care

Twenty-three state leaders and community members served on the Blue Ribbon Panel on Child Care in 2023 and created the [Blue Ribbon Panel on Child Care Report](#), which includes on page 27 a listing of four overarching goals—Workforce & Quality, Equitable & Affordable Access, Systems, and Funding. Sixteen objectives with key action steps are discussed in the pages that follow.

Goal 4 particularly addresses funding: To “build a well-funded, sustainable Early Childhood Education funding system that is poised to efficiently leverage future investment” (p. 48). The five-year plan incorporates stabilization and system building for the current fiscal year and the next (years one and two of the plan), which leads to expansion and sustainability beginning in the next fiscal year and continuing for three additional fiscal years through FY2029 (p. 55).

As the panel stated (p. 59), “investing in early childhood proactively decreases the need for long-term investments in remediation, social services, and the criminal justice system” as

discussed previously in this report. Careful consideration of the work of this panel, building upon the 2023 report of the Task Force to Study the Comprehensive Needs of Children in the State, is recommended, including consideration of the need for ongoing funding.

Learner Engagement and Attendance Program (LEAP)



The Learner Engagement and Attendance Program (LEAP) is a [research-based](#) home visiting program that identifies and partners with families to improve student attendance and family engagement. Caroline Calhoun, Professional Learning and Attendance Specialist and LEAP Coordinator at EdAdvance, pointed to the [Connecticut State Department of Education website](#) that indicates, “In April 2021, the [CSDE and Governor Ned Lamont](#) launched LEAP to address student absenteeism and disengagement from school due to the COVID-19 pandemic. LEAP targeted 15 school districts across Connecticut. Through the program, home visitors connect directly with families and students to establish trusting relationships, help return them to a more regular form of school attendance, and assist with placement in summer, after school, and learning programs.”

The [LEAP report](#) highlights the following data points that support the continuation of the program:

- For most students examined in this study, attendance rates increased by four percentage points in the month immediately following the first LEAP visit. Attendance rates then continued to rise in subsequent months, reaching an average increase of approximately seven percentage points for students served in the

summer of 2021 and nearly 15 percentage points for students served during the 2021-22 school year after 6 months. These effects were most noticeable in the Hartford School District.

- Nine months after the first LEAP visit, students in grades PK – 5 experienced approximately an eight-percentage point increase in attendance. Students in grades 6-12 experienced approximately a sixteen-percentage point increase in attendance rates relative to similar students who were not served over the same time period, suggesting that the impact of LEAP was significantly larger in later grades.
- Results did not differ based on the type of personnel, school or community-based, conducting a LEAP home visit. Nine months after the initial LEAP visit, attendance rates increased by between approximately 15 and 20 percentage points regardless of who conducted the visit.
- LEAP visits that occurred at a student’s home or a student’s school had significantly larger impacts on attendance than LEAP visits that occurred virtually or on the phone.

The video that is found on the Department of Education website explaining LEAP

(<https://www.dropbox.com/s/1m770s2br8pl06w/Screenshot%202024-10-23%20at%208.38.41%E2%80%AFPM.png?dl=0>) includes personal testimonials that support the above-stated data.

Kari Sullivan, consultant from the State Department of Education regarding resources, strategies, and best practices to address chronic absenteeism, shared that currently 200 school districts are implementing LEAP, and 30 states beyond Connecticut have also been trained to use the program. She also shared the press release from August 27, 2024, found on the [State Department of Education website](#), which highlights the decline in chronic absenteeism by 2.3 percentage points from 20 percent in 2022-2023 to 17.7 percent in 2023-2024, representing 11,674 fewer students missing at least 10 percent of school days: over 80 percent of districts (158

out of 197 districts) showed a decline in their chronic absenteeism rate. LEAP is working and funding to continue this program is recommended.

Young People First: A Bold Plan to Address Connecticut's Statewide Crisis

In Fall 2024, the 119K Commission – empaneled by the Connecticut Council of Municipalities, and generously funded by Dalio Education – released [Young People First: A Bold Plan to Address Connecticut's Statewide Crisis](#). This report describes the tens of thousands of young people in our state who are either already disengaged or at risk of becoming so, and it illustrates how such widespread disengagement is deleterious, not only for the individual young people impacted, but for our state's society and economy more broadly.

The Connecticut State Department of Education, which takes this issue with the seriousness that it deserves, released a companion document – [Essential Considerations for the Young People First Report](#) – to identify the steps that are already being taken by CSDE, and individual schools and districts across the state, to improve circumstances for the approximately 56,000 – 47% of the eponymous 119,000 young people in question – who are currently enrolled in the state's schools. CSDE also provided recommendations of its own by which young people at risk of disengagement may be helped to thrive.

In articulating how preventing youth disengagement yields economic benefits for individual young people and for municipal and state governments, the report enumerates a variety of policy and funding recommendations by which the crisis of youth disengagement could be curtailed – a large number of which echo recommendations that this Task Force has been making since it was first established.

Review of Projects Funded Under the State of Connecticut Recovery Plan

The 2024 Report on the State and Local Fiscal Recovery Funds spent under the State of Connecticut Recovery Plan enumerates \$2,812,500,000 in spending of federal COVID relief funds across scores of programs spanning eighteen priority areas. Members of the Task Force

reviewed those projects, categorized them according to the five tenets of the Whole Child framework (that is, according to whether they contributed to young people being *healthy, safe, engaged, supported, or challenged*), and determined whether such programs should be continued, with permanent funding from state appropriations.

The Task Force determined that \$1,319,781,000 of the \$2,812,500,000 in programs (49.05%) should be continued and permanently funded, as those programs align entirely with the five tenets of the whole child, as well as with the recommendations that the Task Force has been making since our initial report in 2021.

HEALTHY

(\$474,810,770)

Project 28002: Healthcare Workforce Needs

\$35,000,000 to the CSCU system to fund preparation of nurses and social workers

Project 29694: Farmer's Market Nutrition

\$200,000 to the Department of Agriculture to increase the value of WIC check booklets

Project 29695: Farm-to-School Grant

\$750,000 to the Department of Agriculture for Connecticut Grown 4 Connecticut Kids

Project 29696: Food Insecurity Grants to Food Pantries and Food Banks

\$1,000,000 to the Department of Agriculture to double SNAP benefits used at farm stands

Project 28018: Expand Mobile Crisis Intervention Services

\$25,800,000 to the Department of Children and Families to further expand pediatric mobile crisis intervention services

Project 28019: Additional Urgent Crisis Centers & Sub-Acute Crisis Stabilization Units

\$28,000,000 to the Department of Children and Families to enhance diversionary services

Project 28021: Social Determinant Mental Health Fund /

Project 28022: Family Assistance Grants

\$3,000,000 (total) to the Department of Children and Families to assist urban and minority families lacking access to traditional third-party reimbursement mechanisms for mental health interventions to mitigate youth behavioral health issues

Project 28023: Expand Access Mental Health

\$990,000 to the Department of Children and Families to expand access to mental health services

Project 28025: Peer to Peer Training for Students /

Project 28152: Peer-to-Peer

\$650,000 (total) to the Department of Children and Families to support boards of education in administering peer-to-peer mental health programs for students grades six to twelve, and to support peer-to-peer mental health services

Project 29781: Children's Mental Health Initiatives

\$20,500,000 to the Department of Children and Families to support a variety of initiatives related to children's behavioral health, including to address trauma experienced by children

Project 29782: Child First

\$10,200,000 to the Department of Children and Families to increase the capacity of Child First service teams across the state to provide home-based services to families with the highest level of need

Project 28094: Social Worker Grant SB 1 /

Project 28094: School Mental Health Workers

\$20,000,000 (total) to the Department of Education to provide grants to boards of education for the hiring and retention of school social workers, school psychologists, school counselors, and school nurses to enhance children's mental health

Project 28096: School Mental Health Services Grant

\$8,000,000 to the Department of Education to support boards of education and operators of youth camps in the delivery of mental health services to students

Project 28097: RESC Trauma Coordinators

\$1,700,000 to the Department of Education for the hiring of trauma coordinators at the regional educational service centers to design/provide professional learning opportunities to faculty and staff of boards of education

Project 28105: Free Meals for Students

\$81,000,000 to the Department of Education for the provision of free meals to students in Connecticut school districts

Project 28145: Enhance Mobile Crisis Services – Case Management /**Project 28147: Expand Availability of Privately-Provided Mobile Crisis Services**

\$13,800,000 to the Department of Mental Health and Addiction Services to increase staffing of licensed clinicians for mobile crisis teams, and to expand the availability of those teams to 24/7/365

Project 28149: Provide Mental Health Peer Supports in Hospital Emergency Depts

\$2,400,000 to the Department of Mental Health and Addiction Services to implement certified peer specialists in emergency departments to support individuals with substance use disorders

Project 29797: DMHAS Private Providers

\$43,660,000 to the Department of Mental Health and Addiction Services to enhance the salaries and wages of personnel at contracted mental health and substance use providers

Project 28020: Support for Improved Outcomes for Youth

\$2,000,000 to the Department of Children and Families to support the work of Youth Service Bureaus (YSBs) and Juvenile Review Boards (JRBs)

Project 28161: School Based Health Centers**Project 28167: ICHC School Based Health Centers**

\$10,604,000 to the Department of Public Health to expand mental health services and/or service hours at existing school based health centers across Connecticut

Project 28170: Child Psychiatrist Workforce Development /**Project 29752: DPH Loan Repayment**

\$13,600,000 to the Department of Public Health to recruit and hire new (or to retain existing) child and adolescent psychiatrists in Connecticut, and to operate a state educational loan repayment program for primary care providers working in Health Professional Shortage Areas in Connecticut

Project 28173: Provide Payments to Filers Eligible for the Earned Income Tax Credit

\$42,249,865 to the Department of Revenue Services to provide one-time assistance payments to filers eligible for Connecticut's earned income tax credit

Project 28176: Provide Support for Infant and Early Childhood Mental Health Services

\$9,000,000 to the Department of Social Services to build capacity for specialized mental health providers to deliver infant and early childhood mental health treatment services to prevent, treat, or ameliorate symptoms of behavioral/emotional dysregulation

Project 28531: School Based Health Care

\$800,000 to the Department of Social Services to support school based health care services

Project 29753: Community Action Agencies – Community Health Workers

\$7,000,000 to the Department of Social Services to establish or enhance Community Health Worker programs in each of the nine federally designated Community Action Agencies

Project 28233: Higher Education Mental Health Services

\$2,906,905 to the Office of Higher Education to provide grants to institutions of higher education for the delivery of mental health services to students

