

Wisconsin Dementia Care System Redesign

ACCOMPLISHMENTS IN 2016 AND 2017



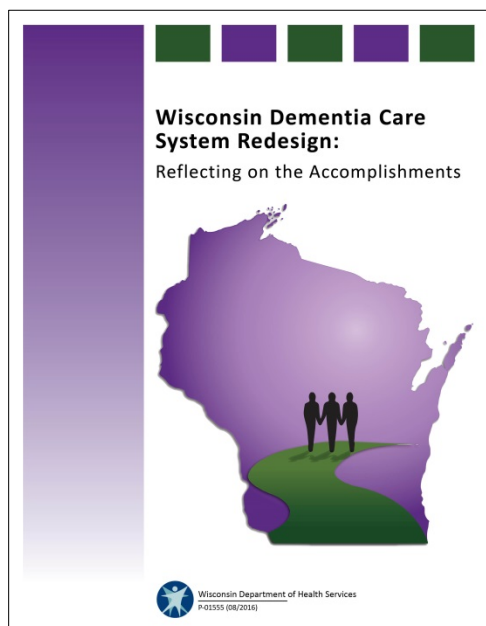
Wisconsin Department of Health Services
Division of Public Health
P-02092 (02/2018)

TABLE OF CONTENTS

INTRODUCTION	2
OVERVIEW	2
COMMUNITY AWARENESS AND SERVICES	3
DEMENTIA-FRIENDLY COMMUNITIES	3
DEMENTIA CARE SPECIALIST PROGRAM.....	4
EARLY IDENTIFICATION AND SCREENING	5
MANAGED CARE ORGANIZATIONS’ (MCOs) CAPACITY FOR DEMENTIA-RELATED SERVICES	6
SUPPORT FOR FAMILY CAREGIVERS.....	7
OUTREACH TO CHILDREN AND YOUTH.....	8
OUTREACH AND COMMUNITY ENGAGEMENT	9
DEMENTIA AS A PUBLIC HEALTH CONCERN	10
OUTREACH TO MEDICAL PROVIDERS.....	10
ENGAGING WITH UNDERSERVED POPULATIONS	11
FACILITY-BASED LONG-TERM CARE	12
WISCONSIN COALITION FOR COLLABORATIVE EXCELLENCE (WCCEAL).....	12
QUALITY IMPROVEMENT THROUGH THE NURSING HOME GRANT PROGRAM	14
<i>Music & Memory Program</i>	14
<i>Stop, Starting It!</i>	16
<i>Virtual Dementia Tours</i>	17
<i>Additional Dementia-Related Nursing Home Program Grants Approved in 2017</i>	18
<i>WisCaregiver Career Program (WCP)</i>	18
DEMENTIA-RELATED CRISIS RESPONSE AND STABILIZATION	19
PROMOTE LOCAL COLLABORATIVE EFFORTS TO BUILD DEMENTIA-CAPABLE CRISIS RESPONSE	20
2015 Wis. ACT 272: DEMENTIA CRISIS UNIT PILOT PROGRAM PROPOSAL.....	22
2015 Wis. ACT 274: DEMENTIA-TRAINING GRANTS FOR MOBILE CRISIS TEAMS	22
RESOURCES FOR MCOs AND SERVICE PROVIDERS WHO SUPPORT ADULTS WITH DEMENTIA	22
GUIDING PRINCIPLES AND TRAINING	23
GUIDING PRINCIPLES.....	23
DEMENTIA TRAINING MATERIALS THROUGH THE UNIVERSITY OF WISCONSIN–OSHKOSH	23
DATA AND REPORTING SUPPORT FOR PROJECT INITIATIVES	25
DEMENTIA CARE SPECIALIST PROGRAM.....	25
DEMENTIA CRISIS INNOVATION GRANTS.....	25
EXPANSION OF THE ALZHEIMER’S FAMILY CAREGIVER SUPPORT PROGRAM	25
PLANNING FOR THE FUTURE: DEVELOPMENT OF A NEW STATE ALZHEIMER’S AND RELATED DEMENTIA PLAN	25
CONCLUSION	26

INTRODUCTION

In 2013, the Department of Health Services (DHS) launched a redesign of the dementia care system in Wisconsin. The effort began with the Dementia Care Stakeholder Summit in October 2013, to identify priorities for moving Wisconsin toward being a more “dementia-capable” state. Summit participants identified top strategies that were then used to develop the [Wisconsin Dementia Care System Redesign Plan](#)¹ (referred to as the Plan), which DHS published



in February of 2014. Since that time, DHS and many of its partners have used the 2014 Plan to guide the effort to improve care for people with dementia and their family caregivers.

In 2016, DHS published [Wisconsin Dementia Care System Redesign: Reflecting on the Accomplishments](#),² to highlight successes from the efforts carried out during 2014 and 2015.

As the report demonstrated, DHS and its many partners have helped foster a statewide conversation about dementia and stressed the importance of creating dementia-friendly communities, workplaces, and living environments throughout the state.

Wisconsin continues to make progress toward achieving the highest possible quality of life for all Wisconsin residents with dementia. Wisconsin Dementia Care System Redesign: Accomplishments in 2016 and 2017 (the current document) highlights recent efforts and accomplishments.

OVERVIEW

The 2014 Plan for strengthening Wisconsin’s dementia care system was organized into five broad categories. The current report illustrates progress in the following key topic areas: community awareness and services, facility-based long-term care, dementia-related crisis response and stabilization, dementia care guiding principles and training, and data and reporting support for project initiatives.

¹ <https://www.dhs.wisconsin.gov/publications/p0/p00586.pdf>

² <https://www.dhs.wisconsin.gov/publications/p01555.pdf>

COMMUNITY AWARENESS AND SERVICES

Alzheimer’s disease and other dementias typically progress slowly; people often live with the symptoms of the disease, at home in a community setting, for a number of years. For this reason, community support is a critical resource in the lives of people with dementia and their family caregivers.

This component of the Plan has focused on increasing community awareness and community-based services to help improve the quality of life for people with dementia, and their families, who are living in community settings. Initiatives under this component have helped to foster community conversations about dementia, reduce stigma, and maintain community connections for people with dementia. The following sections describe some of the initiatives that have helped Wisconsin communities to become more dementia-friendly.

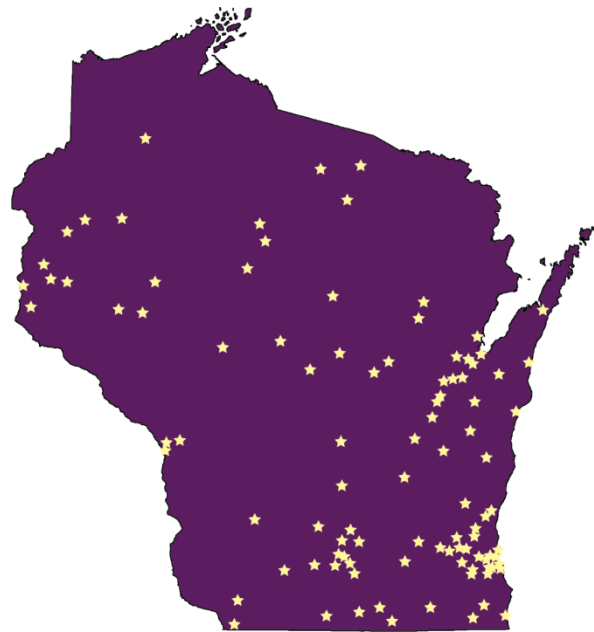
Dementia-Friendly Communities

Efforts to develop dementia-friendly communities continued and expanded during 2016 and 2017. These efforts focused on helping people with dementia, and their families and friends, to stay active and engaged in community life.

