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Family Service Coordination in Kansas

You can learn a lot through a simple survey monkey. In August, 2018, I sent a survey to programs asking about their model of family service coordination (FSC). Follow-up questions were asked of specific programs in order to ensure understanding of how FSC was implemented in each of the Kansas local programs.

Did you know

- Three programs in Kansas have Family Service Coordinators (FSC) who do not also provide an additional service to families? These FSCs would be considered dedicated service coordinators.
- Most programs in Kansas use a blended model of service coordination in which the FSC also provides an additional service such as special instruction, physical, occupational, or speech services.
- There are four programs who have a mix of dedicated and blended service coordination.
- There are three programs who reported that an FSC is assigned at referral and works with the family through the Initial IFSP process, with a different FSC being assigned at the initial IFSP to support the family through exit from the program.
- In one program, only the ECSE is ever assigned to be a family's FSC, a therapist would not be assigned as an FSC.
- Three programs reported that the FSCs in their program were also service providers (PT, OT, SLP, ECSE) but could be assigned to just do FSC for an individual family while another provider was identified as that family's Primary Service Provider (PSP).

So why is it important to understand a program's model of FSC? According to the Research and Training Center on Service Coordination, the type of service coordination implemented by a program can have an effect on a family's perception and satisfaction of their early intervention services.

The [Research and Training Center on Service Coordination](#) was a five-year project funded by the Office of Special Education Programs, US Department of Education. (2000-2004). The goal of the Center was to examine the status of service coordination for children with disabilities and their families receiving early intervention services under Part C of IDEA. Although the project ended, the primary researchers, Mary Beth Bruder and Carl Dunst continue to research and publish papers about the importance of service coordination available on the project's website at: <https://uconnucedd.org/projects/service-coordination/>

Together, through various research projects they have found that:

- Blended models of service coordination result in higher family satisfaction and better adherence to evidence-based practices.
- How a service coordinator does their work is as important as what work they do.
- Frequency of contact between the FSC and family is important.
- Frequency of contact of the FSC with the other team members (IFSP providers) is critical to team functioning.

The role of the service coordinator in early intervention is explicitly described in federal regulations and includes serving as the single point of contact for families in coordinating services provided to them and their eligible child. FSCs provide families with their rights and procedural safeguards, assisting families to access services identified on their IFSPs, and coordinate both the early intervention services and other services that the child needs or are being provided. The FSC coordinates the

evaluation and assessment of a child and facilitates the development of the IFSP including IFSP reviews and annual review. FSCs ensure the IFSP services identified for a child are being delivered as planned and that they are timely. FSCs coordinate the funding sources for services required and facilitate in the transition planning for children exiting the program.

In Kansas, we look to Sheldon and Rush for guidance in implementing the Primary Service Provider (PSP) model of services. In their book, *The Early Intervention Teaming Handbook, The Primary Service Provider Approach*, they offer guidance regarding the role and function of the service coordinator within the PSP approach, including:

- The service coordinator begins to gather information from the family about activity settings and child interests at the initial visit to ensure that the child's and family's activity settings are the contexts for assessment and intervention (p 117).
- The service coordinator, as well as all providers, including contracted providers, should use a *synchronized explanation* of how services are delivered in a manner consistent with the *Mission and Key Principles of Providing Early Intervention Services in Natural Environments*, which includes and explanation of the PSP model. Programs may want to use the fact sheet and/or sample brochure from the *Teaming* handbook as a basis for developing program specific introductory information for families (p 118).
- In a dedicated model in which the FSC and PSP are two different people, coordination between the FSC, the PSP and the rest of the team is critical. In regards to parent support issues, the PSP should address an issue if she has the knowledge, skills, and experience to do so, but if not, should seek assistance from the FSC. The FSC is typically viewed as the expert on the team for special skills and knowledge related to community resources and supports (e.g. waivers, employment resources, medical assistance and transportation). In a blended model, all providers would

receive training on these special skills in order to fully provide FSC services (p 145).

The [Service Coordination Community of Practice](#) (SC CoP) was created by the Division of Early Childhood (DEC) to recognize the value of service coordinators and give these important early intervention team members a professional home. The SC CoP offers service coordinators the opportunities to network with others across the nation, share SC-related resources and tips, and learn about topics relevant to providing high quality service coordination and is co-chaired by Dathan Rush and M'Lisa Shelden. For more information see:

www.decsped.org/servicecoordinationcop If you provide FSC in Kansas, it's a great site for information and discussion on best practices in serving infants, toddlers and their families.

Sheldon, M.L. & Rush, D.D. (2013). *The Early Intervention Teaming Handbook, The Primary Service Provider Approach*. Baltimore, MD. Brookes Publishing.

