VISION: Enhance the quality of life of people living with dementia and their family caregivers through coordination of services and community driven systemic community improvements.

GOAL: Engage Nevada communities, including people living with dementia, their family caregivers, health care professionals and broader community partners/stakeholders, in dialogue about Alzheimer's and related dementias in ways that will foster adoption of evidence based supportive services at the local level. This community engagement will reduce stigma and enable people living with dementia to fully engage within their communities, while also connecting families living with dementia with information, support, and evidence-based services as early as possible through multiple connection points, improving quality of life outcomes.

Objective 1: Begin fostering the development of a 'Dementia-Friendly Nevada' (DFN) by initiating community action groups in seven (7) targeted areas throughout the state, aimed at transforming the culture of dementia in those communities, enabling conversation and participation by all citizens, especially those living with dementia.

Evaluation Measure

1. **Identify and fund at Least 7 piloted Community Action Groups in Rural and Urban areas across Nevada through a Request for Proposal Process.**
2. **Level of engagement - at least four (4) sectors of the community represented in each pilot site.**
3. **At least one individual in each Community Action Group living with Alzheimer's or other form of dementia and/ or care partner.**

Will be updated with finalized Evaluation Plan.

Outcome Measure

1. **Demonstrate increase in level of services in each funded community for Tool Box service programs and/or related dementia services (Adult Day Care, Respite Services, etc.). Source of information (SAMS, Tool Box program participant increase in community).**

Will be updated with finalized Evaluation Plan.

Objective 2: Facilitating/mobilizing community-driven change and decision making for local Community Action Groups (CAG).

Evaluation Measure

1. Demographics of the community for piloted areas (surveys and sector questionnaires).
2. Key Informant Interviews with Community Action Groups-identified sector representatives
3. Focus Groups with key sector stakeholders (multi-sector)
4. Provider organization capacity: Measure: Community-Based Organization Dementia Capability Quality Assurance Assessment Tool

Will be updated with finalized Evaluation Plan.

Outcome Measure

1. TBD - Funded communities will decide on action and establish measures to quantify change.

Will be updated with finalized Evaluation Plan.

Process

- Document collaborative planning process of each Community Action Groups
- Determination of each Community Action Groups set of goals
  - Specific to each Community Action Groups
  - One consistent goal across communities to expand delivery of Nevada Toolbox programs
- Determination of what 'success' looks like to Community Action Groups on each goal (to create measurable outcome)
  - Specific to each Community Action Groups
- Community Action Group Structure and Function Assessment
  - Demographic information from meetings (i.e., number of participants, number of sectors represented, number of individuals living with Alzheimer's at meeting, number of care partners at meeting, frequency of meetings, key topics of discussion). Measure: standard meeting tracking sheet
  - Quality of interaction between Community Action Groups members to facilitate involvement of people living with dementia (e.g., are the members given adequate time to express opinions, are the opinions directly queried, do other group members interrupt, etc.). Measure: Authentic Partnership Approach Assessment Tool

Will be updated with finalized Evaluation Plan.

Impact

- Implementation of goal directed process (actions taken to achieve Community Action Groups goals)
- Measurement of goal success based on Community Action Groups definition of successful intervention (achievement of Community Action Groups goals)

Will be updated with finalized Evaluation Plan.

Objective 3: Enhance the reach and spread of Nevada's Tool Box of available programs by making available for community action groups referring clients into existing Tool Box of Nevada's Evidence-based care programs.

Evaluation Measure

1. Each CAG will be expected to work to introduce or expand the toolkit (Tier 1) programs in their community as appropriate. Quantify referrals into Tool Box of Service - at least five (5) individuals each year from each pilot site referred into "Tool Box" programs for a total of 85 (Year 1: 3 x 5; Year 2: 7 x 5; Year 3: 7 x 5).
   - Measure: Ensure Program providers ask if they are part of the Dementia Friendly Community and which one.
2. Each Community Action Groups will host opportunities (Community Action Groups meetings and community events) for community members and sector stakeholders to learn about the availability (or plans to initiate) programs from the toolkit.
   - Pre-post program/resource awareness surveys will be implemented at community events.

Will be updated with finalized Evaluation Plan.

Outcome Measure

1. Pre and Post Survey: Increase percentage of referrals and Tool Box program participants from each Community Action Groups community. Source of information (SAMS, ADRC Tracking).
   Measure Activities: Ensure Program providers ask if they are part of the Dementia Friendly Community and which one.

Will be updated with finalized Evaluation Plan.

Availability/ Awareness

- o Tier 1: (evidence-based programs) CarePRO, EPIC, BRI Care Consultation
- o Tier 2: Alzheimer' s Association Core Services and other dementia service providers
  - Each Community Action Groups will state a community-specific goal to expand the use of these programs, based on their current service-delivery landscape. Measure: Pre-Intervention Community Profile.

Will be updated with finalized Evaluation Plan.

Toolkit Impact

- o Annual Report on reach of Alzheimer's support programs to demonstrate both statewide and community-specific growth in program participation, with emphasis on the evidence-based programs.
- o Program-specific evaluation (pre-post surveys) for toolbox programs (CarePRO, EPIC, BRI-RCI-CC) to be conducted by implementing organizations (currently underway)
  - o Evaluators will provide support to implementing organizations as needed, and will compile all program-specific reports.