Dementia-friendly communities strive to provide a variety of social activities where people can come together without fear of embarrassment from symptoms of dementia. Many businesses around the state have also embraced the idea of training their employees on how to better serve customers with dementia.

Throughout the last two years, local dementia-friendly coalitions have provided well-attended and well-received resource fairs and other educational opportunities to the general public. The number of memory cafes has continued to grow, providing places for people with dementia and their caregivers to

socialize without stigma, meet their neighbors, and make new friends. At the end of 2017, there were over 100 cafes across the state listed in the [Memory Cafe Directory](http://www.memorycafedirectory.com/memory-cafes-in-wisconsin/).³



LOCATIONS OF MEMORY CAFES IN WISCONSIN

³ <http://www.memorycafedirectory.com/memory-cafes-in-wisconsin/>

Public libraries have begun to offer dementia-specific programming in new areas, including hosting memory cafes, hosting memory screening events, providing activity kits for family caregivers to enjoy with the person they care for, and offering [MUSIC & MEMORY^R](#),⁴ a program to bring personalized music into the lives of people with dementia. An individual's personally significant music can help to calm the feelings of distress or anxiety that accompany dementia, improving mood and energizing and engaging the individual to participate in daily activities. Libraries that provide the program allow families to check out music and equipment, and provide assistance to those who need guidance in using the technology.

Dementia Care Specialist Program

Aging and disability resource centers (ADRCs) offer the general public a single source for information and assistance on issues affecting older people and people with disabilities, regardless of their income. These resource centers are welcoming and convenient places for people with dementia and their caregivers to get information, advice, and access to a wide variety of services. The Dementia Care Specialist Program enhances the capacity of ADRCs to work with people living with dementia and their families. In 2016 and 2017, the Department of Health Services (DHS) funded 16 dementia care specialist positions, covering 26 counties. DHS also funded dementia care specialist positions in three Wisconsin tribes to serve the Native American population, including the Oneida Nation, Menominee Tribe, and St. Croix Chippewa. The following map shows the coverage provided by these 19 positions.

2017 Wis. Act 59 (the 2017-19 Wisconsin biennial budget) enabled DHS to continue the 19 existing positions with ongoing general purpose revenue funding, as well as expand the program to include five additional dementia care specialist positions.

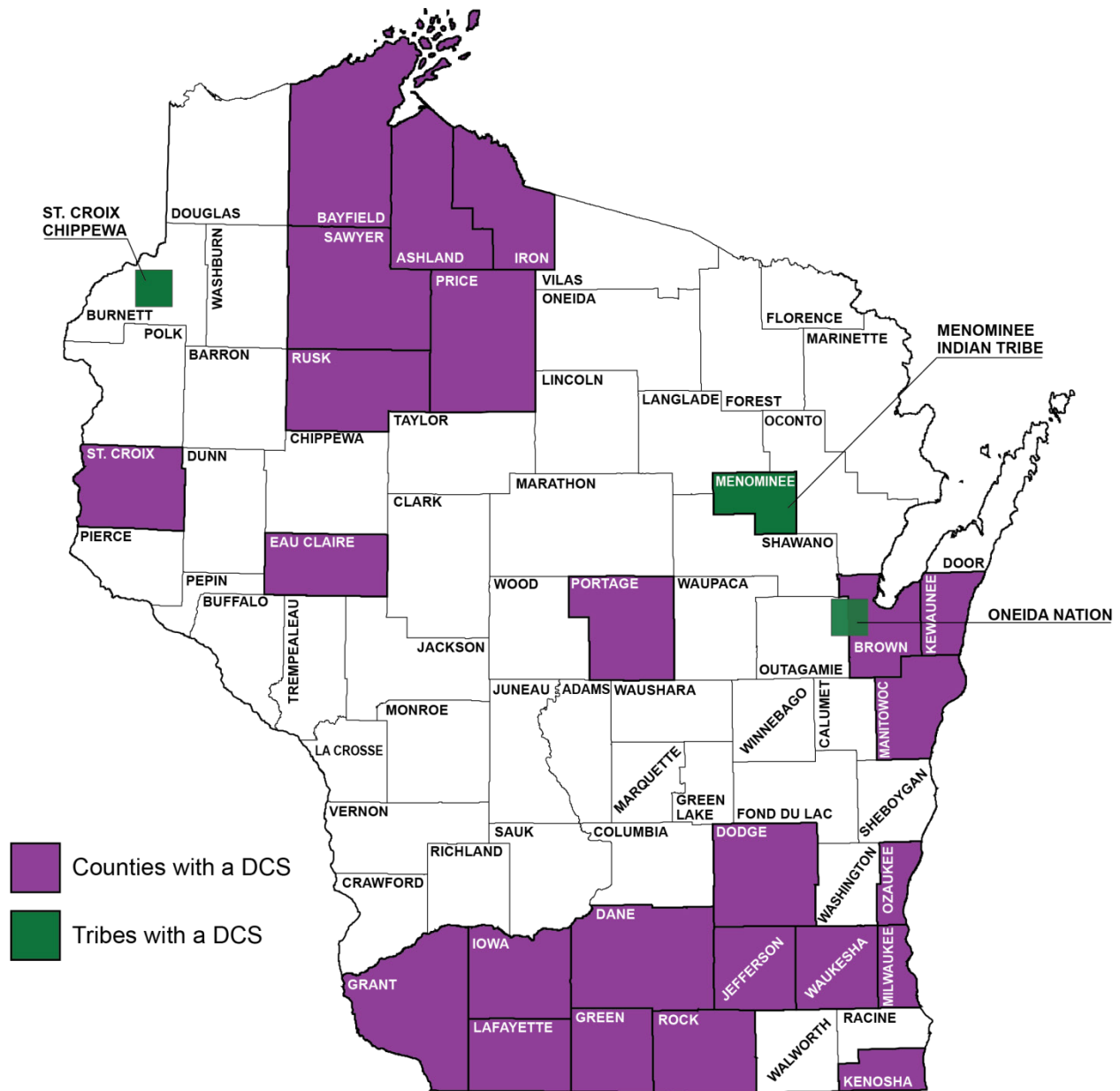
Everyone's experience with dementia is unique, and connecting people with dementia to a community-based dementia specialist can ensure that they find supports and services tailored to their individual needs. Dementia care specialists train ADRC and tribal agency staff to perform memory screens to determine a need for clinical follow-up with a primary physician or other health care professional. They also provide information and assistance to people with dementia and their caregivers and connect them with support and options for home help, long-term care, and other needs.

Dementia care specialists have been effective catalysts in promoting dementia-friendly communities. They work with businesses, employers, local organizations, and the community to increase awareness of the unique needs of people with dementia and their caregivers. Dementia care specialists provide community education, mobilize community resources, and

⁴ <http://musicandmemory.org/>

consult with law enforcement, adult protective services, crisis response teams, medical providers, and others who need information regarding dementia-related issues. Dementia care specialists facilitate and lead efforts to make local communities safe and welcoming for people with dementia. In 2016, dementia care specialists attended 1,870 community outreach events, reaching nearly 41,000 people.⁵ Outreach events included health fairs, information booths, public speeches, content expert presentations, radio shows, and discussion panels.

