

# State Interagency Coordinating Council

December 8, 2025

9:00 AM – 12:00 PM

American School for the Deaf, West Hartford, 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 Oper**  
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 Oper (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), Dr. Mary Beth Bruder.

**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.

**Guest:** Representative Robin Comey

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

## Public Comments:

Steve Hunt addressed the roles and relationships between Birth-to-Three (B23) programs and childcare, highlighting the importance of compliance with rules and regulations within childcare settings. He recommended that the Local Authority convene a forum in collaboration with Licensing and the Office of Early Childhood (OEC) and refer this matter to the Personnel Committee.

The group noted that providers had previously heard, in October, about the possibility of a second stabilization payment; however, no further information has been provided. This topic should be directed to the Legislative/Fiscal Committee for follow-up.

Discussion then focused on the anticipated rate increase. Dave expressed support for Steve's concerns and requested clarification regarding the proposed changes to rates and their implications for program budgeting.

Representative Robin Comey, a longstanding member of the Children's Committee, attended the meeting to gain insight into how she can best support families with young children in Connecticut and promote stability within the B23 system. She inquired whether the rate increase would be allocated directly to staff or distributed elsewhere within the system.

Cindy explained that the funding structure includes both a rate increase and a GAP payment designed to cover additional costs. She cautioned that eliminating the GAP payment would reduce overall funding and would not result in a net increase for providers. Elaine further noted that if the rate increase were implemented alongside a reduction in the GAP payment, the actual amount received by programs would be significantly impacted.

## **Old Business:**

Elaine moved to approve the October meeting minutes, and Julie seconded the motion. The minutes were approved.

Cindy provided a summary of the recent retreat. The group reviewed state and federal regulations, and committee packets were distributed for further review during breakout sessions. Work was initiated on the vision and mission statement, which is included on today's agenda. The committee structure was examined, and additional committees—Membership and By-Laws—were discussed. During the breakout session, Cindy compiled the retreat discussions to develop a plan for the committee. The goal is to establish a formal charge and identify three to five key deliverables.

## **Next Steps**

The Executive Committee will meet during months when the ICC does not convene. Ad hoc committees on Membership and By-Laws will be established. Each committee will develop a formal charge based on breakout session notes and discussions from the recent retreat.

## **Future ICC Meetings**

Dates for ICC meetings for the upcoming calendar year were discussed, including considerations regarding meeting length and location. Members expressed interest in extending meeting times to allow for more focused committee work.

2026 Dates:

January 26, 2026

April 27, 2026 – Family Focus Meeting

June 15, 2026

October 19, 2026

December 14, 2026

## **CPAC Family Connections Update**

Lisa Opert, parent representative, provided an update on CPAC Family Connections. Please see attached report below. It was noted that Elisabeth oversees the contract. The group discussed the importance of having a CPAC representative present at ICC meetings.

## **Annual Report Review**

The ICC reviewed the annual report. Mary Beth raised questions regarding Medicaid and the potential impact of rate reductions. Nicole explained that efforts are ongoing with DSS to ensure programs are not adversely affected and that federal developments are being closely monitored. Representative Comey suggested holding a one-hour meeting to review the report findings with stakeholders and discuss legislative implications.

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

Nicole provided an update on the Lead Agency report. She explained that the Private Provider Payment (PPP) was previously structured as grants to programs. The second PPP is currently undergoing a contract amendment and internal review, with the goal of releasing it by the end of December.

Nicole reported that the draft of the Part C application has been completed and will be shared with the ICC at the January meeting. She also asked members to consider what data requests would be most beneficial for the ICC and whether reviewing existing data sources would help ensure reports remain accurate and current. Cindy tasked committees with identifying data needs that would support their work.

Nicole noted that the RAIN system is expected to be released in 2026. In response to questions about data migration, she explained that scripts are being developed to transfer data between systems. RAIN will roll out gradually, allowing programs access to both systems during the transition, with a data feed between them. Programs will be notified when Spider will no longer be available. Sophia added that training sessions and a training portal will be provided to allow staff to practice entering data in RAIN.

Cindy raised concerns about the increasing number of referrals and the shortage of staff to provide evaluations and services. Nicole emphasized the federal requirement that evaluations and services must be delivered within specified timelines.

Tina B inquired about insurance billing, escrow, and concerns regarding parents opting out of insurance billing and its impact on the system. Darla suggested reviewing commercial insurance practices and whether legislative support is needed to improve insurance payments. Nicole noted that commercial insurance historically reimburses at lower rates than Medicaid, with the state covering the difference. Currently, commercial insurance has a 34% return rate. Sophia clarified that the report reflects claims paid for families who consented to billing and acknowledged limitations in the data system regarding billing permissions. She also noted that return rates have improved due to collaboration with PCG. Julie shared that families receiving outpatient services are often advised not to allow Birth-to-Three to bill insurance, leading many to opt out. Cindy stated that revisions to the insurance consent form are needed urgently to support billing efforts. Tina B emphasized that, given the current \$2.6 million deficit, optimizing insurance billing is critical.

Retreat ended at 3:00 PM.

The Transition Roadshow was highlighted as generating productive discussions. Julie noted that staff members are leaving with new perspectives compared to previous practices and suggested incorporating a Q&A component to provide information that can be shared in the field. Nicole reported that she and Renee have been meeting between roadshows to develop materials for families and service coordinators to enhance understanding of transition processes. Renee added that a short survey has been created to gather additional feedback, which will be shared with providers. She also noted that the first "Lunch and Learn" session was held last week and included a Padlet for participants to submit questions.

### **Committee Breakout Sessions**

Committees met to establish their name, charge, membership, and Lead Agency representation.

#### **Legislative / Fiscal Committee**

Members: Elaine Balsley, Julie Hall, and Shanda Easley

The committee will include a fiscal subcommittee with a legislative task force. Key areas of focus include analyzing trends, reviewing insurance revenue, and identifying resources for programs related to background checks. Legislative priorities will include monitoring bills on the docket and exploring additional avenues to support recruitment and retention through legislation. Deliverables include advocacy around appropriations, creating communication materials to highlight priorities, and organizing events that engage families—not just providers—to amplify messaging. The committee will collaborate closely with OEC.

#### **System Support / Professional Development Committee**

Members: Anne Giordano and Robb Dunn

Anne proposed forming a small workgroup focused on childcare. The committee discussed expanding its scope to include professional development and committed to regularly reviewing policies and procedures to ensure timely communication to staff. Current practices that require adjustment were identified, along with strategies to address system needs and trends observed by A&M. Additional discussion included service coordination training and staff retention, as well as clarifying responsibilities when concerns arise in childcare settings (e.g., DCF involvement).

#### **Communication / Education Outreach Committee**

Members: Lisa Opert and Maris Pelkey

The committee will focus on community outreach and communication. Deliverables include planning Family Day, selecting a location, and increasing family participation. A virtual meeting is scheduled for January 20 at 11:00 a.m. Outreach efforts will target legislators to encourage attendance at ICC meetings. The committee will also develop guidance documents on IFSPs for childcare providers, including home-based centers. The meeting schedule will include five in-person sessions with virtual meetings in between.

Meeting end 12:20 PM

**Next ICC Meeting**

<b>Date:</b>	Monday, December 26, 2026
<b>Time:</b>	9:00 AM to 12:00 PM
<b>Location:</b>	TBA

## Monthly Report for Birth to Three: 12/01/2025

### Executive Summary:

During this reporting period, the Early Childhood Team finalized the Early Steps Together Support Group Protocol and expanded its data collection to include Birth to Three enrollment, child age, resources shared, themes, and B23-related questions. Consultants will guide families in accessing the Birth to Three “family webpage” and gather feedback on usability, accessibility, and content to be shared with the Lead Agency. In addition, parent consultants will activate Zoom interpretation subtitles to ensure accessibility for culturally and linguistically diverse families, following recent participation from two families whose primary language was not English.

We recruited two parent mentors and received ten mentee requests; matching is currently in progress. The Program Manager and Coordinator also completed Logic Models for both family-facing and provider-facing deliverables to clearly distinguish audiences. These Logic Models, now uploaded to the Google Drive, these Logic Models outline inputs, key activities, and short-, medium-, and long-term outcomes, both supported by comprehensive evaluation plans. The provider Logic Model focuses on strengthening Birth to Three providers through targeted professional development and technical assistance and it intends to build the capacity of Birth to Three providers to deliver high-quality, family-centered early intervention services. The family Logic Model centers on increasing families’ knowledge, confidence, and ability to describe their child’s strengths and needs through group trainings, parent-to-parent support, and social media engagement. Additionally, we are working with the Lead Agency to formalize the process for integrating support group information onto the main Birth to Three family webpage.

Logic Models referenced in this report are available for review prior to our next Strategic Planning here:

[https://docs.google.com/document/d/12-fN2Wy0mGpGfg0lVM5rHIWP03fiGwW7AtcjRWlM2H4/edit?usp=drive\\_link](https://docs.google.com/document/d/12-fN2Wy0mGpGfg0lVM5rHIWP03fiGwW7AtcjRWlM2H4/edit?usp=drive_link)

### Number of families referred to Family Connections by providers:

#### 1. Family Navigation and Support

**Goal:** Families and children enrolled in Birth to Three will have increased access to parent-to-parent resource guidance, emotional support, and technical assistance.

