

**Governor's Commission on Alzheimer's Disease and Related Disorders**  
**Meeting Minutes – 7/18/22**

Present: Josh Smith, Janet Nunziata, Mindy Clawson, Stephanie Parker, Mary Beth Pinard, Alyson Delaney(VA), Conor O'Dea, Sara Poole(VA), Mohammed Basha, Anne Schwalbe, Ellen Squires, Rep Daniel Noyes, Molly Dugan, Ed DeMott, Senator Randy Brock, Pam Smith, Glenn Jarrett, Maureen Conrad (Addison Co HHHospice), Megan Tierney Ward, Angela Smith-Dieng, Rhonda Williams, Nicole Waweru(VDH)

TOPIC	NOTES	DECISION/ACTION
Announcements		
Regular Business	<ul style="list-style-type: none"> <li>Approval of June minutes</li> </ul> <u>Welcome, potential new member introductions, approval of minutes and Group reflection- WHY do we do this work? How can we broaden our impact? WHAT will make us more successful</u>	-minutes approved. *commission requests additional explanation on BRFFS data- add Julie to the agenda for September for brief overview
VDH Update	<u>Presentation of BOLD State Plan on ALZ and Healthy Aging</u> , what is missing, what is needed so we can have a final plan for approval PRIOR to the ADRD Commission Sept. 19 meeting *see presentation below	Commission members and guests can provide feedback to <a href="mailto:Edwin.demott@vermont.gov">Edwin.demott@vermont.gov</a> and <a href="mailto:aschwalbe@pdastats.com">aschwalbe@pdastats.com</a>
UVMHC Caregiver Support and Education Center Presentation	Jeanne Hutchins, Exec Dir. of the Center on Aging and Lori McKenna, LCSW *see presentation below Action: What is the role of ADRD with this project? How can we support this work?	Contact Lori McKenna if you would like more information on CARES program facilitation <a href="mailto:Lori.McKenna@uvmhealth.org">Lori.McKenna@uvmhealth.org</a> <a href="mailto:jeanne.hutchins@med.uvm.edu">jeanne.hutchins@med.uvm.edu</a>
Update from Alzheimer's Association (if any)	none	
Update from the State house (if any)	none	
Wrap up	In person meeting on Sept. 19th, at Waterbury State Office Complex Dementia Friendly Community Subcommittee updates Looking for volunteers to lead each subcommittee- 1. DFA and 2. DEI/ Supporting direct care workforce	Contact <a href="mailto:tiffany.smith@vermont.gov">tiffany.smith@vermont.gov</a> if you are interested in leading(or co lead) either of the subcommittees.  Josh moved to adjourn, Janet second. RSVP will be needed for in person meeting in September- details will be provided via email.

Next Meeting September 19th 10am-12 In person and via teams

**See Below for BOLD State Plan on Alzheimer's and Healthy Aging DRAFT**

And UVMHC Caregiver Support Education Center Presentation

# 2022 Vermont Action Plan for Alzheimer's Disease, Dementias, and Healthy Aging



DRAFT

## Action Plan Goals

The following are the priority goal areas addressed in the action plan. These goal areas reflect the current needs, gaps, and improvement areas identified by national organizations including the Healthy Brain Initiative, the National Alzheimer's Project Act and the RAISE Family Caregivers Act. Vermont stakeholders affirm that these priority areas are vital to the multisystem response necessary to effectively address the impact and reduce the risk of Alzheimer's Disease and Related Dementias (ADRD).

- 1 Enhance Care Quality and Efficiency
- 2 Support People with Alzheimer's Disease and Related Dementias and Their Families
- 3 Enhance Public Awareness and Engagement
- 4 Improve Data to Track Progress
- 5 Accelerate Action to Promote Health Aging and Reduce Risk Factors for Alzheimer's Disease and Related Dementias

### Definition of Terms

**Goal:** Goals are high-level priority areas. The goals in this plan are based on the Health Brain Initiative (HBI) and the National Alzheimer's Project Act (NAPA).

**Action:** Actions are also pulled from the HBI and NAPA and have been selected and prioritized through stakeholder input during the development of this plan.

