

2025

SOUTH CAROLINA IMPLEMENTATION PLAN

ALZHEIMER'S DISEASE AND RELATED DEMENTIAS



**SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH**

DPH.SC.GOV/BRAINHEALTH



South Carolina
**DEPARTMENT
ON AGING**

AGING.SC.GOV/ARCC



South Carolina Chapter

ALZ.ORG/SC

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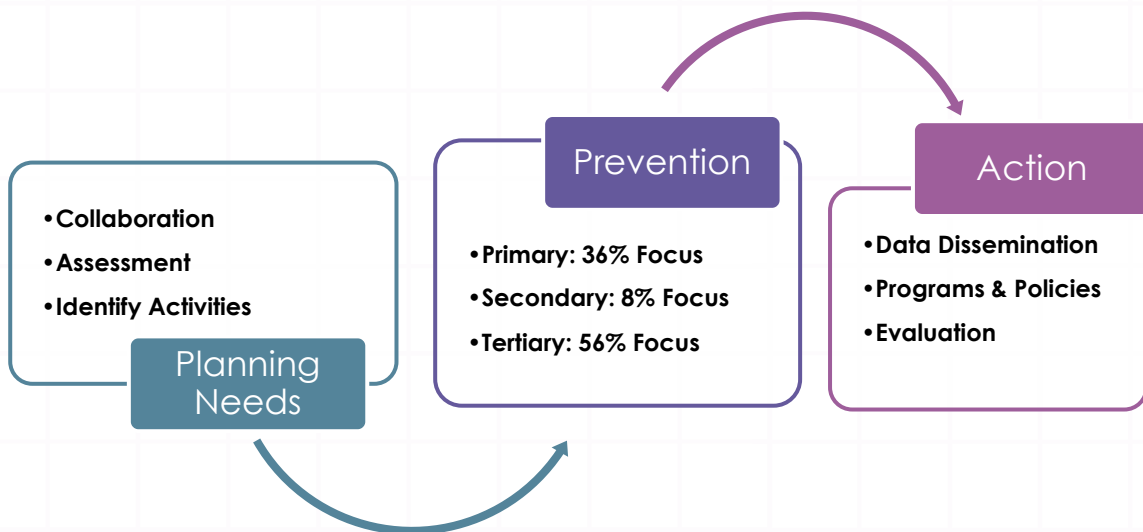
2025 IMPLEMENTATION PLAN

The *SC State Plan to Address Alzheimer's Disease and Related Dementias (ADRD)* was developed by the Alzheimer's Resource Coordination Center (ARCC) in collaboration with the South Carolina Department of Public Health (DPH), the South Carolina Department on Aging (SCDOA), and the South Carolina Chapter of the Alzheimer's Association. The members of the ARCC serve as SC's representative coalition of ADRD stakeholders, providing expertise on current health and caregiver needs of people impacted by dementia. The ARCC is preparing for the future to promote statewide education, develop dementia risk reduction strategies, and improve early detection of ADRD.

In 2023, DPH was awarded the Building Our Largest Dementia (BOLD) infrastructure grant (CDC-RFA-DP-23-0010) to encourage and integrate a public health approach to address ADRD. A public health framework was used to develop both the SC State Plan and subsequent ADRD Implementation Plan to strengthen and promote activities that provide education and support for people living with ADRD and their care partners.

The 2025 Implementation Plan to address ADRD pulls together the dementia-capable programs and services into one statewide action plan. This report is a snapshot of the progress and performance achieved in SC from April 2024 through September 2025. Notably, the dementia programs in this report exist as a coordinated effort between multiple agencies and each activity is monitored from the planning stage through completion.

DIAGRAM A: PLANNING, PREVENTION, AND ACTION



PROCESS DEVELOPMENT

A public health framework, facilitated by DPH, was used to develop the ADRD Implementation Plan. The framework starts with an assessment of the current statewide ADRD goals and objectives, followed by meetings with the ARCC and key stakeholders. Then each activity is tracked for accountability. Each activity had to be specific, measurable, achievable, relevant, and timebound to be included in the plan.

The main process goals to develop the ADRD Implementation Plan:

- *Annual assessment of ADRD Programs and Services*
- *Schedule and Facilitate ARCC Subcommittee Meetings*
- *Integrate ADRD Activities into the Implementation Plan*
- *Report on Key Deliverables to the ARCC Advisory Council*
- *Complete an Evaluation to Measure Annual Performance and Progress*

