

CMP Grant Application

Grantee: Ohio Office of the State Long-Term Care Ombudsman

Proposed Project: *Creating a Culture of Person-Directed Dementia Care*

Submitted 03/26/18

1. Purpose and Summary:

On behalf of the Office of the State Long-Term Care Ombudsman, we appreciate the opportunity to submit this request for **\$445,478** to utilize monies from the Civil Monetary Penalty (CMP) Grant Program for a comprehensive educational project entitled ***Creating a Culture of Person-Directed Dementia Care***. See a detailed budget narrative (Attachment A) for a detailed spending plan.

The proposed **project goal is to support the continued reduction of antipsychotic medications through person-directed care practices that redefine perceptions of and approaches to dementia care.** Choice, dignity, self-determination, and purposeful living are core person-directed values highlighted in regulatory actions, such as the Minimum Data Set 3.0, the Quality Indicator Survey process, as well as the CMS initiative to reduce the use of antipsychotic medications. Person-directed care is structured around the unique needs, preferences, and desires of the individual. Through this approach, decisions and actions around care honor the voices and choices of those accepting care and the people closest to them. Person-directed care education that engages a variety of stakeholders, such as employees in multiple roles, family members, ombudsmen, and surveyors, provides a solid foundation for the sustained and successful reduction of antipsychotic medication use over time through non-pharmacological means.

The ill effects of medication overuse in general are well-known, especially the prescribing cascade that occurs as new medications are added to treat side effects of another medication being taken, and not a new physiological condition. Unnecessary medications are often prescribed in lieu of identifying underlying unmet needs first. For example, The Eden Alternative has identified loneliness, helplessness, and boredom as plagues of the human spirit that can result in agitation, aggression, and despair. Negative attitudes, fears, and outdated perceptions of dementia limit caregivers' ability to tune into what is truly being communicated.

Creating a Sustainable Culture of Person-Directed Dementia Care involves a comprehensive education strategy involving both online and in-person group education, self-directed application of skills, replication resources for ongoing education, and the opportunity to engage with other Ohio nursing homes in pursuit of best practices.

This proposed project will help up to 400 participants from 100 Ohio nursing homes and up to 50 ombudsmen and 50 surveyors (grand total of up to 500 project participants) to support the reduction of the use of antipsychotic medications by teaching them how to:

- Identify limitations of current approaches to care for those living with dementia;
- Reframe “problem behaviors” as personal expressions of unmet needs;

- Understand the role of sensitivity, awareness, and presence in dementia care;
- Collaborate creatively with family members as partners in care;
- Deepen responsiveness to the needs of those living with dementia;
- Explore the impact of loneliness, helplessness, and boredom on well-being;
- Benefit more from what individuals who live with dementia have to offer us;
- Learn practical, everyday skills for enhancing quality of life and quality of care;
- Recognize the importance of enhancing well-being for all;
- Apply skills learned to everyday situations generating creative solutions that empower individuals to live full and positive lives; and
- Act as change agents back in their organizations by sharing and demonstrating the best practices learned through their training experience.

Participants will benefit from the following project activities:

- Forming organizational “change agent teams” of 3-4 nursing home employees;
- Participating in 3 distinct educational experiences that support and build on one another;
- Receiving a turn-key training kit for a 1-day training that can be used internally over time;
- Applying project action plans that illustrate how to put skills they’ve learned to work for them;
- Referencing supplemental crosswalk tools aligning the project content with modules from [CMS’ Hand in Hand training](#), combining and building on the strengths of multiple learning tools;
- Sharing best practices through virtual participant gatherings;
- Tracking their own medication use data via specific indicators; and
- Completing all required aspects of the comprehensive evaluation process.

Each enrolled nursing home (100 in total) will create a “Change Agent Team” of 3-4 people for full participation in the project. Designated team members should possess skills in teaching, coaching, and leadership and be willing to return to their organizations prepared to share what they’ve learned through education and daily infusion of the concepts into operations. At least 2 members of each team should hold a leadership position in the organization to help drive the change efforts and the dissemination of new skills and concepts throughout the organization.

2. Expected Outcomes:

Project deliverables:

Each enrolled nursing home (up to 100) will create a “Change Agent Team” of 3-4 people for full participation in the project. This team will ideally include people in the following roles: 1) Director of Nursing; 2) Staff Development; 3) Administrator; and/or 4) Social Services. Designated team members should possess skills in teaching, coaching, and leadership and be willing to return to their organizations prepared to share what they’ve learned through education and daily infusion of the concepts into operations.

Once organizations have enrolled their change agent teams in the project, participating teams will receive a project welcome packet that includes information about what data they will track for the project (see details under “Results Measurement). They will also receive information about how to use The Eden Alternative’s GROWTH Model (See Attachment B), which is a user-friendly framework for quality

assurance performance improvement (QAPI) projects. These tools demonstrate how to give performance improvement projects focus and direction, while providing the means to track progress.

Details of the project's education strategy include the following elements:

PHASE 1: *Dementia Beyond Drugs* (a 2-day, in-person training experience)

We are proposing 2 rounds of *Dementia Beyond Drugs* training in Ohio (2 locations to be determined), for an overall total of up to 400 nursing home employees. Up to 50 ombudsmen, 50 surveyors and representatives from managed care plans will also be invited to attend.

