

# Grantee-Implemented Evidence-Based and Evidence-Informed Dementia Interventions



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## Grantee-Implemented Evidence-Based, and Evidence-Informed Interventions

The National Alzheimer's and Dementia Resource Center (NADRC) developed this resource at the request of the Administration on Aging within the Administration for Community Living (ACL). ACL funds the NADRC to provide expert technical assistance to ACL and its grantees. Through the NADRC, ACL makes Alzheimer's disease and related dementias (ADRD) program information, tools, and trainings available to the Alzheimer's Disease Programs Initiative (ADPI) grantee community and the general public. This resource is intended to support the work of ACL's ADPI grantees and others who are dedicated to engaging volunteers in the support people living with ADRD and their caregivers. The NADRC's full array of dementia-related information, resources, and tools can be found at <https://nadrc.acl.gov/>.

### Purpose of the Evidence-Based and Evidence-Informed Interventions List

This table is a resource for the Administration for Community Living (ACL) applicants and grantees that support state and community efforts to increase the availability of dementia-capable services and supports to persons with Alzheimer's and related dementias and their caregivers. The intent of this document is to assist applicants and grantees with the identification of evidence-based and evidence-informed interventions that meet the ACL requirements for inclusion in these grants.

For consideration as evidence-based, an intervention must have been tested through a randomized controlled trial and (1) be effective at improving, maintaining, or slowing the decline in the health or functional status of people living with dementia or family caregivers; (2) be suitable for deployment through community-based human services organizations and involve nonclinical workers and/or volunteers in the delivery of the intervention; (3) have research results published in a peer-reviewed scientific journal; and (4) be translated into practice and ready for distribution through community-based human services organizations.

For consideration as evidence-informed, an intervention must have substantive research evidence that demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of people living with dementia or family caregivers. Evidence-informed interventions (1) have been tested by at least one quasi-experimental

design with a comparison group, with at least 50 participants; OR (2) have been adapted or translated from a single evidence-based intervention.

This table can provide guidance to interventions that have already been implemented in the community by grantees that have similar goals to support people living with dementia and their caregivers. Grantees are not required to choose an intervention from this table and may consider another evidence based or evidence informed intervention that best suits their needs. The Best Practice Caregiving free online database <https://bpc.caregiver.org/#home> is a useful resource for identifying other interventions. The [Appendix](#) contains questions to guide decision-making when choosing an intervention.

## How the Table is Organized

The table consists of a list of evidence-based and evidence-informed interventions that meet the ACL criteria and have been implemented by Alzheimer’s Disease Supportive Services Program (ADSSP), Alzheimer’s Disease Initiative Specialized Supportive Services (ADI-SSS), and Alzheimer’s Disease Program Initiative (ADPI) grantees between 2007 and 2021. For each intervention, we provide a brief description, the targeted population, peer-reviewed publications of the original studies that examine the model’s effectiveness, publications from grant projects, and the current and previous grantees that are planning to implement, are implementing, or have implemented the intervention as of August 2022. The 2022 edition now includes information on licensing, cost, training, materials access and renewal requirements, when available. Please refer to the contact information to learn more about the intervention and how to access intervention materials.

## Choosing an Evidence-Based or Evidence-Informed Intervention

Since 2008, the Administration on Aging (AoA) has supported the translation of evidence-based and evidence-informed nonpharmacological interventions from research to practice in community settings. All AoA grantees are required to include at least one dementia specific evidence-based or evidence-informed intervention. These interventions have been shown to have significant positive effects for people with dementia and their family caregivers such as reduced depression, increased coping, delayed nursing home placement and reduced caregiver burden. AoA grantees have delivered a variety of dementia-specific interventions such as exercise and activity programs, support groups, caregiver training and education, and caregiver counseling.

There are many considerations related to the selection of an evidence-based intervention. Grantees and applicants should consider such factors as feasibility, scalability

and costs (e.g., licensing fees, curriculum costs) when selecting the intervention(s) they wish to implement. A list of questions to help applicants and grantees select a suitable dementia-specific evidence-based or evidence-informed intervention for implementation can be found in the [Appendix](#) and the [NADRC.acl.gov website](http://NADRC.acl.gov). While certain program staff, organization, and community factors may change over time, considering these questions at the outset may help improve an intervention’s odds of success and help mitigate unforeseen challenges.

### Evidence-Based Interventions

Evidence-Based Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Adult Day Services (ADS) Plus</b></p>	<p><b>Caregivers</b></p>	<p>Model consists of five key components: care management, referral/linkage, education about dementia, situational counseling/emotional support/stress reduction techniques, and skills to manage behavioral symptoms (e.g., rejection of care, agitation, aggression). Based on care challenges identified by family caregivers, an “ADS Plus Prescription” and a written document detailing easy-to-use strategies to address specified care challenges is provided and caregivers are trained in their use.</p>	<p><b>Original Study</b>                      Gitlin, L., Reeve, K., Dennis, M. P., Mathieu, E., &amp; Hauck, W. W. (2006). Enhancing quality of life of families who use adult day services: Short- and long-term effects of the adult day services plus program. <i>The Gerontologist</i>, 46(5), 630–639.</p>	<p><b>Website</b>  <a href="#">Best Practice Caregiving/ADS Plus</a></p> <p>Training, materials access, licensing and/or cost are in development.</p> <p><b>Contact:</b> Laura Gitlin, PhD at <a href="mailto:lng45@drexel.edu">lng45@drexel.edu</a></p>	<p><b>Previous Grants</b>                      Southern Maine Agency on Aging, (ME)</p>

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Evidence-Based Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
BRI Care Consultation™	People living with dementia and caregivers	A telephone-based intervention aimed at assisting people with dementia and their family caregivers. Trained care consultants follow a telephone contact protocol to perform an ongoing assessment aimed at collaboratively identifying specific concerns for the person with dementia or the family caregiver. Action steps are then developed to achieve certain goals with periodic progress evaluation. The care consultant initiates phone contacts to evaluate progress at regular intervals with a minimum of 10 contacts in the first year. Partners in Dementia Care is a variation of this intervention.	<p><b>Original Study</b> Bass, D. M., Clark, P. A., Looman, W.J., McCarthy, C.A., &amp; Eckert, S. (2003). The Cleveland Alzheimer's Managed Care Demonstration: Outcomes after 12 months of implementation. <i>The Gerontologist</i>, 43(1), 73–85.</p> <p><b>Grant Project Publication</b> Bass, D., Easom, L., Primetica, B., &amp; Holloway, C. (Winter 2015–2016). Reflections on implementing the evidence-based BRI Care Consultation with RCI in Georgia. <i>Generations</i>, 39(4), 49–56.</p>	<p><b>Website</b> <a href="#">Benjamin Rose Institute on Aging/BRI-Care Consultation</a></p> <p><b>Licensing, cost and materials information:</b> Initial cost of \$9,000 includes the Care Consultation Information System web-based software installation and hosting; 3 care consultant licenses; 1 site administrator license, and 1 quality assurance license; 1.5-day webinar trainings and care consultant manuals; and refresher/ replacement staff training Yearly renewal \$2,100</p> <p><b>Contact:</b> <a href="mailto:bricc@benrose.org">bricc@benrose.org</a></p>	<p><b>Current Grants</b> Aging and In-Home Services of Northeast Indiana, (IN); Alzheimer's and Dementia Care Services of Northwestern Ohio, (OH); Alzheimer's Disease Resource Agency of Alaska (AK) Benjamin Rose Institute (OH); Fox Valley Memory Project, (WI); Houston's Amazing Place, Inc. (TX); Neighbor Network of Northern Nevada (NV); Senior Services, Inc. (NC); Summit County Combined General Health District (OH); Virginia Commonwealth University (VA).</p>



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BRI Care Consultation™ (continued)					<p><b><u>Previous Grants</u></b>                      Aging and Disability, Tennessee Commission on Aging (TN); BakerRipley, (TX); Center for Excellence in Aging and Geriatric Health (VA); Georgia Department of Human Services, Division of Aging (GA); Houston’s Amazing Place (TX); Nevada Aging and Disability Service Division (NV); Nevada Aging and Disability Service Division (NV); New York State, Office for the Aging (NY); Ohio Department of Aging (OH);</p>

