



**Criminal Justice in
Sub-National Dementia Strategies:
A Review**

AUGUST 2017

This review analyzed 65 dementia (and some aging and health) strategies from sub-national jurisdictions within Australia (4), Canada (13), Germany (2), and the United States (46) to see whether they mention criminal justice, in the context of people with dementia coming into conflict with the criminal justice system as accused persons, offenders, or prisoners.

Clear references to criminal justice in such contexts were rare. There were three notable exceptions. First, Florida's State Plan included a detailed discussion of various scenarios in which law enforcement may encounter someone with dementia, and it stressed the importance of having officers trained in dementia and its associated behaviours.

The plan identified several unusual actions by persons with dementia that police may encounter. This could include situations such as unsafe and erratic driving, whereby the person may look intoxicated and even fail roadside sobriety tests because of difficulties in understanding or remembering instructions. They may also leave the scene of an accident because they forgot it happened. They may accidentally shoplift because they forget to pay. They may take their clothes off in public, leading to reports of indecent exposure. And in other cases, their aggressive behaviour may result in them lashing out physically toward a caregiver.

Second, Rhode Island's State Plan identified a training initiative underway in the state that is a "collaboration between the [Drug Enforcement Agency], the Rhode Island Alzheimer's Association and the Department of Corrections to provide Alzheimer's disease education and training to prison wardens and clinicians." It is designed to "assist prison personnel in recognizing the disease and its symptoms," thus "enabling them to provide appropriate responses within the prison environment."

The plan's legal subgroup stressed the importance of this work and "would like to see its scope expand to consider other long-term care settings that house people living with Alzheimer's disease who have spent time in prison and to consider the challenges of finding housing placements for this population."

Third, the dementia strategy in Bavaria, Germany identified a two-hour training course for police, which included information on responding to reports of shoplifting, which can be a common transgression by people with dementia (e.g., due to forgetting to pay, disinhibition). The strategy also identified a training program for newly appointed judges.

Among all the strategies, four themes connected or potentially connected to the criminal justice system emerged:

1. **Training of law enforcement.** There were several references to training law enforcement and other frontline emergency responders (e.g., paramedics, firefighters). This was largely in the context of identifying and assisting people with dementia who wander and become lost, and increasing knowledge about programs such as Silver Alert and Safely Home.
2. **Training community members and others who may interface with persons with dementia, such as lawyers, pharmacists, dentists, postal workers, and bank tellers.** This was largely in the context of developing dementia-friendly communities, and regarding legal and financial issues, it was mostly in relation to advanced care planning.
3. **Progressive driving impairment and the threat to public safety.** Several strategies identified the challenges and concerns of balancing an individual's independence in relation to driving with personal and public safety.
4. **Elder abuse.** Several strategies referred to criminal justice in the context of persons with dementia as victims or potential victims of crime.

It is encouraging to see criminal justice addressed in several of the plans. There are some promising initiatives underway. However, overall, the findings underscore our observation that there is still considerable work to be done to address the challenges that persons with dementia may face when they come into conflict with the criminal justice system.

ABOUT DEMENTIA JUSTICE

The Dementia Justice Society of Canada is a federally incorporated non-profit society dedicated to advancing the rights, needs and dignity of people with dementia who are, or are at risk of becoming, involved with the criminal justice system. We strive to achieve our objectives through public advocacy, awareness-raising, education and research.

ACKNOWLEDGEMENTS

Dementia Justice is supported by a multidisciplinary team of volunteers. We are grateful to the following volunteer research analysts for their dedication, time, and effort in providing research support for this review: Darryn Oldford; John Petrella; Hom Shrestha; and Nithan Thurairaja.

Please see below for the summary chart.

Criminal Justice in Sub-National Dementia Strategies

This review is based on sub-national dementia strategies available as of July 24, 2017 from the following sources: (1) the Alzheimer's Disease International (ADI) website* (Australia and Germany); (2) the U.S. Alzheimer's Association website (State Plans); and (3) a general internet search for Canadian sub-national strategies.

*ADI uses the word "plan" to refer to dementia policies created by government, and "strategy" to refer to documents generated by non-governmental groups; however, we have decided to use the word "strategy" to refer to government dementia policies. This aligns with the dominant language used in Canada, including the *National Strategy for Alzheimer's Disease and Dementias Act*, the new legislation which calls for the federal government to develop and implement a national dementia strategy.

We used the following search terms: criminal justice; criminal law; justice [criminal, not civil]; rights [in criminal justice system, not health care, unless in prison-setting, etc.]; police; law enforcement; crime [accused, not victim]; offender; jail; prisoner; and medico-legal or medicolegal [if in relation to criminal justice].

JURISDICTION	STRATEGY TITLE	YEAR	NOTES	CRIMINAL JUSTICE REFERENCES*
AUSTRALIA				
New South Wales	Dementia Services Framework 2010-2015	2010-2015		“There will also be an increased need for a planned response from a range of front-line public and private agencies that are beyond health, community and residential care. These include public housing, police, lawyers, pharmacies and banks. Such an approach is consistent with whole of community responses to substantive population health issues.”
Queensland	Prevent, Detect, Support: Alzheimer’s Australia (QLD) Strategic Plan 2015-2020	2015-2020		Nil.
South Australia	Strategy to Safeguard the Rights of Older South Australians 2014-2021	2014-2021	Older persons strategy.	Nil. But see: South Australian Charter of Rights and Freedoms of Older People.
Victoria	Supporting people with dementia and their families and carers: Victorian dementia action plan 2014-2018	2014-2018		Nil.

CANADA				
Alberta	None.		Dementia strategy under development.	N/A
British Columbia	The Provincial Dementia Action Plan for British Columbia	November 2012		Nil.
	Provincial Guide to Dementia Care in British Columbia: Achievements and Next Steps	May 2016		<p>Nil. But see:</p> <p>“The Alzheimer Society of B.C.’s website www.alzheimerbc.org offers a wandering package toolkit with information on wandering and locating devices, an identification kit and tips for police. Tools, education and information provide help for municipalities, professionals, corporations and the public to develop dementia-friendly communities. As well, the Alzheimer Society of Canada has partnered with the Canadian MedicAlert Foundation to improve the MedicAlert® Safely Home® program, which is designed to help identify the person who is lost and assist in a safe return home.”</p>
Manitoba	Manitoba’s Framework for Alzheimer’s Disease and Other Dementias	June 2014		<p>“Expansion of dementia education programs into other areas of health care (e.g. community and acute care), social services (e.g. community/housing support staff) and public sectors (e.g. financial/banking, police, etc.) is needed.”</p> <p>See also:</p> <p>“Every two years, PCHs in Manitoba are assessed against the Manitoba Personal Care Home Standards established in</p>

				the Personal Care Homes Standards Regulation under the Health Services Insurance Act. This assessment includes the ability to meet standards relating to: protecting and ensuring residents’ rights, the provision of resident-specific care and education for staff in areas of elder care.”
New Brunswick	We are all in this together: An Aging Strategy for New Brunswick	January 2017	Aging strategy.	Nil.
Newfoundland and Labrador	The Provincial Strategy For Alzheimer Disease and Other Dementias	January 2002		“To respond appropriately to Alzheimer Disease and other dementias it is important that the most up-to-date information is available to the public. Through the Alzheimer Society’s national organization and local initiatives, up-to-date information on Alzheimer Disease and other dementias is regularly maintained through their Resource Centres in the various Regions. However, it is increasingly important that this information be shared with all key segments of the population, such as teachers, bankers, police, public service officials and community leaders. Such awareness generates a more sensitive environment for the individual and families coping with Alzheimer Disease and other dementias and can facilitate supportive intervention and earlier diagnosis.”
Northwest Territories	Caring for Our People Strategic Plan for the NWT Health and Social Services System 2017 to 2020	August 2016	Rolls all of health and human services into one (not a unique dementia strategy).	Priority 3: Mental Health and Addictions “Residents [in NWT] have access to services delivered through an ‘all of government approach’ that links all parts of the system that serve the same people including the health care system, housing, criminal justice, social services and income support.”

