

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

HEALTHY	
Recommendation	Supporting Document(s)
H.1. Increase children’s access to preventative care to promote their medical, dental, and social-emotional health.	DSS – State Action Plan FY22 CDC (2019)
H.2. Make health care costs – including the costs of behavioral and mental health care – affordable for families.	Connecticut Department of Public Health (2021). <i>Healthy Connecticut 2025 – State Health Improvement Plan</i> .
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.	Connecticut Department of Public Health (2021) Connecticut Children’s Behavioral Health Plan – 2021 Annual Report Sandy Hook Advisory Commission U.S. Department of Education (2021a). <i>Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs</i> .
H.4. Expand access to treatment services for addiction for individuals of all ages.	DSS – State Action Plan FY22 CDC (2019).

<p>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.</p>	<p>Connecticut Children’s Behavioral Health Plan – 2021 Annual Report</p> <p>U.S. Department of Education (2021a). <i>Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs</i>.</p> <p>National Commission on Social, Emotional and Academic Development (2018). <i>A Policy Agenda in Support of How Learning Happens</i>.</p> <p>DSS – State Action Plan FY22</p> <p>Sandy Hook Advisory Commission</p>
<p>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.)</p> <p>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 the entire psychosocial elements (often close to 20 separate elements) over a series of sessions and as relevant to the individual’s care.</p> <p>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.</p> <p>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.</p>	<p>Heinrich, Camacho, Henderson, Hernández, & Joshi (2021). Consequences of administrative burden for social safety nets that support the healthy development of children.</p> <p>Connecticut Children’s Behavioral Health Plan – 2021 Annual Report</p> <p>Connecticut Department of Public Health (2021)</p> <p>Sandy Hook Advisory Commission</p> <p>Behavioral Health Workforce is a National Crisis: Immediate Policy Actions for States HMA/National Council for Mental Wellbeing</p>

<p>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.</p> <p>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.</p>	
<p>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:</p> <ul style="list-style-type: none"> ● increasing the rates paid for services; ● providing tuition reimbursement to those entering or already serving in these roles. ● 	<p>CVC (2021)</p> <p>National Commission on Social, Emotional and Academic Development (2018). <i>A Policy Agenda in Support of How Learning Happens</i>.</p> <p>Connecticut Children’s Behavioral Health Plan – 2021 Annual Report</p> <p>Reinert, Fritze, & Nguyen (2021).</p> <p>Behavioral Health Workforce is a National Crisis: Immediate Policy Actions for States HMA/National Council for Mental Wellbeing</p>
<p>H.8. Attend to the wellness of educators and other personnel who serve children and adolescents – both in school and out.</p>	<p>U.S. Department of Education (2021a). <i>Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs</i>.</p>
<p>H.9. Increase awareness of nutrition programs offered through the Connecticut Department of Agriculture (e.g. the Farmers’ Market Nutrition Program), which have had low redemption rates - specifically from WIC recipients.</p>	<p>Connecticut Department of Public Health (2021)</p>
<p>H.10. Increase the number of employers across sectors that offer equitable and sustainable employment opportunities for all levels and demographics.</p>	<p>Connecticut Department of Public Health (2021)</p>

<p>H.11. Increase funding to expand parents’ and caregivers’ access to the Connecticut Department of Labor’s various job-training and workforce development programs.</p>	<p>Connecticut Department of Public Health (2021)</p>
<p>H.12. Create a Connecticut Child Tax Credit</p>	<p>CVC (2021) CDC (2019)</p>
<p>H.13. Expand access to affordable, high-quality child care and preschool; 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.</p>	<p>CVC (2021) CDC (2019)</p>
<p>H.14. Address homelessness among adolescents – particularly those who identify as LGBTQIA+.</p>	<p>Connecticut Department of Public Health (2021). <i>Healthy Connecticut 2025 - State Health Improvement Plan.</i> U.S. Department of Education (2021a). <i>Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs.</i></p>
<p>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.</p>	<p>Connecticut Department of Social Services (2017). <i>Medicaid School Based Child Health Program.</i> Center on the Developing Child at Harvard University (2021)</p>
<p>SAFE</p>	
<p>Recommendation</p>	<p>Supporting Document(s)</p>

<p>Sa.1. Increase families’ access to safe, affordable housing by:</p> <ul style="list-style-type: none"> • 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. 	<p>Connecticut Department of Public Health (2021). <i>Healthy Connecticut 2025 – State Health Improvement Plan</i>. Author: Hartford, CT.</p> <p>CVC (2021)</p> <p>Connecticut Department of Housing Annual Action Plan</p>
<p>Sa.2. Enact zoning reform to ensure that safe, affordable housing is available in <u>all</u> communities.</p>	<p>CVC (2021)</p> <p>CHRO</p> <p>DeLuca, S. & Clampet-Lundquist, S. (2016). <i>The Cycle of Poverty Is Not Inevitable: Lessons from Baltimore’s Resilient Youth</i>. Washington, DC: The Century Foundation.</p>
<p>Sa.3. Increase children’s and adolescents’ access to mentoring programs and after-school programs.</p>	<p>CDC (2019) – Preventing Adverse Childhood Experiences</p>
<p>Sa.4. Increase Access to Public Transportation</p>	<p>The judicial branch provides cards to families involved. Those supports end when kids exit the system.</p>
<p>ENGAGED</p>	
<p>Recommendation</p>	<p>Supporting Document(s)</p>
<p>E.1. Fully fund the Education Cost Sharing formula passed by the CGA in October 2017 in advance of the projected FY 2028 date.</p>	<p>National Commission on Social, Emotional, and Academic Development (2018). <i>A Policy Agenda in Support of How Learning Happens</i>. Aspen Institute: Washington, DC.</p>

