

March 10, 2020

Mr. Vincent Davis  
State Survey Agency Director  
Tennessee Department of Health (TDH)  
665 Mainstream Drive, Second Floor  
Nashville, TN 37243

RE: ArtTherapy4Life Tennessee

Dear Mr. Davis:

Tennessee Technological University's (TTU) Whitson-Hester School of Nursing (WHSON) is pleased to apply for the Nursing Home Civil Monetary Penalty Quality Improvement (CMPQI) Program Implementation Funding Opportunity, requesting \$845,349 to implement a statewide clinical art therapy project to improve quality of life and care for 1,000 to 2,000 residents with a variety of diagnoses in 100 skilled nursing homes across Tennessee over a three-year period. To implement this project, WHSON will contract with Thriving4Life, Inc. (T4L), a nonprofit, charitable organization based in Tennessee: <https://www.thriving4life.org/>.

T4L's clinical art therapy program is ArtTherapy4Life. It is a dignifying, fine arts program used for self-expression while stimulating brain activity. The project will be branded as ArtTherapy4Life Tennessee as a statewide initiative.

Care professionals, researchers, educators, community organizations, dementia organizations and family caregivers have discovered art-based interventions as innovative, valuable tools that can be used strategically as effective alternatives to pharmacological interventions and traditional medical treatments and approaches to care. Key outcomes include:

- provide enhanced quality of life for residents with a variety of diagnoses and impairments including cognitive or mental challenges
- reducing agitation, negative behaviors, symptoms of anxiety, depression and isolation
- improving cognitive function, communication, positive interactions, autonomy, and well-being
- reducing antipsychotic drug use
- develop staff appreciation of the value of arts-based interventions
- equip caregivers with alternative tools to meet needs and reduce caregiver burden *by enhancing relationships, facilitating care, and reducing stress*

Perhaps the greatest benefit of the arts is its unique ability to help individuals get in touch with their real identities and surroundings. Evidence-based research suggests that "remaining present" may slow cognitive function loss in dementia patients, reduce transfer trauma and defend against or eliminate delirium (*Kinney, Rentz, 2005; Ruggiano, 2017*).

This specialized clinical art therapy training greatly differs from arts and crafts. It will be provided on-site in a full-day workshop in each home for various staff with additional web-based follow-up trainings. The project will consist of art activities best used with diverse populations developed in consultation with a registered and credentialed Art Therapist.

Program impact on participating staff will be evaluated through baseline and post-program implementation surveys. Baseline and ongoing surveys will also be conducted for a sampling of residents in each participating nursing home. Data collected by nursing home staff will be summarized by WHSON. Nursing students will be engaged in this process to help them learn the value of the arts in medical and non-medical approaches to care. Project impact data will be collected throughout the three-year grant period.

Clinical art therapy has proven to be a complement to other programs and trainings currently underway within Tennessee. Similar projects have been successfully implemented in conjunction with Alzheimer's Education & Research Services in the State of Alabama, Allied Health Care; in conjunction with the Alzheimer's Association Greater Pennsylvania Chapter; and in New York City through a project called "Making Art Work," which has been operational since 2012.

Thank you for your consideration of the ArtTherapy4Life Tennessee project.

Kindest regards,



Shelia Hurley, PhD, MBA, MSN, Associate Professor  
Whitson-Hester School of Nursing  
Tennessee Technological University

## **EXPECTED OUTCOMES**

### ***Project Abstract***

*The project, "ArtTherapy4Life Tennessee," intends to provide a resident-centered clinical art therapy program to improve the quality of life and care in nursing homes across the state with priority given to rural, distressed/at-risk counties, Star 1, 2 or 3 Quality Rating/late adopters, and/or high anti-psychotic med homes. Tennessee Technological University's (TTU's) Whitson-Hester School of Nursing (WHSON) is requesting funding to lead the project, which would focus on a portion of residents in 100 nursing homes across the state over a three-year period. To implement this clinical art therapy project, WHSON wishes to contract with Thriving4Life, Inc. (T4L), a nonprofit, charitable organization based in Tennessee that offers high-quality, field-tested therapeutic programs, resources, education, and training.*

The specialized training will consist of themed art activities developed in consultation with a registered and credentialed Art Therapist. Training will be provided on-site in a full-day workshop within participating homes. Additional web-based, art-themed training sessions will be provided for one full year from each home's initial, on-site training date. At the end of one year, a web-based refresher training will also be provided. Successful past projects conducted by the same clinical Art Therapist have included: the Alzheimer's Education, Resources & Services CMP grant-funded "Art & Music Project" that continued for three years in Alabama and ended in 2019 (*Link 4 page 9*); "Making Art Work" for seniors in New York City, NY, that has been ongoing since 2012 (*Barron, 2017*); and Allied Health Care – in conjunction with the Alzheimer's Association Greater Pennsylvania Chapter – which was sponsored through a three-year grant from 2009 – 2012 (*Chancellor, Duncan, & Chatterjee, 2014*). *Case studies and several small trials suggest that art*

*therapy engages attention, provides pleasure, and improves neuropsychiatric symptoms, social behavior, and self-esteem. (Barron, 2017, Chancellor, Duncan, & Chatterjee, 2014, Link 4 page 9).*

Desired outcomes for participating residents include enhancing quality of life through person-centered care while improving communication, autonomy, and stimulating positive interactions. Second, nursing home leadership and staff will recognize the value of art therapy as an effective intervention, facilitating care, reducing stress, ease caregiver burden and enhancing relationships.

To measure the program's effectiveness, this grant will use evidence-based practice to allow the staff to measure cognitive and psychosocial functioning as well as positive physical demeanor of residents with varied diagnoses including dementia. Staff attitudes and satisfaction will also be evaluated pre- and post-intervention. Pre-/baseline and ongoing surveys, measuring factors like frequency of use of antipsychotic medications and their impact, will also be conducted for a maximum of 10 residents per nursing home for one year from the date of program launch.

