

STATE ALZHEIMER'S DISEASE PLANS: SAFETY

Recommendations to improve public safety and to address the safety-related needs of those with Alzheimer's

Arkansas	<ul style="list-style-type: none"> • Establish a Patient Safety and Education Grant Program to provide financial assistance and promote public awareness of technologies and programs, such as the Arkansas Silver Alert, designed to protect the safety of individuals with Alzheimer's disease and other dementias from wandering.
California	<ul style="list-style-type: none"> • Mandate that the Department of Motor Vehicles refer affected persons to transportation resources upon involuntary surrender, expiration, or loss of driving privileges (for example, license revocation). • Offer voluntary dementia training and certification of bus drivers, cab drivers, and others who work in public transportation. Include large print signs and clear audio messages as criteria of certification.
Colorado	<ul style="list-style-type: none"> • Create and circulate a form that physicians and optometrists can fill out and send to the Driver Control/Traffic Records Section of the Department of Motor Vehicles. • Increase the visibility and utilization of locator devices and programs. • Implement a gatekeeper model of case finding throughout the state to identify individuals with Alzheimer's disease who are at risk in the community.
Connecticut	<ul style="list-style-type: none"> • Create public service announcements that raise awareness of the importance of timely reporting of missing individuals with Alzheimer's disease or related dementias. • Increase awareness of the Silver Alert system and the Safe Return program. • Support and strengthen programs that provide consistent contact and outreach such as a reverse 911 system or the implementation of a telephone reassurance program, like the "R U OK" program. • The Department of Motor Vehicles (DMV) shall explore policies and regulations related to revoking drivers' licenses. Encourage the legislature's Transportation Committee and DMV to consider cognitive impairment evaluations. • DMV shall take a proactive approach to educating physicians about reporting unsafe drivers to the DMV. • Identify and implement use of driving assessments that measure cognitive ability or cognitive impairment. Encourage driver assessment programs at all hospital and diagnostic assessment units and major rehabilitation centers (especially those that offer occupational therapy). • When a driver's license is revoked, the individual shall be referred to social and community agencies for assistance with transportation needs. • Coordinate a communications system between hospitals and emergency responders in cases of Silver Alert.
Delaware	<ul style="list-style-type: none"> • Promote the use of available emergency preparedness tools among caregivers.
District of Columbia	<ul style="list-style-type: none"> • Explore electronic/virtual monitoring tools in the home to support caregivers and increase the safety of those with Alzheimer's disease and other dementias.
Florida	<ul style="list-style-type: none"> • Provide a community-based emergency crisis intervention program for emergency intervention services that institutes a "course of action" to mitigate Alzheimer's and other dementias issues for families of all cultures and economic means who find themselves at immediate risk. • Implement additional emergency intervention in care facilities for when the following occur: (1) a caregiver is feeling overwhelmed and needs a break; (2) a caregiver is admitted to the hospital and there is no one else to care for the person with Alzheimer's or another dementia; (3) a caregiver passes away and there is no one readily available to care for the person with Alzheimer's or another dementia; and (4) a person with Alzheimer's or another dementia is found by public safety workers alone and in need of additional care and there is no one to provide care or time is needed in a court system to complete guardianship procedures.

