

**Alzheimer’s Disease and Related Disorders Commission
Department for Aging and Rehabilitative Services (DARS)
March 10, 2026
ELECTRONIC MEETING
DRAFT MEETING MINUTES**

Members Present

Lana Sargent, Chair
Leslie Bowie
Lissa Greenlee
Stephanie LaPrade
Margie Shaver
James Stovall
James Towey
Ishan Williams
Faika Zanjani

Samantha Fogt (DSS)
Jason Rachel (DMAS)
Kiersten Ware (DARS)

Guests:

Nedra Moncrief-Craig, DARS
Commissioner
Delaine Caldwell
Judy Hackler
Josh Myers

Absent:

Bea Gonzalez
Laura Marshall
Jenny Slade
Michael Watson
Zachary Wood

Staff:

George Worthington, Dementia Services
Director
Heather Kidd, Dementia Services Specialist
Charlotte Arbogast, Senior Policy Analyst
Catherine Harrison, Director of Policy and
Legislative Affairs
Sarah Stowe, Executive Director, CCOA

Ex-officio Members

Annette Clark (DBHDS)
Rachel Coney-Bowles (VDH)

Agenda Items	Speaker
<p>Welcome and Introductions Chair Lana Sargent opened the meeting at 10:08 am, welcomed members and asked them to introduce themselves. Following the introductions, Ms. Sargent reviewed the purpose of the Alzheimer’s Disease and Related Disorders (ADRD) Commission.</p>	Lana Sargent, Chair
<p>Review and Adopt Meeting Agenda <i>Proposed Action Item: Adopt Meeting Agenda</i> There were proposed changes to the agenda concerning the order of the meeting reports and adding an update from the Alzheimer’s Association. Ishan Williams made a motion to accept the agenda as amended. This was seconded by Leslie Bowie and approved by a unanimous vote.</p>	Lana Sargent
<p>Review and Approval of Meeting Minutes: September 09, 2025</p>	Lana Sargent

<p>No comments or edits were suggested for the September quarterly meeting minutes. Ms. Sargent adopted the minutes as presented.</p>	
<p>Public Comment There were no public comments received or offered.</p>	<p>Lana Sargent</p>
<p>Division for Aging Services Report Deputy Commissioner Kiersten Ware provided a report on the Division for Aging Services, sharing the following:</p> <ul style="list-style-type: none"> • Dr. Moncrief-Craig started as the new DARS Commissioner. • Redesigned DARS Website A new, user-friendly site was launched with a modern design, improved Americans with Disabilities Act (ADA) accessibility, and better mobile navigation. • National Senior Nutrition Program: March 2026 Theme: Serving Up Solutions. This year’s focus is on innovation in senior nutrition, and materials are available by using the hashtag #SeniorNutritionProgram or by visiting https://acl.gov/snp/celebrate. • Coordinated Human Services 2026 Mobility Plan The Department of Rail and Public Transportation (DRPT) released the 2026 plan to improve transportation access for older adults, people with disabilities, veterans, and low-income residents. The plan emphasizes service capacity, coordination, and rider support. DARS continues regular collaboration with DRPT. • 20th Anniversary of 211 Virginia Celebrated 20 years of coordinated access, and No Wrong Door (NWD) Director Felencia McGee represented DARS. • 44th Annual Community Forum on Aging The event drew approximately 1,000 attendees and included panels, resources, and a Community Listening Station. It supported partnerships and increased visibility for DARS priorities. • Creative Futures Grant The Virginia Commission for the Arts received \$77,500 to expand creative aging programs, in collaboration with DARS and ArtsConnect Virginia to support statewide initiatives. • Vocational Rehabilitation: Rehabilitation Services Administration (RSA) Update The Rehabilitation Services Administration continues to highlight success stories. February spotlight featured Malik, a DARS Vocational Rehabilitation participant. Read more at https://rsa.ed.gov/success-stories/virginia/malik. • No Wrong Door Summit: May 5-7 Theme: Reimagine. Reconnect. Reignite. The statewide gathering in Lynchburg will center on community navigation. Register here https://lp.constantcontactpages.com/ev/reg/q2n3hmt • Virginia Department of Health (VDH) Healthy Brain Virginia April 22 event will include DARS Aging Division’s Virtual Dementia Tour. 	<p>Kiersten Ware, <i>Deputy Commissioner for Aging Services</i></p>

<ul style="list-style-type: none"> • Adult Protective Services (APS) Online Reporting Portal Launched in November 2024, the portal has received over 12,000 APS reports. It has remained the preferred reporting method since September 2025. In February 2026, there were 964 portal reports compared to 907 hotline reports. <p>Ms. Ware shared the following upcoming events</p> <ul style="list-style-type: none"> • March 17: National Dementia and Alzheimer’s Resource Center webinar on food insecurity for individuals with dementia. • March 24: Governor’s Conference on Aging webinar featuring George Worthington. • May 5-7: NWD Summit. • Sept 21-24: Southeastern Association of Area Agencies on Aging (SE4A) Conference. 	
<p>Dementia Services Director Report George Worthington presented his quarterly report to the Commission on Dementia Services office activities. His report is attached.</p>	<p>George Worthington, DARS <i>Dementia Services Director</i></p>
<p>Alzheimer's & Related Diseases Research Award Fund (ARDRAF) Update Faika Zanjani provided an update on current ARDRAF activities. She reported that ARDRAF is in its active review period and that this cycle received 58 Letters of Intent, the highest number to date. She also shared that they received 44 full applications. Faika highlighted recent process improvements, including two Q&A sessions held this cycle (one in the fall and a follow-up session). Ms. Zanjani also reported on the first ARDRAF Symposium, where more than 100 attendees learned about current grant projects and outcomes. Virginia Center on Aging plans to host the symposium again next year as a way of continuing to highlight the work supported by ARDRAF.</p>	<p>Faika Zanjani, <i>ARDRAF Director</i></p>
<p>Virginia Department of Health (VDH) Building our Largest Dementia Infrastructure (BOLD) Report Rachel Coney Bowles provided a program summary and update on the progress of the BOLD plan’s Healthy Brain Virginia (HBV) strategy accomplishments, focusing on the ADRD-related goals outlined in the BOLD Report:</p> <p>Strategy 5: Educate the General Public on ADRD</p> <ul style="list-style-type: none"> • Delivered a brain health presentation for the Hanover TRIAD on modifiable risk factors, early detection, and available resources. • Served as a panelist for the Delta Research & Educational Foundation (DREF) webinar on lifestyle factors that support brain health. • Participated in a community conversation at the Forget Me Knot Café with caregivers and individuals living with dementia. • Formed a new partnership with Links2Equity to expand community education and promote health equity. • Began collaboration with the producers of the Saving Claire documentary to explore developing a Healthy Brain documentary focused on ADRD prevention and public education. 	<p>Rachel Coney-Bowles, <i>VDH Brain Health Coordinator</i></p>

