

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

For reporting on  
FFY 2022

Connecticut



**PART C DUE**  
**February 1, 2024**

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

## Introduction

### Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

### Intro - Indicator Data

#### Executive Summary

The Office of Early Childhood (OEC) is the state agency in Connecticut that is referred to as the "lead agency" (LA) for Part C of the Individuals with Disabilities Education Act (IDEA), otherwise known in Connecticut as Birth to Three. During the year from 7/1/22 through 6/30/23, the OEC had contracts with a central intake office, United Way 211 Child Development (211CD), and 20 agencies to provide comprehensive Early Intervention Services (EIS). The state's central intake office receives all referrals. When a referral is received, staff at 211CD describe the Birth to Three System of services and support for families. The intake and any additional records for families that agree to have a Birth to Three evaluation are sent electronically to one of the EIS programs that serve the town where the family's lives. Local programs are required to complete all aspects of supporting families from referral through when the family exits Birth to Three. The lead agency can verify that EIS programs consistently achieve high levels of compliance with the IDEA regulations and positive outcomes for families and their children through these combined with clear procedures, statewide forms, technical assistance, a centralized transactional database, and positive, trusting working relationships.

The Office of Special Education Programs (OSEP) has determined that Connecticut's Birth to Three System has met the requirements for the last two years. Meets Requirements is the highest level possible, and Connecticut is committed to maintaining high levels of compliance and results. Connecticut is consistently proactive and accesses technical assistance (TA) when it would be of benefit to the state, demonstrated through the last year by accessing intensive technical assistance through the Center for IDEA Fiscal Reporting (CiFR) to work on updating internal and external fiscal procedures to align with the approved fiscal policy that is on file with OSEP, to be more explicit with administrative changes within the state and work with our internal fiscal and grants and contract partners. Additionally, the state noted opportunities to work on the state's NCSEAM family survey. The state accessed a two-year intensive TA process through the Early Childhood Technical Assistance (ECTA) Center for feedback on the analysis and revisions.

The updates were a way to be inclusive and included additional questions specific to accessibility and equity within the survey. The survey edits were made in consultation with Bonnie Keilty, Ph.D. Dr. Bonnie Keilty assisted the state with updating the survey and aligning questions with current practices, allowing the state to measure family outcomes more effectively. Additional questions were included to capture equity throughout the system. The last time this survey was updated was over ten years ago! Over time, research and evidence-based practices change. The logic models and some of Connecticut's initiatives have changed with this. This review and update aligned Connecticut questions with current practices and initiatives.

Further, with the updates, the Birth to Three staff sent the draft surveys to the Office of Early Childhood's Parent Cabinet for feedback. The Parent Cabinet is a group of parents and a diverse group that advises the OEC in making improvements in the lives of children and families throughout the State of Connecticut. The Parent Cabinet's mission is: To build strong connections, listen intentionally and partner with Connecticut families of young children, communities, and OEC to incorporate the expertise of all parents throughout the early childhood system to ensure family-driven equitable policies and programs. For the Birth to Three systems family survey, the Parent Cabinet had valuable input on the questions, which resulted in changes implemented in the family survey. Additionally, the translation of the survey into the top ten languages spoken in the Birth to Three system occurred with a plan to translate the survey quickly for any family needing it. This will allow for further equity in family voices being heard as part of the Birth to Three system, as historically, the survey had only been translated into English and Spanish. This last data collection collected data using four translated surveys!

Intensive TA is not the only way the lead agency demonstrates the commitment to high-quality, evidence-based, and compliant results under Part C of IDEA; the state is also involved with many of the Community of Practice (CoP) offerings through the various national TA centers. Not only is the Part C staff at the lead agency involved with these CoPs, but the Deputy Commissioner, fiscal staff, and community organizers are involved and actively attending the CoPs to learn more about what Birth to Three is. In addition to partners within the state agency, the Parent Cabinet members have been engaged in the work and CoPs that the Birth to Three LA staff attend. It is important that the Parent Cabinet understands the requirements of Part C of IDEA in order to provide feedback to the LA. This allows the cabinet to listen and partner with the LA to meet the mission of the agency and the Birth to Three program.

In addition to the changes within the system, over the last year, the Lead Agency revised the mission of the Birth to Three system. With this revision, included the development of a vision statement. The revisions included feedback from the Parent Cabinet, Interagency Coordinating Council (ICC), local providers, and TA centers. This work began as a direct result of the ICC retreat held in 2022, which focused on equity in the Birth to Three system. The updated mission and vision statement are:

Birth to Three Mission:

Through the partnership with families, Connecticut's Birth to Three system is committed to supporting infants and toddlers with delays and disabilities to develop and grow through everyday routines. The system provides equitable access to all families and connections to resources within the community.

Birth to Three Vision:

Through equal opportunities and access to equitable services, families are empowered to further support their child's developmental skills, health related needs, and advocate for their child and family.

These statements have been translated into the top ten languages spoken in the Birth to Three system and shared with families.

#### Additional information related to data collection and reporting

In addition to the NCSEAM family survey, the state collects a staff survey called the Quality Practices Self-Assessment (QPSA). This survey is sent out to interventionists to rate their fidelity to practices involving families, natural learning environments, coaching as a style of interaction, teaming, and disposition knowledge and values. In the summer of 2022, 668 practitioners completed the self-assessment representing each discipline working in Connecticut's Birth to Three System. This survey is linked through the staff ID, enabling the lead agency staff to link the practices and results to child and family outcomes.

#### General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

General supervision for Part C in Connecticut includes all sections described in this introduction and other components such as policies and procedures, fiscal management, risk rubrics, and data on processes and results. The monitoring and dispute resolution components are integrated and include multiple mechanisms to identify and correct noncompliance with the Individuals with Disabilities Education Act (IDEA) and state requirements. Connecticut's general supervision system comprises universal, focused, and intensive activities.

#### Universal Activities:

The lead agency conducts annual general supervision activities for each EIS program to monitor the IDEA's implementation and identify possible areas of noncompliance and low performance. The annual activities include:

1. Collection and verification of data for the SPP/APR compliance and results from indicators;
2. Public Reporting of APR data;
3. Determinations about how local programs are meeting the requirements of the IDEA;
4. Annual Expense Reporting Measures for fiscal monitoring;
5. IDEA Compliance Self Assessment (ICSA);
6. On-site monitoring visits;
7. Annual Priority Rubrics; and
8. Annual Technical Assistance provided to local Early Intervention programs.

Other activities that occur cyclically, include program self-assessments resulting in improvement plans with timelines for correction and fiscal monitoring that addresses the use of federal and state funds and the timeliness and accuracy of billing the lead agency and third-party payers. Finally, the state reissues Requests for Proposals (RFPs) every five years. This can bring in new programs and increase the capacity and coverage for those with the best applications while reducing or eliminating those that do not stay current with evidence-based practices in early intervention. The next RFP will be during the calendar year of 2024.

#### Targeted Activities:

For programs identified as needing assistance based on the annual risk rubric, Technical Assistance (TA) plans are developed, and progress is tracked based on timelines and outcomes for the year. As needed, Focused Monitoring is another component of Connecticut's system of general supervision. It may include off-site activities such as desk audits or an in-depth review of available data, on-site monitoring activities such as file reviews, interviews with families and staff, and additional activities as determined necessary based on the identified issues. Reports include findings of noncompliance, strengths, and areas that need improvement. The lead agency ensures the timely resolution of disputes related to the IDEA requirements through various means, including mediation, complaint investigation, and due process hearings. The effectiveness of dispute resolution is evaluated regularly, and issues are tracked to determine whether patterns or trends exist. This analysis is helpful in prioritizing monitoring and technical assistance activities and making changes to policies and procedures as needed.

Additionally, the technical assistance system will be aligned with programmatic and systemic needs over the next year. The lead agency hired a second monitoring and general supervision coordinator to work with the program and provide technical assistance. This is a high priority for the state as the state values the need for compliance and the partnerships between the lead agency and the local providers. The partnership includes helping local providers change practices and local procedures to ensure compliance with Part C of IDEA and complete implementation of evidence-based practices. The state recognizes that the implementation of practices takes time and the need for fidelity checks throughout; this updated technical assistance will help local providers change any practices that need it and sustain the practices.

#### Intensive Activities:

Based on issues identified through general or focused monitoring activities, complaints, or data analysis in the statewide database, intensive activities may be necessary. Activities include on-site visits, targeted family and staff interviews, and required technical assistance.

#### Identification of Noncompliance:

Both systemic and child-specific noncompliance with state and federal regulatory requirements can be identified at all levels. All noncompliance is identified to the program in writing, including the details to support the finding (e.g., the measure, actual percentages, regulatory references). As part of the notification of findings of noncompliance, programs are informed that the lead agency must verify the correction of all noncompliance as soon as possible, but by one year from the date of the written notification. For child-specific noncompliance, the evidence needed to verify correction is described and includes a timeline for correction between 2-3 weeks. For systemic noncompliance, programs are encouraged to develop an improvement plan with timelines for correction and report progress and correction prior to the one-year deadline.

#### Coordination of Activities:

The LA worked internally with national technical assistance provided through the Center for IDEA Fiscal Reporting (CiFR) to better coordinate activities. This included revising internal procedures to align priorities within the system, including fiscal procedures, general supervision procedures, and monitoring procedures. This is increasingly important as the internal structure of OEC has changed due to splitting fiscal and grants and contracts into separate divisions. With these changes, the LA worked diligently with partners internally to revise the procedures to align with the requirements of Part C of IDEA and the state agency requirements and processes. CFR has been an active liaison to ensure parties are on the same page and that the Part C System complies with the revised procedures.

During FFY23, the state will revise the determination process, including a determination report to local EIS providers. This report will align the SPP/APR compliance measures with the fiscal expense report and priority rubrics to comprehensively determine the local EIS providers. The report will include two years of data and outline the correction of noncompliance, through both steps to correct noncompliance and acknowledging the tracking and correction of noncompliance. This will streamline practices within the state agency and improve communication practices with the local providers as all cyclic monitoring activities will be outlined in one report.

#### Technical Assistance System:

**The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to early intervention service (EIS) programs.**

The Lead Agency (LA) team works with staff and contractors dedicated to Technical Assistance (TA). The LA also has a relationship with the University of Connecticut Center for Excellence in Developmental Disabilities (UCEDD) and a parent leadership contract with the state's Parent Training and Information Center (PTI), and the Connecticut Parent Advocacy Center (CPAC). With assistance from CPAC parents are regularly included in providing TA. The UCEDD and LA staff provide an intensive year-long course on best practices in early intervention, including family-centered practices, evaluation and assessment, and intervention planning. While this course is part of the PD system, it also provides direct, timely technical assistance to participants based on the review of competencies they submit related to their work with families. The need for TA can be identified in the following ways:

- Priority Rubric,
- Staff or program request,
- As a result of program monitoring/self-assessment,
- Based on a complaint received by the system,
- Changes to policies or procedures, and
- Literature about evidence-based and promising practices.

TA topics include but are not limited to:

- Fiscal and insurance billing,
- Coaching methods and using a primary provide approach to teaming,
- Natural Learning Environment Practices (NLEP),
- Supporting families in crisis,
- Using the data system and reporting tools, and
- Adherence to Connecticut Birth to Three System policies and procedures.
- Attachment and Security

The LA offers follow-up support after 3-4 months to answer questions that arise. In addition to TA provided by lead agency staff and the UCEDD, the system has contracted with Dathan Rush and M'Lisa Shelden for the past 8 years to provide monthly TA for up to 15 multi-disciplinary teams at a time for a period of six to nine months each year. This TA addresses evidence-based practices in Early Intervention (called Activity-Based Teaming in CT). An evaluation follows each TA session so programs can rate the lead agency on the TA response's timeliness, the quality of the materials presented, and how the desired outcomes were met. The primary focus of TA in this reporting period has been Activity-Based Teaming (ABT). To learn more about ABT, visit [Birth23.org/about23/lookslke](http://Birth23.org/about23/lookslke)

#### **Professional Development System:**

#### **The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.**

A Quality Practice Self-Assessment (QPSA) was developed to monitor the program's implementation of evidence-based practices as part of the State Systemic Improvement Plan (or SSIP / Indicator 11). Program directors receive de-identified results of their staff's self-assessment and then develop a plan for their agency to improve practices. Results are available to the State to monitor year-to-year change by the program. The LA expects that the "quality" of each program's practices improves from year to year. The LA offers training and technical assistance for cohorts on natural learning environment practices, coaching, and primary service providers. Following the training, providers receive 6-9 months of technical assistance through coaching log reviews. Each log is reviewed, focusing on the types of questions asked, the joint plan's adequacy, the use of activities versus focus on skills, capacity building, modeling observation, and so forth. These points are used to determine an individual provider's fidelity. The lead agency maintains a list of those who have reached fidelity and those who have done additional logs and training to be considered a "Mentor Coach."

Additionally, we have three Fidelity Coaches in Connecticut: Koleen Kerski, Sabrina Crowe, and Linda Bamonte. A fidelity coach is important to the lead agency as it allows this practice to be sustained in Connecticut. Koleen and Sabrina can oversee and support mentor coaches and assess their fidelity to practices. This allows for a train-the-trainer model when a mentor coach is at fidelity as they are then able to support family coaches and asses for fidelity to practices.

The LA partners with the UCEDD to present the Early Intervention Specialist (EISP) course. The course coordinators work closely with the lead agency to present current best practice research and practical application to their work with families. This course changes how people practice and describe early intervention to families and ensures that they are working to increase the family's capacity to meet their child's needs.

In addition to the EISP course during the last fiscal year, the lead agency revised the Infant and Toddler Family Specialist (ITFS) credentialing to provide a pathway for new staff to grow in the early intervention system. This is particularly true for staff who are not able to evaluate based on their certifications. This course will provide the staff with the resources needed to move from a paraprofessional to a professional in the system. It is comprised of coursework activities online and a credentialing exam. Additionally, the staff will have supervision and follow-up at the program level after credentialing to ensure fidelity to practices. More information on the ITFS, now named the Early Intervention Specialist (EIS) coursework, can be found below.