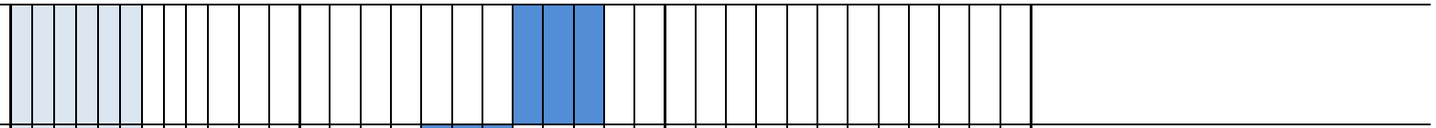
Will be updated with finalized Evaluation Plan.

Focus Areas

1) Provision of effective supportive services to persons living alone with ADRD in the community;
2) Provision of effective care/supportive services to persons living with moderate to severe impairment from ADRD and their caregiver;
3) Improvement of the quality and effectiveness of programs and services dedicated to individuals aging with intellectual and developmental disabilities with ADRD or those at high risk of developing ADRD;
4) Delivery of behavioral symptom management training and expert consultation for family caregivers.

			YEAR 1											YEAR 2												YEAR 3												
	Project Period/Month		*September 30, 2016-September 29, 2017*											*September 30, 2017-September 29, 2018*												*September 30, 2018-September 29, 2019*												
Major Objective	**Key Tasks**	**Responsibility**	***1***	***2***	***3***	***4***	***5***	***6***	***7***	***8***	***9***	***10***	***11***	***12***	***13***	***14***	***15***	***16***	***17***	***18***	***19***	***20***	***21***	***22***	***23***	***24***	***25***	***26***	***27***	***28***	***29***	***30***	***31***	***32***	***33***	***34***	***35***	***36***	**STATUS (DATE) / NOTES**
1. (ADMIN) Grants Administration	State requirements to accept federal funding Interim Finance Committee.	ADSD - Fiscal																																					Completed - December 15, 2016
2. (ADMIN) Grant Management	Agency Requirements for grants administration: Creation of tracking, organization of staff; stakeholder and partner discussion, and program coordination.	ADSD PM																																					Completed - December 2016. Will readdress as needed.
3. (ADMIN) Planning Phase 1 – Develop Planning and Implementation Team	a. Organize Key Stakeholders (Schedule of meetings - full group, partner teams, etc.) b. Conduct program assets and inventory assessments/ capacity (Identify existing tools, and knowledge to identify how to improve and expand). c. Developing Implementation Timeline (Develop timelines and activity rollout with Program Partners) d. Review and Finalize Work Plan for Project Rollout	ADSD Contractor/ Program Partners																																					Dementia Capability Assessment Completed - February 18, 2017. Will review and readdress as needed.
3a. (ADMIN) Implementation Timeline/ Update Work Plan	a. Update work plan with Planning Team and Program Partners. (Finalize Work Plan and Activity Timelines with Program Partners) B. Work with ACL and RTI to finalize Updated Work plan as Needed.	ADSD PM																																					Continuing. Finalize July 2017.

4. (ADMIN) Planning Phase 2 – Stakeholders and Partnerships	a. Develop and Establish Protocols for partnerships, Memorandums of Understanding, data sharing agreements, etc. (Sub awards and Special Conditions, Data Collection Methods) b. Identify community assets and community needs	All		Mostly complete. Nevada partners sub awards are distributed. Pending - Sub award for Technical Assistance from N4A Dementia Friendly America.
5. (Objective 1, 2, 3) Planning Phase 3 – Action, Evaluation, and Implementation: long term care paradigms	a. Develop Detailed Timeline for key deliverables.	All		Continuing: 1. Eval Team - timeline, deliverables, and outline 2. Project Team: Service inclusion with Dementia Friendly. 3. All - Data collection and tracking.
5a. (ADMIN/ Objective 3) Identify Level of Service	a. Identify and commit with partners level of services, ensure direct service requirements and meeting four focus area targets.	ADSD PM/ Program Partners		Completed - added to Work Plan Level of Detail and Project Planning. Will Re-address as needed - Simi- Annually.
5b. (Objective 1, 2, 3) Progress Review	a. Review progress, commitments, and deliverables: direct service requirements, focus area, service delivery.	ADSD PM/ Program Partners		
5c. (Objective 1, 2, 3) Contractor - Grant Coordinator	a. Recruit and hire contractor to support dementia friendly communities and grant administration. Considerations for Southern and Northern Communities.	ADSD		Completed - North and South
6. (Objective 1) Connect Dementia Friendly Nevada Grant with Dementia Friendly Nevada Workgroups. Workgroup will assist with, and guide dementia friendly action teams, assisting in establishing methodology to select communities and making recommendations on communities to target.	a. Connect Partners and Teams to Dementia Friendly Nevada Workgroup b. Develop Roles, and Methodologies for partnering. c. Schedule Meeting Timeframes and Deliverables d. Reassess as needed to accommodate growth of Nevada Dementia Friendly Initiatives and grant objectives	ADSD PM/ Program Partners		
7. (Objective 1) Pilot three (3) DFN Community Sites, engaged with community action groups.	a. Establish community action group to include representatives from at least four (4) relevant sectors and persons living with dementia and their family care partners. b. community action group will identify and launch at least two (2) local activities to promote a dementia friendly community. c. A resource packet will be developed by the Alzheimer's Association chapter and ADSD for participants in early engagement activities. d. Cleveland Clinic Nevada, collaborating with the work group and established partners and community action groups, will develop training and resource material along with outreach material in support of the DFN	ADSD, (Participation and feedback from All)		c. Resource Packet is being utilized but it still undergoing finalization then will be used at each funded community.
7a. (Objective 1) Request for Proposals	a. Develop Request for Proposals. Publish in local Newspapers, post on the Division and Task Force on Alzheimer's Disease Web Page, and email current community partners. b. Work Group to review proposals and help select 3 communities to develop Dementia Friendly Activities.	ADSD		
7b. (Objective 3) Refer into Nevada Tool box of Service	a. Identify commitment to refer into Tool Box of Service. Five people each year from the pilot sites will be referred into the Nevada Tool Box of Services - 85 individuals referred into the tool Box of Services for this project (Year 1: 3 x 5 = 15; Year 2: 7 x 5 = 35; Year 3: 7 x 5 = 35).	DFN Communities		