<p>Strategy 6: Educate Providers and Professionals on ADRD</p> <ul style="list-style-type: none"> • Provided prevention and communication materials to providers at Sentara Neurology and Sentara Family Medicine & Pediatrics. • Conducted a Virtual Dementia Tour training for Jewish Family Services staff • Featured in a VDH Agency Forum spotlight highlighting Healthy Brain Virginia initiatives. • Presented to LeadingAge Virginia on staff burnout and brain-healthy lifestyle practices. • Developed an ADRD Clinical Workflow and Professional Toolkit for primary care and clinic settings (currently under review). • Engaged with the Geriatric Workforce Enhancement Program (GWEP) to expand dementia-capable workforce training statewide. <p>Strategy 7: Increase Availability and Use of Data</p> <ul style="list-style-type: none"> • Partnered with the Chickahominy Health District Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) team to provide ADRD-related data. • Continued statewide collaboration to improve ADRD data collection, reporting, and surveillance efforts, including support for the Virginia Memory Project. <p>Strategy 8: Improve Sustainability of ADRD Efforts</p> <ul style="list-style-type: none"> • Formed a new partnership with the Hampton Veterans Affairs (VA) Medical Center to support Veterans living with ADRD and their caregivers. • Initiated discussions with Melanin Minded on culturally responsive brain health initiatives, including training for rideshare drivers. • Prepared for the Annual Progress Report continuation process for the Centers for Disease Control and Prevention (CDC) BOLD grant. • Began developing a standardized onboarding process for ADRD Commission Workgroup members. <p>Strategy 9: Increase Community-Clinical Linkages</p> <ul style="list-style-type: none"> • Hosted a Black History Month webinar, “Why Representation Matters in ADRD Research and Clinical Trials,” featuring: <ul style="list-style-type: none"> – A geriatrician on research participation and early detection. – A Research Program Manager from the Black American–United Memory and Aging Project (BA-UMAP). – A U.S. POINTER study participant discussing lived experience. • Continued working with Community Health Worker networks to expand community-based brain health education. 	
<p>Legislative Update</p> <p>Josh Myers provided a legislative update and noted recent election results that led to a Democratic shift in leadership. He explained that the new governor appointed several legislators to cabinet roles, which resulted in special elections during the session. The following highlights focus on items relevant to the work of the ADRD Commission.</p>	<p>Josh Myers, <i>State Policy Director,</i> <i>Alzheimer’s</i> <i>Association</i></p>

<ul style="list-style-type: none"> • The ADRD Commission’s sunset was extended to June 30, 2029. • The Dementia Care Specialist/Navigator Program requested \$4.1 million to fund one specialist in each AAA, but the proposal did not make it out of subcommittee. Mr. Myers will continue outreach and education with legislators. • The First Responder Training proposal requesting \$2.5 million also did not make it out of subcommittee. Mr. Myers will continue working on the initiative, though the next-step strategy still needs clarification. • Proposals for incremental funding increases for long-term services and supports (LTSS) and Lifespan Respite Voucher were not introduced this session. • Paid family leave legislation is moving to conference, and it may be administered by the Virginia Employment Commission, pending confirmation. • The House budget includes \$600,000 for the Virginia Memory Project. <p>A commission member asked how to find out how their legislators voted. Mr. Myers answered that legislative voting records can be viewed on the LIS website (lis.virginia.gov) by searching either a member’s name or the bill number.</p>	
<p>Alzheimer’s Association Update: Lissa Greenlee provided an update on reorganization and program activities within the Alzheimer’s Association, explaining that the restructuring is driven by evolving Alzheimer’s work and a growing focus on prevention and brain health informed by the U.S. POINTER study.</p> <ul style="list-style-type: none"> • Ms. Greenlee reported that Katie McDonough has been appointed Vice President of Programs to oversee education and support services. • She noted that core services remain in place with an expanded emphasis on brain health, supported by new resources from the U.S. POINTER Study and initiatives such as the Brain Health Habit Finder and the Brain Health at Work program launching in April. • She also highlighted results from the Alzheimer’s Walk events, which included 21 walks across Virginia, more than 10,500 participants, and \$4 million raised statewide, with the Richmond Walk raising \$1.2 million and ranking among the top ten nationally for the first time. 	<p>Lissa Greenlee, Executive Director</p>
<p>Department of Behavioral Health and Developmental Services (DBHDS) Annette Clark provided a report on DBHDS, highlighting the following updates:</p> <ul style="list-style-type: none"> • Farewell extended to former Commissioner Nelson Smith; welcome to incoming Commissioner Daryl Washington. • Facilities remain at or over capacity. • In November, DBHDS hosted a Clinical Care Conference in Richmond with 250+ facility and community provider staff, including networking, skill-building, and a LEGO-based team activity. • DBHDS continues supporting individuals with major neurocognitive disorders, often with co-occurring serious mental illness. A 2021 workgroup found 	<p>Annette Clark</p>

