

SB

36

<TARGET><BILL>SB 36</BILL><SUBJECT>SB
36</SUBJECT><COMM>SSTA28</COMM></TARGET>

SENATE COMMITTEE REPORT First Committee of Referral

DATE: 2/8/13

FURTHER: Judiciary

Date of 5-Day Notice: _____
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: 2/21/13

State Affairs Committee considered SPONSOR SUBSTITUTE FOR SENATE BILL NO. 36

SB 36 MISSING VULNERABLE ADULT RESPONSE PLAN

"An Act relating to missing vulnerable adult prompt response and notification plans."

and recommends:

- be replaced with CS _____ (_____) Same Title New Title
- adopt previous CS _____ (_____) Same Title New Title
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

Dept Abbr.	
ADM	LWF
CED	LAW
COR	LEG
CRT	MVA
EED	DNR
DEC	DPS
DFG	REV
GOV	DOT
DHS	UA

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
MVA			✓	1
DPS			✓	2

PREVIOUS FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Wielechowski	✓			
	STEPHAN	✓			
CHAIR:	Dyson	✓			

ALASKA STATE LEGISLATURE

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SENATOR JOHNNY ELLIS MINORITY LEADER

SENATE BILL 36

“An act providing for the safety of missing vulnerable adults”

The Alaska Commission on Aging estimates more than 7,785 Alaskans suffer from Alzheimer’s disease and related dementia. This accounts for 11 percent of Alaskans over the age of 65 and nearly half of Alaskans over the age of 85. Despite the great risk Alaska’s harsh weather and vast wilderness pose to adults with dementia and other impairments that go missing, the state does not have a formal program for immediately notifying the public when an impaired adult is unaccounted for.

Bonnie Scott, a 63-year old Fairbanks resident suffering from Alzheimer’s disease, froze to death in 2011 when she became disoriented while driving, left her car, and could not be located before she died of exposure. Repeated tragedies of this nature coupled with the state’s growing senior population point to the urgent need for a notification and response system for missing vulnerable adults in Alaska.

Senate Bill 36 would call on the Department of Military and Veterans Affairs to coordinate with the Department of Public Safety to design and implement an “Amber Alert” type notification system to help locate missing senior citizens and adults with disabilities. This “Silver Alert” system created by Senate Bill 36 would use media outlets and existing emergency notification infrastructure in Alaska and will not present any significant cost to the state.

This bill is a priority of advocates for senior citizens and adults with disabilities for its potential to make searches for missing vulnerable adults more comprehensive and successful. By applying the power of public awareness, Senate Bill 36 could save local public safety departments valuable time and resources with shorter, more successful missing person searches that harness the Alaskan tradition of helping friends and neighbors in need.

Thirty-eight other states have either a “Silver Alert” program or an even more comprehensive emergency alert system for missing persons. In 2010, Mississippi Governor Haley Barbour signed a bill establishing a new Silver Alert system, with his office saying, “Any Mississippian with an elderly relative or family member with a cognitive disorder can appreciate [this legislation].”

As it has done with the “Amber Alert” system, the U.S. Congress is considering instituting a nationwide requirement for states to have “Silver Alert” programs. Senate Bill 36 presents an excellent chance for Alaska to design and implement an effective Silver Alert system suited to the state’s unique geography and local communities before federal requirements potentially dictate its features.

I respectfully urge your consideration and support of Senate Bill 36.

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SENATOR JOHNNY ELLIS MINORITY LEADER

Senate Bill 36 Sectional Analysis

Section 1 amends AS 44.35.020(a) to add Subsection 4, which gives statutory authority to the Alaska Department of Military and Veterans' Affairs to cooperate with the Alaska Department of Public Safety to develop and implement vulnerable adult prompt response and notification plans.

Section 2 amends AS 44.41 by creating a new section, AS 44.41.060, relating to basic standards for vulnerable adult prompt response and notification plans in Alaska.

Subsection (a) of AS 44.41.060 indicates such plans will be for the use of local and state law enforcement in locating a missing vulnerable adult and will incorporate the voluntary participation of local and statewide radio and television broadcasters, newspapers, and other communications media. It specifies such plans will not use an emergency alert system operated by the Department of Military and Veterans Affairs.

It stipulates such plans will include standards for when, how, and where a missing vulnerable adult alert will be activated.

Subsection (b) indicates a person is not civilly liable for failing to participate in missing vulnerable adult prompt response and notification plans or for activating a missing vulnerable adult prompt response plan if implementation is undertaken in good faith. It states owners and operators of communications outlets are not civilly liable for participating in implementation of a missing vulnerable adult plan if they have verified the authenticity of that implementation with the law enforcement agency searching for the missing vulnerable adult.

It defines "vulnerable adult" under the meaning given in AS 47.24.900.

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SENATOR JOHNNY ELLIS
MINORITY LEADER

Summary of Changes for Sponsor Substitute for Senate Bill 36

Section 2, which amends AS 44.41 to add Section 44.41.060, was changed to clarify the bill's intent for a missing vulnerable adult prompt response and notification program, also known as a "Silver Alert".

- The phrase "other than an emergency alert system operated by the Department of Military and Veterans Affairs" was added to subsection (a) of Section 44.41.060. This phrase indicates "Silver Alerts" should not be broadcast using Alaska's Emergency Alert System (EAS) – which currently is operated using the Department of Military and Veterans' Affairs EMnet technology – as it is anticipated Silver Alerts will be more frequent and generally more localized than is appropriate for the Emergency Alert System's unique broadcast method and for its operating procedures, which are appropriately designed to make EAS activation rare.
 - While this legislation intentionally delegates the design of Alaska's "Silver Alert" program to the expertise in Alaska's DPS and DMVA, one such arrangement for the dissemination of "Silver Alerts" could be a process that several other states use in successful missing vulnerable adult response programs – a law enforcement agency, upon determining a Silver Alert should be activated, sends a missing vulnerable adult report to media outlets in the affected area by e-mail, phone or fax. These media outlets then may voluntarily choose to disseminate the alert by reading a missing vulnerable adult report during television and radio broadcasts and posting it on their websites. The law enforcement agency may also contact other agencies in the affected area and use its own communications technology and infrastructure to disseminate the alert.
- The term "and other communications media" was added to various phrases in subsections (a) and (b) of Section 44.41.060 in recognition that effective missing vulnerable adult response plans may need to incorporate the use of social media and internet news outlets.
- The phrase "procedures for a person to follow when notifying a state or local law enforcement agency that a vulnerable adult may be missing" was added to Section 1 of subsection (a) to indicate Alaska's missing vulnerable adult response plan should include a clear and consistent process for a citizen to alert a law enforcement agency of the need for a Silver Alert.
- The phrase "procedures for a state or local law enforcement agency to request dissemination of a missing vulnerable adult report through outlets specified in a missing vulnerable adult prompt response and notification plan" was added as Section 2 of subsection (a) to indicate Alaska's missing vulnerable adult response plan should include a clear and consistent process for a local law enforcement agency to request media dissemination of a Silver Alert.

Fiscal Note

State of Alaska
2013 Legislative Session

Bill Version: SB 36
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB036-DMVA-HSEM-12-15-13
Title: MISSING VULNERABLE ADULT RESPONSE
PLAN
Sponsor: ELLIS
Requester: Senate State Affairs Committee

Department: Department of Military and Veterans' Affairs
Appropriation: Military and Veterans' Affairs
Allocation: Homeland Security and Emergency Management
OMB Component Number: 2657

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2014 Appropriation Requested	Included in Governor's FY2014 Request	Out-Year Cost Estimates				
			FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
OPERATING EXPENDITURES							
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 0.0

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial version.

Prepared By: <u>McHugh Pierre, Deputy Commissioner</u>	Phone: <u>(907)428-6003</u>
Division: <u>Office of the Commissioner, DMVA</u>	Date: <u>02/15/2013 10:00 AM</u>
Approved By: <u>Major General Thomas H. Katkus, Commissioner</u>	Date: <u>02/15/13</u>
<u>Office of the Commissioner, DMVA</u>	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2013 LEGISLATIVE SESSION

BILL NO. SB036

Analysis

This bill requires cooperation between the Department of Military and Veterans Affairs (DMVA) and Department of Public Safety to develop and implement vulnerable adult prompt response and notification plans under AS 44.41.060.

There is no fiscal impact to DMVA for this bill.

Fiscal Note

State of Alaska
2013 Legislative Session

Bill Version: SB 36
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB036-DPS-DET-02-15-13
Title: MISSING VULNERABLE ADULT RESPONSE
PLAN
Sponsor: ELLIS
Requester: State Affairs

Department: Department of Public Safety
Appropriation: Alaska State Troopers
Allocation: Alaska State Trooper Detachments
OMB Component Number: 2325

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2014 Appropriation Requested	Included in Governor's FY2014 Request	Out-Year Cost Estimates				
			FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
OPERATING EXPENDITURES	FY 2014	FY 2014					
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 0.0

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Lieutenant Rodney Dial	Phone: (907)254-1284
Division: Alaska State Troopers	Date: 02/15/2013 12:30 PM
Approved By: Joseph A. Masters, Commissioner	Date: 02/15/13
Department of Public Safety	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2013 LEGISLATIVE SESSION

BILL NO. SB036

Analysis

This bill amends AS 44.35.020 by adding a new paragraph requiring the Department of Military and Veterans Affairs (DMVA), in cooperation with the Department of Public Safety (DPS), to develop and implement missing vulnerable adult response and notification plans under proposed AS 44.41.060.

This bill also amends AS 44.41 by adding a new section requiring DPS, in cooperation with DMVA, to develop and implement plans for use by law enforcement agencies to locate a vulnerable adult who is missing and specifying what that plan shall include.

It is expected that DPS will develop the missing vulnerable adult response and notification plan within existing resources. Therefore, a zero fiscal note is being submitted.



Lost and... FOUND.

A Review of Available Methods
and Technologies to Aid Law
Enforcement in Locating
Missing Adults with Dementia

*A Report by the
Alzheimer's Foundation of America
June 2012*

*Funded by Project Lifesaver International
through a grant from the Bureau of
Justice Assistance.
Grant No. 2009-SJ-BX-K011*



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Caring for the Nation... One Person at a Time.

The Alzheimer's Foundation of America (AFA), www.alzfdn.org, is a leading national nonprofit organization whose mission is "to provide optimal care and services to individuals confronting dementia, and to their caregivers and families—through member organizations dedicated to improving quality of life." Today, AFA unites more than 1,600 member organizations from coast to coast that provide hands-on programs and services, including grassroots nonprofit organizations, healthcare facilities, government agencies, public safety departments and long-term care communities. Advocating for meaningful public policy on behalf of individuals with Alzheimer's disease and related illnesses and their family caregivers is an important part of AFA's mission. AFA has been active in efforts such as: sitting on the Advisory Council on Research, Care and Services advising on the development of the nation's first Alzheimer's plan as mandated under the National Alzheimer's Project Act (NAPA); organizing more than 100 national and local organizations in support of the passage of NAPA in 2010; advising on the "Caregiver Initiative" included in the February 2010 annual report for the Middle Class Task Force, chaired by Vice President Joe Biden; doubling federal appropriations for the Missing Alzheimer's Disease Patient Alert Program; and co-facilitating public policy activities around health reform implementation for Leaders Engaged on Alzheimer's Disease (LEAD), a network of more than 40 members and organizations dedicated to increasing awareness of Alzheimer's disease and accelerating solutions to the Alzheimer's disease crisis.

AFA thanks the following individuals for their service on an advisory board that provided expert feedback for this report, "Lost and... Found: A Review of Available Methods and Technologies to Aid Law Enforcement in Locating Missing Adults with Dementia":

- **Marie Boltz**, Ph.D., APRN, BC, Associate Director for Practice, Hartford Institute for Geriatric Nursing and Assistant Professor, New York University
- **Eric J. Hall**, President and Chief Executive Officer, Alzheimer's Foundation of America
- **Edward Hutchison**, Director, TRIAD and Traffic Safety, National Sheriffs' Association
- **Robert J. Koester**, Chief Executive Officer, dbS Productions LLC
- **David Lindeman**, Ph.D., Director, Center for Technology and Aging An Initiative of The SCAN Foundation and Public Health Institute; and Co-Director, Center for Innovation and Technology in Public Health
- **Richard E. Powers**, M.D., Associate Chief of Staff for Geriatrics and Extended Care, Tuscaloosa VA Medical Center, Tuscaloosa, AL
- **Meredeth A. Rowe**, Ph.D., Professor, University of Florida
- **Julie Skone**, MEd., formerly with the Department of Criminal Justice Services, Commonwealth of Virginia
- **Eileen M. Songer**, MNO, Director of Marketing, The Engineering Society of Detroit, and former Project Manager, International Association of Chiefs of Police
- **Gene Saunders**, Chief Executive Officer, Founder, Project Lifesaver International

AFA also thanks Marie Boltz, Eric J. Hall, Meredith Rowe and Gene Saunders for their thorough review of this report prior to publication.

Carol Steinberg, Executive Vice President, Alzheimer's Foundation of America, is contributing editor of this report.

AFA thanks Project Lifesaver International and the U.S. Department of Justice, Bureau of Justice Assistance, for their generous support of this report.

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Executive Summary

Throughout the United States, rarely does a day go by that there is not one media report, or more than one, of a person with Alzheimer's disease or a related dementia who has gone missing. As the incidence of Alzheimer's disease continues to increase, it follows that this behavior will rise accordingly—putting more and more of our nation's vulnerable population at risk of injury or death if not located quickly. Every person with dementia who can walk as well as those who continue to drive are at risk of becoming lost. Beyond directly impacting the person with dementia, this behavior poses widespread implications for other sectors, especially family caregivers, healthcare professionals and law enforcement. Increasing attention is being focused on the fact that behavioral symptoms of Alzheimer's disease, including wandering and missing incidents, are a major source of caregiver burnout. As well, for law enforcement, this is a serious and costly public safety problem that will only worsen as the disease invades more lives. Strategies are available to cope with—and curb—this potential crisis, as outlined in this report: Educating caregivers and the public about this behavior, including having law enforcement play a leading role in this effort, can help ensure that a person with dementia can be rapidly identified. Programs that alert the public that a senior or disabled adult has gone missing, much like for children, can increase the chances that a Good Samaritan will promptly locate and assist in returning the individual to safety. Emerging technology—whether utilizing radio signals, global positioning satellites or cellular triangulation, or a combination of these technologies—can assist in search and rescue by pinpointing the location of a person outfitted with one of these active tracking systems. Raising awareness of this behavior and disseminating information about available strategies hold the promise of ultimately saving costs and, moreover, lives.

Introduction

The United States is facing an unprecedented crisis related to Alzheimer's disease. It is estimated that more than five million Americans currently have been diagnosed with Alzheimer's disease, and every person with Alzheimer's disease or a related dementia who is not bedbound is at risk of becoming lost. These two facts have serious implications for the communities in which persons with Alzheimer's disease live and for the law enforcement agencies tasked with locating the missing before they suffer serious injury or even death. As the dementia population increases, as expected, this situation takes on even more urgency.

Wandering is one of the most common, complex, burdensome and costly behaviors of Alzheimer's disease, and is a safety issue that has significant and far-reaching implications for the person with the disease, the caregiver (family/professional) and the public, including law enforcement and Medicaid/Medicare.

The purpose of this report, "Lost and... Found: A Review of Available Methods and Technologies to Aid Law Enforcement in Locating Missing Adults with Dementia," is to give law enforcement agencies an understanding of the scope of the problem and practical knowledge about available methods and technologies designed to assist in the rescue and return of individuals with dementia, and to engage law enforcement in the education of caregivers and the community as a whole about the most effective ways to address the problem of wandering. The ultimate goal is to facilitate the prompt and secure return of wanderers and to save lives—to enable all those who become lost to be found.

The Problem of Wandering and Becoming Lost

According to the National Institute on Aging (NIA), as many as 5.1 million Americans currently have **Alzheimer's disease**, an irreversible, progressive brain disorder that destroys memory and intellectual function.¹ Common symptoms include memory loss, confusion, spatial disorientation, lack of judgment and inability to communicate. Over a period of years, the disease leads to the complete loss of cognitive function, a long period of dependency and, ultimately, death. With no cure in sight, the incidence of Alzheimer's disease is expected to rise significantly as the nation's population ages and life expectancies lengthen. In addition, more and more families and caregivers will bear the physical, financial and emotional toll of this disease. The growing number of people affected by Alzheimer's disease or a related dementia and the rapidly rising costs associated with these disorders will put a heavy economic burden on families, businesses and government.

Dementia is a general term that describes a group of symptoms, such as loss of memory, judgment, language, complex motor skills and other intellectual functions, caused by the permanent damage or death of the brain's nerve cells, or neurons, over a prolonged period. One or more of several diseases, including Alzheimer's disease, can cause dementia. Alzheimer's disease is the most common cause of dementia, representing about 60 percent of all dementias identified at clinical assessment.

The other most common causes of dementia are **vascular dementia**, caused by stroke or blockage of blood supply, and **dementia with Lewy bodies**. Other types include **alcoholic dementia**, caused by sustained use of alcohol; **post concussive dementia**, caused by head injury; **frontotemporal dementia**; and many other uncommon diseases.

The incidence of dementia doubles approximately every five years in individuals between the ages of 65 and 95 and by some estimates may reach nearly 50 percent by age 85.² Alzheimer's disease is the most common cause of dementia among people 65 and older. Alzheimer's disease is not a normal part of aging; however, age is the greatest known risk factor. And with the older population on the threshold of a boom, dementia is an especially significant issue.³ As of January 1, 2011, 10,000 people are turning 65 every day—and this incidence will continue for 20 years. By 2030, about one in five persons will be over 65.⁴

The clinical symptoms and the progression of dementia vary, depending on the type of disease causing it, and the location and number of damaged brain cells. Some types progress slowly over years, while others may result in the sudden loss of intellectual function. Experienced clinicians can accurately diagnose the probable cause of dementia 90 percent of the time.⁵

Among the behavioral challenges of the disease, becoming lost is a grave concern—and a very real one. Experts report that 60 percent of people with Alzheimer's disease will wander at some point during the progression of the disease, and half of those will become lost and separated

¹ <http://www.nia.nih.gov/Alzheimers/AlzheimersInformation/GeneralInfo/>

² Evans DA, Funkenstein HH, Albert MS, et al. Prevalence of Alzheimer's disease in a community population of older persons. Higher than previously reported. *JAMA* 1989 Nov 10;262(18):2551-6.