Shelia Hurley, Ph.D., MBA, MSN, and Associate Professor at TTU, is the requester/primary investigator who will be accountable for the project. Dr. Hurley has been a nurse for 25 years, with 12 years spent in academia. She has published and has experience with multiple grants and data analysis. Ann Hellman, Ph.D., MSN, RN will serve as the co-investigator to assist with program implementation and program evaluation. Dr. Hellman has extensive experience with publications and grant management. Several evaluation methods will be completed by the caregivers/staff.

### ***Statement of Need***

Alzheimer's disease is the 6th leading cause of death in the United States, with more than 5 million sufferers nationwide. In Tennessee, alone, 110,000 people 65 and older have the disease (Alzheimer's Association, 2016a; 2016b). In 2015, data showed that 47.5 million people worldwide had dementia (WHO, 2015). The World Health Organization considers dementia to be a public health priority in which investments should be made in health and social systems to expand and enhance care and services for individuals living with dementia and for those providing care for them (WHO, 2015). The toll on family and care providers occurs in emotional, mental, and physical costs. The toll to patients comes in the isolation and imprisonment they feel in their own minds and bodies. Non-pharmacological, art-based interventions meet the need of health and elder care populations by cultivating and creating a culture of change. Caregivers and the public may begin to shift their perspective away from the stigma associated with dementia and other diagnoses to see the person and not the disease. Benefits of the arts for individuals with cognitive or mental impairments are backed by anecdotal and evidence-based research (Kinney, Rentz, 2005; Ruggiano, 2017). The "right conditions" are in place for these interventions because they are perhaps the most beneficial and cost-effective way to improve overall quality of life, yet most individuals receiving care do not have access to them. Caregivers need to be equipped with effective tools and techniques that can be utilized strategically to meet the needs of residents; provide access to more dignifying, person-centered projects; promote well-being; and improve treatment outcomes

The anticipated and desired outcomes of this project are two-fold. First, the quality of life for participating residents will be improved by reducing anxiety, isolation, negative behaviors and depressive symptoms while improving communication, autonomy, and stimulating positive interactions. Second, the nursing home leadership and staff will recognize the value of art therapy as an effective intervention that helps ease caregiver burden, reduce stress, enhance relationships, facilitate care, reduce the use of antipsychotic drugs and, will ultimately utilize this and similar approaches with all residents.

*Multiple steps will be taken to ensure sustainability. First, a maximum of 20 staff from activities direct care, and social services will be trained. Second, a program manual will be provided to each participating home to refer to after the initial training. Third, additional art-training sessions will be recorded and available on-demand to access for one year. Fourth, At the end of one year, a web-*

based refresher training will be provided. *Fifth*, T4L will provide contact information for art therapists within the community or ArtTherapy4Life-specific trained and certified independent consultants. This approach supports long-term success and sustainability of the program.

### ***Program Description***

ArtTherapy4Life is a dignifying, fine arts program used for self-expression that stimulates brain activity. Through art-therapy techniques, participants reach a deeper level of self-reflection, self-worth and expression, resulting in a strengthened sense of accomplishment and enhanced quality of life. A **goal** of the ArtTherapy4Life Tennessee project is to preserve dignity, allow opportunities for creativity and foster a sense of personal autonomy and empowerment. We all have a life story filled with thoughts and emotions, and art may foster that sense of self-expression and give a voice when words become limited. This specialized training will be provided on-site in a full-day workshop and is designed to provide the mechanisms of how art therapy can be a therapeutic modality, but with attention to mediums and techniques best used with diverse populations. From watercolors to colored pencils to collage and an array of other materials, this educational training is a hands-on approach to learning how to start and sustain a successful activities program that differs from arts and crafts.

The project will consist of themed art activities developed in consultation with a registered and credentialed Art Therapist experienced in Alzheimer's and related dementias. Training will be provided to participating nursing homes to a maximum of 20 staff. An overview of the on-site training workshop is as follows: Learning Objectives and Manual; Alzheimer's Disease and Related Dementias; Art Therapy and Expressive Arts Therapy vs. Arts and Crafts; Evidence Based Research and Outcomes; Caregiver Needs: The Psychological Impacts/Populations That Utilize Art Therapy; How Effective Programming Benefits a Continuum of Care; How/Why Expressive Arts Play a Role in Care Treatment and Management; Introduction and Benefits of Arts in Wellness; How the Arts Serve Diverse Populations; Art Mediums and How Supplies Affect a Session; Research Outcomes; How to Facilitate Individual and Group Sessions; Communication Strategies: Effective Ways of Engagement; Interventions That Complement Cognitive Levels; Case Studies: Viewing of Artwork; Celebrations Via Art Exhibits and Community Involvement. A post-training knowledge assessment will be administered. Follow-up sessions will be provided by T4L in the form of recorded, on-demand webinars. **Key outcomes include:**

- provide enhanced quality of life for residents with a variety of diagnoses and impairments including cognitive or mental challenges
- reducing agitation, negative behaviors, symptoms of anxiety, depression and isolation
- improving cognitive function, communication, autonomy, positive interactions, well-being
- reducing antipsychotic drug use
- develop staff appreciation of the value of arts-based interventions
- equip caregivers with alternative tools to meet needs and reduce caregiver burden

The project will be available to 100 nursing homes across Tennessee over a three-year period. The program will be available to as many residents as each nursing home can accommodate. However, for the ArtTherapy4Life Tennessee project, 10-20 residents will be selected by nursing home staff for participation. The focus will be on residents who: are prescribed antipsychotic medications, display negative behaviors, exhibit depressive symptoms or anxiety, or experience social interaction challenges.