In August 2020, the State rolled out the first cohort of the OSEP/OSERS leadership grant (84.325L), which builds upon leaders' capacity throughout the Birth to Three and Preschool Special Education systems. Scholars in these cohorts are equipped to roll out a project to make a difference in their local system over the next year. Currently, the project is in the third cohort. This cohort has 20 participants and began in February 2023. The third cohort is beginning their capstone projects and will receive intensive Technical Assistance (TA) throughout the coming months. This grant builds upon the leadership development of 618 and 619 leaders in Connecticut. The cohorts provide staff with the opportunities to connect and network with their colleagues across C and B. The collaborations are extremely important as research indicates that the better the relationships between C and B the better the transition outcomes of children and families across the systems. The recruitment for the fourth cohort will begin in February 2024.

In September 2020, the LA was awarded an OSEP/OSERS recruitment and retention grant (84.325P). The purpose of this grant is to address CT's identified needs for retention and recruitment of early intervention (EI) and early childhood special education (ECSE) professionals and to ensure that providers have the necessary skills and knowledge derived from practices determined through scientifically based research. Actions taken include revising the State's Infant Toddler Family Specialist (ITFS) course, providing support to master coaches, and collecting workforce data to identify the reasons individuals leave early intervention. The first "Mentor Coaches" cohort participated in this grant and reported growth within their practices to the Lead Agency when fidelity checks were submitted. A second cohort completed their TA in the summer of 2022, and the final cohort began TA in December 2022. The two-day family coach training for participants was hosted in August, followed by the one-day mentor coach training. As part of this grant, the lead agency is rebuilding its data system, and the new system will be released in the coming fiscal year. This system will not only allow the accurate and timely collection of workforce data at the state level but will also improve the data collected throughout the system. This system includes various business rules so that the State can better track families and their outcomes. The ITFS credential, now the Early Intervention Specialist (EIS) credential, is being revised and will recognize EI providers who demonstrate competence in specialized, evidence-based EI practices. This revised

credential is rigorous and comprehensive, measuring specialized knowledge and implementation practices within EI, using disciplinary expertise as the foundation for acquiring and honing these competencies. This grant is in the final month and the lead agency hopes to seek out further grant opportunities to continue this work.

**Stakeholder Engagement:**

**The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.**

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 (7/1/22-6/30/23) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, [www.Birth23.org](http://www.Birth23.org), in December 2023. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

In addition to the ICC, providers and others listed above, the parent CT OEC Parent Cabinet members reviewed the current SPP/APR. This included engagement efforts on target setting and analyzing data. The Parent Cabinet is an essential part of stakeholder engagement throughout the Office of Early Childhood and the Birth to Three system. Parents meet monthly with the Part C Coordinator and provide feedback on systems changes. Of the parents of the Parent Cabinet, many are parents of young children with disabilities and have benefit from the Birth to Three system in Connecticut. In fact, two of the cabinet members have recently joined the ICC to stay connected with the work. These connections are important in Connecticut and to the system as it further embeds practices and cross division collaboration within the Office of Early Childhood. With these intersections the system grows stronger and is further supported by the state. These supports include a wider variety of feedback on initiatives, additional ideas on communication to families, and connections to child find efforts as the more individuals understand about Birth to Three the more likely they are to make a recommendation that someone makes a referral earlier. In addition, these instances can encompass the descriptions of what Birth to Three looks like which can increase the likelihood that eligible families stay with the program versus declining supports.

Stakeholders are an important aspect of the Birth to Three system; the lead agency meets regularly and solicits feedback on all forms. The LA finds that parent voices are the most important and informative. When parents are at the table, the LA can be assured that the documents make sense and are appropriate for families who are referred to the system. Stakeholders are involved from the intake process to the exit process providing feedback on procedures, forms for families, and system changes.

For current targets, during an ICC meeting in 2019 the ICC provided input on the upcoming, now current, SPP/APR targets. This included target setting for indicators 3 and 4 specifically. Within these discussions the state sought stakeholder engagement on improving child and family outcomes within the State of Connecticut. During this time, it was identified that the NCSEAM family survey could be improved to align better with the current practices and logic model. Over the last year, Connecticut continued working on the family survey and continued the improvements to the communication to families as outlined in Indicator 11 of this report.

Throughout FFY22 stakeholders were engaged in priority setting and reviewing of documents for the Lead Agency. For example, stakeholders provided input on improvement strategies related to the family survey as outlined in Indicator 4 and 11 of this report.

**Apply stakeholder input from introduction to all Part C results indicators. (y/n)**

YES

**Number of Parent Members:**

21

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Parent members of the Interagency Coordinating Council, parent center staff, and parents from local and statewide advocacy and advisory committees were engaged in target setting, analyzing data, developing improvement strategies, and evaluating progress in several ways. One way in which parents were involved in target setting included when the Lead Agency sought out feedback from the ICC for target setting during an ICC meeting. Parents who are on the ICC weighed in on the targets and provided valuable feedback. Now that targets are set, each meeting the ICC has discussions on where the state is in regards to the targets that were set. Questions are answered to ensure everyone is able to contribute effectively, and conversations are tied back to system needs and potential updates.

Additionally, parents who are on ICC subcommittees have reviewed multiple sets of data and have provided feedback. Including the fiscal subcommittee reviewing fiscal data, the professional development committee reviewing professional development surveys and recruitment and retention, and education and outreach reviewing enrollment data and other trend data throughout the system. Each of these subcommittees who review data for the Lead Agency, also weigh in on improvement strategies.

Outside of the SPP, stakeholders were also included in goal setting, analyzing data, developing improvement strategies, and evaluating progress by reviewing and providing comments on the priority rubric, in person versus virtual trainings and the impact that would have on the system as a whole, quality remote practices within early intervention, and strategic planning for improvement to the Part C system within the State of Connecticut and their external partners. Additionally, the Office of Early Childhood has created a Parent Cabinet that includes families who are receiving Part C supports throughout the state of Connecticut. These families provide support and comments to all child serving systems and are working to advocate and share information from a family perspective. The Part C coordinator has begun attending a sub-committee from the parent cabinet.

**Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

During FFY20, Connecticut began a Part C Equity Sub-Committee to evaluate equity data throughout the system. This group is responsible for increasing the capacity of diverse groups at a systematic level and throughout the system by ensuring programs are equitable across race/ethnicity, gender, and disability. The Part C Equity Sub-Committee is comprised of Program Directors, Early Interventionists, Lead Agency staff, and ICC members. With help from the Part C Equity Sub-Committee, the ICC hosted a retreat in October 2022, that looked to identify opportunities for access to the Part C system in Connecticut. The retreat was facilitated by an external member who collected ideas and provided a report out for next steps. These steps were divided by the ICC and Part C Equity Sub-Committee and the work to implement recommendations began in January 2023. The hope is that

parents would become involved in this work and assist the group in building the capacity of a diverse group of parents to support the implementation of activities during FFY22. As a result of this, parents became more involved and made suggestions to the system. One significant result of this initiative is the passing of a bill that would provide reimbursement to programs for providing Spanish interpreters in all B23 sessions.

Further, as a result of the Part C Equity Sub-Committee the state revised the mission and vision of the Birth to Three system during FFY22. These statements were informed by families, providers, community partners, and the Office of Early Childhood staff. The mission statement has been translated into the top ten languages with availability to translate quickly if the need arises. The updated mission and vision statements are below. English:

**Birth to Three Mission:**

Through the partnership with families, Connecticut's Birth to Three system is committed to supporting infants and toddlers with delays and disabilities to develop and grow through everyday routines. The system provides equitable access to all families and connections to resources within the community.

**Birth to Three Vision:**

Through equal opportunities and access to equitable services, families are empowered to further support their child's developmental skills, health related needs, and advocate for their child and family.

**Spanish:**

**Misión de Birth to Three:**

Mediante la asociación con las familias, el sistema de Birth to Three (Programa para el desarrollo de los niños desde el nacimiento hasta los tres años) de Connecticut se compromete a apoyar a los bebés y niños pequeños con retrasos y discapacidades para que se desarrollen y crezcan en las rutinas diarias. El sistema proporciona acceso equitativo a todas las familias y conexiones a los recursos de la comunidad.

**Visión de Birth to Three:**

Mediante la igualdad de oportunidades y el acceso a servicios equitativos, se empodera a las familias para que apoyen más las habilidades de desarrollo y las necesidades relacionadas con la salud de sus hijos, y para que defiendan a sus hijos y a su familia.

Additionally, throughout the system there has been a focus on increasing parents' capacity by connecting them with CPAC. CPAC is a valuable resource for the Lead Agency, and the Part C system in Connecticut. Additionally, during FFY23 new parents joined the ICC and have provided valuable feedback on implementation activities in improving outcomes for infants and toddlers with disabilities and their families. For these newly engaged parents the Lead Agency met with the parents and helped them understand the Annual Performance Report (APR), target setting, and the implementation of Part C in IDEA in Connecticut. Additionally, the Lead Agency shared a video that was developed a few years ago on the family survey and analysis. This video is posted on the website and helps stakeholders better understand Indicator 4 and 11 and how the information from the family survey is used in federal reporting at both the system and local level. Some of the newly appointed parents were members of the CT OEC Parent Cabinet.

**Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

The Lead Agency has sent blog postings which go to anyone who signs up to receive blog notifications through the website. Those who signed up to receive the blog include parents, Early Interventionists, school system employees, legislators, and others who are involved in the Early Intervention system. Blog posts are sent out on a weekly basis. Additionally, through ICC meetings, provider meetings, and various Community of Practices the Lead Agency collected feedback on improvement strategies, and evaluation strategies of the system. Timelines for feedback are at a minimum of 30 days, however, it is typical that timelines range from 60-90 days for stakeholder feedback.

**Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the setting targets, data analysis, development of the improvement strategies, and evaluation available to the public.**

Data analysis and target settings occurred throughout the Federal Fiscal Year and all determinations were posted to the website here: <https://www.birth23.org/how-are-we-doing/apr/> and here: <https://www.birth23.org/how-are-we-doing/gensup/>.

The State Interagency Coordinating Council (ICC) the members reviewed results from FFY22 (7/1/22-6/30/23) for each indicator, in December 2023. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, [www.Birth23.org](http://www.Birth23.org), in December 2023. The link was sent to the PTI, CPAC, Inc.,

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2021 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2021 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.**

The results for the FFY2021 APR were posted at <https://www.birth23.org/how-are-we-doing/pr/> within 1 week of submitting the APR. The results for the FFY2022 APR will replace those tables when they are posted in February 2023.

**Intro - Prior FFY Required Actions**

None

**Intro - OSEP Response**

The State attached its 2024 Annual Report Certification of the State Interagency Coordinating Council (SICC) Form with the date "1/5/20." The State must submit a complete SICC form including a current signature and date, and indicate the State/jurisdiction the certification applies to in order to confirm that the SICC is supporting the State's submission of the FFY 2022 SPP/APR.

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

### Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

### Measurement

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

### Instructions

*If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.*

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	97.40%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.88%	100.00%	99.62%	99.94%	99.94%

### Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

### FFY 2022 SPP/APR Data



<b>Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner</b>	<b>Total number of infants and toddlers with IFSPs</b>	<b>FFY 2021 Data</b>	<b>FFY 2022 Target</b>	<b>FFY 2022 Data</b>	<b>Status</b>	<b>Slippage</b>
3,947	3,973	99.94%	100%	99.95%	Did not meet target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

*This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.*

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**Provide reasons for delay, if applicable.**

Using its statewide data system, Connecticut reviewed service data for all children with Individual Family Service Plans (IFSPs) on 12/1/22 that had at least one new service listed on the IFSP in effect on 12/1/22. A point in time was used for this indicator and is representative of the reporting period as it is the same point in time used for Indicators 2, 5, and 6 of this report.

All missing and late first services were identified to programs, the data were verified via email exchanges, and two instances of non-compliance were confirmed, letters were emailed to programs identifying the findings. Therefore, during FFY22, there were two instances of infants and toddlers not receiving services on their IFSPs in a timely manner. Both instances were due to local program errors.

**Include your State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

Timely are those new Early Intervention (EI) services that are planned to start within 45-days and are initiated within 45-days of the IFSP meeting when the parent signed the plan consenting to the services as written.

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

This data is a point in time of 12/1/22. Data accurately reflects infants and toddlers with IFSPs for the full reporting period as the point in time selected encompasses over 50% of all children served during the reporting period. Further, using 12/1/22 as a point in time is representative of the reporting period because it is the same date used for Indicators 2, 5, and 6 in this report. Even though the source of the data is the State Database, the state selected "State Monitoring" because the state is only monitoring a point in time. All EIS programs were monitored at the same time using the data in the state database through data verification emails, calls to programs, and technical assistance was provided.

**Provide additional information about this indicator (optional)**

During FFY22, two instances of noncompliance were identified at two programs. In each case where the new service data was missing, the state verified, using the statewide database, emails, and phone calls with local programs, that the new service was ultimately provided or that the family exited Birth to Three before the new service could be started. A finding letter was sent to the programs, which were identified as non-compliant.

**Correction of Findings of Noncompliance Identified in FFY 2021**

<b>Findings of Noncompliance Identified</b>	<b>Findings of Noncompliance Verified as Corrected Within One Year</b>	<b>Findings of Noncompliance Subsequently Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>
2	2	0	0

**FFY 2021 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

During FFY21, two instances of noncompliance were identified at two programs. In each case where the new service data was missing, the LA determined that the service was ultimately provided or the family exited Birth to Three before the new service could be started. This was determined using the statewide database, emails and phone calls with local programs. A finding letter was sent to each of the programs. During FFY22, the state determined that the programs were now in compliance and delivering timely new services, achieving 100% compliance. This secondary check was conducted through data runs using a randomized selection of 10% of that programs data, data was pulled through the statewide database and confirmed on a program level via email.

**Describe how the State verified that each individual case of noncompliance was corrected.**

In each of the two individual cases where the new service data was missing, the state verified, using the statewide database, emails and phone calls with the local program, that the new service was ultimately provided to the family.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

<b>Year Findings of Noncompliance Were Identified</b>	<b>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR</b>	<b>Findings of Noncompliance Verified as Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>

## **1 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

### **Response to actions required in FFY 2021 SPP/APR**

## **1 - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## **1 - Required Actions**

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)).

