
OLR Bill Analysis

sSB 2 (File 246, as amended by Senate "A")*

AN ACT CONCERNING SOCIAL EQUITY AND THE HEALTH, SAFETY AND EDUCATION OF CHILDREN.

SUMMARY

This bill makes various changes to laws affecting children and pupils and related entities, such as the departments of Children and Families (DCF), Education (SDE), Public Health (DPH); the Office of Early Childhood (OEC); and local and regional boards of education.

Among other things, the bill:

1. requires DCF to (a) develop a policy to provide remote visitation opportunities and (b) provide written notice and a list of legal services providers when removing a child;
2. (a) expands the Birth-to-Three Program, (b) prohibits OEC from charging for early intervention services, (c) allows Birth-to-Three coordinators to participate in planning and placement meetings and exempts them from certain disciplinary actions, and (d) requires local or regional boards of education to monitor certain children for developmental and social-emotional delays;
3. (a) allows local or regional boards of education to provide virtual learning to high school students and remote parent-teacher conferences, (b) requires the boards to integrate social-emotional learning into professional training, (c) requires the boards of education to allow up to two excused mental health wellness days per school year, (d) prohibits school boards from shaming a child for unpaid meals, and (e) allows minors to receive more than six outpatient mental health treatment sessions without their parent or guardian's consent; and
4. requires SDE to develop a community resource document for

children and families.

The bill also (1) sets up a youth suicide prevention training program in local and district health departments, (2) adds specified mental health training to DPH's continuing education requirements for certain healthcare professionals, and (3) establishes a 25-member task force on children's needs.

It also makes minor, technical, and conforming changes.

*Senate Amendment "A" strikes the underlying bill and replaces it with similar provisions that: (1) make additional changes to mental health training and education for healthcare professionals, including removing the waiver of up to ten contact hours for registered or licensed nurses who engage in certain activities; (2) limit student mental health wellness days to two days taken nonconsecutively; (3) require boards of education to add employees and third-party vendors to policies or procedures for collecting unpaid meal charges; (4) eliminate the DCF telephone Careline expansion provision and instead require DCF to develop a software application for certain electronic communications; (5) require boards of education to monitor certain children for developmental and social-emotional delays; (6) eliminate the adverse childhood experiences pilot program; (7) increase, from 24 to 25, the members of the task force to study children and expand its duties; and (8) change the effective dates to upon passage for the provisions on early intervention services fees and Birth-to-Three expansion.

EFFECTIVE DATE: July 1, 2021, except that the sections related to the SDE community resources document (§ 15), virtual or remote school instruction (§ 16), excused and unexcused absence (§ 18), early intervention services fees (§ 24), birth-to-three program expansion (§ 28), and the children's needs task force (§ 30) are effective upon passage.

§ 1 — YOUTH SUICIDE PREVENTION TRAINING PROGRAM

The bill requires the Youth Suicide Advisory Board (YSAB) and the

Office of the Child Advocate (OCA) to jointly administer an evidence-based youth suicide prevention training program in each local and district health department and offer it at least once every three years, starting by July 1, 2022.

Under the bill, an “evidence-based” training program is one that:

1. incorporates methods shown to be effective for the intended population through scientifically based research, including statistically controlled evaluations or randomized trials;
2. can be successfully replicated in the state with a set of procedures;
3. achieves sustained, desirable outcomes; and
4. when possible, has been determined to be cost-beneficial.

The training program must provide certification in Question, Persuade and Refer (QPR) Institute Gatekeeper Training (i.e., an educational program designed to teach lay and professional individuals who work with youth the warning signs of a suicide crisis and how to respond). It must use a training model that allows participants with valid certification to train other individuals, including members of the public.

The bill requires each local and district health department director to determine the program’s eligibility criteria. Program participants must be members from the following groups in each health district:

1. local and district health department employees,
2. youth service bureau employees,
3. school employees,
4. youth-serving organization employees and volunteers,
5. youth athletic activity employees and volunteers,

6. municipal social service agency employees,
7. paid municipal or volunteer fire department members, and
8. local police department members.

The bill allows school employees to participate in the training program as part of an in-service training program provided by local and regional boards of education under existing law.