**To evaluate impact**, a maximum of 10 residents from each nursing home will be followed, and impact data collected for a period of one year from the date of program launch. As residents leave the nursing home facility or are no longer able to participate in the project, other residents will be introduced to maintain the participation group. Fine-art supplies will be provided for initial program participants (10-20 residents) in each nursing home. A request will also be made to the Tennessee Department of Health and to Alliant Health (QIN – QIO for the Southeast region) to provide a listing

of nursing homes with either a high percentage of psychotropic medication use, a one, two or three-star quality rating or homes located in rural areas. *Nursing homes selected to participate will be a mix. Standards to identify participating homes have and will continue to include: homes serving individuals with dementia, behaviors, high anti-psychotic med use, locations in under-served/rural areas and 1,2- or 3-Star ratings/late adopters in conjunction with the TN CMP Reinvestment 2020 Strategic Plan and CMS' National Partnership to Improve Dementia Care in Nursing Homes to reduce the national prevalence of antipsychotic medication use in long-stay nursing home residents. This includes homes already expressing interest noted in two letters from umbrella corporations.*

**Table 1: Timeline for Implementation**

Dates	Work to be completed	Benchmarks	Products
Aug 1- Sept 30, 2020	<ul style="list-style-type: none"> <li>-Begin planning for purchasing supplies, networking, begin planning with agencies for training scheduling.</li> <li>-Develop onboarding process</li> <li>-Create participation pkg</li> <li>-Create website marketing and participation pages</li> <li>-Finalize Data Collection Resources</li> <li>-Create Excel Tracking Spreadsheet</li> <li>-Create Art Training Manuals</li> <li>-Create multiple recorded on-demand trainings and establish on web-based online training</li> <li>-Present at multiple conferences to introduce project</li> </ul>	<ul style="list-style-type: none"> <li>-Data Collection of Formative Assessments in Progress</li> </ul>	<ul style="list-style-type: none"> <li>Submit quarterly reports to CMS</li> </ul>
Oct 1 <sup>st</sup> , 2020- July 31 <sup>st</sup> , 2021	<ul style="list-style-type: none"> <li>-Staggered Program implementation of program</li> <li>-Recruit participating homes</li> <li>-Coordinate and Initiate on-site training workshops</li> <li>-Create additional on-demand trainings</li> <li>-Collect/enter information in tracking system</li> <li>-Collect and enter data, stories, etc.</li> <li>-Present at multiple conferences</li> </ul>	<ul style="list-style-type: none"> <li>-Data Collection of Formative Assessments in Progress</li> <li>-Train 30 homes</li> </ul>	<ul style="list-style-type: none"> <li>Submit quarterly reports to CMS</li> </ul>
Aug 1 <sup>st</sup> , 2021- July 31 <sup>st</sup> , 2022	<ul style="list-style-type: none"> <li>-Continue Staggered Implementation of Program</li> <li>-Recruit participating homes</li> <li>-Coordinate and Initiate on-site training workshops</li> <li>-Present at multiple conferences</li> <li>-Conduct site visits (East, Middle, and West TN)</li> <li>-Communicate contact information for ART therapist and/or ArtTherapy4Life program trained and certified consultants within the region.</li> <li>-Collect/enter information in tracking system</li> <li>-Collect and enter data, stories, etc.</li> <li>-Begin to analyze data.</li> </ul>	<ul style="list-style-type: none"> <li>-Train 40 homes</li> <li>-Data Collection of Formative Assessments in Progress</li> </ul>	<ul style="list-style-type: none"> <li>-Submit quarterly reports to CMS</li> <li>- Report project impact to NH and State Agencies, etc.</li> </ul>

Aug 1 <sup>st</sup> , 2022- July 31 <sup>st</sup> 2023	-Continue Staggered Implementation of Program -Recruit participating homes -Coordinate and Initiate on-site training workshops -Begin refresher training sessions -Collect/enter information in tracking system -Collect and enter data, stories, etc. -Continue training sessions -Communicate contact information for ART therapist and/or ArtTherapy4Life program trained and certified consultants within community or region.	-Train 30 homes -Data Collection of Formative and Summative Assessments in Progress Completion of Data Collection; Statistical Analysis Completed	-Submit quarterly reports to CMS Report project impact to NH and State Agencies, etc.
Aug 2023-	Report at the conclusion of the project to CMS and the State Agency. (5 days after project end)	Report to CMS and State Agency	-Report to CMS and State Agency - Submit Manuscript; Submit Abstract for Presentation

## **RESULTS MEASUREMENTS**

Baseline and ongoing surveys will be conducted with the participating staff. Baseline and ongoing surveys will also be conducted with the residents by nursing home staff to track program impact and status of desired outcomes. Data collected will be summarized by WHSON. Nursing students will be engaged in this process to learn to appreciate the value of the arts in medical and non-medical approaches to care. Project-impact data will be collected throughout the grant period. Findings will be shared with participating nursing home Directors of Nursing, Administrators and other nursing home staff deemed appropriate by the Administrators. A progress report will be provided to CMS quarterly by WHSON project lead staff. The WHSON will share and disseminate results of the project through manuscripts submitted to journals and abstracts to be submitted to local, state, national or international conferences for presentations.

A Post-Training Knowledge Assessment will be administered to participating staff upon completion of the on-site workshop training session. The assessment will include questions regarding the method in which staff will share learnings and program impact with other staff and leadership through required in-service trainings. Program impact on staff will be evaluated through baseline and post-program surveys. Nursing home staff will utilize evaluation tools developed by T4L and the licensed and credentialed Art Therapist to monitor and track program impact and desired outcomes for 10 participating residents for one year from the date of program launch in each participating home. A baseline will be established for each participant with follow-up evaluation 3 to 6 months following introduction into the program. These surveys will be conducted by nursing home staff in various departments.

