

Grantee Implemented Evidence-Based and Evidence-Informed Dementia Interventions



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Prepared for

Erin Long, MSW
Administration on Aging
Administration for Community Living
330 C Street, SW
Washington, DC 20201

Prepared by

Ashlee Cordell, MGS
Elizabeth Gould, MSW, LCSW
RTI International
3040 E. Cornwallis Road
Research Triangle Park, NC 277709

Contract #HHSP233201500039I
Administration for Community Living
U.S. Department of Health and Human Services

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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 (AoA) within the Administration for Community Living (ACL). ACL funds NADRC to provide expert technical assistance to ACL and its grantees. Through 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. 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 document is a resource for ACL applicants and grantees that support state *and* community efforts to increase the availability of dementia-capable services and supports to persons with ADRD 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 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 document can provide guidance on interventions that have already been implemented in the community by grantees that have similar goals to support people living with ADRD and their caregivers. Grantees are not required to choose an intervention from this document 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. [Appendix A](#) 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 ADPI grantees between 2008 and 2024. For each intervention, we provide a brief description, the targeted population, peer-reviewed publications of the original studies that examine the model’s effectiveness, and the current and previous grantees that are planning to implement, are implementing, or have implemented the intervention as of January 2024. The 2022 edition added information on licensing, cost, training, materials access, and renewal requirements, when available. This 2024 edition includes additional interventions and grantee organizations delivering these interventions since the last publication in October 2022. 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, 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.

Many considerations are related to the selection of an evidence-based intervention. Grantees and applicants should consider factors such 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-

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specific evidence-based or evidence-informed intervention for implementation can be found in [Appendix A](#) and on the [NADRC.acl.gov website](http://NADRC.acl.gov). Although 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	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>Adult Day Services (ADS) Plus</p> <p>Target Population: Caregivers</p> <p>Original Study Gitlin, L., Reeve, K., Dennis, M. P., Mathieu, E., & 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>The ADS Plus model consists of five key components: (1) care management, (2) referral/linkage, (3) education about dementia, (4) situational counseling/emotional support/stress reduction techniques, and (5) 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>Delivery Method: Full sessions = in-person Check-ins = in-person, telephone, or email</p> <p>Session Length: Ranges from 15-minute check-ins to 60-minute full sessions.</p> <p>Program Length: 52 weeks</p>	<p>Website Program Details (caregiver.org) ↗</p> <p>Licensing: No cost or fee to obtain license.</p> <p>Training: Initial training for delivery persons is 16 hours and includes 16 videos and 2 virtual sessions, 3 follow-up coaching calls, and 3 coaching sessions. Refresher training also provided.</p> <p>Materials: Program manuals included in training.</p> <p>Cost: Cost information available by contacting Laura Gitlin.</p> <p>Contact: Laura Gitlin, PhD at lmg45@drexel.edu</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Athens Community Council of Aging Inc. (GA)


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Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>BRI Care Consultation™</p> <p>Target Population: People Living with Dementia Caregivers</p> <p>Original Study Bass, D. M., Clark, P. A., Looman, W. J., McCarthy, C. A., & 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>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. Partners in Dementia Care is a variation of this intervention.</p> <p>Delivery Method: Telephone</p> <p>Session Length: Varies</p> <p>Program Length: Ongoing, 10-contact minimum in first year</p>	<p>Website Benjamin Rose Institute on Aging/BRI-Care Consultation</p> <p>Licensing: Initial cost of \$10,200 includes the Care Consultation Information System web-based software installation and hosting; three care consultant licenses; one site administrator license, and one quality assurance license. Yearly renewal \$3,300.</p> <p>Training: 1.5-day webinar trainings and refresher/ replacement staff training are provided.</p> <p>Materials: Care consultant manuals included in training.</p> <p>Contact: bricc@benrose.org</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Aging and In-Home Services of Northeast Indiana, Inc. (IN) – Alzheimer’s and Dementia Care Services of Northwestern Ohio (OH) – Alzheimer’s Disease Resource Agency of Alaska, Inc. (AK) – Benjamin Rose Institute (OH) – Center for Excellence in Aging and Geriatric Health (VA) – Fox Valley Memory Project Inc. (WI) – Houston’s Amazing Place, Inc. (TX) – IONA Senior Services (DC) – Neighbor Network of Northern Nevada (NV) – OPICA Adult Day Program & Counseling Center Inc. (CA) – Senior Services, Inc. (NC) – Summit County Combined General Health District (OH) – Virginia Commonwealth University (VA)

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Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>Bridge Model of Transitional Care</p> <p>Target Population: People Living with Dementia Caregivers</p> <p>Original Study 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>The Gerontologist</i>, 53(3), 430–440.</p>	<p>Bridge is a 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> <p>Delivery Method: In-person</p> <p>Session Length: Varies</p> <p>Program Length: Varies</p>	<p>Website https://www.chasci.org/care-models</p> <p>Training: Training is in person or virtual for 8-12 hours. Bimonthly case consultation meetings with other Bridge sites is also available.</p> <p>Materials: Training materials, care management toolkit, and ongoing technical assistance are included in training.</p> <p>Cost: Cost information available by contacting CHaSCI.</p> <p>Contact: chasci@rush.edu</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Aging and In-Home Services of Northeast Indiana, Inc. (IN)

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Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>Care Ecosystem</p> <p>Target Population: People Living with Dementia Caregivers</p> <p>Original Study 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>Care Ecosystem is a person-centered model of case management designed to address the unmet needs of people living with dementia and provide support for their caregivers. A Care Team Navigator (CTN) is an unlicensed, trained dementia care guide who serves as the primary contact for the person living with dementia and their caregiver. CTNs use care protocols to guide their interventions and are supervised by a nurse or social worker. Contact frequency is determined based on identified needs and preferences.</p> <p>Delivery Method: Telephone and web</p> <p>Session Length: 40 minutes</p> <p>Program Length: Ongoing</p>	<p>Website UCSF/Care Ecosystem </p> <p>Training: Free, self-paced online training course.</p> <p>Materials: Toolkit and other educational materials available at no cost.</p> <p>Contact: Sarah Dulaney, PhD, Sarah.Dulaney@ucsf.edu</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Alzheimer’s Orange County (CA) – California Department of Aging (CA) – Hospice of the Valley (AZ) – MaineHealth (ME) – Memory Care Home Solutions (MO) – OCCK, Inc. (KS) – Somang Society (CA) – Virginia Commonwealth University (VA)

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Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>Care Transitions Intervention® (“Coleman Model”)</p> <p>Target Population: People Living with Dementia Caregivers</p> <p>Original Study Coleman, E., Parry, C., Chalmers, S., & 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>The Coleman Model focuses on goal-setting and is defined by four pillars: (1) medication review and self-management; (2) use of a dynamic patient-centered record; (3) preparing for and attending follow-up medical appointments (primary care and specialist); and (4) identifying and knowing how to respond to signs of illness or condition exacerbation, or “red flags.”</p> <p>Delivery Method: Two in-person visits (hospital and home) and three telephone follow-ups after the home visit occurred.</p> <p>Session Length: Varies</p> <p>Program Length: 30 days</p>	<p>Website Care Transitions Intervention - Care Transitions Intervention ↗</p> <p>Training: 4-hour virtual self-paced pretraining course with 16-hour live virtual classroom course. Post-training, monthly CTI Community Learning call and other advanced learning opportunities available.</p> <p>Materials: Care Transitions Notebook and Coaches Training & Facilitator Guides ↗</p> <p>Cost: Cost information available after completing contact form.</p> <p>Contact Form: Contact Us - Care Transitions Intervention ↗</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Alzheimer’s & Dementia Care Services of Northwestern Ohio (OH) – MaineHealth (ME) – Snowline Hospice of El Dorado County (CA)