Project 28236: Provide Private Provider Support – One Time Payments

\$20,000,000 to the Office of Policy and Management to provide additional one-time support to private mental health and substance use providers who contract with the state

Project 29819: Governor’s Workforce Initiatives

\$70,000,000 to the Office of Workforce Strategy to fund grant awards to eligible organizations to provide short-term workforce training in such in-demand industries as manufacturing, healthcare, IT, clean energy/infrastructure, and social/human services

SAFE

(\$273,960,085)

Project 28140: Homeless Youth Transitional Housing

\$1,000,000 to the Department of Children and Families to provide housing vouchers and relocation assistance for disproportionately impacted communities

Project 29747: Health and Safety Barriers to Housing Remediation /

Project 29748: Efficient Energy Retrofit for Housing

\$14,000,000 (total) to the Department of Energy and Environmental Protection for programs to retrofit homes impacted by asbestos or mold, that require weatherization upgrades, or whose energy efficiency is sub-optimal

Project 28141: Homeless Services /

Project 28307: Flexible Funding Subsidy Pool for Housing and Homeless Support /

Project 28309: Housing Support Services /

Project 28310: Rapid Rehousing

\$14,500,000 (total) to the Department of Housing to support homeless services and operate the Coordinated Access Networks (CANs), as well as to create a pool for housing subsidies

Project 28143: Support for Affordable Housing Project /

Project 28308: Housing Initiatives

\$55,200,000 (total) to the Department of Housing to fund affordable housing initiatives across Connecticut and to expand eligibility to the Security Deposit Guarantee Program

Project 28148: Fund Supportive Services to Accompany New Housing Vouchers

\$3,375,000 to the Department of Mental Health and Addiction Services for the provision of pre-tenancy support and post tenancy housing sustaining services

Project 28159: Promote Health and Lead-Safe Environments

\$20,000,000 to the Department of Public Health to support lead investigation, abatement, and remediation to housing in Connecticut

Project 28175: Provide Additional Supports for Victims of Domestic Violence

\$2,900,000 to the Department of Social Services to address the safety risks and housing needs of victims of domestic violence

Project 28350: Low Income Home Energy Assistance Program Supplemental Benefits /

Project 28351: Operation Fuel, Inc. Supplemental Benefits

\$10,313,557 (total) to Department of Social Services to provide supplemental home heating and energy benefits to eligible households

Project 29795: Community Action Agencies

\$5,000,000 to the Department of Social Services to support Connecticut's Community Action Agency network's efforts to cover short-term costs for vulnerable and at-risk populations

Project 29835: Free Bus Public Transportation Services

\$32,000,000 to the Department of Transportation to fund free public bus services statewide to benefit low-and moderate-income households

Project 28201: Provide Funding to Expand Housing Opportunities for People on Bail

\$5,831,228 to the Judicial Department to partner with other agencies to provide housing and treatment to individuals charged with a crime who have mental health issues, and/or substance use disorders, and/or who suffer from housing instability or homelessness

Project 28210: Provide Increased Funding for Victim Service Providers

\$48,040,300 to the Judicial Department to provide services – e.g., crisis counseling, case management, advocacy, behavioral health services, emergency financial assistance, safety planning – to victims (and/or their families) of assault, child abuse, community violence, domestic violence, elder abuse, homicide, human trafficking, sexual abuse

Project 29784: Legal Representation for Tenant Eviction

\$21,000,000 to the Judicial Department to fund the Right to Counsel program for low income-eligible tenants

Projects 28484, 28485, 28486, 29487, 28488, 28489, 28490, 28491, 28492, 28493, 28484, 28495: Municipal Aid

\$40,800,000 (combined) in municipal aid to Danbury (\$12,000,000), Bridgeport (\$7,000,000), Waterbury (\$5,500,000), New Haven (\$1,500,000), Norwalk (\$5,000,000), Meriden (\$500,000), Stamford (\$2,000,000), Windham (\$1,200,000), Manchester (\$900,000), Glastonbury (\$450,000), New Britain (\$4,000,000), and Ansonia (\$750,000)

ENGAGED

(\$206,690,000)

Project 28020: Support for Improved Outcomes for Youth

\$2,000,000 to the Department of Children and Families to support the work of Youth Service Bureaus (YSBs) and Juvenile Review Boards (JRBs)

Project 29786: TRUE Unit – Cheshire CI

\$1,000,000 to the Department of Correction to implement a model of expanding services to reduce recidivism among young men aged 18-24

Project 29787: WORTH Program – York CI

\$500,000 to the Department of Correction to implement a model of expanding services to reduce recidivism among young women aged 18-24

Project 29788: Vocational Village /

Project 28483: Vocational Village

\$17,475,000 (total) – \$8,796,000 to the Department of Corrections & \$8,679,000 to the Office of Policy and Management – to enhance participants’ workforce skills so that they will be able to fill in-demand jobs in the community upon release

Project 28032: Improve Camps

\$2,000,000 to the Department of Developmental Services to make capital and accessibility improvements to camps that provide services to individuals with intellectual and developmental disabilities, and respite for their families/caregivers.

Project 28089: Expand Support for Learner Engagement and Attendance Program

\$14,000,000 to the Department of Education to expand home visits from school personnel

Project 28090: Increase College Opportunities Through Dual Enrollment

\$7,000,000 to the Department of Education to expand dual credit opportunities for high school students

Project 28091: Provide Funding for the American School for the Deaf

\$1,115,000 to the Department of Education for funding for enrichment and workforce development opportunities for students enrolled at the American School for the Deaf

Project 28295: Education Workforce Development /

Project 28299: Teacher Residency

\$3,000,000 (total) to the Department of Education to provide grant funding to support school districts’ efforts to recruit and retain educators a more diverse population of educators, and to provide professional development

Project 29741: Summer Camps Scholarships for Families

\$11,500,000 to the Department of Education to expand opportunities from children from families earning low incomes to attend summer camp, childcare, and other programs

Project 29746: Swimming Lessons to DEEP

\$1,000,000 to the Department of Energy and Environmental Protection to provide free swim lessons to children from families with limited financial ability

Project 28219: YouthBuild /

Project 28330: Built With Our Hands /

Project 28333: Youth Employment for Regional Workforce Boards /

Project 28476: Platform to Employment /

Project 28505: New Haven Youth at Work

\$4,000,000 (total) to the Labor Department to fund community-based pre-apprenticeship and meaningful employment programs for at-risk youth ages 16-24 (particularly for underserved youth) who have previously dropped out of high school

Project 29759: Opportunities for Long Term Unemployed Returning Citizens

\$1,500,000 to the Labor Department to fund a five-week preparatory program and career coaches for job seekers

Project 28222: Expand Access – Apprenticeship

\$6,500,000 to the Office of Early Childhood to fund expanded access to the childcare apprenticeship program

Project 28223: Care4Kids /

Project 29768: Care4Kids Parent Fees /

Project 29769: Parent Fees for 3-4 Year Olds at State Funded Childcare Centers

\$72,600,000 to the Office of Early Childhood to support the Care4Kids childcare subsidy program for low- and moderate-income families in Connecticut

Project 28227: School Readiness /

Project 28227: Start Early – Early Childhood Development Initiatives /

Project 28479: Smart Start

\$51,200,000 (total) to the Office of Early Childhood to provide grants to child care providers serving low- and moderate-income households to support high-quality early childhood care, education services, support services, and school readiness programs

Project 29770: Universal Home Visiting

\$10,300,000 to the Office of Early Childhood for a universal home visiting program designed to connect families with behavioral and health resources

SUPPORTED

(\$148,820,000)

Project 28031: Enhance Community Engagement Opportunities

\$2,000,000 to the Department of Developmental Services to facilitate community engagement for individuals with intellectual and developmental disabilities

Project 29773: Private Providers

\$110,000,000 to the Department of Developmental Services to increase the wages for employees in DDS provider settings, as well as to fund a health and retirement pool for those care workers

Project 28041: Youth Service Corp

\$1,100,000 to the Department of Economic and Community Development to fund community-based service learning, academic support, and workforce development for youth and young adults involved with the justice system, DCF, in foster care, or experiencing homelessness

Project 29732: Right to Read /

Project 29733: Faith Acts Priority School Districts

\$35,720,000 to the Department of Education to support high-need school districts in ongoing efforts to enhance the literacy skills of students

CHALLENGED

(\$215,500,000)

Project 28003: Provide Operating Support

\$118,000,000 to the CSCU System for operating support

Project 29691: Enhance Student Retention at Community Colleges

\$19,500,000 to the CSCU System to enhance student enrollment, retention, and persistence

Project 29771: Roberta Willis Need-Based Scholarships /

Project 29847: Roberta Willis Need-Merit Scholarships

\$78,000,000 to the Office of Higher Education to provide need- or need-merit-based financial aid grants to students for higher education

Discussion

The Connecticut General Assembly charged the Task Force with examining how COVID-19 had impacted the state's young people and their families, and with identifying which programs lately funded with federal COVID relief monies should continue with permanent funding from the state. The preceding paragraphs delineate how we had approached our

assignment of looking into these matters, and what we found through our investigations. The paragraphs that follow summarize our findings in light of the extant literature.

The COVID-19 pandemic's impacts have far outlasted the lockdowns necessitated by that public health emergency. They have been felt in homes, businesses, and educational institutions, as well as across all of the social services, whether provided through public agencies directly or by those agencies' not-for-profit partners.

Not long after the pandemic's start, Feinberg and his colleagues (2022) identified "evidence of a large deterioration in parent and child mental and behavioral health during the first months of the pandemic," and expressed that "the magnitude of increases in parent depression and children's internalizing and externalizing problems from before the pandemic was striking" (p. 370). Those authors anticipated that such negative impacts would persist beyond the pandemic, suggesting "scarring may take place within families; after a decline in inter-related factors such as parent mental health, child adjustment, coparenting, and parenting quality, initial increases in well-being in one area may be undermined by persisting problems in another" (p. 373).

Also from its onset, it was anticipated that the pandemic's impacts would not be equally felt; that those who had endured privation or experienced precarity before COVID would be far more negatively impacted by the health emergency than those with greater resources. "Pre-existing inequities in resources and opportunities (e.g., unsafe working conditions; lack of access to healthcare) have exacerbated [COVID-19's] impacts, leaving the most vulnerable to face a multitude of hardships. Among those groups most affected are women as well as individuals of racial/ethnic minority and socioeconomically disadvantaged backgrounds" (Thomas et al., 2022, p. 1199). The accuracy of this prediction has been borne out by the responses of the Connecticut school counselors and Connecticut Community Action agency heads who completed our survey.