<p>individuals with dementia remain in facilities an average of 229 days, 3.5 times longer than those with serious mental illness, highlighting the need for improved environments and increased behavioral health capacity.</p> <ul style="list-style-type: none"> • New programs developed since these findings include two geriatric teams (Western Tidewater and Mount Rogers CSBs), a transitional unit at Wythe House, the memory care unit, expanded partnerships with multiple memory care providers, and a Regional Older Adult Facilities Mental Health Support Team (RAFT) dementia initiative. An Advisory Council has been formed with CSBs and DBHDS staff, including two new geriatric/dementia specialists. • Upcoming Discharge Planning 101 training will include a live/virtual session from George Worthington on dementia types and resources. • Stakeholders were encouraged to visit the updated DBHDS website for program, service, location, and staffing information. 	
<p>Presentation: The Latest on Dementia Treatments and Biomarker Research Dr. Bahar Niknejad shared the latest research findings, while Dr. Hamid Okhavri provided updates on the current impact of dementia treatments. Dr. Niknejad gave an overview of how Alzheimer’s treatments have changed over time, explaining the shift from older medications that only treat symptoms to newer disease-modifying treatments that can slow the disease itself. She described how Lecanemab and Donanemab remove amyloid plaques from the brain and work best when started early in mild cognitive decline. She shared trial results showing slower memory loss and strong plaque reduction, and noted that Amyloid-Related Imaging Abnormalities (ARIA), though rare, is the main side effect, especially for people with the Apolipoprotein E4 (APOE4) gene. Dr. Niknejad also discussed the newer subcutaneous injection option, explaining that maintenance subcutaneous dosing was approved in August 2025, while the starting-dose version is still awaiting FDA approval, with early studies showing plaque reduction beginning within the first week.</p> <p>Dr. Okhavri presented longer-term results showing that Lecanemab continues to help people for up to 48 months, with the strongest benefits seen when treatment begins early. He reported delayed progression from mild cognitive impairment to mild dementia, improvement for many participants, and continued benefit even after medication was stopped, with Donanemab showing similar durability up to 36 months. He explained that most medications cannot easily cross the blood-brain barrier and highlighted research on a brain-shuttle drug called Tromtinimab, which can considerably increase treatment delivery to the brain and has shown much faster amyloid plaque removal with fewer ARIA events than current approaches. This drug is now in Phase 3 trials. He emphasized the importance of earlier treatment, the potential of combination therapies that target amyloid, tau, inflammation, and other age-related changes, and the growing use of accurate blood-based tests for early diagnosis. Both presentations showed that new treatments, improved delivery methods, and prevention-focused research will continue to shape the future of Alzheimer’s care.</p> <p>A commission member asked about insurance coverage for these newer treatments, and Dr. Okhavri explained that none of the patients he has directly worked with have paid</p>	<p>Dr. Hamid Okhravi, Dr. Bahar Niknejad, Macon & Joan Brock Virginia Health Sciences Eastern Virginia Medical School at Old Dominion University</p>

more than about \$150 out of pocket for their care. He also noted that the treatment can lead to cost savings, as it may reduce the need for certain diagnostic tests such as Positron emission tomography (PET) scans, which can cost approximately \$1,440.

Presenter bios:

Dr. Bahar Niknejad is an Assistant Professor of Geriatric Medicine and Program Director for the Geriatric medicine fellowship at Eastern Virginia Medical School (EVMS) at Old Dominion University. She completed her residency in Internal Medicine and fellowship training in Geriatric Medicine at EVMS. Her clinical expertise focuses on the care of patients with cognitive disorders, including Alzheimer’s disease and related dementias. Dr. Niknejad delivers patient-centered care through comprehensive cognitive assessments, treatment, and counseling at the Comprehensive Memory Center of the Goldrich Neurohealth Institute at EVMS. She also provides specialty care at the Geriatric Inpatient and outpatient Consultation Services. Her research interests include exploring new therapeutics for Alzheimer’s disease and developing innovative, community-based strategies to increase diversity in dementia and Alzheimer’s disease clinical trials.

Hamid Okhravi, MD, holds the distinguished Alfred E. Abiouness Professorship in Geriatrics, serving as the Medical Director at the Comprehensive Memory Center, at Eastern Virginia Medical School and the Macon & Joan Brock Virginia Health Sciences at Old Dominion University. His research is primarily focused on exploring clinical therapeutics for Alzheimer's disease and investigating novel treatments for neuropsychiatric symptoms in individuals with dementia. Dr. Okhravi possesses a keen interest in the scientific aspects of community outreach initiatives aimed at serving the underrepresented population. Through his efforts, he has established a comprehensive collaborative program with Historically Black Colleges and Universities (HBCUs) in the Hampton Roads Area.

Currently, he serves as the principal investigator for several ongoing research studies. Additionally, he holds the position of Site PI for the Alzheimer’s Clinical Trials Consortium (ACTC) program and served as a Vanguard site PI for the Alzheimer’s Association’s ALZ-NET National Registry. Dr. Okhravi is also a member of the Alzheimer's Association's International Working Group for Alzheimer's Disease Plasma Biomarkers, focusing on developing appropriate use recommendations for plasma biomarkers in Alzheimer's disease and most recently was elected to the Board of Directors for the National Alzheimer’s Association.

