2026 AND BEYOND

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Priority Plan for Youth Mental Wellbeing in Norwalk

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Executive Summary

This report is the result of an exciting grassroots process that involved youth and adults from all walks of life in developing a Priority Plan for Youth Mental Wellbeing in Norwalk, Connecticut. Building on three datasets and using their own lived experiences, local stakeholders collaborated to develop a comprehensive set of strategies to guide city, school, and community efforts to improve youth mental wellbeing. The resulting priority plan represents consensus on a roadmap for system change–an invaluable tool that is above and beyond typical strategic planning by individual agencies.

ABOUT THIS REPORT

This work was made possible through a behavioral health systems change grant from the New Canaan Community Foundation, awarded to Positive Directions-The Center for Prevention and Counseling, which developed the project concept on behalf of the leadership team of the Norwalk ACTS Social-Emotional Health (SEH) initiative. Chrissy Mahanna of Compass Consulting served as the lead planner and facilitator of the process.

The mental well-being of Norwalk youth is shaped by experiences of belonging, safety, identity, connection, and support across families, schools, peer networks, community organizations, healthcare systems, and public institutions. Youth who feel seen, are supported by family and peers, believe they matter to those around them, and experience personal success and opportunities can thrive. When youth are marginalized or encounter barriers related to language, cost, transportation, identity, or stigma when asking for help, opportunities for early support are missed.

FINDINGS AND CONTEXT

The 2024 Norwalk Youth Survey reported improvements in rates of depression, anxiety, suicidality, connectedness to teachers and friends, and social supports compared with the prior surveys. It also identified concerns such as disconnected lifestyles, loneliness, and poor mental health among youth from marginalized groups. These issues are reflected in one overarching statistic: **more than one-third of Norwalk students surveyed (36%) did not believe their life was headed in a positive direction.**

During three Community Conversations conducted through this grant in the fall of 2025, youth with lived experience and their caregivers identified family, peer support, stigma, access, and equity as critical factors related to their mental wellbeing. They made clear that when mental health challenges escalate, it is not because support is unavailable, but because systems are fragmented, difficult to navigate, or slow to respond. These access issues echo the findings reported by providers surveyed in the 2025 Youth Mental Health Gap Analysis.

KEY FINDING

36% *of Norwalk students surveyed did not believe their life was headed in a positive direction.*

— 2024 NORWALK YOUTH SURVEY

FROM DATA TO DIRECTION

Together, these datasets informed a series of stakeholder sessions from late 2025 into early 2026, resulting in this Priority Plan. The sessions were grounded in the understanding that improving life outcomes–such as youth believing their life is headed in a positive direction–requires large-scale thinking, shared leadership, and coordinated action across systems.

This Priority Plan represents a shift from a primarily reactive, crisis-driven behavioral health system to a community-wide approach to youth mental well-being grounded in prevention, connection, equity, opportunity, and timely care. This work recognizes that belonging and trusted relationships are protective factors; that culture and adult response influence whether youth seek help early; that peer and community supports reduce isolation; that coordinated clinical systems are essential when needs escalate; and that equity must be the operating condition across all efforts.

The Plan identifies six priority areas that complement one another and must function together to support youth mental well-being across the full continuum of need:

1 Disconnected Youth

A priority focused on prevention and re-engagement, ensuring youth are identified early, remain visible across systems, and are supported before disconnection deepens.

2 Equity

A priority establishing the standard for how all systems operate, ensuring access, representation, responsiveness, and trust.

3 Peer Supports

A priority strengthening the relational infrastructure that builds belonging and reduces isolation outside of clinical settings.

4 Stigma, Judgment + Fear

A priority addressing the cultural conditions that shape help-seeking and determine whether youth seek support early or wait until crisis.

5 Highest Risk Populations

A priority focused on ensuring that youth experiencing the greatest barriers and compounding risks are intentionally identified, prioritized, and supported through coordinated strategies that complement universal and preventive approaches.

6 Specialized Services and Higher Levels of Care

A priority providing the coordinated clinical backbone needed when youth require more intensive support.

For each priority area, the Plan identifies a vision, objectives, and key actions. Together, these priorities form a systems strategy that strengthens prevention, reduces fragmentation, and improves coordination across sectors. Using this document as a framework, each priority area will be advanced by a designated lead organization responsible for convening an Implementation Team to develop and monitor a phased action plan, in collaboration with cross-sector partners. The implementation plans will define early wins, resource needs, and sequencing strategies aligned with the shared implementation framework.

This Priority Plan is a call to action, describing the community's consensus and recommendations for youth mental wellbeing. All Norwalkers are called to join in the next phase to implement this visionary strategic plan to improve the future of our youth.

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Acknowledgements

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Norwalk ACTS

NEW CANAAN COMMUNITY FOUNDATION

This work was made possible with generous funding from the New Canaan Community Foundation.

Process

This Priority Plan was made possible through a behavioral health systems change grant from the New Canaan Community Foundation. Positive Directions, working on behalf of the Norwalk ACTS Social-Emotional Health (SEH) Leadership Team, developed a proposal for a structured, community-driven process that would result in a shared vision and strategies for youth mental wellbeing in Norwalk. Chrissy Mahanna of Compass Consulting was contracted by Positive Directions to lead the planning and facilitation of the project.

The priority planning process built on two foundational efforts:

• *The 2024 Norwalk Youth Survey*, conducted by Positive Directions in collaboration with Norwalk Public Schools, which provided universal data from middle and high school students on lifestyles, protective and risk factors, mental health, substance use perceptions and practices, and disparities;

• *The 2025 Norwalk Youth Mental Health Gap Analysis*, conducted by Compass Consulting in collaboration with Positive Directions, which gathered provider data on service gaps, funding gaps, and wait times.

