



## BEST's Impact100 Proposal

BEST requests funds to purchase 7 sets of eye-gaze devices, tablets, and specialized software to strengthen and refine our early intervention services for children with brain-based visual impairments and low vision across TN.

### THE NEED

Brain based visual impairment, also known as **Cortical Visual Impairment (CVI)**, is the #1 cause of pediatric vision loss, even drawing recent attention from the American Academy of Pediatrics.

CVI is also uniquely one of the few vision diagnoses that can see improvement, with the correct intervention at a young age.

### THE SOLUTION

Eye-gaze technology provides insights into what a child sees and how their environment helps or hinders—vital when they're too young to communicate this themselves.

Through one time purchases of equipment and software, these devices will remain with BEST providers, serving not only current, but future families.

## Why BEST?

### Summary:

**BEST is the only agency in TN providing intervention and support to families with young children (0-5) navigating blindness and vision loss.**

### A Close Relationship with the TN Early Intervention System

Through our contracts with TEIS, we are able to serve families in need across the entire state at no cost to them, through early intervention and vision evaluations.

However, our state contracts only subsidize roughly 1/3 of session costs, which does not cover technological upgrades or specialized tools, to support the latest research-backed intervention methods.

This proposal fills that gap.

### Part of the Larger Vision & Education Community

We are building on proven models from states like Kansas, where similar eye-gaze technology has transformed early intervention outcomes for children with visual impairments.

### Trusted by TN Families



*Malia now interacts with toys, makes eye contact, watches TV, and uses an eyegaze device to communicate. The tools and support from BEST have transformed her life- and ours.*

Amanda Sneed, BEST Mom





## A Deeper Look

### TIMELINE

#### Phase 1: Immediate Launch (Months 1-2)

- Purchase 2 sets of equipment for Executive Director & Director of Programs
- Pilot with a caseload of children with confirmed CVI

#### Phase 2: Staff Expansion (Months 3-9)

- Scale by equipping and training full time providers
- Continue use exclusively with diagnosed CVI cases

#### Phase 3: Explore Expanded Use (Months 9-12)

- Pilot device use in vision evaluations for children at risk of CVI
- Use devices to identify strategies and adaptations for children with other low vision diagnoses

#### Phase 4: Organizational Expansion of Use in Vision Evaluations (Year 2 and beyond)

- Establish procedures for broader use; train providers.
- Collect data to refine interventions and referral processes.

### MEASURING OUTCOMES

- # of Families Served Using the Devices
- # of Early Intervention and Evaluation Sessions Using the Devices
- Individual Child Progress to Developmental Goals
- Caregiver confidence in understanding their child's vision and how to best support it
- Provider application of data to inform which strategies to use in their early intervention

### ADVANCING LONG TERM STRATEGIC GOALS

#### Leveraging Data

Eye-gaze devices will make interventions more data-driven and responsive, capturing information beyond narrative observation.

#### Resources & Tools

Ensure BEST providers have access to the most up to date research informed tools for evaluations and interventions.

#### Reach & Access

Comparative data from evaluations will help identify early red flags and guide timely referral and diagnosis,

