

Substance Abuse
Prevention and Treatment:
Senior Forums

SUMMARY REPORT

May 2005

New York State Office of Alcoholism and Substance Abuse Services

The logo for the New York State Office of Alcoholism and Substance Abuse Services (OASAS). It consists of a solid black square with the letters "OASAS" in a white, serif, all-caps font centered at the bottom of the square.

OASAS

Prepared in collaboration with the
New York State Office for the Aging
and the
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

George E. Pataki,
Governor

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ACKNOWLEDGMENTS

This report provides an overview of the six Substance Abuse Prevention and Treatment Senior Forums that were facilitated in six communities across New York State by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and the New York State Office for the Aging (NYSOFA) in 2004. Technical assistance supporting these meetings was provided by the Center for Substance Abuse Treatment (CSAT).

At the outset of this report, OASAS and NYSOFA would like to thank colleagues and friends in these communities who provided venues and onsite logistical support that made each of the six local Forum meetings possible. Additionally, the warm welcome and presentations provided by each host were greatly appreciated and added to the success of the Forums.

Local Hosts Of the Substance Abuse Prevention and Treatment Senior Forums

- **Buffalo** October 26, 2004
Host: Every Person Influences Children (EPIC)
Contact: Keith Bakowski
Presenter: Vito Borrello

- **Rochester** October 27, 2004
Host: United Way of Greater Rochester
Contact: Alice Ennis
Presenter: Alice Ennis

- **Albany** November 9, 2004
Host: Conifer Park Alcohol and Substance Abuse Treatment Center
Contacts: Jeffrey Borenstein, M.D.; Guy Bennet; and Bridget DeCenzo
Presenter: Patrick Carise

- **Syracuse** November 10, 2004
Host: Crouse Hospital Chemical Dependency Services
Older Adult Recovery Service (O.A.R.S.)
Contact: Otto Feliu
Presenters: Otto Feliu and “Luigi” (a graduate of the Crouse O.A.R.S. program)

- **New York City** December 9, 2004
Host: Fordham University Graduate School of Social Services
Contacts: Patricia Brownell, Ph.D.; Rich Waite; and Elaine Congress, Ph.D.
Presenters: Patricia Brownell, Ph.D.; and Dean Peter B. Vaughan, Ph.D.

- **Stony Brook** December 10, 2004
Host: Long Island Geriatric Education Center at Stony Brook University
Health Sciences Center
Contacts: Catherine Jannace, Ph.D.; Beverly P. Horowitz, Ph.D.; Suzanne Fields, M.D.;
and Frances Brisbane, Ph.D.
Presenters: Peter Kuemmel, M.S., RPAC

NEW YORK STATE AGENCY ACKNOWLEDGMENTS

The following staff members from OASAS and NYSOFA worked with agency Executives as members of the Joint OASAS-NYSOFA Agency Team that designed and helped facilitate the Senior Forums. They also coordinated technical assistance with CSAT and worked with local hosts to ensure the success of the Senior Forum project.

OASAS

Robert Higgins
John Shipherd
Robert Killar
Millie Figueroa
Judy- Murphy-Jack
Lynda Valente
Tom Nightingale
Joy Davidoff
Debi McKay

NYSOFA

Marcus Harazin
Ruth Ann Standstedt
Greg Gardiner
Colwyn Allen
Andrea Hoffman
Peg Hopper
Suzanne Novak
Barbara Gaines

Pamela Morrone, MSW, NYSOFA/OASAS graduate intern from the School of Social Welfare at the University at Albany, Internships in Aging Project (IAP).

In addition, staff members and coordinators from OASAS and NYSOFA Regional Offices acted as the main liaisons to identify local stakeholders and Forum participants.

I. Introduction

A. Context: Background and Overview

1. The Issue: Chemical Dependency and Seniors

In 2002, the New York State Office of Alcoholism and Substance Abuse Services (OASAS) submitted an agency “White Paper” as part of Governor Pataki’s 2002 report “Project 2015: State Agencies Prepare for the Impact of an Aging New York.” As included in the “Project 2015” report, this OASAS “White Paper” noted that enhanced professional preparedness, adequate fiscal support and well-managed linkages between Federal, State and Local government agencies, private service providers, business organizations and other entities in communities across the State will be needed in order to address the need for chemical dependency services tailored to meet the needs of the rapidly growing numbers of older New Yorkers (NYSOFA 2002). The OASAS Project 2015 “White Paper” stressed the importance of its ongoing partnership with the New York State Office for the Aging (NYSOFA) to respond to the nature and scope of chemical dependency problems among the elderly.

