

Applicants Name: \_\_\_\_\_

Page(s) #:	Required Element:	PASS	FAIL
_____	Cover letter is included and addressed to: Vincent Davis, State Survey Agency Director 665 Mainstream Drive, 2nd Floor Nashville, TN 37243	_____	_____
_____	Cover letter is signed by facility administrator if nursing home or signed by project administrator if other.	_____	_____
_____	CMS Fillable Application ( <b>Attachment 1</b> ) is included and is signed by an individual who can legally sign a contract with the State of Tennessee.	_____	_____
_____	All applicable blanks are completed in CMS application including Tax Identification number, and if applicable, Medicare/Medicaid numbers.	_____	_____
_____	Submitted the completed Excel budget spreadsheet and budget details page ( <b>Attachment 2</b> ) for the project, along with a narrative explanation of the costs.	_____	_____
_____	Job descriptions for key personnel are included (one page limit).	_____	_____
_____	Biographical sketches/Curriculum Vitae for currently employed key personnel are included (one page limit).	_____	_____
_____	Project organizational chart is included and significant collaborators are identified.	_____	_____
_____	Project Title information is included per CMS application.	_____	_____
_____	Required Abstract information is included per CMS application.	_____	_____
_____	Statement of Need information is included per CMS application, and addresses possible problems and contingency plan.	_____	_____
_____	Project Description information is included per CMS application and includes projected outcomes, the timeline, deliverables, benchmarks, and dates.	_____	_____
_____	Results Measurements information is included per CMS application and identifies what data will be measured, how and when it will be measured, and who will measure it.	_____	_____
_____	Description of how the nursing home community and governing body will assist and provide support for the project which is included per CMS application.	_____	_____
_____	Identification and list of all organizations and subcontractors that will receive funds from this grant are included per CMS application (i.e., specific nursing homes, hospitals, local community agencies, etc.).	_____	_____

\_\_\_\_\_  
\_\_\_\_\_  
Letters of commitment/agreement from all organizations and subcontractors that will receive funds from this grant are included per Request for Application.

\_\_\_\_\_  
\_\_\_\_\_  
General Assurances form is included and signed per Request for Application.

Primary Evaluator Signature and Date:

\_\_\_\_\_

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

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

October 3, 2019

Dear Mr. Davis,

Second Wind Dreams, home of the Virtual Dementia Tour® (VDT®) and Dementia Aware Competency Evaluation™ (DACE®), are honored to submit this Civil Money Penalty Fund Application to propose implementation of the Virtual Dementia Tour® Comprehensive Education program to 100 nursing homes in Tennessee. Results garnered from this program in Georgia has shown an improvement in the care provided to the increasing number of nursing home residents with dementia as evidenced by DACE results over a two-year period of time.

Second Wind Dreams (SWD) a non-profit organization with International reach was founded in 1997 and makes at least six dreams come true each day. The Virtual Dementia Tour® (VDT®), was donated to Second Wind Dreams in 2001 in an effort to increase awareness and empathy for those living with dementia and to provide increased funding to make dreams come true. Since its inception, it has been peer reviewed, published and continues to be researched by Colleges and Universities in the US, Canada, UK, Australia and Italy. This evidence-based, patented program is an educational tool to assist people in identifying with and greater understanding of those living with dementia which results in a relationship between caregiver and resident.

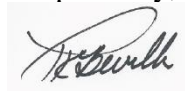
More than three million people in 20 countries have experienced the VDT. Currently, the VDT is used in over 200 hospitals, colleges and universities, and in approximately 1,500 nursing homes in four countries. Currently, this program is being provided in Georgia, North Carolina and soon to be Wisconsin along with two nursing homes in Kentucky.

Facts show that nursing homes throughout the U.S. report that over 70% of their residents are experiencing some form of cognitive decline. Caring for people with cognitive decline takes competent care provision in the field of dementia. The person-centered care model has shown to be the best model to help mitigate symptoms of the disease leaving the resident feeling more in control and less agitated.

The purpose of the proposed VDT program is to give nursing home staff the opportunity to experience what dementia is like through individualized, experiential learning along with assessment of competency to provide person-centered care. Success will be measured by staff performance scores on DACE and Pre/Post Surveys during the VDT experience.

This project requires two VDT experiences in each nursing home, along with three DACE assessments resulting in outcomes related to staff, training and resident person-centered care. We are seeking \$849,920.64 for a two-year, sustainable program that we expect to significantly change the way care is provided for those living with dementia in Tennessee nursing homes.

Respectfully,



P.K. Beville, Founder/President Second Wind Dreams®, Creator, Virtual Dementia Tour®

# REQUEST

Date of Application:      /      /       
MM DD YYYY

## PART I: Background Information

Name of the Organization: \_\_\_\_\_

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

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

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

Tax Identification Number: \_\_\_\_\_

CMS Certification Number, if applicable:   -

Medicaid Provider Number, if applicable:   -

Name of the Project Leader: \_\_\_\_\_

Address: \_\_\_\_\_

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

Internet E-mail Address: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

Telephone Number:    -    -

CMS Certification Number:   -

Medicaid Provider Number:   -

Date of Last Recertification Survey:  $\frac{\quad}{MM} / \frac{\quad}{DD} / \frac{\quad}{YYYY}$

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

Date of Last Complaint Survey:  $\frac{\quad}{MM} / \frac{\quad}{DD} / \frac{\quad}{YYYY}$