Submitted by [Barbara Kramer](#) (785-764-4183) or email kramerb@ku.edu for more information.



Vision Services in Kansas
Part of a series of articles detailing
vision services in Kansas

6th edition of the Kansas Vision Screening Requirements & Guidelines

Series article 1 of 10

As of February 2019, the 6th edition of the [Kansas Vision Screening Requirements & Guidelines](#) is available through multiple state websites, including the Kansas Department of Health & Environment (KDHE), the Kansas State Department of Education (KSDE) and the Kansas School Nurses Organization (KSNO). The goal of this article is to provide an overview of the revision process and contents of the newly revised manual. This document may be found at:

<http://www.ksno.org/hearing-and-vision-screening-manuals/>.

The previous guidelines were written in 2004. With the current revision, the 6th edition, a number of changes were made:

- Presents a change in organization of the document,
- Dedicates a chapter to discussing the principles of vision screening,
- Focuses on evidence-based information by providing citations throughout the document,
- Emphasizes children who warrant automatic referral to an eye care professional,
- Addresses age-appropriate vision screening technique and tools, including instrument-based equipment,
- Provides an extensive appendix with summary charts, diagrams, document tools, glossary of terms and lists of vision-related services throughout our state.

A decision to organize screening information by age group, repeating information if applicable to more than one age group, resulted in a lengthier document than past editions.

What is the purpose of the document? The purpose of the Kansas Vision Screening Requirements & Guidelines is to provide evidence-based guidance for vision screening of individuals from birth through age 2 through the tiny-k program (Part C), early childhood programs (Part B), and school age children in Kansas. The guidelines are also meant to provide guidance for vision screening offered throughout the state as part of health fairs or other events.

Why was a revision needed? As mentioned in the introduction of this article, the guidelines were last revised in 2004. There are an increasing number of research studies, joint statements and practice documents specifying screening tools and approaches not addressed in the previous state manual or in need of updated

information (e.g., approved wall charts, appropriate occlude to use per age, threshold versus critical line screening). Additionally, the state lacked a document providing guidance in instrument-based screening, which is growing in popularity, both in use with young children and in school-aged children.

Who revised the document? The document revision began with a group working on the tiny-k vision screening tool. The revision group included a school nurse who approached KSNO requesting a revision of the larger document. Lacking resources, time and expertise to accomplish this on their own, KSNO reached out to vision health experts across the state at the first Kansas Vision Summit hosted by Envision, Inc. in the fall of 2017. One activity of the summit included prioritizing vision-related goals for the state. The revision of the manual was the top goal identified by the group. However, the group, recognizing a need to engage a national expert on the topic, partnered with KDHE and used grant funds to hire the service of national experts from [Prevent Blindness](https://www.preventblindness.org/) <https://www.preventblindness.org/>. State experts were assigned applicable chapters. The following is a list of the authors and reviewers:

- Authors - National Center for Children’s Vision and Eye Health at Prevent Blindness
 - P. Kay Nottingham Chaplin, Ed.D,
 - Kira Baldonado, BA
- Authors – Kansas Vision Coalition
 - Mae Claxton, ADN, RN
 - Cindy Galemore, MEd, BSN, RN, NCSN, FNASN
 - Misty Goosen, EdS
 - Graecinda M. K. Tedder, MEd, BSN, BSE, RN
- Reviewers – Kansas Vision Coalition
 - Jennifer Brantley, PhD
 - Stacy Clark, OD
 - Joan Houghton, Ed.D
 - Kendall Krug, OD
 - Linda Lawrence, MD
 - Anne Nielsen, PhD
 - Joseph Sullivan, OD
 - Heather Smith, MPH

What portions of the manual are applicable to the Kansas Infant and Toddler Program (ITS)? The revised manual is comprised of an Introduction, Chapters 1 through 6, and Appendices A through G.

- The first portion of Chapter 1–Legal Requirements by Program is specific to the Kansas Infant and Toddler Program.
- Chapter 2–Principles of Vision Screening, Chapter 3- Infants and Children with Special Considerations and Chapter 4– Birth to Age 3 Years are must reads for ITS vision screeners.
- Appendix A–Summary of Vision Screening, Appendix –Vision Education/Resources, Appendix–Eye Anatomy, Refractive Errors, and Visual Pathway, and Appendix G–Glossary provide helpful information for all vision screeners.
- Lastly, the first document in Appendix D– Letters/Forms is the updated Kansas tiny-K Vision Screen Form–Birth to Age 3 Years. As desired by users, this form provides abbreviated instructions for each step of the screening process, along with specifying ages to conduct specified screenings and when to skip a screening.
- Chapter 4 provides procedure guidance and more detailed instructions for each test/assessment on the form. KDHE, KSDE and KSNO websites provide a separate link to the form to ease access for users when desiring to print the form in advance of screenings.

