

**Alzheimer's Disease and Related Disorders Commission
Department for Aging and Rehabilitative Services
8004 Franklin Farm Drive, Henrico VA 23229
Second Quarter Meeting**

**December 19, 2023
MEETING MINUTES**

Members Present

Lana Sargent, Chair
Karen Darner
Karen Garner
Rick Jackson
Kim Kutner
Carol Manning
Margie Shaver
Ishan Williams

Participating Electronically

Travonia Brown-Hughes

ExOfficio

Kathryn Hayfield, DARS
Jason Rachel, DMAS
Tara Ragland, DSS
Rachel Coney, VDH

Guests

Josh Myers (Alzheimer's Association)
Faika Zanjani (VCU, ARDRAF)
Kimberly Davis (VCU School of Nursing)

Staff

Kathryn Hayfield, Commissioner
Marcia DuBois, Deputy Commissioner,
Division for Community Living
Kiersten Ware, Deputy Commissioner,
Division for Aging Services
George Worthington, Dementia Services
Coordinator
Kathy Miller, Director of Aging Programs.
Cecily Slasor, Administrative Support
John Carpenter, Director of Admin.
Catherine Harrison, Director Policy
Division
Charlotte Arbogast, Sr. Policy Analyst

Agenda Items	Speaker
Welcome and Introductions of Members and Guests Chair Lana Sargent opened the meeting at 10:05 a.m. Chair Sargent welcomed members and asked them to introduce themselves. Following introductions, Ms. Sargent reviewed the purpose of the Commission.	Chair Lana Sargent
Review and Adopt Meeting Agenda <i>Action Item:</i> Approve Agenda Chair Sargent asked whether there were any changes to the agenda. An amendment was made to discuss the JLARC report released yesterday.	Chair Lana Sargent

This will be added after the Workgroup reports, and may have an action item attached. Rick Jackson moved to adopt the agenda as amended, and Karen Darner seconded the motion. The vote to adopt the agenda as amended was unanimous.	
Review and Approval of September 19 Meeting Minutes <i>Action: Adopt Minutes</i> There were no comments or edits proposed for the September meeting minutes so Chair Sargent declared the minutes approved. The minutes were adopted as presented.	Chair Lana Sargent
Public Comment Period There were no public comments.	Chair Lana Sargent
Division for Community Living Report and Welcome to the Deputy Commissioner for Aging Services <u>New Division for Aging Services has been established</u> <ul style="list-style-type: none">• You may recall that I provided an update on the new Division for Aging Services at the last meeting. I mentioned that DARS will hire a new Deputy Commissioner for the Division for Aging Services who has a solid background in aging services/gerontology to ensure for a successful and strong renewed Division that will continue to marry all the outstanding work that the agency leads statewide in coordination with the network of AAAs.• We are very happy to announce that Kiersten Ware has been hired as the new Deputy Commissioner of the new Division for Aging Services. Kiersten, who has recently moved here from Vancouver, WA, started working with DARS in her new position yesterday.• Kiersten comes to us with a wonderfully rich background in the delivery of aging services at the community level, including a focus on homelessness. She holds a Master of Science in Gerontology from Virginia Commonwealth University and has spent the last 25 years promoting independence and enhancing the quality of life of older adults. Prior to her move out west, she was with the United Way of Greater Richmond and Petersburg, overseeing their older adults funding portfolio and the Greater Richmond Age Wave. Kiersten has a strong background in both leadership and financial management through her work in the non-profit sector. Of particular acclaim, she was founder and executive director of ElderFriends, a volunteer-based program model that she established in two states. This was a cutting-edge and award-	Marcia DuBois

winning program to alleviate isolation and loneliness among low-income, older adults.

- As the Deputy Commissioner of the Division for Aging Services, Kiersten will be a member of the DARS Leadership Team. Over the next months she will work closely with me and the valuable staff in the Division for Aging Services, to assure a smooth transition as we increase support and attention to Virginia's state and federally funded aging services and the Area Agencies on Aging (AAA's).