TIMELINE AND DELIVERABLES

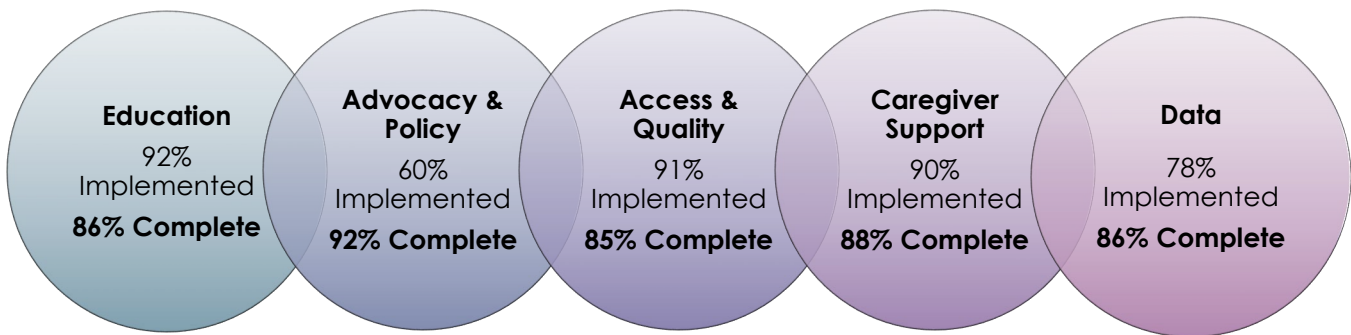
TIMELINE	DELIVERABLE
April – June 2024	In April 2024, DPH contracted with a vendor to assess the current ADRD programs and services. The vendor analyzed the five goals of the ADRD Statewide Plan, this includes: G1: Education; G2: Advocacy & Policymaking; G3: Access & Connection to Care; G4: Caregiver Support; and G5: Data.
July – September 2024	In September 2024, the 53 objectives from the ADRD Statewide Plan were circulated through the four ARCC subcommittees: (1) Community & Caregiver Needs (2) Public Health (3) Long Term & Professional Care and (4) Research & Evaluation. A pre-meeting survey was distributed to all ARCC members to identify the key talking points and anticipate any barriers or challenges that would arise during each subcommittee meeting.
October – December 2024	In November 2024, DPH successfully hosted the first set of ARCC subcommittee meetings to develop the ADRD Implementation Plan. Each group was tasked with answering a series of guiding questions related to current ADRD programs and services. The group decided upon a champion or ARCC member to help determine the performance measures for each objective.
January – March 2025	In January 2025, DPH facilitated the second set of ARCC subcommittee meetings. Activities were updated to include a list of additional partners, project status, and due dates. In February 2025, SCDOA streamlined and simplified the ADRD Implementation Plan template into one shareable document for all ARCC members.
May – August 2025	In May 2025, the ARCC shared the first draft of the streamlined activities identified for the ADRD Implementation Plan. By mid-June 2025, the original 147 activities identified during the first set of subcommittee meetings were prioritized into a more manageable list of 73 activities. The final draft of this report was completed at the end of August 2025 and circulated for approval.

PERFORMANCE MEASURES

The performance measures were determined after each activity was correctly mapped to a state plan objective. DPH worked with the ARCC to consider ways to prioritize the activity and prevent duplicating efforts. In addition, the percentage of completeness was evaluated for each measure.

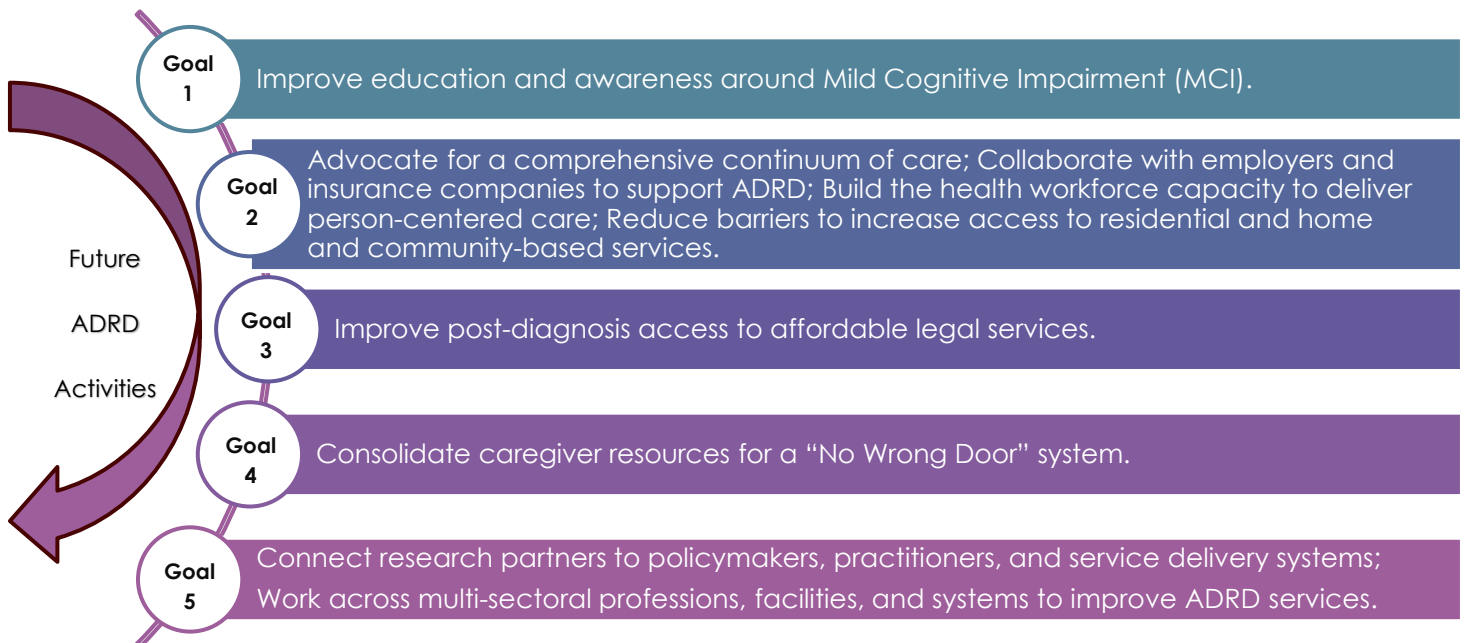
Please note, there are many completed activities that will occur annually and should appear again in next year's ADRD Implementation Plan. The activities that were deemed not complete will be closely monitored by the ARCC and reevaluated next year.