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Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>Care of Persons with Dementia in Their Environment (COPE)</p> <p>Target Population: People Living with Dementia Caregivers</p> <p>Original Study Gitlin, L. N., Winter, L., Dennis, M. P., Hodgson, N., & 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>Through COPE, dyads receive assessments that focus on the person’s abilities, home environment, caregiver communication, and caregiver-identified concerns. COPE interventions include caregiver education, caregiver skills training, and stress management. The program includes sessions with occupational therapists and with an advance practice nurse.</p> <p>Delivery Method: One initial in-person session and up to 10 additional sessions with occupational therapists and 1 telephone session with an advance practice nurse.</p> <p>Session Length: 60 minutes</p> <p>Program Length: 4 months</p>	<p>Website Drexel University online/COPE ↗</p> <p>Licensing & Training: \$2,000 for an individual U.S. citizen and includes a 2-year agreement and 10 self-paced online learning modules about 30-50 minutes in length and up to three coaching calls. A fee of \$100 is required to renew the license every 2 years.</p> <p>Materials: Program manual, education binder, forms and worksheets binder included in training.</p> <p>Contact: cope@drexel.edu</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Hospice of the Valley (AZ) – Nevada Senior Services (NV) – Oakwood Creative Care, Inc. (AZ)


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Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>Cognitive Stimulation Therapy</p> <p>Target Population: People Living with Dementia</p> <p>Original Study Spector, A., Thorgrimsen, L., Woods, B., Royan, L., Davies, S., Butterworth, M., & Orrell, M. (2003). Efficacy of an evidence-based cognitive stimulation therapy programme for people with dementia: Randomised controlled trial. <i>British Journal of Psychiatry</i>, 183, 248-254.</p>	<p>Group Cognitive Stimulation Therapy sessions aim to actively stimulate and engage people with dementia while providing an optimal learning environment and the social benefits of a group.</p> <p>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>Delivery Method: In-person</p> <p>Session Length: 60 minutes</p> <p>Program Length: 2x/week for 14 or more sessions</p>	<p>Website Cognitive Stimulation Therapy</p> <p>Licensing & Training: CST Trainers - \$1,500 initial training fee + completed application. \$100 biannual renewal fee. Required attendance on one virtual CST-T conference call per year. CST Practitioners - \$250 initial virtual training fee + completed application. \$350 in-person training fee + completed application. \$50 biannual renewal fee. Recommended review of CST/ dementia literature.</p> <p>Materials: Handbook available on website.</p> <p>Contact: cst@health.slu.edu</p>	<p>Current Grants</p> <ul style="list-style-type: none"> - CareLink, Inc. (RI) - CaringKind (NY) - Durham Center for Senior Life (NC)

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Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>HomeMeds™</p> <p>Target Population: People Living with Dementia</p> <p>Meredith, S., Feldman, P., Frey, D., Giammarco, L., Hall, K., Arnold, K., ... Ray, W. A. (2002). Improving medication use in newly admitted home healthcare patients: A randomized controlled trial. <i>Journal of the American Geriatrics Society</i>, 50(9), 1484–1491.</p>	<p>HomeMeds™ is a medication use improvement program developed specifically for agencies providing in-home services and health care to older adults. The program addresses four common medication problems: (1) unnecessary therapeutic duplication, (2) cardiovascular medication problems, (3) use of psychotropic drugs by patients with possible adverse psychomotor or adrenergic effects, and (4) use of nonsteroidal anti-inflammatory drugs. The program involves a structured collaboration between a consultant pharmacist and the patient’s home health nurse or case manager, who assess the patient’s medication use and resolve common medication problems in consultation with the patient’s primary care physician.</p> <p>Delivery Method: In-person and web</p> <p>Session Length: Varies</p> <p>Program Length: Ongoing</p>	<p>Website HomeMeds (acl.gov)</p> <p>Licensing: Includes software tools for monitoring items and conducting admin reports. Cost varies with \$200/month minimum.</p> <p>Training: \$2,500 for webinar and teleconference format or \$5,000 plus travel expenses for onsite. \$500 2- hour refresher webinar after first year of implementation.</p> <p>Materials: Readiness survey, implementation manual, and training manual included in startup training.</p> <p>Contact: homemeds@picf.org</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – California Department of Aging (CA) – Nevada Senior Services (NV)

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Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>New Ways for Better Days: Tailoring Activities for Persons with Dementia and Caregivers (previously called Tailored Activities Program or TAP)</p> <p>Target Population: People Living with Dementia Caregivers</p> <p>Original Study Gitlin, L. N., Winter, L., Burke, J., Chernett, N., Dennis, M. P., & Hauck, 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>New Ways for Better Days is delivered in a variety of settings including the person’s home, hospital, or adult day services center by occupational therapists and involves three phases of sessions. Phase I involves assessments to identify preserved abilities 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 anticipated future cognitive decline.</p> <p>Delivery Method: In-person</p> <p>Session Length: 60 minutes</p> <p>Program Length: Up to 8 sessions</p>	<p>Website Drexel University online/TAP </p> <p>Licensing, & Training: A 2-year licensing agreement for an individual U.S. citizen is \$1,595 and includes six 50-minute online learning modules, a 2-hour virtual training, and up to three coaching calls.</p> <p>Materials: Treatment manual, documentation binder, worksheets, and chat rooms to share cases included in training.</p> <p>Contact: tap@drexel.edu</p>	<p>Current Grants – Senior Services, Inc. (NC)</p>

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Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>New York University Caregiver Intervention (NYUCI)</p> <p>Target Population: Caregivers</p> <p>Original Study Mittelman, M. S., Haley, W. E., Clay, O. J., & 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>NYUCI counseling sessions address specific challenges that a primary caregiver or family is encountering. The program consists of four components: (1) individual counseling sessions with the primary caregiver; (2), family counseling sessions; (3) encouragement to attend weekly support group sessions; and (4) ongoing ad hoc contact with the counselor to provide additional information and support.</p> <p>Delivery Method: In-person or video teleconferencing</p> <p>Session Length: 60-90 minutes</p> <p>Program Length: 6 sessions over a period of 4-6 months</p>	<p>Website: Not available as of publication date.</p> <p>Licensing/Training: No cost information available as of publication date.</p> <p>Materials: Book - Counseling the Alzheimer's Caregiver: A Resource for Healthcare Professionals, Mittelman, Epstein and Pierzala</p> <p>Contact: Mary Mittelman at Mary.Mittelman@nyulangone.org</p>	<p>Current Grants None</p>