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BRI Care Consultation™ (continued)					Rosalynn Carter Institute for Caregiving (GA); Texas Department of Aging and Disabilities Services (TX); The Hub on Smith (WY); The Rector and Visitors of the University of Virginia (VA).
Bridge Model of Transitional Care	People living with dementia and caregivers	Person-centered, social work-led, interdisciplinary model of transitional care that helps older adults safely transition from the hospital back to their homes and communities. The Bridge Model combines care coordination, case management, and patient engagement to improve the overall quality of transitional care for older adults, including reducing hospital readmissions.	<p><b>Original Study</b>                      Altfeld, S.J., Shier, G.E., Rooney, M., Johnson, T.J., Golden, R.L., Karavolos, K., Avery, E., Nandi, V., Perry, A.J. (2013). Effects of an enhanced discharge planning intervention for hospitalized older adults: A randomized trial. <i>Gerontologist</i>, 53(3), 430-440.</p>	<p><b>Website</b>  <a href="https://www.chasci.org/care-models">https://www.chasci.org/care-models</a></p> <p><b>Licensing, cost and materials information:</b> No licensing fees. One time training fee includes training materials, care management toolkit, and ongoing technical assistance. Bi-monthly case consultation meetings with other Bridge sites is also available. Training is in-person or virtual for 8-12 hours.</p> <p><b>Cost information available by contacting:</b>  <a href="mailto:Elizabeth.Cummings@rush.edu">Elizabeth Cummings@rush.edu</a></p>	<p><b>Current Grants</b>                      Aging and In-Home Services of Northeast Indiana (IN).</p> <p><b>Previous Grants</b>                      Nevada Aging and Disability Service Division, (NV); Nevada Senior Services (NV).</p>

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Care Ecosystem	People living with dementia and caregivers	<p>Proactive, phone-based model that emphasizes coordinated, continuous, and personalized care and aims to improve health and satisfaction for people with dementia and their caregivers.</p> <p>The Care Team Navigator is an unlicensed, trained dementia care guide who serves as the patient and caregiver’s primary point of contact. Contact frequency is scaled based on each patient and caregiver’s needs and preferences but is typically monthly.</p>	<p><b>Original Study</b> Possin, K. L., Merrilees, J., Bonasera, S. J., et al. (2017). Development of an adaptive, personalized, and scalable dementia care program: Early findings from the Care Ecosystem. <i>PLoS Medicine</i>, 14(3), e1002260.</p>	<p><b>Website</b> <a href="#">UCSF/Care Ecosystem</a></p> <p><b>Licensing, cost and materials information:</b> Materials and training available at no cost.</p> <p><b>Contact:</b> Sarah Dulaney, PhD, at <a href="mailto:Sarah.Dulaney@ucsf.edu">Sarah.Dulaney@ucsf.edu</a></p>	<p><b>Current Grants</b> Hospice of the Valley (AZ); OCCK (KS); Southeast Tennessee Development District (TN); Virginia Commonwealth University (VA).</p> <p><b>Previous Grants</b> University of California San Francisco (CA).</p>

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<p><b>Care Transitions Intervention® (“Coleman Model”)</b></p>	<p><b>People living with dementia and caregivers</b></p>	<p>Model focuses on goal-setting and is defined by four pillars: medication review and self-management; use of a dynamic patient-centered record; preparing for and attending follow-up medical appointments (primary care and specialist); and identifying and knowing how to respond to signs of illness or condition exacerbation, or “red flags.” The 30-day program consists of one hospital visit before discharge, one home visit, and two therapeutic phone calls.</p>	<p><b>Original Study</b> Coleman, E., Parry, C., Chalmers, S., &amp; Min, S. (2006). The Care Transitions Intervention: Results of a randomized controlled trial. <i>Archives of Internal Medicine</i>, 166(17), 1822–1828.</p>	<p><b>Website</b> <a href="#">Care Transitions Intervention - Care Transitions Intervention</a></p> <p>Dementia-Specific Supplemental Materials: <a href="https://www.alzheimersla.org/for-professionals/hospital-to-home-transitions/">https://www.alzheimersla.org/for-professionals/hospital-to-home-transitions/</a></p> <p><b>Cost information available by contacting:</b> Michelle Comeau at <a href="mailto:michelle.comeau@ccs.health">michelle.comeau@ccs.health</a></p>	<p><b>Previous grants</b> Office of Elder Services, Maine DHHS, (ME); Idaho Commission on Aging (ID).</p>

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<p><b>Care of Persons with Dementia in Their Environment (COPE)</b></p>	<p><b>People living with dementia and caregivers</b></p>	<p>Dyads receive assessments (patient deficits and capabilities, medical testing, home environment, caregiver communication, and caregiver-identified concerns); caregiver education (patient capabilities, potential effects of medications, pain, constipation, dehydration); and caregiver training to address caregiver-identified concerns and help them reduce stress. The program includes 1 face-to-face session and up to 10 sessions over 4 months with occupational therapists, and 1 telephone session with an advance practice nurse.</p>	<p><b>Original Study</b>                      Gitlin, L. N., Winter, L., Dennis, M. P., Hodgson, N., &amp; Hauck, W. W. (2010). A biobehavioral home-based intervention and the well-being of patients with dementia and their caregivers: The COPE randomized trial. <i>JAMA</i>, 304(9), 983–991.</p>	<p><b>Website</b>  <a href="http://DrexelUniversityonline/COPE">Drexel University online/COPE</a></p> <p><b>Licensing, cost and materials information:</b>                      Licensing is \$2,000 with a two-year agreement and includes 10 learning online modules, three coaching calls, access to program manual, education binder and forms and worksheets binder.</p> <p><b>Contact:</b> Laura Gitlin, PhD, at <a href="mailto:lng45@drexel.edu">lng45@drexel.edu</a></p>	<p><b>Current Grants</b>                      LiveWell Alliance (CT); Nevada Senior Services, (NV); Oakwood Creative Care, (AZ); WellMed Charitable Foundation (TX).</p> <p><b>Previous Grants</b>                      Memory Care Home Solutions (MO); Orange County Department on Aging (NC).</p>

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<p><b>Cognitive Stimulation Therapy</b></p>	<p><b>People living with dementia</b></p>	<p>Group Cognitive Stimulation Therapy intervention involves 14 or more 60-minute sessions of themed activities, which typically run twice weekly. Sessions aim to actively stimulate and engage people with dementia, while providing an optimal learning environment and the social benefits of a group. Individual Cognitive Stimulation Therapy is a one-on-one intervention derived from evidence-based group interventions for persons with dementia. Theme-based sessions actively stimulate and engage the participant while providing an optimal learning environment.</p>	<p><b>Original Study</b> Spector A, Thorgrimsen L, Woods B, Royan L, Davies S, Butterworth M, Orrell M. Efficacy of an evidence-based cognitive stimulation therapy programme for people with dementia: randomised controlled trial. Br J Psychiatry. 2003 Sep;183:248-54.</p>	<p><b>Website</b> <a href="#">Cognitive Stimulation Therapy</a></p> <p>As of the date of this publication, we were not able to reach the developer for cost information.</p> <p><b>Contact:</b> <a href="mailto:cst@health.slu.edu">cst@health.slu.edu</a></p>	<p><b>Current Grants</b> CareLink (RI); CaringKind (NY); Durham Center for Senior Life (NC).</p>

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Coping with Caregiving	Caregivers	<p>Program focuses on improving caregiver well-being by teaching strategies to use when caregiving responsibilities become stressful and how to manage the difficult behaviors associated with their relative’s memory problems. The course is made up of 10 group sessions over five modules, including (1) an introduction, learning about dementia, caregiver stress and understanding behaviors; (2) skills for caregivers to manage problem behaviors associated with their relative’s memory problems; (3) skills for caregivers to take better care of themselves; (4) caregiver planning for the future needs of their loved one; and (5) helpful hints for maintaining skills over time.</p>	<p><b>Original Study</b>                      Gallagher-Thompson, D., Coon, D., Solano, N., Ambler, C., Rabinowitz, Y., &amp; Thompson, L. (2003). Change in indices of distress among Latino and Anglo female caregivers of elderly relatives with dementia: Site-specific results from the REACH National Collaborative Study. <i>Gerontologist</i>, 43(4), 580–591.</p>	<p><b>Website</b>  <a href="#">Optimal Aging Center/Coping with Caregiving</a></p> <p><b>Licensing, cost and materials information:</b> Cost is \$10,000 for up to 8 employees and includes 10- 2hr sessions over Zoom; Trainings include one manual per trainee, access to electronic format of handouts, and weekly Zoom consultation meetings for 6 months post training.</p> <p>Cost may vary depending on experience of trainees, time, and level of training needed.</p> <p>There are culturally tailored versions in Spanish, Chinese, Vietnamese and Farsi.</p> <p><b>Contact:</b>  <a href="mailto:ann@optimalagingcenter.com">ann@optimalagingcenter.com</a></p>	<p><b>Current Grants</b>                      Alzheimer’s San Diego (CA).</p> <p><b>Previous Grants</b>                      Arizona Division of Aging and Adult Services (AZ); Nevada Aging and Disability Services Division (NV).</p>