8. (Objective 1) Pilot four (4) DFN Community Sites, engaged with community action groups.	a. Establish community action group to include representatives from at least four (4) relevant sectors and persons living with dementia and their family care partners. b. community action group will identify and launch at least two (2) local activities to promote a dementia friendly community.	UNR Jennifer Carson, Ph.D	
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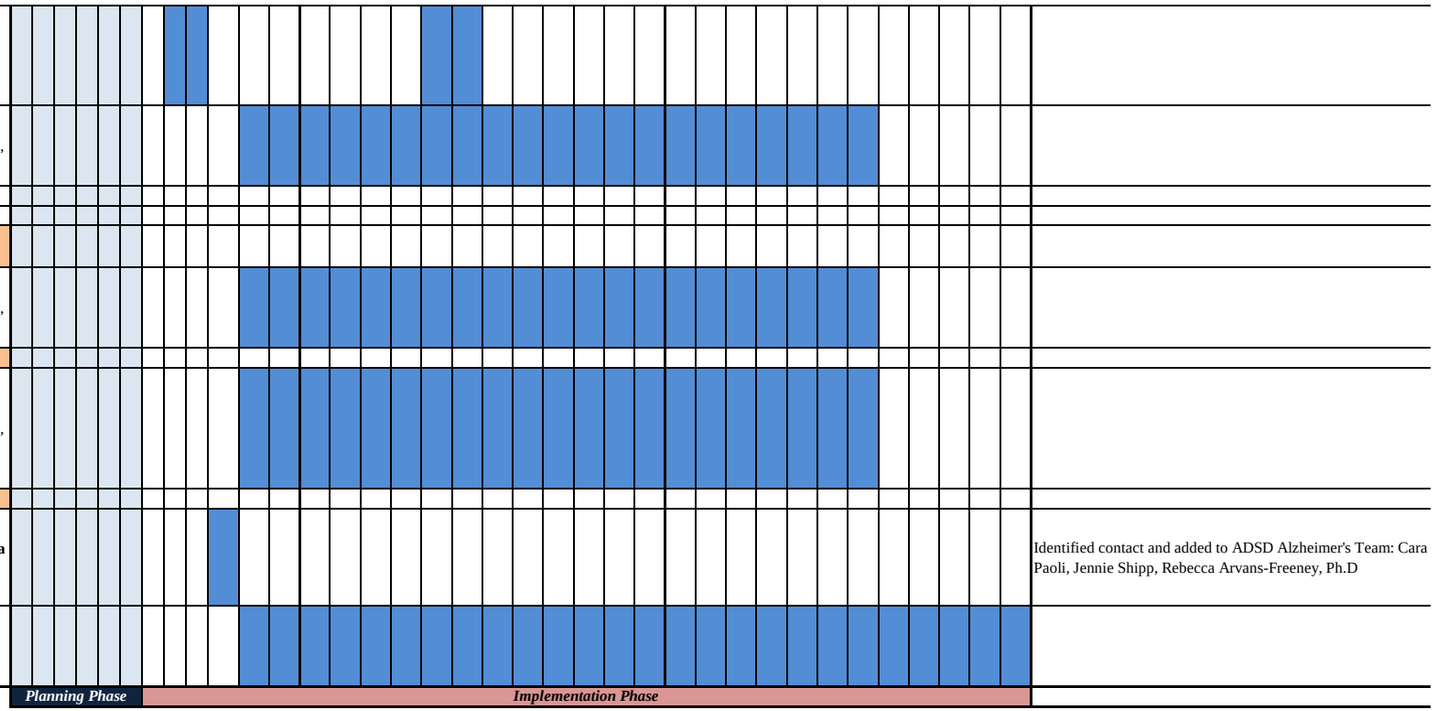
9. (Objective 1 and 2) Continue and expand collaborative efforts related to the established DFN Community sites.	a. Work with Dementia Friendly Communities to enhance collaboration, document outcomes, and ensure sustainability.	UNR Jennifer Carson, Ph.D	
10. (Objective 1) Develop dementia-specific education materials for physicians in Year 1.	a. Develop dementia-specific education materials for physicians b. Develop comprehensive marketing plans using a variety of media	Workgroup, CCLRCBH, Partners	
11. (Objective 1, 2, 3) Project Evaluation	a. Report/ Evaluation Milestones (Status update with Partners, Data Collection and Develop report details b. Establish Evaluation and program milestones for measurements	UNR SCA	
11a. (Objective 1, 2, 3) Evaluation Plan	a. Developed detailed Evaluation Plan with Program Partner b. UNR SCA Project Narrative/ Budget from Sub Grant will detail plan	ADSD/ UNR SCA	
11b. (Objective 1, 2, 3) Evaluation Plan	a. Data Collection	UNR SCA	
11c. (Objective 1, 2, 3) Evaluation Plan	a. Documentation	UNR SCA/ Jennifer Carson, Ph.D	
11d. (Objective 1, 2, 3) Evaluation Plan	a. Program Specific Evaluation (Pre and Post Surveys)	UNR SCA	
11e. (Objective 1, 2, 3) Evaluation Plan	a. Tool Kit Impact and Annual Report	UNR SCA	
12. (ADMIN) Ongoing Project Management	a. Semi Annual Reports b. Assess Project Timelines and Deliverables. c. Identify ongoing actions and future planning.	ADSD	
13. ((Objective 1, 2, 3) Project Dissemination	a. Activity Collection from Partners b. Post Reports and Project outcomes Progress c. Internal Partner Review for Dissemination	ADSD, All Partners	
Provision of effective supportive services to persons living alone with ADRD in the community.			
14. (Objective 1) Identify Targeted Communities to implement the 3 Pilot Dementia Friendly Nevada Sites.	a. Establish criteria and data sets to identify and target communities for Dementia Friendly initiative. b. Target to priority target populations, and need, including those isolated or living alone.	ADSD, Workgroups, UNR Dr. Carson.	
14.1 - (Objective 3) Refer into Tool Box of Services	c. See 7 b. ... refer into Tool Box of Service. Five people each year from the pilot sites will be referred into the Nevada Tool Box of Services	DF Communities	

