New Mexico State Plan
For Alzheimer's Disease and Other Dementias
2022 – 2025

New Mexico Aging & Long-Term Services Department

Office of Alzheimer's & Dementia Care

NEW MEXICO
AGING &
LONG-TERM
SERVICES
DEPARTMENT

Michelle Lujan Grisham, Governor
Katrina Hotrum-Lopez, Cabinet Secretary

Letter of Introduction

Caring for our elders is a sacred task. For those who live with Alzheimer's disease and other dementias, it is essential that we as people and as a state agency provide the support and resources needed to care for them.

This State Plan for Alzheimer's Disease and Other Dementias, offers "strategic steps to improve the quality of life for families caring for an individual with" these diseases, including establishing care plans and access to supportive services. We know the significant stress that caregiving places on families. Over the past year, I have become a caregiver for my mom, who is living with the beginning stages of dementia. I understand firsthand the emotional, physical, and financial toll that this process brings. My mom, Pansy, is just one of many. In fact, in 2020, there were 43,000 new Mexicans over the age of 65 with Alzheimer's or other Dementias, and that number is only increasing with each passing year. In this plan, we outline what is happening here in New Mexico, as well as strategies to improve our caregiver workforce and programs. We hope to increase awareness of Alzheimer's and other dementias and help build a more dementia-friendly New Mexico.

So often the stories told about dementia are ones of tragedy, heartbreak, and grief. While those feelings and experiences are certainly part of living with this disease, there is also hope, support and joy. It is our goal to develop the programs and infrastructure here in New Mexico that allow all our seniors to age in place and receive the very best care possible. We want our seniors to thrive, "to age with dignity, and to live their lives to the fullest at every stage." Thank you for your investment in our state's seniors and your commitment to making New Mexico a Dementia-Friendly state.

Respectfully,

Katrina Hotrum-Lopez

Katrina Hotrum-Lopez, Cabinet Secretary

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On The Cover ….

Artist Statement for "Rebirth" Mural at Hermosa.

Rebirth began as an experiment, over time became both a celebration and an act of defiance against loneliness, helplessness, and boredom. This mural is 4x8 ft and hangs in the dining room at Hermosa. The materials used consist of, collage paper, acrylic paints, colored and metallic inks, and gold and silver leaf on Masonite. This painting began as a group project and completed as individual 1 to 1 work with a facilitator by elders and staff at Hermosa.

The images used tell a story, trees with interconnected roots, new growth, butterflies, angel wings, falling and growing leaves, a flower blooming in the roots, all connect deeply to the people, place and time that created this painting. The elders working on this painting faced challenges; including dementia, elders working on this painting were on hospice, faced anxiety, and health problems that all had the potential to dominate their lives. Hermosa's elders met these challenges by painting, dancing, laughing, planting gardens and having a life despite of all these challenges. Each elder showed heroism daily by simply embracing life. The joy, ability to learn, creativity are all acts of defiance against dementia, aging and all the stereotypes that are supposed to define people at this time in life. The staff who added to the mural were friends, teachers, students, and family for the elders in all aspects of their lives.

In the months following the completion of Rebirth in the depths of COVID, the images created in this mural took on another meaning. Butterflies, new growth, interconnected roots were a reminder that life is worth holding onto, worth fighting for, elders and the amazing people who care have value and need a voice in our world. Hermosa staff showed bravery, creativity, and strength. These people and the work they do must be honored every day. The work people caring for elders do is a constant act of defiance against the loneliness, helplessness, boredom that face elders in our culture.

A special "Thank You" to the Staff and residents of Vista Living Care for sharing this wonderful mural and granting permission for inclusion in the New Mexico State Plan for Alzheimer's Disease and Other Dementias.

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Aging and Long-Term Services Department Mission, Vision, and Guiding Principles:

Our Mission: To provide accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining their independence, dignity, autonomy, health, safety, and economic well-being, thereby empowering them to live on their own terms in their own communities as productively as possible.

Our Vision: Lifelong independence and healthy aging.

Our Guiding Principles: Protect the safety and rights of those we serve; Promote personal choice and self-determination; Treat all persons with respect; Embrace cultural diversity; Encourage collaborative partnerships; Provide fiscally responsible services.

State Unit on Aging Overview:

New Mexico's Aging and Long-Term Services Department (ALTSD) is the designated State Unit on Aging. The ALTSD consists of the Office of the Secretary and four divisions, which provide direct access to critical resources for older adults and people with disabilities.

The divisions within ALTSD include:

- Administrative Services Division
- Consumer and Elder Rights Division
- Aging Network Division
- Adult Protective Services Division

"The Vision" – Aging and Long-Term Services, Office of Alzheimer's & Dementia Care:

In 2012, during the 50th Legislature – State of New Mexico - Second Session, House Memorial 20 – known as the "New Mexico Alzheimer's Disease Task Force" was passed. One of the recommendations made by the Task Force was that an Office of Alzheimer's & Dementia Care be established under the Aging and Long-Term Services Department. In 2013, this office was established, and along with the Task Force, the first State Plan for Alzheimer's Disease and Related Dementia was developed. The State Plan for Alzheimer's & Related Dementia was updated in 2017. The State Plan has been re-developed to reflect current and emerging trends in the care and treatment of Alzheimer's Disease and Other Dementia (AD/OD).

As the leader for Alzheimer's and dementia care in the State of New Mexico, the Office of Alzheimer's and Dementia Care works diligently with all New Mexicans to continue to address the challenges associated with Dementia and Alzheimer's Disease.

The ALTSD Office of Alzheimer's & Dementia Care (OADC) is working to ensure that:

- **All New Mexicans** are aware of and comfortable talking about aging issues and topics inherent to the aging process including dementia and Alzheimer's disease and other dementias, legal and financial issues, preparation for end-of-life care, the need to create aging and dementia friendly and capable communities, and where to find resources and support. Furthermore, the citizens of New Mexico are aware of how to reduce the risk of dementia, the early signs and progression of the disease, the value and importance of caregivers, and the need for first responders, advocates, and citizens to be able to detect and competently support these individuals.
- **Individuals with Alzheimer's disease and other dementias** participate in decision-making to the best of their ability, remain independent if possible, and receive dignified, high quality, person-centered care throughout their lives regardless of where they live, their financial status, culture, or gender identity. They are aware of opportunities to participate in research and clinical trials.
- **Family caregivers** experience support as they care for family members with dementia throughout the disease trajectory, are valued for the work they do, and receive person-centered care for themselves.
- **Health care providers** use evidence-based practices to diagnose and manage Alzheimer's disease and other dementias effectively. They recognize the benefit of early disease detection, a multidisciplinary team approach to care, and early referral to community resources and support. New Mexico health care providers exist as a work force in adequate numbers and are valued for the work they do caring for individuals with these complex diseases.
- **New Mexico policy makers and state officials** understand the public health crisis Alzheimer's disease and other dementias present, including:
    - The financial impacts and potential burdens to New Mexico's citizens and communities.
    - The need to be prepared to implement policies and systems to strengthen the quality of care provided.
    - The need to sustain the ability of individuals with dementia to live independently if possible.
    - The need to support research that proposes innovative ways to detect, prevent, manage, and support this vulnerable population more effectively.

About This Plan:

The New Mexico State Plan for Alzheimer's Disease and Other Dementia (2022-2025) presents goals and recommended actions to address key demographic factors shaping the needs and priorities of the older adult population – specifically, those with Alzheimer's Disease and Dementia. The development of this plan was a cooperative effort, involving input from state and federal agencies, organizations, and individuals throughout the State.

Objective of the State Plan:

To develop the capacity of New Mexico's state infrastructure of supporting networks by implementing strategic steps to improve the quality of life for families caring for an individual with

Alzheimer's Disease and Other Dementias that will: increase community awareness of the symptoms of Dementia, provide linkages for referral, accurate assessment/diagnosis Dementia, develop a family Dementia Care Plan across a continuum of services as needs change, and to coordinate supportive services.

Alzheimer's Disease and Other Dementias:

Alzheimer's Disease (AD) is an irreversible, progressive brain disease that affects as many as 5.5 million Americans. It slowly destroys brain function, leading to cognitive decline (e.g., memory loss, language difficulty, poor executive function e.g., working memory, flexible thinking, and self-control), behavioral and psychiatric disorders (e.g., depression, delusions, agitation), and declines in functional status (e.g., ability to engage in activities of daily living (ADLs) and self-care).

Other Dementias (OD) include frontotemporal dementia (FTD), Lewy body dementia (LBD), vascular contributions to cognitive impairment and dementia (VCID), Creutzfeldt-Jakob Dementia (CID), LATE Dementia (limbic-predominant age-related TDP-43 encephalopathy), and mixed dementias – especially AD mixed with cerebrovascular disease or Lewy bodies. There is also dementia caused by Parkinson's Disease (PD) and Hippocampal Sclerosis (HS). It is often difficult to distinguish between AD and AD/OD in terms of clinical presentation and diagnosis. Some of the basic neurodegenerative processes have common pathways. Many people have the pathway of more than one type of dementia in their brains. People with all forms of dementia and their families and caregivers face similar challenges in finding appropriate and necessary medical care and community-based services.

In more than 90% of people with AD/OD, symptoms do not appear until after age 60, and the incidence of the disease increases with age. The causes of AD/OD are not completely understood, but researchers believe they include a combination of genetic, environmental, and lifestyle factors. The importance of any one of these factors in increasing or decreasing the risk of developing AD/OD may differ from person to person. In rare cases, known as early-onset or younger-onset dementia, people develop symptoms in their 30's, 40's, or 50's. A significant number of people with Down syndrome develop dementia in their 50's, often placing increased burden on their families and caregivers.

