



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING AND DISABILITY SERVICES DIVISION  
*Helping people. It's who we are and what we do.*



## MEETING MINUTES

Name of Organization: Task Force on Alzheimer's Disease (TFAD)  
Date and Time of Meeting: Wednesday July 14, 2021, | 10:00 am  
Join Zoom Meeting: Link: [Meeting Link](#)  
Meeting ID: 856 6823 4072  
Passcode: 013788  
+1 669 900 6833 US (San Jose)

Note: Items on this agenda may be taken in a different order than listed. Two or more agenda items may be combined for consideration. An item may be removed from this agenda or discussion relating to an item on this agenda may be delayed at any time.

**Note: Minutes of this meeting will be produced in summary format. Please provide the secretary with electronic or written copies of testimony and visual presentations if you wish to have complete versions included as exhibits with the minutes.**

### 1. Roll Call & Opening Statement:

Peter Reed, Chair

- Members Present: Charles Duarte, Dr. Peter Reed, Dr. Dylan Wint, Dr. Jennifer Carson, Tina Dortch, Wendy Knorr
- Members Absent: Assembly Woman Lesley Cohen, Senator Marilyn Dondero Loop, Gini Cunningham
- Alternates Present: LeeAnn Mandarino
- Staff Present: Carole Hanley
- Guest Present: Kwame Bell, Jessica Flood Abrass, Kate Ingalsby, Valerie Balen

### 2. 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. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide the secretary with written comments.)

- Charles Duarte holds a new position at the Alzheimer's Association as the Nevada Director of Public Policy and Advocacy

### 3. Approval of Minutes of the May 12, 2021, meeting: (For Possible Action)

Peter Reed, Chair

- Chuck Duarte motioned to approve the minutes, Tina Dortch second the motion.
- No revisions noted
- All approved

### 4. Presentation Medical/Dementia Holds

Jessica Flood Abrass, Northern Regional Behavioral Health Coordinator

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- Mental Health Crisis Holds are involuntary holds that occur when in a crisis situation. (Danger to self or other due to mental illnesses). Healthcare professionals and law enforcement have seen an increase in dementia-related situations, and the system is not set up to sufficiently manage these situations.
- Medical incapacity holds are for individuals that lack decisional capacity in a hospital that may cause them harm if they were to leave.
  - Patients could be allowed to leave the hospital against medical advice (AMA) because they are protected by the common law “right to self-determination”
  - Physicians can detain patients if they lack capacity but need to be careful, so they do not get charged with false imprisonment.
- Dementia Holds-individuals in community who are a danger to self or others or unable to care for self, and do not have an underlying mental illness.
  - Early intervention is needed to identify individuals with dementia in hospitals. Nothing is currently in place to identify someone with dementia when they arrive at the hospital.
  - Development and training for a mobile crisis unit for in-home response that will help keep individuals in their home. The Department of Child & Family Services (DCSF) has a Children Crisis Response Team that has an 87% success rate keeping children at home.
  - Hospital and First Responder trainings are needed to identify individuals who have mild symptoms dementia and not misdiagnose those with dementia who are experiencing other issues.
  - Develop a support system that allows individuals the ability to return to their own home.
- Emergency detainment of individuals experiencing crisis
  - Individuals that do not have a mental illness but have dementia or experiencing a medical issue may not have their needs recognized.
  - Law Enforcement and medical professionals do not feel that they can legally detain individuals for evaluation. In these cases, they may use the legal hold incorrectly and inconsistently.
- Wisconsin State has a dementia plan in place <https://www.dhs.wisconsin.gov/dementia/history.htm>, with a crisis response objective. They utilize protective placement under Chapter 55 for persons with dementia in crisis.
- Protective Placement- <https://www.dhs.wisconsin.gov/publications/p00445.pdf>
  - This is a 72-hour hold with the possibility of a 30-day extension.
  - Link for Wisconsin Protective Placement form: <https://www.wicourts.gov/formdisplay/GN-4000.pdf?formNumber=GN-4000&formType=Form&formatId=2&language=en>
- Current practices in dementia crisis response do not always fully conform to Nevada law.
- A Statewide work group that could collaborate to develop a uniform system related to dementia crisis is needed.
- If members are interested in collaborating outside of TFAD contact Jessica Flood [jessica@nrhp.org](mailto:jessica@nrhp.org) .

