

Alzheimer's Disease and Related Disorders Commission  
Policy Recommendations 2025

## **1. Deliver a Statewide Program of Dementia Care Specialists at Area Agencies on Aging**

To address the growing public health and economic impact of dementia, the Commonwealth should fund the establishment of **Dementia Care Specialists** in each of its 25 **Area Agencies on Aging (AAAs)**. This program should be modeled after Wisconsin's successful **Dementia Care Specialist** initiative, which has shown strong outcomes in care coordination, cost savings, and caregiver support.

Dementia Care Specialists are trained professionals embedded within community aging networks who provide one-on-one support to individuals living with dementia and their families. They assist with care planning, system navigation, referrals to community services, crisis prevention, and education. This approach directly addresses a major barrier for many families: the overwhelming complexity of accessing timely, appropriate dementia care across fragmented health, legal, and long-term care systems.

In Virginia, where **1 in 6 adults over 45 report memory or thinking changes** that are getting worse over time, **more than 160,000 people are living with a diagnosis of Alzheimer's disease**, and family caregivers provide more than **290 million hours of unpaid care annually**, the need for accessible, locally based dementia navigation is urgent. Placing a trained Specialist in every AAA ensures **equitable statewide access**—especially for rural and other areas with a disproportionate burden of disease.

Funding should support staffing, training, and evaluation, with navigators serving as both direct supports and catalysts for broader dementia-capable community development. Early intervention and ongoing guidance provided by navigators reduce hospitalizations, delay institutional care, and ease caregiver burden, generating long-term savings for Medicaid and other public systems.

The Virginia Department for Aging and Rehabilitative Services (DARS), in partnership with AAAs, is well-positioned to administer and scale this initiative. With strategic investment, Virginia can implement a tested best-practice program for person-centered, community-integrated dementia care and significantly improve outcomes for thousands of families across the Commonwealth.

The Alzheimer's Disease and Related Disorders Commission recommends allocating \$4.1 million for a comprehensive Dementia Care Specialist program. This would fulfil a longstanding strategy under Objective 4.1 of the Virginia Dementia State Plan 2024-2027.

## **2. Extend the Sunset for the Alzheimer's Disease and Related Disorders Commission**

Extending the sunset provision for Virginia's Alzheimer's Disease and Related Disorders Commission is essential to sustain the Commonwealth's coordinated response to the growing numbers of people living with dementia. According to the 2023 Behavioral Risk Factor Surveillance System (BRFSS), 1 in 6 Virginians over the age of 45 report changes in thinking or memory that are worsening over time.

The Commission leads the development and oversight of Virginia's Dementia State Plan, updated every four years, most recently for 2024-2027. The Plan addresses care coordination, caregiver support, public awareness and brain health promotion. The Commission also facilitates cross-agency collaboration, bringing together leaders from health, aging, behavioral health, medical and social services to align efforts and resources. Recent initiatives, such as the Dementia Capable Summit held in 2023, have supported broader ongoing stakeholder engagement with the Commission. This engagement includes the addition of thirty non-Commission members to the Dementia State Plan workgroups and enhanced communication from the Commission related to progress on the Dementia State Plan throughout the four-year Plan period.

Ensuring continuity in leadership, planning and advocacy by extending the Commission's authority is vital for building a dementia-capable Virginia that meets the needs of individuals and families affected by these conditions. The Commission recommends extending its sunset by three years to July 1, 2029.

### **3. Funding to Support Comprehensive Dementia Training for First Responders**

Virginia should allocate dedicated funding to support comprehensive dementia training for all current first responders, including law enforcement, fire, EMS and behavioral crisis personnel. While the Commonwealth mandates training on Alzheimer's disease and other dementias for these groups, training opportunities remain fragmented and costly. One-off in-person trainings on Alzheimer's and Autism (and including other dementias) are available through the Department for Criminal Justice Services at various locations throughout the state, but while the training is free, associated costs are not covered. Other trainings are available through third parties such as the Virginia Geriatric Education Center and the Alzheimer's Association. This can lead to uneven outcomes across the state.

The Commission recommends allocating \$2.5 million to the Department for Aging and Rehabilitative Services to develop and deliver standardized, dementia-specific training for in-service first responders. Funds would be used for instructional design, virtual and in-person training modules available on the No Wrong Door learning platform or similar, continuing education credits, and stipends for departments implementing training. Topics should include topics such as dementia-related behaviors, de-escalation strategies, communication techniques, and wandering response protocols.

States like Florida are implementing statewide dementia training initiatives for first responders to improve safety, reduce adverse incidents and improve community trust. Without funding, Virginia risks an uneven standard of care and unnecessary escalation in interactions between first responders and individuals living with dementia. This appropriation would close that gap and protect vulnerable residents.

The Alzheimer's Disease and Related Disorders Commission recommends allocating \$2.5 million to support the dementia training required by law for all current first responders. This is a budgetary request that would fulfill Objective 3.2 of the Virginia Dementia State Plan 2024-2027.

#### **4. State Funds for Virginia Lifespan Respite Voucher Program**

The Virginia Lifespan Respite Voucher Program provides critical financial support to unpaid caregivers of individuals living with disabilities or chronic conditions across the lifespan, including those living with dementia. These caregivers often experience high levels of stress, financial hardship and social isolation. Respite care—short-term relief from caregiving responsibilities—is a proven strategy to reduce burnout, improve caregiver well-being, and delay costly institutionalization of care recipients.

State funding of \$500,000 is necessary to ensure the program can meet growing demand amid Virginia's aging population. This program has until now been supported entirely by competitive federal grant funding whose future is uncertain even as the number of people accessing the service continues to grow. At \$595 per household per year, this program only supports short-term respite that can be vital in supporting an unpaid caregiver's ability to continue providing care.

This investment would expand the number of individuals served while reducing disparities in access to respite care. The flexibility of the program helps meet caregiver needs even in areas where traditional respite options are limited. Importantly, respite vouchers can prevent caregiver crises that may result in emergency room visits or premature long-term care placements, both of which are more costly to the state.

The Alzheimer's Disease and Related Disorders Commission recommends allocating \$500,000 annually to the Virginia Lifespan Respite Voucher Program. This is a budgetary request that would fulfil a strategy under Objective 1.2 of the Virginia Dementia State Plan 2024-2027.

## **5. Tax Incentives for Unpaid Family Caregivers**

Virginia should enact legislation to establish a state tax credit for unpaid family caregivers to offset the costs of home-based care. This refundable or partially refundable tax credit would cover eligible expenses such as respite care services, assistive technologies (e.g., monitoring systems or medication reminders), and home modifications that enhance safety for individuals living with dementia or other chronic conditions.

Eligible caregivers would include Virginia residents who provide unpaid care to a dependent adult or child with a medically documented need for assistance with activities of daily living. The credit should be flexible enough to accommodate the diverse needs of caregiving households and should align with existing state goals to support aging in place, reduce institutionalization, and alleviate caregiver burnout.

Successful models exist. Georgia, Montana, Missouri and others have introduced caregiver tax credits to recognize the economic value of unpaid care and support working families. Implementing a Virginia caregiver tax credit would strengthen family caregiving, potentially reduce long-term healthcare costs and promote equity by supporting caregivers who may otherwise be unable to afford critical care-related services and technologies.

The Alzheimer's Disease and Related Disorders recommends legislation to establish a state tax credit for unpaid family caregivers. Such legislation would fulfil a strategy under Objective 4.3 of the Virginia Dementia State Plan 2024-2027.