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<p><b>New Ways for Better Days: Tailoring Activities for Persons with Dementia and Caregivers</b> (previously called Tailored Activities Program or TAP)</p>	<p><b>People living with dementia and caregivers</b></p>	<p>Program is delivered or supervised by occupational therapists and involves three phases of up to eight 1-hour sessions. Phase I involves assessments to identify preserved capabilities and previous/current interests of persons with dementia and caregiver’s “readiness”; Phase II includes three “activity prescriptions”; and in Phase III, caregivers learn to modify/simplify activities for future cognitive declines.</p>	<p><b>Original Study</b> Gitlin, L. N., Winter, L., Burke, J., Chernett, N., Dennis, M. P., &amp; Hauck, W. W. (2008). Tailored activities to manage neuropsychiatric behaviors in persons with dementia and reduce caregiver burden: A randomized pilot study. <i>The American Journal of Geriatric Psychiatry</i>, 16(3), 229–239.</p>	<p><b>Website</b> <a href="http://Drexel University online/TAP">Drexel University online/TAP</a></p> <p><b>Licensing, cost and materials information:</b> Cost for 2-year licensing agreement is \$1,595 and includes six learning modules, a 2-hour virtual training, up to three coaching calls, access to treatment manual, documentation binder, and worksheets,</p> <p><b>Contact:</b> <a href="mailto:tap@drexel.edu">tap@drexel.edu</a></p>	<p><b>Current Grants</b> Chinese American Service League (IL); Senior Services (NC).</p> <p><b>Previous Grants</b> Kentucky Cabinet for Health and Family Service (KY); Orange County Department on Aging (NC).</p>



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<p><b>New York University Caregiver Intervention (NYUCI)</b></p>	<p><b>Caregivers and other family members</b></p>	<p>Six counseling sessions occur over a period of 4–6 months and address specific challenges that a primary caregiver or family is encountering. The program consists of four components: individual counseling sessions with the primary caregiver, family counseling sessions, encouragement to attend weekly support group sessions, and ongoing ad hoc contact with the counselor to provide additional information and support.</p>	<p><b>Original Study</b> Mittelman, M. S., Haley, W. E., Clay, O. J., &amp; Roth, D. L. (2006). Improving caregiver wellbeing delays nursing home placement of patients with Alzheimer disease. <i>Neurology</i>, 67(9), 1592–1599.</p> <p><b>Grant Project Publications</b> Mittelman, M.S. &amp; Bartels, S.J. (2014). Translating research into practice. <i>Health Affairs</i>, 33(4), 587–595.</p> <p>Paone, D. (2014). Using RE-AIM to evaluate implementation of an evidence-based program. <i>Journal of Gerontological Social Work</i>, 57(6-7), 602–625</p>	<p><b>Website</b> <a href="#">HC Interactive/NYU Caregiver Intervention</a></p> <p><b>Licensing, cost and materials information:</b> cost is \$1,499 for 90-day individual user license and \$5,999 for 1-year site license for up to 5 users.</p> <p><b>Contact:</b> <a href="https://hcinteractive.com/email-request-form-general/">https://hcinteractive.com/email-request-form-general/</a></p>	<p><b>Previous Grants</b> California Department of Aging (CA); Florida Department of Elder Affairs (FL); Jewish Family &amp; Children’s Service of the Suncoast, (FL); Minnesota Board on Aging (MN); Rosalynn Carter Institute for Caregiving, (GA); Utah Department of Human Services (UT); Virginia Department for Aging and Rehabilitative Services (VA); Wisconsin Department of Health Services (WI).</p>

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New York University Caregiver Intervention (NYUCI)			<p>Walberg, D. Mittelman, M. Paone, D., &amp; Lee, N. (2017). New York University Caregiver Intervention decreases depression and distress. <i>Generations</i>, ACL Supplement, 100-106.</p> <p>Fauth, E.B., Jackson, M.A., Walberg, D., Lee, N.E., Easom, L.R., Alston, G., Ramos, A., Felten, K., LaRue, A., &amp; Mittelman, M. (2017). External validity of the New York University Caregiver Intervention: Key caregiver outcomes across multiple demonstration projects. <i>Journal of Applied Gerontology</i>, 38(9), 1253-1281.</p>		

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<p><b>Powerful Tools for Caregivers</b></p>	<p><b>Caregivers</b></p>	<p>A self-care education program for family caregivers to improve self-care behaviors, management of emotions, self-efficacy, and use of community resources. The community-based group program includes six consecutive weekly classes for 90 minutes or 2.5 hours per week with 10–15 participants. The scripted curriculum provides tools that can be individualized to meet the challenges of caregiving in a supportive and interactive environment. Class participants also receive a copy of the Caregiver Handbook, developed specifically for the program.</p>	<p><b>Original Study</b> Boise, L., Congleton, L., &amp; Shannon, K. (2005). Empowering family caregivers: The Powerful Tools for Caregiving Program. <i>Educational Gerontology, 31</i>, 573–586.</p>	<p><b>Website</b> <a href="#">Iowa State University Extension/Powerful Tools for Caregivers</a></p> <p><b>Licensing, cost and materials information:</b> Cost is \$270, and includes the Powerful Tools for Caregivers licensing fee and The Caregiver Helpbook . Classes are offered face-to-face (2-day workshop) and virtually (3 hours per day for 5 days)</p> <p><b>Contact:</b> <a href="mailto:PTCmastertrainers@iastate.edu">PTCmastertrainers@iastate.edu</a></p>	<p><b>Current Grants</b> Inter Tribal Council of Arizona (AZ); Maryland Department of Aging, (MD); Pima Council on Aging (AZ); Prince George’s County Government (MD); Rhode Island Division of Elderly Affairs (RI); South Carolina Department on Aging (SC); Tennessee Commission on Aging and Disability (TN).  Volunteers of America Minnesota (MN).</p>

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Powerful Tools for Caregivers (continued)					<p><b><u>Previous Grants</u></b>                      Alzheimer’s and Dementia Alliance of Wisconsin (WI); Georgia Department of Human Services, Division on Aging (GA); Idaho Commission on Aging (ID); Oregon Department of Human Services (OR); United Way of Tarrant County (TX); University of Wisconsin (WI);</p>

