

**Alzheimer's Disease and Related Disorders Commission**  
**Department for Aging and Rehabilitative Services**  
**8004 Franklin Farm Drive, Henrico VA 23229**  
**June 11, 2024**

**MEETING MINUTES**

**Members Present**

Lana Sargent, Chair  
 Leslie Bowie  
 Karen Garner  
 Rick Jackson  
 Kim Kutner  
 Michael Watson  
 Ishan Williams  
 Jennie Wood  
 Zachary Wood

**Participating Electronically**

Margie Shaver  
 Sheriff Vanessa Crawford

**Ex-Officio**

Jason Rachel, DMAS  
 Samantha Fogt for Tara Ragland, DSS  
 Rachel Coney, VDH (electronic)  
 Annette Clark, DBHDS  
 Kathy Miller for Kathy Hayfield, DARS

**Guests**

Guy Mayer  
 Natalie (DMAS Intern)  
 Josh Myers

**Staff**

George Worthington, Dementia Services  
 Coordinator  
 Cecily Slasor, Administrative Support  
 Nick Slentz, Assistant Director of Aging  
 Programs  
 Catherine Harrison, Director of Policy  
 and Legislative Affairs  
 Charlotte Arbogast, Senior Policy  
 Analyst

<b>Agenda Items</b>	<b>Speaker</b>
<b>Welcome and Introductions of Members and Guests</b> Chair Lana Sargent opened the meeting at 10:00 a.m. and started by asking members to approve electronic attendance by two members: Vanessa Crawford asked for permission to participate electronically using permission number 4 personal matters due to a scheduling conflict, joining from Petersburg. Margie Shaver asked to participate electronically using permission number 3, principal residence more	<b>Chair Lana Sargent</b>

<p>than 60 miles away, joining from Roanoke. There were no objections to their participating electronically.</p> <p>Chair Sargent then recognized several members who are rotating off of the commission: Karen Garner, Rick Jackson and Kim Kutner. Ms. Sargent also recognized Karen Darner for continuing to serve since her term expired in June 2023. Kim Kutner will be replaced by Faika Zanjani starting July 1, 2024, and the other members may continue to serve until appointments are made to their seats.</p> <p>Chair Sargent welcomed members and asked them to introduce themselves. Following introductions, Ms. Sargent reviewed the purpose of the Commission.</p>	
<p><b>Review and Adopt Meeting Agenda</b></p> <p><i>Action Item: Approve Agenda</i></p> <p>Chair Sargent asked whether there were any changes to the agenda. She noted three: the date of the minutes section should be March 12, 2024, breaking the action item under the Legislative Committee report into two (to adopt the 2025 policy recommendations and a second one to approve the draft legislative survey), and including an action item under the educational program item to approve the outlined educational program and changes to the length of the meeting. No other amendments were offered, and Karen Garner made a motion to accept the agenda as amended. This was seconded by Leslie Bowie and adopted by unanimous vote.</p>	Chair Lana Sargent
<p><b>Review and Approval of March Meeting Minutes</b></p> <p><i>Action: Adopt Minutes</i></p> <p>There were no comments or edits proposed for the March meeting minutes so Chair Sargent declared the minutes approved. The minutes were adopted as presented.</p>	Chair Lana Sargent
<p><b>Public Comment Period</b></p> <p>There were no public comments.</p>	Chair Lana Sargent
<p><b>Division for Aging Services Report</b></p> <p>Kathy Miller provided the report on the Division for Aging Services:</p> <ul style="list-style-type: none"> <li>• Older Americans Month observances both at the Federal level and by DARS during May</li> <li>• Older Americans Act regulations have been updated so DARS is in the process of updating service standards and guidelines</li> <li>• AAA Leader training in May was held at DARS</li> <li>• President Biden signed a final package that avoided federal govt shutdown until after the November election <ul style="list-style-type: none"> <li>○ \$25 million increase for congregate meals</li> </ul> </li> </ul>	Kathy Miller