Federal Budget

- On November 15, Congress passed a stopgap continuing resolution (CR) to fund the federal government through early 2024. Funding was set to expire on Nov. 17 without Congressional action. Most programs, including aging and disability programs, will be funded at current levels for another 76 days, through Feb 2, 2024. Certain other programs will be funded at current levels through Jan. 19, 2024.
- The CR period gives Congress additional time to negotiate bills to fully fund the federal government for the remainder of FY2024 (which runs through September 30, 2024). Congress adjourned until today.

10th Annual VITA IT Project Management Summit

- DARS No Wrong Door Virginia Team was invited to present its national award-winning technology tool, the Social Health Connector, launch on Virginia Easy Access at the 10th Annual VITA IT Project Management Summit. The Summit included over a hundred IT project managers from across the state and was held on Wednesday, November 1 at John Tyler Chester Campus. AARP Challenge Grants – Funded Projects

SNAP

- Madeline Burnham, Aging Services Specialist, and Matthew Wasikiewicz, Farm Market Fresh Coordinator, traveled to Harrisonburg to attend the Virginia Department of Social Services SNAP Outreach Conference on October 19. The conference participants consisted of service providers across the Commonwealth who serve low-income, or otherwise vulnerable populations, and are seeking to improve SNAP Outreach in their communities. Madeline Burnham participated in a panel discussion on behalf of DARS. Representatives from VDSS educated the group on SNAP recipient statistics, new laws that were recently

<p>implemented, and discussed some common misconceptions about SNAP. In a presentation VDSS shared that only 40% of older adults who are eligible for SNAP in Virginia receive it. This speaks to the need for increased outreach efforts in Area Agencies on Aging and other community groups that engage with low-income older adults to increase education on SNAP and offer assistance with the SNAP application process.</p> <p>Kiersten Ware briefly spoke about her first few days at DARS, and noted that she has met with almost half of the AAA directors so far.</p>	
<p>Dementia Services Coordinator Report September 19 - December 11, 2023</p> <p>1. Outreach and Education</p> <p><i>Attended:</i></p> <p>Numerous webinars including:</p> <ul style="list-style-type: none"> • National Alzheimer's Disease Resource Center <ul style="list-style-type: none"> ◦ Applying the National Strategy to Support Family Caregivers to Dementia Programs (Nov 1) ◦ Public Health and Dementia Caregiving (Dec 13) • USAgainst Alzheimer's Brain Health Academy (Oct 18, Nov 15, Dec 12) • BOLD Public Health Center of Excellence for Dementia Caregiving—Using GWEP for training (Dec 7) <p><i>Conferences:</i></p> <ul style="list-style-type: none"> • Healthy Brain Virginia Partners Meeting—Richmond, VA, Sep 22. • National Dementia Services Coordinator Conference—Washington, DC, Oct 3-4. Filled in for Dr. Carol Manning to present on University of Virginia's Dementia Care Coordination program. • Piedmont Dementia Education Annual Caregiver Conference—delivered a welcome to the day, manned a table, Nov 9. • NDCC Autumn Summit—CMS GUIDE Model, Nov 28. • Teepa Snow Teleconference (Dec 8, 30 attendees); held at DARS with lunch provided by ADRDC and Commissioner Hayfield. Senior Connections, Alzheimer's Association, DARS staff; caregiver support group facilitators, etc. <p><i>Presented:</i></p> <ul style="list-style-type: none"> • LLI Chesterfield Dementia 101 (Sep 14-Oct 5, four 60-min sessions). • OLLI Charlottesville Dementia 101 (Sep 13-Oct 11, four 60-min session). • Library of Virginia, 'speed dating' presentations on Dementia Road Map, Virginia Caregiver Guide for annual library directors of Virginia conference (Sep 29). • Westminster Canterbury of the Blue Ridge: Dementia Series (4-5 monthly presentations): Oct 11, Nov 8, Dec 13). • The Center, Charlottesville—Dementia Friendly @ Work staff training (Oct 18). • Madison United—interagency working group on aging issues. Presented on DARS, Dementia Services and Dementia Friendly initiatives (Oct 30). • Ruckersville Four Seasons—Brain Health and Dementia Risk Reduction 	<p>George Worthington, DARS Dementia Services Coordinator</p>

