BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

DENA SCHMIDT
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
3416 Goni Road, Suite D-132
Carson City, NV, 89706
Telephone (775) 687-4210 • Fax (775) 687-0574
http://adsd.nv.gov

FINAL PERFORMANCE REPORT COVER SHEET

1.	**Project Title:**	Nevada Creating and Sustaining a Dementia-Capable Service System
2.	**Contact Information: Project Investigator/Principal Investigator:**	Jeff Doucet, MBA, CPM State of Nevada – Aging and Disability Services Division (ADSD) 1860 E. Sahara Ave. Las Vegas, NV 89104
3.	**Telephone # | Email:**	702-486-3367 | jsdoucet@adsd.nv.gov
4.	**Additional Project Writers:**	Sunadda Woodbury, Northern Alzheimer's Project Coordinator Kate Ingalsby, Southern Alzheimer's Project Coordinator
5.	**ACL Grant Award #:**	Award Number: 90DS2011-01-01
6.	**Total Project Period:**	9/01/2014 – 8/31/2017
7.	**Date of Report**	November 30, 2017
8.	**ACL Program Officer:**	Erin Long, Erin.Long@acl.hhs.gov (ACL/AOA) Patricia Yuen, pyuen@rti.org
9.	**Grants Specialist:**	Submitted in Grants Solutions

Nevada Aging and Disability Services Division

Table of Contents

Executive Summary

During this project, the State of Nevada Aging and Disability Services Division underwent several significant changes, including three (3) new administrators and several changes in agency leadership. In addition, two (2) partners underwent organizational changes in both leadership and organization structure.

Purpose and Scope

The State of Nevada Aging and Disability Services Division (ADSD) and collaborative partnerships, proposed to develop a sustainable dementia capable system, with Single Entry Point/No Wrong Door (SEP/NWD) access to meet the needs of Nevadans living with dementia and their family caregivers. By leveraging existing activities, and through expansion from this initiative, this project has enhanced Nevada's dementia capable system, maintaining consistent focus on core objectives to 1) Create SEP/NWD access for people with Alzheimer's and Dementia or their caregivers and 2) Ensure access to a comprehensive, sustainable set of quality services that are dementia capable and provide innovative services to the population with dementia and their family caregivers.

Target Populations

Nevada's 2014 Dementia Capable Project was a statewide initiative, to serve all Nevadans living with dementia and their caregivers. The populations targeted in this initiative were individuals living with cognitive impairment or memory loss related to Alzheimer's Disease or other forms of Dementia and their family care partners. These efforts expanded from the most populous urban areas (Las Vegas, Reno, and Carson City) to rural and frontier communities of Nevada (though with limited and varying results), with potential for further expansion remaining. As a statewide initiative, this project focused on system connection points such as Aging and Disability Resource Centers (ADRC), Family Resource Centers (FRC), and

State of Nevada Agency connection points (for example, state offices), and working within existing state and agency service paradigms (i.e. ***Nevada211***).

Results/ Important Findings and Lessons Learned

Nevada continues to refine which service programs should be included in its "Tool Box" of service, in addition to existing programs funded through the Older American's Act like Adult Day Care, Respite Services, and other Caregiver Supportive Services. Evidence-based programs provide specific, quantifiable positive outcomes, but require commitment from participants and significant resources especially for recruitment. Even so, the positive outcomes gained greatly assist the unpaid family caregivers in the quality of care along with enhancing the mental capabilities and techniques to provide quality care in the community for longer timeframes. However, more data is needed to identify a true estimate on this impact, especially over time.

Important lessons learned during this project include the differing natures of service areas, particularly rural and frontier areas compared to urban areas; intricacies associated with early stage programs; the anticipated struggles with recruitment and marketing of available services programs commitments from participants, and a deficiency in the way data is collected on programs. Additional recommendations and important findings are included in the ***Final Evaluation Report: Program Evaluation Report (Attachment 1)*** which includes the *EPIC Evaluation*.

Products Developed

Significant products developed from this project include the ***Final Evaluation Report: Program Evaluation Report*** (Attachment 1) and the ***EPIC – Early State Partners in Care, A Group Dyadic Intervention Embedded into the Community***. Additional developments include: screening and assessment tools, evaluation reports, project flyers/ brochures and resource promotional materials, partner data and narrative reports, semi-annual and final reports, website

enhancements, and dementia related education and resources. Project information was also provided in newsletters to emphasize partnerships and services available to the community. Samples of products described above may be found in the later section of the report subtitle "Key Publications" .

Program and Policy Implementations

The nature of this project necessitated establishing policy and precedent. Among these, are the prioritization of Nevada's funding from the Older Americans Act (OAA), and state funding for ADSD's established core services, which includes Alzheimer's-related service programs, Respite Services, and Evidence-based programs. The establishment of an internal Alzheimer's Projects Team, consisting of the Social Services Chief; Planning and Advocacy Chief, Resource Development Manager, Resource Development Analyst, and Grant Managers from the North and South. This eliminated single point of failure issues and expanded the expertise and responsibility needed to manage Alzheimer's Projects.

Program and Policy Implementation and development changes also include establishing and solidifying Nevada's "Tool Box" of service for individuals living with Alzheimer's Disease and their care partners. This "Tool Box" is the core services needed in Nevada for the dementia-related population. Prior to and during this project, the vision was to offer programs with a statewide availability or reach to be included in the "Tool Box." However, a learning experience from this project created a more dynamic and regional view of services for Nevada's "Tool Box" programs for this critical population. Through this project, Nevada established a broader definition needed for this "Tool Box" and continued this revised vision in its other Alzheimer's projects, for instance: Alzheimer's Information for Nevada's webpage (https://nevadaadrc.com/services-and-programs/alzheimer-s-information), Road Map; "Macro

View" Resource Guide; recruitment and resource directory (***Nevada211***); and Flyers and Brochures on its "Tool Box" Programs (Appendix A-G).

Recommendations

Overall, the project identified several areas where improvements can be made, including: "Tool Box" methodology; availability of programs throughout the state; standardized data collection; improved service awareness and resource directories to assist clients to available services and service considerations; and improved efforts to target those in the early stage of the disease, even before any symptoms or memory concerns are present.

The success of any project is contingent upon its team members. Nevada has numerous organizations that genuinely care and strive for excellence in all they do. Through this project, Nevada assembled such a quality team of organizations and individuals, astutely positioned to affect change and create positive impacts across a systemic service delivery paradigm which includes medical and social services. Despite the quality, expertise, and dedication of all team partners in this project, improvements can be made in how members connect and work together across such a large geographic area. Discussion over teleconference and through email correspondence miss the personal connection which is vital to identifying ways to engage partners and improve services. For subsequent projects, an emphasis will be made on facilitating these intricate partnerships and personal connections to continue and improve services, not only to this critical population, but to all Nevadans.

Introduction

ADSD was awarded the Alzheimer's Diseases Supportive Services Program (ADSSP) Dementia Capable, Sustainable Service System, funded through a cooperative agreement from the Administration for Community Living (ACL), in September 2014. This project was a statewide project, to serve all Nevadans living with dementia and their family caregivers. Nevada's State Plan for Alzheimer's Disease, prior federal funding for Alzheimer's Projects, and other approaches to addressing the complex needs of individuals with Alzheimer's and other forms of dementia placed Nevada in a prime position to create quantifiable and replicable improvement in dementia capable care systems, including Single Entry Point / No Wrong Door (SEP/NWD) access, effectively demonstrating systemic enhancements.

In 2013, Nevada finalized its State Plan to Address Alzheimer's Disease and established the Task Force on Alzheimer's Disease (TFAD), created by Nevada Assembly Bill 80 from the 2013 Legislative Session. This project was a statewide initiative which focused on specific connection points including the Aging and Disability Resource Center (ADRC) sites, Family Resource Connection (FRC) sites, and State Agency connection points. By leveraging these existing efforts and through enhancements implemented in this project, ADSD was able to make significant improvements in its Dementia Capable Service System.

The overarching goal for this project was to establish and disseminate state-wide capabilities, increase quality of life among those living with ADRD, and create a Dementia Capable system. To successfully accomplish this goal, project goals and objectives focused on increasing the capacity for training, guidance, and support for caregivers, and improving service delivery paradigms. Focus areas also consisted of increasing access to support programs in rural communities and ensuring basic services are available to people living with ADRD, as well as

their family caregivers. ADSD's **goals** for improving Dementia Capability for Persons with Alzheimer's Disease and Related Dementias (ADRD) were to:

1) Develop screening for early identification of Alzheimer's or Dementia and their family care provider.

2) Connect individuals living with ADRD and their caregivers to appropriate programs and service modalities based on consumer needs and person-centered approaches.

3) Establish and improve datasets to quantify measurable outcomes and expand program evaluation to inform program improvements. Quantify limitations in services for assessment for program development, advocacy, and policy change. Improve data related to vital statistics and health records.

Significant Project Partners

ADSD selected several project partners whose roles were vital to the success and completion of this project. This included partners well-positioned for the service delivery of the project; Early Stage Partners in Care (EPIC) and Benjamin Rose Institute on Aging, Care Consultation Program (BRI-CC).

ADSD's activities were accomplished through collaboration with significant partners who share similar interests in developing a dementia capable system in Nevada. These partners were critical in carrying out the goals and objectives of the project and contributed to significant outcomes. Project partners and their descriptive roles and accomplishments are defined below.

Organization	Role
University of Nevada Reno, Sanford Center for Aging (UNR SCA)	Project Evaluation
Arizona State University (ASU), Nursing & Health Innovation - David Coon, Ph.D.	Early Stage Partners in Care (EPIC) evaluation and training
Alzheimer's Association - Desert Southwest Chapter (AA-DSW)	EPIC Service Delivery
Alzheimer's Association - Northern California and Northern Nevada (AA-NorCal)	EPIC Service Delivery
The Rosalynn Carter Institute for Caregiving (RCI)/ Benjamin Rose Institute on Aging (BRI)	Training and Technical assistance in BRI-CC
Nevada Senior Services (NSS)	BRI-CC Service Delivery, Resource Center in Southern Nevada.
Cleveland Clinic Lou Ruvo Center for Brain Health (CCLRCBH)	Medical and Social Service expert, Care Transitions Partner, other evidence-based program and training.
Task Force on Alzheimer's Disease (TFAD)	Legislative and system improvement experts and guiding body.

The Rosalynn Carter Institute for Caregiving (RCI), assisted with identifying evidence-based programs to pilot in Nevada and are the subject matter experts of BRI-CC. BRI-CC is a successful telephonic, evidence-based caregiver support program that utilizes a comprehensive software package to improve data on supportive programs. The program also addresses issues related to data improvement, caregiver support, which provides opportunities to solicit state, budgetary, and legislative commitments. Nevada ADSD contracted with RCI to facilitate the delivery of BRI-CC, including licensing, information system access, training, and web hosting. Throughout the duration of the project, RCI and staff at Benjamin Rose Institute on Aging provided technical assistance and training to ADSD staff and Nevada Senior Services, the service delivery partner for BRI-CC.

The Alzheimer's Association (Alzheimer's Association of Northern Nevada and the Alzheimer's Association Desert Southwest Chapters) were responsible for delivering EPIC. Staff at both associations were trained by Dr. David Coon, ASU program developer, in EPIC and provided service delivery of the program. However, due to the changes at both associations, additional staff were trained so both chapters could continue to provide EPIC. The recruitment for EPIC brings together the targeted populations into a group, referred to as a wave. Both chapters of the Alzheimer's Association performed marketing and recruitment efforts for EPIC for a total of 66 Dyads, 51 from Alzheimer's Association Southern Nevada and 10 from Alzheimer's Association Northern Nevada. Early-stage engagement activities were utilized by both chapters to ensure appropriate marketing and recruitment of individuals in the early-stages of Alzheimer's disease and their caregivers.

Arizona State University (ASU) through the leadership of David Coon, Ph.D., provided training and support on EPIC throughout the project to both Nevada chapters of the Alzheimer's Association. This included technical assistance, support as a subject matter expert, and evaluation of EPIC, see ***Early-stage Partners in Care A Group Dyadic Intervention Embedded into the Community***.

The University of Nevada Reno, Sanford Center for Aging (UNR-SCA) conducted the program evaluation, needs assessment, guidance and function, and actively assisted in the success of this project. As the project evaluator, UNR – SCA identified a baseline for dementia-related capabilities of current Alzheimer's and dementia-related services by scanning providers, and ADSD data to determine existing programs and services available throughout the state that service populations with ADRD. Key activities performed throughout the project were the orchestration of an environmental analysis; ongoing data collection to improve datasets; and methodology for establishing the base level for system improvements. Evaluation of the effectiveness of the state's overall dementia friendly capable system continued throughout the project's entirety.

Founded in 1992 by a bequest from Mrs. Jean Sanford, the mission of the Sanford Center for Aging is to enhance the quality of life and well-being among elders through education, translational research, and community outreach. Today, this mission is brought to life through a variety of programs, services, educational coursework and clinical services, all designed to improve the quality of life for elders.

