

**Nevada Task Force on Alzheimer’s Disease 2021 State Plan –
DRAFT Recommendations (consolidated)
September 2020**

* “Efforts and collaborations on all recommendations will be reported by partners to TFAD at least once per biennium.” [statement to be added to introduction to plan]

Recommendation #1: Statewide Information and Referral System
(Revised and Approved, 5/14)

Sustain a statewide information and referral system for people living with Alzheimer’s disease and other forms of dementia, their caregivers, and their families to enable them to connect with local case managers and support services. It is the expectation that the approaches, content, and messaging within these resources help promote well-being and preserve dignity. Supportive services would include no wrong door partners, including but not limited to: Nevada 2-1-1, Nevada Aging and Disability Resource Center (ADRC), also known as Nevada Care Connection (NCC), Family Resource Centers (FRC), and other related informational systems (e.g. websites, helplines, and other technologies)

Indicators

Monitor collaborations between resource centers, including but not limited to: Nevada Care Connection; Northern California and Northern Nevada Chapter of the Alzheimer’s Association; Southern Nevada Region, Desert Southwest Chapter of the Alzheimer’s Association; University of Nevada, Reno Nevada Caregiver Support Center, to help facilitate access and streamline processes into services and supports for people living with dementia and their care partners. The Aging and Disability Services Division (ADSD) will monitor the number of contacts made by outreach programs and the number of inquiries regarding information or services relating to Alzheimer’s disease and other forms of dementia, received by Nevada Care Connection Resource Centers. In addition, ADSD and partners will monitor and report the number of “hits” on information websites, including nevadacareconnection.org, alz.org, nevadacaregiver.unr.edu. Efforts and collaborations will be reported by partners to the Task Force at least once per biennium.

Potential Funding

Older Americans Act funds, Grants, donations, and/or gifts.

Recommendation #2: Telehealth

(Revised and Approved, 3/12)

Support expanded access to Telehealth services throughout the state to enhance early detection and diagnosis of care recipients with dementia. Support the utilization of telehealth to promote caregiver well-being and access to care, especially in rural Nevada. Utilize the statewide information and referral system (Rec #1) to include telehealth providers for persons with ADRD.

Indicators

Monitor Telehealth projects across the state to determine if they are: 1) available and accessible; 2) being utilized effectively and efficiently; and 3) providing information/access

to follow-up resources. Review evaluation of programs to ensure better quality of life for patients living with dementia and their caregivers.

Potential Funding

ADSSP | State of Nevada: ADSD through the Older Americans Act | Federal Government: HRSA GWEP programs (in progress at UNR & UNLV),ⁱ HHS (Office of Science and Technology, Assistant Secretary HHS Lance Robertson). Grants, donations, and/or gifts.

ⁱ Emerging Technologies to Help Aging Americans Maintain Their Independence, Office of Science and Technology Policy, Assistant Secretary of HHS Lance Robertson, tasked with expanding rural broadband to ensure older Americans in all parts of the country could benefit from being digitally connected.

Commented [CD1]: Medicaid, Medicaid Managed Care Organization and Medicare Dual Special Needs Plans utilization data reports.

Commented [CD2]: Are the GWEPs funding sources for expanded telehealth access?

Recommendation #3: Cultural Competence

(Revised and Approved, 7/9)

To help ensure successful processes and outcomes, advocates would benefit from engaging in non-stigmatizing sensitivity training, as well as proactive efforts to gain input from affected communities. Specific activities might include, without limitation:

- 1) Promoting Implicit Bias testing. Encourage personnel involved in public-facing engagements with the Alzheimer's community to take Implicit Bias assessments.
- 2) Promoting listening sessions. Before developing campaigns, entities conducting outreach should engage Alzheimer's community members to gauge impressions on aging services and healthcare experienced by its culturally diverse and marginalized members.
- 3) Promoting development and use of culturally- competent Toolkits as a resource to support entities providing awareness and outreach campaigns for the Alzheimer's community.

These activities align with the understanding that person-centered care involves non-stigmatizing, customized outreach approaches to address a multicultural population (i.e. reflecting differences in ability, generation, ethnicity/race and sexual orientation/gender identity). Adopting this approach has been shown to increase a person's receptiveness to outreach efforts, improve the quality of their care and minimize their experienced health disparities.