³ Rodgers AB. Alzheimer's disease: unraveling the mystery. National Institute on Aging. National Institutes of Health. U.S. Department of Health and Human Services. NIH Publication Number: 08-3782. September 2008.

⁴ http://mayoresearch.mayo.edu/mayo/research/aging_center/aging_demographics.cfm

⁵ Ranginwala NA, Hyman LS, Weiner MF, White CL 3rd. Clinical criteria for the diagnosis of Alzheimer disease: still good after all these years. *Am J Geriatr Psychiatry*. 2008 May;16(5):384-8.

from a loved one. Using the incident rate of one critical wanderer per year per 1,000 persons over the age of 65 (1998 Census figures), the expected total of critical wanderer incidents reported to local law enforcement comes to 31,000 cases a year.⁶ Research suggests that most people become lost within close proximity to their home.

Every person with dementia who can walk as well as those who continue to drive are at risk of becoming lost, defined as an instance in which the whereabouts of a person with dementia are unknown to the caregiver and the person is not in the expected location. An example would be someone who may take what would normally be a routine walk or drive and then suddenly be unable to find his or her way home. Similarly, a person with dementia who is separated from a caregiver in a shopping center or other busy setting may be unable to locate the caregiver and panic.⁷ A person with Alzheimer's disease or a related dementia can become lost accidentally (for example, by being separated from a caregiver during an outing or leaving the house without a caregiver's knowledge). Alzheimer's disease is progressive and at some point, and often at a relatively early stage and without prior warning, an affected individual will become easily disoriented and confused.⁸

Commonly-Used Terms to Describe Wandering Behavior by Persons with Alzheimer's Disease or a Related Dementia

- During the course of their illness, most people with dementia will engage in some form of wandering. The term **"wandering"** has been used to describe a range of behaviors, from the relatively safe (but often annoying and challenging for caregivers) behavior of pacing, to the potentially very dangerous behavior of repeatedly attempting to leave a secure environment. Wandering or **"wandering around"** is not bad per se and can even be beneficial—in terms of relieving anxiety and providing exercise, for example.
- What is a very serious concern for both caregivers and law enforcement is **"elopement"** or **"critical wandering"** away from home that can lead to what law enforcement and dementia experts may call a **"missing incident."** A "missing incident" is defined as an instance in which the whereabouts of a person with dementia are unknown to the caregiver and the person is not in the expected location. These missing incidents are unpredictable, can happen while the person is doing seemingly normal and routine tasks, and occurs in all care settings, including ones that are professionally staffed.
- In a long-term care setting, the terms **"unsafe exiting"** or **"wandering away"** may be used to describe the unplanned and unsupervised departure from the facility by the person with dementia, which could lead to a serious missing incident.

⁶ Butler, B., B. Barnett (1991) Window of wandering. *Geriatric Nursing* September/October 226.

⁷ Meredith A. Rowe, Neil G. Feinglass, and Marnie E. Wiss, "Persons with Dementia Who Become Lost in the Community, A Case Study, Current Research, and Recommendations," *Mayo Clinic Proceedings* 79(11) (2004): 1418.

⁸ Meredith A. Rowe and Vikki Bennett, "A Look at Deaths Occurring in Persons with Dementia Lost in the Community," *American Journal of Alzheimer's Disease and Other Dementias* 18(6) (2003): 344. It is common for both persons with dementia and their families to engage in denial and ignore early symptoms, and becoming lost is frequently event that triggers a medical evaluation for dementia.



Wandering can be prompted by a person's desire to "go home"; a response to stress or unmet needs, such as hunger; or a medication side effect. Missing incidents pose a serious threat to a person's independence and to his or her very life. The challenge is to quickly locate a person before harm occurs, especially because disease symptoms impair a person's ability to recognize that he or she is in danger or to independently take action to return home safely.

Although the term wandering is routinely used by clinicians, researchers and informal caregivers, the meaning of this term varies depending on the source of the definition and the context in which it is used. Caregivers rarely use the term wandering to label different scenarios that had been previously identified in the literature as wandering. Responses to a survey of 17 wandering experts did not reflect agreement on a definition of wandering. These findings suggest that a broad set of terms should be used to describe this potentially dangerous behavior when healthcare providers communicate with informal caregivers. Improved clarity of the term wandering has the potential to prevent miscommunication in research and clinical settings and to enhance the safety and well-being of older adults with dementia and their informal caregivers.⁹

" My great-grandmother went from forgetting small things to forgetting larger things, like when to cut off the stove after she finished cooking. It quickly became a desperate situation. The mail carrier would tell my grandmother that she saw Mama Susie wandering down the street on her own. I remember one time in particular, my great-grandmother stayed over my aunt's house. We didn't trust her to be alone anymore because we were afraid she would get lost.

" This particular time, my aunt woke up and couldn't find Mama Susie. Mama Susie had wandered off from the house and walked over five miles to the church that she loved so much. The pastor contacted my grandmother and told her that Mama Susie was there. At that point, it really hit home to me that things were really bad."

Source: Excerpt from essay submitted by Lauren Coleman of Merriam, KS for 2011 Alzheimer's Foundation of America (AFA) Teens for Alzheimer's Awareness College Scholarship

⁹ Amy M. Houston, Lisa M. Brown, Meredith A. Rowe, and Scott Barnett, "The Informal Caregivers' Perception of Wandering," *American Journal of Alzheimer's Disease & Other Dementias*, February 2012: 616-622.

The majority of people with dementia live at home, with family members serving as their caregivers. Wandering and the danger of elopement are a major source of stress for caregivers, and it is, therefore, not surprising that the fear that a loved one will become separated from the caregiver or leave the home and become injured or even die often leads to placement in an institutional setting.¹⁰ Placement in a long-term care facility can cause great distress for persons with dementia and their families, and it is very costly to the public because most institutional care is paid for by Medicaid.¹¹ By working with families and local health and social service agencies to address the problem of wandering and becoming lost, law enforcement can help persons with dementia remain in their communities and defer or even completely avoid placement in a long-term care facility.

Increasing attention is being focused on the fact that behavioral issues, including wandering, are a major source of caregiver burnout. Evident of this, the nation's historic national Alzheimer's plan released by the U.S. Department of Health and Human Services (HHS) in May 2012 noted that round-the-clock care can result in caregiver depression and stress, and nursing home placement of loved ones with dementia. The first-ever "National Plan to Address Alzheimer's Disease" notes that "supporting people with AD and their families and their caregivers requires giving them the tools that they need, helping them plan for future needs, and ensuring that safety and dignity are maintained."¹²

Instances That Could Lead to a 'Missing Incident'¹³

In 2011, the Veteran's Administration and academia from the University of Florida conducted a study on the "Prevalence and Antecedents to Dementia-Related Missing Incidents." Here are the top reasons that persons with dementia became lost.

- **During Normal Independent Activity:** In these instances, the caregiver left the person with dementia alone after negotiating a period of separation (e.g., a caregiver was doing chores or yard work or allowed the person with dementia to check the mail or go for a walk alone). It was only when the person with dementia took too long to complete the activity that the caregiver realized he or she was missing.
- **Unable to Retain Instructions:** In these cases, the person with dementia was left alone with instructions to wait for the caregiver or meet him or her in a predetermined location, and was unable to retain these instructions and became lost.
- **Independent Awakening:** In these occurrences, the person with dementia awoke independently and made either a "judgmental or way-finding error" and left the home.
- **Agitation:** A person with dementia can oftentimes become agitated with his or her caregiver(s) and can, in response, leave a safe environment.
- **Unusual Situations:** There is no defined set of unusual situations; however, one example could be when a person with dementia is suddenly placed in an electric wheelchair rather than in his or her normal push wheelchair.

¹⁰ Meredith A. Rowe, Neil G. Feinglass, and Marnie E. Wiss, "Persons with Dementia Who Become Lost in the Community, A Case Study, Current Research, and Recommendations," *Mayo Clinic Proceedings* 79(11) (2004): 1417.

¹¹ Ellen O'Brien, "Medicaid's coverage of nursing home costs: Asset shelter for the wealthy or essential safety net?" Issue Brief, Georgetown University Long-Term Care Financing Project, May 2005:1.

¹² <http://aspe.hhs.gov/daltcp/napa/NatlPlan.shtml>

¹³ Mary Elizabeth Bowen, Barbara McKenzie, Melinda Steis, Meredith Rowe, "Prevalence of and Antecedents to Dementia-Related Missing Incidents in the Community." *Dementia Geriatric Cognitive Disorders*. 2011;31:406-412



The Impact on Law Enforcement

Elopement and becoming lost are also a serious and costly public safety problem that will only worsen as the incidence of dementia increases *unless* the public is better educated about this behavior, families secure “passive” and “active” systems to identify and locate loved ones, and effective and cost-efficient strategies for law enforcement and first responders are developed and implemented.

Communities across the United States are overburdened by the occurrence of missing incidents. The rising incidence of the disease and the high risk of becoming lost deliver a double punch, with serious implications—practically and financially—for law enforcement agencies tasked with locating the missing before they suffer serious injury or even death. Search and rescue operations typically cost taxpayers \$1,500 per hour, and low-tech rescue operations average nine hours¹⁴ — this on top of the \$172 billion annual cost of Alzheimer’s disease to society.¹⁵ Although most states do not keep statistics on either the number of cases of missing persons with dementia or the average cost of a search and rescue operation, data from Oregon confirm the urgency of the problem: searches for missing males with Alzheimer’s disease almost doubled in 2009 and have more than tripled since 2006.¹⁶

Wandering poses a serious threat to the life of the lost individual. Thus, the clock begins ticking when a person with dementia goes missing: Lost events can spark severe driving errors and death for drivers.¹⁷ Research conducted by Robert J. Koester of the Virginia Department of Emergency Services found that 61 percent of wanderers not located within the first 24 hours are found deceased.¹⁸

Worse, due to their loss of judgment and other symptoms, wanderers themselves do not perceive the risks. Lacking the cognitive ability to be self-protective, persons with dementia not only fail to cooperate with their rescuers, they frequently seclude themselves.¹⁹ This limits the usefulness of standard search methods (such as calling the person by name) and immensely complicates rescue and recovery.²⁰ With people with Alzheimer’s disease, 94 percent of all subjects will be found within 1.5 miles.²¹ Even though most missing persons with dementia are found close to home, some are not found until they are dead of exposure or other causes because they so effectively evade initial search attempts.²²

¹⁴ <http://www.projectlifesaver.org/>

¹⁵ Changing the Trajectory of Alzheimer’s Disease: A National Imperative. http://www.alz.org/documents_custom/trajectory.pdf

¹⁶ Johnson, Kirk. “More with Dementia Wander from Home.” *New York Times* 4 May, 2010.

¹⁷ Hunt LA, Brown AE, Gilman IP. Drivers with dementia and outcomes of becoming lost while driving. *Am J Occup Ther* 64(2): 225-32,

¹⁸ Koester, Robert, *Lost Person Behavior*, dbS Productions Charlottesville, VA, 2008.

¹⁹ Meredith A. Rowe, Neil G. Feinglass, and Marnie E. Wiss, “Persons with Dementia Who Become Lost in the Community, A Case Study, Current Research, and Recommendations,” *Mayo Clinic Proceedings* 79(11) (2004); 1418

²⁰ http://www.dbs-sar.com/SAR_Research/Wandering_Characteristics.htm

²¹ Wandering and Alzheimer’s Overview.” dbS Productions, 7 March, 2011. http://www.dbs-sar.com/SAR_Research/wandering.htm

²² Meredith A. Rowe, Neil G. Feinglass, and Marnie E. Wiss, “Persons with Dementia Who Become Lost in the Community, A Case Study, Current Research, and Recommendations,” *Mayo Clinic Proceedings* 79(11) (2004); 1419-1420. In this study, 87% percent of those found alive were found within a five mile radius of the place last seen, and 73% of those found dead were found within a half mile of the place last seen.

"I'm writing to let you know about my mother—Helen S. Jacobson—because I feel that knowing about our traumatic and disastrous experience may help someone else.

I was able to retire from teaching to stay home with Mom when she was diagnosed with Alzheimer's disease. I took care of her for four-and-a-half years and am thankful for the very precious days we spent together.

On January 16, 2011, I woke up at 3 a.m. to find that Mom was not in the house. The temperature was 24 degrees, the snow banks were high, and because we live in the woods and the street light was burned out, the neighborhood was completely black.

We found Mom in a snow bank with nothing on; her nightgown was in the snow beside her. Though the rescue squad got her to the emergency room and the staff tried hard to help her, she did not make it.

For the few months before this happened, we had private nurses come three mornings a week to help with Mom's shower. Besides having Alzheimer's disease, she was legally blind... suffered from arthritis... had osteoporosis, was very frail and could not get around without her walker.

The nurses walked with me through our house and said the house was fine for Mom's needs—and I agreed with them. We did not have extra locks to prevent Mom from getting out because she didn't move around if she didn't have to and needed lots of help when she did.

In spite of all this, Mom got out of the house through a storm door and a door with a deadbolt lock so quietly that neither my aunt nor I heard her leave. She somehow walked alone up a long hill in the snow on a completely black night and collapsed.

In memory of my mother and in the hope of sparing someone else trauma and heartache, I urge caretakers, nurses, doctors, families and anyone involved in the care of people with dementia to recognize that extra out of reach inside locks or at least loud door alarms are always necessary."

Source: Letter sent to the Alzheimer's Foundation of America by Jean Jacobson of Gloucester, MA and reprinted in the spring 2012 issue of AFA's care ADvantage magazine

Until now, there has been very limited guidance for law enforcement on how best to address the problem of missing persons with dementia. To fill this gap, in Fiscal Year 2009, the United States Department of Justice's Bureau of Justice Assistance (BJA) awarded three grants under the "Enhancing Law Enforcement: Missing Alzheimer's Patient Assistance Program." The grants for national initiatives were awarded to the Alzheimer's Association, the International Association of Chiefs of Police (IACP) and Project Lifesaver International. Among them, the grant to IACP was to educate and prepare the law enforcement community for a projected increase in necessary intervention to assist people with Alzheimer's disease and their families. The initial IACP project, in cooperation with Project Lifesaver International, focused on training and the development of a model policy for law enforcement agencies. IACP released this policy at its annual conference in October 2010. Other deliverables of the grant include training tools for officers to readily recognize and interact appropriately with persons in the community who have Alzheimer's disease; these tools include CDs, roll call cards, posters, podcasts, and a Web site resource guide located at www.theiacp.org.

The grant to Project Lifesaver included conducting a comprehensive review of the effectiveness of existing national programs and local law enforcement methods for locating and returning missing individuals with dementia. This report addresses the following three broad categories of strategies that are currently available to assist in the identification and/or location of missing persons with dementia:

- **Ensuring that a missing person with dementia can be rapidly identified.** Many/most missing persons are found by Good Samaritans—individuals in the community who recognize that something is wrong and assist the person in returning to safety.²³ If the person with dementia is not wearing or carrying some form of identification, there can be a significant delay in reuniting the missing person with a caregiver, thus greatly increasing the stress for both the individual and the caregiver. Multiple forms of identification, identification bracelets, clothing labels with contact information, and registry programs can expedite the process.
- **Alerting the public that a person with dementia is missing in the community.** Programs such as Silver Alert (which are modeled after Amber Alert for missing children) and A Child Is Missing (a national program that uses "robo-calling" technology to place telephone calls to local homes and businesses about missing children and vulnerable adults) can rapidly notify a community that a person with dementia is lost, thus increasing the chances that a Good Samaritan will promptly locate and assist in returning the individual to safety.
- **Using technology-assisted rapid response programs to locate the missing person.** A variety of electronic tagging and tracking systems have been developed for use by caregivers of persons with dementia and other individuals, such as children with autism or Down syndrome, who are also at risk of becoming lost. These systems use radio signals, global positioning satellites or cellular triangulation, or a combination of these technologies, to pinpoint the location of a missing individual who is wearing or carrying a tracking device.

²³ <http://www.nursing.ufl.edu/Dementia/ajadop166nd01.pdf>, page 346.

Some of these approaches can be implemented only by law enforcement, some only by caregivers, and some by both. Currently, for the most part, costs for wandering or missing incident management systems are borne by consumers; the devices are not covered by government programs like Medicare and Medicaid, except, as of June 2012, in Florida and Massachusetts, which cover systems to protect against wandering under a Medicaid Home and Community-Based Services waiver.

In each of these three categories, this report reviews the pros and cons, including relative cost of the available methods, programs and technologies, as well as provides recommendations for law enforcement and policymakers. As the discussion will make clear, these methods, programs and technologies are not mutually exclusive, and in almost all cases, using a combination will produce the greatest likelihood that the missing person is found as quickly as possible before he or she suffers serious physical or emotional injury, and that the person can be identified in order to be returned home.

Law enforcement also has the potential to play a leadership role in creating a community safety net for persons with dementia and their caregivers; and, therefore, the final section of the report discusses how law enforcement can take on this responsibility. Although educational efforts about wandering should be directed at all families as a precautionary measure, it is particularly important that law enforcement provide advice regarding prevention and available community resources soon after a successful search. Law enforcement can also help educate the broader community about the risks of elopement and becoming lost, and how to identify and interact with a person with dementia, thus expanding the pool of potential Good Samaritans.²⁴ Finally, local law enforcement agencies can partner with health and social services agencies to create a comprehensive community prevention and education campaign.