WISCONSIN COUNTIES AND TRIBES WITH DEMENTIA CARE SPECIALISTS (DCS)-2018



⁵ See the Dementia Care Specialist 2016 Activity Report: <https://www.dhs.wisconsin.gov/publications/p01775.pdf>

Early Identification and Screening

Community-based screening for memory loss and other cognitive impairment promotes the early identification of possible dementia for people who have noticed a change in their cognitive abilities. Some causes of memory loss and confusion can be treated, and community-based memory screening encourages people to talk with their doctor to receive an early diagnosis or treatment for reversible causes. Providing memory screening in a variety of community-based settings allows people to access memory screening at a time and place convenient for them.

In 2016, DHS staff provided training to all the aging and disability resource centers so that they could make memory screening available statewide. The Office for the Blind and Visually Impaired, the staff from independent living centers, and the aging and disability resource specialists working



with Wisconsin Tribes also received training on performing memory screens with the people they serve in the community. [Information on screening](#)⁶ was also added to the DHS website.

In January 2017, DHS published a training manual, *Memory Screening in the Community*, for use by county-based entities and other agencies approved by DHS to provide screening. The health care and social workers for the Ho Chunk Nation and consultants for the Include, Respect, I Self-Direct program (IRIS) also received training to begin using the memory screens.

Managed Care Organizations' (MCOs) Capacity for Dementia-Related Services

Publicly funded long-term care programs such as Family Care provide support for people living with dementia and people who may develop dementia. A person enrolled in Family Care becomes a member of an MCO, which contracts for and coordinates a wide variety of services and supports for members, including paid service providers, family caregivers, community-funded resources, medical providers and others. The MCOs play an important role in educating their provider network as well as completing early dementia screening for appropriate members.

MCO interdisciplinary teams conduct ongoing assessments of the needs of Family Care members, and are often the first to see signs and symptoms of possible cognitive impairment. In 2017, the MCOs focused on enhancing their clinical guidelines on early dementia screening

⁶ <https://www.dhs.wisconsin.gov/dementia/memoryscreening.htm>

techniques by incorporating national best practices and expanding screening capabilities from the designated dementia care lead to all interdisciplinary team members and some service providers.

In the summer of 2017, the Wisconsin Board for People with Intellectual Disabilities hosted the National Task Group on Intellectual Disabilities and Dementia Practice to provide training on their Early Detection Screen for Dementia. MCOs have since provided this training to their interdisciplinary team members as well as providers that support members with intellectual and development disabilities, and have incorporated this tool into their assessment processes. Early diagnosis is important for implementing the best treatment, services, and supports.

Support for Family Caregivers

Family caregivers are the backbone of Wisconsin’s long-term care and dementia care systems. Support for family caregivers has been essential to the Dementia System Redesign since its inception.

In 2016 and 2017, AARP Wisconsin sponsored a series of statewide tele-town hall meetings for family caregivers. The calls, which included presentations by dementia care specialists and staff of the DHS Office on Aging, reached a large number of AARP members and helped to spread the word that caregivers need support, too.

In March 2016, the Wisconsin Legislature enacted 2015 Wis. Act 273, appropriating an additional \$1 million for the Wisconsin Alzheimer’s Family Caregiver Support Program specifically to provide increased temporary respite for family caregivers. The Act expanded the Alzheimer’s Family Caregiver Support Program to include the 11 tribes in Wisconsin, and raised the income threshold for families eligible to receive services to account for increases in the cost of living and the cost of providing care since the program was established in 1985. Act 273 also required DHS to update the Alzheimer’s Family Caregiver Support Program administrative rule, which stipulates how the program is administered. The updated rule is expected to be approved and signed into law in 2018.



In early 2016, the DHS Secretary designated caregiver support as a priority issue for the Wisconsin Long-Term Care Advisory Council. Council members and DHS staff conducted an analysis of the gaps in the caregiver support system, which DHS then used to draft a Wisconsin Family Caregiver Strategy. DHS staff shared the first draft of the strategy with aging and disability stakeholders at the “Convening Wisconsin’s Family Support Coalition Conference,” held at The Johnson Foundation at Wingspread Conference Center in August 2017.

Wingspread conference attendees agreed to start a new statewide Wisconsin Family and Caregiver Support Alliance, featuring approximately 30 organizations, including DHS.

The Alliance's mission is to raise awareness of family caregiving and support needs, to increase the availability of and access to services and supports for both paid and unpaid caregivers, and to develop new ways to support families. The group's long-term vision is that by strengthening



**MEMBERS OF THE WISCONSIN FAMILY
AND CAREGIVER SUPPORT ALLIANCE**

caregiver supports, residents of all abilities and ages will remain engaged and active in Wisconsin communities. The DHS Family Caregiver program coordinator and the executive director of The Arc Wisconsin currently serve as the Alliance co-chairs.

With the emergence of so many potential partners interested in strengthening the caregiver support system, DHS decided to postpone earlier plans to finalize its draft Caregiver Strategy and instead work with the new alliance to conduct a broader planning process.