<p>Florida (cont.)</p>	<ul style="list-style-type: none"> • Implement additional emergency intervention in the home for when the following occur: (1) it is in the best interest of the individual to be moved to another setting; and (2) there is not a facility available for the individual with Alzheimer’s or another dementia. • Increase funding for senior service-type units within law enforcement agencies to follow up with senior crime or exploitation victims. • Establish a system of acute crisis care for persons with Alzheimer’s or another dementia to be accurately diagnosed and treated for medical issues and Alzheimer’s conditions simultaneously. • Develop a well-coordinated and dementia-capable emergency management system. • Establish a statewide program that is standardized for prevention and recovery of people with Alzheimer’s and other dementias who become “lost on foot.” • Design domestic violence shelters for the older population.
<p>Georgia</p>	<ul style="list-style-type: none"> • Develop specialized regional multi-disciplinary teams to (1) respond to and investigate crimes against at-risk adults, including those with dementia, and (2) relocate victims when needed. • Create an at-risk adult subject matter expert in each Georgia Bureau of Investigation region to focus on combating crime and providing technical assistance to local law enforcement. • Create a network of housing options, personal support services and other needed services for at-risk adults in need of safe emergency housing due to dangerous situations, such as the absence of a caregiver, wandering, or exposure to potential abuse, neglect, and/or exploitation. The system should have an infrastructure to facilitate access to resources 24/7. • Create a 24/7 emergency access line to Adult Protective Services so that law enforcement and other key community safety net agencies/organizations can reach them during the evening, weekends, and holidays. • Encourage law enforcement to use Mattie’s Call when a person with dementia is reported missing. The public alert system is currently voluntary and is not used to its full potential. • Engage partners to develop guidance for local emergency management agencies. Guidance should help to ensure that the needs of individuals with dementia will be met during evacuation, transportation, and sheltering during a disaster. • Implement an educational program for medical providers to increase the use of the STEADI screening tool (Stopping Elderly Accidents, Deaths, and Injuries in medical practices). • Through the Department of Public Health, engage partners to (1) determine the public safety impact of implementing gradual restrictions in driving privileges based on demonstrated driving ability; and (2) determine the infrastructure needed to implement the practice. • Increase awareness of driving assessment programs in Georgia – to both physicians and families. • Because visual acuity is not an appropriate measure of the driving ability of a person with Alzheimer’s or a related dementia, it is recommended that the Short Blessed Test and the Rapid Paced Walk Test be administered by the Department of Driver Services as a first screening of drivers who are diagnosed with Alzheimer’s or other dementia. • Promote programs that (1) ensure home safety through falls prevention programs, home safety assessments, and home monitoring devices; (2) help people with dementia and their families prepare for care and services in the event of a disaster or emergency; and (3) develop employer-supported dementia caregiver training and other employer-supported programs. • Increase safety in the community by improving the visibility and utilization of locator devices and programs such as the MedicAlert + Alzheimer’s Association Safe Return program. • Educate caregivers on the importance of home modifications to prevent injury. • Increase training for state Adult Protective Services workers on Alzheimer’s disease and other dementias.
<p>Hawaii</p>	<ul style="list-style-type: none"> • Improve safety for people with Alzheimer’s and other dementias as well as their care partners, including with respect to falls prevention, home safety assessments, wandering, disaster sheltering, and crisis intervention/emergency respite options.
<p>Idaho</p>	

Illinois	<ul style="list-style-type: none"> • Request that any older driver who seeks to renew a driver's license be tested with all three tests currently used to examine new drivers: the written exam, the driving exam, and vision screening. • Implement a coordinated protocol for swift and appropriate action by law enforcement, the news media, and other entities upon a report of a missing, endangered senior who is incapable of returning to the individual's residence without assistance. • Fund the distribution and monitoring of locator devices for eligible persons with Alzheimer's disease and other dementias. • Increase the visibility and impact of local triads (a partnership between law enforcement, senior citizens, and community groups) to protect persons with Alzheimer's disease in each community.
Indiana	<ul style="list-style-type: none"> • Update Indiana Bureau of Motor Vehicles (BMV) policy and process for restricting driving for people with dementia (including forms for referrals to BMV by physicians/practitioners and family members). Raise awareness of the process. • Improve safety of individuals through ensuring transportation needs of those with Alzheimer's and other dementias. • Secure emergency placement facilities and services for cognitively impaired adults found by Adult Protective Services to be in dangerous situations. • Decrease fraud, abuse, neglect, and self-neglect of persons with Alzheimer's disease and other dementias.
Iowa	
Kentucky	<ul style="list-style-type: none"> • Work with law enforcement to implement a coordinated protocol or swift and appropriate action upon report of a missing adult with dementia. • Offer tax credits to families for the purchase of locator devices. • Study new technologies that can help locate missing persons and make recommendations about implementation strategies. • Support a pilot demonstration project to address the problem of facility discharges of residents exhibiting challenging behavior.
Louisiana	<ul style="list-style-type: none"> • Monitor implementation of the Silver Alert wandering alert system. • Explore best practices to ensure that those with Alzheimer's disease and other dementias do not retain their drivers' licenses when their cognitive impairments interfere with their ability to drive. • Convene a work group of gerontologists, geriatric psychiatrists, advanced practice nurses, and psychologists, others specializing in behavioral health care, dementia specialists, persons with dementia, caregivers, and staff from the Office of Mental Health, Office of Aging and Adult Services, and the Governor's Office of Elderly Affairs, to develop best practices to address the needs of persons with dementia who exhibit dangerous or difficult behaviors.
Maine	<ul style="list-style-type: none"> • Promote programs that (a) ensure home safety through falls prevention programs, home safety assessments, and home monitoring devices; (b) help people with dementia and their families prepare for care and services in the event of a disaster or emergency; and (c) develop employer-supported dementia caregiver training and other employer-supported programs. • Increase safety in the community by improving the visibility and utilization of locator devices and programs such as the Alzheimer's Association Safe Return program. A public awareness campaign that includes the Department of Public Safety and law enforcement training academies and other state and community organizations focused on safety should be launched to educate the public about the relative effectiveness of locator devices with the goal of increasing their utilization. • Launch an education and outreach campaign to inform family members and health care providers about ways to address driving issues. • Explore whether a gatekeeper model of case finding (where community members such as bank tellers, mail carriers, housing managers and others who are likely to come into contact with older adults are trained to identify those in need of assistance) should be implemented throughout the state to identify individuals with Alzheimer's disease who are at risk in the community. A state registry model could also be evaluated for feasibility and effectiveness. • Improve safety of people with dementia and the general public through the implementation of education and safety programs for older drivers.