Nova Scotia	Towards Understanding: a Dementia Strategy for Nova Scotia	June 2015		Nil.
Nunavut	Continuing Care in Nunavut 2015 to 2035	April 2015		Nil.
Ontario	Ontario's Strategy for Alzheimer Disease and Related Dementias	December 1999	New dementia strategy announced in 2017 budget.	Nil.
Prince Edward Island	Prince Edward Island's Healthy Aging Strategy	February 2009	Aging strategy.	Nil. But see: "As a Government we are committed to promoting and supporting healthy aging for the very citizens that defined our society so they are afforded the dignity and grace that they deserve as they age and their health care needs evolve. We will respect Islanders rights to make their own choices about their care and strive to ensure the supports and appropriate levels of care are available when and where they are required."
Quebec	Relever le défi de la maladie d'Alzheimer et des maladies apparentées	May 2009	No official English translation available.	"De la consultation communautaire et de la défense des droits (advocacy) pour promouvoir les besoins des personnes atteintes et ceux des proches aidants dans la communauté ainsi que pour perfectionner des habiletés au sein du système de santé, du système judiciaire, etc." "Community consultation and advocacy to promote the needs of people and caregivers in the community and to develop skills in the health system, the justice system, etc."

Saskatchewan	A Strategy for Alzheimer Disease and Related Dementias in Saskatchewan	December 2004		<p>Nil. But see:</p> <p>Education and Awareness “Police Education – provides training for RCMP and City Police recruits on the Safely Home – Alzheimer Wandering Registry Program.”</p>
Yukon	Forward Together: Yukon Mental Wellness Strategy 2016-2026	June 2016	<p>Mental health strategy. Dementia is mentioned once:</p> <p>“Currently, twenty per cent of Canadian seniors have some form of mental illness, and the prevalence of dementia is expected to double in Canada by 2038.”</p>	<p>“Justice programs play an important role in the continuum of services as they work to reduce violence and trauma that impact the mental wellness of our communities. Further, the Yukon Community Wellness Court is an innovative therapeutic court designed to contribute to the building of safer Yukon communities through crime reduction. The court targets individuals with addictions, mental health problems, and/or FASD. Holistic and culturally relevant approaches to working with offenders on the underlying issues that lead to their criminal behaviour are required in order for positive changes to occur in Yukon recidivism rates.”</p> <p>“Critical to the strategy is a partnership with the Department of Education and the Department of Justice to increase awareness and integrate system support, to address resilience, early identification, intervention and formal supports for individuals with mental health and substance use problems.”</p> <p>“Establish a cross-departmental committee of deputy ministers to ensure a coordinated, cross-governments approach to mental wellness. Reporting to the Minister of Health and Social Services, the committee would include Health and Social Services (chair), departments of Education, Justice, Women’s Directorate, Community Services, Yukon Housing Corporation and the Public Service</p>

				<p>Commission. The committee will establish working groups to address service coordination, capacity building, shared individuals and system innovation.”</p> <p>“Explore partnerships to provide forensic supports for Yukon Review Board individuals, individuals involved with the justice system, and aftercare for individuals leaving forensic treatment facilities out of territory.”</p> <p>“The Department of Justice, through Yukon Corrections is currently working in collaboration with Yukon First Nations to develop and deliver correctional services and programs that incorporate the cultural heritage of Yukon First Nations Restorative Justice and a broad range of First Nation healing and reintegration to address their offenders’ needs. Specialized programming for individuals with disabilities, including Fetal Alcohol Spectrum Disorder (FASD) and brain injury related to trauma, addictions and life experiences for all forensic populations need to be included.”</p>
GERMANY				
Bavaria	Dementia Strategy Bavaria	Undated.	Unofficial English translation.	<p>Bavarian police: various training programs with the aim of sensitization and training of police officers when dealing with people with dementia. The police headquarters in Upper Bavaria North has a 2-hour training event on "Dealing with dementia" conducted in May 2011 - in disappearances, shoplifting, emergency calls.</p> <p>Bavarian training program for newly appointed judges.</p>

Saarland	Together for a Dementia-Friendly Saarland	November 2015	Unofficial English translation.	<p>Measure 1: Development of a curriculum "first aid course dementia" for certain professional groups (including police)</p> <p>Measures 2-5: Implementation of training measures for specific target groups (including police)</p>
USA				
Alabama	State Plan for Alzheimer's Disease and Other Related Dementias in Alabama	April 2015		<p>"Alzheimer's Disease Task Force Workgroups</p> <p>4. Public Safety</p> <p>-</p> <p>Legal Workgroup</p> <p>Capacity of public safety and law enforcement to respond to persons with dementias such as Alzheimer's disease</p> <p>...</p> <ul style="list-style-type: none"> • Adequacy of existing resources within the criminal justice system to protect the civil and financial rights of persons with dementia" <p>"Findings</p> <ul style="list-style-type: none"> • Currently there is no specific training that focuses on working with individuals with Alzheimer's disease and other related dementias for public safety employees or law enforcement. This definitely has a negative impact on their capacity to respond. It is recommended that training opportunities be provided to this group through expansion of the DETA program <p>...</p> <ul style="list-style-type: none"> • The progressive driving impairment caused by Alzheimer's disease and other related dementias is well documented in current literature, and is a significant threat to public safety. Accurate assessment of driving and prediction of degree of impairment can be a difficult task.

