

Nevada Task Force on Alzheimer's Disease State Plan Recommendation

Recommendation 5: Dementia Care Specialist

TFAD Member Lead(s): Jennifer Carson

Current Recommendation as Stated:

Background/Justification:

Drawing on best practices nationwide as a potential model for this proposed program, the state of Wisconsin has emerged as a leader with their Dementia Care Specialist (DCS) program. With legislative support, they have a professional (and most often, a graduate-level) DCS in every county. Maryland and Georgia are also looking to emulate Wisconsin's DCS program. Over a period of ten years, the Wisconsin DCS program has grown from 5 DCS positions to 70, including staff in tribal communities. This program has also been highlighted by the U.S. Administration on Community Living.

With programs such as this, significant cost savings to state Medicaid programs can be achieved through timely and appropriate care partner supports. A 2014 study published by Mary Mittelman, of the NYU School of Medicine, showed that people living with dementia who received support were able to reside in the community an average of 557 days longer, compared to those without support. For the care partner, the intervention was associated with a decrease in depressive symptoms and related symptoms of distress.

The Wisconsin DCS program has three goals, which are referred to as the three pillars of the program. The three pillars are:

- 1) Train staff at the ADRC and other county and municipal offices to assist local systems in becoming dementia capable.
- 2) Help communities become dementia-friendly, enabling people living with dementia to remain active and safe, and care partners to feel supported by their community; and
- 3) Provide education and support to people with memory concerns or dementia, and their families, to allow them to live at home safely.

The Wisconsin Department of Health Services has also integrated a dementia crisis response effort into their no wrong door/aging and disability resource center (NWD) model using the DCS Program. This involves a three-pronged approach: the initial crisis response, crisis stabilization, and providing long-term care and supportive

services for people behaviorally communicating distress, which is usually an expression of unmet need.

In Wisconsin, the DCS does not go on crisis calls and only operates during regular business hours, however, they are available to:

- Provide training on dementia, and how to work effectively with a person who has dementia in a crisis, to any professional first responder or public safety agency, including law enforcement, emergency medical service providers, fire and rescue teams, adult protective services workers, and crisis response workers within their service area;
- Accompany adult protective services workers on home visits during regular work hours when dementia is suspected to be involved in the case;
- Consult with crisis workers and other emergency responders on individual cases during regular business hours; and
- Consult with or serve on local coalitions or task forces that are working to improve local systemic responses for people with dementia in crisis.

Importantly, the DCS is proactive by working with all people living with dementia and their families to create individual care plans, as well as crisis prevention and preparation plans to prevent an initial crisis from occurring for that individual or family related to the symptoms of dementia. In addition to crisis response, the DCS Program also works to support people living with dementia and their care partners, and to build dementia capability within the community to ensure the highest quality of life possible while living at home. To accomplish this, the dementia care specialists (DCSs), embedded within each county:

- 1) Provide free information and assistance to adults with memory or cognitive concerns, as well as those who have been given a dementia diagnosis;
- 2) Provide information, education and support to family members and friends who are care partners of people living with memory loss and/or dementia;
- 3) Help develop dementia-friendly communities where people living with dementia can remain active and safe, and care partners can feel supported; and
- 4) Train Resource Navigators in Aging and Disability Resource Centers (ADRCs) and other county and municipal offices to be more dementia capable.

Nevada is well positioned to replicate this model as part of its Nevada Care Connection (i.e., ADRC) network.

Recommendation:

TFAD recommends that ADSD replicate the Dementia Care Specialists (DCS) program in Nevada by developing funding necessary to establish one or more DCS positions as a pilot. These positions could be housed in county health and human service agencies, senior community centers or non-profit organizations serving older adults.

The DCS team members will serve as the primary, local contact for people living with dementia, their care partners, law enforcement, hospitals, healthcare professionals, community social workers, and other community members who encounter individuals who may have dementia. They will also conduct memory screenings; facilitate obtaining an accurate diagnosis; provide information and assistance to connect families and individuals with community support services; provide evidence-based and/or evidence-informed, person- and relationship-centered education, training and support; connect people with options for counseling as well as access to public and private programs and benefits; provide consumer advocacy; lead and facilitate local dementia- friendly efforts in coordination and partnership with Dementia Friendly Nevada; and conduct other outreach activities with an aim to bring additional dementia-related services to the region.

Expected program outcomes include:

- 1) Replication of the Wisconsin DCS model in Nevada;
- 2) Increased care partner support through implementation of the bi-lingual REACH community intervention; and
- 3) Strengthened ADSD efforts to raise awareness and increase community support of people living with dementia.

Training and oversight can be provided by the UNR Dementia Engagement, Education, and Research (DEER) Program, which also provides an administrative home for the Dementia Friendly Nevada initiative. Program evaluation could be conducted by the UNR Sanford Center for Aging, or another appropriate academic department experienced in this area.

