



Wisconsin State Assembly

P.O. BOX 8952 MADISON, WI 53708

TO: SPEAKER ROBIN VOS

FROM: Members of the Assembly Speaker's Task Force on Alzheimer's and Dementia

RE: Report of the Speaker's Task Force on Alzheimer's and Dementia

DATE: June 14, 2016

This memorandum summarizes the work of the Speaker's Task Force on Alzheimer's and Dementia, including a description of the public hearings held by the Task Force, legislation introduced by the Task Force, and recommendations for future legislative action.

INTRODUCTION

The Task Force was created by Assembly Speaker Robin Vos on August 4, 2015, to study and make recommendations on policy initiatives to improve the care of those suffering from Alzheimer's and dementia. Specifically, the Speaker presented the Task Force with a number of goals, including identifying ways to improve and sustain in-home care, improving and promoting community-based resources for those suffering with Alzheimer's and dementia, continuing raising individual and community awareness of Alzheimer's and dementia, and determining ways to ensure future quality of care while lowering the cost of long-term care.

Representative Mike Rohrkaste served as Task Force Chairperson and Representative Dianne Hesselbein served as Task Force Vice-Chairperson. Task Force membership included Representatives Kathy Bernier, John Jagler, Terry Katsma, Todd Novak, Mary Czaja, Paul Tittl, Beth Meyers, Jonathan Brostoff, and Debra Kolste.

Based on information and recommendations received at the Task Force's public hearings and tours, members of the Task Force and other legislators introduced 10 bills, collectively referred to as the "Wisconsin Cares Legislative Package." Three of the bills introduced by the Task Force, relating to funding for caregiver respite, funding for mobile crisis unit training, and developing a pilot program to ensure individuals with dementia who are experiencing a crisis are placed in an appropriate setting, were enacted into law.

Throughout this memorandum, the term "dementia" is used to refer to individuals with Alzheimer's disease and related dementias.

TASK FORCE HEARINGS

The Task Force held six public hearings to receive testimony from invited speakers and the public, and toured several long-term care facilities. The hearings and tours of the Task Force were held on the following dates and in the following locations:

September 16, 2015, Madison

The Task Force heard testimony from the public and from the following invited speakers at the State Capitol in Madison:

- Carrie Molke, Director of the Bureau of Aging and Disability Resources and Jon Hoelter, Legislative Advisor – Wisconsin Department of Health Services.
- Tom Hlavacek, Executive Director – Alzheimer’s Association of Southeastern Wisconsin.
- Paul Rusk, Executive Director and Rob Gundermann, Public Policy Director – Alzheimer’s and Dementia Alliance of Wisconsin.

October 6, 2015, Middleton and Madison

The Task Force toured the Clark Street Community School in Middleton to observe components of the school’s “Music and Memory” project. The Task Force also heard testimony from the public and from the following invited speakers at the State Capitol in Madison:

- John Sauer, President and CEO – LeadingAge Wisconsin.
- Wanda Plachecki, Administrator – Lakeview Health Center-West Salem.
- Brian Purtell, Attorney – DeWitt Ross & Stevens Law Firm, Executive Director – Wisconsin Center for Assisted Living, Legal Service Director – Wisconsin Health Care Association.
- Dr. Dena Green, Medical Director – Agrace Hospice.
- Cory Marsh, Aging Specialist – Rock County ADRC.
- Sanjay Asthana, MD, FACP, Director – NIA/NIH Wisconsin Alzheimer’s Disease Research Center, Professor of Medicine – University of Wisconsin (UW) School of Medicine and Public Health.
- Carey Gleason, PhD, Executive Administrator – NIA/NIH Wisconsin Alzheimer’s Disease Research Center, Associate Professor of Medicine – UW School of Medicine and Public Health.