DIAGRAM B: PERCENT OF 2025 OBJECTIVES FROM THE ADRD STATEWIDE PLAN THAT WERE IMPLEMENTED AND COMPLETED.



In the future, the ARCC will develop more action items and projects to support every ADRD objective in the SC State Plan. The ADRD Implementation Plan will continue to be responsive to any new policies, administrative changes, and the ever-changing health systems integrating ADRD prevention and care.

DIAGRAM C: FUTURE ADRD OBJECTIVES BY GOAL PRIORITY AREA



ACTIVITIES

Implementation Plan objectives are grouped under each ADRD Statewide Goal.

The five goals listed in the ADRD Statewide Plan include:

*** EDUCATION * ADVOCACY & POLICY * ACCESS & QUALITY**











*** CAREGIVER SUPPORT * DATA***








Some of the activities identified by the ARCC were cross-cutting between the five different statewide goals. As a result, icons were used to quickly identify and label these cross-cutting topics. Tracking similar activities is a useful evaluation tool that will provide the ARCC with a baseline measure to address change over time.








 <p>Information <i>Provide resources</i></p>	 <p>Collaboration <i>Meetings with stakeholders</i></p>
 <p>Health Systems <i>Enhance care coordination</i></p>	 <p>Data Products <i>Tailored data reports</i></p>
 <p>Training <i>Quality technical assistance</i></p>	 <p>Online Resources <i>Use social media and web analytics</i></p>
 <p>Education <i>Infographics and reports</i></p>	 <p>Risk Reduction <i>Promote brain health</i></p>
 <p>Academic Institutions <i>Increase partnerships</i></p>	 <p>Assessments <i>Sustainable services</i></p>
 <p>First Responders <i>Update training materials</i></p>	 <p>Care Partners <i>Build capacity and support</i></p>

EDUCATION (GOAL 1)

Improve knowledge, understanding, and awareness of ADRD by educating and empowering all South Carolinians, including every person engaged in the continuum of care.










G1 P1: Raise awareness of resources and educational opportunities available through ARCC member organizations, with a focus on state government agencies, academic institutions, and other related organizations.	Action Item Compile and share a statewide list of ADRD educational resources, training programs, workshops, and services.		Progress Indicator In April 2025, SCDOA developed and shared with the ARCC the statewide resource for accessing services, support, and other programs titled the Dementia Toolkit 2025 .
	Ensure ADRD information and online resources are current and accessible for community programs that support events for seniors.		In June 2025, SCDOA shared the Dementia Care Specialist webpage with the ARCC. ADRD events are promoted online through the SCDOA GetCareSC events calendar.
	Promote current ADRD educational opportunities through multi-sectoral partnerships within the ARCC.		By the end of September 2025, the following ADRD programs were promoted: Dementia 101 ; Dementia 201 ; Dementia Dialogues™ ; and Alzheimer's Association Classes .
G1 P2: Promote the development of standardized, evidence-informed dementia-specific training for professionals in medical, health, and social services, including first responders.	Action Item Develop dementia-specific training modules for law enforcement.		Progress Indicator In February 2025, the SC Justice Academy implemented a mindfulness program to address wandering by foot or car, indecent exposure, domestic violence, or other crisis situations.
	Identify and establish contact with key personnel at healthcare-related academic institutions.		In May 2025, the ARCC discussed how to adapt current Dementia 101 and 201 programs for medical schools and other healthcare-related academic institutions.
G1 P3: Continue and expand the public health ADRD awareness campaign as a key risk-reduction strategy ensuring the campaign takes a lifespan approach meeting the demographic needs of the state.	Action Item Share the key ADRD risk reduction strategies with community health workers.		Progress Indicator In March 2025, DPH collaborated with 18 chronic disease programs to reach the DPH Community Health Workers (CHW) network.
	Promote ADRD risk reduction activities through a planned social media campaign.		In March 2025, DPH developed a distribution plan for the Take Brain Health to Heart (TBHTH) social media toolkit based upon social determinants of health data.
G1 P4: Promote and educate ADRD stakeholders on the importance of assessing the unique needs and challenges of South Carolina's most impacted populations of those living with dementia.	Action Item Develop educational materials to explore the unique ADRD needs linked to counties that also experience high rates of chronic disease.		Progress Indicator In February 2025, DPH analyzed ADRD prevalence associated with Chronic Disease disparities. DPH will develop an infographic based upon the data and this will be used to educate stakeholders.
	Meet with community groups to discuss ways to promote dementia resources and brain health activities.		In April 2025, DPH attended the DPH Community Engagement Directors meeting and discussed best practices for an ADRD partnership.
	Provide ADRD educational materials to healthcare staff.		By March 2025, DPH attended six meetings with the DPH Community Clinical Linkages (CCL) workgroup.