One example of a local program where law enforcement creates a relationship with vulnerable individuals in their community exists in Suffolk County, NY. The Suffolk County Police Department's Community Outreach Bureau, which was established in 2005, acts as a liaison between the police department and the public. The bureau developed a local Silver Alert program that allows persons with dementia and other cognitive disorders to be registered in a local database with the intent that officials will be able to rapidly release this information to officers responding to an emergency situation involving one of these individuals. It also provides a Silver Alert identification bracelet to the individual free of charge. This is just one example of a local program that allows law enforcement to better understand the issues surrounding Alzheimer's disease by directly recognizing these individuals in the community. The police department educates private, public and county agencies and county residents about the program through presentations at libraries, senior centers, nursing homes, assisted living facilities, nonprofit organizations dealing with people with special needs, other community groups, and health and wellness fairs, as well as via the department's e-Newsletter and Web site.²⁵

²⁴ Meredith A. Rowe, "People with Dementia Who Become Lost," *American Journal of Nursing* 103(7) (2003): 38 ("Only education can remedy the lack of knowledge about dementia among the general public and the consequent failure to realize how helpful Good Samaritans can be.").

²⁵ <http://www.co.suffolk.ny.us/police/communityoutreachSilverAlert.htm>

Identification Programs

“Passive” systems that feature identification programs are a critical component in coping with the issue of people with dementia who are lost. Should a Good Samaritan or a member of law enforcement approach or be approached by a person with dementia who has become lost, it might be virtually impossible for the individual to state his or her name and/or address due to memory loss, impairment of verbal skills or other symptoms of the disease. Compounding this, someone who has become lost in a populated area, such as a shopping mall or grocery store, will most likely be confused and scared. Therefore, some form of identification, such as a piece of wearable identification like a bracelet, necklace or clothing label imprinted with general information like an emergency contact number and the person’s diagnosis, can be an immense help in reuniting the person with a loved one.

A simple Internet search can help locate wearable identification at various price points, including some public and nonprofit organizations that provide some forms of identification at reduced or no charge. Each caregiver should take into consideration whether or not this wearable identification will be annoying to the wearer and possibly result in behavioral issues, and, moreover, whether it can be removed by the person with dementia. Depending on the situation, it may be appropriate to choose a product that only a caregiver or other party can remove.

One resource that combines wearable identification with 24-hour nationwide assistance is the Alzheimer’s Association’s MedicAlert® + Safe Return® program. Enrolling someone with dementia in the program requires providing information about the person, which could prove essential to the search and rescue effort. This includes the person’s name, Social Security number, height, weight, eye color, distinguishing marks and other characteristics, as well as a recent photograph. The jewelry is engraved with personalized information and MedicAlert + Safe Return’s 24-hour emergency toll-free response number. If the individual with Alzheimer’s disease or a related dementia wanders and becomes lost, a caregiver, concerned citizen, or a member of law enforcement or other emergency services can call the toll-free emergency response line to report the situation. This will activate a community support network, which includes local Alzheimer’s Association chapters and law enforcement, to help in the search for the individual. As of May 2012, the cost to enroll is \$55, plus \$7 shipping and handling, and there is a \$35 annual renewal fee after the first year.²⁶

Congress originally funded the Safe Return program in 1992 through the Missing Alzheimer’s Disease Patient Alert Program, with principal funding through the U.S. Department of Justice.²⁷ According to the Alzheimer’s Association’s own statistics, in the first decade of its inception, the program had a 99 percent success rate, with 7,500 individuals recovered and returned to their caregivers.²⁸ There are arguably many benefits to register someone with Alzheimer’s disease or a related dementia in a program like Safe Return. Most of all, it enables someone who is found to be identified so he or she can be returned home.

²⁶ http://www.alz.org/safetycenter/we_can_help_safety_medical_jewelry.asp

²⁷ Silverstein, Nina M., Gerald Flaherty, and Terri Salmons Tobin. *Dementia and Wandering Behavior, Concern for the Lost Elder*. New York: Springer, 2002. Print.

²⁸ Wisniewski MD, Thomas M. and Marcin Sadowski MD, PhD. *100 Questions and Answers About Alzheimer’s Disease*. Sudbury, MA. Jones and Bartlett. Print. Pg 161



However, it needs to be made clear that this works primarily as a “passive” system; in other words, it does not provide any type of tracking—or “active”—system that could locate a person’s whereabouts. So unless a family member, Good Samaritan or other person finds the individual with dementia, a strategic search would still need to be implemented. For instance, if the individual is lost in a wooded area, a traditional search and rescue method complete with law enforcement officials and possibly volunteers would need to be employed to locate the missing person.

Later on in this report, we will discuss “active” systems that utilize the latest technology, including personal, wearable tracking devices, to assist in the return of an individual with Alzheimer’s disease or a related dementia.

If caregivers find that the person with dementia can too easily remove the selected type of wearable identification, they may want to consider identification bracelets that companies market as “hard to remove.” For example, Never Lost ID markets clear wristbands customized with the individual’s name and emergency contact information that are designed to prevent the wearer’s removal, according to the company Web site. The site illustrates removal by having a third party cut the bracelet off with a pair of scissors, versus the individual with dementia sliding the ID bracelet off his or her wrist. The bracelet is made from a tough silicone product, yet is hypoallergenic, flexible and soft to the touch so as to not cause irritation on the skin. Each bracelet costs \$19.95 and can be ordered online or by phone from the company. Like some other identification products on the market, this particular bracelet only provides emergency contact information that would be helpful in identifying someone with Alzheimer’s disease, but it is not connected to a central registry or call center.²⁹

Public Alerts

After many tragic endings to events involving people with dementia who had wandered away and become lost, efforts began in local communities and at the state level to establish coordinated programs to locate missing individuals before they endure suffering or even death. Healthcare statistics show that six in 10 individuals with dementia will become lost at least once during the progression of the disease.³⁰

As the incidence of Alzheimer’s disease increases with the nation’s aging population, the potential for increased cases of wandering rises accordingly. As noted earlier, up to 61 percent will suffer serious injury or death if not found within 24 hours of becoming lost.

Efforts to locate missing adults with dementia mirror more advanced efforts that have been implemented to find missing children. Much like with missing children, notifying the public as quickly as possible could be instrumental in locating a missing adult with Alzheimer’s disease or other cognitive impairment. The Amber Alert for missing children is a voluntary partnership between law enforcement agencies, broadcasters, transportation agencies and the wireless industry to activate an urgent bulletin in the most serious child abduction cases. Taking the lead from that, an initiative popularly called Silver Alert, or similar variations thereof, strives to widely spread or broadcast information that an adult, such as a senior or an adult with dementia, has wandered away and may be lost in order to galvanize community cooperation. Currently, Silver Alert is only being implemented at the state level. As of June 2012, 41 states have formally

²⁹ <http://www.neverlostwristbands.com/default.asp>

³⁰ Johnson, Kirk (2005-05-04). “More With Dementia Wander From Home”. New York Times.

created alerts that target missing adults, with most specifying a cognitive impairment (see Appendix 2).³¹

Silver Alert programs use a variety of mediums to distribute an alert regarding a missing adult, including digital roadway signs, television and automated mass notification communication systems. Hi-tech automated emergency notification systems have been gaining ground, replacing low-tech systems such as alarms and buddy lists. Many vendors offer the automated mass communication systems that, in general, are designed to deliver detailed messages immediately, accurately and quickly to a predetermined audience. Depending on the company and/or client's choice, these messages are relayed via phone, SMS text, e-mail, page, fax and/or TTY/TDD.

One industry leader is REVERSE 911[®], an emergency notification system developed by Cassidian Communications, an EADS North America company specializing in mission critical communication and emergency notification. Cassidian's software application combines mapping and database technologies, which allows public sector agencies such as law enforcement and

Missing Man with Alzheimer's Reappears Next Day in North Carolina

A man with Alzheimer's disease who went missing Monday evening from Gainesville was found Tuesday morning hundreds of miles from town in Fayetteville, N.C.

Jack Hill, 83, was last seen in Gainesville at about 8:30 p.m. Monday at the Arby's on Southwest 13th Street, said Cpl. Angelina Valuri, public information officer for the Gainesville Police Department.

Earlier that day, he was seen on Bo Diddley Community Plaza at about 6 p.m. and at the McDonald's at 201 NW 13th St. that afternoon.

When he disappeared, he had last been seen wearing a green shirt, orange jacket, black socks and shoes and a beanie-style hat, according to a GPD flier posted while he was missing.

After Hill's family reported he was missing Monday, police issued a Silver Alert that was posted statewide.

This system is used when a person with a cognitive impairment is missing.

Hill has disappeared before—a five-day trip a few years ago ended when he was found in Virginia. He took the bus then, so police checked the Greyhound system this time to see if he had purchased any tickets, Valuri said.

He had a ticket to Fayetteville from Miami.

Local authorities were at the station when the bus arrived at 9:50 a.m. Tuesday.

"As soon as the bus pulled in, they found him," she said.

Members of Hill's family were sent to bring him home.

Police don't know how Hill made it from Gainesville to Miami after he was spotted at Arby's on Monday night.

"We don't know how he got down to Miami," Valuri said. "Somebody probably picked him up and gave him a ride."

Source: Morgan Watkins, The Independent Florida Alligator Staff Writer | Posted: Wednesday, November 9, 2011 3:45 a.m.

³¹ www.alzfdn.org

fire/EMS to notify citizens within a certain geographic area of an emergency situation. By subscribing to the REVERSE 911 service, county or city governments can automatically call citizens whose phone numbers are public—usually home-based landlines—and leave a recorded message with details of the emergency situation.³² For example, in August 2011, a child who was abducted in San Luis Obispo County, CA was successfully rescued after the county sheriff's office employed the REVERSE 911 system in a localized area four different times in a 12-hour period. The first alert provided the boy's physical description and asked anyone with information to contact local authorities. Two other alerts kept the public abreast of the ongoing situation, and the last one informed residents that the boy had been found safely. The alerts were instrumental in engaging the public in the search and rescue of this missing boy.³³ One could see how this could also be effectively used in the search of a missing person with Alzheimer's disease or related dementia.

Other companies in this space include One Call Now³⁴ and Notification Server.³⁵ Both are automated notification services that blast out messages to selected audiences, typically on an on-demand or emergency situation, or on a scheduled basis. Subscribers—individuals, government agencies, the private sector and nonprofit organizations—can restrict calls to numbers that are manually pre-loaded into the customer's personal account database. This list should only include persons who have opted in to receiving such an automatic call, and does not use contact information maintained by any telephone provider or government entity. Some companies transmit messages simultaneously across multiple mediums, like phone, text and e-mail. Users should review the rules and regulations of the federal government's Do Not Call Registry at www.donotcall.gov to assure compliance with federal law.

In addition, it must be noted that no system should be relied on as 100 percent foolproof. For instance, a message sent to a cell phone would not be immediately heard if the cell phone is shut off. Likewise, a system that relies on cell or GPS could break down in areas where environmental or other factors obstruct or block signal transmission.

The criteria for issuing a Silver Alert vary from state to state. For example, some states, like Arkansas, apply to missing persons of any age with Alzheimer's disease or another cognitive impairment. However, other states, like Texas, limit the alerts to persons older than 65 with a documented impaired mental condition. The latter does not take into account people who have dementia at a younger age, such as the instances of young-onset (also known as early-onset) Alzheimer's disease, a rare form of Alzheimer's disease that affects people under 65, including people as young as age 30.³⁶ Other criticisms of a fragmented state-based system of laws include requirements by some states that documented proof such as prescription medications or medical records must be presented before an alert is even issued—even though time is of the essence.³⁷

In 2008, the National Silver Alert Act, which is defined as "a bill to encourage, enhance and integrate Silver Alert plans throughout the United States," was passed in the U.S. House of Representatives. However, the 110th Congress adjourned before it could be taken up by the Senate; subsequently, it was passed a second time by the House in the 111th Congress and,

³² <http://www.cassidiancommunications.com/>

³³ <http://www.cassidiancommunications.com/news-events/799-san-luis-obispo-county-uses-cassidian-communications-reverse-911-r-system-to-raise-public-awareness-help-find-missing-boy>

³⁴ <http://www.onecallnow.com/>

³⁵ <http://www.notificationserver.com/>

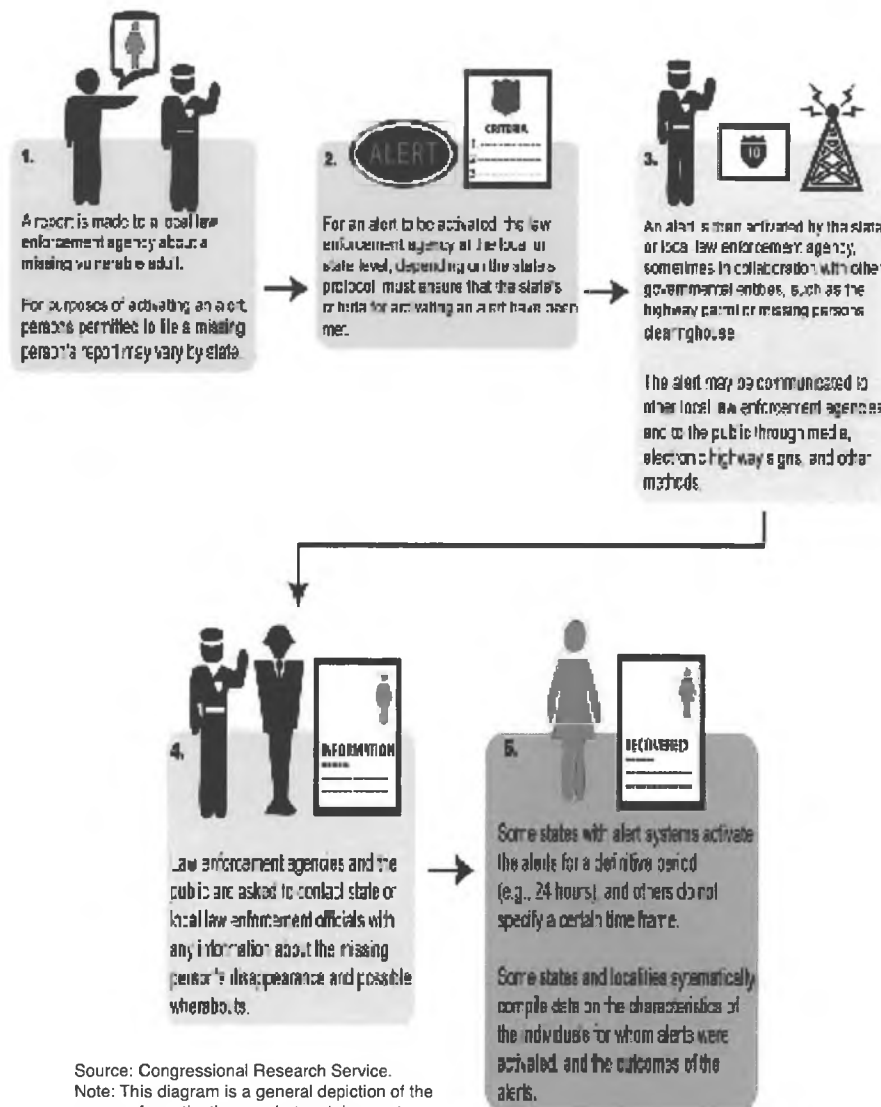
³⁶ "Early-onset Alzheimer's: When symptoms begin before 65" <http://www.mayoclinic.com/health/alzheimers/AZ00009>

³⁷ Fernandes, Adrienne L.. Alert Systems for Missing Adults in Eleven States: Background and Issues for Congress. Washington, D.C. Pg. 13

again, it was not passed by the Senate.³⁸

Attempts for passage were repeated again in the 112th Congress, with the act introduced both in the House and Senate in 2011; H.R.112 was referred to the Subcommittee on Crime, Terrorism and Homeland Security, and S.1263 was referred to the Committee on the Judiciary. In today's fragile economic environment, critics are quick to point out costs associated with the implementation of a national plan. The non-partisan Congressional Budget Office estimated in a 2008 report that those costs would be \$59 million over a five-year period.³⁹ However, it has been noted that the amount does not take into account savings that could occur if states used an existing Amber Alert infrastructure to issue Silver Alerts.⁴⁰ See Figure 1:

Figure 1. Process for Issuing an Alert for Missing Vulnerable Adults



Source: Congressional Research Service.
Note: This diagram is a general depiction of the process for activating an alert and does not represent the exact process in each state.

³⁸ "H.R. 6064". THOMAS Legislative Database, Library of Congress.

³⁹ "Cost Estimate, H.R. 6064, National Silver Alert Act". Congressional Budget Office. September 4, 2008

⁴⁰ "Congressional Record". U.S. House of Representatives. February 10, 2009. p. H1126.

A nonprofit organization with a national scope that is addressing this issue is A Child is Missing (ACIM). Despite its name, ACIM's mission encompasses locating the disabled, the elderly and persons with Alzheimer's disease in addition to missing children. The organization was created in 1997 because no such community-based program existed at the time to serve this purpose. ACIM's Alert Program incorporates the following steps: A person calls the police department to report a missing child, elderly or disabled adult, or someone with Alzheimer's disease; the police department calls ACIM's toll-free number; ACIM records all relevant information about the missing individual; ACIM crafts a recorded message with the information that has been supplied, including the person's last seen location; ACIM enters the location into the computer and gathers a database of phone numbers of nearby residents/businesses; and ACIM sends out the recorded message to the community by telephone. ACIM also requests a cell phone or beeper number to reach the officer on the scene for additional information and to follow up until the missing person has been found.

ACIM can place 1,000 calls in 60 seconds and process multiple cases simultaneously, and unlike a Silver Alert, can work without jurisdictional boundaries. Its services include law enforcement training as well as refresher training, training videos, brochures and media kits. Financial support comes from special events, sponsorships, private and corporate donations, and state and federal funding. Monetary support from each state is used to help maintain the program in that particular state.⁴¹

*Location: Mt. Clemens, MI
Elderly-Recovered May 7, 2012*

Story: Macomb County, MI Sheriff's Office—According to the case follow-up report returned by Dispatcher Hudson, the missing 80-year-old woman was found safe on May 7, 2012 with the assistance of A Child Is Missing Alert. The woman was reported missing when she did not return from a doctor's visit, and there was concern for her safety because she suffers from dementia. More than 1,400 telephone alerts were sent to residents near both her residence and near the doctor's office. The agency received six calls with information, but it was the first call that helped deputies locate the woman safe, less than half an hour from the time of activation.