**Table 2: Assessment and Evaluation Plan**

<b>CMPQI Focus Areas</b>	<b>Measure</b>	<b>Data Collection</b>	<b>Metrics</b>	<b>Collection Intervals</b>	<b>Statistical Analyses</b>
Enhance quality of life and care of residents through person-centered care	Cognitive, and emotional functioning of patients as observed by caregivers	-Negative behaviors -facial expressions while participating in sessions -symptoms of depression-symptoms of anxiety or agitation -ability to communicate	1. <i>QOL (Quality of Life) Modified</i> 2. <i>Modified Face Pain Scale</i>	-Base/Pre-Intervention -Between 3 to 6 months - At end of one year	Descriptive statistics (frequency tables, cross-tabulations graphs);

		(verbally or non-verbally) -social interaction -participation sessions -frequency of sessions -name of art created and story represented documented on back of art created by residents	3. <i>Modified MMSE (Mini-Mental State Examination)</i> 4. <i>The Cornell Scale for Depression in Dementia (CSDD), Modified</i> 5. <i>Artist Reflection Documentation</i>		Paired samples <i>t</i> tests
Implementation of culture change initiatives that go beyond regulatory requirements to improve quality of care and life	1. Staff, family and volunteer's attitude about use of art therapy 2. Staff, family and volunteer's satisfaction of the program	-Nursing staff, family and volunteers' attitudes and beliefs, knowledge about art as an alternative therapy in clients with dementia and Alzheimer's.  -Staff and family satisfaction of the program.	1. <i>Knowledge Assessment</i>  2. <i>Satisfaction Survey</i>	-Pre- and post- training tests  - At the end of one year	Descriptive statistics (frequency tables, crosstabulations graphs); Paired samples <i>t</i> tests
Reduction of unnecessary antipsychotic medication use among nursing home residents	1. Number of antipsychotic medications prescribed for patients pre-, during, and at end of grant period	Relevant records will be obtained from the residents' charts (i.e., medication lists, diagnoses, behaviors, communication assessment forms, activities participation, etc.) by nursing home staff.	1. <i>Antipsychotic Medication Impact Evaluation</i>	-Base/Pre- Intervention -Between 3 to 6 months -At end of one year	Descriptive statistics; repeated measures analysis of variance

### **BENEFITS TO NURSING HOME (NH) RESIDENTS**

Non-pharmacological interventions such as art therapy have shown to benefit individuals living with neurocognitive or mental impairments. Benefits realized include reduced stress and agitation, negative behaviors, anxiety, delirium, depression, isolation, and the reliance of using antipsychotic medications to control behaviors. Further, the benefits include enhanced person-centered advocacy, choice and self-expression, coping skills. This translates into improved communication, positive interactions, behavior and mood.

Art therapy is helpful for individuals with a wide range of diagnoses and impairments. Benefits for individuals with dementia are especially profound because it enables individuals who have trouble communicating to bypass the language problems they may be having and communicate and express themselves differently. Art draws from parts of the brain that language does not. Although art will not eliminate or cure the illness, it can stimulate the brain in a new direction. This offers individuals the chance to create and enjoy the experience, provides them with a sense of accomplishment, and improves quality of life.

The face of dementia is getting younger. The Alzheimer's Association estimates there were between 220,000 and 640,000 people with Early Onset in the U.S. as of 2018, focusing light on a younger generation of individuals diagnosed with Alzheimer's and other forms of dementia as opposed to the widely held view that these diseases only affect older Americans. Since dementia is a

degenerative condition, expressing basic needs and being understood can become problematic and lead to a complicated feeling of isolation for sufferers.

The importance of creativity on the brain may be one of the best forms of medical practices for persons with Alzheimer's and related dementias while reintegrating this population back into a society of acceptance. Perhaps the greatest benefit of the arts is its unique ability to help individuals get in touch with their real identities and surroundings. According to the New England Journal of Medicine, at the time of a hospital admission, 10-40 percent of elder Alzheimer's patients already have delirium. Delirious patients experience adverse outcomes during and after hospitalization, including increased loss of self, functional decline, cognitive decline, institutionalization and mortality. Helping individuals to remain present and in touch with their personal identities and surroundings is key to offsetting the impact of delirium. This means that hospitals and long-term care environments need to implement programs that help individuals remain present and in touch.

### **CONSUMER/STAKEHOLDER INVOLVEMENT**

Nursing home staff will be involved in the development of this project by participating in art therapy program training, providing feedback in subsequent reporting, and sharing program impact with other staff and leadership through required in-service trainings. Social Service staff will assist in identifying residents to participate in the project. In addition, Life Enrichment/ Activity Directors, nursing department (C.N.A.'s/Direct Care) and Social Services staff will actively participate in conducting the art activities as well as documenting observations and reporting results. The Administrator, Director of Nursing and Activities Director of each participating nursing home will be required to sign a Project Participation Agreement. This Agreement will include a commitment of staff and resources to effectively operate and maintain the program and will include requirements to respect branding, naming of the program and project (ArtTherapy4Life Tennessee), and adhering to program best practices. Trained nursing home staff will be required to participate in the additional recorded, on-demand art project webinars to help support building long-term success and sustainability of the program. Nursing homes may also choose to host an art event showcasing the artwork of program participants. This is an effective way to engage the community and family members, yielding additional program support, funding and volunteer participation.

### **FUNDING:** *See budget pages 1 and 2*

***Financial Feasibility and Sustainability:*** The specific amount of CMP funds budgeted for the project is \$665,086. The grant budget will be used beginning August 1, 2020, and ending July 31, 2023.

Salaries and benefits for the grant personnel will be \$187,461. This includes the cost of two TTU members of the grant personnel who are implementing the program.

Deborah Ferris, Thriving 4 Life will serve as a consultant. This contract will total \$357,022 and will include a \$1,500 training fee per nursing home (\$150,000) as well as travel costs for the T4L team (\$72,004) and personnel costs of \$135,018 (6 T4L Personnel - Grant Implementation - 30 hrs/wk x \$28.85/hr x 52 wks = 1,560 hours x \$28.85 = \$45,006 yrly).

The required supplies have a total cost of \$51,038 and travel for Tennessee Tech personnel is budgeted at \$5,004. Dissemination of research data and findings will occur at the end of the project conference with attendees from the area. Printing and Publication costs are \$4,100. Indirect costs are limited to 10% based on the response provided to Question 6 of Amendment 1 of the CMP RFA.