G1 P5: Promote public awareness campaigns and educational offerings that are culturally appropriate for different generations and cultures.	Action Item Develop a series of culturally appropriate dementia care educational offerings to address the multi-generational needs of SC.		Progress Indicator In May 2025, The Lourie Center hosted the older-adult centered dementia/brain health seminar with 35 participants in attendance. The seminar addressed diverse generations and cultural needs of different communities.
	Establish partnerships with higher learning institutions to create intergenerational clubs to support brain health at any age.		In the Spring 2025, The Lourie Center began an intergenerational line-dance class to engage a diverse group of students and seniors (including all age groups).
G1 S1: Ensure inclusion of risk reduction, early detection, and quality of care for ADRD in the SC State Health Assessment and SC State Health Improvement Plan.	Action Item Attend various workgroups to support the State Health Assessment (SHA) and State Health Improvement Plan (SHIP) to ensure inclusion of ADRD and other programs.		Progress Indicator By March 2025, DPH attended four meetings with the different SHA and SHIP workgroups. Social isolation, caregiving, and elder abuse were all discussed during the workgroup meetings. In the future, the Alzheimer's Association will engage in this opportunity to provide input and coordinate ADRD services.
	FUTURE G1 S2: Awareness about Mild Cognitive Impairment (MCI) and working with providers to promote early detection.		
G1 S3: Reduce the negative social and cultural response of receiving a dementia diagnosis through community education and outreach to increase early detection and support.	Action Item Meet with SC's Health System Directors to increase the number of primary care providers that have ongoing dementia training and assessments for early detection.		Progress Indicator In January 2025, the Alzheimer's Association attended meetings with the large SC health systems. The ARCC will request that the health systems remain involved and help decide the most relevant dementia training for SC healthcare providers.
	Request that early-stage survivors join or meet with the ARCC to support and assess the different programs, policies, and dementia education.		In June 2025, the ARCC identified two potential appointees with early stage that will support programs and services. These individuals will help increase outreach for ADRD early detection and education.
G1 T1: Improve awareness and understanding about the differences between Alzheimer's Disease and other less common dementias.	Action Item Present to different public health groups about the difference between Alzheimer's Disease and other less common causes of dementia.		Progress Indicator In March 2025, DPH presented at the South Carolina Public Health Association (SCPHA) conference to raise awareness and promote risk reduction strategies for ADRD. After the presentation, the health educators from two academic institutions requested additional ADRD information.
	Share information about early detection or other ADRD resources with key partners, including the ARCC Advisory Council.		In September 2025, DPH provided the ARCC with a copy of the Early Detection of Dementia – Health System Provider Toolkit , from the BOLD Center of Excellence for Early Detection.

G1 T2: Provide training and education for caregivers and care partners where practitioners and caregivers are using the same language when discussing care.	Action Item Provide training on dementia caregiving that explains some of the conversations caregivers may have with healthcare providers.		Progress Indicator In June 2025, SCDOA expanded the Dementia Care Specialist (DCS) program to include nine additional staff to provide dementia training/education, and individual care consultations across the state.
	Educate care partners and practitioners about ADRD care and the common language used by most dementia caregivers.		In April and May 2024, the University of South Carolina (USC) Office for the Study of Aging (OSA) program presented the Dementia Dialogues™ to the SC Assisted Living Association (SCALA) including a network of care partners and practitioners.
G1 T3: Improve and expand efforts to include the voices of people diagnosed with dementia to directly support their future care plans.	Action Item Invite to the ARCC meeting a person living with mild cognitive impairment or early-stage dementia to provide feedback about future care plans.		Progress Indicator During the March 2025 ARCC meeting, the Advisory Council invited a person living with dementia to discuss their needs for different resources and to give feedback about future care planning.
	Action Item Increase ADRD training for the licensed facility staff that give direct care to people living with dementia.		Progress Indicator In January 2025, SCDOA partnered with the DPH Section of Community Care and Licensing , to provide the Dementia 201 program to employees of licensed care facilities in SC. A list of ADRD resources was given to the participating direct care facilities.
G1 T4: Improve the quality of and access to dementia education and resources available through relevant state agencies, especially for caregivers and care partners.	Provide ADRD training to all newly hired case managers and social workers working for dementia care partners.		Annually, SC Department of Social Services will use the Adult Protective Services (APS) video training, provided by The Alzheimer's Association, to educate case managers. In SC, there have been 23 training courses attended by more than 220 participants.
	Action Item Develop a partnership between the Alzheimer's Association and the different first responder training programs located in SC.		Progress Indicator In December 2024, the Alzheimer's Association started discussing the need for an ADRD training localized to SC Emergency Medical Services (EMS) and the SC Fire Association .
G1 T5: Provide training and education of first responders about ADRD, including how to communicate with someone with dementia or cognitive impairment, how to support families and caregivers, and how to discern if neglect is occurring.	Identify ADRD non-profits and help these programs integrate services with first responders and provide education at the local level.		The Alzheimer's Association will partner with the ARK SC (Alzheimer's Family Support Services) to address social respite and promote the Neighborhood Outreach Alzheimer's Help (NOAH) Project .