It also authorizes YSAB and OCA to contract with a nongovernmental entity that provides evidence-based suicide prevention training to administer the bill's training program.

§§ 2-9 — MENTAL HEALTH TRAINING AND EDUCATION FOR HEALTHCARE PROFESSIONALS

Starting on and after January 1, 2022, the bill expands the continuing education requirements for certain healthcare professionals to include at least two hours of training and education on (1) screening for post-traumatic stress disorder, suicide risk, depression, and grief and (2) suicide prevention training.

Except as noted below, the requirement applies (1) during the first license or certification renewal period as applicable and (2) at least once every six years after that.

This requirement applies to:

1. physician assistants;
2. physical therapists;
3. occupational therapists and occupational therapy assistants;
4. registered nurses and licensed practical nurses;
5. behavior analysts;
6. certified community health workers; and
7. emergency medical responders, emergency medical technicians,

or emergency medical instructors.

The bill also requires two hours of this training for nurse's aides, as part of their registration requirements.

The bill specifies that the evidence-based youth suicide prevention training program administered under Section 1 may satisfy the suicide prevention training requirement for some of these healthcare professionals. This applies to physical therapists, occupational therapists and occupational therapist assistants, nurse's aides, behavior analysts, certified community health workers, emergency medical responders, and emergency medical technicians.

Physician Assistants (§ 2)

The bill requires physician assistants to earn the required training and education through a program administered by the American Association of Physician Assistants, a hospital or other licensed health care institution, or a regionally accredited higher education institution. Physician assistants applying for license renewal must sign a statement attesting that they have satisfied the requirements.

The bill requires each licensee to (1) retain attendance records or certificates of completion that demonstrate compliance for a minimum of three years following the year in which the continuing education was completed and (2) submit records or certificates to the department for inspection within 45 days after the department requests them.

Physical Therapists (§ 3)

Under the bill, physical therapists must include the training and education, when required, as part of the existing minimum 20-hour continuing education required during each registration period.

The bill specifies that the requirement applies during the first license renewal period for which continuing education is required (i.e., the second license renewal) and every six years after that.

Occupational Therapists and Occupational Therapy Assistants (§ 4)

The bill requires occupational therapists and occupational therapy assistants to complete the mental health training or education as an additional requirement for licensure renewal. The training or education must be offered or approved by the Connecticut Occupational Therapy Association, a hospital or other licensed health care institution, or a regionally accredited higher education institution.

Registered Nurses and Licensed Practical Nurses (§ 5)

The bill requires that actively practicing registered nurses and licensed practical nurses include the mental health and suicide prevention training as contact hours of training. The bill defines a “contact hour” as a minimum of 50 minutes of continuing education and activities. The requirements apply to registration periods (i.e., the one-year period for which a license has been renewed) starting on or after January 1, 2022.

Under the bill, qualifying continuing education courses include in-person and online courses offered or approved by:

1. the American Nurses Association,
2. the Connecticut Hospital Association,
3. the Connecticut Nurses Association or Connecticut League for Nursing,
4. a specialty nursing society or an equivalent organization in another jurisdiction,
5. a hospital or other health care institution,
6. a regionally accredited academic institution, or
7. a state or local health department.

The bill also requires each registered nurse and licensed practical nurse applying for license renewal to sign a statement attesting that he or she has satisfied the continuing education requirements on a form prescribed by DPH. Each licensee must (1) retain attendance records or

completion certificates demonstrating compliance with the bill's continuing education requirements for at least three years after the year in which the continuing education was completed and (2) submit the records or certificates to the department for inspection within 45 days after the department requests them.

Nurse Aides (§ 6)

The bill requires that nurse aides include the continuing education as part of the existing minimum 100-hour training program requirement. The suicide prevention training must be offered or approved by (1) the American Nurses Association, (2) the Connecticut Hospital Association, (3) the Connecticut Nurses Association or Connecticut League for Nursing, (4) a specialty nursing society or equivalent organization in another jurisdiction, (5) a hospital or other health care institution, (6) a regionally accredited academic institution, or (6) a state or local health department.

