

Article I. Purpose

The Dementia Action Collaborative (DAC) is responsible for updating the first Washington State Plan to Address Alzheimer's Disease and Other Dementias, adopted in 2016, by October 1, 2023; and responsible to submit annual recommendations for legislative and executive branch agency action each October 1st, beginning October 1, 2024.

Article II. Functions and Responsibilities

Section 1. Responsibilities

Per 43.20A RCW: The DAC is responsible for assessing the current and future impacts of Alzheimer's disease and other dementias on Washington residents, including:

- 1) Examining progress in implementing the Washington state Alzheimer's plan adopted in 2016;
- 2) Assessing available services and resources for serving persons with Alzheimer's disease and other dementias, as well as their families and caregivers;
- 3) Examining and developing strategies to rectify disparate effects of Alzheimer's disease and other dementias on people of color;
- 4) Developing a strategy to mobilize a state response to this public health crisis.

In addition to the activities above, DAC must review and revise the Washington State Alzheimer's plan adopted in 2016, and any subsequent revisions to that plan. Revisions to the plan must evaluate and address:

(i) Population trends related to Alzheimer's disease and other dementias, including:

(A) Demographic information related to Washington residents living with Alzheimer's disease or other dementias, including average age, average age at first diagnosis, gender, race, and comorbidities; and

(B) Disparities in the prevalence of Alzheimer's disease and other dementias between different racial and ethnic populations.

(ii) Existing services, resources, and health care system capacity, including:

(A) The types, cost, and availability of dementia services, Medicaid reimbursement rates for dementia services, and the effect of Medicaid reimbursement rates on the availability of dementia services;

(B) Dementia-specific training requirements for long-term services and supports staff;

(C) The needs of public safety and law enforcement to respond to persons with Alzheimer's disease or other dementias;

(D) The availability of home and community-based resources, including respite care and other services to assist families, for persons with Alzheimer's disease or other dementias;

(E) Availability of long-term dementia care beds, regardless of payer;

(F) State funding and Alzheimer's disease research through Washington universities and other resources; and

(G) Advances in knowledge regarding brain health, dementia, and risk reduction related to Alzheimer's disease and other dementias since the adoption of the Washington state Alzheimer's plan established in 2016.

Article III. Membership

Section 1. Dementia Action Collaborative (DAC) Composition

The DAC is made up of Governor appointed members and subject matter experts/subcommittee participants deemed necessary to address outlined tasks and activities.

Section 2. Governor Appointments

The Governor shall appoint the following members, and may appoint additional members at the Governor's discretion. In appointing members, the Governor shall give priority to persons who had previously served on the Alzheimer's disease working group established pursuant to chapter 89 (Senate Bill No. 6124/2014) and its successor work groups. Governor Appointees are the voting members of the DAC.

- (i) A representative of the governor's office
- (ii) A representative and an alternate from the department in the Aging and Long-term Support Administration
- (iii) A representative and an alternate from the department in the Developmental Disabilities Administration
- (iv) A representative and an alternate from the Department of Health
- (v) A representative and an alternate from the Health Care Authority
- (vi) A representative and an alternate from the office of the state long-term care Ombuds
- (vii) At least one person with Alzheimer's disease or another dementia
- (viii) At least one caregiver of a person with Alzheimer's disease or another dementia
- (ix) A representative of the University of Washington's Memory and Brain Wellness Center
- (x) A representative of an organization representing Area Agencies on Aging
- (xi) A representative of an association representing long-term care facilities in Washington
- (xii) A representative of an association representing physicians in Washington
- (xiii) A representative of a Washington-based organization of volunteers, family, and friends of those affected by Alzheimer's disease and other dementias
- (xiv) A representative of an Alzheimer's advocacy organization
- (xv) An attorney who specializes in elder law
- (xvi) An Alzheimer's disease researcher
- (xvii) A representative of an organization representing emergency medical service providers in Washington
- (xviii) An expert in workforce development
- (xix) A representative of the Washington State Council on Aging

- (xx) A representative of the governor's Office of Indian Affairs
- (xxi) A licensed behavioral health provider with clinical expertise in Alzheimer's disease or other dementias
- (xxii) A representative of a health care organization that primarily serves people of color, including seniors
- (xxiii) A nurse with expertise in serving individuals with Alzheimer's disease or other dementias

Section 3. Terms of Office

The terms of office for the above members are to be 3 years, with terms typically beginning in September.