Measure	Actual	Notes/comments
c. Number of calls, emails, texts providing family support		14 families accepted services such as joining our closed Facebook group, receiving our newsletter and support navigating EI. 10 families

**Monthly Report for Birth to Three:** 12/01/2025

		requested to be matched with a parent mentor, including a monolingual (Spanish) mom.
d. Number of Family Connections support group meetings	4	Four sessions were held this period, with an average of 4-5 attendees. One parent who attended spoke Arabic. Key themes included families feeling in "survival mode," questions about applying for the ASD waiver, birth trauma, and medically complex needs. Consultants are tracking these themes in an Excel spreadsheet. Overall, families reported positive experiences with their Birth to Three Agency.

**2. Parent Training, Leadership, and Engagement Goal:** Families participating in Birth to Three will gain knowledge, skills, and confidence to understand their child's needs, participate in IFSP meetings, and take on leadership roles.

Measure	Actual	Notes/comments
a. Number of Learning Series sessions with Early Interventionists	0	Strategic Planning with the Lead Agency will guide the start of deliverables
b. Number of Parent Leader group meetings	0	Strategic Planning with the Lead Agency will guide the start of deliverables
Number of parents trained on IFSP, Procedural Safeguards, and Birth to Three roles	0	We provided TA to 5 families who requested information about Child Find, local resources, procedural safeguards, IFSP, and information about CPAC.

**4. Multimedia Education and Resource Development.** Families will have access to multimedia tools and resources to better understand early intervention services and their rights under IDEA Part C. Measures shall include:

Measure	Actual	Notes/comments
a. Number of Smart Talks with EI Professionals developed.	0	Strategic Planning with the Lead Agency will guide the start of deliverables

**Monthly Report for Birth to Three:** 12/01/2025

b. Number of educational videos developed.	0	Strategic Planning with the Lead Agency will guide the start of deliverables
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Submitted by: Adriana Fontaine, Program Manager  
12/01/2025

**Birth to Three Lead Agency Report**

**December 8, 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 draft of the State Performance Plan (SPP) / Annual Performance Report (APR) will be ready soon. Are there any volunteers who can review it and provide feedback to the Lead Agency?
- Over the next year, the SPP/APR targets will be updated.

**Fiscal Enhancements**

- As referenced in the last ICC report, the contract amendments are underway and the grant Private Provider Payment has been sent out to the field.
- The Part C Application is drafted and will be shared with the ICC at the next meeting.

**Education Outreach**

- A presentation was completed for the Department of Public Health (DPH) Pb Unit aimed at Local Health Authorities. The focus was on how to make referrals to Birth to Three, the importance of supporting families in referring children with lead levels above 10, and the impact of elevated lead levels on a child's developing brain. The presentation also covered what happens after a referral is made and provided a brief overview of our services.

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- The Child Find Coordinator supported the Family Support Division during the Home Visiting Conference. There was information shared about Birth to Three services and discussions regarding how Home Visitors can collaborate with a family's Birth to Three provider to enhance the child's development. Additionally, when to make a referral to the Birth to Three system.
- There are several upcoming events including:
  - Submarine Task Force Museum
  - Disability Summit and
  - Manchester Public Library.

### Leadership Grant

- The Leadership Grant (84.325L) has been approved for a one-year extension without additional costs.

### Personnel Development

- The Families, Infant, Preschool Program (FIPP) trainers will be visiting Connecticut in January 2026 to conduct two in-person training sessions: a two-day Caregiver Coach training and a two-day Mentor Coach training. Following these sessions, six months of technical assistance (TA) will be provided to help the new coaches implement the practices effectively.
- In response to the field's request for additional training on social-emotional supports, the Lead Agency has collaborated with the Devereux Center to offer three remote training sessions in 2026, scheduled for March, June, and August.
- The Lead Agency has awarded the second Early Intervention Specialist Credential (EISC) to a provider in the field. This individual is the first professional recognized by the Personnel Standards to obtain the EISC.
- Additionally, 11 new modules have been added to the Birth to Three catalog in Protraxx. Four of these modules are updates, while the remaining seven are completely new.

## Accountability & Monitoring

- The Accountability and Monitoring team shared the current technical assistance assignments with each of the contracted early intervention program providers.
- The recently submitted Corrective Action Plans (CAP) were thoughtful and thorough, clearly reflecting each program's commitment to improvement. While compliance remains the expectation, we acknowledge that instances of noncompliance may occur. Addressing these issues promptly and effectively is crucial for enhancing program quality.
- The Accountability and Monitoring, Data Management, and IT teams have begun planning for an integrated monitoring data system, and funding for this initiative has been included in the Part C application submission for May 2026. This system has been named SUNSHINE (Statewide Unified Network for Supervision, Identification, Notification, and Enforcement). More information will be shared at a later date.
- Additionally, as noted under the fiscal enhancements, funding for participation in technical assistance activities will be added to contracts as an amendment, with a projected execution date of January 1, 2026.

## Other

- The final draft ICC report is attached. The report has been sent to Odonnel for formatting.

## Data

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

	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025
<b>Calls to 211CDI</b>	1161	1070	1363	1193	1326	1290	1128	1188	1177	1038	1179	1222
Percent compared to CY2019 average (1113)	104%	96%	122%	107%	119%	116%	101%	107%	106%	93%	106%	110%
<i>Families declining the referral to B23<sup>1</sup></i>	188	186	72	65	74	60	51	66	66	61	56	47
Percent compared to CY2019 average (199)	94%	93%	36%	33%	37%	30%	26%	33%	33%	31%	28%	24%
Percent of calls to 211CD ( CY2019 average was 17%)	16%	17%	5%	5%	6%	5%	5%	6%	6%	6%	5%	4%
<b>Referrals to Birth to Three</b>	973	884	1290	1127	1252	1230	1077	1122	1110	977	1123	1175
Percent compared to CY2019 average (913)	107%	97%	141%	123%	137%	135%	118%	123%	122%	107%	123%	129%
<i>Families declining eligibility evaluations<sup>2</sup></i>	78	94	83	116	149	203	187	167	146	157	147	153
Percent compared to CY2019 average (67)	116%	140%	124%	173%	222%	303%	279%	249%	218%	234%	219%	228%
Percent of B23 referrals (CY2019 average was 7%)	8%	11%	6%	10%	12%	17%	17%	15%	13%	16%	13%	13%
<b>Initial Eligibility Determinations</b>	777	855	962	969	1067	1067	1001	991	1059	838	946	1023
Percent compared to CY2019 average (843)	91%	100%	113%	113%	125%	125%	117%	116%	124%	98%	111%	120%
<b>Determined to be Eligible</b>	526	592	701	696	735	737	683	642	739	556	674	699
Percent compared to CY2019 average (570)	92%	104%	123%	122%	129%	129%	120%	113%	130%	98%	118%	123%
Percent Eligible	68%	69%	73%	72%	69%	69%	68%	65%	70%	66%	71%	68%
Percent compared to CY2019 average (68%)	0%	1%	5%	4%	1%	1%	0%	-3%	2%	-2%	3%	0%
<i>Families leaving Part C in the month before an initial IFSP meeting<sup>3</sup></i>	25	15	31	30	39	35	44	40	42	36	26	32
Percent compared to CY2019 average (55)	45%	27%	56%	55%	71%	64%	80%	73%	76%	65%	47%	58%
Percent of B23 those eligible (CY2019 average was 10%)	5%	3%	4%	4%	5%	5%	6%	6%	6%	6%	4%	5%
<b>Initial IFSP meeting held during the month</b>	558	568	658	592	724	677	701	587	672	574	617	658
Percent compared to CY2019 average (516)	108%	110%	128%	115%	140%	131%	136%	114%	130%	111%	120%	128%
<i>Families leaving Part C after the initial IFSP meeting but before EITS<sup>3</sup></i>	7	9	10	7	8	11	14	9	12	12	13	18
Percent compared to CY2019 average (15)	47%	60%	67%	47%	53%	73%	93%	60%	80%	80%	87%	120%
Percent of all Exits	1%	2%	2%	1%	1%	2%	3%	2%	3%	1%	2%	3%
<b>Eligible children who received an EITS in the month</b>	6889	6680	7026	6942	7205	7269	7380	7425	7644	7703	7238	7389
Percent compared to CY2019 average (5177)	133%	129%	136%	134%	139%	140%	143%	143%	148%	149%	140%	143%
Average hours per child per month	4.9	4.6	5.2	4.8	5.0	5.1	5.0	4.8	5.1	4.6	5.0	5.3
Percent compared to CY2019 average (7.3)	67%	63%	71%	66%	68%	70%	68%	66%	70%	63%	68%	73%
<b>Eligible children with an ASD diagnosis who received an EITS in the month</b>	857	843	883	884	900	897	902	959	1029	1066	825	804
Percent compared to CY2019 average (676)	127%	125%	131%	131%	133%	133%	133%	142%	152%	158%	122%	119%
Average hours per child per month	9.8	9.1	10.5	9.5	10.2	10.0	10.0	9.5	10.0	9.0	9.6	10.5
Percent compared to CY2019 average (24.9)	39%	37%	50%	38%	41%	40%	40%	38%	40%	36%	39%	42%
<b>Eligible children without an ASD diagnosis who received an EITS in the month</b>	6080	5884	6196	6106	6346	6428	6533	6523	6666	6670	6465	6627
Percent compared to CY2019 average (4529)	134%	130%	137%	135%	140%	142%	144%	144%	147%	147%	143%	146%
Average hours per child per month	4.2	3.9	4.5	4.0	4.2	4.3	4.3	4.1	4.3	3.9	4.3	4.7

