Proposal Narrative: Enhancing Training and Caregiver Education through MedBridge

Applicant:

Children's Care Hospital & School dba LifeScape Sioux Falls & Rapid City, South Dakota

Requested Grant Amount: \$5,000

Matching Funds: \$1,250 (provided by LifeScape)

Project Summary

Children's Care Hospital & School dba LifeScape proposes to implement the MedBridge Education Platform to enhance professional development for staff and expand educational outreach to caregivers of children and adults with developmental disabilities. This platform provides targeted, on-demand training modules for therapy staff while also supporting family engagement through personalized home exercise programs (HEPs), accessible via text or email. The proposed project will improve service quality, standardize core training, and empower families to extend therapy benefits beyond clinic visits. This request is for a total of \$5,000 from the SD Council of Developmental Disabilities.

What We're Hoping to Do

At LifeScape, we're always looking for ways to better support the people we serve—and the families and professionals who care for them. This project is about doing just that. With help from the Council, we'd like to bring in MedBridge, a digital learning platform that helps us give high-quality training to our staff and helpful, easy-to-use educational tools to families.

MedBridge allows therapists to assign videos and home exercises to caregivers via a simple link that works on any phone, tablet, or computer. It also gives staff unlimited access to continuing education, onboarding tools, and evidence-based training.

With this project, we're aiming to build consistency in staff learning and give families more confidence in helping their loved ones continue progress at home.

We serve over 4,900 people every year across South Dakota—many of whom have intellectual or developmental disabilities (IDD). For a lot of our families, especially those living in rural areas or on tribal land, it's not always easy to access in-person training or ongoing support. Many tell us they feel overwhelmed after discharge, unsure of what to do next.

At the same time, we want our staff—especially new therapists and direct support professionals—to feel confident from day one. Right now, training varies by department and team. We want to make it more streamlined and easier to manage across the board.

MedBridge helps us solve both issues at once.

Evidence of Need for Council Assistance

We believe this project aligns with the Council's goals of increasing inclusion, independence, and innovation. It helps families and professionals work together—using technology to remove barriers and create more consistent, meaningful support.

Target Population and Reach

This project will benefit:

Staff: 25 staff members will get access to MedBridge accounts (8 with full access to training, and 17 able to assign home programs to families).

People living with disabilities: We estimate at least 250 children and adults with IDD will benefit from having MedBridge integrated into their therapy and care plans.

Caregivers and family members will receive personalized video resources and home exercise programs—many in their own language, and all available on any device, anytime.

How We're Working With Others

LifeScape has consulted with internal therapy leadership, family advisors, and community partners in developing this project. We also looked at other programs across South Dakota. While some healthcare systems like Avera or Sanford offer education, they don't focus on developmental disabilities, and they aren't personalized in the way MedBridge is. We're confident this project won't duplicate other services—it'll fill an important gap.

Reaching Underserved Families

We'll make sure to prioritize access for:

- Native American families through our outpatient clinics
- Spanish-speaking caregivers using MedBridge's translation tools
- Rural families, who benefit from phone-friendly, non-expiring links

We'll also train therapists to set goals with caregivers like "watch 3 videos before our next session" to encourage follow-through.

Our Plan and Timeline

Goal 1: Support staff development

• **Objective 1:** Assign MedBridge Pro licenses to 8 staff, rotating quarterly for year-round access. By Month 2, launch onboarding paths for therapy staff. At least 75% of licensed staff will complete 3+ courses within their access period.

Goal 2: Support families at home

• Objective 2: Use HEP (Home Exercise Program) Essentials licenses to assign customized home programs and education to 250 families. Begin assignment of HEPs by Month 3 of the grant period. At least 75% of assigned families will view one or more videos, with follow-up support if needed.

Goal 3: Strengthen discharge planning

• **Objective 3:** Include MedBridge videos in discharge packets for 100% of eligible clients. Develop discharge toolkit and rollout by Month 4. Follow-up survey data will show 50% of caregivers feel more confident continuing care at home.

Our Team

This project will be led by a dedicated team at LifeScape:

- Kristin Tuttle, OTD, OTR/L VP of Medical & Therapy Services (Project Oversight)
- Monica Christensen, PT, Program Development Manager (Implementation Lead)
- Alongside PTs, OTs, and SLPs who will rotate MedBridge licenses and coach families

We'll also utilize MedBridge's national training content—offered by credentialed experts across therapy, nursing, and behavior.