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<p><b>Reducing Disability in Alzheimer’s Disease (RDAD)</b></p>	<p><b>People living with dementia and caregivers</b></p>	<p>Training takes place in the home over 12 one-hour sessions and includes the person with dementia and the caregiver as active participants. The person with dementia is guided through a series of exercises while the caregiver observes. The caregiver is also provided with dementia education and instructed in behavior management through problem-solving.</p>	<p><b><u>Original Study</u></b>                      Teri, L., Gibbons, L., McCurry, S., Logsdon, R., Buchner, D., &amp; Barlow, W. (2003). Exercise plus behavioral management in patients with Alzheimer disease. <i>JAMA</i>, 290(15), 2015–2022.</p> <p><b><u>Grant Project Publications</u></b>                      Teri, L., McKenzie, G., Logsdon, R., , McCurry, S., Bollin, S., Mead, J., &amp; Menne, H.(2012). Translation of two evidence-based programs for training families to improve care of persons with dementia. <i>Gerontologist</i>, 52(4), 452–459.</p>	<p><b><u>Website</u></b>  <a href="#">Best Practice Caregiving/RDAD</a></p> <p><b>Cost information available by contacting:</b>                      Linda Teri, PhD at <a href="mailto:lteri@uw.edu">lteri@uw.edu</a></p>	<p><b><u>Current Grants</u></b>                      Collabria Care (CA).</p> <p><b><u>Previous Grants</u></b>                      Ohio Department of Aging (OH); University of Kansas Medical Center Research Institute (KS).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Based Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Reducing Disability in Alzheimer’s Disease (RDAD) (continued)</b></p>			<p>Primetica, B., Menne, H.L., Bollin, S., Teri, L., &amp; Molea, M. (2015). Evidence-based program replication: Translational activities, experiences, and challenges. <i>Journal of Applied Gerontology</i>, 34(5), 652–670.</p> <p><u>Menne, H. L., Bass, D. M., Johnson, J. D., Kearney, K. R., Bollin, S., &amp; Teri, L. (2017). Program components and outcomes of individuals with dementia: Results from the replication of an evidence-based program. <i>Journal of Applied Gerontology</i>, 36(5), 537–552.</u></p>		<p>Menne, H., Bass, D., Johnson, J., Primetica, B., Kearney, K., &amp; Bollin, S. (2014). Statewide implementation of “reducing disability in Alzheimer’s disease”: Impact on family caregiver outcomes. <i>Journal of Gerontological Social Work</i>, 57(6–7), 626–639.</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Based Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
REACH II	Caregivers	Caregiver training and counseling are provided over a 6-month period in nine 1.5-hour sessions in the person’s home, three half-hour telephone calls, and five telephone support group sessions. The intervention focuses on five areas linked to caregiver stress: safety, self-care, social support, emotional well-being, and problem behaviors. A risk appraisal is used to determine the areas that need the most attention. Adaptation of the intervention includes RCI REACH.	<p><b><u>Original Study</u></b>            Belle, S. H., et al. (2006). Enhancing the quality of life of dementia caregivers from different ethnic or racial groups: A randomized control trial. <i>Annals of Internal Medicine</i>, 145(10), 727–738.</p> <p><b><u>Grant Project Publications</u></b>            Altpeter, M., Gwyther, L., Kennedy, S., Patterson, T., &amp; Derence, K. (2015). From evidence to practice: Using the RE-AIM framework to adapt REACH II caregiver intervention to the community. <i>Dementia</i>, 14(1), 104–113.</p>	See REACH TX or REACH Community	<p><b><u>Previous Grants</u></b>            Florida Department of Elder Affairs (FL); Greenville Health System (SC); Minnesota Board on Aging (MN); North Carolina Division of Aging and Adult Services (NC); Rosalynn Carter Institute for Caregiving (GA); Texas Department of Aging and Disability Services (TX); United Way of Tarrant County (TX); Universidad Central del Caribe (PR).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Based Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
REACH-TX	Caregivers	REACH-TX is based on REACH II (Resources for Enhancing Alzheimer’s Caregiver Health), an evidence-based intervention designed to identify and reduce risk factors for family caregivers. REACH-TX maintains the integrity of REACH II with the number of therapeutic contacts between the family caregiver and the dementia care specialist determined based on low, medium and high-risk levels.	<b>Original Study</b> Cho, J, Luk-Jones, S, Smith, D, Stevens, A, (2019) Evaluation of REACH-TX: A Community-Based Approach to the REACH II Intervention. <i>Innovation in Aging</i> , 3(3).	<b>Website</b> <a href="#">REACH-TX</a>  Training, materials access, licensing and/or cost are in development.  <b>Contact:</b> Alan B. Stevens, PhD, at <a href="mailto:Alan.Stevens@BSWHealth.org">Alan.Stevens@BSWHealth.org</a>	<b>Current Grants</b> CaringKind (NY); Hospice of the Bluegrass (KY); North Central Texas Council of Governments (TX).
Savvy Caregiver Program™	Caregivers	Group workshops are provided to family caregivers at weekly 2-hour sessions over 6 weeks. Session content is designed to train family caregivers in the basic knowledge, skills, and attitudes needed to handle the challenges of caring for a family member with dementia and to be an effective caregiver.	<b>Original Study</b> Hepburn, K., Lewis, M., Tornatore, J., Sherman, C. W., & Bremer, K. L. (2007). The Savvy Caregiver program: The demonstrated effectiveness of a transportable dementia caregiver psychoeducation program. <i>Journal of Gerontological Nursing</i> , 33(3), 30–36.	<b>Website</b> <a href="#">Savvy Caregiver.com</a>  <b>Licensing, cost and materials information:</b> New group leader training and certification is \$1,499/person. Fidelity certification for existing Savvy Group Leaders is \$199/person. Caregiver manuals are \$20/manual.	<b>Current Grants</b> AltaMed Health Services (CA); Alzheimer’s Disease Resource Agency of Alaska (AK); California, Department on Aging (CA); City of Chicago (IL); County of Ventura Area Agency on Aging (CA);



Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Based Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
Savvy Caregiver Program™ (continued)			<p><b>Grant Project Publications</b></p> <p>Samia, L., Hepburn, K., &amp; Nichols, L. (2012). Flying by the seat of our pants: What dementia family caregivers want in an advanced caregiver training program. <i>Research in Nursing and Health, 35</i>(6), 598-609.</p> <p>Samia, L., Aboueissa, A., Halloran, J., &amp; Hepburn, K. (2014). The Maine Savvy Caregiver project: Translating an evidence-based dementia family caregiver program within the RE-AIM framework. <i>Journal of Gerontological Social Work, 57</i>(6-7), 640-661.</p>	<p>Workshop Licensee Fee is \$199/workshop; 5-Workshop Bundle is \$799.</p> <p><b>Contact:</b>  <a href="mailto:info@savvycaregiver.com">info@savvycaregiver.com</a></p>	<p>District of Columbia Department of Aging and Community Living (DC); Easterseals of New Hampshire (NH); Hawaii Department of Health (HI); Jewish Family Service Association of Cleveland (OH); Lower Cape Fear Hospice, (NC); MAC Incorporated (MD); Neighbor Network of Northern Nevada (NV); Wisconsin Department of Health Services (WI).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Based Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
Savvy Caregiver Program™ (continued)			<p>Kally, Z., Cote, S., Gonzalez, J., Villarruel, M., Cherry, D., &amp; Howland, S. (2014). <u>The Savvy Caregiver program: Impact of an evidence-based intervention on the well-being of ethnically diverse caregivers.</u> <i>Journal of Gerontological Social Work</i>, 57(6-7), 681–693.</p> <p>Sherman, C., Steiner, S. (2016). Implementing sustainable evidence-based interventions in the community: A fidelity-focused training framework for the Savvy Caregiver Program. <i>Journal of Applied Gerontology</i>, 37(12), 1450–1471.</p>		<p><b>Previous Grants</b></p> <p>Alzheimer’s Los Angeles (CA); California Department on Aging (CA); Capital Region Geriatric Center (NY); DE Department of Health and Social Services (DE); Hawaii Department of Health (HI); Houston’s Amazing Place (TX); Illinois Department of Aging (IL); Lehigh Valley Hospital (PA); Massachusetts Executive Office of Elder Affairs (MA); Michigan Department of Community Health (MI); Motion Picture and Television Fund (CA);</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Based Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
Savvy Caregiver Program™ (continued)			Steiner, S., & Sherman, C. (2017). The Savvy Caregiver Program: Effective implementation through Michigan's aging network. <i>Generations</i> , ACL Supplement, 107-112.		Office of Elder Services (ME); ONEgeneration (CA); Oregon Department of Human Services (OR); San Francisco Department of Aging and Adult Services (CA); Southern Maine Agency on Aging, (ME); The Latino Alzheimer's and Memory Disorders Alliance (IL); University of Hawaii (HI); West Virginia Bureau of Senior Services, (WV); WISE and Healthy Aging (CA).