Source: www.achildissinging.com

⁴¹ <http://www.achildissinging.org/about.asp>

Technology-Assisted Rapid Response Programs

Today, there are an increasing number of technological devices on the market to help in the search and rescue of people with Alzheimer's disease or a related dementia who have become lost, whether from a home, long-term care residence or other location. There are pros and cons to each of these "active" systems, and no one service can guarantee that an individual can be found or found unharmed every time—underscoring the need to deploy all possible prevention methods to stop elopement from occurring in the first place. However, since the majority of people with Alzheimer's disease will wander away at some point during the disease, possibly despite the best precautions taken, systems should be in place to aid families and law enforcement in the event that a situation mandates a search and rescue.

Approximately 70 percent of people with Alzheimer's disease receive care at home.⁴² Noting the potential market, more companies have been developing technologically-advanced systems aimed at ensuring the safety of the person with dementia and the peace of mind of the family caregiver. Given the importance of ensuring the safety of residents in long-term care facilities as well, these systems—even if not marketed as such—can also be used for persons living in these types of settings.

While most of the available products share some similar characteristics, there can be distinct differences among them regarding:

- underlying location technology (i.e., GPS, cellular, radio; and potential signal transmission problems);
- degree and type of communication (i.e., instant or time-specific alerts; notifications to or access by one or multiple contacts; call, text or e-mail alerts);
- hardware (i.e., hand-held or wearable; size and weight; user-activated; battery life; risk of removal; waterproof/water-resistant);
- location tracking (i.e., constant, regular intervals, emergency-only; consumer/law enforcement involvement);
- involvement of third parties that assist in notification and search and rescue, such as call centers or law enforcement;
- cost (i.e., device, activation fee, monthly monitoring fee, other products like chargers, batteries);
- ongoing support (i.e., call center, affiliation with private company or nonprofit organization that provides training for public/law enforcement, and education or other resources to caregivers); and
- accuracy of location and success rates for search, rescue and safe return.

Some or all of these factors can, ultimately, impact feasibility and ease of use, and, moreover, search and rescue efforts, particularly for the dementia population. It should be noted that not all companies specifically cite the dementia population in their marketing materials. One of the most problematic drawbacks to any system is the potential for weakness of or disruptions in satellite signals or cellular network coverage, which could prevent or delay exact location information as well as prevent or delay an alert to the appropriate parties via phone or Internet. Another point of concern, and consideration, specific to people with cognitive impairment is the

⁴² "The Facts on Alzheimer's Disease" Alzheimer's Disease Research, American Health Assistance Foundation. December 21, 2010. <http://www.ahaf.org/alzheimers/about/understanding/facts.html>

characteristics of the hardware itself. Most notably, the device can prove ineffective if it: relies on activation or interaction on the part of the person with the disease who may lack the required ability or judgment; can be removed or left behind by the user; or does not work submerged or exposed to water (since someone may wander away and fall into a body of water). Therefore, to help make an informed decision about which product or even multiple products to utilize, it is important to understand how these technologies work.

Global Positioning System (GPS)—Many of these products utilize the Global Positioning System (GPS). GPS is a utility owned and operated by the U.S. Air Force; in addition to military uses, it is also provided to the public for civilian use. Currently, the GPS system includes more than 30 satellites in orbit 11,000 nautical miles above the earth. A GPS receiver, like the ones that can be used in a car, is required to detect signals from these satellites. In order to pinpoint the exact location of the receiver on the ground, it must connect to at least four satellites orbiting the earth; it has an accuracy of within one meter (approximately 10.7 square feet).⁴³

In relation to this paper, companies have been tapping GPS technology and modifying it to help monitor persons who may have problems with cognition, such as those with Alzheimer's disease or a related dementia. Depending on the product, these receiver devices can be worn on someone's ankle or wrist, carried by hand or in a pocket or pocketbook, clipped on a belt or installed in a car.

Using a GPS receiver by itself has its limitations. While it is not reliant on a cellular network, it is dependent on access to satellites. The receiver must have an unobstructed connection with a satellite, meaning it might not work indoors (especially in urban buildings), in heavy brush, in the mountains or under heavy cloud cover.

Assisted GPS (A-GPS)—Assisted GPS (A-GPS) combines a GPS receiver with cellular technology. Due to GPS limitations, pairing a GPS receiver with cellular technology, whose signal can travel through solid structures, can prove to be more effective, except in locations, especially rural ones, where a cellular signal may not be available. Therefore, confirming cellular coverage is critical to this system's success. The location of a functional device with this technology can be determined by measuring the distance between cell phone towers in conjunction with data gathered from the satellite GPS system.⁴⁴

One feature of some systems utilizing GPS or A-GPS that caregivers may find useful is the integration of the technology into a Web-based program and/or call center that can track the individual via telephone or the Internet. For example, some of the newer systems feature a location-based mapping service (LBMS) as well as the establishment of a virtual perimeter or predetermined boundary—a "geofence"; if the individual wearing or carrying the device wanders outside of that set zone, an alert will be sent, depending on the system, to designated parties (i.e., a caregiver) by phone, e-mail or text message. Some systems incorporate established call centers that can also provide timely information to the caregiver and local authorities.⁴⁵

If used and working properly, these devices can leave a virtual trail, making it easier to locate the individual with dementia in an emergency situation. However, systems relying on cellular

⁴³ <http://www.af.mil/information/factsheets/factsheet.asp?id=119>

⁴⁴ <http://www.gpsworld.com/gps/assisted-gps-a-low-infrastructure-approach-734>

⁴⁵ http://breadcrumbgps.com/how_it_works.php

tracking use the same systems as cellular telephones and are subject to the same loss-of-signal mishaps. In addition, it is important for purchasers to ascertain at what moment (i.e., immediately, set time of day) they would be notified if a geofence is broken, as well as whether the system has a backup feature if an exact location cannot be pinpointed due to signal loss.

Among the systems, the Alzheimer's Association's Comfort Zone[®], powered by Qualcomm, offers tracking devices that receive GPS and cellular signals to detect a person's location and integrates it with a Web-based application that helps remotely monitor and locate someone with Alzheimer's disease or a related dementia. According to the association's Comfort Zone Web pages, one type of the device can be carried in an individual's pocket or purse and works much like a cellular telephone; it is not available "to wear." The other is designed to monitor the whereabouts of a vehicle, rather than an individual (at the time of this paper's publication, this product was temporarily unavailable due to a product upgrade by the manufacturer).

Once an individual selects a device and a service plan, he or she can use the secure Web-based computer application to establish a "safe zone" for the person carrying the device or whose vehicle it is installed in. If that person travels outside of the pre-set area, the caregiver will receive an alert, such as a text message or e-mail, either, depending on the plan purchased, one to 15 minutes or one to 30 minutes after the barrier is compromised. Comfort Zone also comes with enrollment in the Medic Alert[®] + the Alzheimer's Association Safe Return[®] program, a 24-hour emergency response system that would allow a caregiver to alert a team of professionals who in turn contact the proper authorities with the person's information and suspected whereabouts.⁴⁶

One of the obvious benefits of this program is the ability to monitor the person remotely. However, success depends on several very important factors. First, in order to use the Web-based application or to receive alerts by e-mail, the caregiver or person charged with monitoring the individual with Alzheimer's disease must have access to the Internet. Second, an alert via text message requires cell phone service, which is not always possible, especially when traveling by airplane or in a rural area with poor reception. Since the device is carried, and is not attached to the wrist or ankle of the user, the person with dementia may forget to take the device when leaving home or may misplace it along the way. In this type of situation, the caregiver would not be alerted when the person wandered outside of the safe zone.

Another system that uses a combination of GPS and cellular technology and that can also be used outside the home is MobileHelp[™]. Marketed as a mobile medical alert system, it features a waterproof necklace pendant or a wrist button. Pressing the "Anywhere Help Button[™]" activates the device and transmits the person's location and personal information to a 24-hour emergency response center. At this point, there is amplified two-way voice contact, making the device act much like a regular cell phone on speaker mode. The operator can assess the person's situation and note the person's location; protocol calls for sending the closest paramedics, and then calling and sending an e-mail alert to designated family members.⁴⁷

This system addresses the issue of "wearability" of a device, versus having to remember to take it along. But, although Mobile Help's Web site does not specifically say the device is designed for

⁴⁶ <http://www.alz.org/comfortzone/index.asp>

⁴⁷ <http://www.mobilehelpnow.com>

people with cognitive impairment, the system's limitation for this target population would be that it relies on the ability of the person to first press the button for help (or have someone else press it), and then ideally to communicate his or her situation. First, a person with dementia may not have the capability to remember or understand how to activate the system. Secondly, a person with dementia may have lost verbal skills or have other symptoms that prevent communication with the operator. In this case, the company's Web site notes that even if the person cannot speak, the operator can see the person's location and send first responders. However, hearing a voice through the device might turn into a very frightening and confusing situation for someone with Alzheimer's disease.

Adiant Solutions markets several locator devices that use A-GPS technology to track individuals with Alzheimer's disease or a related dementia. One type can be worn (bracelet with or without a locking band); another is belt-clipped or hand-held by the individual; and another can be placed in a car or golf cart. A smaller GPS device that can be placed in a keychain or worn as a pendant will be unveiled in June 2012. Its products address the progression of the disease: for example, tackling the issue of "holding" versus "wearing" a device, the company markets the handheld device as "ideal" for people with mild cognitive impairment; and it pitches the non-locking or locking bracelet for those with cognitive impairment, presumably with the degree of impairment determining the need for the extra feature. Adiant's locating devices, similar to MobileHelp, rely on an SOS button, which dials a predetermined number to establish two-way communication. The company's geofence and real-time tracking capabilities are similar to other technologies. The locator devices can allow a caregiver to monitor his or her loved one from outside the immediate environment via an Internet portal or two-way direct communication with the device just like a mobile phone. Designated contacts receive phone or e-mail alerts, or both, if the individual has traveled outside the designated geofence area. The device also includes an accelerometer, which can detect sudden movements or impacts such as a fall. If it detects such a movement, the device will automatically send an alert to the designated contact.⁴⁸ As an alternative, Adiant Solutions partners with an organization called Centralized Vision to provide 24-hour, real-time monitoring of the individual wearing the device for a monthly fee of \$19.95.⁴⁹

SentrySilver GPS is another company that uses both GPS and cellular technology in its system. It also comes with a Web portal tracking technology, allowing the caregiver to monitor the device from the Internet, via computer or cell phone. The device is hand-held and can easily fit in someone's pocket. Using geofence tools, the caregiver can also establish "safe" and "forbidden" zones and can opt to receive an e-mail, text or voice message to a designated telephone number when a person with dementia has left a safe zone. The device, the sentryGPSid™, can detect the current location and the last 200 location points collected.⁵⁰ However, like other systems noted previously, without the capability to attach the device to the wrist or ankle of the person with dementia, the person at some point may forget to take the device when leaving home or may misplace it along the way. In this type of situation, the caregiver would not be alerted when the person wandered outside of the safe zone.

Another locator device using GPS and cellular technologies is being marketed by Breadcrumb LLC, a global leader in location-based services. The company designed and manufactures the Breadcrumb wandering solution, BC300, and developed it in collaboration with the Alzheimer's

⁴⁸ <http://www.adiant-solutions.com/index.php>

⁴⁹ http://www.centralizedvision.com/gps_bracelet_monitor.asp

⁵⁰ <http://sentrysilvergps.com/index.php>

Foundation of America to meet the specific needs of individuals with dementia and their caregivers. For example, on the exterior of the BC300, there is no on-off switch that could be accidentally turned off by an individual; and there are no flashing lights to irritate or distract an individual. Once fully charged and activated, the wearable, lightweight device is fastened with a heavy-duty band around the ankle or wrist of the person with Alzheimer's disease; it is designed to be removable only by a third party. Caregivers designate a geofence or digital fence that establishes a "safe" field for an individual to be in; optimal is 800 feet from the location center, 400 feet in each direction.

Trained operators at the Breadcrumb Customer Care Center and up to five designated caregiver(s) can access the wearer's real-time whereabouts around-the-clock on a Google map via an Internet-connected computer and/or smartphones. The device sends the person's whereabouts to the Breadcrumb Care Center every 15 minutes, and every one minute when someone leaves a designated zone. If the person has broken the geofence parameters, a care center professional immediately notifies the designated caregiver(s) via phone, cell phone text message or e-mail of the location of the device's last transmission. The operator will remain on the telephone with the caregiver until the person has been successfully located. If necessary, the care center alerts emergency responders.⁵¹

With a different twist, GTX Corporation's Personal Locator Services has devised miniaturized assisted GPS tracking and cellular-location transmitting technology for wearable location devices, including shoes and clip-on devices, and licenses its core technology to consumer brands. Aimed at people with dementia, Aetrex®, a footwear company, is marketing the Aetrex Navistar GPS Footwear System, which has GTX's tracking technology embedded in the heel. The tech-enhanced leather footwear comes in lace and strap styles for men and women. The wearer's location is recorded either every 10 minutes or every 30 minutes, depending on the monthly tracking plan purchased. When the person wearing the shoes wanders from a pre-set distance, a caregiver receives an alert on a smartphone and computer, with a direct link to a Google map that plots the person's location. Like hand-held devices or removable jewelry, the potential shortfall comes when someone wanders away without wearing the shoe, or removes or loses it along the way.⁵²

Cellular Triangulation—A system that uses only cellular signals to determine a device's location is known as Uplink-Time Difference of Arrival (U-TDOA), a type of cellular triangulation technology. This wireless technology can be defined as the process by which the location of a transmitter can be determined by measuring either the radial distance, or the direction, of the received signal from two or three different points.⁵³ U-TDOA is achieved by determining the times at which a cell signal reaches multiple Location Measurement Units (LMUs) installed at the cellular provider's base stations. It works with all mobile phones. Again, this type of technology works well in areas where cellular service is readily available. Restrictions would occur, especially in very rural parts of the country.⁵⁴

⁵¹ www.breadcrumbgps.com

⁵² <http://www.aetrex.com/aetrex-gps/>

⁵³ <http://searchnetworking.techtarget.com/definition/triangulation>

⁵⁴ <http://www.trueposition.com/u-tdoa/>



The locating service, EmFinders®, is one that uses this wireless technology and taps into the existing 911 infrastructure. The individual with dementia wears a watch-like device called the EmSeeQ, available with either a standard or secure-band option. Once the caregiver is made aware that a person has become lost, he or she must call law enforcement to file a missing persons report. Law enforcement will give the caregiver a case number. The registered caregiver then requests remote activation of the device by calling the 24/7 EmFinders Operation Center (EOC). To spare battery life, the device only checks for an activation command every 40 minutes. Once activated, the device places a call to the nearest 911 call center and transmits its location and a recorded message explaining the emergency. The 911 operator can then dispatch a police officer to the location transmitted by the device, while working in tandem with the EOC to share a description of the person who is lost as well as contact information for the caregiver.⁵⁵

Radio Frequency Identification (RFID)—Another type of technology, commonly used as inventory control at retail stores, is Radio Frequency Identification (RFID). An RFID system consists of three components: an antenna or coil, a transceiver (with decoder) and a transponder (RF tag) electronically programmed with information unique to that tag. The antenna emits radio signals that activate the tag contained in the device. Once activated, the antenna can read and write data to the tag. The reader, which is contained in the same device as the antenna, emits radio waves that create an electromagnetic zone. The size of this zone is determined by the power output of the reader as well as the radio frequency. When the tag passes through the electromagnetic zone, it then detects the reader's activation signal. The data transmitted by the tag can then provide location information.⁵⁶

RFID technology uses a localized approach such as a boundary-crossing alarm, which notifies a caregiver that a person with Alzheimer's disease wearing a device has wandered beyond a set periphery. One such system is Stanley Healthcare Solution's RoamAlert® wander management, specifically designed for residents of long-term care settings (i.e., assisted living, nursing homes or continuing care settings). Residents are outfitted with a RoamAlert resident tag and strap; the strap is designed "to stay on" with a special clasp to lock it in place and is worn around the wrist or ankle. When a resident wearing RoamAlert approaches an exit or other forbidden location, an alarm is sent with detailed location information to designated pagers. This enables staff on-site to immediately trace the individual down to a specific room. This type of system can also deter falls or other injuries by keeping residents out of dangerous areas.⁵⁷

Radio Frequency (RF) Telemetry—Radio Frequency (RF) Telemetry is a type of technology that may be best known historically for its use to locate or study migration patterns of wildlife.⁵⁸ The technology has, however, been modified for optimal use in the human population, specifically for people prone to becoming lost. Telemetry is radio wave signals that have the ability to travel through most walls and objects—thus circumventing the potential signal problems that can impact GPS and cellular systems. However, radio signals can be affected by weather, environmental conditions, terrains and other factors, reducing tracking abilities down to half a mile in a densely-wooded area versus more than a mile in a mowed farm field.⁵⁹

⁵⁵ <http://www.emfinders.com/how-it-works/faq#what-is-the-typical-emergency-activation-and-recovery-process>

⁵⁶ http://www.aimglobal.org/technologies/RFID/what_is_rfid.asp

⁵⁷ <http://www.stanleyhealthcare.com/solutions/patient-security/wander-management/roamalert/how-it-works>

⁵⁸ http://www.michigan.gov/dnr/0,4570,7-153-10370_12143-70426--,00.html

⁵⁹ <http://www.caretrak.com/news.asp?Pid=1&Cid=16>

Project Lifesaver International's PLI-3000 is a rapid search and rescue response system that uses a form of RF Telemetry. The nonprofit organization works in collaboration with law enforcement and public safety organizations nationwide, which are trained and equipped with search and research equipment. Designed for adults with Alzheimer's disease or related dementias and children with autism or Down syndrome, individuals enrolled in the Project Lifesaver program wear a small personal transmitter around their wrist or ankle that emits an individualized FM radio frequency tracking signal. The caregiver is instructed to notify its local Project Lifesaver agency if a client becomes lost, prompting the trained first responders to immediately begin a search with specialized mobile tracking equipment. The tracking equipment can detect signals denoting the individual's location from a mile away on the ground to five miles by air. Searches average 30 minutes, compared to hours and days for standard recovery protocol. Additionally, Project Lifesaver assists caregivers in changing the 30-day battery and cutting off the band. It also develops outreach programs, including working with partners like the Alzheimer's Foundation of America to educate law enforcement and caregivers about wandering and its prevention,

*Stamford Police record first documented
Project Lifesaver rescue in the state*

STAMFORD -- When a loved one is missing, time is of the utmost importance, which is why Project Lifesaver International is such an important tool, says Stamford Police Officer Wayne Macuirzynski.