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



ADDITIONAL IDENTIFICATION INFORMATION AS NECESSARY				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning June 1, 2019, and ending May 31, 2021.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$279,360.00	\$0.00	\$279,360.00
2	Benefits & Taxes	\$20,287.80	\$0.00	\$20,287.80
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$152,000.00	\$0.00	\$152,000.00
5	Supplies	\$174,925.00	\$0.00	\$168,325.00
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	\$17,140.00	\$0.00	\$17,140.00
10	Printing & Publications	\$950.00	\$0.00	\$950.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$63,758.00	\$0.00	\$63,758.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$1,464.33	\$0.00	\$1,464.33
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>	\$69,370.00	\$0.00	\$69,370.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$77,925.51	\$0.00	\$77,925.51
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$849,920.64</b>	<b>\$0.00</b>	<b>\$849,920.64</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 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**

**(BUDGET PAGE 2)**

<b>SALARIES</b>	per hr	hrs/ wk	wk/ yr	AMOUNT	
Manager @ \$55,000/ annual salary/ 100%. (Includes budgeted 4% increase for Year Two)	\$26.44	x 40	104 +	0 (Longevity, if applicable)	\$112,200.00
Asst.Coordinator @ \$45,000/ annual salary/ 100% (Includes budgeted 4% increase for Year Two)	\$21.63	x 40	104 +	0 (Longevity, if applicable)	\$91,800.00
Bookkeeper/ Accounting Oversight @ \$30,000 annual salary. (Includes budgeted 4% increase for Year Two)	\$28.85	x 20	104 +	0 (Longevity, if applicable)	\$61,200.00
Clinical Coordinator @ \$7080/ annual salary/ 25%		x		\$14,160.00 (Longevity, if applicable)	\$14,160.00
<b>Payroll Taxes: estimated @ 7.65% per FT staff: \$9,945 for Y1, \$10,342.80 for Y2 = \$20,287.80</b>					<b>\$20,287.80</b>
<b>ROUNDED TOTAL</b>					<b>\$285,487.80</b>

<b>INDIRECT COSTS (10%):</b>	AMOUNT
<b>A flat rate of 10% was used as described in CFR200. Within this flat rate we cover 10% of salaries and fringe for the corporate staff supporting grant activities (COO, CPO, CEP and Administrative Professional) in addition rent, utilities and operational costs are included as they relate to the grant work. \$56,261.58 for Y1, \$21,683.93 for Y2 = \$77,945.51 total</b>	<b>\$77,265.51</b>
<b>ROUNDED TOTAL</b>	<b>\$77,265.51</b>

<b>PROFESSIONAL FEE/ GRANT &amp; AWARD</b>	AMOUNT
Certified Trainer Fee for 3 VDT trainings/ site visits per NH @\$500/ per diem x 100 trainings = \$150,000	\$150,000.00
Certified Training: 4 Days (for 5 CT's), \$400/ paid training per trainer (x 5 trainers) = \$2000 total	\$2,000.00
<b>ROUNDED TOTAL</b>	<b>\$152,000.00</b>

<b>TRAVEL/ CONFERENCES &amp; MEETINGS</b>	AMOUNT
Certified Trainer Travel & Accommodations: Hotels based on \$94/night x 3 nights for 60% of 100 nursing homes (or 60) at \$8460 per year/ \$16,920 project total. Mileage is \$.47/ mile x 24,000 miles = \$11,280 per year/ \$22,560 project total. Meals and Incidentals for 60% of 100 nursing homes (or 60) based on \$55 of allowable costs per day x 1.5 days per nursing home x 60 nursing homes = \$4950 per year/ \$9900 project total.	\$49,380.00
SWD Staff Travel: SWD Staff Travel: THCA Annual Convention: Mileage calculated at 500 miles roundtrip or \$.47 x 500 = \$235. Hotel in Davidson County, TN (Nashville) at \$179/ night x 2 nights or \$358. Meals/Incidentals in Davidson County, TN (Nashville) at \$61 x 2 days or \$122. Total for convention = \$715 per year (\$1430 project total). <u>State Surveyors Meeting</u> : Mileage calculated at 500 miles roundtrip or \$.47 x 500 = \$235. Hotel in Davidson County, TN (Nashville) at \$179/ night x 2 nights or \$358. Meals/Incidentals in Davidson County, TN (Nashville) at \$61 x 2 days or \$122. Total for meeting = \$715 per year (\$1430 project total). <u>Certified Trainer Training 2-day Class</u> : Airfare for our Clinical Coordinator at \$500 roundtrip and car rental at \$400. Also required is 12 nights of hotel at the standard rate of \$94/ night or \$1128. Coordinator will require two days of meals and incidentals at the standard rate of \$55/ day or \$660 (\$2688 project total/ Year One only). <u>Leading Age Conference</u> : Mileage calculated at 500 miles roundtrip or \$.47 x 500 = \$235. Hotel in Williamson County, TN (Franklin) at \$129/ night x 2 nights or \$258. Meals and Incidentals in Williamson County, TN (Franklin) at \$61 x 2 days or \$122. <u>Total for meeting = \$615 per year (\$1230 project total).</u>	\$6,778.00
Meetings/ Conventions: THCA convention booth @ \$1200 (x1 per year) = \$2400 total. LeadingAge Tennessee conference booth @ \$1350 (x1 per year) = \$2700 total. Certified Trainer Training 2-day Class: \$500 mtg space = \$500 total (Year One only). TN Medical/ Pharmacy Association Meetings (2 per year) @ \$500 each / trainer compensation for two trainers (\$1000 total per year/ \$2000 total).	\$7,600.00
<b>ROUNDED TOTAL</b>	<b>\$63,758.00</b>

<b>OTHER NON-PERSONNEL</b>	AMOUNT
Webinar Trainings: Dementia Aware Competency Evaluation™ (DACE) @ \$500 per nursing home x 100 = \$50,000. Fundamentals Webinar @ \$150 per nursing home x 100= \$15000 total	\$65,000.00
Continuing Education Units (Disciplines: activities, social work, NAB, & nursing): NAB: \$10 registration fee per visit x 3 days per 75 nursing homes in Y1 and 25 nursing homes in Y2 = \$3000 total. NAB Annual Renewal Fee: \$150 per year or \$300 total. Activities CEU Approval Renewal Fee: \$35/ year or \$70 total. Social Work Application Fee : \$500 per year	\$4,370.00
<b>ROUNDED TOTAL</b>	<b>\$69,370.00</b>

