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Minutes

Name of Organization:	Task Force on Alzheimer's Disease (TFAD)
Date and Time of Meeting:	April 1, 2015 9:00 am
Location:	Governor's Office of Economic Development 808 West Nye Lane Carson City, NV 89703 (775) 687-9900 Governor's Office of Economic Development Grant Sawyer Building 555 E. Washington Avenue, Suite 5400 Las Vegas, NV 89101 (702) 486-2700
To Join the Telephone Conference	Call-in Number: 888-363-4735 Access Number: 1672671

Agenda

I. Call to Order/Roll Call
Senator Valerie Wiener (Ret.), Chair

Members present: Sen. Valerie Wiener (Ret.), Gini Cunningham, Jane Fisher, Ph. D., Julie Kotchevar, Wendy Simons, Jeff Duncan (Alternate), Jacob Harmon (Alternate), Erin Grinshteyn, Ph. D. (Alternate), and LeeAnn Mandarino (Alternate)

DRAFT

Guest: Mr. Daniel Mathis

II. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item.)

No public comment.

III. Welcoming Remarks
Senator Valerie Wiener (Ret.), Chair

Sen. Wiener thanked all for participating in Alzheimer's Advocacy Day on March 16th. The organizations that collaboratively designed the day and the energy from the participants were amazing. The accomplishments of the day included: visits with legislators, sitting with members of both houses during floor session, and testifying before committees.

Five of the six recommendations in the State Plan were addressed legislatively that day. Sen. Wiener also expressed her appreciation for everyone who worked together and shared their passion for the cause. The impact and outcomes of that day at the Legislature was immeasurable.

IV. Approval of the Minutes from January 7, 2015 and February 25, 2015 Meeting (**For Possible Action)**
Senator Valerie Wiener (Ret.), Chair

Wendy Simons motioned for approval of the January 7, 2015 minutes. Dr. Jane Fisher seconded. Minutes approved unanimously.

Next, Ms. Simons motioned for the approval of the February 25, 2015 minutes. Dr. Fisher seconded. Minutes approved unanimously.

V. Review and Discussion of Alzheimer's Advocacy Day at the Legislature, including status report on legislation
Senator Valerie Wiener (Ret.), Chair

Sen. Wiener presented the status report on legislation as follows:

AB 9—Testimony was presented to the Assembly Judiciary Committee on March 16th by Sen. Wiener. She explained the history of this bill. Originally, there was difficulty garnering support for this bill as it was written. The guardianship bill pertains to monitoring the financial assets under $10,000 of people who are living with Alzheimer's disease and other forms of dementia. That threshold of under $10,000 currently involves summary administration with no requirements to monitor the guardians of those wards. So AB 9's purpose was to expand reporting accountability to all assets.

The second part of the bill addresses monitoring what happens to the people who are sent out of state—totaling about 75-80 at any time.

Sen. Wiener commented that she had been working with Sally Ramm, the ADSD Elder Rights attorney, and they had considered withdrawing the bill because of the fiscal note attached to the bill. (Clark County had added a $1.2 million fiscal note to the bill due to the potential cost of monitoring 'everyone' with assets under $10,000, and Washoe County had added about $60,000 over the biennium.) However, Sen. Wiener subsequently learned that the judges were fine with the part of the bill that dealt with monitoring out-of-state placements, so she and Ms. Ramm determined that the bill should move forward.

Sen. Wiener further remarked that private administrators were concerned that they would be responsible for providing an accounting of the money. Judge Doherty from the Washoe County District Court came forward and testified that they could have an open review of the status and well-being of the wards who are placed out of state, not just a financial review but monitoring the entire person, which is a comprehensive proposal, even better to meet the needs of this group who are placed out of state due to the State's inability to provide the level of care they need.

SCR 2—This is Sen. Joseph Hardy's bill that includes Recommendations 11-14 of the TFAD State Plan. SCR 2 addresses training first responders and others addressed in the State Plan. Concurrent resolutions do not have the force of a law but they can make an impact on change. Sen. Wiener testified and showed her support for SCR 2 in the hearing on the bill in Senate Health and Human Services (SHHS) Committee.

SB 196—Also introduced by Sen. Hardy, SB 196 involves a provision allowing for additional continuing education units for Alzheimer's-related training.

SB 177—This is the AARP (CARE Act) measure that addresses working with caregivers who are assisting people as they transition out of care facilities. SB 177 ensures that caregivers will be informed and educated about their responsibility and engagement in the caregiving process.