[Dementia Beyond Drugs](http://www.edenalt.org/events-and-offerings/educational-offerings/dementia-beyond-drugs/) (<http://www.edenalt.org/events-and-offerings/educational-offerings/dementia-beyond-drugs/>) is an Eden Alternative curriculum based on the award-winning book by Dr. Al Power of the same name. Through person-directed approaches, providers can more effectively assess the risks, burdens, benefits, and prognosis for the resident, all of which must drive decisions about appropriate medication use. *Dementia Beyond Drugs* emphasizes the value of an “experiential model” that facilitates growth, meaningful engagement, and improved well-being for all involved in the exchange of care.

Participants will leave the training prepared to 1) identify the limitations of our current approach to care for those living with dementia, 2) recognize the importance of enhancing well-being for all, 3) reframe so-called “problem behaviors” as unmet needs, 4) work collaboratively with teammates to significantly reduce the use of antipsychotic medications, and 5) apply the Experiential Model to everyday situations of need through creative solutions that empower individuals to live full and positive lives. Participants leave the training with a training action plan and act as change agents back in their respective organizations by sharing and demonstrating the best practices learned through their training experience.

To date, The Eden Alternative has partnered with organizations in Georgia, Illinois, Kansas, Kentucky, Mississippi, Oklahoma, South Carolina, Tennessee, and Texas, to offer federal CMP-funded *Dementia Beyond Drugs* training. A grant-funded project in Oklahoma featuring *Dementia Beyond Drugs* training, for example, revealed that participants experienced an overall 9% shift toward person-directed perceptions of and approaches to, dementia care – nearly double the project's proposed outcome of a 5% shift. Findings showed that not only did participants make a significant move away from institutional ways of thinking about dementia care and toward a person-directed approach, but they also conveyed confidence in their ability to apply the non-pharmacological solutions that they learned. Similar outcomes were achieved for a national CMS grant project focused on delivery of *Dementia Beyond Drugs* across 5 of the aforementioned states (Please see the [final report](http://www.edenalt.org/wordpress/wp-content/uploads/2017/04/Final-Report-The-Eden-Alternative-1K1CMS331418-01-001.17a.pdf) at <http://www.edenalt.org/wordpress/wp-content/uploads/2017/04/Final-Report-The-Eden-Alternative-1K1CMS331418-01-001.17a.pdf>).

PHASE 2: *Reframing Dementia Training Kit and Reframing Dementia: Train the Change Agent* (a 1-day, in-person educational experience)

Each Change Agent Team will receive one [Reframing Dementia Training Kit](#) (see Attachment C) and specific skills and resources for how to put these materials to work back in their organizations. By focusing on observation, communication, and interpersonal skills needed to identify the unmet needs of people living with dementia, *Reframing Dementia*, also an Eden Alternative offering, prepares employees, family members, and volunteers to effectively respond to challenging interactions with awareness, presence, and compassion. Up to 24 Ombudsmen will be invited to attend the *Reframing Dementia: Train the Change Agent* event, but they will not receive copies of the *Reframing Dementia* Training Kit. Surveyors will not be included in *Reframing Dementia: Train the Change Agent*, as its focus is on teaching teams how to teach a training back in their organization.

Participants learn to:

- Understand the role of sensitivity, awareness, and presence in dementia care;
- Deepen responsiveness to the needs of those living with dementia;
- Explore the impact of loneliness, helplessness, and boredom on well-being;
- Benefit more from what individuals who live with dementia have to offer us; and
- Learn practical, everyday skills for enhancing quality of life and quality of care.

For successful application of the training kit, Change Agent Teams will...

- Attend a 1-day, in-person/interactive educational event (2 different locations/dates to choose from) called *Reframing Dementia: Train the Change Agent*. This training will cover highlights of the training content, offer tips on how to facilitate the training, and how to engage others in applying the content back in the homes they represent.
- Implement what they've learned back in their organizations by focusing efforts on an area of their organization where they will focus their implementation efforts first, for example, a neighborhood, household or a group of Elders living with dementia that need a higher level of support, etc. Teams are encouraged to experience a smaller success that they can then apply to other areas of the organization.

PHASE 3: *The Care Partner Workshop* (an 8-week, online educational experience)

Each change agent team participating in *Dementia Beyond Drugs* and a family member affiliated with the nursing home will commit to participating in one of six 8-week rounds of interactive, webinar-based *Care Partner Workshops* (Dementia Care Focus), also developed by The Eden Alternative. Each round can accommodate the participation of roughly 16 nursing home teams for a total of around 64 people in each online round.

By emphasizing development of collaborative care partner teams, the *Care Partner Workshop* brings together different stakeholders (or care partners) – employees, family members, and the residents themselves – in a single learning environment. Creating a shared language and approach across members of the care partner team strengthens the organization's efforts to reduce antipsychotic use and hardwire change initiatives. By focusing on the concept of care partnership (particularly as it applies to those who live with dementia), a culture of meaningful care develops that does not see the needs of caregivers as

separate from the needs of care receivers, but rather advocates for the well-being of the whole care partnership.

This interactive, webinar-based training is designed to give participants a powerful appreciation for the role of sensitivity, awareness, and presence in identifying the needs of those living with dementia by 1) encouraging them to see dementia, and living with it, through different eyes; 2) defining the impact of loneliness, helplessness, and boredom on those living with dementia; 3) relieving these three plagues by developing deep connections with people who live with dementia; 4) demonstrating how we benefit from the unique gifts people living with dementia have to offer; and 5) how to support the development of a sustainable person-directed culture of care.