Still being studied is how young people's brains had been impacted by changes in routine and habits necessitated by the pandemic. In a recent article reporting findings from their studies of adolescents, Corrigan et al. (2024) posit, "lifestyle changes associated with the COVID-19 pandemic lockdowns resulted in a deviation from the normal pattern of cortical thinning during adolescent development and...the effects were more dramatic in females than in males." The authors continue, "As accelerated cortical thinning during brain development is associated with increased risk in the development of neuropsychiatric and behavioral disorders, the findings from this study highlight the importance of providing ongoing monitoring and support to adolescents who experienced the pandemic lockdowns" (p. 7).

Although the precise causes and long-term outcomes of alterations in their neurophysiology remain subject to investigation, changes in students' behavior and academic engagement since the pandemic are commonly remarked upon by educators and education scholars. Baker and Koedel (2024), for example, report findings from surveys of educators in Illinois, revealing that classroom disruptions had increased, and student responsibility and the quality of their discussions had not only decreased since before the onset of COVID-19 but had continued to do so since the end of the public health emergency.

The infusion during the pandemic of federal funding into the schools, programs, and agencies serving Connecticut's young people and their families served to mitigate the medical, societal, and economic impacts of the public health emergency for all of us, but especially for those whose circumstances were already marked by precarity. Given what we have learned through our recent investigations, the Task Force recommends that the Connecticut General Assembly continue, with permanent funding from the state government, roughly half of the projects that have been being funded with federal COVID relief monies. These projects are enumerated in the table above.

Conclusion

Despite boasting among the highest per capita income and the highest per capita wealth of any state in the nation, Connecticut continues to have among the greatest gaps in both household income and wealth – and, by extension, in health outcomes, access to healthcare, and academic achievement. These gaps were conspicuous – and in many cases worsened – during the COVID-19 pandemic, and have not appreciably narrowed since the health emergency ended.

In its *2021 Kids Count Profile*, the Annie E. Casey Foundation (2021) reported that, prior to the pandemic, 14% of children in Connecticut were living in poverty and 27% had parents who did not have secure employment. Three years later, that same organization reports only marginally smaller numbers: As of 2022, when data were collected most recently, 12% of Connecticut children were living in poverty and 23% had parents without secure employment (Annie E. Casey Foundation, 2024).

In their publication *ALICE in the Crosscurrents: An Update on Financial Hardship in Connecticut*, the Connecticut United Ways (2024) reported data on households in the state that could be assigned the ALICE designation (that is, that are Asset Limited, Income Constrained [and] Employed). Earning too much to qualify officially as poor, ALICE households nevertheless struggle to cover the costs of housing, food, child care, transportation, and other basic necessities. As of 2022, when the most recent data were collected, 40% of Connecticut households fell below the ALICE threshold: 11% were below the federal poverty level, and 29% were eligible to be categorized as ALICE. Notably, while only 34% of White families in the state fell below the ALICE threshold, 58% of Black families and an equal percentage of Hispanic families fell below that threshold, revealing just how persistent and pernicious the state's income gaps remain.

The Task Force to Study the Comprehensive Needs of Children in the State was originally empaneled – and has since been reauthorized on several occasions – with the charge of assessing existing circumstances for children in Connecticut and making recommendations by which to improve them, through the lens of the Whole Child framework. Consequently, our numerous specific recommendations have been categorized according to whether they are formulated to ensure that all youngsters in Connecticut are *healthy* (recommendations H.1 through H.15), *safe* (recommendations Sa.1 through Sa.4), *engaged* (recommendations E.1 through E.6), *supported* (recommendations Su.1 and Su.2), or *challenged* (recommendations C.1 through C.3).

As our state’s Department of Public Health (2021) explained in *Healthy Connecticut 2025 – State Health Improvement Plan*, four elements are critical to ensuring that individuals and communities are healthy: Access to Health Care, Economic Stability, Healthy Food and Housing, and Community Strength and Resilience. These ‘Social Drivers of Health’ – the conditions in which people live, attend school, and work – “disproportionately impact vulnerable or disadvantaged populations, such as children and young people; people with disabilities; seniors; veterans; immigrants regardless of status; People of Color; current and recently incarcerated people; the poor; the homeless and those experiencing housing insecurity; people with Substance Use Disorders; and Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersex, Agender, Asexual and other Queer-identifying (LGBTQIA+) people” (p. 20).

Because health disparities – preventable differences “in health status, risk factors, and/or health outcomes among subgroups of the population”(DPH, 2021, p. 20) – often stem from the social, economic, and/or environmental disadvantages that people experience, all four Social Drivers of Health are reflected in the recommendations that this body has been making since 2021. As we have sought to demonstrate in the preceding pages, the COVID-19 pandemic served

to highlight, and in some cases to exacerbate, the risk factors that have for too long been disproportionately endured by our state's minoritized and/or marginalized residents – a great many of them children and adolescents.

Genuinely appreciating the Connecticut General Assembly's having charged us with determining which programs, hitherto funded with federal COVID relief monies, should be continued with permanent funding from the state, the Task Force is cognizant that no such appropriations will be possible unless the existing [fiscal guardrails](#) (or, as some have taken to calling them, fiscal roadblocks) are reengineered to allow for significantly more of the revenues that the state collects to be expended on these and other needed programs. As our work over these past several years has made plain, and as our recent survey respondents compellingly confirmed, the programs that have been funded with federal COVID relief monies are in place to address major societal problems that existed long before the onset of the pandemic, and which in many cases were worsened by it. Unless it revisits the state's volatility cap, revenue cap, spending cap, and bond lock, the Connecticut General Assembly will be unable to allow the selected programs to continue their crucial work; entirely preventable hardships that for too long have been endured by our state's most vulnerable children, adolescents, seniors, and families will be needlessly perpetuated.

The following pages enumerate the recommendations that the Task Force has been making since its inception, and provide an update on the legislative actions that have been taken on those recommendations. Recommendations upon which the Connecticut General Assembly has taken legislative action are highlighted in green and annotated with descriptions of those actions. The recommendations still not yet addressed are highlighted in gold.

Task Force recommendations highlighted in green have been addressed to some degree by the CGA, in the 2022, 2023, and/or 2024 legislative session(s). (Specific actions taken are identified.)

Task Force recommendations highlighted in gold have not yet been addressed by the legislature to the best of our knowledge. Some of these recommendations were included in our first report in December 2021; some have been added subsequently, either in our second report, or pursuant to the two specific charges that were assigned to us in 2022.

Healthy: *Each student enters school healthy and learns about and practices a healthy lifestyle.*

H.1. Increase children’s access to preventative care to promote their medical, dental, and social-emotional health.

The Task Force endorses the Department of Social Services’ (2021) *State Action Plan for Fiscal Year 2022*, which, among other things, calls for increases in:

- the number of children who receive well-child exams annually;
- the number of children who receive dental visits annually; and
- the number of DPH funded School Based Health Center sites that conduct Adverse Childhood Experiences (ACEs) screenings, and make necessary referrals.

Likewise, this recommendation reflects the Task Force’s appreciation of the efforts of the task force that had been established under Public Act 21-35 to examine strategies to expand access to school-based health centers (SBHCs) or expand SBHC sites.

2022 Session

[Senate Bill 1](#) section 10 established the Task Force to Combat Ableism. The task force shall identify (1) current efforts to educate all students on disability and combat ableism in the public school curriculum and classrooms, and (2) opportunities to expand such efforts and integrate them into social-emotional learning.

[Senate Bill 2](#) section 1 made mental health and addiction services available 24/7.

[Senate Bill 2](#) section 2 created the Social Determinants of Mental Health Fund to offer funding for mental health care to those impacted by social determinants.

[Senate Bill 2](#) sections 11-12 established the Get Outside and Play for Children’s Mental Health Day.

[Senate Bill 2](#) section 17 creates a cost sharing program for pediatric providers to hire LCSWs and Counselors in-office.

2023 Session

No action taken.

2024 Session

No action taken.

H.2. Make health care costs – including the costs of behavioral and mental health care – affordable for families.

As the U.S. Department of Education (2021a) explains, “Nearly one in five children in the United States live in poverty, and youth from lower income households are less likely to access health care...and more likely to experience significant mental health systems” (p. 10).

The Task Force endorses the Connecticut Department of Public Health’s (2021) *Healthy Connecticut 2025 - State Health Improvement Plan*, which, among other things, calls for a decrease in the number of Connecticut residents who are at risk of spending more than 10% of their net income on health care services and coverage.

2022 Session

[Senate Bill 1](#) section 12 established a School Based Health Center expansion program.

[Senate Bill 2](#) section 2 created the Social Determinants of Mental Health Fund to offer funding for mental health care to those impacted by social determinants.

2023 Session

No action taken.

2024 Session

No action taken.

H.3. Increase availability of settings (telehealth, out-patient, and in-patient) for mental health preventive care, treatment, and crisis intervention for individuals of all ages.

This recommendation reflects the Connecticut Department of Public Health’s (2021) priorities - expressed in *Healthy Connecticut 2025 - State Health Improvement Plan* - that there be an increase in “the number of traditional and alternative (community- and technology-based) places people can access health care” (p. 45), and that there be an increase in “the availability and diversity of primary care providers, community partners, and care management services” (p. 46).

Additionally, this recommendation echoes that of the Centers for Disease Control and Prevention (2019), which advocates interventions to lessen the immediate and long-term harms to youngsters of Adverse Childhood Experiences (ACEs). Among the interventions that the CDC recommends are: enhanced primary care, victim-centered services, treatment to lessen the harms of ACEs, treatment to prevent problem behavior and future involvement in violence, and family-centered treatment for substance use disorders.

This recommendation likewise reflects the aim, expressed in the *Connecticut Children's Behavioral Health Plan - 2021 Annual Report*, that the state invest in collaborative activities that will allow for the provision of services and supports needed by children.

The Sandy Hook Advisory Commission explained in 2015:

Many of our students and their families live under persistent and pervasive stress that interferes with learning and complicates the educational process. There are many potential resources such as school based health centers that should provide a locus of preventive care, including screenings and referrals for developmental and behavioral difficulties, exposure to toxic stress, and other risk factors, as well as treatment offerings that can address crisis, grief and other stressors.

2022 Session

[Senate Bill 1](#) sections 3-5 offered a grant and program to hire mental health workers in schools with highest unmet need.