Section 4. Duties

Governor Appointed members (i.e., voting members) duties include the following:

- 1) Select and serve on a minimum of one subcommittee.
- 2) Attend each full DAC and subcommittee meeting, either in person or via electronic means, to the best of their ability. If a member cannot attend a meeting by either means, s/he may send a representative to observe (but who may not vote on issues).
- 3) Notify the DAC program manager if they cannot attend a meeting, and review minutes of missed meeting.
- 4) Providing substantive input and support in investigating subcommittee topic areas and opportunities for making progress, creating and prioritizing proposals/recommendations for the full DAC to consider for inclusion in the state plan and in annual recommendations.
- 5) Sharing DAC tools and resources in their network/community.
- 6) Voting on approval of final plan contents and annual recommendations to be sent to the Governor and state legislature.

Section 5. Voluntary members – Subcommittee participants and subject matter experts

- 1) DSHS/ALISA may recruit and maintain additional expertise and perspectives as deemed necessary who participate on a voluntary basis. New subcommittee participants may be added based upon the needs of the subcommittees.
- 2) Potential new subcommittee members will submit an application/commitment form to the DAC Program Manager and be approved by the respective subcommittee Chair.
- 3) The terms of commitment/participation will be for 3 years, with terms typically beginning in September of each year.
- 4) Voluntary Subcommittee Member duties include:
 - a. Participation on a minimum of one subcommittee.
 - b. Attendance at each subcommittee meeting, either in person or via electronic means, to the best of their ability.
 - c. Notification to DAC program manager (or subcommittee chair) of inability to attend meetings.
 - d. Sharing DAC tools and resources in their network/community.

- e. Providing substantive input and support in investigating subcommittee topic areas and opportunities for making progress, creating and prioritizing proposals/recommendations for the full DAC to consider for inclusion in the state plan and in annual recommendations.
- 5) DSHS/ALTSA and/or Subcommittee Chairs may recruit subject matter experts deemed necessary to participate on an as needed, limited time, and voluntary basis. Subject matter experts need not be assigned or expected to participate regularly on a subcommittee.

Article IV: Dementia Action Collaborative (DAC) Leadership

Section 1. DAC Convener and Co-chairs - Duties

- 1) The DSHS secretary or the secretary's designee shall convene the DAC. The secretary or the secretary's designee shall serve as the Co-chair alongside the elected Cochair, as determined in Section 3 below, who is a representative of an Alzheimer's disease advocacy organization or the Washington-based organization of volunteers, family, and friends of those affected by Alzheimer's disease and other dementias.
- 2) The Co-chairs shall preside together at all meetings of the full DAC.
- 3) The DSHS Co-chair shall act as official liaison between the DAC and the DSHS Secretary, the Governor and state legislature, and shall speak officially for the DAC.
- 4) Members of the DAC may advocate and lobby as individuals or representatives of their organization, but not as representatives of the DAC if the item is not in the Governor's budget.
- 5) The DSHS Co-chair will work with the DAC program manager to develop the annual report based on the recommendations of the legislative committee, and present this to the Commission at the first meeting of the state fiscal year.

Section 2. Election of non-DSHS Co-chair

- 1) A member must have served on the Dementia Action Collaborative for at least one (1) year prior to being eligible to serve as cochair.
- 2) The Co-chair will be a Governor Appointed member from one of the Alzheimer's/Dementia organizations listed in Article III, Section 2. At the time when the Co-chair is to be selected, the eligible candidates will be invited to indicate interest in the role. If more than one candidate is interested, an election will be held during a full DAC meeting, determined by vote of the Governor Appointed members.
- 3) The Co-chair will be elected to a 3-year term by December 15, 2022, and by that date every three years thereafter.
- 4) Elections shall be by voice vote or roll call. In the event that there is only one nominee for the position, the election may be by acclamation. In either situation, a majority vote of Governor Appointed members at the meeting shall constitute election to office.

Section 3. Steering Team

A DAC Steering Team comprised of DAC Co-chairs, subcommittee chairs and a representative from the Governor's office will provide overall guidance, direction and priority-setting for the DAC to carry out its responsibilities. DAC staff may participate in the Steering Team meetings but do not have a vote.

