November 2026

Health Trends

DBHDS
Virginia Department of Behavioral Health and Developmental Services

What is the NTG - EDSD?

ntg National Task Group on Intellectual Disabilities and Dementia Practices

The National Task Group on Intellectual Disabilities and Dementia Practices (NTG) released the NTG - Early Detection Screen for Dementia (NTG-EDSD) which was developed in response to requests for an instrument useful to record observations of changes in mental functioning.

It was designed as an easy-to-use tool for families, agency staff, clinicians, and researchers involved in supporting or assessing adults with intellectual and other cognitive disabilities who may be experiencing age-related or neurological cognitive changes.

The NTG-EDSD helps caregivers and support staff recognize and record changes in a person's memory, behavior, and everyday abilities that may need further evaluation (2)(4).

The NTG-EDSD…

- A dementia symptoms, and indicators, screening tool used in the guidelines issued by the Medical Care Guidelines for Adults with Down Syndrome Workgroup and published in *JAMA* (2)(5).
- Can help caregivers talk with healthcare providers about changes they have noticed (2).
- Can help identify changes that may *suggest* Mild Cognitive Impairment (MCI) when a person has changes in memory or thinking that are more than expected with normal aging. MCI is not the same as dementia (2)(4).
- Is used as part of the information collected in combination with the Affordable Care Act's annual wellness visit and cognitive impairment assessment.
- Is a 6-page check list designed to be completed by family caregivers, provider agency staff members and other supporters.
- Is used to record suspected behavioral changes and differences observed in adults with an intellectual disability.
- Is used to determine if there are changes in capabilities as the individual ages.

The NTG-EDSD is not…

- Used to diagnose MCI or dementia. It helps identify changes that may need further evaluation (2)(4).
- Used to determine if MCI, dementia or something else is responsible for any notable changes in thinking or behavior for an individual with intellectual and developmental disabilities (IDD) (4).

Information collected on the EDSD

The NTG-EDSD should be completed by someone who knows the individual well and has known them for at least six months (1).

The NTG-EDSD helps track changes over time and identify possible concerns (4).

The EDSD enables supporters to record information about issues including:

- Medical or behavioral conditions.
- Questions about observed changes.
- How the person acts when doing daily tasks.
- Whether the person is having memory problems or forgetting how to do things.
- Medication use.
- Whether behaviors are new or have been there for some time (4).

The EDSD should be…

- Used beginning at age 40 for adults with Down syndrome and in the mid- to late 50s for adults with other intellectual disabilities (4)(5).
- A baseline which shows what is normal for the person. It helps caregivers notice changes in memory, behavior, or daily skills over time (4).
- Re-done every year or every other year. If areas of concern are noted, then the checklist can be redone more often. Even as much as every six months or as recommended by a healthcare provider (4).

Helpful NTG-EDSD Resources

- National Task Group on Intellectual Disabilities and Dementia Practices (NTG) - https://www.the-ntg.org/
- NTG-EDSD documents - https://www.the-ntg.org/ntg-edsd/documents

Please direct any questions or concerns regarding the Office of Integrated Health Supports Network "Health Trends" newsletter to communitynursing@dbhds.virginia.gov

References

1. Esralew, L., Janicki, M. P., DiSipio, M., Jokinen, N., Keller, S. M., & Members of the National Task Group Section on Early Detection and Screening. (2013). National Task Group Early Detection Screen for Dementia (NTG-EDSD) Manual. NADD Bulletin, 16(3), 47–54.
2. National Task Group on Intellectual Disabilities and Dementia Practices (NTG). (2026, October). What is the NTG-EDSD? [Internet].
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4. National Task Group on Intellectual Disabilities and Dementia Practices (NTG). (n.d.). Quick guide for using the NTG-EDSD by support & care staff. [Internet].
5. Tsou, A.Y., Bulova, P., Capone, G., Chicoine, B., Gelaro, B., Harville, T.O., Martin, B.A., McGuire, D.E., McKelvey, K.D., Peterson, M., Tyler, C., Wells, M., & Whitten, M.S. (2020, October). Medical care of adults with Down Syndrome: A clinical guideline. *JAMA*, 324(15):1543-1556. doi:10.1001/jama.2020.17024

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BCBA

VIRGINIA DEPARTMENT of ELECTIONS

Voting Accessibility

1. **Any person, regardless of their disability status,** has the right to register to vote at any office or agency that provides such a service.
2. **A person with cognitive disabilities** can be eligible to register and vote if not judged to be mentally incapacitated by a court of law.