What else should we know about the revised manual? The manual’s Table of Contents is formatted to assist users with navigating the manual. Click on the **page number** desired to quickly access the page. Click on a **page header** to be directed to the start of a chapter. Click on the **chapter title** to return to the Table of Contents. The Kansas Vision Coalition hopes to remain active, assisting with revisions to this manual as needed, and no less than once every seven years. The members of the coalition enjoyed the collaboration necessary to produce this resource for our state. Together, the

coalition recognizes the importance of vision to learning and overall health.

Submitted by [Cynthia A. Galemore](#). She can be contacted at galemorc@att.net. Cynthia recently retired after serving as director of health services for Olathe Public Schools. She is the current editor of the NASN School Nurse, the clinical resource journal for the National Association of School Nurses. Cynthia also serves as an independent school health consultant working on grants with the Bureau of Health Promotion, KDHE.

About the Kansas Vision Coalition

Series article 2 of 10

Many organizations throughout Kansas provide vision outreach and education with the goal of building awareness about eye health and healthy vision habits. Envision facilitated the creation of the Kansas Vision Coalition (KVC) in 2017 at the first-ever Kansas Vision Summit in Wichita, Kansas to bring voices together to share processes and experiences and accomplish together what no single organization could do alone. In its two short years of existence, the multidisciplinary, nonpartisan KVC has made great strides in advancing its central objective to make vision health a priority in Kansas.

Participants from 19 organizations and government agencies attended the Kansas Vision Summit to identify gaps and/or duplicate initiatives and create an action plan to move vision health forward. A group of attendees accepted the invitation to serve on a new KVC Task Force and drive initiatives identified at the summit. Envision provides administrative oversight and support to the group.

KVC Task Force members include:

- Heather Hogan, Envision (chair)
- Shamain Bachman, Envision
- Marla Canfield, Envision
- Stacy Clark, OD, Drs. Driver & Clark
- Mae Claxton, RN, Kansas State School for the Blind (retired)
- Bob Hamilton, Robert J. Dole Veterans Administration

- Tara Keesling, Western Kansas Low Vision Foundation
- Kendall Krug, OD, Krug and Jones Optometry
- Anne Nielsen, Lions Sight Foundation
- Joe Sullivan, OD, Sullivan Toon and Associates
- Cindi Tedder, RN, Olathe Public Schools and Kansas School Nurse Organization
- Jessi Troester, Alphapointe
- Jason Verbeckmoes, KS Eye Bank and Cornea Research Center

The KVC is currently working toward:

- Identifying priority areas and gaps in vision assessment, education and outreach processes targeting all populations throughout Kansas;
- Providing a pathway of health policy change to increase understanding and perception of vision loss in the state of Kansas and propose bills for legislative review focused on vision health, provision of resources and standards of care as it relates to visual assessment;
- Creating a low vision resource network for Kansans.

The KVC Task Force most significant and far-reaching accomplishment to date is the revision of Kansas Vision Screening Guidelines – something that hadn't been attempted in 14 years.

Working in partnership with the Kansas School Nurse Organization and the Kansas Department of Health and Environment, the KVC Task Force used evidence-based strategies supported by national organizations such as the American Optometric Association, National Association of School Nurses, National Center for Children's Vision and Eye Health and the American Association for Pediatric Ophthalmology and Strabismus to update screening guidelines, drawing on a standardized model of care in all 105 Kansas counties and 309 school districts. Emphasis was placed on early detection and timely treatment of vision challenges in children from birth to age 5 and students in elementary through high school. Kira Baldonado, vice

president of public health and policy for Prevent Blindness in Chicago and the keynote speaker at the 2nd Annual Kansas Vision Summit in 2018, was one of the primary authors of the revised guidelines.

The next step of legislative approval is under way. House Bill 2346, Relation to Standards for School-Administered Vision Screenings, was passed by the Kansas House of Representatives on February 27, 2019. It is currently being heard in the Kansas Senate Committee on Education.

The KVC Task Force will continue to forge ahead with priorities that are evaluated, revised and updated annually at the Kansas Vision Summit. The KVC invites welcomes comments and feedback. Anyone who would like to learn more, should contact [Marla Canfield](mailto:marla.canfield@envisionus.com), manager of public education and outreach at Envision, at marla.canfield@envisionus.com or 316-440-1532.