Section 4. Subcommittee Chairs

- 1) Subcommittee chairs of topic-focused subcommittees will be project leaders focused on developing and implementing plan recommendations. They will advise, direct and track the work of the subcommittee members, report periodically to and seek guidance from the DAC program manager (aka Plan Coordinator) as necessary.
- 2) Subcommittee chair duties include the following:
 - a. Initiate subcommittee meetings
 - b. Follow up with individuals to monitor progress
 - c. Organize the work of their subcommittee
- 3) Due to the aggressive timeline for the plan update due October 1, 2023, subcommittee Chairs will be appointed by the Co-chairs by December 24, 2022.
 - a. These Chairs will serve in this role through April 2024, at which time volunteers or nominees for subcommittee Chair positions going forward will be accepted.
 - b. An election for subcommittee Chairs will be held in the first full meeting of the DAC in 2024.
 - c. At this point and going forward, subcommittee Chairs will serve in the role for three years.
- 4) Members will have served on the Dementia Action Collaborative, and/or one of its subcommittees for at least one (1) year, either in an appointed or voluntary role, prior to being eligible to serve as subcommittee Chair.
- 5) At whatever point any appointed Chair leaves their current role, their successor will be determined by election of the full DAC.
- 6) If a Co-chair is seeking or being considered for a subcommittee chair role, they must recuse themselves from the appointment process, leaving the DSHS Co-chair as appointing Chair.
- 7) Subcommittee Chairs will serve on the DAC Steering Team, attend DAC Steering Team meetings, and determine with subcommittee input effective ways to advance the plan recommendations. Above all, they are collaborators who share the vision of the plan and are committed to advancing the plan's goals, strategies and recommendations.
- 8) A subcommittee chair may choose to appoint a temporary vice-chair to help address the absence of the chair, a period of high workload, e.g., development of the new state plan or an upcoming active legislative session, etc. The subcommittee chair will consult with the DAC Steering Team before such an assignment is made.

Article V: Standing Committees

Section 1. Topic-focused Subcommittees

- 1) The topic-focused subcommittee role is to investigate specific identified topic areas, identify opportunities for making progress relate to these topic areas, and to create recommendations for the full DAC to consider related to these respective topic areas.
- 2) The following topic-focused subcommittees are established and composed of a combination of Governor Appointees and subject matter experts based on individual members' areas of interest, expertise and perspectives:
 - Public Awareness-Community Readiness Subcommittee
 - Long Term Services and Supports Subcommittee
 - Health-Medical Subcommittee

Section 2. DAC Advocacy Subcommittee

- 1) The DAC Advocacy subcommittee role is to seek funding and advocate for key recommendations that are developed by topic-focused subcommittees, and approved by voting members of the DAC, for submission to the Governor and legislature. The Advocacy subcommittee will work to solidify and prioritize DAC legislative proposals.
- 2) The DAC Advocacy subcommittee shall be composed of at least one representative from each topic-focused subcommittee and representatives from advocacy organizations of the DAC such as W4A, AARP, Ombuds office, Alzheimer's organizations, and the Senior Lobby. Each Chair of a topic-focused subcommittee will either serve on, or designate another subcommittee member to serve on, the DAC Advocacy subcommittee.

Section 3. Project Teams or Task Groups

The Co-chairs or subcommittee Chairs may establish project teams or task groups for a particular purpose or work on a specific recommendation of the plan. The establishing Chair shall appoint leadership of the team from within membership, and may call upon outside parties for expertise that shall not be deemed members of the DAC.

Article VI: Administrative and Reporting Requirements

Section 1. Administrative Requirements

- 1) DSHS must submit a report of the Dementia Action Collaborative's findings and recommendations to the governor and the legislature in the form of an updated Washington state Alzheimer's plan no later than October 1, 2023.
- 2) DSHS must submit annual updates and recommendations of the Dementia Action Collaborative for legislative and executive branch agency action to the governor and the legislature each October 1st, beginning October 1, 2024.

Section 2. Staff Support

- 1) DSHS will provide any necessary administrative support to the Dementia Action Collaborative (DAC).
- 2) DSHS will provide the DAC program manager (aka Plan Coordinator/PC) to provide operational support for the Dementia Action Collaborative, Steering Team, Subcommittee Chairs and DAC staff. The PC provides operations support to facilitate the effective operation of the DAC. This includes working with the Chair, Steering Team and DAC staff to prepare meeting agendas and facilitate internal communications, conveying guidance from the Steering Team to the subcommittees, and offering advice, support, and guidance to subcommittee Chairs in their active leadership role.
- 3) The PC will provide status updates to the Steering Team about implementation progress, and draft periodic progress reports to be submitted to the full DAC organizational executives and the legislature, as directed by the Steering Team. [Lynne Korte is current Plan Coordinator]
- 4) Additional part-time staff to support the implementation of the state plan was enabled by proviso funding beginning July 1, 2018, at four state agencies:
 - Department of Health (DOH)
 - Department of Social and Health Services

- Aging and Long-Term Support Administration
 - Developmental Disabilities Administration
 - Health Care Authority (HCA)
- 5) These positions work with the Plan Coordinator, one another, the DAC Chair and Subcommittee Chairs to do the following:
- a. Integrate goals and objectives related to dementia into agency strategic plans
 - b. Identify recommendations in their respective areas which could be implemented through heightened collaboration and existing resources
 - c. Identify high-value recommendations and related funding requirements for upcoming biennial budgets
 - d. Coordinate the work of implementing the selected recommendations.