<ul style="list-style-type: none"> <li>○ Increased funding for Home Delivered meals</li> <li>• Delay in Congress authorizing...</li> <li>• State budget was finally approved and included funding support to make the NWD system dementia-capable               <ul style="list-style-type: none"> <li>○ Funding to fill position for Exec Dir for Comm Council</li> <li>○ Increased funding for BI and Ind Living</li> </ul> </li> <li>• Deputy Kiersten Ware will continue visiting the AAAs and hopes to have visited all of them by the end of October</li> </ul> <p>Ms. Miller announced that this will be the last meeting she attends as she is retiring soon. Members wished her well.</p>	
<b>Dementia Services Coordinator (DSC) Report</b> The DSC's report is attached to the minutes.	<b>George Worthington, DARS Dementia Services Coordinator</b>
<b>VDH BOLD Report (Handout)</b> Rachel Coney from the Virginia Department of Health provided an update on the BOLD project. <ul style="list-style-type: none"> <li>• <i>Caregiving at a Glance</i> – distributed 150+ copies since last quarter</li> <li>• Presented at aging conference.</li> <li>• VDH is partnering with faith communities in Newport News.</li> <li>• English &amp; Spanish version of community health worker training now freely available to community health workers residing in Virginia</li> </ul>	<b>Rachel Coney</b>
<b>Legislative Committee Report (Handout)</b> <i>Proposed Action Item: Adopt 2025 Legislative Recommendations</i> <i>Proposed Action Item: Approve the educational and outreach plan for legislators</i> Reviewed 2024 Session and proposed 2025 recommendations The four recommendations are attached: 1. Expand Dementia Care Management to Underserved areas of Virginia 2. Dementia Services Budget Increase 3. Replicating the RAFT dementia training for facilities and caregivers in other areas of the Commonwealth 4. State funds for Virginia Lifespan Respite Voucher Program  Members actively discussed all four recommendations. Ms. Miller recommended increasing the ask for #4, the Virginia Lifespan Respite Voucher Program to \$200,000 as the program is in year 3 of	<b>Karen Garner</b>

<p>the federal grant, and more resources are needed to ensure continuity of services.</p> <p>Motion to approve amendment from \$100,000 to \$200,000 for the Lifespan Respite Voucher program made by Ishan Williams and seconded by Lana Sargent. The amendment was unanimously approved.</p> <p>Michael Watson made a motion to adopt the entire legislative recommendations as amended, and this was seconded by Ishan Williams. Members unanimously voted to adopt the legislative recommendations as amended.</p> <p>Members discussed the Northern Virginia Aging Network's dementia-related recommendations. Jennie Wood made a motion to support NVAN's recommendations, and this was seconded by Ishan Williams. Members unanimously voted to support NVAN's recommendations.</p> <p>Ms. Garner then presented an outline of a proposed education and outreach campaign for members of the General Assembly.</p> <p>A brief survey on dementia would be sent to all members of the General Assembly by the Chair on behalf of the Commission. This will be followed up with a one page 'cheat sheet' on dementia to include information about referrals, the Commission and the Dementia State Plan.</p> <p>Motion to move forward with the survey to legislators was made by Zachary Wood and seconded by Jennie Wood. Members voted unanimously in favor of the motion.</p>	
<p><b>BRFSS Data 2022 Overview (Handout)</b></p> <p>Mr Worthington presented on the Behavioral Risk Factor Surveillance System (BRFSS) data from 2022, specifically the Cognitive Decline and Caregiver optional modules. He noted that there are roughly 300,000 people experiencing subjective cognitive decline (SCD), self reported problems with memory or thinking that are getting worse over time, and that one in five Virginians is providing care for at least one other person.</p>	<p><b>George Worthington</b></p>
<p><b>Changes to Electronic Meeting Policy</b>  <i>Proposed Action Item: Adopt Policy</i></p> <p>Mr Worthington explained that changes to the Freedom of Information Act (FOIA) in the 2024 session require an update to the Commission's electronic meeting policy. He noted in particular three changes: Members participating electronically under the</p>	<p><b>George Worthington</b></p>