There will be 6 different rounds of the *Care Partner Workshop* for the project to accommodate the potentially large number of participants. Online learning is most effective in smaller groups. Thus, the participating change agent teams will choose from one of these six options. Each *Care Partner Workshop* is broken down into eight weekly 1.5-hour online sessions. Between weekly sessions, participants are given specific hands-on learning assignments to complete within their teams. Ombudsmen will monitor the teams' activities in completing the learning assignments and provide feedback to The Eden Alternative representatives for further technical assistance. When the training resumes at the next webinar session, there is an opportunity to hear from other teams at other sites and learn from each other's experiences. Offering multiple rounds of the *Care Partner Workshop* helps preserve the interactive nature of the training within an online format. This way, learning is more deeply integrated and applied, leading to stronger outcomes that will then be 1) internally replicated repeatedly in other parts of each organization; and 2) shared broadly with other nursing homes in the form of an electronic written report. Participants also leave the training with an implementation protocol and act as change agents back in their respective organizations by sharing and demonstrating the best practices learned through their training experience.

For participants of a national CMS grant project involving 5 states, 77% of those participants indicated that they were DEFINITELY using what they learned from The Eden Alternative's *Care Partner Workshop*, based on follow-up surveys administered 2 months later. When asked if the training content provided information that helped them improve care for individuals living with dementia: 1) 84% of all participants in the *Care Partner Workshop* said DEFINITELY; and 88% of the family members alone that participated in the *Care Partner Workshop* said DEFINITELY.

Proposed Timeline at a Glance

MONTH 1 – 4	Participant recruitment/other preparation processes <ul style="list-style-type: none">• STLCO provides recruitment outreach• Participants receive preliminary information about the QAPI storyboard expectation and how to get prepared for it Quarterly reporting
MONTH 5	<i>Dementia Beyond Drugs</i> training (2 separate events/locations) <ul style="list-style-type: none">• Kick-off QAPI storyboard development
MONTH 6 or 7	<i>Reframing Dementia: Train the Change Agent</i>

(2 separate events/locations)

- Adjust storyboards for addition of training kit use.

MONTH 8

Nursing homes begin to work with their training kits

Quarterly reporting

MONTH 9 –10

Care Partner Workshop (first cohort of 2 concurrent sessions)

- Adjust storyboards to account for new skills/practices.

MONTH 11 – 12

Care Partner Workshop (second cohort of 2 concurrent sessions)

- Adjust storyboards to account for new skills/practices.

Quarterly reporting

MONTH 13 – 14

Care Partner Workshop (third cohort of 2 concurrent sessions)

- Adjust storyboards to account for new skills/practices.

MONTH 15 – 16

Continued implementation involving training kit use and application of skills learned; continued work on QAPI storyboards

MONTH 17 – 18

Complete data collection for project; compose final analysis and report

Breadth of impact and long-term sustainability:

The overall impact of the proposed project does not end with the project participants alone. Project participants are empowered to be change agents, prepared to lead by example and to teach other employees in their organizations the skills needed to support person-directed approaches to dementia care, as well as the reduction of unnecessary medications (including antipsychotics) and optimization of medication systems and usage. Thus, the project’s impact has the potential to be exponential. Hundreds of employees, residents, and family members can be positively affected by the changes project participants are equipped to set into motion. Ombudsmen will receive new skills in approaching complaint handling that will also benefit residents of non-participating nursing homes across the state. The teaching and sharing of new skills across different roles also ensures sustainability of the project goals over time.

Specific dissemination strategies for this project include the following: 1) The *Reframing Dementia Training Kit* is in the hands of every participating organization and available for ongoing use and application over time. 2) Tools and strategies developed during the project can be internally replicated in each organization repeatedly on several levels; 3) Lessons learned from participating organizations will be captured in the final report through implementation assessment findings. This report will be shared with all participating organizations and can be shared with the broader Ohio nursing home community, as well.

Lastly, this proposed initiative provides a clearly articulated roadmap for a quality improvement project.

Expected outcomes for the proposed project include the following:

1. By the end of the grant period, the project will help produce at least a 5% shift toward person-directed perceptions of, and approaches to, dementia care for project participants.
2. By the end of the grant period, each nursing home team that participates in the project will be expected to draft a QAPI storyboard, based on the CMS Storyboard Guide. We expect at least 60% of participating teams to submit their completed storyboards by the end of the project.
3. By the end of the grant period, the project will help affect at least an overall 5% reduction in the use of antipsychotic medications for the State of Ohio. Data for non-participating nursing homes in Ohio will be compared against data for participating nursing homes in Ohio to reflect how participation in the grant project impacts results.

4. Results Measurement:

Effectiveness of use of funds will be measured using a combination of different measurement strategies. Data analysis will be handled by an objective third party evaluator, Amy Elliot Consulting LLC. Amy Elliot, Ph.D., is a health and long-term care policy consultant with a strong background in health economics, gerontology, long-term care, public policy and financial analysis. Her primary focus is the analysis of innovative models to support long-term care policy and practice.

Knowledge:

- *Dementia Beyond Drugs* training creates a shift in awareness and increases knowledge of and skills for transforming current approaches to care for those living with dementia.
- The *Reframing Dementia* Training Kit supports and helps disseminate knowledge gained through the project educational experiences by providing a scripted approach for delivery of ongoing education within participating organizations over time.
- The *Care Partner Workshop* builds on this knowledge through a high-engagement strategy (change agent team, family member, resident, ombudsmen) incorporating additional skill-building in between online learning sessions through experiential exercises.

