



July 1, 2025 - June 30, 2026

2026 Annual Report

Alzheimer's Resource Coordination Center

Prepared By:

Alzheimer's Resource Coordination Center
SC Department on Aging

Prepared For:

The Honorable Daniel B. "Danny" Verdin, III, Chairman
Senate Medical Affairs Committee

The Honorable Sylleste H. Davis, Chairperson
House Medical, Military, Public and Municipal Affairs Committee

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About the ARCC

History of the ARCC

On April 22, 1993, Governor Carroll A. Campbell, Jr. signed Act 195 of the General Assembly, establishing the Blue-Ribbon Task Force. The Task Force was created to study the planning, coordination, and delivery of services for individuals living with Alzheimer's disease, their families, and caregivers. Their work resulted in the submission of the first South Carolina state plan to address Alzheimer's disease and related disorders: "Gray Plague of the Twenty-First Century: Meeting the Needs of Individuals with Alzheimer's Disease, Their Families, and Caregivers."

Building on the recommendations of the Blue-Ribbon Task Force, legislation enacted in 1994 established the Alzheimer's Disease and Related Disorders Resource Coordination Center (ARCC) within the Division of Aging Services, now the South Carolina Department on Aging (SCDOA); created an advisory council representing a multidisciplinary approach to addressing dementia; and established a grant program to support communities and other entities in addressing needs related to Alzheimer's disease and related dementias (ADRD).

Mission

To improve the quality of life of individuals living with ADRD, their families, and caregivers through coordination, service system development, communication, and caregiver support.

Vision

A South Carolina where every individual impacted by ADRD, their families, and caregivers receive timely, integrated, and innovative support through collaborative systems, informed public policy, and accessible education.



Background

A. Enabling Legislation

The Alzheimer's Resource Coordination Center was created in the Division on Aging Act of the South Carolina Legislature effective April 20, 1994, and is now housed in the South Carolina Department on Aging. The purpose of the Center is to "provide statewide coordination, service system development, information and referral, and caregiver support services to individuals with Alzheimer's disease and related disorders, their families, and caregivers."

B. Responsibilities Assigned by Legislation

According to the SC Code of Laws Section 44-36-320, the center shall:

- (1) Initiate the development of systems, which coordinate the delivery of programs and services;
- (2) Facilitate the coordination and integration of research, program development, planning, and quality assurance;
- (3) Identify potential users of services and gaps in the service delivery system and expand methods and resources to enhance statewide services;
- (4) Serve as a resource for education, research, and training and provide information and referral services;
- (5) Provide technical assistance for the development of support groups and other local initiatives to serve individuals, families, and caregivers;
- (6) Recommend public policy concerning Alzheimer's Disease and related disorders to state policymakers;
- (7) Submit an annual report to the Chairman of the Medical Affairs Committee of the Senate and the Chairman of the Medical, Military, Public, and Municipal Affairs Committee of the House of Representatives.
- (8) Facilitate coordination and integration of educational initiatives for healthcare providers on the importance and value of early detection and timely diagnosis of cognitive impairment, validated cognitive assessment tools, and increasing understanding and awareness of early warning signs of Alzheimer's disease and other types of dementia and how to reduce the risk of cognitive decline.
- (9) Convene the advisory council to update the statewide plan to address Alzheimer's disease and related dementias.
- (10) When updating the statewide plan, the advisory council must solicit input from the Department of Health and Environmental Control, the Department of Health and Human Services, and the Department of Social Services to ensure the formulation of a comprehensive statewide plan that meets the needs of the State.
- (11) Submit an annual report to the Governor and the General Assembly by September thirtieth concerning progress toward fulfilling the statewide plan.



Advisory Council

According to the SC Code of Laws Section 44-36-330, the ARCC must be supported by an advisory council appointed by the Governor, including, but not limited to, representatives of:

1. Alzheimer's Association, South Carolina Chapter
2. American Association of Retired Persons (AARP) – South Carolina Chapter
3. Clemson University
4. Department of Behavioral Health and Developmental Disabilities, Office of Intellectual and Developmental Disabilities
5. Department of Behavioral Health and Developmental Disabilities, Office of Mental Health
6. Department of Health and Environmental Control (now known as the South Carolina Department of Public Health)
7. Department of Health and Human Services
8. Department of Social Services
9. Medical University of South Carolina
10. National Association of Social Workers, South Carolina Chapter
11. South Carolina Adult Day Care Association
12. South Carolina Association of Area Agencies on Aging
13. South Carolina Association of Council on Aging Directors
14. South Carolina Association of Nonprofit Homes for the Aging (now known as LeadingAge, SC)
15. South Carolina Association of Residential Care Homes (now known as South Carolina Assisted Living Association)
16. South Carolina Health Care Association
17. South Carolina Home Care Association
18. South Carolina Hospital Association
19. South Carolina Medical Association
20. South Carolina Nurses Association
21. South Carolina Alzheimer's Disease Registry
22. South Carolina State University
23. University of South Carolina

Represented Entities Not Listed in Statute:

24. Coastal Carolina University
25. Consumer/Family Caregiver
26. Consumer/Family Caregiver
27. South Carolina Silver-Haired Legislature
28. Veterans Health Administration

The Advisory Council meets quarterly, and subcommittees meet twice annually.