Nursing Facility Oversight and Accountability Advisory Board Update

Sarah Stowe presented an update on the Nursing Facility Oversight and Accountability Advisory Board. She shared that the Board was established under Executive Order 52, issued by Governor Glenn Youngkin on August 11, 2025, to strengthen oversight of nursing facilities. Its work focuses on improving quality of care, accountability, transparency, system capacity, family engagement, and overall process improvements. The Board is also responsible for producing an annual report with recommendations. Information about the Board, including reports, can be found here: <https://www.vdh.virginia.gov/licensure-and-certification/executive-order-52/>

Sara Stowe,
Executive Director,
Commonwealth
Council on Aging

<p>A commission member asked about the goal of filling all state inspector positions by December 31, 2026. Ms. Stowe said she believes that is still the goal and that progress appears to be on track, but she will verify the details and follow up.</p>	
<p>Dementia State Plan 2028 Initial Planning Members reviewed the Dementia State Plan timeline and outline (attached). There was a discussion about holding a 2027 Dementia Capable Summit similar to the one that was held in 2023. Margie Shaver agreed to continue to chair the Dementia State Plan Committee which will be responsible for ensuring the smooth development of the next iteration of the Dementia State Plan and will include opportunities for stakeholders and the public to provide input.</p>	<p>George Worthington</p>
<p>Discussion: Artificial Intelligence (AI) and Dementia Care: Early Thoughts Members reviewed the attached document, <i>AI and Dementia State Plan: Initial Discussion</i> (attached), as a starting point for this discussion.</p> <p>The Commission discussed how its guidance on AI could influence expectations for its use related to dementia in Virginia. Members discussed initial thoughts about how to incorporate these technological advances into the next Dementia State Plan and noted that the way AI is described in the Plan could impact its use in care settings.</p> <p>One member highlighted the importance of considering governance and related ethical issues regarding the use of AI across the spectrum of dementia care and supports. While the Commission would not be able to determine a regulatory framework for the use of AI, it may be able to influence policy development in this area through the Dementia State Plan.</p> <p>Members also raised concerns about how AI might increase loneliness or social isolation. They agreed that while AI tools can be helpful, it is important not to reduce human contact for people living with dementia.</p> <p>The group talked about access and equity. One member noted the difference between people who receive no services and those who might receive AI-based services. AI could help in areas with few resources, but members agreed that benefits must be balanced with risks, including possible misuse.</p> <p>Members suggested including a general statement about AI in the Plan instead of placing AI in specific goals or strategies. This approach would allow the Plan to adapt as new issues and developments arise.</p> <p>They also mentioned a current chatbot study and said more information on AI and caregiving will be shared later. This topic will need continued learning and discussion. Overall, members agreed that the plan should take a careful and balanced approach to AI, recognizing both its potential benefits and its ethical, social, and regulatory challenges.</p>	<p>Lana Sargent, George Worthington</p>
<p>Coordinated Care Workgroup Report</p>	<p>Ishan Williams</p>

<p>The Coordinated workgroup met on August 5, 2025 to discuss priorities for the group to work on in the context of the Implementation Plan.</p> <ul style="list-style-type: none">• Stakeholders were encouraged to visit the updated DBHDS website for program, service, location, and staffing information.• The group focused on developing a draft public comment for Assisted Living Facility (ALF) regulations in line with previously unaddressed strategies under Objective 1.3 of the Dementia State Plan which is to “Review state legislation and regulations for licensing of professions, facilities and providers.”• The group plans to work on draft public comments for other relevant regulations such as nursing facilities, adult day programs and the professions aimed at improving dementia capability.• Members reviewed supporting documentation for proposed enhancements related to dementia care provided by DARS staff, and feedback on that documentation provided by the Virginia Assisted Living Association (VALA).• The group reviewed the draft comment that is in meeting material packets (together with the proposed enhancements by DARS and the input provided by VALA). The comment reflects the role and duty of the ADRD Commission to examine the needs of persons living with ADRD and their caregivers, and to advise on regulatory issues related to ADRD. <p>Other activities:</p> <ul style="list-style-type: none">• One member presented plans for a pilot program in Prince William County to increase dementia awareness and workplace support for caregivers, with discussion on alignment with dementia-friendly efforts, potential benefits such as reduced absenteeism and improved performance, and how best to implement a pilot. This effort to support caregivers aligns with the Dementia State Plan, and the workgroup is looking forward to periodic progress reports. <p><i>Action Item: Approve public comment on Assisted-Living Facility (ALF) regulations.</i></p> <ul style="list-style-type: none">• Members reviewed the drafted public comment. Lana Sargent moved to approve the comment, and Leslie Bowie seconded the motion. The Commission approved it with a unanimous vote.	
<p>Training Workgroup Report</p> <p>The Training workgroup met on August 5, 2025 to discuss priorities for the group to work on in the context of the Implementation Plan.</p> <ul style="list-style-type: none">• Lileeta Harlem shared her proposal for a multi-year caregiver support pilot with the Prince William Chamber of Commerce. Members welcomed the intention to support working caregivers and offered several ideas to broaden the strategy.• The group discussed potential applications of artificial intelligence in the Dementia State Plan, including symptom tracking, telehealth support, and care-coordination tools.	<p>Heather Kidd (For Jenny Slade)</p>