Indicators:

- 1) Reduction in avoidable emergency department and hospital admissions.
- 2) Reduction in avoidable incarceration of individuals with suspected dementia.
- 3) Increase in pro-active training of first responders and staff in community-based organizations and county agencies serving older adults.
- 4) Increase in safety and well-being of people living with dementia, their families and care partners.

Potential Funding:

- Grants, gifts and donations
- State appropriations
- Medicaid administrative claims funding

Current Status (i.e., activities/outcomes?):

In July 2024, with the aim to expand Nevada's efforts to build a dementia-capable system by targeting efforts to support individuals in crisis and strengthening efforts to increase training for professionals in long-term supports and services to be dementia capable, the Nevada Aging and Services Division (ADSD) applied for and received a 3-year grant (cooperative agreement) from the Administration from the Administration for Community Living to pilot the Dementia Care Specialist program in Nevada, launching 3 new Dementia Care Specialist positions, one within each of Nevada's Aging and Disability Resource Centers, otherwise known as Nevada Care Connection resource centers: Access to Healthcare Network (serving Washoe, Carson City, Churchill, Douglas, Elko, Eureka, Humboldt, Lander, Lyon, Mineral, Pershing, Storey, and White Pine Counties); Jewish Family Service Agency (serving Clark, Esmeralda, Lincoln, and Nye Counties), and Lyon County Human Services (serving Lyon County). To avoid any potential confusion with another similarly titled position currently underway in Nevada, ADSD's Dementia Care Specialist position was retitled **Dementia Support Specialist** (DSS).

This pilot project includes three objectives:

- 1) Develop specialized, community-based support for people living with dementia to address needs during crisis and connect to long-term care planning assistance.
- 2) Expand the NV Dementia Toolbox to include the evidence-based intervention, Opening Minds through Art.
- 3) Strengthen DFNV efforts to support ongoing growth of dementia-friendly communities, by embedding these efforts into existing NWD administration.

The DSS will develop specialized, community-based support for people living with dementia to address needs during crisis and connect to long-term care planning assistance (i.e., crisis response and stabilization). The DSS positions will:

- Provide one on one crisis response and stabilization to individuals living with dementia (and their families) as alternatives to emergency room and psychiatric hospital placements. Referrals will be primarily received through emergency response personnel and Mobile Outreach Support Teams, but they will also receive community-based referrals.
- Conduct memory screenings using the MoCA Cognition screening tool and make referrals to qualified providers to obtain comprehensive assessment and accurate diagnosis.
- Connect families with a Resource & Service Navigator to support long-term care planning and connection to community-based services.
- Provide training and education to community providers, families, and individuals on person-centered and relationship-centered support for people living with dementia to increase awareness of dementia and dementia-capability in assigned regions.
- Lead and co-facilitate local dementia-friendly efforts in assigned regions to expand community-based dementia support.

- Promote the Nevada Dementia Toolbox of services and assist with connection to services available in the assigned region.

While each DSS will be assigned to 1 of 5 service regions (based on the Behavioral Health Regions), each will have a primary focus on one county, supporting neighboring counties as possible:

- 1) Clark & Southern Nye
- 2) Washoe
- 3) Northern: Carson, Lyon, Churchill, Douglas, Mineral, and Storey
- 4) Southern: Esmeralda, Lincoln, and Northern Nye
- 5) Rural: Elko, Eureka, Humboldt, Lander, Pershing, and White Pine

Following the success of the Wisconsin DCS program, the aim is to eventually expand the program to support a DSS position in each county.

The UNR Dementia Engagement, Education, and Research (DEER) Program has been contracted to develop all dementia-related DSS program and training materials, including an Implementation Guide (overview, program goals, eligibility and referral sources, screening criteria, services offered, training requirements, and reporting requirements). The UNR DEER Program will also provide training and oversight for the following capacity-building, train-the-trainer/train-the-facilitator programs and services, which will be implemented at the local level by each DSS:

- 1) DEER Care Partner developed by Jennifer Carson, PhD and Bradlyn Wissert, MPH – an innovative, 12-hour family and professional care partner dementia education program, based on *Bravo Zulu: Achieving Excellence in Relationship-Centered Dementia Care*, that focuses on valuing personhood, treating people as unique individuals, looking at the world from the perspective of the person, and providing a positive and supportive social environment.
- 2) Family Care Partner Self-Directed Resources – a collection of educational resources for family care partners, including evidence-based programs, emerging best practices, on-demand care partner education, and more. These include virtual resources as well as award-winning books and other literature.
- 3) Nevada Dementia Supports Community-Based Resources, also known as the Nevada Dementia Supports Toolbox, is a collection of evidence-based, evidence-informed, and best-practice community-based resources, offered by Nevada nonprofits, that support people living with dementia and care partners.
- 4) First Responders Dementia Training developed by the DEER Program – a three-hour training that targets First Responders such as police, firefighters, and emergency medical personnel, aimed at educating First Responders in how to recognize the signs of dementia in people they may encounter, communicate with compassion, de-escalate distress, and connect people who are living with dementia or memory loss with resources.