**Supplemental: For reference purposes, Seconds Wind Dreams wishes to provide budget detail for "Supplies", as this category comprises a large portion of the proposed project budget.**

<b>SUPPLIES</b>	AMOUNT
Virtual Dementia Tour® Program with set of patented components & headphones: \$985 x 100 nursing homes	\$98,500.00
VDT Community Edition: \$35 for Community VDT manual and \$250 for Web Training. This is to be provided for those successful nursing homes who select to participate. Estimate for 50% of NH's.	\$14,250.00
VDT Box for NH's: includes VDT task items and file forms: \$250 x 100 nursing homes = \$25,000	\$25,000.00

Trainer Tools and Equipment: rolling duffle bag, task items, clothing, etc: \$1155 per trainer (x5 trainers) total	\$5,775.00
Office Supplies: estimated @ \$10,000/ year	\$20,000.00
Software: Microsoft Windows, Zoom Conference, Quickbooks, Adobe, Data Analysis for 2 users = est. \$2400/ year	\$4,800.00
ROUNDED TOTAL (Supplies)	\$168,325.00

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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)

## **Project Abstract: Purpose and Summary**

The number of people with cognitive impairment is on the rise in long term care and with no cure in sight. Caring for those with dementia requires caregivers to be patient and understanding, along with an attitude of support. This project is designed to provide person-centered care competency resulting in better care for residents with dementia. This project is currently being provided to over 750 skilled nursing homes in Georgia, North Carolina and Wisconsin. The purpose of this request is to provide person-centered simulation training to staff caring for residents with dementia, thereby enhancing the resident's quality of life. If approved, for Second Wind Dreams (SWD) to provide the patented Virtual Dementia Tour® (VDT®) to 100 skilled nursing homes throughout Tennessee over a twenty-four-month grant period.

The VDT is a comprehensive training program that uses patented sensory tools and instruction to sensitize staff to dementia resulting in better care. This evidence-based training program has been studied and peer-reviewed by universities, long-term care entities and practitioners across cultures, over time and socio-economic strata. Studies and peer-reviewed literature are available upon request. We will be also be measuring staff's competence to provide person-centered care with the Dementia-Aware Competency Evaluation™ or DACE®. This powerful assessment tool quantifies specific variables of care and directly relates those outcomes to staff's level of empathy towards residents. The VDT and DACE assessment tool combined have been proven to decrease the use of psychoactive medications, incidents of abuse and neglect, and hospitalizations for behavior challenges in nursing homes.

Gwenyth Johnson, CEO and Abby Haegele, Grants Manager will be responsible for the project leadership and evaluation. Bios attached.

## **Expected Outcomes**

Desired outcomes of the VDT include but are not limited to: positive outcomes on the pre/post-VDT surveys that indicate change in the understanding of dementia and positive indicators of change on DACE, before and after the VDT is administered. Results from the Georgia CMP project implementation showed an average 22% increase in person-centered care behaviors toward the residents after the VDT.

This project will be implemented in six phases over a two-year period. The goal is to recruit 100 skilled nursing homes statewide, with a minimum of 20% rated as one to two-star homes, including an initial targeted outreach to nursing homes in the 15 distressed Tennessee counties. The recruitment process is first-come, first-serve. Each nursing home recruited for the project will receive one day of VDT facilitator training for two designated nursing home staff, then a second day of VDT training for all staff. An additional staff member will be selected by the nursing home to conduct DACE with staff throughout the project. When the two training days are complete, each nursing home will receive a copy of the VDT manual, set of patented components and VDT task items to use in their nursing home.

Nursing Home Certified Trainers (NHCT) will return to the nursing home nine months later with different tasks to oversee a second VDT training experience conducted by the nursing home facilitators. All staff will take the Tour a second time. Studies show that the VDT is most effective when conducted several times with different task items to reduce practice effect (Campbell, M., PhD, Warmack, A. R.N., Larche, D., MCE) Lasting Impact to Dementia Sensitivity Training: Nursing Staff Experience After the Virtual Dementia Tour. Poster Presentation, May 2013 Canadian Gerontological Nursing Association). Our studies also indicate that it is during the second VDT that staff begins to shift their thinking from initial reactions during the simulation to a deeper understanding of the issues residents with dementia deal with every day. Qualifying nursing homes will also receive training to conduct the VDT for families and local community members. Qualifying nursing homes are those that have completed all

requirements of the project and are interested in community events. During the nine-month period between NHCT visits, the nursing home will be encouraged to conduct the VDT with all staff and new hires.

Second Wind Dreams will provide detailed instructions and support by way of phone calls, mailings, in-person meetings and/or emails. The NHCT's will also incorporate nursing home staff in the implementation of the VDT. This allows for faster integration and sustainability of the program. Even in the best of nursing homes there are sometimes challenges, such as not enough helpers (Tour Guides) for the day or staff not scheduled prior to the visit. If this occurs, our NHCT's are trained to collapse Tour Guide duties so fewer helpers are needed.

Results will be measured during each phase of the project and reported quarterly to CMS and the TN Department of Health. Data will be synthesized and studied through the duration of the project.

### **Statement of Need**

A large percentage of the nursing home population have cognitive impairments or some form of dementia either in the diagnosis or listed as a cognitive impairment on the Minimum Data Set (MDS 3.0). The inclusion of competencies and skill-based staff who are familiar with resident diagnosis is an area that the Centers for Medicare and Medicaid Services (CMS) has rolled out through its Quality Assurance Performance Improvement (QAPI) program, in response to staff's need for training, especially in the area of dementia care (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition.html>). Similarly, the Quality Improvement in Long Term Services and Supports Initiative or QuILSTS in Tennessee addresses staff competency and culture change within long term care. The need for quantifiable information to determine staff competency is essential through assessment tools such as DACE.