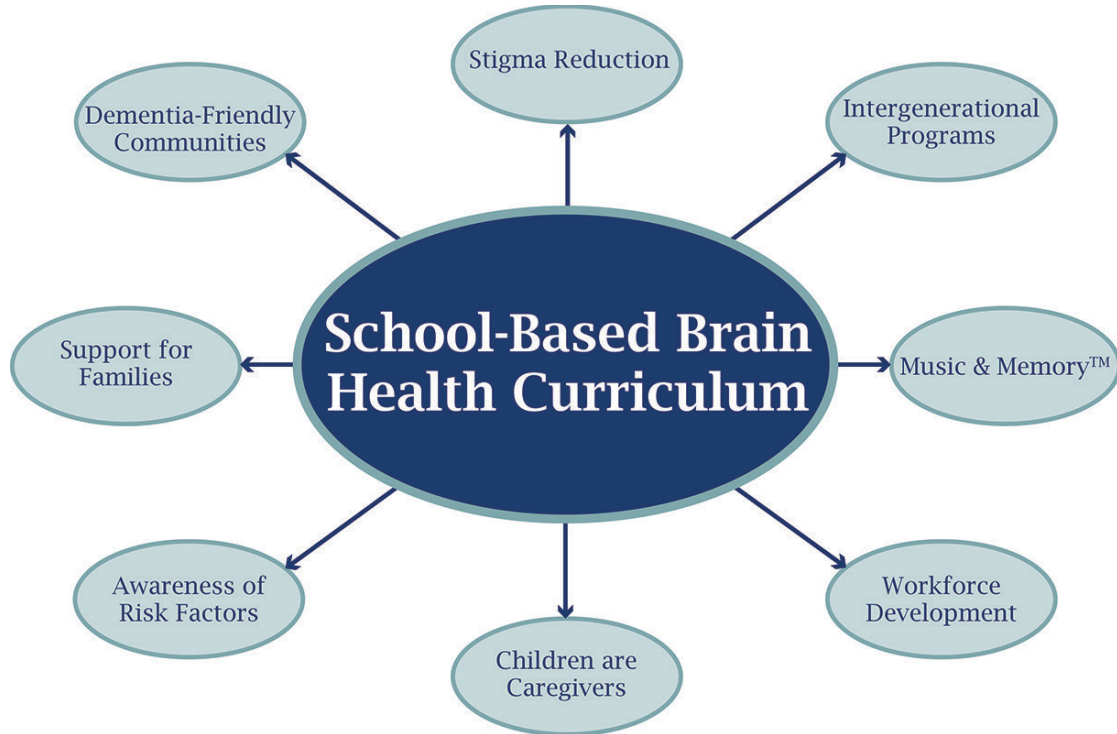
Outreach to Children and Youth

In 2015, DHS and the Department of Public Instruction (DPI) formed a partnership that resulted in the development of a brain health curriculum for middle and high school health classes. After a successful pilot experience that involved Clark Street Community School in Middleton, the Wisconsin Alzheimer's Institute, the Wisconsin Music & Memory program, and the Wisconsin Alzheimer's Disease Research Center, DPI [Brain Health Mini-Unit Power Point presentation](#)⁷ on their website for use by schools across the state.

In July 2016, information about the brain health curriculum was presented at the Alzheimer's Association International Conference in Toronto. Information presented included outcomes from its use as well as survey results from students at Clark Street Community School and Wausau West High School who had completed the educational unit. Outreach continues to schools and other youth organizations through presentations to educators at conferences, the Dementia Care Specialist Program, and the efforts of the Music & Memory coordinator working with high schools across the state.

⁷ <http://dpi.wi.gov/sites/default/files/imce/sspw/ppt/hebrainhealth-mini-unit.ppt>

In 2017, DPI created a second educational unit to teach advocacy skills, titled [Advocating for Friends and Family: Building Empathic Responses](#).⁸ This curriculum uses the subject of dementia to convey lessons on advocating for self, family, friends, and the community.



Outreach and Community Engagement

DHS has provided leadership in the area of dementia programming by disseminating lessons learned and other supportive information to organizations throughout the state and the country. States and communities from across the country have contacted DHS for assistance with starting dementia-friendly communities, incorporating dementia education into school curricula, implementing the MUSIC & MEMORY^R program, and working with tribal nations on implementing dementia programming for tribal members. DHS also partnered with the Wisconsin Department of Justice, the Wisconsin Health Literacy Association, the Wisconsin Women’s Health Foundation, the Wisconsin Social Services Association, and the Alzheimer’s Association to promote awareness and understanding of dementia programming and other supports for family caregivers.

⁸ http://whpe.us/wp-content/uploads/2017/09/Advocating_for_friends.pdf



Dementia as a Public Health Concern

State and local public health departments have important roles to play in prevention and health promotion, community education, and engagement of coalitions and partnerships. For this reason, they are vital partners in efforts to raise awareness of dementia as a public health issue. DHS staff promoted awareness of dementia as a public health concern by engaging local public health department leadership at regional meetings of the Wisconsin Association of Local Health Departments and Boards throughout the state, and by providing information for local public health departments at the statewide Public Health Conference and at the Chronic Disease Prevention and Control partner meeting in 2017. In addition, DHS staff distributed additional copies of the toolkit [Building Dementia-Friendly Communities, \(P-01000\)](#)⁹ at a variety of conferences and meetings over these two years, and created and distributed one-page fact sheets that focus on key aspects of a dementia-friendly community as viewed from a public health perspective.

Outreach to Medical Providers

In consultation with DHS, the University of Wisconsin Hospital and Clinics has been examining systems and processes within a hospital setting to determine how they could be enhanced to more effectively provide medical care to people with dementia. The review has included a focus on the electronic medical record, staff training, and communication among units within the hospital, such as among the emergency department and inpatient and outpatient settings. In response to behavior-related events involving people with dementia, the review also included an assessment of how to improve the outcomes for people with dementia.

In 2016, Stoughton Hospital was recognized as the first dementia-friendly hospital in the state. The following year, Dane County Executive Joe Parisi, the DHS dementia specialist, and a leader in the Madison Veterans Administration (VA) Geriatrics Research Education and Clinical Center presented the Director of the William S. Middleton Veterans Administration Hospital and Clinic with a certificate of recognition for its efforts create a dementia-friendly VA. County and state specialists have also worked with Meriter Hospital in Madison, as that organization strives to become dementia-friendly. Other hospitals have also taken steps to improve the experience for patients with dementia.

⁹ <https://www.dhs.wisconsin.gov/dementia/communities.htm>

Engaging with Underserved Populations

In 2014, DHS received two three-year grants from the U.S. Department of Health and Human Services Administration for Community Living (ACL) to develop innovative programs and tools for underserved populations. The grants focused on the following populations:

- People with dementia who live alone
- People with an intellectual or developmental disability
- Caregivers of people with dementia who exhibit challenging behaviors
- Native American communities throughout the state
- Caregivers in the African American communities in Dane and Milwaukee counties



For people with dementia who live alone, the Greater Wisconsin Agency on Aging Resources expanded and enhanced the [Share The Care™](#) program,¹⁰ creating networks of family members, friends, neighbors, and volunteers around people with dementia living alone, so they are able to live at home for as long as possible.

Through a project called [Mind & Memory Matters](#),¹¹ the Wisconsin Board for People with Developmental Disabilities provided outreach, screening, training, consultation, and other support for people with intellectual or developmental disabilities (IDD), family caregivers, and professional nonmedical staff who support people with IDD. The Board for People with Developmental Disabilities worked to raise awareness regarding the increased risk of Alzheimer's disease for people with Down syndrome and trained providers to conduct an alternative memory screen.

Diagnosing dementia in adults with IDD is complex due to their pre-existing intellectual and psychosocial conditions. People with IDD may exhibit atypical symptoms of dementia. The Wisconsin Alzheimer's Institute worked with a clinician from the memory diagnostic clinic network to develop a useful clinical reference and assessment resource for dementia care professionals who work with people with IDD. The toolkit is entitled [Assessment and Diagnosis](#)

¹⁰ <https://sharethecare.org/>

¹¹ <http://www.mindandmemory.org/>

[of Dementia in Individuals with Intellectual Disability: A Toolkit for Clinicians and Caseworkers.](#)¹²

DHS partnered with the University of Wisconsin-Oshkosh Center for Career Development and Employability Training to develop an online behavior management training course for family caregivers, called [Dementia-Capable Wisconsin: A Guide for Family Caregivers.](#)¹³

The Alzheimer's Association Greater Wisconsin chapter worked with liaisons from seven Native American nations and tribes to implement the Music & Memory Program in the homes of elders. The Alzheimer's Association also provided over 80 community education programs in tribal communities, reaching over 800 people.

Finally, the ADRC of Dane County and the Milwaukee Department on Aging received grant funds to hire dementia caregiver support specialists, who provide culturally appropriate outreach and caregiver support services to African American communities in both counties. This grant was supplemented in 2016 to provide respite services to caregivers enrolled in the programs and to expand the Music & Memory Program into libraries in Milwaukee and Dane counties.