				<p>The determination to restrict driving should be made by a healthcare provider. Legislative action is necessary to require physicians and other licensed professions who are involved in the care of persons with dementia to report suspected impairment in the ability to drive to the State Department of Public Safety. The evaluation of capacity to drive should be based, in part, upon objective assessment. Such assessments can be performed by some physical and occupational therapists and rehabilitation facilities. These assessments currently must be paid for out-of-pocket. It is recommended that advocacy efforts be supported to have such assessments covered by third party payers.</p> <ul style="list-style-type: none"> • Legislation is needed for Alzheimer’s disease victims who try to buy guns. If an Alzheimer’s disease patient wants to buy a gun, he/she can’t be stopped if they don’t have some criminal record. This poses a threat to caregivers when the patient no longer recognizes friends and family and/or becomes frustrated with the caregiver who is now managing their money and taking away their perceived independence. After a diagnosis, the doctor needs to document. The doctor should also send a letter to police department to do a driving assessment for this person.” <p>“Recommendations 6. Develop training for law enforcement and public safety employees on Alzheimer’s disease and buying of guns.”</p>
Alaska	Alaska’s Roadmap to Address Alzheimer’s Disease and Related Dementias	December 2014		<p>Nil. But see:</p> <p>Road Map Implementation (pg. 4)</p> <ul style="list-style-type: none"> • Increase dementia care training across the continuum of care and in complementary fields

				<p>such as police, emergency services, finance, justice system, nursing, dental, optometry, social work and mental health. (4.2.1)</p> <p>Recommendation 3.1: Ensure safety in private homes and communities for persons with ADRD. (pg. 30)</p> <ul style="list-style-type: none"> • Ensure training to local police departments, Alaska State Troopers and Village Public Safety Officers to provide appropriate emergency response services to people with ADRD. <p>Recommendation 4.2: Ensure health, human service and public safety professionals are knowledgeable about dementia.</p> <ul style="list-style-type: none"> • Increase dementia care training across the continuum of care and in complementary fields such as police, emergency services, finance, justice system, nursing, dental, optometry, social work and mental health.
Arizona	Arizona Alzheimer's State Plan: A framework for Action	September 2015		<p>Nil. But see:</p> <ul style="list-style-type: none"> • The impact is very real, whether it is the rising costs of medical and skilled nursing care, sharing roads with drivers with dementia, law enforcement time to search for people with Alzheimer's who wander and become lost, impact of financial exploitation cases, growing health care needs, or – perhaps most importantly - the emotional, physical and financial impact of having or caring for someone with Alzheimer's disease. <p>RECOMMENDATION 3.2 Train Professionals In Non-Health Care Fields Who Interface With Families Of People Living With Alzheimer's Disease And Related Disorders</p>

				<ul style="list-style-type: none"> Encourage comprehensive Alzheimer's disease and related disorders training to first responders, law enforcement, EMTs, firefighters, emergency preparedness, and search and rescue officials.
Arkansas	The Task Force on the Effect of Alzheimer's Disease in Arkansas	2011		<p>Nil. But see:</p> <p>Promote enhancement of training for first responders (law enforcement, fire, EMT, National Guard, NGOs) in identification and assistance of persons with dementia.</p> <p>Act 92 of 2009</p> <ul style="list-style-type: none"> 20 (D) The capacity of public safety and law enforcement 21 agencies to respond to persons with Alzheimer's disease;
California	California's State Plan for Alzheimer's Disease	2011-2012		Nil.
California (San Francisco)	San Francisco's Strategy for Excellence in Dementia Care	December 2009		<p>Recommendations:</p> <p>Existing Services</p> <ul style="list-style-type: none"> Training DVD's for family caregivers and police officers <p>Policy Implications</p> <ul style="list-style-type: none"> The fire and police departments should have annual in-services on how to respond to wandering and other situations involving persons with dementia (accidental shoplifting). <p>See also:</p> <p>Ethical Issues</p> <ul style="list-style-type: none"> How do we balance the rights of the individual to independence verses the need for public and

				<p>personal safety (e.g., driving, living alone, wandering)?</p> <p>RECOMMENDATION 2-1. Public education should be expanded and enriched</p> <ul style="list-style-type: none"> Postal workers, paramedics, police, fire, and transportation staff should be educated about the warning signs, behaviors and needs of people with EML/MCI, increasing their ability to better serve these people and to help them access the network of services and supports available. <p>RECOMMENDATION 1-1. Integrate dementia care into San Francisco’s long term care service delivery network.</p> <ul style="list-style-type: none"> Proposed Key Partners: Department of Aging and Adult Services (DAAS), Department of Public Health (DPH), Family Caregiver Alliance, Alzheimer’s Association, Community-based service providers including senior centers, adult day care centers, social day centers, and institutional service providers, assisted living facilities, board and care facilities, Police Department, Fire Department. <p>RECOMMENDATION 2-1. Improve public awareness and understanding of dementia. Leadership Responsibility: Training and Education Workgroup</p> <ul style="list-style-type: none"> Proposed Key Partners: DAAS, DPH, Family Caregiver Alliance, Alzheimer’s Association, San Francisco Public Library, Community based service providers including community centers, senior centers, adult day care centers, social day centers, primary care clinics, Mayor’s Office, Police Department, Fire Department
--	--	--	--	--

				<p>RECOMMENDATION 9-4. Develop a crisis intervention and assessment setting for people with dementia who are not safe in their own environments, or who have behavioral issues. Leadership Responsibility: Additional Services and Settings Workgroup</p> <ul style="list-style-type: none"> Proposed Key Partners: DAAS, DPH, Laguna Honda Hospital, Institute on Aging, Alzheimer’s Association, Family Caregiver Alliance, Police Department, Adult Protective Services Forensic Center <p>4 A. IDENTIFICATION AND REFERRAL: Multiple points in emergency services, primary care, and community-based services where individuals with early stage cognitive impairments can be identified and referred to the right place in a sensitive way.</p> <ul style="list-style-type: none"> Clues to cognitive impairments may be subtle and nonspecific, however, symptoms often a stimulated by physical or emotional crisis. As such, emergency rooms, emergency medical technicians, fire and police services are often in position to recognize cognitive impairments and refer individuals appropriately. <p>Findings and Recommendations The subcommittee identified specific information needs for</p> <ul style="list-style-type: none"> Emergency and safety officers, including police, fire, and emergency medical staff <p>Approaches to Prevention and Education</p> <ul style="list-style-type: none"> Written materials in multiple languages widely distributed through health fairs, city offices, police and fire departments, libraries, hospital systems, and community agencies
--	--	--	--	---

				<p>Plans Relating to or Focused on Alzheimer’s Disease: Elements and Themes</p> <ul style="list-style-type: none"> • Engage in initiatives which increase supply, distribution and quality of the dementia care workforce. Dementia care workforce may include conventional health care professionals and paraprofessionals as well as first responders, police, area agency on aging staff, housing providers and other critical workforce professions. (Vermont) • Require mandatory dementia-specific training as part of DOCJT yearly in-service training for emergency personnel (e.g. firefighters, emergency medical technicians, police officers). (KY) (pg.104) • Develop relationships with police and community partners to develop and implement training (such as, but not excluding including but not limited to, bankers, attorneys, police, emergency personnel, etc.). (KY) • Establish a strategy to link and coordinate services and activities of State agencies, other service providers, advocacy groups and other entities throughout the State such as emergency personnel, police, universities and attorneys and other staff associated with the legal system. (KY) • Require mandatory dementia-specific training as part of DOCJT yearly in-service training for emergency personnel (e.g. firefighters, emergency medical technicians, police officers). (KY) • Educate Police and Fire Departments as potential population safety net (Marin)
--	--	--	--	---