Teaching staff how to identify with normal dementia behaviors through their own experience allows them to see themselves in the residents and respond with more patience and empathy (Beville, P.K., M.S. Virtual Dementia Tour Helps Sensitize Health Care Providers, *American Journal of Alzheimer's Disease and other Dementias* May/June 2002 Vol 17#3 p183). Studies indicate that adult learners show the strongest learning outcomes when given the opportunity to be an active participant in experiential learning, with direct feedback and concrete recommendations as if they are in the real situation (MaGaghie, 1999, p. 9, Issenberg, McGaghie, Petrusa, Gordon, & Scalese, 2005). Once staff members learn from their own experience that every behavior in dementia has a purpose and they can identify with those behaviors, they develop better strategies for care (Beville, 2002).

With the advent of person-centered care models has come the importance of developing relationships with residents that are supportive and that treat residents as people with individual needs. However, person-centered care is an abstract concept and most staff can improve their competency in this area when given specific feedback regarding outcomes of this model for care. In tandem with the VDT training, DACE will provide the nursing home with measurable data gathered from observations that identify areas where staff needs improvement within various domains of care, such as mealtime or grooming. We encourage the TN CMP Application Review Team to view the DACE white paper written by P.K. Beville, as well as some of the DACE results from our CMP project just completed in Georgia. Both documents can be located at the following Google link: [https://drive.google.com/open?id=1KQTh7SrZCzy2bTCcgIsy\\_f8QGSu5aQcQ](https://drive.google.com/open?id=1KQTh7SrZCzy2bTCcgIsy_f8QGSu5aQcQ). A pragmatic approach like DACE will provide caregivers a benchmark to follow that will show progress and encourage additional training where needed. Most importantly, we can be assured that people with dementia are being treated in caring environments where the person with dementia is honored and respected no matter the level of function (Beville, P.K., 2018).

CMS has implemented strategies to reduce the use of unnecessary psychoactive medication in nursing homes, especially when used to control behavior in residents with dementia. SWD has evidence from other statewide CMP projects that the VDT program reduces the need for these medications. The VDT also reduces incidents of reported abuse and neglect, as well as the number of hospitalizations due to behavior challenges when measured prior to the implementation of the VDT training and then again, after the VDT training is completed.

### **Program Description**

The VDT is a scientifically-proven method of building a greater understanding of dementia using patented sensory tools and instruction. This program was created by geriatric specialist, P.K. Beville (see Appendix for P.K. Beville bio).

### **Year One**

#### **Phase One: Awareness, Recruitment and Program Launch (Months 1-3)**

1. Development of an awareness and recruitment campaign to nursing homes.
  - a. Schedule meetings with State Surveyors and the Tennessee Quality Improvement Organization (QIO) to introduce them to the VDT and solicit their help to recruit nursing homes to be a part of the project. SWD will also reach out to the Tennessee Culture Change Network Coalition for assistance in advertising and promoting the project by way of website and Facebook links, as well as announcements in a monthly newsletter. Attend annual Tennessee Health Care Association (THCA) and LeadingAge Tennessee conferences and/or regional meetings to educate them about the project and provide informational packets. In addition, to recruit these nursing homes SWD will work with partner and stakeholder organizations such as LeadingAge and QSource to conduct outreach. We will utilize partner newsletters, email blasts and face-to-face opportunities at conferences to raise awareness and make contact with the nursing homes. Applications will be provided to all responding nursing homes and from there, staff will walk them through the process.
  - b. Implementation of program management operations to include resources, equipment, schedule management system, staff, etc. Hire and train staff members who will be responsible for coordination of nursing home scheduling, logistics, general outreach, field support, reporting and bookkeeping. Staff and the central office for the project will be in Roswell, GA. Office staff will work alongside and support the NHCT's that are hired in Tennessee.
  - c. Recruit candidates for the Nursing Home Certified Training program via referrals and job advertisements. The candidates will be identified through project stakeholders, independent dementia trainers, colleges and universities and other sources. The new NHCT's are selected by SWD and chosen based on their training and background in dementia care and treatment, as well as their skills in training and presentation. NHCT's are considered independent contractors at SWD.
  - d. Along with the TN Department of Health, SWD will set up processes to obtain baseline data on each nursing home in the areas of psychoactive medication, abuse and neglect incidents and hospitalizations due to behavior challenges.
  - e. For the VDT experience, SWD has accreditation for nursing, social work, activities, dietetics and National Association of Long-Term Care Administrator Board (NAB) continuing education units (CEU) in TN.
2. Conduct training of 5 NHCT's.

- a. SWD will utilize a veteran VDT instructor to conduct NHCT group training. NHCT's complete a 4-DAY training program and pass oral, written and practicum assessments. The first two training days are in a classroom setting and the third and fourth take place at a participating nursing home.
- b. Each NHCT will be provided with a VDT manual and complete set of trainers' tools and equipment. Included in the NHCT duffel will be:
  - Patented items: three sets of gloves, glasses, shoe inserts
  - Food service gloves and sanitation wipes for infection control
  - Three wireless headphones
  - Three trademarked and registered SD cards preloaded for headphones
  - Strobe light
  - Trademarked and registered assessment protocols
  - Items to set up the Tour, such as task items, etc.