Indicators

- Monitor number of created, adopted and disseminated culturally sensitive Toolkits. Monitor number of service providers that report having participated in cultural sensitivity training

Commented [CD3]: How will this be monitored?

Potential Funding

National Resource Center on LGBT Aging; US DHHS Office of Minority Health US; and Nevada DHHS – Aging and Disability Services Division Collaboration with different cultural and ethnic focused organizations Philanthropic sector; grants, donations and/or gifts

Recommendation #4: Affordability (Retired to Appendix 3/12)

Recommendation #5: Outreach to Physicians

(Revised and Needs Vote)

Continue to support collaborations between medical professionals and medical

associations to adopt and promote use of best-practice diagnostic guidelines for Alzheimer's disease and other forms of dementia. Support a meaningful and effective communication continuum between these professionals and community-based service organizations, including referrals to community-based resources.

Specifically, support statewide partnerships and collaborations to increase access to early diagnosis of Alzheimer's and other dementias, and to expand dementia care education across primary care practices and health systems in Nevada. These initiatives will include, but are not limited to, the Geriatric Workforce Enhancement Programs (GWEPs) through the UNR and UNLV schools of medicine, the Sanford Center for Aging, Project ECHO Nevada, the Cleveland Clinic Lou Ruvo Center for Brain Health, the UNR Dementia Engagement, Education and Research (DEER) Program's Dementia Friendly Nevada initiative, as well as the partnership between the Alzheimer's Association and the Nevada Division of Public and Behavioral Health.

Indicators

Data gathered through the CDC Behavioral Risk Factor Surveillance System survey modules on subjective cognitive decline and caregiver burden, Alzheimer's Association physician referral data reports, and other data on early detection/diagnosis, as available. To the extent practicable, DHHS will track and report Nevada-specific data related to the goal established in Healthy People 2030: Improve health and quality of life for people with dementia, including Alzheimer's disease. In addition, the Department shall report data for the following Healthy People 2030 Dementia Including Alzheimer's (DIA) objective:

DIA-3: Increase the proportion of adults aged 45 years and older with Subjective Cognitive Decline (SCD) who have discussed their confusion or memory loss with a health care professional.

Data specific to Nevadans in the age group associated with DIA-3 is collected at least biannually by DHHS using the Behavioral Risk Factor Surveillance System (BRFSS) cognitive decline module. The module is a six question survey used to determine how cognitive decline affects individuals age 45 and older in performing activities of daily living including caring for themselves.

Baseline: The most recent available BRFSS cognitive decline data for Nevada, as from 2015 reported by the Alzheimer's Association. From that survey, 16.3 percent – one in six – of those aged 45 and over report they are experiencing confusion or memory loss that is happening more often or is getting worse ("subjective cognitive decline"). 49.6% of them have not talked to a health care professional about it. For those with worsening memory problems, 45.1 percent say it has created "functional difficulties" – that is, caused them to give up day-to-day activities and/or interfered with work or social activities. (*Cognitive Decline in Nevada: Data from the 2015 Behavioral Risk Factor Surveillance System*, Alzheimer's Association, 2016).

Potential Funding

Federal/state, foundation grants. Private gifts.

Recommendation #6: State Match Program for APRNs (Retained and Approved, 3/12)

Support the establishment of a state match program between the State's Department of Health and Human Services, collaborating with the State Board of Nursing, and federal partners. This match program is intended to address the

state's health provider shortage in rural and frontier communities. Match money, which could be offered as loans or scholarships, would be made available to APRNs, who commit to the specified loan or scholarship terms and required service provisions as they relate to providing health care services to underserved rural and frontier areas in Nevada.

Indicators

Primary Care Workforce Development Office (DHHS), working with the State Board of Nursing, would monitor the number of APRNs serving under-served rural and frontier areas in Nevada.

Potential Funding

Health Resources and Administration Grants. Other appropriations. Grants, donations, and/or gifts.

Recommendation #7: Care Pathways (Retired to Appendix as Care Pathways OR Revised to include focus on Research Consortium – see suggestion below?)