	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025
Percent compared to CY2019 average (4.7)	89%	83%	96%	85%	89%	91%	91%	87%	91%	83%	91%	100%
<b>Children in families who exited before age 3<sup>3</sup></b>	171	171	215	166	215	224	260	260	269	255	236	237
Percent compared to CY2019 average (224)	76%	76%	96%	74%	96%	100%	116%	116%	120%	114%	105%	106%
<b>Children in families who exited at age 3<sup>4</sup></b>	416	397	392	367	422	376	223	196	174	1009	477	374
Percent compared to CY2019 average (322)	129%	123%	122%	114%	131%	117%	69%	61%	54%	313%	148%	116%
<b>Children in Families who exited at age 3 as eligible for Part B</b>	253	265	243	229	267	216	74	55	51	856	323	216
Percent compared to CY2019 average (225)	112%	118%	108%	102%	119%	96%	33%	24%	23%	380%	144%	96%

data as of 11/25/25\*

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

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

### Results-Driven Accountability Percentage and Determination

Percentage (%)	Determination
<b>75.00%</b>	<b>Needs Assistance</b>

### 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 (%)
<b>FFY 2023</b>	74.35%	57.26%	79.64%	49.47%	82.13%	69.45%
<b>FFY 2022</b>	75.80%	58.08%	80.13%	49.57%	82.83%	70.80%

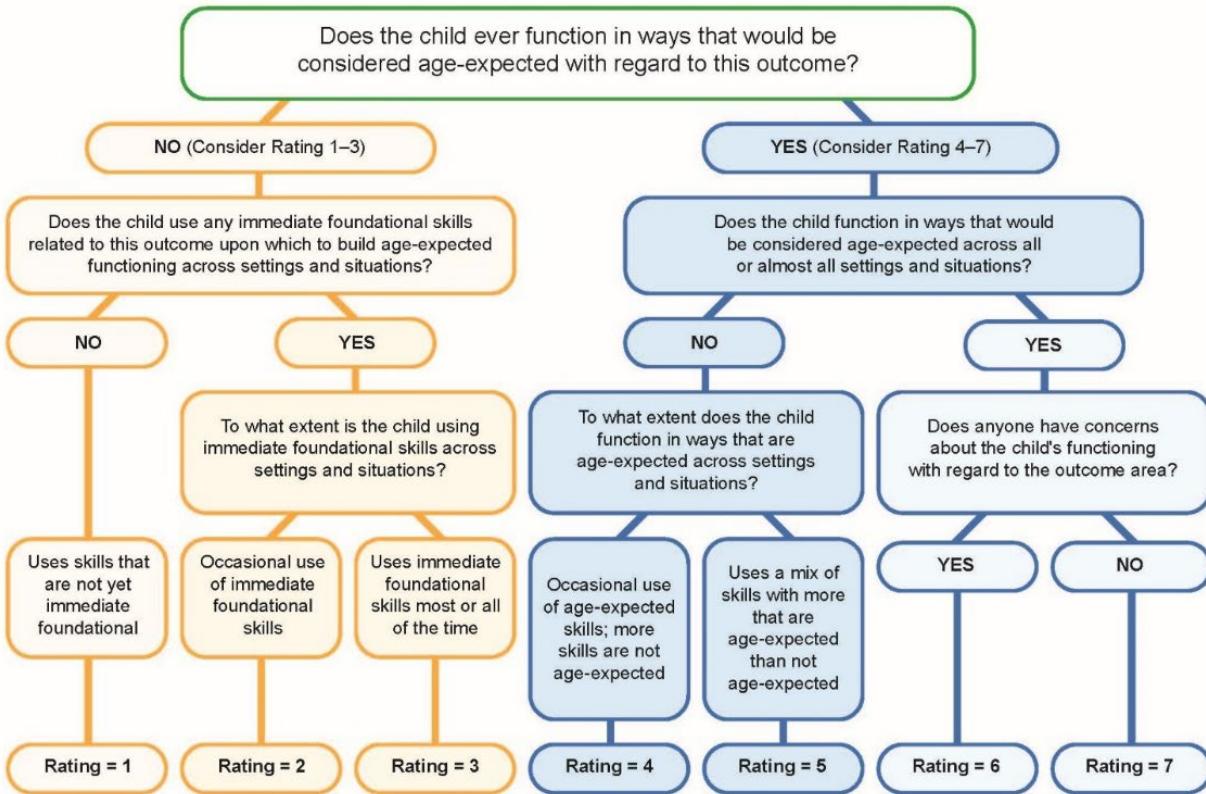
**Next Steps:**

- 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



**Fiscal Year 2025 – 2026 Fiscal Report**

**Connecticut Birth to Three System**

**October 20, 2025**

**Prepared by the Office of Early Childhood**

The Connecticut Birth to Three System remains committed to delivering high-quality early intervention services. This report provides a comprehensive overview of the system's financials through November 2025, including funding sources, expenditures, private provider payments, and service delivery trends. As of November, the Fiscal Year 2025, total expenditures are expected to exceed available funding by approximately \$2.6 million, driven in part by increased service delivery data. Direct service hours continued to rise, with projected totals for FY25 exceeding 522,564 hours—an increase from the previous year.

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Hartford, CT 06103  
Phone: 860-500-4400

In lieu of COLA's state legislation, made private provider payments available to programs. The amount is subject to change year-to-year. For Fiscal Year 2025 a total of \$789,136 in private provider payments is expected to be disbursed in December and January. During this FY there was a secondary PPP payment that was sent to programs in the form of a grant payment.

We continue to monitor funding streams, including Medicaid and commercial insurance reimbursements, and remain focused on aligning expenditures with available resources. The OEC appreciates ICC's continued partnership and recommendations on improving the financial structure within the Birth to Three system.

### **Executive Summary**

**Total State and Federal Part C Direct Service Funding for FY26** is \$36.7 million, including:

- \$34.1 million in State Appropriation
- \$2.0 million in Part C (GAP) funding
- \$620,000 in Part B Evaluation funding

➤ **Total Expenditures** are projected at \$39.4 million, resulting in a **projected deficit of approximately \$2.6 million**.

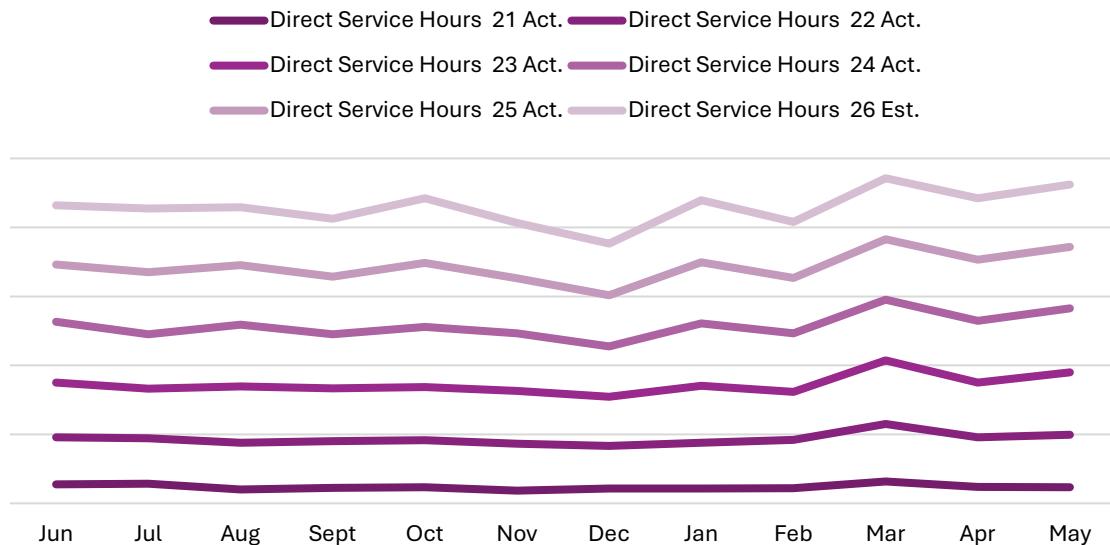
➤ **Private Provider Payments** totaling \$789,136 expected to be issued in December and January.

