

STATE ALZHEIMER'S DISEASE PLANS: STATE GOVERNMENT STRUCTURE

Recommendations to improve how government evaluates and adopts policies to help people with Alzheimer's disease and their families

Alabama	<ul style="list-style-type: none"> • Designate one agency to craft Alabama's Dementia Response System. • Ensure a coordinated effort by state agencies that serve the elderly (at least 60+, but preferably 55+) to examine/identify the continuum of care currently offered through the state's programs and services. The Dementia Education and Training Act could provide the leadership needed to map the state's "Dementia Response System" with adequate funding and resources. The Department of Human Resources, Department of Senior Services, Department of Public Health, Department of Mental Health, and Medicaid Agency should each help identify challenges and gaps in the state's dementia continuum of care. The Dementia Response System should address the continuum of needs families have from education to community-based services to nursing care.
Alaska	
Arizona	<ul style="list-style-type: none"> • Incorporate cognitive health, Alzheimer's disease, and caregiving needs into strategic and action plans of state and local government, health and social service organizations, research and educational institutions, businesses and faith communities.
Arkansas	<ul style="list-style-type: none"> • Create a permanent Advisory Council on Alzheimer's Disease consisting of current Task Force members and others to ensure balance and expertise, to report annually to the Governor and General Assembly on services, data, and policy recommendations with regard to dementia.
California	
Colorado	<ul style="list-style-type: none"> • Establish a senior policy advisor on aging and long-term care in the Governor's Office of Policy and Initiatives.
Connecticut	<ul style="list-style-type: none"> • Each municipality shall designate a town official or employee to serve as a dementia care designee. Such designee shall be trained in dementia core competencies.
Delaware	
District of Columbia	
Florida	<ul style="list-style-type: none"> • Restructure the Alzheimer's Disease Advisory Committee (ADAC) to create an effective and modern entity that will concentrate on the challenges that Florida faces in addressing the growing issues associated with Alzheimer's disease and other dementias. • Create a specialized Alzheimer's disease and other dementias department in the Department of Elder Affairs that the ADAC would be reporting to regarding recommendations in the State Plan. • Have the ADAC approve requests for the designation of Memory Disorder Clinics based on the needs of the state. • Create a dementia specialist position at the Department of Elder Affairs that can implement the recommendations and State Plan. • Develop an efficient and supportive Alzheimer's Disease Initiative by creating the Office of Alzheimer's Disease or Related Dementias under the Executive Office of the Governor.
Georgia	<ul style="list-style-type: none"> • Encourage state agencies to develop hiring strategies to ensure they have the appropriate expertise in cognitive health and impairment related to research and best practices. • Explore funding from diverse sources to support carrying out the State Plan. Invite partners to contribute funding to support the State Plan. Seek funding through foundations and corporations. • Revise existing "tax check-off" legislation to allow earmarking of specific, tax deductible funds to be targeted to dementia-specific purposes (research, services, advocacy, education, etc.). • The Department of Community Health and the Division of Aging Services shall submit, upon request, to the Georgia Alzheimer's and Related Dementias Advisory Council an accounting of the funding spent on long-term care and community-based care services for people with dementia by fund source and the number of people served.