[Senate Bill 2](#) section 1 made mental health and addiction services available 24/7.

[Senate Bill 2](#) sections 3-4 creates a mental health plan for student athletes.

2023 Session

No action taken.

2024 Session

[SA 24-10](#) required DPH to create a universal patient intake form for children's behavioral health services.

[PA 24-110](#) made many temporary telehealth laws permanent and enacted new provisions:

- Permanently and explicitly allowed the use of telehealth,
- Ensured fairness in insurance reimbursement and out of pocket costs,
- Allowed CT providers and residents to provide and access telehealth from anywhere.

[PA 24-19](#) required DMHAS to establish a peer-run respite center to provide services for distressed adults before or during a mental health crisis.

H.4. Expand access to treatment services for addiction for individuals of all ages.

This recommendation reflects the Department of Social Services' (2021) goal, articulated in its *State Action Plan for FY 2022*, of reducing the number of adolescents who report using substances.

Moreover, this recommendation reinforces the CDC's (2019) promotion of family-centered treatment for substance use disorders as one mechanism by which to mitigate the impacts of Adverse Childhood Experiences.

2022 Session

[Senate Bill 2](#) section 1 made mental health and addiction services available 24/7.

2023 Session

[PA 23-97](#)

Increases treatment for opioid addiction by:

- Creating a harm reduction pilot to prevent overdoses – allowing people to access fentanyl and xylazine tests, receive counseling and other services - under the care of licensed providers
- Establishing a dedicated funding source for the bulk purchase of Narcan for towns, schools, local police and health departments and EMS companies
- Encouraging people to obtain Narcan when they are prescribed an opioid

2024 Session

[PA 24-19](#) allowed pharmacists to provide a patient with an opioid disposal system when dispensing opioids.

H.5. Enhance – and provide sufficient resources, including personnel and training for – schools’ efforts to promote students’ social and emotional health; to teach social-emotional and relationship skills; and to implement disciplinary policies and practices that are educative and restorative.

The Task Force agrees with the CDC's (2019) expression of the importance of teaching young people to “handle stress, manage emotions, and tackle everyday challenges.”

The Sandy Hook Advisory Commission identified in 2015:

For many children schools offer the only real possibility of accessing services, so districts should increase the availability of school guidance counselors, social workers, psychologists, and other school health and behavioral health professionals during and after school as well as potentially on Saturdays.

The Task Force likewise endorses Connecticut Voices for Children's (2021) recommendation that the Connecticut General Assembly:

Increase funding for behavioral health support staff in schools including counselors, psychologists, and social workers. Behavioral health support staff spend years in higher education learning to support positive school environments, connect with and support families, and identify when children are struggling and intervene before crises emerge. (p. 16)

Darling-Hammond and Podolsky (2019) report that policymakers in nations with histories of high academic achievement provide resources necessary for “ongoing time and support for professional learning and

collaboration” (p. 29). Persistently inequitable school funding in Connecticut inhibits these kinds of supports from being available in schools and districts that serve communities with the greatest concentrations of need.

“Because Connecticut does not fund school districts based on the complete learning needs of the students they serve,” the School + State Finance Project (2020) explains, “districts serving the highest-need students often do not receive funding that reflects the needs of their student population, making it difficult for those districts to provide their students with educational opportunities equal to those of their non-need peers” (p. 18).

2022 Session

[Senate Bill 1](#) section 10 established the Task Force to Combat Ableism. The task force shall identify (1) current efforts to educate all students on disability and combat ableism in the public school curriculum and classrooms, and (2) opportunities to expand such efforts and integrate them into social-emotional learning.

2023 Session

PA 23-167 secs. 47-71 reforms current school climate reporting and plan development practices and includes requirements to incorporate restorative practices. BOEs will provide training resources to schools, open to all employees, on social and emotional learning, school climate and restorative practices. This act also requires boards of education to adopt a restorative practices response policy for incidents of challenging behavior that is nonviolent and does not constitute a crime. Such policy may not include SROs unless the behavior escalates to violence or is a crime. SDE will establish a working group under the CT School Discipline Collaborative to study current school discipline practices, including those that lead to students becoming involved with the justice system. SDE will also evaluate and monitor districts that have high levels of suspensions/expulsions as they work to reduce the use of these interventions, and will provide recommendations for districts to use to evaluate students' mental health and suicide risk.

PA 23-159 deals with professional development provided to paraeducators and requires it to integrate social-emotional learning and restorative practices.

2024 Session

[PA 24-45](#) secs. 13-14 reduced the maximum consecutive days for in-school suspensions for all students and for out of school suspensions for students in grades PK-2 from 10 to 5. The bill restricted criteria for suspensions of the youngest students to behavior that causes physical harm, and required that when the student returns to school, the school must provide trauma-informed services and consider whether to convene a PPT.

[PA 24-45](#) secs. 16-20 required the development of school climate survey standards, which must include the collection of data on diversity, equity, and inclusion (DEI), and a model school climate improvement plan which may be implemented by school districts. SDE is now required to appoint a director of school climate improvement.

H.6. Address payment/reimbursement issues for pay-for-service in the school setting. (Statutory language allowing five sessions before parental notification prevents those sessions from being eligible for reimbursement.)

Waive elements of the comprehensive psychosocial assessment or timeline for completion: Create a core set of necessary psychosocial elements to be completed that are consistent with health care more broadly. Extend the time for clinicians to document all of the psychosocial elements (often close to 20 separate elements) over a series of sessions and as relevant to the individual's care.

Extend deadlines for service or treatment plan: Most states require that a service plan is in place within three-to seven days of the first appointment. Allow a clinical program to create a service plan within 30 days to support more attention on the individual's needs and clinical relief up front with a plan tailored to patient specific goals.

Consider eliminating the requirement that the treatment plan be a separate document: Update treatment plans as part of the clinical documentation in each session, as is done in primary health care. Standard medical care integrates the treatment plan into the body of the visit note, allowing the plan to be reviewed and updated at each visit.

Long-term, states need to advocate with federal agencies such as the Centers for Medicare and Medicaid Services (CMS) to allow a more streamlined and responsive service planning that is updated at each visit rather than maintaining the requirement that behavioral health treatment plans be developed as a separate document that is updated every 90 – 120 days.

Heinrich, Camacho, Henderson, Hernández, and Joshi (2021) explain of administrative burdens:

They not only appear to impede children's and families' access to public benefits and social service support that affect their healthy development and well-being, but they also place additional strain on the capacity of public and private nonprofit organizations that serve as the health and social safety net for those in most need, particularly in communities with more limited resources and social service infrastructure. (p. 29)

The Task Force underscores the following recommendations made by the Sandy Hook Advisory Commission in 2015:

- To promote healthy child development and foster robust communities, our systems of care must attend to the factors affecting family welfare. Current funding structures must thus be revamped. The Commission recommends support for models of integrated care driven by family needs in which all providers focus on family strength, address their risk factors, and accept the family as a partner in treatment.
- Inadequate reimbursement rates combined with high utilization rates at many outpatient behavioral health clinics have made this model of care financially unsustainable. In addition, overall Medicaid rates for adult inpatient care have not increased in at least eight years. Recent increases in rates for inpatient child and adolescent care have been coupled with decreases in other Medicaid reimbursement rates to the same hospitals. The Commission recommends that higher reimbursement rates in both outpatient and inpatient settings, which better reflect the costs of care, be a core component of a redesigned behavioral health care system.
- Connecticut has significant problems with system fragmentation resulting from diverse payment systems and a lack of coordination or consistency among state agencies. A fragmented system yields unequal access to effective treatment, discontinuities of care for those

receiving service, and unsustainable financial burdens for individuals, families and communities.

H.7. Increase the number of individuals seeking to become mental health and behavioral health providers, and retain those professionals already in the field, by:

- **increasing the rates paid for services;**
- **providing tuition reimbursement to those entering or already serving in these roles; and**
- **providing reimbursement for the costs of licensure and renewal.**

RECOMMENDATION (December 2022): Take immediate steps to retain existing skilled behavioral health professionals and expand the pool of qualified clinicians from all disciplines.

- Adjust grant funding levels and reimbursement rates to support competitive compensation packages.
- Eliminate regulatory requirements that create barriers to entry not necessary to maintain clinical integrity: for example, the Mastery Test for LMSW, which has evidence of racial bias, until a new test has been agreed upon by the state.
- Request that the relevant administrative agencies investigate social workers' progression to the LCSW and the associated implications (e.g., requirements for ongoing supervision).

This recommendation echoes that articulated in the 2021 Annual Report of the Connecticut Children' Behavioral Health Plan:

Take immediate steps to retain existing skilled behavioral health professionals and expand the pool of qualified clinicians from all disciplines. Suggested actions include:

- a) Adjust grant funding levels and reimbursement rates to support competitive compensation packages.
- b) Eliminate regulatory requirements that create barriers to entry not necessary to maintain clinical integrity.

Explaining, "Inadequate reimbursement rates have...impacted the behavioral health workforce which remains insufficient to meet the needs of many Connecticut residents," the Sandy Hook Advisory Commission (2015) recommended, "in addition to addressing reimbursement rates, Connecticut identify and take measures to increase the behavioral health workforce. These might include educational incentives such as loan forgiveness programs."

In some states, individuals are allowed to sit for their initial Social Work license exam during their last semester of matriculation, rather than waiting until after they have graduated to take the exam. This allows them, if they successfully pass their exam, to have their Social Work license issued upon graduation - i.e., several months earlier than if they had been required already to have graduated.

2022 Session

[House Bill 5001](#) section 1 requires DPH and DCF to develop and implement a plan to waive licensure requirements for mental or behavioral health providers licensed in other states.

[House Bill 5001](#) section 2 expands existing law on expedited licensure for health care providers licensed in other states.

2023 Session

Related - SB 2 updated licensing fees for LCSW, LMSW, LMFT, LMFT-A, LPC and LPC-A. All renewals will now be annual with the same fees for every license.

2024 Session

[PA 24-30](#) entered Connecticut into the Social Work Licensure Compact, which allows our state's social workers to obtain a multistate license to practice in other states, and allows social workers from other compact states to practice in CT. PA 24-83 entered the state into the Nurse Licensure Compact for RNs, LPNs and VNs.

[PA 24-68](#) expanded DPH's online licensure renewal system to include all DPH licenses.

H.8. Attend to the wellness of educators and other personnel who serve children and adolescents – both in school and out.