Colorado	Colorado State Alzheimer Disease Plan	November 2010		<p>Recommendation 4.5 Encourage and enhance adequate training for first responders about medical and behavioral issues related to Alzheimer’s disease and related dementias when responding to an emergency involving these individuals.</p> <ul style="list-style-type: none"> • The CACC recommends that police departments, fire departments and hospital emergency departments are providing dementia training to all first responders.
Connecticut	Report of the Task Force on Alzheimer’s Disease and Dementia			<p>Enhance care quality:</p> <ul style="list-style-type: none"> • Integrate and continue basic level of dementia training and education for public safety responders, long-term care ombudsman, protective service employees, probate judges and court personnel. Expand annual missing persons police force training to include dementia education (CGS § 7-294o). (May require legislation) <p>Increase Public Safety for Individuals with Alzheimer’s Disease:</p> <ul style="list-style-type: none"> • Police and fire departments, emergency medical technicians and hospital emergency departments interface with individuals with Alzheimer’s, but are not educated about medical and behavior issues when responding to an emergency involving these individuals and their families. (pg. 29) • Integrate and continue basic level of dementia training and education for public safety responders, long-term care ombudsman, protective service employees, probate judges and court personnel. Expand annual missing persons police force training to include dementia education (CGS § 7-294o). (May require legislation)

				<p>Encourage Connecticut hospital emergency rooms to have a designated and trained Alzheimer’s disease liaison/specialist to address the acute needs of individuals with dementia as well as act as a resource for police and first responders. Adopt an approach similar to the Sexual Assault Nurses Emergency (SANE) model.</p> <p>Appendix B: Recommended Tiers for Workforce Education and Development:</p> <ul style="list-style-type: none"> Professional licensed and registered (or certified) direct caregivers across the continuum of care for Hospital, Nursing Facility, Assisted Living, Adult Day Center, Home Care Agency, Group Home or in private practice including, but not be limited to physician, APRN, PA, Registered Nurse, Licensed Practical Nurse, Physical Therapist, Occupational Therapist, Speech Therapist, Case Managers, Certified Nursing Assistants, Dieticians, First Responders – Police, Fire, Emergency Medical Technicians. Include education for these groups at the college / university / certification level
Delaware	Delaware State Plan to Address Alzheimer’s Disease and Related Disorders	December 2013		<p>Goal #4: Achieve an Alzheimer’s-competent workforce in the State of Delaware:</p> <p>Partner with the Alzheimer’s Association and others to provide comprehensive Alzheimer’s dementia training to first responders, law enforcement, EMTs, fire fighters, emergency preparedness, and search and rescue officials, and others</p>
Florida	2013 Final Report and Recommendations on State Plan on Alzheimer’s Disease	August 2013		<p>Recommendation: Provide a Community-Based Emergency Crisis Intervention Program for emergency intervention services that institutes a “course of action” to mitigate</p>

	<p>and Related Forms of Dementia (ADRD)</p>			<p>ADRD issues for families of all cultures and economic means who find themselves at immediate risk:</p> <ul style="list-style-type: none"> • The removal of the person under sudden conditions (interventions by police, EMTs, caseworkers) could place that person at higher risk for life-impacting changes, compared to being in the home, safe, undisturbed, and with effective interventions that are dementia-specific and are applied expeditiously. <p>Introduction</p> <ul style="list-style-type: none"> • The legislation required the PRTF to provide information regarding the following:...; 2) Existing services, resources, and capacity, including, but not limited to the following:...d. The capability of public safety workers and law enforcement officers to respond to persons having ADRD, including, but not limited to, responding to their disappearance, search and rescue, abuse, elopement, exploitation, or suicide • The PRTF reviewed the topics from four major perspectives: law enforcement, disaster preparedness <p>Rational for Recommendation</p> <ul style="list-style-type: none"> • Local law enforcement agencies are contacted daily, 24/7, because a cognitively impaired individual has become vulnerable to a life-impacting or life-threatening situation. Situations that persons suffering with ADRD are exposed to may include the following: A person with ADRD driving a car or walking away from home, with no identification, and no memory of who they are, where they live, or what their medical conditions
--	---	--	--	---

				<p>are; A caregiver suddenly becomes ill or dies, unbeknownst to others, instantly creating an unsafe environment for the cognitively impaired person who is at home and alone; A cognitively impaired person is reported as being abused or exploited; A person who has aged in place and whose behavior comes to the attention of a neighbor, friend, remote family member, clergy, etc., who requests assistance; or, A person with ADRD having an extreme behavioral problem or an acute psychotic episode requires stabilization interventions, medications, or treatment. (pg. 40)</p> <ul style="list-style-type: none"> • When the caregiver of a person who requires 24-hour supervision and care is unexpectedly hospitalized, mandated reporters, including law enforcement, must telephone the Abuse Hotline. <p>Scenario</p> <ul style="list-style-type: none"> • 2:00 a.m. – The local Emergency Medical Technician (EMT) notified law enforcement of a female caregiver, age 74, being taken to the hospital by her son because of an acute medical condition. Also, there is a 93-year-old male diagnosed with AD sleeping in the home and should not be left alone, according to the caregiver. The daughter of the 93-year-old lived on the other side of the state and could not come to her father’s aid until later on that day, according to law enforcement. In addition, APS was called by the officer, and were told that they would be at the home within three hours. • 2:30 a.m. – Law enforcement called the Alzheimer’s Community Care 24/7 Crisis Line and reported the situation. The Family Nurse Consultant (FNC), a
--	--	--	--	---

				<p>registered nurse, responded to the call and coordinated with law enforcement to contact the daughter of the 93-year-old. The FNC explained the urgency of the situation and provided the daughter with the names and phone numbers of three home health agencies that would respond to her call. The FNC asked that she call her back with the name of the agency that was going to respond. Meanwhile the FNC emailed all three agencies letting them know that they may receive a call from a family member who may need their services. The daughter called the FNC with the name of the home health agency that was going to provide the care for her father.</p> <ul style="list-style-type: none"> • Goal to scenario: No state funds were needed to initiate the Alzheimer’s Community Care emergency intervention crisis service described in the example, because the services were planned in advance. Alzheimer’s Community Care receives calls from law enforcement agencies, families, and health care providers regularly on its Crisis Line and they are served accordingly. • Goal: Educate law enforcement about the existence of the 24/7 Alzheimer’s Crisis Line, its purpose and capabilities, and its limitations. <p>Action Steps</p> <ul style="list-style-type: none"> • The state should require goals and objectives with culturally appropriate values, based on the needs of law enforcement, APS, and the caregiver. This would necessitate their active involvement in structuring the project, ensuring that barriers to assisting ADRD families are removed within the shortest time possible. This assistance must be
--	--	--	--	--

				<p>reliable, capable, and have resources that can address the whole problem with viable solutions.</p> <p>Rationale for Recommendation:</p> <ul style="list-style-type: none"> • Law enforcement officers are confronted with life-saving actions every day on the job. In addition to being charged with protecting Floridians, they must be knowledgeable in protecting individuals with ADRD. However, before they can protect them, the front line of law enforcement must understand ADRD and identify behaviors associated with ADRD. Unusual actions by a person with ADRD may include the following: Unsafe driving: AD may cause erratic driving. Persons with AD who are driving may look drunk and even fail roadside sobriety tests simply because of inability to understand or remember instructions. They may also have accidents and leave the scene because they forgot it happened. Persons with dementia tend to drive more slowly; make errors at intersections; have less awareness of other drivers; have difficulty staying in their lane; and have more frequent and unexpected braking. Shoplifting: AD does not cause criminal behavior, but it does hinder memory and ability to think logically. As a result, persons with AD may take items from a store without paying for them. 47 Indecent exposure: Inappropriate behaviors such as taking clothes off in public or being sexually aggressive are common. False reports: A person with Alzheimer’s may report an “intruder” in the house who is actually a family member. They may misplace valuables and accuse others. They may also forget where they parked their cars and report them stolen. Victimization:
--	--	--	--	---