Alzheimer's Disease and Other Dementias (AD/OD) is a major public health issue and will increasingly affect the health and well-being of the population. Unless the disease can be effectively treated or prevented, the number of Americans with AD/OD will increase significantly in the next 2 decades. The Bureau of the Census estimates that the number of people aged 65 and older in the United States will almost double, to 88 million by 2050. The prevalence of people with AD/OD doubles for every 5-year interval beyond age 65. Without a preventive treatment or cure, the significant growth in the population over 85 that is estimated to occur between 2015 and 2050 (from 6.3 million to 19 million) suggests a substantial increase in the number of people with AD/OD.[1]

Significant emotional, physical, and financial stress is placed on individuals with AD/OD and their family members. Unpaid caregivers, such as family members and friends, provide most care for

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[1] ASPE.HHS.gov – 2020 National Plan to Address Alzheimer's Disease)

people with AD/OD in the community. Unpaid caregivers often do not identify themselves as such; they may be a wife, daughter, husband, parent, son, or friend helping a person whom they care about. However, the intensive support required for a person with AD/OD can negatively impact the caregiver's emotional and physical health and well-being, and their ability to work. Unpaid caregivers often report symptoms of depression and anxiety, and they have poorer health outcomes than their peers who do not provide such care.[2]

Caring for individuals with the disease also strains health and long-term care systems. Individuals with AD/OD use a disproportionate amount of health care resources; for instance, they are hospitalized 2/3 times as often as people the same age who do not have the disease. Similarly, estimates from national data show that nearly seven out of ten people who reside in assisted living residences have some form of cognitive impairment. As the number of people with AD/OD grows over the next 3 decades, these diseases will place a major strain on these care systems as well as on Medicare and Medicaid, the major funders of institutional, clinical care and Home and Community Based Services (HBCS). Although Medicaid, a health insurance program for eligible individuals experiencing poverty, it is the major funder of long-term care such as nursing home care and HCBS, Medicare does not. Most Americans underestimate the risk of disability and the need for long-term care. More than half of older adults turning 65 today will develop a disability such as AD/OD serious enough to require long term services and supports (LTSS), although most will need assistance for less than 2 years. About one in seven will have a disability for more than 5 years. On average, an American turning 65 today will incur $138,000 in future LTSS costs. Families will pay about half of the costs themselves out-of-pocket, with the rest covered by current public programs and private insurance.[3]

What's happening in New Mexico?

In 2020, there were 43,000 New Mexicans aged 65 and older with AD/OD; this number is expected to increase to 53,000 (23.3%) by 2025. In New Mexico, the death rate is 568, for a 27.1% mortality rate. [4]

In 2020, in New Mexico, the number of Caregivers caring for people with AD/OD, providing hours of unpaid care and the economic value of this unpaid care is as follows:

- 85,000 Caregivers
- Providing 157,000,000 hours of unpaid care
- $2,511,000 in unpaid care – economic value[5]

In 2020 in New Mexico, there were:

- 56.3% of caregivers reporting at least (1) chronic health condition,
- 34.2% of Caregivers reported having depression,

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[2] Mahoney, R, Regan C, Katona C, Livingston G. "Anxiety and Depression in Family Caregivers of People with Alzheimer's Disease: The LASER-AD Study.

[3] United States Department of Health and Human Services, 2020

[4] National Center for Health Statistics

[5] Behavioral Risk Factor Survey 2020; US Census Bureau; National Alliance for Caregivers, AARP; United States Department of Labor

- 7.9% of caregivers reported having frequent problems with physical health. [6]

Cognitive Decline in New Mexico:

Information from the 2019 Behavioral Risk Factor Surveillance System shows that in New Mexico, 12.8%, or 1 in 8 of individuals aged 45 and over reported that they are experiencing confusion or memory loss that is happening more often or is getting worse. This is known as "mild or subjective cognitive decline"). Half of these individuals (50.4%) have not talked to a health care professional about this.

For those individuals with worsening memory problems, 54.3% say it has created "functional difficulties" i.e., caused them to give up day-to-day activities and/or interfered with work or social activities.

Approximately 28.7% of individuals with memory problems live alone. Approximately 83.1% of these individuals with memory problems have at least one other chronic medical condition.[7]

New Mexico: A "Frontier" State:

Seventy percent of land and 24 percent of residents in New Mexico are considered by the United States Department of Agriculture (USDA) as part of the "frontier" areas defined by both low population density and distance from urban centers.

In the 2021 Legislative Session, Senate Bill 193 was passed, which allows for a "rural equity ombudsman" to be established, who will work to understand and address concerns across New Mexico's rural and remote spaces.

The needs of "Frontier" areas show up in several concrete ways for residents; including less data about community need, limited to no broadband/internet/telephone infrastructure, and long drives to the doctor or to school. Law enforcement and first responders are usually stretched to capacity. In frontier communities, there are fewer capital outlay dollars to build and improve infrastructure and provide much needed services.

Hope and Transcending the Tragedy Discourse of Dementia:

In an American Medical Association Journal of Ethics (July 2017) article titled "Transcending the Tragedy Discourse of Dementia: An Ethical Imperative for Promoting Selfhood, Meaningful Relationships, and Well-Being, Peter Reed, PhD, MPH, Jennifer Carson, PhD, and Zebbedia Gibb, PhD, extensive discuss the need for "supporting people living with dementia in maintaining selfhood, relationships, and well-being requires seeing beyond the common negative focus on disability. Furthermore, prioritizing the person rather than the disease requires rejecting the tragedy discourse, which is the negative lens through which dementia is typically considered." There is recognition that many people living with dementia remain capable of making decisions that affect their lives; they do very well at developing coping skills that should be encouraged and

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[6] Source: Behavioral Risk Factor Survey 2020

[7] Behavioral Risk Factor Surveillance System 2019

focused on in supporting this population. This “rejecting the tragedy discourse or narrative” demonstrates a research-based approach to support known as “authentic partnerships” that includes people living with dementia as equal partners and is concluded by proposing eight beliefs to mobilize positive change in transcending the tragedy discourse of dementia, thereby opening a space for selfhood, relationships, and well-being. [8]

The dominant view of dementia has been grounded in a “tragedy discourse/narrative,” which emphasizes the loss of both ability and identity. This view directly harms people living with dementia above and beyond the effects of the pathology of any disease due to their daily experiences and by considering how they are commonly characterized in the public.

Care partners can offer hope and promote well-being through including and engaging persons living with dementia in decision making. However, the dominant frame for understanding dementia, the tragedy discourse/narrative, promotes stigma and is used as an inappropriate justification for denying persons with dementia opportunities for autonomy and engagement, thus threatening their well-being. The tragedy discourse/narrative positions people living with dementia as something less than full members of our community due to their (mis-)perceived limitations. This negative lens also becomes internalized by people living with dementia.

It is the responsibility of clinicians, care partners, and family members to provide the support necessary to ensure that decisions are made in a manner that is aligned with the preferences of a person living with dementia and that the individual can contribute to those decisions to the greatest extent possible.

New Mexico Culture:

As of 2021, New Mexico has the highest Hispanic population as a percentage of the total population in the United States at 48.79%. Out of New Mexico’s total population of 2,092.545, approximately 1,020,817 are Hispanic.

As of 2021, New Mexico has the 3rd highest population of Native Americans in the United States, at 10.75% (226,198 total population). In addition, 3% of New Mexico’s population is African American; “Other race”: 8.63%; Two or more Races: 3.26%; Asian: 1.56%, and Native Hawaiian or Pacific Islander: 0.08%.[9]

There are many challenges that various cultures and ethnic groups face when trying to access care for Alzheimer’s Disease or Other Dementias, as well as the unique cultural factors that come into play when someone develops a major cognitive disorder. As a result, it is imperative that healthcare systems begin addressing health concerns of all ethnicities, particularly older adults, in a culturally and linguistically appropriate manner.

There may be language and cultural barriers and developing trust with a healthcare provider which can be impacted between a doctor, caregiver, and patient when the patient requires an interpreter. Language and language barriers influence patient evaluation, diagnosis, treatment, and connection

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[8] PhD, MPH Reed, Peter, PhD, Carson, Jennifer, PhD, Gibb, Zebbedia, American Medical Association Journal of Ethics, July 2017, “Transcending the Tragedy Discourse of Dementia: An Ethical Imperative for Promoting Selfhood, Meaningful Relationships, and Well-Being.

[9] Worldpopulationreview.com

to care. Some cultures are less likely to seek formal care services for their relatives experiencing Alzheimer's or dementia; and often this responsibility falls on a family member. This leads to family members becoming their older relatives' primary caregiver, transitioning, or altering their lifestyles to care for their family members; this too has consequences that need to be addressed. Approximately 1 in 4 caregivers report experiencing isolation.

According to the National Hispanic Council on Aging, "racial minorities are less likely to be referred to a specialist when seeking healthcare; and healthcare providers almost unanimously agree that culturally and linguistically appropriate dementia care for Latinos does not exist."

For the sake of our older adults, their families, and their caregivers, strides must be made to accommodate for their care; all people deserve to age with dignity and live their lives to the fullest at every stage.

Dementia-Friendly Communities/Dementia-Friendly State:

People flock to New Mexico every year – some are passing through, some choose to come back to visit, still many make their homes here. Why New Mexico? New Mexico boasts approximately 310 days of sunshine each year, its rich history, plentiful outdoor recreational activities, great quality of life, the culture and friendliness of the people who live here, keep people living here and beckons to others. New Mexico is a place that feeds the soul!

In New Mexico, Dementia-Friendly communities are where individuals with Alzheimer's Disease and Other Dementias and their caregivers are treated with respect and dignity and are actively encouraged to participate in community life.

Dementia-Friendly communities make it possible for communities to be proactive in assessing community risk for individuals with dementia, such as the potential for wandering, the need for early intervention in crisis situations, and protection from financial and other forms of exploitation.

Many of the actions described in this plan are designed to address these conditions collectively.

New Mexico … the time is now to build Dementia-Friendly communities and move toward becoming a Dementia-Friendly State.

Goal #1: **"Partnerships & Engagement – Building a Dementia-Friendly New Mexico"**

Narrative:

New Mexico has many people at risk of or living with dementia. They live alone or with family and they use all service systems, public and private. People with dementia rely on their families and faith communities, grocery stores and banks, and medical, health and long-term support services, among other services. The long, slow process of most dementias means that the needs of people with the condition and their caregivers change and become more intense over time.

Communities throughout the United States are becoming dementia friendly. In these communities, residents, agencies, businesses, and service providers are learning about dementia through education and awareness efforts and helping people with the condition and their caregivers as they go about their daily lives.

Dementia-friendly communities involve improved customer service at participating agencies and businesses, supportive faith or spiritual communities, emergency services that understand dementia, and suitable transportation and public spaces.

Given the impact of the condition on people and communities, service systems that wish to be dementia-friendly should consider adopting key aspects of the model that apply to their mission.

Objective(s):

1.1 Establish a Memorandum of Understanding (MOU) between government state social and health departments, to receive combined educational programs on general knowledge and understanding of Alzheimer's Disease in the general and the Down Syndrome populations.

Performance Measure(s)

- OADC will establish the Memorandums of Understanding (MOUs).
- OADC will collaborate with state and local government agencies on developing a list of the agencies to receive combined training.
- OADC will coordinate 3 training combined department training programs in the first year, with additional training to be performed in subsequent years.

