



Making connections. Informing solutions.

February 2nd, 2026

3:00 PM – 4:30 PM

Zoom

TCB School Based Workgroup February Meeting Agenda

- 1. TCB Monthly Administrative Updates**
 - a. Workgroup Updates
 - b. TCB Monthly Meeting Updates
 - c. School Based Shared Resources Folder
- 2. School Based Legislative Studies**
 - a. Updates & Membership
- 3. 2026 Workplan Overview (priorities for 2026)**
- 4. Comprehensive School Mental Health Infographic – Feedback**
- 5. Breakout Rooms**
 - a. School Medicaid Billing
 - b. Infographic Revisions and Community Engagement



Tow Youth
Justice
Institute

Making connections. Informing solutions.

School-Based Workgroup February 2nd, 2026

Meeting Norms

- ✓ **Assume good intent and shared commitment**
- ✓ **Speak from your role and experience**
- ✓ **Protect relationships in public spaces**
- ✓ **Focus on systems, not individuals**
- ✓ **Use shared language**
- ✓ **Clarity over certainty**
- ✓ **Be concise and solution-oriented**

Administrative Updates

TCB Updates

TCB Meetings are hybrid and held monthly in the Legislative Office Building (LOB) and on zoom. All meetings are recorded and streamed on the TYJI YouTube Channel and through the Connecticut News Network (CTN)

Meeting Materials are posted on the [TCB's Connecticut General Assembly \(CGA\)](#) website prior to the Monthly meeting

January TCB Meeting:

The January TCB Meeting was held on **January 7th, from 2:00-4:00PM** at the Legislative Office Building (LOB) with a Zoom option. This meeting was focused on potential legislative recommendations for the 2026 legislative session, as well as the Commission on Women, Children, Seniors, Equity, and Opportunity (CWCSEO) where they provided a presentation and overview on disordered eating behavior recommendations.

The next TCB meeting will be held on **February 11th**, where we will have a recap of the CVW Summit which will take place in the morning of the TCB meeting, as well as **vote** on any potential legislative recommendations.

Workgroup Upcoming Meeting Dates

Workgroup:	Meeting Date:	Focus Area:
Prevention	February 19th, 3:00 – 4:30 PM (ZOOM)	The prevention workgroup will discuss their 2026 draft workplan and discuss future presentations and initiatives the workgroup will be taking on throughout 2026.
Services	February 18th, 2:00-3:30 PM (ZOOM)	The services workgroup will have a follow up presentation from CHDI on their Peer-to-Peer Study Report, specifically on the recommendations from the report at the February meeting. Additionally, the workgroup will be given updates on the status of the Children's Behavioral Health Provider Survey and discuss the 2026 workplan.
System Infrastructure	February 17th, 3:00-4:30PM (ZOOM)	The workgroup will further dive into the New Jersey Systems of Care Concept paper, as well as discuss the draft 2026 workplan.

****The next School Based Workgroup meeting will be held on March 1st, 2026, from 3:00-4:30PM via**



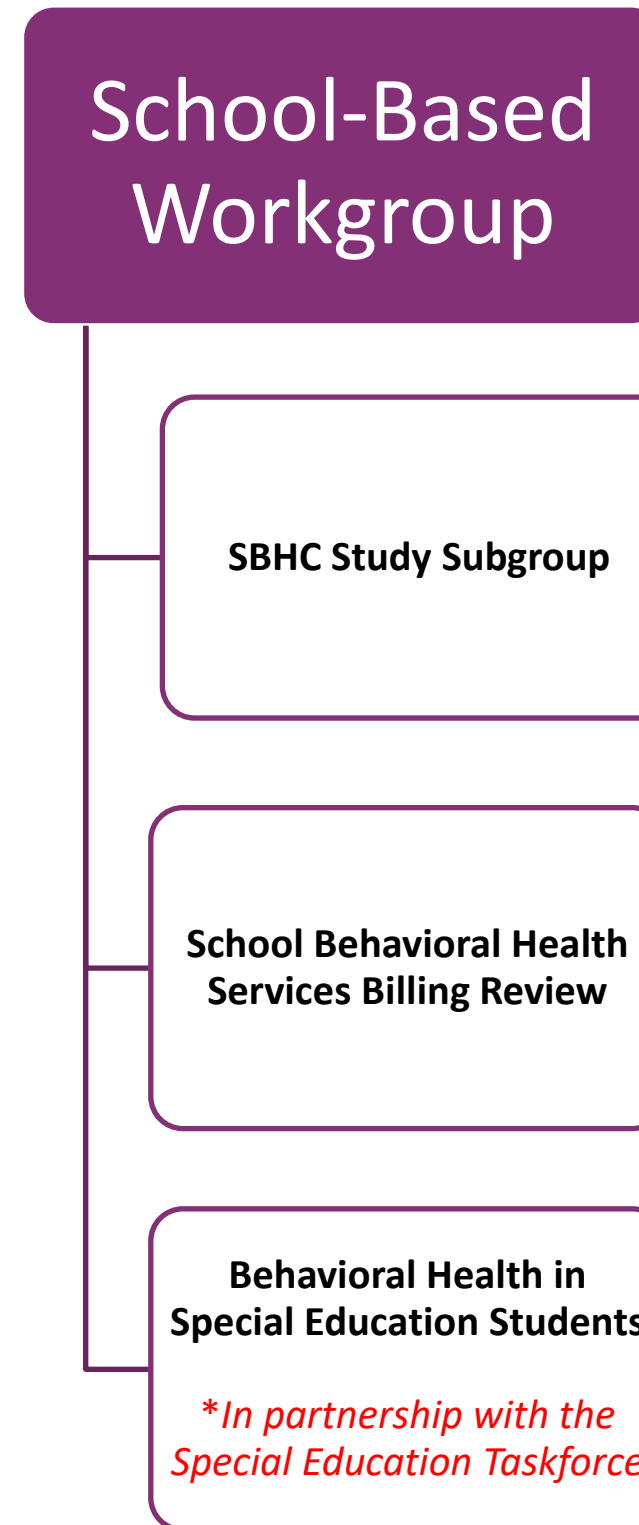
School Based Subgroup Updates

School Based Workgroup Studies

The TCB School-Based Workgroup has/will establish three subgroups to lead the studies outlined in both the TCB Legislative Recommendations and the legislation enacted during the 2025 session. These subgroups will regularly report back to the main workgroup with updates and progress on the studies.