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

**Instructions**

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	99.60%

FFY	2017	2018	2019	2020	2021
Target >=	95.00%	95.00%	95.00%	95.00%	95.00%
Data	99.98%	100.00%	99.97%	99.98%	100.00%

### Targets

FFY	2022	2023	2024	2025
Target >=	95.00%	95.00%	95.00%	95.00%

### Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 (7/1/22-6/30/23) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, [www.Birth23.org](http://www.Birth23.org), in December 2023. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

In addition to the ICC, providers and others listed above, the parent CT OEC Parent Cabinet members reviewed the current SPP/APR. This included engagement efforts on target setting and analyzing data. The Parent Cabinet is an essential part of stakeholder engagement throughout the Office of Early Childhood and the Birth to Three system. Parents meet monthly with the Part C Coordinator and provide feedback on systems changes. Of the parents of the Parent Cabinet, many are parents of young children with disabilities and have benefit from the Birth to Three system in Connecticut. In fact, two of the cabinet members have recently joined the ICC to stay connected with the work. These connections are important in Connecticut and to the system as it further embeds practices and cross division collaboration within the Office of Early Childhood. With these intersections the system grows stronger and is further supported by the state. These supports include a wider variety of feedback on initiatives, additional ideas on communication to families, and connections to child find efforts as the more individuals understand about Birth to Three the more likely they are to make a recommendation that someone makes a referral earlier. In addition, these instances can encompass the descriptions of what Birth to Three looks like which can increase the likelihood that eligible families stay with the program versus declining supports.

Stakeholders are an important aspect of the Birth to Three system; the lead agency meets regularly and solicits feedback on all forms. The LA finds that parent voices are the most important and informative. When parents are at the table, the LA can be assured that the documents make sense and are appropriate for families who are referred to the system. Stakeholders are involved from the intake process to the exit process providing feedback on procedures, forms for families, and system changes.

For current targets, during an ICC meeting in 2019 the ICC provided input on the upcoming, now current, SPP/APR targets. This included target setting for indicators 3 and 4 specifically. Within these discussions the state sought stakeholder engagement on improving child and family outcomes within the State of Connecticut. During this time, it was identified that the NCSEAM family survey could be improved to align better with the current practices and logic model. Over the last year, Connecticut continued working on the family survey and continued the improvements to the communication to families as outlined in Indicator 11 of this report.

Throughout FFY22 stakeholders were engaged in priority setting and reviewing of documents for the Lead Agency. For example, stakeholders provided input on improvement strategies related to the family survey as outlined in Indicator 4 and 11 of this report.

**Prepopulated Data**

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	5,274
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	5,278

**FFY 2022 SPP/APR Data**

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
5,274	5,278	100.00%	95.00%	99.92%	Met target	No Slippage

Provide additional information about this indicator (optional).

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

#### Data Source

State selected data source.

#### Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

#### Summary Statements for Each of the Three Outcomes:

**Summary Statement 1:** Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

##### Measurement for Summary Statement 1:

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by (# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

##### Measurement for Summary Statement 2:

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

#### Instructions

*Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

### 3 - Indicator Data

**Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)**

NO

#### Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 (7/1/22-6/30/23) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2023. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

In addition to the ICC, providers and others listed above, the parent CT OEC Parent Cabinet members reviewed the current SPP/APR. This included engagement efforts on target setting and analyzing data. The Parent Cabinet is an essential part of stakeholder engagement throughout the Office of Early Childhood and the Birth to Three system. Parents meet monthly with the Part C Coordinator and provide feedback on systems changes. Of the parents of the Parent Cabinet, many are parents of young children with disabilities and have benefit from the Birth to Three system in Connecticut. In fact, two of the cabinet members have recently joined the ICC to stay connected with the work. These connections are important in Connecticut and to the system as it further embeds practices and cross division collaboration within the Office of Early Childhood. With these intersections the system grows stronger and is further supported by the state. These supports include a wider variety of feedback on initiatives, additional ideas on communication to families, and connections to child find efforts as the more individuals understand about Birth to Three the more likely they are to make a recommendation that someone makes a referral earlier. In addition, these instances can encompass the descriptions of what Birth to Three looks like which can increase the likelihood that eligible families stay with the program versus declining supports.

Stakeholders are an important aspect of the Birth to Three system; the lead agency meets regularly and solicits feedback on all forms. The LA finds that parent voices are the most important and informative. When parents are at the table, the LA can be assured that the documents make sense and are appropriate for families who are referred to the system. Stakeholders are involved from the intake process to the exit process providing feedback on procedures, forms for families, and system changes.

For current targets, during an ICC meeting in 2019 the ICC provided input on the upcoming, now current, SPP/APR targets. This included target setting for indicators 3 and 4 specifically. Within these discussions the state sought stakeholder engagement on improving child and family outcomes within the State of Connecticut. During this time, it was identified that the NCSEAM family survey could be improved to align better with the current practices and logic model. Over the last year, Connecticut continued working on the family survey and continued the improvements to the communication to families as outlined in Indicator 11 of this report.

Throughout FFY22 stakeholders were engaged in priority setting and reviewing of documents for the Lead Agency. For example, stakeholders provided input on improvement strategies related to the family survey as outlined in Indicator 4 and 11 of this report.

#### Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2014	Target>=	67.00%	73.00%	73.00%	74.00%	74.00%
A1	73.80%	Data	74.83%	73.80%	73.65%	73.80%	73.51%
A2	2014	Target>=	59.00%	60.00%	60.00%	60.00%	60.00%
A2	59.60%	Data	60.17%	60.21%	56.36%	60.21%	58.96%
B1	2014	Target>=	82.00%	83.00%	83.00%	82.00%	82.00%
B1	83.00%	Data	80.87%	80.57%	79.02%	80.57%	77.52%
B2	2014	Target>=	52.00%	53.00%	53.00%	53.00%	53.00%
B2	50.95%	Data	51.82%	52.90%	47.29%	52.90%	49.76%
C1	2014	Target>=	82.00%	84.00%	84.00%	82.00%	82.00%
C1	83.65%	Data	84.41%	84.86%	81.03%	83.87%	82.01%
C2	2014	Target>=	65.00%	72.00%	73.00%	73.00%	73.00%
C2	73.00%	Data	71.36%	72.04%	67.27%	70.89%	71.30%

#### Targets

FFY	2022	2023	2024	2025
Target A1>=	74.00%	74.00%	74.00%	75.00%
Target A2>=	60.00%	61.00%	61.00%	62.00%

Target B1>=	83.00%	83.00%	84.00%	84.00%
Target B2>=	53.00%	53.00%	54.00%	54.00%
Target C1>=	82.00%	83.00%	83.00%	84.00%
Target C2>=	73.00%	73.00%	74.00%	74.00%

**Outcome A: Positive social-emotional skills (including social relationships)**

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	14	0.37%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	664	17.71%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	894	23.84%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,230	32.80%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	948	25.28%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,124	2,802	73.51%	74.00%	75.80%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	2,178	3,750	58.96%	60.00%	58.08%	Did not meet target	No Slippage

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	13	0.35%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	646	17.23%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,232	32.85%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,425	38.00%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	434	11.57%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,657	3,316	77.52%	83.00%	80.13%	Did not meet target	No Slippage

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,859	3,750	49.76%	53.00%	49.57%	Did not meet target	No Slippage

**Outcome C: Use of appropriate behaviors to meet their needs**

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	15	0.40%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	465	12.40%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	615	16.40%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,701	45.36%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	954	25.44%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,316	2,796	82.01%	82.00%	82.83%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	2,655	3,750	71.30%	73.00%	70.80%	Did not meet target	No Slippage

**FFY 2022 SPP/APR Data**

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	6,126
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	2,376
Number of infants and toddlers with IFSPs assessed	3,750

Sampling Question	Yes / No
Was sampling used?	NO

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)**

YES

**List the instruments and procedures used to gather data for this indicator.**

The state is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), which contains the criteria for defining "comparable to same-aged peers" as a child who has been assigned a score of 6 or 7 on the COS.

The instruments used to gather the data for this indicator include the COS calculator and the Meaningful Difference Calculator (<https://ectacenter.org/eco/pages/childoutcomes-calc.asp>) provided through TA with ECTA. Assessment tools to gather the data for the COS included the Carolina, HELP, and AEPS.

Using the meaningful difference calculator, the state compared the previous Federal Fiscal Year (FFY) to the current FFY and found there was a meaningful difference in Summary Statement One, Outcomes A and B while the rest of the outcomes for both Summary Statement 1 and 2 did not have meaningful differences.



More information can be found in our procedures here: <https://www.birth23.org/providers/provider-resources/procedures-2/> specifically the evaluation and assessment procedure here: [https://www.birth23.org/wp-content/uploads/procedures/forms/eval\\_assessment.docx](https://www.birth23.org/wp-content/uploads/procedures/forms/eval_assessment.docx).

**Provide additional information about this indicator (optional).**

The state has noticed a decrease in child outcomes, and while the systems requirement of including child outcomes in Service Coordination training still remains the Lead Agency saw value in additional opportunities for technical assistance and professional development to local providers. As a result of the decrease, and to avoid slippage, the state has sought out technical assistance (TA) through DaSY and ECTA. Additionally, the state implemented a new training requirement for child outcomes utilizing the Child Outcome Summary Knowledge Check (COS-KC) developed by ECTA and DaSY. The knowledge check examines the providers knowledge as related to the child outcome summary process and suggests targeted training to further knowledge and address skills. This knowledge check is uploaded to the states Professional Development (PD) learning management system, CANVAS and available to the local providers. With this being linked in the CANVAS system the Lead Agency can track who has taken the course.

More information on the COS-KC can be found here: <https://dasycenter.org/cos-kc/>

**3 - Prior FFY Required Actions**

None

**3 - OSEP Response**

**3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

#### Data Source

State selected data source. State must describe the data source in the SPP/APR.

#### Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

#### Instructions

*Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

**Beginning with the FFY 2022 SPP/APR, due February 1, 2024**, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2017	2018	2019	2020	2021
A	2006	Target>=	86.00%	86.00%	90.00%	91.00%	91.00%
A	79.00%	Data	90.93%	91.22%	90.86%	89.86%	91.03%
B	2006	Target>=	85.00%	85.00%	91.00%	90.00%	90.00%
B	75.00%	Data	88.67%	89.28%	89.56%	89.53%	89.29%
C	2006	Target>=	93.00%	93.00%	93.00%	97.00%	97.00%
C	87.00%	Data	96.13%	96.27%	96.61%	95.70%	94.93%

**Targets**

FFY	2022	2023	2024	2025
Target A>=	91.00%	91.00%	91.00%	91.00%
Target B>=	90.00%	90.00%	90.00%	90.00%
Target C>=	97.00%	97.00%	97.00%	97.00%

**Targets: Description of Stakeholder Input**

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 (7/1/22-6/30/23) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2023. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

In addition to the ICC, providers and others listed above, the parent CT OEC Parent Cabinet members reviewed the current SPP/APR. This included engagement efforts on target setting and analyzing data. The Parent Cabinet is an essential part of stakeholder engagement throughout the Office of Early Childhood and the Birth to Three system. Parents meet monthly with the Part C Coordinator and provide feedback on systems changes. Of the parents of the Parent Cabinet, many are parents of young children with disabilities and have benefit from the Birth to Three system in Connecticut. In fact, two of the cabinet members have recently joined the ICC to stay connected with the work. These connections are important in Connecticut and to the system as it further embeds practices and cross division collaboration within the Office of Early Childhood. With these intersections the system grows stronger and is further supported by the state. These supports include a wider variety of feedback on initiatives, additional ideas on communication to families, and connections to child find efforts as the more individuals understand about Birth to Three the more likely they are to make a recommendation that someone makes a referral earlier. In addition, these instances can encompass the descriptions of what Birth to Three looks like which can increase the likelihood that eligible families stay with the program versus declining supports.

Stakeholders are an important aspect of the Birth to Three system; the lead agency meets regularly and solicits feedback on all forms. The LA finds that parent voices are the most important and informative. When parents are at the table, the LA can be assured that the documents make sense and are appropriate for families who are referred to the system. Stakeholders are involved from the intake process to the exit process providing feedback on procedures, forms for families, and system changes.

For current targets, during an ICC meeting in 2019 the ICC provided input on the upcoming, now current, SPP/APR targets. This included target setting for indicators 3 and 4 specifically. Within these discussions the state sought stakeholder engagement on improving child and family outcomes within the State of Connecticut. During this time, it was identified that the NCSEAM family survey could be improved to align better with the current practices and logic model. Over the last year, Connecticut continued working on the family survey and continued the improvements to the communication to families as outlined in Indicator 11 of this report.

Throughout FFY22 stakeholders were engaged in priority setting and reviewing of documents for the Lead Agency. For example, stakeholders provided input on improvement strategies related to the family survey as outlined in Indicator 4 and 11 of this report.

**FFY 2022 SPP/APR Data**

The number of families to whom surveys were distributed	2,302
Number of respondent families participating in Part C	1,060
Survey Response Rate	46.05%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,023
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,060
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	1,007
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,060
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1,046
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,060

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	91.03%	91.00%	96.51%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	89.29%	90.00%	95.00%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	94.93%	97.00%	98.68%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	YES
If your collection tool has changed, upload it here.	CT_EN_2023_063023 For APR with Accessibility Check (1)

#### Response Rate

FFY	2021	2022
Survey Response Rate	44.12%	46.05%

#### Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

The state used the ECTA Response Rate and Representativeness Calculator provided through technical assistance: <https://ectacenter.org/eco/pages/familyoutcomes-calc.asp>

The ECTA response rate and representativeness calculator applied proportional testing and was utilized to determine if the surveys received were representative of the target population. The results show that while African American or Black, Hispanic, and American Indian response rates are below the statewide percent, there was no significance or under-representation noted using the ECTA response rate and representativeness calculator.

The ECTA response rate and representativeness calculator applied proportional testing and was utilized to determine if the surveys received were representative of the target population within regards to respondent language. The results indicate that all languages represented by the system did not show any significant underrepresentation using the calculator.

DaSy Center, & ECTA Center. (2022). SPP/APR Family Outcomes Writing Examples. SRI International

#### Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State's analysis must include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.