### **INVOLVED ORGANIZATIONS**

TTU WHSON is requesting funding to lead the ArtTherapy4Life Tennessee clinical art therapy project, which would include a portion of residents in 100 nursing homes across the state over a three-year period. TTU wishes to contract with Thriving4Life, Inc. (T4L), a nonprofit, charitable organization to implement this clinical art therapy project. The project will consist of themed art activities best used with diverse populations developed in consultation with a registered and credentialed Art Therapist. Additionally, American Health Communities with 28 nursing facilities



and National HealthCare Corporation with 26 facilities have expressed interest, and letters with contact information are attached. *Nursing homes selected to participate will be a mix. Standards to identify participating homes have and will continue to include: homes serving individuals with dementia, behaviors, high anti-psychotic med use, locations in under-served/rural areas and 1,2- or 3-Star ratings/late adopters in conjunction with the TN CMP Reinvestment 2020 Strategic Plan and CMS' National Partnership to Improve Dementia Care in Nursing Homes to reduce the national prevalence of antipsychotic medication use in long-stay nursing home residents. This includes homes already expressing interest noted in two letters from umbrella corporations. Additional letter of support: <https://drive.google.com/file/d/1Bf9su3Mj1OfncTRvfuROl6XAkOtoFCLD/view?usp=sharing>*

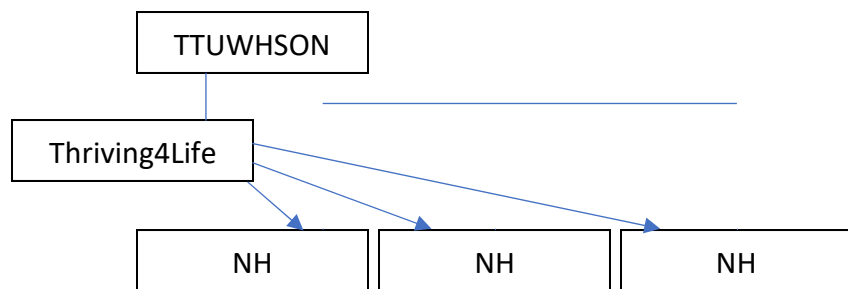
**INNOVATION AND REPLICABILITY**

Successful past projects conducted by the same clinical Art Therapist have included: the Alzheimer’s Education, Resources & Services CMP grant-funded “Art & Music Project” that continued for three years in Alabama and ended in 2019 (*Link 4 page 9*); “Making Art Work” for seniors in New York City, NY, that has been ongoing since 2012 (*Barron, 2017*); and Allied Health Care – in conjunction with the Alzheimer’s Association Greater Pennsylvania Chapter – which was sponsored through a three-year grant from 2009 – 2012 (*Chancellor, Duncan, & Chatterjee, 2014*). The project team plans to replicate it for use throughout TN.

**FOCUS AREA**

Implementation of strategies to improve quality of care and/or quality of life of nursing home (NH) residents living in Tennessee’s distressed and at-risk counties

**PROJECT ORGANIZATIONAL CHART**



Clinical Art Therapy Evidence-Based Research:

- 1.) <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011073.pub2/full>
- 2.) <https://doi.org/10.1080/07421656.2019.1564613>
- 3.) <https://doi.org/10.1177/1471301217730451>
- 4.) Testimonials from nursing homes available at [https://docs.google.com/document/d/14c6qURcMoaSDk\\_0ky4RtTgIdEx208GZuRPepC5lekTo/edit?usp=sharing](https://docs.google.com/document/d/14c6qURcMoaSDk_0ky4RtTgIdEx208GZuRPepC5lekTo/edit?usp=sharing)
5. Reference List: <https://docs.google.com/document/d/1tmyX2GGuvTDbPKwpKbc5IY8b9W8lOxfuQFHJiDRigVY/edit?usp=sharing>

**KEY PERSONNEL JOB DESCRIPTIONS/RESPONSIBILITIES**

**PI- Shelia Hurley:** (Coordinator of project) Responsible for overseeing grant funds, project implementation, data collection, data analysis, management of students involved in project and report writing. Also orders and coordinates shipping/disposition of art supplies and tracks participation of family, residents, volunteers, and community. May travel to NH, conferences and presentations to encourage participation. Communicates project impact to NH administrative staff and to other NH’s state agencies, etc. **Co-PI - Ann Hellman:** Assists with implementation of project, data collection, data analysis, sustainability and management of students involved in project. May assist with training as needed. Assists with tracking participation of family councils, resident councils, volunteers, and community. May travel to NH, conferences and presentations to encourage participation. **T4L -**

**Deborah Ferris:** Coordinates recruitment of nursing homes to participate. Includes marketing and working with State of TN DOH and Alliant Quality Improvement Organization to identify and connect with High Psychotropic Drug Use Homes; Star 1, 2, 3 Homes; and rural locations. Creates, manages and secures participation package and agreement with each NH. Creates website grant opportunity details and links for NHs to request participation. Provides onboarding process coordination. Enters program enrollment data in tracking spreadsheet. Schedules and coordinates logistics for training with art therapist. May travel to conferences to encourage participation.

**Consultant-Angel Duncan:** Develops data collection resources with WHSON's Project Coordinator. Creates manual, conducts on-site training workshops within nursing homes. Creates and conducts multiple recorded web-based, follow-up trainings. Conducts refresher training via web available for nursing homes at conclusion of one full year following initial program launch. Meets quarterly with T4L and WHSON project staff to discuss project status. Enters data into project tracking spreadsheet regarding completion of on-site training workshops. Provides contact information for art therapists and/or ArtTherapy4Life trained and certified consultants within nursing home communities.

### **APPENDICES WHSON STAFF & BIOSKETCHES:**

**Shelia Hurley:** Dr. Hurley has been an RN for over 25 years, spent in a variety of clinical practice areas with a focus on the adult and elderly population. Dr. Hurley conducted her dissertation on the self-care of nurses in Tennessee. Dr. Hurley has multiple presentations and publications that target the underserved population of those affected by sexual assault and poverty. Dr. Hurley is currently the Co-Principal Investigator of a Violence Against Women/Department of Justice \$300,000/3-year grant focusing on bringing a comprehensive education and prevention program focusing on sexual violence, dating violence, domestic violence, and stalking to her university's campus. Dr. Hurley has served as the Acting-PI on the CMS Music and Memory \$165,000 grant that analyzed the effect of music on improving memory of nursing home residents.