Subgroups:

- School Behavioral Health Services Billing Review
- Behavioral Health in Special Education Students
- School Based Health Center (SBHC) Study



School Behavioral Health Medicaid Billing

DRAFT Intent of the Workgroup/ Background Information: The TCB School Based Billing Review Subgroup will lead the efforts of the School Behavioral Health Services Billing Review that was passed in 2025 legislative session. This would require the TCB to collaborate with CSDE and DSS to develop a framework and operational guidelines to streamline municipal Medicaid billing for Medicaid-eligible school-based behavioral health services. The subgroup will work in collaboration with CSDE, DSS, OHS, and other identified individuals needed to complete the review. This subgroup will sunset upon completion of its goals.

Membership: [School Based Studies- Membership List](#)

Study:	Researcher/Agency Involved:	Scope of Report:	Status of Report
School Behavioral Health Billing	Department of Social Services (DSS), CT State Department of Education (CSDE)	Requires the Transforming Children’s Behavioral Health Policy and Planning Committee to develop a framework and operational guidelines to streamline municipal Medicaid billing for Medicaid-eligible school-based behavioral health services The bill requires the Transforming Children’s Behavioral Health Policy and Planning Committee, in collaboration with the education and social services departments and by September 1, 2026, to develop a framework and operational guidelines to streamline municipal Medicaid billing for Medicaid-eligible school-based behavioral health services. The committee must report, by October 1, 2026, on the framework and guidelines it develops to the Appropriations, Education, and Human Services committees.	<p>Due Date: October 1st, 2026 In February, the School Based Workgroup Chairs met with CSDE and DSS to discuss the legislation.</p> <p>Please refer to the School Billing folder to find a meeting summary and informational resources:</p> <p>Barriers: Identifying individuals who had worked on the January 2026 School Based Child Health Report - Public Act 24-81, Section 61 Medicaid Reimbursement for School-Based Health Services.</p>

Behavioral Health – Special Education

DRAFT Intent of subgroup/ background information: The Behavioral Health Issues in Special Education Subgroup will lead the efforts to complete and submit a report to both the Education and Children’s Committees that examines and provides recommendations about behavioral health issues affecting special education students as identified in legislation passed in 2025. This subgroup will sunset upon completion of its goals.

Membership: [School Based Studies- Membership List](#) - For full legislation – please refer to page 18, Section 14 of HB 5001: [2025PA-00067-R00HB-05001-PA \(1\) \(3\).pdf](#)

Study:	Researcher/Agency Involved:	Scope of Report:	Status of Report
Behavioral Health Needs – Special Education Students	Disability Rights Group, CSDE	The TCB will submit a report to Education and Children’s Committees that examines and provides recommendations about behavioral health issues affecting special education students.	Due Date: January 1st, 2027 The Group had met in December for the first official meeting of the subgroup. Barriers: The group is awaiting information from members to send out and schedule the next meeting.

School Based Health Center (SBHC) Study

DRAFT Intent of Subgroup/ Background Information: The TCB School Based Health Center (SBHC) Study subgroup will be formed to lead the efforts of the School Based Health Center study that TCB included in their 2025 recommendations in brief. This subgroup will sunset upon completion of its goals.

Membership: [School Based Studies- Membership List](#)

Study:	Researcher/Agency Involved:	Scope of Report:	Status of Report
School Based Health Center Survey	In collaboration with the State-wide Association of School Based Health Centers and Department of Public Health (DPH)	In collaboration with the state-wide association of school-based health centers, develop a survey for administration at such centers that is designed to obtain information concerning existing data collection practices and the anticipated challenges and opportunities presented by the implementation of more comprehensive data collection systems at such centers. Also, in collaboration with the Commissioner of Public Health, develop appropriate reporting requirements for school-based health centers to determine and respond to the needs of school-based health centers.	Due January 1st, 2027 TYJI, & the School Based Workgroup chairs met with DPH to discuss next steps regarding the scope of the study. TYJI is looking to release an RFQ for this study in the upcoming months.

Draft 2026 Workplan Priorities

Draft 2026 Workplan – Purpose Statement & Priorities

Purpose Statement:

Promote mental health, well-being, and academic success for children birth to age 22 by increasing the reach and quality of school-based behavioral health services. Reach refers to equitable availability of timely and appropriate school-based behavioral health services in all CT jurisdictions, through a multidisciplinary array of coordinated community-partnered and school-employed service providers. Quality refers to effective, student- and family-centered, interventions and approaches which are culturally responsive, equitable, inclusive, and evidence-based.

