

Administration for Community Living Evidence-Based Program (EBP) Review Process

Letter of Intent

The Letter of Intent should be submitted in the EBP Review Process application portal. The link to complete the Letter of Intent will be available on January 6, 2025. Minor changes may be made to the Letter of Intent prior to publication.

Basic Information

- Program Title:
- Organization / Institution:
- Primary Contact's Name:
- Primary Contact's Position/Title:
- Primary Contact's Email Address:
- Primary Contact's Street Address:
- Primary Contact's City:
- Primary Contact's State:
- Primary Contact's Zip Code:
- Website:
- Alternative Contact:
- Alternative Contact's Email Address:

Program Information

- Brief Program Description (including the primary topics covered by the program) (250 Word Limit):

- Program Type: (check all that apply)
 - Group
 - Individual
 - Other:

- Program Format: (check all that apply)
 - By mail
 - In-person in community setting
 - In-person at home
 - Online
 - Self-directed
 - Telephone
 - Other: [open text field]

- Program Length:

- 1-5 sessions
 - 6-10 sessions
 - 11 or more sessions
 - Ongoing
 - Other: [open text field]
- Who delivers the intervention? (Check all that apply)
 - Case manager
 - Licensed social worker
 - Health care professional (e.g., nurse, physical therapist, occupational therapist)
 - Community health worker
 - Certified fitness instructor
 - Lay leader (e.g., volunteer, peer)
 - Student
 - Other: [open text field]
- In which languages is this program available?
 - English
 - Spanish
 - Other
- Was this program developed to intentionally meet the needs of any of the following populations? Check all that apply.
 - Low vision
 - Hearing loss
 - Dementia
 - LGBTQ+
 - People who speak languages other than English
 - Racial/ethnic minorities
 - People with disabilities (Physical)
 - People with disabilities (Intellectual and Developmental)
 - People with disabilities (Other)
 - Other: [open text field]
 - N/A
- Does the program have a designated contact for sites inquiring about program implementation and maintenance?
 - Yes
 - No

- Is the program training available at least every 6 months?
 - Yes
 - No

Request for Modified Review (optional)

Are you submitting an application for an existing evidence-based program that has been adapted or modified for different contexts (e.g. populations, formats, settings) without changing core components or functions of the program?

- Yes
- No

If the applicant answers “yes” to the above question, the following questions need to be completed.

Complete the following brief survey to describe what adaptations you have made, why you have adapted your program, and any impact from these adaptations. We will review and recommend the following actions by February 14th: 1) modified review or 2) proceed to the Stage 1 application.

These items come from [FRAME \(Framework for Reporting Adaptations and Modifications to Evidence-based interventions\)](#), a widely used framework to help track appropriate adaptations.

- **Intervention Components- Briefly describe what components of the program were changed (e.g. added mindfulness and yoga to the session on stress management). (open text 500 word limit)**
- **Implementation Components – Please check all implementation components that have changed the way the program is delivered. (check all that apply)**
 - Population served (e.g. caregivers, Latinas, people with SMI)
 - Delivery setting (e.g. home, senior center, transitional housing)
 - Delivery method (e.g. in-person, phone, self-directed, zoom)
 - Program interventionist, leader, or coach, etc. (e.g. lay providers, peers)
 - Training content and method (e.g. distance training)
 - Quality assurance/fidelity (e.g. fidelity checklist)
 - Other: Please specify _____
- **Please describe what has changed for any boxes checked in the last question. (open text 500 word limit)**

- **Was the program adapted to reach new or different participants?**
 - Yes
 - No

- **If yes, please check all that apply:**
 - Race
 - Ethnicity
 - Age
 - Gender
 - Sexual orientation
 - Language
 - Literacy/education
 - Legal/immigration status
 - Other social identity (please specify): _____
 - Cultural or religious norms
 - Comorbidities/other health conditions
 - Access to resources
 - Cognitive capacity
 - Physical capacity
 - Crisis or emergent circumstances
 - Motivation and readiness
 - Other: please specify

- **Please describe what changes were made to reach the populations selected (e.g. if selected language above, tell us about what language you adapted to). (open text 500 word limit)**

- **Was the program adapted to expand providers who are trained to implement the program?**
 - Yes
 - No

- **If yes, please check all that apply:**
 - Race
 - Ethnicity
 - Age
 - Gender
 - sexual orientation
 - language
 - Other social identity (please specify) _____

- Previous training and skills
 - Preferences
 - Clinical judgement
 - Cultural norms and competency
 - Perception of EBP
 - Other: please specify _____
-
- **Please describe what changes were made to expand providers who are trained to implement the program, as indicated above (e.g. if selected previous training and skills, tell us about what credentials you adapted). (open text 500 word limit)**
-
- **Was the program adapted due to any of the following factors related to delivery organization or setting? (check all that apply)**
 - Available resources (e.G. Funds, staffing, technology, space)
 - Competing demands or mandates
 - Time constraints
 - Service structure
 - Location/accessibility
 - Regulatory/compliance
 - Billing constraints
 - Social context (culture, climate, leadership support)
 - Mission
 - Cultural or religious norms
 - Other: please specify _____
-
- **Please describe what changes were made related to delivery organization or setting, as indicated above (e.g. if selected time constraints, tell us about how you adapted the frequency/duration of the EBP). (open text 500 word limit)**
-
- **Was the program adapted due to any of the following factors? (check all that apply)**
 - Existing laws
 - Existing mandates
 - Existing policies
 - Existing regulations
 - Funding policies
 - Historical context
 - Societal/cultural norms
 - Funding or resource allocation/availability
 - Other: please specify _____

Please describe what changes were made, as indicated above (e.g. if selected funding policies, tell us how the changes better position the program for success). (open text 500 word limit)

Do you have any stories and data on how the adapted program is working? (open text 500 word limit)

This may include:

- process data (e.g. numbers and demographics of people reached, satisfaction surveys from program participants)
- outcome data (pre-post surveys showing change in health, quality of life, self-efficacy, function, or other outcomes of interest)