

State Interagency Coordinating Council

ICC Retreat, October 20, 2025

9:00 AM – 13:00 PM

Guest House Retreat and Conference Center, Chester, CT

Cynthia Jackson

ICC Chair/Provider

Leona Adamczyk

ICC Vice Chair

John Lamb

Dept. of Public Health

Tiffanie Allain

Parent Representative

Donna Maitland-Ward

Dept. for Children and Families

Maris Pelkey

Creative Interventions, Provider

Elaine Balsley

Reachout, Provider

Nicole Cossette

Office of Early Childhood

Senator Ceci Maher

State Senator

Shonda Easley

Parent representative

Sharon Marie

Dept. of Aging & Disabilities Services

Ginny Mahoney

Dept. of Social Services

Anne Giordano

Education Connection, Provider

Louis Tallarita

SDE-Homeless Children

Renee Kleinman

SDE-619

Julie Hall

SARAH Inc, Provider

Enrique Pabon

Early Head Start

Ann Milanese, M.D.

American Academy of Pediatrics

Representative Liz Linehan

House of Representatives

Kendall B. Fenton

Dept. of Developmental Services

Mary Beth Bruder

UCEDD

Lisa Opert

Parent Representative

Robb Dunn

Parent Representative

Caitlin McNamara

Parent representative

Joshua Vaughn

Parent Representative

Shakira Wade

Parent Representative

Jennifer Dowty

Department of Insurance

Kristina Gilbertie

Rehab Associates, Provider

Rebecca Breen

EASTCONN, Provider

ICC Members Present: Donna Maitland-Ward (DCF), Julie Hall (Provider), Kendall Fenton (DDS), Lisa Opert (Parent), Anne Giordano (Provider), Robb Dunn (Parent), Maris Pelkey (Provider), Cynthia Jackson (ICC Chair), Kristina Gilbertie (Provider), Renee Kleinman (SDE); Shanda Easley (Parent); Enrique Pabon (Early Head Start/Head Start), Tiffanie Allen (Parent), Elaine Balsley (Acting Secretary), Nicole Cossette (Part C Coordinator), Sharon Marie (BESB); Rebecca Breen (Provider).

ICC Members Absent: Dr. Ann Milanese, Ceci Maher, Liz Linehan, Louis Tallarita, Leona Adamczyk, Jennifer Dowty, Joshua Vaughn; John Lamb, Caitlin McNamara, Shakirah Wade, Ginny Mahoney, Dr. Mary Beth Bruder

Office of Early Childhood Leadership: Elena Trueworthy, Commissioner; Michelle Cook, Ombudsmen

Lead Agency Staff: Rebecca Smith, Child Find, ICC Staff Support; Amanda Brekke, Part C Data Manager; Koleen Kerski, Personal Development; Jayne Small, Birth to Three Administrative Assistant

Guest: Darla Gundler

Cindy Jackson, ICC Chair, retreat called to order at 9:15 AM.

Old Business:

Quorum present. April and June minutes were approved.

Lead Agency Report: Nicole Cossette, Part C Coordinator, presented the report. Please see attached report for additional information

Nicole discussed what has been within the news with regards to OSEP and what is occurring federally. She stated that within CT that we are business as usual and upholding IDEA. There are some resources available with DEC and CEC who are putting together actions. She stated that we will keep everyone up to date as we learn now. Darla Gundler, presenter, added that off all the employees at OSEP and OSER only 4 remain. There is discussion of moving IDEA under a different agency at the federal level.

Nicole stated that we are currently working on drafting the next APR. She stated that if we have everything by December and will be posting in January. Nicole let the ICC know that we received our determination. Connecticut is listed as "needs assistances". Will bring the report to the December meeting for support from the ICC. The determination consists of a summary within the report of areas of strengths and areas of improvement.

ICC Focus Group:

Nicole presented on the finding from the ICC Needs Assessment and Focus Group conducted by Bonnie Kelty. Results discussed are as follows:

1. Strengthening ICC Support & Clarity

- ICC members want clearer definitions of their roles and responsibilities.
- New member workshops and accessible materials are needed to support participation.
- Consistent attendance and engagement remain a challenge.

2. Enhancing Collaboration with Birth to Three

- ICC seeks earlier involvement in reviewing new/revised procedures.
- Birth to Three staff can offer regulatory expertise during committee work.

3. Improving Meeting Effectiveness

- Members prefer interactive meetings and pre-distributed materials.
- More communication between meetings is needed.