				<p>Persons with Alzheimer's fall easy prey to con artists, robbers, and muggers. They may also go through evictions, repossessions, and the discontinuation of utility services resulting from delinquent (often forgotten) payments. Senior crime and exploitation is a growing problem. The majority of senior crime or exploitation victims need additional assistance through this process. Homicide and suicide: Caregivers may find themselves unable to handle the stress of caregiving and may choose to commit homicide and/or suicide. Abuse and neglect: The aggressive behavior of a person with AD can cause them to lash out physically to a caregiver. Distraught caregivers may abuse or neglect a person with Alzheimer's. Wandering and/or getting lost: Two-thirds of Floridians with Alzheimer's will wander away and become lost; if not found within 24 hours, nearly half will suffer major injury or death. Wandering can occur on foot, in a vehicle, or on public transportation (train, plane, bus, tractor, riding lawn mower, etc.). A search must begin immediately (do not wait for person to come back on their own). Front-line law enforcement officers need to be trained on all possible behaviors and resources in the community for support. In 2003-2008, the Florida Chapters of the Alzheimer's Association received partial state funding to implement a statewide training initiative. The reason for success of the program was the contracting with former veterans and retired law enforcement officers who understand and adapt to law enforcement environment. Many presentations were offered to accommodate different time</p>
--	--	--	--	--

				<p>constraints. The most popular part of the program was the creation of a pocket card that can be stored in each cruiser for review when needed.</p> <ul style="list-style-type: none"> • Action Steps: The Legislature should provide funding to establish a statewide training initiative for front-line law enforcement. FDLE will manage training contracts. The Legislature should increase funding to law enforcement agencies to either establish an active Senior Services Unit in each county or properly fund it at an adequate level. Currently, most Senior Services Units are inadequately funded and under-staffed. Public safety personnel should be trained to recommend initiation of guardianship procedures and of the individual. Currently these types of referrals can only be made by DCF APS. a. This should include the ability of specially trained public safety personnel to refer an older adult or person with dementia in need of immediate services be given primary consideration for receiving community-care-for-the-elderly services. b. Grant specially trained public safety personnel access to the Adult Protective Services Referral Tracking Tools (ARTT); this would be an excellent tool for public safety personnel to refer to when responding to a call involving an older adult. This may alert the responder of services that have already been put in place for the older adult instead of starting the process all over adult. This may alert the responder of services that have already been put in place for the older adult instead of starting the process all over.
--	--	--	--	--

				<ul style="list-style-type: none"> • Cost Considerations: Training law enforcement statewide \$800,00 recurring Additional funds for Senior Service personnel Guardianship training <p>Action Steps:</p> <ul style="list-style-type: none"> • The ADRD Office should work with departments who provide direct ADRD services or indirect services. These departments include, but not limited to the following: a. DOEA: ADI respite, MDCs, Alzheimer training, ADRCs, Ombudsman b. FDLE: Safe Return, law enforcement dementia-specific training, crimes targeting persons with dementia
Georgia	Georgia Alzheimer's Disease and Related Dementias State Plan	2014		<p>Nil. But see:</p> <p>G. Capacity of Public Safety & Law Enforcement to Respond to People with Dementia</p> <ul style="list-style-type: none"> • In 2011, the Forensic Special Investigations Unit (FSIU), located within the DHS Division of Aging Services and composed of individuals with backgrounds in Medicare fraud, criminal justice, and law enforcement, developed a course curriculum in collaboration with other state agencies representing the criminal justice system. The course is entitled At-Risk Adult Crime Tactics (ACT) Specialist Certification Course. ACT is co-sponsored by the Prosecuting Attorneys' Council of Georgia (PACGA) and is approved by Georgia Peace Officer Standards and Training Council (P.O.S.T.). The focus of ACT was, and remains, to equip primary and secondary responders with knowledge and skills to address the needs of at-risk adult crime victims in Georgia as part of a multi-

				<p>disciplinary team, thus advancing public safety. Frequently, victims of these crimes have Alzheimer’s or another dementia; therefore a basic understanding of Alzheimer’s is part of the curriculum.</p> <p>HealthCare Interactive:</p> <ul style="list-style-type: none"> • The Alzheimer’s Association and HealthCare Interactive provide online Alzheimer’s training for family members; staff at nursing homes, assisted living facilities, hospice, home organizations, adult day programs, governmental and social service agencies; and police, fire, and other first responders. <p>GOAL: Encourage dementia-specific training for ER, first responders, and Protective Services. Encourage dementia-specific training as part of yearly in-service training for emergency personnel (e.g., firefighters, emergency medical technicians, behavioral health crisis and access telephone line and mobile assessment personnel, and police officers) as well as support personnel, including Public Guardianship and Adult Protective Services.</p>
Hawaii	Hawaii 2025: State Plan on Alzheimer’s Disease & Related Dementias	December 2013		<p>Strategy 1 – Be dementia capable</p> <ul style="list-style-type: none"> • As a first step, a statewide assessment will be conducted to determine how dementia capable Hawaii’s service systems are. These systems should include government agencies, healthcare practices and hospitals, service providers, first responders and law enforcement, public transportation, public housing, residential facilities, and the Hawaii Aging and Disability Resource Center (ADRC).

				<p>Transportation, in particular, was identified by the Hawaii ADRD Task Force and key informants as having major barriers to adequate services for frail or cognitively impaired individuals, such as accessibility in rural areas, long wait times, affordability, and dementia capable staff.</p> <p>Strategy 4 - Maintain the dignity, safety and rights of people with ADRD and their caregivers People with dementia are more vulnerable to challenges to their dignity, safety and rights. As cognitive functioning declines, they lack capacity to protect themselves and become dependent upon others for their well-being. To ensure that their physical, psychological, financial and legal protections are in place, partnerships will be encouraged with legal service providers, the Alzheimer’s Association Aloha Chapter, Hawaii’s ADRCs, Hawaii’s first responders, financial institutions, Adult Protective Services, law enforcement, Hawaii’s Long-Term Care Ombudsman program, county prosecutors, and the Office of the Public Guardian.</p>
Idaho	A State Plan for Alzheimer’s Disease and Related Dementias: Addressing the needs of Idahoans with ADRD, their caregivers and family members	March 2013		<ul style="list-style-type: none"> • Finding #2: Provide ADRD-specific education and training for current and future health care providers, institutional caregivers and family caregivers. Institute training modules for professional first responders (police, fire, EMS, search and rescue) and emergency personnel, including protocols for dealing with missing adults with ADRD. • Increased education to the general public and to law enforcement and other responsive organizations.