"When it is zero degrees outside and someone you love goes missing, that is not the best scenario," Macuirzynski. "Finding them as quickly as possible is what you want to do, so having the equipment to do that is crucial."

For the past two years, the Stamford Police Department has been participating in Project Lifesaver International, an organization whose mission is to quickly locate and rescue missing adults and children who wander due to Alzheimer's disease, autism, Down syndrome, dementia and other related cognitive conditions.

Last week, the Stamford Police Department made Project Lifesaver's first documented rescue in Connecticut, according to police.

Stamford Police Officer Greg Rackozy, the officer who made the rescue, said Project Lifesaver is the reason why he found the missing Stamford resident in under 10 minutes.

"This was an elderly resident who has Alzheimer's disease and has gone missing before," said Rackozy. "The other time we had to find him, the department had around 15 officers out there looking for him for almost two hours. But since his family signed him up for Project Lifesaver, we only needed two officers and found him in under 10 minutes. It's a great program."

Source: Stamford (CT) Times By Kara O'Connor Times Staff Writer
Posted: Wednesday, October 5, 2011 12:00 a.m.

including typical habits of wanderers and how to approach someone who has become lost.⁶⁰ There are other devices, such as Care Trak, that are similar in nature to the Project Lifesaver system and use telemetry technology. Care Trak International, Inc. sells packages to police departments, fire departments and other public safety agencies that include receivers and training, so that responders can track high-risk individuals who are wearing bands that transmit silent radio signals 24/7. Caregivers purchase bands and batteries, including a new battery that lasts two months. The company also has a home-based perimeter system in which an alarm goes off if someone leaves a specific zone, and a mobile locator tracking unit that can find a lost person up to a mile away from the home. Families must register with a law enforcement agency that has Care Trak equipment.⁶¹

These programs are dependent on law enforcement. To participate in Project Lifesaver or Care Trak, a person must be located in an area in which a public safety agency is equipped with the specific receiver equipment to track wanderers.

Deciding on the appropriate wander management solution for a loved one with Alzheimer's disease or a related dementia requires much due diligence on the part of caregivers. The caregiver should understand how each system and its underlying technology works, and its available services, and weigh the potential benefits and drawbacks. While some points of differentiation may be financial- or structure-related, other key characteristics can be life-saving-related. On the latter, the system should be secure, reliable and efficient. One major variable is the amount of support, such as Web-based tracking or call centers, provided to the caregiver to assist with recovery. For instance, systems like Comfort Zone and the Breadcrumb BC300 can incorporate a call center, while EmFinders, Project Lifesaver and Care Trak involve law enforcement; some others systems put more of the onus on caregivers. Likewise, depending on the system, the time in which a caregiver is alerted when the person with dementia breaches a geofence can span widely—critical since every minute counts in search and rescue. Also of vital consideration is matching a system to a person's current and future needs as they relate to risk of elopement.

As one can deduce from the preceding discussion on the latest technology, no one system or device can provide a 100 percent guarantee that people with Alzheimer's disease or a related dementia will not wander from or become lost in their familiar surroundings or be found safely if they do. These are simply tools for caregivers and others that can provide some help in an often challenging, stressful and daunting daily routine. They can provide peace of mind and hopefully increase the odds that family members, law enforcement or private entities can successfully locate these most fragile persons who may lose their way at any moment, at any time of day or night, in any place or in any circumstance—and return them safely to their loved ones. Available wander management solutions plus emerging technology that may further boost reliability and effectiveness offer enormous value in terms of locating individuals before they are in harm's way. There is no dollar amount that can be equated to a "life."

⁶¹ www.caretrak.com

Sampling of Products Currently Available

Product	Location	Transmission Network	Monitoring Service	Device Cost	Monthly Service	Activation Fee	Other
Adiant S-911	A-GPS	T-Mobile: ATT		\$249	\$29.95/ \$34.95	0	
Breadcrumb BC300	A-GPS	GSM: ATT & T-Mobile	Breadcrumb; CST	\$0 on contract, \$190 off contract	\$43 on contract, \$53 off contract	\$40	Collaborated with Alzheimer's Foundation of America
Comfort Zone	A-GPS	Spring	MedicAlert	\$199	\$49.99 (30 minute)/ \$64.99 (10 minute)	\$45	Offered by Alzheimer's Association
EmFinders	UTDOA	GSM: ATT & T-Mobile	EON	\$225	\$35		Integrated with 911
GTX Corp. Aetrex Footwear	A-GPS			\$299.99	\$34.99 (30 minute)/ \$39.99 (10 minute)		
Mobile Help	A-GPS	GSM: ATT; DSL	MobileHelp	Included in periodic cost	\$36.95 year \$39.95 qtr. \$41.95 mon.	\$0 annual/ \$49 quarterly/ \$99 monthly	
SentrySilver GPS	A-GPS	GSM; ATT		\$165	\$14 basic/ \$19 premium/ \$40 unlimited/ \$64.99 live		

Prevention Steps

This section was adapted from Robert J. Koester, Chief Executive Officer, dbS Productions LLC

Elopement Prevention

As noted in this report, wandering itself does not harm the person with Alzheimer's disease. In fact, wandering may help alleviate anxiety and may provide some often needed exercise. However, "becoming lost," "critical wandering" or "elopement" that may result in a "missing incident" is a life-threatening problem that must be prevented. The same is true regarding "unsafe exiting" or "wandering away" from a long-term care facility.

While this report has discussed several programs that may help identify and/or locate individuals once they become lost, there are many steps family caregivers, professional caregivers and long-term care facilities can take to help prevent this situation from happening in the first place. Law enforcement can play a critical role for individuals with Alzheimer's disease and related dementias and their family caregivers in elopement prevention. As the first responders to missing person reports, law enforcement officers have the credibility, and often have established relationships with the families, to initiate a dialogue about elopement prevention tips, and additional prevention resources and programs.

Elopement prevention may be broken into three major categories: behavioral, inside environment and exit control. Each preventative measure can be implemented in the person's residence or in a skilled care facility.

- **Behavioral** - Identification of the contributing factors that lead to wandering. This is also sometimes called discovery of agenda behavior.
- **Environmental** - Modification of the inside environment to enable the person to move about in a safe, non-intrusive manner within the structure.
- **Exit Control** - Reduction of unsupervised access to external areas of the premises in an appropriate manner.

Behavioral Measures

The first step is to recognize common causes that often trigger elopement. Two studies have been conducted that give similar but slightly different results. The results from Silverstein and Salomns (n=239) are given first and the results from O'Connor, Rosewarne & Bruce study (n=15) are given second. It is expected that differences in results are largely due to differences in the sample sizes. Percentages do not total 100 percent because of some multiple causes or unavailability of information.

Causes that often trigger elopement include:

- Placed in unfamiliar environment (28 percent) (20 percent)
- Saw coat and hat and decided to leave (27 percent) (13 percent)
- Argumentative or confronting situation (23 percent) (47 percent)
- Change in schedule or routine-often first week of moving to a new care facility (23 percent) (27 percent)

- Spent the day in day care (23 percent)
- Had a change in medication (21 percent)
- Was left alone in car (18 percent)

Next, look for the underlying cause of each of these trigger factors. These might include:

- Medication effects
- Stress
- Confusion related to time
- Becoming disoriented to landmarks, familiar people and objects
- Misinterpretation of sights and sounds, resulting in increased anxiety or fear
- Restlessness
- Agitation
- Anxiety
- Past experience pattern (i.e., going to work, looking after a child)
- Memory links (i.e., seeing coat > going outside; seeing doorknob > something to turn)

If a caregiver is unable to recognize an underlying cause or pattern to the wandering, it helps to keep a log of the wanderer's pattern. The log should list the time, date and events surrounding each elopement event. Over time, it should assist in identifying the possible underlying cause(s). Once a cause of potential elopement has been identified, steps may be taken to reduce the behavior, such as:

- Consult with a physician regarding medication side effects.
- Make sure the person's basic needs (hunger, thirst, temperature, toileting, fear, boredom, etc.) are met.
- Encourage exercise to reduce anxiety, agitation and restlessness. Exercises may include activities such as long vigorous walks, circular walking, rocking chairs, playing with beach balls, dancing or group exercises.
- Empower the person and provide a sense of control by involving him or her in productive daily activities.
- Redirect the person's attention. Offer the person a favorite food or drink. Avoid arguing or confrontation. Instead, focus on a distracting activity.
- Place interesting items the person may engage with near exits.
- If possible, allow the person some control over aspects of his or her life, such as activities or food selection.
- Orient the person to people and place by reminding the person that he or she is in the right place. This should include frequently repeating the name of the person with Alzheimer's disease, or caregiver or staff, and locations of places in the residence. Skilled facilities may consider having staff wear extra-large name tags.
- Let the person look out windows to stay oriented to time of day and season.
- Make sure the person has properly-fitted glasses and hearing aids (if required).
- Reassure the person, if he or she feels lost, abandoned or disoriented. Talk with the

person in a low tone of voice, and use short words and simple phrases. Gently touch the person if words are not understood. It provides reassurance and communicates warmth. Make sure you approach the person from the front and make eye contact first.

- Schedule short-term interesting activities.
- Provide comfortable rocking chairs.
- Provide companionship and one-on-one attention.
- Avoid extended interactions with a large group of people.
- Avoid physical or chemical restraint.

Environmental Modifications

- Help the person stay oriented to time by placing clocks and calendars in various spots around the home or facility.
- Remove "trigger" items such as hats, coats, keys, etc. that signal to the person that it is time to leave the structure.
- Place large signs on the bathroom door to reduce wandering in a search to find the toilet. Place a night light in the bathroom.
- Place a picture of the person or a collage of significant pictures on the person's bedroom door.
- Reduce environmental distractions such as noise levels from television or loud music.
- Provide continuity with the same room assignments and the same furnishings in the room.
- Design a walking path that allows safe wandering with interesting destinations and objects along the way.
- Make the environment more home-like.
- Design a quiet and comfortable place for the person to sit if he or she becomes agitated.
- Assign staff to be responsible for the location of each person.
- Regularly check that doors and gates are securely locked.
- Ensure staff vigilance and observation.
- Assign a companion resident who does not have dementia.

Exit Control

- Install fencing or hedges around the home or facility.
- Landscape the outside of each exit with fencing enclosures or hedges.
- Consider placing locks at the bottom of the door or other unfamiliar areas.
- Use child-proof door covers to prevent the individual from turning the knob.
- Set up physical/visual barriers (magnetically locked doors with coded keypads, secured windows, etc.).
- Conceal doors with curtains, posters or other objects that divert the person's attention away from exiting.
- Paint the door the same color as the wall, and continue onto the door any accent stripping used on the walls.

- Place exit doors along halls instead of at the end of the hall.
- Avoid windows in a door.
- Put a strip of cloth (usually fastened with Velcro) across the door knob.
- Use electronic surveillance to monitor residents in the facility.
- Use visual surveillance (video) on doors that are monitored by staff either directly or indirectly.
- Place alarms on all external doors as an alert if a person is leaving. Reduce the chances of exiting through windows by installing safety latches.
- Lock windows.
- Cover windows to discourage the person from wandering away.
- Place a clearly defined barrier in front of stairs, keeping safety in mind.

Wandering Response Plans

- Develop a wandering response plan. Update the plan at least twice a year. Look over this plan carefully. Make any required modifications. The value of the planning process is not so much the plan, but the preparation and the "what if" mentality that goes into making the plan.
- Conduct a "missing wanderer" simulation, if possible.
- As part of your wandering response plan, be sure to tell your neighbors and/or local businesses of the person's condition. Ask them to call the emergency contact (caregiver, secondary contact, 911, etc.) if they ever see the person with Alzheimer's disease out alone. Be sure to provide a copy of a photo if needed. Keep a list of their names and phone numbers. Ask if they would be willing to help search if needed.
- As part of your wandering response plan, develop a list of alternative transportation sources. Be aware that the person may not only wander by foot but also by car or by other means of transportation.
- As part of your wandering response plan, keep a list of emergency phone numbers and addresses of the local police departments, rescue squads, fire departments, hospitals and poison control.
- Regularly check fire extinguishers, smoke alarms and other safety equipment to ensure they are working properly. Conduct fire and missing person drills regularly.
- Complete a "Wanderers Information Sheet" (WIS), which can be found online at http://www.dbs-sar.com/SAR_Research/WIS.pdf. Update this sheet at least twice a year. Keep a copy of this sheet handy to give to law enforcement. All searches begin with an investigative component. During this time you will be asked dozens of questions to aid law enforcement and search teams in determining where and how to look. This information is critical to the success of the search. Completion of this form before an incident allows the search to start sooner and assists in collecting more accurate information.

State Listing of Silver Alert Programs

Beginning in 2006, state legislatures across the nation have been approving, and state agencies have been implementing, programs that broadcast alerts when vulnerable adults go missing. Mostly known as Silver Alerts, these programs feature a structured set of criteria and procedures for law enforcement to institute an alert. They may vary in: the eligibility required to activate an alert, such as a specific age and/or diagnosis of cognitive impairment; the eligibility of a person who can file a missing persons report, such as a spouse, legal custodian or agency; the protocol to verify that a person is missing; and how law enforcement implements the alert, such as via media, recorded calls or highway signs. However, the one common thread is the premise behind these alerts: to help locate someone whose disappearance poses a threat to the person's health and safety, including serious bodily harm or death.

As of June 2012, 41 states have implemented Silver Alert programs. Several others are pending. For more information, contact the state agency responsible for the program's administration or local law enforcement.

Alabama

Name: Missing Senior Alert Plan

Eligibility: senior citizen with dementia or other deterioration of intellectual faculties

Administrator: Alabama Department of Public Safety

Arizona

Name: Endangered Person Alert

Eligibility: adult with significant health problem or medically-diagnosed disability (i.e., dementia)

Administrator: Arizona Department of Public Safety

Arkansas

Name: Silver Alert

Eligibility: senior or adult with cognitive disorder

Administrator: Arkansas State Police/Arkansas Sheriffs' Association/
Arkansas Association of Chiefs of Police

Colorado

Name: Missing Senior Citizen and Person with Developmental Disabilities Alert Program

Eligibility: 60 or older with verified impaired mental condition; person with developmental disability

Administrator: Colorado Department of Public Safety, Bureau of Investigation

Connecticut

Name: Silver Alert

Eligibility: 65 or older; 18 or older with mental impairment

Administrator: Connecticut Department of Public Safety

Delaware

Name: Gold Alert Program

Eligibility: 60 or older; person with disability

Administrator: Delaware State Police

Florida

Name: Silver Alert

Eligibility: cognitively-impaired adults who become lost while driving

Administrator: Florida Department of Law Enforcement

Georgia

Name: Mattie's Call

Eligibility: adults who are cognitively impaired or developmentally impaired

Administrator: Georgia Bureau of Investigation

Illinois

Name: Endangered Missing Person Advisory Program

Eligibility: seniors with Alzheimer's disease or other dementia

Administrator: Illinois Department of Aging/Illinois State Police

Indiana

Name: Silver Alert

Eligibility: 18 or older with mental illness, dementia or other physical or mental incapacity

Administrator: Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults/Indiana State Police

Iowa

Name: Endangered Person Advisory

Eligibility: adults with dementia

Administrator: Iowa Department of Public Safety

Kansas

Name: Silver Alert

Eligibility: person with dementia; 65 or older

Administrator: Kansas Bureau of Investigation

Kentucky

Name: Golden Alert

Eligibility: impaired person with developmental disability; person with physical, mental or cognitive impairment

Administrator: Kentucky Division of Emergency Management

Louisiana

Name: Silver Alert

Eligibility: 60 or older with diagnosed mental impairment

Administrator: Louisiana Department of Public Safety and Corrections

Maine

Name: Silver Alert Program

Eligibility: adults with dementia or developmental disabilities

Administrator: Maine Department of Public Safety

Maryland

Name: Silver Alert Program

Eligibility: 60 or older with cognitive impairment

Administrator: Maryland State Police

Massachusetts

Name: Silver Alert Community Response System

Eligibility: adult with serious memory impairment

Administrator: Massachusetts Executive Office of Public Safety

Minnesota

Name: Missing Children and Endangered Persons' Program aka Brandon's Law

Eligibility: all ages, including mentally impaired

Administrator: Minnesota Bureau of Criminal Apprehension

Mississippi

Name: Silver Alert System

Eligibility: 18 or older with dementia or other cognitive impairment

Administrator: Mississippi Department of Public Safety

Missouri

Name: Endangered Person Advisory

Eligibility: 18 or older

Administrator: Missouri State Highway Patrol

Montana

Name: Missing and Endangered Person Advisory

Eligibility: person believed to be in danger due to age, health, mental or physical disability

Administrator: Montana Department of Justice, Division of Criminal Investigation

Nevada

Name: Statewide Alert System for Safe Return of Missing Endangered Older Persons

Eligibility: 60 or older

Administrator: Nevada Department of Public Safety

New Hampshire

Name: Missing Persons With a Developmental Disability and Missing Senior Citizen Alert Program

Eligibility: persons with developmental disability; 55 or older with verified impaired mental condition

Administrator: New Hampshire State Police

New Jersey

Name: Silver Alert System

Eligibility: person with cognitive impairment

Administrator: New Jersey State Police

New Mexico

Name: Endangered Person Advisory

Eligibility: endangered person, including person with degenerative brain disorder