Introduction

Alzheimer's disease and other dementia related illnesses continue to be a significant public health issue at the global, national, and state levels. These progressive conditions can impair memory, thinking, and the ability to perform everyday tasks, affecting independence and creating significant demands on individuals, families, communities, and health and long-term care systems.

The World Health Organization (WHO) estimates that more than 57 million people are living with dementia globally, with nearly 10 million new cases diagnosed annually.¹ Nationally, the Alzheimer's Association reports around 7.4 million Americans 65 or older are living with Alzheimer's disease, with projections indicating this number could reach 13.8 million by 2060 without any major medical breakthroughs.² Alzheimer's disease is the most common cause of dementia, making up around 60-80% of all cases, and ranks as the sixth leading cause of death in the United States. Deaths from Alzheimer's disease have increased by 134% between 2000 and 2024, while deaths from other conditions such as heart disease and stroke have declined.

In South Carolina, 125,538 individuals were living with a diagnosed ADRD as of 2022, according to the South Carolina Alzheimer's Disease Registry, the nation's oldest and most comprehensive population-based dementia registry.³ Of these, approximately 73% had Alzheimer's disease specifically. Prevalence is notably higher among older age groups, with about 11% of South Carolinians aged 65 and older and 55% of those aged 85 and older affected.

Trends point to continued growth. South Carolina's older adult population is expanding rapidly. The U.S. Census Bureau estimates that approximately 1.57 million South Carolinians are age 60 or older, representing roughly 27% of the state's population.⁴ Without significant advances in prevention or treatment, the number of individuals living with ADRD is expected to increase substantially in the coming decades, mirroring national projections.²

¹World Health Organization. Dementia. Geneva: World Health Organization News Room; 2026. Available at: <https://www.who.int/news-room/fact-sheets/detail/dementia>

²Alzheimer's Association. 2026 Alzheimer's Disease Facts and Figures. Chicago, IL: Alzheimer's Association; 2026. Available at: <https://www.alz.org/alzheimers-dementia/facts-figures>

³South Carolina Alzheimer's Disease Registry. 2024 Annual Report South Carolina Alzheimer's Disease Registry. Columbia, SC: University of South Carolina, Office for the Study of Aging; 2025. Available at: <https://osa-sc.org/programs/alzheimers-disease-registry>

⁴U.S. Census Bureau, Population Division. Annual Estimates of the Resident Population by Single Year of Age and Sex for South Carolina: April 1, 2020 to July 1, 2025 (Table SC-EST2025-AGESEX-45). U.S. Department of Commerce; 2025. Available at: <https://www2.census.gov/programs-surveys/popest/tables/2020-2025/state/detail/sc-est2025-agesex-45.xlsx>



The economic burden of dementia is substantial as well, with costs associated with medical care, long-term care, and lost productivity. The 2025 Cost of Care Survey estimates that the average cost of a semi-private room in a nursing home in South Carolina is \$108,405 annually, while the median cost of a home health aide, also called a non-medical caregiver, is \$71,786 annually.⁵ In 2025, the Medicaid cost of caring for people with ADRD in South Carolina was \$927 million, with Medicare spending \$32,291 per capita on people living with dementia in the state.²

Family members and friends provide the majority of care for individuals with Alzheimer's disease and related dementias. In South Carolina, approximately 229,000 caregivers provided an estimated 377 million hours of unpaid care in 2025, valued at approximately \$7 billion.² The physical, emotional, and financial toll on caregivers is immense, often leading to caregiver burnout, health issues, and financial strain.

Experience has shown that caregiver support can promote a higher quality of life for the person with ADRD and their family. Supportive services can help individuals with ADRD remain at home while reducing the demands placed on family caregivers. Adult day services, group and in-home respite, caregiver education, counseling, and other community-based supports can provide families with needed assistance throughout the course of the disease.

In the 2025 Respite and Dementia Caregiver Needs Assessment completed by the ARCC, South Carolina caregivers of persons living with dementia identified their top three needs as:

- Respite care for short-term breaks
- In-home care and assistance for activities of daily living
- Emotional support and counseling

A significant barrier to accessing needed care and services in South Carolina is the limited availability of resources to support families throughout the course of these progressive diseases.

Beginning in FY 1995, the Legislature has addressed this need by allocating \$150,000 in state funds to the ARCC each year to develop community-based respite programs, caregiver education and training, and other supportive services to caregivers of persons with Alzheimer's disease and related dementias. Grants have been awarded to communities for dementia-specific respite, adult day programs, education programs, and innovative programs that support family caregivers and those living with ADRD. Grant recipients have included medical communities, colleges and universities, first responders, community organizations, and faith-based groups.

Since its inception, the ARCC has awarded 398 grants for developing dementia-specific programs throughout the state, serving more than 7,723 South Carolinians through respite services and 79,725 individuals through education programs. The grants have also supported the implementation of 20 innovative programs. Grantees are awarded funds ranging from \$20,000 to \$50,000 to be expended over a two-year period. Grantees are required to match grant funds equally through cash or in-kind support.