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Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>Powerful Tools for Caregivers</p> <p>Target Population: Caregivers</p> <p>Original Study Boise, L., Congleton, L., & Shannon, K. (2005). Empowering family caregivers: The Powerful Tools for Caregiving Program. <i>Educational Gerontology, 31</i>, 573–586.</p>	<p>Powerful Tools for Caregivers is a self-care, community-based group education program for family caregivers to improve self-care behaviors, management of emotions, self-efficacy, and use of community resources. The scripted curriculum provides tools that can be individualized to meet the challenges of caregiving in a supportive and interactive environment.</p> <p>Delivery Method: In-person group with 10-15 participants</p> <p>Session Length: Range 1.5-2.5 hours</p> <p>Program Length: 6 consecutive weekly classes</p>	<p>Website Iowa State University Extension/Powerful Tools for Caregivers ↗</p> <p>Licensing: \$270 fee.</p> <p>Training: Classes are offered face-to-face (2-day workshop) and virtually (3 hours per day for 5 days).</p> <p>Materials: The Caregiver Helpbook included in licensing fee.</p> <p>Contact: PTCmastertrainers@iastate.edu</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Inter-Tribal Council of Arizona, Inc. (AZ) – OPICA Adult Day Program & Counseling Center Inc. (CA) – Pima Council on Aging (AZ) – Prince George’s County (MD) – South Carolina Department on Aging (SC) – Tennessee Commission on Aging and Disability (TN)

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Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>Reducing Disability in Alzheimer’s Disease (RDAD)</p> <p>Target Population: People Living with Dementia Caregivers</p> <p>Original Study Teri, L., Gibbons, L., McCurry, S., Logsdon, R., Buchner, D., & Barlow, W. (2003). Exercise plus behavioral management in patients with Alzheimer disease. <i>JAMA</i>, 290(15), 2015–2022.</p>	<p>RDAD training takes place in the home 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>Delivery Method: In-person</p> <p>Session Length: 60 minutes</p> <p>Program Length: 12 sessions over 22 weeks</p>	<p>Website Program Details (caregiver.org)</p> <p>Licensing: No cost or fee to obtain license.</p> <p>Training: Initial training for delivery person spans 12 hours over 1-2 days. Highly recommended, but optional, in-person training.</p> <p>Cost: Cost information available by contacting Linda Teri.</p> <p>Contact: Linda Teri, PhD, at lteri@uw.edu</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Community Research Resource, Info & Services for Seniors, Inc. (IL)

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<p>REACH-TX</p> <p>Target Population: People Living with Dementia Caregivers</p> <p>Original Study 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), igz022. doi: 10.1093/geroni/igz022</p>	<p>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.</p> <p>Delivery Method: 4 in-person sessions</p> <p>Session Length: 90 minutes</p> <p>Program Length: 6 months</p>	<p>Website Program Details (caregiver.org)</p> <p>Licensing: No cost or fee to obtain license.</p> <p>Training: Initial 12-hour in-person training is provided over 1.5 days.</p> <p>Cost: For more information, contact Alan Stevens.</p> <p>Contact: Alan Stevens, PhD, at Alan.Stevens@BSWHealth.org</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – CaringKind (NY) – North Central Texas Council of Governments (TX)


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<p>Savvy Caregiver Program™</p> <p>Target Population: Caregivers</p> <p>Original Study 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.</p>	<p>Savvy Caregiver Program consists of group workshops provided to family caregivers. Session content is designed to train family caregivers in the basic knowledge, skills, and attitudes needed to manage caring for a family member with dementia and to be an effective caregiver.</p> <p>Delivery Method: In-person</p> <p>Session Length: 2-hours once per week</p> <p>Program Length: 6 weeks</p>	<p>Website Savvy Caregiver.com ↗</p> <p>Licensing: New group leader training and certification is \$1,499/person. Fidelity certification for existing Savvy Group Leaders is \$299/person. Fidelity recertification exam is \$199/person.</p> <p>Workshop Licensing Fee is \$199 for 1 Workshop; 5-Workshop Bundle is \$799; 10-Workshop Bundle is \$999.</p> <p>Materials: Caregiver manuals are \$20/manual.</p> <p>Contact: info@savvycaregiver.com</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Alzheimer’s Disease Resource Agency of Alaska (AK) – Neighbor Network of Northern Nevada (NV)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>Support Health Activities Resources Education (SHARE)</p> <p>Target Population: People Living with Early-Stage Dementia Caregivers</p> <p>Original Study Whitlatch, C. J., Heid, A. R., Femia, E. E., Orsulic-Jeras, S., Szabo, S., & Zarit, S. H. (2019). The Support, Health, Activities, Resources, and Education program for early-stage dementia: Results from a randomized controlled trial. <i>Dementia</i>, 18(6), 2122–2139.</p>	<p>SHARE is a psychoeducational program designed to help families in the early stages of dementia discuss and plan for the later stages of the illness through discussion about symptoms, care values and preferences, and healthy activities.</p> <p>Delivery Method: In-person</p> <p>Session Length: 60-90 minutes</p> <p>Program Length: 5 sessions (plus an optional family session) over 12 weeks</p>	<p>Website Benjamin Rose Institute on Aging/SHARE</p> <p>Licensing: Initial fee is \$3,500 for a single SHARE counselor license that includes the online training course, SHARE app for iPad, and 4 coaching calls. Each additional license is \$2,000. Yearly renewal fee is \$750.</p> <p>Training: 9 online sessions over 10 hours. A 2-hour refresher training is also available.</p> <p>Materials: SHARE toolkit included in licensing fee.</p> <p>Contact: share@benrose.org</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Benjamin Rose Institute (OH) – CaringKind (NY) – The Catholic Charities of Hawaii (HI)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>Skills2Care®</p> <p>Target Population: Caregivers</p> <p>Original Study Gitlin, L. N., Winter, L., Corcoran, M., Dennis, M., Schinfeld, S., & 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>The Gerontologist</i>, 43(4), 532-546.</p>	<p>Skills2Care® is a home-based environmental intervention designed to help family caregivers of people living with dementia modify their living space to be a more supportive environment. There are two versions of this intervention: in-person and in-person with telephone contact. Based on assessments and prioritization of caregiver-identified concerns, occupational therapists tailor disease education, instruction in problem solving, and implementation of strategies.</p> <p>Delivery Method: Version 1 = in-person Version 2 = in-person and telephone</p> <p>Session Length: Version 1 = eight in-home sessions Version 2 = five 90-minute in-home sessions and one 30-minute telephone session</p> <p>Program Length: Version 1 = 4 months Version 2 = 6 months</p>	<p>Website Thomas Jefferson University/Skills2Care </p> <p>Licensing: Training and 2-year certification fees are \$2,200 for 1 person, \$1,900 for 2-5 people, \$1,600 for 6-10 people, \$1,300 for 11 or more people. Two-year certification renewal fee is \$200/person.</p> <p>Training: 11 hours of self-paced online modules, 14 hours of live online instruction and practice, and 5 hours of online coaching sessions.</p> <p>Materials: Access to Jefferson Elder Care’s SkillsCare website included in licensing.</p> <p>Contact: Catherine Piersol, PhD, at catherine.v.piersol@jefferson.edu</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – The Arc Jacksonville (FL) – CareLink, Inc. (RI) – Chinese American Service League (IL)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>STAR-Caregivers (STAR-C)</p> <p>Target Population: Caregivers</p> <p>Original Study Teri, L., McCurry, S., Logsdon, R., & 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>STAR-C is a behavioral intervention where community clinicians meet with family caregivers in the home. After the in-home meetings, the consultant follows up with the caregiver via telephone calls.</p> <p>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>Delivery Method: In-person and telephone</p> <p>Session Length: Weekly 60-minute sessions with clinician for 8 weeks followed by four monthly telephone calls.</p> <p>Program Length: 6 months</p>	<p>Website Program Details (caregiver.org)</p> <p>Licensing: No cost or fee to obtain license.</p> <p>Training: An initial 12-hour training is provided. Note: A webinar is in development.</p> <p>Cost: Cost information available by contacting Linda Teri.</p> <p>Contact: Linda Teri, PhD, at lteri@uw.edu</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Community Research Resource Information and Services for Seniors, Inc. (IL) – Houston’s Amazing Place, Inc. (TX) – Tennessee Commission on Aging and Disability (TN)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>Stress-busting Program for Caregivers™</p> <p>Target Population: Caregivers</p> <p>Background Publications:</p> <p>Original Study Lewis, S. L., Miner-Williams, D., & Novian, A. (2009). A stress-busting program for family caregivers. <i>Rehabilitation Nursing, 34</i>(4), 151–159.</p>	<p>Stress-busting Program for Caregivers™ 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 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>Delivery Method: In-person or web</p> <p>Session Length: Weekly 90-minute sessions</p> <p>Program Length: 9 weeks</p>	<p>Website WellMed Charitable Foundation/Stress-Busting Program</p> <p>Training: An initial 16-hour in-person or webinar online training is provided as well as a 1–2-hour refresher training.</p> <p>Materials: Program manual included in training.</p> <p>Cost: For more information, contact WellMed.</p> <p>Contact: WellMed Charitable Foundation at stressbusters@wellmed.net</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Chinese American Service League (IL) – Latino Alzheimer’s and Memory Disorders Alliance (IL)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Based Intervention	Description of Intervention	Licensing and Materials Information	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention
<p>Tailored Caregiver Assessment and Referral (TCARE)™</p> <p>Target Population: Caregivers</p> <p>Original Study Montgomery, R., Kwak, J., Kosloski, K., & 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>TCARE™ is 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>Delivery Method: In-person or telephone</p> <p>Session Length: 60 minutes</p> <p>Program Length: Ongoing</p>	<p>Website https://www.tcare.ai</p> <p>Licensing & Training: Training and certification is \$3,800 per person (TCARE specialist) with a 2-person minimum and discounts for 25+ people. Training is virtual and self-paced. Each TCARE specialist has access to ongoing client success touch points. Annual renewal is \$3,800 per person (TCARE specialist).</p> <p>Materials: TCARE on-demand reports, pre-screener and texting touchpoints are included in certification.</p> <p>Contact: Linda Miller at linda@tcare.ai</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Alabama Department of Senior Services (AL) – Central Alabama Aging Consortium (AL) – Community Research Resource, Information & Services for Seniors, Inc. (IL) – Missoula Aging Services (MT) – Southern Mississippi Planning and Development District (MS) – West Alabama Regional Commission (AL)

Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Building Better Caregivers</p> <p>Target Population: Caregivers</p> <p>Original Study Lorig, K., Ritter, P. L., Laurent, D. D., & 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>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.</p> <p>Delivery Method: In-person or virtual</p> <p>Session Length: Weekly 2-2.5-hour sessions</p> <p>Program Length: 6 weeks</p>	<p>Website Self-Management Resource Center/Building Better Caregivers ↗</p> <p>Licensing: \$550 per 3-year license includes 2 Leader trainings and 20 workshops OR \$1,650 3-year license, includes 3 Leader trainings and 60 workshops. Spanish version available.</p> <p>Training: A license must be purchased before training takes place. – Virtual Leader Training: \$1,000 per person or \$11,000 for 12 people from the same licensed organization. – Refresher Trainings: range from \$50-\$150</p> <p>Materials: Building Better Caregivers book is \$19.96/person. Additional workshops are \$28 each.</p> <p>Contact: smrc@selfmanagementresource.com</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – AgeSpan (MA) – Aroostook Agency on Aging (ME) – Mississippi Department of Human Services (MS) – North Central Texas Council of Governments (TX) – Sugar Free Living CRL (PR)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Caregiver Stress Prevention Bundle</p> <p>Target Population: Caregivers</p> <p>Original Study</p> <p>LaMantia, M. A., Alder, C. A., Callahan, C. M., Gao, S., French, D. D., Austrom, M. G., Boustany, K., Livin, L., Bynagari, B., & Boustani, M. A. (2015). The aging brain care medical home: Preliminary data. <i>Journal of the American Geriatric Society</i>, 63(6), 1209-13. doi: 10.1111/jgs.13447</p>	<p>Caregiver Stress Prevention Bundle (CSPB) includes four components: (1) dementia counseling and education, (2) crisis plan development, (3) weekly caregiver time off, and (4) support group participation. Based on the Aging Brain Care collaborative care program shown to reduce caregiver stress, the CSPB intervention was adapted as a community-based and telephonic version delivered by staff of Area Agencies on Aging (AAAs) through a university-AAA partnership.</p> <p>Delivery Method: In-person and telephone</p> <p>Session Length: 30-60 minutes</p> <p>Program Length: 52 weeks</p>	<p>Website</p> <p>Aging Brain Care Program/Caregiver Stress Prevention Bundle</p> <p>Licensing & Training: Licensing and training information is in development.</p> <p>Materials: Caregiver Stress Prevention Bundle Replication Manual available on NADRC website.</p> <p>Contact: Shannon Effler, MSW, at seffler@iu.edu</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – The Trustees of Indiana University (IN)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Care Partners Reaching Out (CarePRO)</p> <p>Target Population: Caregivers</p> <p>Grant Project Publication 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>Based on the Coping with Caregiving intervention, the CarePRO intervention combines a series of group sessions with alternating weeks of 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>Delivery Method: In-person and telephone</p> <p>Session Length: Group sessions = 2.5 hours Coaching calls = 30-40 mins</p> <p>Program Length: 10 weeks</p>	<p>Website Program Details (caregiver.org) ↗</p> <p>Licensing: No cost or fee to obtain license.</p> <p>Training: An initial 10-hour in-person or telephone training is provided as well as 10-20 refresher sessions.</p> <p>Materials: Program manual included in training.</p> <p>Cost: Cost information available by contacting David Coon.</p> <p>Contact: David Coon, PhD, at David.W.Coon@asu.edu</p>	<p>Current Grants None.</p>

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Care Resistant Behavior Model</p> <p>Target Population: Caregivers</p> <p>Original Study Jablonski, R. A., Kolanowski, A. M., Azuero, A., Winstead, V., Jones-Townsend, C., & 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</i>, 35(4), 365–375. doi:10.1111/ger.12357</p> <p>Jablonski, R. A., Winstead, V., & Geldmacher, D. S. (2019). Description of process and content of online dementia coaching for family caregivers of persons with dementia. <i>Healthcare (Basel)</i>, 7(1), 13. doi:10.3390/healthcare7010013</p>	<p>The Care Resistant Behavior Model is a goal setting and coaching intervention tool. 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>Delivery Method: Virtual</p> <p>Session Length: 60 minutes</p> <p>Program Length: 6 sessions</p>	<p>Website University of Alabama, Birmingham, Alzheimer’s Disease Center/Care Resistant Behavior ↗</p> <p>Licensing, Training & Materials: As of the date of this publication, we were unable to update information from the developer on licensing, training, and materials.</p> <p>Contact: Rita Jablonski-Jaudon, PhD, at rjablonski@uabmc.edu</p>	<p>Current Grants None.</p>