<p>caregiving and disability permissions may form part of the quorum as if they were physically present in the room; when participating electronically, members must maintain cameras on during meeting business, or they are considered absent for that section of the meeting, and the policy must be adopted annually. Zachary Wood made a motion to approve the revised electronic meeting policy. This was seconded by Michael Watson, and the motion was carried by a unanimous voice vote.</p>	
<p><b>Special Election: ADRD Commission Vice Chair</b>  <i>Proposed Action Item: Elect ADRD Commission Vice Chair</i></p> <p>Kim Kutner currently serves as the Vice Chair but her term has expired and she is not seeking reappointment due to other responsibilities. An election must be held to fill the unexpired vice-chair term that will expire at the annual (June) meeting in 2025.</p> <p>Karen Garner nominated Michael Watson. Mr. Watson accepted. Ms. Williams made a motion to elect Michael Watson to fill Kim Kutner's unexpired term as vice-chair. Leslie Bowie seconded the motion. The motion passed unanimously and Mr. Watson was elected Vice Chair of the Commission.</p>	<p><b>George Worthington</b></p>
<p><b>Educational Program for ADRD Commission (Handout)</b>  <i>Proposed Action Item: Approve educational program outline</i></p> <p>Mr Worthington reminded members that one of the deliverables of the BOLD grant project is to devise and present an educational program to Commission members, and they provided feedback on this in the March meeting. Under the draft program, Commission meetings would be extended for one hour starting in September to allow time for 1-2 educational presentations. Attendance would be voluntary this year but members should plan on attending for the full four hours starting in March.</p> <p>Mr Worthington shared topic areas distilled from members suggestions and asked members to share any ideas for presenters.</p> <p>Four Main Topic Areas:</p> <ul style="list-style-type: none"> <li>➤ ADRD Care Best Practices Benefits of early diagnosis &amp; referral; screening methods, referral process, etc.</li> <li>➤ Science of ADRD</li> </ul>	<p><b>Lana Sargent</b>  <b>George Worthington</b></p>

<p>Parts of the brain &amp; related functioning; strategies; latest medical breakthroughs in research, etc.</p> <ul style="list-style-type: none"> <li>➤ Brain Health, Risk Reduction &amp; Prevention Dementia risk reduction, primary prevention, new initiatives to educate community, etc.</li> <li>➤ ADRD in Virginia Resources available from the state to support AD patients and caregivers, improve understanding of No Wrong Door, amount of funding for dementia through DARS and state, etc.</li> </ul> <p>Presentations would rotate through the four topic areas, and would all be informed by data, other state's experience, and existing best practices in Virginia. Ms Williams made a motion to approve the proposed educational program, and this was seconded by Michael Watson and carried by a unanimous voice vote.</p>	
<p><b>Working Lunch: Dementia State Plan Implementation Plan (Handout)</b></p> <p>Margie Shaver, chair of the Dementia State Plan workgroup, began this session with a report of the workgroup's activities. The workgroup met on June 4<sup>th</sup> and considered the draft implementation plan devised by the other workgroups. Members felt that this is an ambitious but achievable plan. As a deliverable of the BOLD project, the plan will be submitted to the Center for Disease Control (CDC) for feedback and input, and the Commission will have a chance to review it again in September.</p> <p>Three BOLD strategies related to the Alzheimer's Diseases &amp; Related Disorders Commission (ADRDC):</p> <ol style="list-style-type: none"> <li>1. Maintain or expand existing ADRD Commission</li> <li>2. Educate Commission members and partners on ADRD topics</li> <li>3. Lead the Commission to develop and track an Implementation Plan to aid the ADRD Strategic Plan (Dementia State Plan)</li> </ol> <p>Some themes came out of the meeting. The good news is that a lot is already being done and accomplished. The Implementation Plan will include at least 63 of the 110 strategies in the Dementia State Plan, and the Virginia Department of Health may choose to include others under Goal 2 or 6 as they review the Plan with CDC.</p>	<p><b>Lana Sargent</b> <b>George Worthington</b> <b>Margie Shaver</b></p>