Recommending that “Wellness for Each and Every Child, Student, Educator, and Provider” be prioritized, the U.S. Department of Education (2021) explains:

Educator wellness is associated with child and student wellness...Educators who provide emotional support and establish positive relationships influence children's and students' health, overall wellness, and life satisfaction (Steward & Suldo, 2011). Wellness is multidimensional and may include medical, emotional, environmental, occupational, physical, intellectual, spiritual, and financial components...Educators' wellness is an important component to ensuring a healthy school climate, and educator wellness programs are associated with greater workplace satisfaction and lower rates of absenteeism...Promoting staff wellness benefits staff, children, and students. (p. 20)

2022 Session

[Senate Bill 1](#) section 14 placed in statute a guaranteed uninterrupted duty-free lunch period for educators.

2023 Session

No action taken.

2024 Session

[PA 24-41](#) sec. 18 reduced the number of working hours required for a non-certified school employee to take FMLA or request leave to serve as an organ or marrow donor.

H.9. Increase awareness of nutrition programs offered through the Connecticut Department of Agriculture and the Connecticut Department of Public Health, including but not limited to, the Farmer's Market Nutrition Program.

The task force is very appreciative of the ongoing and evolving partnerships between Connecticut's Departments of Agriculture and of Public Health in the area of nutrition. In an effort to support increased utilization of the nutrition programs offered through state agencies, the task force recommends additional support for outreach and awareness of these programs.

In *Healthy Connecticut 2025 - State Health Improvement Plan*, the Department of Public Health (2021) identified as one of its priority areas "Healthy Food and Housing." DPH explains:

Many of our health outcomes are influenced by what, how much, and how often we eat. Yet for many, making the healthy food choice is not the easy choice. For some CT residents, healthy and affordable foods are not as readily available in their communities as are places that prepare or sell processed pre-packaged foods that are more likely to be high in salt, sugars, and fats. Children within these communities are especially vulnerable since they are subject to the food choices made by their parents...[H]ealthy food access, which is influenced by the affordability and availability of food and household income is an important factor that impacts population health both immediately and with lasting effects. (p. 55)

To meet this priority, DPH (2021) recommends that Connecticut:

- "Increase the utilization of available housing and food programs by eligible residents..." (p. 57), and
- "Increase the number of access points where people can obtain affordable, healthy, and nutritious food..." (p. 57).

H.10. Increase the number of employers across sectors that offer equitable and sustainable employment opportunities for all levels and demographics.

In making this recommendation, the Task Force repeats verbatim one of the aims put forth by the Department of Public Health.

Edelman (2012) urges that policymakers not "forget the underlying issues of jobs and income and the closely connected and still-important issues of race and gender" (p. 141). He continues:

The poverty-related activities that can be conducted within schools and by using schools as a base are worthwhile, but people should not confuse them with the policies that are necessary to reduce poverty meaningfully. Quality education is a core strategy in fighting poverty, but unless we fight poverty on all fronts, the schools will not succeed in helping all children have the chance to achieve their full potential. (p. 141)

H.11. Increase funding to expand parents' and caregivers' access to the Connecticut Department of Labor's various job-training and workforce development programs.

The Task Force underscores the Department of Public Health's (2021) aims that Connecticut:

- Increase the amount of capital investment in communities and local businesses to support workforce development, community development, and entrepreneurship... (p. 51)
- Increase the number of employers who invest in employment retention and wellness programs/policies that support the continuity of their work... (p. 51)
- Increase the number of opportunities for children, young adults, adults, and retirees/older adults for equitable, affordable education on career development and personal finance... (p. 52)

H.12. Create a Connecticut Child Tax Credit

The Task Force bases this recommendation on recommendations from both the Centers for Disease Control and Prevention and Connecticut Voices for Children.

In its publication *Preventing Adverse Experiences (ACEs): Leveraging the Best Available Evidence*, the CDC (2019) reports, "The evidence tells us that ACEs can be prevented by...strengthening household financial security" (p. 11). It continues by explaining that Child Tax Credits "help increase income for working families while offsetting the costs of childcare," and that they "have also been shown to reduce child behavioral problems

(e.g. physical aggression, anxiety, and hyperactivity) - factors that are linked to later perpetration of violence toward peers and intimate partners” (p. 11).

Connecticut Voices for Children (2021) advocates a Connecticut Child Tax Credit, explaining that such a measure “would provide financial support for working and middle-class families, make Connecticut’s tax system fairer, and make Connecticut more competitive” (p. 5).

2022 Session

There was a [Child Tax Rebate in 2022](#).

2023 Session

No action taken.

2024 Session

[PA 24-82](#) took significant steps to improve access to programs that address child nutrition:

- Required DPH, DoAg and DSS to streamline cross-enrollment of children receiving HUSKY A in WIC, SNAP, and the CT Farmers’ Market WIC, and create a fact sheet in multiple languages on these programs to be distributed by health care providers,
- Required state agencies to coordinate statewide information and outreach, create a common application, share data, and increase automatic enrollment and referrals across agencies and programs,
- Required state agencies to seek out federal funding and reimbursements to support child nutrition programs,
- Allowed WIC participants to complete their nutrition education requirement through existing SNAP programs,
- Required DoAg to distribute information on child nutrition programs to farmers’ markets and purchase equipment to allow farmers’ markets to accept WIC, SNAP, and CT Farmers’ Market WIC,
- Created a working group to explore ways to expand participation in federal nutrition programs.

H.13. Continue to expand access to affordable, high-quality child care and preschool until universal preschool is available for all; and ensure that the professionals who staff those programs are paid at competitive rates that reflect their levels of education and training, and the responsibility that they hold.

This recommendation echoes the suggestion made by the Hunt/Kean Leadership Fellows (2021) that the early childhood workforce - those women and men who care for and teach our communities’ youngest members - be supported to become credentialed, to provide high quality care and education, and to be compensated in accordance with the importance of their work.

This recommendation likewise echoes the Centers for Disease Control and Prevention’s (2019) priority of “Ensuring a strong start for children and paving the way for them to reach their full potential” through such

measures as “early childhood home visitation,” “high-quality child care,” and “preschool enrichment with family engagement” (p. 9).

Connecticut Voices for Children (2021) explains that, during the COVID-19 pandemic, “Lack of available and affordable child care forced many people to choose between working and keeping their children safe and learning” (p. 16).

2022 Session

[Senate Bill 1](#) sections 1 and 2 offered a grant for early childhood education program operators and child care service providers.

[Senate Bill 2](#) section 12 increased GAP payments for children with IEPs

[Senate Bill 2](#) section 13 offered municipalities the opportunity to abate property taxes for early childhood educators.

2023 Session

Continued Smart Start and increased per-child funding for school readiness.

2024 Session

[PA 24-91](#):

- Established the Early Childhood Care and Education Fund,
- Established the Tri-Share Child Care Matching Program in New London County to allow child care costs to be split evenly between the state, employers, and their employees,
- Provided a one-time wage supplement to early childhood education teachers and teachers assistants,
- Required OEC to assess the availability of state property for child care programs.

[SB 14](#):

- Combined multiple early childhood programs into one simplified state-run program, Early Start CT, beginning in 2025.
- Allowed up to \$2 million in unexpended funds to be used for professional development or to support programs in satisfying staff qualification requirements,
- Simplified education requirements for early childhood providers,
- Expanded the child care incubator program to up to 20 licenses anywhere in the state, indefinitely.

H.14. Address homelessness among adolescents – particularly those who identify as LGBTQIA+.

In *Healthy Connecticut 2025 - State Health Improvement Plan*, the Department of Public Health (2021) identified as one of its aims to “[d]ecrease the number of persons experiencing or at risk of homelessness and increase opportunities to obtain affordable and sustainable housing...” (p. 58).

The Task Force appreciates the Department of Housing’s ongoing efforts in this area, and it urges the Connecticut General Assembly to make more funding available to support those efforts as well as those of local agencies and organizations that work to support homeless and housing insecure adolescents - particularly those who identify as LGBTQIA+.

The Task Force likewise appreciates the work of the Statewide Minor Homelessness Task Force, co-chaired by the Center for Children’s Advocacy and the Connecticut Youth Services Association, which includes the Department of Housing, Department of Children and Families, Connecticut State Department of Education, and other youth-serving organizations and advocates. That panel has been reviewing the limited available data regarding this population, existing resources, and working with the National Coalition for Juvenile Justice, the Court Support Services Division of the Judicial Branch, and other organizations and agencies on a Collaboration for Change pilot project in the greater Stamford region that is establishing a coordinated system - including multi-sector case conferencing - that assists unaccompanied youth experiencing homelessness. Two additional pilots are being launched, which will help inform the work necessary to address unaccompanied minor homelessness across the state.

2022 Session

No action taken.

2023 Session

In PA 23-167, the CGA required that when Boards of Education develop policies and procedures related to youth suicide prevention, they base their assessment of risk factors on the plan developed by the Connecticut Suicide Advisory Board, including at least:

- Those who have lost someone to suicide.
- Those with disabilities or chronic health conditions, including mental or substance use disorders.
- Those who are involved in the juvenile justice system.
- Those who are homeless or in foster care.
- LGBTQ students.

2024 Session

No action taken.

H.15. Establish a reimbursement mechanism (e.g. under Medicaid) for Occupational Therapy/ Executive Function supports, and ensure that such services are made more broadly available to children in all settings.

Executive functioning skills are needed for children and adults to “focus on multiple streams of information at the same time, monitor errors, make decisions in light of available information, revise plans as necessary, and resist the urge to let frustration lead to hasty actions” (Center on the Developing Child, 2011, p. 1). These skills are coordinated in the brain through the development of working memory, mental flexibility, and self-control. In children exposed to “toxic stress” the skill development in the brain is delayed (p. 7). Occupational therapy can develop executive functioning skills by focusing on daily real-life situations.

The Task Force understands that Medicaid, operated by the Department of Social Services in Connecticut, reimburses for health-care services as stated in the Department's publication entitled *Medicaid School Based Child Health Program* (2017). In addition, although occupational therapy services are included in those services that are reimbursable, services exclusively to develop executive functioning skills are not included as reimbursable. Children who need occupational therapy support to develop executive function skills for life and learning should have the opportunity to receive these services and be included among those that are reimbursable.

