

**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on HB2455**  
**RELATING TO DEMENTIA TRAINING.**

REP. JOY A. SAN BUENAVENTURA, CHAIR  
HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS  
Hearing Date: February 6, 2020                      Room Number: 329

1    **Fiscal Implications:** \$90,000 appropriation is recommended for 1.0 FTE and operational funds.

2    **Department Testimony:** The Department of Health (DOH) acknowledges the human and  
3    financial cost of Alzheimer’s Disease and Related Dementia (ADRD) which has been well  
4    established by the “Hawaii 2025: State Plan on Alzheimer Disease and Related Dementias”  
5    published in 2015 by the Executive Office on Aging. Clearly, a more coordinated and robust  
6    response is necessary to assure individuals with these conditions and their families can live well  
7    in their communities and be served by Hawaii’s institutions.

8    However, the benefits of Section 2 of HB2455 are highly unlikely to be realized because of the  
9    lack of an appropriation. The department has no programmatic and professional expertise in  
10    ADRD, and no general funds, special funds, or federal funds support routine or even intermittent  
11    operations. A less costly approach may to be require attestation by employers of first responders  
12    of ADRD training.

13    The department strongly recommends community training strategies such as the one proposed by  
14    HB2455 be vetted through the statewide planning process so that needs can be prioritized for  
15    Legislative support.

16    Thank you for the opportunity to testify.

17

**HB-2455**

Submitted on: 1/31/2020 6:56:22 PM

Testimony for HSH on 2/6/2020 8:35:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dylan P. Armstrong	Individual	Support	No

Comments:



1132 Bishop Street, #1920 | Honolulu, HI 96813  
1-866-295-7282 | Fax: 808-537-2288 | TTY: 1-877-434-7598  
aarp.org/hi | hiaarp@aarp.org | twitter: @AARPHawaii  
facebook.com/AARPHawaii

HOUSE OF REPRESENTATIVES  
Committee on Human Services and Homelessness  
Thursday, February 6, 2020  
8:35 a.m.  
Conference Room 329

To: Representative Joy San Buenaventura, Chair  
Re: H.B. 2455 Relating to Dementia Training

Dear Chair San Buenaventura, Vice-Chair Nakamura, and Members of the Committee,

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a membership organization of people age fifty and over, with nearly 145,000 members in Hawai'i. AARP advocates for issues that matter to Hawai'i families, including the high cost of long-term care; access to affordable, quality health care for all generations; and serving as a reliable information source on issues critical to people over the age of fifty.

HB2455 requires the Departments of Health (DOH) and Human Services (DHS) to develop and provide dementia training to the first responders, and investigators from DHS's adult protective services program.

AARP strongly supports H.B. 2455.

Dementia is one of the costliest chronic diseases in the nation. The total societal cost for dementia care was estimated at \$290 billion in 2018 and projected to increase to \$1.1 trillion by 2050. In 2019, there were 29,000 Hawaii residents 65 years and older, who were diagnosed with Alzheimer's and related dementia. The Alzheimer's Association projected that this figure would increase to 35,000 people by year 2025. These estimates do not reflect people who are undiagnosed, or those with early onset who are under age 65.

Most people prefer to receive care and services in their homes or the community, however many families are not equipped to meet the needs of individuals with dementia. The physical and emotional toll of caregiving is enormous, and places people with dementia at risk for abuse and neglect due to caregiving burnout and stress. This bill will help develop and train the first responders (e.g. firefighters, emergency medical technicians, and police officers) and DHS adult protective services investigators to recognize the key signs of Alzheimer's and related dementia, appropriately interact with persons living with dementia, and how to best intervene in situations where these individuals may be at risk of abuse and neglect.

Thank you for the opportunity to testify in support of H.B. 2455.





**Manoa Cottage**



**Manoa Cottage**  
*Kaimuki*

**Manoa Cottage**  
**2035 Kamehameha Avenue**  
**Honolulu, HI 96822**  
**phone (808) 943-8766**

**Manoa Cottage Kaimuki**  
**748 Olokele Avenue**  
**Honolulu, HI 96816**  
**phone (808) 426-7850**

**[www.manoacottage.com](http://www.manoacottage.com)**

February 4, 2020

Dear House Committee On Human Services & Homelessness:

I am writing in support of House Bill 2455. This bill creates state requirements for dementia training for first responders and investigators from DHS's adult protective services program.

Daily first responders assist citizens with Alzheimer's disease and other dementias. Often the individual is confused and may be wandering. A person with Alzheimer's disease may not remember his or her name or address and may become disoriented, even in familiar places. When individuals with dementia are lost, they may show signs of anxiety, fear, or hostility all of which can escalate to more aggressive behaviors. People with Alzheimer's may present as uncooperative, disruptive, and combative when they have difficulty communicating and understanding what is happening.