Behavior Analysts (§ 7)

The bill requires behavioral analysts to complete the mental health training or education as an additional requirement for licensure renewal. The training or education must be offered or approved by the Connecticut Association for Behavior Analysis, a hospital or other licensed health care institution, or a regionally accredited higher education institution.

Certified Community Health Workers (§ 8)

Under the bill, certified community health workers must include the mental health and suicide prevention training as part of the existing minimum 30-hour continuing education requirement for license renewal every three years. The training must be provided by the Community Health Worker Advisory Body or providers the body approves.

Emergency Medical Services Personnel (§ 9)

The bill requires emergency medical responders, emergency medical technicians, or emergency medical services instructors seeking certification renewal to complete mental health and suicide prevention

training. Emergency medical responders and technicians must have completed the training within the six years before the certification renewal. For instructors, the requirement applies during the first renewal period and at least once every six years after that. In all cases, the requirement starts on January 1, 2022.

The law already requires paramedics to complete mental health first aid training as part of their licensing application.

§ 10 — OUTPATIENT MENTAL HEALTH TREATMENT FOR MINORS

By law, a psychiatrist, a psychologist, an independent social worker, or a marital and family therapist may provide outpatient mental health treatment to a minor without the consent or notification of a parent or guardian at the request of the minor under certain conditions. Current law requires a mental health provider to notify the minor that the consent, notification, or involvement of a parent or guardian is required to continue treatment after the sixth session, unless it would be seriously detrimental to the minor's well-being. The bill allows minors to request and receive as many outpatient mental health treatment sessions as necessary without the consent or notification of a parent or guardian.

Under the bill, a provider may notify a parent or guardian of treatment provided without the minor's consent or notification, if (1) the provider determines that notification or disclosure is necessary for the minor's well-being, (2) the treatment provided to the minor is solely for mental health and not for a substance use disorder, and (3) the minor is given an opportunity to object to the notification or disclosure.

The bill requires the provider to document his or her determination regarding the notification or disclosure and any objections expressed by the minor in the minor's clinical record. The provider may disclose to a minor's parent or guardian the following information regarding the minor's outpatient mental health treatment:

1. diagnosis;

2. treatment plan and progress;
3. recommended medications, including risks, benefits, side effects, typical efficacy, dose, and schedule;
4. psychoeducation about the minor's mental health;
5. referrals to community resources;
6. coaching on parenting or behavioral management strategies; and
7. crisis prevention planning and safety planning.

It also requires a provider to release a minor's entire clinical record to another provider upon the request of the minor or the minor's parent or guardian.

Existing law, unchanged by the bill, shields a parent or guardian from liability for treatment costs if he or she is not informed of the minor child's outpatient mental health treatment.

§§ 11-13 — SOCIAL-EMOTIONAL LEARNING

The bill requires, starting with the 2021-2022 school year and every school year after that, local and regional boards of education to integrate the principles and practices of social-emotional learning throughout the components of its district's professional development programs. Current law requires each board to make available, at no cost, at least 18 hours of individual and small group professional development each school year for certified employees.

The bill also requires each board of education of each local or regional school district, in its statement of goals, to include goals for integrating principles and practices of social-emotional learning in the district's professional development programs.

By law, local and regional boards of education must establish professional development and evaluation committees to, among other things, develop, evaluate, and annually update the district's

professional development plan for certified district employees (CGA § 10-220a). The bill requires each board's professional development and evaluation committee to consider student priorities and needs related to student social-emotional learning and student academic outcomes when developing, evaluating, and annually updating a district's professional development program.

§ 14 — REMOTE PARENT-TEACHER CONFERENCES

The bill requires each school district, beginning with the 2021-2022 school year and every school year after that, in their policies and procedures encouraging parent-teacher cooperation, to:

1. offer parents the option of attending any parent-teacher conference by telephone, video conference, or other conferencing platform (i.e., remotely);
2. conduct (a) one parent-teacher conference, in addition to the two per year required under current law, during a period when the district provides virtual learning for more than three consecutive weeks, and (b) one additional parent-teacher conference every six months after that if sessions continue to be provided virtually; and
3. request from each student's parent the name and contact information of an emergency contact person who may be contacted if the parent cannot be reached to schedule a parent-teacher conference required if the district is providing virtual learning.