COMMUNITY CONVERSATIONS

As the first step in the priority planning process, qualitative data were gathered to learn from lived experiences and complement the youth survey data. Community Conversations were held with youth who had recently experienced a behavioral health challenge and with parents of such youth. Four sessions were offered, including in-person and virtual options in both English and Spanish, to maximize accessibility. A total of 23 youth and 17 caregivers participated. The youth focus groups intentionally sought to hear the voices of those at higher risk for behavioral health concerns. Among the youth participants, 74% were high school students and 26% were in middle school; 65% identified as female, 26% as male, and 9% as transgender; 83% identified as BIPOC; 3 youth had an IEP and 4 had a 504 plan.

23 YOUTH PARTICIPANTS

17 CAREGIVERS

4 SESSIONS OFFERED

83% IDENTIFIED AS BIPOC

PLANNING SESSIONS

As the next step, four Priority Planning Sessions were convened between November 2025 and February 2026. Sessions brought together 57 cross-sector participants, including youth, caregivers, community-based organizations, behavioral health providers, peer organizations, municipal government, elected officials, schools, law enforcement, and interested community members. Sessions were structured to ensure understanding of the data, elicit perspectives and experiences from all stakeholders, and provide iterative opportunities for discussion to deepen and build consensus.

The Priority Planning Sessions began with a shared review of the three data sources. Using insights from the Community Conversations, Youth Survey, and Gap Analysis, participants identified six complementary priority areas to be addressed. Over the course of the subsequent sessions, participants developed vision statements for each priority area and indicators to define desired outcomes. Participants then collaboratively defined strategic objectives and action steps for each area. The final session focused on reviewing and refining the drafted plan to ensure accuracy, alignment, and community ownership, as well as identifying groups that could lead work to implement each individual priority area.

57
TOTAL PARTICIPANTS

10
YOUTH

47
ADULTS

Following the priority planning sessions, there was a community report-out at Norwalk City Hall in early March 2026. At that event, community advocates who had participated in the process shared an overview of the six priority areas, objectives for each, and an example of some of the action items and insights from the process, prior to the full report being disseminated. The SEH Leadership Team then met to determine next steps toward implementation of the priorities, and a draft of the report was shared at The Norwalk Partnership's March coalition meeting for input. In April 2026, the SEH Initiative will be convened to begin organizing toward implementation of the plan.

Priority Areas

Six priority areas were identified as the result of sustained listening, shared analysis, and collaborative design, reflecting lived experience, system-level expertise, local data, and cross-sector partnership. Together, these areas will strengthen connections, improve coordination, and ensure that all youth, particularly those facing the greatest barriers, can thrive.

The table below identifies why each priority area was selected and how it complements the others. In the Strategic Framework section that follows, objectives and key actions for each priority area are described.

PRIORITY AREA	WHY IT MATTERS	HOW IT FITS INTO THE PLAN
Disconnected Youth	Youth mental well-being is at increased risk when young people become disconnected from school, community, and trusted systems of support. Disconnection often occurs gradually and across settings, making it difficult for any single institution to identify or respond early. This priority area focuses on **preventing disconnection and re-engaging youth before needs escalate**, particularly for youth and young adults who may fall out of view across systems	This priority serves as the **front door of prevention** within Norwalk. By strengthening visibility, connection, and continuity across settings, it reduces the likelihood that youth disengage entirely from support. This priority area complements the others by ensuring that upstream prevention and re-engagement are strengthened before youth disengage or an emerging issue becomes a crisis.
Equity	Inequities in access, representation, and responsiveness can negatively impact help seeking. Advancing equity requires shared responsibility across schools, municipal departments, community service providers, and informal supports to ensure that all youth and families—particularly those who identify with historically under-represented groups—can access support, feel a sense of belonging, and experience systems as responsive and fair.	Equity functions as the **operating standard** across Norwalk's support for youth mental wellbeing. Rather than standing alone, this priority shapes how all other priorities are designed, implemented, and experienced. By addressing barriers related to language, identity, access, and trust, this priority aims to reach youth and families who have historically been underserved, reducing disparities and strengthening outcomes across the community.
Peer Supports	Isolation and lack of connection are significant risk factors for poor youth mental well-being. Peer supports strengthen the community's relational infrastructure by fostering belonging, reducing loneliness, and building	Peer Supports strengthen the **relational fabric** of Norwalk's youth. By creating spaces where youth and caregivers can connect, support one another, and build trust outside of clinical or crisis settings, we can reduce isolation and, ideally,

PRIORITY AREA	WHY IT MATTERS	HOW IT FITS INTO THE PLAN
Peer Supports	natural systems of support for youth and caregivers across settings. Effective peer support requires shared responsibility across community organizations, schools, caregivers, youth leaders, and informal networks rather than reliance on a single space or provider.	promote earlier help-seeking. Peer Supports complement other priorities by strengthening everyday connection and trust, factors that reduce isolation and make it easier for youth and caregivers to seek support before needs escalate.
Stigma, judgment and fear	Stigma, fear, and judgment are significant barriers to youth mental well-being, often preventing young people from seeking help and contributing to crisis-driven service use. When mental health concerns are misunderstood or met with judgment, youth are more likely to delay support until needs escalate. Addressing stigma requires community-wide culture change shared across families, peers, schools, community organizations, service providers, and local leadership.	This priority addresses the **cultural conditions** that determine whether youth and families engage with the supports and services that exist. Normalizing conversations about mental health and help-seeking at all ages enables earlier connection to peer supports, preventive services, and clinical interventions. This area complements other priorities by ensuring that improvements in access, connection, and service coordination are actually used by the youth and families they are intended to support.
Highest Risk Populations	Some youth experience layered and compounding risks related to identity, ability, language, systemic bias, or life circumstances. While universal and preventive strategies strengthen youth mental well-being broadly, they may not be sufficient for young people whose needs require more specialized, responsive, or coordinated support. Without intentional prioritization, these youth are more likely to experience exclusion, disengagement, unmet behavioral health needs, and diminished optimism about their future.	This priority intentionally elevates **youth who experience compounded and higher risks in Norwalk.** While the other priorities strengthen prevention, access, culture, and coordination broadly, for youth facing intersecting barriers the aim is to provide tailored, responsive, and intensified support. This priority area complements universal strategies by preventing disparities from widening and ensuring that the young people with the greatest needs are not left behind. In doing so, it strengthens the overall effectiveness and equity of the entire system.
Specialized Services & Higher Levels of Care	When youth experience significant behavioral health needs, delays in accessing specialized services and higher levels of care can increase risk and escalate into crisis. Long wait times, fragmented referral pathways, and unclear navigation place additional strain on youth and families at moments of heightened vulnerability. Supporting youth mental well-being requires a coordinated, clinical system with timely access, clear navigation, and continuity of support.	This priority provides the clinical backbone of the priority plan. While other priorities focus on prevention, connection, and culture, Specialized Services and Higher Levels of Care focuses on systems responding quickly, cohesively, and effectively when youth needs escalate. This priority complements upstream efforts by stabilizing youth and families, reducing reliance on emergency responses, and promoting continuity across levels of care.