1.2 Establish collaboration with New Mexico Indian Tribes/Pueblos/Nations (TPNs).

The importance of and need for communication, collaboration, and cooperation with the State-wide Tribes/Pueblos/Nations is recognized and valued. It is also recognized that NM ALTSD OADC programmatic actions may have implications for Tribes/Pueblos/Nations. By establishing partnerships and engagement, the needs of the Tribes/Pueblos/Nations and areas of tribal interest and collaborative opportunities can be identified. Further, any challenges or issues concerning the delivery of services and programs to the TPNs can be mutually resolved.

Creating partnerships and engagement with New Mexico Indian Tribes/Pueblos/Nations and Office of Indian Elder Affairs (OIEA) to develop or expand the infrastructure for social and healthcare programs. This can be accomplished through on-going communication, collaboration and cooperation between the NM ALTSD Office of Alzheimer's and Dementia Care and the NM ALTSD Office of Indian Elder Affairs (OIEA), the Tribal Liaisons in conjunction with New Mexico Tribes/Pueblos/Nations.

Performance Measure(s)

- OADC will collaborate with the TPNs and OIEA, to identify and understand each tribal needs concerning Alzheimer's/dementia in their general population and in their adult individuals with Down syndrome.
- OADC will work with TPNs on the coordination of training/educational programs on dementia and Alzheimer's disease based on the needs identified by the TPNs.

1.3 OADC will collaborate with the Chamber of Commerce (state and local) by encouraging New Mexico business and organizations to adopt dementia-friendly practices (awareness and compassion training for employees). Establish a system to recognize such businesses that have undergone sensitivity training. Initially, three (3) New Mexico Communities will be established as "Dementia-Friendly", with additional communities to be added in subsequent years.

Performance Measure(s)

- The OADC will collaborate with public, private, not-for-profit and health care sectors to better serve people living with dementia and care partners.
- The OADC will collaborate with communities in establishing and maintaining a cross-sector team that works collaboratively to create change. This cross-sector team will include and involve people living with dementia in the community effort.
- The OADC will work collaboratively with communities, utilizing the Dementia Friendly America principles, goals, evaluation, and technical assistance.

1.4 In conjunction with the Dementia Friendly America project; a community "Gate-Keepers Training Program" will be developed. Gate-Keepers are everyday workers who are trained to identify at-risk older adults and caregivers (e.g., bank tellers, health care providers, store clerks, home delivery staff, clergy, pharmacies, senior centers, meter readers, landlords, Adult Protective Services, law enforcement, first responder, etc.) to recognize the warning signs of dementia, elder abuse, (physical, psychosocial, sexual, financial, neglect, and suicidal behavior) with crisis contact numbers. As these individuals are more likely to interact with people living with dementia or Alzheimer's Disease, they are often the first to notice when a person needs extra help. The Gate-Keepers are NOT expected to assume the role of Social

Workers or Counselors, they are simply asked to be vigilant while conducting their daily work and make a referral for those in need.

Performance Measure(s)

- OADC will work in collaboration with communities in developing a Gate-Keeper Training Program as part of the Dementia-Friendly New Mexico Initiative.
- OADC will work in conjunction with the NM Adult Protective Services Department in providing broad education of communities on the reporting of any suspected adult abuse, neglect, or exploitation.
- OADC will work in conjunction with the NM Aging and Disability Resource Center in providing communities with information and referral options.
- OADC will develop a list of state and regional organizations and agencies that can benefit from the gate-keeper program as mentioned above.

1.5 Develop, promote, and disseminate a statewide anti-bullying, anti-elder abuse program initiative across various care settings, including in-home services, nursing homes, assisted living residences, senior centers, adult day programs, etc.

Performance Measure(s)

- OADC will collaborate with the Adult Protective Services Department on its Elder Abuse Awareness Campaigns through outreach events and presentations.
- OADC will collaborate with the NM Aging and Long-Term Services Ombudsman Program on improving the quality of life and quality of care for residents in long-term care facilities who live with dementia and Alzheimer's Disease.

1.6 Collaborate with the New Mexico Hospital Association on how to best increase awareness on how to interact with individuals with Dementia that are admitted into the hospital for care (e.g., Intake Coordinators, Hospitalists, Nursing, Discharge Planners).

Performance Measure(s)

- OADC will collaborate with the NM Hospital Association to establish a Work Group of hospital stake holders in developing protocols on the interaction of people living with dementia and Alzheimer's disease, and with the Developmental Disabilities Council (DDC) for adult individuals living with Down syndrome and Dementia within health care facilities.
- It is recommended that the work group meet at least once a month to complete this objective.
- The work group will oversee dissemination of information and protocols when completed.

1.7 Development of a readily accessible community-based emergency crisis intervention/prevention safety plan that institutes a "Course of Action" to mitigate dementia issues for families of all cultures and economic means who find themselves in immediate risk situations requiring an immediate course of action from emergency personnel including such things as:

- A caregiver who is admitted into the hospital and there is no one else to care for the individual with dementia.
- A caregiver who passes away and there is no one readily available to care for the individual.
- The caregiver cannot meet the needs of the individual with dementia who has a sudden/violent change in behavior.

Performance Measure(s)

- OADC will collaborate with the New Mexico Crisis Intervention Team (NM CIT), New Mexico Caregiver's Coalition, Developmental Disabilities Council (DDC), NM Behavioral Health Collaborative, New Mexico Human Services Department (HSD), New Mexico Department of Health (NMDOH), and other agencies on establishing a Work Group to develop a State Safety Plan/Course of Action plan.
- The Work Group shall meet at least once a month until the plan has been implemented and evaluated.
- OADC will coordinate with the NM CIT, agencies, and organizations on the dissemination of information and training on the Course of Action described above for families caring for an individual with dementia and for families caring for an adult individual with Down syndrome and Alzheimer's disease.

1.8 Training law enforcement and first responders on the best practice methods of interacting with people with dementia. Integrate this training into the current Crisis Intervention (CIT) program.

Performance Measure(s)

- OADC will collaborate with the Department of Public Safety, Fire Fighters, Emergency Medical Technicians (EMTs), Emergency Preparedness, Search & Rescue, and other agencies to identify training needs they may have when responding to people living with dementia and Alzheimer's disease. This collaboration will be designed to support the valuable and existing services provided by law enforcement and first responders, and to better equip them in solving behavioral challenges that arise.

1.9 Enhance the current missing and endangered person alerts. In New Mexico, this is the Silver Alert Advisory. A Silver Alert is issued when a person fifty (50) years or older and has an irreversible deterioration of intellectual faculties (such as Alzheimer's Disease, Dementia or another degenerative brain disorder or a brain injury), is identified as an endangered person (in imminent danger of causing harm to oneself or being harmed by another) who is **confirmed to be a missing person**.

Performance Measure(s)

- OADC, in cooperation with the New Mexico Department of Public Safety will work to support law enforcement agencies via training and education on the operational guidelines for issuance of a Silver Alert Advisory.

- OADC will work with the public and organizations in supporting a Wrist Identification Bracelets program. A person living with dementia (PLwD) or Alzheimer's Disease can take a precaution of wearing medical identification jewelry in the event that they become lost or disoriented; the bracelet can help with the ability to identify and contact the person's loved ones and get them home safely.

1.10 Encourage the provision of education in the New Mexico public and private school systems on Alzheimer's Disease and Other Dementias; with messages of importance of early detection/diagnosis and benefits of healthy lifestyle choices.

Performance Measure

- OADC will contact the NM State Board of Education to determine how and where content on dementia can be incorporated into the elementary and or secondary school curricula.

Goal #2: "Promote awareness and understanding about Alzheimer's disease and other dementias throughout New Mexico"

Narrative:

Professionals in the health care community can educate and empower New Mexicans with information needed to reduce the risk associated with living with dementia and Alzheimer's Disease. They can offer hope, encouragement and set the positive tone for how people diagnosed with AD/OD can continue to live productive lives, and how their family, friends and caregivers can support them. This can be done by identifying the signs and symptoms, increasing early detection, reducing the stigma around dementia, learning about maintaining brain health, and connecting with community resources.

Objective(s):

2.1 Establish collaboration with Tribes/Pueblos/Nations, OIEA, and Tribal liaisons to ensure that dementia and Alzheimer's information and education on a range of social and health care topics and programming are appropriate; and are both culturally and linguistically appropriate.

Performance Measure

- OADC will collaborate with the Tribes/Pueblos/Nations, OIEA, and Tribal Liaisons, in accordance with Objective 1.1 under Goal 1.

2.2 Build strategic public-private partnerships to develop and implement a long-term multi-pronged culturally and linguistically appropriate public awareness campaign to increase dementia awareness through strategic media marking campaigns (television, radio, print and social media) designed to reach specific populations. Strategic media campaigns will be conducted in collaboration with the New Mexico Aging and Long-Term Services Department – Office of Alzheimer's & Dementia Care.

Performance Measure(s)

- OADC will coordinate the development of professional visual aid materials on the early signs of dementia and specific information on the Down syndrome population, that can be disseminated to target regional community locations (pharmacies, senior centers, congregate settings for seniors, home care agencies, HBCS, DDPC, DD networks, physician and other health care offices, and community service providers such as clergy, banks, etc.) where the population may encounter people living with dementia and Alzheimer's disease.
- This material can be part of objectives 1.1 (culturally appropriate) and for dissemination of 1.2 and 1.3
- OADC will collaborate with a social media marketer on how best to use social media for dissemination of dementia and early signs, information, including contact information.

2.3 Collaborate with State Professional Organizations (bankers, financial planners, lawyers, other private sector businesses, religious and civic groups, emergency first responders, and other social and health care professionals) who may have contact with individuals with dementia, to provide pertinent information to their members on Alzheimer's Disease and other dementias.

Performance Measure

- OADC will coordinate the collaboration in meeting the objective and Performance Measures as explained in Objective 1.3 and 1.7

Goal #3: Identify and address the barriers resulting in the disparities in accessing services by the Adult Population with Down syndrome

Narrative:

The adult population of individuals with Down syndrome is at high risk for Alzheimer's Disease and is underserved due to the barriers in accessing needed Home-Based Community Services social, health, and medical supportive service. The disparities of this underserved population results in barriers in accessing social and health services which reduced their ability to "age in place". This places increased stress burden on the aging parent caregivers (average age 60). Unfortunately, this under and un-served population lives in the shadow of health care. There are approximately 100,000 individuals in New Mexico that have been identified as having developmental or intellectual disabilities (IDD); of these approximately 15,000 are individuals with Down syndrome.

The social and health care services for individuals with Down syndrome operate in an isolated manner, with very little overlap of aging services designed to meet the needs of a family caring for an adult with Down syndrome. The risk for Alzheimer's Disease is unique within this population. Over 70% of adults will be diagnosed with dementia by the age of 70. By the age of 40 they begin to exhibit symptoms of Alzheimer's disease, which progresses very rapidly. The population with Down syndrome and the population with developmental/intellectual disabilities in general need to be integrated into the aging supportive networks with focus on Alzheimer's Disease supportive services.