WHAT Will Be Measured:

Changes in perceptions about dementia care and the use of person-directed practices as an alternative to medication use

- Reductions in medication use
- Changes in practices/processes regarding medication use/systems in the organization

HOW the Project Will Be Evaluated:

Changes in Perceptions

- *Dementia Beyond Drugs* – Pre- and Immediate Post- Surveys at the 2-day training event.
 - Survey responses from ombudsmen and from nursing home participants will be managed separately.
- *Dementia Beyond Drugs* – Sustainability Check:
 - This tool includes a set of focused questions to assess on-the-ground use and application of knowledge in daily practice. (For example: Are you still using this knowledge? Is it factoring it into how you practice? How are you sharing this knowledge?)
 - This tool will be administered once 4 months after the training (for change agent teams only)
- *Care Partner Workshop* – Pre- and Immediate Post- Surveys online before and after events.
 - Survey responses from ombudsmen and from nursing home participants will be managed separately.
- *Care Partner Workshop* – Sustainability Check:
 - This tool includes a set of focused questions to assess on-the-ground use and application of knowledge in daily practice. (For example: Are you still using this knowledge? Is it factoring it into how you practice? How are you sharing this knowledge?)
 - This tool will be administered once 2 months after the training (for change agent teams only)

Value Assessment

- *Reframing Dementia: Train the Change Agent*
 - This simple assessment will focus on determining the value of the support and materials provided to make use of the *Reframing Dementia* Training Kit easy and effective.
 - This tool will be administered immediately after the conclusion of the *Train the Change Agent* event.

Practice/process Changes in the Home

This portion of the evaluation assumes that knowledge changes attitudes, practices, and the culture of the organization.

- QAPI storyboard documenting their work as a team and results by the close of the project. One per participating nursing home, due at the end of the project; and
- Ask each home to document 1 or more resident stories for the reduction of antipsychotics (e.g., how the team identified alternative therapies, methods and the results). This will be included in their storyboard process.

- The storyboard process will pull everything together, by integrating implementation of skills/knowledge learned in *Dementia Beyond Drugs* and *Care Partner Workshop* and through the implementation of the *Reframing Dementia* Training Kit back in the participating nursing homes.

Reductions in Antipsychotic Use

This portion of the evaluation assumes that practice/process changes result in safe and effective reductions. The approach will involve a matched run of data for participants vs. non-participants.

The data source will be real-time data, with CASPAR data as the preference and Nursing Home Compare as a fallback plan.

4. Benefits to Nursing Home Residents:

Residents living in participating Ohio nursing homes are expected to benefit from this proposed project through person-directed care strategies that help reduce the use of antipsychotics and improve overall well-being and quality of life. These care strategies include, but are not exclusive to, moving beyond the symptom (often called “challenging behaviors”) and identify and address the unmet needs that may be triggering them; shifting negative attitudes, fears and outdated perceptions of dementia so residents’ needs can be truly heard; empowering direct care staff to work collaboratively and compassionately with individuals living with dementia; and emphasizing how improvement of organizational culture and systems significantly enhance overall quality of life and quality of care for nursing home residents.

The overuse of antipsychotic medications, for example, has been proven to decrease physical mobility and quality of life, while increasing confusion, hospitalizations, falls with fractures, and, in some cases, death. Reducing antipsychotic use not only improves overall well-being, but also decreases healthcare expenses, due to the high cost of these medications.

Per 2016 Quarter 4 data from the National Partnership to Improve Dementia Care in Nursing Homes, Ohio currently ranks 33rd in the country when it comes to reducing antipsychotic medications.

Person-directed care education engages different stakeholders, such as employees, family members, ombudsmen, and the residents themselves, and provides a solid foundation for the sustained and successful reduction of antipsychotic medication use over time through non-pharmacological means. Through person-directed concepts and practical tools, nursing home staff will be empowered to engage other stakeholders in the reduction of antipsychotic use, while improving quality of life and quality of care for those they support.

The proposed project also actively engages the direct participation of ombudsmen and surveyors. This prepares ombudsmen to assist these nursing homes in cultivating a person-directed culture of care. Surveyors will gain new perspective of person-directed approaches that support new Conditions of Participation.

5. Non-Supplanting:

This project, which involves a comprehensive educational experience and materials intended to guide further implementation of the new concepts, is intended to meet and exceed current regulatory requirements. Participating facilities will integrate new ideas, resources, and skills into daily clinical practices that ultimately transform the existing organizational culture and practices to improve quality of life for nursing home residents. The proposed learning experience will expand the organization's knowledge of person-directed care, while also refining clinical processes, which should result in improved quality and lower cost.

The Office confirms that CMP funds will not be used for any federal- or state-prohibited costs such as food at conference or training events, nor will the funds be used to pay for staff time spent on ombudsman core services such as complaint-handing activities.

6. Consumer and Other Stakeholder Involvement:

Successful person-directed care practices assume that the voice and choices of the resident frame the course and direction of care. Therefore, participants will be encouraged to share what they have learned with other employees, family members, and the residents themselves to reinforce the learning and create shared systems of support.