➤ **Direct Service Hours** are projected to exceed **522,564 hours in FY26**, representing an **increase** over FY25 and continuing a multi-year upward trend.

### **Medicaid and Commercial Insurance Revenue:**

➤ **Medicaid reimbursements** for Q1 FY26 totaled \$8.9 million, with a payment-to-billed ratio exceeding 90%. **Commercial insurance payments** remain lower, with an average reimbursement rate of approximately 34%.

## Direct Service Hours



Direct Service Hours						
FY	<u>21 Act.</u>	<u>22 Act.</u>	<u>23 Act.</u>	<u>24 Act.</u>	<u>25 Act.</u>	<u>26 Est.</u>
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	43,694
Oct	31,724	34,088	38,367	43,667	46,427	47,402
Nov	29,208	33,941	38,327	41,876	39,770	40,605
Dec	30,734	30,902	35,619	36,489	37,076	37,855
Jan	30,865	33,140	41,201	45,151	44,467	45,401
Feb	30,888	35,092	34,875	42,400	40,122	40,964
Mar	35,848	41,678	46,094	44,002	43,800	44,719
Apr	31,892	36,031	39,656	44,783	44,215	45,143
May	31,720	37,926	45,356	46,385	44,595	45,531
<b>Total</b>	<b>382,171</b>	<b>417,634</b>	<b>474,209</b>	<b>512,165</b>	<b>511,810</b>	<b>522,564</b>

**State Expenses:**

These data points are based on budget tracking in the system as of October 2025, based on data from PCG using the date paid, based on monthly estimates by the OEC including a list of assumptions and data that change frequently. Data is also based on reconciled invoices (actual) and estimates using a list of assumptions using available information. Also note this is based on direct service expenses.

<b>OEC Birth to Three Direct Service:</b>	
State Appropriation	\$ 34,082,762
Part B Evaluations	\$ 620,000
Part C for GAP	\$ 2,053,925
<b>Total Funding</b>	<b>\$ 36,756,687</b>
<b>Surplus (Deficit)</b>	\$ (2,639,218)

## OEC Birth to Three System Direct Service Expenditures<sup>1</sup>

Invoice	Jun-25	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
Paid in	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	Actual and Estimate
Actual or Estimate	Actual	Actual	Actual	Actual	Estimate	Actual and Estimate								
Escrow	\$ 1,893,146	\$ 1,776,201	\$ 2,023,830	\$ 1,849,538	\$ 1,855,981	\$ 1,581,581	\$ 1,485,368	\$ 1,779,888	\$ 1,615,940	\$ 1,765,734	\$ 1,779,580	\$ 1,789,383	\$ 21,196,170	
GAP	\$ 1,192,200	\$ 1,216,600	\$ 1,226,200	\$ 1,148,600	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 14,351,600
Interpretation	\$ 119,466	\$ 115,845	\$ 173,858	\$ 92,706	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500	\$ 1,505,875
ATech + Other	\$ 44,178	\$ 60,085	\$ 54,523	\$ 60,713	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000	\$ 659,498
Private Provider Payment	\$ -	\$ -	\$ -	\$ 7,233	\$ 789,136	\$ 6,844	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 803,213
Monthly Contract Payments	\$ -	\$ -	\$ -	\$ 97,222	\$ 197,222	\$ 48,611	\$ 48,611	\$ 48,611	\$ 48,611	\$ 48,611	\$ 48,611	\$ 48,611	\$ 48,611	\$ 634,721
NET OEC Payments (Invoices)														
Net OEC Payments	\$ (3,169,064)	\$ 3,329,946	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 160,882

\*Note: Private Provider Payment paid out in December and January; NET OEC Payments include billing fees

## Commercial Insurance Payments<sup>2</sup>

	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
Actual or Estimate	Actual	Actual	Actual	Actual	Actual	Actual (Incomplete)							
Claims Paid	\$352,474.43	\$280,872.89	\$257,113.20	\$293,901.50	\$281,688.32	\$50,513.56							
Amount Billed	\$999,732.00	\$907,449.00	\$786,726.00	\$898,770.00	\$803,298.00	\$94,050.00							
%Paid/Billed	35%	31%	33%	33%	35%	54%							
Billing Fees	\$ -	\$ 50,526	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,526

\*Note: November and December will change - incomplete month at the time the data was pulled.

## Medicaid Insurance Payments<sup>2</sup>

	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
Actual or Estimate	Actual	Actual	Actual	Actual	Actual								
Amount Paid	\$3,480,314.17	\$2,927,501.97	\$2,965,158.65	\$3,226,292.78	\$3,485,010.04								
Amount Billed	\$3,829,218.85	\$3,166,982.59	\$3,186,870.82	\$3,413,114.62	\$3,682,248.04								
%Paid/Billed	91%	92%	93%	95%	95%								
Billing Fees	\$ -	\$ 33,418	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 33,418

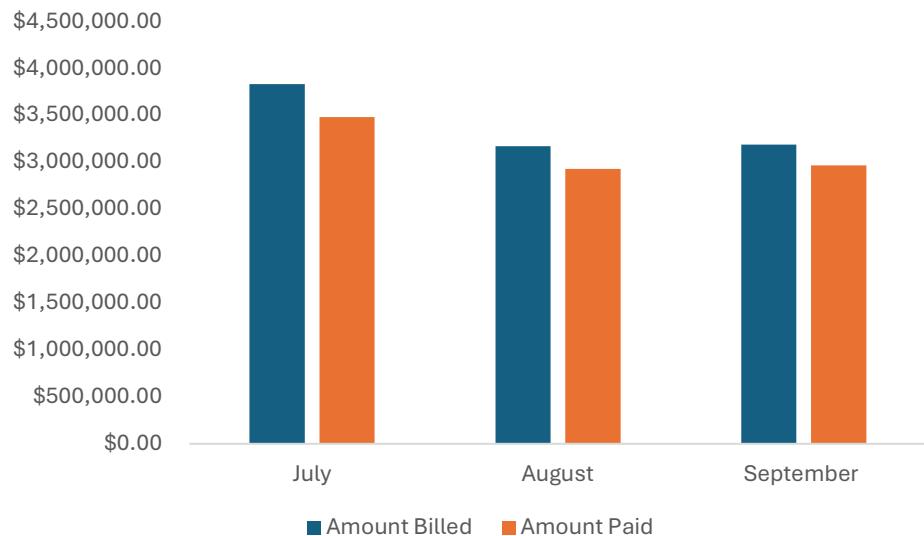
## Totals

	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 Total:	\$ 79,926	\$ 6,582,622	\$ 3,478,411	\$ 3,256,012	\$ 4,218,839	\$ 3,013,536	\$ 2,910,479	\$ 3,204,999	\$ 3,041,051	\$ 3,190,845	\$ 3,204,691	\$ 3,214,494	\$ 39,395,905