4. Shifting to Proactive Advocacy

- ICC wants to focus more on planned systems change rather than reacting to issues.
- Creative advocacy strategies are encouraged, including:
 - Clarifying Birth to Three's inclusion in legislation.
 - Sharing impact data with legislators and families.
 - Engaging families in advocacy and outreach.

5. Accountability & Follow-Through

- Action items should be tracked and addressed.
- Subcommittees need clearer outcomes.
- Member engagement should be balanced and supported.

6. Broader Engagement

- Leverage family voices (e.g., Parent Cabinet, alumni).
- Build national connections and advocate federally, including around Medicaid.

Retreat Follow Up:

Please see attached notes provided by Darla Gundler

Updates:

Alonzo Beckett and assistant were present from Not Just Any Video to record interviews for ICC Parent Video. First draft of video should be complete by end of day Friday, October 24, 2025.

Retreat ended at 3:00 PM.

Next ICC Meeting

Date:	Monday, December 8, 2025
Time:	9:00 AM to 12:00 PM
Location:	TBA

CT Interagency Coordinating Council

October 20, 2025

REVISED VISION

The Connecticut Interagency Coordinating Council envisions a statewide system where families and providers collaborate in shared decision making. Grounded in integrity, we strive for equitable, respectful outcomes that strengthen children, families and communities.

REVISED MISSION

Through meaningful communication, effective collaboration, and shared responsibility, the Connecticut Interagency Coordinating Council advises and supports the Birth to Three system to ensure families:

- have equal access to equitable services and opportunities
- are equipped with knowledge to support their child's development and health
- understand their rights and can confidently advocate for their child
- can effectively communicate their child's strengths and needs

System Support

- Absolutely needed, combine with PD
- Historically was system support which turned into PD
- ? Policy/Procedure Advisement – ICC-Birth to Three system-211
- Do not know the definition/roles and responsibilities of the committee
- Need to include parents
- Combine with Fiscal
- ICC supports what system?
 - -B23 policy/procedures?
 - Include changes such as credentialling

Fiscal

- Include Data into the work of this committee
- Combine with legislative – separate from legislative
- Fiscal committee should involve OEC & Lead Agency =data
- Legislative = advocacy (create a subcommittee under Fiscal)
 - Need to develop a description of committee and define the role.
 - Keep separate from Fiscal committee work
 - Consider a new name “Advocacy”
 - Advocating for change, informing the legislature, Medicaid waiver, and attend hearings
 - Legislative and Fiscal committees should inform each others’ work.

Professional Development – Change to Personnel Development

- Consider workforce development
 - Current workforce
 - Pre-Service – working with higher education
 - Future needs of the field
 - IHE Partnership
 - Recruitment and Retention
 - Separate out credentialling and professional development
- Educate the community and in home childcare facilities on B23 programs to increase services and outcomes (this should be moved to Education and Outreach)
- Combining with system supports committee

Education and Outreach – change to Outreach Committee

- Rename to just Outreach
- Rename to Outreach and Communication
- Change the name to Community Outreach and communication
- Community and Outreach – which includes educating the community

- Combine outreach and communication with specific roles and responsibilities
- Develop guidance documents
 - Childcare providers role in IFSP Development intervention
 - Any community providers

OTHER COMMITTEES to be considered:

- Future workforce – IHE
- Need a membership committee
 - Define/update
 - Committee appointments/terms/limits

Other ICC Council members to consider:

Need to add to the by-laws:

- CT Children's Caucus
- Early Childhood Alliance
- Bureau of Indian Affairs
- Military
- Endowment Foundation Representatives
- CT AIMH
- Preschool Representatives

Birth to Three Lead Agency Report
October 20, 2025
Nicole Cossette, Part C Coordinator

State Systemic Improvement Plan (SSIP)

Parents will be able to describe their child's abilities and challenges more effectively as a result of their participation in Early Intervention.

FFY20-25 SPP / APR SSIP

- The FFY 2024-2025 Annual Performance Report (APR) drafting is underway. The draft will be publicly posted to the Birth to Three website in December.
- The determination for the Federal Fiscal Year (FFY) 2023-2024 is "Needs Assistance".
 - The attached handout outlines areas of strength and areas of opportunities to focus on over the next year.