Priorities:

1. School Based Health Center Study
2. School Based Behavioral Health Services Billing Recommendation
3. Behavioral Health Concerns in Special Education Students
4. Comprehensive School Mental Health Infographic

Workgroup Membership: [TCB Workgroup Memberships.xlsx](#)

Comprehensive School Mental Health Infographic - Feedback

School Based Workgroup Short Term Goals

Establish a Workgroup Foundation

- Set terms of engagement and community engagement for the workgroup to set the tone and operationalize how we engage
- Create space for workgroup members to share their personal priorities, biases, or special interests that bring them to the workgroup, connect, feel a sense of belonging and discuss how that intersects with the priorities of the workgroup

Identify Meeting Schedule, frequency of meetings, and meeting presentations with the workgroup

Identify and finalize workgroup priorities with feedback from the workgroup

Review of 2025 TCB Recommendations with the workgroup, refine how this workgroup will monitor and track the recommendations

Provide education and clear, inclusive language:

- ~~• Map the array of school based behavioral health professionals and models of service~~
- Create an infographic or other resources to communicate who school-based mental health professionals are in terms of discipline, training, role, employer type, and funding sources
- Compile, discuss and share initial definitions important for active participation, clear communication within the workgroup and future glossary
- ~~• Develop and maintain a glossary of terms related to school based behavioral health to promote diverse engagement in the efforts of the workgroup among stakeholders with an array of personal and professional backgrounds and expertise~~

School Mental Health Infographic Development

1. Draft 1 developed with workgroup input
2. Draft 2 revised based on informal feedback during and outside of workgroup calls
3. Draft 3 updated 10/31/25
4. School Based Workgroup Member Open Comment Period (Nov – Jan 15)
5. Draft 4 Expected by Feb 15th
6. Student, Family and Community Feedback Expected late February / early March 2026
7. Continued revisions
8. Translation & ADA accessibility
9. Dissemination before SY 2026-27

Prior Feedback Incorporated

Draft 1 Feedback

Workgroup focus: comprehensive school mental health

Audience: students and families

Purpose and goals

Reduce stigma and provide clarity

Starts with school climate/culture

Family, school, community partnerships

Help with decision pathways

Questions to ask and where to start

Define supports and service provider roles

Provide examples of what's available

Terms: e.g., wellness/wellbeing, mental health, layers of support

Draft 2 Feedback

Refined layers of support

Refined navigation roadmap: questions to ask at each layer

Include contact information for statewide resources and partners

Set medium- and long-term steps

Share with family and student groups for feedback

ADA accessible document

Translate into multiple languages

English, Spanish, Portuguese

Comprehensive School Mental Health in Connecticut



WHAT IS COMPREHENSIVE SCHOOL MENTAL HEALTH?

Comprehensive school mental health systems include local partnerships among schools, families, and community-based organizations to provide multiple layers of mental health support. Mental health includes social, emotional, and behavioral wellness including substance use prevention, early intervention, and treatment as well as trauma-sensitive approaches.

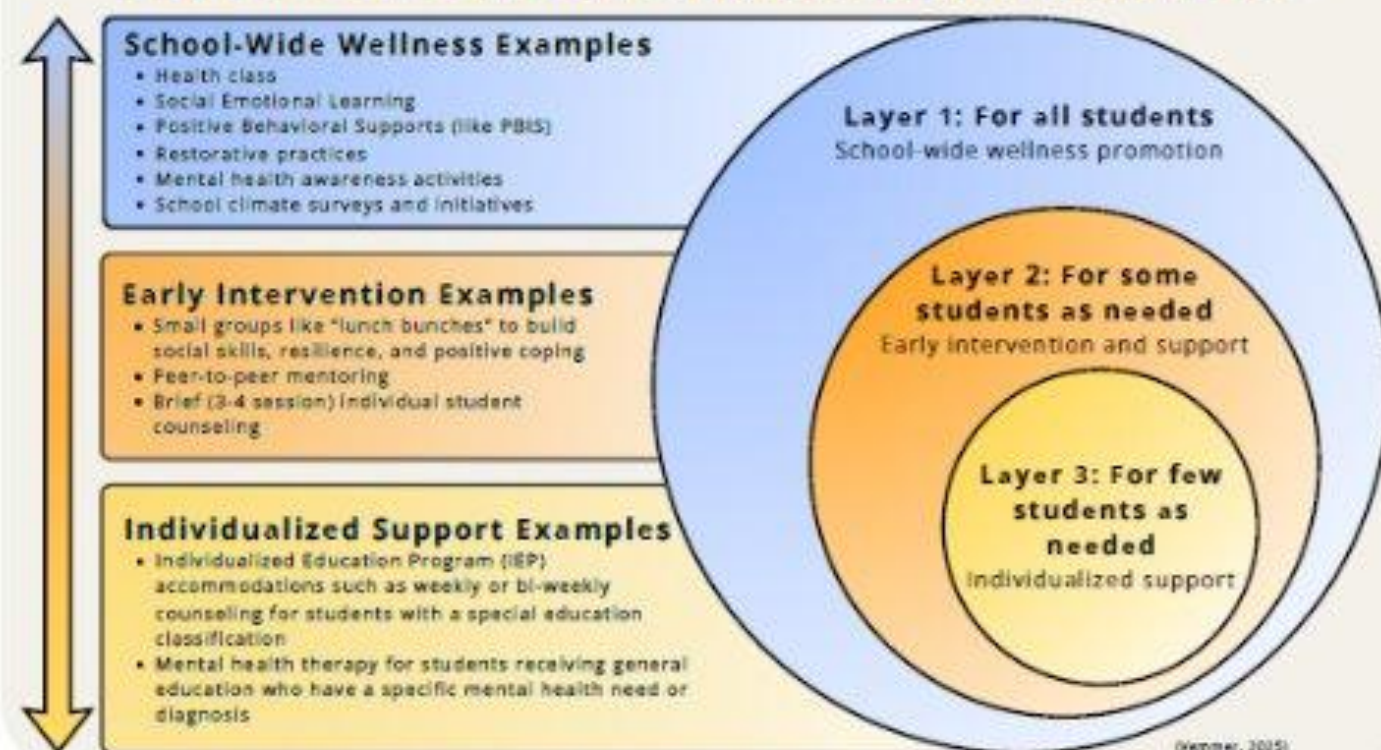
WHY DOES SCHOOL MENTAL HEALTH MATTER?