### **Phase Two: Preparation for Site Visits (Beginning Month 4 through Month 22)**

When a nursing home completes the application, an electronic packet of the required information will be emailed, along with a follow-up phone call from SWD to ensure understanding. Also, a sample letter and informational sheet will be included so that all families will be given an opportunity to be a part of the VDT at the nursing home. Each participating nursing home will be asked to assign two people as facilitators of the program and one DACE observer. Their responsibilities will include:

1. DACE. The nursing home staff member designated as the DACE observer will be sent a link for the DACE webinar and assessment to view prior to conducting the DACE with staff. DACE is conducted before the initial site visit and two weeks after the VDT is conducted. A good candidate for DACE observer would be someone familiar with person centered care, adept at documentation and able to conduct all site observations. The DACE observer will observe and record staff interaction with cognitively-impaired residents during care. Results will be sent to SWD for data review and analysis. The criteria for staff selection will be up to each nursing home. Some sites may opt for a floor-to-floor or shift-to-shift comparison.
2. The two facilitators from the nursing homes will have the opportunity to view the CEU-approved VDT Fundamentals video online prior to the VDT site visit. The VDT Fundamentals video serves as an introduction to the work of Second Wind Dreams and highlights the purpose of the Virtual Dementia Tour.
3. First Quarter report is submitted to CMS and the TN Department of Health by SWD with the number of nursing homes recruited, status of NHCT recruitment and training and statistics from Phase One.

### **Phase Three: Initial VDT Site Visits and Assessments (Beginning Months 4 & 5, to Month 22)**

1. Prior to the first site visit DACE will have been conducted by the DACE observer on 5-10 staff members who provide care to residents with dementia or cognitive decline. *It is recommended that at least five staff members are observed but where possible, more staff members are observed per DACE assessment. We recommend that at least two domains of DACE are observed per staff member. For instance, observation during mealtime and dressing: this allows for a more comprehensive assessment of a staff member. Multiple staff members can be observed during mealtime. Our experience with DACE in other states has shown us that most observations are conducted on CNA's since they are usually the ones conducting the domains that DACE assesses but in some nursing homes they also observe supervisory personnel. DACE sustainability is seen in nursing homes that use DACE with all staff on a regular basis but for the purpose of this grant it is*

*not required.*

2. Site Visit Day 1: The NHCT will conduct a full day facilitator training for the two selected contact people at the nursing home. During this first day, the contact people will be given the Tour and then taught how to implement the Tour the next day for staff.
3. Site Visit Day 2: The Tour will be conducted for staff on a rotating basis. Four staff members, family members or volunteers will be assigned to assist during the day as Tour Guides. This ensures that they are a part of the experience and encourages sustainability. The NHCT will supervise all aspects of the Tour. At the end of the second day, the NHCT will leave the VDT manual, Tour items and patented components. All Facilitators and Tour Guides will be thoroughly trained to continue conducting the Tour for the remainder of the staff, as well as for any new hires.
4. The actual VDT training is 20 minutes per staff member for the experience and 30-40 minutes for the group debrief with the staff that participated. A NHCT can conduct a VDT for 70 staff members in a day. Two staff members take the VDT every ten minutes so that participants rotate through the process. A sign-up sheet will be provided to the nursing home prior to the first visit. Staff is encouraged to sign up for a specific time. It is recommended that the nursing home invite night shift staff during the days it is offered. *If requested, SWD can conduct some night-shift trainings, pending the availability of trainers in the requested region.* When staff arrives, they sign SWD's Hold Harmless Statement and then take the pre-VDT survey. Next, they are read general instructions and then garbed in the VDT equipment. They are taken into the experience room and given tasks to complete. While in the room they are observed, and their behavior recorded on the Behavior Observation Form. After their time is up, they are taken out of the room, de-garbed and given the post-VDT survey. Pre- and Post-Surveys and the Behavior Observations will be quantified by the NHCT.
5. A debrief in-service session will be conducted with staff at recommended times by the nursing home. To ensure quality, the NHCT will conduct the first debrief, then observe the nursing home facilitators conduct another debrief later in the day. Each facilitator is provided with an outline of the learning objectives and goals for the VDT. This outline may be used by the nursing home in-service coordinator for tracking and documenting in-service trainings. The debrief is designed to allow staff to talk about their experience during the VDT. The NHCT, and subsequently the facilitators, relate the staff experience to the residents they serve while providing examples of how the staff can help the residents with dementia. Credit per staff member who completed both the Tour and debrief is 1.5 credit hours. A site visit report, sign-in sheets and other pertinent forms are submitted to SWD by the NHCT.
6. After the site visit, SWD contacts the NH DACE Observer and provides a reminder that DACE should be completed within two weeks of the VDT experience. Results from DACE will be uploaded to SWD for inclusion in the nursing home file for comparison by staff member, shift, discipline and site visits.
7. Quarterly contact will be made via email and scheduled conference calls to assist nursing homes with any VDT implementation questions. In addition, a monthly email will be sent with tips and formation about ongoing use of the VDT.
8. Second Quarter report submitted to CMS and the TN Department of Health and each quarter through the end of the project with: Number of nursing homes signed up, Number of site visits, Number of nursing homes served, and Results of assessments from site visits (pre/post, behavior observations, DACE, etc.). Determination of adjustments will be made to ensure success. These adjustments will be submitted to CMS for review.



## **Year Two**

### **Phase Four: Final Site Visits and Assessments (Year Two, Months 1-10)**

Nine months after the VDT was first conducted, it will be conducted again in the same nursing homes. The pre/post-surveys and behavior observations will be used and submitted to SWD for comparative analysis. It is recommended that the same staff going through the initial VDT be included in the second VDT. After the final VDT, DACE will be conducted by the DACE Observer within two weeks of the VDT.

### **Phase Five: Replication and Sustainability**

SWD will support nursing homes as they continue the use of the VDT on a regular basis with staff and new hires. We will encourage them to provide ongoing in-services to speak to the individual needs of the residents with dementia by using the VDT as the springboard to discussion. Since SWD business will evolve, each nursing home will have the option to acquire a VDT/SWD membership to stay current with program evolution and research once the grant is completed.