Sen. Wiener asked staff to continue monitoring these bills as they move forward in the legislative process, and encouraged TFAD members to continue advocating for these measures.

Jacob Harmon of the Northern Nevada Alzheimer's Association added that he appreciates everyone's engagement and support of the bills. He is optimistic about the progress that we, the TFAD and the Alzheimer's Association in partnership, are continuing to make in addressing Alzheimer's disease in Nevada.

Ms. Simons also thanked Sen. Wiener for her efforts in testifying at the Legislature, as well as making presentations on the work of the TFAD. She conveyed that Sen. Wiener's presence provided credibility to the work and forged a very strong effort on behalf of this initiative.

Gini Cunningham shared that she was allowed to give the state report for Nevada at the Alzheimer's Forum. She said when she spoke on the work of the TFAD on the transfer of information in helping the caregivers stay informed and educated, there was a very positive reception. She believed the work in Nevada could be a model for other states.

Sen. Wiener remarked that Barry Gold of the American Association of Retired Persons (AARP) informed her that the TFAD is mentioned in the promotional work that they do for the CARE Act. They have very strong endorsers of the program and have been working with the Nevada Hospital Association to come up with policy ideas and language to make the CARE Act happen. Everyone's effort makes a difference.

VI. Presentation and Discussion of Behavioral Health Placements/Facilities
Daniel Mathis
President and CEO
Nevada Health Care Association

Daniel Mathis informed the group about an upcoming hearing on behavioral health at the Department of Health Care Financing and Policy (DHCFP) on April 9, 2015. It is his understanding that, after the hearing, the skilled nursing facilities would be able to request a Behavioral Complex Individual (BCI) rate. He reported that Richard Whitley, Director of the Department of Health and Human Services (DHHS) and Dr. Tracey Green, DHHS Chief Medical Officer, requested to meet with some of the rural Nevada health providers who want to facilitate those services to Nevadans, who reside outside the state in skilled nursing facilities that are being paid by Medicaid. The programming and structure for the referrals would focus on keeping Nevadans in the state. He commented that those talks are on-going with the providers. He believes that Mr. Whitley, Dr. Green, and others may tour facilities in other states to get an idea about their programming and determine if it meets Nevada's needs.

Sen. Wiener stated that this would complement AB 9 with the idea of monitoring the well-being of Nevadans who are placed out of state and overseeing the whole person with reporting in open court. She remarked that with the new developments Mr. Mathis mentioned, perhaps these individuals can be brought back home to Nevada. Mr. Mathis confirmed that this could be very likely. He explained that part of the language of this program would provide for a clear path for those outside the state to return.

Sen. Wiener commented that one of the concerns of the TFAD, as reflected in the State Plan, was the reduction in the number of skilled nursing facilities in Nevada—down to the three facilities in Southern Nevada that have the capacity, through certifications and other qualifiers, to be able to address the needs of the population with Alzheimer's disease and other forms of dementia. She inquired that if Nevada facilities could receive the BCI rate, will we have the facilities that are qualified to receive these patients throughout the state? Mr. Mathis assured the TFAD that there will be facilities and capacity available, with about approximately 600 skilled nursing facility beds coming on line in the next eighteen months to two years. It will be a tiered system and some facilities may want to access only certain levels of funding for Alzheimer's disease; whereas others with specific behavioral units may access a higher level of funding to make sure they offer the right level of services. He is aware of a few facilities in rural Nevada that are interested in providing that higher level of service, and have already begun to prepare by bringing behaviorists in to train employees and treat residents who are already there. They are starting to go through the programming and documentation requirements to qualify for the rate. There is expected to be a laundry list of documentations—13 -14 different documents, along with an application, to submit for the rates. For instance, one of the things that must be submitted is the behavioral committee minutes. So those committees are being formed and communications initiated. Providers are definitely ramping up to the release date, which is pending the decision by the DHCFP.

Sen. Wiener asked Mr. Mathis to give the TFAD further updates on the progress of these developments which are happening very quickly. Mr. Mathis said that the DHCFP has been working on this program for the past twelve years, and things have been moving forward quickly in the last six months. Sen. Wiener also inquired about the interest of the facilities in northern Nevada. Mr. Mathis related that with the new VA home, another building in Reno, and a proposed building in Carson City, there could be over 300 beds coming on line in northern Nevada. There is definitely interest in the provider groups, but more information will likely surface in the near future in both northern and southern Nevada.