FACILITY-BASED LONG-TERM CARE

Estimates suggest that more than 50 percent of residents of nursing homes and assisted living facilities have some form of dementia or cognitive impairment, including Alzheimer's disease. Quality improvements designed to improve the lives of residents of nursing homes and assisted living facilities will, therefore, also help improve the lives of residents with dementia.

Wisconsin Coalition for Collaborative Excellence (WCCEAL)

[The Wisconsin Coalition for Collaborative Excellence in Assisted Living \(WCCEAL\)](#)¹⁴ is a coalition of public and private organizations working to redesign quality assurance and improvement for people residing in assisted living communities. WCCEAL uses a collective impact approach, bringing together the state, the industry, the consumer, and academia to identify and implement agreed-upon ways to improve the lives of people living in Wisconsin assisted living communities.

In 2016, 346 of the 437 facilities in WCCEAL served people with advanced age and/or irreversible dementia or Alzheimer's disease as a primary population, an 8 percent increase from 2015. In 2017, 356 of the 454 facilities in WCCEAL served people with advanced age

¹² <http://wai.wisc.edu/education/iddtoolkit.html>

¹³ <https://www.dhs.wisconsin.gov/dementia/families.htm>

¹⁴ <https://wcceal.chsra.wisc.edu/>

and/or irreversible dementia or Alzheimer's disease as a primary population, a 3 percent increase from 2016.

DHS received a \$1 million, five-year [Wisconsin Partnership Program grant for WCCEAL](#),¹⁵ with the goals of expanding membership, addressing health disparities in assisted living, improving reporting measures and reports, engaging managed care organizations, and disseminating information.

WCCEAL won the 2016 [Association of Health Facility Survey Agencies \(AHFSA\)](#)¹⁶ Promising Practice Award in the category of "Quality Improvement in the Regulatory Process."

In 2017, WCCEAL won a special recognition award in the [Pioneer Institute's 26th Annual Better Government Competition](#).¹⁷ This year's topic was "Aging in America."

WCCEAL gained national recognition by being featured in two workshop sessions at the National 2017 Home and Community-Based Services (HCBS) Conference:

- Moving Forward with Wisconsin's Quality Long-Term Care System
- A Commitment to Quality – Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)

¹⁵ https://www.med.wisc.edu/media/medwiscedu/documents/service/wisconsin-partnership-program/annual-reports/FINAL-2016_WPPAnnual-Report.pdf

¹⁶ <http://www.ahfsa.org/>

¹⁷ <http://pioneerinstitute.org/news/pioneer-institute-announces-winner-26th-annual-better-government-competition/>

Testimonial about WCCEAL from Harwood Place:

Our organization has been a consistent member of WCCEAL since its inception in 2013. We have been fortunate to continue our membership with attention and guidance from LeadingAge Wisconsin. Our organization has utilized the benchmarks for quality improvement, our residents and family members have embraced the satisfaction survey, and we have the recognition of being a WCCEAL member. We have been impressed with the satisfaction survey and recognize it is a user-friendly tool. WCCEAL obtains and provides the data analysis and, in turn, we can address the significant areas of concern in a timely manner and continue providing quality care with confidence. More importantly, since joining WCCEAL and promoting its purpose and benefits to our organization, our resident satisfaction survey participation has increased by 75%! We proudly display our credentials and share with our customers that we take the extra measures to implement and maintain high-quality standards so the outcome is excellent resident care.

Quality Improvement through the Nursing Home Grant Program

The federal Centers for Medicare & Medicaid Services (CMS) collects civil money penalties from nursing facilities found not in compliance with federal nursing home requirements. CMS then distributes those funds to states to improve nursing home residents' care and quality of life. In Wisconsin, civil money penalty funds are dispersed through the DHS [Nursing Home Grant Program](#).¹⁸

Requests for funding under this program are submitted to the Quality Assurance and Improvement Committee, which is a cross-section of long-term care stakeholders appointed by the DHS Secretary, including nursing home staff members, nursing home residents, advocates, trade representatives, physicians, and nurses. The Quality Assurance and Improvement Committee makes recommendations to the DHS Secretary, who in turn makes recommendations to CMS. CMS has final approval of the use of civil money penalty funds.

DHS staff have worked with the Quality Assurance and Improvement Committee, nursing home representatives, and other stakeholders to encourage and facilitate requests for money through the Nursing Home Grant Program to fund training and programs that benefit nursing home residents with Alzheimer's disease or related dementias. The following programs were either funded or recommended for funding through the Nursing Home Grant Program.

Music & Memory Program

¹⁸ <https://www.dhs.wisconsin.gov/regulations/gai/introduction.htm>

DHS formed the [Wisconsin Music & Memory Program](#)¹⁹ in 2013 as an effort to improve the care of residents with dementia and decrease the use of harmful medications. The program operates in partnership with [MUSIC & MEMORYSM](#),²⁰ a national nonprofit organization that brings personalized music into the lives of the elderly or infirm through digital music technology, vastly improving quality of life. The Wisconsin Music & Memory Program has successfully funded over 300 nursing homes to become certified facilities and provide program support and equipment for over 3,500 nursing home residents. The Wisconsin Music & Memory Program has now expanded to assisted living communities and other health care facilities.



In 2016, the Music & Memory Phase III Student Volunteer program was launched via a webinar with 50 nursing homes. The focus of the webinar was on the role of nursing homes and student volunteers, using [lessons learned](#)²¹ from Phases I and II, which were initiated in 2013 and 2014, respectively. The final phase of the program featured an intergenerational approach, involving collaboration between nursing homes and high schools or colleges. The program was launched statewide in 2017 with all interested nursing homes. An evaluation conducted by the national MUSIC & MEMORYSM organization will assess the impact of this intervention on residents and students.

Testimonials for the Student Volunteer Program:

When Ken was younger, he and his wife both loved music and were very involved in church. Listening to hymns and Christian music takes him back to his involvement with church, while music from the 60s takes him back to his teenage days. Since being introduced to the personalized music, Ken has become more relaxed. He has a calmer, happier presence. The positive impact the music has on Ken's daily life has brought excitement to his family and the staff members. "He can connect so little in other ways that the music is a way for him to cling onto what makes him happy."

- Ken's wife Beth

Music has always been very important to Rosario. She always had music playing while she

¹⁹ <https://www.dhs.wisconsin.gov/music-memory/index.htm>

²⁰ <http://musicandmemory.org/landing/music-memory-certification-program/>

²¹ <https://www.dhs.wisconsin.gov/publications/p01177.pdf>

did her housework or gardening. Rosario and her daughter would dance together. Since the program has been introduced, Rosario's episodes of anxiety and restlessness have decreased, especially in the afternoon hours. Her personalized music is in Spanish and very often she dances and sings along. "When watching Rosario with her music, she has a huge smile on her face, and claps and sings along. She is so happy with her music."

- Maureen, staff member

DHS also initiated an antipsychotic medication reduction pilot with six certified Music & Memory nursing homes in which over 25 percent of residents with dementia were receiving an antipsychotic medication. The pilot looks at whether the use of antipsychotic medications can be reduced if all residents with dementia who are receiving such medication have access to personalized music. Each nursing home received iPods, headphones, and adapters for all residents receiving antipsychotic medication. In addition, each facility received a \$150 iTunes gift card to purchase additional music.

In 2017, DHS updated the Wisconsin Music & Memory website to continue to provide program support to Wisconsin Music & Memory participants, and published a [Summary of Wisconsin Music & Memory](#)²² activity.