Nursing Home care has moved to become more person centered in response to “culture change” efforts and related policies (Zimmerman, Shier, & Saliba, 2014). However, despite this evolution, there is no evidence that the stigma associated with residents in nursing homes has lessened (Dobbs et al., 2008). *The Gerontologist*, Volume 56, Issue 3, 1 June 2016, Pages 535–547). This stigma results in poor decisions by family members about the best placement for their loved ones and a general feeling of negativity about nursing homes in general. Even so, there are ways that nursing homes can position themselves as experts in their field by holding community events designed to educate the local community about the amazing things nursing homes are doing. The VDT has been a part of community events since 2009 when the community edition of the VDT was launched.

The VDT has been provided for over 18 years and updated and reorganized frequently according to research and VDT trends. In fact, program holders have continued to use the VDT since the beginning. The authors of this project feel confident that once the nursing home has the VDT, they will continue to use it.

Nursing homes completing all requirements pertaining to the project will be encouraged to conduct community VDT events and invite families, business leaders, and other community organizations, such as churches and fire departments, to experience the VDT and learn about dementia. After the final DACE is received from the nursing homes second site visit, the facilitators at the nursing home will be contacted to determine whether they are interested in learning about how to conduct the VDT for their own outside community. We anticipate that 50% of the nursing homes served will be interested in becoming community active with the VDT in their nursing home.

If the decision is made for the nursing home to conduct community events, they will be sent a link to a 45-minute webinar with an assessment at the conclusion. A copy of the assessment, along with the community booklet can be located at this link:

[https://drive.google.com/open?id=1KQTh7SrZCzy2bTCcgIsy\\_f8QGSu5aQcQ](https://drive.google.com/open?id=1KQTh7SrZCzy2bTCcgIsy_f8QGSu5aQcQ). The community booklet allows for assessment of the participant’s pre and post-VDT attitudes, along with specific behaviors. This portion will be torn off after the one-on-one debrief with a trained facilitator and kept by the trainer to provide assessment results. The remainder of the booklet is given to the participant for future reference and to provide participants additional information about dementia. SWD is notified via email when the webinar has been viewed along with the resulting test score. When a passing score is achieved, the contact people in the nursing home will be sent the Community Edition chapter of the VDT to be added to their comprehensive manual they received on the first site visit, along with:

- 50 Community booklets

- A DVD of an actual family going through the VDT and subsequent debrief.

In addition to individual community events, SWD will hold at least three events during the second year in various locations. *In other states these locations have been libraries, hospitals and other places where there is an interest in allowing the VDT to be conducted. Local dignitaries are invited along with business leaders. The VDT, in this case, is conducted by one of our NHCT's with the local nursing homes assisting in the tour.* SWD will assist each nursing home electing to host a community event by providing an event flyer template and offering pre-event phone or email assistance to help in the preparation of the public event. *The same evaluation used for the community VDT in the nursing homes will be used at the community events. In addition, the total number of community members in attendance will be submitted in our reports.*

### **Phase Six: Data Synthesis (Year 2, Months 10-12)**

The final phase of the project will be focused on the synthesis of data, comparative analysis and conclusions. SWD will assimilate the data submitted over the project period and draw conclusions about the outcomes in all phases of the project. The final report will be submitted to CMS and the TN Department of Health at the end of this period. Please visit the following link to see *Appendix 1: VDT Program Roll-Out, per Nursing Home*, which is a flow chart of the proposed project phases: [https://drive.google.com/open?id=1KQTh7SrZCzy2bTCcgIsy\\_f8QGSu5aQcQ](https://drive.google.com/open?id=1KQTh7SrZCzy2bTCcgIsy_f8QGSu5aQcQ).

### **Results Measurement**

- 1. Dementia-Aware Competency Evaluation (DACE).** Studies show that even those residents who are in the middle to late stages of dementia can pick up on staff negativity and abrupt tone of voice. The result is that residents become more agitated and angry when this occurs. DACE is designed to provide information about staff competency with cognitively impaired residents. Indicators designed to assess staff's ability to engage positively with residents will require that observations are conducted by the same staff at each nursing home when possible. For NH's requiring resident consent, the nursing home will be provided a Resident Consent Form for DACE. Assessment of each staff member should take no longer than 10 minutes and should be conducted with staff members providing direct care to those with dementia.
- 2. Pre/Post Survey Questions.** When staff members arrive to take the Tour, they are given a survey. As soon as the staff member finishes the Tour they are given the same survey with the additional question: What will you do differently after the VDT experience? This question is used as an unstructured introduction to the debrief.
- 3. Behavior Observations** are tabulated by an observer in the experience room while the simulation is occurring. They use the standardized Virtual Dementia Tour Observation form and documents any behaviors exhibited by the participant that mimic dementia. Actions such as wandering, shadowing, bizarre behavior, etc. are tabulated on the form. The responses from staff allow the NHCT to make direct connections to how a person with dementia feels during the debrief.
- 4. Comparative Analysis.** After the Virtual Dementia Tour has been conducted twice, a comparative analysis of the data will be conducted by SWD. Success on this measure will be determined by:
  - a.** A statistically significant positive variance between Pre/Post-Surveys per VDT, DACE and Behavior Observations. Conclusions will be drawn about the efficacy of the VDT as it relates to the provision of person-centered care as evidenced by DACE per facility and in comparison, to all participating nursing homes. Results will be provided to CMS in the quarterly report and TN Department of Health.

- b. Comparative Analysis of data obtained prior to the VDT from baseline data (psychoactive medication, hospitalizations and abuse Incidents) to baseline data obtained at the end of the project.