- “Learning Circles” will be taught to training attendees as a tool that supports the process of gathering stakeholder feedback. The goal is to make sure that those individuals needed to secure the success of each outcome are an active part of defining that success.
- Participating interdisciplinary teams will develop their own unique performance improvement project (PIP) plan for implementing what they learn both during the project. A portion of this PIP plan will require them to address how they will engage residents and family members in the process of reaching their goals.
- One of the project learning experiences (the dementia-specific version of the *Care Partner Workshop*) is designed specifically for bringing different stakeholders together in a single learning environment. Doing so immerses family members and participating ombudsmen in person-direct care concepts and offers them the opportunity to be a part of the solution by serving as active, empowered members of the care partner team.
- Participating ombudsmen will go through both in-person training events and team up with one of the participating organizational teams to experience the *Care Partner Workshop* with them.
- Surveyors are invited to register for participation in *Dementia Beyond Drugs* training and in *Reframing Dementia: Train the Change Agent*. This will prepare them to better advocate for and support the implementation of person-directed practices in Ohio nursing homes. This will be particularly useful in conjunction with the new dementia-specific survey process.
- Once participating organizational teams receive their *Reframing Dementia* Training Kits, they will be encouraged to open their *Reframing Dementia* training(s) to family members and volunteers to extend the learning and create shared systems of support.

7. Funding:

We are requesting **\$445,478.** in Civil Monetary Penalties funds to support the activities of this project. The categories of cost for which we are seeking support include:

Personnel:

- 1) The Office of the State Long-Term Care Ombudsman will collaborate with contractors, to ensure the success of the project including, but not limited to, outreach to participants for recruiting and follow-up, assistance and participation in the in-person training events, financial tracking of the project, and writing and submission of all reports.

Total Personnel: \$5,570.

Contractor Travel

- 1) Travel for two educators, six facilitators, and one event manager for a total of nine people for two *Dementia Beyond Drugs* events totals \$20,745 or an average \$2,305 per person. Travel for two educators, six facilitators, and one event manager for a total of nine people for *Reframing Dementia: Train the Change Agent* totals \$16,533 or an average of \$1,837 per person. The *Care Partner Workshops* are delivered online, and there are no travel expenses for online events. See *Contractor Travel Budget Detail* spreadsheet for additional information.

Total Contractor Travel: \$37,278.

Contractual: This category reflects the cost of fees associated with our project partners: This includes the expenses for the training events, evaluation of the project, and assistance with tracking and reporting of grant activities.

Dementia Beyond Drugs Training:

- 1) Two Certified Eden Alternative Educators will teach two *Dementia Beyond Drugs* 2-day training events for up to 250 attendees each at \$2,000/Educator/event for a total of \$8,000. Pre-training preparation for each Educator will require both group coordination and individual preparation at \$1,000/Educator for a total of \$2,000. Six support facilitators will help small groups with interactive exercises throughout the training. Each facilitator will receive \$1,600 per 2-day event for a total of \$19,200 for 6 facilitators for two events. Event management will include setting up and managing all registration activity, preparation for in-person events, and on-site event coordination for two events for a total \$4,500. **Total: \$33,700.**
- 2) The *Dementia Beyond Drugs* course content will be licensed at \$225 per person for up to 500 participants for a total course content licensing fee of \$112,500. Materials for *Dementia Beyond Drugs* will be provided at \$50 per person for up to 500 people totaling \$25,000. Supplies, fulfillment and shipping of materials for *Dementia Beyond Drugs* is \$4,140. **Total: \$141,640**
- 3) Two separate venues providing space including audio visual equipment for the *Dementia Beyond Drugs* 2-day training events will be \$5,000 each. **Total: \$10,000.**
- 4) A royalty fee to the publisher of the book *Dementia Beyond Drugs*, Health Professions Press, will be paid for up to 500 participants at \$45 per participant. **Total: \$22,500.**

Total Dementia Beyond Drugs Training: \$207,840.

Reframing Dementia: Train the Change Agent Training:

- 1) Two Certified Eden Alternative Educators will teach two *Reframing Dementia: Train the Change Agent* 1-day training events for up to 424 attendees at \$1,450/Educator/event for a total of \$5,800. Six support facilitators will help small groups with interactive exercises throughout the training. Each facilitator will receive \$1,250 per 1-day event for a total of \$15,000 for six facilitators for two events. Event management will include setting up and managing all registration activity, preparation for in-person events and on-site event coordination for two events for a total of \$3,360. **Total: \$24,160.**
- 2) *Reframing Dementia: Train the Change Agent* course content will be licensed at \$125 per person for up to 424 participants for a total course content licensing fee of \$53,000. Materials provided for *Reframing Dementia: Train the Change Agent* will be \$20 per person for up to 424 people totaling \$8,480. *Reframing Dementia* training kits will be provided to each team at \$199 per team for up to 100 teams totaling \$19,900. Supplies, fulfillment and shipping of materials for *Reframing Dementia: Train the Change Agent* totals \$4,750. **Total \$86,130.**
- 3) Two separate venues providing space including audio visual equipment for the *Reframing Dementia: Train the Change Agent* 1-day events will be \$2,500 each. **Total: \$5,000.**

Total Reframing Dementia: Train the Change Agent Training: \$115,290.

Care Partner Workshop

- 1) For the *Care Partner Workshop* 8-session online training, two Educators will teach six rounds of the 8-session training. At \$2,300/Educator for each round of training, including preparation and follow-up, the total is **\$27,600.**
- 2) Technical assistance to run the webinar system is \$1,600 per round for six rounds of training totaling **\$9,600.**
- 3) *Care Partner Workshop* course content will be licensed at \$200 per team for up to 100 teams totaling **\$20,000.**

Total Care Partner Workshops: \$57,200

Participant Support and Follow-Up:

- 1) Two Educators will work consistently with the teams regarding project activities related to delivery of Reframing Dementia training back in the participating organizations. The two Educators will also work with ombudsmen through the recruitment, training, and follow-up phases of the project at \$500/Educator/month over 9 months totaling **\$9,000.**

Total Participant Support and Follow-Up: \$9,000.