SAFE: *Each student learns in an environment that is physically and emotionally safe for students and adults.*

Sa.1. Increase families' access to safe, affordable housing by:

- **increasing the stock of affordable housing;**
- **increasing housing subsidies, so that families are not required to spend more than 30% of their income on housing.**

In *Healthy Connecticut 2025 - State Health Improvement Plan*, the Department of Public Health (2021) identified as one of its priority areas "Healthy Food and Housing." DPH explains:

Households are considered cost burdened when they spend more than 30% of their gross income on housing. In 2017, an estimated 27% of owners and 48% of renters in Connecticut were cost-burdened. When families have to spend a large part of their income on housing, they may not have enough money to pay for things like healthy food or health care. This is linked to increased stress, mental health problems, and an increased risk of disease. (p. 56)

To meet this priority, DPH (2021) recommends that Connecticut:

- "Adopt and begin to implement a Connecticut property maintenance code that includes a statewide definition for safe and quality housing..." (p. 58), and
- "Increase the percentage of owner-occupied housing in CT..." (p. 59).

The Task Force appreciates the Connecticut Department of Housing's (2020) ongoing "Work to Ensure That All of the State's Residents Live in a Suitable Living Environment":

A suitable living environment includes improving the safety and livability of neighborhoods; increasing access to quality public and private facilities and services; reducing the isolation of income groups within a community or geographical area through the spatial de-concentration of housing opportunities for persons of lower income and the revitalization of deteriorating or deteriorated neighborhoods; restoring and preserving properties of special historic, architectural, or aesthetic value; and conservation of energy resources and consideration of potential impacts of climate change on existing and future development. (p. 3)

2022 Session

[House Bill 5205](#) requires towns with at least 14,000 people to create fair rent commissions.

2023 Session

No action taken.

2024 Session

[PA 24-143](#) addressed the housing crisis in several ways:

- Created incentives for municipalities to allow landowners to build middle housing (duplexes, triplexes, and fourplexes) on their properties,
- Required landlords to provide 45-day notice of any rent increase,
- Required municipalities to report to the state how many housing units they denied,

- Streamlined the process for converting vacant nursing homes into housing,
- Prioritized surplus state-owned land to be used for affordable housing,
- Increased the value of CT Rental Assistance Program vouchers,
- Clarified state laws so that vacant lots created before municipalities adopted a zoning code can be developed.

Sa.2. Enact zoning reform to ensure that safe, affordable housing is available in all communities.

The Department of Public Health (2021) explains:

Low-income families may be more likely to live in poor-quality housing that can damage health. Housing quality refers to the physical condition of a person's home as well as the quality of the social and physical environment in which the home is located. ...[T]he quality of a home's neighborhood is shaped in part by how well individual homes are maintained; living in a poor quality home and widespread residential deterioration in a neighborhood can both negatively affect mental health. (p. 55)

The Task Force appreciates the work of Connecticut's Commission on Human Rights and Opportunities in addressing issues housing discrimination, in improving access to affordable housing, and in advocating for zoning reform.

The Task Force echoes Connecticut Voices for Children's (2021) recommendations that the Connecticut General Assembly "continue efforts toward residential zoning reform and the development of more affordable housing in future legislative sessions" (p. 11); and that the CGA ask "Connecticut towns to plan and zone for their fair share of the state's affordable housing needs" (p. 12).

DeLuca & Clampet-Lundquist (2016) explain, "Policies that offer low-income families affordable housing in opportunity-rich neighborhoods, provide youth with a range of programs in schools and other settings so they can pursue their interests, and give low-income young adults affordable post-secondary education with concrete avenues to stable jobs can help launch youth out of poverty as they move into adulthood" (p. 16).

2022 Session

No action taken.

2023 Session

While the CGA did not pass a major zoning reform bill this year, it included in the budget funding for the Municipal Redevelopment Agency (MRDA) in sections 203-207.

The MRDA will create incentives for municipalities to create more affordable housing by adopting "housing growth zones", which will need to include zoning changes. This is a change that is entirely voluntary for municipalities, so it isn't entirely clear how large of an impact this will ultimately have in increasing affordable housing stock, and it certainly won't be in all communities.

The CGA also created a “workforce housing” incentive program for municipalities in SB 998. Like the MRDA it is voluntary for municipalities and creates more state incentives to create more “affordable housing” (which are deed restricted units where lower income residents pay less than 30% of their income in rent). But we’ll need to see how many municipalities take advantage of this program.

PA 23-142 forces municipalities to change their zoning codes to make it easier to open group and family childcare homes. This has been a perennial bill that we finally passed this year that expands access to childcare.

2024 Session

No action taken.

Sa.3. Increase children’s and adolescents’ access to mentoring programs and after-school programs.

In its publication *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*, the Centers for Disease Control and Prevention (2019) recommends “Connecting youth to caring adults and activities” through such approaches as “mentoring programs” and “after-school programs” (p. 9).

2022 Session

[Senate Bill 2](#) section 45 offers an opportunity for Youth Service Bureaus to receive grants for their programs.

2023 Session

No action taken.

2024 Session

No action taken.

Sa.4. Increase Access to Public Transportation.

As was memorably said to one of the Task Force co-chairs 27 years ago by a young mother who had just explained the time required and logistical challenges associated with getting her small children to their early morning medical appointments and herself to the mid-afternoon meeting at which the conversation occurred, “Being poor is a full-time job.” Not having sufficient financial resources to own a vehicle of her own, and living in a region of the state where public transportation was limited, added significantly to the burdens and stresses of this mother and her family.

Connecticut's Judicial Branch provides cards and vouchers that families whose children are involved with the courts may use for transportation. Regrettably, these enormously valuable supports cease when these children and adolescents exit the system.

Investments in expanding public transportation in Connecticut, and in increasing access to that expanded system, will go a long way to reducing stresses on children and families with low incomes. Moreover, given what is now all-too-clear about climate change and its impact on public health (particularly for children and families with low incomes), expanded public transportation will serve to reduce carbon emissions by decreasing people's reliance upon personal vehicles.

This recommendation underscores the Department of Public Health's (2021) priority that Connecticut "Increase the number of policies and systems that address environmental and social justice, health disparities, and community safety as a result of meaningful community engagement..." (p. 64).

2022 Session

[House Bill 5506](#) suspended the 25-cent-per-gallon motor vehicle fuels tax on gasoline. It also allocated funding to the DOT for free public bus transportation.

2023 Session

The housing growth zones created through the MRDA are supposed to be in downtowns or areas with public transit, so if they are adopted, they would increase access to public transit for those households.

2024 Session

[PA 24-81](#), sec. 120 funded a pilot program in Hartford and New Haven to provide state bus passes to public high school students.

[PA 24-40](#) required that any new bus stops are made to modern standards and ADA compliant, and required that DOT hold public hearings on any fare change or service reductions for trains.

ENGAGED: *Each student is actively engaged in learning and connected to the school and broader community.*

E.1. Fully fund the Education Cost Sharing formula passed by the CGA in October 2017 in advance of the projected FY 2028 date.

“Because Connecticut does not fund school districts based on the complete learning needs of the students they serve,” the School + State Finance Project (2020) explains, “districts serving the highest-need students often do not receive funding that reflects the needs of their student population, making it difficult for those districts to provide their students with educational opportunities equal to those of their non-need peers” (p. 18).

As the National Commission on Social, Emotional, and Academic Development (2018) explains,

Balanced and equitable preK-12 learning systems require balanced and equitable distribution of resources, which should include a diverse and stable cadre of effective educators, reasonable class sizes, appropriate ratios of counselors and other support staff to students, and access to health and mental health services. Federal, state and local leaders should account for the differing needs of students by supporting weighted school funding formulas that provide more resources for students with greater needs... (p. 36)

The necessity for schools and districts serving greater numbers of students with significant needs to receive funding commensurate with those numbers and needs has been underscored by the challenges posed by the COVID-19 pandemic.

2022 Session

No action taken.

2023 Session

The CGA put an additional \$150m into ECS for FY 25 on top of the planned \$45m increase. Goal is to fully fund by FY 26.

2024 Session

The CGA maintained the \$150m for ECS in FY 25, so is still on track to fully fund ECS by FY 26.

E.2. Increase the number of individuals seeking to become educators (teachers, school counselors, school psychologists, school nurses, speech/language pathologists, social workers, occupational therapists, etc.), and retain those professionals already in the field, by:

- increasing the salaries for these roles;
- subsidize the costs of tests and fees that individuals incur in the process of preparing to become educators;
- providing tuition reimbursement to those entering or already serving in these roles; and
- providing reimbursement for the costs of certification and renewal.

The U.S. Department of Education (2021) explains that - after over a year and one-half of operating during the COVID-19 pandemic, “many school districts, straining under logistical challenges and uncertain budgets, have pointed to staffing shortages as an ongoing challenge in supporting students who are struggling” (p. 4). The Department goes on to report, “According to the National Association of Elementary School Principals, nearly 70% of school principals who participated in a survey conducted in early 2021 said they could not meet their students’ mental health needs with the staff they had” (p. 4).

The task force agrees with the National Commission on Social, Emotional and Academic Development (2018), which writes:

In order to attract a highly qualified and diverse educator workforce, state leaders can leverage opportunities and partnerships to expand and strengthen the recruitment mechanisms for future educators. Along with expanded recruitment, there should be a complementary focus on retention connected to ongoing professional support and growth. (p. 29).

Darling-Hammond and Podolsky (2019) report that policymakers in nations with histories of high academic achievement provide resources necessary to ensure

- Teacher compensation competitive with other college-educated professions and
- High-quality preparation available at little or no cost to entering teachers. (p. 29)

2022 Session

[Senate Bill 1](#) section 23 will review obsolete provisions, evaluate requirements, and analyze regulation for teacher candidates.

In June, 2022, Governor Lamont and Commissioner Russell-Tucker announced a time-limited (two-year), \$2,000,000 grant of federal American Rescue Plan, Elementary and Secondary School Emergency Relief (ARP-ESSER) funds to off-set the costs that pre-service educators incur in order to become certified (e.g., basic skills assessments, culminating content assessments, performance assessments, application fees).

<https://news.southernct.edu/2022/06/03/new-grants-will-offset-test-costs-for-aspiring-teachers/>

2023 Session

PA 23-167 removes the requirement that school nurses have the equivalent of one year full-time work as an RN during the five years prior to their employment, and requires school nurses employed by BOEs to complete at least fifteen hours of professional development every two years.

PA 23-159 restricts edTPA to an accountability tool to evaluate teacher prep programs; it will no longer be used to deny certificates to teachers.