Through its grant program, the ARCC supports the development and expansion of dementia-specific respite, education, and innovative community programs across South Carolina. ARCC staff monitor grants and provide technical assistance to support compliance, program quality, and long-term sustainability.

⁵Care Scout Holding, Inc. 2025 Cost of Care Survey Results. Richmond, VA: Genworth Financial; 2026. Available at: <https://www.genworth.com/aging-and-you/finances/cost-of-care>

ARCC Grants Program

Since FY 1995, the South Carolina General Assembly has allocated \$150,000 each year to the ARCC to provide grants to community organizations that support those living with ADRD, their families, caregivers, and communities. These grants are awarded on a two-year basis and are used to help with the development or expansion of respite care, education, or innovative programming relating to those living with ADRD and their families. The ARCC Advisory Council provides recommendations on priority needs and criteria for selecting grant recipients. Grant recipients must provide matching funds or an in-kind contribution equal to the amount of funds awarded in the grant.



Education Programs

136 education grants have provided education about Alzheimer's disease and related dementias to over 79,725 participants.



Respite Care Programs

242 respite grants have allowed more than 7,723 individuals living with ADRD to access respite care services.



Innovative Programs

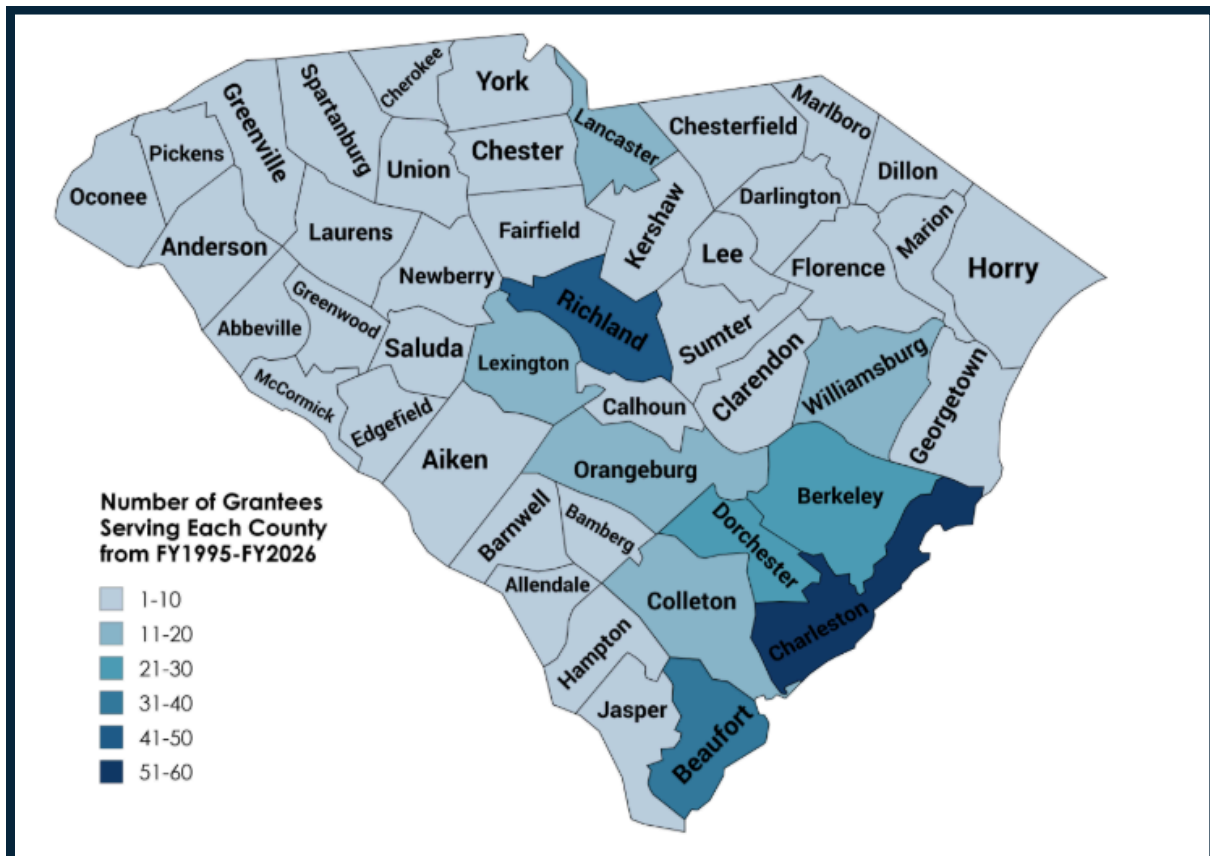
Since 2021, 20 innovative program grants have allowed more than 7,553 participants to receive services that promote independence, safety, and healthy lifestyles.

398 Grants

Since its establishment, the ARCC Grants Program has awarded 398 grants to community organizations that provide services to individuals, families, and communities affected by dementia. These services include dementia-specific respite, adult day programs, and educational programs that support the medical community, colleges and universities, first responders, and the general public.