<p>Leveraging Dementia Capable Virginia website figures in nearly a quarter of strategies highlighting the importance of expanding the website this year</p> <p>Many strategies require new connections, relationships, partnerships or collaborations; and developing those will take time.</p>	
<p><b>Workgroup Reports</b></p> <p><b>Measures and Implementation of Dementia State Plan</b></p> <p><b>Coordinated Care Workgroup</b></p> <p><i>The Coordinated Care workgroup met on May 6, 2024, to discuss strategies of the Dementia State Plan for inclusion in the Implementation Plan and associated measures.</i></p> <p>Under Goal 1: Coordinate quality dementia services in the Commonwealth to ensure dementia capability</p> <ul style="list-style-type: none"> <li>• All strategies under Objective 1.1 were included. They deal with Dementia Services Coordinator activities</li> <li>• Half of the strategies under Objective 1.2 were included, and the ones that were not require funding and advocacy,</li> <li>• All of the strategies under Objective 1.3 were included. These are largely around reviewing regulations and making recommendations. The Workgroup is moving forward with an approach to reviewing all the regulations in order to be prepared for the regular regulatory reviews, including developing a calendar for when those might happen</li> <li>• 4 of the 9 strategies in Objective 1.4 were included. Some of these are large efforts like the No Wrong Door dementia capability project that was a Commission recommendation and that was funded this year.</li> </ul> <p>Under Goal 4: Provide access to quality coordinated care for individuals with dementia in the most integrated setting</p> <ul style="list-style-type: none"> <li>• Both strategies in Objective 4.1 around dementia care navigation were included. This is a multiyear, multisector effort that is bearing fruit as we have heard, and the Commission's policy recommendation in this area will further move the needle</li> </ul>	<p><b>Ishan Williams</b></p>

<ul style="list-style-type: none"> <li>• Only 3 of the ten strategies in Objective 4.2 for a system of integrated, coordinated and diverse services for people living with dementia and their caregivers were included.</li> <li>• Finally, 4 of the five strategies in Objective 4.3 to support unpaid caregivers were included. The one that was not is the strategy around tax incentives for things like technology purchases, respite, and other in-home care costs. At some point this might need to be considered for a policy recommendation but is likely to be a heavy lift.</li> </ul>	
<p><b>Data and Research Workgroup</b></p> <p><i>The Data and Research Workgroup met on May 9, 2024, to discuss strategies of the Dementia State Plan for inclusion in the Implementation Plan and associated measures.</i></p> <p>Under Goal 2: Use dementia-related data to support policy development and service provision, and to improve public health outcomes.</p> <ul style="list-style-type: none"> <li>• All strategies under Objective 2.1 were included. They deal with collecting and monitoring data relating to dementia in Virginia, such as conducting the cognitive decline and caregiving modules in the BRFSS that are part of the BOLD project. The workgroup may work on the strategy related to developing infographics to share the data.</li> <li>• All strategies under Objective 2.2 related to the Virginia Memory Project were included. One of these – codifying the registry – has already been achieved (a year earlier than expected).</li> <li>• The one strategy under Objective 2.3 was not included. This is about making a case for the efficacy of dementia care navigation, and may depend to some degree on the availability of data from the GUIDE projects, and the data from VMP. This strategy is aimed at building a case for expanding care coordination and such efforts</li> </ul>	<p><b>Lana Sargent</b></p>