In the United States, children and families receive more mental health and wellness supports at school than anywhere else.

So, schools are a key location for children and families to access mental health and wellness supports. Also, research shows that student mental health and wellness is essential for academic success. However, youth mental health needs and stress are at an all-time high nationwide and schools cannot do it alone.

This guide is to help students, families, and the general public know what kind of mental health and wellness supports may be available at your local school system and what questions to ask to navigate them.

LAYERS OF SCHOOL MENTAL HEALTH SUPPORT



How to Navigate School Mental Health: The Roadmap to Success

START

Student wellness and success starts with a positive school climate and culture.

Layer 1: School-Wide Wellness Promotion



How can I learn what my school offers to everyone?

- School website, social media, principal newsletter

What questions could I ask to learn more?

- How does our school support all students' social, emotional and behavioral skills and general wellbeing?

Layer 2: Early Intervention



What questions could I ask if my student might need extra support?

- Who is the school social worker or counselor?
- What does their teacher(s) think about whether they might benefit from another layer of support?
- What resources and services are available at school, or in our community, for free or low cost with our insurance?

Layer 3: Individualized Mental Health Support



Who provides Layer 3 supports for my student?

- Community mental health therapist
- School-based health center
- School counselor or social worker(s)
- School psychologist

This is different at every school - ask your school counselor.



What follow up questions could I ask?

- Does my student receive any special education support? If yes, is it appropriate for my child to receive counseling services through their IEP?
- Does our school refer to or work with a local community mental health organization? Are those services available at school or outside of school?

SUCCESS

Students and families receive the right kind of support, when needed.

How Families Can Access School Mental Health

WHO FUNDS SCHOOL MENTAL HEALTH?

Most school mental health services are free for students and families. They are supported by funding from the following partners:

✓ SCHOOL DISTRICT BUDGETS

- Cover the costs of most school-employed mental health professional salaries, like school counselors, psychologists and social workers. Voted on annually by town/city residents.

✓ INSURANCE COMPANIES

- Schools and community partners can bill insurance to cover some services.
- Families who are insured can also search for community-based providers covered by their insurance, as additional support outside the school.

✓ CT STATE AGENCIES

- Connecticut State Department of Education (CSDE)
- Department of Children and Families (DCF)
- Department of Public Health (DPH)
- Office of Early Childhood (OEC)
- Department of Mental Health and Addiction Services (DMHAS)

✓ FEDERAL, STATE, & FOUNDATION GRANTS

- School districts, community partners, and/or state agencies can apply for and receive grant funds for select initiatives and services at all layers.

COMMON SCHOOL MENTAL HEALTH TERMS

When schools, families, and community mental health partners work together, students receive the right supports at the right time to learn and thrive. To strengthen this partnership, it is important for students and families to understand the language used by school systems. Here are some common terms you may hear in school mental health:

Accommodations	Supports and services that the student may require to successfully demonstrate learning. Accommodations should not change expectations to the curriculum grade levels. Examples include access to the counseling center, alternate testing location to minimize anxiety, extra time for assignments or tests, the use of e-books, or alternative assessment formats.
Behavioral Supports	Supports the social, emotional, behavioral, and mental health of students, including prevention and intervention strategies to address barriers to learning. School employed professionals such as school psychologists, school counselors, and school social workers provide direct services to individual students and families as well as classes and schools as a whole. In addition, partnership with community providers is important in the coordination of counseling, psychological, and social services.

SCHOOL MENTAL HEALTH TERMS (CONTINUED)

Early Intervention Supports	Services and supports for students in grades K-12 who have not been identified as needing Layer 3 special education or related services but who need some extra academic and/or behavioral support to succeed in the general education setting.
Individualized Education Program (IEP)	A written education plan for a student with a disability that is developed by the Planning and Placement Team ("PPT"), which includes the student's parents and professionals (administrators, teachers, therapists, etc.). The individualized goals and objectives in a student's plan are reviewed and updated at least yearly. They describe the student's present performance, what the student's learning needs are, what services the student will need, when and for how long, and identifies who will provide the services.
Mental Health	A state of emotional and psychological wellbeing in which students can use their cognitive and emotional skills, take part in learning, and handle everyday school demands, supported by trauma sensitive school approaches that recognize how experiences impact wellbeing.
School Climate and Culture	The overall feeling and relationships within the school community. It reflects how people treat one another, how safe and supported everyone feels, and the shared values and goals that guide learning and growth. A positive school climate and culture promotes a safe and caring environment that supports students' social and emotional development, helps them build trusting relationships, and encourages active engagement in learning.
Special Education	Specially designed instruction to meet a student's unique needs and to enable the student to access the general curriculum of the school district. A student who is eligible for special education services is entitled by federal law to receive a free appropriate public education (FAPE). FAPE ensures that all students with disabilities receive an appropriate public education at no cost to the family. FAPE differs from student to student because each has unique needs. As a parent of a student who has or who may have a disability that requires specially designed instruction, you will work with a team of educators and, as appropriate, specialists to determine the needs of your child and to design an appropriate program to address your child's educational needs.
504 Plan	A federal civil rights statute that protects the rights of persons with disabilities in programs and activities that receive federal financial assistance, which includes public schools. 504 plans provide individual accommodations for student learning needs and are reviewed annually and require documentation from a medical provider (pediatrician, outpatient therapist, etc.).