Counties Served by ARCC Grantees

FY 1995-FY 2026



Number of Grants to Provide Services to Counties

FY 1995-FY 2026

County	Number of Grants Awarded	County	Number of Grants Awarded
Abbeville County	3	Greenwood County	4
Aiken County	8	Hampton County	2
Allendale County	3	Horry County	6
Anderson County	7	Jasper County	7
Bamberg County	3	Kershaw County	2
Barnwell County	3	Lancaster County	14
Beaufort County	35	Laurens County	2
Berkeley County	23	Lee County	2
Calhoun County	3	Lexington County	18
Charleston County	58	Marion County	5
Cherokee County	1	Marlboro County	4
Chester County	6	McCormick County	4
Chesterfield County	3	Newberry County	4
Clarendon County	7	Oconee County	10
Colleton County	13	Orangeburg County	13
Darlington County	4	Pickens County	5
Dillon County	6	Richland County	45
Dorchester County	29	Saluda County	3
Edgefield County	2	Spartanburg County	4
Fairfield County	1	Sumter County	5
Florence County	6	Union County	4
Georgetown County	7	Williamsburg County	13
Greenville County	5	York County	10

Note: These are county service counts, not unique statewide grant counts. Because one grant may serve multiple counties, county figures should not be summed to determine the total number of ARCC grants awarded.



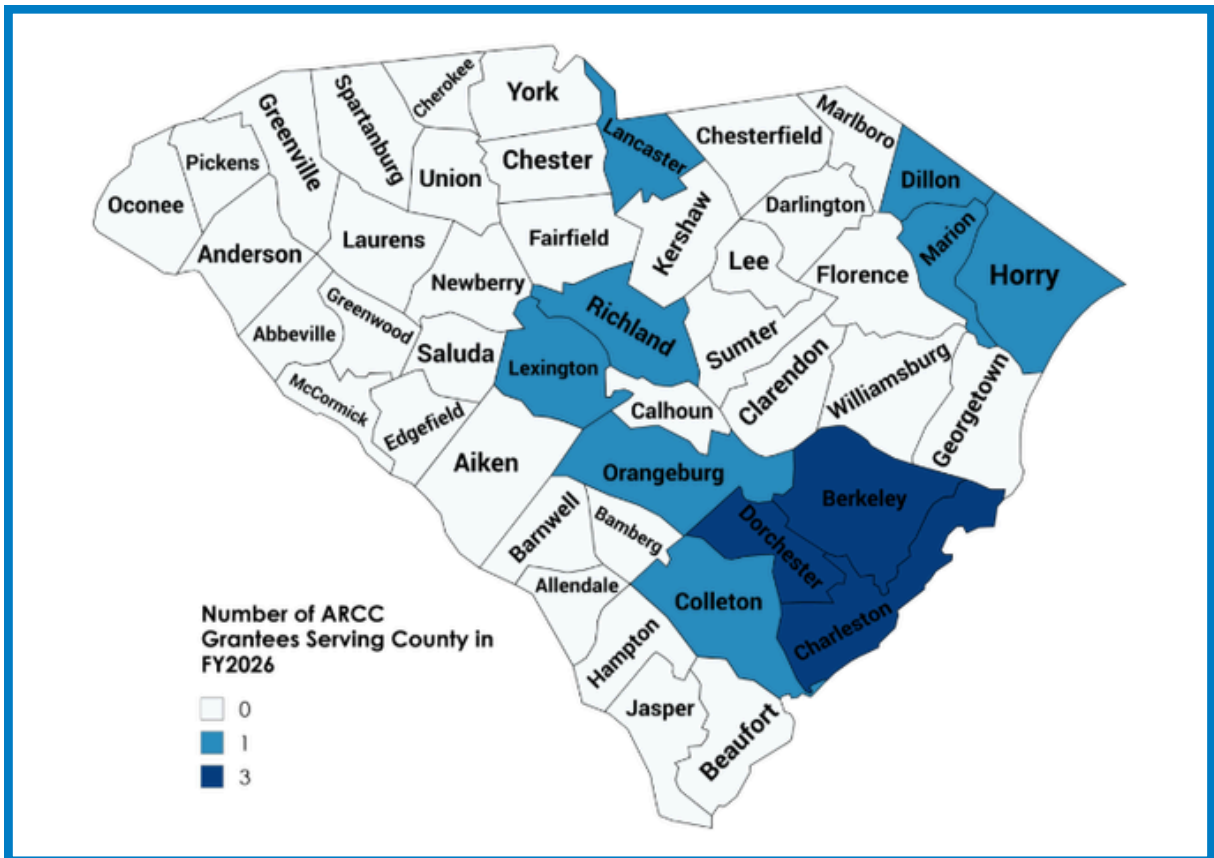
During FY 2026, three first-year grants were awarded, while four previously funded grants entered their second year. Together, the seven active grants provided services across 11 counties and supported a mix of education, respite, innovative, and other dementia-related programming. All ARCC grant awards require an equal cash or in-kind match from the grantee. A plan is required for the continuation of the program after grant funding is discontinued. Standardized reporting for all grant programs is required to ensure fidelity to the objectives outlined in the grant application.

As part of the application process for the FY 2026 grant cycle, ARCC sponsored a pre-proposal workshop for prospective grantees in February 2025. Additionally, ARCC grant information was made available at www.aging.sc.gov.