Strategic Framework

This section provides the vision and strategies required to realize the six priorities. For each priority area, it lays out a shared vision of the future. Strategic objectives toward achieving that vision are identified and accompanied by key action steps. Indicators of success are identified as meaningful measurements that will ensure the vision is met.

PRIORITY AREA 01

Disconnected Youth

Shared vision for the future: In Norwalk, no young person falls through the cracks. Youth are identified early, connected to trusted adults and peers, and supported to access services, opportunities, and pathways that foster belonging, purpose, and long-term stability.

Youth mental well-being is strengthened when young people are connected to trusted adults, peers, and meaningful opportunities across systems. Implementation under this priority focuses on preventing disconnection, identifying early signs of disengagement, and promoting coordinated re-engagement so that no young person falls out of view or loses access to support. As this priority area is implemented, the action steps will need to differentiate outreach and support strategies to reach recent graduates and disconnected young adults.

OBJECTIVE 01

Strengthen youth connection and belonging.

Youth mental well-being is supported when opportunities for connection are visible, accessible, and meaningful across the community.

KEY ACTIONS

Coordinate a community-wide youth communications approach that aligns school-based and community-based outreach, reflects youth preferences, and seeks to reach young adults.

Use shared tools (e.g., interest surveys at key transition points) to inform programming and outreach across systems.

Expand and promote youth-driven, interest-informed opportunities across schools, community organizations, and municipal partners, including:

- Youth and young adult co-led activities
- Career and trade exploration and training
- Social and creative skill-building opportunities
- Recreational opportunities (e.g., Teen Nights Out, youth center).

Address transportation as a structural barrier to community participation and mental well-being through coordinated, cross-sector solutions.

OBJECTIVE 02

Build trusted adult networks.

Consistent relationships with trusted adults are a protective factor for youth mental well-being.

KEY ACTIONS

Expand relationship-mapping and connections across schools, community-based programs, and faith and peer networks to ensure every youth has at least one trusted adult.

Integrate a "trusted adult" question into intake and engagement processes used by schools, clinical providers, and youth-serving organizations.

Provide ongoing training (such as the Day of Training) for mentors and other trusted adults across settings focused on:

- Youth-centered communication
- Trauma-informed engagement
- Recognizing and responding to early signs of disconnection.

OBJECTIVE 03

Ensure early identification and coordinated outreach.

Youth mental well-being is at heightened risk when young people disengage from school and fall out of contact with other youth-serving systems.

KEY ACTIONS

Use shared identification strategies (surveys, observations, referrals) across youth-serving systems to identify early signs of disengagement.

Strengthen cross-sector coordination and warm handoffs so youth experience continuity rather than fragmentation.

Expand mentorship opportunities across school- and community-based settings, leveraging the existing programs (Norwalk Mentoring Program, YBI, LiveGirl, etc.), trusted relationships, and peer to peer models (e.g. "Boss Academy" at Norwalk High School).

OBJECTIVE 04

Provide pathways that foster purpose and future orientation.

A sense of purpose and hope for the future supports resilience and mental well-being.

KEY ACTIONS

Expand exposure to diverse post-secondary pathways—including trades, entrepreneurship, public service, military, and higher education—through coordinated school and community efforts.

Redesign career, trade, and club exploration opportunities to increase frequency, accessibility, and depth of engagement, building on existing workforce development efforts in the public schools and college.

Increase internships, career shadowing, and field experiences that engage families, community members, and local businesses as resources, building on programs such as NPS Workforce Development and the Mayor's Summer Youth Employment Program and connecting with regional young adult employment programs. (For senior internships, look to neighboring towns such as Westport and Fairfield for guidance on implementing a thoughtful learning process.)

Align college, trade, and workforce readiness supports across systems to ensure youth and young adults receive consistent guidance.

OBJECTIVE 05

Elevate youth voice and leadership.

Youth mental well-being improves when young people experience agency, influence, and follow-through.

KEY ACTIONS

Support youth-led planning and facilitation across programs and initiatives.

Strengthen existing youth advisory structures (e.g., Superintendent's District Leadership Council) and develop new formal youth leadership roles connected to decision-making bodies (e.g. Student Board of Education Advisory Council, Youth Commission), and provide training to participating youth.

Ensure visible, timely follow-through on youth recommendations to address mistrust and demonstrate that youth voice leads to action.

Indicators of Progress

To measure our progress in this priority area, the community will measure:

Increased rates of youth-reported connection and belonging, including connection to peers and at least one trusted adult, as measured through the Norwalk Youth Survey

The extent to which youth at risk of disconnection are identified and re-engaged across multiple settings, including schools, community organizations, and service providers, as demonstrated by documented outreach, referrals, and follow-up across systems.