Support the Cleveland Clinic Lou Ruvo Center for Brain Health in its establishment of a Nevada Consortium to promote current and future research in Nevada. Expand the ADRC website to specifically include information on Alzheimer's research that contains information about current research and a registry that allows individuals to register to participate in clinical research.

Justification: *Index for future implementation.* Cleveland Clinic's status as an Alzheimer's Disease Research Center (if granted a P20 grant) can change the scope of the recommendation as well as engagement capabilities. We will find out May 2020 whether we are awarded this grant.

Suggested Revisions: Please provide the text for your suggestions on how to revise the recommendation (and be sure to include each of the following required elements):

- **Recommendation: To be determined.**

1. Model this recommendation on the *Arizona Alzheimer's Consortium* (AAC) the nation's leading model of statewide collaboration in Alzheimer's disease research. Established in 1998, the Consortium capitalizes on its participating institutions' complementary strengths in brain imaging computer science, genomics, the basic and cognitive neurosciences and clinical and neuropathology research to promote the scientific understanding and early detection of Alzheimer's disease and find effective disease-stopping and prevention therapies. It also seeks to educate Arizona residents about Alzheimer's disease, research progress in the state and the resources needed to help patients, families and professionals manage the disease. The Consortium is determined to find effective treatments to halt the progression and prevent the onset of Alzheimer's disease in the next 12 years. Members include ASU, Banner

Alzheimer's Institute, Banner Sun Health, Barrow Neurological Institute, Dignity Health, Mayo, tgen, UofA. Website: <http://azalz.org/>

2. Remove the Nevada Research Consortium site from ADRC website to an independent website to promote its own identity and authority.

Recommendation #8: Long-term Care

(Retained and Approved, 5/14)

Continue to review current funding and funding streams to support the development of quality long-term care options for people living with Alzheimer's disease and other forms of dementia in Nevada. Provide funding or incentives to encourage long-term care providers to increase capacity for placement of individuals with Alzheimer's disease and other forms of dementia. Also emphasize person-centered planning that helps promote well-being and preserves dignity, as well as helping residents, their families, and caregivers, feel and experience respect, dignity, support, value, and inclusion in everyday community life.

Indicators

Monitor the number of long-term care options for persons with Alzheimer's disease and other forms of dementia across the state, as well as success of long-term care dementia training programs such as the Nevada Department of Veterans Services *Bravo Zulu* program, and others as appropriate.

Potential Funding

Medicaid expansion through Home- and Community-Based Services Waiver. Expansion through the DHHS Behavioral Rate for skilled nursing facilities. Increased supplemental SSI rate. Tax incentives. Grants, donations, and/or gifts.

Commented [CD4]: Refer to Alzheimer's Association Long-term Care Practice Recommendations.

Recommendation #9: Caregiver Support

(Revised and Needs Vote)

Provide caregivers with information about and access to evidence-based/informed education, support services, and resources to: 1) promote knowledge and understanding of Alzheimer's disease and other forms of dementia to best support people living with dementia, 2) provide and expand respite services for family and informal caregivers of persons with dementia, and 3) enhance caregiver well-being. These services include, but are not limited to, family care consultations, solution-focused caregiver support groups, educational programs and services, respite programming, and evidence-based programs as included in the Nevada Dementia Supports Toolbox. Support efforts to promote and fund comprehensive caregiver education and services that are provided by many organizations, including, but not limited to: AARP, Alzheimer's Association, Catholic Charities, the Cleveland Clinic Lou Ruvo Center for Brain Health, UNR DEER Program, Nevada Department of Veterans Services, Nevada Senior Services, UNR Nevada Caregiver Support Center and UNR Sanford Center for Aging.

- Broaden the eligibility requirements for programs and grant funding so that more families may benefit from them regardless of financial status or age.
- Support the Nevada Dementia Friendly initiative and the work of the state's Dementia Friendly Community Action Groups throughout Nevada.
- Improve access to support services and programs by sustaining a statewide information

and referral system (recommendation #1) for families, caregivers, and individuals with Alzheimer's disease and other forms of dementia.