15. (Objective 1, 2)Establish Community Action Teams	a. Connect with existing established Teams - set up collaborative, and tool box of supports. Tie into Proposal RFP Timeframes. b. Assist communities not funded to improve capacity for next funding - As needed and throughout.	UNR Jennifer Carson, Ph.D		
16. (Objective 3)Evidence-Based Expansion	a. Program Development and Delivery b. EB Program Expansion – Tool Box, Address Living Alone (RCI, Others) c. Develop community Support, DFN to address	Alz. Ass (both Chapters); NSS, CCLRCBH		
Provision of effective care/supportive services to persons living with moderate to severe impairment from ADRD and their caregiver;				
17. (Objective 3) Evidence-Based Expansion	a. Program Development and Delivery b. EB Program Expansion – Tool Box, more intensive program Tool Box (CarePRO, RCI, Reach, etc.) c. Develop community Support, DFN to address	Alz. Ass (both Chapters); NSS, CCLRCBH		
Delivery of behavioral symptom management training and expert consultation for family caregivers.				
18. (Objective 3)Evidence-Based Expansion	a. Program Development and Delivery - Behavioral Symptom Management through Nevada tool Box Programs b. EB Program Expansion – Tool Box, Address Living Alone (RCI, Others) c. Develop community Support, DFN to address	Alz. Ass (both Chapters); NSS, CCLRCBH		
Improvement of the quality and effectiveness of programs and services dedicated to individuals aging with intellectual and				
19. (Objective 1, 2, 3) Connect with ADSD Developmental Services	**a. Ensure ADSD Developmental Services inclusion in Dementia Friendly Activities** **b. Identify services and referral mechanism for service provisions.** **C. Identify tools and bring to Nevada.**	**ADSD: Rebecca Arvans, Ph.D**		Identified contact and added to ADSD Alzheimer's Team: Cara Paoli, Jennie Shipp, Rebecca Arvans-Freeney, Ph.D
19.1 (Objective 1, 2, 3) Dementia Friendly Nevada	a. Integrate into ADSD Services through Dementia Friendly Activities (Older American Act Programs, State Funded Programs, ADSD Units, No Wrong Door/ ADRC, and Developmental Services.	ADSD PM.		
			Planning Phase	***Implementation Phase***



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1. **Identify and fund at Least 7 piloted Community Action Groups in Rural and Urban areas across Nevada through a Request for Proposal Process.**
2. **Level of engagement - at least four (4) sectors of the community represented in each pilot site.**
3. **At least one individual in each Community Action Group living with Alzheimer's or other form of dementia and/ or care partner.**

Outcome Measure

1. **Demonstrate increase in level of services in each funded community for Tool Box service programs and/or related dementia services (Adult Day Care, Respite Services, etc.). Source of information (SAMS, Tool Box program participant increase in community).**

Objective 2: Facilitating/mobilizing community-driven change and decision making for local Community Action Groups (CAG).