<ul style="list-style-type: none"> • Members explored ideas for a bi-monthly DARS podcast focusing on caregiver stories paired with professional insight. DARS staff are following up with this and have a training session in March with communications staff. • Rachel Coney-Bowles gave two quarterly updates of the Community Health Worker training modules on dementia and cognitive screening. These modules continue to be used statewide, with free access available to anyone with a Virginia address. • The group began discussing an update of the Primary Care Toolkit on the DCV website. DARS staff will work on a plan for revisions and will share with group for feedback. 	
<p>Brain Health Workgroup Report The Brain Health Workgroup met on July 17, 2025, to review brain health data and messaging materials, and to discuss upcoming activities and next steps.</p> <ul style="list-style-type: none"> • Members completed the final review of the Brain Health Social Media Toolkit for Area Agencies on Aging. They recommended posting it on the Dementia Capable Virginia (DCV) webpage and coordinating outreach and promotional opportunities such as sharing it at the Governor’s Conference on Aging. • The workgroup reviewed Dan Bluestein’s Caregiver Conversations micro-teaching module and provided feedback on its content and dissemination approach. • The group discussed expanded opportunities for youth-focused brain health education and reviewed the Hilarity for Charity (HFC) Universe initiative, exploring potential partnerships and pilot options. • Members identified additional youth engagement opportunities, such as high school clubs, youth mental health organizations, libraries, and culturally relevant materials, to help strengthen the group’s youth-focused brain health efforts. • The workgroup proposed creating a Youth Page on the DCV website to centralize resources and support Objective 6.3 of the State Plan, addressing brain health education across K–12 and post-secondary settings. 	<p>George Worthington (for Michael Watson)</p>
<p>Data and Research Workgroup Report The Data and Research Workgroup met on August 5, 2025 to discuss the research section of the Dementia Capable Virginia website.</p> <ul style="list-style-type: none"> • The group received an update on the State Alzheimer’s Research Support (StARS) Center project, including funding approval, progress assembling the Lived Experience Panel, and ongoing data work that members noted can help inform the next Dementia State Plan. • Members gave initial feedback on the upcoming research page for the new Dementia Capable Virginis website and discussed adding study opportunities and research updates once the site is live. 	<p>Lana Sargent</p>

<ul style="list-style-type: none"> • This could be in the form of, for example, posting flyers for projects to help connect potential participants to research projects. • The workgroup talked about planning for major upcoming events, including the 2027 Governor’s Conference and the next Dementia State Plan Summit, with interest in engaging legislative partners to strengthen engagement and clarify dementia-related initiatives. • The group highlighted recent research activities, including positive feedback from the Alzheimer's Research Award Fund symposium and ongoing efforts to increase visibility of research opportunities. 	
<p>Future Meeting Dates (Tuesdays, 10am-2pm) December 9, 2025</p>	Lana Sargent
<p>New Business There was no new business.</p>	Lana Sargent
<p>Public Comment There were no public comments received or offered.</p>	Lana Sargent
<p>Adjournment Chair Sargent adjourned the meeting at 1:42 pm.</p>	Lana Sargent

Dementia Services Director:
Quarterly Report to the Alzheimer's Disease and Related Disorders Commission

Virginia Department for Aging and Rehabilitative Services
March 10, 2026

Period: September 10, 2025 – March 9, 2026

1. Outreach and Education

Attended:

Webinars including:

- National Alzheimer's Disease Resource Center
- BOLD Public Health Center of Excellence for Dementia Caregiving
- BOLD Public Health Center for Early Detection and Diagnosis
- BOLD Public Health Center for Risk Reduction

Conferences:

- State Dementia Coordinators National Summit (Oct 29-30, Washington)
- Valley Program for Aging Services Caregiver Conference, Weyers Cave: Dementia Resources (Nov 5)
- Piedmont Dementia Education Conference, Culpeper: Brain Health (Dec 2)

Presented:

- Orange County Meet & Greet and Dementia Friendly training (Sep 30)
- Active Aging Week at The Center, Charlottesville: Brain Health presentation (Oct 4)
- Mountain Empire Older Citizens: Brain Health; Big Stone Gap (Oct 7)
- District 3 Governmental Cooperative: Brain Health; Damascus (Oct 8)
- Mountain Empire PACE: Brain Health; Big Stone Gap (Oct 9)
- Rappahannock County Meet & Greet (Oct 16)
- Library of Virginia webinar: DARS Dementia Services (Oct 21)
- Leading Age Adult Day Council: Dementia Initiatives and Resources (Oct 24)
- Culpeper County Meet & Greet: Dementia Initiatives and Resources (Nov 6)
- Virginia Governor's Conference on Aging Webinar: 2026 Legislative Priorities (Nov 13)
- Fauquier County Meet & Greet: Brain Health & Dementia Resources (Nov 18)
- Rooftop of Virginia, Galax: Brain Health & Dementia Resources (Dec 4)
- Osher William & Mary: Demystifying Dementia: Basics, Resources and Brain Health (Feb 5-25).
- The Center, Charlottesville: Heart and Brain Health (Feb 5)

Training:

- Dementia Friends Champion Training (Virtual)—September 19, February 5
- Mountain Empire Older Citizens: Dementia Initiatives and Resources; Big Stone Gap (Oct 7)
- Appalachian Agency for Senior Citizens: Dementia Initiatives and Resources; Cedar Bluff (Oct 9)

Other:

- Community Conversations, Charlottesville (Alzheimer's Association, Sep 15)
- Wisdom Watch Alliance : Summit on Best Practices for Community Cognitive Screening (Feb 7)

Upcoming:

- Webinar on social respite programs for dementia; Governor's Conference on Aging Webinar Series (Mar 24).
- Dementia Care and Caregiving Research Summit, National Institute of Aging (March 17-19, virtual)
- Tom Tom Festival, Charlottesville: Courage in Community: Building a Dementia-Friendly Future (April 23, 3-hour session)

**Dementia Services Director:
Quarterly Report to the Alzheimer's Disease and Related Disorders Commission**

Consumer Calls (SFY- year ending June 30)

SFY2022- 177	SFY24 Q1—36 Q2—22 Q3—39 Q4—30
SFY2023- 140	SFY25 Q1—11 Q2—28 Q3—25 Q4—23\
SFY2024- 127	SFY26 Q1—23 Q2—24 Q3—16
SFY2025- 87	

2. Data

- CMS Medicare Beneficiary Chronic Conditions data—updated for 2018 (data available to 2018)
- BRFSS Cognitive Decline and Caregiver modules—Caregiving module (2022), Cognitive Decline (2023)
- Virginia Memory Project—providing data to <https://maps.healthlandscape.org/Virginia/>