**Ann Hellman:** Ann Hellman, Ph.D., RN, is an Associate Professor with the TTU WHSON. Her research explores sexual assault recovery and the role that spiritual beliefs and religious practices have on the recovery process. She is the Principal Investigator of a Department of Justice/Office of Violence Against Women \$300,000 grant that launched Project AWAKEN. She also served as Co-PI on the CMS Music and Memory \$165,000 grant referenced above.

### **CONSULTANT BIOSKETCHES:**

**Deborah Ferris** is the Founder & CEO of Thriving4Life Inc. As the management leader of a nonprofit organization, Ferris is responsible for overseeing the administration, programs and strategic plan of the organization. She is a Certified Alzheimer's Disease and Dementia Care Trainer and Certified Dementia Practitioner<sup>®</sup> licensed through the National Council of Certified Dementia Practitioners<sup>®</sup>. Ferris is also a Certified Montessori Dementia Care Professional<sup>®</sup> licensed through the International Council of Certified Dementia Practitioners<sup>®</sup> as well as a Second Wind Dreams<sup>®</sup> Virtual Dementia Tour<sup>®</sup> Certified Trainer. Deborah managed nine states as the Music & Memory Southeastern U.S. Regional Director. **Angel C. Duncan**, PhD, MA, MFT, ATR, has a background as a counseling psychologist, art therapist and neurosciences clinical researcher. She served as Programs Director and Supervisor for the Alzheimer's Association of Northern California-Northern Nevada chapter. Concurrently, working as a clinician at the University of California, she served on San Mateo and San Francisco counties Aging Adults with Disabilities committees and state advocate for dementia care policies. She was Director of Education and Research Associate at the Neuropsychiatric Research Center of Southwest Florida, a national company of the Evolution Research Group in Alzheimer's disease clinical research trials. Currently, Duncan is the Director of the Graduate Psychology Department's, Master of Arts in Art Therapy and Counseling program at Albertus Magnus College.

# REQUEST

Date of Application: 03 / 10 / 2020  
MM DD YYYY

## PART I: Background Information

  
Dr. Francis Otuonye  
Interim Vice President for Research

3/16/2020  
Date

Name of the Organization: Tennessee Technological University

Address Line 1: 1 William L. Jones Drive

Address Line 2: \_\_\_\_\_

City, County, State, Zip Code: Cookeville, Putnam, Tennessee, 38505-0001

Tax Identification Number: 62-064-6806

CMS Certification Number, if applicable:   -

Medicaid Provider Number, if applicable:   -

Name of the Project Leader: Dr. Shelia Hurley

Address: 10 W 7th Street

City, County, State, Zip Code: Cookeville, Putnam, Tennessee, 38505

Internet E-mail Address: shurley@tntech.edu

Telephone Number:    -    -

Mobile Number:    -    -

Have other funding sources been applied for and/or granted for this proposal?  Yes  No

If yes, please explain/identify sources and amount.

\_\_\_\_\_  
\_\_\_\_\_

**PART II: Applicable to  
Certified Nursing Home Applicants**

Name of the Facility: Not Applicable

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Telephone Number:    -    -

CMS Certification Number:   -

Medicaid Provider Number:   -

Date of Last Recertification Survey:      /      /       
MM DD YYYY

Highest Scope and Severity Determination: (A - L) \_\_\_\_\_

Date of Last Complaint Survey:      /      /       
MM DD YYYY

Highest Scope and Severity Determination: (A - L) \_\_\_\_\_

Currently Enrolled in the Special Focus Facility (SFF) Initiative?    
Yes No

Previously Designated as a Special Focus Facility?    
Yes No

Participating in a Systems Improvement Agreement?    
Yes No

Administrator's Name: \_\_\_\_\_

Owner of the Nursing Home: \_\_\_\_\_

CEO Telephone Number:    -    -

CEO Email Address: \_\_\_\_\_



Name of the Management Company: \_\_\_\_\_

Chain Affiliation (please specify) Name and Address of Parent Organization: \_\_\_\_\_

Outstanding Civil Money Penalty?    
Yes No

Nursing Home Compare Star Rating: \_\_\_\_\_ (can be 1, 2, 3, 4 or 5 stars)

Date of Nursing Home Compare Rating: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Is the Nursing Home in Bankruptcy or Receivership?    
Yes No

If an organization is represented by various partners and stakeholders, please attach a list of the stakeholders in the appendix.

**NOTE:** The entity or nursing home which requests CMP funding is accountable and responsible for all CMP funds entrusted to it. If a change in ownership occurs after CMP funds are granted or during the course of the project completion, the project leader shall notify CMS and the State Agency within five calendar days. The new ownership shall be disclosed as well as information regarding how the project shall be completed. A written letter regarding the change in ownership and its impact on the CMP Grant application award shall be sent to CMS and the State Agency.

**Part III:  
Project Category**

Please place an "X" by the project category for which you are seeking CMP funding.

- Direct Improvement to Quality of Care
- Resident or Family Councils
- Culture Change/Quality of Life
- Consumer Information
- Transition Preparation



<b>Tennessee Tech University: ArtTherapy4Life Tennessee</b>				
<b>APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning August 1, 2020, and ending July 31, 2023.</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$138,483.00	\$0.00	\$138,483.00
2	Benefits & Taxes	\$48,978.00	\$0.00	\$48,978.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$357,022.00	\$0.00	\$357,022.00
5	Supplies	\$51,038.00	\$0.00	\$51,038.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$4,100.00	\$0.00	\$4,100.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$5,004.00	\$0.00	\$5,004.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (10% charged on TDC, waived IC of 32% included as grantee participation).	\$60,462.00	\$193,479.00	\$253,941.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$665,086.00</b>	<b>\$193,479.00</b>	<b>\$858,565.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <http://www.tn.gov/finance/topic/fa-policyinfo>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