Hawaii	<ul style="list-style-type: none"> • Monitor progress on the Hawaii State Plan on Alzheimer's disease through the development of an implementation plan specifying the tasks required for achieving each goal, key milestones, and timelines – with the state plan being updated annually.
Idaho	<ul style="list-style-type: none"> • Create an annual mechanism for reporting progress to the legislative and/or executive branch of the state government.
Illinois	<ul style="list-style-type: none"> • Establish adequate staffing levels and fund an Office on Alzheimer's Disease and Related Dementias within the Illinois Department of Public Health. • Study and, where necessary, propose modifications to the Alzheimer's Disease Assistance Act and the Alzheimer's Disease Research Act to review the composition of the Alzheimer's Disease Advisory Committee and to facilitate Alzheimer's planning, treatment, care, and research. • Extend the existence and advance the work of the Alzheimer's Disease Assistance Center Review Subcommittee by continuing its operation after this state plan is submitted. • Study the feasibility of merging the responsibilities of the Illinois Departments on Aging, Public Health, and Healthcare and Family Services with respect to persons with Alzheimer's disease and their caregivers, recognizing that some of these departments may have a role in the grant and/or payment process. • Review and, if necessary, restructure the Alzheimer's Disease Advisory Committee to make it a more pertinent part of Alzheimer's policymaking in the state and clearly outline these responsibilities in statute, and develop rules that may extend its responsibilities. • Review the Advisory Committee's progress in meeting its responsibility to review all state programs and services provided by state agencies directed toward persons with dementia, and recommend changes to improve the state's response to this serious health problem. • Review the Advisory Committee's progress to consult with the Department of Public Health to prepare an Alzheimer's Disease Assistance plan "to guide research, diagnosis, referral and treatment services within each service area."
Indiana	<ul style="list-style-type: none"> • Create a voluntary council of the Indiana Commission on Aging to oversee implementation of the Alzheimer's Disease State Plan. • Pursue funding in support of the Plan, track implementation progress, and collaborate with partners to integrate dementia-specific goals into related plans. • Coordinate Indiana's participation in the National Alzheimer's Plan.
Iowa	<ul style="list-style-type: none"> • Establish an office for Alzheimer's disease and other dementias within state government, not to replace or duplicate any services currently offered by the Area Agencies on Aging, the Alzheimer's Association, or other agencies, but to act as a referral source to local services. • Ensure that all recommendations coalesce with other initiatives and programs within the state, such as the Direct Care Worker Task Force Recommendations, Alzheimer's Association, Area Agencies on Aging, the Hartford Center Grant, Iowa Respite and Crisis Care Coalition and the University of Iowa Center on Aging and Geriatric Education. • Determine the implications of funding and policy on niche populations such as Down syndrome and younger-onset Alzheimer's disease and other dementias. • Convene a workgroup on a regular basis to address psychogeriatric needs of persons with Alzheimer's disease. The workgroup would be tasked with identifying mechanisms for funding of in-patient mental health services, expanding the statewide availability of services, establishing education pathways for providers, and enhancing the availability of emergency crisis intervention.
Kentucky	<ul style="list-style-type: none"> • Recreate the Office on Alzheimer's Disease and Related Disorders to become the Alzheimer's Disease and Related Dementias Unit working in conjunction with the Kentucky Alzheimer's Disease and Related Disorders Advisory Council. • Obtain specific state general funding to hire a full-time coordinator and two full-time employee program staff for the Alzheimer's and Related Dementias Unit. • Expand the role of the Unit to include policy, research, and coordination of services. • Establish a strategy to link and coordinate services and activities of state agencies, other service providers, advocacy groups, and other entities throughout the state such as emergency personnel, policy, universities, and attorneys and other staff associated with the legal system.