				A state plan that directs multiple stakeholders to work together was another common theme. Suggestions included: Form partnerships with adult protective services, law enforcement, the Veteran's Administration, and other state agencies.
Illinois	Alzheimer's Disease Illinois State Plan 2014 - 2017 Report and Recommendations	January 2014		<p>Nil. But see:</p> <p>About 3 million Americans with Alzheimer's disease and related dementias go missing each year. If an elderly person is not found within 24 hours, there is a 50 percent chance that he/she will suffer serious injury or die....</p> <p>Recommendation 1 Ensure first responders are knowledgeable in recognizing and interacting with persons with Alzheimer's disease or related dementias through annual state mandated and regulated dementia training within law enforcement and fire safety departments. Minimum training standards should be included.</p> <p>Recommendation 2 All older drivers who seek driver's license renewal should be tested with the existing written test when they present for license renewal. Currently, older drivers who seek driver's license renewal must present to a state driver's license facility for vision and behind-the-wheel testing according to a schedule determined by their age and last renewal date. This recommendation adds the standard written test to the existing renewal process.</p>
Indiana	Indiana Plan for Alzheimer's Disease and Related Dementias 2013-2017			<p>Goal 3. Expand Supports for People with Alzheimer's Disease and Their Families:</p> <ul style="list-style-type: none"> • Support federal efforts to maintain the dignity, safety, and rights of people with AD via AoA Long

				<p>Term Care Ombudsmen, education of legal service professionals about AD via AoA’s National Legal Resource Center, monitoring and reducing inappropriate use of anti-psychotics, and addressing the housing needs of people with AD via affordable housing models to be explored by HUD and HHS.</p> <p>Increase safety for people with Alzheimer’s disease and their families:</p> <ul style="list-style-type: none"> • Objective: To enhance recognition and response to Alzheimer’s disease and dementia by public safety officials and first responders, including fire, emergency medical service, police, and adult protective service workers. <p>Goal D: Increase Public Safety for People with Alzheimer’s Disease and Their Families Priority 5 – Ensure availability of dementia-specific training for public safety workers Lead Partners Establish collaboration among the Alzheimer’s Association, Indiana Department of Homeland Security and Indiana Law Enforcement Academy to offer statewide dementia-specific training (basic and continuing education) to first responders such as emergency medical services, firefighters, law enforcement officers, dispatchers, search and rescue, homeland security.</p> <p>Improve public safety and address the safety-related needs of those with Alzheimer’s:</p> <ul style="list-style-type: none"> • Establish collaboration among the Alzheimer’s Association, Indiana Department of Homeland Security, and Indiana Law Enforcement Academy to offer statewide dementia specific training (basic and continuing education) to first responders such
--	--	--	--	---

				<p>as emergency medical services, firefighters, law enforcement officers, dispatchers, search and rescue, homeland security.</p> <p>Implement the plan effectively: Currently, more than 120,000 Hoosiers are diagnosed with Alzheimer’s and dementia. This figure is expected to triple by 2050. Unless a cure or a way to delay onset or slow the progression of the disease is found, there will be a significant impact on Indiana’s health care system, caregivers, case managers, safety and law enforcement personnel, and Medicaid/insurance programs. Implementation of the recommendations contained in this report through our public and private sectors will address the significant impact of Alzheimer’s disease and dementia now and in the future.</p>
Iowa	Alzheimer’s Disease Task Force	January 2008		<p>The task force shall include an examination of the following in its assessment and recommendations:</p> <p>...The capacity of public safety and law enforcement agencies to respond to persons with Alzheimer's disease or related disorders.</p>
Kansas	N/A			
Kentucky	Setting a Roadmap to Address Alzheimer’s in the Commonwealth: A Report on the Assessment of the Current and Anticipated Future Impact of Alzheimer’s Disease and Related Dementias	2008		<p>“Establish a strategy to link and coordinate services and activities of State agencies, other service providers, advocacy groups and other entities throughout the State such as emergency personnel, police, universities and attorneys and other staff associated with the legal system.”</p> <p>See also:</p>

	on Kentuckians with Recommendations for Action			Capacity of public safety and law enforcement to respond to persons with Alzheimer's Disease [due to wandering]
Louisiana	The Impact of Alzheimer's Disease in Louisiana: A Report of the Louisiana Alzheimer's Task Force	October 2009		<p>Gaps in Services and Challenges to Access Public Safety:</p> <p>No dementia-specific requirements for renewing a driver's license</p> <p>First responders do not universally receive dementia-specific training</p> <p>Public Safety and Law Enforcement</p> <p>Public safety and law enforcement officials may interact with people with ADRD's and their families in a variety of ways [including as perpetrators and people who are incarcerated].</p> <p>Law enforcement officers will be best served in accomplishing their mission with training in communication with persons living with an ADRD in all of these roles.</p>
Maine	State Plan for Alzheimer's Disease and Related Dementias in Maine	2011-2012		<p>"Encourage and enhance adequate training for first responders about medical and behavioral issues related to Alzheimer's disease and related dementias when responding to an emergency involving these individuals. First responders play an important role in keeping individuals with Alzheimer's disease safe. When an individual with Alzheimer's disease has gone missing or finds himself/herself in a difficult situation, it is often a first responder's job to diffuse the situation and/or provide required supervision and protective services. It is important for first responders to have the knowledge and tools at their fingertips to</p>

				<p>respond appropriately when needed. The Alzheimer’s Association has developed a short curriculum to train first responders in four content areas: 1) wandering; 2) driving, firearms and shoplifting; 3) abuse and neglect; and, 4) disaster response. It is recommended that police departments, fire departments and hospital emergency departments provide dementia training to all first responders. Materials for the training are available through the Maine Chapter of the Alzheimer’s Association. Additionally, the Maine CDC funds a program that is currently under development as an EMS pilot program in conjunction with Northern Maine Medical Center to educate paramedics to enhance their knowledge of various health concerns, which could include Alzheimer’s disease and related dementias and serve as a model that could be expanded.”</p> <p>“Improve safety of people with dementia and the general public through the implementation of education and safety programs for older drivers.”</p>
Maryland	Maryland State Plan on Alzheimer’s Disease and Related Disorders	December 2012		Nil.
Massachusetts	Massachusetts Alzheimer’s Disease and Related Disorders State Plan	February 2012		Nil.
Michigan	Michigan Dementia Plan Update: 2009 through 2011	January 2009		Nil.