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Coping with Caregiving</p> <p>Target Population: Caregivers</p> <p>Original Study Gallagher-Thompson, D., Coon, D., Solano, N., Ambler, C., Rabinowitz, Y., & 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>The Gerontologist</i>, 43(4), 580–591.</p>	<p>Coping with Caregiving focuses on improving caregiver well-being by teaching strategies for managing caregiving responsibilities and for responding to behavioral symptoms. The course is made up of nine modules covering eight topics, including (1) bouncing back, (2) being heard, (3) strategies for stress, (4) coping with frustration, (5) all by myself, (6) dealing with the blues, (7) filling the well, and (8) challenging behaviors.</p> <p>Delivery Method: In-person or telephone</p> <p>Session Length: 90 minutes per module</p> <p>Program Length: Varies</p>	<p>Website Optimal Aging Center/Coping with Caregiving</p> <p>Training: Cost is \$10,000 for up to 8 agency employees and includes 10, 2-hour sessions over Zoom and weekly Zoom consultation meetings for 6 months post training.</p> <p>Materials: One manual per trainee and access to electronic format of handouts included in training.</p> <p>Contact: Ann Bilbrey at ann@optimalagingcenter.com</p>	<p>Current Grants – Alzheimer’s San Diego (CA)</p>

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Cuidando con Respeto</p> <p>Target Population: Caregivers</p> <p>Original Study Oakes, S., Hepburn, K., Ross, J., Talamantes, M., & Espino, D. (2007). Reaching the heart of the caregiver. <i>Clinical Gerontologist</i>, 30(2), 37–49.</p>	<p>Cuidando con Respeto is a 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>Delivery Method: In-person is preferable; however, there is a virtual option available.</p> <p>Session Length: Generally, 2 hours</p> <p>Program Length: Three sessions</p>	<p>See Unidos en el cuidado</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Houston’s Amazing Place, Inc. (TX)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Dealing with Dementia</p> <p>Target Population: Caregivers Professionals</p> <p>Original Study 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>Dealing with Dementia focuses on the behavioral component of the REACH II program. Using a train-the-trainer approach, family and professional caregivers attend an interactive 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 information and solutions to problems caregivers face every day. The guide is available in English and Spanish.</p> <p>Delivery Method: In-person</p> <p>Session Length: 4 hours</p> <p>Program Length: 1 day</p>	<p>Website https://rosalynncarter.org/dementia/</p> <p>Licensing: \$250/person includes the initial 1.5-day virtual training class and refresher training. Annual renewal fee is \$250.</p> <p>Training: In-person training, if delivered at agency site is \$2,000 for 8 trainers, plus travel expenses.</p> <p>Materials: Information about grantee-developed English and Spanish materials is available on NADRC website.</p> <p>Contact: info@rosalynncarter.org</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Kentucky Cabinet for Health and Family Services (KY)


Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Early-stage Partners in Care (EPIC)</p> <p>Target Population: People Living with Dementia</p> <p>Original Study: Whitlatch, C. J., Judge, K., Zarit, S. H., & Femia, E. (2006). Dyadic intervention for family caregivers and care receivers in early-stage dementia. <i>The Gerontologist</i>, 46(5), 688–694.</p>	<p>The EPIC 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>Delivery Method: In-person</p> <p>Session Length: Group sessions = 2.5 hours Individual sessions = 2 hours</p> <p>Program Length: 7 weeks</p>	<p>Website Program Details (caregiver.org) ↗</p> <p>Licensing: No cost or fee to obtain license.</p> <p>Training: Initial training spans 12 hours over two sessions (one in-person and one via telephone). Refresher training spans 7 hours over seven supervision sessions (offered as needed in-person or via telephone). Supervisor training spans 8 hours over two sessions (one in-person and one via telephone).</p> <p>Cost: Cost information available by contacting David Coon.</p> <p>Contact: David Coon, PhD, at David.W.Coon@asu.edu</p>	<p>Current Grants None.</p>

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>IDEA!</p> <p>Target Population: Caregivers</p> <p>Original Descriptive Study of ABCs Teri, L., Logsdon, R. G., & McCurry, S. M. (2002). Nonpharmacologic treatment of behavioral disturbance in dementia. <i>Medical Clinics of North America, 86</i>, 641–656.</p> <p>Original Studies Teri, L., McCurry, S., Logsdon, R., & Gibbons, L. (2005). Training community consultants to help family members improve dementia care: A randomized controlled trial. <i>The Gerontologist, 45</i>(6), 802-811. doi:10.1093/geront/45.6.802</p> <p>Teri, L., Gibbons, L., McCurry, S., Logsdon, R., Buchner, D., & Barlow, W. (2003). Exercise plus behavioral management in patients with Alzheimer disease. <i>JAMA, 290</i>(15), 2015–2022.</p>	<p>IDEA! is a simple three-step strategy designed to assist caregivers with understanding a specific behavior with individualized approaches for addressing it. IDEA! includes (1) Identifying the challenging behavior; (2) Exploring the cause of the behavior; and (3) Adjusting and trying different things to address the cause of the behavior.</p> <p>Delivery Method: In-person or virtual</p> <p>Session Length: Varies</p> <p>Program Length: Ongoing</p>	<p>Website IDEA! Strategy</p> <p>Materials: Caregiver Tip Sheets and Program Facilitator Guides are available at no cost. To request Korean and Vietnamese materials, contact Erin Long (long@acl.hhs.gov).</p> <p>Contact: permission@alzla.org</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – CarePartners (TX) – Omid Multicultural Institute for Development (CA)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Music and Memory®</p> <p>Target Population: People Living with Dementia</p> <p>Original Study Williams, A., Peckham, A., Rudoler, D., Tam, T., & Watkins, J. (2014). <i>Evaluation of the Alzheimer Society of Toronto iPod project: Final report</i>. Balance of Care (BoC) Research & Evaluation Group.</p>	<p>Music and Memory® is a music-based intervention designed to promote cognitive stimulation, elicit positive memories, and reduce behavioral symptoms by playing favorite songs. Using program 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 respond to the questions, 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>Delivery Method: In-person</p> <p>Session Length: Varies</p> <p>Program Length: Ongoing</p>	<p>Website Music and Memory at Home </p> <p>Licensing: Home Certification is \$2,000 and includes unlimited training for staff and volunteers; 1-year membership with email, phone, and peer support access to Music and Memory Care Community website. Monthly support webinars. Renewal is \$200/year.</p> <p>Training: Tablet training offered for \$800 (free for certified organizations).</p> <p>Materials: At Home Kits for participants are \$220 per kit.</p> <p>Contact: info@musicandmemory.org</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Absentee Shawnee Tribe of Oklahoma (OK) – SeniorsPlus (ME) – Wichita & Affiliated Tribes (OK)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Opening Minds through Art (OMA)</p> <p>Target Population: People Living with Dementia</p> <p>Original Study Sauer, P. E., Fopma-Loy, J., Kinney, J. M., & 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>RCI REACH</p> <p>Target Population: Caregivers</p> <p>Grant Project Publication Easom, L., Alston, G., & Latini, N. (2017). Implementing evidence-based interventions: The development of RCI REACH. <i>Generations, ACL Supplement</i>, 96–99.</p>	<p>OMA is an intergenerational art program for people living with dementia where they are paired to work one-on-one with a trained volunteer to create abstract art.</p> <p>Delivery Method: In-person</p> <p>Session Length: 1 hour</p> <p>Program Length: Weekly for approx. 12 weeks</p> <p>RCI REACH provides one-on-one coaching through a network of agency partners. RCI REACH comes with a comprehensive caregiver guide, with caregiver and coach working together to identify areas of challenge and develop sustainable solutions.</p> <p>Delivery Method: In-person or telephone</p> <p>Session Length: In-person = ranges 30-90 minutes Telephone = 30 minutes</p> <p>Program Length: 12 sessions over 6 months</p>	<p>Website Opening Minds through Art ↗</p> <p>Training: \$1,000/person for fully online or hybrid (online and in-person) formats.</p> <p>Materials: OMA Handbook included in training. Additional costs for art supplies.</p> <p>Contact: ScrippsOMA@MiamiOH.edu</p> <p>Website RCI REACH ↗</p> <p>Licensing & Training: \$5,500 includes first year license, initial virtual training for up to four coaches, and consultation for technical assistance; \$750 for each additional trainee. If training at agency site, additional cost of travel expenses for one Master Trainer for 2-night stay. Annual renewal is \$3,000.</p> <p>Materials: Caregiver guide is \$40 each.</p> <p>Contact: info@rosalynncarter.org</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Senior Services, Inc. (NC) – SeniorsPlus (ME) – State of Nevada Aging and Disability Service Division (NV) – The Memorial Hospital at North Conway (NH) <p>Current Grants</p> <p>None.</p>