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Based Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Support Health Activities Resources Education (SHARE)</b></p>	<p><b>People living with early-stage dementia and caregivers</b></p>	<p>Five-session psychoeducational program designed to help families in the early stages of dementia discuss and plan for the later stages of the illness.</p>	<p><b><u>Original Study</u></b> Whitlatch, C.J., Heid, A.R., Femia, E.E., Orsulic-Jeras, S., Szabo, S., &amp; Zarit, S.H. (2019). The Support, Health, Activities, Resources, and Education program for early-stage dementia: Results from a randomized controlled trial. <i>Dementia, 18</i>(6), 2122–2139.</p> <p><b><u>Grant Project Publication</u></b> Whitlatch, C.J., Szabo, S.M., Shelton, E.G., &amp; Johnson, J. (2019). The SHARE program for dementia: Implementation of an early-stage dyadic care-planning intervention. <i>Dementia, 18</i>(1), 360–370.</p>	<p><b><u>Website</u></b> <a href="#">Benjamin Rose Institute on Aging/SHARE</a></p> <p><b>Licensing, cost and materials information:</b> Initial licensing fee is \$3,500 for a single SHARE counselor license includes online training course, 4 coaching calls, and SHARE toolkit. Each additional license is \$2,000. Yearly renewal fee is \$750.</p> <p><b>Contact:</b> <a href="mailto:share@benrose.org">share@benrose.org</a></p>	<p><b><u>Current Grants</u></b> CaringKind (NY); Benjamin Rose Institute (OH); Easterseals New Hampshire, (NH); University of Wyoming (WY).</p> <p><b><u>Previous Grants</u></b> The Hub on Smith (WY).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Based Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
Skills2Care®	Caregivers	A home-based environmental intervention designed to help family caregivers of persons with dementia modify their living space to be a more supportive environment. There are two versions of this training: one includes up to eight in-home sessions over a period of 4 months; the other consists of five 90-minute in-home sessions and one 30-minute phone session over a period of 6 months. Based on assessments and prioritization of caregiver-identified concerns, occupational therapists tailor disease education, instruction in problem solving, and implementation of strategies.	<p><b>Original Study</b>            Gitlin, L. N., Winter, L., Corcoran, M., Dennis, M., Schinfeld, S., &amp; Hauck, W. (2003). Effects of the Home Environmental Skill-Building Program on the caregiver-care recipient dyad: 6-month outcomes from the Philadelphia REACH Initiative. <i>Gerontologist</i>, 43(4), 532-546.</p>	<p><b>Website</b>  <a href="http://ThomasJeffersonUniversity/Skills2Care">Thomas Jefferson University/Skills2Care</a></p> <p><b>Licensing, cost and materials information:</b>            Training and 2-year certification fees are \$2200 for 1 person, \$1900 for 2-5 people, \$1600 for 6-10 people and includes access to Jefferson Elder Care's SkillsCare website. Two-year certification renewal fee is \$200/person</p> <p><b>Contact:</b> Catherine Piersol, PhD, at <a href="mailto:catherine.v.piersol@jefferson.edu">catherine.v.piersol@jefferson.edu</a></p>	<p><b>Current Grants</b>            CareLink (RI); LiveWell Alliance, (CT)</p> <p><b>Previous Grants</b>            New Jersey Department of Health and Senior Services (NJ).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Based Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>STAR-Caregivers (STAR-C)</b></p>	<p><b>Caregivers</b></p>	<p>A behavioral intervention delivered over a 6-month period. Community clinicians meet with family caregivers in the home once a week for 8 weeks for about an hour. After the in-home meetings, the consultant follows up with the caregiver through 4 monthly telephone calls. Treatment components include general education about Alzheimer’s disease, practice using the Antecedent-Behavior-Consequence model to reduce behavior problems in dementia, communication skills, relationship between mood and pleasant events, and caregiver support.</p>	<p><b><u>Original Study</u></b> Teri, L., McCurry, S., Logsdon, R., &amp; Gibbons, L. (2005). Training community consultants to help family members improve dementia care: A randomized controlled trial. <i>The Gerontologist</i>, 45(6), 802–811.</p> <p><b><u>Grant Project Publication</u></b> Teri, L., McKenzie, G., Logsdon, R., McCurry, S., Bollin, S., Mead, J., &amp; Menne, H. (2012). Translation of two evidence-based programs for training families to improve care of persons with dementia. <i>The Gerontologist</i>, 52(4), 452–459.</p>	<p><b><u>Website</u></b> <a href="#">Best Practice Caregiving/STAR Caregivers</a></p> <p><b>Cost information available by contacting:</b> Linda Teri, PhD, at <a href="mailto:lteri@uw.edu">lteri@uw.edu</a></p>	<p><b><u>Current Grants</u></b> Collabria Care (CA); Community Research and Resource Information and Services for Seniors (IL); Houston’s Amazing Place, (TX).</p> <p><b><u>Previous Grants</u></b> Florida Atlantic University (FL); Full Life Care (WA); Lehigh Valley Hospital (PA); Oregon Department of Human Services (OR); Oregon State Unit on Aging (OR); Washington State Social and Health Services (WA).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Based Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Stress-busting Program for Caregivers™</b></p>	<p><b>Caregivers</b></p>	<p>Program provides caregivers with education, stress management, problem solving and support, including strategies on how to care for themselves while caring for a loved one with dementia. The program consists of 90-minute sessions that occur once a week for 9 weeks. The program is conducted in a small group setting with two group facilitators. Participants are provided a handbook covering class material, a meditation CD, and a relaxation strategies DVD.</p>	<p><b>Original Study</b> Lewis, S. L., Miner-Williams, D., &amp; Novian, A. (2009). A stress-busting program for family caregivers. <i>Rehabilitation Nursing, 34</i>(4), 151-159.</p>	<p><b>Website</b> <a href="http://www.wellmed.com">Wellmed Charitable Foundation/Stress-Busting Program</a></p> <p><b>Licensing, cost and materials information:</b> 3-year license cost is \$500 for one program and \$100 for each additional program Master Training cost is \$1,200 for each participant with a minimum of two Master Trainers from each sponsoring organization. The Master Training fees for additional programs is \$150 per Master Trainer participant. Caregiver handbooks are \$20 each.</p> <p><b>Contact:</b> <a href="mailto:stressbusters@wellmed.net">stressbusters@wellmed.net</a></p>	<p><b>Previous Grants</b> Illinois Department on Aging (IL); Texas Department of Aging and Disability Services (TX); United Way of Tarrant County (TX).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Based Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Tailored Caregiver Assessment and Referral (TCARE)<sup>TM</sup></b></p>	<p><b>Caregivers</b></p>	<p>A care management protocol that is designed to support family members who are providing care to adults, of any age, with chronic or acute health conditions. The care manager uses a 6-step process to assess the needs of family caregivers, provide referrals to services, and create a care plan for families. A computer-assisted version of the protocol is available for care managers to use.</p>	<p><b>Original Study</b>                      Montgomery, R., Kwak, J., Kosloski, K., &amp; O’Connell Valuch, K. (2011). Effects of the TCARE intervention on caregiver burden and depressive symptoms: Preliminary findings from a randomized controlled study. <i>Journals of Gerontology, Series B: Psychological Sciences and Social Sciences</i>, 66(5), 640–647.</p>	<p><b>Website</b>  <a href="https://www.tcare.ai">https://www.tcare.ai</a></p> <p><b>Licensing, cost and materials information:</b>                      Training and certification cost is \$3,800 per person (TCARE specialist) with a 2-person minimum and discounts for 25+ people. Training is virtual, self-paced and materials are provided. Each TCARE specialist has access to TCARE platform and technical support.                      Annual renewal is \$3800 per person (TCARE specialist)</p> <p><b>Contact:</b> Linda Miller at <a href="mailto:linda@tcare.ai">linda@tcare.ai</a></p>	<p><b>Current Grants</b>                      Alaska Department of Health and Social Services (AK); Central Alabama Aging Consortium (AL); Middle Alabama Area Agency on Aging (AL); Missoula Aging Services (MT).</p> <p><b>Previous Grants</b>                      Georgia Department of Human Services (GA); Georgia Division of Aging Services (GA).</p>