**Strategy:** Strategies are specific ways that partners in Vermont can take action to achieve the goals in this plan.

**Performance Outcome:** Performance outcomes are measurable objectives aligned with specific actions and strategies. These outcomes and others will be monitored and included in regular updates related to this plan.

## Goal 1: Increase Care Quality and Efficiency

### Actions:

- 1) Strengthen the competencies of all who deliver healthcare and other care services through interprofessional training and other strategies to ensure trauma-informed, dementia-capable care.
- 2) Continue to assess/increase workforce capacity and address anticipated demand for services to support people with dementia and their caregivers.
- 3) Educate public health/human services on sources of reliable information about brain health and ways to use the information to inform those they serve.
- 4) Improve care for populations disproportionately affected by Alzheimer's Disease and related dementias, and for populations facing care challenges.



**Action 1: Strengthen the competencies of all who deliver healthcare and other care services through interprofessional training and other strategies to ensure trauma-informed, dementia-capable care.**

**Strategies:**

- Continue infrastructure building to increase provider capacity to screen, diagnose and coordinate treatment and care for their patients with dementia and support care partners.
- Collaborate with the UVM Center on Aging to educate providers on dementia detection, [gap](#), and management of individuals including updates at higher risk through presentations at annual Gerontology Conference and other education events.
- Hub & Spoke ADRD workshop will continue to develop, promote, [link to gap](#), and recruit for education, dementia and risk reduction education opportunities such as Project ECHO, VT Health Learn and consultation supports.
- Create and promote VT Health Learn modules that provide latest scientific evidence on dementia care, treatment, management & risk reduction.
- Coordinate with DMH and DMH to train BCI responders, nurses & allied health professionals to deliver dementia-capable, trauma-informed care.
- Recognize, [link to gap](#) and include family caregivers as essential members and partners in the care team of the person receiving support.
- Utilize an evidence-informed curriculum such as Best Friends to educate healthcare professionals, community health workers, long term care staff and senior living staff to improve dementia competency and compassionate service delivery.
- Promote and coordinate dementia-capable care trainings with the Alzheimer's Association for Caregiver Health Teams (CHT), support a 30-hour at Home (30-H) and Caregiver Health Workers (CHW).
- Explore development and systematization of training delivery to Vermont's direct care workforce.
- Utilize dementia-friendly health systems resources to support a transition of dementia-capable practices. (dementia-specialist?)

**Performance Outcomes:**

- ✓ 75% of Vermont's primary care clinics will have participated in 1 or more dementia training (such as Project ECHO or VT Health Learn) by 2025.
- ✓ Primary care physicians will increase use of ICD-10 coding for dementia screening 10% above baseline by 2025.
- ✓ Hub & Spoke ADRD will coordinate 2 Project ECHO series on Dementia Diagnosis, Care and Management or another relevant topic.
- ✓ UVM will host 3 Grand Rounds sessions on dementia care topics including care bereavement for 1 healthcare primary care teams.
- ✓ VDH will include Vermonters with lived dementia/dementia caregiver experience and create two brief, shareable personal accounts.
- ✓ VDH and the Alzheimer's Association will promote and coordinate trainings for BCI first responders in 5 counties by 2025.
- ✓ VDH will conduct two health communications campaigns for providers featuring the role of the family caregiver as part of the care team.
- ✓ UVM Center on Aging and VDH will recruit content expert on dementia detection and management in newsworthy individuals to address the Gerontology Conference as if/for present a Grand Rounds for primary care teams in partnership with healthcare associations.
- ✓ Work with SASH to coordinate and promote 2 training series on ADRD for the VT Community Health Worker Network.

**Action 2: Continue to increase workforce capacity and address anticipated demand for service to support people with dementia and their caregivers.**

**Strategies:**

- Work with the Governor's Commission on ADRD as guides that support workforce development and retention at all stages of care.
- Perform an assessment to evaluate the adequacy of existing services, identify service gaps and propose strategies to expand the existing workforce to address the projected increase in ADRD.
- Strategize for coordinated testimony to the legislature.
- results of the workforce assessment to drive programmatic decision making.
- Governor's Commission on ADRD will submit a report to the legislature with recommendations to achieve dementia-capable workforce and improve provider response.