<p>presentation (40 attendees, Nov 1).</p> <ul style="list-style-type: none"> • Alzheimer's Association Community Forum (Culpeper), Brain Health/Dementia Risk Reduction presentation (26 attendees, Nov 8) <p><i>Training</i></p> <ul style="list-style-type: none"> • Collaborating with VDH on developing dementia awareness and screening training for community health workers (CHWs) (ongoing). • Collaborating with Dr. Paul Aravich, VPM, DARS on developing training modules for first responders. <p><i>Upcoming</i></p> <ul style="list-style-type: none"> • Dementia Friends Champion training session (Oct) <p>Consumer Calls (SFY- year ending June 30)</p> <table> <tbody> <tr> <td>SFY2021- 77</td> <td>SFY23 Q1- 39 Q2- 36 Q3 – 37 Q4- 28</td> </tr> <tr> <td>SFY2022- 177</td> <td>SFY24 Q1- 36 Q2- 17 (to 12/5/23)</td> </tr> <tr> <td>SFY2023- 140</td> <td></td> </tr> </tbody> </table> <p>2. Data</p> <ul style="list-style-type: none"> • CMS Medicare Beneficiary Chronic Conditions data—updated for 2018 (data available to 2018) <p>BRFSS Cognitive Decline and Caregiver modules—Caregiving module (2022), Cognitive Decline (2022)—awaiting results</p> <p>3. Collaboration and Partnerships</p> <p><i>Virginia</i></p> <ul style="list-style-type: none"> • Dementia Care Coordination Roundtable—inaugural meeting Oct 23. Heard a presentation from Joe Gaugler and his team on the National Dementia Care Research Center grant project; group decided to meet quarterly going forward with multiple goals including information sharing, supporting new care coordination programs. • Virginia Caregiver Coalition: <i>meetings Sep 21, Nov 16. Executive Committee meeting (Oct 17).</i> • Virginia Brain Injury Council: <i>Oct 27 (absent).</i> • AARP Age Friendly State Meeting • Richmond Brain Health Initiative (ongoing). • Department for Behavioral Health and Developmental Services (ongoing). • Commonwealth Council on Aging (September 27) • Healthy Brain Virginia (BOLD) (Sep 22) • Virginia Department of Health: <i>Collaboration with Partners in Prayer and Prevention (P³): are including messaging on brain health and offer brain health and Dementia Friends training/information sessions to faith-based communities. This collaboration is an integral part of the BOLD Act Grant project.</i> • Advisory Committee on Health Disparities and Health Equity (VDH)—October 10 • Dementia Messaging in Virginia (VCU and partners; <i>quarterly</i>) • Dementia Friendly Virginia: <ul style="list-style-type: none"> ◦ <i>Quarterly virtual Dementia Friends Champion trainings</i> • Dementia Friendly Central Virginia (DFCV): <i>bimonthly meetings</i> <ul style="list-style-type: none"> ◦ Charlottesville Area Alliance (spearheading Age-Friendly/Livable Community initiative) 	SFY2021- 77	SFY23 Q1- 39 Q2- 36 Q3 – 37 Q4- 28	SFY2022- 177	SFY24 Q1- 36 Q2- 17 (to 12/5/23)	SFY2023- 140		
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<ul style="list-style-type: none"> ○ Charlottesville TRIAD • Piedmont Dementia Education Committee (ongoing when able) <p><i>National/Interstate</i></p> <ul style="list-style-type: none"> • District of Columbia Brain Health Initiative (ongoing when able) • Advisory Council on Alzheimer's Research, Care and Services (National Plan; Oct 30) • RAISE Family Caregiver Council: <p>State Dementia Coordinators (now working with other DSCs to plan regular collaborative meetings)</p>	
<p>4. Grant Writing and Administration</p> <p><u>CDC BOLD Public Health Programs to Address Alzheimer's Disease and Related Dementias (ADRD)</u></p> <ul style="list-style-type: none"> • Grant awarded to VDH for September 1, 2023. Five-year funding • Project period is September 1, 2023 through August 31, 2028. Monthly meetings with VDH and Alzheimer's Association. • VDH working with DARS, Alzheimer's Association, and other partners • Four strategies related to the ADRD Commission (expansion, increase diversity, Dementia State Plan implementation and evaluation) • Goal is to develop a strong public health approach to ADRD <ul style="list-style-type: none"> ○ Risk reduction ○ Early diagnosis ○ Using data for priority setting and action ○ Support for caregiving for persons with dementia, including addressing social determinants of health 	
<p><u>University of Minnesota/Johns Hopkins/University of North Carolina—National Dementia Care Coordination Research Center grant proposal</u></p> <ul style="list-style-type: none"> • Met with Joe Gaugler (U Minn), Quincy Samus (Johns Hopkins), Sheryl Zimmerman (UNC) on Oct 10 • DARS/ADRDC/partners joint letter of support • Grant team joined the inaugural Dementia Care Coordination Roundtable meeting (Oct 23) • Virginia would be Year 1 spotlight state (\$200,000 for research, support of Roundtable, etc.) <p><u>GTE Grant Virginia Dementia Capable Summit (awarded Nov 15)</u></p> <ul style="list-style-type: none"> • \$12,500 awarded to support the Summit. <p>Final report due December 18, 2023</p> <p>5. Tracking Policy</p> <p>General Assembly 2023 recap</p> <ul style="list-style-type: none"> • <u>SB952</u>: Modifies composition of the ADRD Commission to include Commissioners of Department for Aging and Rehabilitative Services (DARS), Department of Social Services (DSS), Department for Behavioral Health and Developmental Services (DBHDS), and the Director of the Department for Medical Assistance Services (DMAS), or their designees, and extends the sunset of the ADRDC to June 30, 2026. Passed House and Senate. Governor's action deadline March 27. • <u>HB2250</u>: Requires the Department of Criminal Justice Services, under the 	