Nevada Senior Services (NSS) is a not-for-profit 501(c)(3) organization dedicated to improving the physical, spiritual and emotional health of individuals and families, by providing a comprehensive range of health, education, and social services for those facing the challenges of chronic disease, disability and aging. Nevada Senior Services has a history of successful evidence-based research and implementation collaborations with established partners such as the Rosalynn Carter Institute for Caregiving and Stanford University and has support programs that are an integral part of the Nevada Tool box. Nevada Senior Services delivers evidence-based services, including: RCI Reach, BRI/CC, Caring for You Caring for Me, Chronic Disease Self-Management and Diabetes Self-Management. NSS serves as the Southern Nevada ADRC and was selected to provide the BRI-CC service delivery and reporting into the Care Consultation Information System (CCIS). The BRI-CC program expanded Nevada's existing Tool Box of available evidence-based services statewide, in addition to existing services available for social services supports, http://www.nevadaseniorservices.org/.

The Cleveland Clinic Lou Ruvo Center for Brain Health (CCLRCBH) was conceived and is being operated as a not for profit state-of-the-art medical facility for the early diagnosis and treatment of neurocognitive diseases. The newest methods of treatment, clinical trials and ongoing research will provide the best-known care available. The Cleveland Clinic Lou Ruvo Center for Brain Health places an emphasis on providing an array of therapeutic services and educational programs, to support caregivers and increase their capacity of response to the needs of their loved one. A comprehensive approach to caregiving is an integral part of its program. The Ruvo Center offers valuable resources as well as treatment, offering hope and help to patients and their families.

The following programs are offered: diagnosis and treatment of neurocognitive disorders, caregiver therapy and support services, family social services, neuroimaging services, research and preventive brain health services. To implement these services, the collaboration between the

Cleveland Clinic and the Lou Ruvo Center for Brain Health brings together a team of clinicians, researchers, surgeons, therapists, imaging specialists and other experts to improve diagnosis, treatment and advance knowledge of cognitive loss syndromes.

The Cleveland Clinic and the Lou Ruvo Center for Brain Health has been a strong partner for Nevada's Alzheimer's projects from the medical and social services perspective and assist in the delivery of valuable services for the project. Their role and function for the project included Alzheimer's Diagnostic and Caregiver Supportive Services funding from the Older American Act and State Tobacco Settlement Funding, which ties into Nevada's overall dementia capable system. In addition, CCLRCBH refers clients to existing Tool Box of service programs.

Cleveland Clinic Lou Ruvo Center for Brain Health provides diagnosis and ongoing treatment for patients with cognitive disorders and support services for family members who care for them.

Cleveland Clinic Lou Ruvo Center for Brain Health is a unique and exciting concept in medicine: a medical center dedicated solely to the pursuit of more effective treatments for brain diseases and to the provision of state-of-the-art care for patients affected by these diseases and their families.
Courtesy: http://www.keepmemoryalive.org/about_us/facility/overview

Nevada's Task Force on Alzheimer's Disease (TFAD), was created within the Department of Health and Human Services with the passage of Assembly Bill 80 in the 2013 Legislative Session. The Task Force is responsible for carrying out the State Plan that was developed pursuant to Assembly Concurrent Resolution No. 10 of the 2011 Legislative Session. This plan serves as a blueprint for identifying specific actions that will allow for the development and growth of a top-quality and comprehensive support system for individuals affected by Alzheimer's disease and other forms of dementia.

TFAD, staffed by the Aging and Disability Services Division, is made up of ten members from a diverse background of interests in Alzheimer's disease, including medical professionals, caregivers, service providers, legislators, educators, and policy developers. The Nevada State Plan to Address Alzheimer's Disease, deemed as the official plan by the 2013 Legislature, was completed in January 2013. As required by law, TFAD thoroughly vets the State Plan, updates it biannually, and provides an Annual Report to the Governor and the Legislature on or before February 1. The 2015 State Plan includes a list of 20 recommendations, which address: access to services; quality of care and quality of life; and public awareness about Alzheimer's disease and other forms of dementia. The updated 2017 State Plan includes 16 recommendations, Appendix A, Retired Recommendations with annual monitoring, and Appendix B, Resources for Persons and Caregivers of Persons with Alzheimer's Disease and Other Forms of Dementia.

http://adsd.nv.gov/Boards/TaskForceAlz/TFAD/

Activities and Accomplishments

All activities of this project contributed to the overall success of ADSD's defined goals. The inclusion of the existing ADSD priorities, such as Nevada ADRC/FRC methodology was employed to increase capacity and provided an avenue to disseminate information to multiple service providers and direct care access points. The ADRCs and FRCs, as resource center "hub" assisted in the development of a dementia-capable home and community based service system that includes the Single-Entry Point/No Wrong Door (SEP/NWD) access for people with dementia and their family caregivers.

During this project, Nevada Senior Services delivered the BRI-CC statewide to a total of 68 individuals with dementia and 68 care partners. ADSD is integrating the BRI-CC into its ADRC Service Delivery Paradigm, beginning with NSS and expanding to Access to Healthcare Network (AHN), the ADRC covering rural and frontier areas in Northern Nevada. The overall vision is to have this program operate as a key deliverable in each of Nevada's ADRCs, which will better represent the service area of the constituents served.

Nevada Senior Services presented the BRI-CC at the National Lifespan Respite Conference held in Denver, CO in September 2016 with partners from both Benjamin Rose Institute on Aging and the Rosalynn Carter Institute for Caregiving. Nevada Senior Services continues the BRI-CC to meet measurable outcomes identified in Nevada's project. Marketing and outreach of the EPIC and BRI-CC were integral throughout the project. Outreach was conducted in Northern and Rural Nevada as well as continued outreach to Southern Nevada at community events, service sites, community presentations, representation at health fairs and community events and distribution of marketing material.

Project Goals

The overarching goal for this project was to establish and disseminate state-wide capabilities, increase quality of life among those living with ADRD, and create a Dementia Capable system. Project goals and objectives focused on increasing the capacity for training, guidance, and support for caregivers, and improving service delivery paradigms. Focus areas consisted of increasing access to support programs in rural communities and ensure basic services are available to people living with Alzheimer's Disease and Related Dementias (ADRD), as well as their family caregivers. Nevada's plan was to implement a system of promising practices based upon proven service delivery models, for a comprehensive approach to serving individuals with ADRD and providing supports for the caregivers of these individuals. ADSD's **goals** and **objectives** for improving Dementia Capability are outlined below.

GOAL 1: Develop screening for early identification of Alzheimer's or Dementia and their family care provider.

Objectives:	Work with the *TFAD* and other Stakeholder
1)	Develop a screening for the individual with ADRD and their family care provider, to triage and refer individuals to maximize effective use of existing community based services.
2)	Integrate screening for individuals with ADRD and their family care provider to triage and refer individuals to existing community based services.
3)	Expand utilization of screening to assist consumer navigation to available services.

The Level 1 Screen was updated to identify cognition and caregiver status, collaborating with an existing workgroup to develop and train on the Level 1 Screen as part of the Balancing Incentive Payment Program (BIPP) Project and ADRC initiative programs. This team was primarily responsible for conducting the initial roll out of this training for service providers. It was released to select No Wrong Door agencies with a web-based version released to the public in the fall of 2015. Since the implementation and release of the Level 1 Screen, No Wrong Door agencies have screened 492 individuals and provided additional ADRD resources and support.

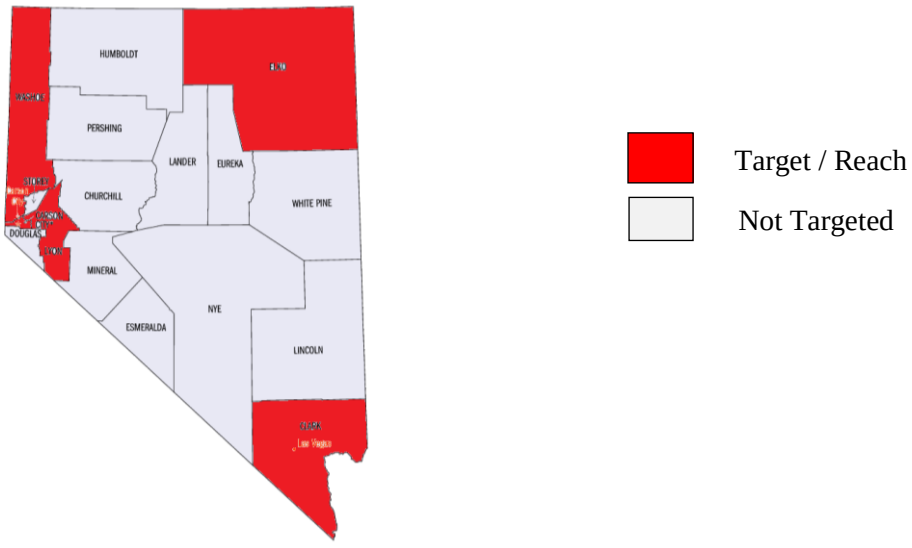
The Level 1 Screen has assisted with collecting data related to population subtypes of community members in need of dementia-related services. ADSD is identifying areas for improvement in its dementia capable system from information gathered through the RTI Dementia Capability Assessment and Survey, specifically developing a standardized protocol for ADRCs to identify individuals who need a referral for a diagnosis or those who live alone to connect with appropriate supports.

ADSD's data collection system, the Social Assistance Management System (SAMS) collects limited information related to cognitive impairment, severity level of Alzheimer's and other forms of dementia, and limited information based on the disease progression. Through discussions the Sanford Center for Aging, the Nevada Alzheimer's Team identified an improved method within this data system to collect information related to ADRD. Due to the sensitivity and the nature of medical-related diagnostic information, ADSD has not implemented a change in the existing collection, but is developing a plan to update this collection information in a feasible way. Throughout the evaluation of this project, the existing fields were used to show change over time information for market penetration through the project. To help improve service to this population, adjusting the existing collection methodology is imperative to better capturing change-related and service delivery data from ADSD service system.

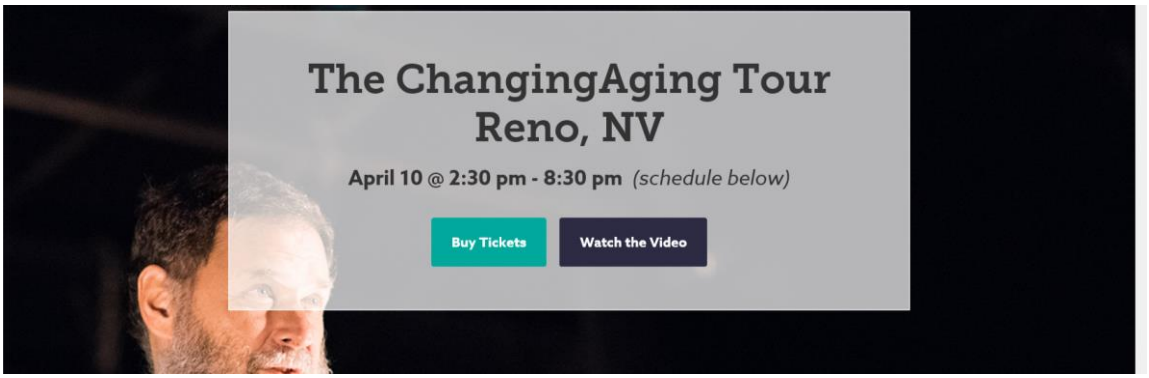
GOAL 2: Connect individuals living with ADRD and their caregivers to appropriate program and service modalities based on consumer needs and person-centered approaches. (i.e., implementation of BRI Care Consultation, and other program expansion planned).

Objectives:	
1)	Implement a telephonic evidence-based caregiver support program – BRI Care Consultation – statewide to support and connect persons with ADRD and their care partners with resources that address needs for each.
2)	Utilize consumer assessment to connect to available services, identify service limitations, and assist with care provisions.
3)	Utilize customized, culturally and age specific outreach to targeted populations and underserved communities, to encourage early detection of AD. Provide access to counseling and care for depression, adjustment concerns, grief, loss, anxiety and other coping issues in individuals with early stage memory loss and their care partners.

Nevada successfully expanded its "Tool Box" of services to assist individuals with ADRD and their family caregivers through collaborative efforts from its partners. The BRI-CC program was implemented by Nevada Senior Services, after several months of planning, to meet the measurable outcome identified in Nevada's project. To improve marketing and recruitment, Nevada Senior Services scheduled a tour throughout Southern Nevada and several rural communities (namely Elko, Washoe, Lyon, Clark Counties and Carson City) to promote awareness and exposure to BRI-CC. The tour was well received, resulting in an increase in referrals and program awareness. The following Map shows the counties where outreach was conducted; representing approximately 94% of Nevada's population.



In April 2017, ADSD sponsored a panel discussion of experts on *the Changing Aging Tour, Disrupt Dementia* Event in Reno Nevada (https://changingaging.org/event/reno-nv/). Utilizing Nevada experts, this topic helped continue the conversation on ways to improve services for this population and share activities between Nevada's three dementia projects. This opportunity helped to highlight Nevada's tool box of services and provided opportunities for others to get involved. This discussion was recorded and shared on Facebook, Changing Aging.org, gathering 890 views and 14 shares. During the tour, ADSD leadership and community leaders participated in a lunch with Dr. Bill Thomas, sharing ideas and culminating in a question and answer session with Dr. Bill Thomas on areas Nevada struggles with related to aging and dementia.



Schedule of Events

Disrupt Dementia *2:30-4:30pm*

This immersive and transformational non-fiction theater experience weaves film, music and first-person stories with groundbreaking research turning convention on its head by focusing on what we can all learn from people living with dementia, rather than from experts. This performance is designed for people living with dementia and their allies.

Panel Discussion *4:15-5:00pm*

Where do we go from here? Following Disrupt Dementia we will have an panel of local champions discussing Nevada's dementia-capable system.