These definitions were adapted from the following resources. Visit them to learn more:

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STUDENT AND FAMILY RESOURCES IN CONNECTICUT

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FAVOR, Inc.
185 Silas Deane Highway
Wethersfield, CT 06109-1219
860-563-3232
<https://www.favor-ct.org/>

National Alliance on Mental Health (NAMI)
1-800-950-6264
Text "NAMI" to 62640
<https://www.nami.org/>

State Education Resource Center (SERC)
100 Roscommon Drive
Middletown, CT 06457
860-632-1485
<http://www.ctserc.org>

TO FIND STATEWIDE PROGRAMS AND SERVICES

Connecticut State Department of Education (CSDE)
450 Columbus Boulevard
Hartford, CT 06103
860-713-6543
<https://portal.ct.gov/sde>

Department of Children and Families (DCF)
505 Hudson Street
Hartford, CT 06106
860-550-6300
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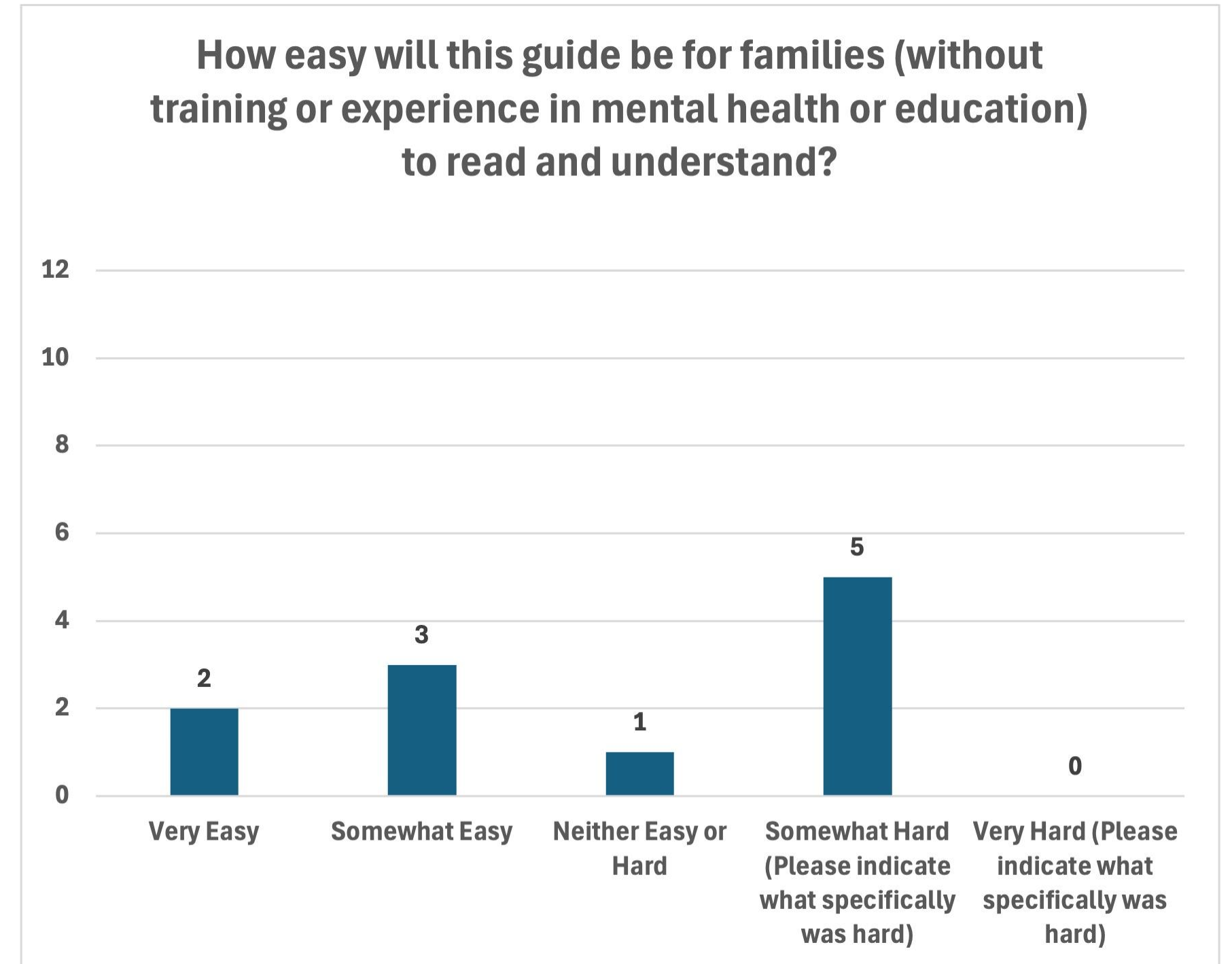
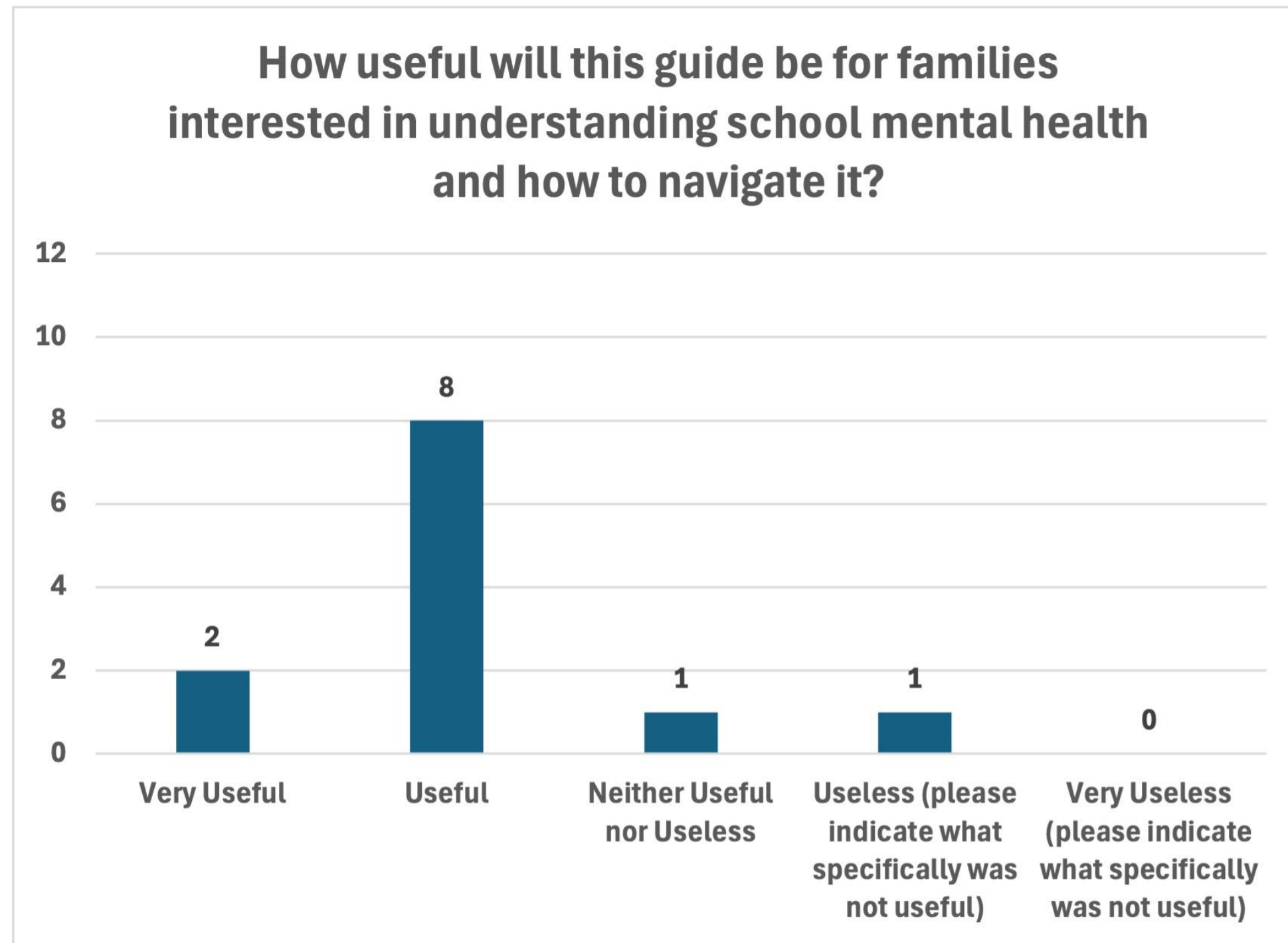
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January 2026 Feedback Representation