2024 Session

[PA 24-41](#) overhauled the teacher certification process to make it simpler to become a teacher without sacrificing standards:

- Eliminated the provisional educator certificate,

- Simplified the steps required to receive an initial education certificate for those in ARC programs,
- Broadened elementary educator endorsements to include PK and K,
- Made certain subject area endorsements valid for 4-12 instead of 7-12,
- Allowed teachers to test into cross endorsements for additional subject areas,
- Expanded access to ARC programs for school support staff and others with experience in a professional field,
- Created the CT Educator Preparation and Certification Board to continue modernizing teacher certification,
- Further restricted the use of edTPA,
- Added a teacher to the Governor’s Workforce Council,
- Expanded the Aspiring Educators Diversity Scholarship Program.

E.3. Enhance families’ knowledgeable, confident engagement in their children’s and adolescents’ social, emotional, and academic development.

In its publication *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*, the Centers for Disease Control and Prevention (2019) recommends, “Teaching skills to help parents and youth handle stress, manage emotions, and tackle everyday challenges” (p. 9).

The Judicial Branch’s Department of Probation oversees an invaluable family engagement initiative. This initiative should continue, and it should be replicated by other agencies, so that families of youth who are no longer involved with the court system may continue to benefit, and the families of youth who have never had such involvement may likewise learn to knowledgeably, confidently engage in their children’s and adolescents’ social, emotional, and academic development.

E.4. Significantly reduce the number of mandates for schools – especially those serving students with the greatest need, who therefore most require genuinely engaging, culturally responsive instructional practices. While accountability is inarguably necessary, many of the current mechanisms for ensuring it have served to narrow the curriculum, stifle innovation, and render school less engaging for students and educators.

“Administrative burdens,” Heinrich, Camacho, Henderson, Hernández, and Joshi (2021) explain, “may have far-reaching individual and systemic consequences – they generate substantial negative externalities...”

They not only appear to impede children’s and families’ access to public benefits and social service support that affect their healthy development and well-being, but they also place additional strain on the capacity of public and private nonprofit organizations that serve as the health and social safety net for those in most need, particularly in communities with more limited resources and social service infrastructure. (p. 29)

Moreover, the sociologist Donald T. Campbell (1979) famously explained, “The more any quantitative social indicator is used for social decision-making, the more subject it will be to corruption pressures and the more apt it will be to distort and corrupt the social processes it is intended to monitor...” (p. 84).

Nowhere, perhaps, has Campbell's Law been more evident than in education policy. With good intentions of ensuring equitable outcomes for youngsters from traditionally under-resourced and under-served backgrounds, policymakers have for decades employed stagnant or decreasing scores as justification, not to address underlying societal inequities, but to impose still more prescriptions on the educators who serve these youngsters.

The consequence of holding everyone accountable to low level tests in reading and math, without building any of the supporting structures, climate, or culture that would enable those results, is that schools serving disadvantaged students **narrowed the curriculum** and focused disproportionately on **test prep**, whereas more advantaged public schools and private schools had flexibility to continue offering a **richer and more holistic educational approach**.
(Mehta, 2019 - emphasis in the original)

Education scholar Andy Hargreaves (2015) writes,

Some of America's leading educational academics...repeatedly remind us that most of the variance in student achievement is explained by factors outside the school and beyond the ambit of educational policy and strategy. Poverty, poor infant care, lack of statutory maternity or paternity support, environmental toxins, neighborhood violence, financial insecurity and resulting instability among the working poor – these are the kinds of factors that are the greatest predictors of student underachievement in the United States. (p. 276)

Ironically, the very report that catalyzed the education reforms that have served to exacerbate societal inequities identified this issue nearly four decades ago. In *A Nation at Risk: The Imperative for Educational Reform*, the National Commission on Excellence in Education (1983) explained,

That we have compromised [the] commitment [to schools and colleges of high quality] is, upon reflection, hardly surprising, given the multitude of often conflicting demands we have placed on our Nation's schools and colleges. They are routinely called on to provide solutions to personal, social, and political problems that the home and other institutions either will not or cannot resolve. We must understand that these demands on our schools and colleges often exact an educational cost as well as a financial one. (p. 1)

"If the goal in the long run is not simply to hold schools accountable but to enable them to consistently produce at higher levels of practice," Harvard's Jal Mehta (2013) explains, "the United States will need to move away from its recurring emphasis on scientific methods of control from above and embrace the more professional path characteristic of top-performing nations" (p. 13). The Task Force believes that there is no better place for this movement to begin than Connecticut.

The U.S. Department of Education (2021) recommends the following action steps:
Action Steps:

- Eliminate ineffective or redundant efforts such as non-instructional administrative duties and non-critical meetings so educators can direct their attention and energy toward better and sustained implementation of high-quality practices for all children or students, especially those with high risk. (p. 20)
- Establish a realistic workload, child or student to teacher ratio, and a manageable approach to teaching an aligned and integrated curriculum for academics and social-emotional, and behavioral health instruction. Feeling competent is part of wellness. When educators feel like they have the skills, resources, and supports to do their job well, they feel less stressed and are able to better meet the needs of their children, students and families... (p. 20)
- Integrate wellness into professional development approaches by providing adequate planning time for staff that includes opportunities for collaboration, training, peer coaching, and supportive performance feedback. (p. 21)
- Prioritize collaborative planning time for delivery of instruction...[P]rovide collaborative opportunities to engage in group learning focused on a common issue and grade level/core/department team meetings to create small systems of support for staff..." (p. 21)

2022 Session

No action taken.

2023 Session

PA 23-160 directs CAGE to convene a working group to review mandates on SDE and Boards of Ed. They'll make recommendations on what mandates should be repealed and on the development of a biennial process to review mandates.

2024 Session

[PA 24-45](#) reduced mandates on school districts and took steps toward future reductions:

- Created the Education Mandate Review Advisory Council,
- Allowed more flexibility in how districts provide in-service trainings,
- Delayed and limited composting requirements for schools to accommodate technological limitations,
- Allowed Boards of Education more control over reserve funds,
- Simplified high school graduation requirements,
- Allowed the creation of a working group to review high school graduation requirements, and another to review the accountability index.

E.5. Enhance the instructional and therapeutic capacity of all staff in schools through funding for ongoing, job-embedded professional development, and for additional full-day professional development opportunities beyond the scheduled academic year.

The National Commission on Social, Emotional, and Academic Development (2018) explains:

The understanding that learning is social, emotional, and cognitive should be applied to both adults' and students' learning experiences. However, today's educators typically receive limited pre-service or in-service training on how to promote the development of these skills or how to construct learning environments that promote their development or practice. To ensure young people gain the broad set of skills necessary for success requires comprehensively training and developing the educators who support them. (p. 28)

Darling-Hammond and Podolsky (2019) report that policymakers in academically high-achieving nations provide "readily available support from trained mentors for beginning teachers" and "ongoing time and support for professional learning and collaboration" (p. 29). School leaders in Connecticut's public schools endeavor to provide these supports to their faculty and staff members, but persistently inequitable funding inhibits this in the schools and districts that serve communities with the greatest concentrations of need.

The Task Force endorses Connecticut Voices for Children's (2021) recommendation that the Connecticut General Assembly:

Increase funding for behavioral health support staff in schools including counselors, psychologists, and social workers. Behavioral health support staff spend years in higher education learning to support positive school environments, connect with and support families, and identify when children are struggling and intervene before crises emerge. (p. 16)

Citing the long-term impacts of what has already been a protracted COVID-19 pandemic, the U.S. Department of Education (2021) explains:

There is a critical need for **all staff** in schools (e.g., administrators, educators, school nurses, community health workers, family advocates, family resource developers, school liaisons, teacher aides, teacher assistants, student aides, class aides, behavior coaches, behavior interventionists, behavior aides) to be trained to fully support schools' Tier 1 (promotion prevention) and Tier 2 (early intervention) programming...[S]chools and programs are and will be contending with significantly elevated child and student social, emotional, and behavioral concerns as well as addressing the lost instructional time associated with the pandemic. (p. 31 - emphasis in the original)

The U.S. Department of Education (2021) goes on to recommend that we:

- Modify or extend pre- and in-service professional development to include mental health training. Ensure that teacher pre-service programs include mental health training. Offer blended professional development for teachers and other service providers so evidence-based practices can be implemented effectively and with high fidelity... (p. 32); and
- Implement coaching models to further strengthen teachers' mental health knowledge and capacity..." (p. 32)

2022 Session

No action taken.

2023 Session

PA 23-159 requires boards of education to add at least one paraeducator to the professional development and evaluation committee. SDE, in collaboration with the School Paraeducator Advisory Council, will annually develop and update guidance and best practices for programs of professional development for paraeducators and distribute such resources to each BOE. The same act requires play-based learning to be included in professional development for teachers and administrators, and professional development for principals and vice principals must include training on the management of school personnel.

PA 23-167 Requires BOEs to provide professional development opportunities for school nurses, including training on the implementation of IEPs and 504 plans.

2024 Session

No action taken.

E.6. Increase access to hands-on job-training programs, leadership development opportunities, and civic engagement opportunities for children and adolescents, especially those from families with limited means.

Connecticut's Judicial Branch and the Connecticut Department of Children and Families both provide these kinds of opportunities to children and adolescents who are involved with their respective systems. These programs should continue, and they should be expanded and extended so that youth who are no longer involved with these systems may continue to access them, and so that youth who have had no such involvement may benefit from them.

This recommendation reinforces that made by the Department of Public Health (2021) in its publication *Healthy Connecticut 2025 - State Health Improvement Plan*:

Increase the number of opportunities for children, young adults, adults, and retirees/older adults for equitable, affordable education on career development and personal finance... (p. 52)

The Commission on Human Rights and Opportunities has a robust internship program available to high school students, college students, and students in law or graduate programs. These students have the opportunity to engage in a variety of civil rights issues including the planning of a summer symposium and the mediation of discrimination complaints. Funding for financial stipends for students would allow the CHRO to expand the program, particularly to those students who may not be able to afford to work an unpaid internship.

2022 Session

[Senate Bill 1](#) section 24 offers boards of education the option to issue instructor permits to those in manufacturing, allied health, computer technology, engineering, or construction.

[Senate Bill 2](#) section 5 moved the Pipeline for Connecticut's Future Program to the DOE and DOL, where local BOEs can participate, and redefined components of the program.

2023 Session

PA 23-70 addresses workforce shortages through our higher education system, including:

- Extending CHESLA student loan subsidy programs to paraeducators and school counselors in alliance districts, police officers in distressed municipalities, and emergency medical service personnel.
- Creating a task force to develop a plan to establish clinical placements for nursing students at state facilities.
- Requiring the Commissioner of Insurance to work on growing the state's insurance industry.