Representativeness of race and ethnicity was analyzed by comparing percentage of families enrolled in Part C by the percentage of surveys received by race and ethnicity, within each of the subgroupings. The distribution of families in Part C shows the following: White families had the highest percentage in Part C (46%), followed by Hispanic families (27%), African American or Black families (14%), Asian families (4%), American Indian or Alaska Native Families (0.26%), and Native Hawaiian or Pacific Islander families (0.9%).

Representativeness of language was analyzed by comparing percentage of families enrolled in Part C by the percentage of surveys received by respondent language, within each of the subgroupings. The distribution of families in Part C shows the following: English had the highest response rate (82%), followed by Spanish (11%), and Not English or Spanish (7%).

DaSy Center, & ECTA Center. (2022). SPP/APR Family Outcomes Writing Examples. SRI International

**The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)**

YES

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

Strategies implemented in FFY2022-2023 included translating the NCSEAM survey into the top ten languages for the families that we serve, which increased the state's response rate, especially for families who needed surveys translated in languages other than English and Spanish. Connecticut continued to have service coordinators hand-deliver surveys to families and explain the survey with families with a newly created one page document explaining the process and use of the survey data. A newly created one pager for families was reviewed by the ICC, Office of Early Childhoods Parent Cabinet, and the ECTA intensive TA staff for feedback. This feedback was then used to help modify the document for clearer directions and more meaningful family centered language. Moving forward, families will continue to be able to respond via paper copy or online. Supports will also be available through the Parent Cabinet to assist families as they complete the survey in their native language.

The number of surveys sent is less than previous years due to the timing of FFY 22s survey collection. In order to reduce the workload on service coordinators and to be wary of survey burnout, the LA decided to postpone the family survey from early spring to the end of the calendar year. This decision was made due to a system rate study / cost analysis and professional development opportunities as related to ARPA dollar spending. With this, there were less families who were in Part C for at least 6 months and have not yet exited, which are our requirements for participation. The Lead Agency will continue use this information in future planning on timeline to determine best time of year for responses.

The lead agency is also working with ECTA and DaSy on intensive technical assistance (TA) for the family survey. The intent of this TA is to ensure that all families are represented in the family survey and that their data is captured and used in decision making.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

The state used the ECTA Response Rate and Representativeness Calculator provided through technical assistance: <https://ectacenter.org/eco/pages/familyoutcomes-calc.asp> to determine any nonresponse bias.

Connecticut interprets "enrolled in the Part C program" as those families who had an IFSP on 2/1/23, having been with their Early Intervention Provider for at least six months. All of those families are sent surveys (census).

The state analyzed the response rate by comparing how many surveys were returned versus how many were sent out. The response rate of this year's family survey was 46.05%, this survey response rate is slightly higher than the FFY21 family survey response rate of 44.12%.

The Lead Agency furthered the analysis by comparing the survey respondents to the census data to identify if the rate was relevant for all in the target population. This was completed by comparing respondents to number of enrollment and census data in Connecticut.

The statewide response rate for this year's family outcomes survey is 46%. The following are the response rates for each individual subgroup: Native Hawaiian or Pacific Islander had the highest response rate in surveys received (100%), followed by Asian families (66%), White families (47%), African American or Black families (45%), Hispanic (42%), American Indian (33%). Those who identified as having multiple races had a 44% response rate. Asian and White, were above the statewide percent while African American or Black, Hispanic, and American Indian were insignificantly below the statewide percent.

The statewide response rate for this year's family outcomes survey is 46%. The following are the response rates for each individual subgroup: English (47%), followed by Spanish (38%) and Not English or Spanish (48%). This indicates that across languages the response rate remains consistent. Much of this increase and representation is due to access to the family survey. This year's survey was the first survey that was available in multiple written languages and families had completed the survey in their written language leading to an increase in the representation.

Overall, the state did not identify any areas of nonresponse bias through the analysis. In order to prevent nonresponse bias in future surveys the state is continuing to incorporate best practices as identified by the states ICC, Connecticut Parent Advocacy Center (CPAC), the Parent Cabinet, and national standards. Additionally, the states general supervision team in conjunction with professional development will work to develop trainings on the family survey, including additions to service coordination training and procedures.

DaSy Center, & ECTA Center. (2022). SPP/APR Family Outcomes Writing Examples. SRI International

**Provide additional information about this indicator (optional).**

Connecticut is taking part in ECTA's intensive technical assistance in analyzing the family survey. With this TA, there was an opportunity for the state to receive in-person TA, along with other states. The state saw value in including the parent cabinet and members traveled to the onsite intensive and provided valuable feedback on the survey process. Additionally, the Deputy Commissioner of the OEC traveled with the state's early intervention team. As a group through this TA we are working on creating action plans for meaningful changes to the structure and methodology for data collection, analysis, and dissemination of our systems family survey.

Last year the state was unable to complete the representativeness calculator and therefore is unable to complete a comparison year to year. During the FFY23 submission the state will look to complete this using the data supplied in FFY22 APR as a baseline.

It is also important to note, that through the Family Outcomes Profile: Approach Information, Survey Methodology, Data Quality, and Performance Trends, Connecticut, 2021 provided by ECTA, our state was able to determine that in FFY 21 we exceeded or are approaching the national average for all of the measures that make up this indicator. This information helps the LA determine areas of success or deficit and allows for more accurate planning and efforts moving forward.

#### **4 - Prior FFY Required Actions**

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

In the FFY 2022 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and report on steps taken to reduce any identified bias and promote response from a broad cross section of families.

## **Response to actions required in FFY 2021 SPP/APR**

### **4 - OSEP Response**

The State did not provide verification that the attachment it included in its FFY 2022 SPP/APR submission is in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), as required by Section 508.

The State did not analyze the response rate to identify potential nonresponse bias and the steps taken to reduce any identified bias to promote response from a broad cross section of families that received Part C services, as required by the Measurement Table.

### **4 - Required Actions**

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the *EDFacts* Metadata and Process System (*EMAPS*)) and Census (for the denominator).

#### Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	0.93%

FFY	2017	2018	2019	2020	2021
Target >=	1.21%	1.21%	1.21%	1.20%	1.30%
Data	1.36%	1.19%	1.48%	1.39%	1.44%

### Targets

FFY	2022	2023	2024	2025
Target >=	1.40%	1.40%	1.40%	1.50%

### Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 (7/1/22-6/30/23) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, [www.Birth23.org](http://www.Birth23.org), in December 2023. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

In addition to the ICC, providers and others listed above, the parent CT OEC Parent Cabinet members reviewed the current SPP/APR. This included engagement efforts on target setting and analyzing data. The Parent Cabinet is an essential part of stakeholder engagement throughout the Office of Early Childhood and the Birth to Three system. Parents meet monthly with the Part C Coordinator and provide feedback on systems changes. Of the parents of the Parent Cabinet, many are parents of young children with disabilities and have benefit from the Birth to Three system in Connecticut. In fact, two of the cabinet members have recently joined the ICC to stay connected with the work. These connections are important in Connecticut and to the system as it further embeds practices and cross division collaboration within the Office of Early Childhood. With these intersections the system grows stronger and is further supported by the state. These supports include a wider variety of feedback on initiatives, additional ideas on communication to families, and connections to child find efforts as the more individuals understand about Birth to Three the more likely they are to make a recommendation that someone makes a referral earlier. In addition, these instances can encompass the descriptions of what Birth to Three looks like which can increase the likelihood that eligible families stay with the program versus declining supports.

Stakeholders are an important aspect of the Birth to Three system; the lead agency meets regularly and solicits feedback on all forms. The LA finds that parent voices are the most important and informative. When parents are at the table, the LA can be assured that the documents make sense and are appropriate for families who are referred to the system. Stakeholders are involved from the intake process to the exit process providing feedback on procedures, forms for families, and system changes.

For current targets, during an ICC meeting in 2019 the ICC provided input on the upcoming, now current, SPP/APR targets. This included target setting for indicators 3 and 4 specifically. Within these discussions the state sought stakeholder engagement on improving child and family outcomes within the State of Connecticut. During this time, it was identified that the NCSEAM family survey could be improved to align better with the current practices and logic model. Over the last year, Connecticut continued working on the family survey and continued the improvements to the communication to families as outlined in Indicator 11 of this report.

Throughout FFY22 stakeholders were engaged in priority setting and reviewing of documents for the Lead Agency. For example, stakeholders provided input on improvement strategies related to the family survey as outlined in Indicator 4 and 11 of this report.

**Prepopulated Data**

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	229
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 1	35,870

**FFY 2022 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
229	35,870	1.44%	1.40%	0.64%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

The State of Connecticut saw a decrease in the number of infants and toddlers' birth to one with IFSP's by 239, from 468 to 229, while the census data increased from 32,573 to 35,870. This decrease was noticed during the 618 reporting, and as a result, the LA began to evaluate the referral process and child find efforts.

In order to get ahead of this decrease, the LA hired a child find coordinator to assist with and improve the referral process. With the investigation regarding slippage, there was identified contract level noncompliance within the central intake line. This contract level noncompliance was addressed through an ongoing corrective action plan. The LA is currently working alongside the central intake line to create more inclusive procedures and establish timelines that align with the IDEA regulations. There are biweekly monitoring meetings now scheduled as well as expectations within data sharing between the central intake line and the lead agency.

Additionally, the states average age at referral is just under 11 months and the central intake line reported challenges with connecting with families, having phone calls. With these reported challenges there has been an increase in the time to connect with families for their consent, which leaves the child being over 12 months of age by the time the child enters the early intervention system. With these challenges of connecting with families the state has updated referral forms and rethought the referral process to be more family friendly. This includes conversations about texting families who do not answer, creating a parent portal for the central intake staff to message back and forth with families, and other initiatives to be responsive as parents change in their communication methods. Continual monitoring efforts to address this issue include bi-weekly data meetings to review challenges within the central intake line and provide technical assistance. Recently the state created a central intake line advisory board including members from the Interagency Coordinating Council (ICC) and local program directors to address the state's child find efforts and aid in any revision to the intake process.

Further, the new child find coordinator began presenting to the communities and pediatricians about Birth to Three. The child find coordinator began revising our online referral process, which included a pilot, in which the central intake line would send any parent referral directly to a local provider. This removes barriers of access to the system as when a parent makes the online referral, the system considers this parental consent for the system and begins the evaluation process.

**Provide additional information about this indicator (optional)**

The state plans to seek out technical assistance to increase the child find for children who are birth to one over the next year.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**



## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)) and Census (for the denominator).

#### Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

## 6 - Indicator Data

Baseline Year	Baseline Data
2005	3.16%

FFY	2017	2018	2019	2020	2021
Target >=	3.87%	3.87%	4.00%	4.80%	4.90%
Data	4.56%	4.94%	5.39%	4.81%	5.81%

#### Targets

FFY	2022	2023	2024	2025
Target >=	5.00%	5.10%	5.20%	5.30%

#### Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 (7/1/22-6/30/23) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, [www.Birth23.org](http://www.Birth23.org), in December 2023. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

In addition to the ICC, providers and others listed above, the parent CT OEC Parent Cabinet members reviewed the current SPP/APR. This included engagement efforts on target setting and analyzing data. The Parent Cabinet is an essential part of stakeholder engagement throughout the Office of Early Childhood and the Birth to Three system. Parents meet monthly with the Part C Coordinator and provide feedback on systems changes. Of the parents of the Parent Cabinet, many are parents of young children with disabilities and have benefit from the Birth to Three system in Connecticut. In fact, two of the cabinet members have recently joined the ICC to stay connected with the work. These connections are important in Connecticut and to the system as it further embeds practices and cross division collaboration within the Office of Early Childhood. With these intersections the system grows stronger and is further supported by the state. These supports include a wider variety of feedback on initiatives, additional ideas on communication to families, and connections to child find efforts as the more individuals understand about Birth to Three the more likely they are to make a recommendation that someone makes a referral earlier. In addition, these instances can encompass the descriptions of what Birth to Three looks like which can increase the likelihood that eligible families stay with the program versus declining supports.

Stakeholders are an important aspect of the Birth to Three system; the lead agency meets regularly and solicits feedback on all forms. The LA finds that parent voices are the most important and informative. When parents are at the table, the LA can be assured that the documents make sense and are appropriate for families who are referred to the system. Stakeholders are involved from the intake process to the exit process providing feedback on procedures, forms for families, and system changes.

For current targets, during an ICC meeting in 2019 the ICC provided input on the upcoming, now current, SPP/APR targets. This included target setting for indicators 3 and 4 specifically. Within these discussions the state sought stakeholder engagement on improving child and family outcomes within the State of Connecticut. During this time, it was identified that the NCSEAM family survey could be improved to align better with the current practices and logic model. Over the last year, Connecticut continued working on the family survey and continued the improvements to the communication to families as outlined in Indicator 11 of this report.

Throughout FFY22 stakeholders were engaged in priority setting and reviewing of documents for the Lead Agency. For example, stakeholders provided input on improvement strategies related to the family survey as outlined in Indicator 4 and 11 of this report.

#### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	5,278
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 3	106,943

**FFY 2022 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
5,278	106,943	5.81%	5.00%	4.94%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

The State of Connecticut decreased in the number of infants and toddlers' birth to three with IFSP's by 756 from 6,034 to 5,278 while the census data increased from 103,827 to 106,943.

In order to get ahead of this decrease, the LA hired a child find coordinator to assist with and improve the referral process. With the investigation regarding slippage, there was identified contract level noncompliance within the central intake line. This contract level noncompliance was addressed through an ongoing corrective action plan. The LA is currently working alongside the central intake line to create more inclusive procedures and establish timelines that align with the IDEA regulations. There are biweekly monitoring meetings now scheduled as well as expectations within data sharing between the central intake line and the lead agency.

With these challenges of connecting with families the state has updated referral forms and rethought the referral process to be more family friendly. This includes conversations about texting families who do not answer calls, creating a parent portal for the central intake staff to message back and forth with families, and other initiatives to be responsive as parents change in their communication methods. Continual monitoring efforts to address this issue include bi-weekly data meetings to review challenges within the central intake line and provide technical assistance. Recently the state created a central intake line advisory board including members from the Interagency Coordinating Council (ICC) and local program directors to address the state's child find efforts and aid in any revision to the intake process.