November 10, 2015, Appleton and Neenah

The Task Force held a tour of Brewster Village in Appleton to observe the long-term care facility and its work with residents who suffer from dementia. The Task Force also heard testimony from the public and from the following invited speakers at Valley VNA Senior Services in Neenah:

- Theresa Pichelmeyer, President and CEO – Valley VNA Senior Services.
- Representative John Macco – 88th Assembly District.
- Susan McFadden, PhD, Professor Emerita, Department of Psychology – UW-Oshkosh, Research Consultant – Fox Valley Memory Project.
- Keith Wilk, Senior Vice President of Programs and Services and Jennie Moore, Team Leader for Vocational Support Services – Goodwill Industries of North Central Wisconsin.
- Matthew Prickette, Director of Business Development – ERC Counselors and Consultants.
- Joel Hopper, IT Business Partner, Chairperson for the Family Caregiver Group – Kimberly-Clark Corporation.
- Dena Swenson, Constituent – 55th Assembly District.
- Nicole Hardina-Wilhelm, Assistant Director – Neenah Public Library, Coordinator – Memory Café Program.
- Connie Norby, Memory Loss Care Coordinator – Memory Loss Resource Center.
- Wayne and Bernadine Nitze and Sarah Buscher, Constituents – 55th Assembly District.

November 18, 2015, Wausau and Rhinelander

The Task Force held a tour of North Central Health Care in Wausau to observe the long term care facility and its work with residents who suffer from dementia. The Task Force also heard testimony from the public and from the following invited speakers at Nicolet College in Rhinelander:

- Kathy Davies, Program and Advocacy Director – Alzheimer's Association Greater Wisconsin Chapter.
- Dianne Jacobson, Director – Oneida County Department on Aging.
- Dianne Goetsch, Owner – Kindhearted Home Care, LLC.
- Janell Schroeder, Regional Manager – Aging and Disability Resource Center of the Northwoods.

- Misty Morgensen, Dementia Care Specialist; Barb Peterson, Regional Director – Aging and Disability Resource Center of the North.
- Ron Lueneberg, Captain of Police – City of Rhinelander.

December 3, 2015, Dodgeville

The members of the Task Force experienced a “virtual dementia tour,” which simulates mid to late stages of dementia, at the Iowa County Health and Human Services office in Dodgeville. The Task Force also heard testimony from the public and from the following invited speakers at the Iowa County Health and Human Services office in Dodgeville:

- Whitney Thompson, Dementia Care Specialist – ADRC of Southwest Wisconsin.
- Becky Dahl, Regional Manager – ADRC of Eagle Country.
- Maria Johnson, Adult Protective Services – ADRC of Green County.
- Steve Michek, Sheriff – Iowa County.
- Nate Dreckman, Sheriff – Grant County.
- Lori Reid, Director and Ruth Rotramel, Outreach Specialist – ADRC of Southwest Wisconsin-Grant County Office.
- Joan Litwiz, Project Coordinator – Share the Care.
- Judge Andrew Bissonnette, Retired Circuit Court Judge – Dodge County, Steering Committee Chair – Working Interdisciplinary Network of Guardianship Stakeholders.
- Deanna Truedson, Outreach Coordinator – Alzheimer’s and Dementia Alliance of Wisconsin.

December 9, 2015, Eau Claire

The Task Force heard testimony from the public and from the following invited speakers at the Mayo Clinic Health System-Eau Claire Campus in Eau Claire:

- Ronald C. Petersen, PhD, MD, Director – Mayo Clinic Alzheimer’s Disease Research Center, National Chair – Advisory Council on Research, Care and Services for the National Alzheimer’s Project Act.
- Donn Dexter, MD, Neurologist and Vice Chief Medical Office – Mayo Clinic Health System, NW Wisconsin Region.
- Kate Banchy, Insurance Agent – Spectrum Insurance Group, Eau Claire.
- Jennifer Own, Director and Lisa Wells, Dementia Care Specialist – ADRC of Eau Claire County.

- Judy Fuhrer – speaking on personal experience with Alzheimer’s disease.
- Dr. Tony Pilgrim – Fall Creek Dental.
- Teresa Hendrickson, Assistant Store Director – Festival Foods, Eau Claire.
- Nancy Abrahamson, Dementia Care Specialist – ADRC of St. Croix County.
- Molly Nolte, Mobility Manager – Rock County Council on Aging.
- Molly Hilligoss, Fellow – Wisconsin Women’s Policy Institute.
- Bethany Jacobson-Flieger, Director – Grace Adult Day Services-Altoona.
- Paula Gibson, Director of Communications and Engagement – Azura Memory Care.
- Mary M. Secor, Vice President of Curriculum – Crisis Prevention Institute.
- Tim Davis, Owner – Safe at Home Senior Care.