<p>direction of the Board, to establish training standards and establish a model policy for the identification of, communication with, and facilitation of the safe return of individuals diagnosed with dementia by law-enforcement personnel. Under current law, such training standards and model policies are focused solely on individuals diagnosed with Alzheimer's disease. (March 7, enrolled in House, passed in Senate Feb 22).</p> <ul style="list-style-type: none">• <u>HJ544 Study</u>: Joint Commission on Health Care, ADRDC: Treatment of Alzheimer's disease. Left in House Rules committee. <p>United States 118th Congress (S=Senate, HR=House of Representatives)</p> <ul style="list-style-type: none">• <u>S.626/H.R. 1637: Comprehensive Care for Alzheimer's Act</u>. Recommend that the Center for Medicare and Medicaid Innovation test the effect of a dementia care management model. Under the model, participating health care providers receive payment under Medicare for comprehensive care management services that are provided to individuals with diagnosed dementia, excluding Medicare Advantage enrollees, hospice care recipients, and nursing home residents. Required services include medication management, care coordination, and health, financial, and environmental monitoring, as well as trainings and other support services for unpaid caregivers. Providers must furnish services through interdisciplinary teams and must ensure access to a team member or primary care provider 24-7. The CMMI must set payments and determine quality measures for the model in accordance with specified requirements. The bill also allows the CMMI to design a similar model under Medicaid. S: Read twice and referred to Committee on Finance (3/2/23) HR: Referred to Subcommittee on Health (3/24/23)• <u>S.134/H.R. 620: Alzheimer's Accountability and Investment Act</u>. This bill requires the National Institutes of Health to annually submit, beginning in FY2024, an estimate of its budget and personnel needs for carrying out initiatives pursuant to the National Alzheimer's Project directly to the President for review and transmittal to Congress. The Department of Health and Human Services and the Advisory Council on Alzheimer's Research, Care, and Services may comment on the budget estimate but may not change it. S: Reported out of committee without amendment (7/27/23). HR: Referred to the House Committee on Energy and Commerce (1/30/2023).• <u>S.133/H.R.619: NAPA Reauthorization Act</u>. This bill extends through 2035 and makes other changes to the National Alzheimer's Project. This project supports coordination of federal planning, programs, and other efforts to address Alzheimer's disease and related dementias. In particular, the bill incorporates a focus on promoting healthy aging and reducing risk factors associated with cognitive decline. The bill also expands the Advisory Council on Alzheimer's Research, Care, and Services to include additional members, such as (1) a researcher with experience recruiting and retaining diverse clinical trial participants, (2) an individual diagnosed with Alzheimer's disease, and (3) representatives from additional federal agencies (e.g., the Department of Justice and the Office of Management and Budget). S: Reported out of committee with an amendment in the nature of a substitute; placed on legislative calendar under general orders (7/27/23). HR: Referred to the House Subcommittee on Health (2/10/2023).• <u>S.141/H.R.542: Elizabeth Dole Home Care Act</u>: to improve certain	
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December 12, 2023

