

**State Unit on Aging
Alzheimer's Disease and Other Dementia Advisory Council Meeting
Friday, February 16, 2024**

**Jack J Huck Continuing Education Center
301 S. 68th Street Place
Lincoln, NE 68510
Conference Room 302**

Voting Members Present In-Person: John Croghan, Christopher Kelly, Nick Faustman, Tracy Lichti, Lisa Marks, Julie Masters, Julie Paladino-Kaminski, Kierstin Reed, Corie Sass, Mary Ann Stallings, David Thompson

Voting Members Absent: NA

Non-Voting Members Present In Person: Penny Clark

Non-Voting Members Absent: Kathy Scheele, Timothy Tesmer

Council Staff Present In Person: Joni Dulaney

SUA Staff Present: Ben Stromberg, Gene Hogan, Erik White

This meeting was held in person at the Jack J. Huck Continuing Education Center in Conference Room 302 in Lincoln. A link was provided for members of the public to attend virtually. The meeting was called to order at 10:04 am by David Thompson, Council Chair. Roll call was conducted and members introduced themselves.

Nebraska Open Meetings Act Announcement

David announced that the Council meetings fall under the Nebraska Open Meetings Act. A copy of the Act was posted on the wall near the sign-in sheet. A link to the Act was provided in the Webex Chat.

Public Comment

David announced that all public meetings must allow time on the agenda for people who are not members of the Council to comment. Jina Ragland with AARP thanked the Council for providing a virtual link for members of the public. Diane Hendricks, Licensed Clinical Social Worker with Nebraska Medicine and contracted to the Alzheimer's Association, thanked the Council for their work on this committee.

Approval of Minutes

A motion to approve the February 9, 2024, meeting minutes was made by Julie Masters and second by Tracy Lichti. A request was made to correct the March meeting date to March 15, 2024.

A roll call vote was taken: Yes – 10; No – 0; Abstain – 0.

State Plan

David asked for a motion to approve the subcommittees as discussed at the February 9, 2024, meeting. A motion was made by Chris Kelly. Nick Faustman seconded. Council members were allotted time to discuss the subcommittees and their focus prior to voting to approve.

David noted that the plan (that the Council is tasked in statute to create) should be comprehensive and actionable and clearly address the different constituencies who would be reading the report. He added his concerns that, in order to fully utilize the resources and expertise of the Council members, the structure of the subcommittees and the focus of each as discussed at the February 9 meeting would not adequately meet this. His proposed alternate subcommittee structure was shared with Council members at the meeting.

Council members reviewed the proposed structure and determined that they were open to further discussion on this proposed structure. Kierstin Reed made a motion to amend the motion on the floor for the proposed subcommittee structure with changes. Tracy seconded. Members reviewed the proposed structure in depth and deliberated on the changes needed. See page 4 of the minutes for the final subcommittee structure. Subcommittees will include a minimum of two Council members on each subcommittee.

A roll call vote was taken: Yes – 10; No – 0; Abstain – 0.

Members announced their subcommittee preferences as noted below.

The Role of Government, Quasi-Government

Nick Faustman
Julie Kaminski
Kierstin Reed

The Role of Formal Providers

John Croghan
Corie Sass

The Role of Informal Providers

Lisa Marks
Julie Masters

The Role of Education

Penny Clark
Chris Kelly

The Role of the Community

Tracy Lichti
Mary Ann Stallings

Because there are only two to three Council members on each subcommittee, Subcommittee Chairs are not needed. Instead, the Council members will serve as co-chairs.

Members will continue to recruit non-Council members to serve on subcommittees. Joni Dulaney requested that members invite individuals with developmental disabilities and/or their family members to be part of the subcommittees to not miss this underserved population. Names and contact information for non-Council members will be sent to Joni. Subcommittees do not fall under the Nebraska Open Meetings Act so they may begin meeting.

Written reports from each subcommittee will be submitted to Joni prior to the Council meeting for inclusion in the meeting materials. Subcommittees will present an oral report at the monthly Council meetings to apprise the Council on the progress and status of each subcommittee.

Additional comments and questions included a question about what an action plan for each subcommittee would look like, and a request for a repository of some sort to cross-share the work between subcommittees. It was suggested that notes could be housed on the Council's webpage. This will be explored and reported back to the Council.

Announcements

The next meeting will be in-person on March 15 at 10:00 am. Joni will inquire about using the Jack J. Huck Continuing Education Center for the remaining in-person meetings. Meeting invites will be emailed to Council members.

Adjourn

Motion to adjourn was made by Mary Ann Stallings and seconded by Chris. Meeting adjourned at 12:07 pm.

Subcommittees of the Alzheimer's Disease and Other Dementia Advisory Council

I. The Role of Government and Quasi-Government

- a. Data collection and tracking
- b. Support for research and education
- c. Economic impacts (e.g., Medicaid, Medicare, private insurance, Older Americans Act, Veteran's Affairs, third-party funding, individuals, caregivers, family members, other)
- d. Policy development and legislation

II. The Role of Formal Providers

- a. Assess the type, cost, and availability of dementia care services
- b. Evaluate the capacity of the health care system to deal with ADRD
- c. Educate providers in early detection and diagnosis
- d. Improve health care for individuals with Alzheimer's Disease and Related Dementia (ADRD)
- e. Home and Community Based Services (HCBS)
- f. Long-Term Supportive Services (LTSS)
- g. Address the needs of skilled nursing facilities, assisted living, and memory care
- h. Caregivers (families, informal caregivers)
- i. Organizational supports (Area Agencies on Aging, support groups, Alzheimer's Association, care and case management)

III. The Role of Informal Providers

- a. Assess the type, cost, and availability of dementia care services
- b. Evaluate the capacity of the health care system to deal with ADRD
- c. Educate providers in early detection and diagnosis
- d. Improve health care for individuals with ADRD
- e. Loss of income

IV. The Role of Education

- a. Develop and provide best practices dementia training
- b. Disseminate information regarding treatments and other new developments
- c. Increase the number of aging services professionals
- d. Training existing staff – continuing education, certification
- e. Increase the knowledge of ADRD (postal workers, police/emergency responders, other)
- f. Encourage brain healthy activities
- g. Develop strategies to address harm reduction and safety needs of those with ADRD

V. The Role of the Community

- a. Increase public awareness of ADRD
- b. Accessible support and education of unpaid caregivers
- c. Develop approaches that address diverse communities
- d. View ADRD in the context of larger conversations about urban planning, transportation, housing, etc.