Indicators

Aging and Disability Services Division (ADSD) will track and compile data it collects from ADSD funded programs. ADSD will annually monitor program availability, waitlists, number of consumers/clients served, and hours of caregiver support services provided through ADSD- funded programs. Key partners and other dementia-related organizations that are working in alignment to support these efforts will also be asked to report on service delivery and outcomes from caregiver support programs.

Potential Funding

Fund for a Healthy Nevada. Retired and Senior Volunteer Group (RSVP). Older Americans Act Funding. The Alzheimer's Association. Grants, donations, and/or gifts. Explore additional funding opportunities to support caregiver programs once existing funds expire.

Recommendation #10: Dementia Training

(Retained and Approved, 5/14)

TFAD encourages the State of Nevada to identify, adopt, and/or develop, a consistent, high quality, comprehensive dementia training program that aligns with NRS 449.094 requirements and current national practice recommendations. This program must be made available to all nursing homes through leveraging key partners to encourage and implement the program, including program delivery and evaluation.

Indicators

A high-quality, comprehensive dementia training program is identified or developed and made available to all nursing homes statewide. The identified or developed program is encouraged by key partners. The program is adopted and implemented by an increasing number of nursing homes over a three-year period.

Potential Funding

State appropriation and/or state grants for the proposed dementia training initiative. Grants, donations, and/or gifts.

Recommendation #11: Volunteers

(Revised and not Voted on)

Recruit and train community volunteers through collaboration with various organizations including non-profits, service organizations, health care institutions, and universities, which have existing programs, education, and practices that address Alzheimer's disease and other forms of dementia. This commitment to education and outreach needs to include rich and abundant Train-the-Trainer models that then permit and encourage volunteers to share knowledge and information in communities while finding, recruiting, and training local residents to continue to learn more about Alzheimer's disease and other forms of dementia.

These additional volunteers can then carry on the drive to provide new knowledge and resource tools to others. Increased outreach and personal connections will help de-stigmatize and reduce fear and misunderstanding associated with dementia through open-conversations and reliable information. Through these collaborations, volunteers will have the opportunity to expand their own knowledge and awareness about all the many forms of dementia and learn how to effectively participate in the care and support of persons living with Alzheimer's disease and other forms of dementia, their families, and their caregivers. This also means ongoing training and support connections for volunteers as they continue to advance personal knowledge to better assist those living with dementia, their families, and caregivers as well as expand community awareness about resources and support tools.

In supporting age- and dementia-friendly communities, volunteers will learn how to promote each person's well-being, as well as preserve their personal dignity and respect in everyday community life. Also, by implementing Train-the-Trainer programs, volunteer outreach opportunities can be expanded. It is essential to de-stigmatize the idea that volunteers lack the knowledge and capabilities to fulfill this critical role.

Indicators

Monitor and correspond with non-profits, service organizations, healthcare institutions, and universities that recruit volunteers to learn the number of volunteers recruited (for the number of volunteers they recruit), the types of training they offer, how many volunteers they train, and what other services are provided. Determine which additional trainings and services might be needed to expand volunteer education and opportunities.

Potential Funding

Grants, donations, and/or gifts

Recommendation #12: Guardianship

(Retained and Approved, 5/14)

Awareness of Alzheimer's disease and other forms of dementia is crucial to effective representation of legal services clients. Their need to be protected from exploitation includes, but is not limited to, such areas as: estate planning, guardianship, and decision-making. Students entering law-related professions, including, but not limited to, attorneys, paralegals, and related careers should be offered, through their course of study, opportunities to learn, discuss, and consider the specifics of Alzheimer's disease and other forms of dementia. This includes, but is not limited to, professional responsibility for effective representation of clients with capacity issues and estate planning for clients, who are at risk of exploitation, undue influence, or capacity concerns.

After completion of course study, licensed professionals are urged to pursue continuing legal education (CLE) in the area of Alzheimer's disease and other forms of dementia. The State Bar of Nevada (the licensing entity for Nevada attorneys), the Board of Continuing Legal Education, as well as trade associations, such as the Washoe County Bar and Clark County Bar Associations, are encouraged to promote awareness and education related to Alzheimer's disease and other forms of dementia. These CLE programs would provide legal professionals with ongoing education about recent developments, research, and treatments about Alzheimer's disease and other forms of dementia, including, but not limited to, application to issues of

independence, decision making, and advanced care planning. Further, TFAD supports the offering of CLE credits for dementia-related, medically-based courses for legal professionals that could satisfy ethics credits for these licensed professionals.