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>REACH Community (also available as REACH VA)</p> <p>Target Population: Caregivers</p> <p>Original Study Nichols, L., Martindale-Adams, J., Burns, R., Zuber, J., & Graney, M. J. (2016). REACH VA: Moving from translation to system implementation. <i>The Gerontologist</i>, 56(1), 135–144.</p>	<p>REACH Community is based on REACH II, an evidence-based intervention and helps caregivers of people living with dementia respond to behavioral symptoms and manage their own stress. The intervention has four core sessions with the option for additional sessions.</p> <p>Delivery Method: In-person, virtual, or telephone</p> <p>Session Length: 60 minutes</p> <p>Program Length: 2-3 months</p>	<p>Website University of Tennessee Health Science Center/REACH Community</p> <p>Licensing & Training: Organization certification and training is \$3,500 and includes training for up to 12 staff members, certification as Program Coach for 4 to 6 individuals, and consultation services for 1 year. Training for additional individuals is \$500/person. Individual training and certification are \$750 and includes training for up to two staff members, certification for one individual, and consultation services for 1 year.</p> <p>Materials: Caregiver Notebook for the Coach and each Caregiver can be purchased at Amazon for \$19.49/book, but are also included in certification.</p> <p>Contact: Jennifer Martindale-Adams, EdD: jmartindale@uthsc.edu</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Alzheimer’s Greater Los Angeles (CA) – Kentucky Cabinet for Health and Family Services (KY) – The Memorial Hospital at North Conway (NH) – Visiting Homemaker Service, Passaic County (NJ)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Savvy Caregiver Advanced</p> <p>Target Population: Caregivers</p> <p>Original Study Samia, L., O’Sullivan, A., Fallon, K. C., Aboueissa, A., & Hepburn, K. (2018). Building on self-efficacy for experienced family caregivers: The Savvy Advanced Program. <i>The Gerontologist</i>, 59(5), 973-982.</p>	<p>Savvy Caregiver Advanced is 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. Caregivers must have completed Savvy Caregiver prior to the start of this program.</p> <p>Delivery Method: In-person or virtual</p> <p>Session Length: Four 2-hour weekly sessions</p> <p>Program Length: 4 weeks</p>	<p>Website Advanced Program - Savvy Caregiver</p> <p>Licensing: To deliver any Savvy Caregiver program (in-person or virtually), a license to deliver Savvy must be purchased. Purchase information is available at the Savvy Caregiver website.</p> <p>Workshop Licensing Fee is \$199 for 1 Workshop; 5-Workshop Bundle is \$799; 10-Workshop Bundle is \$999.</p> <p>Training: Training is \$599/person after completing Savvy Caregiver Program Foundational Training.</p> <p>Materials: Licensing includes updated program materials (including course videos, presentation slides, and handouts).</p> <p>Contact: info@savvycaregiver.com</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Alzheimer’s Family Caregiver Support Center, Inc. (MA)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Savvy Caregiver Express</p> <p>Target Population: Caregivers</p> <p>Original Study: 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.</p>	<p>Savvy Caregiver Express is a condensed version of the original Savvy Caregiver Program, an evidence-based intervention. The program 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.</p> <p>Delivery Method: In-person or virtual</p> <p>Session Length: Three 2-hour weekly sessions</p> <p>Program Length: 3 weeks</p>	<p>Website 3-Week Express Program – Savvy Caregiver</p> <p>Licensing: To deliver any Savvy Caregiver program (in-person or virtually), a license to deliver Savvy must be purchased. Purchase information is available at the Savvy Caregiver website.</p> <p>Workshop Licensing Fee is \$199 for 1 Workshop; 5-Workshop Bundle is \$799; 10-Workshop Bundle is \$999.</p> <p>Training: Training is \$599/person after completing Savvy Caregiver Program Foundational Training.</p> <p>Materials: Licensing includes updated program materials (including course videos, presentation slides, and handouts).</p> <p>Contact: info@savvycaregiver.com</p>	<p>Current Grants</p> <p>– OPICA Adult Day Program & Counseling Center Inc. (CA)</p>

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Savvy Caregiver in Indian Country</p> <p>Target Population: Caregivers</p> <p>Original Study 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, 33</i>(3), 30–36.</p>	<p>Savvy Caregiver in Indian Country is based on Savvy Caregiver Program, an evidence-based intervention. It 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>Delivery Method: In-person</p> <p>Session Length: Six 2-hour weekly sessions</p> <p>Program Length: 6 weeks</p>	<p>Website National Indian Council on Aging/Savvy Caregiver in Indian Country ↗</p> <p>Licensing, Training, & Materials: Trainer’s manual is available on the website at no cost.</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Absentee Shawnee Tribe of Oklahoma (OK) – Great Lakes Inter-Tribal Council, Inc. (WI) – Spirit Lake Tribe (ND)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>TimeSlips™</p> <p>Target Population: People Living with Dementia</p> <p>Original Study Fritsch, T., Kwak, J., Grant, S., Lang, J., Montgomery, R., & Basting, A. (2009). Impact of TimeSlips, a creative expression intervention program, on nursing home residents with dementia and their caregivers. <i>The Gerontologist</i>, 49(1), 117–127.</p>	<p>TimeSlips™ is a structured group intervention, led by trained facilitators, to encourage people living with dementia to use creativity and imagination to create a story that can be shared with fellow participants and family members.</p> <p>Delivery Method: In-person</p> <p>Session Length: Weekly for 60 minutes</p> <p>Program Length: 10 weeks</p>	<p>Website TimeSlips.org</p> <p>Licensing: Individual all-access annual membership is \$350 and provides online training and certification, and consultation with a TimeSlips Program staff member. Organization basic annual membership is \$2,500/year and includes up to six individual certifications. Organization all access membership is \$5,000/year and includes up to 12 individual certifications.</p> <p>Training: Training is online and includes six modules that take approximately 2.5 hours to complete. You are then assigned a Certified Trainer to work with you through practice sessions and self-evaluation.</p> <p>Materials: Access to the creativity center, newsletters, and special professional development and webinars included in membership.</p> <p>Contact: https://www.timeslips.org/contact-us/</p>	<p>Current Grants – Durham Center for Senior Life (NC)</p>