Fiscal Enhancements

- The 1915(b)(4) waiver was submitted on June 30, 2025, and approved on July 18, 2025.
- The Lead Agency issued two payments to the field: one was a grant payment to cover a supplemental one-time Private Provider Payment, and the other was payment to support Early Intervention Services Over Three.
- There will be contract amendments in the coming months that will cover the annualized state-funded Private Provider Payments and funds to support programs in implementing their monitoring and technical assistance (TA) processes.

Education Outreach

- Throughout the summer, there were 10 presentations and 12 tabling events throughout the state.
- Connecticut Children's Medical Center (CCMC's) Pediatric Podcast Pearls, released September 1st, included information regarding the Birth to Three system and how to make referrals. This podcast was held in conjunction with

ct.gov

the University Center for Excellence in Developmental Disabilities (UCEDD), providing information on the CT Screening, Tracking, and Referral System (STARS) work.

- The Education and Outreach Coordinator supported the efforts of OEC at the CT Association for the Education of Young Children (CTAEYC) conference. Additionally, professional development staff attended the conference.
- First Signs, First Steps Training – Two trainings through UCEDD for child-care and early childhood providers about the importance of developmental screenings, talking to parents about those results and your concerns, and if needed, supporting a family with referring a child to early intervention services.
- Throughout the fall, there will be several opportunities for tabling, including the US Navy's 250 Celebration, FRC New Haven Community Baby Shower, BESB Presentation, Paid Leave Expo, and the CT Home Visiting Conference.

Leadership Grant

- The state is working to complete a No-Cost Extension due to a large available balance remaining on the grant.

Personnel Development

- The Lead Agency (LA) awarded its first Early Intervention Specialist Credential to an EI provider in the CT Birth to Three System.
- The LA will host the Family Infant Preschool Program (FIPP) again to support CT's commitment to coaching as a style of interaction. The training will be held in person in January 2026. There will be two days dedicated to Caregiver Coach training and two days dedicated to Mentor Coach training. Six months of Technical Assistance (TA) will follow the training.
- In preparation for the Caregiver Coach training in January, the LA will offer two Natural Learning Environments Practice (NLEP) trainings in October 2025 and January 2026.
- The LA is supporting fidelity checks at the programmatic level to support continued fidelity to practice. The timing coincides with the prerequisites for attending the January Mentor Coach training.
- The LA continues to support student placements, as funds allow, encouraging partnerships between CT Birth to Programs and Institutes of Higher Education (IHEs).

- The Devereux Center for Resilient Children will host three upcoming trainings in 2026, focusing on resilience in EI staff, Caregivers, and Trauma-informed supports, in response to feedback submitted by Early Intervention staff. The three remote trainings in 2026 are posted to the B23 calendar with additional content.

Accountability & Monitoring

- A written complaint was filed in July, and two findings of non-compliance were issued in September for the following:
 - 34 CFR §303.342(e) regarding services that needed to be provided in a timely manner.
 - 34 CFR §303.34 requires ensuring that services are delivered as outlined in the IFSP and that any barriers to implementation are addressed promptly.
- The yearly Determination Report of Outcomes and Program Priorities (DROPP Report), which provides individualized information, was shared with each program this month, detailing their determination level.
 - 11 Programs in “Meets Requirements”
 - 7 Programs in “Needs Assistance”
- A draft General Supervision and Integrated Monitoring Manual for Providers has been created and shared with the provider group for feedback. This detailed document provides transparency and predictability for providers within the State’s monitoring, technical assistance, and determinations framework.

Other

- The annual ICC report has been drafted and is ready for feedback. The current draft has been shared with the chair and will be shared with the larger ICC for feedback. All feedback is requested by November 14th so that a final draft is ready for the December ICC meeting.

Data

- The enrollment and fiscal data requested by the ICC on a regular basis is attached.

State Performance Plan / Annual Performance Report: Part C – Connecticut's Determination For reporting on FFY 2023

Results-Driven Accountability Percentage and Determination

Percentage (%)	Determination
75.00%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	5	62.50%
Compliance	16	14	87.50%

*NOTE: Percentage and determination are an average of the results and compliance score. An average of at least 80% is needed for a Meets Requirements determination.

Strengths:

- CT's Birth to Three system has excellent data quality and there is much to be proud of in this report, displaying what our state has accomplished.
- CT's Birth to Three system has made progress and maintained consistency across child outcomes. While Connecticut identified noncompliance in Indicators 1, 7, and 8c, the Office of Special Education Programs (OSEP) determined our compliance rating to be 87.50%.