Under the bill, if, after three attempts, a teacher is unable to contact a student's parent in order to schedule a parent-teacher conference, he or she must report this inability to the school principal, school counselor, or other school administrator designated by the local or regional board of education. The principal, counselor, or administrator must contact the student's emergency contact to determine the student and family's health and safety.

§ 15 — COMMUNITY RESOURCES DOCUMENT

The bill requires SDE, by December 1, 2021, to develop and annually update a document for local and regional boards of education that provides information on educational, safety, mental health, and food insecurity resources and programs available for students and their families. The document must include:

1. providers of such resources and programs, including DCF, the Department of Mental Health and Addiction Services, the United Way of Connecticut, and local food banks;
2. descriptions of relevant resources and programs each provider offers, including any program that provides laptop computers, public Internet access, or home Internet service to students;
3. each provider's, resource's, and program's contact information; and
4. relevant websites.

SDE must annually electronically distribute the document to each local and regional board of education.

§§ 16-18 — VIRTUAL LEARNING

Virtual Learning Standards and Policy (§§ 16 & 17)

The bill requires the SDE commissioner to develop, and update as necessary, standards for virtual learning (i.e., instruction by means of one or more Internet-based software platforms as part of an in-person or remote learning model). It specifies that the standards must not be deemed regulations.

It also allows local and regional school boards, starting with the 2021-2022 school year and each school year after that, to authorize virtual learning to students in grades nine to 12, inclusive, if the boards:

1. provide instruction in compliance with the standards developed by SDE under the bill, and
2. adopt a policy on student attendance requirements during

virtual learning, which must (a) comply with SDE guidance and (b) count attendance of any student who spends at least one-half of the day during virtual instruction engaged in virtual classes, virtual meetings, activities on time-logged electronic systems, and turning in assignments.

Under the bill, virtual learning must be considered an actual school session, provided virtual learning is conducted in compliance with the standards SDE must develop under the bill.

Excused and Unexcused School Absences (§ 18)

The bill requires the State Board of Education (SBE) to change its definition of the terms “excused absence” and “unexcused absence” to exclude a student’s (1) (a) engagement in virtual classes, (b) virtual meetings, (c) activities on time-logged electronic systems, and (d) completion and submission of assignments, if the engagement accounts for at least one-half of the school day in which virtual learning is authorized.

§ 19 — MENTAL HEALTH WELLNESS DAYS

The bill requires, for the 2021-2022 school year and every school year after that, local or regional boards of education to allow any student enrolled in grades kindergarten through 12, to take two mental health wellness days during the school year, on which a student is not required to attend school. However, a student cannot take these mental health wellness days during consecutive school days.

§ 20 — SCHOOL LUNCH DEBT

The bill requires local or regional boards of education, starting with the 2021-2022 school year, and each school year after that, to include the following in policies or procedures for collecting unpaid school meal charges applicable to employees and third-party vendors who provide school meals:

1. a prohibition on publicly identifying or shaming a child for any unpaid meal charges, by (a) delaying or refusing to serve a meal to the child, (b) designating a specific meal for the child, or (c)

- taking any disciplinary action against the child;
2. a declaration of a child's right to purchase one meal (which may exclude a la carte items) for any school breakfast, lunch, or other feeding; and
 3. a procedure for communicating with parents or guardians about collecting a child's unpaid meal charges, including (a) information on local food pantries, (b) applications for free or reduced-price meals and the Department of Social Services' supplemental nutrition assistance program, and (c) a link to the school district's website that lists any community services available to town residents.

If a child's unpaid meal charges equal or exceed the cost of 30 meals, the bill requires the local or regional school board to refer the child's parent or guardian to the board's local homeless education liaison. The bill also allows local or regional boards of education to accept gifts, donations, or grants from any public or private source to pay off unpaid meal charges.

§ 21 — VISITATION OF CHILD IN DCF CARE AND CUSTODY

Virtual Visitation Requirement

By law, the DCF commissioner must ensure that children in the department's care and custody receive visits from their parents and siblings, unless the court orders otherwise.