Counties Served by ARCC Grantees

FY 2026

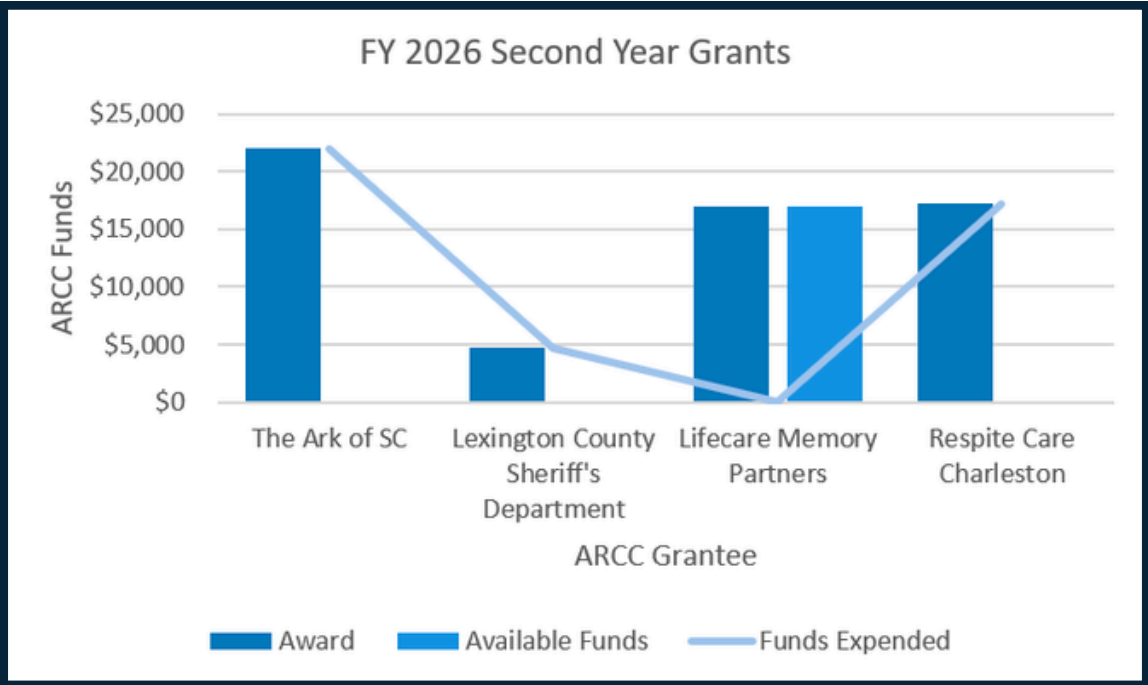
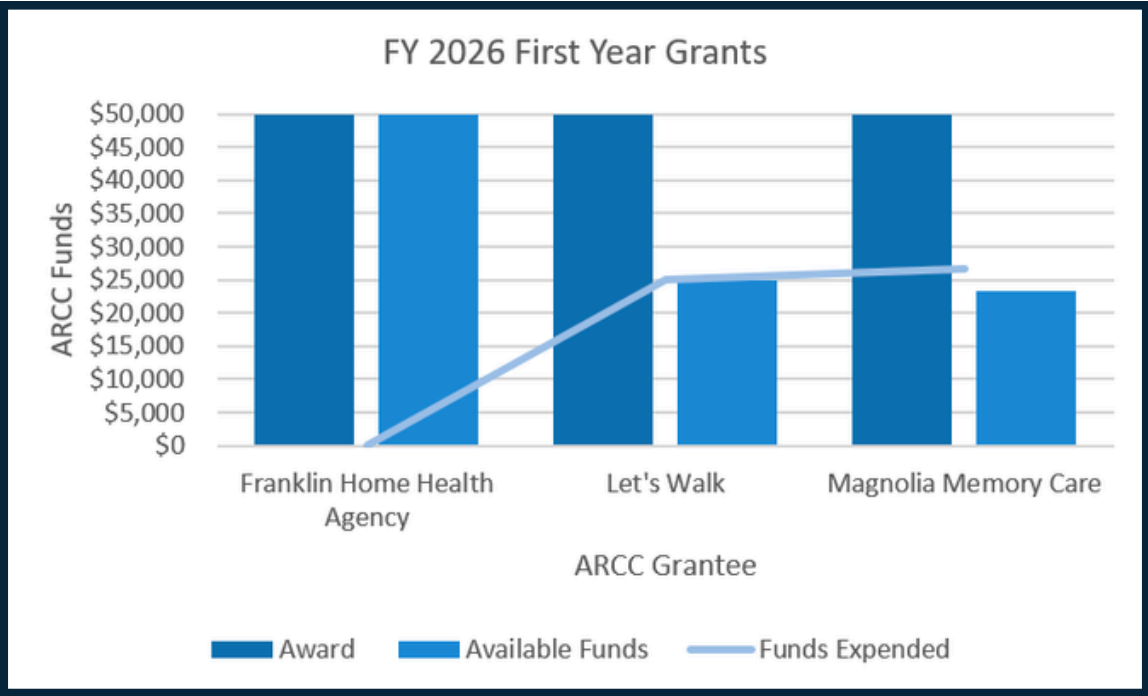


Supportive Services Provided by ARCC Grantees in FY 2026:

Number of Unduplicated Respite Participants	6
Hours of Respite Provided	74.5
Number of Support Group Meetings	100
Support Group Participants	245
Number of Educational Participants	1,608
Number of Hours of Education	5,401
Number of Innovative Programs	3
Clients served by innovative programming	86

ARCC Grantee Funds

FY 2026





Activities of ARCC Grantees FY 2026

First-Year Grantees

Franklin Home Health Agency

Franklin Home Health Agency received \$50,000 in ARCC funds to implement its education and innovative programming. Programs include a monthly caregiver support group, in-home respite, care coordination, and National Council of Certified Dementia Practitioners training. ARCC funds were used to provide care coordination services, including 74.5 hours of respite for 6 families and 5 hours of education for 28 individuals.