ENACTED TASK FORCE LEGISLATION

Of the 10 bills comprising the Wisconsin Cares Legislative Package, three of the bills, described in detail below, were enacted into law.

2015 Wisconsin Act 272, Relating to a Dementia Crisis Unit Pilot Program

Background

The Task Force heard testimony that many counties have difficulty handling situations where a person with dementia experiences a mental health crisis. Specifically, there is concern that individuals are not placed in an appropriate setting when a crisis occurs.

Testimony suggested that existing long-term care facilities could create specialized units staffed by personnel trained to interpret what individuals with dementia are trying to communicate in order to provide better care and contain crises.

The Act

Act 272 (2015 Assembly Bill 786) requires that the Department of Health Services (DHS) prepare a proposal for a pilot program for a coalition of two or more counties to create a dementia crisis unit. The Act specifies that the proposal be submitted to the standing committees of the Legislature with jurisdiction over health, aging, and long-term care, or mental health issues before November 1, 2016.

The Act defines a “dementia crisis unit” as a unit or part of a unit of a public or private facility that is qualified, competent, and equipped to provide diagnosis, evaluation, and treatment of dementia and medical, psychiatric, and behavioral care to individuals who have

dementia and that provides a therapeutic environment that is appropriate for and designed to prevent harm to individuals who have dementia.

Legislative History

Assembly Bill 786 was introduced on January 22, 2016, by Representatives Rohrkaste and Hesselbein.

On February 1, 2016, the Assembly Committee on Mental Health Reform recommended passage of the bill on a vote of Ayes, 10; Noes, 0. On February 18, 2016, the Assembly passed the bill on a voice vote.

On March 8, 2016, the Senate Committee on Health and Human Services recommended concurrence in the bill on a vote of Ayes, 5; Noes, 0. On March 15, 2016, the Senate concurred in the bill on a voice vote.

On March 22, 2016, the bill was signed by the Governor, and enacted as 2015 Wisconsin Act 272.

2015 Wisconsin Act 273, Relating to Caregiver Respite Funding

Background

Created in 1985, the Alzheimer's Family and Caregiver Support Program (AFCSP), provides services for caregivers and families of individuals with Alzheimer's disease or other irreversible dementia. Caregivers receive up to \$4,000 annually in services, such as respite care, adult day care, supportive home care or other goods or services, to maintain the person with dementia as a member of the household. The program is administered by county aging units, which receive a general purpose revenue allocation either directly from DHS or under a subcontract with the Greater Wisconsin Agency on Aging Resources.

The Task Force heard testimony from numerous individuals and organizations that providing caregivers with respite allows caregivers to provide care for longer periods of time.

The Act

Act 273 (2015 Assembly Bill 787) provides a \$1,000,000 appropriation increase under the AFCSP for the purposes of respite care services for fiscal year 2016-17. The Act also expands eligibility for the AFCSP to tribes and bands and raises the maximum joint income eligibility for the AFCSP from \$40,000 to \$48,000, excluding expenses attributable to Alzheimer's disease.

Legislative History

Assembly Bill 787 was introduced on January 22, 2016, by Representatives Bernier and Kolste.

On February 1, 2016, the Assembly Committee on Mental Health Reform recommended passage of the bill on a vote of Ayes, 10; Noes, 0. On February 4, 2016, the Joint Committee on

Finance recommended passage of the bill, as amended, on a vote of Ayes, 15; Noes, 0. On February 18, 2016, the Assembly passed the bill on a vote of Ayes, 94; Noes, 0.

On March 8, 2016, the Senate Committee on Health and Human Services recommended concurrence in the bill on a vote of Ayes, 5; Noes, 0. On March 15, 2016, the Senate concurred in the bill on a vote of Ayes, 32; Noes, 0.

On March 22, 2016, the bill was signed by the Governor, and enacted as 2015 Wisconsin Act 273.