13 total responses from TCB School Based Workgroup members

Roles	Organizations	Jurisdictions
<ul style="list-style-type: none">• 8 did not disclose• 3 university faculty• 1 state agency employee• 1 community-based mental health professional	<ul style="list-style-type: none">• 8 did not disclose• 2 Yale Child Study Center• 1 CT DCF• 1 The Center for Children with Special Needs• 1 Yale (other)	<ul style="list-style-type: none">• 10 did not disclose• 1 New Haven• 1 Hartford• 1 Statewide

Infographic Usefulness & Readability



Main Points of Feedback

- Language translation and ADA accessibility
- Simplify language and reduction in text amount
- Reduce document length
- Further refining the document's intended purpose
- Layer specific revisions
 - E.g., examples of supports, special education information
- Include additional resources

Questions or comments?

Feedback will be discussed in more depth during breakout session.

Working Meeting Breakouts

1. Billing

2. Infographic

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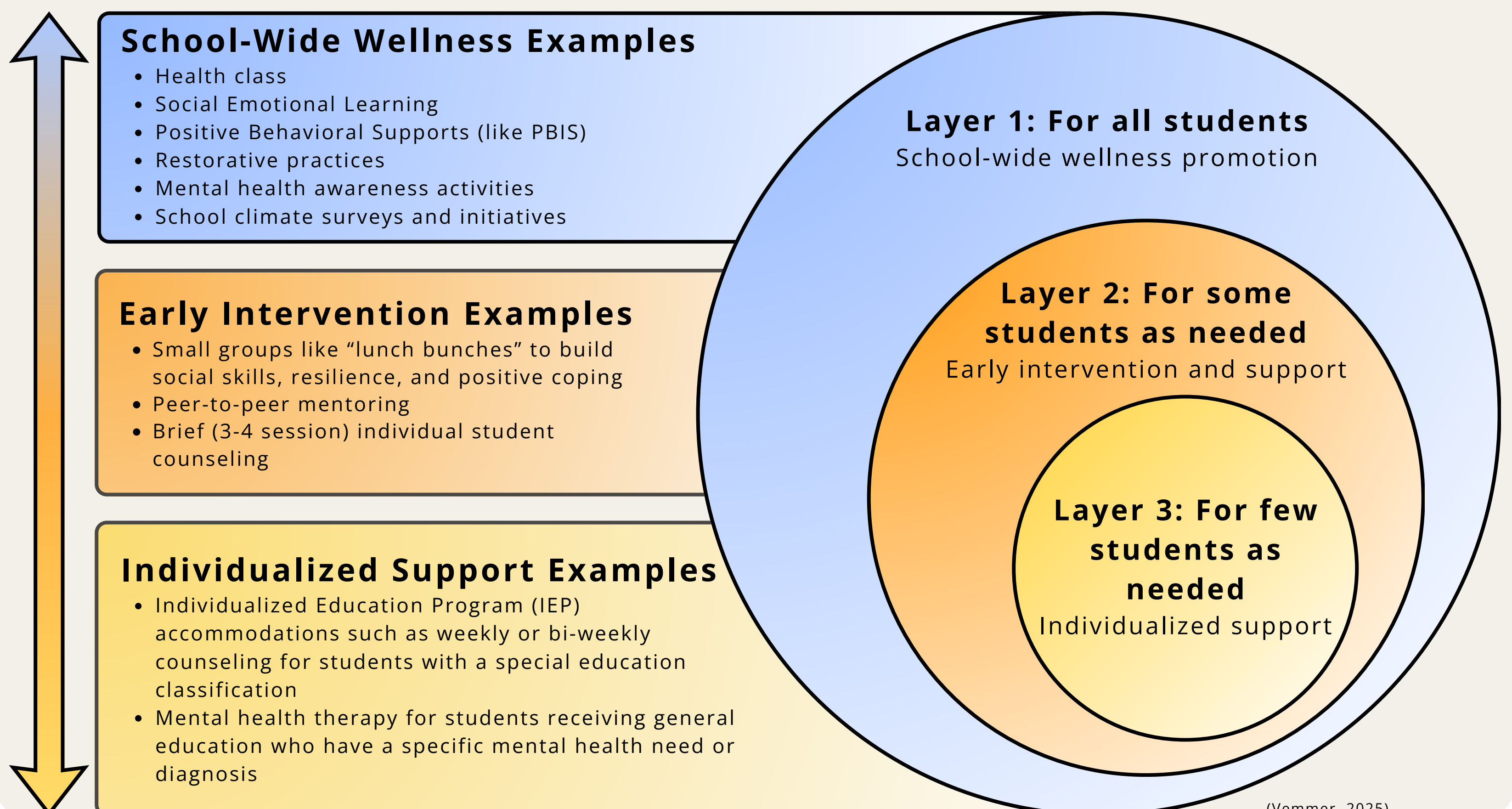
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School-Based Workgroup Meeting
February 2nd, 2026
3:00 PM – 4:30 PM
Zoom

TCB February School-Based Monthly Meeting Summary

Attendees				TYJI Staff
Aishwarya Sreenivasan	Ann Gionet	Carli Reaes	Chin Reyes	Erika Nowakowski
Christina L Morales	Christine Velasquez	Dana Bossio	Elizabeth Connors	Emily Bohmbach
Ellen Brezovsky	Emuna Patterson	Gary Daniels	Grace Williams	Stacey Olea
Jannifer Nadeau	Julie Vigil	Kate Bohannan	Katerina Vlahos	
Kristina Jensen	LaToya Hinton	Lena Esposito	Matt Hoppler	
Melanie Wilde	Michael powers	Miriam Miller	Rebekah Behan	
Ricardo Arocha	Robyn Moran	Stephanie Bozak	Tara Viens	
Yann Poncin				

Agenda:

- ❖ **TCB Monthly Administrative Updates**
- ❖ **School-Based Legislative Studies**
- ❖ **2026 Workplan Overview**
- ❖ **Comprehensive School Mental Health infographic – Feedback**
- ❖ **Breakout Rooms**

Meeting Summary:

1. TCB Monthly Administrative Updates

- a. The TCB Senior Project Manager shared updates from the January meeting, including a preview of potential 2026 legislative recommendations and a presentation to the Commission on Women, Children, Seniors, Equity, and Opportunity on disordered eating recommendations. The next monthly meeting will be held on February 11th and streamed on TYJI's YouTube channel and CTN. Upcoming meeting dates for the System Infrastructure, Prevention, and Services workgroups were also reviewed with the workgroup.

2. School-Based Legislative Studies

- a. The TCB Senior Project Manager provided an overview of three subgroups formed in response to 2025 legislation: the School Behavioral Health Medicaid

Billing Review, Behavioral Health and Special Education, and the School-Based Health Center Study subgroups. The speaker noted that all related materials are available in the School-Based Workgroup OneDrive and that participation remains open through a live membership document.