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Evidence-Informed Intervention	Description of Intervention	Licensing, and Materials Information	ACL Grants Implementing the Intervention
<p>Unidos en el cuidado</p> <p>Target Population: Caregivers</p>	<p>Unidos en el cuidado is a culturally adapted intervention based on the Savvy Caregiver program, an evidence-based intervention focused on training family caregivers about the basic knowledge, skills, and attitudes needed to care for a family member with dementia.</p> <p>Delivery Method: In-person is preferable; however, there is a virtual option available.</p> <p>Session Length: Generally, 2 hours</p> <p>Program Length: Three sessions</p>	<p>Website https://www.alzheimersla.org/</p> <p>Prerequisite: Completion of the Savvy Caregiver Program training through Savvy Systems, LLC. This training is only offered in English.</p> <p>Licensing: To deliver any Savvy Caregiver program (in-person or virtually), a license to deliver Savvy must be purchased. Purchase information is available at the Savvy Caregiver website.</p> <p>Training: Cost is \$3,000 for up to two agency staff and includes: <ul style="list-style-type: none"> – Observation of three-part class online. – 1-2 hours of video consultation with the trainer related to delivery. </p> <p>Materials: Client and facilitator manuals for reproduction included in training.</p> <p>Contact: permission@alzla.org</p>	<p>Current Grants</p> <ul style="list-style-type: none"> – Alzheimer’s Greater Los Angeles (CA)

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

The Administration for Community Living (ACL) 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. A separate document with these questions is available at <https://nadrc.acl.gov/details?search1=20210126080816>

Additionally, 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

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evidence-informed interventions?

- a. Do you have support for delivery of the intervention and 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?
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 cost, 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, hardcopy or electronic files?
 - b. Are there limits on the number of trainer materials that can be accessed?

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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?
 - b. Is in-person training available?
 - i. If so, what is the cost, and how many people can be trained during an in-person session?
 - c. 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?
 - d. Is online training available?
 - i. If so, what is the per person cost for online training?
 - ii. Do they have a way to monitor progress and completion of modules?
 - e. Is refresher training available?
 - f. 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?

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- 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?
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 startup 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?

Appendix B: Previous Grantees

The organizations and government entities currently implementing evidence-based or evidence-informed interventions are included in the table. This appendix identifies the organizations and government entities that previously implemented the interventions with AoA funding.

Evidence-Based Interventions

- Adult Day Services (ADS) Plus
 - Southern Maine Agency on Aging (ME)
- BRI Care Consultation™
 - Aging and Disability, Tennessee Commission on Aging (TN)
 - Alzheimer’s and Dementia Care Services of Northwestern Ohio (OH)
 - Baker Ripley (TX)
 - Center for Excellence in Aging and Geriatric Health (VA)
 - Georgia Department of Human Services, Division of Aging (GA)
 - Houston’s Amazing Place (TX)
 - Neighborhood Centers Inc. (TX)
 - Nevada Aging and Disability Service Division (NV)
 - New York State, Office for the Aging (NY)
 - Ohio Department of Aging (OH)
 - Rosalynn Carter Institute for Caregiving (GA)
 - Sheridan Senior Center (WY)
 - Tennessee Commission on Aging & Disability (TN)
 - 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
 - Nevada Aging and Disability Service Division (NV)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

- Nevada Senior Services (NV)
- Care Ecosystem
 - Southeast Tennessee Development District (TN)
 - New Mexico Aging and Long-Term Services Department (NM)
 - University of California San Francisco (CA)
- Care of Persons with Dementia in Their Environment (COPE)
 - LiveWell Alliance (CT)
 - Memory Care Home Solutions (MO)
 - Orange County Department on Aging (NC)
 - WellMed Charitable Foundation (TX)
- Care Transitions Intervention® (“Coleman Model”)
 - Idaho Commission on Aging (ID)
 - Office of Elder Services, Maine DHHS (ME)
- HomeMeds™
 - Baker Ripley (TX)
 - United Way of Tarrant County (TX)
- New Ways for Better Days: Tailoring Activities for Persons with Dementia and Caregivers (previously called Tailored Activities Program or TAP)
 - Chinese American Service League (IL)
 - Kentucky Cabinet for Health and Family Service (KY)
 - Orange County Department on Aging (NC)
- New York University Caregiver Intervention (NYUCI)
 - California Department of Aging (CA)
 - Florida Department of Elder Affairs (FL)
 - Jewish Family & 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)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

- Powerful Tools for Caregivers
 - Alzheimer’s and Dementia Alliance of Wisconsin (WI)
 - Georgia Department of Human Services, Division on Aging (GA)
 - Idaho Commission on Aging (ID)
 - Maryland Department of Aging (MD)
 - Oregon Department of Human Services (OR)
 - Rhode Island Division of Elderly Affairs (RI)
 - United Way of Tarrant County (TX)
 - University of Wisconsin (WI)
 - Volunteers of America Minnesota (MN)
- REACH II
 - 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)
- REACH TX
 - Bluegrass Care Navigators (KY)
- Reducing Disability in Alzheimer’s Disease (RDAD)
 - Collabria Care (CA)
 - Ohio Department of Aging (OH)
 - University of Kansas Medical Center Research Institute (KS)
- Savvy Caregiver Program™
 - AltaMed Health Services (CA)
 - Alzheimer’s Los Angeles (CA)
 - California Department of Aging (CA)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

- Capital Region Geriatric Center (NY)
- City of Chicago (IL)
- County of Ventura Area Agency on Aging (CA)
- DE Department of Health and Social Services (DE)
- District of Columbia Department of Aging and Community Living (DC)
- Easterseals of New Hampshire (NH)
- Hawaii Department of Health (HI)
- Houston's Amazing Place (TX)
- Illinois Department of Aging (IL)
- Jewish Family Service Association of Cleveland (OH)
- Lehigh Valley Hospital (PA)
- Lower Cape Fear Hospice (NC)
- MAC Incorporated (MD)
- Massachusetts Executive Office of Elder Affairs (MA)
- Michigan Department of Community Health (MI)
- Motion Picture and Television Fund (CA)
- Office of Elder Services (ME)
- Ohio Department of Aging (OH)
- 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)
- Wisconsin Department of Health Services (WI)
- WISE and Healthy Aging (CA)
- Skills2Care®
 - LiveWell Alliance (CT)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

- New Jersey Department of Health and Senior Services (NJ)
- STAR Caregivers (STAR-C)
 - Collabria Care (CA)
 - 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)
- Stress-busting Program for Caregivers™
 - Illinois Department on Aging (IL)
 - Texas Department of Aging and Disability Services (TX)
 - United Way of Tarrant County (TX)
- Support Health Activities Resources Education (SHARE)
 - Easterseals New Hampshire (NH)
 - Sheridan Senior Center (WY)
 - The Hub on Smith (WY)
 - University of Wyoming (WY)
- Tailored Caregiver Assessment and Referral™
 - Alaska Department of Health and Social Services (AK)
 - Georgia Department of Human Services (GA)
 - Georgia Division of Aging Services (GA)
 - Middle Alabama Area Agency on Aging (AL)

