

Health Trends

The Stroke Smart Virginia Partner Recognition Program

MaryBeth Cox, the Stroke Program Coordinator at the Virginia Department of Health (VDH), will be our guest speaker at all five virtual Regional Nursing Meetings in the month of October. She will be sharing information on the [Stroke Smart Virginia Partner Recognition Program](#).

About the Program

The Stroke Smart Virginia Partner Recognition Program celebrates businesses and organizations taking action to educate others about stroke. This includes educating their staff and community about how to Spot a Stroke, Stop a Stroke, and Save a Life. Any business or organization - large or small - is welcome to join.

How to Participate

1. [Get Free Stroke Smart Materials](#) – VDH provides these at no cost.
2. Educate your team – Teach staff/team members how to recognize stroke signs and take immediate action by calling 911.
3. Promote Stroke Smart awareness – Share information within your business/organization and your community.
4. [Complete the Recognition Form](#) – Share what your business/organization has done to educate others about stroke.



What You Will Receive

- A framed certificate recognizing your business/organization as an official Stroke Smart Virginia Partner
- A package of Stroke Smart materials, including:
 - Wallet cards
 - Magnets
 - Posters
- Recognition on the VDH website as a Stroke Smart Partner
- An invitation to join the Stroke Smart Working Group

Who is Eligible

Any business or organization that:

- Has educated its staff about spotting strokes and calling 911
- Actively promotes Stroke Smart awareness in its community

To apply or learn more, visit

<https://www.vdh.virginia.gov/stroke/stroke-smart-partner-recognition/> or email stroke@vdh.virginia.gov

Who Can Apply

Organizations, businesses and places of employment such as:

- Childcare or day care center
- College or university
- Community/civic organization or nonprofit
- Faith-based organization
- First responders (e.g. police, fire, paramedics, EMS)
- Government entity, local or state
- Health and wellness (e.g. gym, yoga, physical therapy)
- Hotel or motel
- Housing development
- Law enforcement agency
- Library or library system
- Medical practice (dental, primary care, FQHC, urgent care) - see Stroke Smart Medical Practice
- Mental/behavioral health facility
- Nursing home/assisted living
- Outpatient facility (e.g. imaging center, laboratory, dialysis)
- Pharmacy
- Recreation center, YMCA
- Rehabilitation hospital
- Retail (e.g. coffee shop, clothing, supermarket, restaurant)
- School (preschool, K-12, public or private)
- Service organization (e.g. fraternity, sorority, Rotary club, Ruritans, Lion's Club)
- Senior organization (e.g. day center, residence)
- Other workplace (e.g. bank, law office, hair/nail salon, barber)

App of the Month



The Stroke Awareness app shows the signs of stroke in simple easy graphics. If you or someone else is having a stroke the app will call 911 directly and instantly send text messages to as many as 3 emergency contacts notifying them that you are having a medical emergency and calling 911. This app will find the closest certified stroke center near you. (App of the Month is not endorsed by DBHDS Office of Integrated Health Supports Network. User accepts full responsibility for utilization of app).

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BCBA

ABA Snippets ...

Dementia And Behavior Science

Recently, while attending the Greater Richmond Elder Justice Shelter Initiative, I learned that about 6.9 million older adults are living with dementia (4). When it comes to dementia, early detection is very important but often difficult. This is true for the general population and for people with mild intellectual disabilities (ID), but it is particularly true when it comes to people with more severe ID (7). Early signs of dementia include changes in memory, language/communication, judgement, spatial awareness, motor skills, emotions, and/or behavior (4). People with intellectual disabilities often have difficulties in these areas, making it hard to detect changes (7). For example, if a person has limited communication skills, it is difficult to notice a change as a possible symptom of dementia. If you support someone with an intellectual disability it is important to have a strong knowledge of their skills and abilities so changes will be easier to detect.

There is no cure for dementia and treatment is usually limited to medical interventions such as the use of medication (6). In some cases, it may be beneficial to include behavioral interventions along with medical interventions. Here are some possible examples:

1. The **check-in procedure** consists of checking in on a person living with dementia every 15 minutes, offering activity choices, and praising the person when they are engaged. This procedure has been shown to increase appropriate engagement while decreasing inappropriate engagement (2).
2. The **descriptive prompts with praise procedure** consist of using prompts that describe an activity then providing praise when the person is engaged with the activity, resulting in an overall increase in engagement (1).
3. Using **picture-based communication** is a method of teaching a person living with dementia to use picture cards to ask for highly preferred activities (5).
4. Using **indices of happiness** is a process of defining and observing signs of happiness, such as smiling and laughing, to measure how happy a person is before, after and during various activities. In this study, the participants showed an increase in happiness during the activity and maintained higher levels of happiness after that activity as compared to before the activity (3).