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1. Demographics of the community for piloted areas (surveys and sector questionnaires).
2. Key Informant Interviews with Community Action Groups-identified sector representatives
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1. TBD - Funded communities will decide on action and establish measures to quantify change.

Process

- Document collaborative planning process of each Community Action Groups
- Determination of each Community Action Groups set of goals
  - o Specific to each Community Action Groups
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Impact

- o Implementation of goal directed process (actions taken to achieve Community Action Groups goals)
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1. Pre and Post Survey: Increase percentage of referrals and Tool Box program participants from each Community Action Groups community. Source of information (SAMS, ADRC Tracking).
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Focus Areas

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7a. (Objective 1) Request for Proposals	a. Develop Request for Proposals. Publish in local Newspapers, post on the Division and Task Force on Alzheimer's Disease Web Page, and email current community partners. b. Work Group to review proposals and help select 3 communities to develop Dementia Friendly Activities.	ADSD	
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9. (Objective 1 and 2) Continue and expand collaborative efforts related to the established DFN Community sites.	a. Work with Dementia Friendly Communities to enhance collaboration, document outcomes, and ensure sustainability.	UNR Jennifer Carson, Ph.D	
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12. (ADMIN) Ongoing Project Management	a. Semi Annual Reports b. Assess Project Timelines and Deliverables. c. Identify ongoing actions and future planning.	ADSD	
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14.1 - (Objective 3) Refer into Tool Box of Services	c. See 7 b. ... refer into Tool Box of Service. Five people each year from the pilot sites will be referred into the Nevada Tool Box of Services	DF Communities	
15. (Objective 1, 2)Establish Community Action Teams	a. Connect with existing established Teams - set up collaborative, and tool box of supports. Tie into Proposal RFP Timeframes. b. Assist communities not funded to improve capacity for next funding - As needed and throughout.	UNR Jennifer Carson, Ph.D	
16. (Objective 3)Evidence-Based Expansion	a. Program Development and Delivery b. EB Program Expansion – Tool Box, Address Living Alone (RCI, Others) c. Develop community Support, DFN to address	Alz. Ass (both Chapters); NSS, CCLRCBH	
Provision of effective care/supportive services to persons living with moderate to severe impairment from ADRD and their caregiver;			
17. (Objective 3) Evidence-Based Expansion	a. Program Development and Delivery b. EB Program Expansion – Tool Box, more intensive program Tool Box (CarePRO, RCI, Reach, etc.) c. Develop community Support, DFN to address	Alz. Ass (both Chapters); NSS, CCLRCBH	
Delivery of behavioral symptom management training and expert consultation for family caregivers.			
18. (Objective 3)Evidence-Based Expansion	a. Program Development and Delivery - Behavioral Symptom Management through Nevada tool Box Programs b. EB Program Expansion – Tool Box, Address Living Alone (RCI, Others) c. Develop community Support, DFN to address	Alz. Ass (both Chapters); NSS, CCLRCBH	
Improvement of the quality and effectiveness of programs and services dedicated to individuals aging with intellectual and			
19. (Objective 1, 2, 3) Connect with ADSD Developmental Services	**a. Ensure ADSD Developmental Services inclusion in Dementia Friendly Activities** **b. Identify services and referral mechanism for service provisions.** **C. Identify tools and bring to Nevada.**	**ADSD: Rebecca Arvans, Ph.D**	Identified contact and added to ADSD Alzheimer's Team: Cara Paoli, Jennie Shipp, Rebecca Arvans-Freeney, Ph.D

19.1 (Objective 1, 2, 3) Dementia Friendly Nevada	a. Integrate into ADSD Services through Dementia Friendly Activities (Older American Act Programs, State Funded Programs, ADSD Units, No Wrong Door/ ADRC, and Developmental Services.	ADSD PM.		
			Planning Phase	***Implementation Phase***

VISION: Enhance the quality of life of people living with dementia and their family caregivers through coordination of services and community driven systemic community improvements.

GOAL: Engage Nevada communities, including people living with dementia, their family caregivers, health care professionals and broader community partners/stakeholders, in dialogue about Alzheimer's and related dementias in ways that will foster adoption of evidence based supportive services at the local level. This community engagement will reduce stigma and enable people living with dementia to fully engage within their communities, while also connecting families living with dementia with information, support, and evidence-based services as early as possible through multiple connection points, improving quality of life outcomes.

Objective 1: Begin fostering the development of a 'Dementia-Friendly Nevada' (DFN) by initiating community action groups in seven (7) targeted areas throughout the state, aimed at transforming the culture of dementia in those communities, enabling conversation and participation by all citizens, especially those living with dementia.
Objective 2: Facilitating/mobilizing community-driven change and decision making for local Community Action Groups.
Objective 3: Enhance the reach and spread of Nevada's Tool Box of available programs by making available for community action groups referring clients into existing Tool Box of Nevada's Evidence-based care programs.