DHS received approval in late 2017 to reallocate unspent Music & Memory funds toward nursing homes' program renewal fees in order to bolster the success and sustainability of existing programs.

The success of the Wisconsin Music & Memory program has inspired other states and countries to inquire about Wisconsin's accomplishments and how it implemented its program. So far, DHS has collaborated with 23 states as well as Canada, Australia, and Holland. In addition, when MUSIC & MEMORYSM is covered nationally, Wisconsin is often highlighted as a successful model.

Stop, Starting It!

In 2017, funding under the Nursing Home Grant Program was awarded to North Central Health Care to offer "Stop, Starting It!" training to nursing home providers. The Stop, Starting It! program is a one-of-a-kind, intense, and interactive training designed to reframe, rather than "manage" the behavior of the person with dementia. Stop, Starting It! training has existed at North Central Health Care for about eight years. During that time, the workshop has been delivered to Wausau Emergency Medical Services, Wausau Downtown Memory Cafe, the staff, family, and volunteers of North Central Health Care, as well as many community members.

²² <https://www.dhs.wisconsin.gov/publications/p01231.pdf>

Through the grant, the training is being offered to nursing home staff in 10 locations across the state, using funding through the Nursing Home Grant program. The full-day dementia care workshop is limited to 40 participants to keep learning focused, personal, interactive, and fun.

Upon completion of the workshop, caregivers are able to:

- Identify situations where their own behavior could be a factor.
- Re-frame common symptoms of dementia by using positive language.
- Promote an overall environment of positive language and behaviors when working with people with dementia.

Virtual Dementia Tours

In 2017, DHS approved a proposal submitted by Second Wind Dreams to bring the Virtual Dementia Tour Comprehensive Education program to all interested nursing homes in Wisconsin. CMS is currently reviewing the proposal, which seeks funding through a Civil Money Penalty grant. The program focuses on changing the perception of aging and increasing sensitivity toward people with dementia by giving nursing home staff an opportunity to experience what dementia is like through an individualized learning experience.



Second Wind Dreams will train two staff members from each participating nursing home as Virtual Dementia Tour facilitators. The trained nursing home facilitators may then train other staff at that nursing home as facilitators. Trained Virtual Dementia Tour facilitators will be able to provide the Virtual Dementia Tour to all staff, volunteers, and family members at the facility.

The nursing home may also invite members from the community, such as community organizations, and health care staff to the facility and provide them the Virtual Dementia Tour. In addition to the training, each participating nursing home will be given the equipment needed to conduct the tour, including special glasses, shoe inserts, gloves, and headphones with confusing sounds.

Additional implementation steps are being planned, including promotion of the program through webinars, establishing training sites in nursing homes, and developing an evaluation plan. DHS anticipates that staff in half of the state's nursing homes will be trained by fall of 2018 and those in the remaining homes will be trained by fall of 2019.

Additional Dementia-Related Nursing Home Program Grants Approved in 2017

DHS approved two additional programs in 2017 that are designed specifically for the benefit of nursing home residents with Alzheimer’s disease or related dementias.

The first program is the Alzheimer’s Poetry Project, designed to train and certify staff in 20 Wisconsin nursing homes on implementing and using the Project’s methods. The program is intended to be a non-pharmacological intervention that improves the quality of life for people with dementia through the use of dementia-specific, person-centered, strength-based communication tools.

The second program is TimeSlips Creative Storytelling. TimeSlips will train staff, families, and volunteers in 50 Wisconsin nursing homes in Creative Storytelling Engagement Training. Creative Storytelling uses the symbolic and emotional language of the arts to strengthen communication and relationships with people with dementia. The training will identify and certify two lead facilitators in each nursing home. The goal of the program is to improve the quality of life and well-being for participating residents, reduce the use of anti-psychotic medication, increase awareness of dementia, and bolster a positive attitude towards people with dementia.

WisCaregiver Career Program (WCP)

To address a workforce shortage and increase the number of staff in Wisconsin’s nursing home facilities, DHS requested and received CMS’ approval to invest \$2.3 million in establishing the WCP. The program is designed to encourage people to enter caregiver careers in Wisconsin’s nursing homes. The WCP was developed in partnership with Wisconsin nursing homes, nursing home associations (LeadingAge Wisconsin and the Wisconsin Health Care Association), the Wisconsin Board on Aging and Long Term Care, the Department of Workforce Development, and the Wisconsin Technical College System. By strengthening nursing home workforce capacity, the program will benefit all nursing home residents, including those with Alzheimer’s disease and other dementias.



The WCP includes a robust marketing and recruitment plan to highlight the program’s benefits and to increase awareness about the value of providing care to Wisconsin’s elders. It also features a workforce solutions component to share nursing home successes with other providers. The goal of the WCP is to add 3,000 nurse aides to the workforce by offering training and testing at no cost to the student and a \$500 retention bonus paid to the nurse aide by the nursing home after six months on the job.



In 2017, DHS held three introductory recruitment webinars to share information about the WCP with Wisconsin technical colleges with approved nurse aide training programs, Wisconsin nursing homes with approved nurse aide training programs, and other Wisconsin nursing homes. DHS also held an implementation webinar for nursing homes and technical colleges with nurse aide training

programs. To date, 33 nurse aide training programs across the state have agreed to participate in the program (13 technical college training programs and 20 nursing home training programs) and 281 Wisconsin nursing homes have indicated they plan to participate in the program.

The University of Wisconsin–Oshkosh Center for Career Development and Employability Training developed an interactive public-facing website for the WCP to provide potential students with more information about the program requirements, a link to register for the program, maps of training locations and participating nursing homes, and links to each training program or facility’s website. DHS plans to launch a marketing and recruitment campaign throughout Wisconsin in April 2018.

DEMENTIA-RELATED CRISIS RESPONSE AND STABILIZATION

One component of the Plan was to address gaps in the system for responding to people with Alzheimer’s and related dementias in crisis. Some counties have not been well prepared to respond effectively due to factors such as a lack of coordination among stakeholders responsible for crisis response, lack of dementia-specific training and resources for staff, and an insufficient number of facilities for stabilizing persons with dementia in crisis.

In 2014 and 2015, a team of DHS staff working on crisis response issues conducted surveys of county crisis units regarding their capacity for responding to crises that involve people with dementia as well as surveys of county adult protective services units regarding how emergency protective placements are used for people with dementia. Based in part on the survey responses, the team created a vision for dementia-capable mobile crisis response that clarifies roles and responsibilities among agencies, fosters development of a dementia-competent workforce, prioritizes treating people in place when possible, and identifies appropriate placement options for people with dementia in crisis who cannot be maintained in the community. While investigating the best strategies to expand capacity in dementia-capable crisis response, it became evident that effective solutions are often found at the local level with the involvement of a variety of stakeholders. This conclusion influenced the team’s focus in 2016 and 2017.