### **Benefits to Nursing Home Residents**

Studies indicate that the only cure for abuse and neglect is education (<http://oig.hhs.gov/oei/reports/oei-06-88-00360.pdf>). This project highlights education from the experiential perspective which has been shown to be most effective for changing staff behavior over time. We are unable to change the course of dementia, but we can change the course of how the staff cares for them.

The Virtual Dementia Tour takes an intangible concept like empathy and makes it tangible by allowing staff members to see themselves as impaired and behaving in ways that simulate their own residents. In fact, many times during debrief, staff members relate their experiences to actual residents and explain why that resident behaves in such a way. This is what person-centered care is all about: the ability to look at the resident with dementia, identify with them and respond accordingly.

The benefit to residents lies in empathetic, sensitive treatment by staff members. DACE provides concrete feedback about how to provide person-centered care. The residents must be cared for by staff who maintain eye contact, talk with them during care, provide a caring touch not just a clinical touch. The benefits to residents are seen in lower psychoactive medication use, less hospitalizations due to challenging behavior and less abuse and neglect instances because of staff's increased understanding of dementia.

Quality of Life indicators can seem difficult to identify for those with dementia, but the use of the VDT and accompanying assessment tools will demonstrate measurable Quality of Life indicators. For instance, once the staff is familiar with how to empathize with their residents, they will better understand challenging behaviors exhibited like loud, agitated verbal attacks. During the VDT debriefings, staff are asked to describe what quality of life was like during the Tour. Helping staff see that quality of life for those with dementia is directly related to the care that is provided to those residents.

The community around a nursing home caring for people with dementia can be of great support but this only comes with outreach from the nursing home. In most cases a nursing home isn't considered a part of the community and in fact are viewed as a last resort for elders who need care. When the nursing home positions itself as an expert in dementia care through the VDT, the public is most likely to support not only the residents but the entire nursing home. Residents see benefit directly from this support. For instance, communities have been known to assist the nursing home to build gazebo's for residents with dementia among other things. The greatest benefit however is as a community outreach to help the community learn how to care for those with dementia. This type of community outreach shows the nursing home is dedicated to the people outside their walls and are available to provide nursing care to those with dementia.

### **Consumer/Stakeholder Involvement**

The TN Health Care Association, TN Department of Health, TN QIO (QSource) and LeadingAge will be included in the awareness initiatives utilized to encourage nursing homes in Tennessee to take advantage of this program. Please find letters of support from these organizations at the following link: [https://drive.google.com/open?id=1KQTh7SrZCzy2bTCcgIsy\\_f8QGSu5aQcQ](https://drive.google.com/open?id=1KQTh7SrZCzy2bTCcgIsy_f8QGSu5aQcQ). SWD will hold quarterly stakeholder meetings to provide project updates and other pertinent information.

We will work closely with QSource, Tennessee's Quality Improvement Organization, to help us make contact with 1-2 conventions of medical director, nurses and/or pharmacy associations in TN.

We will conduct the VDT and present results of our work in nursing homes during these events. The VDT will also be conducted annually for State Surveyors. They will be given an extensive debriefing with direct correlations to how the staff change should be evident in the care of those with dementia.

Low staff turnover results in better outcomes for the residents (<http://www.mcknights.com/guest-columns/getting-to-the-bottom-of-cna-turnover/article/121691/>). The Virtual Dementia Tour Comprehensive program highlights the work of CNA's by including them as Tour Guides and supporting their work in understanding person-centered care.

Families enjoy the opportunity to be a part of the VDT by helping with the surveys and sometimes assisting in the facilitation of the Tour. In addition, families will be encouraged to come to the nursing home and take the Tour themselves. The Tour increases their understanding of their loved ones with dementia and provides insight into how the staff sometimes struggles.

The largest stakeholders are the residents with dementia in Tennessee Nursing Homes. It is for them that we want to enhance staff's ability to better identify with their lives and understand why residents with dementia behave differently. After decades of work with nursing homes, exploring ways that they can help staff understand the experience of a person with dementia, the VDT along with DACE is the most effective tool established.

## **Funding**

### **1. VDT Program**

**Total: \$143,525**

Each participating nursing home will receive VDT program materials and components, plus a box of VDT task items needed to conduct the Tour on their own. NHCT's will also receive trainer materials. Half of the targeted 100 NH's will receive the VDT Community Edition. Pricing is based on availability.

### **2. Trainings**

**Total: \$71,370**

To ensure state wide coverage of VDT program in Tennessee, SWD will train 5 Certified Trainers over a four-day period. Each NH will receive webinar trainings and CEU credits, when applicable.

### **3. Personnel**

**Total: \$451,112.13**

To organize, manage and implement this program, SWD must hire two FT staff to ensure program oversight, manage scheduling, coordinate assessments and CEU's. One PT staff will be hired to manage financial records. Payroll taxes, insurance and on-staff Clinical Coordinator compensation included.

### **4. Travel**

**Total: \$56,158**

Travel and accommodations will be provided for NHCT's conducting SWD training, NH site visits, and conferences/ community events. SWD staff travel and accommodations will also be provided for NHCT training, conventions and meetings.

### **5. Meetings and Conventions:**

**Total: \$7,600**

SWD will travel to TN **to do outreach and project awareness** at stakeholder meetings, state surveyors conference, exhibit at THCA, medical/pharmacy associations and Leading Age conventions.

### **6. Supplies**

**Total: \$24,800**

Cost includes office and field supplies, as well as software for new staff.

### **7. Furniture and Equipment**

**Total: \$17,140**

New office staff will require equipment and furniture, such as desk computers, printers, and telephones, as they will be managing TN operations remotely from our Roswell, GA office. NHCT tablets and wifi hotspots are also included in this line item.