First responder education about Alzheimer's and other dementias and training in de-escalation tactics can often effectively address the situation and ensure the safety of individuals with dementia.

Providing training to first responders about Alzheimer's disease and other dementias will better equip personnel to provide care with sensitivity and compassion.

Thank you for this opportunity to testify in support of this bill.

Sincerely,

Calvin M. Hara  
Executive Director and Administrator

Dear Chair San Buenaventura and Committee members,

I am writing in support of House Bill 2455. This bill creates state requirements for dementia training for first responders and investigators from DHS's adult protective services program.

My mother has early-onset Alzheimer's and in the beginning, she used to wander a lot. Having first responders have the training to help her and recognize Alzheimer's disease and dementia is crucial to help them and address the situation effectively.

When you do meet someone with Alzheimer's disease, they can be aggressive, uncooperative, and even unable to answer so we need people with proper training to effectively handle the situation.

Similarly, when Adult Protective Services interacts with an individual with Alzheimer's disease it is important that they recognize if they may be victims of elder abuse. This can be difficult to recognize with training as the person with dementia may be unaware that they are victims and may not know how to—or be able to—report it.

Thank you for this opportunity to testify in support of this bill.

Regards,  
Amy Truong

Dear Chair San Buenaventura and Committee members,

I am writing in support of House Bill 2455. This bill creates state requirements for dementia training for first responders and investigators from DHS's adult protective services program.

First responders can oftentimes be the first to interact with someone with Alzheimer's disease is confused and wandering. At some time, an estimated six in ten people with dementia will wander. A person with Alzheimer's may not remember his or her name or address and may become disoriented, even in familiar places. When individuals with dementia are lost, they may show signs of anxiety, fear, or hostility all of which can escalate to more aggressive behaviors. People with Alzheimer's may present as uncooperative, disruptive, and combative when they have difficulty communicating and understanding what is happening. Education of the disease and training in de-escalation tactics can often effectively address the situation and ensure the safety of individuals with dementia.

As the disease progresses and individuals with dementia forget family members and societal norms, there may be cases of false reports and victimization, indecent exposure, and shoplifting. First responders may not know how to work with people in these situations—leading to more confusion. Similarly, when Adult Protective Services interacts with an individual with Alzheimer's disease it is important that they recognize if they may be victims of elder abuse. This can be difficult to recognize with training as the person with dementia may be unaware that they are victims and may not know how to—or be able to—report it.

Thank you for this opportunity to testify in support of this bill.

Regards,  
Carole Shijo

Dear Chair San Buenaventura and Committee members,

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Thank you for this opportunity to testify in support of this bill.

Regards,  
Emily Bustard

Dear Chair San Buenaventura and Committee members,

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Thank you for this opportunity to testify in support of this bill.

Regards,  
Francesca Koethe



Dear Chair San Buenaventura and Committee members,

I am writing in support of House Bill 2455. This bill creates state requirements for dementia training for first responders and investigators from DHS's Adult Protective Services program.

First responders are often the first to interact with someone with Alzheimer's disease who is confused and/or wandering. At any point in time, an estimated six in ten people with dementia will wander. A person with Alzheimer's may not remember his or her name or address and may become disoriented, even in familiar places. When individuals with dementia are lost, they may show signs of anxiety, fear, or hostility - all of which can escalate to more aggressive behaviors. People with Alzheimer's may present as uncooperative, disruptive, and combative when they have difficulty communicating and understanding what is happening. Credible, evidence-informed education about the disease and training in de-escalation tactics can often effectively address the situation and ensure the safety of individuals with dementia.

As the disease progresses and individuals with dementia forget family members and societal norms, there may be cases of false reports and victimization, indecent exposure, and shoplifting. First responders may not know how to work with people in these situations—leading to more confusion.

Mahalo for the opportunity to testify in support of this bill.

Regards,  
Ivy Castellanos

Dear Chair San Buenaventura and Committee members,

I am writing in support of House Bill 2455. This bill creates state requirements for dementia training for first responders and investigators from DHS's adult protective services program.

First responders can oftentimes be the first to interact with someone with Alzheimer's disease is confused and wandering. At some time, an estimated six in ten people with dementia will wander. A person with Alzheimer's may not remember his or her name or address and may become disoriented, even in familiar places. When individuals with dementia are lost, they may show signs of anxiety, fear, or hostility all of which can escalate to more aggressive behaviors. People with Alzheimer's may present as uncooperative, disruptive, and combative when they have difficulty communicating and understanding what is happening. Education of the disease and training in de-escalation tactics can often effectively address the situation and ensure the safety of individuals with dementia.