Let's Walk, LLC

Let's Walk was awarded \$50,000 in ARCC funds to expand its walking program for people living with dementia. Let's Walk is a free walking companion service that assists those with early- to middle-stage ADRD living in the community. Walks provide physical activity that promotes vascular health and offer a brief period of respite for family caregivers while a volunteer walks with the person with dementia. During the grant period, Let's Walk provided services to 47 people living with dementia. ARCC funds also supported hiring a dedicated Dementia Program Specialist, who moved clients living with dementia from an annual reassessment cycle to a six-month cycle, allowing the program to respond more quickly to changes in mobility, communication, and safety needs. Let's Walk has also begun efforts to replicate the Let's Walk model in other areas of the state, with hiring underway in the Columbia and Summerville areas.

Magnolia Memory Care

Magnolia Memory Care received \$50,000 in ARCC funds to expand its education and caregiver support programming. The programs include weekly support groups at the Magnolia Center for Brain Health and community education events designed to increase dementia awareness, reduce caregiver stress, and strengthen community-clinical connections. Education included sessions on self-care, communication strategies, and stress management, along with presentations from professionals such as elder law attorneys and palliative care specialists. During FY 2026, Magnolia Memory Care provided 24 support group meetings to 10 participants and 17 hours of education to 273 individuals.



Second-Year Grantees

The ARK of South Carolina

The ARK of South Carolina carried forward \$22,000 in ARCC funds into its second year of funding to expand its education program. The Neighborhood Outreach Alzheimer's Help (NOAH) Project is a mentoring program that helps small towns and rural and underserved communities develop sustainable programs and ongoing services to support families impacted by dementia. The grantee used ARCC funds to provide 46 support group meetings, assisting 189 individuals. Funds were also used to provide 5,242 hours of education to 918 individuals.

Lexington County Sheriff's Department

The Lexington County Sheriff's Department carried forward \$4,719.33 in ARCC funds into its second year of funding to expand its Project Lifesaver Program. Project Lifesaver uses radio transmitter tracking technology to help quickly and safely locate enrolled individuals with cognitive impairment who are reported missing. During FY 2026, the Lexington County Sheriff's Department enrolled 33 individuals and provided information about Project Lifesaver and wandering safety at 10 community outreach events, while also distributing program materials to community partners. ARCC funds supported the purchase of tracking technology, allowing individuals to enroll at no cost, as well as a drone to assist with search and location efforts when an enrolled individual is reported missing.

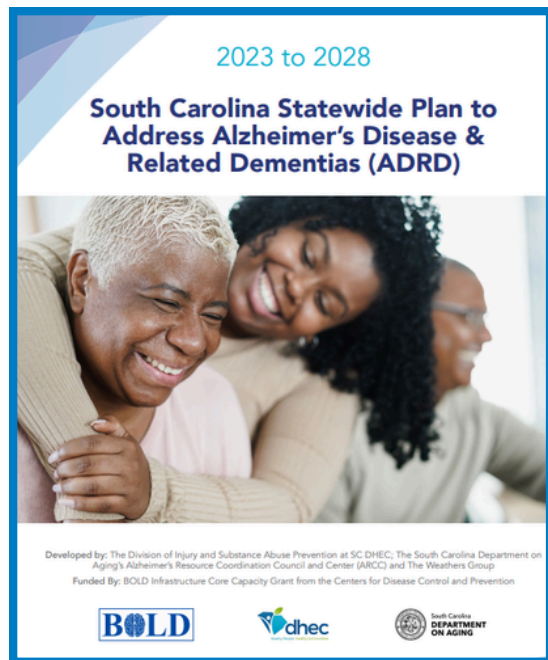
Lifecare Memory Partners

Lifecare Memory Partners carried forward \$16,937 in ARCC funds into its second year of funding to expand its Caregiver Academy program in Horry County. Through Caregiver Academy, dementia education is provided in rotating community spaces throughout Horry County to equip caregivers with the knowledge needed to care for their loved ones at home. Education was provided in person through presentations such as "What is Normal Aging vs Not Normal Aging," "10 Signs of Alzheimer's," and "ABCs of Dementia." Throughout the FY 2026 grant period, 22 hours of education were provided to 329 individuals.

Respite Care Charleston

Respite Care Charleston (RCC) carried forward \$17,216 in ARCC funds into its second year of funding to expand its respite care and education programs. They expanded support groups into typically under-resourced areas, created a "living library" of educational courses and resources in both video and print, and established a quarterly speaker series for caregivers that provides practical training. ARCC funds were utilized to provide 115 hours of education to 60 participants, and 30 support group meetings for 46 individuals.