Evidence-Informed Interventions

- Building Better Caregivers
 - Maryland Department of Aging (MD)
- Care Partners Reaching Out (CarePRO)
 - Arizona State University (AZ)
 - University of Wyoming (WY)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

- Care Resistant Behavior Model
 - Middle Alabama Area Agency on Aging (AL)
- Coping with Caregiving 2.0
 - Arizona Division of Aging and Adult Services (AZ)
 - Nevada Aging and Disability Services Division (NV)
- Cuidando con Respeto
 - AltaMed Health Services (CA)
 - California Department of Aging (CA)
 - District of Columbia Office on Aging (DC)
 - Motion Picture and Television Fund (CA)
 - United Community Center (WI)
- Dealing with Dementia
 - Georgia Southwestern State University (GA)
- Early-stage Partners in Care (EPIC)
 - Arizona State University (AZ)
 - Nevada Aging and Disability Services Division (NV)
- IDEA!
 - AltaMed Health Services (CA)
 - Alzheimer’s Los Angeles (CA)
 - Alzheimer’s Orange County (CA)
 - Alzheimer’s San Diego (CA)
 - County of San Diego Aging and Independence Services (CA)
 - LTSC Community Development Corporation (CA)
 - Motion Picture and Television Fund (CA)
 - WISE and Healthy Aging (CA)
- Music and Memory®
 - Illinois Department on Aging (IL)
 - Jewish Family Service of San Diego (CA)
 - MaineHealth (ME)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

- Minnesota Board of Aging (MN)
- Ohio Department on Aging (OH)
- Pennsylvania Department on Aging (PA)
- Seven Hills Rhode Island (RI)
- Wisconsin Department of Health Services (WI)
- Opening Minds through Art
 - Illinois Department on Aging (IL)
 - Lutheran Community Services Network (WA)
- RCI REACH
 - Georgia Southwestern State University (GA)
 - Upstate Affiliate Organization, Greenville (SC)
- REACH Community (also available as REACH VA)
 - Catholic Charities Hawaii (HI)
 - Volunteers of America Minnesota (MN)
- REACH into Indian Country
 - Aleutian Pribilof Islands Association (AK)
- Savvy Caregiver Advanced
 - Capital Region Geriatric Center (NY)
- Savvy Caregiver Express
 - AltaMed Health Services (CA)
 - California Department of Aging (CA)
 - Chinese American Service League (IL)
 - Little Tokyo Service Center (CA)
 - Motion Picture and Television Fund (CA)
 - WISE and Healthy Aging (CA)
- Savvy Caregiver in Indian Country
 - Absentee Shawnee Tribe of Oklahoma (OK)
 - Great Lakes Inter-Tribal Council (WI)
 - Spirit Lake Tribe (ND)

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

- Tele Savvy
 - Easterseals New Hampshire (NH)
- TimeSlips™
 - Illinois Department on Aging (IL)
 - Massachusetts Councils on Aging (MA)
 - ONEgeneration (CA)

Appendix C. Grant Project Publications

Several organizations and government entities have published findings from their ACL-funded grant projects. Below is a list of those publications by intervention.

BRI Care Consultation™

Bass, D., Easom, L., Primetica, B., & Holloway, C. (Winter 2015–2016). Reflections on implementing the evidence-based BRI Care Consultation with RCI in Georgia. *Generations*, 39(4), 49–56.

New York University Caregiver Intervention (NYUCI)

Fauth, E. B., Jackson, M. A., Walberg, D., Lee, N. E., Easom, L. R., Alston, G., Ramos, A., Felten, K., LaRue, A., & Mittelman, M. (2017). External validity of the New York University Caregiver Intervention: Key caregiver outcomes across multiple demonstration projects. *Journal of Applied Gerontology*, 38(9), 1253–1281.

Mittelman, M. S. & Bartels, S. J. (2014). Translating research into practice. *Health Affairs*, 33(4), 587–595.

Paone, D. (2014). Using RE-AIM to evaluate implementation of an evidence-based program. *Journal of Gerontological Social Work*, 57(6-7), 602–625.

Walberg, D., Mittelman, M., Paone, D., & Lee, N. (2017). New York University Caregiver Intervention decreases depression and distress. *Generations*, ACL Supplement, 100–106.

REACH II

Altpeter, M., Gwyther, L., Kennedy, S., Patterson, T., & Durrence, K. (2015). From evidence to practice: Using the RE-AIM framework to adapt REACH II caregiver intervention to the community. *Dementia*, 14(1), 104–113.

Reducing Disability in Alzheimer's Disease (RDAD)

Menne, H. L., Bass, D. M., Johnson, J. D., Kearney, K. R., Bollin, S., & Teri, L. (2017). Program components and outcomes of individuals with dementia: Results from the replication of an evidence-based program. *Journal of Applied Gerontology*, 36(5), 537–552.

Menne, H., Bass, D., Johnson, J., Primetica, B., Kearney, K., & Bollin, S. (2014). Statewide implementation of “reducing disability in Alzheimer’s disease”: Impact on family caregiver outcomes. *Journal of Gerontological Social Work, 57*(6-7), 626-639.

Primetica, B., Menne, H. L., Bollin, S., Teri, L., & Molea, M. (2015). Evidence-based program replication: Translational activities, experiences, and challenges. *Journal of Applied Gerontology, 34*(5), 652-670.

Teri, L., McKenzie, G., Logsdon, R., McCurry, S., Bollin, S., Mead, J., & Menne, H. (2012). Translation of two evidence-based programs for training families to improve care of persons with dementia. *The Gerontologist, 52*(4), 452-459.

Savvy Caregiver Program™

Kally, Z., Cote, S., Gonzalez, J., Villarruel, M., Cherry, D., & Howland, S. (2014). The Savvy Caregiver program: Impact of an evidence-based intervention on the well-being of ethnically diverse caregivers. *Journal of Gerontological Social Work, 57*(6-7), 681-693.

Samia, L., Aboueissa, A., Halloran, J., & Hepburn, K. (2014). The Maine Savvy Caregiver project: Translating an evidence-based dementia family caregiver program within the RE-AIM framework. *Journal of Gerontological Social Work, 57*(6-7), 640-661.

Samia, L., Hepburn, K., & Nichols, L. (2012). Flying by the seat of our pants: What dementia family caregivers want in an advanced caregiver training program. *Research in Nursing and Health, 35*(6), 598-609.

Sherman, C., & Steiner, S. (2016). Implementing sustainable evidence-based interventions in the community: A fidelity-focused training framework for the Savvy Caregiver Program. *Journal of Applied Gerontology, 37*(12), 1450-1471.

Steiner, S., & Sherman, C. (2017). The Savvy Caregiver Program: Effective implementation through Michigan’s aging network. *Generations, ACL Supplement, 107-112.*

STAR-Caregivers (STAR-C)

Teri, L., McKenzie, G., Logsdon, R., McCurry, S., Bollin, S., Mead, J., & Menne, H. (2012). Translation of two evidence-based programs for training families to improve care of persons with dementia. *The Gerontologist, 52*(4), 452-459.

Support Health Activities Resources Education (SHARE)

Whitlatch, C. J., Szabo, S. M., Shelton, E. G., & Johnson, J. (2019). The SHARE program for dementia: Implementation of an early-stage dyadic care-planning intervention. *Dementia, 18*(1), 360-370.