Administrator: New Mexico Department of Public Safety

New York

Name: Missing Vulnerable Adult Alert Program

Eligibility: 18 or older with cognitive disorder, mental disability or brain disorder

Administrator: New York Division of Criminal Justice Services/ Missing Persons Clearinghouse

North Carolina

Name: Silver Alert Program

Eligibility: person with dementia or cognitive impairment

Administrator: North Carolina Department of Public Safety

Ohio

Name: Missing Adult Alert

Eligibility: 65 or older; or adult with mental impairment

Administrator: Ohio Bureau of Criminal Identification and Investigation

Oklahoma

Name: Silver Alert Program

Eligibility: 60 or older with dementia or other cognitive impairment

Administrator: Oklahoma Department of Public Safety

Pennsylvania

Name: Missing and Endangered Person Advisory System (MEPAS)

Eligibility: endangered person due to age, mental or physical disability

Administrator: Pennsylvania State Police

Rhode Island

Name: Missing Senior Citizen Alert Program

Eligibility: 60 or older with impaired mental condition

Administrator: Rhode Island State Police

South Carolina

Name: Endangered Person Notification System

Eligibility: person with dementia or other cognitive impairment

Administrator: South Carolina Law Enforcement Division of Missing Persons/Missing Person Information Center

South Dakota

Name: Endangered Person's Advisory

Eligibility: person believed to be in danger due to age, health, mental or physical disability

Administrator: South Dakota State Police

Tennessee

Name: Senior Alert

Eligibility: 18 or older with dementia or disabled

Administrator: Tennessee Bureau of Investigation

Texas

Name: Silver Alert

Eligibility: 65 or older with diagnosed impaired mental condition

Administrator: Texas Department of Public Safety

Utah

Name: Endangered Person Advisory

Eligibility: person believed to be in danger due to age, health, mental or physical disability

Administrator: Utah Department of Public Safety

Virginia

Name: Senior Alert System

Eligibility: 60 or older with cognitive impairment

Administrator: Virginia State Police

West Virginia

Name: Silver Alert Plan

Eligibility: person with cognitive impairment

Administrator: West Virginia State Police

Washington

Name: Endangered Missing Person Advisory Plan

Eligibility: person believed to be in danger due to age, health, mental or physical disability

Administrator: Washington State Patrol, Missing Persons Unit

Wisconsin

Name: Endangered Missing Person Alert

Eligibility: person believed to be in danger

Administrator: Wisconsin Crime Alert Network/Wisconsin Department of Justice

Wyoming

Name: Endangered Person Advisory

Eligibility: person believed to be in danger

Administrator: Wyoming Division of Criminal Investigation

Pending: California, Hawaii, Michigan

No program: Alaska, Idaho, Nebraska, North Dakota, Oregon, Vermont

Note: As of June 2012

Resources

American Silver Alert Coalition
Legislative Updates
www.silveralertbill.com

Eldercare Locator
Local Resources
www.eldercare.gov

International Association of Chiefs of Police
Alzheimer's Initiatives
www.theiacp.org

U.S. Department of Health and Human Services
Alzheimer's Disease Information
www.alzheimers.gov

Books

Title: "Evidence-Based Protocols for Managing Wandering Behaviors"
Author: Audrey L. Nelson, Donna L. Algase Ph.D., RN (Editor)

Title: "In Search of the Alzheimer's Wanderer: A Workbook to Protect Your Loved One"
Author: Mark Warner

Title: "Lost Person Behavior: A Search and Rescue Guide on Where to Look — for Land, Air and Water"
Author: Robert J. Koester

Title: "Safe Return Home: Crankshaft Inspirational Book for Caregivers of Alzheimer's"
Author: Tom Batiuk

Title: "The 36-Hour Day: A Family Guide to Caring for People with Alzheimer Disease, Other Dementias, and Memory Loss in Later Life"
Authors: Nancy L. Mace and Peter A. Rabins, M.D., MPH

Title: "The Alzheimer's Action Plan: The Experts' Guide to the Best Diagnosis and Treatment for Memory Problems"
Authors: P. Murali Doraiswamy, M.D., Lisa P. Gwyther, Tina Adler

DVD

Title: "Wandering...What It Is and What to Do About It"
(Your Time to Care Caregiver Education Series)
Produced by: Alzheimer's Foundation of America

Missing Drivers With Dementia

Antecedents and Recovery

Meredeth A. Rowe, PhD, Catherine A. Greenblum, PhD, Marie Boltz, PhD, James E. Galvin, MD, MPH

J Am Geriatr Soc. 2012;60(11):2063-2069.

Abstract and Introduction

Abstract

Objectives: To determine the circumstances under which persons with dementia become lost while driving, how missing drivers are found, and how Silver Alert notifications are instrumental in those discoveries.

Design: A retrospective, descriptive study.

Setting: Retrospective record review.

Participants: Conducted using 156 records from the Florida Silver Alert program for October 2008 through May 2010. These alerts were issued in Florida for missing drivers with dementia.

Measurements: Information derived from the reports on characteristics of the missing driver, antecedents to missing event, and discovery of a missing driver.

Results: The majority of missing drivers were men aged 58 to 94 who were being cared for by a spouse. Most drivers became lost on routine, caregiver-sanctioned trips to usual locations. Only 15% were driving when found, with most being found in or near a parked car. Law enforcement officers found the large majority. Only 40% were found in the county where they went missing, and 10% were found in a different state.

Conclusion: Silver Alert notifications were most effective for law enforcement; citizen alerts resulted in a few discoveries. There was 5% mortality in the study population, with those living alone more likely to be found dead than alive. An additional 15% were found in dangerous situations such as stopped on railroad tracks. Thirty-two percent had documented driving or other dangerous errors, such as driving the wrong way or into secluded areas or walking in or near roadways.

SILVER ALERT INITIATIVES IN THE STATES

3/22/2010

Protecting Seniors with Cognitive
Impairments



Silver Alert Initiatives in the States

PROTECTING SENIORS WITH COGNITIVE IMPAIRMENTS

INTRODUCTION

In March 2009, NASUA released a report that identified states that have a Silver Alert program, how they fund it, and how each administers the program. The report revealed that 18 states have a Silver Alert program, 14 states had pending legislation, and 18 states did not have legislation.

Several states have implemented Silver Alert programs since our last report. The following chart reflects the updated status of states across the country.

States with Silver Alert Programs		States with Pending Legislation	States Without Silver Alert Programs
Alabama *	Mississippi **	California	Alaska
Arizona	Missouri	Hawaii	Idaho
Arkansas *	New Hampshire	Massachusetts	Illinois
Colorado	New Jersey *	Pennsylvania	Iowa
Connecticut *	New Mexico		Maine
Delaware	North Carolina		Michigan
Florida	Oklahoma		Montana
Georgia	Ohio		Nebraska
Indiana *	Rhode Island		Nevada
Kansas *	South Carolina		New York
Kentucky	Tennessee *		North Dakota
Louisiana	Texas		Oregon
Maryland *	Virginia		South Dakota
Minnesota	West Virginia *		Utah
			Vermont
			Washington
			Wisconsin ***
			Wyoming

* State has legislation that went into effect since NASUA's 2009 Report.

** Mississippi has legislation that goes into effect later this year.

*** Wisconsin governor vetoed legislation for a lack of funding.

States with Silver Alert Programs

Currently, there are 28 states that have implemented or will implement Silver Alert programs, an increase of 10 states since the NASUA's last report. The following section provides a brief summary of the legislation that establishes the programs, the agencies administering the programs, and the program requirements for initiating an alert. The links below will provide you with further information on each state's Silver Alert program.

Alabama

The Alabama Missing Senior Citizen Alert Act (HB 33) went into effect on June 1, 2009. The purpose of this law is to provide immediate response to missing or lost seniors age 60 or older who are at risk of bodily harm or death and to gain the voluntary assistance of the broadcast media to help locate missing seniors. The Department of Public Safety, who administers this program, works collaboratively with other local and state law enforcement agencies, the Alabama Association of Broadcasters and licensed broadcasters in the state.

To view the legislation, please visit the following Web site.

<http://www.dps.state.al.us/ABI/pdf/MissingSeniorAct.pdf>

Arkansas

In April 2009, Governor Mike Beebe signed House Bill 2087 into law establishing The Silver Alert Program. The Arkansas State Police administers this alert system and works collaboratively with the Arkansas Sheriffs' Association, the Arkansas Association of Chiefs of Police, and the media to notify the public of missing persons 18 years of age or older and who are living with dementia or other cognitive impairment.

To view the legislation, please visit the following Web site.

<http://staaina.arkleg.state.ar.us/ftproot/bills/2009/public/HB2087.pdf>

Connecticut

Substitute Senate Bill 451 went into effect July 1, 2009 establishing Connecticut's Silver Alert System. The Department of Public Safety's Missing Child Information Clearinghouse administers the program and notifies the public of missing persons 65 years of age or older and anyone 18 or over who has a mental impairment.

To view the legislation, please visit the following Web site.

http://search.caa.state.ct.us/dtSearch_lpa.html

Indiana

Governor Mitch Daniels signed Senate Bill 307 to establish the Indiana Silver Alert, effective July 1, 2009. The Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults administers the

program and works collaboratively with private organizations and law enforcement agencies in alerting the public of missing persons age 18 or older with mental illness, dementia, or other mental or physical incapacity.

To view the legislation, please visit the following Web site.

<http://capwiz.com/ahca/in/webreturn/?url=http%3A%2F%2Fwww.in.gov%2Fapps%2Fisa%2Fsession%2Fbillwatch%2Fbillinfo%3Fyear%3D2009%26session%3D1%26request%3DaetBill%26doctype%3DSB%26docno%3D0307>

Kansas

The Kansas Silver Alert Plan was implemented on July 30, 2009 following a resolution that called for the establishment of this senior alert system, but did not require it by law (SHL Resolution 2506). It is administered by the Kansas Bureau of Investigation, which collaborates with local law enforcement agencies and the media to alert the public of missing persons living with dementia or persons over age 65 with a medical or mental condition or one who is at risk of harming himself.

The following Web site provides the protocol and policies for the Silver Alert Plan.

<http://www.kscg.org/page/attorney-general-establishes-silver-alert-protocol>

Maryland

In October 2009, Maryland established its Silver Alert Program (HB 192) that is designed to alert the public about missing persons with cognitive impairments such as Alzheimer's or dementia. The Department of State Police administers the statewide program and works collaboratively with the State Highway Administration on this initiative.

You can view the bill by going to the following Web site.

http://mlis.state.md.us/2009rs/fnotes/bil_0002/hb0192.pdf

Mississippi

The Mississippi Silver Alert System Act of 2010 (HB 664) will be effective July 1, 2010. The Bureau of Investigation of the Department of Public Safety will be responsible for implementing the statewide alert system. The purpose of the Silver Alert System is to provide a tiered, rapid response system to notify the public about missing endangered adults age 18 or older with dementia or other cognitive impairments. The Bureau of Investigation will work with local law enforcement agencies and the Mississippi Highway Patrol Headquarters Communication Center to alert the public about missing persons.

You can view the bill by going to the following Web site.

<http://billstatus.ls.state.ms.us/documents/2010/pdf/HB/0600-0699/HB0664PS.pdf>

New Jersey

The Silver Alert System Act went into effect on December 22, 2009. The State Police administers the program and disseminates missing person information on people age 65 or older to broadcast media, the Department of Transportation, the New Jersey Highway Authority, the New Jersey Turnpike Authority, and the South Jersey Transportation Authority.

You can view the bill by going to the following Web sites.

http://www.njlea.state.nj.us/2008/Bills/A3000/2844_11.HTM

http://www.njlea.state.nj.us/2008/Bills/S2000/1844_11.HTM

Tennessee

The Tennessee Senior Alert Act went into effect on August 4, 2009. The Tennessee Bureau of Investigation administers the Silver Alert system that provides a statewide system for the rapid dissemination of information on missing persons age 18 or older who have dementia or other cognitive impairment.

You can view the bill by going to the following Web site.

<http://www.capitol.tn.gov/Bills/106/Bill/HB0346.pdf>

West Virginia

HB 2504 was signed into law by Governor Joe Manchin and went into effect on July 10, 2009 establishing the West Virginia's Silver Alert Plan. The State Police administers the program by providing alerts for cognitively impaired missing persons to broadcast media, the Department of Transportation, the Division of Highways, the West Virginia Turnpike Commission, and affected authorities. HB 2504 does not specify an age requirement of a cognitively impaired missing person.

You can view the bill by going to the following Web site.

http://www.legis.state.wv.us/Bill_Text_HTML/2009_SESSIONS/RS/BILLS/hb2504%20enr%20sub.htm

Pending Legislation

California

On December 22, 2008, Senators Alquist, Correa, and Oropeza introduced SB 38, a bill that would establish a missing senior person alert system. The bill specifies that a missing person would have to be 65 years of age or older and must have an impaired mental condition. As of August 27, 2009, there has been a second reading of the bill and it is currently being held in committee.

You can view the bill and its history by going to the following Web site.

http://www.legislature.ca.gov/cgi-bin/port-postquery?bill_number=sb_38&sess=CUR&house=B&author=alquist

Hawaii

Since January 2009, Hawaii legislators have introduced six bills that would establish a Silver Alert system in their state. However, it appears that SB2226 SD2 HD1 is the only bill that has received considerable action. It was introduced January 21, 2010 and, as of March 12, 2010, it passed the second reading as amended in HD 1 and was referred to the Committee on Judiciary without opposition. The bill specifies that the public alert would be made for missing senior citizens and defines a senior citizens as one who is 65 years of age or older.

You can view the bill and its history by going to the following Web site.

http://www.capitol.hawaii.gov/session2010/bills/SB2226_HD1_.pdf

http://www.capitol.hawaii.gov/session2010/lists/measure_indiv.aspx?billtype=SB&billnumber=2226

Massachusetts

H4344 (new draft of S322, H44, and H603) would establish a Silver Alert community response system to protect seniors. This Silver Alert system would be used to alert the public of missing adults with serious memory impairment such as Alzheimer's disease or other dementia. The last action recorded for this bill was on November 17, 2009 when the Joint Committee on Community Development and Small Business reported favorably on it and referred it to the House Committee on Ways and Means.

You can view the bill and its history by going to the following Web site.

<http://www.mass.gov/leais/bills/house/186/ht04pdf/ht04344.pdf>

<http://www.mass.gov/leais/186history/h04344.htm>

Pennsylvania

On March 5, 2009, the General Assembly of Pennsylvania referred HB 726 to Committee on Aging and Older Adult Services. HB 726, which is also referred to as the Silver Alert for Missing Senior Citizens Act, would establish a statewide alert system for notifying the public of missing persons age 65 or older who have an impaired mental condition and whose disappearance poses a credible threat to the senior citizens' health and safety. The Secretary of the Department of Aging is responsible for appointing a director to serve as the statewide coordinator of the alert system.

You can view the bill and its history by going to the following Web site.

<http://www.legis.state.pa.us/cfdocs/billinfo/billinfo.cfm?syear=2009&sind=0&body=H&type=B&BN=0726>

NASUA will continue to monitor pending legislations.

Legislation That Did Not Pass

Nevada

According to the Nevada Silver Haired Legislative Forum, AB 4 that would establish a statewide Silver Alert system was referred to the Health and Human Services Committee and died on April 11, 2009 due to no further action being taken on the bill.

Vetoed Legislation

Wisconsin

Unfunded legislation to establish a Silver Alert program was vetoed by Governor Jim Doyle.

For more information:

John Thompson
National Association of State Units on Aging
1201 15th Street, NW
Suite 350
Washington, DC 20005
202-898-2578
www.nasua.org

Alaska Commission on Aging

Adult Day Services (ADS) Grants

DHSS Division of Senior & Disabilities Services Senior Community-Based Grants Component

Problem Statement: As the numbers of Alaska seniors increase, particularly older individuals most at risk for developing Alzheimer's disease and related dementia (ADRD) and high health care needs, the financial, social and personal costs of caring for them will continue to grow. Based on national prevalence rates by age, the Alaska Commission on Aging (ACoA) estimates that there are roughly 7,785 Alaskans with Alzheimer's disease and related dementia (6,067 age 65 and above and 1,718 age 55 to 64). Eleven percent of Alaskans age 65 and older are estimated to have ADRD, with almost half of those 85 and older being affected by the disease. The number of people with ADRD is expected to triple, based on current population growth trends, with an estimated 18,609 Alaskans age 65 and older experiencing ADRD by 2034.

Adult Day Services (ADS) provide cost-effective community care in an interactive, safe and structured environment for individuals with ADRD, as well as those with physical, emotional and/or cognitive impairments. ADS activities include age-appropriate structured activities such as assistance with personal care, exercises, games, art projects, recreational outings and lunch/snacks. ADS also provide caregiver support, education and respite for unpaid family caregivers. According to a recent ACoA provider survey and interviews with ADS grantees, the following concerns were cited by ADS providers as their most pressing program challenges:

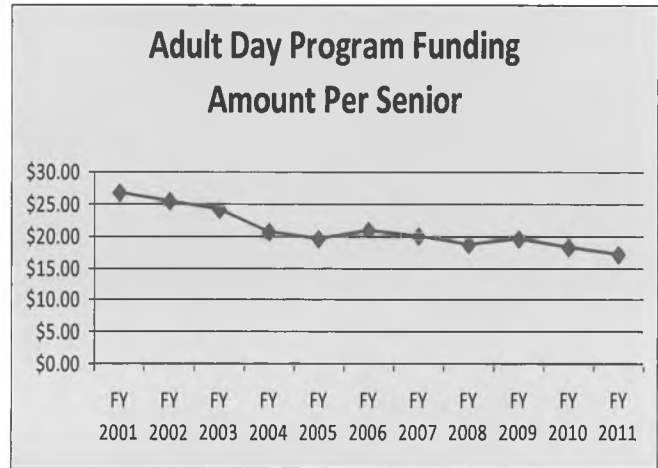
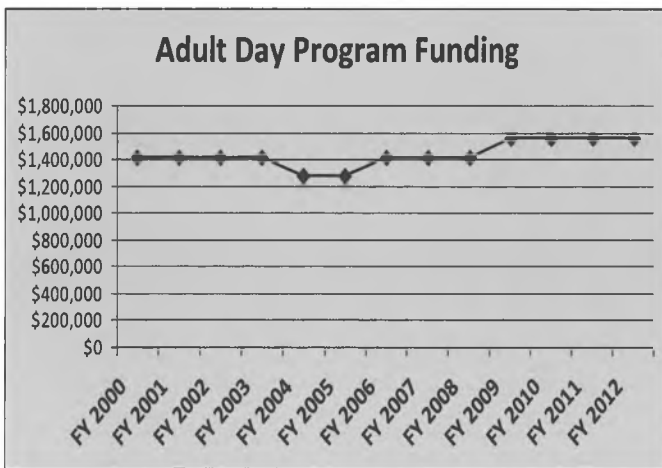
- More seniors are receiving fewer days of adult day service due to physical space-capacity issues and increased staff/client ratios required by serving a greater number of clients with ADRD.
- More seniors are entering adult day programs with higher levels of acuity, more advanced levels of dementia, and increasing presentation of challenging behaviors.
- Adult day providers are concerned about the case mix of program participants with varying levels of abilities, acuity and challenging behaviors.
- Providers are reporting increasing challenges being able to recruit, train, and retain a qualified and dedicated workforce with limited funding.
- Adult day providers are most concerned that their capacity to provide service, as defined by their existing facilities, programs, and funding, will be significantly inadequate for serving the growing numbers of seniors over the next ten years with higher levels of acuity as the baby boomer population ages.