Objectives:

3.1 Identifying and addressing the barriers resulting in the disparities in accessing services.

Performance Measure(s)

- The OADC will collaborate with the NM Developmental Disabilities Council (DDC), DDSO and NMDOH in organizing a task force of the Developmental Disability Providers and families to identify and address the barriers resulting in the disparities in accessing social and health care services.

3.2 The task force will develop a training package to be used to train the family, social, medical, and health care providers on dementia in Adults with Down syndrome and on how to interact with individuals at risk for Alzheimer's that includes the Dementia Care Navigators and the Memory Disorder Clinics on assessing for dementia in this population

Performance Measure(s)

- The OADC will oversee an on-line search on evidence-based training materials on behavior and communication interactions and review and choose appropriate materials
- The OADC will oversee the contact of the National Task Group (NTG) on Intellectual Disabilities and Dementia regarding recommendations of training materials.
- The OADC will oversee the development or identification of assessment tools to be used by the MDC in assessing dementia in adult individuals with Down syndrome and possible signs of Alzheimer's disease.

- The OADC will assist with the production of a short video for family care physicians on how to assess for dementia and co-morbidities in adult with Down syndrome.
- The OADC will collaborate with DDC in the compiling of information about dementia and Alzheimer's disease for families caring for an adult with Down syndrome.
- The OADC will collaborate with DDC in the development of a model "How I want to be remembered" instructions that include a living will.

3.3 Investigate utilizing the existing ALTSD Web Site or the development of a new WEB site that will house supportive material on Dementia to be uploaded and easily accessed by families, social and health care provider.

Performance Measure(s)

- The OADC will oversee the development of WEB base portal for the uploading and dissemination of all information assembled for families, social, health and medical providers
- The OADC will oversee the evaluate of the WEB portal and make recommendations or modification as necessary.

3.4 Collaborate with the Human Services Department and Department of Health to determine if the current training program of Medicaid Waiver support coordinators contains up-to-date and adequate content in caring for adults with down syndrome who are at risk for developing Dementia or Alzheimer's disease.

Performance Measure(s)

- The OADC will oversee the task force's review the training materials for the Medical Waiver Support Coordinators to determine if appropriate information has been included in their training including behavior and communication challenges
- Where appropriate, the task force will recommend changes in the training material to include dementia related materials.

3.5 Explore and promote the concept of developing a Digital Passport software app for smart phones for storing pertinent information in developing a profile of the individual for easy access by social and health care providers to understand the needs of the individuals.

Performance Measure(s)

- The OADC will oversee the task force's review on the concept of an APP Digital Passport for smart phones.
- The OADC will oversee the task force the promotion of the development of the Digital Passport and introduce it as part of the role of the Support Coordinators on how and when to use the Passport.

3.6 Develop a community awareness program on the availability of the WEB portal.

Performance Measure

- The OADC will oversee the task force's development and implementation of a dissemination plan on the availability of the WEB Portal.

3.7 Develop a training package to be used to cross-train the DDC, HBCS network, social, and health care providers on how to interact with individuals at risk for Alzheimer's.

Performance Measure(s)

- The OADC will collaborate with DDC on the task force's identification or development of training material for cross-training.
- The OADC will collaborate with DDC and the task force on development of a training schedule for the cross-training and possibility of downloading it on the WEB Portal for streaming of future training.

3.8 Collaborate with the DDC and the Dementia Care Navigators on referral of individual adults with Down syndrome and Alzheimer's disease to the Navigators for coordination of aging services with the DD services.

Performance Measure(s)

- The OADC will collaborate with the DDC on developing a Memorandum of Understanding.
- The OADC will collaborate with the DDC and with the Dementia Care Navigators to incorporate information on dementia in individuals with Down syndrome and bridge the services between the DD network and aging services.

3.9 Develop an Alzheimer's disease assessment protocol with UNM Memory and Aging Center (UNMMAC) to be used by the regional Memory Disorder Clinics for assessing adult individuals with Down syndrome and Alzheimer's disease.

Performance Measure

- The OADC will collaborate with the UNMMAC on developing or locating an appropriate assessment tool for assessing adults with Down syndrome and Dementia.
- The OADC will collaborate with the UNMMAC on training the regional MDCs on using the assessment tool in assessing for dementia in this population.

3.10 Develop and conduct a survey to determine the number and ages of individuals with Down Syndrome in both the general population and within tribal areas in New Mexico.

Performance Measure

- The OADC will oversee the conduction of a survey in New Mexico on the number of adults with Down syndrome over the age of 40 that includes receiving DD network services.

Goal #4: **Serving our Nation's Veterans: Linking the NM Department of Veteran Services, the NM Veteran Healthcare Administration (VHA) with the services of the regional Memory Disorder Clinics and Dementia Care Navigator Team**.

Narrative:

The United States military veteran population receiving health care through the VHA is particularly susceptible to cognitive impairment and dementias such as Alzheimer's disease and related dementias due to demographic, clinical, and economic factors. As of 2020, the VHA provides comprehensive medical care for more than 9 million enrolled veterans at its 1,255 facilities, including 172 medical centers, and more than 1,074 outpatient clinics across the country. The VHA estimated dementia prevalence among VA patients aged 65 and older at 9.6%, which is broadly consistent with rates reported in the general population of 10.5%. Prevalence of dementia among veterans is expected to increase dramatically in the coming decades as the veteran population ages. The VHA Office of Policy and Planning projects a 22% increase in the number of VA patients (176,000 – 335,000) between 2020 and 2033. These numbers could be under projected, as it is estimated that as many as 70% of the estimated veterans with dementia were not readily identified through their medical records.

The risk factors that the general population face when developing dementia and Alzheimer's disease, is also pertinent to the veteran population. Additionally, there are risk factor that veterans face that are not as common with the general population, such as Traumatic Brain Injury (TBI), Post-Traumatic Stress Disorder, depression, and those associated with military-related risks.

Older veterans have access to care outside of the VA through almost-universal eligibility for Medicare, which further complicates the identification of dementia in the VA, as medical reports by providers in the community are not always shared with the VA. Data from a national sample of VA patients with a formal diagnosis of dementia showed that approximately half of veterans with dementia used both VA and Medicare. Veterans with dementia who also seek care outside the VA may be particularly vulnerable as multiple sources of care can lead to fragmentation of care that may negatively impact the quality of care they receive and their health outcomes.

The comprehensive nature of health care delivery within an integrated system as the proposed ALTSD's Dementia Care Navigator/Memory Disorder Clinics Pilot programs provides opportunities to improve both quality of care and cost effectiveness of care. System wide approaches to screening, behavioral management, and disease prevention have potential to mitigate risks of dementia. Interventions to reduce fragmentation of services and integrate care across settings can improve both quality of care and cost effectiveness. These approaches have had successes with other chronic conditions and research in cognitive health and dementia care delivery may provide similar best practices for aging veterans.

Objectives:

4.1 Linking the NM Department of Veteran Services, NM Veteran Administration with the services of the regional Memory Disorder Clinics and Dementia Care Navigator Team to integrate services and reduce fragmentation of their dementia and Alzheimer's care within the community.

Performance Measure

- ALTSD will establish a Memorandum of Understanding between the Aging and Long-Term Services Department, the NM Department of Veteran Services, and the New Mexico Veterans Healthcare Administration for referrals and identification of veterans that may exhibit signs of dementia.

4.2 Collaborate with the NM Department of Veteran Services, and the New Mexico Veterans Healthcare Administration on identifying the special needs of aging Veterans who are exhibiting signs of dementia or Alzheimer's Disease.

Performance Measure

- OADC will collaborate with the NM DVS, and the NM VHA on developing a strategic plan for incorporating Dementia Care Navigators training to prepare for referrals from the NM DVS, VHA or other Veteran Administration sources and in the implementation of supportive services.
- Evaluate the Plan after one year on its success, challenges, and outcomes.

Goal #5: “Expanding Role of Senior Centers in Supporting and Empowering Caregivers”

Narrative:

Expand the role of Senior and Community Centers in reducing caregiver burden and stress by encouraging and expanding the utilization of available caregiver education and support systems in all communities in New Mexico.

Reduce caregiver burden and stress by encouraging self-care (caregiver wellness), improving their knowledge of and access to resources and information, and improving their support regarding diagnosis, treatment, and long-term care options.

Senior Centers were established under the 1965 Older Americans Act to provide a place, mainly focused on the older female population, as a congregate place for meals, transportation, social activities.

Currently the primary focus of the Centers has changed to become a multi-purpose center to offer a range of programs from those that are healthy and self-sustaining to those that need a variety of in-home or Center supportive services. In rural and small urban areas, the Center takes on a new and varied role. There must be a pro-active initiative to guide this transformation to a new purpose. The support of caregivers is a crucial part of helping people living with Alzheimer’s and other Dementias in that they help with on-going care as needs change and help individuals live well for as long as possible. Caregivers are often identified as family members, other relatives, friends, or neighbors. Often, if they are family members, they do not see themselves as “caregivers” and may minimize the vital role they perform in the daily care of their loved one(s). Families typically provide most of the care in the home. It is important for health care providers to help caregivers understand their role in providing care, know what support and resources are available to them. Further, health care providers can be a tremendous help in stressing the importance of the caregiver in maintaining their own medical and mental health, and well-being.

Objectives:

5.1 Expand the role of the Senior or Community Centers.

Part of the role of the Dementia Care Navigators is to work with expanding the role of senior centers and/or community centers in each of the regional MDC catchment area in developing, coordinating, and providing respite care services, support groups, adult day care services, coordination of transportation, family caregiving education, and access to community resources. This can be accomplished by providing printed materials, in-person education sessions, webinars, on-line meeting sites/videoconferencing, individual and support groups.

<u>Performance Measure(s)</u>

- OADC will collaborate with the Service Providers and the Area Agencies on Aging of the identified MDC Pilot Clinic regions, to develop Memorandums of Understanding regarding the role expansion of Senior Citizen’s Centers.
- OADC will oversee the regional Dementia Care Navigators in working with the regional senior centers, community centers, and Aging and Disability Resource Centers (ARDCs), to determine the services that are currently offered by the

centers and any additional services that may be developed in the senior and community centers.
- A minimum of two centers per 3 of the MDC regions will implement a plan on expanding services, for a total of 6 centers within the first year.
- At least three new programs to be developed and established in each of the centers in the 3 MDC regional center areas within the first year.

Performance Measure

- OADC will determine locations, rural, semi-rural, tribes/pueblos/nations areas, that do not have a senior or community center and collaborate with key stake holder in establishing a center in the community.