Life's Most Dangerous Game *7:00-8:30pm*

Dr. Thomas' signature "non-fiction" theatrical performance features original music, storytelling, poetry and groundbreaking insights on aging and care. Featuring musical guest Nate Silas Richardson.

GOAL 3: Establish and improve datasets to quantify measurable outcomes and expand program evaluation to inform program improvements.

Objectives:	
1)	Quantify limitations in services for assessment for program development, advocacy, and policy change.
2)	Improve data availability related to Vital Statistics and Health Records.

Data collection has been an ongoing focus, with specific priorities for this project. Continuous improvement in data quality and collection methods is a critical component to program sustainability in Nevada, especially for existing datasets and outcome measures. ADSD's partnership with the University of Nevada, Reno, Sanford Center for Aging has played a key role in establishing and improving datasets to quantify measurable outcomes and expand program evaluation and improvements. Dr. Peter Reed and the UNR SCA team established goals for this project to identify and assess dementia-related capabilities in Nevada and collect baseline data, see ***Attachment 2 - UNR SCA Baseline Aging Report***. Information collected from program and service providers included types of available services and programs as well as their reach and impact within the community. However, additional work is needed in the data collected, with a more centralized focus or raw data, ***Attachment 1***.

The two evidence-based programs initiated through this project have differing data requirements, BRI-CC and EPIC. The BRI-CC comes with the CCIS, which collects vital statistics and health record data. BRI has been very accommodating in assistance to access data collected in the CCIS along with additional reports requested. This information system facilitates and standardizes the data collection. For EPIC, the required data is collected in the existing system of the service delivery providers. As such, there is an ease in learning the system, but it also adds another layer to the availability of information and creates additional issues with staff turnover and subsequent training needs.

What measurable outcomes did you establish for this project and what indicators did you use to measure performance? To what extent did your project achieve the outcomes?

Goal 1 Measurable Outcomes

Measurable Outcome:	
1)	**Year 1: Develop assessment in line with existing Long-Term Care Supportive Services systems and integrate with Nevada connection points**.
2)	Year 2 and 3: Quantify number and percentage of individual with ADRD and their care partners assessed using standardized tool and referred to supportive services and programs (existing community resources, education, support groups, counseling).

The Nevada No Wrong Door system was expanded through partnerships with the existing ADRC/FRC network and the Nevada Medicaid waiver services. Staff at each partner agency were trained on a standardized Level 1 screening assessment that assists with identifying needs and connecting individuals to resource and service navigation (person-centered counseling). Since the implementation and release of the Level 1 screen, the ADRC network agencies have screened 492 individuals.

ADSD is still working on ways to get expanded data on the people with the selection of "Memory Loss" in the Level 1 Screen. Currently, this is all that can be identified but efforts are underway to better identify additional details in addition to only memory loss.

Goal 2 Measurable Outcomes

Measurable Outcome:	
1)	**Year 1: Staff trained in BRI Care Consultation, program service enrollment begins.**
2)	Year 2 and 3: Program evaluation of BRI Care Consultation – qualitatively and quantitatively. Expand existing caregiver and patient with ADRD supportive service components, designed to address the needs of individuals with ADRD and their care partners, comprised of educational programs, supportive services and leadership training.

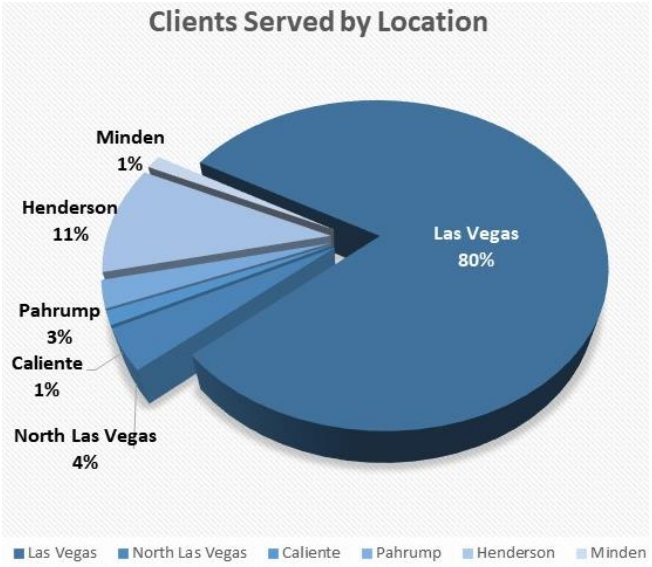
During this project, ADSD expanded available supportive services with EPIC and BRI-CC, and continued CarePRO through Older American Act Funding. Staff were trained in both BRI-CC and EPIC, and both programs were added to Nevada "Tool Box" Programs.

BRI Care Consultations (BRI-CC)

During this project, BRI-CC found stability within Nevada Senior Services, with a nearly full caseload. This program was proposed both in Nevada's 2014 Lifespan Respite Project (Award Number 90LI0016) and its ADSSP Project (90DS2011), with both projects contributing to its overall success. During this project period, 159 total cases were reported in CCIS (91 Lifespan Respite and 68 ADSSP) caregivers enrolled in BRI-CC, with 42 (24 Lifespan Respite and 18 ADSSP - cases added to the CCIS) new enrollments during the last six months of the project. A total of 632 (272 ADSSP and 360 Lifespan Respite) contacts made during this reporting period, an average of 26 contacts per enrollee.

Nevada Senior Services continues to assist clients, while actively marketing the program and receiving referrals. ADSD submitted a plan to transition the BRI-CC to additional ADRCs to improve statewide coverage, particularly in rural and frontier communities. Nevada Senior Services also began work on the ADSSP Expansion Project which includes implementation of a Care Transitions Program. Nevada Senior Services is in the planning phases of the 2017 Alzheimer's Disease Initiative, Specialized Supportive Services (ADI-SSS) Project and has chosen to implement the Bridge Intervention within the next several months.

Throughout the duration of the project period, BRI-CC successfully enrolled one hundred and thirty-six clients (n=136). Despite intensive efforts to serve as the statewide entity for program service, the vast majority of clients came from the Las Vegas, Henderson Metropolitan Area (91%), and four (4) clients from other areas (Nye County; Lincoln County; and Douglas County). Nevada's vision is to embed the BRI-CC within the ADRC structure to help sustain this service beyond the project. In the fall of 2017, Nevada will expand to three (3) Care Consultants through the Northern ADRC provider, Access to Healthcare Network. This expansion allow access to the service to more caregivers, and facilitate stronger partnerships within the communities served to support caregivers.



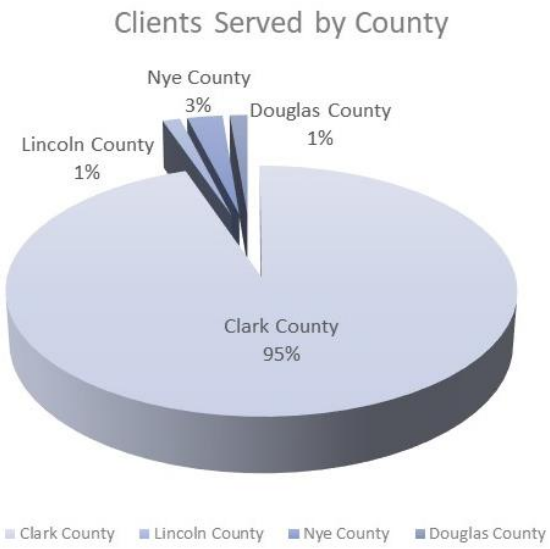


Table 1: BRI Care Consultation Client Demographics

	PWD	Caregiver	Total
TOTAL SERVED	68	68	136
Age			
Under 60	3	29	32
60+	65	39	104
Age missing			0
Gender			
Female	34	52	86
Male	34	16	50
Gender missing			0
Geographic location			
Urban	65	65	130
Rural	3	3	6
Geographic location missing			0
Relationship to caregiver			
Spouse or partner	34		34
Parent	26		26
Other caregiver	8		8
No caregiver			0
Relationship Missing			0
Living arrangement			
Lives alone, has an identified caregiver	3		3
Lives alone, no identified caregiver			0
Does not live alone	65		65
Living arrangement missing			0

Note: Demographic Summary 9/1/2014 – 8/31/2017; Care Receiver (PWD) = 68, Caregiver = 68

Chart 1: BRI Care Consultation Client Demographics

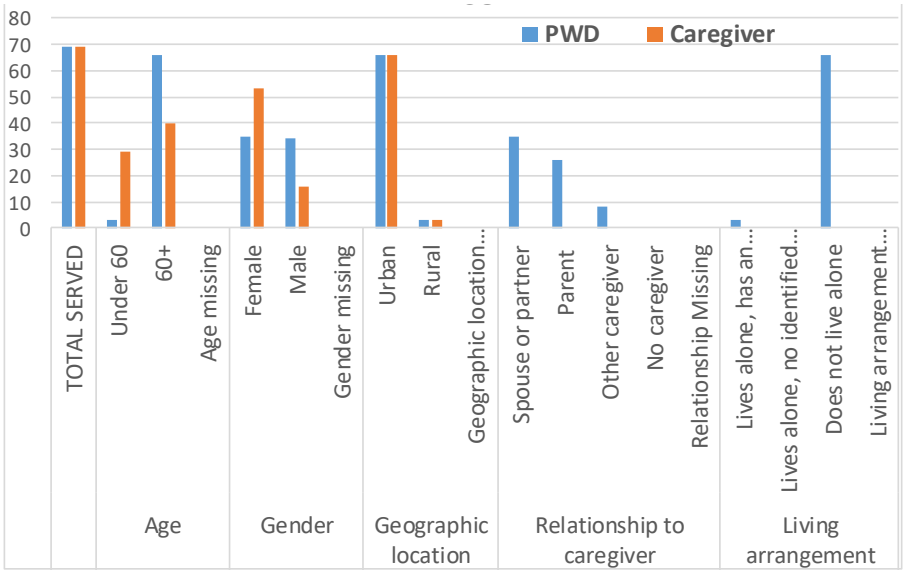
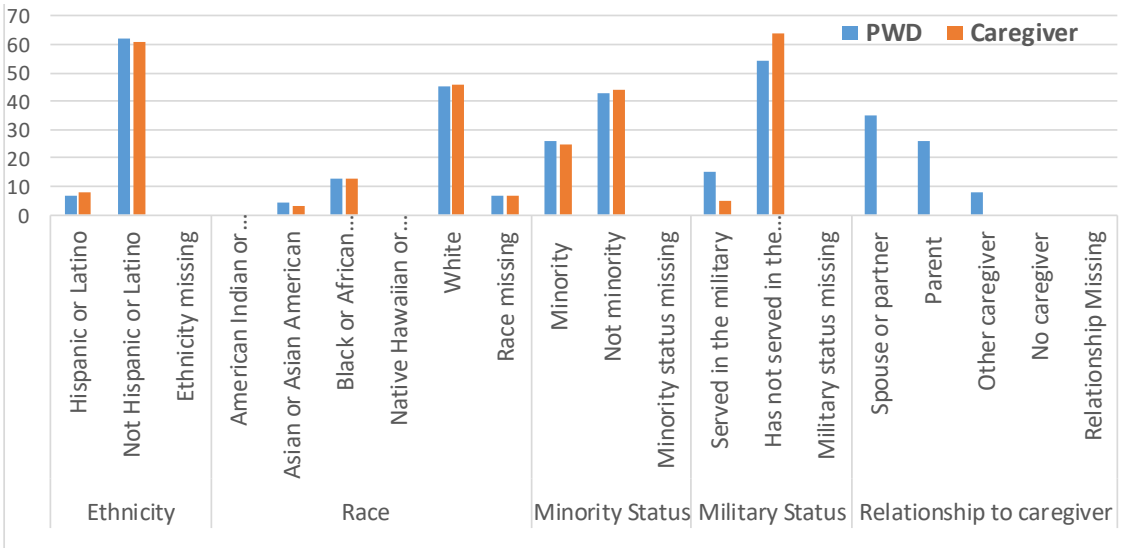


Table 2: BRI Care Consultation Client Demographics

	PWD	Caregiver	Total
Ethnicity			
Hispanic or Latino	7	8	15
Not Hispanic or Latino	61	60	121
Ethnicity missing			0
Race			
American Indian or Alaskan Native			0
Asian or Asian American	4	3	7
Black or African American	13	13	26
Native Hawaiian or other Pacific Islander			0
White	44	45	89
Race missing	7	7	14
Minority Status			
Minority	26	25	51
Not minority	42	43	85
Minority status missing			0
Military Status			
Served in the military	15	5	20
Has not served in the military	53	63	116
Military status missing			0

Chart 2: BRI Care Consultation Client Demographics

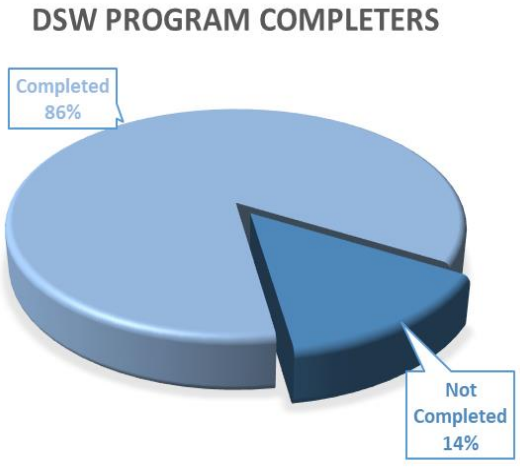


Early Partners in Care Program (EPIC).