Proposal: Administered by the Division of Senior and Disabilities Services (SDS), this funding will increase multiple year grants to ADS providers to serve additional older Alaskans with Alzheimer's disease and related dementia, those with physically disabling conditions, and older persons with other cognitive impairments who are not safe staying alone unsupervised; provide critical respite for unpaid family caregivers; and provide start-up funds for one new program in an underserved area. Twelve grant-funded ADS programs served 472 seniors in FY 2010 of whom 56% had dementia (per SDS 2011 reports). This increment will add a total of \$350.0 (\$225.0 GF/MH and \$125.0 GF) to the \$1,555.0 baseline.

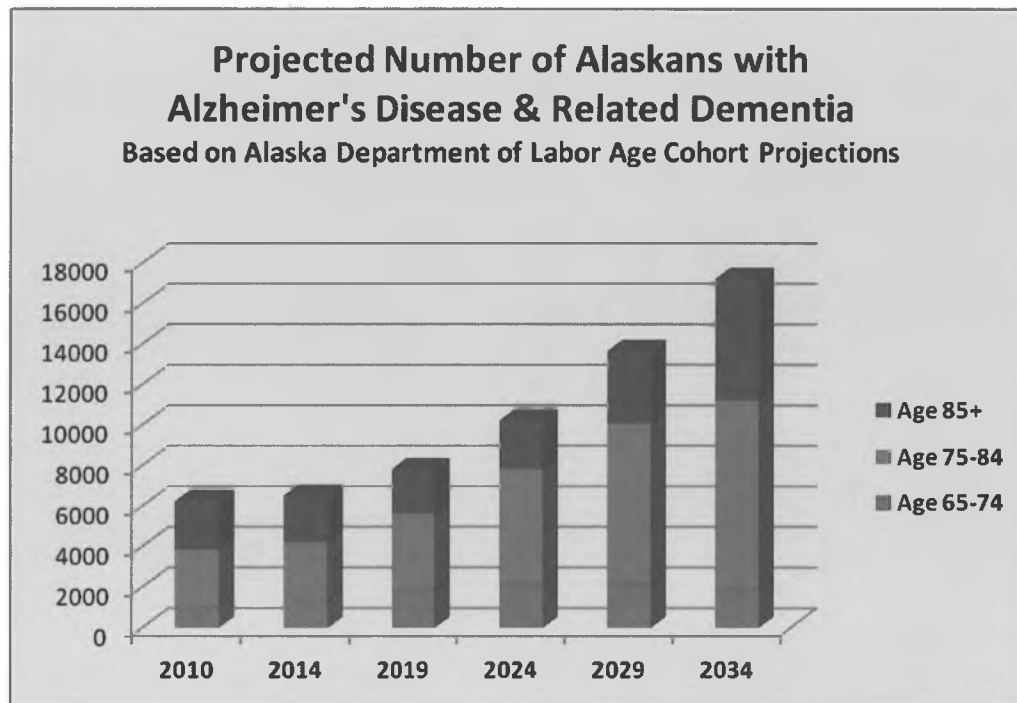
Alaska Commission on Aging
P.O. Box 110693 Juneau, Alaska 99811-0693
Phone: 907-465-3250 / Fax: 907-465-1398

www.alaskaaging.org

Ensuring the dignity and independence of all older Alaskans and assisting them through planning, advocacy, education and interagency cooperation to lead useful and meaningful lives.



Recommendation: The Alaska Commission on Aging (ACoA) supports an increase in funding for Adult Day Programs to the Senior and Disabilities Services senior community-based grants component in the amount of \$350.0. The ACoA appreciates the Governor's increment of \$225.0 GF/MH in his budget for these services. The ACoA recommends that the full \$350.0 GF increment be added to the baseline in order to fully address the need for these important services for elderly Alaskans and their family caregivers, particularly in underserved areas. Since 2001, the amount of funding available per senior has declined as the senior population increases at a rate of 6% annually.



Alaska Commission on Aging
P.O. Box 110693 Juneau, Alaska 99811-0693
Phone: 907-465-3250 / Fax: 907-465-1398
www.alaskaaging.org

Ensuring the dignity and independence of all older Alaskans and assisting them through planning, advocacy, education and interagency cooperation to lead useful and meaningful lives.



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of
Health and Social Services

ALASKA COMMISSION ON AGING

P.O. Box 110693
Juneau, Alaska 99811-0693
Main: 907.465.3250
Fax: 907.465.1398

February 7, 2013

Senator Johnny Ellis
Alaska Capitol, Room 7
Juneau, AK 99801-1182

Subject: Support for SB 36, Missing Vulnerable Adult Prompt Response & Notification Plan

Dear Senator Ellis:

The Alaska Commission on Aging (ACoA) is pleased to offer our support for SB 36, a bill sponsored by you and co-sponsored by Senator Wielechowski, to establish a vulnerable adult prompt response and notification plan that will involve the cooperation of the Department of Public Safety with the Department of Military and Veterans' Affairs. Based on our understanding, the proposed vulnerable adult response program would be modeled after the successful *Amber Alert* used to find missing children and use media outlets and existing emergency notification infrastructure. Although this legislation addresses the problems of all vulnerable missing adults, the ACoA will focus on benefits we perceive for vulnerable older Alaskans from this legislation.

Wandering outside unattended and unprotected is a significant personal safety risk for persons with Alzheimer's disease. According to the Alzheimer's Association (2011), nearly 60% of people with Alzheimer's disease wander at some point during the course of their disease with approximately one-half of all wanderings resulting in personal injury if the person is not found within 24 hours. For older Alaskans wandering outside during the winter or in areas with moose or bear nearby, getting lost has life and death consequences.

As part of our efforts to learn more about the needs of people with Alzheimer's disease and related dementia (ADRD) and their caregivers, the ACoA conducted seven community forums statewide that have been attended by 161 persons, many of whom were unpaid family caregivers. Improving public response services to reduce safety risks for persons with Alzheimer's disease who wander was identified as a high priority concern by the forums' participants.

The ACoA supports SB 36 that authorizes the Department of Military and Veterans' Affairs to work in cooperation with the Department of Public Safety and develop a missing vulnerable adult response plan that will improve the safety of vulnerable Alaskans, such as individuals with Alzheimer's disease and related dementia. We understand that this program will not present any significant cost to the state and addresses the need for a formal notification system to help locate missing vulnerable adults, such as older Alaskans with ADRD, who often become disoriented due to their impaired condition and whose personal safety is at risk. The majority of states have established "silver alerts." An added benefit of this legislation is the creation of more awareness among law enforcement officials regarding the issues of older Americans.

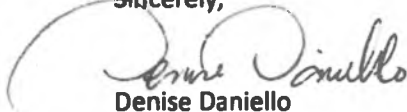
Please feel free to contact Denise Daniello, ACoA's executive director (465-4879 or denise.daniello@alaska.gov) should you require additional information about our position. Thank you for your support of SB 36 and for recognizing the critical need to improve public safety for persons with Alzheimer's disease and other vulnerable adults.

Sincerely,



Paula Pawlowski
Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello
ACoA Executive Director



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of Health & Social Services

GOVERNOR'S COUNCIL ON DISABILITIES
& SPECIAL EDUCATION
Millie Ryan, Executive Director

3601 C Street, Suite 740
Anchorage, Alaska 99503-5924
Main: 907.269.8990
Toll Free: 1.888.269.8990
Fax: 907.269.8995

February 13, 2013

Senator Johnny Ellis
Alaska State Legislature
State Capitol Building, Room 7
Juneau, Alaska 99801

Re: SB 36 Relating to missing vulnerable adult prompt response and notification plans

Dear Senator Ellis,

Thank you for sponsoring SB 36, which would develop and implement a missing vulnerable adult prompt response and notification plan.

As you know, the Governor's Council on Disabilities and Special Education (the Council) advocates for change that improves the lives of individuals with disabilities. One of the roles of the Council is to serve as Alaska's State Council on Developmental Disabilities to ensure individuals with developmental disabilities receive the supports and services they need.

The Council supports SB 36, which will improve the lives of vulnerable adults by increasing their safety. The Council estimates approximately 12,000 Alaskans experience developmental disabilities. We believe that the establishment of this immediate response plan with a local search component will be extremely effective in locating any potential missing vulnerable adults and returning them to safety in a timely manner.

Senate Bill 36 would call on the Department of Public Safety and the Department of the Military and Veterans Affairs to develop plans for the creation and publicizing a missing vulnerable adult alert. The Council believes that having a response system to locate and protect vulnerable adults in the instance they are lost is a necessity in the state of Alaska, where environmental dangers such as the weather pose very real threats to the safety of these individuals. Without presenting additional costs to the state, SB 36 would provide much needed security and peace of mind to adults with disabilities and their loved ones.

The Council commends this effort to have Alaska join the 38 states that have implemented plans to protect citizens with disabilities. The Council joins the other concerned citizens and agencies in support of this effort to make the safety of Alaska's adults with disabilities and senior citizens a priority.

Respectfully,

A handwritten signature in black ink, appearing to read "Eric Gebhart". The signature is written in a cursive style with a large initial "E".

Eric Gebhart
Council Chair

Creating Change That Improves the Lives of People with Disabilities

ADN.com

[Next Story >](#)

Letter: Math skills are lacking all over

Letter: Ellis measure shows foresight

Published: January 27, 2013

Anchorage Daily News

With the newspaper headlines featuring legislators introducing bills targeting oil taxes, guns, and gas in the pipeline, it is heartwarming to read that Sen. Johnny Ellis has introduced a bill to add another layer of protection for Alaska's vulnerable adult population.

Senate Bill 36, creating an alert system for missing adults who are at risk, is a proactive preventive program. Often tragedies, such as the shooting of children at a school in Connecticut have to occur before reactive policies take place. Sen. Ellis, in his advocacy, has the foresight to recognize that with Alaska's rapidly growing population of elders and the insidious rise of Alzheimer's disease, a safety net is essential so that newspaper headlines won't report yet another tragedy of someone dying needlessly of exposure, such as an older woman did this summer in Anchorage.

— *Patrick M Cunningham*

Anchorage

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Letter: Governor invites skepticism

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February 4, 2013

Senator Johnny Ellis
Alaska State Capitol, Room 7
Juneau, Alaska 99801

Dear Senator Ellis,

Thank you for introducing SB 36, creating a safety plan for vulnerable adults who are missing and at risk in Alaska. It is very timely given the rise in the number of vulnerable adults in Alaska. Other states have created a Silver Alert program that targets only senior citizens, whereas your bill extends the protection to all vulnerable adults.

Usually seniors are considered, but there are adults with physical and intellectual disabilities, persons with mental illness who may be distraught and suicidal, and soldiers and veterans who suffer from traumatic brain injuries who may become disoriented and in need of assistance.

The School of Social Work at the University of Alaska Anchorage graduates professional social workers who provide a variety of services to vulnerable populations throughout Alaska and this alert program will be of great benefit to them should one of their clients become at risk.

I strongly support this legislation and am hopeful that it will become law this Legislative session.

Sincerely yours,

A handwritten signature in cursive script that reads "Patrick M. Cunningham".

Patrick M. Cunningham, MSW, DSW
Associate Professor of Social Work



Alaska Association
on
Developmental Disabilities

The Alaska Association on Developmental Disabilities
P. O. Box 241742
Anchorage, Alaska 99524-1742

"Partners in building community for all Alaskans..."

February 7, 2013

Senator Johnny Ellis
Alaska State Capitol, Room 7
Juneau, AK 99801

Senator Ellis:

Please accept this letter as a statement of the strongest possible support from the Alaska Association on Developmental Disabilities [AADD] for Senate Bill 36, which would establish a response plan for missing vulnerable adults in Alaska. While this "Silver Alert" would provide for the safety of all vulnerable adults, we would like to address its particular importance to the care of adults with developmental disabilities.

We are a nonprofit trade organization of disability service providers statewide, literally from Ketchikan to Barrow. Some of our larger members include Hope Community Resources, The Arc, REACH, and Assets. Our member agencies provide services to thousands of Alaskans who experience disabilities and their families.

We have first-hand knowledge of the many challenges faced by the approximately 12,000 Alaskans experiencing disabilities. These challenges include a considerable risk from harsh weather if individuals wander from the care of their families or guardians.

Senate Bill 36 would call on the Department of Public Safety and the Department of Military and Veterans Affairs to develop plans for creating and publicizing a missing vulnerable adult alert through media outlets and other public alert systems. By increasing public awareness of such missing persons, the "Silver Alert" program would substantially increase the chances of finding a vulnerable adult within the crucial 24-hour period from when he or she first goes missing.

Without presenting additional costs to the state, the "Silver Alert" would provide much needed security and peace of mind to adults with developmental disabilities and their loved ones. I commend this effort to have Alaska join the thirty-eight states that have implemented plans to protect citizens with disabilities.

I join a wide range of Alaskans and organizations in support of this effort to make the safety of Alaska's disabled adults and senior citizens a priority.

Sincerely,

Kim Champney, President
Alaska Association on Developmental Disabilities

Chuck Kopp

From: Steve Lesko <slesko@hopealaska.org>
Sent: Tuesday, February 12, 2013 8:24 AM
To: Sen. Fred Dyson; Sen. Cathy Giessel; Sen. John Coghill; Sen. Bert Stedman; Sen. Bill Wielechowski
Cc: Sen. Johnny Ellis
Subject: Letter of Support for Senate Bill 36 - the "Silver Alert" program

Dear Senators Dyson, Giessel, Coghill, Stedman, and Wielechowski,

I understand that SB 36, or the "Silver Alert Bill", will be coming before the Senate State Affairs Committee next week. As Executive Director of Hope Community Resources and immediate past president of the Key Coalition of Alaska, please be assured that both Hope and the Key Coalition strongly endorse this Bill and urge you to pass it quickly and unanimously in the very best interests and welfare of all of our families and citizens who experience disabilities, as well as our vulnerable seniors.

Clearly, the saving of a life cannot be measured in terms of a political process. Hope and the Coalition are both statewide and represent rural, regional and urban areas of our shared state. I believe that all Alaskans, regardless of geographical location, stand behind SB 36 in united advocacy to protect those who may not be able to protect themselves at times.

So please- make SB 36 a priority for this Legislative Session and demonstrate, by your affirmative vote, your belief that each and every vulnerable Alaskan is entitled to reasonable protection such as that manifest and inherent in SB 36.

With gratitude and appreciation,

Stephen P. Lesko

Stephen P. Lesko: CEO

Executive Director

Hope Community Resources, Inc.

Submitted via e-mail 2.12.13

Dear Senator Ellis,

Please add my support to SB 36 which would create a much needed response plan for missing and vulnerable Alaskans.

Frequently we hear reports on the news of Alaskans who have gone missing for a variety of reasons. Often these are individuals who have problems dealing with everyday situations that most of society takes for granted. I would point out that this problem affects all types of Alaskans including returning veterans who have ongoing issues related to time in uniform. SB 36 is the legislative road that will provide assistance to all who need the protection that SB 36 can provide.

We all understand that rapid public awareness is important when any individual has gone missing due to any number of reasons beyond their control. If we as a society falter in our responsibility to care for and protect our brothers and sisters in a time of need then I opine that we are a society that has lost our capacity for human compassion.

It is for the above reasons that I respectfully ask all of our esteemed legislators to support and help pass SB 36.

Ron Siebels

Ron Siebels

Anchorage, AK



**Alzheimer's
Resource
of Alaska**

February 4, 2013

Senator Johnny Ellis
Alaska State Capitol, Room 7
Juneau, AK 99801

Dear Senator Ellis:

The Alzheimer's Resource of Alaska fully supports Senate Bill 36 that would put in place a vulnerable adult response and notification plan. The response plan could save the lives of some of Alaska's vulnerable adults.

SB36 is of particular importance for our population living with Alzheimer's disease or a related dementia (ARD). Members of this group face an exceptionally high risk of becoming lost due to the memory and cognitive impairments caused by the disease. Sixty percent (60%) of those with Alzheimer's will wander. Because of the confusion caused by the disease, many of them will do so without adequate protection from the weather. In winter particularly this can be deadly. Nationwide, only one third of this population survive if not found within twenty four (24) hours. In Alaska, the risk of injury and death is further increased by the extreme weather and size of the state.

Senate Bill 36 would ensure the public is quickly informed of missing vulnerable adults and can assist in the search. Alaskans pride themselves on helping their neighbors in times of need, and this alert system would allow neighbors to do so while significantly raising the chance of the lost individual to return home safely and quickly. This bill, at no cost to the state, could save lives.