**Performance Outcomes:**

- ✓ Governor's Commission report will be submitted to the legislature by October

**Action 3: Educate public health and human services on sources of reliable information about brain health and ways to optimize service delivery for individuals with ADRD.**

**Strategies:**

- Annually convene stakeholders on their needs and ideas for education opportunities for the public health and human services workforce to increase dementia friendly environments and service care delivery.
- Promote resources and trainings that address dementia caregiving, risk reduction and early detection offered by CDC Centers of Excellence, US Against Alzheimer's and other entities.
- Disseminate the latest science to evidence on supporting brain health.
- Work with Alzheimer's Association, Director of Trauma Prevention and Resilience Development, Chronic Disease Prevention professional or other relevant content area experts, coordinate, generate and

**Performance Outcomes:**

- ✓ VDH and partners will annually monitor outcomes (increase in dementia-capable knowledge and skills) among public health [workforce](#)
- ✓ VDH in collaboration with the Alzheimer's Association will deliver an annual training series for the public health and human services workforce.
- ✓ Create 2 new modules on dementia care, brain health and healthy aging to be added to VT Health Learn by 2024.

**Action 4: Improve care for populations disproportionately affected by ADRD, and for populations facing care challenges.**

**Strategies:**

- Promote culturally accessible messaging to trusted community providers, e.g., Support & Services at Home, emergency services, 2128-VT, Vermont Chronic Care Initiative & Blueprint for Health's Community Health Teams.
- Work with patients to develop and disseminate communications on the symptoms of ADRD and the importance of seeing a physician for timely diagnosis.
- Work with VDH Health Equity Teams and partners to offer guidance on a diverse cultural, racial and dementia biases in medical practices and health systems and other entities.
- Field iteratively the BHSI Subjective Cognitive Decline Module to collect data and inform state-level policy and community-level action.
- Work with AAN to develop innovative ways to increase services to older Vermonters (i.e., groups disproportionately affected by ADRD).
- Coordinate with partners to address structural inequities/barriers to healthy aging in the State Health Improvement Plan (2024).
- Identify [link to gap](#) and deliver trainings to reduce cultural biases in healthcare settings, state agencies, and community settings.

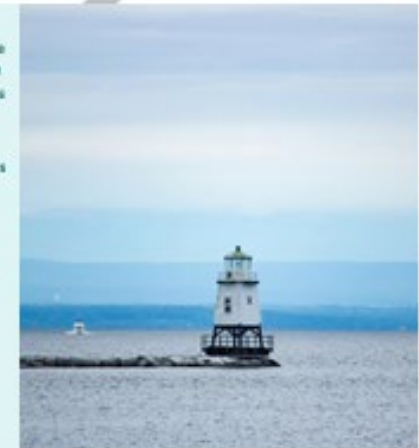
**Performance Outcomes:**

- ✓ VDH will work with the Health Equity Teams and other community partners to identify and/or develop and incubate implementation outcomes:
- ✓ Promote and implement two or more linguistically and culturally relevant messaging campaigns to address stigma and increase talking with provider about memory concerns by 2025.
- ✓ Promote and implement two or more resources to improve cultural literacy among primary care teams.
- ✓ VDH Health Equity Teams and the Hub & Spoke ADRD Workgroup will create and promote trainings to address racial, cultural and LGBT biases in healthcare settings.

**Goal 2: Support People with ADRD and their Families**

**Actions:**

- 1) Educate healthcare professionals to be mindful of the health risks for caregivers, encourage caregivers' use of available information and tools, and make referrals to supportive programs and services.
- 2) Strengthen knowledge about, and greater use of annual wellness visits, care planning and related tools for people in all stages of dementia.
- 3) Provide information and tools to help people with dementia and caregivers anticipate, avert, and respond to challenges that typically arise during the course of dementia.
- 4) Ensure that health promotion and chronic disease interventions include messaging for healthcare providers that underscores the essential role of caregivers and the importance of managing comorbidities to optimize patient health and well-being.