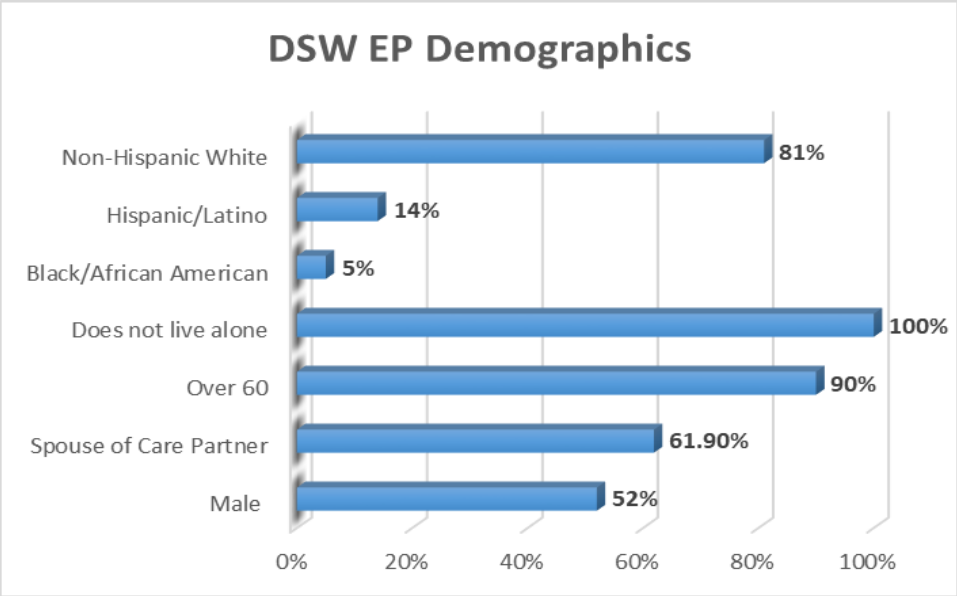
For additional detail, see Full EPIC Report in Attachment 1.

EPIC was a collaboration between ADSD, the Alzheimer's Associations in Nevada, and Arizona State University. Identifying Alzheimer's Disease in the early stages creates advantages for early-stage patients/people (EPs) and their current or future care partners. EPIC consists of seven sessions that include both members of the care dyad. Dyads meet with other care dyads as a group and with their peers separately (i.e., care partners meet together, and EPs meet together). There is also one in-home session (Session 3) for each dyad that is conducted by one of the EPIC group leaders.

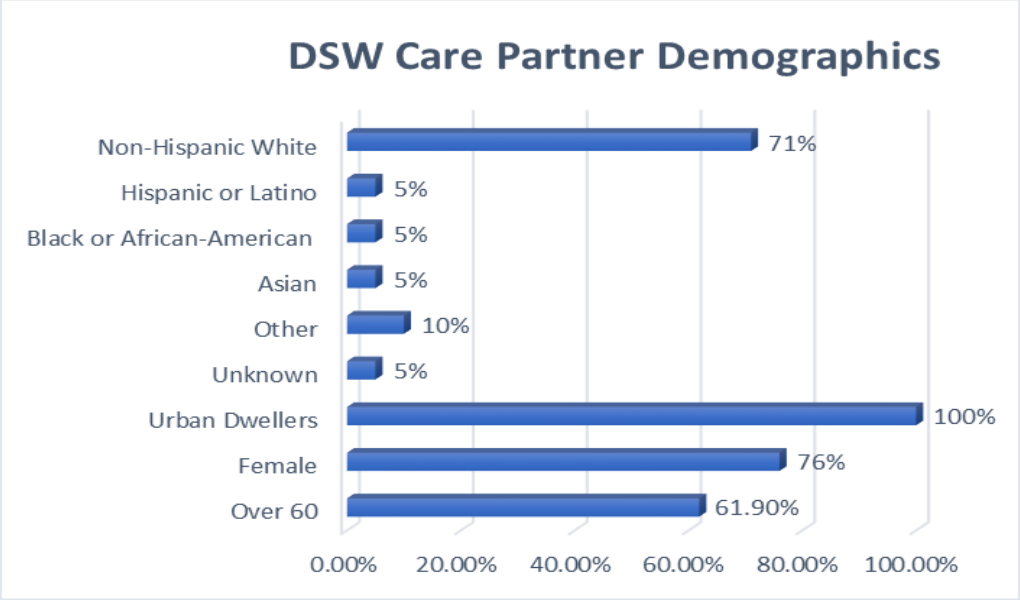
In the current project, the number of dyads enrolled were low per group, reflecting difficulty reported in recruiting dyads. The AA-DSW delivered seven (7) EPIC groups enrolling 21 dyads (42 participating EPs and care partners combined) with 18 dyads (36 participants) completing the series (85.7% completers). Completers attended at least five (5) of seven (7) sessions. The total number of EPIC Completers for this project was 57 from 63 individuals enrolled.



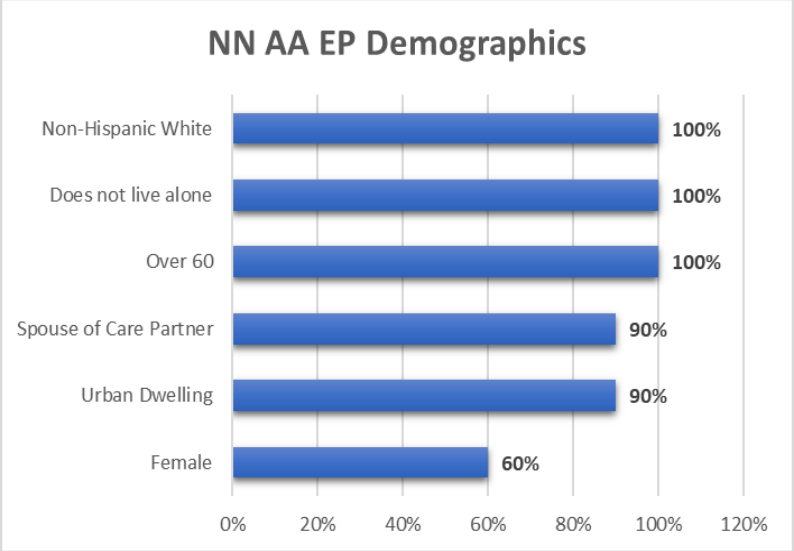
In terms of sociodemographic characteristics, the majority of EP participants were non-Hispanic whites (81%), and the remainder self-identified as Black/African American (5%) and Hispanic/Latino (14%). Almost all were over age 60 (90%), who did not live alone (100%); and lived in urban settings (100%). Most were spouses of care partners participants (61.9%) and male (52%).



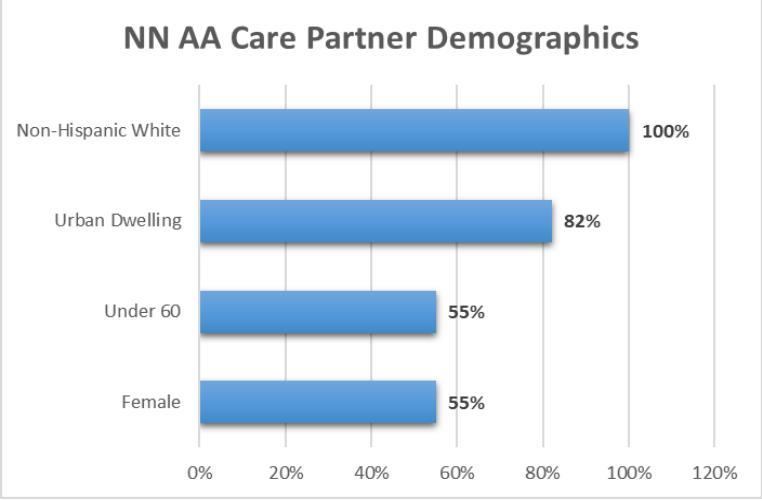
Care partners participants described themselves as non-Hispanic white (71%), Black or African American (5%); Hispanic or Latino (5%), Asian (5%), two or more or other race (10%), and, unknown (5%). Care partners were urban dwellers (100%) and mostly female (76%) and over 60 (61.9%). Military status was reported as missing for all participants.



The AA-NorCal conducted three (3) EPIC groups enrolling nine (9) dyads and one (1) triad involving 2 care partners (21 participating EPs and care partners combined) with all participants completing the program. With regard to EP participants, all were non-Hispanic whites (100%), over age 60 (100%), who did not live alone (100%). The majority described themselves as spouses of care partners participants (90%), lived in urban settings (90%); and were female (60%).



The majority of care partners described themselves as non-Hispanic white (100%); urban (82%); female (55%); and under 60 (55%). Military status was reported as missing for all participants.



Goal 3 Measurable Outcomes

Measurable Outcome:	
1)	Quantify referral distribution and utilization. Quantify change and caregiver improvement based on evidence-based results.

One of the continuing efforts of this project was to quantify referrals and utilization of programs. It was initially envisioned that a significant portion of referrals would come through ADSD. However, through the course of the project, the realization was referrals from ADSD was excessively low, especially for BRI-CC. To assist in increasing referrals from ADSD social workers, ADSD Alzheimer s project partners discussed Nevada's "Tool Box" programs at *All Staff Meetings*, invited service delivery partners to speak on these programs, and a created repository of program information to assist in referrals. Social workers would inform ADSD Alzheimer's project staff that several referrals were made to the BRI-CC program, however during monthly meetings the numbers were still coming back as low or none. This discussion brought about a new understanding of the nature of referrals. Despite social workers discussing the programs with their clients, after calling Nevada Senior Services, the information was not being relayed as coming from ADSD. From this project, Nevada Senior Services improved the identification of the referral process and collection to quantify how referrals are received. Despite the improvement, ADSD referrals are still relatively low but the process is now integrated through the Nevada vision of ***Nevada211*** and ADRCs.

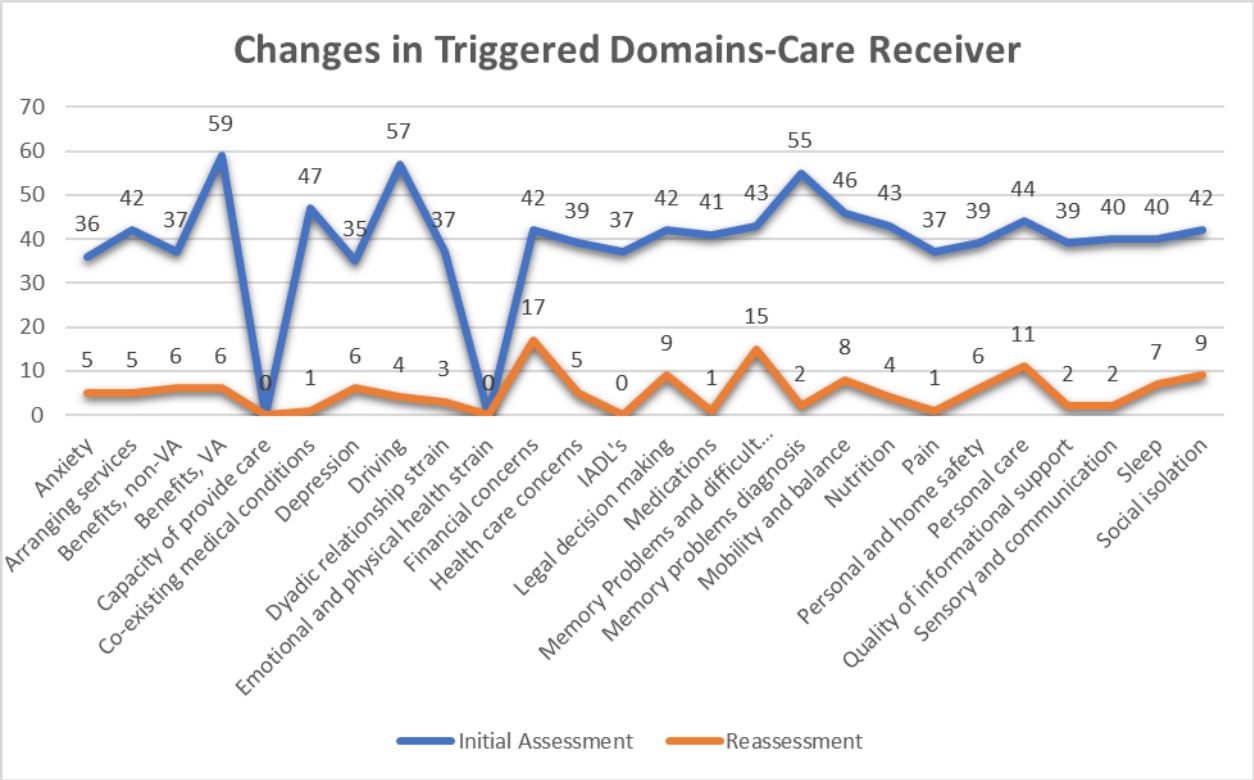
During the course of this project, changes were made to SAMS allowing referrals to be made directly in the system. Though this was not funded under the project, this change helps to quantify referrals made to agencies and "Tool Box" programs from ADSD and other partners. Though this number is low for this project, it provides a way to identify and quantify referrals. The next steps to increase the utilization of this tool are to identify categories for referrals and provide training to ADSD staff and agency partners.