Areas of Opportunity:

- Results – Data Quality - Data Completeness - CT's Birth to Three system can enhance the completion rate of the Child Outcomes Summary (COS) while maintaining high-quality data and data integrity
 - To receive full points (score of 2) for data completeness, 65% of children who exit must have a completed COS. See CT's data completeness score below:

I. Data Quality

(a) Data Completeness: The percent of children included in your State's 2023 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	4,043
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	7,350
Percentage of Children Exiting who are Included in Outcome Data (%)	55.01
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	1

- Results – Performance - Change Over Time - CT’s Birth to Three system can continue to maintain a high compliance rate and monitoring level, however there was a lack of improvement in child outcomes as highlighted below.

(b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)				1		
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 2023	74.35%	57.26%	79.64%	49.47%	82.13%	69.45%
FFY 2022	75.80%	58.08%	80.13%	49.57%	82.83%	70.80%

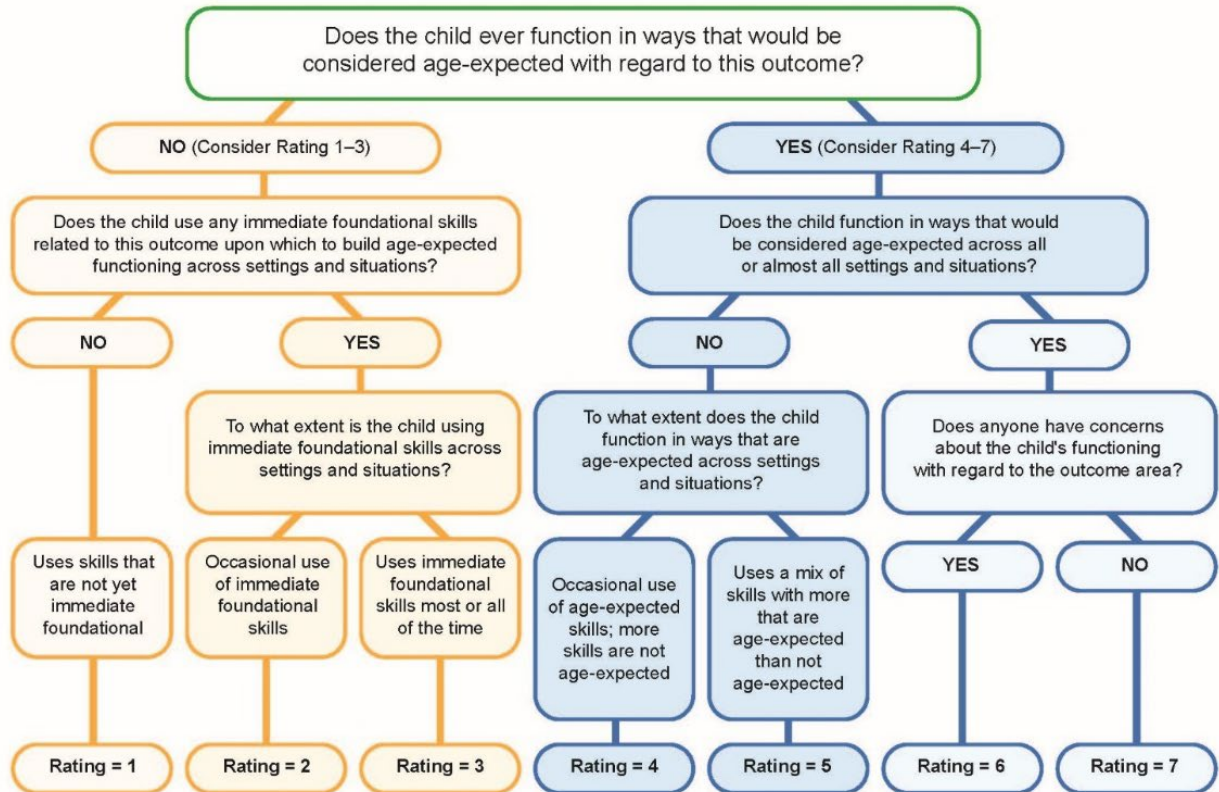
Next Steps:

- The Lead Agency will collaborate with other states to investigate the reasons behind the decline in determinations this year across many states.
- The Lead Agency will analyze the varying outcomes across states and identify effective strategies to increase the completion rate of the COS. This will be done in partnership with programs.
 - This includes:
 - joining a national Community of Practice (CoP) on the COS
 - working with the Lead Agency Professional Development team to incorporate the COS Knowledge Check, created by DaSy, a national TA center, into regularly occurring training opportunities including targeted TA for those program with outlier results.
 - reviewing and sharing resources such as the ECTA COS Decision Tree Summary Rating Discussions attached. Additionally, the crosswalk resources housed here: <https://ectacenter.org/eco/pages/crosswalks.asp>
- The Lead Agency will work with OSEP, both our state assigned representative and the Outcomes Team, to better understand child outcomes expectations and impacts on a national level
- Continuous access for programs to ongoing technical assistance (TA) provided and facilitated by the Lead Agency including resources.

COS Decision Tree for Summary Rating Discussions

<https://ectacenter.org/eco/pages/cosform.asp> — Updated June 28, 2024

ecta Early Childhood
Technical Assistance Center



Connecticut Office of Early Childhood Birth to Three System Monthly Enrollment Data - For Meeting 10/20/25*

	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025
Calls to 211CDI	1156	1283	1161	1070	1363	1193	1326	1290	1128	1188	1177	1038
Percent compared to CY2019 average (1113)	104%	115%	104%	96%	122%	107%	119%	116%	101%	107%	106%	93%
<i>Families declining the referral to B23¹</i>	177	230	188	186	72	65	74	60	51	66	66	61
Percent compared to CY2019 average (199)	89%	116%	94%	93%	36%	33%	37%	30%	26%	33%	33%	31%
Percent of calls to 211CD (CY2019 average was 17%)	15%	18%	16%	17%	5%	5%	6%	5%	5%	6%	6%	6%
Referrals to Birth to Three	978	1052	973	884	1290	1127	1252	1230	1077	1122	1111	977
Percent compared to CY2019 average (913)	107%	115%	107%	97%	141%	123%	137%	135%	118%	123%	122%	107%
<i>Families declining eligibility evaluations²</i>	87	100	78	94	83	116	149	203	187	167	146	156
Percent compared to CY2019 average (67)	130%	149%	116%	140%	124%	173%	222%	303%	279%	249%	218%	233%
Percent of B23 referrals (CY2019 average was 7%)	9%	10%	8%	11%	6%	10%	12%	17%	17%	15%	13%	16%
Initial Eligibility Determinations	926	1027	777	855	962	969	1067	1067	1001	991	1059	838
Percent compared to CY2019 average (843)	108%	120%	91%	100%	113%	113%	125%	125%	117%	116%	124%	98%
Determined to be Eligible	653	731	526	592	701	696	735	737	683	642	739	556
Percent compared to CY2019 average (570)	115%	128%	92%	104%	123%	122%	129%	129%	120%	113%	130%	98%
Percent Eligible	71%	71%	68%	69%	73%	72%	69%	69%	68%	65%	70%	66%
Percent compared to CY2019 average (68%)	3%	3%	0%	1%	5%	4%	1%	1%	0%	-3%	2%	-2%
<i>Families leaving Part C in the month before an initial IFSP meeting³</i>	21	39	25	15	33	30	39	34	44	40	43	32
Percent compared to CY2019 average (55)	38%	71%	45%	27%	60%	55%	71%	62%	80%	73%	78%	58%
Percent of B23 those eligible (CY2019 average was 10%)	3%	5%	5%	3%	5%	4%	5%	5%	6%	6%	6%	6%
Initial IFSP meeting held during the month	634	684	558	567	657	592	724	676	701	586	672	573
Percent compared to CY2019 average (516)	123%	133%	108%	110%	127%	115%	140%	131%	136%	114%	130%	111%
<i>Families leaving Part C after the initial IFSP meeting but before EITS³</i>	13	17	7	9	8	7	8	11	14	8	12	12
Percent compared to CY2019 average (15)	87%	113%	47%	60%	53%	47%	53%	73%	93%	53%	80%	80%
Percent of all Exits	2%	2%	1%	2%	1%	1%	1%	2%	3%	2%	3%	1%
Eligible children who received an EITS in the month	6948	7104	6889	6670	7026	6942	7205	7269	7380	7425	7642	7701
Percent compared to CY2019 average (5177)	134%	137%	133%	129%	136%	134%	139%	140%	143%	143%	148%	149%
Average hours per child per month	5.2	5.5	4.9	4.6	5.2	4.8	5.0	5.1	5.0	4.8	5.1	4.6
Percent compared to CY2019 average (7.3)	71%	75%	67%	63%	71%	66%	68%	70%	68%	66%	70%	63%
Eligible children with an ASD diagnosis who received an EITS in the month	825	846	834	816	844	842	858	857	857	907	960	993
Percent compared to CY2019 average (676)	122%	125%	123%	121%	125%	125%	127%	127%	127%	134%	142%	147%
Average hours per child per month	10.0	11.0	9.7	9.0	10.4	9.3	9.9	9.6	9.7	9.2	9.8	8.7
Percent compared to CY2019 average (24.9)	40%	44%	39%	36%	42%	37%	40%	39%	39%	37%	39%	35%
Eligible children without an ASD diagnosis who received an EITS in the month	6172	6324	6100	5911	6232	6145	6391	6471	6575	6571	6727	6741
Percent compared to CY2019 average (4529)	136%	140%	135%	131%	138%	136%	141%	143%	145%	145%	149%	149%
Average hours per child per month	4.3	4.7	4.2	4.0	4.4	4.1	4.2	4.3	4.4	4.4	4.3	4.0
Percent compared to CY2019 average (4.7)	91%	100%	89%	85%	94%	87%	89%	91%	94%	94%	91%	85%