Further, the new child find coordinator began presenting to the communities and pediatricians about Birth to Three. The child find coordinator began revising our online referral process, which included a pilot where the central intake line would send any parent referral directly to a local provider. This removes barriers of access to the system as when a parent makes the online referral, the system considers this parental consent for the system and begins the evaluation process.

Additionally, FFY2021-2022 target for this indicator was 4.90% and FFY2022-2023 is 5% with this increase, while the state met last years target, it did not meet the new increased target.

**Provide additional information about this indicator (optional).**

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

#### Measurement

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

#### Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	95.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.98%	100.00%	99.92%	99.84%	99.93%

### Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

### FFY 2022 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
5,393	7,070	99.93%	100%	99.32%	Did not meet target	No Slippage

### Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

1,629

Provide reasons for delay, if applicable.

There were 48 children with late IFSPs at seven programs due to program error including staff scheduling difficulties or lack of workforce availability. Findings of non-compliance were sent to the individual programs.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

The full reporting period of July 1, 2022 through June 30, 2023.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

These data are from the Connecticut Birth to Three data system for the entire reporting year and verified using a variety of general supervision components, including emails, ad hoc, standard data reports, on-site monitoring, self-assessments, and verification visits, and complaint data.

**Provide additional information about this indicator (optional).**

During FFY22, 48 instances of noncompliance were identified at seven programs. In each case where the new IFSP data was missing, the state verified, using the statewide database, emails, and phone calls with local programs, that the new service was ultimately provided or that the family exited Birth to Three before the new service could be started. A finding letter was sent to each of the seven programs, which were identified as non-compliant.

The state is completing a rate study time analysis to work on retention of qualified staff working in the early intervention system to address any noncompliance with these indicators.

**Correction of Findings of Noncompliance Identified in FFY 2021**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4		0

**FFY 2021 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

The correction of all findings and the correct implementation of the regulatory requirements were verified for each program using subsequent data runs and monitoring at least 10% of the programs data from the statewide centralized transactional data system combined with data verification emails and phone calls with the program directors.

**Describe how the State verified that each individual case of noncompliance was corrected.**

In each case where the service was late or missing, the state verified correction of noncompliance, using the statewide database, emails and phone calls with local programs. For each of the four instances the evaluations, assessments, and initial IFSPs were ultimately provided.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**7 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

**7 - OSEP Response**

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2021 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2021 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

**7 - Required Actions**



## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	99.90%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

**Targets**

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

**FFY 2022 SPP/APR Data**

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
4,402	4,402	100.00%	100%	100.00%	Met target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

Provide reasons for delay, if applicable.

**What is the source of the data provided for this indicator?**

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The full reporting period of July 1, 2022 through June 30, 2023.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Data are from the Connecticut Birth to Three data system for the entire reporting year and were verified using a variety of general supervision components, including emails, ad hoc and standard data reports, on-site monitoring, self-assessments, data verification visits, and complaint data.

Provide additional information about this indicator (optional)

**Correction of Findings of Noncompliance Identified in FFY 2021**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response**

OSEP cannot determine whether the State's data are valid and reliable because in its narrative the State reported "While the families of 6490 children exited Part C between July 1, 2022 and June 30, 2023, only 4812 exited after the 90 day deadline for this indicator. This leaves 4402 children for whom there has been an IFSP with transition steps and services at least 90 days before the toddler's third birthday." The State must clarify how its denominator is 4402 and not 6490. Therefore, OSEP could not determine whether the State met its target.

**8A - Required Actions**

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%



**Targets**

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

**FFY 2022 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
4,458	4,458	100.00%	100%	100.00%	Met target	No Slippage

**Number of parents who opted out**

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

Provide reasons for delay, if applicable.

**Describe the method used to collect these data.**

Since notification data is transmitted electronically from the Part C data system to the Part B (SEA and LEA) data system every night for all children with IFSPs who are over the age of 30 months, the denominator for this indicator was collected from the Part C statewide transactional database and is greater than the Indicator 8A and 8C data.

**Do you have a written opt-out policy? (yes/no)**

NO

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

The full reporting period of July 1, 2022 through June 30, 2023.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Data are from the Connecticut Birth to Three data system for the entire reporting year and were verified using a variety of general supervision components, including emails, ad hoc and standard data reports, on-site monitoring, self-assessments, data verification visits, and complaints.

**Provide additional information about this indicator (optional).**

Potentially eligible for Part B at 30 months does not mean that the family stayed in Birth to Three until the child was 33 months old nor that the family approved including their LEA in transition planning. For these reasons, the number for this indicator is higher than the number used for transition plans (8a) and transition conferences (8c).

**Correction of Findings of Noncompliance Identified in FFY 2021**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8B - Prior FFY Required Actions**

None

**8B - OSEP Response**

**8B - Required Actions**

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$ .
- Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .
- Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.58%	Not Valid and Reliable	99.66%	99.93%	99.91%

**Targets**

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

**FFY 2022 SPP/APR Data**

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
3,493	4,458	99.91%	100%	99.45%	Did not meet target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

471

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

472

Provide reasons for delay, if applicable.

While Connecticut did not meet its target of 100%, the state data for FFY22 was 99.45% and Connecticut continues to demonstrate high levels of compliance within this indicator. There were 22 late conferences at 4 of the 19 programs due to program error. Many of the errors were due to the Early Intervention Services (EIS) programs waiting on the Local Education Agency (LEA) to attend and had an inaccurate count of days for the final late conference. Findings of non-compliance were issued to each of the 4 programs.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The full reporting period of July 1, 2022 through June 30, 2023.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data are from the Connecticut Birth to Three data system for the entire reporting year and verified using a variety of general supervision components, including emails, ad hoc, standard data reports, on-site monitoring, self-assessments, and data verification visits, and complaints.

Provide additional information about this indicator (optional).

In '22-'23, 4 Early Intervention Services (EIS) programs had a total of 22 late transition conferences. Findings were issued to the programs and subsequent data runs in '23-'24 will evaluate the correction of non-compliance.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3		0

FFY 2021 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

In '21-'22, one Early Intervention Services (EIS) program had a total of 3 late transition conferences, due to waiting on the Local Education Agency (LEA) to attend. The lead agency provided Technical Assistance to the program to clarify that the program should invite the LEA, and schedule the conferences at a mutually agreeable time, but the program needs to provide timely transition conferences to families regardless of the LEA being able to attend. In each case where the transition conference was late the state determined that the conference was ultimately provided or the family exited Birth to Three before the transition conference could be held, using the statewide database, emails and phone calls with local programs. A finding letter was sent to the program. The one program that was issued a finding letter, the state determined that this program was in compliance and delivering timely transition conferences, achieving 100% compliance, through subsequent data runs monitoring 10% of the individual programs data, using the statewide database.

Describe how the State verified that each individual case of noncompliance was corrected.

This is an indicator with a timeline. In each case where the transition data was late or missing, the state verified, using the statewide database, emails and phone calls with local programs, that the conference was ultimately held if the child did not exit before it could be held.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8C - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

**8C - OSEP Response**

**8C - Required Actions**

## Indicator 9: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

#### Measurement

Percent = (3.1(a) divided by 3.1) times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

### 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

The State that has adopted Part C due process procedures, therefore the Indicator is not applicable.

### 9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

**Response to actions required in FFY 2021 SPP/APR**

### 9 - OSEP Response

The State reported that this indicator is not applicable "due to zero cases of resolution over the federal fiscal year." However, OSEP notes that the State reported in its Section 618 dispute resolution data that it adopted Part C due process procedures. OSEP reminds the State that this indicator is not applicable to any State that has adopted Part C due process procedures under section 639 of the IDEA.

### 9 - Required Actions

## Indicator 10: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

#### Measurement

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

## 10 - Indicator Data

### Select yes to use target ranges

Target Range not used

### Select yes if the data reported in this indicator are not the same as the State's data reported under Section 618 of the IDEA.

NO

### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	0

### Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 (7/1/22-6/30/23) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, [www.Birth23.org](http://www.Birth23.org), in December 2023. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

In addition to the ICC, providers and others listed above, the parent CT OEC Parent Cabinet members reviewed the current SPP/APR. This included engagement efforts on target setting and analyzing data. The Parent Cabinet is an essential part of stakeholder engagement throughout the Office of Early Childhood and the Birth to Three system. Parents meet monthly with the Part C Coordinator and provide feedback on systems changes. Of the parents of the Parent Cabinet, many are parents of young children with disabilities and have benefit from the Birth to Three system in Connecticut. In fact, two of the cabinet members have recently joined the ICC to stay connected with the work. These connections are important in Connecticut and to the system as it further embeds practices and cross division collaboration within the Office of Early Childhood. With these intersections the system grows stronger and is further supported by the state. These supports include a wider variety of feedback on initiatives, additional ideas on communication to families, and connections to child find efforts as the more individuals understand about Birth to Three the more likely they are to make a recommendation that someone makes a referral earlier. In addition, these instances can encompass the descriptions of what Birth to Three looks like which can increase the likelihood that eligible families stay with the program versus declining supports.

Stakeholders are an important aspect of the Birth to Three system; the lead agency meets regularly and solicits feedback on all forms. The LA finds that parent voices are the most important and informative. When parents are at the table, the LA can be assured that the documents make sense and are appropriate for families who are referred to the system. Stakeholders are involved from the intake process to the exit process providing feedback on procedures, forms for families, and system changes.

For current targets, during an ICC meeting in 2019 the ICC provided input on the upcoming, now current, SPP/APR targets. This included target setting for indicators 3 and 4 specifically. Within these discussions the state sought stakeholder engagement on improving child and family outcomes within the State of Connecticut. During this time, it was identified that the NCSEAM family survey could be improved to align better with the current practices and logic model. Over the last year, Connecticut continued working on the family survey and continued the improvements to the communication to families as outlined in Indicator 11 of this report.

Throughout FFY22 stakeholders were engaged in priority setting and reviewing of documents for the Lead Agency. For example, stakeholders provided input on improvement strategies related to the family survey as outlined in Indicator 4 and 11 of this report.

**Historical Data**

Baseline Year	Baseline Data
2005	

FFY	2017	2018	2019	2020	2021
Target>=				.00%	0.00%
Data					

**Targets**

FFY	2022	2023	2024	2025
Target>=	0.00%	0.00%	0.00%	0.00%

**FFY 2022 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

The State reported fewer than ten mediations held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Required Actions**



## Indicator 11: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

#### Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

#### Instructions

**Baseline Data:** The State must provide baseline data expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Targets:** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

#### Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

##### Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

**Phase II: Plan** (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

**Phase III: Implementation and Evaluation** (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

#### Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

##### Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

##### A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

##### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2023). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

**C. Stakeholder Engagement**

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

**Additional Implementation Activities**

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

**11 - Indicator Data**

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

Connecticut's State-identified Measurable Result is "Parents of children who have a diagnosed condition will be able to describe their child's abilities and challenges more effectively as a result of their participation in Early Intervention."

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)**

NO

**Is the State's theory of action new or revised since the previous submission? (yes/no)**

NO

**Please provide a link to the current theory of action.**

<https://www.birth23.org/how-are-we-doing/ssip/>

**Progress toward the SiMR**

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages).**

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

Baseline Year	Baseline Data
2019	89.56%

**Targets**

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	90.00%	90.00%	90.00%	90.00%

**FFY 2022 SPP/APR Data**

Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.	Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs.	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,007	1,060	89.29%	90.00%	95.00%	Met target	No Slippage

**Provide the data source for the FFY 2022 data.**

Using data from the FFY22 (July 1, 2022 - June 30, 2023) NCSEAM Family Survey.

**Please describe how data are collected and analyzed for the SiMR.**

Using the Indicator 4 data from the FFY22 APR, Connecticut analyzes the SiMR by addressing which families answered that they agreed as a result of Early Intervention they were better able to talk about their child's needs and abilities. Indicator 4 of the APR evaluates the percentage of parents who (A) know their rights; (B) can effectively communicate their child's needs; and (C) help their child develop and learn. Using the NCSEAM Family Survey Connecticut is able to identify the percentage to which families in Early Intervention know their rights, effectively communicate their child's needs, and are able to help their child develop and learn. To do this, Connecticut selects a group of families, who have been enrolled in the system for at least 6-months and have not yet exited, to complete the survey. Connecticut also has service coordinators hand-deliver surveys to families and explain the survey with families using a newly created one page document explaining the process and use of the survey data. Families are able to respond to the survey via paper copy or online.

Of the survey respondents, there were 513 families with children who were determined to be eligible for Part C based on a diagnosed condition that has a high likelihood of resulting in developmental delays. 246 of those families did not answer "Very Strongly Agree" to all the items on the self-assessment. Of those 246 families, 231 or 93.90% had a pattern of responses that resulted in a measure that met or exceeded the national standard for SPP/APR Indicator 4b: "Early Intervention services helped the family communicate effectively about the child's needs"

**Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)**

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

Connecticut developed a Quality Practices Self-Assessment (QPSA) with input from stakeholders and several TA centers (ECTA, NCIS, ECPC, and SRI). Development of the self-assessment aimed to help practitioners identify their strengths and areas for potential growth in fidelity to quality and best practices in Early Intervention. Data collected from this annual survey will be linked to the SiMR and help programs and the Lead Agency determine professional development needs. The self-assessment is comprised of five sections: Involving Families, Natural Learning Environment Practices, Coaching, Teaming, and Disposition Knowledge and Values. FFY20 was the third year of data collection; therefore, Connecticut is just beginning to be able to evaluate system trends.

Connecticut used Electronic Coaching Logs (ECL) to gather data and assess fidelity among practitioners trained in Evidence-Based Practices (EBP) in Early Intervention combined with a minimum of six months of technical assistance. The ECL calculates fidelity to EPBs based on coding from Mentor Coaches, with specific formulas built into the ECL that determine the level of fidelity linked to those practices. Connecticut refers to the EPBs as Activity Based Teaming (ABT)

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

NO

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

NO

**Section B: Implementation, Analysis and Evaluation**

**Please provide a link to the State's current evaluation plan.**

As Connecticut works to scale up the evidence-based practices and scale up coaching as a style of interaction, the state decided to not revise the evaluation plan. The Birth to Three system in Connecticut began experiencing staffing shortages as a result of the COVID-19 pandemic. Currently, the state is still experiencing a workforce shortage. Therefore, staff have left the field and new staff were recruited. With this, there is still a need for new staff to complete intensive training and TA while scaling up ABT and better guide families to describe their Childs abilities and challenges. The current evaluation plan can be found here: <https://www.birthe23.org/ssip/>.