Minnesota	Preparing Minnesota for Alzheimer's: The Budgetary, Social and Personal Impacts	January 2011		Nil.
Mississippi	State of Mississippi Strategic Plan for Alzheimer's Disease and Related Dementias	2015-2020		"Strategic priorities: 1. Determine the target audience for dementia programs such as professionals, caregivers, law enforcement, clergy and teachers."
Missouri	State Plan	November 2010	Document unavailable.	
Montana	Montana Alzheimer's and Dementia State Plan: Addressing the Current and Future Needs of Individuals and Families with Alzheimer's Disease and Related Dementias	December 2016		Recommendations "6-E. Require training to educate law enforcement and first responders on the best practice methods of interacting with people with dementia. Integrate this training into the current Crisis Intervention Training (CIT) program."
Nebraska	The Nebraska State Plan for Alzheimer's Disease and Related Dementias	June 2016		"2.4 Recommended Action: First Responders Dementia-Training for all Nebraska First Responders including police, fire and EMTs a. Identify all First Responder groups in all counties of Nebraska b. Identify those First Responders who have already been trained. c. Create a timeline to have all other First Responders trained. d. Train systematically by county or group (police, fire, EMT etc.) Timeline:

				24 months Owners: Alzheimer’s Association, Nebraska Chapter Measures of Success: # of First Responder Groups Trained”
Nevada	The Nevada State Plan to Address Alzheimer’s Disease	January 2017		Nil. But see: “The respective target audiences for each public awareness campaign may include, but are not limited to: a. Allied health professionals, bankers, emergency first responders, financial planners, lawyers, and other professionals who may have contact with persons with dementia.”
New Hampshire	New Hampshire Alzheimer’s Disease and Related Dementias State Plan Executive Summary & Areas of Focus	2013-2014		Nil. But see: “Physicians, nurses, lawyers, bankers, financial planners, emergency first responders, allied health professionals including but not limited to pharmacists and dentists and ancillary service providers such as meals-on-wheels and congregate meal centers as well as community, homecare and long term care providers could more effectively help consumers by better understanding Alzheimer’s disease, the services available, and reliable sources of advice and support.”
	New Hampshire Alzheimer’s Disease & Related Dementias Sub-Committee Recommendations			Nil.

New Jersey	New Jersey Alzheimer's Disease Study Commission: Report Submitted to the Governor and the Legislature	August 2016		<p>“Specific activities were required of the Commission: ... c) Consider the capacity of public safety and law enforcement officials to respond to persons with Alzheimer’s disease and for these officials to have proper education and training;”</p> <p>“Ensuring public safety for persons with Alzheimer’s disease and other dementias was raised as a topic throughout the public input sessions and highlighted these particular issues: ... <ul style="list-style-type: none"> • Importance of training for police and responders in dementia-related behaviors. Without the proper training, a first responder on an emergency call could mistakenly attribute the person’s behavior to mental illness or other condition;” </p> <p>“Public Safety Impact Public safety affects and is affected by Alzheimer’s disease and other dementias. From the person who forgets the pot on the stove and starts a house fire to the caregiver who calls the police to control a violent, confused 75-year-old family member who thinks that 3:00 a.m. is time to go to school, our first responder resources and personnel are impacted by dementia. On the other hand, public safety impacts people with Alzheimer’s and their families in how communities are structured, and how first responders respond to crises, or fail to respond.”</p> <p>“An ongoing debate in New Jersey, as well as many other states, involves when, if, and how to deny access to driving. Currently, the Motor Vehicle Commission has a process for families, doctors, emergency departments, judges, and</p>
------------	---	-------------	--	--

				<p>police officers to request a reassessment of the person’s ability to drive by the Commission’s Medical Review Board.”</p> <p>“First responders: For years, the Alzheimer’s Association has provided training on dementia to first responder groups, such as police, fire departments, and ambulance corps. Training includes communication skills, recognizing dementia, telling dementia from delirium (which may need evaluation in a hospital) or mental illness, supporting caregivers, handling driving situations, basic home safety, and community resources.”</p> <p>“Objective: Educate the public safety workforce about the medical and behavior issues of individuals with Alzheimer's disease so these professionals are better able to assist in an emergency involving these individuals and their families. Offer programs that cover wandering, driving, abuse, neglect, and disaster response.</p> <p>Strategy: Work with the New Jersey Department of Health to reach out to New Jersey’s EMS system, including first responders, emergency medical technicians (EMTs), paramedics, nurses, and physicians, to ensure that they are familiar with the unique aspects of Alzheimer's disease and the best approach to respond to affected individuals.</p> <p>Strategy: Promote training opportunities with the State’s Department of Law & Public Safety to make sure that law enforcement is equipped to manage the unique safety challenges of persons with Alzheimer's disease and other dementias, ranging</p>
--	--	--	--	--

				from wandering to erratic driving, false reports and victimization.”
New Mexico	New Mexico State Plan for Alzheimer’s Disease and Related Dementias	2013		<p>Nil. But see:</p> <p>“In order to effectively promote access to essential training and resources across the state’s diverse cultures and locations, a public awareness campaign which de-stigmatizes the disease and caregiving experience must be executed. We call upon the Alzheimer’s Association, New Mexico Chapter and the Aging and Long-Term Services Department in collaboration with other partners to do the following:</p> <p>...</p> <p>7. Publicize availability of public safety training and protections through the Department of Public Safety (DPS) and the New Mexico State Police (NMSP);”</p>
New York	2013 Report of the New York State Coordinating Council for Services Related to Alzheimer’s Disease and Other Dementias to Governor Andrew M. Cuomo and the New York State Legislature	2013		Nil.
North Carolina	Dementia-Capable North Carolina: A Strategic Plan for Addressing Alzheimer’s Disease and Related Dementias	March 2016		Nil.

North Dakota	Dementia-Related Services – Background Memorandum	July 2007	Two-page memorandum.	Nil. Two-page memorandum inconclusive.
Ohio	N/A			
Oklahoma	Oklahoma Alz State Plan 2016	February 2016		<p>Nil. But see:</p> <p>“Education and training ... Additionally, there is little education about Alzheimer’s disease that is readily available to the general public, which continues to have many misconceptions about Alzheimer’s and the effects it has on a person; therefore, the workgroup recommends the following to provide better education and training to healthcare professionals, law enforcement, family caregivers and the general public.”</p> <p>“Recommendation 5: Advocate, promote and continue dementia-specific training for all First Responders, both introductory and as continuing education for those eligible already in the field.</p> <p>Rationale 5: The Oklahoma Department of Health recently reported over 300 instances of adults wandering away from Oklahoma nursing homes during a single year, not including assisted living centers, adult day centers, independent living or private homes. In order for members of law enforcement to properly assist and approach vulnerable adults, ongoing training regarding the challenges of Alzheimer’s disease is required”</p>

Oregon	State Plan for Alzheimer’s Disease and Related Dementias in Oregon	July 2012		“Finally, there is growing national concern about the impact of an aging inmate population, and the impact of [Alzheimer’s Disease and Related Dementias] within the corrections system – an issue that will increasingly impact Oregon’s local and state jails and prisons.”
Pennsylvania	Pennsylvania State Plan for Alzheimer’s Disease and Related Disorders	February 2014		<p>Nil. But see:</p> <p>“Workgroup 1: Prevention and Outreach ...improve public safety and address safety-related concerns such as driving”</p> <p>“Access to Information</p> <ul style="list-style-type: none"> • There needs to be a “clearinghouse” for individuals to find support to decipher legal situations, caregiver issues, and navigate financial and insurance support.” <p>“Goal 1F ... <ul style="list-style-type: none"> • Promote training for police, fire fighters, emergency personnel, and postal workers how to interact with individuals with [Alzheimer’s disease and related disorders].” <p>“Goal 1G ... <ul style="list-style-type: none"> • Partner with law enforcement on the promotion of home safety and firearm safety.” </p></p>
Rhode Island	Rhode Island’s State Plan on Alzheimer’s Disease and Related Disorders	Undated [2013c]		<p>“2. Development of Standards for Physical and Mental Fitness to Drive ...Participants in the Legal Subgroup raised serious concerns that without such standards in place families and individuals are left without clear criteria. This lack of guidance raises due process concerns for any individual</p>