<p>programs of the Department of Veterans Affairs for home and community based services for veterans, and for other purposes. S: Committee on Veterans' Affairs. Ordered to be reported with an amendment in the nature of a substitute favorably (2/16/2023). H: Reported by the Committee on Veteran's Affairs 11/29/23; debated on 12/5/23 with further action postponed.</p> <ul style="list-style-type: none"> • <u>S.10: VA Clinician Appreciation, Recruitment, Education, Expansion and Retention Support (CAREERS) Act.</u> Committee on Veterans' Affairs. Ordered to be reported with an amendment in the nature of a substitute favorably (2/16/2023). • <u>S.2379/H.R. 4752 Concentrating on High-value Alzheimer's Needs to Get to an End (CHANGE) Act of 2023.</u> To amend title XVIII of the Social Security Act to provide for certain cognitive impairment detection in the Medicare annual wellness visit and initial preventive physical examination. S: Read twice and referred to Committee on Finance (7/19/23) H: Referred to Subcommittee on Health (7/21/23) • <u>H.R.5002 Innovative Cognitive Care for Veterans Act.</u> To direct the Secretary of Veterans Affairs to carry out a pilot program for the cognitive care of veterans. Referred to Subcommittee on Health (8/24/23). 	
<p>Virginia Department of Health BOLD Report Ms. Coney provided an update of the BOLD project and noted that a further five years of funding had been awarded to VDH from the Centers for Disease Control and Prevention (CDC). Ms. Coney asked for the Commission's support as several of the strategies are directly related to Commission activities. She noted that partners meetings had been held in person and virtually since the new funding started.</p>	<p>Rachel Coney, Brain Health Coordinator</p>
<p>Workgroup Reports Coordinated Care Workgroup <i>The Coordinated Care workgroup met on December 1, 2023, to discuss the draft goals 1 and 4 and their objectives and strategies.</i></p> <ul style="list-style-type: none"> • George provided an overview of the BOLD grant and noted that there were several strategies that apply directly to the Commission and its workgroup. • Members reviewed the Lifecourse model of Dementia Awareness, Supports and Services and noted that there were relevant strategies for this workgroup in each of the stages: preclinical, symptoms emerge, living in community, living in care setting, and behavioral emergency. • The workgroup reviewed the draft Goals 1 & 4 and their objectives. • George discussed the various care coordination programs underway in Virginia and the Dementia Care Coordination Roundtable, and the vision of having dementia care coordination services available to everyone in Virginia who would like it. • The potential roles of the Dementia Care Navigators that are in the Commission's legislative recommendations were discussed. 	<p>Ishan Williams</p> <p>Karen Garner</p>