**Action 1: Educate healthcare professionals to be mindful of the health risks for caregivers, encourage caregivers' use of available information and tools, and make referrals to supportive programs and services.**

**Strategies:**

- Promote caregiver resources and support to the public and through referral mechanisms to healthcare providers.
- Use Incent Place developed by UVM Memory Program which includes mini-cog assessment and community resources to perform early diagnosis and support individual and their care [www.uvm.edu/health](#).
- Annually assess evidence-based programs for increasing utilization of dementia caregivers and involvement as feasible.
- Disseminate communications to primary care physicians and their teams that promote identification of family caregivers for their patients experiencing cognitive decline.
- Support primary care providers to identify family caregivers and

**Performance Outcomes:**

- ✓ Work with the UVM Center for Family Caregiver Center to promote caregiver education, [preparing](#) and support.
- ✓ Work with DevCare, 06 State Primary Care [guiding](#) and other partners as early to coordinate communications to ensure caregivers are recognized by primary care provider teams diagnosing and treating individuals with AD/BD.

**Action 2: Strengthen knowledge about, and greater use of, care planning related tools for people in all stages of dementia.**

**Strategies:**

- Collaborate to promote advance directives, advance care planning and estate planning in addition to resources available through Vermont's Money Follows the Person programming.
- Include the UVM Center for Family Caregiver Center in media campaigns addressing caregiver health and well-being.
- Promote and link family caregivers to T Care assessment to determine appropriate supports and reduce stress.
- Promote a "No Wrong Door" approach to caregiver resources that includes the 211 and Alzheimer's Association Helpline in addition to 2011 and the Alzheimer's Local Healthy Aging resources.

**Performance Outcomes:**

- ✓ The T Care assessment will be [completed](#) and results utilized for 25 Vermont caregivers annually.
- ✓ Work with COVE to promote aging in Vermont Resource Guide & Directory at three relevant conferences/events.
- ✓ Establish systems, clear [guiding](#) and referral information for VT 211 to ensure caregivers are connected to vital support services.

**Action 3. Provide information and tools to help people with dementia and caregivers anticipate, avert, and respond to challenges that typically arise during the course of dementia.**

**Strategies:**

- Develop and disseminate health communications that address dementia care to help people with AD/BD and their caregivers navigate the course of dementia.
- Coordinate and promote a core set of services and resources for mental professionals, caregivers, Vermonters with AD/BD and their families.
- Address the stigma of diagnosis through a public education and primary care campaign by 2025.

**Performance Outcomes:**

- ✓ VDH will conduct one annual presentation of the Alzheimer's Association's Living with Alzheimer's order for people living with AD/BD and [caregivers](#) during Alzheimer's Awareness Month (November) and Brain Health Awareness Month (June).
- ✓ VDH will create or promote a public communication campaign designed to inform individuals living with dementia and their caregivers about what to anticipate and how to navigate the course of dementia.

**Action 4. Ensure that health promotion and chronic disease interventions include messaging for healthcare providers that underscores the essential role of caregivers and the importance of maintaining their health and well-being.**

**Strategies:**

- Through Incent Place AD/BD and the UVM Center on Caregivers, disseminate training and resources on the integral role of caregivers as members of the care team.
- Promote evidence-based programs for caregivers to support their emotional and physical health and provide dementia care strategies.
- Increase and promote the use of respite care across the state.

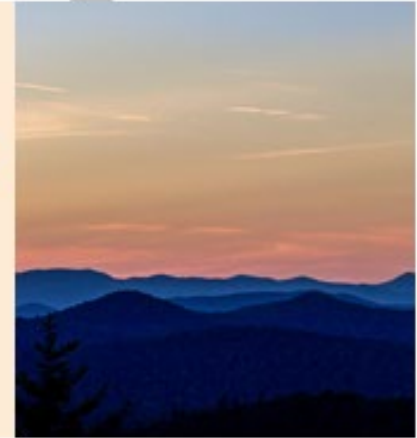
**Performance Outcomes:**

- ✓ VDH chronic disease programs and Alzheimer's and Healthy Aging program will partner with the Caregiver Support and Education Center at UVMHC on two provider resources that underscore the need to maintain caregiver health and well-being by 2025.
- ✓ VDH will work with UVMHC and health partners to promote the use of dementia SMART/SAFE to prompt referral to caregiver supports.
- ✓ Increase respite care utilization 10% from baseline by 2024.
- ✓ Annually promote National Alliance for Caregiving & Administration for Community Living campaigns & trainings during Family Caregiver's Month.