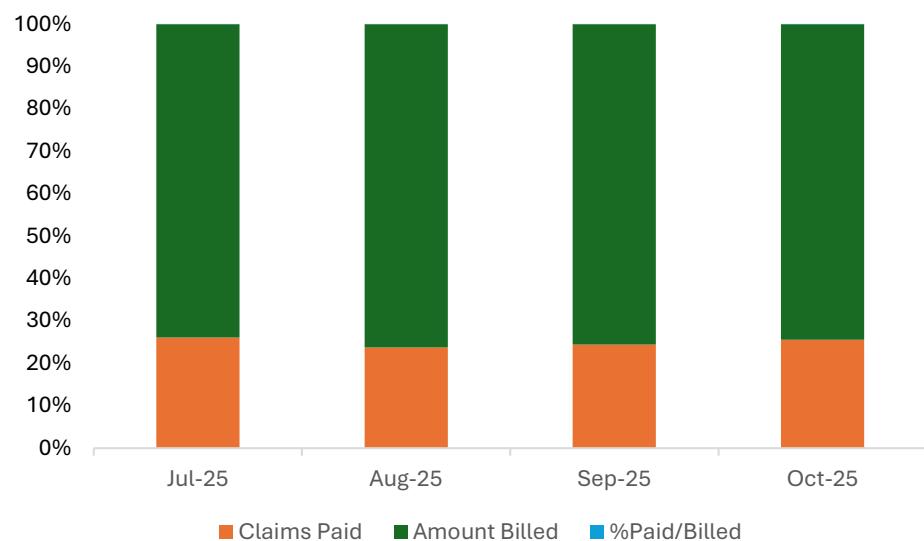
ct.gov

450 Columbus Boulevard  
Hartford, CT 06103  
Phone: 860-500-4400

### Medicaid:



### Commercial Insurance:



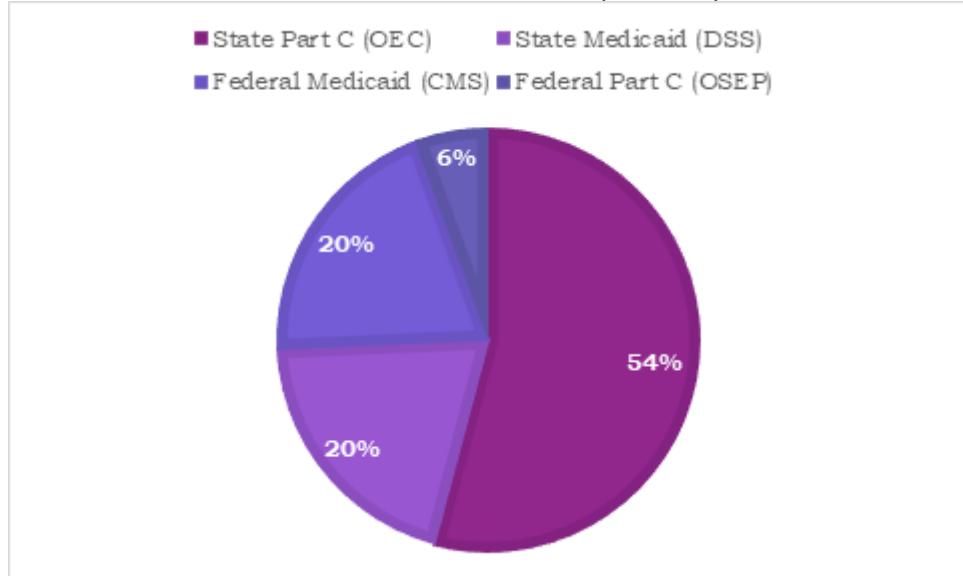
### **Additional Payments to the Field:**

During State Fiscal Year 2025 there were the following payments made in addition to the direct service fiscal data that is outlined above:

- A federal private provider payment – this is a one-time grant payment to cover the supplemental one-time private provider payment. This is outside of the legislated private provider payments.
- A payment to programs to support Early Intervention Services Over Three.
- Contract amendments to cover monitoring and technical assistance process.
- There are also funds that will be sent to programs to support training via our professional development initiatives.

### **FY 24 Fiscal Breakdown:**

**FY24 Actuals 69.6 (Fiscal)**



OEC Birth to Three Funding:	
State Appropriation	\$ 34,082,762
Part B Evaluations	\$ 620,000
Part C for GAP	\$ 2,053,925
<b>Total Funding</b>	<b>\$ 36,756,687</b>
<b>Surplus (Deficit)</b>	<b>\$ (2,639,218)</b>

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
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Apr	31,892	36,031	39,656	44,783	44,215	45,143
May	31,720	37,926	45,356	46,385	44,595	45,531
<b>Total</b>	<b>382,171</b>	<b>417,634</b>	<b>474,209</b>	<b>512,165</b>	<b>511,810</b>	<b>522,564</b>
<b>% Chg</b>	<b>263.79%</b>	<b>9.28%</b>	<b>13.55%</b>	<b>8.00%</b>	<b>-0.07%</b>	<b>2.10%</b>

**Actual**  
**Estimated**

- 1) Based on Budget Tracking system as of November 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.

**OEC Birth to Three System Direct Service Expenditures<sup>1</sup>**

Invoice	Jun-25	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
Paid in	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	Actual and Estimate
<b>Actual or Estimate</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimate</b>	<b>Actual and Estimate</b>								
Escrow	\$ 1,893,146	\$ 1,776,201	\$ 2,023,830	\$ 1,849,538	\$ 1,855,981	\$ 1,581,581	\$ 1,485,368	\$ 1,779,888	\$ 1,615,940	\$ 1,765,734	\$ 1,779,580	\$ 1,789,383	\$ 21,196,170	
GAP	\$ 1,192,200	\$ 1,216,600	\$ 1,226,200	\$ 1,148,600	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 14,351,600
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NET OEC Payments (Invoices)				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Net OEC Payments</b>	<b>\$ (3,169,064)</b>	<b>\$ 3,329,946</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 160,882</b>

\*Note: Private Provider Payment paid out in December and January; NET OEC Payments include billing fees

**Commercial Insurance Payments<sup>2</sup>**

	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
<b>Actual or Estimate</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual (Incomplete)</b>							
Claims Paid	\$352,474.43	\$280,872.89	\$257,113.20	\$293,901.50	\$281,688.32	\$50,513.56							
Amount Billed	\$999,732.00	\$907,449.00	\$786,726.00	\$898,770.00	\$803,298.00	\$94,050.00							
%Paid/Billed	35%	31%	33%	33%	35%	54%							
Billing Fees	\$ -	\$ 50,526	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,526

\*Note: November and December will change - incomplete month at the time the data was pulled.

**Medicaid Insurance Payments<sup>2</sup>**

	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
<b>Actual or Estimate</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>								
Amount Paid	\$3,480,314.17	\$2,927,501.97	\$2,965,158.65	\$3,226,292.78	\$3,485,010.04								
Amount Billed	\$3,829,218.85	\$3,166,982.59	\$3,186,870.82	\$3,413,114.62	\$3,682,248.04								
%Paid/Billed	91%	92%	93%	95%	95%								
Billing Fees	\$ -	\$ 33,418	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 33,418

	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	\$ 3,256,012	\$ 4,218,839	\$ 3,013,536	\$ 2,910,479	\$ 3,204,999	\$ 3,041,051	\$ 3,190,845	\$ 3,204,691	\$ 3,214,494	\$ 39,395,905



Connecticut Birth to Three Annual Data Report  
Fiscal Year (FY) 2025 (July 1, 2024 – June 30, 2025)

## Acknowledgments

Connecticut's Lead Agency for the Birth to Three System is:



**Commissioner Beth Bye**

**Deputy Commissioner Elena Trueworthy**

The Governor's office appoints members of the State Interagency Coordinating Council (ICC) to advise and assist the Office of Early Childhood (OEC) as the Lead Agency for Birth to Three. The ICC is an invaluable resource for the Lead Agency and has been a source of information and assistance on behalf of Connecticut's children who are part of the Birth to Three system.

Fiscal Year (FY) 2025 ICC Members Include:

Chair: Cindy Jackson  
Co-Chair: Leona Adamczyk

Tiffanie	Allain	Ceci	Maher
Elaine	Balsley	Ginny	Mahoney
Mary Beth	Bruder	Donna	Maitland-Ward
Nicole	Cossette	Sharon	Marie
Jennifer	Dowty	Caitlin	McNamara
Robb	Dunn	Ann	Milanese
Shanda	Easley	Lisa	Opert
Tina	Gilbertie	Enrique	Pabon
Anne	Giordano	Maris	Pelky
Julie	Hall	Louis	Tallarita
Renee	Kleinman	Joshua	Vaughn
John	Lamb	Tammy	Venenga
Liz	Linehan	Shakirah	Wade

The Birth to Three system would like to provide special recognition to state partners, including the Department of Social Services, Department of Education, Department for Children and Families, Department of Public Health, and Board of Education Services for the Blind – DORS. Without their collaboration and support, Birth to Three would not be the strong system it is today.

The ICC would like to recognize Leona Adamczyk for her significant contributions over the past several years. Leona has been a fierce advocate for all children and has led the ICC with a focus on children and families. She has served on numerous committees and collaborated with others to ensure that the system remains stable and supportive for all children, from referral to exit from the Birth to Three system. Leona has also played a vital role in helping and onboarding parents to the ICC, continuing to be a source of support for them. Although she has stepped down from her role as co-chair, the ICC is grateful for the countless hours of work she dedicated to this position.

The ICC would like to also thank Asia Clermont and Sally Chamberland for being willing to share their stories within this report.

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## Programs

The following early intervention service provider programs have been part of the Birth to Three system over the last year. The number of children listed below are those with Individual Family Service Plans (IFSPs) during the 2025 Fiscal Year and the number of towns served by each as of 6/30/25.

Program	Children	Number of Towns
Abilis Birth to Three	317	2
American School for the Deaf	111	Statewide
Beacon Services of CT	1932	93
Benchmark Infant and Toddler Services	2327	42
Building Bridges, LLC	904	23
Cheshire Public Schools - Darcey School	97	4
Children's Therapy Services	472	18
Creative Interventions	1069	60
CREC Birth to Three	318	11
CREC Soundbridge	45	Statewide
EASTCONN Birth To Three	370	21
EdAdvance Birth to Three	929	39
HARC - Steppingstones	459	15
New England Center for Hearing Rehabilitation	*	Statewide
Project Interact, Inc.	42	9
Reachout, Inc.	298	3
Rehabilitation Associates of Connecticut, Inc.	2440	48
SARAH, Inc. - KIDSTEPS	1549	50
Mentor South Bay	835	16
TheraCare	522	4

*\*NECHEAR does not provide service coordination, therefore they do not have a countable number of IFSPs, however they act as a statewide Birth to Three Deaf/Hard of Hearing Support Program.*

Connecticut's Birth to Three system is committed to supporting infants and toddlers with developmental delays and disabilities to develop and grow through supporting families in their child's natural environment using their everyday routines and activities. Eligible children are birth through age three, who have certain medical diagnoses or those showing signs of developmental delays in one or more key areas as outlined below:

- **Cognitive abilities** (learning, problem solving and remembering);
- **Communication skills** (talking, understanding and expressing ideas, following directions, pointing);
- **Social or emotional behaviors** (expressing emotions and having healthy relationships);
- **Physical development**, including seeing, hearing, moving, and general health; and
- **Adaptive skills** (self-help or daily living skills)

The chart below shows how many children in Connecticut had an Individualized Family Service Plan (IFSP) on December 1st of each year over the past 10 years.