<ul style="list-style-type: none">• George noted that the workgroup's first priority will be to prioritize the various strategies under Goal 1 & 4 in terms of short-, medium- and long-term to inform the development of the implementation and evaluation plan that is a deliverable of the BOLD grant.• The workgroup also reviewed the priorities that the group had been working on last year to see whether some of these could be continued or restarted. Some of them have been picked up through the BOLD grant such as Dementia Road Map one pagers.	
<p>Data and Research Workgroup</p> <p><i>Ms. Sargent noted that several new members had joined the workgroup, which met on November 29, 2023, to discuss the draft goals 2 and 5 and their objectives and strategies.</i></p> <ul style="list-style-type: none">• George provided an overview of the BOLD grant and noted that there were several strategies that apply directly to the Commission and its workgroup.• Members reviewed the Lifecourse model of Dementia Awareness, Supports and Services and noted that there were relevant strategies for this workgroup in each of the stages: preclinical, symptoms emerge, living in community, living in care setting, and behavioral emergency.• The workgroup reviewed the draft Goals 2 & 5 and their objectives.• George reviewed the workgroup's previous activities that had not been completed such as the survey of researchers, creating infographics for public dissemination based on up-to-date data (with the new collaborations with the Virginia Department of Health and the Virginia Memory Project offering new opportunities), and supporting collaborative efforts among the research community in Virginia.• Members discussed several opportunities for collaboration within the group (such as between VDH and VMP) to drive strategies of the Dementia State Plan.• George noted that the workgroup's first priority will be to prioritize the various strategies under Goals 2 & 5 in terms of short-, medium- and long-term to inform the development of the implementation and evaluation plan that is a deliverable of the BOLD grant	Lana Sargent

<p>Training Workgroup <i>The Training workgroup met on November 29, 2023, to discuss the draft goal 3 and its objectives and strategies.</i></p> <ul style="list-style-type: none"> • The workgroup reviewed the draft Goal 3 and its objectives. • Members reviewed the Lifecourse model of Dementia Awareness, Supports and Services and noted that there were relevant strategies for this workgroup in each of the stages: preclinical, symptoms emerge, living in community, living in care setting, and behavioral emergency. • George discussed the BOLD grant and noted that this workgroup's first priority will be to prioritize the various strategies under Goal 3 in terms of short-, medium- and long-term to inform the development of the implementation and evaluation plan that is a deliverable of that grant. • Members discussed Kimberly Davis' work with GWEP to train first responders • Members discussed the community health worker training being developed by VDH under BOLD and talked about leveraging the CHWs to potentially deliver other training such as training for first responders. • Members also discussed the STRIKE team being led by Dr. Paul Aravich at EVMS in conjunction with VPM and others to develop several short training videos to target first responders including police, fire and rescue, emergency services. • Members discussed a few of the strategies under Objectives 3.1 (long-term care worker training), Objective 3.2 (first responder training) and Objective 3.4 (unpaid caregiver training) and discussed potential opportunities for the workgroup to focus on out of these strategies. 	<p>Kim Kutner</p>
<p>Brain Health & Risk Reduction Workgroup Ms. Garner thanked Mr. Worthington for attending all meetings and helping the workgroups. Ms. Garner encouraged members to join one of the workgroups if they did not already participate. <i>The Brain Health and Dementia Risk Reduction workgroup met on November 14, 2023, to discuss draft goal 6 and their objectives and strategies.</i></p> <ul style="list-style-type: none"> • While several members were unable to join this meeting, the group included Theresa Mandela, a nurse working in dementia risk reduction at Goodwin House, and Patricia Heyn, from the Center on Healthy Aging at Marymount University. • George provided an overview of the BOLD Infrastructure Act, the Healthy Brain Initiative supported by CDC and the Alzheimer's Association, and background of the BOLD grant and its activities in Virginia. 	