2015 Wisconsin Act 274, Relating to Mobile Crisis Unit Training Funding

Background

Mobile crisis units are a mental health service used by counties and regions of counties that provide immediate, on-site, in-person mental health service for individuals experiencing a mental health crisis. However, the Task Force heard testimony that many mobile crisis units lack the specialized training necessary to provide adequate service for individuals with dementia experiencing a mental health crisis.

The Act

Act 274 (2015 Assembly Bill 790) requires DHS to award grants totaling \$250,000 on a one-time basis in the fiscal year 2016-17 to counties or regions of counties for their mobile crisis teams to obtain training on recognizing and serving individuals with dementia. The Act increases the appropriation to DHS for mobile crisis team grants by \$250,000 in fiscal year 2016-17 for this purpose.

Legislative History

Assembly Bill 790 was introduced on January 22, 2016, by Representatives Jagler and Brostoff.

On February 1, 2016, the Assembly Committee on Mental Health Reform recommended passage of the bill on a vote of Ayes, 10; Noes, 0. On February 4, 2016, the Joint Committee on Finance recommended passage of the bill, as amended, on a vote of Ayes, 15; Noes, 0. On February 18, 2016, the Assembly passed the bill on a vote of Ayes, 94; Noes, 0.

On March 8, 2016, the Senate Committee on Health and Human Services recommended concurrence in the bill on a vote of Ayes, 5; Noes, 0. On March 15, 2016, the Senate concurred in the bill on a vote of Ayes, 32; Noes, 0.

On March 22, 2016, the bill was signed by the Governor, and enacted as 2015 Wisconsin Act 274.

TASK FORCE LEGISLATION NOT ENACTED

Seven of the Wisconsin Cares Legislative Package bills, described in detail below, were passed by the Assembly, but were not acted upon by the Senate.

2015 Assembly Bill 783, Relating to a Virtual Dementia Tour License

Background

A “virtual dementia tour” (VDT) is an interactive program that simulates what an individual with dementia would experience. Use of the tool is intended to increase awareness of the disease and promote an understanding of what individuals living with dementia experience.

During the VDT, participants wear gloves, shoe inserts, goggles, and headphones with confusion sounds to simulate the experiences of an individual with dementia. These restraints are believed to mimic the moderate stage of dementia, in which affected individuals have persistent memory loss and can no longer hide their condition. Participants are asked to complete numerous day-to-day activities while wearing these modalities to mimic what day-to-day life is like for an individual with dementia.

The VDT was developed by Second Wind Dreams, a nonprofit organization that provides training and licensing for VDTs.

The Bill

Assembly Bill 783, as amended, provides DHS with a one-time \$50,000 appropriation increase for the purpose of purchasing a VDT license.

Bill History

Assembly Bill 783 was introduced on January 22, 2016, by Representatives Tittl and Katsma.

On February 1, 2016, the Assembly Committee on Mental Health Reform recommended passage of the bill, as amended, on a vote of Ayes, 10; Noes, 0. On February 4, 2016, the Joint Committee on Finance recommended passage of the bill, as amended, on a vote of Ayes, 14; Noes, 0. On February 18, 2016, the Assembly passed the bill on a vote of Ayes, 94; Noes, 0.

On February 23, 2016, Assembly Bill 783 was referred to the Senate Committee on Health and Human Services, but did not receive a public hearing.

2015 Assembly Bill 784, Relating to Funding for the Alzheimer's Disease Research Center at UW-Madison

Background

The Alzheimer's Disease Research Center at UW-Madison is one of 31 such centers funded by the National Institute on Aging within the U.S. Department of Health and Human Services. These centers work to translate research advances into improved diagnosis and care for individuals with Alzheimer's disease with the long-term goal of finding methods to cure and to prevent the disease.

The Bill

Assembly Bill 784 increases the UW System's general purpose revenue (GPR) appropriation for general program operations by \$50,000 in 2016-17 to provide funding for the Alzheimer's Disease Research Center at UW-Madison.

Bill History

Assembly Bill 784 was introduced on January 22, 2016, by Representatives Hesselbein and Czaja.