				<p>being reassessed for fitness to drive and also means that physicians, families and law enforcement have no clear standard to reference when assessing whether or not to report a person to the DMV.”</p> <p>“An exemplary training initiative underway in the state that should be noted is the collaboration between the DEA, the Rhode Island Alzheimer’s Association and the Department of Corrections to provide Alzheimer’s disease education and training to prison wardens and clinicians. This is a particularly timely and responsive initiative that will assist prison personnel in recognizing the disease and its symptoms enabling them to provide appropriate responses within the prison environment. The [Legal] Subgroup recognized the importance of this work and would like to see its scope expand to consider other long-term care settings that house people living with Alzheimer’s disease who have spent time in prison and to consider the challenges of finding housing placements for this population.”</p> <p>“iii. Identification of Additional Needs ... </p> <ul style="list-style-type: none"> • Encourage the ongoing collaboration to address needs and challenges associated with the prison population living with Alzheimer’s disease. <ul style="list-style-type: none"> ○ Incorporate work to address similar challenges within long-term care settings housing residents who were previously incarcerated. ○ Address difficulties associated with finding housing placements for formerly incarcerated individuals with Alzheimer’s disease.”
--	--	--	--	--

South Carolina	Conquering the Specter of Alzheimer's Disease in South Carolina	March 2009		<p>“Capacity of Public Safety and Law Enforcement to Respond to Persons with Dementia There is currently no mandatory uniform training for personnel in the criminal justice system. However, the South Carolina Criminal Justice Academy, in cooperation with the Alzheimer’s Association–South Carolina Chapter, has implemented a training program for certified law enforcement officers in South Carolina. A three-hour film has been developed for training and includes information on how to approach and speak with persons with Alzheimer’s disease and their families and satisfactorily resolve calls for service. The training encompasses sections on the basics of dementia as well as specific situational episodes, with response analysis. It is anticipated that this training film will be shown to 12,000 law enforcement officers in its initial release, along with 75 additional law enforcement departments.”</p> <p>“Recommendation 14. Expand training on Alzheimer’s disease and related disorders (ADRD) and enhance accessibility for personnel in the justice system as well as first responders (i.e. EMS, firefighters)”</p>
South Dakota	N/A			
Tennessee	Tennessee Alzheimer’s Disease Task Force Final Report	February 2009		<p>“Law Enforcement and Dementia Currently several law enforcement agencies across the State of Tennessee have developed or adopted programs</p>

				<p>and services for seniors. Some of these programs have application for the Alzheimer’s community [e.g., Safe Return Training]... There is no uniform training programs on dementia for law enforcement agencies in the State of Tennessee.”</p> <p>“VI. Recommendation: Encourage awareness of elder care law and access to attorneys with training in elder care law. Action Steps:</p> <ol style="list-style-type: none"> 1. Partner with attorneys in private practice to increase their awareness of issues related to Alzheimer’s disease and related dementia 2. Partner with the Legal Assistance Program in Area Agency districts funded by the Tennessee Commission on Aging and Disability to provide training to attorneys on elder law care 3. Encourage attorneys to obtain continuing education on elder care law and encourage law schools to include a module of elder care law in the curriculum.” <p>“Section 3: Education and Training To address the growing number of individuals with Alzheimer’s disease and related dementias and their needs will require a very prepared workforce. Individuals who attended the public forums expressed the need for education and training for caregivers, family members, health professionals, hospital staff, primary care physicians, law enforcement....”</p>
Texas	Putting the Pieces Together: A Comprehensive Plan for Addressing the Burden of Alzheimer’s Disease	2010-2015		<p>Nil. But see:</p> <p>“Secondary stakeholders are those who are similarly involved in providing treatment and services, and include noncare-giver family members, physician</p>

	in Texas: 2010-2015 Texas State Plan on Alzheimer's Disease			networks/organizations, related healthcare workers/networks/organizations, not-for-profit health-care service providers, faith-based personnel, and law-enforcement and first responder personnel.
Utah	Utah's State Plan for Alzheimer's Disease and Related Dementias	2012-2017		Nil. But see: "Educate law enforcement on the MedicAlert+Safe Return™ program of the Alzheimer's Association to quickly identify and return to safety persons with Alzheimer's or related dementias"
Vermont	Vermont State Plan on Dementia	2009		Nil.
Virginia	Virginia Alzheimer's Disease and Related Disorders Commission	2015-2019		"Goal III: Increase Awareness and Create Dementia Specific Training ... B. Provide dementia specific training to professional first responders (police, fire, EMS and search & rescue personnel), financial services personnel, and the legal profession. 1. Develop or catalog and deliver dementia-specific, evidence-based trainings with dedicated funding that include an emphasis on BPSD, detention orders, driving safety, wandering issues and resources, advance directives and other legal tools, and risks and signs for abuse, neglect, and financial exploitation, among others. a. In partnership with the Virginia Department of Criminal Justice Services (DSCJ), Virginia State Police (VSP), Virginia Department for Emergency Management (VDEM), and Virginia Department of Corrections (DOC) continue to

				<p>develop relationships and implement coordinated, dementia-specific, evidence-based trainings with state and local first responders (police, fire, EMS, and search & rescue personnel), emergency and disaster response personnel, and correctional personnel.</p> <p>b. In partnership with DSCJ, VSP and VDEM, continue work with first responders (police, fire, EMS and Search & Rescue personnel) to ensure a coordinated protocol for swift and appropriate action upon report of a missing adult with dementia, to include the appropriate use of Senior Alert, Project Lifesaver, and other wandering prevention and response tools.</p> <p>c. In partnership with statewide and local legal groups and associations, implement the dementia-specific, evidence-based trainings for general practice attorneys, prosecutors, judges, magistrates, victim advocates, and court clerks. d. In partnership with the VSP, Virginia State Corporation Commission (SCC) and industry representatives, implement dementia-specific, evidence-based trainings for financial services personnel, including bank tellers, accountants, financial advisers, loan officers and collectors.</p> <p>2. Coordinate dementia specific outreach and training efforts with the Virginia Office of the Attorney General (OAG) and its Senior-focused Triad and SALT (Seniors and Law Enforcement Together) initiatives.”</p>
Washington	Washington State Plan to Address Alzheimer’s Disease and Other Dementias	January 2016		Nil.

West Virginia	None.		State Plan under consideration: Make a Plan for Alzheimer's in West Virginia (December 2011)	N/A
Wisconsin	Wisconsin Dementia Care System Redesign	February 2014		<p>"Dementia Care Specialist Program in Aging and Disability Resource Centers consult with law enforcement and others who need information regarding dementia-related issues."</p> <p>"Emergency Protective Placement program requires more engagement with law enforcement as per this new plan to reduce inconsistencies among counties for the care of people with dementias."</p> <p>"Standards for training standards for those dealing with people with dementia, such as law enforcement, judges and other professions will be developed."</p>
Wyoming	None.		State Plan is being developed .	N/A.

For questions or further information, please contact:

Heather Campbell, Director
Dementia Justice Society of Canada
Ottawa, Ontario
Email: dementiajustice@outlook.com
Website: www.dementiajustice.com