5.2 Develop a senior or community center WEB-based social media platform for support and communication.

Create, publicize, and maintain support groups across New Mexico in every community led by family volunteers, trained volunteers, or trained facilitators, as a means of providing education and support for caregivers and others who may be facing dementia in their families. This can be accomplished by developing a senior or community center web-based social media platform for developing and linking family support groups and receiving information provided by the Centers.

Performance Measure(s)

- OADC will coordinate with the regional Dementia Care Navigators to develop and implement a pilot senior or community center WEB based caregiver social media platform coordinated by regional senior or community center.
- OADC will oversee the Dementia Care Navigators and the center in the recruitment and linkage of a minimum of 15 families to the social media platform.
- The OADC will coordinate with Dementia Care Navigators, the DDC, and representatives from the regional DD networks on using the developed WEB based social media platform for caregiver support and dissemination of information to families caring for adults with Down syndrome and Dementia. At least 5 families per MDC region will be recruited to use the Social Media platform.
- The OADC and the Dementia Care Navigator will coordinate with American Association of Retired Persons (AARP), the NM Alzheimer's Association, New Mexicare and key community and state social and health agencies or organizations to encourage them to link to the Senior or Community Center's WEB based social media platform for communicating and dissemination of information to families caring for an individual with Dementia or Alzheimer's disease. For example, provide education on the Family and Medical Leave Act provisions that include coverage for adult care.

5.3 The Senior or Community centers will collaborate with the faith-based community coalition as resources to support family caregivers caring for an individual with dementia or Alzheimer's Disease.

Performance Measure(s)

- The OADC will collaborate with the regional Dementia Care Navigators and local clergy on developing a dementia training and education packet and request their assistance in planning for the dissemination of the information and materials to their congregation.
- The Dementia Care Navigators will identify or develop a coalition of regional community faith leaders and parish health care professionals and invite them in planning the training and dissemination of information to their congregation
- The Dementia Care Navigator will coordinate at least three training and education programs on the needs of families caring for an individual with Dementia and Alzheimer’s Disease in the first year.

Goal # 6 Developing and Implementing Regional Pilot Programs and Public Education to: Increase Early Awareness of Mild Cognitive Impairment (MCI), Referral, and Care Coordination of Services (Dementia Care Navigators), and Assessment (Memory Disorder Clinics)

Sub-Goal 6. A – Development six regional Pilot Memory Disorder Clinics

Narrative:

The entry into the Alzheimer's social and health service network for families caring for an individual can be very confusing and frustrating in finding proper diagnostic assessment and services. It is critical to have an early awareness and appropriate assessment of the type of dementia, to develop an appropriate dementia care plan, and to identify and coordinate the Home Base Community Services (HBCS) needs for intervention and supported services. The Pilot Program consists of three components: 1) Early detection and referral of dementia by implementing the Mild Cognitive Impairment (MCI) program administered by physicians, 2) Creating a work force of trained regional Dementia Care Navigators (DCN) to develop the infrastructure within regions in NM (rural, semi-rural, small urban areas, tribal communities) referrals and coordination and/or develop of social and health care services for the continuum of care for families. 3) Establish regional Memory Disorder Clinics (MDC) to receive referrals for assessment and diagnosis of Dementia. All three components described are evidence-based approaches and have proven to be a very successful approach in reducing the stress on caregivers by centralizing this process of early awareness, referral for assessing, diagnosis, and developing a coordinating Dementia Care Plan. If there is no central assessment process to identify the type of dementia and for the development of an appropriate caregiver plan, then the existing network will continue to be fragmented and costly. New Mexico is a rural state with a relatively small population that is culturally diverse. Because of the size of the state, no one central location is feasible due the cost of caregiver travel and lack of trained staff. Since there is a limited pool of social and health care providers, it would be impossible to develop a cadre of professionally trained staff throughout the state. Therefore, it is prudent to develop regionalized Dementia Care Navigators associated within regional MDCs for assessment of dementia, to a centralized MDC (UNMMAC) with a full accompaniment of trained professional staff to aid the regional MDC network in confirming diagnosis.

The goal of developing a Regional Memory Disorders Clinic Pilot Program in New Mexico aims to reduce hospitalizations, emergency department visits and avoid institutionalization for those living with Alzheimer's Disease and Other Dementias. The initial pilot program will consist of developing three (3) regional Dementia Care Navigators associated with a regional Memory Disorder Clinics, within identified "high need" communities (rural, small urban and tribal) of New Mexico in the first year. The pilot program will develop three (3) additional Memory Disorder Clinics, each associated with a Dementia Care Navigator, in the second year, with the goal to be fully staffed with a total of six (6) Memory Disorder Clinics by the third year.

Memory Disorder Clinics are required to provide comprehensive assessments, assist with diagnostic services, and treatment to individuals who exhibit symptoms of Alzheimer's Disease and Other Dementias. Memory Disorder clinics will engage in public education strategies designed to heighten awareness of impaired cognition and the need for diagnostic evaluation.

Memory Disorder Clinics will be associated with a Master-level or appropriate trained Social Work clinicians, known as “Dementia Care Navigators.”

Objectives:

6.1.A Develop three (3) pilot regional Memory Disorder Clinics (MDC) within identified “high need” communities (rural, small urban and tribal) of New Mexico in the first year. The pilot program will expand by adding three (3) additional Memory Disorder Clinics in the second year, with the goal to be fully staffed with a total of six (6) Memory Disorder Clinics by the third year.

<u>Performance Measure(s)</u>

- OADC will establish a Memorandum of Understanding with the University of New Mexico Memory and Aging Center (UNMMAC) on using telemedicine in providing training, assistance and technical support to the navigators and MDCs.
- The OADC will select the pilot sites based, in part, on the size of the dementia and Alzheimer’s population and need for services, the availability of medical resources to implement the protocol developed by UNMMAC to assess for possible dementia.
- The OADC will contact each proposed regional health care facility and complete a MOU in becoming a regional MDC for the referral and assessment of individuals with symptoms of Dementia and Alzheimer’s, by their staff and equipment and their willingness in using Telemedicine to link with the University of New Mexico Memory and Aging Center in confirmation of assessment of dementia.
- Each MOU will also define the role and affiliation of the Dementia Care Navigator with the Regional MDC in referral and coordination in providing appropriate social and health care services to families that have been diagnosed with Alzheimer’s disease.

6.2.A The identified regional Memory Disorder Clinics throughout New Mexico will receive referrals from the Dementia Care Navigators, healthcare professionals; and self-referral of individuals.

<u>Performance Measure(s)</u>

- The OADC will oversee the Dementia Care Navigators in developing a plan with the Senior or Community Centers to disseminate information about the MDC and referrals through the WEB based social media platform and other forms of media communication within their region.
- The OADC will collaborate with the Senior or Community centers to establish and market a regional contact number for a centralize call center for families requesting assistance.

6.3.A Support the promotion and recognition of the role of the regional Dementia Care Navigators as the designated regional coordinators of social and health services for people living with dementia and caregivers by: primary care providers, hospitals, nursing homes, assisted living facilities, hospices, respite care centers, and community HBCS.

Performance Measure

- The OADC will develop a plan for the dissemination of information describing the Role of the Navigators and the MDC to all key state social and health stake holders.

Sub-Goal 6 B: Develop and Implement 6 regional Pilot Dementia Care Navigators

Narrative:

Development of a “Dementia Care Navigator Team” Pilot Program to work with the regional Memory Disorder Clinics. The main tasks of the Dementia Care Navigators is to develop the regional infrastructure to: 1) increase community awareness of symptoms of dementia, 2) referral of individuals and families to the regional Memory Disorder Clinics for assessment and diagnosis, 3) develop a family Dementia Plan based on the diagnosis from the Memory Disorder Clinic, 4) identify and coordinate the social and health care resources to meet the individual and family’s needs, 5) delay institutionalization by helping older adults with Dementia to “Age in Place”.

The initial pilot program will consist of the placement of three (3) Dementia Care Navigators with the MDCs in identified “high need communities” of New Mexico within the first year. The pilot program will add three (3) additional Dementia Care Navigators in the second year, to be fully staffed with a total of six (6) Dementia Care Navigator Teams by the third year. Dementia Care Navigators will be Master level trained Social Work clinicians.

6.4.B Develop a performance description of the duties for the Dementia Care Navigation:

Performance Measure

- OADC will develop the Job description describing some of the roles and tasks of the Dementia Care Navigators. Example of the roles and tasks are:
  a. Developing an awareness plan on the signs of Alzheimer’s Disease in the community they serve.
  b. Develop a plan on coordinating the regional social and health care resources to provide supportive services based on the family Dementia Care Plan.
  c. Develop a continuum of care Dementia Care Plan for each family based on the needs of the family.
  d. Establish telecommunication referral links with the regional MDCs and the University of New Mexico Memory and Aging Center.
  e. Link with the DDC and regional DD networks to develop a Dementia Plan for those families caring for adults with Down syndrome and Alzheimer’s disease.
  f. Work with the regional senior or community centers on a plan for expanding their services and in establishing a social media platform.
  g. Develop partnerships with the regional medical community to assist with referral, linkage to resources and other information in the care of people living with dementia, Alzheimer’s Disease, and their caregivers, etc. and other roles as described in the State Plan.
- The Dementia Care Navigators will develop access in using telemedicine link to such providers as psychiatric, geriatric, and palliative care physicians across the state to

provide live interfacing with specialists and other health care providers in communities lacking these medical professionals.

- OADC will coordinate with a contractor, in the hiring of Dementia Care Navigators per MDC region as follows:
    - (3) Dementia Care Navigators in the first year.
    - (3) additional Dementia Care Navigators in years 2-3 for a total of (6) Dementia Care Navigators by year 3.
    - OADC will coordinate with contractor in the training of the Dementia Care Navigators role.
- The OADC will collaborate with UNMMAC on the preliminary assessment for dementia, the assessment protocol and development of telemedicine links between UNMMAC and the Dementia Care Navigators.

Sub-Goal 6 C: Mild Cognitive Impairment: Early Assessment of Dementia

Narrative:

Mild Cognitive Impairment (MCI) is the stage between the expected cognitive decline of normal aging and the more serious decline of dementia. It is characterized by problems with memory, language, thinking or judgment.

Mild Cognitive Impairment may increase the risk of later developing into dementia caused by Alzheimer's disease or other neurological conditions. Some people with mild cognitive impairment never get worse, and a few will eventually get better.

Other medical conditions and lifestyle factors have been linked to an increased risk of cognitive change, including diabetes, smoking, high blood pressure, elevated cholesterol, obesity, depression, lack of physical exercise, low education level, infrequent participation in mentally or socially stimulating activities.