**Is the State's evaluation plan new or revised since the previous submission? (yes/no)**

NO

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**

Education and Outreach:

- 1) Remote EI Updates: During FFY22, the state collected more data revolving around the percentage of families who received Remote EI versus in-person, this is particularly useful as the state moves back to predominantly in-person. While thinking about equity, the state has run data to look for trends of portions of the state having a higher rate of Remote EI versus others. For example, the lead agency is interested in ensuring locations in the state are equitable with regards to in-person visits versus other areas of the state. For example, are the rural areas being provided more remote than in-person given the reported staffing challenges in those areas. Currently, the state has not identified any inequities but will continue to run ad hoc reports to monitor this. This will help the state achieve its SiMR by allowing families to better understand the process within services, particularly regarding the options of in-person versus remote. When all families have an understanding of the early intervention process including a deep understanding of their parental rights, they are better able to describe their child's needs and abilities measured by Indicator 4 data.
- 2) ASQ updates: In FFY21 the OEC began tracking children across systems, including the Birth to Three system. The OEC work began to have interagency collaborations. Along with the ASQ, during the last few FFYs there was an app developed, SPARKLER, which houses the ASQ. SPARKLER is for families and providers, and not only does it house the ASQ, but it also offers activities to do with a child to help with development. With the increases in screening throughout the state, in FFY22, there was a shift in child find efforts, and further communication on who can make a referral. The lead agency heard anecdotally that families are waiting for a referral from their pediatric office. This can lead to delays in the referral process, specifically if the physician suggests a wait-and-see approach. Over the last FFY, the lead agency worked to notify families that anyone can make the referral, even the parent. Therefore, if a parent has a concern with their child's development, they should not wait and make the call. With all of this, families have a deeper understanding of child development and when families understand child development, they are better able to describe their child's needs and abilities as exemplified by Indicator 4 data.

3) The Ed. Outreach staff member presented to librarians, pediatricians, Family Based Recovery Network, Home Visiting Meetings, and Department of Children and Families (DCF) on what Birth to Three looks like. This presentation provides an overview of what the referral process looks like, who can make a referral, what an evaluation looks like, and what services look like. These presentations included an overview of Birth to Three, child development, and when and how to make a referral to the system. This helps the state achieve its SiMR as when referral sources are better informed, they can describe the process to families who then have a better understanding of the process and are better able to describe their child's needs and abilities as exemplified by Indicator 4 data. Educating referral sources is important to the success of a smooth referral leading to providing services to more eligible children and informing families. Once the family is in the early intervention program in CT, the family has access to supports that will ultimately help them better describe their child's needs as reported by Indicator 4.

4) In FFY22, the Education and Outreach coordinator attended several tabling events to spread the word about Birth to Three. Many of these events were for parents and provided opportunities to discuss steps they can take should they have a concern about their child's development. Informing parents and other referral sources about Connecticut's EI system results in parents/ referral sources having a greater understanding of the importance of early referrals thus impacting our SiMR.

PD:

1) Since 2014, the State contracted with Dathan Rush & M'Lisa Shelden to provide annual training plus 6 months of monthly TA, which is then supplemented by the LA team. In 2023, training and TA were provided to one cohort of EIS program staff. As part of the TA, the team members write coaching logs detailing their conversations with families. The logs serve as the basis of an hour-long TA session each month with a national or State level expert who is a Fidelity Coach. The logs and TA sessions are used to determine fidelity with coaching practices. This will help the state achieve its SiMR as exemplified by the Quality Practices Self-Assessment (QPSA) data when a practitioner is at fidelity across practices families rate themselves higher on the family survey. Therefore, measuring Mentor Coaches fidelity and utilizing Fidelity Coaches to support Mentor Coaches and Family Coaches will sustain the practices and enable families of children with diagnosed conditions to better be able to describe their child's needs and abilities.

2) Connecticut continued to collect data using a QPSA. 668 practitioners completed the self-assessment in 2022, and each discipline working in the system was represented. Results indicate that those who completed the various training addressing the EBPs and who also received technical assistance in the form of coaching rated themselves at a much higher level of fidelity to EBPs than those lacking the training and technical assistance. The QPSA takes roughly ten minutes to complete and all staff in the system are required to complete it. The QPSA is used annually to provide the data Connecticut needs to measure change over time. De-identified results are shared with programs, and statewide results are presented to programs and the Interagency Coordinating Council (ICC). The analysis continues to incorporate stakeholder input and contribution from the ICC regarding which data points the system should include. Using unique staff IDs, the Lead Agency is able to link the QPSA data to child and family outcomes, demographics, IFSP, and service delivery data from the Birth to Three Data System. This will help the state measure progress on the practices needed to achieve the SiMR.

Fiscal and System Enhancements:

1) The Lead Agency (LA) updated the risk rubric it uses to assess the risk posed to the system by each EIS program as part of its general supervision system. Risks listed in the rubric included fiscal measures as well as how the program was implementing the EBPs. This will help the state achieve its SiMR because the system overall will improve based on individualized, data-informed decisions about the TA that programs need related to the SSIP.

2) Additionally, the LA required each program to complete an updated IDEA Compliance Self-Assessment (ICSA) which reviews measures at the programmatic level to ensure compliance to IDEA. Within this ICSA if a program is found to be out of compliance with IDEA the program findings are issued and the program is required to develop an improvement plan to reach 100% compliance so that the LA can verify correction within one year. If the program continues to be out of compliance on that indicator they will be asked to develop a Corrective Action Plan with the LA which may include fiscal sanctions if outcomes are not met.

3) During FFY22, Connecticut contracted with Public Consulting Group (PCG) to complete a rate study cost/analysis of the Part C system. This work collected time studies and expense reporting for the CT Part C system. In early 2024, the state expects a final report from the rate study/cost analysis. This report may help stabilize the system financially and can help the state recruit and retain highly qualified staff. High quality staff provide evidence-based supports to families and will help families be better able to describe their child's needs and abilities, impacting the state's SiMR.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

Connecticut's Part C Early Childhood Systems Framework Self-Assessment is regularly updated with stakeholder involvement.

Education and Outreach:

1) The roll out of SPARKLER relates to the building stronger early childhood systems, and data governance areas in the Early Childhood Systems Framework with short-term outcomes of connecting children with supports both within Early Intervention and for ineligible children's connections to community supports. During 2023, there were many conversations with SPARKLER to ensure all potentially eligible families have access to a Birth to Three referral. This app further provides families a deeper understanding of their child's development which empowers them within the referral process. In 2024 CT will continue to work with tracking this data linking families with the B23 QR code and comparing that to those enrolled in the system.

2) The OEC continued working with the UConn University Center for Excellence in Developmental Disabilities (UCEDD) on a third cohort in the leadership academy as part of the 84.325L grant, working closely with Part B and CPAC to develop leaders in early childhood from birth through age five. This supports the SSIP and SiMR by connecting Part B staff with Part C in building valuable relationships. These relationships will enable families to continue to receive supports through Part C, and, if eligible, Part B supports through a smooth transition process. Additionally, these relationships help support EIS Over Three for the summer extension option.

3) Through the use of Education and Outreach to Connecticut libraries, the Lead Agency continued to build relationships in order to support a unified message communicated through both formal and informal processes. These include, but are not limited to, mobile resources about what Birth to Three looks like, family rights, system of payments, and Local Education Agencies (LEA's). Additionally, during FFY22, the Lead Agency modified resources and posted flyers on social media outlining these processes. All materials were then translated to the languages spoken in the system, furthering the focus on equity. This impacts the states SiMR as families understanding their rights, and what Birth to Three looks like enables them to better understand the system and describe their child's needs and abilities.

Professional Development:

1) Through the use of the Risk Rubric, the Lead Agency identified and assisted programs needing individualized training by creating TA plans. Having an additional Lead Agency staff trained as Fidelity Coaches enhances the LA's capacity to support Mentor Coaches at EIS programs. The Lead Agency continued to collect and analyze the new Quality Practice Self-assessment (QPSA) data and connect it with family and child outcomes and

programmatic and demographic data.

2) The OEC reviewed the outcome of supporting mentor coaches at local EIS programs 84.325P grant. Additionally, the OEC has begun revising the Infant Toddler Family Specialist (ITFS) credential. This ITFS course was rebranded as an Early Intervention Specialist (EIS) credential. With this EIS credential, staff who seek out credentialing will need to submit a portfolio of their knowledge and skills, sit for a proctored exam, and have an observation completed by a qualified staff. In FFY23, the new data system will be released, this data system is able to track recruitment and retention in the field. Supporting these evidence-based practices (EBPs) enhances the sustainability of programs and supporting staff through fidelity coaching furthers the system of improvement efforts.

3) The state invested monies in student placement reimbursements, which will continue in the next FFY. The student placement initiative is an opportunity for reimbursement to individual practitioners for their time and efforts when overseeing an intern, CFY, or other students who are interested in a rotation in early intervention. With these placements the state has furthered collaboration with IHEs. With these relationships forming the lead agency has worked with Dr. Bonnie Keilty to develop an interest and aptitude survey to seek out early intervention interest early in the students' undergraduate years. This will help the state recruit high quality staff and impact the SiMR as when families are supported by high quality staff, they are better able to describe their child's needs and abilities.

Fiscal:

1) The ICSEA relates to the governance and accountability areas in the Early Childhood Systems Framework with short-term outcomes of ensuring state and local statutes, regulations, and agreements, are being implemented throughout the statewide system. These are necessary as it allows the system to continue to track compliance and outline indicators related to administrative structures throughout the system.

2) Connecticut continued to participate in the Center for IDEA Fiscal Reporting (CIFR) CoP. Through this participation, the Lead Agency continues to gain a deeper understanding of fiscal priorities including indirect cost/cost allocation plans and the use of funds. Additionally, the Lead Agency will utilize the tools created by CIFR and their partners in order to track the use of funds.

2a) The participation in the CIFR CoP relates to the finance areas in the Early Childhood Systems Framework with short-term outcomes of forecasting and accessing fiscal data throughout Connecticut's Early Intervention System which were necessary for budgeting and fiscal planning as part of the Part C application. Additionally, this allows the team to have an understanding of allocating, using, and disbursing funds in a timely and allowable manner to meet the systems needs.

Technical Assistance:

Subject matter experts coordinate the technical assistance (TA) provided to programs and staff within the system. The lead agency also has a relationship with the University of Connecticut Center for Excellence in Developmental Disabilities (UCEDD) and a parent leadership contract with the state's Parent Training and Information Center (PTI). With assistance from the Connecticut Parent Advocacy Center (CPAC), parents are regularly included in TA. Parents attend meetings and are involved with report out from TA. Parents also provide the system with valuable input on next steps in implementing change. The UCEDD, along with lead agency staff provide an intensive yearlong course on best practices in early intervention including family centered practices, evaluation and assessment, and intervention planning. While this course is part of the PD system it also provides direct, timely technical assistance to participants based on review of competencies they submit related to their work with families.

The need for TA can be identified in the following ways:

- Staff or program request,
- as a result of program monitoring/self-assessment,
- based on a complaint received by the system,
- changes to policies or procedures,
- and literature about evidence-based and promising practices.

TA topics include but are not limited to:

- fiscal and insurance billing,
- coaching methods,
- natural learning environment practices,
- using a primary provider approach,
- supporting families in crisis,
- using the data system and reporting tools,
- and adherence to Connecticut Birth to Three System policies and procedures.

Programs requesting TA are responsible for developing their outcomes. The lead agency offers a follow-up support after 3-4 months to answer questions that arise.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

The implementation of evidence-based practices (EBP) with fidelity continued to increase over FFY22. As addressed in the logic model, the EBPs are woven throughout the three strands of education and outreach, professional development, and fiscal enhancements. During the upcoming year, Connecticut will continue to focus on increasing fidelity to evidence-based practices, while using funding from discretionary grant 84.325P, and build upon leadership skills throughout the system with our partners at the UCONN's Center for Excellence in Developmental Disabilities (UCEDD) through discretionary grant 84.325L.

Education and Outreach:

During FFY23, the state will continue to work with partners on outreach initiatives including tabling events and presentations.

During FFY23, the state will revise the central intake lines procedures including the development of scripts for staff. The newly revised procedures will include specific directions for intake staff regarding definitions of a parent, who should receive PWN, what to do with separated parents, and how to describe early intervention. This will impact the states SiMR by providing every referred family the exact same information upon referral.

During FFY23, the state expects to release the website changes. These changes will provide better access to information that is posted on the Birth to Three website.

#### Professional Development:

During FFY23 the state plans to fully implement the newly developed Early Intervention Specialist (EIS) credential. The EIS, formally known as ITFS, is a rigorous training with multiple observations, work product samples, and exam components. Over the last FFY the state worked to develop an exam measuring knowledge indicators and a video observation using a standardized rubric for scoring to measure implementation indicators. The state worked with Dr. Bonnie Keilty to develop a tool to rate staff that has interrater reliability and is assessing all of the states evidence-based practices. Not only does it include the examples above, but the EIS credential is also aligned with the DEC recommended practices in early intervention. This helps the state provide better training to staff and bolsters the knowledge base which will impact families supports.

During FFY23, the state will release a newly revised IFSP. The new form encompasses evidence-based practices and updated information aligning the IFSP with the policy changes that occurred over the last FFYs. This includes the removal of family fees, and update to the system of payments, and parent rights. The draft form has gone to multiple national TA centers, to providers for feedback, and out for public comment. The new IFSP will help families understand the process better and be further informed about early intervention, leading to them being better able to describe their child's needs and abilities.

During FFY23, the NCSEAM family survey will be sent to families during the months of April and June, family surveys will be due in August and analyzed during the months of September and October. Public report out will occur during the October Interagency Coordinating Council (ICC) meeting and individual program responses will be sent to the program directors. It is expected that during FFY22 Connecticut will have an increase in survey responses and continue to meet the target for this indicator in FFY22.