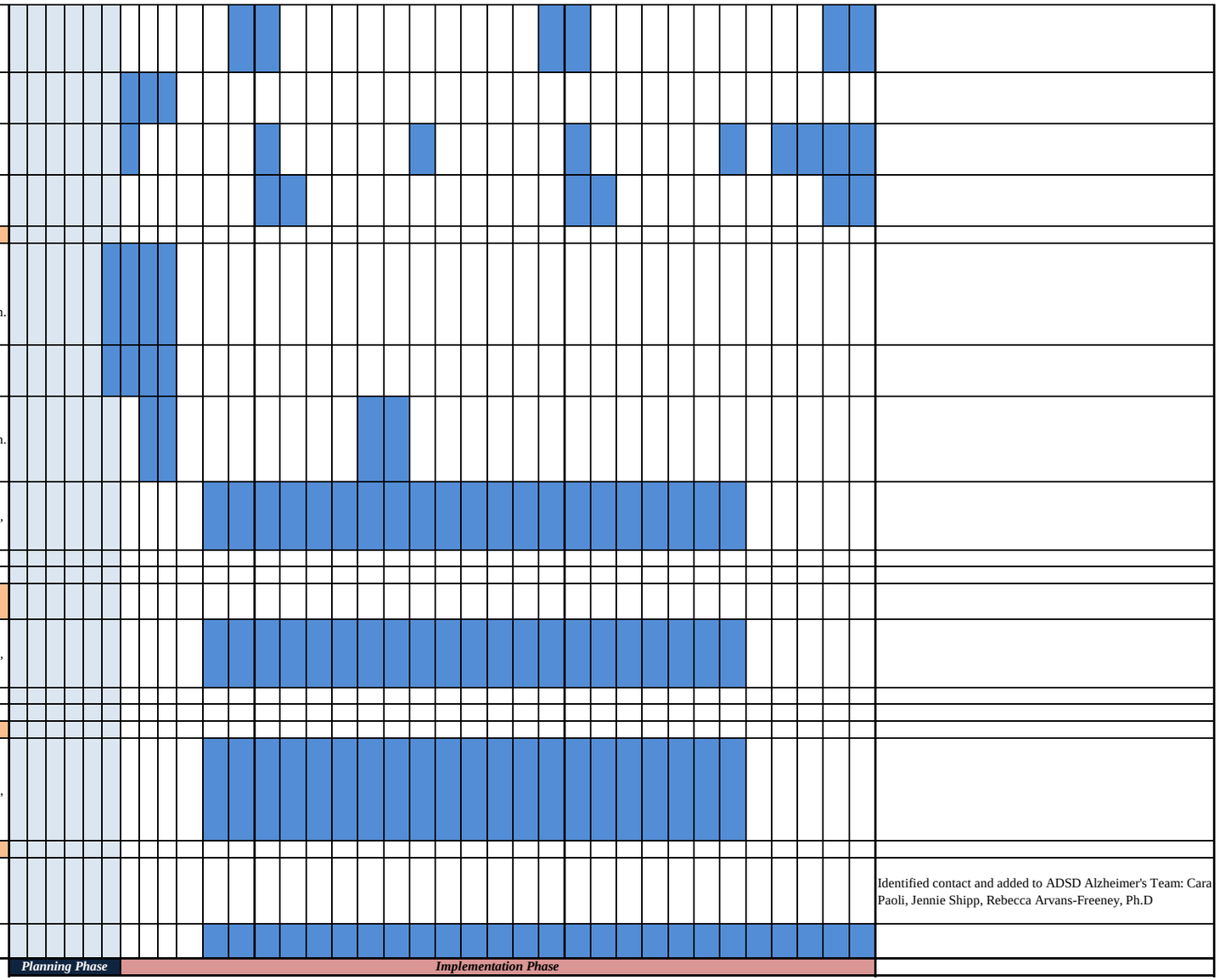
Focus Areas

1) Provision of effective supportive services to persons living alone with ADRD in the community;
2) Provision of effective care/supportive services to persons living with moderate to severe impairment from ADRD and their caregiver;
3) Improvement of the quality and effectiveness of programs and services dedicated to individuals aging with intellectual and developmental disabilities with ADRD or those at high risk of developing ADRD;
4) Delivery of behavioral symptom management training and expert consultation for family caregivers.

			YEAR 1												YEAR 2												YEAR 3												
	Project Period/Month		September 30, 2016-September 29, 2017												September 30, 2017-September 29, 2018												September 30, 2018-September 29, 2019												
Major Objective	Key Tasks	Responsibility	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	STATUS (DATE) / NOTES
1. Grants Administration	State requirements to accept federal funding Interim Finance Committee.	ADSD - Fiscal																																					Completed - December 15, 2016
2. Grant Management	Agency Requirements for grants administration: Creation of tracking, organization of staff; stakeholder and partner discussion, and program coordination.	ADSD PM																																					Completed - December 2016. Will readdress as needed.
3. Planning Phase 1 – Develop Planning and Implementation Team	a. Organize Key Stakeholders b. Conduct program assets and inventory assessments/ capacity c. Developing Implementation Timeline d. Review and Finalize Work Plan for Project Rollout	ADSD PM/ Program Partners																																					Dementia Capability Assessment Completed - February 18, 2017. Will review and readdress as needed.
3a. Implementation Timeline/ Update Work Plan	a. Update work plan with Planning Team and Program Partners. B. Work with ACL and RTI to finalize Updated Work plan as Needed.	ADSD PM																																					
4. Planning Phase 2 – Stakeholders and Partnerships	a. Develop and Establish Protocols for partnerships, Memorandums of Understanding, data sharing agreements, etc. b. Identify community assets and community needs	All																																					Mostly complete. Nevada partners sub awards are distributed. Pending - Sub award for Technical Assistance from N4A Dementia Friendly America.
5. Planning Phase 3 – Action, Evaluation, and Implementation: long term care paradigms	a. Develop Detailed Timeline for key deliverables.	All																																					
5a. Identify Level of Service	a. Identify and commit with partners level of services, ensure direct service requirements and meeting four focus area targets.	ADSD PM/ Program Partners																																					Completed - added to Work Plan Level of Detail and Project Planning. Will Re-address as needed - Simi- Annually.
5b. Progress Review	a. Review progress, commitments, and deliverables: direct service requirements, focus area, service delivery.	ADSD PM/ Program Partners																																					
5c. Contractor - Grant Coordinator	a. Recruit and hire contractor to support dementia friendly communities and grant administration. Considerations for Southern and Northern Communities.	ADSD																																					