	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025
Children in families who exited before age 3 ³	194	227	171	171	215	165	215	223	260	256	267	240
Percent compared to CY2019 average (224)	87%	101%	76%	76%	96%	74%	96%	100%	116%	114%	119%	107%

	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025
Children in families who exited at age 3 ⁴	523	466	416	397	392	368	422	376	223	196	171	991
Percent compared to CY2019 average (322)	162%	145%	129%	123%	122%	114%	131%	117%	69%	61%	53%	308%

	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025
Children in Families who exited at age 3 as eligible for Part B	351	283	253	265	243	230	267	216	74	55	50	843
Percent compared to CY2019 average (225)	156%	126%	112%	118%	108%	102%	119%	96%	33%	24%	22%	375%

data as of 10/7/25*

All counts are counts of cases and include may include referrals within 45 days of age 3.

1) includes parent declined, referred to LEA, DCF no concerns and unable to contact

2) includes parent declined, moved out of CT, deceased and unable to contact

3) EITS stands for Early Intervention "Treatment" Services vs EIS (also evaluations, assessments, and IFSP meetings)

3) includes parent withdrew, moved out of CT, deceased and unable to contact

4) includes eligible for Part B, not eligible, and eligibility not determined/LEA not included

Direct Service Hours						
FY	21 Act.	22 Act.	23 Act.	24 Act.	25 Act.	26 Est.
Jun	33,683	34,276	39,605	43,921	41,633	42,999
Jul	34,273	32,815	36,033	39,425	45,006	46,237
Aug	30,114	33,879	40,831	44,786	43,097	42,015
Sept	31,226	33,868	38,246	39,281	41,605	42,021
Oct	31,724	34,088	38,367	43,667	46,427	46,891
Nov	29,208	33,941	38,327	41,876	39,770	40,167
Dec	30,734	30,902	35,619	36,489	37,076	37,447
Jan	30,865	33,140	41,201	45,151	44,467	44,911
Feb	30,888	35,092	34,875	42,400	40,122	40,523
Mar	35,848	41,678	46,094	44,002	43,800	44,237
Apr	31,892	36,031	39,656	44,783	44,215	44,657
May	31,720	37,926	45,356	46,385	44,595	45,041
Total	382,171	417,634	474,209	512,165	511,810	517,145
% Chg	263.79%	9.28%	13.55%	8.00%	-0.07%	1.04%

- 1) Based on Budget Tracking system as of October 2025
- 2) Based on data from PCG using date paid
- 3) Based on monthly estimates by the OEC including a list of assumptions and data that change frequently
- 4) Based on reconciled invoices (actual) and estimates using a list of assumptions using available information
- 5) Note: This is based on direct service expenses.

[illegible]

Commercial Insurance Payments²

Values in grey are being double checked with PCG.

[illegible]

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Total
State Expenditure/Forecast Budget Totals:	\$ 79,926	\$ 6,582,622	\$ 3,478,411	\$ 3,197,905	\$ 3,960,382	\$ 2,899,803	\$ 2,804,626	\$ 3,095,973	\$ 2,933,791	\$3,081,972	\$ 3,095,668	\$ 3,105,364	\$ 38,316,444