Under the bill, in the event of a pandemic or outbreak of a communicable disease resulting in a declaration of a public health emergency by the Governor or a declaration of a national emergency by the President of the United States, the child must be given opportunities to communicate with his or her parents and siblings by telephone, video, or other conferencing platform instead of in-person visitation for the duration of any such declaration.

The commissioner must ensure that opportunities for these visits occur as often as reasonably possible, based on the best interest of the child, as is the case for in-person visits under existing law.

Remote Visitation Policy Related to Communicable Diseases

The bill requires the DCF commissioner, by January 1, 2022, to develop a policy to temporarily stop in-person visitation, on a case-by-case basis, if (1) a child or his or her parent or sibling is seriously ill due to a communicable disease and (2) visitation could result in at least one participant contracting the disease during the visit.

The policy must require that the child is provided an opportunity to communicate with his or her parents and siblings by telephonic, video, or other conferencing platform instead of an in-person visit. The bill requires the commissioner to define the terms “seriously ill” and “communicable disease” in the visitation policy.

§ 22 — DCF SOFTWARE APPLICATION

The bill requires the DCF commissioner, by February 1, 2022, to develop and maintain a software application for use on computers and mobile devices to facilitate (1) the reporting of nonemergent incidents to DCF by mandated reporters and (2) communication between children in the commissioner’s care and custody and social workers assigned to them.

§ 23 — DCF WRITTEN REMOVAL NOTICE AND LIST

By law, if the DCF commissioner receives a complaint of child abuse or neglect, at the first face-to-face contact with the child’s parent or guardian, DCF must provide a written notice explaining certain matters in plain language. (The bill appears to suspend this requirement until October 1, 2021.)

Under existing law, among other things, the notice must state that the parent or guardian is entitled to seek the representation of an attorney and to have an attorney present when the parent or guardian is questioned by a DCF representative. The bill specifies that this includes at any meeting conducted to determine whether the child should be removed from the home.

In addition to the written notice, the bill also requires DCF to provide these parents or guardians with a list of free and low-cost legal

services providers through which they may obtain legal advice.

As is the case under existing law for the written notice, the bill requires DCF to (1) make reasonable efforts to ensure that the list is written in a manner and in a language that the parent or guardian can understand and (2) request the parent or guardian to sign and date the notice as evidence of receiving the list.

§ 24 — EARLY INTERVENTION SERVICES FEES

Under current law, the OEC commissioner must establish and periodically revise a schedule of fees for early intervention services based on a sliding scale relative to the financial resources of the parents or legal guardians of eligible children. The bill eliminates this requirement and instead prohibits the commissioner from charging a fee for early intervention services to the parents or legal guardians of eligible children.

Current law requires the commissioner to develop and implement procedures to hold a recipient harmless for the impact of pursuit of payment for early intervention services against lifetime insurance limits. The bill limits this requirement to services rendered prior to its passage.

§ 25 — PLANNING AND PLACEMENT TEAM MEETINGS

Expansion of Parental Notification Requirements

By law, a local or regional board of education responsible for providing special education and related services to a child or pupil generally must provide written notice to the child's parent or guardian or to a pupil who is an emancipated minor before (1) proposing to, or refusing to, initiate or change the child's or pupil's identification, evaluation, or educational placement or (2) providing free appropriate public education to the child or pupil. The law also gives the parent, guardian, or pupil, upon request, the right to meet with a member of the planning and placement team (PPT) before the referral team meeting.

Under current law, the parent, guardian, pupil, or surrogate parent

must (1) be given at least five-days' notice before any PPT meeting; (2) have the right to be present at and participate in all portions of a meeting at which an educational program for the child or pupil is developed, reviewed, or revised; and (3) have the right to have certain professionals present and participate. The bill expands this by requiring that during any meeting at which an educational program for the child or pupil is developed, the parent, guardian, pupil, or surrogate parent must also have the right to have each recommendation made in the child or pupil's Birth-to-Three individualized transition plan, addressed by the PPT.