Ms. Simons wanted to confirm the time of the meeting mentioned earlier, and staff reported that it will take place on April 9, 2015 at 9:00 a.m. at the Department of Health and Human Services (DHHS) at 4150 Technology Way in Carson City. It will also be available by video conference at the DHCFP office at 1210 S. Valley View Blvd. in Las Vegas. Ms. Simons encouraged all interested to show their support.

Mr. Mathis provided an additional update on medical marijuana as related to behavioral health. There are facilities interested in this programming with the target audience being the "frequent flyers" that go to emergency rooms for behavioral issues. Some providers are talking about behavioral programs aimed at those individuals, which could involve use of medical marijuana. However,

there are a lot hurdles with federal funding, state funding, access, etc., along with many unanswered questions.

Sen. Wiener thanked Mr. Mathis for his comments and asked for future updates. She emphasized again the importance of AB 9, which would ensure the well-being of those who are sent out of state and protection of their resources. Ms. Simons also expressed her appreciation to Mr. Mathis for the information he presented.

VII. Presentation and Discussion of Psychoses vs. Dementia
LeeAnn Mandarino
Program Manager
Cleveland Clinic Lou Ruvo Center for Brain Health

LeeAnn Mandarino gave a presentation titled "Decriminalizing Dementia: A Roadmap for Best Practices for First Responders". (Please see attachment for full testimony.) Some forms of dementia may look like psychoses, but they are treatable. As we understand more about different forms of dementias, we may be able to provide more civil responses. First responders are most likely to encounter individuals during an episode that can involve criminal behaviors, likely due to frontal temporal dementia (FTD).

Ms. Mandarino discussed the finding of a study done at the University of San Francisco with particular interest in FTD. They reviewed the medical records of about 2400 patients diagnosed with dementia, between 1999 and 2012. They noted key words that reflected criminal behaviors which led to legal ramifications. They found that FTD accounted for the most criminal behaviors but there are several subsets. She presented statistics pertaining to these groups, along with a case study. Ms. Mandarino stated that patients with FTD lack the inhibitory circuitry in the brain to prevent inappropriate behavior, but they are often still able to perform normally on cognitive tests for memory and even demonstrate regular functions, which makes them particularly vulnerable to legal prosecution.

Ms. Mandarino talked about Alzheimer's disease (AD) as another type of dementia that causes problems with memory, thinking and behavior, where behavior dysfunction often presents with criminal behaviors later in the disease. Alzheimer's disease only accounted for a small percentage of criminal behaviors in the dementia study group, far less than the FTD group. She shared a case study regarding a crime of "memory" which is not as violent or overt as FTD (An elderly woman with AD who was caught "stealing" a pie.) Ms. Mandarino pointed out that in Nevada, this person would likely be arrested and taken to jail. She summarized that a lot of patients with mental disabilities, psychoses, and other dementias are often taken to jail because of time constraints for the law enforcement officers (an arrest takes less time to process than an involuntary hospitalization), and it's less expensive.

Ms. Mandarino presented information on the Northern Nevada Crisis Intervention Team (CIT) and the Las Vegas Metropolitan Police Department Crisis Intervention Team whose objectives include adequate training for law enforcement and criminal justice system personnel about mental illness and developmental disabilities, Alzheimer's disease, substance abuse, etc., These personnel would be trained on how to appropriately provide assistance to these persons and divert certain persons away from the criminal justice system toward treatment. She cautioned, however, that even if law enforcement officers and other first responders had the resources to bring these patients to the correct facilities, would they recognize these behaviors as a form of dementia? Ms. Mandarino emphasized that a correct diagnosis of a dementia is vital since antipsychotics are sometimes used to treat behavioral problems caused by various forms of dementia. Treating a patient with antipsychotic medication in the absence of a correct diagnosis unnecessarily puts the individual at risk.

Ms. Mandarino concluded her presentation by proposing the following recommendations for first responders:

1. Education
2. Ascertain the safety of the person committing an altercation, the community, and themselves when making an arrest whether they have a dementia, psychoses, or are under the influence.
3. Use Nevada's Legal 2000—a 72-hour hold for individuals brought into a hospital with severe psychiatric episode before being incarcerated. Although not all will be assessed for a dementia, a way for weeding out forms of dementia from criminal behaviors and psychoses would be to compare symptoms against an individual's history for a first-time arrest/episode after the age of 50.