To *Quantify Change in Caregiver Improvement based on Evidence-Based Results*, the BRI-CC with the integrated CCIS greatly assisted in identifying changes across multiple data points. Though changes are evident in EPIC, without an integrated CCIS or similar data collection system, data is not as readily available to demonstrate caregiver and care recipient improvements.

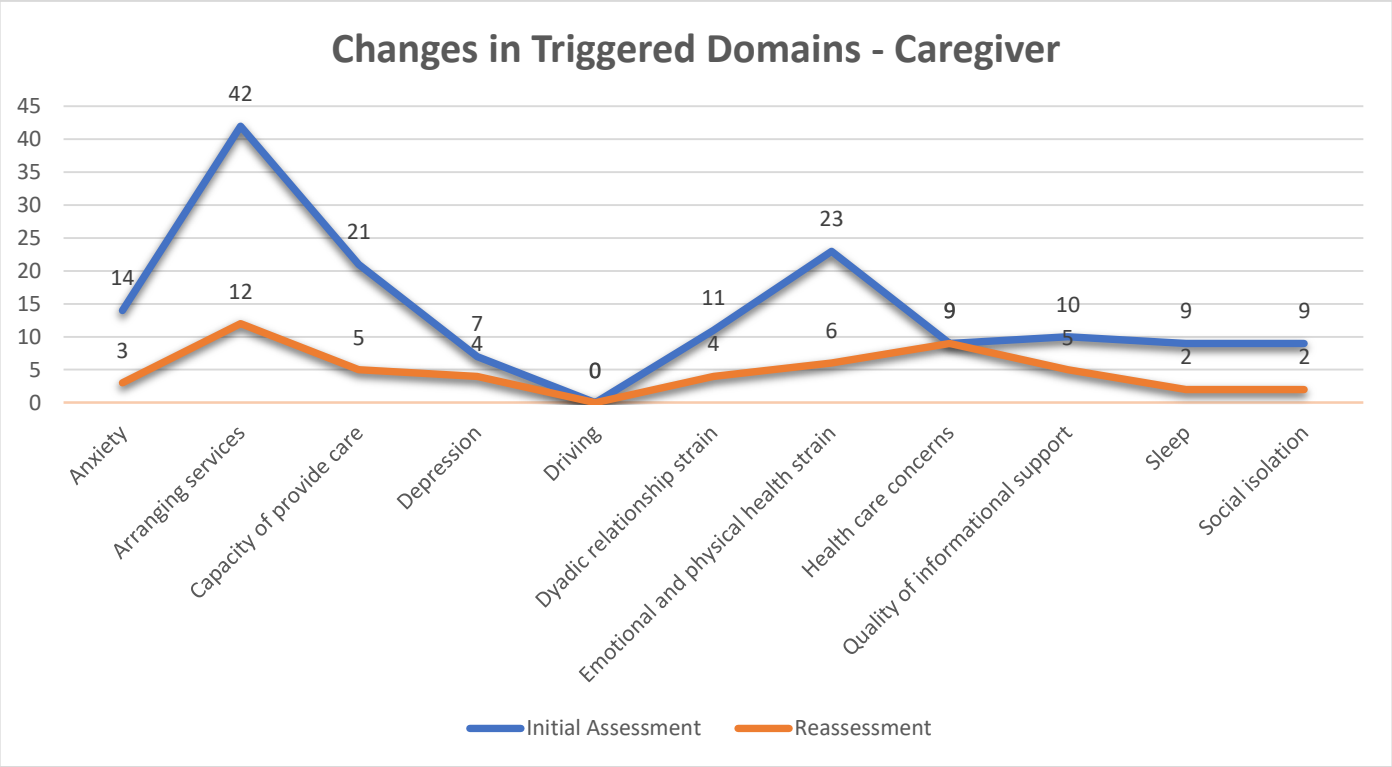
In terms of program satisfaction in BRI-CC, caregivers reported an overwhelming positive response. Out of 31 Total ADSD Satisfaction Surveys administered, 93% of respondents rated the Care Consultant as Good or Excellent in terms of caring about them as a person, talking with them often enough, and being easy to talk with. In addition, 93.7% of respondents rated the Care Consultant as Good or Excellent in terms of helping them make decisions about care or helping them to get them to get the help that is needed.

Initial assessments are performed as part of the BRI-CC program to identify areas of concern for both the care recipient as well as the caregiver. Initial assessments address specific target behaviors or burdens associated with care (caregiver) or disease (care recipient) and are completed on behalf of the care recipient by the caregiver. These behaviors are then reassessed after 6 months and again at 12 months, contingent upon the caregiver's continued enrollment into the program. An initial assessment was performed on 75 care recipients and 75 caregivers enrolled in the program. The largest area of concern indicated for the care recipient was financial concerns (22.7%), memory problems and difficult behaviors (20%), personal care (14.7%), and social isolation (12%). During reassessment, these areas decreased by 16%, 14%, 10% and 8%, respectively. The largest areas of concerns for caregivers were arranging for services (56%), capacity to provide care (28%), and emotional and physical health strain (30.7%). During re-assessment, caregivers experienced a decrease in these areas by 41%, 20%, and 22%, respectively.

Care receivers experienced significant positive changes in triggered behaviors at reassessment. In addition to the behaviors described above, anxiety levels decreased by 100%, a decrease in areas of concern regarding VA and non-VA benefits decreased by 83% and 67%, respectively. Levels of depression decreased by 83%, dyadic relationship strain decreased by 100%, financial concerns decreased by 88%, sleep increased by 86% and social isolation decreased by 78%.

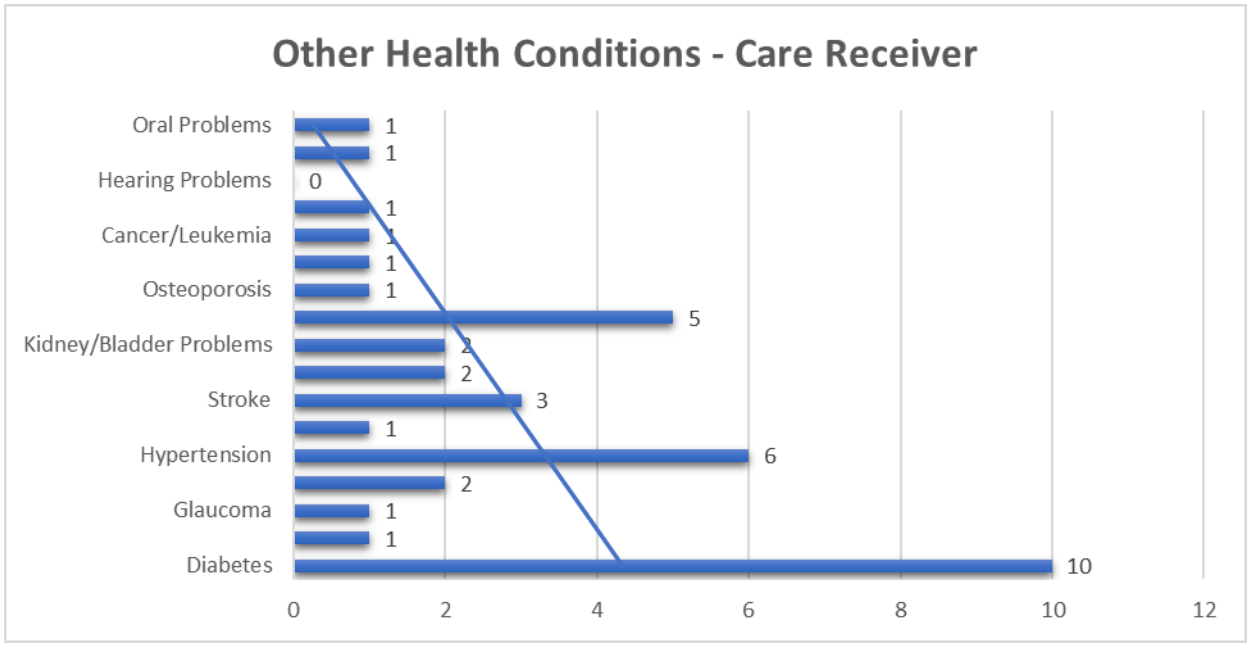


In caregivers, reassessments for triggered behaviors reveal decreased levels of anxiety by 78%, capacity to provide care increased 76%, emotional and physical health strain decreased 74%, health care concerns decreased by 100%, sleep levels increased by 78%, and social isolation decreased 78% as a result from the Care Consultations Program. BRI-CC impact is paramount to positive emotional and behavioral changes in both caregivers and care recipient. Overall wellness and comfort levels significantly increased in both populations.

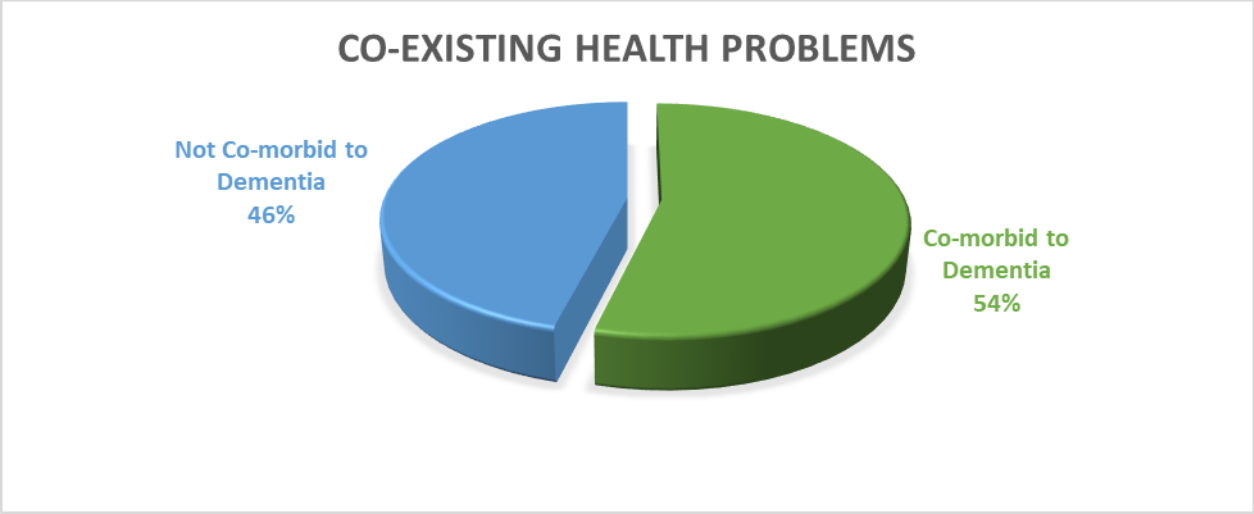


Those who participated in the Care Consultations program, both caregivers and care recipients were assessed for existing health concerns, including dementia types. The majority of Care Consultation clients experienced dementia-related disorders, which accounted for 97% of clients. The most prevalent type of dementia among care recipients assessed was Alzheimer's Disease (n=46) and cognitive impairment (n=16).

Health conditions aside from ADRD experienced by care recipients (n=75) were also assessed. Common health conditions experienced by care recipients included diabetes (n=10), hypertension (n=6), arthritis, and joint problems (n=5), and stroke (n=3).

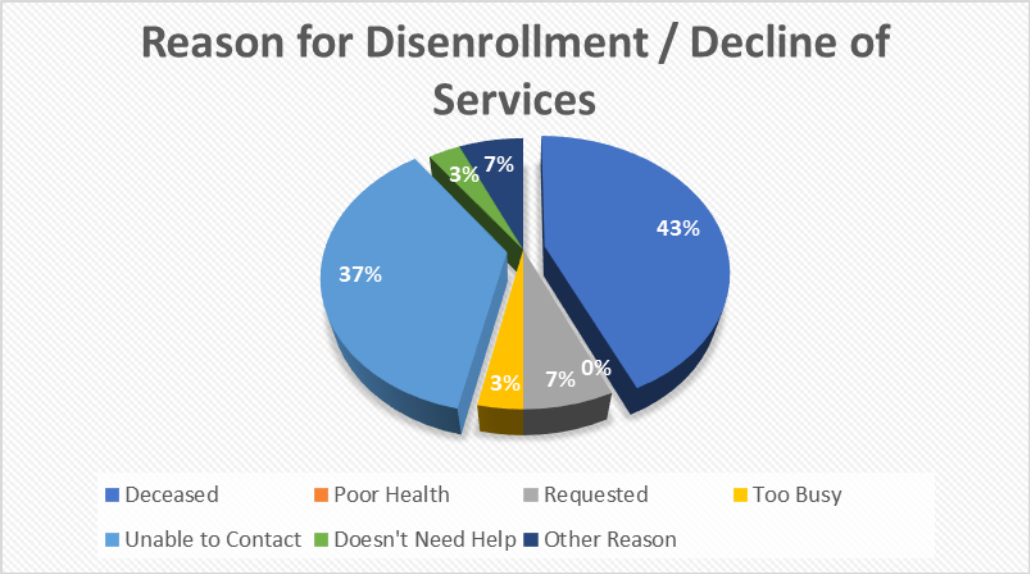


Of these existing health conditions, 54% (n=39) were co-morbid with one type of dementia, indicating co-morbid impacts either as a response to ADRD or a ADRD as a response to pre-existing health related issues.