3. Collaboration and Partnerships

Virginia

- ARDRAF Awards Committee—June 10, 2026
- Virginia Dementia Care Coordination Roundtable—Sep 22 (bimonthly)
- Virginia Caregiver Coalition: *meeting Sep 18, Nov 20, Jan 15, executive committee Oct 16.*
- **Chickahominy Tribe Partnership Convening: February 17**
- AARP Age Friendly State Meeting
- Blue Ridge Respite (Advisory board member)
- Commonwealth Council on Aging (Sep 10)
- Virginia Department of Health/Healthy Brain Virginia (BOLD) *ongoing*
- Advisory Committee on Health Disparities and Health Equity (VDH)—January 13, 2026
- Dementia Messaging in Virginia (VCU and partners; *quarterly*)
- Dementia Friendly Virginia:
 - *Quarterly virtual Dementia Friends Champion trainings*
- Dementia Friendly Central Virginia (DFCV): *bimonthly meetings*
 - Charlottesville Area Alliance (spearheading Age-Friendly/Livable Community initiative)
 - Charlottesville TRIAD
- Piedmont Dementia Education Committee (ongoing when able)

National/Interstate

- District of Columbia Brain Health Initiative (ongoing when able)
- Advisory Council on Alzheimer's Research, Care and Services (National Alzheimer's Plan)—newly constituted Council met on February 9, 2026
- RAISE Family Caregiver Council:
- State Dementia Coordinators (quarterly, informal grouping mixing State Unit on Aging and State Public Health Agency roles)

4. Grant Writing and Administration

Virginia Center on Aging: Geriatric Training and Education Program submission

- Bring Mama Joe Project to Petersburg
- Mama Joe Project is a documentary of one African-American family's experience with dementia, and has been shown across the country to raise awareness and understanding of dementia in higher-risk communities. The one-hour documentary is held at a movie theater, concessions are provided, and the film is followed by a panel Q&A featuring the documentary's producer and local subject matter experts

CDC BOLD Public Health Programs to Address Alzheimer's Disease and Related Dementias (ADRDC)

- Grant awarded to VDH for start date of September 1, 2023. Five-year funding
- Project period is September 1, 2023 through August 31, 2028. Weekly meetings with the Brain Health Coordinator, quarterly partners meetings.
- VDH working with DARS, Alzheimer's Association, and other partners
- Three strategies related to the ADRDC Commission (Maintain or expand ADRDC, educate ADRDC on ADRDC topics, lead ADRDC to develop and track an implementation plan for the Dementia State Plan)
- Goal is to develop a strong public health approach to ADRDC
 - Risk reduction
 - Early diagnosis
 - Using data for priority setting and action

**Dementia Services Director:
Quarterly Report to the Alzheimer's Disease and Related Disorders Commission**

- Support for caregiving for persons with dementia, including addressing social determinants of health

StARS (State Alzheimer's Research Support) Center University of Minnesota/Johns Hopkins/University of North Carolina—National Dementia Care Coordination Research Center grant proposal (awarded)

- Led by Joe Gaugler (U Minn), Quincy Samus (Johns Hopkins), Sheryl Zimmerman (UNC)
- Virginia (along with Maryland) will be Year 1 spotlight state (\$200,000 for research, support of Roundtable, etc.)
- Project Period April 1, 2025 – August 31, 2025—shortened; no cost extension granted for Sep 1, 2025 through August 31, 2026
- First lived experience panel held in January
- National Dementia Care Coordination Roundtable presentation on March 5
- Monthly meetings with StARS team

5. Policy Tracking

General Assembly 2026

- HB431: Extend sunset provision of ADRD Commission by three years to June 30, 2029. (Delegate LeVere-Bolling); passed House unanimously; passed by for third day in Senate (3/2/26)
- SB682: Extend sunset provision of ADRD Commission by three years to June 30, 2029. (Senator Head); passed unanimously (House Rules Studies Subcommittee recommended reporting out 5-0, 3/2/26)

Budget Amendments (floor approved)

- 197#2h Out of this appropriation, \$300,000 each year from the general fund is designated for the operation of the Virginia Memory Project for the purposes established in § 23.1-2311.1, Code of Virginia. (Delegate Carr)

Failed Budget Amendments

- 319#5h Out of this appropriation, \$2,050,000 the first year and \$2,050,000 the second year from the general fund shall be provided to fund a statewide program of **dementia care specialists** at Area Agencies on Aging. (Delegate Simonds; ADRDC recommendation \$4.10m in both years)
- 323#1h Out of this appropriation \$2,500,000 the first year and \$1,500,000 the second year from the general fund is provided to the Department for Aging and Rehabilitation Services to provide comprehensive dementia training for first responders. (Delegate Willett; ADRDC recommendation \$2.5m)

United States 119th Congress (S=Senate, HR=House of Representatives)

- H.R. 6799 BRIDGE for Young-Onset Alzheimer's Disease Act of 2025. To amend title II of the Social Security Act to eliminate the waiting periods for disability insurance benefits and Medicare coverage for individuals with young-onset Alzheimer's, and for other purposes. Referred to House Committee on Ways and Means (12/17/2025).
- S.3267 ASAP Act. To amend title XVIII of the Social Security Act to provide for Medicare coverage of blood-based dementia screening tests. Read twice and referred to the Committee on Finance (11/20/2025).
- H.R.6130 ASAP Act. To amend title XVIII of the Social Security Act to provide for Medicare coverage of blood-based dementia screening tests. Referred to the Committee on Energy and Commerce, and in addition to Committee on Ways and Means (11/19/2025).
- H.R.3389 Alzheimer's Law Enforcement Education Act of 2025. Would direct the Director of the Office of Community Oriented Policing Services of the Department of Justice to establish an online training course relating to ADRD. Referred to the House Committee on the Judiciary (5/14/2025).
- H.R.3501/S.1799 Amend Title XVIII of the Social Security Act related to cognitive screening at Medicare Annual Wellness Visit. Would require use of a validated instrument and documentation of instrument used in the Medicare Annual Wellness required cognitive screening. H: Referred to the Committee on Energy and Commerce and the Committee on Ways and Means (5/19/2025). S: Read twice and referred to the Committee on Finance (5/19/2025).