Continuity of support during key transition points (e.g., middle to high school, school exit), as measured by documented warm handoffs, follow-up, or continued engagement.

Youth perceptions of opportunity relevance and accessibility, as measured through survey feedback and participation trends across youth-serving programs.

Collectively, these indicators reflect the community's ability to reduce isolation, strengthen connection, and intervene before disconnection.

PRIORITY AREA 02

Equity

Shared vision for the future: *Norwalk has a responsive, equitable system in which community voices—especially those of youth and families—inform decisions at every stage. Programs, services, and resources are culturally responsive and accessible, with no language, financial, transportation, or identity-based barriers to participation.*

Youth mental well-being is strengthened not only by systems that are accessible, responsive, and trusted by all youth and families, but also when young people experience a genuine sense of belonging and mattering within the spaces that shape their daily lives. Implementation under this priority focuses on reducing structural barriers, strengthening representation and cultural responsiveness, and ensuring that youth and caregiver voices meaningfully inform decisions across systems.

OBJECTIVE 01

Strengthen linguistic and cultural representation.

Youth mental well-being is supported when young people and families see themselves reflected in the systems meant to serve them and can communicate effectively across language, cultural differences and life experiences.

KEY ACTIONS

Develop career pipelines and incentives to recruit and retain professionals who are bilingual/multilingual and/or from historically underrepresented communities across schools, city agencies, and community providers.

Create internships, scholarships, and job-training pathways for individuals from diverse racial, ethnic, cultural, linguistic, disability, and lived-experience backgrounds to enter youth-serving professions.

Partner with higher education institutions (e.g., CT State Norwalk) to offer language training opportunities for existing professionals in youth-serving roles.

Expand multilingual communication and visible, identity-affirming representation across public spaces, schools, and city facilities.

Share resources (e.g., training on the Culturally and Linguistically Appropriate Services (CLAS) Standards, information on Language Line and alternatives) with businesses, nonprofits, and community organizations to strengthen culturally responsive service delivery.

OBJECTIVE 02

Ensure equitable access to programs/ services and opportunities

Youth mental well-being is undermined when cost, transportation, language, ability, or awareness barriers prevent participation in supportive programs and experiences.

KEY ACTIONS

Expand free and low-cost programming for young people across neighborhoods and settings.

Increase access to internships and workplace learning by centralizing information, actively recruiting host organizations, and reducing reliance on youth and family self-navigation (including actively disseminating information in multiple languages through trusted community and cultural networks).

Address transportation as a structural equity barrier through coordinated, cross-sector solutions (e.g., fare-free transit advocacy, late bus at schools, messaging to all youth about transportation options).

Ensure programs are accessible and inclusive for youth with disabilities, trauma histories, and diverse life experiences.

OBJECTIVE 03

Improve awareness and navigation of resources.

Consistent relationships with Youth and their caregivers are better able to support mental well-being when they know what resources exist, understand how to access them, and trust the systems providing information.

KEY ACTIONS

Expand youth & family resource fairs (such as the NorWALK for Mental Health: Walk + Wellness Fair for the community and the Wellness Fairs for students at NHS/PTECH), ensuring that all schools and grade levels participate at least annually, providing awareness and connections to critical school-and community-based supports and opportunities.

Deploy community navigators through trusted settings (e.g., faith communities, parent groups, Special Education meetings).

Establish acculturation and orientation series for newly arrived families, as a partnership between the Norwalk Public Schools' Welcome Center and community and cultural organizations.

Establish and sustain a centralized resource navigation infrastructure (e.g. dashboard or app), maintained across partners and informed by youth input, that provides accessible, up-to-date information on resources by language, need, and service type.

OBJECTIVE 04

Embed responsive systems and practices.

Culturally responsive environments build trust, reduce harm and support youth mental well-being by responding to the full identities and lived experiences of youth and their caregivers.

KEY ACTIONS

Integrate cultural humility training into professional development for school

personnel, youth-serving staff, city employees, elected officials, and parent education efforts.

Provide ongoing education addressing stereotypes, prejudice, and stigma related to race, culture, disability, mental health, and life experiences.

Increase visible representation in youth-serving spaces (e.g., inclusive signage, accessible facilities, gender-neutral bathrooms, braille).

OBJECTIVE 05

Require feedback to youth, accountability, and transparency.

Youth mental well-being improves when individuals feel heard and see that their feedback leads to meaningful change.

KEY ACTIONS

Establish regular, structured feedback loops with youth and caregivers, including feedback collection, sharing results, and demonstrating follow-through.

Create anonymous feedback mechanisms across schools and city agencies.

Monitor and publicly discuss equity-related data, combining quantitative metrics with youth and caregiver input to inform continuous improvement.

OBJECTIVE 06

Create a culture of belonging and cross-cultural engagement.

Youth mental well-being is strengthened when schools and community spaces celebrate diversity, foster cross-cultural understanding, and ensure that no young person is defined solely by language, disability, trauma, or identity.

KEY ACTIONS

Expand and promote multicultural clubs, cross-cultural events, and community celebrations that encourage participation of youth and families across identities and backgrounds.

Promote opportunities for youth to explore and celebrate their cultural heritage while engaging with others' traditions and experiences.

Increase visibility of diverse role models and mentors across youth-serving systems.

Provide guidance and support for families navigating disability, trauma, and special education systems to ensure equitable access and dignity.

Indicators of Progress

To measure our progress in this priority area, the community will measure:

The extent to which youth-serving systems reflect the community's linguistic and cultural diversity, as measured by workforce demographics, language capacity, and availability of multilingual communication across schools, city, and community providers.

Participation in youth programs, internships, and opportunities across demographic groups, measured through disaggregated participation data demonstrating reduced disparities related to race/ethnicity, income, language, gender identity, disability status, or neighborhood.