Year	Eligible Children 0-3	Trend
12/1/2015	4726	–
12/1/2016	4804	↑
12/1/2017	4944	↑
12/1/2018	5830	↑
12/1/2019	5320	↓
12/1/2020	5079	↑
12/1/2021	6034	↑
12/1/2022	6960	↑
12/1/2023	6753	↓
12/1/2024	7350	↑

As the number of children and families supported increases from year to year, the system continues to face challenges related to workforce shortages.

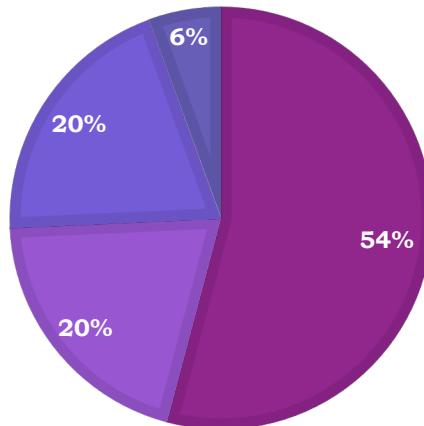
## Legislative Session

During the 2025 legislative session, the Birth to Three system had an increase of \$2.8 million in the state line item and \$2.9 million in the Department of Social Services (DSS) line item to support a rate increase. The legislative session also included a reduction to the General Administrative Payment (GAP) line item of \$1 million to put toward the rate increase. It is important to note that while extremely helpful in supporting and stabilizing the system, the final appropriation is not enough to support the rate increase as outlined in the published Connecticut Birth to Three Rate Study by Public Consulting Group (PCG), outlining the rate study cost analysis or what had been submitted in the Governor's original budget.

Ultimately, the appropriations in the Governor's budget more closely aligned with the recommendations in the Rate Study.

FY25 Actuals 69.6 (Fiscal)

■ State Part C (OEC)      ■ State Medicaid (DSS)  
■ Federal Medicaid (CMS)      ■ Federal Part C (OSEP)



## System Needs

As outlined in the FY24 Annual Data Summary, the ICC and OEC collaborated on a comprehensive rate study cost analysis. The study's data was used to inform the system about the current cost of delivering Early Intervention services, particularly since rates had not been adjusted since 2017. Although funding was increased for FY27 during the FY25 legislative session, the allocation is not sufficient to raise the rates to the levels recommended in the report.

As a result, the system continues to face significant challenges in employing the professional disciplines necessary to support families across Connecticut's Early Intervention system. Recruitment and retention of high-quality early interventionists remain ongoing concerns. Anecdotal reports indicate several contributing factors, including the funding structure, pay scale, and the substantial number of responsibilities placed on staff.

Because the system operates under Part C of IDEA, programs must comply with a wide range of regulations. These requirements can feel burdensome to staff, and without adequate funding, programs struggle to hire and retain the workforce needed to effectively serve Connecticut's children and families enrolled in the Birth to Three system.

## **Where are the supports provided?**

Each provider who supports families throughout the State of Connecticut is a dedicated professional who provides early intervention in the home or community setting where children without disabilities typically participate, as the natural environment. In FY25, 99% of children supported within the system received support in their home or community setting. This is essential in providing parents and caregivers with the support they need to advocate for their child and describe their child's needs. Evidence-based practices include:

- Providing support and services by a primary service provider based on the family's priority and the child's needs.
- Using coaching as a style of interaction with families to build their capacity to enhance their child's development.
- Providing support during activities and routines within the child's typical day in their natural environment.

Natural learning environments are more than places where children live, learn, and play. Natural learning environment practices start with looking at the activities children participate in during their everyday lives at home and in the community. These everyday activities provide learning opportunities, which, in turn, lead to increased participation and skill development for the child. Early Intervention focuses on supporting the family's confidence and competence by providing opportunities in their everyday activities for their child to learn and develop. Many learning opportunities occur during activities in the home, such as eating, reading stories, playing with siblings, taking a bath, and folding laundry. Other learning opportunities happen in the community, such as going to the playground, grocery shopping, playgroups, and story hours, participating in other activities, and attending childcare centers. When the Birth to Three interventionists provide supports in the childcare centers there is a stronger bridge between the center's ability to support the child and a

reduction in challenges in the center. This leads to children remaining in the center for longer periods of time and parents being able to work.

Natural environments include the childcare setting. For Birth to Three many visits happen in an early childhood classroom or within a childcare center. One parent shared: "My provider also stayed patient when scheduling and working either with myself or my daughter's daycare to schedule services. The director of my daughter's daycare was somewhat picky about when she was able to come and provide services but our provider was able to navigate all that beautifully and did not let it interfere with providing services in any way."<sup>1</sup>

## **Family Stories**

Each year, the Connecticut Birth to Three System surveys a group of families to assess their experience in the system. This survey evaluates family outcomes and looks at the percentage of families who report that Early Intervention Services have helped the family know their rights, effectively communicate their child's needs, and help their child develop and learn. Families who completed the survey have been involved with Birth to Three for a minimum of six months and not yet exited. Providers received surveys in July 2025 to distribute to their families. Families had the option of completing a paper or online survey. Surveys were returned to the Lead Agency by September 1, 2025. This year, the family survey was primarily offered online and translated into multiple languages. There were paper copies for families who preferred paper. During 2025 there was a significant increase in the number of families who responded to the survey.

When asked if Birth to Three helped them in understanding their rights, helping their child develop and learn, and effectively communicating their child's needs, one parent shared: "Yes, absolutely – especially with my son I was worried with his growth and development. Because of my service providers I learned to lean on his strengths to help his weaknesses. For example, he loves numbers so I was able to share with his preschool team that if you focus there you can then bring in communication. I learned this through Birth to Three."<sup>2</sup>

The family survey is analyzed utilizing a statistical methodology to determine whether the family was able to meet the outcomes of Indicator 4 of the Annual Performance Report. Of those families who responded to the survey, 89.5% of respondents reported they knew their rights under Part C of IDEA, 87% were

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<sup>1</sup> SC

<sup>2</sup> AC

better able to communicate their child's needs, and 93.8% reported they were better able to help their child develop and learn.

There were many comments compiled from the family survey. Families reported that they had a positive experience within the Birth to Three system. Some families identified concerns related to feeling anxious about their child's transition at age three. Conversely, some families reported that there were disruptions to services due to a workforce shortage. Some families reported turnover in the workforce left a gap in services. The staff turnover disrupts the continuous supports to families. This continues to highlight the need to support the recruitment and retention efforts. Birth to Three is an invaluable resource to families. Each interventionist in the field brings specialized expertise and suggestions to support families in helping their child develop and learn.

One parent shared: "My daughter is now a confident walker and has made such amazing progress. She was discharged this past week and it was a hugely proud moment for me that was such a positive experience with our provider. Our provider was so knowledgeable and always had a simple to execute but smart and clear suggestion on how to support the next step of getting my daughter to walk. Her suggestions were manageable and realistic.<sup>3</sup>"

### **Birth Cohort Data**

Birth cohort data examines the number of children born within a specific calendar year. This data is essential for evaluating the availability and impact of Birth to Three supports for families. In 2021, approximately 34,333 babies were born in Connecticut. Of the children born in 2021, a total of 6,846 children received Birth to Three services, which represents 20% of that birth cohort. This report focuses on the 2021 birth cohort, comprising all children born between January 1, 2021, and December 31, 2021, who turned three years old during the calendar year 2024.

