



ICC Strategic Plan Multi-State Summary

Purpose

The purpose of this summary is to inform the development of the ICC Strategic Plan by reflecting key themes from existing data and reports to understand ICC practices in other states, and guide subsequent data collection and community engagement efforts. It builds on the summary of key themes identified and summarized through document review and shared with the Project Core Team (PCT) and ICC membership in March and April.¹ These key themes were related to:

- Engaging and Centering Families
- ICC's Operations
- ICC's Advise and Assist Role

Methods

Social Entrepreneurs, Inc. (SEI) interviewed or received responses from specific states recommended by the PCT. A structured interview tool based on key themes from the project's first phase was used by SEI in interviews. Responses are categorized according to questions asked with initial information on the ICCs' structure presented in the section that follows.

Overview of State Models

Georgia

- Model: Has the "standard" split-agency (0-3 / 3-5) model, with core role split across three agencies: Department of Early Care and Learning (child care, Head Start, infant mental health), the Department of Public Health (0-3, home visiting), the Department of Education (Part B).
- ICC: Covers Parts B & C.
- Interviewed on March 31, 2025: Karen Lewis, Department of Public Health

Minnesota

- Model: Birth-to-five state where the State Education Agency is formally the Part B/C lead; however, Minnesota recently formed a new agency (Department of Children, Youth, and Families), which also has Part C responsibilities, including staffing the ICC. The state is transitioning to a co-lead model.
- Written Responses from: Part C Coordinator, Cat Tamminga Flores

Nebraska

- Model: Nebraska is a partially integrated model: The Department of Education (DOE) is a co-lead, along with the Department of Health and Human Services (HHS). HHS is responsible

¹ Key themes were based on review of the Nevada Early Intervention System Evaluation (June 2024), ICC Retreat Summary Documentation (Sept 2024), the Part C Annual Performance Report (FFY 2023), and the Nevada Educator Performance Framework Standards and CTE Quality Program Standards (2023).



for maintaining contracts; DOE has their own mandates. “We don’t work in a silo. We work twice a week to tackle issues.”

- ICC: Covers Parts B & C.
- Interviewed on March 30, 2025: Mary Phillips, Parent and Contractor with DOE and Jessica Anthony, Early Development Network Program Coordinator, HHS

Pennsylvania

- Model: Like Nebraska, partially integrated. Bureau of Early intervention is lead agency; overseen by both DOE & HHS.
- ICC roles/infrastructure: Like Nebraska, covers both Part B & C; has local ICCs (LICC), as well as state ICC.
- Interviewed April 25, 2025: Sadia Batool, ICC Parent Co-chair

Key Theme Responses

Engaging and Centering Families

How has your ICC engaged and recruited parents of young children with disabilities to participate on the ICC? What are best practices or lessons learned? What strategies have you used to bolster recruitment and retention?

Georgia: The representative noted that the state struggles to keep parents on the ICC but having a chair who is also a parent has helped the agencies not get stuck in their separate roles and work together. Georgia has 18 health districts across state and there was federal funding to get information out via Parent Educators located within the health districts. Once this funding ended, they learned that they needed to explicitly train family members and support them to become leaders: “What we asked them to take on was too much... You have to give grace and provide training and mentorship.” A Parent Advisory Workgroup was developed to prepare future members for participating in systems level discussions as part of the ICC. The PAW works with future members while they are going through the process of being appointed. The state also looked to key partners such as the Down Syndrome or Autism associations, and the Children’s Hospital to provide suggestions for potential members.

Minnesota: The state has had a parent as ICC chair for the past 5 years; “This helps families feel welcome and see that they have the power and voice on our ICC. It is about relationships.” The state has tried to schedule around the best times for families as much as possible and provides a stipend and reimbursement for child care costs. The state has also had strong support from their Governor’s Boards & Commissions team over the last 4 years: “We have been able to have an almost full ICC



for the first time with their support and help.” Regional teams are responsible for public awareness and outreach of early childhood special education and partnerships.

Nebraska: The ICC recruitment process uses word of mouth, relies on personal connections, or seeks people out through connections with service providers. They provide help with the application process. They also note that any openings on the Council are not because of a lack of interest. The ICC representative described challenges with appointments, specifically with the process within the Governor’s office. There is currently only one parent member. The state provides a comprehensive orientation, typically using a half day before an ICC meeting.

Pennsylvania: The state has had a long and strong history of centering families. They consider family engagement and developing “family leaders” a core strength and focus: “the foundation of our state ICC.”