<p>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:</p> <ul style="list-style-type: none"> ● 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. 	<p>U.S. Department of Education (2021). <i>Education in a pandemic: The disparate impacts of COVID-19 on America's students.</i></p> <p>U.S. Department of Education (2021a). <i>Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs.</i></p> <p>Darling-Hammond, L. & Podolsky, A. (2019). Breaking the cycle of teacher shortages: What kind of policies can make a difference? <i>Education Policy Analysis Archives</i>, 27(34).</p> <p>CVC (2021)</p> <p>National Commission on Social, Emotional and Academic Development (2018). <i>A Policy Agenda in Support of How Learning Happens.</i></p> <p>Troyer, M. (2019).</p> <p>CSDE's Hiring and Selection Guidebook</p>
<p>E.3. Enhance family knowledgeable, confident engagement in their children's and adolescents' social, emotional, and academic development.</p>	<p>The judicial branch's department of probation oversees a family engagement initiative.</p>

<p>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.</p>	<p>Mehta (2013). The penetration of technocratic logic into the educational field: rationalizing schooling from the progressives to the present.</p> <p>Mehta (2019). Why equity has been a conservative force in American education</p> <p>Hargreaves, Boyle, & Harris (2014) – Uplifting Leadership</p> <p>Kantor, H. & Lowe, R. (2013). Educationalizing the welfare state and privatizing education: The evolution of social policy since the new deal. In Carter, P.L. & Welner, K.G. (Eds.) <i>Closing the Opportunity Gap: What America Must Do to Give Every Child an Even Chance</i> (pp. 25-39). Oxford University Press: Oxford, UK.</p> <p>Lowenhaupt, R. (2016). Progressive school leadership in the era of accountability. <i>Teachers College Record</i>.</p> <p>Clarke, M. (2012). The (absent) politics of neo-liberal education policy. <i>Critical Studies in Education</i>, 53(3).</p>
<p>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.</p>	<p>U.S. Department of Education (2021a). <i>Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs</i>.</p> <p>Darling-Hammond, L. & Podolsky, A. (2019). Breaking the cycle of teacher shortages: What kind of policies can make a difference?</p>
<p>E.6. Increase access to hands-on job-training programs, leadership development opportunities, and civic engagement opportunities for adolescents, especially those from families with limited means.</p>	<p>The judicial branch has opportunities available to kids while they’re court-involved, but as soon as they’re no longer in the system, they lose access. ‘</p> <p>This experience is similar in the Department of Children and Families. A goal is to ensure access to supports and services without requiring that youth/families enter a system.</p> <p>Connecticut Department of Public Health (2021).</p>

SUPPORTED

Recommendation	Supporting Document(s)
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.)	Connecticut Children’s Behavioral Health Plan – 2021 Annual Report CHRO’s best practices recommendations CSDE’s Hiring and Selection Guidebook
Su.2. Provide greater supports – in school and out – for children and adolescents who have been disconnected from school due to social-emotional concerns, academic delays, suspensions/expulsions.	Links added per MIke Duggan @ Domus - these provide recommendations for how to support disengaged and disconnected youth: https://www.dalioeducation.org/Customer-Content/www/CMS/files/2018_aspen_final-report_full_webversion.pdf https://www.ctopportunityproject.org/Customer-Content/www/resources/PDFs/Untapped_Potential_-_September_2016_Report.pdf https://drluana.com/training-institute/

CHALLENGED

Recommendation	Supporting Document(s)
C.1. Offer all children the ability to attend preschool free-of-charge beginning at age 3.	Early Childhood Education Issue Brief: https://drive.google.com/file/d/1yuT_2lk_hUXn8R00YLni8Ye-aebCCs4p/view?usp=sharing https://www.gettingsmart.com/2018/01/30/early-learning-what-we-know-and-where-we-are-headed/

<p>C.2. Expand CSCU’s PACT (Pledge to Advance Connecticut) program to cover:</p> <ul style="list-style-type: none"> ● students already enrolled in community colleges; ● students who need to enroll part-time, due to family or work obligations. 	<p>Mitchell, Leachman, and Saenz (2019). State higher education funding cuts have pushed costs to students, worsened inequality</p>
<p>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.</p>	<p>Mitchell, Leachman, and Saenz (2019). State higher education funding cuts have pushed costs to students, worsened inequality.</p>