Maryland	<ul style="list-style-type: none"> • Review current Maryland statutes and regulations that affect people living with dementia to promote their safety while recognizing special patient-centered needs.
Massachusetts	<ul style="list-style-type: none"> • Monitor implementation of Silver Alert and develop and implement a plan for training law enforcement and physicians as to protocols and use of Silver Alert, and educate the public regarding the program. • Work with the Alzheimer's Association to expand availability of home safety information, develop key messaging regarding safety, and develop a plan to disseminate safety information through traditional and non-traditional avenues.
Michigan	
Minnesota	
Missouri	
Nevada	
New Mexico	
New York	<ul style="list-style-type: none"> • Create a coordinated alert system to more quickly locate individuals with dementia who have wandered from their residence.
North Dakota	
Oklahoma	<ul style="list-style-type: none"> • Study the effectiveness of a GPS tracking system for those individuals with Alzheimer's disease who are likely to wander as well as the costs and possible financial incentives for implementation.
Oregon	
Pennsylvania	<ul style="list-style-type: none"> • Promote voluntary 911 registries for individuals with Alzheimer's and other dementias. • Promote possibility of sharing Pennsylvania residents' data from national and other databases with programs related to disaster preparedness. • Work with law enforcement to broaden awareness and promote the existing Missing Endangered Persons Alert System (MEPAS) in Pennsylvania. • Increase awareness and usage of services and devices that improve safety for persons who wander, including GPS and web-based home monitoring services. • Integrate strategies within current disaster preparedness plans that address the safety of vulnerable populations. • Explore tools to identify those no longer capable of driving and strategies for implementing these tools. • Partner with law enforcement on the promotion of home safety and firearm safety.
Rhode Island	<ul style="list-style-type: none"> • Promote a statewide anti-bullying, anti-elder abuse campaign among seniors across all settings and programming, including nursing homes, assisted living residences, senior centers, and adult day programs. Recruit state and community partners to work in concert with one another to reach a diversity of settings across the state. • Develop a quick reference guide for primary care offices to use in referring concerned caregivers, friends, or family members to options available to help them deal with Alzheimer's and driving issues. Upload this resource to the Rhode Island Alzheimer's disease website. • Explore ways to make privately offered safe driver courses and assessments more affordable. • Engage community partners to educate families about the resources available to assist them with concerns about safe driving, including by (1) developing a one-page handout describing an overview of the laws, processes, and partners available to assist families with driving concerns; and (2) engaging Roger Williams University School of Law Elder Law Society to assist in the development of the one-page handout and to implement an educational presentation for use at senior centers and other potential locations. • Work with the Department of Motor Vehicles' (DMV) Operator Control to clearly define on its website the license suspension and revocation steps for families and ensure that families are being provided with sufficient information concerning alternative modes of transportation. • Solicit a white paper from the Elder Law Society containing a proposal for best practices in conducting a medical road test (as employed by the DMV), including proper processes, dementia-sensitive training or education modules for Operator Control personnel, and any relevant definitions.