Additionally, during FFY23 the Quality Practices Self-Assessment will be sent out in August and analyzed in September. The results of the QPSA will be reported out the ICC at the October ICC Meeting. The expected outcomes of the QPSA are that members who have attended trainings and received mentor coaching will have an increase to fidelity in their EBPs as outlined in the QPSA. Additionally, there will be a 90 percent response rate of practitioners who submit the QPSA.

#### Fiscal:

During FFY23, the state plans to bring on an additional staff member to help with insurance billing. This staff member will be a liaison between the lead agency and the contracted provider who bills insurance (PCG). Additionally, the staff member will help local providers with understanding and monitoring their claim process. This will help the state stabilize and collect additional private insurance revenue, leading to fiscal stability.

During FFY23, the state expects to receive the rate study cost analysis report. This report will provide a calculated rate that encompasses the cost of early intervention. This report will provide the state with valuable information on what the states rate should be and if the state is aligned with the time and efforts that go into early intervention.

During FFY23, the state will continue to work with fiscal and grants and contracts partners to revise procedures to streamline processes and ensure the agency has an understanding of the assurances and regulations under Part C of IDEA.

#### General Supervision:

During FFY23, the state will continue to improve the technical assistance provided to local programs. With additional staff members the state is better able to help local programs correct systemic noncompliance.

Connecticut will also seek out further TA on systems building and improving systems. The state will also request TA as needed when evaluating and preparing for DMS2.0. While this is still a way out since the state is not in cohorts 1-4 the state recognizes the value in preparing early and requesting TA. The state has a request in for an onsite TA in order to help the agency align internal policies and procedures.

#### List the selected evidence-based practices implemented in the reporting period:

During this reporting period Connecticut worked on the following evidence-based practices and supports are based on the following practices: (1) Natural Learning Environment Practices; (2) Coaching as a style of interaction with families and team members; and (3) Primary Service Provider Approach to teaming.

#### Provide a summary of each evidence-based practice.

##### Natural Learning Environment Practices (NLEP):

Through this practice supports are delivered in natural environments outlined as places where children live, learn, and play. NLEPs begin with looking for activities children participate in during their everyday life both at home and in the community. These activities provide learning opportunities which lead to further engagement of the child and increased skill development. These practices are goal-directed activities and engagement is defined as the amount of time children spend interacting appropriately with their environment. Ultimately, the goal is to increase the child's participation, enable families to support their child in everyday activities, begin with the activity and not the skill, and embed learning opportunities for all areas of development that are present. This practice leads to building the caregivers competence with strategies which aligns with Connecticut's SiMR.

##### Coaching as a style of interaction with families and team members:

Coaching, as a style of interaction, looks like a practitioner and parent working together, beginning with an everyday activity. This practice supports parents in their everyday activities, and parents are using these strategies with their child during the visit. The practitioner builds upon parent ideas and will share information and even model for the parent throughout the supports. The key elements of the practice should include:

- (1) being consistent with adult learning
- (2) capacity building
- (3) nondirective
- (4) goal oriented
- (5) solution focused
- (6) performance based
- (7) reflective, collaborative
- (8) context driven
- (9) as hand-on as it needs to be

As outlined by Rush and Shelden (2011) there are five key characteristics of coaching that builds the confidence and competence in parents:

- 1) Joint Planning : to collaboratively determine the specific activities and strategies the parent will focus on during and between visits, and for parents to determine the specific activity that will be the focus of the next visit;
- 2) Observation: of the parent and child by the interventionist during the visit;
- 3) Action: taken by the parent with the child during the visit and between visits;
- 4) Reflective questions: to determine what the parent already knows and is doing, as well as to foster analysis of information and generation of alternative ideas by the parent; and
- 5) Feedback: from the interventionist that is affirmative and informative, including sharing research-based knowledge and hands-on modeling followed by practice by the parent.

Primary Service Provider Approach to teaming:

Primary Service Provider approach to teaming means that every child and every family has a full team with one interventionist functioning as the primary support for the family. This primary provider and the family receive support from other team members on joint visits as needed. Ultimately the goal of PSP is to strengthen parents' confidence and competence in promoting child learning and development. As described by Rush and Shelden (2013) a PSP approach to teaming includes an established team consisting of multiple disciplines, meeting regularly and selecting one member to act as the PSP to the family, using coaching as an interaction style with parents, caregivers and other team members, strengthening parents confidence and competence in promoting child learning and development, supporting parents competence in obtaining desired supports, and resources providing all services and supports within the natural learning opportunities/activities of the family. The PSP is selected with parent feedback based on who is the best match for the child and family.

**Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

Education and Outreach:

The Lead Agency continued to meet with United Way of Connecticut (UWCT) and a contractor, Linchpin, to discuss enhancements to the Birth23.org website. Priorities include file management, menus and navigation, and correctly listing programs by towns and by specialty. The website is a critical tool in scaling up the EBPs and the communities understanding about what Birth to Three hopes to accomplish (SiMR). The website updates include updating the data pages to reflect graphs and charts. Improving the website is intended to impact the SiMR by allowing programs to easily access procedures, research supporting evidence-based practices, and data related to parent/caregiver outcomes, and/or child/outcomes.

Professional Development:

Training for new Service Coordinators and all staff new to Birth to Three was revised entirely and included more emphasis on the EBPs in Early Intervention. Updating service coordination training and adding an Initial Birth to Three Certificate is a strategy noted in Connecticut's logic model and speaks to the sustainability of the programs by attracting new talent to the field and retaining staff. Creating better hiring and retention of staff by training on the EBPs is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes. Family, Infant and Preschool Program (FIPP) modules educating on EBPs are now posted to the new learning management system (LMS) as the new training system Canvas is rolled out. This training system will streamline modules for program staff including prerequisite modules for service coordination, activity-based teaming, and modules around equity. This LMS will house the modules and prerequisites for service coordination training.

The specific EBPs targeted for the past seven years have been Natural Learning Environment Practices (NLEP), coaching as a style of interaction, and a Primary Service Provider (PSP) approach to teaming. Fidelity with these practices builds the confidence and competence of caregivers in assessing their child's strengths, abilities, and challenges. More importantly, the EBPs help families identify successful activities and strategies to address challenges, which makes them the experts and aligns perfectly with Connecticut's Part C SiMR. The higher the fidelity with implementing the EBPs at the practitioner level, the more likely the State's SiMR will be achieved. In FFY22, the Office of Early Childhood (OEC) offered a two-day team training plus one-day Mentor Coach training in conjunction with mandatory six months of monthly technical assistance. Several EIS programs used their Mentor Coaches to provide monthly TA with their family coaches using the Electronic Coaching Logs (ECLs) described earlier to advance coaching practices. This method for reaching fidelity is labor-intensive. Data about how Mentor Coaches are used at the EIS programs was collected through interviews of program directors and revealed that many programs were not using Mentor Coaches in this capacity due to the change to a fee-for-service reimbursement system. The ICC PD committee and other interested stakeholders formed a workgroup that is exploring manageable solutions to this problem in implementation. To address this issue in the short term, in August 2020, the lead agency applied for and was awarded an OSEP Recruitment and Retention Grant, 84.325P. Since Mentor Coaching is one strategy to help retain staff, a portion of the funding from this grant will be applied to support the use of a program's Mentor Coaches in advancing the fidelity of additional staff in the program. This grant is closing out during FFY22 and with the work that has been completed, the state was asked to present with OSEP at the DEC conference in November 2023.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

Connecticut refers to the EBPs as Activity-Based Teaming (ABT). There are several indicators to monitor fidelity of implementation and to assess practice changes including, ABT Fidelity Checklist, Electronic Coaching Logs (ECLs), QPSA, and reports submitted to the Lead Agency for the 84.325P grant. The purpose of the Activity-Based Teaming Fidelity Checklist is for Birth to Three providers to gauge fidelity with activity-based teaming practices. The indicators found on this checklist are similar to those that will eventually make up the program self-assessment. It is designed to serve as a tool for providers to reflect upon their effectiveness as early interventionists using Activity-Based Teaming, consisting of measures that are consistent with NLEPs, coaching as a style of interaction, and PSP approach to teaming. Connecticut used ECLs to assess fidelity among practitioners trained in Evidence-Based Practices (EBP) in Early Intervention combined with a minimum of six months of technical assistance. The ECL calculates fidelity to EPBs based on coding from Mentor Coaches, with specific formulas built into the ECL that determine the level of fidelity with the practices. The Quality Practices Self-Assessment (QPSA) focuses on practitioners identifying strengths and areas of growth in fidelity to quality, best practices in Early Intervention. This survey outlines and assesses the fidelity to practices within five areas (1) involving families, (2) natural learning environment practices, (3) coaching, (4) teaming, and (5) disposition, knowledge, and values. Results from this survey are analyzed and reported out as a system wide report with individual programmatic data de-identified and sent to the program.

The data in each of these sections continue to improve over time reflecting an improvement of practices. There has been an increase in fidelity to practices as outlined in the ABT fidelity checklist and the QPSA. With this, the state has continued to utilize these systems and in the upcoming FFYs the

state intends to connect these scores to child and family outcomes. The hypothesis is that if a practitioner is at fidelity, the families they support will have better outcomes along with their children. With this the state continues to use these measures as the work is ongoing.

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

Additional data that was collected which supports the decision to continue the ongoing use of each evidence-based practice include risk rubric data which evaluates programmatic data. Each year Connecticut sends out a Risk Rubric to our programs that is focused on an area of interest or need. This includes collecting data on initiatives or other activities the system is implementing. The rubric is developed with stakeholder feedback including our ICC, CPAC, and the OEC leadership team. For each data point the LA creates a rubric and evaluates data that is included in the data system or at the provider level. Additionally, Connecticut collects data through an IDEA Compliance Self-Assessment (ICSA) on a programmatic level, which outlines measures such as ensuring documentation of Prior Written Notice being provided to families, consent forms and evaluations, visit notes matching the service data within the data system, and compliance measures. Through this ICSA programs evaluate a total number of records which encompasses 10 percent of the children enrolled in their program. This relates to evidence-based practices as there are questions part of the ICSA that look to evaluate the rate to which the state is successfully implementing the EBPs.

Additionally, through the discretionary grant 84.325L, the Lead Agency is collecting leadership training data. This data evaluates what leaders need in order to inform local systemic changes. Currently, there have been 27 Part C staff who have enrolled in the Leadership Academy (through 84.325L).

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

**Education and Outreach:**

The OEC will continue to participate in ECTAs intensive TA to bolster the family survey. The next year the state will evaluate the opportunities to change the methodology in survey collection and analysis.

The OEC will continue working with the UConn University Center for Excellence in Developmental Disabilities (UCEDD) on a fourth cohort in the leadership academy as part of the 84.325L grant, working closely with Part B and CPAC to develop leaders' early childhood from birth through age five. This will support the SSIP and SiMR by connecting Part B staff with Part C in building valuable relationships. These relationships will enable families to continue to receive supports through Part C, and, if eligible, Part B supports through a smooth transition process. The OEC will work with Connecticut Children's Medical Center (CCMC) on a grant project Bridging the Gap which looks to equitably identify autism sooner. With this project Connecticut anticipates an increase in referrals, therefore, the state began planning ahead and meeting with programs who have an autism specialty designation in order to ensure children are supported in compliance with IDEA and also receive supports bedded in evidence-based practices. The OEC and CCMC have regular meetings on the calendar to discuss this grant project and any impacts it will have to the Birth to Three system. Additionally, the ICC medical advisor is an advocate for this project and has been involved in the development. The OEC will work with the UCEDD to work collaboratively with Maternal, Infant, and Early Childhood Home Visiting (MEICHV) programs, SPARKLER, and local programs to better track children across systems in Connecticut. Through funding, the UCEDD has pulled together a stakeholder group to track children across systems in a pilot city. This will support the SSIP by providing better quality referrals to the Part C system. This work is part of the child find model demonstration project, which is related to child find and to better track children across the state.

**Professional Development:**

The state will release the new data system, Reliable Accountable Integrated Network (RAIN) which was part of the 84.325P Grant otherwise known as, Reliable Accountable Integrated Network: Building Our Workforce (RAINBOW) system. Family, Infant and Preschool Program (FIPP) modules educating on EBPs are now posted to the new learning management system (LMS) as the new training system Canvas is rolled out. This training system will streamline modules for program staff including prerequisite modules for service coordination, activity-based teaming, and modules around equity. With the new data system, it is the goal of OEC to link data from Canvas to RAIN to evaluate which practitioners are completed standardized training with materials, activities, and progression throughout ABT. Additionally, the OEC will work with partners to host in-person trainings and bring expertise into the various community of practices.

The state will bring in national trainers to support evidence-based practices and provide CEUs to the field.

**Fiscal:**

Connecticut will continue to participate in the Center for IDEA Fiscal Reporting (CIFR) CoP. Through this participation, the Lead Agency will gain a deeper understanding of fiscal priorities including indirect cost/cost allocation plans and the use of funds. Additionally, the Lead Agency will utilize the tools created by CIFR and their partners in order to track the use of funds. Connecticut will continue to participate in a TA plan with CIFR while it scales up the general supervision revision and implements new strategies for supervision.

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

YES

**If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

Given all of the information and feedback received by stakeholders and through analyzing the data the state decided to continue working on the previous SSIP. The state has made great improvements over the last several years including adopting evidence-based practices and evaluating those practices through newly developed tools such as the QPSA and priority/risk rubric. In order to continue to evaluate the implementation the state needs to track trend data which will continue over the next year of analyzing the current SSIP. Therefore, the state will not modify the current SSIP.

**Section C: Stakeholder Engagement**

**Description of Stakeholder Input**

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 (7/1/22-6/30/23) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, [www.Birth23.org](http://www.Birth23.org), in December 2023. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and



provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

In addition to the ICC, providers and others listed above, the parent CT OEC Parent Cabinet members reviewed the current SPP/APR. This included engagement efforts on target setting and analyzing data. The Parent Cabinet is an essential part of stakeholder engagement throughout the Office of Early Childhood and the Birth to Three system. Parents meet monthly with the Part C Coordinator and provide feedback on systems changes. Of the parents of the Parent Cabinet, many are parents of young children with disabilities and have benefit from the Birth to Three system in Connecticut. In fact, two of the cabinet members have recently joined the ICC to stay connected with the work. These connections are important in Connecticut and to the system as it further embeds practices and cross division collaboration within the Office of Early Childhood. With these intersections the system grows stronger and is further supported by the state. These supports include a wider variety of feedback on initiatives, additional ideas on communication to families, and connections to child find efforts as the more individuals understand about Birth to Three the more likely they are to make a recommendation that someone makes a referral earlier. In addition, these instances can encompass the descriptions of what Birth to Three looks like which can increase the likelihood that eligible families stay with the program versus declining supports.