Indicators

Increased number of quality educational opportunities, both pre- and post-professional education or training, which are offered in schools of post-secondary education and increased number of students who complete this coursework. Syllabus or other information related to topics covered at UNLV's William S. Boyd School of Law related to encouraged topics of concern. Continuing Legal Education offerings in the topic area, as well as statistics of professionals, who have taken such training to complete requirements or to advance ongoing education. Determine number of courses offered to interested stakeholders by qualified members of the legal community.

Potential Funding

State appropriations to higher education. Funding from providers and/or state agencies. Grants, donations, and/or gifts.

Recommendation #13: Hospital Transitional Care Practices

(Revised and Needs Vote)

Ensure high quality hospital-to-community (i.e., home and long-term care) care transitions programs are available to persons living with dementia and their caregivers upon hospital discharge, with key elements including: care/discharge planning, care management, information on community resources, wrap-around services and period follow-up check-ins and assessments. One such program specific to Alzheimer's and dementia currently available in Southern Nevada is Nevada Senior Services' *Hospital-to-Home* program. Another relevant resource is the Community Paramedics program (active in Humboldt County). To explore new innovations, as well as expand and support existing efforts, TFAD and ADSD should investigate federal funding opportunities through the Centers for Medicare and Medicaid Services and the CMS Innovation Center. Opportunities to support more widespread use of a care transitions programs should be explored by seeking and establishing key partnerships and identifying available resources.

Indicators

- Monitor the number of care transitions programs available across Nevada's counties, including those connected to rural hospitals, such as the Community Paramedics program.
- Monitor the ongoing process and impact data of the *Hospital-to-Home* program, with updates from Nevada Senior Services.

Potential Funding

Collaboration between Nevada ADSD, Nevada Division of Health Care Financing and Policy (DHCFP), Division of Public and Behavioral Health (DPBH), and other appropriate State agencies. Federal innovations and funding opportunities. Grants, donations, and/or gifts.

Recommendation #14: Veterans and Families

(Revised and Needs Vote)

Support the continuation of the Veterans in Care (VIC) initiative of the Nevada Department of Veterans Services, created to serve, honor and support the 300,000 veterans living in Nevada. In particular, emphasize TFAD's support for the specific VIC elements relating to veterans living with dementia and their families, including the ongoing implementation of the Bravo Zulu: Achieving Excellence in Relationship-Centered Dementia Care program for professional and family caregivers. Further, promote the continued viability and quality of care being offered by Nevada's two veterans' homes, both in Northern Nevada and Southern Nevada.

Indicators

Monitor the implementation of the VIC initiative, Bravo Zulu and the services being offered by Nevada's Veterans' Homes.

Potential Funding

Nevada Department of Veteran Services. Federal sources. Grants, donations, and/or gifts.

Recommendation #15: Driving and Dementia

(No Action Yet Taken) – Moved by Woodhouse to retain, need vote.

Support the standardization of the system of driver evaluation. Improve the infrastructure, services, and support for persons with dementia whose driving ability may be compromised. This includes developing and implementing: 1) a uniform set of evidence-based screening tools for healthcare providers, first responders, and caregivers and 2) a standardized evidence-based evaluation tool for use by the Department of Motor Vehicles (DMV).

Support the dissemination of information regarding driving safety and dementia. This information should convey how to address the multi-faceted needs and concerns of persons with dementia and those who care for them. Specific information should include signs that an individual's driving ability might be compromised and how to access relevant resources to address this concern. Such information should be available on websites, as well as be distributed in printed materials to health care and social service providers, first responders, families, caregivers, and the general public. Engage healthcare providers and first responders to evaluate the utility of the recommended screening tools.

Promote age- and dementia-friendly communities, which provide alternative transportation resources, through volunteerism and public-private partnerships, to maximize an individual's independence and assure public safety.