Article VII: Meetings

Section 1. Meetings

- 1) The full Dementia Action Collaborative (DAC) will meet at least two times each year, with additional meetings to be held at the call of the DSHS Chair. During the year of plan updates/development (e.g., 2022-2023), the full DAC will meet up to six times.
- 2) Meetings of the DAC must be open to the public. At least one meeting each year must accept comments on the DAC's proposed recommendations from members of the public, including comments from persons and families affected by Alzheimer's disease or other dementias. The department must use technological means, such as web casts, to assure public participation.
- 3) The Co-chairs may solicit public comment during meetings. The Co-chairs will set the time limit of speakers. Based on the contents of the agenda, some agendas may not include a public comment period.
- 4) Notice of full DAC meetings shall be emailed to each member at least a week prior to the date of the meetings.

Section 2. Quorum

- 1) A majority of the voting members of the DAC shall constitute a quorum for any official action or vote of the DAC. In the event that there are vacancies in the appointed positions of the DAC, a majority of existing voting members shall constitute a quorum.
- 2) In the absence of a quorum, the present members may continue to meet to hear informational items, but the DAC shall not take any official action.

Article VIII: Decision-making, Voting, Rules of Order, Advocacy

Section 1. Consensus, Voting on DAC Decisions and Recommendations

- 1) Decisions will, whenever possible, be reached through consensus. Consensus based decision making means group members agree to support a decision, even if not one's first choice. Part of a strong consensus tradition is to allow members to abstain or stand aside as a decision is being reached. In cases where the group cannot reach consensus it will be important to record opinions of dissenters. After full discussion and consensus determination, a vote will be taken.

- 2) Recommendations of the Dementia Action Collaborative (DAC) will be informed by current promising or best practice approaches.
- 3) Approval of fifty percent (50%) of Governor Appointed (voting members) of the DAC who are in attendance is required for the passage of any official action.

Section 2. Manner of Voting

- 1) The voting on election, motions, and resolutions shall be conducted by voice vote.
- 2) In lieu of voice vote, a DAC member may request a vote by roll call, and the Chair will honor any such request.
- 3) Absentee voting is not permitted.
- 4) Secret votes are not permitted.
- 5) Only DAC members identified in Article III, Section 2 as Governor Appointees may vote on official actions.
- 6) Vote delegation is not permitted.

Section 3. Rules of Procedure

- 1) The procedures used to conduct DAC business will be determined by these Bylaws and the Administrative Procedures Act, RCW 34.05, the Open Public Meetings Act, RCW 42.56.
- 2) If a procedural issue arises that is not covered by these Bylaws and applicable state statutes, and the DAC cannot reach consensus on how to proceed, the organization will follow the procedures contained in the most current version of Robert's Rules of Order.

Section 4. Conflicts of Interest

- 1) DAC meetings are meant to gather ideas and feedback from members who share their expertise about dementia, needed services and resources in Washington State, and possible responses or new ways to help people living with dementia. All members can participate in discussion of new services and resources needed in Washington State.
- 2) DAC members who are likely to receive financial value from new dementia services will not participate in the voting process related to, or the evaluation of, funding proposals related to these new services.

Section 5. Relationship to DAC and Other Advocacy

- 1) No DAC member may use the name of the DAC to support or oppose any issue or cause. DAC members are permitted to lobby in support or opposition to legislative proposals on behalf of organizations they represent or in their individual capacity, provided they do not connect their activities to their position as a DAC member in any way.
- 2) The DAC and its members may not lobby in their official capacity as DAC members in support or opposition to legislative proposals unless it is required as a function of the DAC, such as testifying as a DAC member. DAC members may provide information to appropriate parties about proposed legislation and its potential effects.
- 3) DAC members are bound by the requirements of the Ethics in Public Service Act, chapter 42.52 RCW, and the campaign disclosure laws in chapter 42.17A.RCW.

Article VIII. Amendment of Bylaws, Procedures

Section 1. How to Amend the DAC Bylaws

These bylaws may be amended by any meeting of the DAC that meets quorum requirements outlined in Article VII, Section 2 of these bylaws. Approval of sixty percent (60%) of those voting members of the DAC who are in attendance is required.

Bylaws approved Dec 14, 2022.