How We'll Measure Success

We'll track and analyze data monthly:

- How many staff complete assigned trainings
- How many caregivers open and use their assigned videos
- What families say about the experience (through surveys and check-ins)
- Whether MedBridge resources are making a difference in discharge follow-through

Sample Evaluation Measures:

- 25 staff trained using MedBridge
- 250 individuals with IDD supported
- 75% of caregivers access their training link
- 50 satisfaction surveys collected

MedBridge licenses are transferable throughout the year, allowing LifeScape to rotate access among therapy teams efficiently. Outcomes and engagement tracking will guide ongoing use and renewal decisions. Based on year-one outcomes, LifeScape will explore internal budgeting and other grant opportunities to sustain and potentially expand access in future years.

With support from the South Dakota Council on Developmental Disability, we can launch this cost-effective, easy-to-use solution and set a new standard for training and education in South Dakota's disability community.

SD COUNCIL ON DEVELOPMENTAL DISABILITIES MINI GRANT APPLICATION - - TITLE PAGE

Applicant Organization: Children's Care Hospital & School dba LifeScape

Address: 2501 W 26th Street, Sioux Falls, SD 57105

Telephone: 605-444-9517 Federal ID Number: 46-0233030

Project Director: Monica Christensen

Address/Telephone: 605-222-2475

Email Address: Monica.Christensen@lifescapesd.org

Type of Organization: <u>501(c)3</u> Tax Exempt? <u>Yes</u>

Under "Type of Organization" indicate all of the following that apply: State, county, municipality, or other public institution; nonprofit or profit private institution. If "nonprofit" and/or "tax exempt", proof of status may be requested.

Title of Project: Enhancing Training and Caregiver Education through MedBridge

Project Begins: 1/1/26 Project Ends: 12/31/26

Total Council Funds Requested: \$5,000 Total Project Budget \$6,250

Kristin Tuttle

Authorizing Official (please type name)

Signature

VP of Medical & Therapy Services

Title and address, if different from Project Director listed above.

GRAND TOTAL	Administrative Materials	MedBridge HEP Essentials (17@249)	MedBridge Pro Licenses (8 @ \$299)	OTHER		EQUIPMENT		coordination	and staff onhoarding	license use, printing	Support extended	EXPENSES	COLDATING		CONTRACTUAL	- The control of the state of t	TDAVE	PERSONNEL				Description
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^{**} Be sure the Budget Narrative specifies the type of allowable match (in-kind, cash, etc.) and the source of the matching funds. Utilize the formulas found in the instructions to compute the percentages of Council funds and matching funds.

ASSURANCES

- The applicant assures that grant funds made available under the South Dakota Council on Developmental Disabilities will not be used to supplant state or local funds, but will be used to increase the amounts of such funds that would be made available for other similar activities.
- 2. The applicant assures that grant funds made available under the South Dakota Council on Developmental Disabilities will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other state programs.
- 3. The applicant assures that fund accounting, auditing, monitoring and such evaluation procedures as may be necessary to keep such records as the South Dakota Council on Developmental Disabilities shall prescribe will be provided to assure fiscal control, proper management, and efficient disbursement of funds received through the South Dakota Council on Developmental Disabilities.
- 4. A clear audit trail must be maintained for each source of funding. Receipts, expenditures and disbursements must be individually accounted for from each source of funds.
- 5. The applicant agrees to submit reports indicating activities undertaken, expenditures, match provided, program income and general progress of the project. Projects are required to submit a final report at the end of the grant funding period.
- 6. The applicant certifies that the program contained in its application meets all the requirements, that all the information is correct, that there has been appropriate coordination with affected agencies, and that the applicant will comply with all provisions of the South Dakota Council on Developmental Disabilities and all other applicable laws.
- 7. The applicant understands that although an effort will be made to continue the funding of projects of proven effectiveness or with a record of proven success, each project must stand on its own merit each year. No project will be guaranteed continued funding. NOTE: Projects/programs must re-apply annually for funding.
- 8. This agreement depends upon the continued availability of federal funds and expenditure authority from the Legislature for this purpose. This agreement will be terminated by the State if the Legislature fails to appropriate funds or

grant expenditure authority. Termination for this reason is not a default by the State nor does it give rise to a claim against the State.

9. The applicant also understands and agrees: 1) that funds received are to be expended only for the purpose and activities covered by the applicant's approved application and budget, and 2) that the grant may be terminated at any time by the South Dakota Council on Developmental Disabilities if the applicant fails to comply with the provisions of the South Dakota Council on Developmental Disabilities legislation or any of the certified assurances listed above and in the grant agreement.

<u>CERTIFICATION</u> - I certify that I have read and reviewed the above assurances and will comply with all provisions of the South Dakota Council on Developmental Disabilities legislation and all other applicable federal and state laws.