Rhode Island (cont.)	<ul style="list-style-type: none"> • Engage a temporary work group of legal professionals, disability advocates, DMV personnel, and other critical community partners to submit proposed regulations for functional standards for determining physical and mental fitness to maintain motor vehicle licensure. • Enhance public awareness of independent safe driving courses and assessments by providing basic information on the Rhode Island Alzheimer's disease website. • Encourage commercial insurance coverage of driving courses and assessments, and enhance public awareness of Medicare and Veterans Administration policies covering safe driving courses and assessments. • Encourage long-term appointments of Senior Advocate personnel across all police departments in the state and make dementia training a requirement.
South Carolina	<ul style="list-style-type: none"> • Implement a Silver Alert Program for the rapid recovery of adults with cognitive impairment who may wander and become lost.
Tennessee	<ul style="list-style-type: none"> • Develop driving guidelines for persons with dementia. • Partner with the Tennessee Health Care Association and the Tennessee Hospital Association to develop a plan to secure an emergency placement system for cognitively impaired adults in dangerous situations and to ensure that providers receive appropriate funding for caring for vulnerable adults who are placed in the facilities by Adult Protective Services. • Support the Tennessee Department of Human Services in providing Adult Protective Services to persons with Alzheimer's disease and related dementia. • Support the Silver Alert rapid response program to locate at-risk persons with cognitive impairment. • Develop a system for individuals with Alzheimer's disease and other dementias similar to the "falls" bracelet system in current use, to alert hospital staff of the risks associated with Alzheimer's disease and other dementias and provide staff training on the system.
Texas	<ul style="list-style-type: none"> • Promote Alzheimer's disease personal safety awareness, measures, and guidelines to 5,000 persons with Alzheimer's disease and their family members/caregivers. • Partner with law enforcement to increase awareness of safety issues (specifically wandering). • Investigate conducting a pilot project in a mid-sized city to train police force and first responders about the MedicAlert + Safe Return and Comfort Zone programs. • Partner with Texas Area Agencies on Aging to increase safety awareness for individuals with Alzheimer's. • Encourage physicians to incorporate safety in the patient treatment plan. • Identify and partner with other safety-related organizations to promote safety awareness and monitoring.
Utah	<ul style="list-style-type: none"> • Develop a Utah endangered person advisory system through the voluntary partnership of law enforcement, broadcasters, media, and community organizations in which cases are initiated by law enforcement and an investigation is made on the missing person's whereabouts immediately. • Support widespread and early enrollment of those with memory loss who tend to wander in the MedicAlert + Safe Return program of the Alzheimer's Association and encourage the use of cost-effective cellular and GPS tracking technologies to enable families to prevent wandering.
Vermont	<ul style="list-style-type: none"> • Improve safety of people with dementia and the general public through the implementation of education and safety programs for older drivers. • Promote programs that ensure home safety through fall prevention programs, home safety assessment, and home monitoring devices. • Promote programs that help people with dementia and their families prepare for care and services in the event of a disaster or emergency. • Promote programs that ensure safety in the community such as the Care Trak program and the Alzheimer's Association Safe Return program, and promote legislation that would support search and rescue of missing people with cognitive impairment.
Virginia	<ul style="list-style-type: none"> • Offer tax credits for families for the purchase of locator devices and other related expenses.
West Virginia	<ul style="list-style-type: none"> • Study the effectiveness to date of the West Virginia Silver Alert program, make recommendations for the future of the program, and determine the Alzheimer's education and training needs of first responders.

<p>Wisconsin</p>	<ul style="list-style-type: none"> • Identify factors leading to facility citations related to challenging behaviors, and educate providers about how to prevent these circumstances. • Develop guidelines to address the causes of regulatory violations relating to challenging behaviors. • Seek federal flexibility for nursing homes that adhere to best practice guidelines on dealing with challenging behaviors. • Develop and disseminate dementia assessment tools for use by crisis response and stabilization teams. • Promote dementia-capability in the existing mobile crisis response system, including by (1) reviewing current mobile crisis intervention programs to identify common features of successful models when addressing challenging behaviors; (2) developing and testing a model for a dementia-capable mobile crisis intervention focused on treating people in place; (3) testing this model in one or more areas where mobile crisis intervention service is not currently viewed as “dementia capable”; and (4) building on the strengths and learning from the challenges identified in the pilots to support expansion of dementia-capable mobile crisis response services. • Explore amending state law to expand mobile crisis response programs to ensure dementia-capable capacity. • Identify areas that need clarification related to emergency protective placement requirements and procedures, including by (1) conducting a review of the statutes and regulations governing protective placement and facility admissions, and administering a survey of stakeholders to identify concerns; and (2) providing facilities and other participants in the emergency protective placement process with clear guidance related to emergency protective placements in different types of settings, and proposing statutory or rule changes to address identified obstacles. • Identify obstacles to designation of emergency protective placement facilities. • Identify and pursue options to address facility concerns and incentivize facility designation. • Explore the need for specialized facilities for placement of those few people who present extremely aggressive and violent behaviors and/or have long-term care needs related to challenging behaviors.
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