Louisiana	<ul style="list-style-type: none"> • Create a permanent advisory council on Alzheimer's disease and other dementias consisting of the current task force designation plus additional designations to ensure balance and expertise. • Establish and fund a program manager for Alzheimer's disease and other dementias in the Office of Aging and Adult Services.
Maine	<ul style="list-style-type: none"> • Engage policy makers in ongoing discussions with consumers and families regarding state policies and regulations.
Maryland	<ul style="list-style-type: none"> • Request that the Governor extend Maryland's Commission on Alzheimer's Disease and Related Disorders for additional year through December 31, 2013, specifically to collect data, conduct research, and implement recommendations in the State Plan. The Commission will pursue the establishment of a permanent Council on Alzheimer's disease through the legislative process.
Massachusetts	
Michigan	
Minnesota	
Mississippi	<ul style="list-style-type: none"> • Identify affected providers, advocacy groups, and government agencies to create communication networks and encourage continual and consistent relationships relevant to dementia care issues.
Missouri	
Montana	<ul style="list-style-type: none"> • Support the creation of an Alzheimer's Disease and Related Dementias (ARD) Facilitator position within the Department of Public Health and Human Services to oversee ongoing statewide public awareness and brain health initiatives. • Establish a permanent Alzheimer's Disease and Related Dementia Advisory Council to be managed by an ARD Facilitator, to be tasked with oversight of the Montana State Plan.
Nebraska	<ul style="list-style-type: none"> • Represent and advocate for inclusion of Alzheimer's disease and other dementias in the Nebraska Public Health Improvement Plan.
Nevada	
New Hampshire	
New Jersey	<ul style="list-style-type: none"> • Maintain support for the Office of the Public Guardian and its work to resolve medical, financial, contractual, and social issues for residents suffering from dementia. • Develop more electronic links within existing sister State agency websites, ranging from the NJ Departments of Human Services and Health, the NJ Department of Banking and Insurance, and the NJ Department of Transportation to ensure that reliable information on Alzheimer's disease is available through these sources. • Recommend that NJ 2-1-1 has a cadre of community resource specialists who are trained in the unique aspects of communicating with an individual with Alzheimer's disease and are familiar with the burden of Alzheimer caregiving to address caregivers and their special challenges. • Include web links and phone contact information for the Alzheimer's Association on all state and municipal websites in New Hampshire as appropriate. • Enhance NJ 2-1-1's ability to be an effective way for people seeking access to resources related to Alzheimer's disease by ensuring the system has the necessary information on a statewide basis and that it is regularly updated.
New Mexico	<ul style="list-style-type: none"> • Establish an Office of Alzheimer's Disease and Related Dementias within the Aging and Long-Term Services Department to undertake the following: (1) identify current resources and enhance communication and collaboration between these resources in a manner that maximizes their state impact in all areas of the State Plan; (2) serve as an advocate and champion for policies, funding, and structure to improve public awareness, research, quality, caregiver support, and health care system capacity; (3) align the State Plan with the National Alzheimer's Plan, including working with partners to develop and implement an integrated quality management system to ensure effective implementation of the goals and strategies of the State Plan; (4) establish a timeline for implementation of the goals and recommendations; and (5) at least annually, review progress toward achieving the goals of the State Plan.

New Mexico (cont.)	<ul style="list-style-type: none"> • Identify and encourage coordination, collaboration, and inter-entity communication with public and private, local, State, and federal entities to advance Alzheimer's readiness and dementia capable systems.
New York	
North Carolina	<ul style="list-style-type: none"> • Establish a statewide coalition on Alzheimer's disease and other dementias to oversee the implementation of the Plan.
North Dakota	
Oklahoma	<ul style="list-style-type: none"> • Specify that all aging-related legislation go through a single committee in both the Oklahoma House of Representatives and Senate. • Establish a Cabinet-level Secretary of Aging.
Oregon	
Pennsylvania	<ul style="list-style-type: none"> • Achieve better alignment, consistency, and availability of information about Alzheimer's disease and other dementias across Pennsylvania Departments of Aging, Health, and Public Welfare and other state and federal agencies. • Convene annual Pennsylvania Alzheimer's Plan Summit meetings to evaluate progress of the Plan, strengthen partnerships, build community support for the Plan, recognize excellence, and identify next steps.
Puerto Rico	<ul style="list-style-type: none"> • Analyze current laws to determine if they meet the needs of people living with Alzheimer's disease and their caregivers.
Rhode Island	<ul style="list-style-type: none"> • Identify a future "home" or committee to facilitate and support the Rhode Island Alzheimer's disease website, research summit, and the ongoing engagement of all partners involved in this work. • Propose website resources that will serve individuals living with Alzheimer's disease and other dementias, their families and caregivers, providers, long-term care residences, and other community-service providers; explore the development and hosting of the website at the University of Rhode Island and identify partners in state government to assist with ongoing community outreach and engagement to generate, develop and drive website content. Develop a sustainability model for the website's lifespan.
South Carolina	<ul style="list-style-type: none"> • Generate state-level work with health disparities for minorities that is inclusive of Alzheimer's disease.
Tennessee	<ul style="list-style-type: none"> • Develop a comprehensive infrastructure for Alzheimer's disease and related dementia through the Tennessee Commission on Aging and Disability by: (1) meeting annually; (2) developing a plan to transition the Tennessee Alzheimer's Disease Task Force to the Alzheimer's Advisory Committee under the Tennessee Commission on Aging and Disability; (3) ensuring that all recommendations coalesce with other initiatives and programs within the state; and (4) developing a comprehensive communication plan to ensure ongoing planning and discussion among stakeholders for coordination of services and ensuring that the stakeholders receive the most current and accurate information regarding Alzheimer's disease and other dementias.
Texas	<ul style="list-style-type: none"> • Identify opportunities to increase partnerships with stakeholders to strengthen and expand state plan implementation. • Continue to expand and advance the Texas Alzheimer's Disease Partnership. • Develop a consortium to spearhead public official education on Alzheimer's disease and promote policies and plans that support it. • Identify opportunities to foster partnerships with planning areas (i.e. Governor's State Planning Regions) for plan implementation. • Engage the media in state plan implementation activities via town hall meetings, press releases, and other events. • Convene one annual, in-person partnership meeting to review progress made on state plan implementation and identify priority areas for future action. • Develop reporting mechanisms to document progress in implementing initiatives.