<ul style="list-style-type: none">• George also provided some background on the development of the new goal 6 addressing brain health, and the strong support that elevating this into a new goal received at the Commission and the Virginia Dementia Capable Summit.• The workgroup reviewed the draft Goal 6 and its objectives and strategies, and began to discuss potential areas for workgroup activities and collaborations.• Members were very interested in developing an awareness campaign around specific risk factors mentioned in the Dementia State Plan including hearing.• Members also spent quite a bit of time discussing how to engage different groups in the community such as colleges and universities, and Rachel Coney, the Brain Health Coordinator at VDH, shared information on how they are already starting to facilitate efforts among historically black colleges and universities.• The group agreed to meet every other month to gain traction in these activities	
<p>JLARC Report Released 12/11/23 on the State Psychiatric Hospitals</p> <p>The report contained a number of recommendations, including to redefine definition of mental illness for purposes of a Temporary Detention Order (TDO) or Emergency Custody Order (EC) to specifically exclude persons with TBI or dementia from July 1, 2025. This would mean that the state hospitals would deny admission to persons with cognitive decline/dementia in the absence of another mental illness diagnosis. Another recommendation was to require DHDS to study alternative strategies and report back to the General Assembly by October 1, 2024. The Behavioral Health Commission meets tomorrow (December 20). As the commission is charged with advising the Governor and the General Assembly, it could respond by sending a letter to JLARC and the Behavioral Health Commission.</p> <p>Members were highly concerned by the recommendations which could have potentially fatal consequences as there would be nowhere for people living with dementia in severe behavioral crisis to go. Members asked whether the Commission or DARS had been contacted by JLARC, and asked who had been interviewed. Members noted that there are current pilot programs to serve this population in only two areas of the Commonwealth with very limited services. Removing this option of last resort for people living with dementia without an alternative, comprehensive system in place would be life-threatening.</p> <p>Chair Sargent said a letter can be drafted over lunch for members to discuss.</p>	Lana Sargent

<p>DARS Staff noted that the Behavioral Health Commission will meet tomorrow. Senator Creigh Deeds is the Chair. There is no opportunity for public comment on the agenda.</p> <p>The JLARC report noted that it conducted over 100 interviews with DBHDS staff, and others, but not with DARS or the Alzheimer's Commission.</p> <p>Members suggested asking for a delay in consideration of changing the definition of mental illness, and wondered whether there was an opportunity to go to the BHC meeting and provide feedback.</p> <p>and option 3.</p> <p>Commissioner Hayfield suggested adding in the motion that Chair be allowed to speak on behalf of the commission. Laura Bowser made a motion to draft a letter to the Behavioral Health Commission and Margie Shaver seconded the motion. The vote was unanimous.</p> <p>Discussion on adding clinicians, experts, advocates to the language of the letter.</p> <p>Rick Jackson made a motion to accept the letter as amended with the Chair being empowered to speak on behalf of the Commission, and Margie Shaver seconded the motion. The vote was unanimous to accept the letter as amended and send to the parties listed.</p>	
<p>Dementia State Plan Workgroup</p> <p>Action Item: Approve Virginia Dementia State Plan 2024-2027</p> <p>Ms. Shaver and Mr. Worthington provided an overview of the draft Dementia State Plan.</p> <p><i>The Dementia State Plan Committee met twice this quarter, on October 30, 2023, and on November 27, 2023.</i></p> <p>Highlights from the workgroup this quarter:</p> <ul style="list-style-type: none">• Most importantly, the workgroup is pleased to offer the final draft of the Dementia State Plan for your consideration today.• The draft reflects the culmination of months of work starting back in April 2022, including<ul style="list-style-type: none">◦ Six workgroup meetings;◦ The Virginia Dementia Capable Summit 2023 with nearly 150 participants;◦ Public comments and input received during and after the summit, including a 30-day public comment period in August 2023.• The Plan has expanded with a new Goal 6 addressing Brain Health and Dementia Risk Reduction, which was a key recommendation from the Dementia Summit.	<p>Margie Shaver George Worthington</p>