South Carolina Statewide Plan to Address Alzheimer's Disease and Related Dementias



MISSION

To catalyze statewide collaboration to promote a comprehensive approach to risk reduction, early detection, and diagnosis, high-quality dementia services, and a coordinated and equitable continuum of care across South Carolina for Alzheimer's disease and related dementias.

VISION

All people in South Carolina have the opportunity to live the highest quality of life throughout their life course.

- In the fall of 2021, the SC Department of Public Health's (DPH) Department of Injury and Substance Use Prevention was one of 18 states awarded funding from the Centers for Disease Control and Prevention's (CDC) Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act to convene a statewide dementia coalition to develop or update a strategic plan to address Alzheimer's disease and related disorders.
- DPH partnered with SCDOA to utilize the Alzheimer's Resource Coordination Center Advisory Council to act as the statewide dementia stakeholder group for the development of the statewide strategic plan to address Alzheimer's disease and related dementias, which was released in March 2023.
- SB0569 was passed by the South Carolina General Assembly and signed into law by Governor Henry McMaster on May 19, 2024, requiring the ARCC Advisory Council to maintain and update the Statewide Plan every five years and submit an annual report to the Governor and General Assembly each September on the progress toward fulfilling the state plan.
- ARCC subcommittees, comprised of Advisory Council members and other stakeholder groups, met twice to develop and initiate the implementation plan that guides the activities outlined in the Statewide Plan.
- The annual Statewide Plan progress report required by S.C. Code § 44-36-320 is submitted separately from this ARCC Annual Report.

The statewide plan outlines five strategic priorities, each with its own corresponding goals and actionable tasks:

Education - Healthcare Providers and Community	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.
Advocacy & Policy Making	Goal 2: Support policy and advocacy efforts that improve the health and well-being of all people in South Carolina.
Access & Connection to Care	Goal 3: Improve the quality of ADRD care and ensure all people in South Carolina are able to access the resources, healthcare, and support they need for reducing the risk and all other issues related to ADRD.
Caregiver Support	Goal 4: Improve, expand, and develop multidimensional support and health promotion programs for professional and family caregivers and care partners.
Data & Resources	Goal 5: Improve access to, coordination, and use of ADRD data and resources statewide.

2025 Respite and Dementia Caregiver Community Needs Assessment at a Glance



The South Carolina Department on Aging's Caregiver and Alzheimer's Resource Division, in partnership with the Alzheimer's Resource Coordination Center and the South Carolina Respite Coalition, surveyed unpaid caregivers to identify experiences, unmet needs, and barriers to support across the state.

ASSESSMENT AT A GLANCE

236

responses included in final analysis

166

respondents caring for someone living with dementia (70.3% of final sample)

10 Regions

all SC service and planning areas represented

WHAT CAREGIVERS TOLD US

62.1%

were not able to take sufficient breaks from caregiving

28.9%

were receiving respite care at the time of the survey

50.5%

of respondents who reported a respite funding source paid out of pocket

64.5%

of dementia caregivers felt stressed or overwhelmed frequently or nearly always

60.2%

of dementia caregivers identified cost as a barrier to dementia-related resources

56.1%

of dementia caregivers said caregiving affected household income or financial stability

PRIORITIES FOR FUTURE ACTION

- **Expand affordable, flexible respite.** Increase in-home, adult day, emergency, and short-term options; improve transportation and provider availability.
- **Expand dementia education and services.** Increase practical training and strengthen dementia-capable home- and community-based supports.
- **Strengthen behavioral health and technology.** Expand counseling, peer support, telehealth, virtual education, and access to dementia specialists.
- **Improve early referral and navigation.** Connect families earlier with clear eligibility information, application help, follow-up, and caregiver resources.
- **Reduce financial and employment burdens.** Consider financial assistance and encourage flexible schedules, caregiving leave, remote work, and EAP supports.
- **Plan for emergencies and keep measuring needs.** Include caregivers in continuity planning and continue statewide evaluation and data collection.

BOTTOM LINE: Caregivers value respite and support, but cost, availability, navigation, and financial strain continue to limit access. These findings provide a practical roadmap for program planning, partnerships, resource allocation, and policy discussion in South Carolina.

NOTE: The survey was administered online from August 1 to November 14, 2025. It used a voluntary convenience sample; findings describe participating caregivers and are not statistically representative of all South Carolina caregivers. Percentages vary by question based on survey routing and valid responses. **SOURCE:** 2025 Respite and Dementia Caregiver Community Needs Assessment Report.

SCDOA Dementia Care Specialist FY 2026 Update

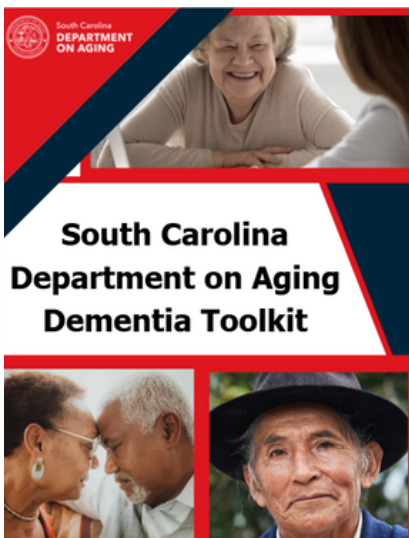
In September 2022, the SCDOA hired its first Dementia Care Specialist (DCS) to educate the public and support families affected by dementia. This pilot project was funded by the Public Health Workforce Grant from the Administration on Community Living. In FY 2025, following the pilot's success, the South Carolina General Assembly allocated recurring state funds to convert the DCS position from a temporary grant position to a state FTE and expand the program with nine additional staff members statewide.