Promote Local Collaborative Efforts to Build Dementia-Capable Crisis Response

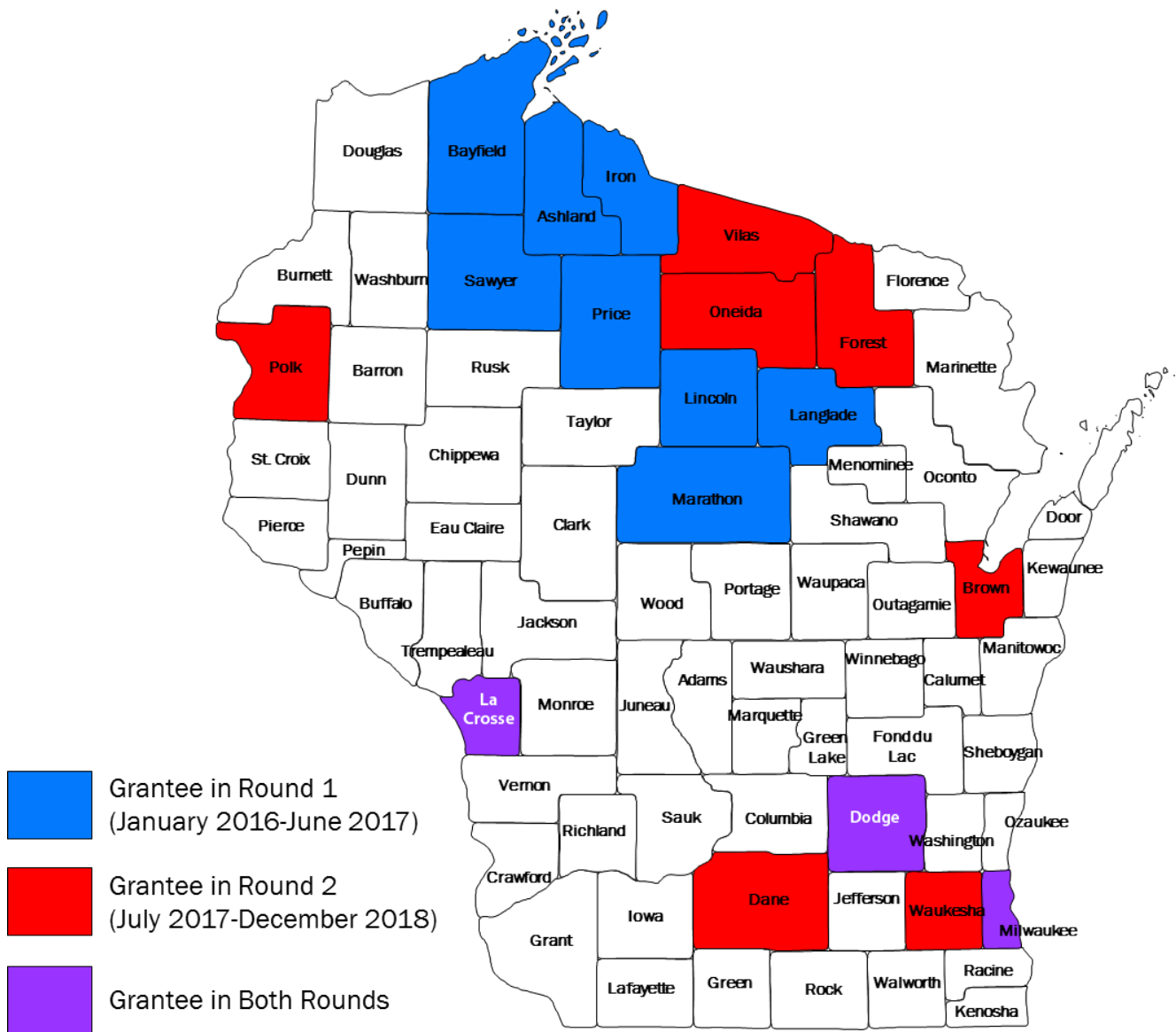
In January 2016, DHS awarded Dementia Crisis Innovation Grants to six grant applicants (counties and county consortia) representing 12 counties and 27 percent of the state's population. Grantees were expected to work with and expand local dementia coalitions to improve the capacity to respond to people with dementia in crisis. These 18-month grants required grantees to review local dementia resources and training needs and to evaluate crisis protocols and procedures in order to highlight strengths and gaps in their ability to respond effectively and help them to develop a plan to improve capacity.

Accomplishments varied depending on the goals of each grant, but most grantees saw local crisis responders improve their skills in approaching people with dementia in crisis, and found that reviewing and clarifying response protocols was beneficial in achieving consistency and trust. Some grantees were able to expand the number of facilities willing to accept people in crisis, some enhanced caregiver skills and averted crisis by incorporating new care approaches, and some found success incorporating preplanning strategies to mitigate the effects of crisis.

DHS awarded a second round of 18-month competitive grants to eight applicants representing 10 counties who began their work in 2017. Three of the eight applicants were returning grantees, while the other five were newly awarded. These grants will continue until December 2018.

DHS intends to prepare a report on lessons learned and promising practices in dementia-related crisis response, to be published in 2018, based in large part on the Dementia Crisis Innovation Grants.

COUNTIES THAT RECEIVED DEMENTIA CRISIS INNOVATION GRANTS



2015 Wis. Act 272: Dementia Crisis Unit Pilot Program Proposal

In March 2016, the Wisconsin Legislature enacted 2015 Wis. Act 272, which required DHS to submit to the Legislature a proposal for one or more pilot programs for coalitions of two or more counties to create dementia crisis units. The call for the proposal was in recognition of the need to improve crisis response options for people with dementia.

DHS prepared the required report after obtaining input from various stakeholders in three day-long meetings in the summer of 2016. The report included options related to three areas deemed critical to bringing about improvements related to dementia crises: prevention and early intervention; initial crisis response and stabilization in place; and short-term, facility-based stabilization. The Legislature has continued to consider a variety of options to improve care and services for people with dementia and their caregivers in Wisconsin.

2015 Wis. Act 274: Dementia-Training Grants for Mobile Crisis Teams

Wisconsin Act 274, also enacted in March 2016, directed DHS to award \$250,000 in grants to counties or regions comprising multiple counties to obtain training on recognizing and providing services to people with dementia for their mobile crisis teams. The funding was provided on a one-time basis for state fiscal year 2017.

DHS conducted a grant application process in the summer of 2016 and awarded six grants to counties or county coalitions, including:

- Columbia, Marquette, and Sauk counties.
- Forest, Oneida, and Vilas counties.
- Jefferson County.
- Rock County.
- Wood County.
- The University of Wisconsin–Green Bay Behavioral Health Training Partnership, a partnership of 21 counties in northeast Wisconsin.

DHS will incorporate lessons learned from these training grants into the report on promising practices in dementia-related crisis response that is planned for publication in 2018.

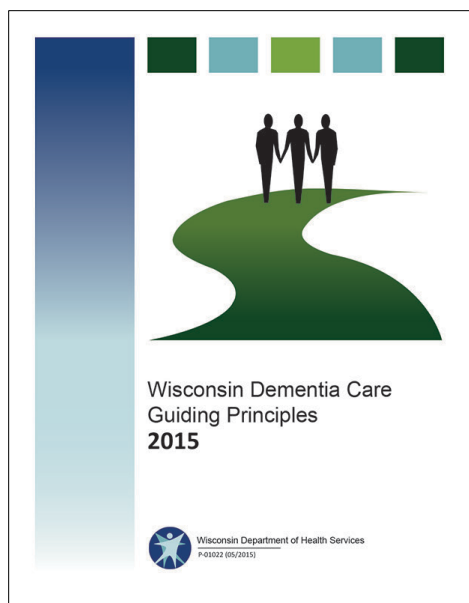
Resources for MCOs and Service Providers who Support Adults with Dementia

In 2017, DHS began developing guidelines to serve as a comprehensive resource for supporting managed care members who have complex behaviors, to help them live successfully in community settings. Staff decided to develop a chapter with dementia-specific information to include in the larger *Behavior Support Guidelines* document. DHS has increasingly come to

recognize the need to support people within the managed care population with dementia, including those with coexisting conditions, such as a developmental disability and/or mental health diagnosis.