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Thank you for this opportunity to testify in support of this bill.

Regards,  
Katrina Sudweeks

Dear Chair San Buenaventura and Committee members,

I am writing in support of House Bill 2455. This bill creates state requirements for dementia training for first responders and investigators from DHS's adult protective services program.

First responders can oftentimes be the first to interact with someone with Alzheimer's disease is confused and wandering. At some time, an estimated six in ten people with dementia will wander. A person with Alzheimer's may not remember his or her name or address and may become disoriented, even in familiar places. When individuals with dementia are lost, they may show signs of anxiety, fear, or hostility all of which can escalate to more aggressive behaviors. People with Alzheimer's may present as uncooperative, disruptive, and combative when they have difficulty communicating and understanding what is happening. Education of the disease and training in de-escalation tactics can often effectively address the situation and ensure the safety of individuals with dementia.

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Thank you for this opportunity to testify in support of this bill.

Regards,  
Mary Gadam

Dear Chair San Buenaventura and Committee members,

I am writing in support of House Bill 2455. This bill creates state requirements for dementia training for first responders and investigators from DHS's adult protective services program.

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While my father lived with his caregiver wife, slipping deeper and deeper into dementia, he occasionally would wander his neighborhood, or worse, harass neighbors.

Similarly, when Adult Protective Services interacts with an individual with Alzheimer's disease it is important that they recognize if they may be victims of elder abuse. This can be difficult to recognize with training as the person with dementia may be unaware that they are victims and may not know how to—or be able to—report it.

Thank you for this opportunity to testify in support of this bill.

Regards,  
Nancy Rose

Dear Chair San Buenaventura and Committee members,

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Regards,  
Rebecca Halloran

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Regards,  
Taylor Hall

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Regards,  
Tonya Tullis

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Regards,  
Ashley Curry



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Regards,  
Carol Gonsales

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Regards,  
Javier Mendez

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Regards,  
Jeanne Hепен

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Regards,  
jin Plai

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Regards,  
Jomel Duldulao

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Regards,  
Mark Mizuno

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Regards,  
Poki'i Balaz

Dear Chair San Buenaventura and Committee members,

I am writing in support of House Bill 2455. This bill creates state requirements for dementia training for first responders and investigators from DHS's adult protective services program.

First responders can oftentimes be the first to interact with someone with Alzheimer's disease is confused and wandering. At some time, an estimated six in ten people with dementia will wander. A person with Alzheimer's may not remember his or her name or address and may become disoriented, even in familiar places. When individuals with dementia are lost, they may show signs of anxiety, fear, or hostility all of which can escalate to more aggressive behaviors. People with Alzheimer's may present as uncooperative, disruptive, and combative when they have difficulty communicating and understanding what is happening. Education of the disease and training in de-escalation tactics can often effectively address the situation and ensure the safety of individuals with dementia.

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Thank you for this opportunity to testify in support of this bill.

Regards,  
Thomas Baldwin



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WARREN WONG

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Regards,  
Anne Sadayasu

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Thank you for this opportunity to testify in support of this bill.

Regards,  
Caroline Haney

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Regards,  
Helen Tavares

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Thank you for this opportunity to testify in support of this bill.

Regards,  
JACQUELINE DE LUZ

Dear Chair San Buenaventura and Committee members,

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Because my wife has Alzheimer's, this bill will affect how first responders may have to treat her in an emergency.

Thank you for this opportunity to testify in support of this bill.

Regards,  
Lawrence Enomoto

Dear Chair San Buenaventura and Committee members,

I am writing in support of House Bill 2455. This bill creates state requirements for dementia training for first responders and investigators from DHS's adult protective services program.

If first responders do not understand how to interact with someone with Alzheimer's disease, the result can be disastrous. At some time, an estimated six in ten people with dementia will wander. It's something that terrifies us who are caregivers. A person with Alzheimer's may not remember his or her name and will probably be disoriented, even in familiar places. When people with dementia are lost, they may be anxious, scared and even violent or hostile. They may be uncooperative, disruptive, and combative because of the difficulty they have with communicating and understanding what is happening.

Education about dementia and training in de-escalation can often effectively ensure the safety of people with dementia.

As the disease progresses, people with dementia forget family members and society's norms. There can be cases of false reports, victimization, indecent exposure, and shoplifting.

First responders may not know how to work with people in these situations, which leads to to more confusion and potentially aggressive behavior.

Similarly, when Adult Protective Services interacts with an individual with Alzheimer's Disease, it is important that they recognize if they may be victims of elder abuse. This can be difficult to recognize without training as the person with dementia may be unaware that they are victims and may not know how to report it.