Youth and families report increased awareness of, and ability to navigate, available services and supports, measured through surveys and usage metrics from a centralized resource infrastructure.

Youth-serving environments are inclusive, respectful, and responsive to their identities and lived experiences, measured by participation in cultural competency training and observable changes in practice.

Youth and family feedback is regularly collected, shared back, and used to inform decisions, demonstrated through documented feedback loops, public reporting, and visible policy or program adjustments.

Together, these indicators assess whether Norwalk's systems are reducing barriers, building trust, and creating inclusive conditions that support youth mental well-being across the community.

PRIORITY AREA 03

Peer Supports

Shared vision for the future: *Youth and caregivers in Norwalk have access to safe, welcoming, and truly inclusive peer spaces that foster belonging, reduce isolation, and build natural systems of support. Programming is multilingual, culturally responsive, affirming of LGBTQIA+ identities, and grounded in peer-to-peer learning, mutual aid, and shared experience.*

Peer supports foster youth mental well-being by reducing isolation, nurturing belonging, and building sustained natural support networks for youth and caregivers across settings. Implementation under this priority focuses on strengthening relationship-centered peer infrastructure, integrating social and emotional skill development, providing trusted and inclusive spaces, and elevating youth and caregiver leadership in meaningful ways.

OBJECTIVE 01

Reduce isolation, building connection, and strengthening social emotional skills.

Youth mental well-being improves when young people and caregivers experience meaningful connection, develop emotional competence, and build belief in themselves and others.

KEY ACTIONS

- **Expand access to peer mentoring and peer support** models for youth and families, including promoting awareness of existing peer support options (such as the CT Young Adult Warmline, CT Support Group, New Foundations Recovery, NAMI, FAVOR), providing training to peer mentors (such as Honor Society students providing academic mentoring), and promoting near-peer programs (e.g., buddy programs pairing older youth with younger youth).

- **Integrate social, emotional, and behavioral health** skill-building into peer programming, including emotional literacy, belief in self, belief in others, engaged living, and help-seeking confidence.

- **Offer social and interest-based peer groups that emphasize connection** rather than clinical framing, including hobby-based, creative, and intergenerational activities.

- **Integrate and strengthen structured opportunities** (e.g., in-school advisory/house periods, peer circles, wellness days) that build connection and normalize shared experiences, both in K-12 schools and the community, including providing facilitator training and resources on how to build community.

OBJECTIVE 02

Provide inclusive and trusted peer spaces.

Peer support is most effective when spaces feel safe, welcoming, culturally affirming and actively counter stigma.

KEY ACTIONS

Develop or utilize physical peer spaces that are welcoming, non-institutional, and designed with attention to comfort, sensory needs, and consistent staffing, such as wellness rooms in schools, libraries, and other community areas and using signage such as the new sensory boards at NPS playgrounds.

Engage existing community programs and identity-based groups to bring diverse constituencies into shared peer spaces.

Provide standards and support to youth and adult peer facilitators to reflect and understand cultural, linguistic, religious, and identity backgrounds, integrating CLAS (or other) training and resources into the Norwalk Day of Training (DOT) and similar trainings for youth.

Integrate peer-led stigma reduction efforts within peer spaces, including open dialogue, shared storytelling, and education on available supports, partnering with statewide young adult peer support programs at CT Support Group, NAMI, JoinRiseBe, and CCAR.

Leverage virtual platforms to expand accessibility and variety of peer support offerings.

OBJECTIVE 03

Center youth and caregiver leadership.

Peer supports are stronger and more trusted when youth and caregivers help shape, lead, and sustain them.

KEY ACTIONS

Create paid or stipend-supported youth leadership roles within peer spaces, with training in peer support and facilitation.

Identify and elevate youth leaders and individuals with lived experience who can serve as visible peer connectors and trusted points of contact.

Involve youth in co-designing peer programming, including planning, outreach, and facilitation.

Promote awareness of caregiver support groups and leadership opportunities focused on shared learning and skill-building.

Support caregivers in building confidence around youth independence and access to community supports and spaces.

OBJECTIVE 04

Increase participation and visibility of peer supports.

Youth mental well-being is supported when high-quality peer programming is visible, trusted, and easy to access.

KEY ACTIONS

Improve awareness of peer supports through coordinated outreach across schools, healthcare providers, community organizations, and youth-identified communication channels.

Establish community-wide minimum quality standards for peer programming to promote consistency, inclusion, and engagement.

Advocate for shared use of public and community facilities to expand access to peer programming.

Indicators of Progress

To measure progress in this priority area, the community will track:

Youth and caregivers report decreased feelings of loneliness and increased connection to peers, as measured through surveys and participation feedback across peer support settings.

Diverse youth and caregivers consistently access peer spaces they perceive as safe, welcoming, and culturally affirming, as measured through participation data disaggregated by demographic group and qualitative feedback (e.g. satisfaction surveys).

Youth and caregivers hold meaningful leadership roles in peer support initiatives, as demonstrated by participation in planning, facilitation, and leadership positions.

Participation in peer support and community-based programs increases over time, particularly among youth and caregivers who were previously underrepresented or disengaged, as measured through longitudinal participation trends.

Together, these indicators assess whether Norwalk's peer support infrastructure is reducing isolation, strengthening natural support networks, and fostering belonging as a foundation for positive youth mental well-being.

PRIORITY AREA 04

Stigma, Judgment & Fear

Shared vision for the future: *Norwalk fosters a community-wide culture in which mental health and help-seeking are normalized, supported, and openly discussed. Youth feel safe, encouraged, and respected when asking for help, and stigma, fear, and judgment no longer prevent access to care or connection.*

Stigma, judgment, and fear can prevent youth from seeking help early and contribute to crisis-driven responses. Implementation under this priority focuses on shifting community norms, strengthening adult responses, elevating youth-led culture change, and making early, non-crisis supports accessible so youth feel safe, respected, and supported when asking for help

OBJECTIVE 01

Increase belonging and earlier help-seeking.