On February 1, 2016, the Assembly Committee on Mental Health Reform recommended passage of the bill on a vote of Ayes, 10; Noes, 0. On February 4, 2016, the Joint Committee on Finance recommended passage of the bill, as amended, on a vote of Ayes, 14; Noes, 0. On February 18, 2016, the Assembly passed the bill on a vote of Ayes, 94; Noes, 0.

On February 23, 2016, Assembly Bill 784 was referred to the Senate Committee on Health and Human Services, but did not receive a public hearing.

2015 Assembly Bill 785, Relating to Dementia Specialist Certification

Background

The Task Force heard testimony from numerous individuals and organizations stressing the difficulty long-term care facilities face with employee recruitment and retention. Additionally, testimony heard by the Task Force indicated that many certified nursing assistants and other health care professionals lack the training necessary to care for individuals with dementia. Skilled and trained staff are needed to interpret what individuals with dementia are trying to communicate in order to provide better care and prevent crises.

The Bill

Assembly Bill 785, as amended, creates a dementia specialist certification. Under the bill, a person who successfully completes an instructional program that provides certain instruction relating to care for individuals with dementia must be certified as a dementia specialist by the

instructional program administrator. The bill specifies that no person may use the title “dementia specialist” or “certified dementia specialist” without the certification.

Bill History

Assembly Bill 785 was introduced on January 22, 2016, by Representatives Rohrkaste and Hesselbein.

On February 1, 2016, the Assembly Committee on Mental Health Reform recommended passage of the bill on a vote of Ayes, 10; Noes, 0. On February 18, 2016, the Assembly passed the bill on a voice vote.

On February 23, 2016, Assembly Bill 785 was referred to the Senate Committee on Health and Human Services, but did not receive a public hearing.

2015 Assembly Bill 788, Relating to Dementia Care Specialist Funding

Background

DHS has implemented a program to fund dementia care specialist positions in certain aging and disability resource centers (ADRCs). There are currently 41 ADRCs, serving all 72 Wisconsin counties, which offer information and assistance regarding privately and publicly funded long-term care programs to community members, as well as conducting eligibility screens and enrollment counseling for publicly funded long-term care programs.

As a part of an ADRC’s operations, dementia care specialists play a variety of roles in promoting community awareness and access to services. Specifically, dementia care specialists provide cognitive screening and programs that engage individuals with dementia in regular exercise and social activities, promote independence for individuals with dementia, and provide support to caregivers and communities, provide community education, and consult with law enforcement, adult protective services, and others who need information regarding dementia-related issues.

The Bill

Assembly Bill 788, as amended, increases funding to DHS for fiscal year 2016-17 to authorize the hiring of four additional dementia care specialists in counties with a population under 150,000. The bill also increases funding to DHS to fill one additional position for the training of dementia care specialists to educate employers about issues relating to dementia with their employees and family members of employees.

Bill History

Assembly Bill 788 was introduced on January 22, 2016, by Representatives Novak and Meyers.

On February 1, 2016, the Assembly Committee on Mental Health Reform recommended passage of the bill, as amended, on a vote of Ayes, 10; Noes, 0. On February 4, 2016, the Joint Committee on Finance recommended passage of the bill, as amended, on a vote of Ayes, 15; Noes, 0. On February 18, 2016, the Assembly passed the bill on a vote of Ayes, 94; Noes, 0.

On February 23, 2016, Assembly Bill 788 was referred to the Senate Committee on Health and Human Services, but did not receive a public hearing.

2015 Assembly Bill 789, Relating to Continuing Education Requirements for Lawyers and Judges

Background

The Task Force heard testimony that many attorneys who practice elder law or trusts and estates law, and judges who hear related cases, have received little or no training relating to identification of financial exploitation and isolation of vulnerable adults and ethical representation of older adults.

The Bill

Assembly Bill 789, as amended, requests that the Wisconsin Supreme Court promulgate rules requiring each attorney licensed to practice in Wisconsin to complete at least one, but no more than two, continuing legal education credits relating to identification of financial exploitation and isolation of vulnerable adults and ethical representation of older adults. The bill also requests the court to promulgate similar rules for judges and justices as part of judicial education requirements.