Kansas State School for the Blind Early Childhood Outreach Services

Series Article 3 of 10

The Kansas State School for the Blind is offering outreach services in the area of early childhood. We are dedicated to providing support and outreach services in the area of vision to young children, their families and early intervention teams. Research has shown that 80 to 90 percent of what young children learn is through their use of vision and the incidental learning that occurs by just watching others. When young children have a difference in how they use their vision, it can greatly impact their learning and development. Because vision is so important to children's development, early identification and appropriate interventions related to vision are critical. Our services may include any or all of the following:

- Provision of vision specific assessments for young children with visual impairments, including functional vision assessments, learning media assessments and cortical visual impairment range assessments.

- Provision of training or in-service related to visual impairments. Some examples of possible trainings are: identification of children with visual impairments, cortical visual impairment trainings, active learning trainings (based on Dr. Lilli Nielsen's work) and trainings regarding specific vision diagnoses.
- Provision of resources or information regarding visual impairments and early development to families and teams.
- Services for young children with visual impairments in a variety of ways (technical assistance, consultation services, family support services, collaboration with teams).

For more information, please contact [Susan Threinen](mailto:susan.threinen@kssdb.org), ECSE, TSVI, early childhood and family support specialist for Eastern Kansas, 913-945-0760 or susan.threinen@kssdb.org, or [Sabrina McAdoo](mailto:sabrina.mcadoo@kssdb.org), ECSE, TSVI, early childhood and family support specialist for Central and Western Kansas, 913-945-0696 or sabrina.mcadoo@kssdb.org.

Additional information on Vision Services in Kansas will be in the next KITS Newsletter.

Just for Families

DOLLY PARTON'S IMAGINATION LIBRARY

Dolly Parton's [Imagination Library](#) is a book gifting program that mails free, high-quality books to children from birth until they begin school, no matter their family's income.

After launching in 1995, the program grew quickly. First books were only distributed to children living in Sevier County, Tennessee

where Dolly grew up. It became such a success that in 2000 a national replication effort was underway. By 2003, Dolly Parton's Imagination Library had mailed one million books. It would prove to be the first of many millions of books sent to children around the world. The program currently sends books to children in 5 countries. If you would like to know how to register your child for free books, go to

<https://imaginationlibrary.com>. Information taken from: <https://imaginationlibrary.com>.

Submitted by [Kim Page](#) (620-421-6550) or email kpage@ku.edu for more information.



ECRC Spotlight on: ASQ-3 Learning Activities

Enhance the growth and development of infants and young children with more than 400 fun, fast, and easy-to-use learning activities—now in a **new edition** specially developed to complement [ASQ®-3](#). Perfect for sharing with parents of children who are developing typically or need nonintensive support in one or more developmental areas, these playful, developmentally appropriate activities

- encourage progress in the same five developmental areas as ASQ-3;—

communication, gross motor, fine motor, problem solving, and personal-social

- use safe, age-appropriate materials that most families have at home
- help even the youngest children develop crucial early language and literacy skills
- promote closer parent–child interactions
- serve as a natural follow-up for children who score in the ASQ-3 monitoring zone

New additions include a new set of activities for 0-2 months; more activities—30+ per age range; more language and literacy activities; more language modeling for parents; easy to email PDF format to share with parents; more differentiation of activities by age; and activities are now in color on the CD-ROM. Plus, the book includes a keycode for accessing the activities in your ASQ® Online

All information retrieved from:

<https://products.brookespublishing.com/ASQ-3-Learning-Activities-P624.aspx>. Resources like the ASQ-3 are available and may be borrowed from the KITS Early Childhood [Resource Center](#). Contact [Kim Page](#) at resourcecenter@ku.edu or (620 421-6550).

Contact the KITS

Early Childhood Resource Center

(620) 421-6550 ext. 1651

Toll free in Kansas: (800) 362-0390 ext. 1651

Email: resourcecenter@ku.edu.

Our entire catalog is searchable online at [KITS ECRC](#) or <http://kskits.org/ecrc/>

Collaborative Calendar of Events

Check the KITS Collaborative Training Calendar for information on a variety of training event for Kansas early childhood professionals!

DATE	EVENT / LOCATION	SPONSOR / CONTACT / REGISTRATION
6-04-2019	Fanning the Fatherhood Fire: A National Fatherhood Summit	National Responsible Fatherhood Clearinghouse – www.fatherhood.gov
6-11-2019	Expanding Your Early Childhood Toolkit	KCCTO-KITS Infant Toddler Specialist Network http://kccto.inc@gmail.com
6-12-2019	Yuck! I Don't Eat That! Nutrition & Selective Eating in Young Children with Autism	ILLINOIS MILITARY FAMILIES LEARNING - militaryfamilieslearningnetwork.org
6-13-2019	Master Coach Meeting	KITS – https://kskits.org