6. Connect Dementia Friendly Nevada Grant with Dementia Friendly Nevada Workgroups. Workgroup will assist with, and guide dementia friendly action teams, assisting in establishing methodology to select communities and making recommendations on communities to target.	a. Connect Partners and Teams to Dementia Friendly Nevada Workgroup b. Develop Roles, and Methodologies for partnering. c. Schedule Meeting Timeframes and Deliverables d. Reassess as needed to accommodate growth of Nevada Dementia Friendly Initiatives and grant objectives	ADSD PM/ Program Partners	
7. Pilot three (3) DFN Community Sites, engaged with community action groups.	a. Establish community action group to include representatives from at least four (4) relevant sectors and persons living with dementia and their family care partners. b. community action group will identify and launch at least two (2) local activities to promote a dementia friendly community. c. **A resource packet will be developed by the Alzheimer's Association chapter and ADSD for participants in early engagement activities.** d. **Cleveland Clinic Nevada, collaborating with the work group and established partners and community action groups, will develop training and resource material along with outreach material in support of the DFN**	ADSD, All	
7a. Request for Proposals	a. Develop Request for Proposals. Publish in local Newspapers, post on the Division and Task Force on Alzheimer's Disease Web Page, and email current community partners. b. Work Group to review proposals and help select 3 communities to develop Dementia Friendly Activities.	ADSD	
7b. Refer into Nevada Tool box of Service	a. Identify commitment to refer into Tool Box of Service. Five people each year from the pilot sites will be referred into the Nevada Tool Box of Services - 85 individuals referred into the tool Box of Services for this project (Year 1: 3 x 5 = 15; Year 2: 7 x 5 = 35; Year 3: 7 x 5 = 35).	DFNV Communities	
8. Pilot four (4) DFN Community Sites, engaged with community action groups.	a. Establish community action group to include representatives from at least four (4) relevant sectors and persons living with dementia and their family care partners. b. community action group will identify and launch at least two (2) local activities to promote a dementia friendly community.	UNR Dr. Carson.	
8a. Request for Proposals	a. Develop Request for Proposals. Publish in local Newspapers, post on the Division and Task Force on Alzheimer's Disease Web Page, and email current community partners. b. Work Group to review proposals and help select 3 communities to develop Dementia Friendly Activities.	ADSD	
8b. Refer into Nevada Tool box of Service	a. Identify commitment to refer into Tool Box of Service. Five people each year from the pilot sites will be referred into the Nevada Tool Box of Services - 85 individuals referred into the tool Box of Services for this project (Year 1: 3 x 5 = 15; Year 2: 7 x 5 = 35; Year 3: 7 x 5 = 35).	DFNV Communities	
9. Continue and expand collaborative efforts related to the established DFN Community sites.	a. Work with Dementia Friendly Communities to enhance collaboration, document outcomes, and ensure sustainability.	UNR Dr. Carson.	
10. Develop dementia-specific education materials for physicians by March 2017.	a. Develop dementia-specific education materials for physicians b. Develop comprehensive marketing plans using a variety of media	Workgroup, CCLRCBH, Partners	