Birth-to-Three Service Coordinator PPT Participation

Additionally, the bill gives the parent, guardian, pupil, or surrogate parent the right to have the child or pupil's Birth-to-Three service coordinator, if any, attend and participate in any part of the meeting at which an educational program for the child or pupil is developed, reviewed, or revised.

The bill maintains the right under current law to have advisors and school paraprofessionals attend and participate in these meetings, but no longer requires them to be present.

Additional Notification Requirements

The bill expands the information that the responsible local or regional board of education must give the parent, guardian, surrogate parent, or pupil at each initial PPT meeting. Under existing law, the boards must tell the parent, guardian, surrogate parent, or pupil about physical restraint and seclusion laws and regulations. Under the bill, during the meeting at which an educational program for the child or pupil is developed, the local or regional board of education must also inform them of their right to have:

1. the child or pupil's Birth-to-Three service coordinator attend and participate in all portions of the meeting and
2. each recommendation made in the transition plan by the service coordinator addressed by the PPT.

Monitoring Developmental Delay

Required Monitoring. The bill requires each local or regional board of education to monitor the development of each child who has been (1) referred for a registration on a mobile application designated by the OEC commissioner (see § 27 below), in partnership with the child’s parent, guardian, or surrogate parent, or (2) provided a form for the child’s parent, guardian, or surrogate parent to complete and submit to the board of education that screens for developmental and social-emotional delays using a validated screening tool, such as the Ages and Stages Questionnaire and the Ages and Stages Social-Emotional Questionnaire, or its equivalent.

PPT Meeting. If, based on this monitoring, a child is suspected of having a developmental delay, the board must schedule a PPT meeting with the parent, guardian, or surrogate parent to identify services for which the child may be eligible, including a preschool program under Part B of the Individuals with Disabilities Act.

Reminders. If a parent, guardian, or surrogate parent of a child referred for a registration on the mobile application or provided such a screening form, fails to complete the registration or complete and submit the form after six months, the board must send that person a reminder, in the form and manner determined by the board, to complete the registration or complete and submit the form. The board must send another reminder after one year from the referral or provision of the form if the registration remains incomplete or the form is not submitted.

§ 26 — BIRTH-TO-THREE COORDINATOR DISCIPLINARY PROTECTIONS

Existing law prohibits local or regional boards of education from disciplining, suspending, terminating, or otherwise punishing any PPT member employed by the board who discusses or makes recommendations about providing special education and related services for a child during a PPT meeting. The bill extends this protection to Birth-to-Three service coordinators or qualified personnel concerning PPT meetings or transition plans.

§ 27 — DEVELOPMENTAL AND SOCIAL-EMOTIONAL DELAY SCREENINGS

Existing law generally requires each eligible child (see below) and his or her family to receive (1) a multidisciplinary assessment, (2) a written individualized family service plan, and (3) a review of the individualized family service plan within set time frames.

The bill expands this by requiring that within two months after a child is determined to be ineligible for participation in preschool programs under Part B of the Individuals with Disabilities Act, the child and his or her family receive a referral to register for a mobile application designated by the OEC commissioner to continue screening for developmental and social-emotional delays in partnership with the local or regional board of education for the school district where the child lives. Under the bill, a screening form using a validated screening tool, such as the Ages and Stages Questionnaire and the Ages and Stages Social-Emotional Questionnaire, or its equivalent, must be provided to any family upon request for the purpose of completing and submitting the form to the applicable board of education.

Eligible Child

By law, an “eligible child” is a child up to age 36 months, who is not eligible for special education and related services and who needs early intervention services because he or she is (1) experiencing a significant developmental delay as measured by standardized diagnostic instruments and procedures or (2) diagnosed as having a physical or mental condition that has a high probability of resulting in developmental delay (CGS § 17a-248(4)).

§ 28 — BIRTH-TO-THREE PROGRAM EXPANSION

Under the bill, by July 1, 2022, the OEC commissioner must develop and implement a plan to expand the Birth-to-Three Program to provide early intervention services to any child who:

1. is enrolled in the program;

2. turns age three on or after May 1 and not later than the first day of the next school year commencing July 1; and
3. is eligible for participation in preschool programs under Part B of the federal Individuals with Disabilities Act (however, the services must terminate when the child starts participating in the preschool program).