Objective(s):

6.5.C Implement a Mild Cognitive Impairment (MCI) program for detection of early onset of signs for dementia (prior to age 65) by physicians using standard MCI detection protocol.

Performance Measure

- OADC will collaborate with the New Mexico Medical Society to encourage internal medicine and family practice members in the development of 10 physician pilot sites utilizing the MCI assessment program in the first year.
- OADC will collaborate with the New Mexico Medical Society in determining the best approach in training physicians on using the MCI assessment tool.
- OADC will collaborate with the New Mexico Medical Society on possibly hosting a teleconference on describing MCI and adapting the MCI assessment tool.
- Develop and evaluate an MCI software APP for simple annual use in physician's offices for the assessing of MCI.
- Collaborate with the New Mexico Medical Society, the University of New Mexico Memory and Aging Center to establish a protocol for the collection of data from the use of the MCI for a longevity study on cognitive decline changes and the degree of future Alzheimer's diagnoses and emerging trends.

- Work with the Tribes/Pueblos/Nations, the Office of Indian Elder Affairs, and other key experts on how to modify the MCI assessment tool to be culturally sensitive in the tribal communities.
- Work with key identified individuals with expertise on how to modify the MCI assessment tool for use with the adults with Down syndrome population.

Goal #7: "Expand Research Opportunities in New Mexico: Research to Practice"

Narrative:

This goal seeks to grow and improve dementia data collection efforts in New Mexico to identify new questions to be answered by expanding research opportunities focused on Alzheimer's disease and other dementias and develop new research collaborations with organizations and institutions, and increase participation in research studies, clinical trials.

It is imperative that research is quickly translated, put into practice, and brought to scale so that individuals with Alzheimer's Disease and Other Dementias can benefit from increases in scientific knowledge.

Objective(s):

7.1 Hold an annual, either combined or separate, conference or "teaching day" for social, health and medical practitioners on new information and results of current Public Health and Alzheimer's research in New Mexico and nationally, that may be transferred into practice. Facilitate translation of findings into medical practice and other public health and social service programs. This can be accomplished by working with the New Mexico Medical Society, University of New Mexico Memory and Aging Center, Alzheimer's Association, and each of the New Mexico professional societies and organizations (nursing, allied health, medical, social work).

Performance Measure

- The OADC will collaborate with AARP, Alzheimer's Association, UNMMAC, other agencies, professional social and health care societies to explore the feasibility and willingness in forming either separate or combined working group(s) to host at least the first annual teleconference for the dissemination of new and relevant information on dementia to their members while offering Continuing Education Unit credits.

7.2 Assist with the development of a clearing house on current or potential research in NM on Dementia.

Performance Measure(s)

- OADC will assist with the formation of a Research Coalition on the identification and collection of current research topics on Dementia in New Mexico. Examples of potential coalition members are: UNMMAC, NM Alzheimer's Association, Colleges and Universities in New Mexico, professional health, and social associations.
- The Coalition will determine how to best disseminate the information and put the information into practice.
- The Coalition will develop a strategy on identifying new potential research initiatives on Dementia and encourage research and collaboration.

7.3 Evaluation of the regional Memory Disorder Clinics,

Performance Measure(s)

- The OADC in collaboration with UNMMAC, and the regional Memory Disorder Clinics will develop protocols for collecting information on ensuring accuracy in reporting a diagnosis of Alzheimer’s Disease or Other Dementias and cause of death.
- The OADC will establish protocols for the monitoring and evaluation of the Memory Disorder Clinic’s performance. As this is a pilot program, protocols will include but are not limited to: evaluation of program accessibility, effectiveness, diversity, barriers to care, program impact and sustainability.

Goal #8: “Workforce Education and Development”

Narrative:

Healthcare providers and organizations must continue to find ways to work together and improve systems of care to ensure access to services, quality health care, support over the continuum/lifespan and have improved outcomes for people living with Alzheimer’s Disease and Other Dementias and their caregivers. The care provided must be patient-centered and culturally informed. Further, a systems approach for care includes family caregivers, insurance companies, employers and first responders.

Increased collaboration between entities and individuals involved in the care of people with Dementia and Alzheimer’s Disease to ensure better access to services, quality health care and support over the continuum/lifespan.

Recruit, train, and maintain the current and future workforce (direct care workers, aides, nurses, nurse practitioners, physician assistants, physicians, social workers, first responders, and other professionals). Ensure each receive the appropriate training to meet the needs of the Alzheimer’s disease and other dementia population in all care settings.

Objective(s):

8.1 Provide training and education opportunities to the current and future professional and allied health, nursing, and social workers practitioners on current topics relative to dementia care.

Performance Measure

- OADC will collaborate with New Mexico colleges and Universities and professional organizations for social work, nursing, allied health, and medical organizations individually or combined, on how best to provide information and communicate with their members on current best practice topics in delivering care to individuals with dementia. For example, by organizing an annual teaching day on topics on dementia or through dissemination of information through the Internet, or other forms of communication.

8.2 Provide continuing education to social, health, and medical practitioners increasing their expertise in dementia and aging.

Performance Measure

- OADC will identify and collaborate with colleges and universities on developing an on-line streaming continuing education mini-course to the social, health, and medical practitioners to increase their expertise in dementia and aging. The topics could include (aging, dementia, diseases associated with aging).
- OADC will collaborate with other organizations in marketing the course to the state professional social, health, medical societies to their members.
- OADC will collaborate with the colleges and universities on maintaining data on the attendance numbers of students and their profession.

8.3 Include dementia content into the pre-professional academic curricula's nursing, allied health, social work, health programs.

Performance Measure(s)

- OADC will collaborate with the New Mexico Department of Higher Education on how best to interact with pre-professional academic programs on inclusion of content pertaining to Dementia.
- OADC will coordinate a working conference of faculty members from each of the respective academic's departments to develop a pilot on how, when, and where to infuse dementia content into their respective academic programs.

8.4 Develop a strategy on how to increase the use of nurse practitioners, clinicians, and physician assistants to work with the regional Dementia Care Navigators in addressing the needs of rural and small communities with dementia and their caregivers to help fill the gap of physician shortages.

Performance Measure

- OADC will collaborate with the respective NM state Professional societies and agencies on developing a plan on increasing interaction with the Dementia Care Navigators.

8.5 Develop a state-wide Geriatric Nursing Consortium to standardize and promote geriatric education and research including and how to encourage the number of geriatric nurses

Performance Measure

- OADC will collaborate with the NM Board of Nursing on developing a consortium for developing standards and encourage number of geriatric nurses.

8.6 Increase the trained Hospital and Home Health/Personal Care Assistance Programs workforce on understanding Alzheimer's disease and cultural considerations (behavior issue, communication problems, co-morbidities, medications.

Performance Measure(s)

- OADC will collaborate with the New Mexico Hospital Association and the New Mexico Association for Home & Hospice Care on:
    - The feasibility of establishing and training a Hospital Dementia Care Coordinator to coordinate the in-hospital care of the individual with dementia.
    - Developing a dementia protocol for admission into the hospital and information that may be needed concerning the care of the individual with Dementia or Alzheimer's disease.
    - Providing extended training to the Hospitalist on dementia care, behaviors, and communication.

- OADC will collaborate with the discharge planners on developing what should be included in a discharge plan and the contact information on the referral to the regional Dementia Care Navigator prior to when the individual is being discharged.

8.7 Support the efforts of the New Mexico Rural Equity Ombudsman Office to understand and address the concerns of citizens across New Mexico's rural and remote spaces. The New Mexico Rural Equity Ombudsman Office was established by the 2021 New Mexico Senate Bill 193, Regular Legislative Session, and signed into law on April 5, 2021.

Performance Measure

- OADC will collaborate with the NM Rural Equity Ombudsman Office in understanding and addressing concerns of citizens regarding availability and accessibility of services across New Mexico's rural and remote spaces.
- OADC will incorporate the role of the NM Rural Equity Ombudsman into the training of the Dementia Care Navigators and build collaborative processes on resources and education.

Goal # 9: Increasing the Professional and Para-Professional Workforce

Narrative:

Approximately 10,000 baby boomers in the United States turn 65 every day; our aging population is expected to double in the next 20 years and is expected to grow to 88 million by 2050; 75 percent of Americans over 65 live with multiple chronic health conditions, ranging from diabetes to dementia.

The nation's already-strained health-care system is trying to keep sick and longer-living seniors out of hospitals, assisted-living facilities, and nursing homes and instead in their own homes, which is where they can age in place. But that has shifted the caregiving burden onto family members, who are increasingly stressed and often supplemented by personal-care aides (also referred to as certified nurse assistants, personal-care assistants, or home health aides) employed by thousands of home-care agencies across the country. Nurses and other skilled practitioners manage in-home medical needs, such as administering medications and wound care, while the personal-care aides cook, shop, clean, bathe, dress and generally offer companionship.

According to the Paraprofessional Healthcare Institute,[10] a New York-based organization that studies the home health industry nationwide, 46 percent of this workforce is ages 45 to 64; 87 percent are women, 60 percent are people of color, and 29 percent are immigrants - though how many are undocumented is unknown.

Immigration issues erupting throughout the U.S. culture and economy have spread to the home health-care industry, where 1 in 4 aides come from another country, according to Paraprofessional Healthcare Institute. As public anti-immigrant sentiments fester and proposed federal policies to severely restrict immigration gain traction — especially among low-skilled immigrants — workforce shortages in the industry could be further exacerbated.

With the expected growth of individuals in New Mexico with Alzheimer's disease by over 50,000 in a few years, the shortage of documented para-professional and home health aides will become exacerbated. If left unaddressed, the current crisis today will become a very serious one in a few years.

New Mexi-CARE:

In partnership with the Governor's Office, ALTSD will begin offering **New Mexi**co **C**aregivers **A**ssistance, **R**espite and **E**nrichment Services, known as New Mexi-CARE. New Mexi-CARE offers incentives, services, and supports for those caring for loved ones. This program provides stipends for respite, financial assistance, training, and support.

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[10] http://phinational.org/resource/direct-care-workers-in-the-united-states-key-facts/

Objective(s):

9.1 Determine the current and future needs for health care workers and the categories of need.

Performance Measure(s)

- OADC will collaborate with home health care agencies, residential care facilities, DD network, and Tribal communities on a survey of needs in New Mexico communities.
- OADC will collaborate with representatives from Home Based Community Services (HBCS), community colleges, homeland security, residential care facilities, legislators, and other stake holders to explore ways to recruit, train and develop career pathways, for the undocumented and eligible refugees and those on social support.
- A report to the ALTSD Cabinet Secretary with recommendations to be completed within 1 year.

