

**VIRGINIA I. JONES ALZHEIMER'S DISEASE AND RELATED DEMENTIAS COUNCIL**  
**MINUTES**  
**October 23, 2024**  
**1:00 - 3:00 PM**

The Virginia I. Jones Alzheimer's Disease and Related Dementias Council held a virtual public meeting on October 23, 2024.

**Attendees**

**Members Present**

Benjamin Brooks  
Pamela Williams  
Mark Tesoro  
Megan Peters  
Lynn Phan  
Halima Amjad  
Cynthia Fields  
Andres Salazar  
Ravi Gupta  
Claudia Thorne  
Caitlin Houck  
Amanda Mummert  
Quincy Samus  
Ernestine Jones-Jolivet

**Members Not Present**

Sheree Sample-Hughes  
Nancy Rodriguez-Weller  
Evie Vander Meer

**MDH Staff Present**

Adeola Alayande  
Katherine Natafji  
Suzanne Barbero

**Members of the Public Present**

Ben Maier  
Michael Ellenbogen

**Opening**

- a. Welcome  
Council Chair, Dr. Halima Amjad called the meeting to order at 1:04 PM.
- b. Roll Call  
Kate Natafji took a roll call. A quorum was present (14 members).
- c. Meeting Minutes Review/Approval:
  - i. Dr. Amjad asked for a review of the July 24, 2024 minutes, and called for a motion to approve; Mark Tesoro motioned for approval, and Quincy Samus seconded the motion. All council members voted to approve the motion.
- d. Status Update—MDH FY 24 Final Funding Stats and Dementia Director Position  
Adeola Alayande, Deputy Director for the Maryland Department of Health's Center for Chronic Disease Prevention and Control updated the council that the MDH Dementia Director Position recruitment is nearing its final stages and is awaiting authorization to offer the position to the candidate.

Adeola Alayande also provided the council with an overview of MDH's dementia-related spending for Fiscal Year 2024.

**Presentation: ADRD Forum Results**

Suzanne Barbero, Cognitive Health Specialist for the Maryland Department of Health's Center for Chronic Disease Prevention and Promotion presented information about State and BOLD funded project outcomes related to Alzheimer's Disease and Related Dementias for state fiscal year 2024. The strategies for the state plan focused on the areas of outreach and education, community to clinical linkages, and the ADRD forum.

#### **Presentation: Expertise Survey**

Adeola Alayande, Deputy Director for the Maryland Department of Health's Center for Chronic Disease Prevention and Control presented the results of the 2024 ADRD Council Member Expertise and Gaps Survey. This survey was conducted in January 2024 and highlights current areas of council expertise as well as areas of expertise that council members have identified as being in need of representation.

#### **Presentation: Update and Crisis Services Review**

Mark Tesoro, Cognitive and Behavioral Health Specialist for Maryland Dept. of Aging, provided the council with an update on the MDoA Long Term Care and Dementia Care Navigation Report and highlighted the AD:8 screening tool for dementia since ensuring cognitive health screening using an effective and validated tool is a crucial component of the LTCDCN plan. The presentation also outlined information about the MDoA's Dementia Navigation Forums, Social Determinants of Health Caregiver Screening tool, and the Extension for Community Health Care Outcomes program. Additionally, Mark Tesoro requested council input regarding the 211 Management of Behavioral Health Case Management program. Since ADRD is among the exclusion criteria for behavioral health case management services many ADRD affected individuals and families are unable to access behavioral health case management, what is the best way to advocate for ADRD patients and address this gap?

The council did not have specific guidance on this issue. However, several council members agreed that it is difficult to locate behavioral health services for older patients and that behavioral issues related to ADRD could lead to individuals being removed from assisted living facilities.

#### **Presentation- Legislative Update**

Megan Peters, the Director of Government Affairs for the Maryland Chapter of the Alzheimer's Association presented an overview of the association's 2025 legislative priorities. These priorities include: restoring funding for the Long-Term Care and Dementia Care Navigation Program, advance public awareness of Alzheimer's treatment, and creating a public health surveillance reporting process for Alzheimer's and other dementia in Maryland.

#### **Subcommittee Workgroups Update**

- Goal 1: Public Awareness work group
  - Work group drafted a letter intended to introduce the ADRD Council to the Deans and other leaders of Maryland Medical, Nursing, Pharmacy, Social Work, and Physician Assistant schools and to recommend the inclusion of dementia-specific teaching for all healthcare professionals. The letter also asks leaders of these schools to join work group members for an informational meeting. Copies of the letter were provided to council members prior to the meeting.
  - The work group requested a council vote to approve the letter.
  - Caitlin Houck motioned to approve the letter. Megan Peters seconded the motion. An in-person vote was taken, though a quorum was not present. An electronic vote was held to establish a quorum.

- Final Council vote: 11 (in-person)- Approve; 2 (online)- Approve; 0- Abstain; 0-Disapprove
- Goals 2 and 3: Enhanced ADRD Care and Coordination/Enhance/ Expand Supports for Caregivers
  - Claudia Thorne, the work group chair, provided an update about the work group’s activities. The work group has been meeting regularly and bringing in subject matter experts– most recently emergency preparedness experts.
  - The work group intends to bring in more subject matter experts, including caregiver experts to provide strategies to help.
- Goals 4 and 5: Advance ADRD Research and Enhance Data Capabilities
  - Pamela Williams, work group chair, provided updates regarding the development of a dementia public health dashboard and updates to the BRFSS survey.

**Public comment period**

- Michael Ellenbogen reported that the Centers for Medicare & Medicaid Services now require dementia diagnostic testing for all visits. Mr. Ellenbogen stated that there may be an issue with the validity of the testing since he, a person living with dementia for years, was shown not to have dementia through this diagnostic he was given.
- Michael Ellenbogen raised the issue of ADRD accessibility when voting, given the upcoming election in November. Mr. Ellenbogen reported that the process that he was required to go through to receive his voting accommodations was burdensome and invasive. He reported that despite going through the process, he still does not have a clear answer about whether or not he will be able to receive his requested accommodations in time for the election.
- Michael Ellenbogen expressed his disappointment and frustration with the amount of time it has taken to have a person living with dementia appointed to the council. Mr. Ellenbogen had previously recommended a personal contact to fill the position, but given the difficulty of the process, he has elected to apply for the appointment himself.
  - Quincy Samus asked MDH if the position in question had been posted and people can now apply.
    - Yes.
  - Michael Ellenbogen raised concerns that the process of applying for a seat on the council is burdensome and that a person living with ADRD would need help completing the application. Mr. Ellenbogen highlighted that the process of obtaining a similar appointment is much easier in Pennsylvania.

**Adjournment**

Noting that there were no more items on the agenda, Dr. Halima Amjad requested a motion to end the meeting. Ernestine Jones-Jolivet motioned to adjourn. Amanda Mummert seconded the motion. The council chair adjourned the meeting at 3:01 pm

**Next Meeting: Wednesday, January 22, 2025;1:00-3:00 pm**