<p>will be supported despite not being included in the implementation plan</p> <p>Under Goal 5: Expand resources for dementia-specific translational research and evidence-based practices</p> <ul style="list-style-type: none"> <li>• Only one of four strategies in Objective 5.1 was selected for inclusion which involves disseminating research findings stemming from ARDRAF projects. The workgroup or Dementia Services Coordinator will liaise with ARDRAF team on the other strategies.</li> <li>• Both strategies in Objective 5.2 were included. This involves supporting the development of a research consortium, and to help direct researchers to information needed to support grant applications</li> <li>• Only two of the six strategies in Objective 5.3 related to translational research and research participation were included. These involve promoting research opportunities and leveraging Dementia Capable Virginia as a route to research participation. The others are longer term in nature and things that we hope to achieve at least partially or make progress towards achieving over the Plan period</li> </ul>	
<p><b>Training Workgroup</b></p> <p><i>The Training workgroup met on May 8, 2024, to discuss strategies of the Dementia State Plan for inclusion in the Implementation Plan and associated measures.</i></p> <p>Under Goal 3: Increase awareness and promote dementia-specific training.</p> <ul style="list-style-type: none"> <li>• Four of eight strategies under Objective 3.1 were included. This objective focuses on training for medical, healthcare and social services workers. Measures included supporting experiential training through the Virtual Dementia Tour, training community health workers, and supporting the use of Dementia Friends and the Certified Dementia Capable Practitioner for this workforce. Other strategies require</li> </ul>	<p><b>George Worthington (for Kim Kutner)</b></p>

<p>building collaborations and potential activities under GWEP 3 that may be included in the future.</p> <ul style="list-style-type: none"> <li>• All of the four strategies under Objective 3.2 related to dementia training for first responders were included, reflecting efforts underway and newly required training stemming from the 2023 and 2024 General Assembly sessions.</li> <li>• Neither of the two strategies under Objective 3.3 were included due to fragmented nature of financial and legal workforce, lack of identified trainings, and the need to first explore trainings that will qualify for continuing education credits.</li> <li>• Half of the ten strategies in Objective 3.4 that focuses on caregiver and community education were included. There are opportunities to leverage Dementia Capable Virginia, Dementia Friendly efforts and other programs such as the Alter Program. Some strategies depend on the achievement of others, such as supporting Dementia Care Navigators in their community educator role, so were not included.</li> </ul>	
<p><b>Brain Health and Risk Reduction Workgroup</b></p> <p><i>The Brain Health workgroup met on May 16, 2024, to discuss strategies of the Dementia State Plan for inclusion in the Implementation Plan and associated measures.</i></p> <p>Under Goal 6: Enhance brain health and address modifiable risk factors for dementia.</p> <ul style="list-style-type: none"> <li>• Three of six strategies under Objective 6.1 which is concerned with the collaboration of the Commission with the Virginia Department of Health (VDH) on the Healthy Brain Virginia initiative and the BOLD grant. A few strategies here are very much VDH focused, and so it will be up to the team at VDH to determine whether any additional strategies are included in the implementation plan.</li> <li>• Only two of seven strategies were selected for inclusion under Objective 6.2, which is to support statewide and local initiatives to improve brain health and reduce modifiable risk factors for dementia. Again, many of the strategies involve specific disease related programs</li> </ul>	<p><b>Karen Garner</b></p>

<p>at VDH, so their team will need to weigh in on what is feasible to include in the implementation plan.</p> <ul style="list-style-type: none"> <li>Two of the four strategies under Objective 6.3 were included. This objective supports brain health and dementia risk reduction messaging across the lifespan, including in schools. The two strategies included involve developing infographics and social media posts to support cognitive health, and to promote awareness and education specifically in higher-risk populations.             <ul style="list-style-type: none"> <li>Strategies aimed at supporting brain health education in schools and to promote community screening were not included partly due to difficulties in identifying measures, but efforts are being made to work on these</li> </ul> </li> </ul> <p>Ms. Sargent thanked members for all the work of the workgroups. Michael Watson moved to adopt the implementation plan as presented, and this was seconded by Jennie Wood. The motion was carried by a unanimous voice vote.</p>	
<p><b>2024 Meeting Calendar</b></p> <p><b>September 17</b> <b>December 10</b></p>	<p><b>Lana Sargent</b></p>
<p><b>New Business</b> There was no new business.</p>	<p><b>Lana Sargent</b></p>
<p><b>Public Comment Period</b> There were no public comments.</p>	<p><b>Lana Sargent</b></p>
<p><b>Adjournment</b> Chair Sargent adjourned the meeting at 12:58 p.m.</p>	<p><b>Lana Sargent</b></p>