Ms. Mandarino completed her remarks by stating that, combined with case management, access to mental health services, and consistent up-to-date training on all brain disorders for first responders and the entire community, there is opportunity to better manage the decriminalization of dementia.

Dr. Fisher stressed how important it is to ensure that we look at the 'whole' picture, which includes assessing the health of these individuals who are at high risk of adverse health events, medical problems, and environmental factors that can trigger certain behavior outcomes. Once those are addressed and ruled out, doing a systematic approach and evaluating under what context these behaviors occur can help increase the caregiver's ability to better understand the needs of these individuals and how to care for them.

Sen. Wiener commented that perhaps the TFAD could address differentiating these behaviors in the training for the caregivers and volunteers and expand some of the recommendations in the State Plan to include these specific ways to address behavioral issues. Or this could be an additional recommendation moving forward. Future discussions can include outreach (where/how to

disseminate the information about differentiating between dementia/psychoses) and how best to incorporate the necessary training.

VIII. Review and discussion of State Plan indicators by TFAD members on their assigned recommendations to determine progress (See Recommendations Grid)

Senator Valerie Wiener (Ret.), Chair

Sen. Wiener remarked that the group will be reviewing on a regular basis the status and progress of each recommendation. The discussion and review comprised the following:

Recommendations 2, 4, and 17—Sen. Valerie Wiener

#2 No progress report on APRNs at this time. Sen. Wiener will check with the Board of Nursing to get an update.

#4 Sen. Wiener will have a conversation with Mr. Whitley to get some more statistics and numbers for next time.

#17 This involves AB 9, which was discussed earlier, which dovetailed into what Mr. Mathis presented. We will continue to monitor the progress as this bill moves through the legislative process.

Recommendations 5, 10, and 15—Dr. Jane Fisher

Dr. Fisher had to leave to for a clinical meeting, but she commented that she will be sending information and documents to report on these recommendations. Staff will forward to the group.

Recommendations 11-14, and 18—Sen. Joe Hardy

#11-14 These became SCR 2 and part of SB 196. Status was discussed earlier.

#18 This relates to transitional care and the CARE Act, which is SB 177. It has moved out of the committee but not out of the Senate yet.

Recommendations 1 and 3—Albert Chavez

Mr. Harmon, an alternate member sitting in for Mr. Albert Chavez, reported:

#1 Mr. Chavez has begun discussions with Jeff Doucet and Cheyenne Pasquale at ADSD about a landing page on the ADRC website. That landing page will contain descriptions of program services and a learn-more link under each description. This could be up and running by mid-summer. This group will meeting in the middle of April to work on the project further.

Mr. Harmon also pointed out that the Alzheimer's Association has a state-wide information and referral system already in place, and they maintain a comprehensive dementia-specific programs and services listing which is available online and through their 1-800 number, which is accessible around the clock every day of the year. This system is federally-funded, so there is a cost-savings here.

#3 Mr. Chavez anticipates he will have a presentation to share by next meeting. He thinks that the some of the Telehealth people and providers can work with the ADRC landing page to have a comprehensive Alzheimer's page.

Jeff Duncan of ADSD commented that they're still in the information gathering stage to build capacity at this point in regards to the ADRC website and the new landing page that will be created. The ADRC website is in a transitional phrase right now. Sen. Wiener suggested that ADSD could work with the Lou Ruvo Center for Brain Health to collaborate and share some materials, including educational resources and videos that are already available to the public on the Center's page.

Julie Kotchevar of ADSD added that the ADRC portal is undergoing some major changes right now, adding to the web resource portal which hopefully will make the website function better for the consumers. A lot of additional information from various ADSD programs are being added, so ADSD will need to assess how best to meet everyone's needs and requirements.

Ms. Mandarino mentioned that resources on the page could be expanded to include educational materials, such as information presented at the Lunch & Learn program at the Lou Ruvo Center for Brain Health, along with the video recording of these sessions. These are now available on the Center's website, but they would like to reach a broader audience which can perhaps be accomplished through the ADRC portal. Ms. Kotchevar agreed that the link could be added which will allow more visibility to these supplementary resources. The landing page can function like a clearing house.

Recommendations 6 and 9—Wendy Simons

#6 Nothing to report.

#9 Ms. Simons had invited Mr. Mathis to do the presentation at this meeting. She will continue to follow up on the developments he mentioned regarding quality long-term care options in Nevada.