The bill authorizes the commissioner to adopt implementing regulations.

§ 29 — SCHOOL READINESS LIAISON

For the school year starting July 1, 2022, and each school year thereafter, in any school district that serves a town that has not convened or established a local or regional school readiness council, the bill requires the district's local or regional board of education to designate a school readiness liaison.

The liaison must (1) be an employee of the school district and (2) serve as an informational resource for parents of children transitioning from the Birth-to-Three program to enrollment in a public elementary school in the school district.

§ 30 — TASK FORCE TO STUDY CHILDREN'S NEEDS

The bill establishes a 25-member task force to study the (1) comprehensive needs of children in the state and (2) extent to which the needs are being met by educators, community members, and local and state agencies.

Task Force Duties

The task force must:

1. identify children's needs using certain tenets of the whole child initiative developed by the Association for Supervision and Curriculum Development;
2. recommend new programs or changes to existing programs operated by educators or local or state agencies to better

- address children's needs;
3. recognize any exceptional efforts to meet the comprehensive needs of children by educators, local or state agencies, and community members (i.e., any individual or private organization that provides services or programs for children);
 4. identify and advocate for funds and other resources required to meet the needs of children in the state;
 5. identify redundancies in existing services or programs for children and advocate for the elimination of redundancies; and
 6. assess all publicly available data concerning the children's comprehensive needs identified and collect, or make recommendations for the state to collect, any data that is not being collected by educators, community members, or local or state agencies.

The task force must identify children's needs using the tenets that each student:

1. enters school healthy and learns about and practices a healthy lifestyle;
2. learns in an environment that is physically and emotionally safe for students and adults;
3. is actively engaged in learning and is connected to the school and broader community;
4. has access to personalized learning and is supported by qualified, caring adults; and
5. is challenged academically and prepared for success in college or further study and for employment and participation in a global environment.

Membership and Appointing Authorities

The task force must consist of the following 25 members:

1. two appointed by the House speaker, one of whom is an educator employed by a local or regional board of education and one of whom is a licensed social worker working with children;
2. two appointed by the Senate president pro tempore, one of whom is a representative of the board of directors of the Association for Supervision and Curriculum Development affiliate in the state, and one of whom is a representative of a higher education institution in the state;
3. one appointed by the House majority leader, who is a school administrator employed by a local or regional board of education;
4. one appointed by the Senate majority leader, who is a chairperson of a local or regional board of education;
5. one appointed by the House minority leader, who is a director or employee of a private nonprofit organization in the state that provides services or programs for children;
6. one appointed by the Senate minority leader, who is a director or employee of a private nonprofit organization in the state that provides health-related services or programs for children;
7. the Agriculture, Children and Families, Developmental Services, Early Childhood, Economic and Community Development, Education, Housing, Labor, Mental Health and Addiction Services, Public Health, Social Services, and Transportation commissioners or their designees;
8. the healthcare advocate, or his designee;
9. the Commission on Human Rights and Opportunities executive director, or her designee;

10. the Technical Education and Career System superintendent, or his designee;
11. the chief court administrator, or his designee; and
12. the director of Special Education Equity for Kids of Connecticut, or the director's designee.

All initial appointments must be made within 30 days after the bill passes. The appointing authority must fill any vacancy within 30 days after the vacancy. Task force chairpersons may fill a vacancy if it is not filled by the appointing authority. Members of the General Assembly may serve on the task force.

The House speaker and the Senate president pro tempore must select the chairpersons of the task force from among its members. The chairpersons must schedule the first meeting of the task force, which must be held within 60 days after the bill passes.

The Children's Committee administrative staff must serve as administrative staff of the task force.

Reporting Requirements

The bill requires the task force to submit a report on its findings and recommendations to the Children's Committee by January 1, 2022. The task force terminates on the date that it submits the report or January 1, 2022, whichever is later.

COMMITTEE ACTION

Committee on Children

Joint Favorable Substitute

Yea 9 Nay 5 (03/15/2021)

Appropriations Committee

Joint Favorable

Yea 33 Nay 15 (05/03/2021)