**Evidence-Informed Interventions**

Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Building Better Caregivers</b></p>	<p>Caregivers</p>	<p>Building Better Caregivers is an online program or group education workshop focused on techniques for reducing stress, action planning, problem-solving, and decision-making to help caregivers of cognitively impaired adults. Group workshops are facilitated by two trained facilitators, one or both of whom are peer caregivers. There are 6 weekly sessions and each session lasts 2–2.5 hours.</p>	<p><b>Original Study</b>                      Lorig, K., Ritter, P. L., Laurent, D. D., &amp; Yank, V. (2019). Building Better Caregivers: A Pragmatic 12-Month Trial of a Community-Based Workshop for Caregivers of Cognitively Impaired Adults. <i>Journal of Applied Gerontology</i>, 38(9), 1228–1252.</p>	<p><b>Website</b>  <a href="#">Self-Management Resource Center/Building Better Caregivers</a></p> <p><b>Licensing, cost and materials information:</b>                      Cost is \$550 per 3-year license, and includes 2 Leader trainings and 20 workshops                      OR                      \$1,650 3-year license, includes 3 Leader trainings and 60 workshops.                      Building Better Caregivers handbook is \$20/person.</p> <p><b>Contact:</b>  <a href="mailto:kate@selfmanagementresource.com">kate@selfmanagementresource.com</a></p>	<p><b>Current Grants</b>                      AgeSpan (MA); Maryland Department of Aging (MD); North Central Texas Council of Governments (TX).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Caregiver Stress Prevention Bundle</b></p>	<p><b>Caregivers</b></p>	<p>Caregiver Stress Prevention Bundle is a home and telephone-based intervention tailored to meet the specific needs of dementia caregivers. CSPB includes four key components: (1) dementia counseling and education and referral to appropriate services and supports, (2) development of a crisis plan including plans for future hospital visits, (3) weekly respite care, and (4) participation in a monthly support group with concurrent activities for the person living with dementia. CSPB is based on the Aging Brain Care collaborative care program.</p>	<p><b>Original Study</b> LaMantia, M. A., Alder, C. A., Callahan, C. M., Gao, S., French, D. D., Austrom, M. G., Boustany, K., Livin, L., Bynagari, B., &amp; Boustani, M. A. (2015). The aging brain care medical home: Preliminary data. <i>Journal of the American Geriatric Society</i>. 10.1111/jgs.13447. Epub 2015 Jun 15.</p>	<p><b>Website</b> <a href="#">Aging Brain Care Program/Caregiver Stress Prevention Bundle</a></p> <p>Training, materials access, licensing and/or cost are in development.</p> <p><b>Contact:</b> Kathy Frank, RN, PhD at <a href="mailto:katfrank@iu.edu">katfrank@iu.edu</a></p>	<p><b>Current Grants</b> The Trustees of Indiana University (IN).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Care Partners Reaching Out (CarePRO)</b></p>	<p><b>Caregivers</b></p>	<p>Based on the Coping with Caregiving intervention, the CarePRO program combines a series of 5 group sessions with alternating weeks of 5 individual coach calls to each group participant. The program draws on cognitive behavioral intervention strategies and self-care techniques to help reduce negative affect, increase positive mood, enhance coping, and empower family caregivers.</p>	<p><b><u>Grant Project Publication</u></b>                      Coon, D.W., Besst, D.A., Doucet, J.S., Chavez, A., et al. (2016). CarePRO: Embedding an evidence-based intervention for caregiver empowerment. <i>Arizona Geriatrics Society</i>, 22(2), 9–13.</p>	<p><b><u>Website Best Practice Caregiving/Care PRO</u></b></p> <p>As of the date of this publication, we were not able to reach the developer for cost information.</p> <p><b>Contact:</b> David Coon, PhD at <a href="mailto:David.W.Coon@asu.edu">David.W.Coon@asu.edu</a></p>	<p><b><u>Current Grants</u></b>                      Arizona State University (AZ);                      University of Wyoming (WY).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Care Resistant Behavior Model</b></p>	<p><b>Caregivers</b></p>	<p>The Care Resistant Behavior Model (CRB) is an online (e.g., Go-to-Meeting, Zoom) goal setting and coaching intervention tool provided to caregivers over the course of 6 sessions lasting an average of 1 hour each. Caregivers work with a nurse coach to devise individual goals and learn strategies for responding to specific behavioral symptoms. The model is for formal and informal caregivers of persons living with dementia. While the model was originally developed for care-resistant behavior encountered during mouth care, it has been successfully adapted for other caregiving situations.</p>	<p><b>Original Study</b>                      Jablonski, R. A., Kolanowski, A. M., Azuero, A., Winstead, V., Jones-Townsend, C., &amp; Geisinger, M. L. (2018). Randomised clinical trial: Efficacy of strategies to provide oral hygiene activities to nursing home residents with dementia who resist mouth care. <i>Gerontology, 35</i>(4), 365–375. doi:10.1111/ger.12357</p> <p>Jablonski, R. A., Winstead, V., &amp; Geldmacher, D. S. (2019). Description of process and content of online dementia coaching for family caregivers of persons with dementia. <i>Healthcare (Basel), 7</i>(1). doi:10.3390/healthcare7010013</p>	<p><b>Website</b>  <a href="#">University of Alabama, Birmingham, Alzheimer’s Disease Center/Care Resistant Behavior</a></p> <p><b>Licensing, cost and materials information:</b>                      Cost for training and materials is \$2000 for up to 10 participants.</p> <p><b>Contact:</b> Rita Jablonski PhD at <a href="mailto:dementiacentric@gmail.com">dementiacentric@gmail.com</a></p>	<p><b>Current Grants</b>                      Middle Alabama Area Agency on Aging (AL).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Cuidando con Respeto</b></p>	<p><b>Caregivers</b></p>	<p>Culturally relevant and reproducible psychoeducational program for Spanish-speaking caregivers of family members with dementia. Training components include bilingual video vignettes, learning games, small group discussions, and simulated exercises. The goals of Cuidando are to (1) teach caregivers to understand the disease and its stages; (2) equip them with practical skills and strategies for managing difficult behaviors; (3) help family members learn to take care of themselves and their loved one; and (4) allow caregivers to share their personal stories, affirm their experiences, offer support, and provide dementia-related resources.</p>	<p><u><b>Original Study</b></u>                      Oakes, S., Hepburn, K., Ross, J., Talamantes, M., &amp; Espino, D. (2007). Reaching the heart of the caregiver. <i>Clinical Gerontologist</i>, 30(2), 37–49.</p>		<p><u><b>Current Grants</b></u>                      AltaMed Health Services (CA).</p> <p><u><b>Previous Grants</b></u>                      California Department of Aging (CA); Motion Picture and Television Fund (CA); United Community Center (WI).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
Dealing with Dementia	Family and professional caregivers	The program focuses on the behavioral component of the REACH II program. Using a train-the-trainer approach, family and professional caregivers attend a 4-hour workshop where they learn strategies and best practices for effectively managing problem behaviors and handling caregiver stress and burnout. Participants also receive a Dealing with Dementia guide that contains over 300 pages of information and solutions to problems caregivers face every day. The guide is available in English and Spanish.	<p><b>Original Study</b>                      Belle, S. H., et al. (2006). Enhancing the quality of life of dementia caregivers from different ethnic or racial groups: A randomized control trial. <i>Annals of Internal Medicine</i>, 145(10), 727-738.</p>	<p><b>Website</b>  <a href="#">Rosalynn Carter Institute/Dealing with Dementia Training</a></p> <p><a href="#">Materials in English and Spanish available</a></p> <p><b>For information on training and cost contact:</b>  <a href="mailto:carrie.harris@rosalynncarter.org">carrie.harris@rosalynncarter.org</a></p>	<p><b>Current Grants</b>                      Kentucky Cabinet for Health and Family Services (KY).</p> <p><b>Previous Grants</b>                      Georgia Southwestern State University (GA).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Early-stage Partners in Care (EPIC)</b></p>	<p><b>People living with dementia and caregivers</b></p>	<p>Group dyadic intervention supports persons with early-stage dementia and their family care partners by providing education and training workshops aimed at reducing stress, enhancing well-being, and helping manage challenges. Dyads meet with other care dyads as a group and with their peers separately. There is also one in-home session for each dyad that is conducted by one of the EPIC group leaders.</p>		<p><b>Website</b>  <a href="#">Best Practice Caregiving/EPIC</a></p> <p>As of the date of this publication, we were not able to reach the developer for cost information.</p> <p><b>Contact:</b> David Coon, PhD at <a href="mailto:David.W.Coon@asu.edu">David.W.Coon@asu.edu</a></p>	<p><b>Current Grants</b>                      Arizona State University (AZ).</p> <p><b>Previous Grants</b>                      Nevada Aging and Disability Services Division (NV).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
IDEA!	Caregivers	A simple three-step strategy designed to assist caregivers with understanding a specific behavior with individualized approaches for addressing it. Includes (1) identifying the challenging behavior; (2) understanding the cause of the behavior; and (3) adjusting and trying different things to address the cause of the behavior.	<p><b><u>Original Descriptive Study of ABCs</u></b> Teri, L., Logsdon, R. G., &amp; McCurry, S. M. (2002). Nonpharmacologic treatment of behavioral disturbance in dementia. <i>Medical Clinics of North America</i>, 86, 641–656.</p> <p><b><u>Original Studies</u></b> Teri, L., McCurry, S., Logsdon, R., &amp; Gibbons, L. (2005). Training community consultants to help family members improve dementia care: A randomized controlled trial. <i>The Gerontologist</i>, 45(6), 802-811. doi:10.1093/geront/45.6.802</p> <p>Teri, L., Gibbons, L., McCurry, S., Logsdon, R., Buchner, D., &amp; Barlow, W. (2003). Exercise plus behavioral management in patients with Alzheimer disease. <i>JAMA</i>, 290(15), 2015–2022.</p>	<p><b><u>Website</u></b> <a href="#">IDEA! Strategy</a></p> <p><b>Licensing, cost and materials information:</b> Materials available at no cost.</p> <p><b>For permission to use, contact:</b> <a href="mailto:permission@alzla.org">permission@alzla.org</a></p>	<p><b><u>Current Grants</u></b> AltaMed Health Services (CA); LTSC Community Development Corporation (CA); Omid Multicultural Institute for Development (CA).</p> <p><b><u>Previous Grants</u></b> Alzheimer’s Greater Los Angeles (CA); Alzheimer’s Orange County (CA); Alzheimer’s Motion Picture and Television Fund (CA); San Diego (CA); County of San Diego (CA); WISE and Healthy Aging (CA).</p>



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Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Music and Memory®</b></p>	<p><b>People living with dementia</b></p>	<p>Using instructions, the caregiver prepares a playlist of the person with dementia’s favorite music. Sample questions help the caregiver prompt the person with dementia to recall favorite music; if the person with dementia is not able to assist, other friends or family may help identify preferred music. The instructions include specific steps in downloading tunes (including copyright cautions), costs involved, and creating playlists using iPods. The protocol includes playing music up to several times each day, and weekly at a minimum, indefinitely.</p>	<p><b>Original Study</b> Williams, A., Peckham, A., Rudoler, D., Tam, T., &amp; Watkins, J. (2014). <i>Evaluation of the Alzheimer Society of Toronto iPod project: Final report</i>. Balance of Care (BoC) Research &amp; Evaluation Group.</p>	<p><b>Website</b> <a href="#">Music and Memory at Home</a></p> <p><b>Licensing, cost and materials information:</b> Certification cost is \$2,000 and includes unlimited training for staff; one year of email, phone, and peer support access to Music and Memory Care Community website. Renewal cost is \$200/year. Music and Memory At Home Kit for participants is \$220 per kit.</p> <p><b>Contact:</b> <a href="mailto:info@musicandmemory.org">info@musicandmemory.org</a></p>	<p><b>Current Grants</b> Absentee Shawnee Tribe of Oklahoma (OK); SeniorsPlus (ME); Wichita and Affiliate Tribes (OK).</p> <p><b>Previous Grants</b> Illinois Department on Aging (IL); Jewish Family Service of San Diego (CA); Maine Health (ME); Ohio Department on Aging (OH); Seven Hills Rhode Island (RI); Wisconsin Department of Health Services (WI).</p>