**ATTACHMENT 3 (continued) GRANT BUDGET LINE-ITEM DETAIL (BUDGET PAGE 2)**

SALARIES	Rate	x	Hours	x	# Years	AMOUNT
Dr. Shelia Hurley   Principal Investigator (academic release)	\$49.25		292.5		3 *rounded	\$43,218
Dr. Shelia Hurley   Principal Investigator (summer)			162.5			\$24,009
<p>Dr. Hurley will devote 20% of her time during the academic year and 1 summer month to the project (\$15 hrs/wk). Responsible for overseeing the project, pursuing project aims, and managing project team. Assist with marketing to nursing homes and recruitment of nursing homes and residents. Travel to nursing homes for data collection. Obtain and maintain project data and track participants on a weekly basis for 15 of the 30 total nursing homes in yrs 1 and 3 and 20 (of 40 total) in yr 2. Enter and analyze data. Troubleshoot grant implementation issues. Track participation of residents, family, volunteers and community. Recommends changes to project if it appears it is not proceeding on schedule or is producing unsatisfactory results. Seeks prior approval for budget changes when required. Coordinate ordering and shipping of art supplies. Prepare and submit quarterly and annual reports.</p>						
Dr. Ann Hellman   Co-Principal Investigator (academic release)	\$52.20		292.5		3 *rounded	\$45,807
Dr. Ann Hellman   Co-Principal Investigator (summer)			162.5			\$25,449
<p>Dr. Hellman will devote 20% of her time during the academic year and 1 summer month to the project. Assist with marketing to nursing homes. Travel to nursing homes for data collection; assist with recruitment of nursing homes and residents. Obtain and maintain project data and track participants on a weekly basis for approximately 15 of the total 30 nursing homes (yrs 1 &amp; 3) and 20 (of 40 total) in yr 2. Note Dr. Hellman and Dr. Hurley are each taking on the coordination and tracking duties for half of the nursing homes each year. Enter and analyze data. Troubleshoot grant implementation issues. Track participation of residents, family, volunteers and community. Recommends changes to a project that is ongoing if it appears it is not proceeding on schedule or is producing unsatisfactory results.</p>						
ROUNDED TOTAL						\$138,483
<b>BENEFITS &amp; TAXES</b>						
Benefits on release are FICA, Medicare, Group Insurance, and Retirement. Summer pay excludes Group Insurance. These rates are not negotiated with the Division of Cost Allocation in the US Department of Health and Human Services, but are based on actual benefits paid as a percentage of salary. The project will be charged actual expenses.						\$48,978
ROUNDED TOTAL						\$48,978
<b>PROFESSIONAL FEE/ GRANT &amp; AWARD</b>						
Deborah Ferris, Founder & CEO of Thriving 4 Life (T4L) will serve as a consultant on the project. T4L's mission is to make a positive difference in the lives of individuals living with cognitive, mental, developmental or physical challenges as well as those that love and care for them. This contract will include a \$150,000 training fee (\$1,500 per nursing home/year as well as travel costs for the T4L team (\$78,586) and personnel costs of \$135,018 (T4L Personnel - Grant Implementation - 30 hrs/wk x \$28.85/hr x 52 wks = 1,560 hours x \$28.85 = \$45,006 yrly). The \$78,586 in travel costs are based on 15 trips (visiting 2 NH per trip) from Ft. Myers, FL to TN in years 1 and 3 and 20 trips in year 2 and include: Airfare totaling \$5,250 in years 1 and 3, \$7,000 in year 2 (\$350/flight); Lodging totaling \$6,000 in years 1 and 3, \$8,000 in year 2 (\$100/night); Per diem totaling \$3,660 per diem in years 1 and 3, \$4,880 in year 2 (\$61/day); Rental car costs totaling \$2,100 in years 1 and 3, \$2,800 in year 2 (\$35/day); and Fuel costs totaling \$3,000 in years 1 and 3, \$4,000 in year 2 (\$2.50/gallon). Also included are instate travel to sites totaling \$1,200 + 10% tax totaling \$1,210/year; and \$559/year to cover increase in liability Insurance to comply with State of TN grant requirements.						\$357,022
ROUNDED TOTAL						\$357,022
<b>TRAVEL/ CONFERENCES &amp; MEETINGS</b>						
\$1,668 (\$1,516.65 + 10% tax) is requested each year to cover travel costs for WHSON team members to travel to project sites. Travel to middle TN sites is calculated at 78.8 miles x 2 = 157.60 miles x .58/mile = \$91.41 + \$149 hotel + \$61 per diem x 1 day = \$301.41; West TN Site Visit Travel from WHSON: 282 miles x 2 = 564 miles x .58/mile = \$327.12+ \$135 hotel x 2 nights = \$270 + \$61 per diem x 2 days = \$122 = \$719.12; East TN Site Visit Travel from WHSON: 107 miles x 2 = 214 miles x .58/mile = \$124.12 + \$125 hotel x 2 nights = \$250 + \$61 per diem x 2 days = \$122 = \$496.12.						\$5,004
ROUNDED TOTAL						\$5,004
<b>PRINTING &amp; PUBLICATIONS</b>						
Program Manuals \$900 Year 1, \$1,200 Year 2 and \$900 Year 3 for a total of \$3,000. Grant Participation Packages at \$240 Year 1, \$320 Year 2 and \$240 Year 3 for a total of \$800. Promotional Marketing Print Materials are budgeted at \$100 per year.						\$4,100
ROUNDED TOTAL						\$4,100
<b>SUPPLIES</b>						
Art materials include opaque watercolor pan (\$2.95), watercolor paintbrush set (\$9.17), set of markers (\$3.67), set of colored pencils (\$4.37), watercolor container (\$0.19), and paint palette (\$0.33). In years 1 and 3, each item listed will be purchased for 24 participants in each of 30 facilities along with three packages of watercolor paper (\$4.96/each) for each facility for a total of \$15,336 each year. In year 2, the same items will be purchased for 24 participants in each of 40 facilities along with three packages of watercolor paper (\$4.96/each) for each facility for a total of \$20,366.						\$51,038
ROUNDED TOTAL						\$51,038
<b>INDIRECT COSTS</b>						
Tennessee Tech's current on-campus Facilities and Administrative Cost rate as approved by the Department of Health and Human Services is 42.0% of Modified Total Direct Costs. However, indirect costs are limited to 10% based on the response provided to Question 6 of Amendment 1 of the CMP RFA. The portion of indirect costs (F&A) that were not allowed are being considered waived indirect costs or unrecovered facilities and administrative costs and is being counted as Grantee Participation. (10% was applied to Total Direct Costs)						\$60,462
ROUNDED TOTAL						\$60,462





201 Jordan Road  
Franklin, TN 37067

Phone: 615-905-5200  
Fax: 615-905-5202

February 28, 2020

Mr. Vincent Davis  
State Survey Agency Director  
655 Mainstream Drive, 2<sup>nd</sup> Floor  
Nashville, TN 37243

RE: CMP Application, Thriving4Life's Clinical Art Therapy Program

Dear Mr. Davis,

Please accept this letter as a sign of interest for American Health Communities, Inc. 28 Tennessee nursing facilities in participating in the above referenced project. This project will offer access to a high quality, clinical art therapy program for Tennessee nursing facilities.