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<sup>3</sup> SC

Child Development Infoline Contacts (11611 = 31% of children born in 2021)

Part C Referrals (10206 = 88% of calls)

Evaluations (9629 = 94% of referrals)

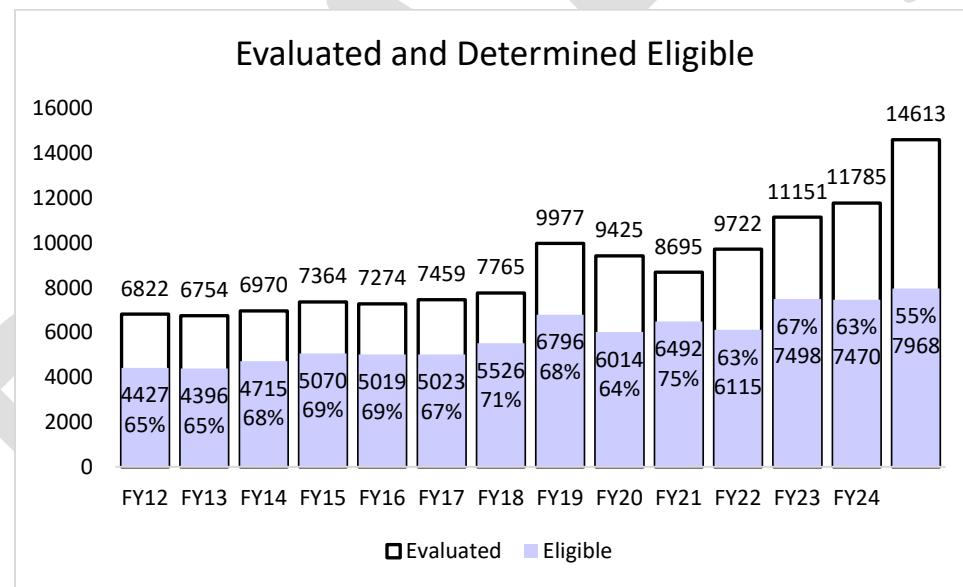
Eligible (7056 = 73 % of evaluations)

Enrolled (had an IFSP) (6846 = 97% of determined eligible)

Early Childhood Special Education Eligible (2522)

## Eligibility and Evaluations Data

In FY25, 14,613 eligibility evaluations were completed for children and their families. Of those 14,613 evaluations, 7,968 (55%) were determined eligible for Birth to Three supports. Over the last 14 years, the number of evaluations and eligible children has increased.



Connecticut remains committed to supporting families in their native language with the use of staff who speak the native language and interpreters. In FY25, the system supported families who speak 38 different languages. The system also provides translation to all families so that written resources are accessible in their native language.

Below are the top 10 languages spoken in the household in FY25.

Language in Home	Count of Children
English	10068
Spanish	2191
Portuguese	171
Creole	85
Arabic	67
Urdu	35
Albanian	28
Bengali	24
Mandarin	24
Hindi	20

## Workforce Development

### **Early Interventionist Specialist Credential**

During the SFY25 year, the Lead Agency at the Office of Early Childhood proudly awarded its very first Early Interventionist Specialist Credential to a provider in the CT Birth to Three System. The EIS Credential is a revised version of the Infant Toddler Family Specialist certificate which has been updated to align with current practices and pedagogy. This updated credential is a rigorous, yet self-paced, process for EI providers to demonstrate competence in their knowledge, application, and implementation of evidence-based EI practices. This milestone of awarding the credential represents a significant advancement in the state's commitment to ensuring high-quality, evidence-based early intervention services for infants and toddlers and their families. Earning this credential reflects the interventionists' dedication for professional excellence, ongoing learning, and commitment to the delivery of high-quality services to families and children.

Service Coordination Training saw 108 attendees resulting in 98 newly certified Service Coordinators.

Connecticut's Birth to Three system remains dedicated to providing supports and services in Natural Environments with a Family-Centered focus. Two Natural Learning Environment Practice (NLEP) trainings were offered with a total of 108 attendees. Capitalizing on the knowledge acquired in the NLEP

trainings, two 2-day trainings were offered to support the move toward developing implementation skills to fidelity in the Caregiver Coach and Mentor Coach trainings supported by the Family, Infant, & Preschool Program (FIPP). These trainings are followed up by a minimum of 6 months of TA in order to reach fidelity. The 2-day Caregiver Coach training was attended by 110 Early Intervention staff. The 2-day Mentor Coach training was attended by 29 new trainees and several auditing Early Intervention staff.

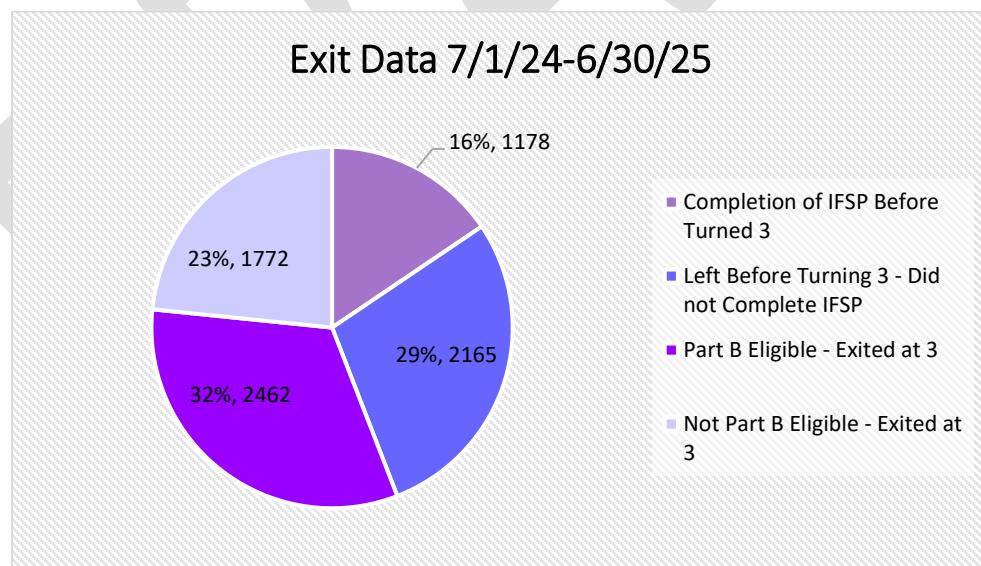
*The Trauma of Homelessness; The Impact on Very Young Children and Families* was attended by 34 early intervention staff.

### **Music Therapist Discipline Addition**

The CT Birth to Three system is equally excited at the incorporation of Music Therapy as a recognized discipline within the Birth to Three system. This addition further aligns the state with services that are outlined in Part C of IDEA. With this, music therapy has been incorporated into many IFSPs when teams deemed it appropriate to support a child's and family's outcomes. They are considered professional providers throughout the system, and all follow the Birth to Three approach inclusive of NLEP, PSP and Coaching, and AT as appropriate.

### **During FY25 7,577 Children Exited Birth to Three**

*\*ECSE – Early Childhood Special Education*



One family shared her story on exiting Birth to Three and the transition process. My transition process went very well. I wish I could have kept my son's team – they were great and went above and beyond. They gave me practical advice. As an example, if he is going on a school bus, one suggestion

was to get him on a bus so that he can understand. Overall, for transition, I am a teacher, but a high school teacher, so I did not know what the process included. My providers were understanding when I said I feel like I should know this, and they said This is the first time you went through this. We don't expect you to know. We are here to help.<sup>4</sup>"

In 2021 the state implemented Early Intervention Services over 3, which supports children who turn 3 over the summer and may have a gap in services before the school year begins. Since then, numerous families have taken advantage of the extended option. One family shared their experience when asked if EIS Over Three helped their family. They responded: "Absolutely, I was worried about what would happen if he did not have services for 2 months, and there would be a lot of loss, and starting school would be hard for him. Thursday, he exited Birth to Three and started school on Monday, and it was a seamless transition.<sup>5</sup>"

## General Supervision Development

The CT Birth to Three system has released the Determination Report of Outcomes and Program Priorities (DROPP). This report is part of the Connecticut Birth to Three System's responsibility, under the Office of Early Childhood (OEC), to maintain a unified general supervision framework. This framework incorporates all monitoring priorities, including embedded fiscal monitoring. It also supports the annual determination of each contracted Early Intervention Services (EIS) program's performance based on these monitoring activities.

States must use the following four (4) determination categories outlined in §303.703 of IDEA when issuing annual program determinations:

- Meets Requirements,
- Needs Assistance,
- Needs Intervention, and
- Needs Substantial Intervention.

Throughout SFY25, the Lead Agency assigned programs into year-long technical assistance (TA) groupings based on determination categories.

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<sup>4</sup> AC

<sup>5</sup> AC

## **Federal Performance**

For the Federal Fiscal Year 2023, which runs from July 1, 2022, to June 30, 2023, Connecticut's determination was classified as "Needs Assistance." The state's Birth to Three system continues to demonstrate a strong commitment to quality and accountability. The most recent report highlights Connecticut's dedication to maintaining high standards, particularly in data quality, where the state has established robust data standards. The data presented showcases the progress made and the consistency maintained across child outcomes, emphasizing the system's effectiveness and the hard work of everyone involved.

While the state identified areas of noncompliance in Indicators 1, 7, and 8c, the Office of Special Education Programs (OSEP) rated Connecticut's overall compliance at 87.50%, reflecting the system's ongoing efforts to meet federal expectations. Despite these strengths, there are clear opportunities for growth that could further enhance the system's impact:

### **1. Data Quality and Completeness**

To raise the determination and maintain a strong system, the state can improve the completion rate of the Child Outcomes Summary (COS) while continuing to uphold the high standards of data quality and integrity.

### **2. Performance and Change Over Time**

Although compliance and monitoring levels remain strong, the data reveals a lack of measurable improvement in child outcomes over time. This signals a need for deeper analysis and targeted strategies to support meaningful progress in developmental outcomes.