Grantee-Implemented, Evidence-Based, and Evidence-Informed Interventions

Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Opening Minds through Art</b></p>	<p><b>People living with dementia</b></p>	<p>Intergenerational art program for persons with dementia where they are paired to work one on one to create art with the support of trained volunteers. Includes 1-hour weekly art-making sessions for approximately 12 weeks.</p>	<p><b>Original Study</b>            Sauer, P. E., Fopma-Loy, J., Kinney, J. M., &amp; Lokon, E. (2016). "It makes me feel like myself": Person-centered versus traditional visual arts activities for people with dementia. <i>Dementia, 15</i>(5), 895–912.</p>	<p><b>Website</b>  <a href="#">Opening Minds through Art</a></p> <p><b>Licensing, cost and materials information:</b>            Fully online training or hybrid online and in-person training is \$1000/person (2023). Additional costs for art supplies.</p> <p><b>Contact:</b>  <a href="mailto:ScrippsOMA@MiamiOH.edu">ScrippsOMA@MiamiOH.edu</a></p>	<p><b>Current Grants</b>            Senior Services (NC); SeniorsPlus (ME); The Memorial Hospital at North Conway (NH).</p> <p><b>Previous Grants</b>            Illinois Department on Aging (IL); Lutheran Community Services Network (WA).</p>

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Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
RCI REACH	Caregivers	RCI REACH (Resources Enhancing Alzheimer’s Caregiver Health) provides one-on-one coaching, either in-person or virtually, through a network of agency partners. RCI REACH is delivered through 12 sessions over six months and comes with a comprehensive caregiver guide, with caregiver and coach working together to identify areas of challenge and develop sustainable solutions.	<p><b><u>Grant Project Publication</u></b>                      Easom, L., Alston, G., &amp; Latini, N. (2017). Implementing evidence-based interventions: The development of RCI REACH. <i>Generations</i>, ACL Supplement, 96-99.</p>	<p><b><u>Website</u></b>  <a href="#">RCI REACH</a></p> <p><b>Licensing, cost and materials information:</b>                      Initial license is \$5500 with virtual training for up to 4 coaches.                      Additional Coach Training &amp; Licensure: \$750/coach                      Annual Renewal License: \$3,000                      Dealing with Dementia Guide: \$40/guide</p> <p><b>Contact:</b>  <a href="mailto:info@rosalynncafter.org">info@rosalynncafter.org</a></p>	<p><b><u>Previous Grants</u></b>                      Georgia Southwestern State University (GA);                      Upstate Affiliate Organization, Greenville (SC).</p>

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Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>REACH Community</b> (also available as REACH VA)</p>	<p><b>Caregivers</b></p>	<p>REACH Community/REACH VA (Department of Veterans Affairs), a translation of REACH II, helps caregivers of persons with dementia manage patient behavioral concerns and their own stress. The intervention has four core sessions over 2 to 3 months, with the option for additional sessions. It is targeted through a Risk Priority Assessment to meet the needs of the caregiving dyad with practical personalized strategies from a Caregiver Notebook with 30 behavioral management topics and 18 caregiver stress and coping topics, written at a fifth-grade level. A Program Coach manual includes protocols, scripts, and talking points.</p>	<p><b>Original Study</b> Nichols, L., Martindale-Adams, J., Burns, R., Zuber, J., Graney, M.J. (2016). REACH VA: Moving from translation to system implementation. <i>Gerontologist</i>, 56(1), 135–144.</p>	<p><b>Website</b> <a href="#">University of Tennessee Health Science Center/REACH Community</a></p> <p><b>Licensing, cost and materials information:</b> Organization certification and training is \$3500 and includes training for up to 12 staff members, Program Coach Notebook, certification as Program Coach for 4 to 6 individuals, and consultation services for one year. (Training for additional individuals \$500 per person.) Individual training and certification is \$750 and includes training for up to 2 staff members, Program Coach Notebook, certification for 1 individual, and consultation services for one year</p>	<p><b>Current Grants</b> Alzheimer’s Greater Los Angeles (CA); Catholic Charities Hawaii (HI); Kentucky Cabinet for Health and Family Services (KY); The Memorial Hospital at North Conway (NH); Visiting Homemaker Service, Passaic County (NJ).</p> <p><b>Previous Grants</b> Volunteers of America Minnesota (MN).</p>

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Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
REACH Community (also available as REACH VA) (continued)				<b>Contact:</b> Jennifer Martindale-Adams, EdD: <a href="mailto:jmartindale@uthsc.edu">jmartindale@uthsc.edu</a>	
REACH into Indian Country	Caregivers	REACH into Indian Country is a psychoeducational intervention adapted from REACH II. The intervention teaches caregivers behavioral skills (problem solving, stress management, mood management) to manage ongoing and evolving care recipient behavioral problems and behaviors relating to their own physical and emotional health. The intervention goal is to improve caregiver depression, burden, self-care, and social support and management of patient problem behaviors and safety.	<b>Original Study</b> Belle, S. H., et al. (2006). Enhancing the quality of life of dementia caregivers from different ethnic or racial groups: A randomized control trial. <i>Annals of Internal Medicine</i> , 145(10), 727–738.	<b>Website</b> <a href="#">University of Tennessee Health Science Center/REACH Community</a>  <b>Licensing, cost and materials information:</b> See REACH Community  <b>Contact:</b> Jennifer Martindale-Adams, EdD: <a href="mailto:jmartindale@uthsc.edu">jmartindale@uthsc.edu</a>	<b>Current Grants</b> Aleutian Pribilof Islands Association (AK).

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Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Savvy Caregiver Advanced</b></p>	<p><b>Caregivers</b></p>	<p>Program designed for previously trained caregivers to refine their problem-solving and planning skills and enhance their sense of self-efficacy as dementia progresses for the care recipient. The program is delivered in four 2-hour weekly sessions. Caregivers must have completed Savvy Caregiver prior to the start of this program.</p>	<p><b>Original Study</b>                      Samia, L., O’Sullivan, A., Fallon, K.C., Aboueissa, A., &amp; Hepburn, K. (2018). Building on self-efficacy for experienced family caregivers: The Savvy Advanced Program. <i>Gerontologist</i>. doi: 10.1093/geront/gny016</p>	<p><b>Website</b>  <a href="http://SavvyCaregiver.com">Savvy Caregiver.com</a></p> <p><b>Licensing, cost and materials information:</b>                      Training cost is \$499/person after completing Savvy Caregiver Program Foundational Training.</p> <p><b>Contact:</b>  <a href="mailto:info@savvy caregiver.com">info@savvy caregiver.com</a></p>	<p><b>Current Grants</b>                      Alzheimer's Family Caregiver Support Center (MA)</p> <p><b>Previous Grants</b>                      Capital Region Geriatric Center (NY).</p>

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Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
Savvy Caregiver Express	Caregivers	A condensed version of the original Savvy Caregiver Program, the Savvy Caregiver Express focuses on training family caregivers about the basic knowledge, skills, and attitudes needed to handle the challenges of caring for a family member with Alzheimer’s disease and to be an effective caregiver. Group workshops are held weekly over a 3-week period.		<p><b>Website</b>  <a href="http://SavvyCaregiver.com">Savvy Caregiver.com</a></p> <p><b>Licensing, cost and materials information:</b>                      Training cost is \$499/person after completing Savvy Caregiver Program Foundational Training.</p> <p><b>Contact:</b>  <a href="mailto:info@savvy caregiver.com">info@savvy caregiver.com</a></p>	<p><b>Current Grants</b>                      AltaMed Health Services (CA); California, Department on Aging (CA); Chinese American Service League (IL); Little Tokyo Service Center (CA).</p> <p><b>Previous Grants</b>                      California, Department of Aging (CA); Motion Picture and Television Fund (CA); WISE and Healthy Aging (CA).</p>

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Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
<p><b>Savvy Caregiver in Indian Country</b></p>	<p><b>Caregivers</b></p>	<p>Savvy Caregiver in Indian Country is a psychoeducational intervention adapted for cultural competency and focused on training family caregivers about the basic knowledge, skills, and attitudes needed to manage challenges of caring for a family member with dementia and how to be an effective caregiver. This intervention can be delivered to family and paid caregivers in the community via workshop and one-on-one education in the homes.</p>	<p><b>Original Study</b>                      Hepburn, K., Lewis, M., Tornatore, J., Sherman, C. W., &amp; Bremer, K. L. (2007). The Savvy Caregiver program: The demonstrated effectiveness of a transportable dementia caregiver psychoeducation program. <i>Journal of Gerontological Nursing</i>, 33(3), 30–36.</p>	<p><b>Website</b>  <a href="#">National Indian Council on Aging/Savvy Caregiver in Indian Country</a></p> <p><b>Licensing, cost and materials information:</b>                      Materials available at no cost.</p>	<p><b>Current Grants</b>                      Absentee Shawnee Tribe of Oklahoma (OK); Great Lakes Inter-Tribal Council (WI); Spirit Lake Tribe (ND).</p>