- 8. Recruitment:** **Total: \$950**  
 SWD has budgeted for expenses related to hiring certified trainers in TN and producing recruitment materials for the NH's.
- 9. Administrative** **Total: \$77,265.51**  
 Contained within this category are utility fees, office lease, administrative costs, shipping/postage costs and indirect costs.
- 10. Project Total** **Total: \$849,920.64**  
 Total Year One = \$618,657.39 Total Year Two = \$231,263.25

**Description of Support from Governing Body**

Second Wind Dreams is governed by an Executive Board. The board is active in decisions about the growth of the company and ongoing fiscal responsibility. The Executive board meets monthly. The general board of directors meet on a quarterly basis and are apprised of all work at Second Wind Dreams. Each board member is involved in specific aspects of the company, from legal and financial, to grants and dreams. In addition to the Board of Directors, we have seasoned staff who are experts in dementia care, volunteer involvement, corporate social responsibility and new projects for the Virtual Dementia Tour. Please see the Second Wind Dreams organizational chart at the following link: [https://drive.google.com/drive/folders/1KQTh7SrZCzy2bTCcgIsy\\_f8QGSu5aQcQ](https://drive.google.com/drive/folders/1KQTh7SrZCzy2bTCcgIsy_f8QGSu5aQcQ).

**Job Descriptions for Project Leads:**

**CEO:** Oversees the portfolio of programs and related services. This includes Dreams program and its ancillary programs such as Gifts of Light, International Second Wind Dreams Month, DACE, Virtual Dementia Tour and ancillary programs, Certified Trainers, Mobile VDT, International partners and Nursing Home Civil Monetary Penalty Grants. Evaluate the effectiveness of programs and provide ongoing feedback to program leads; Work with CEO to help promote and diversify funding through effective resource stewardship with a healthy mix of government funding and private philanthropic support

**Grants Program Manager:** The Grants Manager assists in completing all phases of grant lifecycle. This includes pre-award and post-award tasks such as reviewing and submitting grant applications, responding to inquiries, budget preparation and monitoring, monthly invoicing, quarterly reporting, coordination of trainer and staff compensation, oversight of monthly expenses, purchases, and travel expense reports, and oversight of all data and record-keeping system for grant programs.

**Bio Sketches for Key Personnel:**

**Biography of P.K. Beville, Founder of Second Wind Dreams and Creator of the VDT**

P.K. Beville is founder of Second Wind Dreams, an international nonprofit organization launched in 1997. Second Wind Dreams is changing the perception of aging by fulfilling the dreams of those living in eldercare communities, thereby enhancing their lives and changing society's perception of older Americans. A geriatric specialist and national speaker, Beville began working with nursing home residents in 1983. Beville holds a B.S. degree in Psychology from Georgetown College and a master's degree in Clinical Psychology from Eastern Kentucky University. Her post-graduate work was conducted for the development of the Virtual Dementia Tour®, which is currently used in eldercare communities throughout the world.

**Biography of Gwentyth Johnson, Project Lead.**

Gwentyth Johnson MS. RDN. LDN is CEO for Second Wind Dreams. She brings more than ten years of experience with implementation of state-wide programming for older adults with the Georgia State Unit

on Aging. She also has more than twenty years working with health and wellness of an aging population. This includes experience working in long term care facilities and with community service providers. Gwenyth holds bachelor's degrees in Communications/Theater from Berea College and Dietetics / Food Administration from Eastern Kentucky University as well as a master's degree in nutrition science from Georgia State University.

### **Biography of Abigail Haegele, Project Lead**

Abigail Haegele is the Grants Manager for Second Wind Dreams since 2015. She currently manages multiple grant projects that feature the Virtual Dementia Tour® and works closely with staff to ensure successful program delivery to grant participants across the country. She brings over 15 years of administrative and programs management in both non-profit and for-profit organizations. Abigail believes that being of service to others is foundational to a happy life, as well as a meaningful career. She loves working with elders and helping healthcare staff learn better care methods for those living with dementia. Abigail currently lives in Minnesota with her husband. She holds a B.S. Degree in Education from Johnson State University and an A.S. Degree in Ornamental Horticulture from Vermont Technical College.

### **Biography of Melora Jackson, Clinical Manager**

Melora Jackson is the Clinical Manager for Second Wind Dreams. She has a B.A. in Psychology from Whitworth University in Spokane, Washington and a M.S. in Human Development & Family Studies with a Gerontology emphasis from Colorado State University. She is a Certified Mental Health Therapist and a graduate of the Stennis Institute for Government at Mississippi State University. She is a Certified Facilitator for the Stanford University Chronic Disease Self-Management Program. She is a Certified Dementia Trainer, and a Certified Trainer of the Virtual Dementia Tour® with Second Wind Dreams®. Previously she was the Training & Program Specialist for the southern half of the MS Div. of Alzheimer's Disease & Other Dementia and served as the Clinical Coordinator for Second Wind Dream's CMP VDT Grant Projects. Prior, Ms. Jackson was the Director of Senior Services and Director of Community Services for a non-profit agency in Portland, Oregon called Friendly House, Inc.

### **General Assurances**

Second Wind Dreams certifies that funds awarded through this grant opportunity will be used for the purposes of the proposed grant program and not to supplant any federal or nonfederal funds already appropriated. Staff, materials, training, and all other expenses will be specific to the TN grant proposal.

### **Involved Organizations**

SWD attests that no conflicts of interest including family relationships exist with regards to this CMPF project submission and all project funds will be utilized solely as specified in this application. Organizations that will receive funds through the project: Second Wind Dreams, Inc. 10892 Crabapple Road, Suite 300, Roswell, GA 30075, 678-624-0500, TIN: 31-1519675

### **Contacts**

Tennessee Department of Health Melissa Painter [Melissa.painter@tn.gov](mailto:Melissa.painter@tn.gov), 615-741-0285.  
Gwenyth Johnson, CEO, Second Wind Dreams, 470-242-0908, [gwenyth@secondwind.org](mailto:gwenyth@secondwind.org).