Youth mental well-being improves when young people feel a sense of belonging and are supported to seek help before reaching crisis.

KEY ACTIONS

Promote language and messaging that frames mental health as a normal part of overall health and expand access to developmentally appropriate social-emotional learning opportunities across schools, community programs, and youth-serving settings.

Encourage public storytelling (such as at the NorWALK for Mental Health event) by trusted adults and leaders, including city officials, community figures, and youth, sharing experiences with stress and mental health.

Share and expand youth-created public service announcements (PSAs) grounded in lived experience.

OBJECTIVE 02

Prepare and engage adults across systems.

Youth mental well-being is supported when adults respond in informed, non-stigmatizing, and proportionate ways.

KEY ACTIONS

Leverage coordinated "Day of Training"–style opportunities that normalize common youth experiences, avoid over-pathologizing behavior, and promote supportive, proportionate responses.

Provide early and recurring education for parents and caregivers, beginning in early childhood and reinforced annually.

Prioritize staff from the community, particularly grassroots organizations, to increase trust and reduce stigma.

Review and implement supportive re-entry practices for youth returning from inpatient or residential treatment and for youth in violation of school or community policies to reduce stigma, protect privacy, promote belonging and continuity of care, and ensure equitable and restorative practices.

OBJECTIVE 03

Center youth-led culture change.

Youth mental well-being is strengthened when young people have agency in shaping how mental health is discussed and understood.

KEY ACTIONS

Create incentivized opportunities for youth leadership (e.g. advisory boards) where youth voice is centered and responded to with regular feedback on changes implemented due to their advocacy.

Establish a community-wide youth participation ladder to support varying levels of engagement.

Standardize engaging, developmentally appropriate, and non-threatening mental health education for youth that normalizes situational anxiety and depression and emphasizes available supports.

Support youth-led media efforts, including podcasts, videos, PSAs, and local programming (e.g., Hey Norwalk–style campaigns).

OBJECTIVE 04

Establish accessible early supports and safety nets.

Youth mental well-being improves when non-crisis supports are available early and safety is established without escalation.

KEY ACTIONS

Raise awareness of the young adult warm line and free support groups that provide low-barrier, non-crisis supports and normalize help-seeking before a crisis.

Ensure safety protocols are trauma-informed, recognizing that safety is a prerequisite for openness.

Integrate peer supports and mentoring as first-line supports in non-crisis situations.

Expand accessible behavioral health supports across school and community settings, with attention to location, hours, and youth comfort.

Indicators of Progress

To measure progress in this priority area, the community will track:

Youth-reported sense of belonging and help-seeking behavior, including earlier engagement with supports and reduced reliance on crisis-driven services as measured through survey data and trends in crisis service utilization.

Adult preparedness and confidence in responding to youth mental health needs in supportive, non-stigmatizing ways, as measured through training participation rates and post-training feedback assessments.

Youth leadership and participation in mental health messaging and education efforts, as demonstrated through documented involvement in campaigns, media initiatives, advisory roles, and peer-led programming.

Use and accessibility of early, non-crisis supports (e.g., warm lines, peer supports, mentoring), as measured through utilization data and user-reported satisfaction and accessibility feedback.

Together, these indicators assess whether Norwalk is creating a community-wide culture that normalizes help-seeking, reduces stigma and fear, and supports youth mental well-being.

PRIORITY AREA 05

Highest Risk Populations

Shared vision for the future: *Youth facing the greatest barriers feel included, accepted, and valued for who they are, while also having access to affinity spaces where they can gather safely. Norwalk offers welcoming physical spaces, opportunities for creativity and connection, and affordable pathways to belonging, stability, and success.*

Youth experiencing compounded and elevated risks require intentional, coordinated, and tailored strategies beyond universal prevention/intervention. Biannual Norwalk Youth Survey data will continue to serve to identify the populations that are at highest risk. Implementation under this priority focuses on proactively identifying youth facing intersecting challenges, strengthening responsive and specialized supports, expanding affinity and identity-affirming spaces, and promoting advocacy, navigation, and funding structures are aligned to meet their specific needs.

OBJECTIVE 01

Implement intentional identification and prioritization

Youth facing intersecting risk factors must be proactively identified and prioritized across systems to address specialized needs and reduce risk.

KEY ACTIONS

Develop consensus on the criteria and cross-system indicators to identify youth experiencing compounded risk (e.g., special education status, identity-based marginalization, language barriers, repeated service disengagement), building on work done to develop the TAG program implemented by Family & Children's Agency.

Establish shared protocols across systems to ensure prioritized outreach and follow-up for young people identified as high risk.

Use disaggregated data to monitor disparities in access, outcomes, and engagement across subpopulations.

OBJECTIVE 02

Strengthen specialized and responsive supports.

Generalized services may not adequately meet the needs of youth experiencing elevated risk.

KEY ACTIONS

Expand access to providers trained in specialized areas (e.g., trauma-informed care, gender-affirming care, culturally responsive therapy, disability-informed practices).

Reduce waitlists for specialized care that cannot be addressed through general therapy alone.

Promote the availability of virtual as well as in-person service models to meet diverse accessibility needs.

Clearly communicate the availability of sliding fee scales and other cost mitigation strategies to youth and families.

OBJECTIVE 03

Expand affinity and identity-affirming spaces.

Belonging and safety are strengthened when youth have access to both inclusive community spaces and affinity-based spaces.

KEY ACTIONS

Partner with community-based organizations serving specific populations (e.g., LGBTQIA+, Black youth, immigrant communities, special education families) to integrate affinity-based programming within youth-serving spaces.

Work toward youth advisory groups including representation from high-risk populations.