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Signature of Authorizing Official	Date	
Kristin Tuttle, Vice President of Medical &	Therapy Services	
Typed Name and Title		
2501 W 26th Street, Sioux Falls, SD 57105		
Address		
605-444-9517		

Telephone Number

To Whom It May Concern,

I am writing to express my support for the grant proposal submitted by LifeScape. My child, Ernest, has a diagnosis of spastic quadriplegia due to a hypoxic event when he was 10 years old. He has received occupational therapy, speech therapy, and physical therapy at LifeScape for the last 1.5 years since he was discharged from inpatient rehab. LifeScape's plan to pursue a platform that supports caregiver education would be highly beneficial in helping us extend the benefits Ernie receives from therapy. Ernie's therapists have him working on different activities at home to help with his transfers, walking, dressing, hair brushing, and speaking. The ability to view recommended exercises on a phone or iPad will make it easier for us as parents to keep track of current activities instead of having to remember everything that is suggested during his multiple appointments. The interactive videos that can be included will help Ernie remain more engaged with the exercises.

Eventually, Ernie will be discharged from therapy, and having continued access to the home exercises that have been discussed during therapy will help us maintain the progress he makes. The ability to track when he does his exercises will also help us set up ongoing targets for him to work toward to earn incentives so he stays motivated. We can also use the videos to remind him about the ways his therapists helped him learn how to do things more easily-like taking off and putting on his socks, AFO's, and shoes.

We are excited to see the positive impact this project could have for our family and other families like ours.

Sincerely,

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Monica Christensen

386 W South St, Parker, SD, 57053 (605)222-2475 • mchristensen0508@gmail.com

Physical Therapist

Licensed physical therapist with a passion for helping children achieve their greatest potential. Skilled in communication with patients, families, and other professionals. Highly adaptable to meet the needs of patients, parents, and staff. Motivated to expand knowledge and skill base through continuing education and research.

Professional Experience

LIFESCAPE REHABILITATION CENTER

Program Development Manager

Sioux Falls, South Dakota April 2023 - present

- Oversee growth of current therapy programs through outcome tracking and needs assessment
- Develop new programs and specialty clinics to enhance services offered at LifeScape
- Revise policies and procedures to improve clinical efficiency

Therapy Lead

September 2020 – April 2023

- Maintain a clinical caseload while providing direct support to the therapy manager for process development, staff training, and daily organizational needs
- Supervise therapy aide

Physical Therapist

August 2014- September 2020

- Clinical specialties: Torticollis & Plagiocephaly; Seating & Mobility; Autism
- Provide evidence-based evaluation and treatment for children of all ages and abilities in an outpatient setting
- Directly coordinate care with an interdisciplinary medical team including physiatrists, orthotists, prosthetists, psychologists, occupational therapists, and speech therapists
- Educate local physicians on role of physical therapy to increase and improve referrals
- Train and mentor physical therapy students and newly hired physical therapists

UNIVERSITY OF SOUTH DAKOTA

Invited Lecturer, Department of Physical Therapy

Vermillion, South Dakota Spring 2020 - present

- PHTH 746: Orthotic Decision Making in Pediatrics
- PHTH 748: Torticollis
- PHTH 750: Autism Spectrum Disorder, Informed Equipment Decision Making in Pediatric Practice

Education Experience

UNIVERSITY OF SOUTH DAKOTA

Doctor of Philosophy in Health Sciences, in process

August 2022 - present

POST GRADUATE CONTINUING EDUCATION

August 2014-present

- Pediatric Gait Analysis and Orthotic Management: OSKAR
- Motor Matters! Evidence Based Interventions for Children and Youth with Autism

- Universal Exercise Unit- TheraSuit Method
- Total Motion Release: Tots and Teens
- Children's Brains, Neuroplasticity, and Pediatric Intervention: What's the Evidence?
- Torticollis and Plagiocephaly: Assessment & Treatment of Infants & Children
- Pediatric Incontinence and Pelvic Floor Dysfunction

UNIVERSITY OF NEBRASKA MEDICAL CENTER Doctorate of Physical Therapy, with High Distinction Bachelor's of Science of Medical Science

Omaha, Nebraska 2011-2014

UNIVERSITY OF NEBRASKA-LINCOLN Pre-professional curriculum

Lincoln, Nebraska 2008-2011

Publications

Berg-Poppe, P., Christensen, M., Koskovich, N., & Stephenson, C. (2022). Pelvic floor muscle resting tone in children with dysfunctional voiding symptomology following simple gross motor exercises. *Pediatric Physical Therapy*, *34*(1), 28–35. https://doi.org/10.1097/PEP.0000000000000842

Johnson, G. C., & Christensen, M. (2018). Benign chondromyxoid fibroma of the iliac crest. *The Journal of Orthopaedic and Sports Physical Therapy*, 48(2), 122. https://doi.org/10.2519/jospt.2018.7551

Certifications/Licenses

South Dakota Physical Therapy License #1766 Basic Life Support