**Goal 3: Enhance Public Awareness and Engagement**

**Action:**

- 1) Increase messaging that emphasizes both the important role of caregivers in supporting people with dementia and the importance of maintaining caregivers' health and well-being.
- 2) Coordinate efforts to educate the public about brain health and cognitive changes that should be discussed with a health professional, and benefits of early detection and diagnosis.



**Action 1. Increase messaging and education about AD/BD, the vital role of caregivers in supporting people with dementia and the importance of maintaining caregivers' health and well-being.**

**Strategies:**

- Develop or use existing messaging that emphasizes the important role of caregivers in supporting people with dementia.
- Issue a awareness about aging and how it affects individuals with dementia at work, in their community and in the healthcare setting.
- Promote Dementia- and Age-Friendly communities to support family
- Caregivers and individuals with dementia is their own responsibility.
- VDH and DMJ will develop and disseminate educational materials on AD/BD for patients, families, [guiding](#) and providers.

**Performance Outcomes:**

- ✓ Partners in AD/BD will deliver two presentations/trainings annually to employers on strategies to support employees who are caregivers.
- ✓ VDH will disseminate annual PIM on statewide needs to raise awareness of the demands of family caregivers and available resources.
- ✓ VDH, UVMHC Center on Caregiving and VHA will conduct two communication campaigns that address the importance of stress management, chronic disease management and self-care for family caregivers by 2025.

**Action 2. Educate the public about brain health and cognitive aging, changes that should be discussed with a health professional, and the benefits of early detection and diagnosis.**

**Strategies:**

- Conduct annual public education campaigns about brain health and dementia risk reduction lifestyle modifications.
- Educate the public about normal versus concerning cognitive changes and the benefits of early detection and diagnosis of dementia.
- Promote annual public education campaigns to encourage individuals to address cognitive and brain health with their health care provider.
- Incorporate reframing aging into VDH communications and presentations with a focus on ways to support brain health as we age.
- Establish contact with VT Interfaith Action to operational engagement with faith-based care networks.
- Coordinate with Municipal Planners to foster Age-Friendly, Dementia-Friendly and Healthy Community Design efforts.

**Performance Outcomes:**

- ✓ VDH will conduct annual media campaigns to increase dementia risk reduction awareness and designation conversations with healthcare providers about cognitive health.
- ✓ VDH will conduct two campaigns by 2025 that distinguish normal cognitive changes in aging from those that are warning signs of dementia.

## Goal 4. Improve Data to Track Progress

### Actions:

- 1) Use data gleaned through available surveillance strategies and other sources to inform the public health messaging, programs and policy response to cognitive health, impairment, and caregiving.
- 2) Implement the Behavioral Risk Factor Surveillance System (BRFSS) optional module for Cognitive Decline and the BRFSS optional module for Caregiving in alternate years.



### Action 1. Use data gleaned through available surveillance strategies and other sources to inform the public health messaging, programs and policy response to cognitive health, impairment, and caregiving.

#### Strategies:

- Analyze available BRFSS and hospitalization data to capture dementia-related health inequities and survey caregivers and long-term care providers.
- Create accessible infographics to share Vermont-specific cognitive health, impairment, and caregiving statistics.
- Disseminate data products through all relevant partner networks electronically or in a [mode](#) appropriate to the intended audience.
- Continue efforts to build a healthy aging and equity surveillance system in VT.
- Use the findings to inform planning and implementation of additional strategies.

#### Performance Outcomes:

- ✓ VDH and D&I will create an ADRD and Healthy Aging page with associated terminal pages on [healthvermont.gov](#).
- ✓ The Governor's Commission on ADRD and partners will disseminate data products to inform public policy.

### Action 2. Implement the Behavioral Risk Factor Surveillance System (BRFSS) optional module for Cognitive Decline and the BRFSS optional module for Caregiving in alternate years.

#### Strategies:

- Leverage partnerships, including the National Alzheimer's Association, to procure funding for BRFSS modules relevant to ADRD and healthy aging.
- Access how to add to BRFSS and other state survey questions that add to Vermont's body of knowledge about dementia caregivers and those living with the disease.
- Provide the BRFSS Coordinator with feedback on the draft module questions being proposed by the CDC for the upcoming survey year.
- Engage diverse family caregivers in data gathering that documents their experiences, translates evidence into best practices.
- Coordinate with partners to accelerate, integrate and disseminate data from community health promotion programs.