ADVOCACY & POLICY (GOAL 2)


Support policy and advocacy efforts that improve the health and wellbeing of all people in South Carolina.

G2 P1: Provide information to support the development of policies that incentivize and advance dementia risk reduction across provider and community settings.	Action Item Post information online to provide SC residents with ADRD statistics by age, race, and place of residence.		Progress Indicator In January 2025, the SC County Factsheets for ADRD were shared on the Alzheimer's Association website.
	Share ADRD data with the SC State Legislature to inform and direct ADRD policy.		In November 2024, all 170 SC state legislators received a copy of the SC County Factsheets for ADRD.
	Distribute the SC Alzheimer's Disease Registry Annual report detailing ADRD data from across the state.		In March 2025, the SC 2025 ADRD Registry Report was distributed; the report indicated that 125,538 individuals were living with ADRD in South Carolina in 2022.
	Author and submit a manuscript to a peer-reviewed academic journal about ADRD in SC.		In January 2025, staff from the SC Alzheimer's Registry authored: Regional Differences in the Incidence of Alzheimer's Disease and Related Dementias in SC .
G2 P2: Inform policymakers about funding needs to ensure allocation of the state budget adequately supports the specific goals outlined in this strategic plan.	Action Item Inform and advocate for funding to support ADRD state policies and services outlined in the strategic plan.		Progress Indicator In December 2024, the Alzheimer's Association advocated and helped secure funding to expand the SCDOA Dementia Care Specialist program.
	Present the annual American Association of Retired Persons (AARP) policy priorities for ADRD.		In January 2025, one of the AARP priority areas was shared with the ARCC: Increase reimbursement for the Geriatric Physician Loan Forgiveness Program .
FUTURE G2 S1: Advocate for a comprehensive continuum of care with legislators and key community stakeholders, including allocation of resources for early diagnosis and intervention.			
G2 T1: Educate state and local legislators on the importance of this strategic plan document to ensure their support and buy-in for passing priority policies and reducing barriers to care.	Action Item Develop and submit to the SC legislature, the annual report on the status of the ADRD Statewide Plan, including information on priority areas for advocacy and policy.		Progress Indicator In September 2025, SCDOA submitted the 2025 ADRD Statewide Report to the SC legislature. These reports are due annually in September 2025, 2026, 2027, and 2028 and can be found under ARCC Materials
FUTURE G2 T2: Promote the development of an advocacy campaign or tactics that target employers and insurance companies to support risk reduction and early detection programs and services.			
G2 T3: Ensure voices of people living with dementia and all people affected by ADRD are included in grassroots campaigns for inclusive and effective community advocacy efforts.	Action Item Meet with a person living with early-stage dementia to educate and provide guidance to the ARCC.		Progress Indicator In March 2025, the Alzheimer's Association identified three families to provide guidance at the ARCC Advisory Council Meeting.
	Identify different types of caregivers and care partners for people living with ADRD to explore how the needs of care partners change over time.		In March 2025, the Alzheimer's Association increased their ADRD outreach strategy to include the younger generation of care partners such as grandchildren, and new graduates of technical colleges.

G2 T4: Assess the policies of healthcare systems and identify those policies that may create barriers to education and access to care.	Action Item Attend meetings with different agencies and healthcare systems to assess and identify policies that create barriers for ADRD care.		Progress Indicator In January 2025, the Alzheimer's Association served as a panelist for SC American College of Healthcare Executives SC (ACHE) meeting and shared current dementia training resources.
	Identify ADRD programs most impacted by national policy changes to healthcare systems, including Medicaid, Medicare, and long-term care.		In November 2024, the ARCC proposed starting an assessment to identify the ADRD programs most impacted by national policy changes. The assessment will occur after any major administrative changes occur at the national level.



FUTURE G2 T5: Coordinate with ADRD stakeholders and academic institutions across the state to increase the ability of healthcare providers to deliver person-centered care for dementia.

FUTURE G2 T6: Provide information for developing policies that can reduce barriers and ensure individuals living with dementia have access to residential and home and community-based services.

G2 T7: Advocate for the expansion and continued funding of programs that provide support to informal dementia caregivers and care partners.	Action Item Assess how many caregivers of persons living with dementia received services through the SC Family Caregiver Support Program.		Progress Indicator In July 2025, SCDOA collaborated with the SC Respite Coalition to review service utilization of the SC Family Caregiver Support Program.
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ACCESS & QUALITY (GOAL 3)



Improve the quality of ADRD care and ensure all people in South Carolina have access to the resources, healthcare, and support they need for reducing risk and all other issues related to ADRD.