9.2 OADC and the Dementia Care Navigators will collaborate with other ALTSD Departments to promote and support the New Mexi-CARE Program.

New Mexi-CARE Target Populations are:

- Unpaid adults caring for someone frail or disabled (60 years or older)
- Unpaid adults caring for someone with Alzheimer's Disease
- Grandparents or relative caregivers (55 years or older) raising a child 18 years or younger
- Grandparents (55 years or older) caring for a disabled adult (19-59 years old)

Goal #10: “Transportation and Housing and Aging in Place”

Narrative: Transportation:

According to the Decadal Survey titled “Reducing the Impact of Dementia in America: A Decadal Survey of the Behavioral and Social Sciences (2021),” “Older adults in American’s rural areas are not generally poorer than their counterparts in urban areas, or less educated, but resources for living with dementia have become concentrated in towns and cities. As a result of this lack of access, a rural resident with dementia often has more severe life impairment and less independence, as compared to an urban resident with dementia at the same stage of disease.” [11] The evidence of less independence occurs when an individual is no longer able to drive or lacks reliable transportation, or access to public transportation.

In New Mexico, public transit needs funding to improve routes and provide more access to people in both rural and urban areas of the state. On myth has been that public transit only helps a small segment of the population. The fact is that “public transit not only helps those with disabilities, medical conditions, and financial need, but it also reduces roadway related costs by millions per year. With the implementation of accessible public transit, the number of cars on the road are reduced, and this helps to alleviate the need to continually increase the capacity of highways and roads and associated wear and tear, thus saving local, state, and federal funds used to build more lanes and maintain existing roadways. Additionally, public transit can serve to provide an alternate option aside from getting behind the wheel when intoxicated, cutting down on DWIs and improving road safety.” [12]

“Public transit in New Mexico encompasses transit operations such as fixed route buses, commuter buses, door-to-door small bus service, complementary van service for disabled residents, seniors, social and human services transportation, and many other key mobility services necessary for daily lifeline needs. Those in poverty benefit from public transportation, but the demographics served by public transit in New Mexico are far more extensive. Those with medical issues preventing them from safely driving, those with disabilities, the elderly, and those with a desire to get to and from work, shopping or errands with more ease and reliability rely upon public transit daily. Students and workers also comprise a large majority of the state’s transportation users. Additionally, with improved funding, public transit services could expand their weekday and weekend hours, clearing up roads and increasing public safety. Many public transit systems offer free Internet service so people can work while riding.” [13]

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[11] Reducing the Impact of Dementia in America: A Decadal Survey of the Behavioral and Social Sciences (2021)

[12] New Mexico Transit Association, www.nm-ta.com Myth Busters: Dispelling Common Myths About Public Transportation (2020).

[13] New Mexico Transit Association, www.nm-ta.com Myth Busters: Dispelling Common Myths About Public Transportation (2020).

Objective(s):

10.1 To explore different options on developing a rural transportation system (this could also include Uber or other shared-ride organizations

Performance Measure(s)

- OADC will collaborate with the New Mexico Transit Association, NM Department of Transportation, NM Department of Veterans Services, rural and tribal stake holders to form a coalition to identify models of transportation programs in rural areas and develop a strategic plan based on a suitable model with suggestions on implementation
- The Coalition will Issue a report on findings and suggestions on a rural and tribal land transport in 2 years.

Narrative: Housing and Aging in Place:

According to the AARP Public Policy Institute 89% of Americans aged 50 and over want to remain in their homes if possible. Older Americans' desire to remain in their homes is significant because it can impact oval health care spending. A 2009 study published in Health Affairs found that states that expand home and community-based health services (as opposed to services found in nursing homes and other institutions) experience long-term cost savings. This finding highlights the importance of maintaining aging-friendly communities that allow residents to remain in their homes without sacrificing mobility and quality of life. Housing for People Living with Dementia have substantial unmet needs for care and services but documentation of these needs and to what extent they are met is scarce."[14]

As previously mentioned in this State Plan, the goal of developing a Regional Memory Disorders Clinic Pilot Program in New Mexico aims to reduce hospitalizations, emergency department visits and avoid institutionalization for those living with Alzheimer's Disease and Other Dementias. This will greatly assist people living with dementia and Alzheimer's Disease by allowing them to remain in their homes and maintaining their quality of life.

Objective(s):

10.2 Supporting the ability of individuals with Dementia to "age in place."

Performance Measure

- OADC will oversee the implementation of the 6 pilot Dementia Care Navigator/Regional Memory Disorders Clinic Pilot Programs in New Mexico to help older adults with dementia and Alzheimer's disease to age in place.

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[14] American Association for Retired People (AARP) Public Policy Institute

Goal # 11: “Safety, Emergency Preparedness and Abuse, Neglect & Exploitation”

Sub-Goal 11 (A): Safety

Narrative:

When disaster strikes, people living with dementia and Alzheimer’s disease is one of the most vulnerable, especially for those who live alone. Older adults face many more obstacles during an emergency than most people: isolation, limited mobility, medical needs, and distrust. Sometimes, older adults rely on a single relative as their main caregiver. Emergencies can happen at any time, and that usual person may not be there. It is important to have a safety and emergency preparedness plan, both in individual households and community wide.

Implementing safety and emergency preparedness best practice guidelines help vulnerable populations maintain their quality of life, maximize function in daily activities, foster a safe environment and promote social engagement.

Objective(s):

11.A.1 Implementing a “Course of Action” training safety protocol how preparing law enforcement and first responders on how to support families and individuals with Dementia in crisis.

Performance Measure(s)

- OADC will partner with key state agencies, first responder agencies, law enforcement agencies, APS, and community-based social and health organizations to participate in developing strategies on the planning and implementing of a public health program’s infrastructure that will:
    - Provide guidance and training on the appropriate emergency response when working with people with behavior related Dementia and Alzheimer’s disease (including adult individuals with Down syndrome and Dementia).
    - Support access to critical health contact information during crises
    - Encourage law enforcement and first responders to participate in training programs on the best practice methods of interacting with people with dementia.

Sub-Goal 11(B): Abuse/Neglect/Exploitation:

Narrative:

Each year in New Mexico, thousands of disabled adults, older and frail adults suffer abuse, neglect, or exploitation. Abuse and neglect can affect people of all ethnic backgrounds and social status and can affect both men and women. Five times as many adults with disabilities live with unreported maltreatment. The following types of abuse are commonly recognized as the major categories of mistreatment:

- Physical Abuse—Inflicting, or threatening to inflict, physical pain or injury on a vulnerable person, or depriving them of a basic need.
- Emotional Abuse—Inflicting mental pain, anguish, or distress on a person through verbal or nonverbal acts.

- Sexual Abuse—Non-consensual sexual contact of any kind, coercing a person to witness sexual behaviors.
- Exploitation—Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable person.
- Neglect—Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable person.
- Abandonment—The desertion of a vulnerable person by anyone who has assumed the responsibility for care or custody of that person.

New Mexico has a "Duty to Report" provision in the Adult Protective Service Act (27-7-30) which states: *"Any person, or financial institution, having reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited shall immediately report that information to Adult Protective Services."* Adult Protective Services remains on call for emergent reports of adult abuse, neglect, and exploitation 24 hours a day, 7 days a week.

People living with Dementia and Alzheimer's Disease can be more vulnerable to abuse as they may struggle to discuss their feelings and experiences or remember what happened to them. Dementia can also make it harder to detect abuse. Common reactions to abuse, such as withdrawal from communication, can also be symptoms of dementia. People with dementia may be subject to mistreatment in the community or in care homes and hospitals. Many more live with risks to their health and safety because they cannot manage their own care and have no assistance.

Social Isolation and loneliness are not just unpleasant and under stimulating, it is dangerous. There is little surveillance of rural people living with dementia, and therefore food insecurity, neglected home repairs, and falls go undetected. Isolation and loneliness exacerbate vulnerability to elder fraud among people living with dementia. Financial abusers are known to selectively prey on older adults living alone in low population-density rural areas, where escaping detection is easiest. People have been known to give money to these criminal fraudsters last year because they enjoyed chatting with them on the telephone to pass the time.

Objective(s):

11.B.1 Promote broad education of the public to ensure reporting of any suspected adult abuse, neglect, or exploitation; and support the work of the Adult Protective Services and CIT Department.

Performance Measure

- OADC will coordinate the "Gate Keeper" program, described in Goal 1-*Partnerships & Engagement – "Building a Dementia-Friendly New Mexico,* to provide sustaining education and information to bank tellers, health care providers, first responders, law enforcement officers, store clerks, and home delivery staff on recognizing the warning signs of elder abuse (physical, psychosocial, sexual, financial, and neglect and provide contact numbers to APS and CIT to report possible abuse or neglect.

11.B.2 Collaborate with and provide training for Adult Protective Workers, Dementia Care Navigators, physicians, and healthcare staff on intervention.

11.B.3 Provide information and training to physicians on the signs and reporting of abuse, neglect, and exploitation.

Sub-Goal 11(C): Suicide Prevention

Narrative:

There is a high risk of suicide during the early stages of dementia, when patients have fears of future physical and mental decline and concerns about burdening their families emotionally and financially. Suicide risk may decrease when dementia becomes more advanced and cognitive and functional impairments diminish both insight and the ability to prepare and execute a plan.

"Adults over the age of 65 who have been diagnosed with Alzheimer's Disease or Other Dementias, are more than twice (53%) as likely to die from suicide as compared to older adults who do not suffer from dementia, according to a new study led by a Yale Department of Psychiatry researcher. The risk for suicide was far greater within the first three months of a dementia diagnosis.

The findings reveal the risk of suicide was particularly elevated among adults aged 65-74 years and in the first 90 days following a dementia diagnosis. Patients diagnosed with frontotemporal dementia were also found to be at higher risk of suicide death. The most common method of suicide was with a firearm; however, for people who were residents in facilities, firearms were less available, and they were more likely to overdose on drugs, hang themselves, or jump from a height."[15]

11.C.1 OADC will collaborate with the New Mexico and National Suicide Prevention Coalition to reduce suicidal behaviors and save lives by providing the public with practical and proven suicide prevention training.