The Lead Agency has started working with the Interagency Coordinating Council (ICC) to determine next steps and support improvements in child outcomes at the state level.

## Town-by-Town Data

A town-by-town breakdown of children who received supports throughout FY25 can be found below. Suppressed data provided for towns with five or fewer children to protect confidentiality.

Town Name	Referrals	Evaluated	Determined Eligible	Served	Number of Programs
ANDOVER	11	12	<6	13	2
ANSONIA	89	93	61	112	2
ASHFORD	9	10	8	12	2
AVON	37	37	20	52	3
BARKHAMSTED	7	7	<6	7	2
BEACON FALLS	16	16	11	29	3
BERLIN	48	53	35	64	2
BETHANY	12	15	10	19	2
BETHEL	67	68	48	92	4
BETHLEHEM	6	<6	<6	8	1
BLOOMFIELD	79	77	49	82	3
BOLTON	9	7	<6	15	2
BOZRAH	7	7	<6	<6	3
BRANFORD	76	81	47	80	3
BRIDGEPORT	769	787	526	968	4
BRIDGEWATER	<6	<6	<6	<6	2
BRISTOL	249	267	160	290	4
BROOKFIELD	50	47	29	53	3
BROOKLYN	21	19	12	35	2
BURLINGTON	20	19	12	26	3
CANAAN	7	7	<6	<6	1
CANTERBURY	24	22	9	15	2
CANTON	19	20	11	19	1
CHAPLIN	6	6	<6	8	2
CHESHIRE	61	66	34	72	3
CHESTER	<6	<6	<6	<6	2
CLINTON	34	32	18	34	2
COLCHESTER	46	45	27	62	3
COLEBROOK	<6	<6	<6	<6	1
COLUMBIA	11	11	7	16	2
COVENTRY	43	38	27	49	1

Town Name	Referrals	Evaluated	Determined Eligible	Served	Number of Programs
CROMWELL	34	33	22	49	3
DANBURY	411	414	249	425	5
DARIEN	79	76	47	87	3
DEEP RIVER	6	6	<6	<6	3
DERBY	60	57	37	72	2
DURHAM	28	29	23	38	2
EAST GRANBY	13	16	12	17	2
EAST HADDAM	20	18	13	21	2
EAST HAMPTON	43	42	26	47	3
EAST HARTFORD					5
	260	252	156	264	
EAST HAVEN	106	110	73	136	3
EAST LYME	44	42	27	49	5
EAST WINDSOR	30	32	16	29	4
EASTFORD	<6	<6	<6	<6	2
EASTON	22	22	14	21	2
ELLINGTON	53	55	38	67	3
ENFIELD	156	148	93	168	6
ESSEX	6	7	<6	8	2
FAIRFIELD	181	180	105	202	3
FARMINGTON	63	63	37	64	3
FRANKLIN	<6	<6	<6	<6	2
GLASTONBURY	67	74	36	94	3
GOSHEN	<6	<6	<6	<6	1
GRANBY	33	35	19	31	3
GREENWICH	196	196	95	203	3
GRISWOLD	41	44	26	41	3
GROTON	138	134	84	146	3
GUILFORD	61	60	40	77	2
HADDAM	19	18	13	20	3
HAMDEN	180	180	118	240	5
HAMPTON	<6	<6	<6	7	2
HARTFORD	784	808	473	832	7
HARTLAND	<6	<6	<6	<6	2
HARWINTON	9	10	9	20	3
HEBRON	28	27	16	29	2
KENT	6	<6	<6	6	1

Town Name	Referrals	Evaluated	Determined Eligible	Served	Number of Programs
KILLINGLY	70	70	30	58	3
KILLINGWORTH	18	16	12	24	2
LEBANON	27	19	11	32	2
LEDYARD	46	45	33	60	4
LISBON	12	10	<6	15	3
LITCHFIELD	16	15	8	13	3
LYME	<6	<6	<6	<6	2
MADISON	36	37	29	53	2
MANCHESTER	256	250	152	285	5
MANSFIELD	33	35	21	33	2
MARLBOROUGH	18	17	9	24	2
MERIDEN	302	307	214	384	5
MIDDLEBURY	13	13	7	16	2
MIDDLEFIELD	9	8	<5	10	3
MIDDLETOWN	155	154	106	194	4
MILFORD	127	126	84	152	4
MONROE	48	44	27	63	3
MONTVILLE	47	48	26	57	4
MORRIS	<6	6	<6	<6	1
NAUGATUCK	120	118	69	123	4
NEW BRITAIN	418	431	285	535	6
NEW CANAAN	42	44	21	54	2
NEW FAIRFIELD	54	46	26	52	2
NEW HARTFORD	19	16	13	17	3
NEW HAVEN	538	539	345	657	4
NEW LONDON	132	129	80	103	3
NEW MILFORD	84	76	48	88	2
NEWINGTON	76	76	50	123	4
NEWTOWN	65	67	40	83	3
NORFOLK	<6	<6	<6	<6	1
NORTH BRANFORD	43	38	21	49	2
NORTH CANAAN	<6	<6	<6	<6	1
NORTH HAVEN	66	67	42	91	3
NORTH STONINGTON	10	11	10	13	3
NORWALK	375	365	211	424	3
NORWICH	208	200	114	207	3
OLD LYME	19	19	11	20	3

Town Name	Referrals	Evaluated	Determined Eligible	Served	Number of Programs
OLD SAYBROOK	15	15	9	16	3
ORANGE	35	36	26	46	2
OXFORD	38	37	29	49	2
PLAINFIELD	59	58	35	63	3
PLAINVILLE	67	63	40	67	3
PLYMOUTH	51	50	28	44	2
POMFRET	11	13	6	19	3
PORTLAND	35	35	22	42	3
PRESTON	12	12	6	9	2
PROSPECT	26	27	15	27	3
PUTNAM	37	37	20	41	4
REDDING	22	21	12	29	2
RIDGEFIELD	69	72	38	80	3
ROCKY HILL	55	55	30	54	3
ROXBURY	<6	<6	<6	<6	1
SALEM	16	15	<6	17	2
SALISBURY	<6	<6	<6	<6	1
SCOTLAND	<6	<6	<6	<6	2
SEYMOUR	52	48	29	60	2
SHARON	<6	<6	<6	<6	1
SHELTON	115	122	80	169	4
SHERMAN	9	8	6	9	2
SIMSBURY	68	65	36	64	3
SOMERS	24	23	12	24	3
SOUTH WINDSOR	75	76	44	81	4
SOUTHBURY	27	25	13	28	2
SOUTHBUTHERTON	129	127	64	140	3
SPRAGUE	9	10	<6	<6	2
STAFFORD	34	33	23	40	2
STAMFORD	562	585	357	657	4
STERLING	10	12	7	13	2
STONINGTON	30	28	16	32	2
STRATFORD	180	177	116	234	4
SUFFIELD	29	32	20	43	3
THOMASTON	41	38	18	34	2
THOMPSON	32	33	19	38	3
TOLLAND	40	37	22	46	3
TORRINGTON	131	134	86	144	3

Town Name	Referrals	Evaluated	Determined Eligible	Served	Number of Programs
TRUMBULL	118	119	91	163	3
UNION	<6	<6	<6	<6	2
VERNON	112	119	70	144	4
VOLUNTOWN	<6	<6	<6	<6	2
WALLINGFORD	113	121	73	158	4
WARREN	<6	<6	<6	<6	1
WASHINGTON	<6	<6	<6	<6	2
WATERBURY	729	744	454	827	4
WATERFORD	53	51	34	67	2
WATERTOWN	58	57	37	79	3
WEST HARTFORD	195	195	89	177	6
WEST HAVEN	227	224	140	233	4
WESTBROOK	14	15	8	9	2
WESTON	34	37	30	55	3
WESTPORT	66	61	28	64	3
WETHERSFIELD	99	101	70	123	4
WILLINGTON	21	20	9	18	2
WILTON	65	67	37	79	2
WINCHESTER	29	24	13	25	1
WINDHAM	119	123	80	146	3
WINDSOR	91	91	56	106	4
WINDSOR LOCKS	30	30	21	48	3
WOLCOTT	53	51	33	54	2
WOODBRIDGE	20	19	11	27	2
WOODBURY	23	22	11	21	2
WOODSTOCK	21	23	15	24	3

**Note:** Children can be referred at birth and remain in the system until age three. Therefore, the number of eligible children and IFSP can be larger than children referred to Birth to Three in the fiscal year.

**Note:** Served is defined as having an active IFSP.

The Birth to Three team at the OEC includes:

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Koleen Kerski, Professional Development Coordinator  
Sabrina Crowe, Professional Development Coordinator  
Amanda Brekke, Part C Data Manager  
Elisabeth Teller, Family Liaison / Accountability and Monitoring Coordinator  
Sophia Lampe, Accountability and Monitoring Coordinator  
Rebecca Smith, Education and Outreach Coordinator  
Jayne Smalls, Secretary  
Mary Coyle, Associate Accountant Supervisor

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2-1-1 (Voice/TTY)

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