G3 P1: Identify key partners with broad reach at the local or county level to increase awareness about local ADRD-related services.	Action Item Increase ADRD awareness with local providers and community partners by initiating a social media campaign for local ADRD services.		Progress Indicator In January 2025, DPH shared information about the new USC Brain Health webpage to community partners. DPH and USC have a bi-monthly call to discuss updates, and the partners will develop a social media toolkit.
	Identify SC counties with a high prevalence of modifiable risk factors and target them as key areas for the ADRD risk reduction campaign.		In January 2025, DPH completed an ADRD prevalence and population health analysis to determine the 17 target counties for the TBHTH campaign focusing on female, non-Hispanic black populations aged 65 and older.



REFER TO EDUCATION G3 P2: Increase awareness about ADRD and promote preventative and risk-reducing activities at the community level across the state.

REFER TO EDUCATION G3 S1: Support and champion the implementation of statewide primary care provider training and education for early detection, diagnosis, and diagnosis disclosure for care planning.

G3 S2: Work with ADRD stakeholders statewide to outline a plan for advanced care coordination that involves co-management with primary care, local specialists, counselors, and others.	Action Item Discuss potential partnerships with health systems and dementia care teams to complement ADRD services and implement the GUIDE Model.		Progress Indicator In March 2025, SCDOA had a meeting with some of SC's GUIDE Model programs. SCDOA provided these GUIDE awardees with information about GetCareSC linking providers to dementia care services and caregiver resources.
	Assess the priority areas for the Guide Model awardees to assist with advocacy and advanced care services.		In March 2025, the Alzheimer's Association Health Systems Division attended meetings with the SC's GUIDE Model programs. Advocacy needs were discussed.
G3 T1: Champion the development of memory treatment centers with expertise across the state that involves inter-institutional coordination, with each center responsible for providing care across their region, including the use of telehealth.	Action Item Expand ADRD services by partnering with local healthcare systems to coordinate care for ADRD.		Progress Indicator In June 2025, the USC Brain Health Network , a coordinated care system linking ADRD providers to patients, had active locations in Sumter, Winnsboro, Seneca, Columbia, and Darlington counties.
	Provide the ARCC with an updated list of health systems with memory care centers and those that have ADRD care plans.		In November 2024, the ARCC started to update a list of direct care and treatment centers. Some challenges were identified related to billing and liability agreements when expanding the ADRD network.
	Increase the availability of neuropsychology screening for Veteran's Administration (VA) patients that self-identify as having memory problems.		In July 2025, the VA discussed with the ARCC the goals of the Ralph H. Johnson VA Medical Center to implement a Rapid Access Memory Evaluation program for ADRD.
REFER TO ADVOCACY & POLICY G3 T2: Promote the development of a state-funded clinical care coordination program that includes enough funding for high quality care, interdisciplinary health care teams, and a fully coordinated, integrated care system that interfaces with research.			
REFER TO EDUCATION G3 T3: Identify a recommended list and promote ADRD quality of care and care navigation, including ensuring funding for evidence-based programs in South Carolina.			
G3 T4: Identify key barriers and develop a recruitment plan to improve the healthcare workforce with special attention towards increasing the number of paid caregivers, cognitive specialists, primary care providers of all kinds, neurologists, and mental health professionals.	Action Item Encourage partnerships with workforce development organizations, trade schools, and other academic institutions to foster careers that focus on older adults or people living with cognitive impairment.		Progress Indicator In December 2024, the ARCC connected with the LeadingAge SC program to discuss the Vickie Moody Leadership Academy and the "Careers That Love You Back" program. LeadingAge SC members employ over 8,000 mission-oriented staff care partners serving more than 10,000 older South Carolinians.
	Explore options to mitigate the rising cost of medical education and the increasing burden of student loan debt for those pursuing careers in geriatric medicine.		In September 2025, the ARCC started planning ways to utilize the SC Department of Employment and Workforce (SCDEW) heat maps on the healthcare workforce to gain knowledge and inform policies to increase funding for the SCDOA Geriatric Loan Forgiveness Program .




G3 T5: Collaborate statewide to improve virtual care, including the expansion of telehealth and broadband access (such as use of informal electronic consults early on in diagnosis) to improve access to services in rural and urban areas.	Action Item		Progress Indicator
	Determine the level of access people living with dementia and their caregivers have to telehealth services.		In May 2025, SCDOA developed the Dementia Caregiver Needs Assessment and included questions about the availability and use of telehealth services.
	Develop a list of senior center sites that provide access to telehealth services.		In November 2024, the SCACAD and SCDOA developed a list of sites aligned with the Palmetto Care Connections (PCC) Telehealth program. Utilization is low and the ARCC continues to discuss the barriers that are preventing more individuals from using telehealth services.