For more information, please visit the following links: [DBHDS Office of Integrated Health](#), [DARS Dementia Services](#) and/or [National Task Group on Intellectual Disabilities and Dementia Practices](#).

You may contact DBHDS about these efforts via the following: Brian.Phelps@dbhds.virginia.gov

References

1. Brenske, S., Rudrud, E., Schulze, K., & Rapp, J. (2008). Increasing activity attendance and engagement in individuals with dementia using descriptive prompts. *Journal of Applied Behavior Analysis*, 41, 273–277.
2. Engstrom, E., Mudford, O.C., & Brand, D. (2015). Replication and extension of a check-in procedure to increase activity engagement among people with severe dementia. *Journal of Applied Behavior Analysis*, 48, 460–465.
3. Moore, K., Delaney, J., & Dixon, M. (2007). Using indices of happiness to examine the influence of environmental enhancements for nursing home residents with Alzheimer's disease. *Journal of Applied Behavior Analysis*, 40, 541–544.
4. Palinkas, S. (2026, Aug. 25). Dementia and elder abuse: understanding the increased risk [Speaker presentation]. Greater Richmond Elder Justice Shelter initiative, Richmond, VA, United States.
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6. Trahan, M. A., Kahng, S., Fisher, A. B., & Hausman, N. L. (2011). Behavior-analytic research on dementia in older adults. *Journal of Applied Behavior Analysis*, 44, 687–691.
7. Wissing, M.B.G., Hobbelen, J.S.M., De Deyn, P.P., Waning, A., & Dekker, A.D. (2024). Dementia in people with severe/profound intellectual (and multiple) disabilities, and its natural history. *Journal of Mental Health Research in Intellectual Disabilities*, 17, 1–28.

Getting to Know Developmental Services - Employment Team

Introducing the Employment Team working within the Office of Community Network Supports (CNS) part of the Division of Developmental Services (DS) at the Virginia Department of Behavioral Health and Developmental Services (DBHDS).

Virginia is an employment First state. The Commonwealth believes everyone can work and contribute meaningfully to their communities– including individuals with developmental disabilities, mental health needs, substance use, or criminal justice involvement. Employment should be the FIRST option people explore before considering other community day services.

The Employment Team at DBHDS does NOT provide employment services directly but does work with other state agencies and community partners to help people with Developmental Disabilities (DD) and Behavioral Health (BH) needs to find employment.

The Employment Team offers training and technical assistance to individuals, families, providers, and agency staff. They promote access to competitive integrated employment along with tracking and reporting statewide employment rates and outcomes. They review employment related policies, collaborate with the Virginia Department of Education (VDOE), the Virginia Department of Aging and Rehabilitative Services (DARS) along with other DBHDS office programs on employment related projects and initiative.

Employment Team Activities, Projects, and Collaborations

- Employment 1st Advisory Group aims to increase employment for individuals with DD and BH conditions by maintaining collaboration between state agencies, supporting Virginia's Employment First Initiative, and reducing barriers to employment.
- Community Engagement Advisory Group works to transform how individuals with DD experience life in their communities by building understanding, removing barriers, and expanding access to meaningful Community Life Engagement (CLE).
- DD Supported Employment (SE) Policy Interpretation is done by working with DBHDS staff, DARS, Support Coordinators, Providers and others to help correctly interpret DD SE policy for partners and stakeholders.
- Quality Improvement Initiatives (QII) Collaboration supports the use of QII to improve the quality of and access to supported employment services and address barriers.
- Training and Technical Assistance provides ongoing support and technical assistance as needed.
- Permanent Injunction Monitoring is done on the progress towards Employment-related terms of the Permanent Injunction, which are reported to internal and external committees.
- Data Review & Presentation oversees the reporting of data elements used to populate the Semi-Annual Employment Report, which is reviewed as part of the permanent injunction, as well as other national data reporting. Presents of data are given to various audiences and stakeholder groups.
- Individual Placement and Support (IPS) Fidelity Reviews conduct reliability reviews across the state in collaboration with DARS. The IPS is an evidence-based model of supported employment for people with serious mental illness, in which they are supported with attaining competitive and integrated employment. IPS programs are reviewed every six months until they reach good fidelity, then annually, as long as they maintain good dependability.

To learn more about the Employment Team it can be found on the [DBHDS website](#) under the "For Individuals & Families" tab at the top, on the drop-down under "[Developmental Services/Employment](#)"