#### Performance Outcomes:

- ✓ VDH will work with Area Agencies on Aging, case managers and caregiver supports to create two briefs on caregiver support.
- ✓ VDH will create and use the Alzheimer's Disease and Brain Health dashboard to support monitoring of the Action Plan.
- ✓ VDH will meet with the BRFSS Coordinator twice annually and participate in module selection process.

# Dementia Family Caregiver Center



## Who we are

Lori P. McKenna, LICSW  
 Frederick C. Binter Center for Parkinson's disease and Movement Disorders  
 University of Vermont Medical Center, Elder Care Services

Jeanne Hutchins, MA  
 Larner College of Medicine, Center on Aging at UVM  
 University of Vermont Medical Center, Elder Care Services

Lisa Lax, LICSW, EDD  
 UVMCC, Memory Program

Joan Marsh-Reed, MA, CSP  
 UVMCC Memory Program

Audrey Winograd, JD, LICSW  
 Private practice

## Timeline

<b>2016</b>	<ul style="list-style-type: none"> <li>Active search for new caregiver programming</li> </ul>
<b>2017</b>	<ul style="list-style-type: none"> <li>Funding secured to train 3 mental health professionals as facilitators in the CARES program, Rutland Center, Mt. Snow, Torrington</li> <li>Established funding source to pilot program development</li> </ul>
<b>2018</b>	<ul style="list-style-type: none"> <li>Trained 2 additional mental health professionals as CARES facilitators in Torrington</li> <li>Multi-sited as an investigator in New Zealand with "Qualitative Study of New Zealand's Dementia Care Pathways"</li> </ul>
<b>2019</b>	<ul style="list-style-type: none"> <li>Initiated collaborative work with other stakeholders (Elder Care VT, Governor's Commission on Aging, Aging in America, Tri-County Aging, the Family)</li> <li>Trained 3 additional mental health professionals as CARES facilitators in Torrington</li> <li>Attended regional safety and dementia workshop for fall leaders</li> </ul>
<b>2020</b>	<ul style="list-style-type: none"> <li>Revised development of business plan for Dementia Family Caregiver Center</li> <li>Transitioned all groups to virtual format in response to COVID-19 pandemic</li> <li>Assembled \$6,000 to provide stipend internship for 1 MHA candidate</li> <li>Created shared internship for UVM MHA candidate between Center on Aging (social) and UVMCC (Neurology) (clinical)</li> </ul>
<b>2021</b>	<ul style="list-style-type: none"> <li>Assembled \$75,000 grant from UVMCC Medical Center Fund to develop business plan model for center</li> <li>Assembled \$8000 grant from UVMCC Auxiliary to supplement CARES training and development of CRCC</li> <li>A facilitator became certified Master Trainer of the CARES program</li> <li>Set a 1.5 day training for 8 more CARES facilitators to expand across all CARES groups across VT</li> <li>3 simulated patients from UVMCC and UVM Center were trained as simulated patients for CARES</li> <li>2 people became master trainers for simulated patients for CARES therapy groups</li> <li>Partner participated in Risk and Safety Initiative and Program (RISIT) led by the Vermont Department of Health</li> <li>Provisionary award of \$4000 to provide stipend/mentorship for 1 MHA candidate</li> <li>Development of business model for center and establishment of community partners and funding sources</li> </ul>
<b>2022</b>	<ul style="list-style-type: none"> <li>Assembled \$20,000 grant for Dementia Care Monitoring Program</li> <li>Provisionary award of \$5,000 grant for 2022 and 2023 CARES training</li> <li>Secured funding and shared RFP consultant to develop program to increase MHW geriatric social workers in VT through partnership with UVMCC Dept of Social Work and the UVM Center on Aging</li> <li>Set 1.5 day CARES training for 5 mental health professionals from CRCC including ongoing mentorship for 1 year</li> </ul>