FUTURE G3 T6: Improve post-diagnosis access and systems of referral to affordable legal services for families, care partners, and people diagnosed with ADRD (i.e. Power of Attorney and Estate Planning).








G3 T7: Improve communication and coordination regarding people impacted by dementia among Primary Care Providers and the full spectrum of healthcare providers and physician specialists across the state.	Action Item		Progress Indicator
	Share the early detection toolkit with primary care providers and other healthcare networks in SC.		In April 2026, the ARCC will draft a letter and press release to highlight the BOLD Early Detection of Dementia: Health System Provider Toolkit . This activity will be finalized for primary care providers in early 2026.
	Promote primary care provider training in SC to increase communication and care coordination with ADRD specialists.		In June 2025, the Alzheimer's Association Health Systems initiative supported two learning collaborative cycles of Project ECHO. The ARCC reviewed the Project ECHO Annual Report .

CAREGIVER SUPPORT (GOAL 4)

Improve, expand, and develop multidimensional support and health promotion programs for professional and family caregivers and care partners.



G4 P1: Develop strategy for community awareness campaigns about promoting health and reducing risks of dementia and cognitive impairment among those who are entering the caregiver field.	Action Item		Progress Indicator
	Develop an internship program for college students that anticipate starting a career as a care partner, to help these students gain field experience at local senior centers.		In March 2025, Coastal Carolina University expressed interest in partnering with DPH on brain health initiatives. The partnership would allow students to work with senior centers to implement ADRD risk reduction and caregiver education.
G4 P2: Develop programs and work with partner organizations to improve and expand resources for caregivers and care partners that will reduce stress, improve coping, and improve overall health.	Action Item		Progress Indicator
	Increase access to online resources offered by care partners to encourage peer support and other community-based services.		In June 2025, the ARCC received updates from the local AAAs on ways to promote caregiver support groups online, as well as peer support and coordinated services for seniors.
	Promote ADRD programs to reduce stress, depression, and anxiety that can come with caregiving.		In September 2026, SCDOA is partnering with the National Family Caregiver Support Program (NFCS) to provide support and services to family and informal caregivers.

<p>G4 S1: Increase awareness and expand presence of early-stage support groups statewide to ensure support for caregivers as soon as possible.</p>	<p>Action Item</p> <p>Make a comprehensive list of early-stage support groups and indicate options for specialized dementia case management.</p>	<p>Progress Indicator</p> <p>In August 2025, the Alzheimer's Association started developing a list of support groups that provide specialized dementia case support both online and in-person.</p>
<p>G4 T1: Provide access to all necessary resources and information needed to optimize care, support, and crisis management, including emotional support for caregivers.</p>	<p>Action Item</p> <p>Increase the number of resources promoting the crisis line for caregiver support, especially in retirement communities.</p>	<p>Progress Indicator</p> <p>In March 2025, the Alzheimer's Association promoted caregiver resources, including the Crisis Line for Caregiver Support (800-272-3900). The ARCC will share these resources with SC retirement communities.</p>
<p>G4 T2: Task the ARCC and other relevant agencies and organizations with developing specific goals to address quality of support and care for caregivers.</p>	<p>Action Item</p> <p>Ensure that quality respite programs are available to caregivers across all age groups in South Carolina.</p>	<p>Progress Indicator</p> <p>In August 2025, the ARCC received an update about the Lifespan Respite Care program to increase a coordinated system of community-based respite care for caregivers of people with special needs. SCDOA is also promoting this work in conjunction with the South Carolina Respite Coalition (SCRC).</p>
<p>G4 T3: Create a statewide crisis response system that supports the unique behavioral needs of individuals living with dementia.</p>	<p>Action Item</p> <p>Ensure that the Endangered Person Notification System (EPNS) is addressing the needs of individuals living with dementia.</p>	<p>Progress Indicator</p> <p>In June 2025, the EPNS was discussed at the ARCC meeting to consider the unique behavioral needs for dementia and other disorders that lead to wandering, aggression, or the need for safe spaces.</p>
<p>FUTURE G4 T4: Work to consolidate resources for caregivers through a “No Wrong Door” system.</p>		
<p>G4 T5: Provide workshops (in-person and virtually) that support caregiver education on additional caregiver skills including wound care, nutrition, social connection, etc.</p>	<p>Action Item</p> <p>Increase the availability of the Alzheimer's Association's Community Volunteer Educator program.</p> <p>Increase support for caregivers through programs that offer simple techniques towards daily living, nutrition, and care for people living with ADRD.</p>	<p>Progress Indicator</p> <p>In March 2025, the Alzheimer's Association provided the ARCC with reference materials for the Community Volunteer Educator Program.</p> <p>In June 2025, the Snow Approach™ was discussed as an innovative way to help ADRD caregivers, by utilizing care methods that protect and grow their relationship, experience less resistance towards daily living skills, and mitigate stress.</p>