Recommendations 7, 8, and 20—Dr. Charles Bernick

Ms. Mandarino gave the following update:

#7 The Director of the Lou Ruvo Center for Brian Health has given his approval for the Center to host the meeting for the consortium. They will do the initial work of bringing people who are doing research in Nevada together. The invitation list could include academic institutions and others, and could be built upon by referrals from initial attendees.

#8 Development of specialized care pathways would need to include many experts, both nationally and internationally. There seem to be more programs in place internationally. Scotland and England seem to have many active programs that can perhaps be used as models for the work. The TFAD could look at some of those in future meetings. It is necessary to have a starting point to create a model of our own.

#20 No progress in partnering with the business community thus far. Sen. Wiener suggested that some of the bigger employers in the community with specific interest might come to the consortium, and they could be invited to participate in the Alzheimer's-related training program for their employees.

Recommendation 16—Gini Cunningham

#16 Ms. Cunningham would like some solutions to move forward to increase the volunteer base throughout Nevada. She voiced concerned about partnering with RSVP due to reliability issues. She would like to increase the outreach with the Alzheimer's support group. She believed better dissemination of information would be very helpful. Some funding to provide for travel along the Hwy 80 and Hwy 50 loop would allow her to be able to reach more people and communities. Ms. Cunningham mentioned that the Northern Nevada Alzheimer's Association could assist with the training and some funding but not a lot.

Mr. Harmon stated that they have applied for some grant funding from ADSD to do rural outreach in northern Nevada, but there is a growing need, in particular in rural areas, for dementia-specific services. Volunteers are the only cost-effective way to deliver those services in the rural areas. The TFAD could assist by raising awareness of these increasing needs at the Legislative level, as well as among other organizations.

Sen. Wiener remarked, that based on these great needs and recommendations to increase outreach throughout the state, both in rural and urban areas, the group may want to consider investigating funding and pursuing legislative action to secure State resources. Mr. Duncan added that the need is great, but there are very limited resources and diminishing dollars

for personnel to carry out this work. He will update us on grant funding in the future.

IX. Consider Agenda Items for Next Meeting **(For Possible Action)**
Senator Valerie Wiener (Ret.), Chair

Agenda items for the meeting may include:

1. Legislative updates
2. Report on new developments on skilled nursing facilities from Mr. Mathis
3. Discussion on outreach (both in rural and urban Nevada) from Mr. Duncan, including grant funding status, how to engage people, and how to promote technology/Telehealth. Ms. Kotchevar will also discuss other programs at ADSD that also provide rural outreach, which may be able to work with us.

X. Discuss and Vote on Next Meeting Date **(For Possible Action)**
Senator Valerie Wiener (Ret.), Chair

The next meeting is scheduled for Wednesday, June 24, 2015 at 10:00 a.m.

XI. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item.)

No public comment.

XII. Adjournment

The meeting was adjourned at 11:15 a.m.

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint.

NOTE: We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Sunadda Woodbury at 775-687-2495 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at swoodbury@adsd.nv.gov.

Supporting materials for this meeting are available at 3416 Goni Road, D-132, Carson City, NV 89706 or by contacting Sunadda Woodbury at 775-687-2495 or by e-mail at swoodbury@adsd.nv.gov.

Agenda Posted at the Following Locations:

1. Aging and Disability Services Division, Carson City Office, 3416 Goni Road, Suite D-132, Carson City, NV 89706
2. Aging and Disability Services Division, Las Vegas Office, 1860 East Sahara Avenue, Las Vegas, NV 89104
3. Aging and Disability Services Division, Reno Office, 445 Apple Street, Suite 104, Reno, NV 89502
4. Aging and Disability Services Division, Elko Office, 1010 Ruby Vista Drive, Suite 104, Elko, NV 89801
5. State Legislative Building, 401 S. Carson Street, Suite 3138, Carson City, NV 89701
6. Grant Sawyer State Office Building, 555 E. Washington Ave., Suite 4401, Las Vegas, NV 89119
7. Department of Health and Human Services, 4126 Technology Way, Suite 100, Carson City, NV 89706

8. Carson City Senior Center, 911 Beverly Drive, Carson City, NV 89706
9. Washoe County Senior Center, 1155 East 9th Street, Reno, NV 89512
10. Las Vegas Senior Center, 451 East Bonanza Road, Las Vegas NV 89101

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