PA 23-55 created prosecutor apprenticeships for legal interns

SB 998 created tax credits and incentives for towns and businesses that build workforce housing, including for teachers, police officers, and firefighters

PA 23-97:

Encouraging careers in our K-12 schools, offering nursing licenses at our colleges, and creating opportunities among our existing personal care attendant workforce

Streamlined licensing for nurses and physical therapists that move to CT

Partnering with other states for clinical training opportunities

PA 23-61 The CT Clean Economy Council will be developing a training plan to expand opportunities for apprenticeships, certificates and degree programs for green jobs with workforce shortages.

PA 23-167 requires SDE to develop an educator apprenticeship initiative to enable students in educator preparation programs and other routes to certification to gain classroom teaching experience. It expands school-based apprenticeship opportunities in aviation and aerospace, training for future paraeducators, and dual credit/enrollment opportunities.

2024 Session

No action taken.

SUPPORTED: *Each student has access to personalized learning and is supported by qualified, caring adults.*

Su.1. Increase the diversity of professionals in both the mental/behavioral health and education fields. (Tuition reimbursement in both areas, coupled with strategic, long-term recruiting beginning in high school, will contribute to achieving this goal.)

This recommendation echoes the aim articulated in the 2021 Annual Report for the Connecticut Children’s Behavioral Health Plan to “develop new partnerships and strategies to increase behavioral health workforce diversity to be more reflective of the children and families seeking services.”

The Department of Public Health (2021) asserts, “Access to health care impacts one’s overall physical, social, and mental health status and quality of life. It is important to recognize that comfort and trust in a health care provider may mean finding a provider who is not only culturally humble but who looks like the patients he or she serves” (p. 43).

The same can be said of the educators by whom students and families are supported, which is why the ongoing work of Connecticut’s Commission on Human Rights and Opportunities and the Connecticut State Department of Education to increase minority teacher recruitment and retention are so crucial.

Citing the fact that “Connecticut has the fifth highest [racial and ethnic] education disparity in the United States, and the highest of the six New England states,” Troyer (2019) suggests, “One possible explanation for the disparity is a lack of representation. Until 2018, 23 school districts didn’t have a single person of color on staff” (p. 63).

2022 Session

[Senate Bill 1](#) sections 15-22 worked to create a minority teacher candidate program and rename the Task Force to Diversify the Educator Workforce.

2023 Session

PA 23-167 did this for the education field. Schools are currently required to have an increasing educator diversity plan. This bill required SDE to review and approve plans before they are implemented. It will allow students to apply for the scholarship program early if they will be enrolled in a teacher prep program in the following fall semester.

2024 Session

[PA 24-41](#) expanded the Aspiring Educators Diversity Scholarship Program to include students from all alliance districts, broadened from just students in priority districts.

Su.2. Provide greater supports – in school and out – for children and adolescents who have been disengaged in or disconnected from school due to social-emotional concerns, academic delays, suspensions/expulsions.

The Task Force recommends that greater resources be invested in supporting children and adolescents who are disengaged in or disconnected from school. These additional resources could be allocated to state and local agencies, as well as to not-for-profit organizations that train and employ Youth Development Professionals who facilitate children's and adolescents' access to school and the requisite supports.

“Disengaged youth are enrolled in school, but show at least one of three signs of not being effectively connected to their education” – that is, they miss approximately 25 or more days of school per year; they have two or more suspensions or expulsions; and/or they have failed two or more courses per year (Parthenon - EY Education Practices, 2016, p. 8 – emphasis added).

“Disconnected youth have not received a high school diploma or equivalent and are not enrolled in high school despite being 21 or younger” (Parthenon - EY Education Practices, 2016, p. 21 – emphasis added).

“Finding ways to keep young people engaged in high school, and to re-engage young people who are disconnected, is an urgent need not just for the public education system, but also for the whole state” (Parthenon - EY Education Practices, 2016, p. 16).

Public Health - “Disconnected youth in Connecticut aged 18-24 are more than twice as likely to experience health challenges as peers their age, and 33% more likely to be struggling with substance abuse” (Parthenon - EY Education Practices, 2016, p. 15).

Racial Equity - “Disengaged and disconnected youth are more than twice as likely to be black or Hispanic versus all other students in the state, and nearly three times as likely to be boys of color” (Parthenon - EY Education Practices, 2016, p. 15).

Economic Development - “Disconnected youth in Connecticut aged 18-24 have a 34% unemployment rate, 2.5 times the rate of all other young people in the state” (Parthenon - EY Education Practices, 2016, p. 15).

School to Prison Pipeline - “Disconnected youth in Connecticut aged 18-24 are five times more likely to be incarcerated than their peers who completed high school, at an annual cost of more than \$50,000 per inmate” (Parthenon - EY Education Practices, 2016, p. 15).

Fiscal Sustainability - “On average, Connecticut spends almost four times more on health care, corrections and welfare programs or a high school dropout than for other citizens” (Parthenon - EY Education Practices, 2016, p. 15).

“Once a student disconnects from high school in Connecticut, the odds that he or she effectively re-engages and earns a diploma are low. Of all students who dropped out of a Connecticut high school between 2012 and 2014:

- Only 12% ever re-enrolled in any public high school (including alternative schools).
- Only 1% ever attained a high school diploma.
- Only 9% achieved a GED or credit diploma through the adult education system.

(Parthenon - EY Education Practices, 2016, p. 17)

“These findings pose a dual challenge: the need for more high-quality supports for the 14,000 disconnected youth in Connecticut today that are at risk of falling into a cycle of poverty, absent help to get back on track; and the need for creative thinking and deeper investment in new strategies, collaborations and program approaches to more effectively engage students while they are enrolled in school. The incentive is clear to focus on preventing disengaged youth from becoming disconnected in the first place” (p. 17).

“Helping disengaged and disconnected youth connect to success would spark a virtuous cycle for both these young people and the state as a whole: stronger schools, higher employment, fewer individuals becoming involved with incarceration or addiction, healthier and more prosperous communities, and more rapid and sustainable economic growth...” (Parthenon - EY Education Practices, 2016, p. 5).

2022 Session

[Senate Bill 1](#) sections 3-5 offered a grant and program to hire mental health workers in schools with highest unmet need.

[Senate Bill 1](#) section 30 launched a study into Unified School District #1.

[Senate Bill 2](#) section 9 banned the removal of recess as a punishment in most circumstances.

2023 Session

LEAP, the Learner Engagement and Attendance Program, went into effect this past school year and has had success at reducing chronic absence at the 15 school districts using the program.

2024 Session

[PA 24-45](#) made several advancements aimed at addressing the crisis of at-risk high school students and disconnected youth:

- Directed P20 WIN to develop a plan for a statewide data intermediary to share data between nonprofits and organizations serving disconnected youth, and submit annual reports,
- Required school boards to share educational records with the local youth service bureau upon request,
- Allowed students to simultaneously enroll in traditional school and the school’s credit recovery program.

CHALLENGED: *Each student is challenged academically and prepared for success in college or further study and for employment and participation in a global environment.*

C.1. Offer all children the ability to attend preschool free-of-charge beginning at age 3.

The Task Force recognizes that children's earliest years are critical to their cognitive, behavioral, social, and emotional development. High-quality early childhood educational opportunities serve to mitigate against Adverse Childhood Experiences (CDC, 2019, p. 15), and are crucial to youngsters' future academic, social, and vocational success.

Furthermore, the Task Force understands that gaps in preschool access exist between children whose parents have higher income and educational attainment and those whose parents have lower income and less educational attainment. This differential access to, and utilization of, early childhood programs exacerbates existing inequalities in childhood development and eventual academic and economic outcomes (Council of Economic Advisers, 2014).

Moreover, the Task Force appreciates that investments in early childhood programs have been shown to yield financial dividends, not only for participating children themselves (in the form of higher eventual earnings) but also for the economy as a whole (Council of Economic Advisers, 2014; Liebttag, 2018).

2022 Session

No action taken.

2023 Session

Smart Start was extended indefinitely, extending eligibility for School Readiness to "from birth" (both in PA 23-160) and increased funding for School Readiness (PA 23-150).

2024 Session

See recommendation H13 for related actions.

C.2. Expand CSCU's PACT (Pledge to Advance Connecticut) program to cover:

- **students already enrolled in community colleges;**
- **students who need to enroll part-time, due to family or work obligations.**

The PACT program is laudable. Regrettably, though, it ignores the fact that many students who begin their higher education experiences in community colleges, rather than in four-year colleges or universities, do so because of limited resources and/or the need to balance their studies with work, child care, and/or other family obligations by enrolling part-time rather than full-time. Expanding eligibility for the PACT program to students who are already enrolled in community colleges, as well as to students who need to enroll on a part-time basis, will better serve the needs of a great many students and families in Connecticut, and will better reflect the historic mission of the state's community colleges.

2022 Session

No action taken.

2023 Session

PA 23-204 (budget) expanded PACT eligibility to returning students. Students will no longer have to be attending community college for the first time or remain continuously enrolled to be eligible. Part-time students are already eligible.

2024 Session

[PA 24-81](#) (sec. 75) further broadened access to PACT by expanding eligibility to students who graduated from non-CT high schools and students with IEPs in transition programs. The act also increased minimum grant awards from \$250 to \$500 for full-time students and from \$150 to \$300 for part-time students.

C.3. Return Connecticut's funding for state colleges and universities to pre-recession levels in order to increase access for young people whose families have limited means.

Adjusted for inflation, Connecticut's funding for public higher education remains 21% below what it had been before the onset of the Great Recession (Mitchell, Leachman, & Saenz, 2019).

The failure of the state government to adequately fund higher education negatively impacts students, both by adding to their out-of-pocket costs and by compromising the quality of their learning experiences. Still worse, they exacerbate existing inequality, by making higher education less accessible to low-income students and students of color (Mitchell, Leachman, & Saenz, 2019).

Students who attend Connecticut's state colleges and universities – particularly the community college campuses and the four regional state universities (i.e., the CSUs) – come disproportionately from communities whose school districts had been assigned to the lowest three District Reference Groups (DRGs). **[44% of students who attend the four CSUs attended school in DRGs G, H, or I – the districts with the fewest resources but the highest concentrations of need.]** The CGA, to its credit, has recently taken steps to address the longstanding disparities in funding for districts that serve large percentages of students with high needs and whose families have low incomes and limited means. The CGA should take similar measures to ensure that, when students who had attended poorly resourced K-12 schools/districts in Connecticut matriculate in the state's public community colleges and regional universities, those institutions have sufficient resources to meet their needs.

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