Dementia Services Director:
Quarterly Report to the Alzheimer's Disease and Related Disorders Commission

- H.R. 3674 Global Alzheimer's Initiative Now Act. Would permit the United States to participate in the Davos Alzheimer's Collaborative. H: Referred to the Committee on Foreign Affairs (6/3/2025).
- H.R. 3747A ADAPT Act. Would amend the Public Health Service Act to reauthorize the Project ECHO Grant Program to establish grants under such program to disseminate knowledge and build capacity to address ADRD. H: Referred to the House Committee on Energy and Commerce (6/5/2025).
- S.3234 Convenient Care for Caregivers Act. To amend Older Americans Act of 1965 to establish a pilot program for dementia caregivers. S: Read twice and referred to the Committee on Health, Education, Labor and Pensions (11/20/2025).

Healthy Brain Virginia – Quarterly Report

Activities this quarter align with BOLD Strategies 5–9 and are summarized below.

During this reporting period, Healthy Brain Virginia (HBV) reached urban, rural, and medically underserved communities across Central Virginia, Southside, and the Tidewater region. Efforts continued to prioritize health equity, culturally responsive education, and expanded access for populations at higher risk for Alzheimer’s disease and related dementias (ADRD).

Strategy 5: Educate the General Public on ADRD

(Primary, Secondary, and Tertiary Prevention)

HBV strengthened public awareness and access to culturally responsive brain health education through in-person programming and the development of new educational resources.

Key activities included:

- Delivered a presentation at a Dementia Summit at The Village at Woods Edge in Franklin, VA, providing education on brain health, early detection, caregiving, and comorbidity prevention.
- Conducted a Healthy Brain Virginia resource presentation at Brookdale Chambrel in Williamsburg, VA.
- Established new community partnerships with:
 - New Kent Library
 - Charles City Library
 - Petersburg Home for Ladies
 - Virginia Community Resource Center
- Developed new rack cards for the general public focused on:
 - Dementia risk-reduction behaviors
 - Early warning signs of ADRD
 - Caregiver support tools and resources

- Initiated a new internal partnership with the WIC program, integrating brain health education, ADRD early detection, and risk-reduction strategies into nutrition and family health programming—supporting upstream prevention across the life course.
-

Strategy 6: Educate Providers and Professionals on ADRD

(Primary, Secondary, and Tertiary Prevention)

HBV advanced dementia-capable workforce development through immersive training, public safety engagement, healthcare system integration, and fall-prevention education.

Key activities included:

- Delivered three full Virtual Dementia Tour (VDT) sessions through new community and healthcare partnerships, engaging 73+ multidisciplinary participants:
 - Jewish Family Services (JFS): 12 participants
 - Tidewater Community Services Board: 50 participants
 - Dream Catchers Equine Therapy: 11 participants
- Established a new partnership with the Portsmouth Police Department, advancing dementia-informed first-responder practices to:
 - Improve interactions with persons living with dementia
 - Reduce unnecessary criminalization
 - Strengthen crisis response
- The Brain Health Coordinator completed Dementia Friends Champion Training, significantly expanding HBV's capacity to educate community members and organizations statewide.
- Developed a new healthcare partnership with Marquis Healthcare, including:
 - Dementia education for staff and leadership
 - A formal connection to the VDH Chronic Disease Prevention Unit to align risk-reduction standards, cardiovascular health, and brain-body health messaging across systems

- Established a partnership with the Trauma Injury and Violence Prevention Program at VCU Medical Center focused on fall-prevention education. Through this collaboration, HBV:
 - Highlighted the Saving.Claire documentary as a community education and awareness tool
 - Provided education on brain health, ADRD early detection, and risk-reduction strategies
 - Strengthened programming at the intersection of falls, injury prevention, and dementia risk reduction
-

Strategy 7: Increase Availability and Use of Data for ADRD Decision-Making

HBV continued to elevate Virginia’s leadership in data-informed ADRD planning and policy development.

Key activities included:

- Served as keynote speaker for the ASTHO Brain Health Policy Report Webinar, where Healthy Brain Virginia was highlighted nationally as a leading model.
 - The session emphasized:
 - The critical role of partnerships
 - Alignment of strategic plans across health systems
 - Integration of brain health metrics into chronic disease prevention infrastructure
 - Strengthening cross-sector decision-making through data-driven ADRD planning
-

Strategy 8: Improve Sustainability of ADRD Efforts

HBV strengthened the sustainability and scalability of dementia-capable systems across the Commonwealth.

Key activities included:

- Developed and standardized rack cards, caregiver resources, and provider one-pagers to ensure:
 - Consistent, evidence-based messaging
 - Long-term usability by partners
 - Scalability across regions and organizations
 - Strengthened community partnerships to improve continuity of training, education, and referral pathways.
-

Strategy 9: Increase Community–Clinical Linkages

HBV significantly expanded coordinated care and referral networks across healthcare, public safety, behavioral health, community services, and hospital-based fall-prevention systems.