G4 T6: Establish a partnership with the SC Office of Rural Health (SCORH) to identify and develop a plan to address specific needs of caregivers and care partners in rural communities, including lack of access to specialists, respite programs, and other resources.	Action Item Invite stakeholders from rural areas to help identify the specific needs of family caregivers supporting ADRD patients living in rural communities.		Progress Indicator In August 2025, a member of SC Office of Rural Health (SCORH) was identified to provide updates at the 2026 ARCC subcommittee meetings. These updates will address the specific needs of family caregivers in rural communities.
	Conduct assessments to determine ways to increase access to specialists, respite programs, and long-term care in rural areas.		In September 2025, SCDOA started planning the logistics to host a listening session or focus group at a rural community center in the summer of 2026.
	Offer listening sessions for providers, caregivers, and organizations providing seniors care in rural areas.		In December 2024, the Alzheimer's Association provided the ARCC with the results of the Orangeburg County convening and shared caregiver resources to rural healthcare partners.
G4 T7: Coordinate with appropriate community organizations including faith-based organizations, state agencies, and insurance companies to improve adult daycare and respite care.	Action Item Ensure Adult Day Care (ADC) programs are listed online based upon current and accurate data.		Progress Indicator In March 2025, the GetCareSC website was updated and checked for accuracy. ADC programs are slowly growing in capacity.
	Support increasing ADRD programs and respite efforts through community and faith-based organizations.		In May 2025, the SCDOA Dementia Care Specialists attended a faith-based outreach event to discuss respite and promote ADRD services.
	Educate on the availability of public benefits for adult day programs, at-home, and community-based services.		In June 2025, the ARCC discussed ways to increase statewide education for the SC Medicaid Waiver services. For more information visit: South Carolina Medicaid Long Term Care Programs and SC Medicaid Waiver Fact Sheet .
	Promote online education and social media to support the SC Respite Coalition (SCRC) for ADRD.		In January 2025, the SCRC provided an educational toolkit to implement the Breakroom Project , with a free manual and summary of key respite care strategies.


DATA (GOAL 5)


Improve access to, coordination, and use of ADRD data and resources statewide.

G5 P1: Use research, data collection, and analysis to inform ADRD policy and programming.	Action Item Promote the research being published by the SC Alzheimer's Registry and other research partners.		Progress Indicator In June 2025, the 2024 Alzheimer's Disease Registry Annual Report was distributed to inform ADRD policy and programming.
	Increase access to the latest ADRD data and SC reports to inform and expand ADRD policies and programming in SC.		In February 2025, the ADRD Registry data was distributed to inform policy and programming across SC. Submit a data request at Alzheimer's Disease Registry Request .



REFER TO ACCESS & QUALITY G5 P2: Develop strategic reports about recruiting, retaining, and training all levels of health care providers needed to help address the full spectrum of ADRD needs in SC.

FUTURE G5 P3: Strongly encourage all research partners to commit to the equity stratification of all ADRD data collection, analysis and dissemination, and to use the results to inform policy and programs.


G5 S1: Incorporate into data collection efforts intentional tracking of early detection and diagnoses to look for gaps in the continuum of care and to identify communities in need of education/resources.	Action Item	Progress Indicator
	Develop standardized protocols for gathering early detection and diagnosis data across the continuum of data sources utilized by the SC ADRD Registry.	 In May 2025, the 2025 Alzheimer's Disease Registry published a list of data sources and protocols for early detection and diagnosis.

G5 T1: Use data gleaned through available surveillance strategies and other sources to inform the public health program and policy response to cognitive health, impairment, and caregiving.	Action Item	Progress Indicator
	Create an infographic for ARCC partners using data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS).	 In July 2025, DPH developed a two-page infographic linking the BRFSS data received from the cognitive decline, caregiver, and chronic disease modules .

FUTURE G5 T2: Coordinate the data collection needs about professions, facilities, and providers that can provide services for people with dementia and mild cognitive impairment.

G5 T3: Develop a formal assessment and data collection process to determine the challenges and needs of caregivers and care partners.	Action Item	Progress Indicator
	Compile a baseline assessment of data and program information on caregiving activities throughout the state.	 In December 2024, the GetCareSC.com webpage was updated to include a list of SC specific caregiver programs and activities.
	Report the qualitative data to the ARCC about the challenges identified through the caregiver needs assessment.	 In July 2026, SCDOA is planning to publish the Caregiver Needs Assessment findings.

REMOVE G5 T4: Encourage statewide analysis to determine the impact of COVID-19 on ADRD services.

G5 T5: Improve the collection, availability and utilization of dementia-related data by state agencies.	Action Item	Progress Indicator
	Increase the use of the online dementia-related data request form (USC Office for the Study of Aging) and share with the ARCC the reach of dementia-related data across state agencies.	 In June 2025, the ARCC members discussed the SC Dementia-Related Reports that are online and will conduct web analytics to calculate the impact of the outreach materials distributed at community events.

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The ARCC continues to support ADRD Programs and Services in South Carolina. DPH wants to thank the ARCC members' willingness to help resolve issues and work through the process of developing the 2025 ADRD Implementation Plan.

The ARCC is confident that South Carolina can meet the challenges ahead. The members stand ready to act and partner with all local, state, and national stakeholders to deliver an effective ADRD Implementation Plan.

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