gathering, we will be able to eliminate the need for a central research staff to conduct baseline and follow-up interviews and will, instead, collect key outcome data through the electronic health record. Instead of in person training of TeleSavvy facilitators, we will rely on an online training program and facilitator manuals.

CHALLENGES IN IMPLEMENTING EVIDENCE-BASED DEMENTIA CARE PROGRAMS IN COMMUNITY-BASED SETTINGS: ADS PLUS

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The Adult Day Service Plus Program (ADS Plus) augments the usual care provided by ADS programs by integrating education, referrals, and problem-solving strategies for family caregivers of persons with dementia. Utilizing a mixed-methods, hybrid effectiveness design, we were in the process of conducting a national evaluation of ADS Plus across xx geographically and culturally diverse programs across the U.S. when the COVID-19 pandemic resulted in the shutdown of almost all of the programs participating in ADS Plus. Qualitative and quantitative data collected during the evaluation suggested that a more robust incorporation of implementation domains and measures (e.g., organizational readiness to change) may have helped avoid some of the challenges related to staff training, fidelity, and other critical intervention delivery aspects. Incorporating implementation science frameworks and measures as early as possible in intervention design may have helped to overcome some of the challenges experienced in ADS Plus.

TRACKING ADAPTATION AND FIDELITY WHEN EMBEDDING COPE, EVIDENCE-BASED DEMENTIA CARE, IN PACE SITES

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One essential question in moving dementia care interventions to practice is, "What is the optimal balance between fidelity to, and adaptation of, a proven program in "real world" settings?" We present a protocol for measuring the adaptation/fidelity and implementation of an evidence-based dementia care program (Care of Persons in their Environment, COPE) in PACE settings. During pre-implementation, science-based elements of COPE were documented including the theory of change, logic model and core components. Possible adaptations to COPE in its delivery were identified and included program structure (sequence of sessions), content (assessments), and delivery methods (online). During implementation, documentation of implementation strategies is captured using an evidence-informed checklist derived from the Expert Recommendations for Implementing Change (ERIC) workgroup. Ongoing documentation of fidelity/adaptation aspects of program implementation is conducted using the FRAME framework. Understanding methods and measures deployed in adaptation and implementation of evidence-based dementia programs can help guide future translation efforts.

ADAPTATION OF THE CARE ECOSYSTEM INTERVENTION FOR INDIVIDUALS WITH DEMENTIA IN A HIGH-RISK, CARE MANAGEMENT PROGRAM

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The Care Ecosystem (CareEco) model is a telephone-based dementia care program providing standardized, personalized and scalable support and education for caregivers and persons living with dementia (PLWD), medication guidance, and promotion of proactive decision-making. It has demonstrated improvement in quality of life for PLWD and reduced unnecessary healthcare expenditures. We initiated a pragmatic, embedded randomized pilot trial of an adapted CareEco model for nurses who provide high-risk care management and are embedded in primary care practices within a large healthcare system. Outcomes include feasibility of collecting emergency department visits, usability and acceptability of the intervention by nurse care managers, caregiver strain, behavioral symptoms of dementia and healthcare expenditures. Challenges of implementation include engaging key care management leaders, adaptation of the CareEco training modules for nurses, identification of primary caregivers, training and reinforcing knowledge and skills of the nurses, embedding clinical assessments into care manager workflows and integration with the EMR.

Session 2160 (Paper)

Trends and Issues of Older Adults Living With HIV/AIDS

MEDIATING ROLE OF LONELINESS ON STIGMA AND DEPRESSIVE SYMPTOMS AMONG OLDER PERSONS LIVING WITH HIV

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Studies have shown associations among stigma, loneliness, and depressive symptoms in older persons living with HIV (OPLWH) but research assessing the mediating pathway among these variables is lacking. As such, the aims of this study were to assess the association between stigma and depressive symptoms and to test the mediating effects of loneliness. A sample of 146 OPLWH (50 years of age and