Caregiver reported health conditions were consistent among conditions, each condition representing one (n=1) report. Specific conditions reported by caregivers included: diabetes, heart disease/heart problems, hypertension, insomnia/sleep problems, arthritis/joint problems, back problems, cancer/leukemia, COPD, and thyroid concerns. Only one (n=1) caregiver reported an, ADRD, mild cognitive impairment.

BRI Care Consultation Program also documents case activity to determine the number of cases enrolled and the number of cases dis-enrolled or declined services as well as the reasons for declined services. The total number of clients enrolled into the program over the entire grant period were 68. Of those 68, 40% (n=27) clients disenrolled or declined services for the following reasons, the largest due to being deceased (43%) followed by unable to contact (37%).



What, if any, challenges did you face during the project and what actions did you take to address these challenges?

Administrative

The challenges faced throughout this project included internal administrative requirements with project management and funding distribution. The Nevada process for approval for hiring the Caregiver Support Coordinator position took longer than anticipated. The Caregiver Support Coordinator was interviewed and selected in November 2014; however, did not begin work with the project until the end of January 2015, five months into the project. The initial coordinator was studying to be a Registered Nurse during this project. This benefited the project with the nursing education perspective but she was hired very quickly once she completed the nursing program and certifications, requiring several months before another coordinator could be hired (July 1, 2017).

The distribution of funds to partners took more time than anticipated, especially initial funding, getting the project off to a delayed start. Most program partner agencies, with the exception of two, were funded in Mid-March of 2015, almost seven months into the project. Upon funding allocation completion, scheduled training and project implementation began. This challenge did not affect ADSD's timelines for overall activities, goals, or objectives. Other challenges faced during this project included time coordination of partner meetings and trainings. The contracted Caregiver Support Coordinators were instrumental in scheduling and performing many complex aspects of project management.

Programmatic Challenges

Obstacles encountered in Nevada, particularly with regard to the EPIC program include: (1) people seeking the program are not in early stage, despite having a recent dementia diagnosis, (2) people do not seek assistance early in the disease due to the stigma associated with dementia, and (3) physicians are hesitant to diagnose or discuss dementia. Recruitment for this program continues to be a challenge, especially in Northern Nevada. ADSD works closely with program partners in attempts to resolve this challenge.

The availability and dispersal of programs are limited and do not always reach caregivers when needed. This can be due to many factors including outreach and service recognition, system dispersion for consumer connection, and insufficient training of front line staff at connection points. The development of additional measures related to community members identified as having cognitive issues, such as age range, type of insurance, and services referred to may be able to provide a broader understanding of population needs and future program initiatives. For example, one idea discussed at TFAD and partner events is the development of a dementia handout which includes specific language on dementia statistics in Nevada to assist with creating awareness in the community and with legislative leaders.

EPIC program marketing and recruitment was challenging as the program partner, the Alzheimer's Associations, experienced increased staff turnover at all levels. Hiring, retaining, and training of new staff at partner levels impeded on EPIC program recruitment and retainment strategies. Key staff have been replaced at all levels and training continues.

As it is difficult to ask overwhelmed and overloaded caregivers to commit time outside of their caregiving roles, an improved focus on outreach and recruitment is critical to the cost effectiveness of available interventions. EPIC program waves should be expanded to reach qualifying participants for effective program delivery and retention. The development and use of

testimonials taken from both participants and caregivers who have completed the EPIC program may be useful for future recruitment efforts. Additional outreach strategies and initiatives are necessary to optimize promotion and utilization of the EPIC program. Plans to hire and retain a full-time outreach position is expected to take place in January 2018 and will assist with recruitment strategies. Expanding recruitment strategies will be a key component of this role. Structuring workshops to meet the needs of the community based upon feedback obtained from previous waves, will also be beneficial for program engagement and retention.

Programs growth for capacity and availability throughout the state was also seen as a large challenge throughout the duration of the project. A tour was scheduled throughout rural Nevada to present information on the BRI-CC in effort to minimize this challenge. Utilization of marketing and recruitment to support groups and monthly engagement activities was used by the Alzheimer's Association to remedy this challenge.

To assist with recruitment challenges, Nevada partnered with Bill Thomas's *ChangingAging* Tour in Reno, Nevada on April 10, 2017. The intent was to disseminate information on Nevada's Tool Box of Services and solicit guidance from a panel of experts and audience members on the next steps for improving Nevada's Dementia Capable Service System.

Rural Populations

Several challenges also exist in providing year-around services to many areas of the state, including remoteness, geographic obstacles, severe weather conditions, culture and communication, along with decreasing social service budgets. Rural areas of Nevada can make it challenging to develop an equitable service delivery model for both urban and rural areas. Providing a network of providers and services, particularly in rural areas is a challenge Nevada must continue to overcome. Social service funding in Nevada are thinly stretched and priority services are apportioned with the limited remaining funds. This leaves many individuals

deprived of basic social services to help them lead independent, meaningful and dignified lives, and a perception that caregiver supportive services is less meaningful.

What impact do you think this project has had to date?

One of the major impacts of this project is the establishment of Nevada's Tool Box of services and expanded awareness throughout Nevada communities. These services provide additional options for caregivers of individuals with Alzheimer's and related dementia in caring for their loved ones. In addition to these specific funded Alzheimer's and related dementia programs, other supportive services programs funded using OAA and TSF like Adult Day Care, Respite and Supportive Services, and Caregiver Supportive services contribute to the person-centered approaches and resources for service modalities to support this population, and now have additional options to further support this population.

What are the lessons you learned from undertaking this project?

Several lessons were learned throughout this project, many were documented throughout this report (***Results/ Important Findings and Lessons Learned***). Nevada will continue to refine in its "Tool Box" of service ensuring programs continue to meet community and individual needs, in addition to existing programs funded through the Older American's Act like, Adult Day Care, Respite Services, and other Caregiver Supportive Services. ***Nevada 211*** has the capacity to become an invaluable resource for measuring trends and patterns in referrals to ADRD resources and may provide a larger picture of community needs and ways in which the community accesses services. This resource will be used for future needs assessments and determination of service delivery systems most utilized for support throughout the state. The referral and utilization reports obtained from the 211 system will further assist the determination of service needs, growth, and expansion of existing services.

Service areas have differing needs as do individuals, particularly rural and frontier areas compared to urban areas. Combining these requirements with the intricacies associated with early stage programs, recruitment and marketing challenges, commitments for evidence-based programs from participants, and a deficiency in the way data is collected on programs lead Nevada down the *Dementia Friendly America* (DFA) path to build upon accomplishments from this and other Alzheimer's projects. Additional learning experiences and important findings are included in the ***Final Evaluation Report: Program Evaluation Report (Attachment 1)*** which includes the *EPIC Evaluation*.

Nevada 211 has the capacity to become an invaluable resource for measuring trends and patterns in referrals to ADRD resources and may provide a larger picture of community needs and ways in which the community accesses services. This resource will be used for future needs assessments and determination of service delivery systems most utilized for support throughout the state. The referral and utilization reports obtained from the 211 system will further assist in the determination of future service needs, growth, and expansion of existing services. More data is needed to identify a true impact.

Creating awareness within the medical field continues to be a worthwhile approach to initiate prescreening for early signs of ADRD. Partners have developed relationships with various nursing schools to educate future nurses on early signs and implement screening processes within the health care setting.

What will happen to the project after this grant has ended?

The project will end; however, Nevada will continue to build upon its successes from this project. The next step in this evolution is Dementia Friendly Nevada, as another building block for its Dementia Capable Service System.

As the next evolution in Nevada's Dementia Capacity, The Cleveland Clinic, Lou Ruvo Center for Brain Health (CLRCBH) joined forces with individuals and partners across the state to begin an initiative entitled "Dementia Friendly Nevada." The Dementia Friendly Southern Nevada (DFSN) project began May 11, 2016 and continues to strengthen and expand its initiatives through task force, training, and steering committees gauged to incorporate dementia friendly awareness and capabilities throughout southern Nevada. This initiative branched off into sub work groups whose primary goals are to provide education, awareness, and advocacy for Alzheimer's Disease and Dementia related diseases. These groups meet monthly and work collectively to make improvements throughout the state's dementia capable system.

A series of focus groups have been conducted to evaluate capacity within the community. DFSN seeks to include northern and rural communities in DFSN initiatives in effort to strengthen dementia capable and dementia friendly efforts throughout Nevada. An existing website has grown into larger domains offering navigation to services, dementia education, services available to the community and expansion is expected to provide links to community specific websites throughout northern, southern, rural and frontier Nevada communities. The DFSN possess over 302 email contacts and expand Nevada's Tool Box of services.

Dementia Friendly Southern Nevada Community Kick Off from the Cleveland Clinic Lou Ruvo Center for Brian Health in Las Vegas Nevada, courtesy of Dementia Friendly Southern Nevada Group: https://friendlynv.wordpress.com/

The Dementia Friendly America (DFA) initiative is an evidence-based, multi-sector approach to shaping dementia-friendly communities across America. According to the DFA initiative, DFSN is currently in Phase 2 of 4 (Convene, Engage, Analyze, & Act; respectively). DFSN identified 8 sector groups (initial sector groups: Care Partner Services, Community Services, Government, and Healthcare; subsequent sector groups: Business, Financial, Legal, & Faith) to support the DFA mission and goals. DFSN adapted the DFA Toolkit to fit our community and began utilizing the sector-questionnaires in November of 2016. The sector-questionnaires have been adapted to meet the needs of our Southern Nevada community members and to evaluate the strengths and gaps associated with the DFA initiative. DFSN has well-exceeded its goal of receiving 100 sector-questionnaires, with 198 surveys completed by November 2017 with many more surveys completed through other Nevada communities. Additional accomplishments will be reported under ***Nevada's 2016 ADI-SSS Project***, building on activities completed in this and prior ADSSP awards.

Dementia Friendly Southern Nevada has received grant funding to expand its website to increase community awareness of ADRD for those over 50 years and other Nevada residents through a web-based resource. The development of this site will build an internet website community space with respect to dementia resources and possess a blog feature. The site will serve as a host site for dementia friendly materials, meeting notes, dementia friendly events; public forum/think tank and online resources.

Will project activities be sustained or replicated? If the project will be sustained or replicated what other funding sources will allow this to occur?

Yes, both EPIC and BRI-CC will be sustained. Older American Act (OAA) funding and State Tobacco Settlement (TSF) funding are used to fund and continue valuable programs. These funds are available to organizations in Nevada through a competitive and non-competitive

funding cycle. ADSD Grant Specialists and Program Auditors monitor these sub awards closely for spending and performance measures, ensuring activities meet funding source requirements. Grants Specialist review and make funding recommendations for all Social Service and Nutrition grant applications for compliance with service specifications and fit within Nevada's core services funding methodology. As part of the core services model and ADSD/ Nevada funding paradigm, Evidence-based programs are prioritized. The next competitive cycle of funding is in 2019, and BRI-CC is intended to be a core component of the ADRC funding.

EPIC and BRI-CC are being expanded under Nevada's 2016 ADI-SSS project. EPIC has already been transitioned and supported through Older American Act Funding in Southern Nevada and is anticipated to continue. The next step for Nevada Dementia Capability is enhancing and developing Dementia Friendly Communities, built upon lessons learned and successes in this project. Throughout the duration of this project, Nevada funded approximately $360,000 to four (4) agencies from Older American Act (OAA) and State Tobacco Settlement Funding (TSF) for "Tool Box" programs including CarePRO and EPIC. In addition, during this project period, Nevada funded over $8 million from OAA/TSF for additional supportive services serving this population and other caregivers, including Adult Day Care; Caregiver Supportive Services; Respite and Respite Voucher; and Alzheimer's Diagnostics. These efforts demonstrate ADSD's commitment to ADRD Evidence-based programs and its commitment to sustain these programs after the project period.

ADSD Social Services Competitive Funding Cycle (OAA and TSF), which was awarded for the period beginning July 1, 2017, awarded funding for EPIC and CarePRO into its State funding structure, sustaining activities developed under ADSSP grant awards. However, for State Fiscal Year 2018, only the Southern Nevada partner has incorporated EPIC into its Social Services funding, due to existing commitments in EPIC and the structure of the program

"competing against itself" for already struggling recruitment. Several project partners have expressed commitments to continue these efforts within their businesses paradigms.

ADSD, through assistance and guidance from RCI, is developing sustainability and expansion plans for BRI-CC into Northern Nevada communities through one if its ADRCs, Access to Health Network (AHN). This expansion is part of ADSD's larger vision to incorporate BRI-CC into the core functions of ADRCs and identify additional resources for ADRC funding. Integrating BRI-CC as a core component of ADRCs will improve available data sets for its service population and may help with diversifying available funding options.

Please note your significant partners in this project and if/how you will continue to work on this activity.