You can register to vote:

- Online at the citizen portal
- By mail. Download forms >>>
- At your local voter registration office, which can accommodate special needs: elections.virginia.gov/LocalGR
- At public libraries, Virginia Department of Motor Vehicles, and certain state/local offices such as the Department of Health (VDH), Department of Social Services (DSS).

Accessible Absentee Voting

If you are print disabled, you may request to receive an absentee ballot electronically to mark your ballot using an electronic ballot-marking tool. (See Code of Virginia § 24.2-103.2). If you choose this option for voting absentee, your ballot will be delivered by email and can be marked using screen reader assistive technology.

If you are print disabled and want more information on how to receive your ballot electronically, please contact your general registrar's office.

Accessible Polling Places

There is at least one voting machine accessible to voters with disabilities at each polling place. Voters with a disability should be able to vote in the same private and independent manner as a voter without a disability.

Virginia polling places, including early voting locations, meet state and federal accessibility standards. You can find:

- Accessible parking spaces.
- Curbside voting.
- Signs showing an accessible entrance and route in building.
- Accessible voting booth with chair.
- Seating available for voters waiting to vote.
- Sufficient space for voters in wheelchairs.
- Notepads available to communicate in writing.
- Magnifier for election material and the ballot.

Questions?

Contact your local voter registration office: elections.virginia.gov/LocalGR

Contact the Virginia Department of Elections at (800) 552-9745 or info@elections.virginia.gov

TTY Phone Access for Hearing Impaired: Contact Virginia Relay Service at 711 and ask them to call the Virginia Department of Elections at (800) 552-9745 or your local voter registration office: elections.virginia.gov/LocalGR

Reference:

The Viginia Department of Elections. (2026) Accessible voting. [Internet]

ABA Snippets ...

Behavior Analytic Strategies for Effective Diabetes Care

November is National Diabetes Month, a time dedicated to increasing awareness about diabetes across the county. Over 40 million Americans (12% of the population) are living with the condition. Diabetes was the seventh leading cause of death in the United States and develops when an individual experiences hyperglycemia either because of insulin resistances (Type 2 diabetes) or because the pancreas does not produce insulin (Type 1 diabetes) (1,2).

Diabetes management is composed of behavior patterns requiring long-term, sustainable solutions that fall within the realm of behavior-analytic approaches to managing behavior. Poor diabetes management can be categorized as behavioral excesses, such as eating too many carbohydrates, and deficits, such as not monitoring glucose levels on a prescribed schedule (1).

As technology has advanced, technology-based prompts have been investigated in the form of text messages and smartphone app notifications to increase glucose monitoring and medication adherence. Vervloet and colleagues (2012) found that participants were more likely to monitor medication when text message reminders were provided (control group = 39% vs. SMS prompt group = 50%) (4).

Raiff and Dallery (2010) conducted a study with four adolescents with deficits in managing Type 1 diabetes who were enrolled in an internet-based contingency management program. The participants could earn incentives for each self-monitoring blood glucose check (SMBG) as testing between 4-8 times per day. Frequency of blood glucose testing rose from an average of 1.7 times per day to an average of 5.7 times per day (3).

As behavior analysis continues to broaden its scope of practice, behavior-analytic approaches have been shown to provide a number of benefits to effective assessment and treatment of diabetes.

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

References

1. 1. American Diabetes Association. (January, 2026). Statistics about diabetes. https://diabetes.org/about-diabetes/statistics/about-diabetes.
2. 2. Raiff, B. R., Burrows, C., & Dwyer, M. (2021). Behavior-analytic approaches to the management of diabetes mellitus: Current and future directions. *Behavior Analysis in Practice, 14*, 240-252.
3. 3. Raiff, B. R., & Dallery, J. (2010). Internet-based contingency management to improve adherence with blood glucose testing recommendations for teens with Type 1 diabetes. *Journal of Applied Behavior Analysis. 43*(3), 487–491.
4. Vervloet, M., Linn, A. J., van Weert, J. C. M., de Bakker, D. H., Bouvy, M. L., & van Dijk, L. (2012). The effectiveness of interventions using electronic reminders to improve adherence to chronic medication: A systematic review of the literature. *Journal of the American Medical Informatics Association, 19*(5), 696-704.

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