Survey and Data Analysis:

- 1) Dr. Amy Elliot, PhD will manage data analysis at \$6,000. Survey design, tracking, and data entry will be \$4,500.

Total Survey and Data Analysis: \$10,500.

Project Promotion:

- 1) Project promotion assistance from The Eden Alternative includes promotional materials design and production totaling \$2,800. The Ohio Ombudsmen Office will do additional promotion with no additional cost.

Total Project Promotion: \$2,800.

TOTAL CONTRACTUAL: \$402,630.

TOTAL PROJECT: \$445,478.00

8. Involved Organizations:

Grantee: Office of the State Long-Term Care Ombudsman

Sub grantees:

The Eden Alternative®

Chris, Perna, President & CEO

585-943-5549

Cperna@edenalt.org

Role: Management and delivery of all project education

See Eden Alternative Home Office Team List (Attachment E) and support letter (Attachment F)

Contractor Supporting Project Activities and Deliverables:

Amy Elliot Consulting, LLC

Amy Elliot, PhD, Health Policy and Evaluation Consultant

614-378-5367

amyelliot20@gmail.com

Role: Management and analysis for the project evaluation process

See attached support letter (Attachment G)

9. Contact:

Erin Pettegrew

Acting State Long-Term Care Ombudsman

246 N. High St./1st floor

Columbus, OH 43215

614-995-0882

Proposed Budget

Creating a Culture of Person-Directed Dementia Care

Personnel:	Year 1	Year 2	SubTotal	Total
<i>Office of the State of Long-Term Care Ombudsmen:</i>				
Collaboration with Contractors (Recruitment, Follow-up, Other Assistance)	\$ 2,739	\$ 1,370	\$ 4,109	
Financial Tracking and Invoicing	\$ 600	\$ 313	\$ 913	
Report Writing/ Submission of Reports	\$ -	\$ 548	\$ 548	
Total Personnel	\$ 3,339	\$ 2,231		\$ 5,570.00
Travel: Contractor Travel - See Separate Contractor Travel Budget Detail Spreadsheet				
Dementia Beyond Drugs Training Event				
2 Educators, 6 Facilitators, and 1 Event Manager Travel - 2 events in 1 trip	\$ 20,745			
Reframing Dementia: Train the Change Agent Events				
2 Educators, 6 Facilitators, and 1 Event Manager Travel - 2 events in 1 trip	\$ 16,533			
Total Travel	\$ 37,278			\$ 37,278.00
Contractual:				
	Year 1	Year 2	SubTotal	
<i>Dementia Beyond Drugs Training (DBD)</i>				
2 Events				
DBD Educators(2), Facilitators(6) & Event Manager(1)	\$ 33,700			
DBD Course Content & Materials for up to 500 (includes fulfillment & shipping)	\$ 141,640			
DBD Venue & Audio Visual	\$ 10,000			
Dementia Beyond Drugs Book Publisher Royalty	\$ 22,500			
	\$ 207,840		\$ 207,840	
<i>Reframing Dementia: Train the Change Agent (RD:TTCA)</i>				
2 Events				
RD: TTCA Educators(2), Facilitators(6) & Event Manager(1)	\$ 24,160			
RD:TTCA Course Content & Materials for up to 424 (includes fulfillment & ship	\$ 86,130			
RD:TTCA Venue & Audio Visual	\$ 5,000			
	\$ 115,290		\$ 115,290	
<i>Care Partner Workshops (CPW)</i>				
2 Rounds 4 Rounds				
CPW Educators (Online)	\$ 9,200	\$18,400		
CPW Technical Assistance with Webinar System	\$ 3,200	\$ 6,400		
CPW Course Content for up to 100 Teams	\$ 8,000	\$12,000		
	\$ 20,400	\$36,800	\$ 57,200	
Participant Support and Follow-Up				
Educator Follow-Up with Teams (\$1,000 monthly for 9 months/2 Educators)	\$ 5,000	\$ 4,000	\$ 9,000	
Survey and Data Analysis				
Survey Development, Project Data Collection & Entry	\$ 4,000	\$ 500	\$ 4,500	
Dr. Amy Elliot, PhD, Independent Analysis	\$ 4,000	\$ 2,000	\$ 6,000	
	\$ 8,000	\$ 2,500	\$ 10,500	
Project Promotion				
Grant Project Promotional Package Design and Production	\$ 2,800		\$ 2,800	
Total Contractual				\$ 402,630.00
Total Request				\$ 445,478.00

Creating a Culture of Person-Directed Dementia Care

A Grant Project Proposed by the Office of the State Long-Term Care Ombudsman

Proposed Budget



The GROWTH Model is a six-part conversation that guides change for individuals, teams, and organizations. GROWTH is an acronym, it is easy to remember and easily becomes an integrated part of change efforts. Here is what the acronym stands for:

- G** = Get Real
- R** = Reach Out
- O** = Open up and Dream
- W** = Work up a Plan
- T** = Take Action
- H** = Hold Steady and Reach Further

Getting Real is about the starting point of the change process; recognizing all that is going well and where there are opportunities to improve or grow. Once the current reality is understood, **Reach Out** is about beginning to engage others in the change process. When people have a shared understanding of current reality, and agree with the need for change, they can **Open Up and Dream** of future possibilities, creating the vision (goal) for growth. With the vision defined, it is time to **Work Up a Plan**, and **Take Action** to implement the plan. Once success begins to unfold, it is important to make sure the changes **Hold Steady**, or “stick” as the team continues to **Reach Further**, leading to ongoing growth.