Indicators

DMV, partnering with other agencies and organizations, will monitor input from health care providers and first responders about the utility of recommended screening tools. DMV will monitor the number of accidents and fatalities and collect data on: the age of drivers; the number of referrals by health care providers, first responders, and caregivers to the DMV; and the number of evaluations conducted by the DMV following referral. DHHS will facilitate the distribution of informational

materials related to driving and dementia and how the distribution of information can be expanded and/or improved. DHHS will monitor the number and usage of alternative transportation resources and provide this data to TFAD.

Potential Funding

Federal funding. DMV. Nevada Department of Transportation (NDOT). Regional Transportation Commission (RTC). ADSD grants. Grants, donations, and/or gifts.

Recommendation #16: Community Outreach

(Revised and Needs Vote)

Promote Dementia Friendly community awareness programs which are designed to increase knowledge, understanding and access to dementia-related information and supportive resources. Awareness programs serve to reduce stigma around a diagnosis of dementia, engage care partners and offer support to individuals living with dementia over the course of their illness. These programs should also provide information to enable those affected by dementia to become partners in the search for effective therapies through participation in research, evidence-based interventions, and clinical trials.

Dementia Friendly community awareness programs may include but are not limited to:

- a) Initiatives to promote brain health for all individuals and reduce risks associated with modifiable lifestyle factors
- b) Overview of dementia including types, early symptoms, diagnosis, treatment and course of illness
- c) Community resources, educational programs and social services including evidence-based programs to support for individuals living with dementia and care partners
- d) Highlight opportunities for individuals living with dementia to advocate for their well-being and participate in meaningful engagement in community life
- e) Educational resources to increase awareness about research opportunities and benefits of clinical trials with special consideration for those in underserved, minority communities

The target audience for community awareness programs includes individuals living with dementia, family care partners, professional care partners, businesses, faith-based communities, first responders, government agencies, social service organizations, community groups and interested individuals. Programs promoting community awareness are offered statewide by various organizations and groups including Dementia Friendly Nevada Community Action Groups, Alzheimer's Association, Cleveland Clinic Lou Ruvo Center for Brain Health and UNR's Dementia Engagement, Education and Research (DEER) Program. Public awareness presentations can also include tools developed by Dementia Friendly America (Dementia Friends) and Dementia Friendly Nevada groups such as Community Awareness Training (CAT) and Dementia Training for First Responders video, constructed using People First Language (a type of linguistic style which puts a person before a diagnosis, describing what a person "has" rather than asserting what a person "is".)

Various outreach strategies can be used to promote these programs such as broadcast/print interviews, articles in newspapers/magazines/websites and postings on social media sites. The Dementia Friendly Nevada website promotes community awareness programs scheduled in various communities statewide and

Commented [CD5]: We should consider removing the references to Dementia Friends and Dementia Friendly Community Awareness Training; or add Alzheimer's Association programs such as Healthy Living the Your Brain and Body, Understanding Alzheimer's and Dementia, the Ten Warning Signs.

offered online.

Indicators

Monitor the number and types of dementia-related community awareness presentations including those listed on the Dementia Friendly Nevada website and offered through Dementia Friendly Community Action Groups, Sanford Center, DEER Program, Dementia Friends, Community Awareness Training, Alzheimer's Association and Cleveland Clinic Lou Ruvo Center for Brain Health.

Potential Funding

Federal/state grants. Foundation grants. Private gifts.

Recommendation #17: Business Outreach

(Revised and Needs Vote)

Encourage the business, government, social service and non-profit sectors to:

- o Incorporate dementia-related information/resources into existing employee assistance programs to offer specialized assistance to individuals living with dementia and care partners
- o Offer dementia awareness programs to their employees such as *Dementia Friends* and *Dementia Friendly Community Awareness Training (CAT)*
- o Promote education regarding brain health initiatives
- o Develop partnerships with statewide Dementia Friendly Community Action Groups

Indicators

Monitor dementia friendly activities and collaborations with businesses, government agencies social service organizations and not-for-profit entities

Potential Funding

Employers and employer organizations. Grants, donations and/or gifts.

Commented [CD6]: We should consider removing the references to Dementia Friends and Dementia Friendly Community Awareness Training; or add Alzheimer's Association programs such as Healthy Living the Your Brain and Body, Understanding Alzheimer's and Dementia, the Ten Warning Signs.