- i. The Medicaid Billing subgroup is focused on fulfilling legislative requirements and will meet on Wednesday from 10:00–11:00 a.m., with a planned discussion to clarify a recent Medicaid billing memo.
- ii. The Behavioral Health and Special Education subgroup met in December and is awaiting additional resources to inform its work plan. For the School-Based Health Center Study, the group has met with DPH and is coordinating with the National School-Based Health Alliance, with plans to release an RFQ in the coming months to advance the study.

3. 2026 Workplan Overview

- a. The TCB Senior Project Manager transitioned the discussion to the draft 2026 Work Plan priorities and reminded members that the 2025 Work Plan is available in OneDrive for reference. The group revisited the purpose statement and priorities, noting that much of the prior year’s work centered on three key pieces of legislation, with placeholders for additional workgroup input. Since that time, newly passed special education legislation and the development of the Comprehensive School Mental Health infographic have been incorporated into the evolving priorities and will continue to guide future planning.
 - i. Members were invited to provide feedback on the purpose statement and priorities and were directed to review the workgroup membership list. Participants were encouraged to nominate additional agencies or organizations not currently represented, with an offer to meet individually with prospective members to provide background on the TCB’s structure and expanding portfolio of studies and subgroups. A member raised concerns about the accuracy of the membership list after noticing their name was missing, prompting leadership to verify the shared link and confirm the list had last been updated in October. The Senior Project Manager is committed to cross-checking the membership roster against the Outlook distribution list to ensure all active participants are included.
- b. The Co-chair also paused to invite broader questions about the workgroup’s focus and 2026 priorities, recognizing the presence of both long-standing and new members. In response to a question about representation, leadership emphasized that district-level staff, school-based professionals, and administrators are all welcome, acknowledging that scheduling constraints can be a barrier for school personnel. Members were encouraged to help recruit additional participants and were offered standardized outreach language to support warm handoff invitations. The group affirmed the importance of diversifying representation across public, private, and charter schools, as well as rural, suburban, and urban districts with varying resource levels. Participants were also encouraged to share offline feedback on the purpose statement and recommend presenters or practical resources for future meetings to ensure a balance between policy development and actionable, field-informed insights.