“Family voice is woven throughout.”

“Parent representatives really set the agenda.”

- The State ICC has a virtual, facilitated, hourlong Family Meet & Greet prior to each meeting ([flyer](#)). Allows parents to connect with other parents. They reimburse for childcare and families who are part of the planning team get an honorarium.
- State ICC meetings always start with a family story. Pennsylvania’s Early Intervention Technical Assistance team ([link](#)) supports families to prepare their story (e.g., putting together a PPT) and families receive an honorarium. Meetings are well attended (80-100 people): “Never seen less than 50.”
- Parents as Partners in Professional Development (P3D) is a program that has been around 10+ years. It links family members to early intervention professional development and pre-service opportunities. Families share their insight and expertise in such roles as co-presenters, university guest lecturers, and publication reviewers.
- Competence and Confidence: Partners in Policymaking EARLY INTERVENTION ([C2P2EI](#)) Program is an innovative leadership program that has existed for 28 years. Each year, 25-35 families participate in a two-day in-person training. “People describe it as life changing.”
- There is a dedicated consultant to support family engagement and a dedicated fiscal person for family reimbursements.

Outreach strategies across states

- Word of mouth from other parents/providers
- Asking service agencies to invite one parent to each ICC meeting



What strategies have you used to achieve a membership that reflects the diversity of your state?

Georgia: The state ICC sent out a rubric to key partners and health districts asking for representatives in specific areas such as military families, people from specific racial or ethnic groups, or people with specific lived experience such as migrant families.

Minnesota: The state relies on relationships and connections through community partners, past family members, regional teams, and providers connecting with families they are serving through IDEA.

Nebraska: The state has been intentional about trying to get tribal voices to the table.

Pennsylvania: The state has a strong commitment to family engagement and is intentional about supporting families involvement. Distributing the application “equitably” across all channels netted responses from an equal number of parents and professionals seeking to become members of the ICC.

Engaging and Centering Families
Are your meetings virtual only, hybrid, or in-person?

Different states have different approaches:

- **Georgia:** Prior to COVID, meetings were always in-person and held in different locations throughout the state (i.e., North, Central, Metro, South). During COVID, meetings occurred virtually and the ICC experience an increase in the number of participants joining, but not in *participation* of members. The ICC currently meets in a hybrid format with the lead agency and required members traveling to attend meetings in different locations. In-person meetings are usually scheduled from 9 a.m. until 2 p.m. with the public session ending at noon and the ICC going into an “executive session” until 2 p.m.
- **Minnesota:** The ICC has voted to have all meetings held virtually to support involvement from members across the state and tribal nations. The state will hold an in-person retreat this year.



- **Nebraska:** COVID changed open meeting laws so the ICC can hold up to 50% of its meetings virtually now. Four meetings are held throughout the year: two are in person and two are virtual.
- **Pennsylvania:** This question was not asked directly, but the representative described a mix of virtual and in-person meetings.

Operations

Do you have a current strategic plan you can share?

What are some best practices or lessons learned in terms of, for example, establishing and adhering to bylaws, utilizing subcommittees, coordinating and communicating with state agencies, and coordinating and communicating with community-based organizations?

Georgia dedicates one ICC meeting a year to strategic planning, orientating, and reviewing bylaws. They have an explicit process for selecting three to four annual ICC priorities and creating an Action Plan for each using a template (See *A Primer for State Interagency Coordinating Council (ICC) Members and Lead Agency Staff* available from SEI). Initially, their strategic goal was to find and educate families so that they could drive the priorities. Current focus is on recruitment and retention of the Early Intervention (EI) workforce. All subcommittees contribute to the focus—e.g., parent engagement subcommittee talked about identifying parents who might want to work in EI. Subcommittees don't have to include people only from the Council. One lesson learned has been that members became overextended and unproductive when they were on more than one subcommittee.

Minnesota has worked to build a “collaborative and relationship-based model of functioning... prior to this the ICC was the main entity that ‘voted’ on any changes in our systems. Now we do this more collaboratively with additional EI and community partners.” The state is currently developing a strategic plan.

Nebraska engages smaller Planning Region Teams (PRT) across the state with local agencies that mirrors the state's structure. This has garnered more participation at the local level.