In collaboration with the Bureau of Aging and Disability Resources, the Division of Care and Treatment Services, and MCOs, the Bureau of Adult Long-Term Care Services' Best Practice Integration Resource Section wrote a chapter that highlights the different types of dementia, differences between mental health problems and dementia, and best practices on working with people who have been diagnosed with dementia. The chapter also includes information on resources to support those who provide care for people with dementia.

Completed in December 2017, the full *Behavior Support Guidelines* will be published in the spring of 2018. DHS anticipates that all partners within the dementia care system, in addition to managed care organizations and their providers, will find the *Behavior Support Guidelines* useful.



GUIDING PRINCIPLES AND TRAINING

In order to have a dementia-capable system of care, there must be a widely shared understanding of what constitutes appropriate, high-quality care for people with dementia, and there must be a competent, well-trained workforce to provide the needed care.

Guiding Principles

In May 2015, DHS finalized 10 principles for use in guiding the Wisconsin dementia care system. The [Wisconsin Dementia Care Guiding Principles](#)²³ describe the values and practices necessary to provide high-quality, effective care and support for all people living with dementia. They

also include a strong emphasis on prevention or mitigation of crisis situations that may arise, and on the importance of consumer awareness, person-centered care, and community engagement. DHS staff has distributed copies of the Guiding Principles during a number of statewide conferences held during 2016-2017.

Dementia Training Materials through the University of Wisconsin–Oshkosh

DHS contracted with the University of Wisconsin–Oshkosh Center for Career Development and Employability Training to create affordable and accessible dementia care training for a wide

²³ <https://www.dhs.wisconsin.gov/publications/p01022.pdf>

audience, including family caregivers, community members, nursing home and assisted living facility staff, police officers, fire and emergency personnel, and county crisis workers. After receiving extensive stakeholder input and working with a group of experts, the Center for Career Development and Employability Training created [online dementia trainings](#)²⁴ on a variety of topics, and a registry to record people who have successfully completed the trainings. Additionally, UW Oshkosh Center for Career Development and Employability Training completed a Spanish version of the free *Dementia Training for Community Members*, also available online.

This table shows dementia training registrations and completions through December 14, 2017:

Training	Registrations	Completed
Crisis Response	723	618
Generalist Healthcare Provider	1947	1172
Generalist Family and Friends	300	129
Community Train-the-Trainer (TtT)	185	116
Specialist	1603	1282
Challenging Behavioral Specialist (TtT)	256	228
Total	5,014	3,545

The following quotes are from some of the training participants and their supervisors.

“Great training, I'd recommend it to anyone who works in crisis and emergency services.”

“Awesome course; I learned a lot.”

“I really liked this course. I felt engaged and learned a lot from the course. I feel better equipped to do my job as a result of the knowledge I learned from this course. Thank you!”

“An excellent review of how to deal with challenging behaviors and differentiate types of dementia.”

“Shelby was very passionate upon completion of this course. We will be using this with other team members based on the feedback and energy she provided. Thank you.”

“Excellent course, I thought I would “know it all” and learned a lot. Would highly recommend.”

²⁴ https://wss.ccdet.uwosh.edu/stc/dhsdementia/psciis.dll?linkid=939713&mainmenu=DHSDEMENTIA&top_frame=1

DATA AND REPORTING SUPPORT FOR PROJECT INITIATIVES

The Plan identified the need for data collection to facilitate quality measurement related to dementia care. A team of DHS staff assisted with a variety of evaluation-related activities during 2017.

Dementia Care Specialist Program

For the Dementia Care Specialist Program, staff analyzed calendar year 2016 data for inclusion in the 2016 Dementia Care Specialist Activity Report, and provided consultation regarding the transition from a spreadsheet-based activity reporting system to the ADRC electronic data collection system.

Dementia Crisis Innovation Grants

Working with the Innovation Grants coordinator, the team received and analyzed the grantee-reported data on CY 2016 Innovation Grant activities and prepared a final report summarizing the accomplishments from the first round of grants. Staff also created measurement tool workbooks for the second round of grantees that began reporting on their activities in September 2017.

Expansion of the Alzheimer's Family Caregiver Support Program

The data team prepared a plan to evaluate the qualitative effectiveness of the expanded Alzheimer's Family Caregiver Support Program. Staff developed new data collection and survey tools to enable local program staff to conduct caregiver needs assessments, measure program success, and survey customer satisfaction. These tools will enhance the data that local program staff currently report to DHS. A team member also examined preliminary CY 2016 data from Wisconsin's Family Health Survey, a statewide random-sample telephone survey that covers topics such as health status, health problems, and use of health care services, and also includes questions related to caregiving. Staff will update this analysis when CY 2017 data become available.

PLANNING FOR THE FUTURE: DEVELOPMENT OF A NEW STATE ALZHEIMER'S AND RELATED DEMENTIA PLAN

In March 2017, DHS convened a meeting with key Alzheimer's and dementia organizations to discuss the idea of collaborating on the development of a new state Alzheimer's and Related Dementia State Plan. Meeting participants included DHS leadership of the Dementia Redesign effort, the three Wisconsin chapters of the Alzheimer's Association, the Wisconsin Alzheimer's and Dementia Alliance, and the Wisconsin Alzheimer's Institute. Participants agreed to work as partners to convene a summit of stakeholders in 2018 to establish priorities for a new state

plan, write the new plan, and agree on a structure to oversee implementation of the plan. The goal is to develop the plan and implementation structure during 2018.

In late 2017, based on planning done by DHS and several partner organizations, data team staff developed surveys to obtain input on priorities from a broader audience than those who would be able to attend the summit. This allowed non-attendees the opportunity to provide meaningful input into the statewide system change efforts. The pre-summit surveys, administered in December 2017, targeted three groups: people with dementia, family caregivers, and professionals working with people with dementia. There was a robust response to the surveys from each of the target groups. The data team will analyze the responses and prepare a report for use at the summit scheduled for early 2018.

CONCLUSION

The activities and success noted in this document highlight dementia-related initiatives in which DHS has been engaged during the last two years. DHS wants to acknowledge the tremendous efforts of many partners in communities across the state. DHS is also thankful for the support of the governor and the Wisconsin Legislature, as evidenced through the enactment of the 2015 legislation described in this report; the funding under the 2017 Wis. Act 59; the Wisconsin biennial budget, to support expansion of dementia care specialists in aging and disability resource centers; and additional legislative proposals that were introduced in the 2017 legislative session. The breadth of these efforts reinforces an often-used motto that “we are all in this together.” DHS looks forward to continued collaboration with partners and stakeholders in the coming years as a new state plan for building a dementia-capable Wisconsin is developed and implemented with partners throughout the state.