Please see the attached list of our facilities interested in bringing this program to their homes for the benefit of residents, families and staff.

Thank you for considering this program for CMP funding.

Sincerely,

*Heather Lansaw*

American Health Communities, Inc.  
VP of Senior Care Services  
[hlansaw@ahcseiorcare.com](mailto:hlansaw@ahcseiorcare.com)



January 17,2020

Mr Vincent Davis  
State Survey Agency Director  
665 Mainstream Drive, 2<sup>nd</sup> Floor  
Nashville, TN 37243

Re: Clinical Art Therapy Program

Dear Mr. Davis,

Please accept this letter as a sign of interest in the above referenced program which was submitted for funding by Deborah Ferris through the non-profit organization, Thriving4Life. Thriving4Life will offer Tennessee nursing facilities access to a suite of high quality, field-tested, therapeutic, non-pharmacological programs, resources, education, training, services and support. This clinical art therapy program includes staff development in competencies such as Person-Centered Activities, Communication and Dementia Care.

National HealthCare Corporation has 26 centers who have expressed interest in this opportunity. Ten from our South-Central TN region, Six from our Eastern TN region, Eight from our Central TN region, and Two from our Metro Nashville region. Through this letter, NHC acknowledges that these locations are interested in partnering with Thriving4Life, and that if the proposal is funded, they understand the following specifics of what they will receive and what they will be required to do:

**NHC centers will receive:**

- 1.Training & education for implementation
- 2.Support from an outside mentor who will coach staff on how to apply new learnings to the work environment
- 3. Recognition for being one of the few TN Health Centers w/active Art Therapy program

**NHC centers will be required to:**

- 1. Provide access to Recreation staff who will fully take part in the training program
- 2. Encourage participating staff to complete all training courses and implement new strategies with patients
- 3. Provide a calendar of activities which include Art Therapy Sessions

National HealthCare Corporation recognizes this art therapy training will positively affect our patients by reducing agitation/stress, boosting confidence, stimulating the senses, bridging communication gaps, as well as boosting hand strength and self-pride.

Thank you for considering this program for funding.

Sincerely,

Celia Taylor  
Customer Service Training Specialist  
National HealthCare Corporation





2/27/20

Mr. Vincent Davis  
State Survey Agency Director  
Tennessee Department of Health  
665 Mainstream Drive, Second Floor  
Nashville, TN 37243

RE: ArtTherapy4Life Tennessee

Dear Mr. Davis:

This letter acknowledges our support for a statewide Thriving4Life, Inc. program entitled ArtTherapy4Life Tennessee. We are dedicated in providing guidance and expertise throughout the duration of the project.

We are committed to collaborating with the Tennessee Technological University's Whitson-Hester School of Nursing staff and students as well as nursing homes across our great State of Tennessee to bring a high quality, clinical art therapy program benefitting nursing home residents, their family members, the community and the staff that serve them.

Thank you for your consideration.

Best wishes,

A handwritten signature in cursive script that reads "Deborah R. Ferris".

Deborah R. Ferris  
CDP, CADDCT, CMDCP, VDT-CT  
Founder & CEO  
[dferris@thriving4life.org](mailto:dferris@thriving4life.org)  
615-714-3911

My kind regards,  
*Angel*

Angel C. Duncan, PhD Candidate,  
MA, MFT, ATR  
Program Development Consultant  
[angelcduncan@gmail.com](mailto:angelcduncan@gmail.com)  
973-327-3151

**Thrivning4Life, Inc., 4068 Campbellsville Pike, Columbia, TN 38401**  
**(A tax-exempt 501(c)(3) charitable organization)**

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## GENERAL ASSURANCES

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*Assurance is hereby provided that:*

1. This program will be administered in accordance with all applicable statutes, regulations, program plans and applications:
  - a. The laws of the State of Tennessee;
  - b. Title VI of the federal Civil Rights Act of 1964;
  - c. The Equal Employment Opportunity Act and the regulations issued there under by the federal government;
  - d. The Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government;
  - e. The condition that the submitted application was independently arrived at, without collusion, under penalty of perjury; and,
  - f. The condition that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Agency in connection with any grant resulting from this application.
2. Each agency receiving funds under any grant resulting from this application shall use these funds only to supplement, and not to supplant federal, state and local funds that, in the absence of such funds would otherwise be spent for activities under this section.
3. The grantee will file financial reports and claims for reimbursement in accordance with procedures prescribed by the State of Tennessee Department of Health.
4. Grantees awarded grants resulting from this application process will evaluate its program periodically to assess its progress toward achieving its goals and objectives and use its evaluation results to refine, improve and strengthen its program and to refine its goals and objectives as appropriate.
5. If applicable, the program will take place in a safe and easily accessible facility.

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### CERTIFICATION/SIGNATURE

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I, THE UNDERSIGNED, CERTIFY that the information contained in the application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state/federal statutes, rules and regulations will be met; and, that the indicated agency designated in this application is authorized to administer this grant.

I FURTHER CERTIFY that the assurances listed above have been satisfied and that all facts, figures and representation in this application are correct to the best of my knowledge.

  
Signature of Applicant Agency Administrator

  
Date Signed (Month/Day/Year)