Bill History

Assembly Bill 789 was introduced on January 22, 2016, by Representative Macco.

On February 1, 2016, the Assembly Committee on Mental Health Reform recommended passage of the bill on a vote of Ayes, 10; Noes, 0. On February 18, 2016, the Assembly passed the bill on a voice vote.

On February 23, 2016, Assembly Bill 789 was referred to the Senate Committee on Judiciary and Public Safety, but did not receive a public hearing.

2015 Assembly Bill 791, Relating to a Psychotropic Medication Information Form Requirement for a Community-Based Residential Facility (CBRF)

Background

According to the federal Food and Drug Administration, drugs that have special problems, particularly ones that may lead to death or serious injury, may have warning information displayed within a box in the prescribing information. This is often referred to as a “boxed” or “black box” warning.

Current Wisconsin law requires that a nursing home must generally obtain informed consent before administering a psychotropic medication. This requires that the resident or the person acting on their behalf has been provided with specific, complete, and accurate information, and time to study the information or to seek additional information concerning the medication. There is no such requirement for a CBRF.

The Bill

Assembly Bill 791, as amended, requires that when first administering a psychotropic medication with a boxed warning to a resident with a degenerative brain disorder, a CBRF must provide to the resident, or, if the resident is incapacitated, email or mail to the person acting on behalf of the resident, an informational form.

The informational form must contain a notification that the resident has been prescribed a medication with a boxed warning and information from the federal Food and Drug Administration for the specific psychotropic medication the resident has been prescribed. The form must also notify the resident, or person acting on behalf of the resident that if he or she seeks more information that he or she should contact the prescriber of the medication. The CBRF is required to include contact information for the prescriber on the informational form. The bill does not require a CBRF to obtain informed consent from the resident or the person acting on their behalf.

A CBRF may administer the psychotropic medication before the resident or person acting on behalf of the resident has received the informational form, but the CBRF must provide the form to the appropriate person within 72 hours of first administering the psychotropic medication.

Bill History

Assembly Bill 791 was introduced on January 22, 2016, by Representative Rohrkaste.

On February 1, 2016, the Assembly Committee on Mental Health Reform recommended passage of the bill on a vote of Ayes, 6; Noes, 4. On February 18, 2016, the Assembly passed the bill on a voice vote.

On February 23, 2016, Assembly Bill 791 was referred to the Senate Committee on Health and Human Services, but did not receive a public hearing.

2015 Assembly Bill 792, Relating to Silver Alert Referrals

Background

2013 Wisconsin Act 264 created Wisconsin's Silver Alert program. The Silver Alert program allows law enforcement agencies to disseminate reports of missing adults-at-risk to the public, broadcasters, and outdoor advertisers using an integrated crime alert network.

The Bill

Assembly Bill 792, as amended, requires a law enforcement agency that has issued a Silver Alert to refer the person making the missing person report to a local ADRC. The bill also requires the Department of Transportation to review the driver's license of the person who is the subject of a Silver Alert to determine if restrictions should be placed on the person's license for the safety of them and others.

Bill History

Assembly Bill 792 was introduced on January 22, 2016, and is authored by Representative Skowronski.

On February 1, 2016, the Assembly Committee on Mental Health Reform recommended passage of the bill on a vote of Ayes, 6; Noes, 4. On February 18, 2016, the Assembly voted for passage of the bill on a voice vote.

On March 10, 2016, the Senate Committee on Judiciary and Public Safety recommended concurrence in the bill on a vote of Ayes, 5; Noes, 0, but the bill did not receive a vote by the Senate.

TASK FORCE CHAIRPERSON'S RECOMMENDATIONS

In addition to reintroducing the seven bills from the Wisconsin Cares Legislative Package that were not enacted, Chairperson Rohrkaste recommends the following steps be taken, including passing legislation where necessary.

Promote DHS Dementia System Redesign

Chairperson Rohrkaste recommends that the Legislature continue to support DHS' efforts for strengthening Wisconsin's dementia care system.