Performance Measure(s)

- OADC will coordinate the "Gate Keeper "program, described in Goal 1-*Partnerships & Engagement – "Building a Dementia-Friendly New Mexico,* to provide sustaining education and information to bank tellers, social and health care providers, first responders and law enforcement officers, store clerks, home delivery staff, and clergy on recognizing the warning signs suicidal behavior and how to help.
- OADC will collaborate with communities and encourage the use of various evidence-based suicide prevention strategies, such as **#BeThe1To** (5 Action Steps: Ask; Be There; Keep Them Safe; Help Them Connect; Follow-up) and **QPR Institute** (Question, Persuade, Refer) training. These strategies are designed to help individuals be able to identify the signs of suicidal behavior and offer practical suggestions on how to get help for someone in crisis.
- OADC will promote and encourage the use of the New Mexico Crisis and Access Line at 1-855-NMCRISIS – or 1-855-662-7474. The New Mexico Crisis and Access Line or Peer-to-Peer Warmline is available 24 hours a day/7 days a week.

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[15] Schmutte, PsyD., Timothy, Assistant Professor of Psychiatry, Yale School of Medicine, Alzheimer's & Dementia: The Journal of the Alzheimer's Association.

- OADC will promote and encourage the use of the National Suicide Prevention Lifeline at 1-800-273-8255. The National Suicide Prevention Lifeline is available 24 hours a day/7 days a week.

Goal # 12 Respite - Develop and Implement respite programs in Senior or Community Centers in rural, semi-rural, small urban areas, and Tribal areas to meet the needs of families caring for individuals with dementia (multi-year)

Narrative:

Respite care generally refers to care provided to offer a short period of rest or relief, or a break to a primary caregiver. Respite might be provided full-time for a period such as a week or two (for example while a caregiver travels) or might be provided on an intermittent basis (such as every afternoon or once/week so the caregiver can run errands, rest, or attend an activity). Respite care is the ideal solution for caregivers to stay healthy and prepared to continue caregiving. Each caregiver may feel the need for respite care at different points or may have varying comfort levels with the length and type of break.

Each year, more than 20 percent or 419,000 of New Mexico's families provides 80% of all long-term care. The families play a critical role, not only in helping their loved one, but in assisting a state which would be overwhelmed without them, in terms of both cost ($3.1 billion annually) and capacity. As the family caregivers suffer negative impacts to their physical, psychological, and financial well-being, the need for respite serves become critical. Family caregivers typically arrive at their caregiving responsibilities without preparation, not knowing what assistance is available to meet their needs or how to access this assistance. Supportive resources, such as respite, as well as a coordinated system for more effectively connecting the family caregivers respite needs to these resources. There is a diversity of cultural needs for respite. The prevalence of caregiving needs varies by racial/ethnic group and is higher than average among Hispanics. A 2015 report, conducted by the National Alliance for Caregiving and AARP, estimated that 21 percent of Hispanics serve as family caregivers, compared with 16.9 percent of non-Hispanic whites' family caregivers. Little is known about the need for respite in the Tribal communities. Access to respite may be stymied by lack of regional availability, coordination, affordability, and information regarding respite options and the importance of utilizing respite (New Mexico State Plan for Family Caregivers 2014). The option for respite services include:

- Adult Day Services (for weekday respite; a few offer weekend and overnight respite)
  Senior Center or Community Centers can be developed to provide a comprehensive range of Respite related services to meet the needs of a person with dementia such as social and recreational activities, and meals. Other services may include: nursing care, individual treatment plans, transportation to and from the Respite Day care, and support groups for caregivers. This is for those that do not require 24-hour care. Examples of payment: Medicaid, Veterans, or private pay depending on the day care, Alzheimer's Association Respite Voucher program to fund site respite care

- In-Home Agency (for day, evening, weekend, or 24-hour care respite)
  In-home agencies offer a wide range of options for those that wish to remain in their home, such as companion services, personal care, household assistance, and skilled nursing care to meet the specific needs of those involved. Many agencies have minimum length of stay (usually 4 hours). Examples of payment: Private Pay or Medicaid. Medicare covers home Health agencies or Hospice but does not cover In-Home (private duty) Care, Respite Voucher program.

<u>• In-Home Independent Companion</u> (for day, evening, weekend, or 24-hour care respite)
Independent companions are found, hired, trained, and paid by you. The companion may be a friend or family member, or perhaps someone you sought out and hired. They provide any service you and the companion agree to (i.e., housekeeping, cooking, personal care tasks, etc.), as well as the amount of time given. Examples of payment: Private pay, Respite Voucher program.

<u>• Short-term Respite</u> Care in a Facility (for overnight, weekend, or longer respite)
Most of these facilities are nursing homes, but a few may be residential care facilities. Some have special units for Alzheimer's patients. Your loved one would be treated like a resident in the nursing home (i.e., medical care, meals, activities). Most of the short-term respite facilities need notice at least one day prior.

Objective(s):

12.1 Recommend, develop, and implement optional respite service into Senior and/or Community Center in rural, semi-rural, small urban communities and Tribal nations (see Goal #5).

<u>Performance Measure(s)</u>

- OADC and the Dementia Care Navigators' will collaborate in developing a plan to coordinate the expansion of respite services in senior centers and or community centers in each of the 6-pilot regional MDC catchment areas, in accordance with Key stake holders described in Goal 5. The plan will include the following components:
  - A report as to the best type(s) of respite programs and their location in their region.
  - The implementation of the identified types of respite programs that includes payment plan.
  - A marketing plan on advertising the regional respite program.
  - Incorporating the respite care into the family Dementia Care plan.

12.2 Evaluation of the different respite programs.

<u>Performance Measure</u>

- OADC will assist in collaborative oversite and evaluation of the success of the respite programs.

Goal #13 "Sustainable Funding"

Narrative:

The increase in the population of individuals with Alzheimer's Disease will place an increased strain on the social, health and medical networks and New Mexico State budget. Developing programs to mitigate the cost in sustaining such programs is dependent on New Mexico state funding and, in part, Medicaid. The vicissitudes of future of state budgets in support of programs places such programs at risk for reduction or elimination, placing an increasing population at risk. It is important to support the growing number of needs that the increasing population is presenting with. Further, to meet those needs, a sustaining stream of revenues must be developed in support of those expanding needs.

Making sustainability a priority and planning for it can help define critical short- and long-term strategies to make the best use of human, financial, and in-kind resources. Equally important in the sustainability planning process is the ability to obtain input and buy-in from the community, partners, and key stakeholders. Tactically planning for sustainability will also help define the work that needs to be done and the level of commitment to it. Aligning services with community needs and creating a strategy for adapting to changing needs will help achieve longevity. No matter when the sustainability planning process is initiated, these efforts will take time and resources. It will always be more cost effective to sustain the important components of programs and services now, rather than letting them end and recreating them later.

Objective(s):

13.1 Continually explore diverse funding opportunities (e.g., grants, foundations, fund-raising, state, and local government).

13.2 Continually assess the organizational, community, financial, and political environment in which the program(s) operate.

Performance Measure(s)

- OADC will collaborate with stakeholders in conducting environmental assessments at various program stages and embedding those exercises into regular operations. This will serve to create a foundation upon which the program can develop a strong, effective, and realistic sustainability plan.

- OADC will organize an advisory board comprised of legislators, Aging and Long-Term Services Department, other state agencies, partners, and key stake holders to explore diverse funding opportunities.

- A plan should be submitted to the ALTSD Cabinet Secretary within one year on proposed solutions on sustaining revenue stream.

Acronyms and Definitions:

AARP (American Association of Retired People). United States based interest group focusing on issues affecting those over the age of fifty.

AD – (Alzheimer's Disease). A progressive neurodegenerative disease that is a type of dementia.

AD/OD - (Alzheimer's Disease and Other Dementias). A term to describe all forms of dementias including Alzheimer's disease.

ALTSD – (Aging and Long-Term Services Department). The New Mexico Aging & Long-Term Services Department provides accessible, integrated services to older adults, adults with disabilities and caregivers to assist them in maintaining their independence, dignity, autonomy, health, safety, and economic well-being, thereby empowering them to live on their own terms in their own communities as productively as possible.

APD - (Albuquerque Police Department). Law enforcement department part of the City of Albuquerque

APS - (New Mexico Adult Protection service). Committed to protecting the safety of adults who are not able to protect themselves and to promoting the personal choice and self-determination of all adults.

CIT (Crisis Intervention Team). A Crisis Intervention Team (CIT) program is an innovative, community-based approach to improve the outcomes of these encounters.

DCN - (Dementia Care Navigators). Coordination of regional social and medical services into a seamless integrated infrastructure that will provide a continuum of appropriate supportive services during the progression of dementia.

DD – (Developmental Disabilities). Describes any one of several conditions that emerge during key developmental periods in childhood which significantly impact a person's physical, cognitive, or behavioral health.

NM DDC – (Developmental Disabilities Council). The New Mexico Developmental Disabilities Council (DDC) will promote advocacy, capacity building, and systemic change to improve the quality of life for individuals with developmental disabilities and their families.

NM DOH – (NM Department of Health). The New Mexico Department of Health works in many ways to promote, preserve and protect your health.

NM DVS – (New Mexico Department of Veterans Services) - Assists New Mexico Veterans and their families with VA state and federal benefits for which they are entitled. The New Mexico Department of Veterans Services offers programs and services to help with benefits, forms, entrepreneurial development services, a Women Veterans program and more.

DS – (Adults with Down Syndrome). Down syndrome is caused by the presence of all or part of a third copy of chromosome 21. It is usually associated with physical growth delays, mild to moderate intellectual disability, and characteristic facial features

HBCS – (Home Base Community Services). Provides opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings

MCI – (Mild Cognitive Impairment). Early onset of signs for dementia (prior to age 65)

MDC – (Memory Disorder Clinic). Clinics that assess and diagnose Alzheimer's disease and other Dementias

NTG– (National Task Group on Intellectual Disabilities and Dementia Practices). A coalition of interested persons and organizations working toward ensuring that the needs and interests of adults with intellectual and developmental disabilities who are affected by Alzheimer's disease and related dementias – as well as their families and friends are considered as part of the National Plan to Address Alzheimer's Disease.

NM OADC - (Office of Alzheimer's and Dementia Care). The Office of Alzheimer's & Dementia Care is a part of the New Mexico Aging and Long-Term Services Department. Established in 2013, the Office of Alzheimer's and Dementia Care works diligently with all New Mexicans to continue to address the challenges associated with Dementia and Alzheimer's Disease and oversees the development of the New Mexico State Plan for Alzheimer's Disease and Other Dementia.

OIEA – (Office of Indian Elder Affairs) – The Office of Indian Elder Affairs was created in 2004 and is a unit of the New Mexico Aging and Long-Term Services Department.

TPNs - (Tribes/Pueblos/Nations). There are 23 Indian tribes located in New Mexico – nineteen Pueblos, three Apache Tribes and the Navajo Nation.

UNMMAC – (University of New Mexico Memory and Aging Center). The Memory & Aging Center at UNM is the only New Mexico center devoted to Alzheimer's and dementia research and treatment.

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