Thank you for your continued commitment to our vulnerable adult population.

Sincerely,

Dulce Nobre
Executive Director

www.AlzAlaska.org

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1-800-478-1080

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1750 Abbott Rd.
Anchorage, AK 99507
907-561-3313

Fairbanks
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Fairbanks, AK 99709
907-452-2277

Juneau
3100 Channel Dr., Suite 19
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Bill would create alert system for missing adults

By Associated Press

Posted on January 28, 2013 at 6:31 am

Category: Legislative News, Recent News, State Government

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An Amber Alert-style system for missing vulnerable adults would be created under a bill introduced in the Alaska Senate.

SB36, from Anchorage Sen. Johnny Ellis, calls upon the state departments of Public Safety and Military and Veterans' Affairs to develop a response and notification system for missing senior citizens and mentally and physically impaired adults. Ellis, in a statement, called the bill "a common-sense effort" to protect Alaska seniors and mentally-disabled adults.

Ellis says the proposed system would make use of existing funds, as well as existing infrastructure for emergency alerts. But he says it would carve out a special niche for vulnerable adults.

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Senator Johnny Ellis
Alaska State Capitol, Room 7
Juneau, AK 99801

Sen.Johnny.Ellis@akleg.gov

Senator Ellis,

I write to you in support of Senate Bill 36, which would establish a response plan for missing vulnerable adults in Alaska. Passage of this legislation is a priority for our organization, as it would provide crucial security for adults with Alzheimer's disease and other disabilities.

In 2011, the Alaska Commission on Aging (ACoA) estimated 11 percent of Alaskans 65 years and older, and nearly half of Alaskans 85 years and older, suffer from Alzheimer's disease and related dementia. With ACoA projecting Alaska's population of seniors will continue to grow, a "Silver Alert" response plan is essential for preventing the growing incidence of tragedies when a vulnerable adult with disabilities goes missing. The state's ability to be ahead of the curve for this growing population is crucial.

Senate Bill 36 would call on the Department of Public Safety and the Department of Military and Veterans affairs to develop plans for creating and publicizing a missing vulnerable adult alert through media outlets and other public alert systems. By increasing public awareness of such missing persons, the "Silver Alert" program would substantially increase the chances of finding a vulnerable adult within the crucial 24-hour period from when he or she first goes missing.

Without presenting additional costs to the state, the "Silver Alert" would greatly assist our law enforcement agencies in the crucial task of protecting our growing population of vulnerable adults. As well as those vulnerable adults we are helping. I commend this effort to have Alaska join the thirty-eight states that have implemented plans to protect senior citizens and adults with disabilities.

I join a wide range of Alaskan citizens and organizations in support of this effort to make the safety of Alaska's senior citizens and disabled adults a priority.

Sincerely,

Shannon W. Clem
Operations Manager



AARP Alaska
3601 C Street
Suite 1420
Anchorage, AK 99503

T 1-866-227-7447
F 907-341-2270
www.aarp.org/ak

February 11, 2013

The Honorable Johnny Ellis
Alaska Capitol, Room 7
Juneau, AK 99801-1182

Re: SB 36 Missing Vulnerable Adult Response Plan - Support

Dear Senator Ellis,

On behalf of the 94,000 members of AARP Alaska, I am grateful for your sponsorship of this important legislation to create an emergency response plan to assist in locating a missing vulnerable adult. We offer our support for the passage of this bill.

Just reading through the bill stirs up many memories and emotions of what I often recall as the worst night of my life. As the director of an adult day center in Anchorage, I was responsible for the safety of one of our members who left the building unnoticed in mid-October not many years ago, and went missing. As a center that specialized in caring for persons with dementia, it was not unusual for our members to wander and occasionally try to leave the premises. We had what we believed were good procedures in place to ensure no one left the campus and if they did, how we would find them. It had always been sufficient before...until this particular incident.

When the member was noted missing, and an immediate search of the facility, campus, and neighborhood failed to locate him, we exceeded the limits of any prior planning and began to improvise our response. Throughout the evening we summoned more and more help, including family members, law enforcement, media, and every available staff and volunteer. At midnight the search was called off without success. The weather was chilly and damp. The only available night vision device (at the time) was out in the Mat-Su Valley and couldn't arrive before morning. After the longest night of my life, the next morning at first light the search resumed, and the member was finally found lying in the grass within less than a mile of the center. He was unharmed, though wet and very disoriented.

It is not just professional experience that convinces me of the need for a formulated plan of response. It also happened to my father in Colorado. He walked over a mile and a half away from his assisted living home along and across very busy thoroughfares, and ended up at a Subway Sandwich Shop with no idea where he lived or how he'd gotten there. That incident precipitated his placement into a locked "memory care" unit where he remained for the rest of his life.

The vulnerability of frail elders, especially when there is cognitive impairment, poses too great a risk to not have a plan. The experience of community, public safety and law enforcement, media, and military support all working together with defined and efficient roles when a child is missing, shows us the benefits of a coordinated response. Indeed, in states where "silver alert" procedures are in place, the successful safe return of vulnerable adults to their home has improved significantly.

With the projected demographic tidal wave of numbers of older people, and consequently those with significant physical or cognitive impairment, it is urgent that plans are in place to quickly act and prevent needless tragedy. "Vulnerable adult" has a legal definition, but it also represents a mother or father, a husband or a wife. No family member should have to endure any more time

of uncertainty and anxiety for a loved one's safe return than absolutely necessary. The development of a response plan as your bill suggests will make sure of that.

Thank you for your consideration and sponsorship of this important legislation. Should you have any questions regarding AARP Alaska's support for SB 36, please feel free to contact me.

Sincerely,



Ken Helander
Advocacy Director
907-762-3314

khelander@aarp.org

CC:

Senator Wielechowski
Senator Dyson
Senator French

AGENET

Alaska Geriatric Exchange Network

An Association of Advocates and Service Providers for Older Alaskans

February 15, 2013

Senator Johnny Ellis
Alaska State Capitol, Room 7
Juneau, AK 99801

Dear Senator Ellis,

Agenet is pleased to write a letter in support of Senate Bill 36, an act providing for the safety of missing vulnerable adults. Senate Bill 36 would call on the Department of Military and Veterans Affairs to coordinate with the Department of Public Safety to design and implement an "Amber Alert" type notification system to help locate missing senior citizens and adults with disabilities.

Wandering is one of the most significant personal safety risks faced by individuals with Alzheimer's disease. Nearly 60% of people with Alzheimer's disease wander at some point during the course of their disease. Approximately half of all wanderings result in personal injury if the person is not found within 24 hours (Alzheimer's Association 2011). For an older person, being outside unprotected during the wintertime even for a short time, wandering can have life and death consequences.

A *Silver Alert* system would make use of the public broadcasting system to send out an immediate bulletin when a vulnerable older person is missing. Through public awareness, the *Silver Alert* program would substantially increase the chances of finding a vulnerable adult within the crucial 24-hour period from when he or she first goes missing. Senate Bill 36 would not present additional costs to the state, yet it would save local public safety departments valuable resources with shorter, more successful missing person searches.

The majority of states have established Silver Alert-type systems. Considering Alaska has the fastest growing senior population in the country, I encourage the State of Alaska do to the same. Members of the Alaska Geriatric Exchange Network (Agenet) are experienced senior service providers from across Alaska and we commend you for sponsoring SB 36.

Sincerely,



Marianne Mills
President

Mailing Address: c/o President Marianne Mills, SESS, 419 Sixth Street, Juneau, Alaska 99801

The TRUST

The Alaska Mental Health Trust Authority

February 11, 2013

Senator Johnny Ellis
State Capitol
Room 7
Juneau, AK 99801-1182

Dear Senator Ellis.

The Alaska Mental Health Trust Authority, The Trust, is pleased to support Senate Bill 36 promoting senior safety through the implementation of an alert system or "Silver Alert" similar to the "Amber Alert" used in instances of missing children to alert communities and public safety members of a missing vulnerable adult.

The Trust has a statutory responsibility to serve as a catalyst for change and improvement in Alaska's continuum of care for our beneficiaries. Our beneficiaries include people, who as a result of their physical or cognitive conditions, exhibit one or more of the following mental disorders:

- Primary degenerative dementia of the Alzheimer type;
- Multi-infarct dementia;
- Senile dementia;
- Pre-senile dementia;
- Other severe and persistent mental disorders manifested by behaviors and symptoms similar to those manifested by persons with disorders listed in this subsection.

To accomplish this, The Trust promotes long-term system change to improve health safety and the welfare of our beneficiaries such as the notification system described in this legislation. Quick response to a lost or confused elder may mean the difference between life and death in our climate. Too many instances of our elders dying in the cold or wandering into unsafe scenarios have been documented and the time to promote additional senior safety through a responsive call system is now. We thank you for your sponsorship of this bill and we look forward to any assistance that The Trust may provide in this matter.

Sincerely,



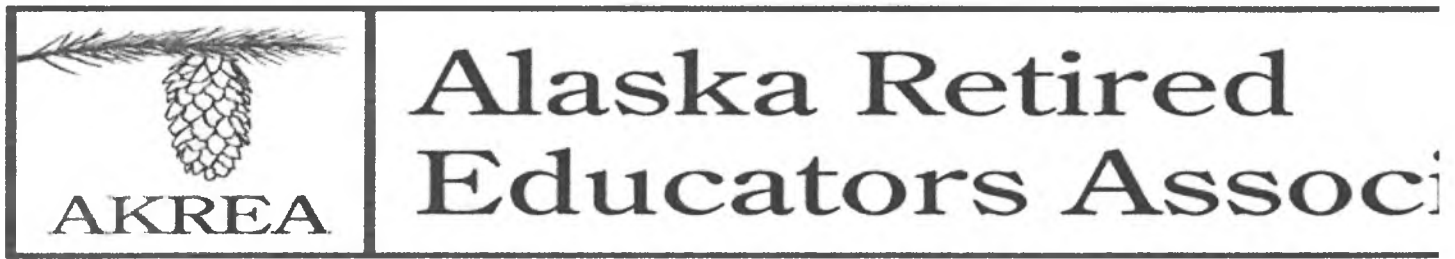
Jeff Jessee, CEO
Alaska Mental Health Trust

Ken Truitt

From: Sen. Fred Dyson
Sent: Wednesday, February 20, 2013 2:57 PM
To: Ken Truitt
Subject: FW: Letter of Support for Senate Bill 36 - the "Silver Alert" program

Fyi
g

From: Barbara & LeRoy Rich [<mailto:barbnroy@ecsalaska.com>]
Sent: Tuesday, February 19, 2013 7:28 AM
To: Sen. Fred Dyson; Sen. Cathy Giessel; Sen. John Coghill; Sen. Bert Stedman; Sen. Bill Wielechowski
Subject: Letter of Support for Senate Bill 36 - the "Silver Alert" program



February 19, 2013

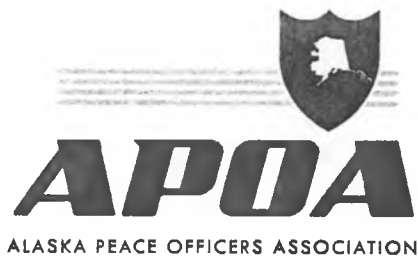
Dear Senate State Affairs Committee,

Thank you for considering the "Silver Alert" Bill. This bill is important to everyone. As we age memory becomes more difficult for most of us. If we have a lapse of memory and cannot find our way home, this bill would indeed be a help to those looking for us and maybe save our lives.

A few years ago a very fine lady (in Fairbanks) had difficulty finding her way and was not found in time. Her car was found and her body but too late. With "Silver Alert" possibly she would have been found. For your parents, even yourselves, please pass this bill.

Thank you,

Barbara Rich, President Alaska Retired Educators Association



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Wrangell

February 12, 2013

The Honorable Johnny Ellis
Alaska State Senate
State Capitol Rm 7
120 4th Street, Mail Stop: 3100
Juneau AK 99801-1182

Dear Senator Ellis:

On behalf of the Alaska Peace Officers Association (APOA), I would like to thank you for introducing Senate Bill 36, "An act relating to missing vulnerable adult prompt response and notification plans".

The APOA Board of Directors recently reviewed this proposed legislation and unanimously supports this bill in its current form. We applaud your effort to further cooperation between the Department of the Military and Veterans' Affairs and the Department of Public Safety through this legislation.

Please contact the APOA office in Anchorage at 277-0515, if there is anything our organization can do to assist in the passage of this bill.

Sincerely,

John Lucking, Jr.
State President

PO Box 240106
Anchorage AK 99524

† 907 277 0515
f 907 272 5355

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THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of
Health and Social Services

ALASKA COMMISSION ON AGING

P.O. Box 110693
Juneau, Alaska 99811-0693
Main: 907.465.3250
Fax: 907.465.1398

February 19, 2013

The Honorable Fred Dyson, Chair
Senate State Affairs Committee
Alaska Capitol, Room 121
Juneau, AK 99801-1182

Subject: Support for SB 36, Missing Vulnerable Adult Prompt Response & Notification Plan

Dear Senator Dyson and State Affairs Committee Members:

The Alaska Commission on Aging (ACoA) is pleased to offer our support for SB 36, a bill sponsored by Senator Ellis and co-sponsored by you along with Senators Wielechowski and French. This bill will establish a vulnerable adult prompt response and notification plan that will involve the cooperation of the Department of Public Safety with the Department of Military and Veterans' Affairs. Based on our understanding, the proposed vulnerable adult response program would be modeled after the successful *Amber Alert* used to find missing children and use media outlets and existing emergency notification infrastructure. Although this legislation addresses the problems of all vulnerable missing adults, the ACoA will focus on benefits we perceive for vulnerable older Alaskans from this legislation.

Wandering outside unattended and unprotected is a significant personal safety risk for persons with Alzheimer's disease. According to the Alzheimer's Association (2011), nearly 60% of people with Alzheimer's disease wander at some point during the course of their disease with approximately one-half of all wanderings resulting in personal injury if the person is not found within 24 hours. For older Alaskans wandering outside during the winter or in areas with moose or bear nearby, getting lost has life and death consequences.

As part of our efforts to learn more about the needs of people with Alzheimer's disease and related dementia (ARD) and their caregivers, ACoA conducted seven community forums statewide that were attended by 161 persons, many of whom are unpaid family caregivers. Improving public response services to reduce safety risks for persons with Alzheimer's disease who wander was identified as a high priority concern by the forums' participants.

The ACoA supports SB 36 that authorizes the Department of Military and Veterans' Affairs to work in cooperation with the Department of Public Safety and develop a missing vulnerable adult response plan that will improve the safety of vulnerable Alaskans, such as individuals with Alzheimer's disease and related dementia. We understand that this program will not present any significant cost to the state and addresses the need for a formal notification system to help locate missing vulnerable adults, such as older Alaskans with ARD, who often become disoriented due to their impaired condition and whose personal safety is at risk. The majority of states have established "silver alerts." An added benefit of this legislation is the creation of more awareness among law enforcement officials regarding the issues of older Alaskans.

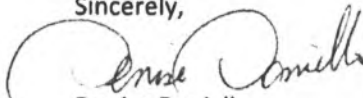
Please feel free to contact Denise Daniello, ACoA's executive director (465-4879 or denise.daniello@alaska.gov) should you require additional information about our position. Thank you for your support of SB 36 and for recognizing the critical need to improve public safety for persons with Alzheimer's disease and other vulnerable adults.

Sincerely,



Paula Pawlowski
Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello
ACoA Executive Director

Cc: Senator Cathy Giessel, Vice Chair
Senator John Coghill
Senator Bert Stedman
Senator Bill Wielechowski (Co-sponsor)
Senator Ellis, Sponsor



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Juneau, AK 99801

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Fax: 907.586.9018

www.ccsjunEAU.org

February 15, 2013

Senator Fred Dyson
Alaska State Capitol, Room 121
Juneau, AK 99801

Senator Dyson,

I write to you in support of Senate Bill 36, which would establish a response plan for missing vulnerable adults in Alaska. Passage of this legislation is a priority for our organization, as it would provide crucial security for adults with Alzheimer's disease and other disabilities.

In 2011, the Alaska Commission on Aging (ACoA) estimated 11 percent of Alaskans 65 years and older, and nearly half of Alaskans 85 years and older, suffer from Alzheimer's disease and related dementia. With ACoA projecting Alaska's population of seniors will continue to grow, a "Silver Alert" response plan is essential for preventing the growing incidence of tragedies when a vulnerable adult with disabilities goes missing.

Senate Bill 36 would call on the Department of Public Safety and the Department of Military and Veterans affairs to develop plans for creating and publicizing a missing vulnerable adult alert through media outlets and other public alert systems. By increasing public awareness of such missing persons, the "Silver Alert" program would substantially increase the chances of finding a vulnerable adult within the crucial 24-hour period from when he or she first goes missing.

Without presenting additional costs to the state, the "Silver Alert" would greatly assist our law enforcement agencies in the crucial task of protecting our growing population of vulnerable adults. I commend this effort to have Alaska join the thirty-eight states that have implemented plans to protect senior citizens and adults with disabilities.

I join a wide range of Alaskan citizens and organizations in support of this effort to make the safety of Alaska's senior citizens and disabled adults a priority.

Sincerely,

Jean Strafford
Executive Director



ALASKA STATE LEGISLATURE

While in Session
State Capitol
Juneau, AK 99801
(907) 465-3704
Fax: (907) 465-2529



While in Anchorage
716 W. 4th Ave
Anchorage, AK
(907) 269-0169
Fax: (907) 269-0172

SENATOR JOHNNY ELLIS
MINORITY LEADER

List of Invited Testimony for Senate Bill 36

Patrick Cunningham, UAA School of Social Work – phone

Dulce Nobre, Executive Director, Alzheimer's Resource Agency of Alaska - phone

Marie Darlin, Coordinator, AARP Capital City Task Force - committee

Denise Daniello, Executive Director, Alaska Commission on Aging - committee

Kim Champney, Alaska Association on Developmental Disabilities - phone

Michael Van Leet, Social Work Intern at Warrior Transition Unit, Soldier and Family Assistance, Fort Richardson - phone