Stakeholders are an important aspect of the Birth to Three system; the lead agency meets regularly and solicits feedback on all forms. The LA finds that parent voices are the most important and informative. When parents are at the table, the LA can be assured that the documents make sense and are appropriate for families who are referred to the system. Stakeholders are involved from the intake process to the exit process providing feedback on procedures, forms for families, and system changes.

For current targets, during an ICC meeting in 2019 the ICC provided input on the upcoming, now current, SPP/APR targets. This included target setting for indicators 3 and 4 specifically. Within these discussions the state sought stakeholder engagement on improving child and family outcomes within the State of Connecticut. During this time, it was identified that the NCSEAM family survey could be improved to align better with the current practices and logic model. Over the last year, Connecticut continued working on the family survey and continued the improvements to the communication to families as outlined in Indicator 11 of this report.

Throughout FFY22 stakeholders were engaged in priority setting and reviewing of documents for the Lead Agency. For example, stakeholders provided input on improvement strategies related to the family survey as outlined in Indicator 4 and 11 of this report.

#### **Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

Throughout FFY22 Connecticut involved stakeholders in every process. Stakeholder engagement in key improvement efforts was attained through meeting with Interagency Coordinating Council (ICC), provider meetings, bi-monthly community of practices (CoP), bi-monthly Part C Equity Subcommittee, advisory boards for both the 84.325P and 84.325L grants, and including other state agencies for items that may impact their operation or billing, for example, including Department of Social Services (DSS) in Remote Early Intervention (EI) discussions as they are the agency where Connecticut's Medicaid office is housed. Families were also involved in the feedback loops and stakeholder engagement. Families included those who are ICC members and families who are part of the OEC parent cabinet. In order to solicit feedback, the Lead Agency described the tool or strategy and provided resources so that stakeholders had all of the necessary information. Once the information was provided listening sessions or meetings were held to gather feedback from all stakeholders, including families. Once feedback was received the OEC implemented the feedback and revised anything as necessary.

With Connecticut's SiMR, families were involved in strengthening the family survey. One way families were involved included partnering with the Parent Cabinet. Connecticut's Office of Early Childhood's (OEC) Parent Cabinet is a diverse and parent-led cabinet and functions as an advisory group to the OEC. The Parent Cabinet offers guidance to the agency on improving programs, policies, and laws related explicitly to young children and their families. The cabinet advocates for the needs of families from all backgrounds and helps OEC form lasting partnerships with families. The cabinet's role is to elevate the voices across Connecticut, from parents to others, so that the voice of families is heard at the highest levels of government and decision-making. The Birth to Three system values this focus on families and the feedback from families and has been involved in the Parent Cabinet work since its conception. This includes interviewing parents during the selection process. Ultimately, the mission of the Parent Cabinet is 'to build strong connections, listen intentionally, and partner with Connecticut families of young children, communities, and OEC to incorporate the expertise of all parents throughout the early childhood system to ensure family-driven equitable policies and programs.

There are specific subcommittees of the Parent Cabinet to provide specific feedback on OEC programs, such as home visiting, Care 4 Kids, and early intervention. The subcommittee that helps advise the early intervention program is the Children with Special Needs Subcommittee, which is comprised of families who were supported by the CT Birth to Three system. The Part C Coordinator is an active participant in the subcommittee and has presented information on which the system sought feedback. For example, regarding the SiMR, the Part C Coordinator presented the changes to the family survey for the Parent Cabinet feedback over FFY22. During the last year, in addition to the NCSEAM family survey changes, parent information flyers describing the survey were presented to the committee, and the committee presented feedback. This feedback included what data parents would want to see, how we can explain the importance of the survey, and suggestions on sending direct data on the survey back to families after it is completed, rather than just posting it to the website. All feedback from the Parent Cabinet was received well and will be implemented in FFY23. In the next FFY, the work will continue as the state looks to determine if the survey collection methodology should change. Parents have been engaged in early discussions and will continue to be engaged in this work.

With the parent cabinet, several parents became engaged in the Interagency Coordinating Council, which improves interagency collaboration and infuses the early intervention system throughout the agency. The ICC continues to engage stakeholders on the three subcommittees of Education Outreach, Professional Development, and Legislative Fiscal. Each subcommittee has presented ideas to the Lead Agency (LA), which the LA has implemented. For example, the Professional Development subcommittee has provided feedback on student placements and universities the LA should be connecting with to build the workforce back up, impacting the SiMR by having a sustainable workforce to provide individualized support to families eligible for the Birth to Three systems. The LA has also partnered with the ICC to create a 211 advisory board to improve the intake process in CT and ensure families who are referred are contacted promptly. This advisory board is comprised of families, providers, and state agencies. With this advisory the LA presented ideas of utilizing technology better to streamline the process. The board has recommended additional options in the online referral process to connect with families directly better. For example, adding a question on the form so families can select a time that works best for an intake staff to call them. This has been included in a draft form and will be released in FFY23.

#### **Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

NO

**Additional Implementation Activities**

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

N/A

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

N/A

**Describe any newly identified barriers and include steps to address these barriers.**

The post-COVID-19 pandemic continues to present barriers. There has been a significant increase in referrals with a decrease in staffing. This decrease in staffing is a direct impact of the great resignation that occurred during the pandemic. States are now facing additional challenges in recruiting efforts as early interventions pay is not comparable to other fields with the perceived health and safety risks of going into homes. Additionally, the workforce has shifted to a work from home preference which adds to newly identified competitive factors in the workforce that was not presented prior to the COVID-19 pandemic. The state is working on recruitment and retention efforts to address the workforce shortage.

Further, the state is exploring any post-pandemic impacts on child development. The pandemic has changed the state significantly, and the Office of Early Childhood is monitoring access to pediatricians and screenings. It is assumed as the shift back to the pre-pandemic culture, there needs to be an emphasis on ensuring children receive the support they need and that they are screened. The lead agency is working with Dr. Bruder and her team on a screening initiative called CT Screening Tracking and Referral System (STARS), which focuses on tracking children across systems and connecting families to resources, whether it be the CT Birth to Three system, MEICHV programs, Help Me Grow, or other community resources. Currently, there is a pilot that was determined as a high-needs area. this pilot presented promising connections for families and an increase in the screening efforts.

Provide additional information about this indicator (optional).

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**

## **Certification**

### **Instructions**

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

### **Certify**

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

### **Select the certifier's role**

Lead Agency Director

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.**

**Name:**

Nicole Cossette

**Title:**

Part C Coordinator

**Email:**

Nicole.Cossette@ct.gov

**Phone:**

203-815-4953

**Submitted on:**

04/16/24 11:16:29 AM

## Determination Enclosures

### RDA Matrix

# 2024 Part C Results-Driven Accountability Matrix

#### Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination

#### Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results			
Compliance			

#### 2024 Part C Results Matrix

##### I. Data Quality

###### (a) Data Completeness: The percent of children included in your State's 2021 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	
Percentage of Children Exiting who are Included in Outcome Data (%)	
<b>Data Completeness Score</b> (please see Appendix A for a detailed description of this calculation)	

###### (b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

<b>Data Anomalies Score</b> (please see Appendix B for a detailed description of this calculation)	
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##### II. Child Performance

###### (a) Data Comparison: Comparing your State's 2022 Outcomes Data to other States' 2022 Outcomes Data

<b>Data Comparison Score</b> (please see Appendix C for a detailed description of this calculation)	
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###### (b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data

<b>Performance Change Score</b> (please see Appendix D for a detailed description of this calculation)	
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2022						
FFY 2021						

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2024: Part B."

2024 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2021 (3)	Score
Indicator 1: Timely service provision			
Indicator 7: 45-day timeline			
Indicator 8A: Timely transition plan			
Indicator 8B: Transition notification			
Indicator 8C: Timely transition conference			
Timely and Accurate State-Reported Data			
Timely State Complaint Decisions			
Timely Due Process Hearing Decisions			
Longstanding Noncompliance			
Specific Conditions			
Uncorrected identified noncompliance			

(2) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at: [https://sites.ed.gov/idea/files/2023\\_Part-C\\_SPP-APR\\_Measurement\\_Table.pdf](https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf)

(3) This column reflects full correction, which is factored into the scoring only when the compliance data are  $\geq 90\%$  and  $< 95\%$  for an indicator.

**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's 2022 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2022 Outcomes Data (C3) and the total number of children your State reported in its FFY 2022 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2022 in the State's FFY 2022 IDEA Section 618 Exit Data.

<b>Data Completeness Score</b>	<b>Percent of Part C Children included in Outcomes Data (C3) and 618 Data</b>
<b>0</b>	<b>Lower than 34%</b>
<b>1</b>	<b>34% through 64%</b>
<b>2</b>	<b>65% and above</b>

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2022 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2022 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2018 – FFY 2021 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2022 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

<b>Category a</b>	<b>Percent of infants and toddlers who did not improve functioning</b>
<b>Category b</b>	<b>Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>
<b>Category c</b>	<b>Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</b>
<b>Category d</b>	<b>Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>
<b>Category e</b>	<b>Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers</b>

**Expected Range of Responses for Each Outcome and Category, FFY 2022**

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
Outcome A\Category a				
Outcome B\Category a				
Outcome C\Category a				

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
Outcome A\ Category b				
Outcome A\ Category c				
Outcome A\ Category d				
Outcome A\ Category e				
Outcome B\ Category b				
Outcome B\ Category c				
Outcome B\ Category d				
Outcome B\ Category e				
Outcome C\ Category b				
Outcome C\ Category c				
Outcome C\ Category d				
Outcome C\ Category e				

<b>Data Anomalies Score</b>	<b>Total Points Received in All Progress Areas</b>
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points



**Anomalies in Your State's Outcomes Data FFY 2022**

<b>Number of Infants and Toddlers with IFSP's Assessed in your State</b>	
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<b>Outcome A — Positive Social Relationships</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>					
<b>Performance (%)</b>					
<b>Scores</b>					

<b>Outcome B — Knowledge and Skills</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>					
<b>Performance (%)</b>					
<b>Scores</b>					

<b>Outcome C — Actions to Meet Needs</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>					
<b>Performance (%)</b>					
<b>Scores</b>					

	<b>Total Score</b>
<b>Outcome A</b>	
<b>Outcome B</b>	
<b>Outcome C</b>	
<b>Outcomes A-C</b>	

<b>Data Anomalies Score</b>	
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**Appendix C**

**II. (a) Data Comparison:**

**Comparing Your State's 2022 Outcomes Data to Other States' 2022 Outcome Data**

This score represents how your State's FFY 2022 Outcomes data compares to other States' FFY 2022 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

*Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.*

*Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.*

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2022**

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10						
90						

Data Comparison Score	Total Points Received Across SS1 and SS2
0	0 through 4 points
1	5 through 8 points
2	9 through 12 points

**Your State's Summary Statement Performance FFY 2022**

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)						
Points						

<b>Total Points Across SS1 and SS2(*)</b>	
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<b>Your State's Data Comparison Score</b>	
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**Appendix D**

**II. (b) Performance Change Over Time:**

**Comparing your State's FFY 2021 data to your State's FFY 2021 data**

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2021) is compared to the current year (FFY 2022) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of  $p \leq .05$ . The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

**Test of Proportional Difference Calculation Overview**

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of  $p \leq .05$ . The statistical test has several steps. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2022 and FFY 2021 summary statements.

$$\text{e.g., } C3A \text{ FFY}2022\% - C3A \text{ FFY}2021\% = \text{Difference in proportions}$$

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on

$$\text{Sqrt}([(FFY2022\% * (1-FFY2022\%)) / FFY2022N] + [(FFY2023\% * (1-FFY2023\%)) / FFY2023N]) = \text{Standard Error of Difference in Proportions}$$

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

$$\text{Difference in proportions} / \text{standard error of the difference in proportions} = z \text{ score}$$

Step 4: The statistical significance of the z score is located within a table and the p value is determined.

Step 5: The difference in proportions is coded as statistically significant if the p value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

- 0 = statistically significant decrease from FFY 2021 to FFY 2022
- 1 = No statistically significant change
- 2= statistically significant increase from FFY 2021 to FFY 2022

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

Indicator 3 Overall Performance Change Score	Cut Points for Change Over Time in Summary Statements Total Score
0	Lowest score through 3
1	4 through 7
2	8 through highest

Summary Statement/ Child Outcome	FFY 2021 N	FFY 2021 Summary Statement (%)	FFY 2022 N	FFY 2022 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships										
SS1/Outcome B: Knowledge and Skills										
SS1/Outcome C: Actions to meet needs										
SS2/Outcome A: Positive Social Relationships										
SS2/Outcome B: Knowledge and Skills										
SS2/Outcome C: Actions to meet needs										

Total Points Across SS1 and SS2	
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Your State's Performance Change Score	
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## Data Rubric

FFY 2022 APR (1)

Part C Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	0	0
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1

### APR Score Calculation

<b>Subtotal</b>	11
<b>Timely Submission Points</b> - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right.	5
<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	16

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

**618 Data (2)**

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 8/30/23	1	1	1	3
Exiting Due Date: 2/21/24	1	1	1	3
Dispute Resolution Due Date: 11/15/23	1	1	1	3

**618 Score Calculation**

Subtotal	9
Grand Total (Subtotal X 2) =	18.00

**Indicator Calculation**

A. APR Grand Total	16
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	34.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
<b>Denominator</b>	35.00
D. Subtotal (C divided by Denominator) (3) =	0.9714
E. Indicator Score (Subtotal D x 100) =	97.14

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.

## APR and 618 -Timely and Accurate State Reported Data

DATE: February 2024 Submission

### SPP/APR Data

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

### Part C 618 Data

**1) Timely** – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	8/30/2023
Part C Exiting	Part C Exiting Collection in EMAPS	2/21/2024
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/15/2023

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check** – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).





## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>