Each step of the GROWTH Model has unique set of questions and action steps, for example:

G – Get Real

- What is going well right now?
- What is not going well right now?
- Where are some opportunities for growth?
- What are some past successes that can be built on?
- Why does change need to happen and why now?

R – Reach Out

- Who needs to learn about this change?
- What’s the best way to share this change idea with others?
- Who could be the champion(s) of this change?
- Who has made a similar change successfully, and what can be learned from them?
- What other resources are needed to assist in this change effort?

O – Open Up and Dream

- Gather everyone that can affect this change positively or negatively – use lots of Learning Circles.
- Share the need for change.
- Give everyone a chance to share dreams about what successful change looks like to them.
- Capture those dreams in a meaningful vision statement.
- Once created, communicate the vision often and widely.

W – Work Up a Plan

- Develop short and long-term goals toward the vision – what will be done first, second, and third?
- Create action plans to achieve those goals.
 - Who will do what by when?
 - Can everyone on the team, or throughout the organization, find a role in implementing the plan?
- How will success be measured?
 - What combination of data and story collection will be most effective?
 - Who will collect data and stories and how often?
 - With whom will the stories be shared?
- How will the vision and action plan be communicated to others?
 - Who will participate in the communication process?
 - What resources will they need to be successful?
- Be flexible – revisit and change action plan steps, if needed.
- How often will the action plan be reviewed and by whom?

T – Take Action

- Who, or what team, is responsible for monitoring implementation of the action plan?
 - How often will they meet?
 - How will they share progress with others?
- Empower well-equipped, diverse teams to move forward with the action plan.
 - What information, knowledge, skills/training, resources, and support (the Five Conditions of Empowerment) will care partners need to actively participate in the implementation of the action plan?
 - If care partners are struggling with implementing the action steps, how will this be addressed?
- Leaders recognize, minimize, or remove any barriers to success.
- How do the stories and the data inform care partners about the success of the action plan?
 - Is it time to make some adjustments to the plan or move in a different direction?
- How will successes be celebrated?
 - What makes for a meaningful celebration within the organization?
 - Who will be involved?

H – Hold Steady and Reach Further

- How will care partner teams recognize when change efforts aren't sticking?
 - Who will be involved in the monitoring process?
 - What method of communication will work best for alerting leaders?
- Align lifestyles, beliefs, attitudes, systems, and processes (e.g. policies and procedures, hiring and welcoming, rewards and growth evaluations) to reinforce and deeply ingrain new behaviors (this involves personal and organizational transformation).
- Re-assess the current reality, dream further, develop new goals, and keep growing.
- Share stories of success and failure to build organizational learning and the capacity to take on future change.
- How will future leaders, formal and informal, learn the story of how this change was put into place, so they can sustain the change and not unravel it?

The GROWTH Model is not a linear, step-by-step process. People who apply this model typically find themselves going back over steps they thought were completed, before they can move on again. Wise leaders create opportunities to reflect, evaluate success, revisit some steps, and make adjustments to ensure that successful outcomes will be hardwired into organizational systems and become the “way we do things here.”

Reframing Dementia Training Kit

Books & DVDS

- Reframing Dementia* Facilitator Guide
- Be With Me Today – Dr. Richard Taylor (DVD)

- One CD: Support Materials for the Facilitator**

Contents of the CD include the following documents:

- Electronic version of the Facilitator’s Guide
- Participant Handouts:
 - “Elsa’s Growth Plan Team Exercise Worksheet”
 - “Collaboration & Communication Hand-out”
 - “Common Forms of Dementia Hand-out”
- Template for certificate of completion
- Sign-in sheet
- Agenda
- Team chart
- Training summary sheet
- Training evaluation
- Three versions of pre/post training assessment:
 - Pre-Test
 - Immediate Post-Test
 - Follow-up Post-Test

Other Items

- Reframing Dementia Kit Bag
- 1 Puzzle pattern on colored poster board with 5 different pieces
- 1 Puzzle pattern on colored poster board with 4 different pieces
- 7 Laminated copies of the Team Leadership Model





Area Agency on Aging District 7, Inc.
F32-URG, PO Box 500
Rio Grande, Ohio 45674-0500
(800) 582-7277
TTY: (888) 270-1550
www.aaa7.org

Assistance. Advocacy. Answers on Aging.

April 25, 2017

To Whom it may concern:

The Region 7 Long Term Care Ombudsman Program covering ten counties in Southern, Ohio would like to state our support of the proposed Ohio-based grant project, *Creating a Culture of Person-Directed Dementia Care*. This grant opportunity will combine education and implementation derived from three Eden Alternative educational experiences: *Dementia Beyond Drugs*, a 2-day training, the Care Partner Workshop, an 8-week online course, the *Reframing Dementia* training kit, and it's related 1-day training called *Reframing Dementia: Train the Change Agent*. This educational package offers Ohio nursing homes an opportunity to enhance the quality of care and services we provide for nursing home residents who live with dementia. We wholeheartedly advocate for projects like this, focused on person-directed approaches that will help organizations take steps toward reducing the use of unnecessary medications, including antipsychotics, and ultimately deepen our commitment to individualized care in general.

Sincerely,

A handwritten signature in black ink that reads "Kaye Inoshita". The signature is fluid and cursive.

Kaye Inoshita,
Director of the AAA7 RLTCOP
Kinoshita@aaa7.org
1-800-582-7277



The Eden Alternative Home Office Team

Chris Perna, President & CEO, will be responsible for overall project oversight as it pertains to services provided by The Eden Alternative.