4. Comprehensive School Mental Health Infographic – Feedback

- a. The speaker provided an update on the development of the Comprehensive School Mental Health Infographic, a key short-term deliverable for the workgroup. The infographic is designed to support students and families in understanding and navigating school-based mental health services by outlining layers of support, defining commonly used terms, explaining funding pathways, and highlighting statewide resources. The project is currently in its third draft following an open comment period and the integration of earlier feedback focused on clarifying the document's purpose, reducing stigma, refining terminology, and centering students and families as the primary audience. Recent revisions have included streamlining the support framework, strengthening the navigation roadmap, and expanding resource information. A fourth draft will incorporate the most recent feedback and be shared with youth and family stakeholders for additional input.
 - i. Survey responses from workgroup members indicate that while the infographic is considered a valuable resource, there are ongoing concerns about readability, overall length, and the density of text. In response, the team is prioritizing clearer, simpler language, reducing complexity, improving accessibility, and planning for translation once the content is finalized. Additional feedback called for further refinement of the document's core purpose, adjustments to special education content, clearer layer-specific examples, and the inclusion of additional resources. During the discussion, a member questioned whether the level of detail, particularly regarding the comprehensive school mental health framework, adequately addresses the needs of families seeking immediate support. It was acknowledged that this feedback has not yet been incorporated into the current draft and will be examined more closely in breakout sessions to ensure the final version is practical, accessible, and truly family-centered.

5. Breakout Room Activity

a. School Medicaid Billing

- i. The members engaged in a structured discussion to examine the challenges and barriers related to school-based Medicaid billing and to identify factors that might incentivize district participation. A central concern was the misalignment between instructional goals outlined in IEPs and the medical or therapeutic documentation standards required by insurers, resulting in duplicative, confusing, and time-intensive processes. The overlap between school-based supports and medical services further complicates eligibility criteria and documentation requirements. Time constraints were consistently cited as a major barrier, as providers prioritize direct services to students and lack protected time during the school day to complete extensive billing documentation. Additional challenges include post-COVID workforce limitations, unclear billing rules, frequent changes in Medicaid eligibility, missed billing windows, and administrative burden. Many districts reported that reimbursement often barely offsets, or may not cover, the cost of staff time needed to manage billing, leading some to forgo participation due to limited return on investment.

- ii. Members also noted the absence of a streamlined or unified billing system, requiring providers to independently manage service delivery, case notes, eligibility tracking, and coordination with billing staff without clear guidance on required versus optional documentation. Existing training opportunities were described as minimal and insufficient unless paired with system simplification, protected documentation time, and clearer financial incentives. Concerns were raised about the lack of transparency regarding how reimbursement funds are allocated, particularly when funds are deposited into general municipal budgets rather than directly supporting special education services. While statewide data indicate that fewer than 2% of students are in non-participating districts, primarily small or rural districts, access to detailed data remains limited. Members also emphasized the need for clearer, culturally responsive communication tools to explain Medicaid billing to families, as concerns about insurance impact and stigma may influence consent. To advance this work, members identified the importance of engaging key stakeholders, including superintendents, special education directors, billing administrators, DSS, CAS, providers, and family advocates, to support comprehensive, systems-level solutions.

b. Infographic Revisions and Community Engagement

- i. The members engaged in a substantive discussion regarding the purpose, audience, and structure of the Comprehensive School Mental Health infographic. Members emphasized the need to balance high-level information with practical guidance, noting that while families should understand what types of support may exist, such as school-based health centers, they also need clarity on how to determine what is available in their own district and how to advocate if services are lacking. There was consensus that the infographic cannot function as an all-encompassing resource and should instead provide a clear, accessible overview paired with direction on where families can obtain more detailed information. Members also discussed dissemination, acknowledging that distribution will likely be multimodal (e.g., TCB website, partner organizations, public sharing), though a formal dissemination plan has not yet been finalized.
- ii. The members further explored whether the infographic should serve primarily as a general awareness tool focused on universal wellness support (Tier 1) or as a more action-oriented navigation guide for families concerned about their child (Tier 2/3 supports). Several members recommended incorporating more practical, parent-facing language, such as common signs to look for and specific questions to ask school staff, to make the resource more actionable. Others cautioned against overemphasizing special education, noting the risk of conflating mental health support with IEP eligibility and creating confusion. Broad agreement emerged around minimizing jargon (e.g., MTSS, overly technical IEP terminology), ensuring accessibility across literacy levels and languages, and strengthening clarity and readability. Members also suggested that this infographic could serve as a high-level introduction

within a broader series of companion resources. Next steps include refining language to lower the reading level, incorporating stakeholder feedback, and conducting a targeted review with families and caregivers before finalization.

1. Please refer to breakout room feedback document for more information.

The next Workgroup meeting is on **March 2nd, from 3:00 – 4:30 PM on Zoom**