Significant Partner	Continued work on Project Activities
ADSD	Prioritize Funding for Evidence-Based and Tool Box Programs. Support partners in delivery and recommendations of programs needed in Nevada.
AA-DSW	Continue EPIC and CarePRO as part of its agency core services, supported by ADSD. Continued support for Dementia Friendly Communities and Nevada's vision for Tool Box Programs.
AA-NorCal	Continue and expand EPIC in Nevada's 2016 ADI-SSS. Identify additional Tool Box programs to incorporate in Northern Nevada. Continued support for Dementia Friendly Communities and Nevada's vision for Tool Box Programs.
ASU	Continue to provide technical assistance for EPIC and support both Alzheimer's Chapters in Nevada. David Coon, Ph.D and Arizona, as a recipient of ADI-SSS and National Institutes of Heath projects, is identifying ways to improve EPIC including possible adaption for the Live Alone Population and those with Intellectual and Developmental Disabilities.
BRI/ RCI	Continued support for BRI-CC, contracts, enhancements, and vision for Nevada's Tool Box Programs. Additional program support to other partners for other services, including Nevada Senior Services (REACH) and AA-Nor Cal (Savvy)
CCLRCBH	Project Partner in Nevada's 2016 ADI-SSS project. Incorporating Tool Box Programs as a Dementia Friendly Community and Nevada overall vision to serve this population.
NSS	Continue delivery of BRI-CC. Recipient of the 2017 ADI-SSS Project. Continued support for Dementia Friendly Communities and Nevada's vision for Tool Box Programs.
TFAD	Continued support for ADSD vision for this population. Continued policy and legislative recommendations to further support Nevada's Dementia Capable Service System.
UNR-SCA	Continued data recommendations and project evaluation for Nevada's ADSSP and ADI Projects.

Over the entire project period, what were the "Key Publications" and communications activities? How were they disseminated or communicated?

Nevada's final project reporting deliverables include:

I. Screening, Assessment and Evaluation Tools

a) Level 1 Screening Tool addition of Caregiver and Cognition Item (***Appendix A***)

b) Baseline Evaluation Report FY 15 (***Attachment 2***)

c) Final Evaluation Report, including EPIC Evaluation (***Attachment 1***)

II. Program Flyer Samples and Promotional Material

a) BRI Care Consultation Program Brochure (***Appendix B***)

b) Early Stages Partners in Care additions to the Alzheimer's Association website (***Appendix C***)

c) Additions to State of Nevada's website to include education on Alzheimer's and Dementia and links to partner webpages for program specific information ***(Appendix D)***

d) Tool Box of Services Brochure (***Appendix E***)

e) Newsletter created by Nevada Senior Services ***(Appendix F)***

f) Navigation Wheel / Compass ***(Appendix G)***

III. Reports

a) Final Performance Report - describing key findings and lessons learned

b) ADSSP Data Collection Reporting Form OMB Approval 0985-0022.

Peter Reed, Ph.D., MPH and team from the Sanford Center for Aging presented the Nevada plan for evaluating the project during the July 14, 2015 RTI International Grantee and Evaluators Call. Dr. Peter Reed with the UNR, SCA team also presented the state's plans to

capture data and evaluate the effectiveness of the Alzheimer's and Dementia initiative, on a national call.

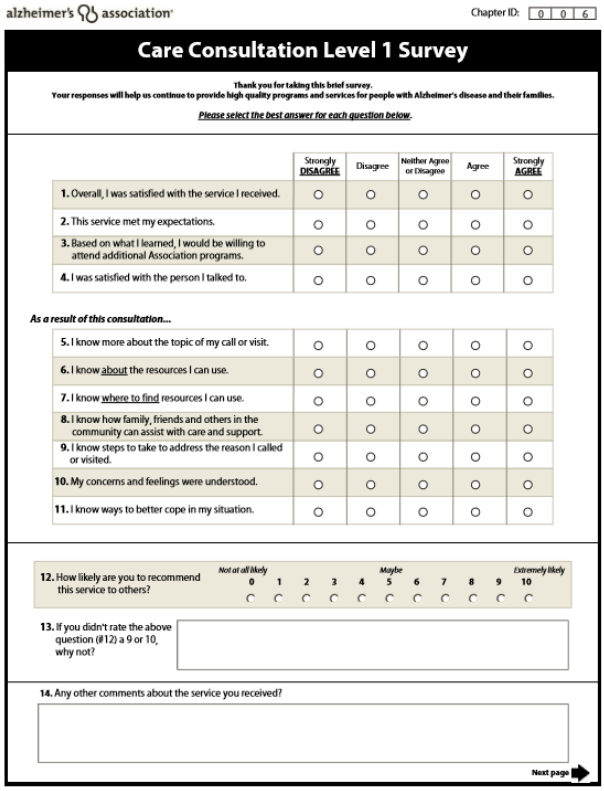
The University of Nevada, Reno – Sanford Center for Aging developed a baseline evaluation report for fiscal year 2015 defining ADRD services available throughout Nevada. The number of residents who accessed community-based services compared to the estimated number of people living with ADRD and their caregivers who could potentially be in need of community-based services was addressed to determine reach and penetration benchmarks.

A website was created by the Dementia Friendly Nevada initiative and can be accessed at https://friendlynv.wordpress.com. The new website improvements may be found at https://dementiafriendlynevada.org/

Appendix

Appendix A: Level 1 Screen

The Level 1 Screen added a caregiver and cognition item to help develop its dementia capability, leveraging activities from Nevada's Balancing Incentive Payment Program (BIPP) and its ADRC initiative. It was released to select No Wrong Door agencies in the summer of 2015 with a web-based version released to the public in the fall of 2015.



alzheimer's association

Chapter ID: 0 0 6

Care Consultation Level 1 Survey

Thank you for taking this brief survey.
Your responses will help us continue to provide high quality programs and services for people with Alzheimer's disease and their families.

Please select the best answer for each question below.

	Strongly DISAGREE	Disagree	Neither Agree or Disagree	Agree	Strongly AGREE
1. Overall, I was satisfied with the service I received.	○	○	○	○	○
2. This service met my expectations.	○	○	○	○	○
3. Based on what I learned, I would be willing to attend additional Association programs.	○	○	○	○	○
4. I was satisfied with the person I talked to.	○	○	○	○	○
As a result of this consultation...					
5. I know more about the topic of my call or visit.	○	○	○	○	○
6. I know about the resources I can use.	○	○	○	○	○
7. I know where to find resources I can use.	○	○	○	○	○
8. I know how family, friends and others in the community can assist with care and support.	○	○	○	○	○
9. I know steps to take to address the reason I called or visited.	○	○	○	○	○
10. My concerns and feelings were understood.	○	○	○	○	○
11. I know ways to better cope in my situation.	○	○	○	○	○

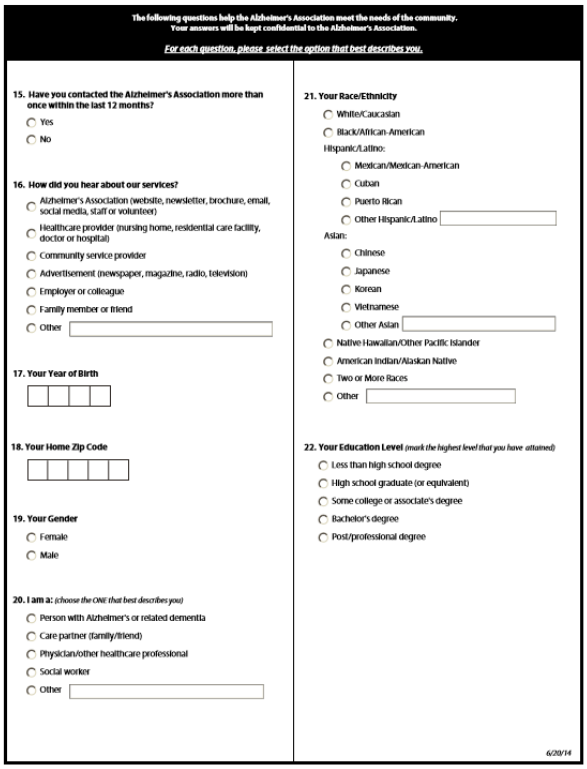
12. How likely are you to recommend this service to others?

Not at all likely 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ *Maybe* 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ *Extremely likely* 10 ○

13. If you didn't rate the above question (#12) a 9 or 10, why not?

14. Any other comments about the service you received?

Next page



The following questions help the Alzheimer's Association meet the needs of the community.
Your answers will be kept confidential to the Alzheimer's Association.

For each question, please select the option that best describes you.

15. Have you contacted the Alzheimer's Association more than once within the last 12 months?
○ Yes
○ No

16. How did you hear about our services?
○ Alzheimer's Association (website, newsletter, brochure, email, social media, staff or volunteer)
○ Healthcare provider (nursing home, residential care facility, doctor or hospital)
○ Community service provider
○ Advertisement (newspaper, magazine, radio, television)
○ Employer or colleague
○ Family member or friend
○ Other

17. Your Year of Birth
☐☐☐☐

18. Your Home Zip Code
☐☐☐☐☐

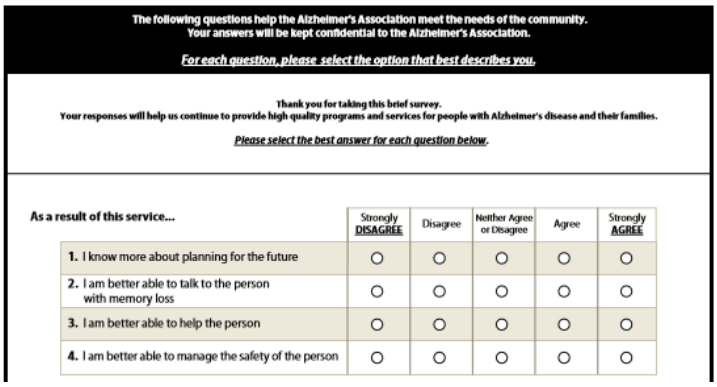
19. Your Gender
○ Female
○ Male

20. I am a: *(choose the ONE that best describes you)*
○ Person with Alzheimer's or related dementia
○ Care partner (family/friend)
○ Physician/other healthcare professional
○ Social worker
○ Other

21. Your Race/Ethnicity
○ White/Caucasian
○ Black/African-American
Hispanic/Latino:
○ Mexican/Mexican-American
○ Cuban
○ Puerto Rican
○ Other Hispanic/Latino
Asian:
○ Chinese
○ Japanese
○ Korean
○ Vietnamese
○ Other Asian
○ Native Hawaiian/Other Pacific Islander
○ American Indian/Alaskan Native
○ Two or More Races
○ Other

22. Your Education Level *(mark the highest level that you have attained)*
○ Less than high school degree
○ High school graduate (or equivalent)
○ Some college or associate's degree
○ Bachelor's degree
○ Post/professional degree

6/20/14



The following questions help the Alzheimer's Association meet the needs of the community.
Your answers will be kept confidential to the Alzheimer's Association.

For each question, please select the option that best describes you.

Thank you for taking this brief survey.
Your responses will help us continue to provide high quality programs and services for people with Alzheimer's disease and their families.

Please select the best answer for each question below.

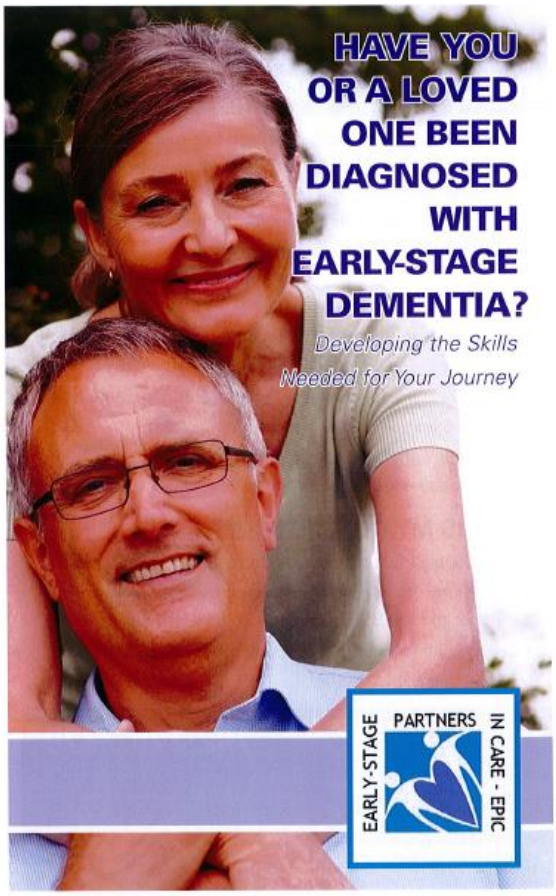
As a result of this service...	Strongly DISAGREE	Disagree	Neither Agree or Disagree	Agree	Strongly AGREE
1. I know more about planning for the future	○	○	○	○	○
2. I am better able to talk to the person with memory loss	○	○	○	○	○
3. I am better able to help the person	○	○	○	○	○
4. I am better able to manage the safety of the person	○	○	○	○	○

Appendix B: BRI Care Consultation Program Brochure

Nevada Senior Services released a brochure to promote BRI-CC, educate the community on types of services available and help recruitment. The brochure was distributed throughout Southern and Rural Nevada as well as posted on the NSS website.

Appendix C: EPIC Brochure

Early Stage Partners in Care – sample from the Alzheimer's Association website. This provides an overview of the EPIC program as well as an example of information that ADSD can modify for specific use in Nevada. Program information was shared with the ADSD Community Development Specialist. Working with a team of approximately 25 volunteers, the information was provided during community events, presentations, and health fairs.



WHAT IS EPIC?

EPIC (Early stage Partners In Care) is a free multi-week program for both care partners and individuals with Alzheimer's. Each couple will learn about the diagnosis, services available, meet and work with other individuals on the Alzheimer's journey and discuss openly about the disease.