11. Project Evaluation	a. Report/ Evaluation Milestones (Status update with Partners, Data Collection and Develop report details b. Establish Evaluation and program milestones for measurements	UNR SCA	
11a. Evaluation Plan	a. Developed detailed Evaluation Plan with Program Partner b. UNR SCA Project Narrative/ Budget from Sub Grant will detail plan	ADSD/ UNR SCA	
12. Ongoing Project Management	a. Semi Annual Reports b. Assess Project Timelines and Deliverables. c. Identify ongoing actions and future planning.	ADSD	
13. Project Dissemination	a. Activity Collection from Partners b. Post Reports and Project outcomes Progress c. Internal Partner Review for Dissemination	ADSD, All Partners	
Provision of effective supportive services to persons living alone with ADRD in the community.			
14. Identify Targeted Communities to implement the 3 Pilot Dementia Friendly Nevada Sites.	a. Establish criteria and data sets to identify and target communities for Dementia Friendly initiative. b. Target to priority target populations, and need, including those isolated or living alone.	ADSD, Workgroups, UNR Dr. Carson.	
14.1 - Refer into Tool Box of Services	c. See 7 b. ... refer into Tool Box of Service. Five people each year from the pilot sites will be referred into the Nevada Tool Box of Services		
15. Establish Community Action Teams	a. Connect with existing established Teams - set up collaborative, and tool box of supports. Tie into Proposal RFP Timeframes. b. Assist communities not funded to improve capacity for next funding - As needed and throughout.	UNR Dr. Carson.	
16. Evidence-Based Expansion	a. Program Development and Delivery b. EB Program Expansion – Tool Box, Address Living Alone (RCI, Others) c. Develop community Support, DFN to address	Alz. Ass (both Chapters); NSS, CCLRCBH	
Provision of effective care/supportive services to persons living with moderate to severe impairment from ADRD and their caregiver;			
17. Evidence-Based Expansion	a. Program Development and Delivery b. EB Program Expansion – Tool Box, more intensive program Tool Box (CarePRO, RCI, Reach, etc.) c. Develop community Support, DFN to address	Alz. Ass (both Chapters); NSS, CCLRCBH	
Delivery of behavioral symptom management training and expert consultation for family caregivers.			
18. Evidence-Based Expansion	a. Program Development and Delivery - Behavioral Symptom Management through Nevada tool Box Programs b. EB Program Expansion – Tool Box, Address Living Alone (RCI, Others) c. Develop community Support, DFN to address	Alz. Ass (both Chapters); NSS, CCLRCBH	
Improvement of the quality and effectiveness of programs and services dedicated to individuals aging with intellectual and			
19. Connect with ADSD Developmental Services	**a. Connect with ADSD Developmental Services for inclusion in Dementia Friendly Activities** **b. Identify services and referral mechanism for service provisions.**		Identified contact and added to ADSD Alzheimer's Team: Cara Paoli, Jennie Shipp, Rebecca Arvans-Freeney, Ph.D
19.1 Dementia Friendly Nevada	a. Integrate into ADSD Services through Dementia Friendly Activities		



VISION: Enhance the quality of life of people living with dementia and their family caregivers through coordination of services and community driven systemic community improvements.

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			YEAR 1												YEAR 2												YEAR 3											
	Project Period/Month		***September 1, 2016-August 31, 2017***												***September 1, 2017-August 31, 2018***												***September 1, 2018-August 31, 2019***											
Major Objective	**Key Tasks**	**Responsibility**	***1***	***2***	***3***	***4***	***5***	***6***	***7***	***8***	***9***	***10***	***11***	***12***	***13***	***14***	***15***	***16***	***17***	***18***	***19***	***20***	***21***	***22***	***23***	***24***	***25***	***26***	***27***	***28***	***29***	***30***	***31***	***32***	***33***	***34***	***35***	***36***
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6. Connect the Dementia Friendly Nevada Grant to the existing Dementia Friendly Nevada Workgroup. Workgroup will assist with, and guide dementia friendly action teams,assisting in establshing methodology to select communities and making recommendations on communities to target.	a. Connect Partners and Teams to Dementia Friendly Nevada Workgroup b. Develop Action Plan, Roles, and Methodologies for partnering. c. Schedule Meeting Timeframes and Deliverables d. Reassess as needed to accommodate growth of Nevada Dementia Friendly Iniatiatives and grant objectives	ADSD PM/ Program Partners																																				

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8. Pilot four (4) DFN Community Sites, engaged with community action groups.	a. Establish community action group to include representatives from at least four (4) relevant sectors and persons living with dementia and their family care partners. b. community action group will identify and launch at least two (2) local activities to promote a dementia friendly community.	UNR Dr. Carson.	
9. Continue and expand collaborative efforts related to the established DFN Community sites.		UNR Dr. Carson.	
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16. Evidence-Based Expansion	a. Program Development and Delivery b. EB Program Expansion – Tool Box, Address Living Alone (RCI, Others) c. Develop community Support, DFN to address	Alz. Ass (both Chapters); NSS, CCLRCBH	

Provision of effective care/supportive services to persons living with moderate to severe impairment from ADRD and their caregiver;			
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Planning Phase ***Implementation Phase***

Outcomes
There are a range of outcomes expected from the community engagement that will take place in this initiative. One set of

(1) Increased awareness and understanding of dementia;

(2) Increased social and cultural engagement for the person with dementia; (3) Legal and other measures in place to empower people with dementia to protect their rights; (4) Increased capability of health and care services to develop services that respond to the needs of people with dementia; and (5) Actions to improve the physical environment whether in the home, residential care, hospitals or public places.

(3) Legal and other measures in place to empower people with dementia to protect their rights;

(4) Increased capability of health and care services to develop services that respond to the needs of people with dementia;

(5) Actions to improve the physical environment whether in the home, residential care, hospitals or public places.

100 participants will connect with an ADRC for Options Counseling.
At least 200 general healthcare providers will receive dementia-specific education.
25% of general healthcare providers referrals received by the Alzheimer's Association will be on behalf of early stage individuals.
Marketing efforts will result in a 50% increase in the number of participants in EPIC based on the FY2016 project period.