Provide safe spaces for cultural, religious, identity-based, and creative expression.

OBJECTIVE 04

Strengthen advocacy and navigation for families.

Families navigating disability, immigration, identity-based stigma, or specialized supports often require additional advocacy and system navigation.

KEY ACTIONS

Expand awareness and access to school and community advocates (e.g., FAVOR) for families of youth with IEPs/504s and other specialized needs.

Promote and disseminate information about parent education and support groups (e.g., SPED group).

Increase outreach and communication tailored to immigrant and multilingual families.

Improve clarity around available supports, rights, and service pathways.

OBJECTIVE 05

Align funding and cross-sector partnerships.

Sustainable support for highest risk populations requires intentional resource alignment.

KEY ACTIONS

Identify and pursue dedicated funding streams (e.g. municipal allocations, grants, private-public partnerships) to support tailored programming.

Engage private and corporate funders to invest in specialized programming and identity-based initiatives.

Align city leadership and cross-sector partners to prioritize funding for high-risk populations.

Indicators of Progress

To measure progress in this priority area, the community will track:

Reduced disparities in behavioral health needs across identified high-risk subpopulations, as measured through disaggregated Norwalk Youth Survey data.

Increased availability of culturally responsive and specialized providers, as measured by provider capacity data, service type expansion, and workforce specialization indicators.

Youth-reported feelings of inclusion, pride in identity, belonging, and optimism about the future among identified high-risk populations, as measured by disaggregated Norwalk Youth Survey data.

Increased utilization of advocacy and navigation supports by families of youth in special populations, as measured through documented referrals and engagement rates.

Together, these indicators assess whether Norwalk's behavioral health system is providing timely, coordinated, and equitable access to specialized services in ways that reduce risk, prevent escalation, and support youth mental well-being and family stability.

PRIORITY AREA 06

Specialized Services & Higher Levels of Care

Shared vision for the future: *Norwalk has a coordinated, stigma-free behavioral health system in which agencies, providers, schools, and the community collaborate to ensure timely access to specialized services and higher levels of care. Families can easily navigate services, referrals are seamless, and no one is left without support while waiting for care.*

When youth experience significant behavioral health needs, delays in accessing specialized services can increase risk and escalate distress. Implementation under this priority focuses on improving referral flow, expanding the availability and diversity of specialized programs, strengthening cross-system coordination, and building sustainable local capacity so youth and families can access timely and continuous care without being left unsupported while waiting.

OBJECTIVE 01

Reduce waitlists and improve referral flow.

Youth mental well-being is compromised when families encounter long wait times, fragmented referrals, and unclear entry points to care.

KEY ACTIONS

Build or designate a centralized point-of-entry system with multilingual intake capacity, shared waitlist data, and cross-agency capacity reporting, using Norwalk's Early Childhood Home Visiting Single Point of Entry as proof of concept.

Establish expectations for referral to comparable services when providers are at capacity.

Integrate community health workers or behavioral health navigators to support families with intake, referral follow-through, and care navigation during wait periods.

Promote the centralized system through coordinated outreach across school communication platforms, citywide channels, and youth- and caregiver-identified strategies.

Publicly share aggregate waitlist information to increase transparency and system accountability.

OBJECTIVE 02

Ensure timely and equitable access to care.

Youth mental well-being improves when services are accessible when and where families need them, without unnecessary logistical or procedural barriers.

KEY ACTIONS

Expand service availability, including early morning, evening, and weekend options, and continue or expand provision of services in school, community-based or public settings, when appropriate.

Establish triage and interim support protocols, including safety planning and clear guidance for families while on waitlists.

Reduce access barriers by minimizing parental consent requirements where legally permissible (e.g., opt-out vs opt-in) and ensuring centralized systems are accessible to families with limited transportation, technology, or data access.

OBJECTIVE 03

Strengthen ongoing cross-system coordination.

Fragmented systems increase risk for youth with higher behavioral health needs; coordination improves continuity, safety, and effectiveness

KEY ACTIONS

Convene a call-to-action summit for providers and policymakers to align on shared goals, reduce duplication, and operationalize the centralized system.

Establish regular coordination meetings involving community behavioral health providers, school personnel, and emergency and crisis response services.

Leverage existing coordination structures to identify system gaps, resolve bottlenecks, and monitor referral and waitlist trends.

OBJECTIVE 04

Align roles, funding, and capacity for specialized care:

Sustainable access to higher levels of care depends on aligned roles, adequate funding, and sufficient local capacity.

KEY ACTIONS

Establish formal provider collaborations to clarify agency roles, areas of specialization, and referral pathways.

Pursue collaborative funding and grant opportunities to support clinician recruitment and retention, operation of a centralized point of entry, and triage services for youth and caregivers while waiting for care.

Advocate for expanded Norwalk-based specialized services, such as Intensive Outpatient Programs (IOP) or Partial Hospitalization Programs (PHP).

Advocate for dedicated local funding streams, including municipal allocations, relevant fee or tax revenues, public–private partnerships and investment from local businesses.

Indicators of Progress

To measure progress in this priority area, the community will track:

Wait times for specialized services and higher levels of care, as measured through centralized intake data, Third Next Available Appointment analyses, and aggregate waitlist reporting across participating agencies.

Youth and family experiences of access, including reduced barriers related to scheduling, location, consent, technology, and navigation as measured through satisfaction surveys and intake feedback data.

Consistency and effectiveness of cross-system coordination, as demonstrated through sustained participation in coordination structures and documented improvements in referral continuity.

Growth in local capacity for specialized services, including staffing levels, service availability, and reduced reliance on out-of-area care as measured through provider capacity reporting and service utilization data.

Together, these indicators assess whether tailored, coordinated, and responsive supports are in place for youth facing elevated risk.