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- Nevada has Mobile Outreach Safety Team (MOST), a public mental health provider and a law enforcement agency pair up resources to help identify individuals who are better served by a mental health service.

## 5. Update on Recommendation #5 Outreach to Physicians

Chuck Duarte, Alzheimer's Association; Kate Ingalsby, Cleveland Clinic/UNLV Med GWEP; and Dr. Peter Reed, UNR Med GWEP

- Alzheimer's' Association's work: Work primarily with clients and family.
  - Meeting with Clinic staff and providers – Care consultations with the 24/7 Hotline as the main point of contact.
  - Information and resource sharing is done with Case Managers, Psychological Practices, Medical Practices, and word of mouth.
  - From July 1, 2020-May 31, 2021, it is estimated that 463 of the 3,909 care consultations reported, only 15% were with referral source information.
  - If physicians would start doing a basic cognitive screen, such as the Mini-Cog evaluation patients could get treated earlier.
- Dementia Friendly Nevada is building a toolbox that would help Physicians find the resources to direct patients to.
- Cleveland Clinic's work:
  - Cleveland Clinic Lou Ruvo Center for Brain Health educates on the Mentation portion of the 4 M's as part of the UNLV School of Medicine Geriatrics Workforce Enhancement Program, funded by the US Health Resources and Services Administration.
  - UNLV School of Medicine is providing education on Mobility, Medication, and what Matters.
  - This statewide initiative is to educate everyone in the healthcare field in both the rural and urban areas.
  - Courses can be taken online either live or on demand. Cleveland Clinic's classes are accredited, and UNLV is seeking accreditation in the next few months.
  - Over the last year the southern location has educated over 2,000 healthcare professionals and students and Cleveland Clinic has educated 521 healthcare professionals, 219 healthcare students and 577 caregivers. These trainings are dementia specific trainings.
  - Service have been provided over 13 counties.
- Sanford Center at the UNR School of Medicine's work:
  - Improving Care of Elders through Community and Academic Partnership (ICECAP) Initiative offers a Certificate in Interprofessional Geriatrics Care, for primary care providers and health professions students. The ICECAP training is 15 hours long. The second cohort was just launched with the third being released in August 2021. Approximately 1/3 of the content in this training focuses on dementia in some form.
  - Project ECHO is a remote case-based learning platform for primary care providers across the state (and beyond). As part of its GWEP, the Sanford Center offers a Project ECHO series that is a 6-part (1hr each) series focusing on patient-centered approaches to dementia care. The program is offered in the spring and fall of each year and any professional can take the series.
  - Clinical trainings are also available to health professions students and community professionals.

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- UNR School of Medicine and Renown Health are going to be merging as co-equal partners in creating a fully integrated academic medical center for Northern Nevada.

**6. Discuss and Approve Potential areas of focus for new Recommendations** (For Possible Action)

Peter Reed, Chair

- Review the Healthy Brain Initiative Road Map for Brain Health to identify areas of need that the Task Force can support.
- What barriers prevent healthcare providers from doing cognitive assessment screenings and how to overcome.
- Work with the global outreach safety work group to see what the need is to support residents.
- Focus on dementia inclusion include regulation
- Crisis intervention and how to integrate services-possible workgroup
- Advance care planning and how to find adequate help (look at pass appendix)
- Emergency preparedness/responsiveness consideration
- In-home care preparedness

**7. Approval of tentative agenda topics for September 8, 2021, meeting** (For Possible Action)

Peter Reed, Chair

- Presentation on Healthy Brain Initiative Road Map-Dr. Jennifer Carson
- Recommendation #3 Cultural Competency-Tina Dortch
- Gwen Institute study on in-home care workforce-Meredith Levine?
- Update on new recommendations suggestions

**8. 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. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide the secretary with written comments.)

**9. Adjournment:**

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Supporting public material provided for this meeting may be requested from Carole Hanley, ADSD at (702) 486-9765 and are available at the ADSD meeting webpage.

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