Thank you for this opportunity to testify in support of this bill.

Regards,  
LINDA NULAND-AMES



Dear Chair San Buenaventura and Committee members,

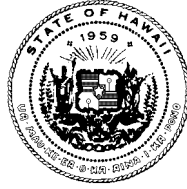
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Thank you for this opportunity to testify in support of this bill.

Regards,  
TERRI CUMMINGS



**LATE**

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

February 5, 2020

TO: The Honorable Representative Joy A. San Buenaventura, Chair  
House Committee on Human Services & Homelessness

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 2455 – RELATING TO DEMENTIA TRAINING**

Hearing: February 6, 2020, 8:35 a.m.  
Conference Room 329, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent of this bill, offers comments, and defers to the Department of Health.

**PURPOSE:** The purpose of this bill is to require the departments of health and human services to develop and provide dementia training to first responders and investigators from DHS's adult protective services program.

Staff of the DHS Adult Protective Services Branch regularly attend trainings on a variety of subject matters impacting vulnerable adults in the community. In 2019, the entire staff of the branch attended an Alzheimer's training conducted by Dr. Poki'i Balaz.

While DHS appreciates the Legislature's recognition of the needs of the aging community and the importance of training for first responders and Adult Protective Services workers, we do not believe it is necessary for DHS to duplicate available training content where community or other public agencies already have the requisite subject matter expertise and capacity to train. DHS staff from all divisions would certainly join any training developed and conducted by other government or private organizations. Any available resources should be directed to the agency or program that is currently providing this training.

Importantly, as to the resource needs of the DHS Adult Protective Service Branch, we ask the Legislature to support the department's budget request for a nurse for West Hawaii.

Thank you for the opportunity to testify on this bill.

# alzheimer's association®

## ALOHA CHAPTER

1130 N. Nimitz Highway Suite A-265, Honolulu, Hawaii 96817  
Phone: 808.591.2771 Fax: 808.591.9071 [www.alz.org/hawaii](http://www.alz.org/hawaii)

February 6th, 2020

Honorable Representative Joy A. San Buenaventura  
House Committee on Human Services & Homelessness  
Hawaii State Capitol, Conference Room 329, 8:35 AM  
415 South Beretania Street  
Honolulu, HI 96813

**LATE**

### **RE: HB2455 RELATING TO DEMENTIA TRAINING.**

Dear Chair San Buenaventura,

On behalf of the Alzheimer's Association, Aloha Chapter, I am writing to extend our **support** for House Bill 2455. This measure requires the Departments of Health and Human Services to develop and provide dementia training to first responders and investigators from DHS's adult Protective Services program.

Alzheimer's disease is a public health crisis all across the country, including in Hawaii. People who have the disease are impacted, along with their loved ones and the entire healthcare system. By 2025, the number of people living with Alzheimer's disease is expected to rise to 35,000. In the past, the Alzheimer's Association, Aloha Chapter has assisted with training on Alzheimer's disease and related dementias for first responders. We remain eager to assist wherever we can. Our position is that it is time for the state to take the step of mandating training requirements so that we can better protect our state's kupuna.

Adult Protective Services workers and first responders will often encounter individuals with dementia in a variety of settings. A person with dementia may not remember his or her name or address—and can become disoriented, even in familiar places. This is a frequent problem; six in 10 people with dementia will wander. When individuals with dementia are lost, they may show signs of anxiety, fear, or hostility—all of which can escalate to more aggressive behaviors. As the disease progresses and individuals with dementia forget family members and societal norms, there may be cases of false reports and victimization, indecent exposure, and shoplifting.

First responders may also interact with people with dementia while searching for a lost individual, stopping drivers who exhibit unsafe driving, rescuing people with dementia from abuse, and intervening in crisis or disaster situations. Individuals with Alzheimer's and other dementias can also be the victims of elder abuse but, they may be unaware they are victims and may not know how to—or be able to—report it. Complicating the situation, people with Alzheimer's may also present as uncooperative, disruptive, and combative when they have difficulty communicating and understanding what is happening. Dementia training for first responders and Adult Protective Services workers can help these professionals to effectively handle these situations and to ensure the safety of those with dementia.



## ALOHA CHAPTER

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Hawaii would not be alone in requiring this type of training. As of 2015, 10 states have taken the step of passing laws requiring dementia training for first responders/law enforcement personnel, and 6 states required training for APS workers.

I appreciate the opportunity to provide testimony in **support** of this legislation.

Ian Ross  
Public Policy and Advocacy Manager  
[iaross@alz.org](mailto:iaross@alz.org) | Phone: (808) 591-2771 x1333