## Past and Current Funding

Past and Current Funding		
2017	<u>William Perlebury, MD</u>	\$ 25,000
Total funding used for 2017 of CARES therapy groups		
Funds provided to be used for simulated patients, simulated clinicians, and CARES therapy groups		
2024	<u>UVMCC Auxiliary</u>	\$ 7,000
Supplement planning grant for development of Dementia Family Caregiver Center		
Funds used for CARES leader training and facilitator training for CARES train the trainer		
Funds continue to be used for marketing new CARES facilities		
2024	<u>UVM Medical Center Fund</u>	\$ 11,000
Funds to cover 3 FTE salary for Lori Hutchins		
Funds used to cover expenses of MOU agreement with Rutland		
Training of 100 fall-on-fall patients		
2024	<u>UVM Auxiliary</u>	\$ 11,000
Facilitator support		
Continued support of development of CRCC, use of CARES therapy groups, simulated patients		
2020	<u>Center on Aging</u>	\$ 3,000
Contributor to develop Rutland Social Worker education in partnership with the UVM Social Work Department		
2020	<u>UVMCC Auxiliary</u>	\$ 20,000
Development of Dementia Care Monitoring Program including training, supervision, handbook		

### Future Funding Needs

1 FTE to cover month for CRCC Administration of Community Aging grant	\$ 11,000
Implementation of Rutland Social Worker program (2024)	\$ 20,000



## What is TEACH?

### Training, Educating, and Assistance for Caregiving at Home

- A psychotherapeutic group
- For any family caregiver- spouse, adult child, sibling- new to caregiving for dementia.
- Four 90 minute sessions focused on skills training, using modified problem solving
- Each week has a theme
  1. Self-Care
  2. Resources & Systems Navigation
  3. Change in Relationships
  4. Planning for the Future

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## What is the CARERS Program?

### Coaching, Advocacy, Respite, Education, Relationship, Simulation

- 8 weekly small group sessions
  - A psychotherapeutic group for those caring for a person with advanced disease
  - Co-facilitated by two mental health professionals
  - Separate groups for Spouses/Partners & Adult Children
- Four major elements:
  - Dementia education
  - Problem Solving Therapy- CBT
  - Simulation
  - Follow-up monthly sessions, meeting for one year

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## Volunteer Peer to Peer Mentoring Program

- In the first year of this program, a mentor training program/manual will be created and developed.
  - This will be a two-day training program for all mentors and will include modules in: UVMMC mandatory volunteer training, confidentiality, ongoing and purposeful reflection, how to actively listen and check for understanding, effective communication skills, problem-solving scenarios, available resources, creation of goals, collaboration, and recognizing and acknowledging grief.
- A pre and post-satisfaction survey will be developed for both the mentor and the mentee.
- Monthly meetings between a manager and a mentor will be held to ensure continued support and that partnerships are successful and meaningful.
- Partnerships will be matched through the Memory Program. During the first year, we will provide mentors for ~20 family caregivers and ~10 mentors.

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## Geriatric Social Worker initiative

- Center on Aging, in a partnership with the University of Vermont Department of Social Work, is developing a pilot program to incentivize and attract Social Work students to the rewarding field of working with older persons.
- We are looking to increase awareness of the need for, and efficacy of, medical/master social workers (MSWs) specializing in working with older persons and their caregivers.
- We will increase the number of geriatric social workers in VT by creating interest in, connections with, and opportunities for a career in aging

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## Continuation of broadening the availability of the CARES Caregiver therapy group.

- Currently 8 trained CARERS group leaders
- Training in the Fall of 2022 for 6 more group leaders
- Increasing the number of CARERS group offerings to up to 28 per year
- All groups are being held virtually opening the opportunity to many more caregivers
- Outreach and marketing to caregivers through [Alz Assoc](#), medical homes, and AAAs

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## Next Steps

- Secure funding for 2023 program director
- Continue to look for funding for specialized projects
- Continue to expand the CARERS group therapy opportunities throughout Vermont
- Continued involvement with
  - Hub and Spoke (VT Dept of Health)
  - DAIL on grant opportunities
  - Binter Center and Memory Program

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## Opportunity

November 2022: training opportunity to become credentialed facilitators of CARES and TEACH groups.

Contact: Lori P. McKenna, LICSW 802-847-6880

(Must be mental health professional)

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## Questions?

[UVMHealth.org/MedCenter](https://UVMHealth.org/MedCenter)

THE  
University of Vermont  
MEDICAL CENTER