New and strengthened partnerships included:

- Bon Secours Southside
- Marquis Healthcare
- Tidewater Community Services Board
- Dream Catchers Equine Therapy (innovative.non_traditional.partner.integrating.ADRD.awareness.into.equine_assisted.interventions)
- Portsmouth Police Department (public.safety.and.crisis.response.integration)
- New Kent Library
- Charles City Library
- Petersburg Home for Ladies
- Virginia Community Resource Center
- Trauma Injury and Violence Prevention Program – VCU Medical Center (fall_prevention.education?Saving.Claire.documentary.engagement?and.brain.health.and.ADRD.risk_reduction.integration)

These partnerships expanded access to:

- Early detection education

- Caregiver support
- Dementia-capable emergency response
- Behavioral health, social service, and hospital-based referrals
- Evidence-based dementia risk-reduction programming

DEMENTIA STATE PLAN 2028 TIMELINE

December 2025	<ul style="list-style-type: none">• Initial timeline discussed at ADRD Commission
March 2026	<ul style="list-style-type: none">• Initial timeline discussed at ADRD Commission
March-April 2026	<ul style="list-style-type: none">• Dementia State Plan Committee meeting• Fine-tune timeline and outline of Plan• First meeting of Summit Committee
June 2026	<ul style="list-style-type: none">• ADRDC meeting
September 2026	<ul style="list-style-type: none">• ADRDC meeting• Dementia 1/2 Day Summit
December 2026	<ul style="list-style-type: none">• ADRDC meeting
March 2027	<ul style="list-style-type: none">• ADRDC meeting
April-May 2027	<ul style="list-style-type: none">• Public input: Dementia State Plan Summit
June 2027	<ul style="list-style-type: none">• ADRDC meeting: Present draft to the Commission
September 2027	<ul style="list-style-type: none">• ADRDC meeting
October 2027	<ul style="list-style-type: none">• Virginia Governor's Conference: Session on Proposed DSP
December 2027	<ul style="list-style-type: none">• ADRDC meeting: Commission approves DSP 2020-2024
January 1, 2028	<ul style="list-style-type: none">• DSP 2028-2032 published.

DEMENTIA STATE PLAN 2020-2024 OUTLINE

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Letter from the Chair

Vision 2020-2024

Dementia

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| 2. Symptoms | 6. Risk Factors |
| 3. Common Types from Facts & Figures | 7. Treatment |
| 4. Diagnosis | 8. Costs |

Dementia in Virginia

- | | |
|------------------------|------------------------------|
| 1. Summary of Need | 4. Dementia and Caregiving |
| 2. Prevalence | 5. Funding for Dementia Care |
| 3. Special Populations | |

Accomplishments 2015-2019

- | | |
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| 1. Virginia: VCOA data & BRFSS | 3. Grant-funded programs |
| 2. Accomplishments since 2015 | |

Overview of Goals

Issues and Recommendations

1. Coordinate Quality Dementia Services in the Commonwealth to Ensure Dementia Capability
2. Use Dementia Related Data to Improve Public Health
3. Increase Awareness and Create Dementia Specific Training
4. Provide Access to Quality Coordinated Care for Individuals with Dementia in the Most Integrated Setting
5. Expand Resources for Dementia-Specific Translational Research and Evidence-Based Practices

For each goal: Objectives and Strategies

Appendices

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| 1. Development process/Public Listening Sessions summary | 4. References |
| 2. Contributions and Acknowledgments | 5. Statistics WERE NOT INCLUDED IN 2015 ITERATION |
| a. Commission Members | a. Facts and Figures |
| b. Others | b. BRFSS data & questionnaires |
| 3. Glossary and Acronyms | c. VCOA data; other data? |

AI and the Dementia State Plan: Initial Discussion

Disclaimer: This is output from chatgpt in response to the following query: How do you think artificial intelligence can change dementia care and supports?

*AI can be a powerful tool for dementia care, but it's not magic: it amplifies what systems and people already do well **and** magnifies existing weaknesses if deployed without guardrails.*

1) How AI can improve dementia care — practical uses & real examples

- **Early detection & risk stratification.** AI models applied to imaging, electronic health records and multimodal data can flag people at higher risk earlier than traditional screening alone — enabling earlier planning, referrals, and risk-reduction interventions. [ScienceDirect](#)
- **Remote monitoring & safety (falls, wandering, activity patterns).** Computer-vision, wearables and smart-home analytics can detect falls, changes in gait or daily routine that often precede clinical deterioration, alerting caregivers and care teams sooner. [PMC+1](#)
- **Social/engagement supports (companion agents & robots).** AI-driven companions (voice agents, television-based companions, social robots like ElliQ) can reduce loneliness, provide reminders, and deliver cognitive stimulation programs that maintain quality of life. Early trials and pilots show measurable improvements in engagement and mood. [PMC+2ResearchGate+2](#)
- **Scalable care coaching & behavioral support.** Automated calls/chatbots and AI care-call systems can provide frequent check-ins, medication reminders, and low-cost cognitive and mood supports for many people who otherwise get no regular contact. Recent trials report improved mood and some cognitive outcomes. [Nature](#)
- **Administrative efficiency & capacity building.** AI can reduce staff burden: automate scheduling, summarize notes, triage referrals, and generate draft care plans — freeing clinicians and care workers for relationship-centered tasks. (But see risks below.) [The Guardian](#)

2) Risks, limitations and ethical/legal concerns you must address

- **Privacy & data governance.** Many AI systems need continuous streams of personal data (audio, video, movement). Without strict controls this is a major privacy risk and may expose sensitive health data. [The Guardian](#)
- **Accuracy, bias & clinical validity.** Models trained on non-representative datasets may misclassify or miss cases in underrepresented populations (race, rural communities, low-income). Clinical validation and peer-reviewed evidence are still emerging for many products. [jamda.com+1](#)
- **Depersonalization & reduced human contact.** Over-reliance on robots/agents can unintentionally reduce meaningful human interaction, which is harmful for people with dementia if not tightly managed. Evidence from care settings warns of interaction decline when tech replaces, rather than augments, staff. [learn2care - Just another WordPress site](#)
- **Regulation, liability & vendor practices.** Many consumer AI products are unregulated; some use user inputs to train models. Unvetted tools creating care plans or clinical suggestions may create unsafe outcomes. [The Guardian](#)
- **Digital divide & equity.** Access, digital literacy and affordability are barriers—rural/low-income populations risk being left behind unless policy explicitly addresses access and support. [comfortage.eu](#)