Implementation Framework

This Priority Plan provides the Strategic Framework–goals, strategies, and actions–to achieve a vision of a future Norwalk in which youth of all backgrounds know they belong and matter, thrive, and have easy access to trusted adults, supports, and services when needed. The next step requires moving into an Implementation Phase.

Putting the plan into action will require defining detailed timelines, cost estimates, and specific organizational responsibilities, as well as identifying staffing and funding resources to begin implementing and monitoring the plan. It will also be important to align similar action steps that were recommended for more than one priority area. The responsibilities for the Implementation Phase are described below. As additional guidance, some key actions are identified as low-hanging fruit for easier implementation and quick wins, and overarching resource needs that underlie multiple priority areas are also identified.

Responsibilities

▪ Norwalk ACTS, Positive Directions, Norwalk Community Services, and the Hospital are all identified as key organizations to convene different Implementation Teams, with multiple key partners (such as the schools, health department, youth-serving organizations) serving as co-leaders.

▪ Each Implementation Team will be responsible for ensuring ongoing participation from a range of stakeholders including youth, parents, and other sector representatives, from School Resource Officers to business owners, elected officials, and others.

▪ Youth or young adults should serve as co-chairs of the most relevant Implementation Teams, reflecting the strong, consistent message during the Priority Planning Process that youth voice must be heard and prioritized–not given lip service–and that youth recommendations must be put into action.

▪ The Norwalk ACTS SEH Leadership Team will provide oversight and guidance of the overall effort, beginning with an SEH Initiative meeting in April 2026 where implementation teams will be formed.

▪ Oversight will include identifying regular meetings to share progress, ensure coordination, identify funding or personnel resources, and measure outcomes and impact.

Quick Wins

Addressing one or more "low-hanging fruit" action items in the near future will demonstrate Norwalk's commitment to this Priority Plan. The SEH Leadership Team, along with input from The Norwalk Partnership coalition, identified the following key actions as potentially representing a lighter lift in terms of capacity and cost. Some of these may be appropriate for work over the summer to launch at the start of the school year.

PRIORITY AREA	QUICK WINS
Disconnected Youth	• Coordinate a community-wide youth communications approach that aligns school-based and community-based outreach and reflects youth preferences. • Identify and use shared tools (e.g., interest surveys at key transition points [e.g. Middle School to High School]) to inform programming and outreach across systems. • Use shared identification strategies (surveys, observations, referrals) across youth-serving systems to identify early signs of disengagement.
Peer Supports	• Leverage virtual platforms (such as the CT Support Group) to expand accessibility and variety of peer support offerings. • Identify and elevate youth leaders and individuals with lived experience who can serve as visible peer connectors and trusted points of contact. • Promote caregiver support groups and leadership opportunities focused on shared learning and skill-building. • Advocate for shared use of public and community facilities to expand access to peer programming.
Stigma, judgment and fear	• Promote language and messaging that frames mental health as a normal part of overall health and expand access to developmentally appropriate social-emotional learning opportunities across schools, community programs, and youth-serving settings. • Develop youth-created public service announcements (PSAs) grounded in lived experience. • Raise awareness of the young adult warm line and support groups that provide low-barrier, non-crisis support and normalize help seeking before a crisis.
Highest Risk Populations	• Work to build youth advisory groups including representation from high-risk populations. • Improve clarity around available supports, rights, and service pathways.
Specialized Services	• Pursue collaborative funding and grant opportunities to support clinician recruitment and retention, operation of a centralized point of entry, and triage services for youth and caregivers while waiting for care.

Overarching Resource Needs

While the majority of the key actions recommended were identified by the SEH Leadership Team as being medium or low cost items, some will require more significant financial investment. Throughout the Priority Planning Sessions, several resource themes recurred:

Transportation solutions need to be prioritized to enable youth to participate in afterschool clubs and teams, access social and recreational activities, and engage in employment opportunities. Options to consider include universal bus tokens provided to all students, advocacy around free city buses, reinstating late buses at schools, etc.

Vocational/workforce training is essential not only as an occupational pathway for many youth, but as a necessary life skill for everyone.

- Vocational classes provide all youth with an opportunity to learn new skills, experience success, and explore new opportunities. The lack of vocational education within Norwalk Public Schools was highlighted repeatedly.
- Workforce learning opportunities such as internships currently offered by NPS and the Mayor's Summer Employment Initiative were seen as positive models to expand to serve more youth Senior internships are underused due to lack of school guidance to students, families, and employers.

Social and recreational opportunities that are available at no cost are limited.

- The need for a Teen Center was brought up repeatedly, with the acknowledgement that the Community Center currently under development may support some–but not all–teen needs. Participants repeatedly expressed that there need to be multiple safe, fun spaces for youth, not a one-size-fits-all location.
- The Teen Nights Out initiative for high school students was highlighted as a successful but no longer funded series of social, safe, substance-free opportunities for youth to make new friends and try new activities–worthy of permanent City investment. A similar initiative for middle school-aged youth is also a felt need.
- Recreation and Parks programs were named as requiring youth to "pay to play." Making community spaces, parks, and school gyms and programs available for free games, activities, and pick-up sports (possibly underwritten by business sponsors) would be a positive step toward building community, skills, and relationships.

Conclusion

This Priority Plan calls all sectors to action to improve the futures of Norwalk youth. The data pointed the way, and the community developed the consensus. The priorities and recommendations identified here are intended to be implemented as a comprehensive strategic plan. Implementation of this plan will strengthen the community, emphasize positive youth development and prevention, ensure equity, and improve coordination across sectors.

Thanks to the dedicated involvement of youth, parents, and multiple community stakeholders, this plan positions Norwalk to support its young people earlier, more equitably, and more effectively. To be a part of the implementation, all are invited to join the Norwalk ACTS Social-Emotional Health Initiative. Contact the SEH Program Manager, Anamilena Moreno Lonergan, at amoreno@norwalkacts.org.