- 5) Dementia Friends Champions Training developed by Dementia Friends USA – a four-hour training program that equips people to facilitate the Dementia Friends program, which supports community members in developing a level of knowledge and comfort regarding dementia that will inspire them to walk towards people who are living with dementia rather than walk away.
- 6) Opening Minds through Art (OMA) is an award-winning, evidence-based, intergenerational art-making program for people living with dementia. It was developed at Scripps Gerontology Center, an Ohio Center of Excellence at Miami University, in 2007. People living with dementia (artists) are paired with volunteers (students, families, care partners) who are trained to rely on imagination instead of memory and focus on remaining strengths instead of lost skills. OMA enables people living with dementia to assume new roles as artists and teachers and leave a legacy of beautiful artwork. Dementia Care Specialists will complete the one-hour Volunteer training. OMA has been widely replicated around the world.
- 7) Memory Screening from MoCA Cognition – a one-hour training and certification to administer paper-based MoCA tests to people who have memory concerns, as well as to make referrals for comprehensive cognitive assessments and connect people with local resources.
- 8) Dementia Friendly Nevada Community Group Co-Facilitator Training from Dementia Friendly Nevada – a workshop to educate DCSs on the Dementia Friendly Nevada process of convening, engaging, planning, and acting to support Dementia Friendly Nevada Community Groups in becoming more respectful, educated, supportive, and inclusive of people living with dementia and care partners, as well as group facilitation and authentic partnerships.
- 9) Dementia Self-Management Facilitator Training developed by the DEER Program – this offering leverages the Dementia Self-Management Guidebook to offer a comprehensive six-week program designed to boost self-efficacy in individuals living with dementia. Through structured sessions, participants will gain practical skills and insights to create personalized strategies that support their well-being.

Determination: For the 2025 State Plan do you propose this recommendation be:

- Retained as is
- Retired to the Appendix (it has been accomplished or is no longer relevant)
- Revised / Updated

Justification: If you propose revising this recommendation, what is your rationale for your suggested changes:

I suggested revising/updating this recommendation to better align it with ADSD's current ACL-funded pilot, as described above.

Suggested Revisions: Please provide the text for how to revise the recommendation (please include each of the following required elements):

Recommendation: Dementia ~~Care~~-Support Specialist

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Recommendation:

TFAD recommends that ADSD replicate the [Wisconsin](#) Dementia Care Specialists (DCS) program in Nevada by developing funding necessary to establish and sustain at least one ~~or more DCS~~ Dementia Support Specialist (DSS) positions as a pilot in each county. These positions could be housed in county health and human service agencies, senior community centers or non-profit organizations serving older adults, the Nevada Care Connection resource centers, and organized to correspond with the five Behavioral Health Regions.

The DCS-DSS team members will serve as the primary, local contact for people living with dementia and cognitive concerns, their care partners, law enforcement,

hospitals, healthcare professionals, community social workers, and other community members who encounter individuals who may have dementia. They will also conduct memory screenings; facilitate obtaining an accurate diagnosis; provide information and assistance to connect families and individuals with community support services; provide evidence-based and/or evidence-informed, person- and relationship-centered education, training and support; connect people with options for care navigation and counseling as well as access to public and private programs and benefits; provide consumer advocacy; lead and facilitate local dementia-friendly efforts in coordination and partnership with Dementia Friendly Nevada; and conduct other outreach activities with an aim to bring additional dementia-related services to the region.

Expected program outcomes include:

- 4)1) _____ Replication and evaluation of the Wisconsin DCS model in Nevada;
- 5)2) _____ Increased ~~care partner~~ support for people living with dementia and care partners through care navigation and implementation of ~~the bi-lingual REACH community intervention~~ person- and relationship-centered dementia care trainings, engagement opportunities, and Dementia Self-Management programs; and
- 3) Strengthened ~~ADSD~~ efforts to raise awareness and increase community support and engagement of people living with dementia; ~~and-~~
- 6)4) _____ Growth and sustainability of Dementia Friendly Nevada efforts.

Training and oversight can be provided by the UNR Dementia Engagement, Education, and Research (DEER) Program, which also provides an administrative home for the Dementia Friendly Nevada initiative. Program evaluation could be conducted by the UNR Sanford Center for Aging, or another appropriate academic department or other third-party evaluator experienced in this area.

Indicators:

- 5)1) _____ Reduction in avoidable emergency department and hospital admissions.
- 6)2) _____ Reduction in avoidable incarceration of individuals with suspected dementia.
- 7)3) _____ Increase in pro-active training of first responders and staff in community-based organizations and county agencies serving older adults.
- 8)4) _____ Increase in safety and well-being of people living with dementia, their families and care partners.

Potential Funding:

- Grants, gifts and donations
- State appropriations
- Medicaid administrative claims funding

Recommendation Name: Dementia Support Specialist

TFAD Member Lead(s): Jennifer Carson

Other Contributors:

Legislative Action Needed Yes No

Explanation: Funding in the State budget to support ADSD's expansion of the Dementia Support Specialist program to every county in Nevada.