Texas (cont.)	<ul style="list-style-type: none"> • Promote ongoing communication and collaboration among partners and stakeholders to advance the Texas Alzheimer's Disease Partnership. • Increase by 20 the number of organizations that include activities outlined in the 2010-2015 Texas State Plan on Alzheimer's Disease into their organizational programming.
Utah	<ul style="list-style-type: none"> • Coordinate with the Division of Aging and Adult Services on a continuing role of the State Plan Task Force as an Advisory Group to meet systematically with state and local agencies to identify programs and services relevant to older individuals with memory loss and dementia, even if not currently so identified, and advise on how dementia awareness would enhance performance. • Use available data to assist in program improvement, grant submissions, and implementation of Utah's Alzheimer's Disease State Plan. • Coordinate standardized information throughout state and local governments. • Engage a public health approach to confront Utah's significant projected growth in Alzheimer's disease.
Vermont	<ul style="list-style-type: none"> • Improve the capacity of state and local agencies or organizations to evaluate the outcomes of their services and programs. • Convene an annual blue ribbon commission with key state leadership to strategize cross-departmental coordination of dementia-related programs. Consideration should be given to integrating this activity with existing commissions or initiatives. • Convene, on an annual basis, the Governor's Commission on Alzheimer's Disease and Related Disorders and public/private stakeholders to discuss emerging and ad hoc dementia issues. • Incorporate the evaluation of cost effectiveness and financing options across all recommended policy activities.
Virginia	<ul style="list-style-type: none"> • Create a position and obtain specific funding to hire a full-time Dementia Services Coordinator to coordinate the services provided to persons with Alzheimer's disease and related dementias working in conjunction with the Alzheimer's Commission. • Review all state-funded services to ensure "dementia-capable" approaches and policies, based on principles derived from the Person-Centered Care and Culture Change movements.
Washington	<ul style="list-style-type: none"> • Include Healthy People 2020 objectives related to persons with dementia, including Alzheimer's in state agencies' strategic plans. • Use data from the Behavioral Risk Factor Surveillance System (BRFSS) to understand the human and economic impact of dementia on individuals and family caregivers to inform public health policies, interventions, and development of the Washington State Plan for Healthy Communities and other chronic disease plans. • Integrate goals and objectives related to cognitive impairment, memory loss and dementia into local and state governmental agencies' strategic plans. Such plans include state and area plans on aging, coordinated chronic disease management, falls prevention, emergency preparedness, transportation, and the Washington State Plan for Healthy Communities. • Ensure ongoing activities at the Department of Health, such as injury/falls prevention and emergency preparedness, incorporate needs specific to persons with dementia. • Developmental Disabilities Administration, Aging and Long-Term Support Administration, Health Care Authority, and Department of Health should each designate an Alzheimer's program coordinator to improve communication and collaboration among these agencies. • State and local agencies will explore funding opportunities and collaborations for Washington to participate in dementia care service innovation programs. • Engage public relations professional to advise on a promotional campaign to support the awareness of the issues and the implementation of the Plan's activities. • Increase operations research capacity at the Aging and Long-Term Support Administration to support data-driven evaluation and planning.
West Virginia	
Wisconsin	

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