<ul style="list-style-type: none"> • The Plan has six goals, twenty objectives and 107 strategies. Of course, bigger does not always mean better, but we feel that these are a good mix of things that can be addressed during the four-year Plan period and other longer-term things that require incremental progress. • At the October meeting, the workgroup discussed all of the public comments received in great detail and worked to incorporate those into the strategies of the Dementia State Plan where appropriate. • This included adding new strategies around primary care, childhood dementias, collaborations and several more. • At the November meeting, the workgroup considered the look and feel of the Dementia State Plan including photos, figures, graphics, layout and the special topic boxes. The group also considered terms defined in the glossary. • We also talked extensively about ways to disseminate the Plan as widely as possible. We came up with lots of ideas, and we agreed to continue to meet going forward to help support this effort. • Additionally, the group decided to expand the Vision statement at the start of the Plan to explicitly include brain health and dementia risk reduction. • George is going to walk you through the Plan, focusing on new additions and will also briefly discuss the next steps. • On behalf of the workgroup, we hope that you will approve the Plan for publication on January 1 following any final tweaks agreed on today. <p>Mr. Worthington walked members briefly through the Plan. There was discussion about different elements of the Plan with members expressing satisfaction in the result. Rick Jackson made a motion to accept the Dementia State Plan with small edits regarding the strategies surrounding behavioral crisis in Objective 3.3. This was seconded by Dr. Carol Manning. The vote to approve the Plan was unanimous by members.</p>	
<p>Working Lunch: EMS Dementia Training Becoming Dementia Capable: EMS Provider Call to Action</p> <p>The project is supported by the Health Resources and Services Administration of the US Department for Health & Human Services under a grant to the VA Geriatric Education Center Consortium (the Geriatric Workforce Enhancement Program—GWEP).</p> <p>The objective was <i>to develop partnerships between academia, primary care delivery sites and community based organizations to educate and train a workforce to provide value-based care that improves health outcomes for older adults.</i></p>	<p>Kimberly Davis, VCU School of Nursing</p>

<p>Key points from the presentation:</p> <ul style="list-style-type: none">• 1.4 million emergency room visits per year for persons with Alzheimer's Disease.• Partner with EMS providers in VA to provide training.• There is a desire by EMS to better understand and respond to the needs of the community. There is also limited formal training in the care of older adults.• Results of a focus group showed that there is an identified need to include more training for EMS providers• Caring for older adults is a common thread between all counties and every EMS agency• EMS providers desire a proactive approach to learning about care of older adults.• Online training is available. The link for online training is https://catalog.vcu.edu/browse/nursing Select the course <i>Emergency Medical Services: Training in Care of Older Adults</i>" Enroll. Create a log-in and there are 5 modules and participants can request a certificate acknowledging completion. <p>The presenter provided an overview of signs and symptoms of dementia, definitions, characteristics of emergency room visits, as well as challenging behaviors for those living with Alzheimer's Disease.</p> <p>The presentation was well received and initiated discussion among members.</p>	
<p>2024 Meeting Calendar</p> <p>Ms. Sargent reviewed the 2024 meeting dates.</p> <p>March 12 June 11 September 17 December 10</p>	<p>Lana Sargent</p>
<p>New Business</p> <p>Karen Garner shared that on February 1, 2024 - staff from the Alzheimer's Association will be headed to the Capitol in DC for the day on the hill. There will be several new members so it's a great opportunity to talk with legislators. Mr. Worthington will share the link with members in a follow-up email.</p> <p>Ms. Coney noted that the Healthy Brain Virginia partners met on December 6 to discuss BOLD stakeholders and potential other partners.</p>	<p>Lana Sargent</p>

Public Comment Period There were no public comments.	Lana Sargent
Adjournment Chair Sargent adjourned the meeting at 1:06 pm.	Lana Sargent