

State Unit on Aging
Alzheimer's Disease and Other Dementia Advisory Council Meeting
Friday, February 9, 2024
Virtual Meeting via Webex
Public meeting location:
Nebraska State Office Building, Conference Room 3K

Voting Members Present Virtually: Christopher Kelly, Nick Faustman, Tracy Lichti, Lisa Marks, Julie Masters, Kierstin Reed, Mary Ann Stallings, David Thompson

Voting Members Absent: John Croghan, Julie Paladino-Kaminski, Corie Sass

Non-Voting Members Present Virtually: 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, Taylor Carter, Cheryl Kirby, Lance Balkus

The meeting was called to order at 9:04 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 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. No public comments were made.

Approval of Minutes

A motion to approve the January 19, 2024, meeting minutes was made by Nick Faustman and second by Julie Masters. No corrections were requested.

A roll call vote was taken: Yes – 7; No – 0; Abstain – 0.

Next Steps

David provided an alternate outline to what was begun at the previous meeting. This outline was shared on screen (see the outline on page 4 of these minutes). He talked about the importance of considering the different parties based on the language in Neb. Rev. Stat. 71-566 in order to ensure that the report would be comprehensive and actionable and provide them with specific recommendations. Discussion on this outline led to the topic of subcommittees and the focus areas of each.

Subcommittee Membership:

Membership will include Council members and non-Council members on each subcommittee.

Non-Council members should include representatives of the different constituencies who would be reading the report, such as government/quasi-government agencies (DHHS, Area Agencies on Aging, other), the Alzheimer’s and dementia industry, community engagement and education, and someone from the public with a general perspective.

Council members present at the meeting noted their first and second preferences for serving on subcommittees as noted below. Members not present are asked to announce at the February 16, 2024, meeting which subcommittees are their preferences.

<u>Member</u>	<u>1st Preference</u>	<u>2nd Preference</u>
Penny Clark	Strategies	Support
Nick Faustman	Strategies	Outreach
Chris Kelly	Strategies	Support
Tracy Lichti	Outreach	Support
Lisa Marks	Support	Outreach
Julie Masters	Outreach	Support
Kierstin Reed	Strategies	Support
Mary Ann Stallings	Support	Outreach
David Thompson	Strategies	Support

Members are asked to reach out to different sectors and members of the public to talk about their interest in serving on a subcommittee. Members will bring those names to the next meeting on February 16 so that Council members can see which sectors are missing or unrepresented and finalize who will be selected to join the subcommittees.

Subcommittee Leadership:

Voting for subcommittee chairpersons will take place at the February 16 meeting.

Subcommittee Focus:

Looking at David’s outline (see page 4), it was recommended to not have a subcommittee that looks only at Policies and Strategies. There are overarching categories of information – support, safety, policy – that would be part of each area of the report. The subcommittees would be Support, Outreach, and Strategies. Each of the subcommittees would look at trends, existing resources, and policies (see page 5).

Subcommittee Meetings:

Subcommittees will meet on the first Friday of each month. The subcommittee Chair will provide an update at the Council meeting on the third Friday of each month. These meetings can be held virtually.

Draft Report:

The report/state plan is due to the Legislature and Governor by December 31, 2024. It was

discussed that the draft of the report should be completed by September so that the final report can be submitted by December 31.

Future Meetings

Meetings for the remainder of the 2024 calendar year will be held on held on the third Friday of each month from 10:00 am to 12:00 pm as follows:

March 15 – In person

April 19 – in person

May 17 – in person

June 21 – in person

July 19 – in person

August 16 – virtual

September 20 – virtual

October 18 – in person

November 15 – virtual

December 20 - virtual

Locations for the in-person meetings will be determined. A request was made to provide a meeting link for each meeting so members of the public can join virtually.

Adjourn

Motion to adjourn was made by Chris Kelly and seconded by Kierstin Reed. Meeting adjourned at 12:04 pm.

2/9/24

State Unit on Aging
Alzheimer's Disease and Other Dementia Advisory Council
Outline of Nebraska Statute 71-566
of the Alzheimer's Disease and Other Dementia Support Act

The council shall make findings and recommendations on the following:

- I. Trends in Service Needs
 - a. State's role in providing long-term care, caregiver support and assistance to those with early-onset Alzheimer's Disease and Related Dementias (ADRD)
 - b. The state's policies regarding individuals with ADRD
 - c. The fiscal impact of ADRD on publicly funded health care programs
 - d. Establishment of a system to track the number of individuals with ADRD

- II. Existing Resources for Diagnosing and Caring for Individuals with ADRD
 - a. Type, cost and availability of dementia care services
 - b. Availability of health care workers who can serve individuals with ADRD
 - c. Dementia training for all workers who interact with individuals with ADRD
 - d. Home and community-based services (HCBS), including respite care
 - e. Quality care measures for HCBS and residential facilities
 - f. State-supported research on ADRD at state universities

- III. Policies and Strategies
 - a. Increase public awareness of ADRD
 - b. Educate providers in early detection and diagnosis
 - c. Improve health care for individuals with ADRD
 - d. Evaluate the capacity of the health care system to deal with ADRD
 - e. Increase the number of health care professionals who treat those with ADRD
 - f. Improve HCBS to delay the need for institutionalized care
 - g. Improve long-term care, including assisted living, for individuals with ADRD
 - h. Assist unpaid caregivers
 - i. Increase and improve research
 - j. Promote brain health activities
 - k. Improve collection of data related to ADRD and its burden on public health
 - l. Address the safety-related needs of those with ADRD
 - m. Address legal barriers and protections for individuals with ADRD
 - n. Improve the ways government formulates policies for people with ADRD

Subcommittees

Support – community and providers

- Trends
- Existing Resources
- Policies

Outreach – communicate the message

- Trends
- Existing Resources
- Policies

Strategies – future policies

- Trends
- Existing Resources
- Policies

4 Non-Council Representatives on each Subcommittee:

Governmental, quasi-governmental

Industry

Public

Community Education and Outreach