By the close of FY 2026, the DCS Program had filled nine of ten positions, including the original pilot DCS.

With recurring state funds, the DCS program has introduced three new educational offerings alongside Dementia 101: The Basics and Dementia 201: Positive Interactions from the pilot phase. These include the Dementia Seminar Series, a quarterly webinar featuring expert speakers; Dementia Myths, which addresses common misconceptions; and Love Your Brain, which covers risk factors and strategies for maintaining brain health. The program has also developed the SCDOA Dementia Toolkit to support individuals and families affected by dementia with information and resources. The toolkit is available online through the SCDOA website, with physical copies available upon request. In March of 2026, the South Carolina State Library also recognized the Dementia Toolkit with a 2025 Notable State Document Award.



contacts were made with direct care workers, family members, individuals living with dementia, and other community members through DCS education programs, outreach initiatives, and one-on-one care consultations during FY 2026.



South Carolina Department on Aging Dementia Care Specialist Program Contacts in FY 2026

Dementia 101: The Basics	1,202
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Dementia 201: Positive Interactions	948
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Dementia 201: A Positive Direct Care Approach (training for LTC Staff)	118
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Dementia Myths	496
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Love Your Brain	236
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Dementia Seminar Series	434
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Community Outreach	7,253
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One-on-One Care Consultation	366
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Dementia Toolkit	3,000*
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*Approximately 3,000 hard copies of the Dementia Toolkit were distributed in FY 2026. This number does not include individuals who accessed the Toolkit virtually.



Appendix A: Advisory Council Representation During FY 2026

Alzheimer's Association-SC Chapter
Ms. Taylor Wilson (Chair)¹

AARP
Mr. Joseph Meyers

Clemson University
Ms. Jennifer Nicholson-Hall

Coastal Carolina University
Dr. Cynthia Port

Consumer/Family Caregiver 1
Mr. Ryan Principe

Consumer/Family Caregiver 2
Dr. Scott Habakus

Department of Public Health
Ms. Emma Kennedy

Department of Health and Human Services
Ms. Margaret Alewine

Department of Social Services
Ms. Kelly Cordell

Medical University of South Carolina
Dr. Steve Carroll

National Association of Social Workers
Ms. Sara English

Office of Intellectual Developmental Disabilities
Ms. Jessica Benson

Office of Mental Health
Dr. Miroslav Cuturic

South Carolina Adult Day Care Association
VACANT

SC Association of Area Agencies on Aging
Ms. Janae Stowe (Vice-Chair; Interim Chair)²

South Carolina Council on Aging Directors
Mr. Andrew Boozer

LeadingAge, SC
Ms. Kassie South

SC Association of Residential Care Homes
VACANT

South Carolina Health Care Association
VACANT

South Carolina Home Care and Hospice Association
Ms. Carla White

South Carolina Hospital Association
Ms. Sara Johnson

South Carolina Medical Association
PENDING APPOINTMENT

South Carolina Nurses Association
VACANT

South Carolina Silver-Haired Legislature
VACANT

South Carolina State University
Dr. Miriam Evans

SC Alzheimer's Disease Registry
Dr. Maggi Miller

University of South Carolina
Ms. Megan Byers (Secretary)

Veterans Health Administration
Dr. Jessica Broadway

Staff: Ms. Jennifer Brewton, Ms. Dana Daniel

¹Served as chair until vacating her Advisory Council seat in February 2026, prior to the end of the term.

²As Vice-Chair, assumed the duties of chair in February 2026 and served as Interim Chair through the end of term in June 2026.



Appendix B: First-Year Grants Awarded FY 2026

Franklin Home Health Agency	\$50,000
Education, Innovative	
Dillon & Marion Counties	

Let's Walk, LLC	\$50,000
Innovative	
Berkeley, Charleston, & Dorchester Counties	

Magnolia Memory Care	\$50,000
Education	
Lancaster County	

TOTAL FIRST-YEAR GRANT AWARDS	\$150,000
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Appendix C: Second-Year Grants Active FY 2026

The ARK of South Carolina	\$22,000
Education, Other	
Berkeley, Charleston, Colleton, Dorchester, & Orangeburg Counties	

Lexington County Sheriff's Department	\$4,719.33
Innovative	
Lexington & Richland Counties	

Lifecare Memory Partners	\$16,937
Education	
Horry County	

Respite Care Charleston	\$17,216
Education	
Berkeley, Charleston, & Dorchester Counties	

TOTAL SECOND-YEAR GRANT FUNDS	\$60,872.33
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Note: ARCC second-year funds are carry-forward from previous fiscal year.



South Carolina
**DEPARTMENT
ON AGING**
AGING.SC.GOV