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Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
Tele-Savvy	Caregivers	The intervention is based on Savvy Caregiver. It is an intervention that uses telehealth methods (tablet and computer technology and online conferencing) to provide daily self-learning modules and weekly group meetings with program facilitators.		<p><b>Website</b>  <a href="http://SavvyCaregiver.com">Savvy Caregiver.com</a></p> <p><b>Licensing, cost and materials information:</b>                      Training cost is \$499/person after completing Savvy Caregiver Program Foundational Training.</p> <p><b>Contact:</b>  <a href="mailto:info@savvycaregiver.com">info@savvycaregiver.com</a></p>	<p><b>Current Grants</b>                      Easterseals New Hampshire (NH).</p>

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Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
TimeSlips™	People living with dementia	Structured weekly group meetings for 10 weeks, led by trained facilitators, to encourage persons with dementia to use creativity and imagination to create a story that can be shared with fellow participants and family members.	<p><b>Original Study</b>            Fritsch, T., Kwak, J., Grant, S., Lang, J., Montgomery, R., &amp; Basting, A. (2009). Impact of TimeSlips, a creative expression intervention program, on nursing home residents with dementia and their caregivers. <i>Gerontologist, 49</i>(1), 117–127</p>	<p><b>Website</b>  <a href="http://TimeSlips.org">TimeSlips.org</a></p> <p><b>Licensing, cost and materials information:</b>            Individual All-Access annual membership (\$350) provides individual professional care givers and artists with access to the creativity center, online training and certification, newsletters, special professional development and webinars and consultation with a TimeSlips Program staff member.</p>	<p><b>Current Grants</b>            Durham Center for Senior Life (NC).</p> <p><b>Previous Grants</b>            Illinois Department on Aging (IL); Massachusetts Councils on Aging,(MA); ONE-generation (CA).</p>

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Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Website, Cost, Licensing, and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention Current and Previous Grants
TimeSlips™ (continued)				<p>Organization basic annual membership is \$2,500/year and it includes up to 6 individual certifications and Organization All Access membership is \$5,000/year and includes up to 12 individual certifications.</p> <p><b>Contact:</b>  <a href="https://www.timeslips.org/contact-us/">https://www.timeslips.org/contact-us/</a></p>	

**Appendix:**  
**Choosing an Evidence-Based or Evidence Informed Intervention: Considerations to Inform Decision-Making**

The Administration for Community Living requires its funded grantees to implement a dementia-specific evidence-based or evidence informed intervention. ACL recommends that applicants and grantees consider the following questions in relation to the selection and implementation of dementia-specific evidence-based or evidence-informed interventions.

If it becomes clear during the project planning process that the chosen evidence-based or evidence-informed intervention is not suitable for the grant project, grantees may consider a different intervention that best suits their needs. Grantees can look at other interventions listed in this resource or go to the Best Practice Caregiving free online database <https://bpc.caregiver.org/#home>.

Does the intervention meet ACL’s stated definitions as evidence-based or evidence-informed?

- **Evidence-based interventions** must have been tested through a randomized controlled trial and (1) be effective at improving, maintaining, or slowing the decline in the health or functional status of older people or family caregivers; (2) be suitable for deployment through community-based human services organizations and involve nonclinical workers or volunteers in the delivery of the intervention; (3) have results published in a peer-reviewed scientific journal; and (4) be translated into practice and ready for distribution through community-based human services organizations.
- **Evidence-informed interventions** must have substantial research evidence that demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of older people or family caregivers. Evidence-informed interventions (1) have been tested by at least one quasi-experimental design with a comparison group, with at least 50 participants; OR (2) have been adapted from evidence-based interventions.

Readiness

1. Is there a general awareness in your community regarding the needs of people living with dementia?
  - a. Does your community consider dementia a problem?
2. Does leadership at your organization encourage the use of evidence-based or evidence-informed interventions?
  - a. Do you have support for delivery of the intervention, as well as the accompanying administrative work (e.g., data collection, writing reports)?
3. Are evidence-based or evidence-informed interventions already being delivered at your organization or other organizations in the area?
  - a. If so, how does your intended intervention differ from, or complement, these other interventions that are already available?

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4. What gap in services will the intended intervention help fill?
5. Does your organization have the resources to successfully implement the intended evidence-based intervention?
  - a. Does your staff have the necessary skill, experience, and training to deliver an evidence-based intervention?

### Program Characteristics

1. What is the evidence-based or evidence-informed intervention?
2. How does the intervention “fit” with the organization?
3. Who is the population served?
4. What outcomes are addressed? Have there been positive results?
5. Who implements the program?
6. How much time does the program require for participants?

### Licensing

1. Does the intervention require payment of a license fee?
  - a. What is the length of time the license covers? Annual, unlimited, other?
  - b. If an annual license is required, what is the annual cost of a license, and what is the renewal cost?
  - c. If an annual license is required, are licenses for individual interventionists or for organizations?
    - i. If both licenses for individual interventionists and organizations are offered, what is the difference in cost?
    - ii. How many interventionists can reside under a single organizational license?
  - d. If Master Training is available, is there a different license fee for Master Trainers, and what are the conditions of that license?
  - e. If a trained interventionist (without an individual license) joins an agency, what would be the cost of a license for that individual to practice?
2. If an organization conducts an interventionist training for a group of people:
  - a. How many individuals would be able to be trained and licensed in a single training?
  - b. What is the cost of additional licenses?
3. Are training materials and participant manuals included in the cost of the license?
  - a. In what format are they delivered, hard copy or electronic files?
  - b. Are there limits on the number of trainer materials that can be accessed?
4. Are there data reporting requirements associated with the license?
  - a. If so, what are the requirements?

### Training

1. What is the cost to train interventionists? Is the cost per person, by group of interventionists or unlimited with an annual or one-time fee for training?
  - a. Is in-person training available?
    - i. If so, what is the cost, and how many people can be trained during an in-

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- person session?
  - b. Is virtual training available with a live instructor and simultaneous participation by interventionists?
    - i. If so, what is the cost, and how many people can be trained in a virtual session?
  - c. Is online training available?
    - i. If so, what is the per person cost for on-line training?
    - ii. Do they have a way to monitor progress and completion of modules?
  - d. Is refresher training available?
  - e. Does the interventionist training include a pre and post test?
2. Is “Master Training” (trains others to train interventionists/direct service providers) available as an option to sustain the program?
    - a. If so, what are the requirements to become a master trainer?
    - b. If so, what is the cost of master training?
  3. Is licensing included with the cost of training?
    - a. If not, what is the cost of a license?

### Technical Assistance

1. Is technical assistance included:
  - a. In the cost of training?
  - b. As part of a license fee?
2. If technical assistance is included:
  - a. What type of technical assistance is provided? Case supervision? Collaborative learning? Technology assistance?
  - b. How many hours of technical assistance are included?
  - c. How long is technical assistance provided post training?
3. If technical assistance is not included:
  - a. What is the cost of technical assistance?
  - b. How many hours of technical assistance are included in the cost?
4. Is technical assistance provided by the intervention developer?
5. If technical assistance is not provided by the intervention developer, who provides technical assistance? Name: \_\_\_\_\_
  - a. Is this provider approved by the intervention developer?
6. How is technical assistance provided?
  - a. Scheduled or unscheduled?
  - b. By phone?
  - c. By virtual platform?

### Data Management

1. Does use of the intervention require a proprietary data management system?
2. Will the developers require “co-ownership” of your participant data?
  - a. If so, how will they use your data?
  - b. Will their use of your data necessitate “consent” from your clients?

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3. Will the developers require you to store your data on their data system?
  - a. If yes, will you have direct access to the data?
  - b. If yes, will you be able to integrate your data into your own data management system?
  - c. If no, how will you access your data?
4. If you decide to discontinue the intervention what will become of your client data?

### Program Fidelity

1. Does the intervention have tools or a process to monitor program fidelity?
2. Does the intervention have tools to monitor the quality of program delivery?
3. Does the intervention have tools to assess program effectiveness?
4. Is there an additional cost for fidelity tools/process?

### Sustainability

1. Are the start-up fees and renewal fees “reasonable” for your agency during the grant project and sustainable beyond the federal funding period?
2. Are there additional fees beyond licensing?
3. Is there a fee per program participant—people living with dementia or caregivers?
4. Has the intervention been demonstrated to be “billable” to insurance?