Pennsylvania received training from Georgia on how to use committees effectively. While the PA ICC provides feedback on State Performance Plan (SPP), Annual Performance Report (APR), and family survey, “We also felt like we needed meetings to be more than pushing information out, to make sure they were doing other things.” They have gone through a rigorous process of launching



four committees (Feb 2025): Outreach and Communication, Mental Health, Access and Inclusion, and Workforce Development. For each, they determined structure, function, roles/responsibilities.

- Each has 10-12 members; includes non-ICC members
- Each ICC member (except Chair and co-Chair) have to join at least one committee
- Each has parent and professional co-chairs
- Most important (and similar to Georgia): ICC has an overarching goal and each committee develops two additional goals, with action plans/deliverables.

It is important to note that in searching for other ICC strategic plans, most plans were not ICC-specific, but were for the EIS overall (which the ICC contributes to). The only ICC-specific plan SEI located was for New Mexico.

Operations

What kind of administrative support does your ICC have? What role does your state's Part C Office play?

Georgia: The DPH's Family Support Coordinator takes minutes, sends the agenda out, follows up with agency groups, and elicits public comment. On the role of Part C, "The important part is that they hear firsthand what is happening and sometimes we need data from them so they are there to bring information back to us." Subcommittees fill out a reporting form to keep them focused on the annual goal. For the current year it has been workforce development and each subcommittee is contributing to that goal. Members are only allowed to serve on one subcommittee at a time.

Minnesota: The Part C Coordinator is staff to the ICC (as in NV) and leads and facilitates the ICC. The Part C Coordinator's direct supervisor is a voting member on the ICC.

Nebraska: The DOE sends out the agenda and is the fiscal agent. The agenda is collaboratively developed by an executive team that includes DHHS and DOE.

Pennsylvania: This question was not asked.



Advise and Assist Role

How can the ICC meet and balance its federal and state requirements most effectively?

Georgia: Initially, the ICC’s strategic goal was to find families, provide them with education about the ICC, and get them involved as members. Without first attending to parent membership, the state wouldn’t have been able to address other priorities within the role of advising and assisting.

Minnesota: The state is transitioning to a co-lead model but has maintained focus on core components such as the SPP, APR, and budget discussions, etc. In order to strengthen outreach and initial connections with families, the ICC focused on ChildFind for three consecutive years.

Nebraska: The “ICC does not direct” the work of any one entity. As a 0-5 state, there is less focus on transitions, as the process is seamless with a transition rate of 100%.

Pennsylvania: The “State ICC acknowledges that we are not the provider of services.” There are opportunities for the Council to provide feedback on things like performance plans and the family survey. The ICC wanted to ensure meetings weren’t just used to “push information out” but to make sure the ICC was accomplishing specific tasks and this has been done through the formation of subcommittees.

Advise and Assist Role

What aspects of the Early Intervention System does the ICC prioritize for its advise-and-assist role?

- Family voice (PA)
- Recruitment and retention of EI workforce (PA, GA)
- Child Find (PA, MN)
- Continuous Quality Improvement using Results Driven Accountability, reviewing strategies, and resetting targets (NE)
- Referrals (local Councils in NE)

Conclusions and Next Steps

This multi-state summary offers a rich compilation of strategies, structures, and practices employed by Interagency Coordinating Councils (ICCs) in Georgia, Minnesota, Nebraska, and Pennsylvania. It provides insights across three primary domains—**Engaging and Centering Families, ICC Operations**, and the **Advise and Assist Role**—with practical examples that can inform the development of the ICC Strategic Plan.



Across all states, one of the most prominent themes is the central role of families in shaping ICC priorities, membership, and operations. Strategies such as virtual family meet-and-greets, honoraria for participation, and intentional outreach to ensure diversity have proven effective in building family leadership and trust. States also emphasized structural flexibility, such as hybrid or virtual meetings and partnerships with community-based organizations, to improve accessibility and engagement.

Operationally, the use of subcommittees, action plans tied to annual goals, and collaborative planning with state agencies emerged as promising practices. However, administrative and structural support varies, and capacity challenges remain a common theme—particularly regarding family recruitment, appointment processes, and workforce development.

Finally, states are exploring the evolving role of the ICC in advising and assisting lead agencies, emphasizing the need for meaningful input into system-level priorities like workforce retention, Child Find, and continuous quality improvement.

This summary is intended to support planning for the next phase of work, which may or may not require additional data collection. If further input is needed, engagement may include reaching out to experts in Nevada's Early Intervention System—especially parents and caregivers of young children with disabilities. SEI is seeking ICC members' guidance on whether and how to engage key partners and families to strengthen the Strategic Plan.