DHS is engaged in an initiative to redesign the state's dementia care delivery system. The goals of this initiative are to ensure that individuals with dementia receive appropriate, safe, and cost-effective care, that individuals with dementia are not unnecessarily or inappropriately placed in institutions, and that the burden on families and caretakers related to caring for persons with dementia is reduced.

DHS is focusing its efforts on five broad categories: community awareness and services; facility-based long-term care; care for people with significant challenging behaviors; dementia care standards and training; and continuing data collection, research and analysis. Specific initiatives include the creation of toolkits for both employers and building dementia-friendly communities, outreach to increase referrals to ADRCs, outreach to reduce stigma and educate the public about dementia, engaging local public health departments in the dementia initiative, and many others strategies.

Address Dementia-Capable Health Care Provider Shortage

Chairperson Rohrkaste recommends that the Legislature review all suggestions for addressing the dementia-capable health care provider shortage and support efforts to offer specialized training to health care providers currently serving individuals with dementia.

The Task Force heard testimony from long-term care facility representatives and other stakeholders that there is a shortage of health care providers that are trained to work with individuals with dementia. Testimony indicates that an increase in education and training of health care providers can lead to better care and crisis prevention for individuals with dementia. Some specific recommendations to address this issue include mandating a minimum of hours of training relating to dementia for certified nursing aides, incentivizing or mandating that long-term care facilities train their employees with dementia programming, and requiring or encouraging physicians to provide information about dementia to caregivers at the time of diagnosis.

Other ideas for addressing this shortage presented to the Task Force include developing high school jobs programs that work directly with long-term care facilities. Programs like these can guarantee employment for student participants and create awareness of a career option for high school students.

Address Alzheimer's and Dementia-Related Crisis Situations

Chairperson Rohrkaste recommends that the Legislature review the effectiveness and cost-saving potential of all possible solutions for dementia-related crisis issues.

Though the number of individuals with dementia who present challenging behaviors is relatively small, crisis situations involving individuals with dementia have presented unique and difficult problems for caregivers, long-term care facilities, law enforcement, and other stakeholders.

The Task Force heard testimony suggesting a number of policy changes to mobile crisis units to ensure individuals with dementia in the midst of a crisis are provided with adequate and appropriate care. These suggestions include requiring that mobile crisis units include people other than, in addition to, law enforcement, requiring that mobile crisis units are dementia-capable, requiring that mobile crisis units work with Adult Protective Services to the greatest extent practicable, and requiring that mobile crisis units get the patient an initial psychiatric assessment and any necessary treatment follow-ups.

Other suggestions for improving outcomes for individuals with dementia in crisis include policy changes to reduce the fear of liability or regulatory penalties faced by many long-term care facilities, and incentivizing law enforcement education and training.

Fund Alzheimer's and Dementia Research

Chairperson Rohrkaste recommends that the Legislature explore opportunities to fund dementia research both for improvements in dementia diagnostics and finding cures for dementia.

The Task Force heard testimony that many researchers are developing better diagnostic tools for dementia, finding solutions for dementia management, and searching for cures. Dementia research can lead to better outcomes and quality of life both for individuals with dementia and their caregivers.

Balance Patient, Guardian, and Family Rights

Chairperson Rohrkaste recommends that the Legislature review other states' guardianship laws to determine if changes need to be made to Wisconsin's guardianship law in order to improve outcomes for individuals with dementia. Chairperson Rohrkaste also recommends that the Legislature determine whether Wisconsin should adopt uniform guardianship laws to remove jurisdictional barriers in cases where either an individual with dementia, their guardian, or other family members reside in another state.

The Task Force heard testimony from some individuals that there can be inequity in the guardianship system, and that the rights of the individual with dementia, his or her guardian, and other family members can sometimes be out of balance.

Promote Alzheimer's and Dementia Education for K-12

Chairperson Rohrkaste recommends that the Legislature promote involvement of the school system and engagement of young people in order to reduce stigma and build a dementia-friendly state.

The Task Force's tour at the Clark Street School in Middleton highlights the importance of educating young people about dementia. According to the Alzheimer's Association, 26% of households caring for someone with dementia also have a child under 18 living in the residence.

MR:kr