Through our EPIC workshops, you will learn:

- About early-stage memory loss and its impact
- How to manage your concerns, stress, and distress
- How to prepare for changes because of the memory loss
- How to communicate about memory loss with your loved one
- How to stay engaged and plan for the future

WHAT IS MY COMMITMENT

- Each couple must reside in a community setting
- One 30 minute telephone interview, prior to the first workshop
- Seven 2.5 hour sessions over a seven week period *(one session in home)*

alzheimer's association
Desert Southwest Chapter

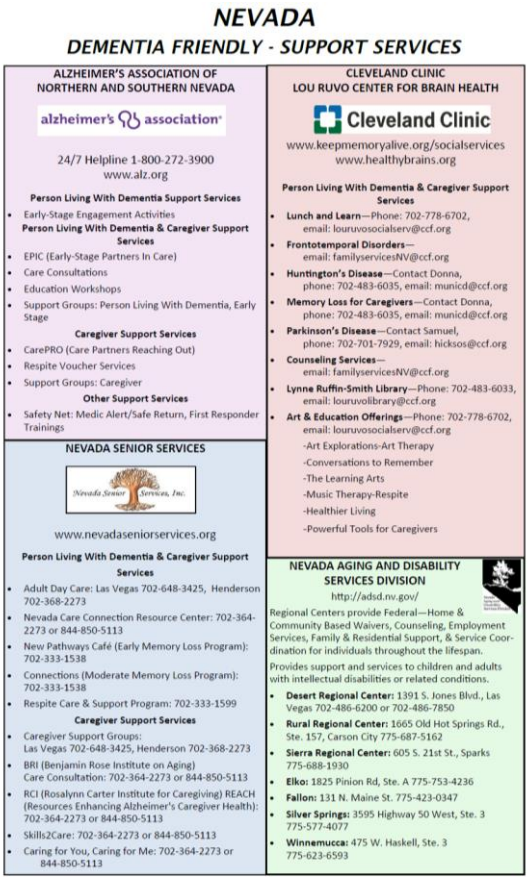
702.248.2770
800.272.3900
5190 S Valley View Blvd, #104
Las Vegas, NV 89118

Appendix D: Additions to State of Nevada Care Connections Website

Additions were made to State of Nevada's Care Connections website including the development of an Alzheimer's and Dementia section geared toward resource options, education, and empowerment. Links to Nevada specific programs and partners (i.e. EPIC, BRI Care Consultations, CarePRO, etc.) and respite resources for caregivers were also added. The website is a continuous project, and remains an essential and important way to disseminate information as well as promote available programs offered. This resource was developed through a workgroup of experts including representatives on the Task Force on Alzheimer's Disease and in line with existing Nevada web resources also developed. Further enhancements to this website is planned and will include a roadmap to assist those living with ADRD and their caregivers with locating access to additional services.

Appendix E: Tool Box of Services Flyer

The Nevada Tool Box of Services flyer was developed by ADSD staff and disseminated to partners to use as a resource assisting those living with ADRD to locate services and education. This flyer is displayed by partners and distributed at community action group (the next step in developing Nevada's Dementia Capable Service System) meetings. The intent is to increase awareness of service available to the community. Nevada continues to improve its "Tool Box" of services definition for individuals with ADRD and their family care partners. The "Tool Box" refers both to evidence-based programs such as CarePRO, EPIC, and BRI-CC and core services like Adult Day Care, Respite and other Caregiver Supportive Services. The flyer below highlights tools to address the needs of this populaiton from partner providers and works in conjunction with ***Nevada211***.



NEVADA

DEMENTIA FRIENDLY - SUPPORT SERVICES

ALZHEIMER'S ASSOCIATION OF NORTHERN AND SOUTHERN NEVADA

alzheimer's association

24/7 Helpline 1-800-272-3900
www.alz.org

Person Living With Dementia Support Services

- Early-Stage Engagement Activities

Person Living With Dementia & Caregiver Support Services

- EPIC (Early-Stage Partners In Care)
- Care Consultations
- Education Workshops
- Support Groups: Person Living With Dementia, Early Stage

Caregiver Support Services

- CarePRO (Care Partners Reaching Out)
- Respite Voucher Services
- Support Groups: Caregiver

Other Support Services

- Safety Net: Medic Alert/Safe Return, First Responder Trainings

NEVADA SENIOR SERVICES

Nevada Senior Services, Inc.

www.nevadaseniorservices.org

Person Living With Dementia & Caregiver Support Services

- Adult Day Care: Las Vegas 702-648-3425, Henderson 702-368-2273
- Nevada Care Connection Resource Center: 702-364-2273 or 844-850-5113
- New Pathways Café (Early Memory Loss Program): 702-333-1538
- Connections (Moderate Memory Loss Program): 702-333-1538
- Respite Care & Support Program: 702-333-1599

Caregiver Support Services

- Caregiver Support Groups: Las Vegas 702-648-3425, Henderson 702-368-2273
- BRI (Benjamin Rose Institute on Aging) Care Consultation: 702-364-2273 or 844-850-5113
- RCI (Rosalynn Carter Institute for Caregiving) REACH (Resources Enhancing Alzheimer's Caregiver Health): 702-364-2273 or 844-850-5113
- Skills2Care: 702-364-2273 or 844-850-5113
- Caring for You, Caring for Me: 702-364-2273 or 844-850-5113

CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH

Cleveland Clinic

www.keepmemoryalive.org/socialservices
www.healthybrains.org

Person Living With Dementia & Caregiver Support Services

- **Lunch and Learn**—Phone: 702-778-6702, email: louruvosocialserv@ccf.org
- **Frontotemporal Disorders**—email: familyservicesNV@ccf.org
- **Huntington's Disease**—Contact Donna, phone: 702-483-6035, email: municd@ccf.org
- **Memory Loss for Caregivers**—Contact Donna, phone: 702-483-6035, email: municd@ccf.org
- **Parkinson's Disease**—Contact Samuel, phone: 702-701-7929, email: hicksos@ccf.org
- **Counseling Services**—email: familyservicesNV@ccf.org
- **Lynne Ruffin-Smith Library**—Phone: 702-483-6033, email: louruvolibrary@ccf.org
- **Art & Education Offerings**—Phone: 702-778-6702, email: louruvosocialserv@ccf.org
  - -Art Explorations-Art Therapy
  - -Conversations to Remember
  - -The Learning Arts
  - -Music Therapy-Respite
  - -Healthier Living
  - -Powerful Tools for Caregivers

NEVADA AGING AND DISABILITY SERVICES DIVISION

http://adsd.nv.gov/

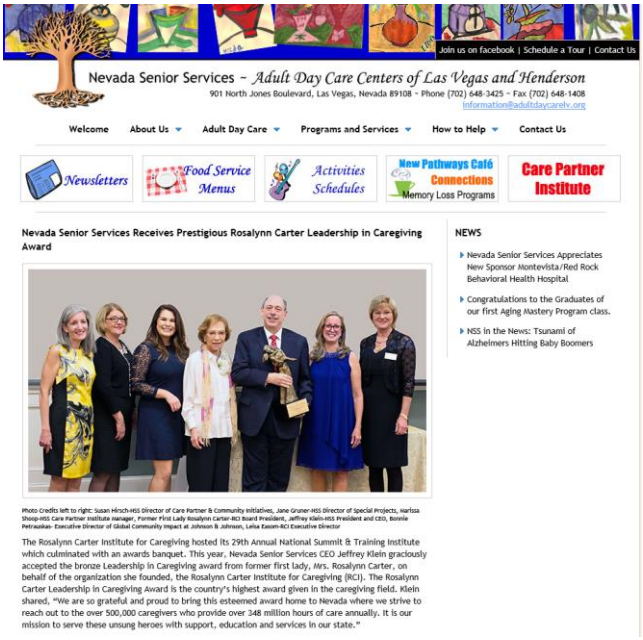
Regional Centers provide Federal—Home & Community Based Waivers, Counseling, Employment Services, Family & Residential Support, & Service Coordination for individuals throughout the lifespan.

Provides support and services to children and adults with intellectual disabilities or related conditions.

- **Desert Regional Center:** 1391 S. Jones Blvd., Las Vegas 702-486-6200 or 702-486-7850
- **Rural Regional Center:** 1665 Old Hot Springs Rd., Ste. 157, Carson City 775-687-5162
- **Sierra Regional Center:** 605 S. 21st St., Sparks 775-688-1930
- **Elko:** 1825 Pinion Rd, Ste. A 775-753-4236
- **Fallon:** 131 N. Maine St. 775-423-0347
- **Silver Springs:** 3595 Highway 50 West, Ste. 3 775-577-4077
- **Winnemucca:** 475 W. Haskell, Ste. 3 775-623-6593

Appendix F: Nevada Senior Services Monthly Newsletter Sample

Nevada Senior Services (http://www.nevadaseniorservices.org/) monthly newsletter is available online and distributed. This particualr edition outlines the Leadership in Caregiving award received from the Rosalynn Carter Institute for Caregiving.



Join us on facebook | Schedule a Tour | Contact Us

Nevada Senior Services – *Adult Day Care Centers of Las Vegas and Henderson*

901 North Jones Boulevard, Las Vegas, Nevada 89108 - Phone (702) 648-3425 - Fax (702) 648-1408

information@adultdaycarelv.org

Welcome | About Us | Adult Day Care | Programs and Services | How to Help | Contact Us

Newsletters | Food Service Menus | Activities Schedules | New Pathways Café Connections Memory Loss Programs | Care Partner Institute

Nevada Senior Services Receives Prestigious Rosalynn Carter Leadership in Caregiving Award

Photo Credits left to right: Susan Hirsch-NSS Director of Care Partner & Community Initiatives, Jane Gruner-NSS Director of Special Projects, Narissa Shoop-RCI Care Partner Institute Manager, Former First Lady Rosalynn Carter-RCI Board President, Jeffrey Klein-NSS President and CEO, Bonnie Petrauskas- Executive Director of Global Community Impact at Johnson & Johnson, Leha Eason-RCI Executive Director

The Rosalynn Carter Institute for Caregiving hosted its 29th Annual National Summit & Training Institute which culminated with an awards banquet. This year, Nevada Senior Services CEO Jeffrey Klein graciously accepted the bronze Leadership in Caregiving award from former first lady, Mrs. Rosalynn Carter, on behalf of the organization she founded, the Rosalynn Carter Institute for Caregiving (RCI). The Rosalynn Carter Leadership in Caregiving Award is the country's highest award given in the caregiving field. Klein shared, "We are so grateful and proud to bring this esteemed award home to Nevada where we strive to reach out to the over 500,000 caregivers who provide over 348 million hours of care annually. It is our mission to serve these unsung heroes with support, education and services in our state."

NEWS

- Nevada Senior Services Appreciates New Sponsor Montevista/Red Rock Behavioral Health Hospital
- Congratulations to the Graduates of our first Aging Mastery Program class.
- NSS in the News: Tsunami of Alzheimers Hitting Baby Boomers

In October 2010, the RCI released "Averting the Caregiving Crisis: Why We Must Act Now," a position paper outlining twelve recommendations for addressing our nation's caregiving crisis. To sharpen the focus, they restated the original recommendations as six strategic initiatives in "Averting the Caregiving Crisis: An Update." The Rosalynn Carter Leadership in Caregiving Award is given to the individual or organization that has taken concrete action in making these initiatives a reality. These initiatives include: Educating the public about the critical role of family care partners and the risks associated with that caregiving role; offering caregivers effective, evidence-based programs & services; supporting programs in community settings; tax/public policy changes; securing sustainable funding for programs and; providing leadership for coordination of efforts to support family caregivers. "Nevada has an urgent need for these services" states Klein, "We are experiencing the aging "tsunami" in Nevada where our 65+ population will increase over 260 percent by 2030."

"There are only four kinds of people in the world: Those who have been caregivers, Those who are currently caregivers, Those who will be caregivers, Those who will need caregivers." - Rosalynn Carter

Nevada Senior Services (NSS) operates the only non-profit adult day healthcare programs in Southern Nevada. It was Klein's mission to make these services available to any family who needed respite care regardless of their ability to pay for services. With the support of the state Aging and Disability Services and other community partners, this mission was achieved. Over the past 6 years NSS has expanded its services to add 14 programs to support senior wellness/education, in home respite care, early memory loss therapeutic workshops, and a cadre of programs under their Care Partner Institute including 5 RCI affiliated programs: RCI REACH (Coaching for dementia caregiving), Caring for You-Caring for Me (Workshops for professional and family caregivers), Care Consultation (A phone-based caregiver support and information program in conjunction with Cleveland's Benjamin Rose Institute), Skills to Care (An OT facilitated program in conjunction with Thomas Jefferson University, Philadelphia) and Operation Family Caregiver (Veteran and active military caregiver coaching- starting 2017). NSS also operates Nevada's Care Connection Resource Center for all of Southern Nevada.

Nevada Senior Services provides compassionate care and services to adults facing the challenges of chronic diseases, disabilities, and aging to remain in the community with dignity. We accomplish our mission by improving the physical, spiritual and emotional health of individuals and families through providing a comprehensive range of health, education, and social services for those facing the challenges of chronic disease, disability and aging.

Appendix G: Navigation Wheel

The Navigation Wheel developed by the Cleveland Clinic Lou Ruvo Center for Brain Health was used as a tool for people with Alzheimer's and related dementias and their caregivers to locate types of resources available as well as education on various aspects of the disease. Sample of the functional compass provided below. Recipients can turn each section for specific information.

This was developed in part through recommendations from the Task Force on Alzheimer's Disease from established goals and disseminated through Cleveland Clinic Lou Rovo Center for Brain Health. An update specific for Dementia Friendly Communities is anticipated in 2018.