Kathy Hagen, Project Administrator, will coordinate and monitor project details, including onsite event management as needed, track and monitor expenses to budget, and support financial reporting.



Denise Hyde, Community Builder, will manage adaptation of educational materials, provide education as needed, support monitoring of evaluation activities, and manage project reporting. support reporting activities.



Laura Beck, Learning and Development Guide, will manage adaptation of educational materials, provide education as needed, develop promotional content, support monitoring of evaluation activities, and support project reporting.



Meredith Martin, Education Coordinator, will design the registration system, manage educator selection and preparation, and support the development and distribution of promotional content.



Suzette Molina, Eden Registry and Community Liaison, will support project recruitment, participant outreach, and onsite event management as needed.



Erynne Blackburn, Administrative Support, will manage the registration process including validation of qualified participants and participant outreach.



Sue Gerould, Operations Manager, will support the accounting and financial aspects of the project, including payment processing.



The Eden Alternative, Inc.
P.O. Box 18369
Rochester, New York 14618



(585) 461-3951
www.EdenAlt.org

April 25, 2017

Re: Grant Application for “**Creating a Culture of Person-Directed Dementia Care**”

To Whom It May Concern:

The Eden Alternative is honored to partner with the Office of the State Long-Term Care Ombudsman in submission of this grant application for “**Creating a Culture of Person-Directed Dementia Care.**” We are a 501(C)3 non-profit organization dedicated to creating quality of life for Elders and their care partners, wherever they may live. Through education, consultation, and outreach, we offer person-directed principles and practices that support the unique needs of different living environments, ranging from the nursing home to the neighborhood street.

For over 20 years now, we have played a key role in promoting care that puts the person first. Our role in this proposed project gives us the opportunity to continue building on this mission. Should funds be approved, we will provide the following supports for this proposed project:

- Create all promotional/informational materials
- Manage all registration activities and event coordination, including venue, food/beverage arrangements
- Arrange all guest faculty for educational components of project
- Deliver all proposed educational content through training and materials
- Track the project timeline and timing of all project deliverables
- Work with Dr. Amy Elliot to track evaluation activities and benchmarks
- Collaborate with the Office of the State Long-Term Care Ombudsman and other project partners on:
 - Developing a plan for recruitment
 - Tracking recruitment progress
 - Following participant progress throughout the collaborative
 - Identifying and following up on organizations not providing data
 - Completing financial reporting

We look forward to and appreciate the possibility of collaborating with the Office of the State Long-Term Care Ombudsman on this potential project.

Sincerely,

A handwritten signature in black ink that reads "Christopher D. Perna".

Christopher D. Perna, President & CEO

cperna@edenalt.org

585-943-5549

www.edenalt.org



Amy E. Elliot, PhD
7908 Prairieview Drive
Columbus, OH 43235

April 28, 2017

Re: Grant Application for “Creating a Culture of Person-Directed Dementia Care”

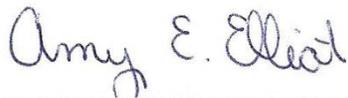
To Whom It May Concern:

I am delighted to partner with the Ohio Office of the State Long-Term Care Ombudsman and The Eden Alternative to submit this grant application for “*Creating a Culture of Person-Directed Dementia Care.*” As a health and long-term care policy consultant with a background in health economics, gerontology, long-term care, and public policy, I look forward to the opportunity to support this project.

For this project, I will provide statistical and evaluation support to analyze knowledge growth (via pre- and post-training assessments), implementation (via qualitative synthesis of storyboards), project impact (via analysis of reductions to antipsychotic medications) and sustainability (via survey results).

Please feel free to contact me if you have any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Amy E. Elliot".

Amy Elliot, PhD
Health Policy and Evaluation Consultant
Amy Elliot Consulting LLC
614-378-5367
amyelliot20@gmail.com

Creating a Culture of Person-Directed Dementia Care

Contractor Travel Budget Detail

Dementia Beyond Drugs Training		# Nights/Days	Per Person	# People	Total Budget
(DBD)	Airfare + Luggage		550	9	4950
see detail	Ground Transport		280	9	2520
below	Lodging (nights)	6	992	9	8928
	Per Diem @ \$69 (days)	7	483	9	4347
					\$ 20,745.00

Reframing Dementia:					
Train the Change Agent		# Nights/Days	Per Person	# People	Total Budget
(RD:TTCA)	Airfare + Luggage		550	9	4950
see detail	Ground Transport		280	9	2520
below	Lodging (nights)	4	662	9	5958
	Per Diem @ \$69 (days)	5	345	9	3105
					\$ 16,533.00

Ground Transport	Per Car	# of Cars	# People	Total /person
Rental Car - One-Way	500	3	9	167
Mileage to/from airport	22	9	9	22
Parking	90	9	9	90
Budget \$ 280.00				279

Hotel Costs	Cleveland	Cincinnati
Hotel GSA Rate	141	141
State Tax %	0.08	0.065
Total State Tax	11.28	9.17
Room Tax %	0.1	0.1
Total Room Tax	14.1	14.1
Cost Per Room Night	\$ 166.38	\$ 164.27

Rooms by Training	Cleveland	Cincinnati	Total Per Person	Budget
DBD Nights	3	3	6	
Total DBD	\$ 499.14	\$ 492.80	\$ 991.94	\$ 992.00
RD: TTCA Nights	2	2	4	
Total RD: TTCA	\$ 332.76	\$ 328.53	\$ 661.29	\$ 662.00