In its “Treatment Improvement Protocol Number 26” (TIP 26: Substance Abuse Among Older Adults), the Federal Substance Abuse and Mental Health Administration (SAMHSA) refers to “alcohol and prescription drug misuse, which affects as many as 17 percent of older adults.” Applying this SAMHSA figure to the current population of about 3.2 million New Yorkers over the age of 60, it is estimated that as many as 540,000 older New Yorkers are currently experiencing some sort of problem because they are knowingly or unknowingly misusing alcohol and/or drugs. Demographic projections indicate that this number will grow to about 630,000 by 2015 (NYSOFA 2002). SAMHSA notes that until recently, this misuse among mature and aging adults “was not discussed in either the substance abuse or the gerontological literature” (CSAT 2000).

About two-thirds of seniors who do abuse alcohol began this abuse before the age of 40, and most often their “early onset” began when they were in their 20s or 30s. About one-third of seniors who suffer from such problems started to abuse alcohol after age 40. Such “late onset” abuse is often triggered by a variety of realities associated with aging, such as a change in the person’s physical tolerance, metabolic changes, increased use of prescription and over-the-counter medicines, economic changes, increased life stressors, and changes in social or behavioral factors (CSAT 2000; NYSOFA 2004).

Chemical dependency problems experienced by older adults are primarily related to alcohol misuse as well as the deleterious interactions between alcohol and prescription or over-the-counter medicines. Many older adults consider over-the-counter drugs to be harmless. Prescription drugs are marketed better than they are understood, explained or managed. Certain medications, such as benzodiazepines, opiate analgesics and antidepressants are prescribed more often to older adults than younger people, and these drugs are often misused or abused either intentionally or unintentionally (CSAT 2000). Seniors do seek out and use illegal “street drugs,”

perhaps as part of a long-existing addiction, or perhaps in search of relief from newly encountered stressors, such as pain, loneliness, bereavement, boredom or depression.

Some seniors might conclude that their long-existing and chronic chemical dependency is “beyond hope.” Others might not make the connection between their use of alcohol and drugs and a sudden change in their physical or mental health. As baby boomers become senior citizens who have been conditioned to think that they know how to handle alcohol and that prescription and over-the-counter drugs can solve almost any problem, the lack of proper, age-specific information regarding the dangers and deleterious effects alcohol and drugs present during a senior’s real-time stages of physical and mental development presents tremendous risks.

Family, friends, and medical professionals often miss the signs of alcohol and drug misuse and chemical dependency among seniors. They are sometimes reluctant to acknowledge the problem or lack the information, support, and skills to address it. They might believe that alcohol or drugs provide comfort to the individual. They might also be hesitant to acknowledge the problem because of the stigma surrounding an older person who is branded as an alcoholic or substance abuser. Or, they might fear the anticipated reaction from the senior to their suggestions or intervention.

Currently, only about 5 percent of all admissions to chemical dependency treatment programs in New York State are 55 years of age or older. However, it has been shown that when well-trained staff administered age-appropriate screening protocols as part of a hospital’s routine intake procedure, alcohol or drug problems were identified in more than 20 percent of the older persons screened. The majority of these problems had not been previously detected or diagnosed (Morley 2000).

Stereotypes, lack of information and insensitivity might lead family, friends, and providers to assume that seniors are “too old to change.” When combined with the demographic data related to the rapidly growing size of New York State’s senior population, these personal, societal realities and risks explain why the number of seniors with alcohol and drug problems is projected to rise dramatically.

However, evidence indicates that seniors demonstrate high resiliency, determination, adaptability, and skills, so that, when they are admitted to substance abuse treatment, the prognosis for older patients is often better than for their younger counterparts (Morley 2000).

2. The New York State Office of Alcoholism and Substance Abuse Services [OASAS]

OASAS plans, develops, and regulates New York’s statewide chemical dependency services system which includes prevention and treatment providers established in all local communities. The agency licenses, funds, and monitors about 1,300 local community-based programs that provide inpatient, outpatient, and residential treatment services. In addition, OASAS directly operates 13 Addiction Treatment Centers, which provide inpatient rehabilitation services to approximately 10,000 people a year. OASAS oversees comprehensive prevention and education services through a network of approximately 400 providers based in county agencies, schools,

and faith- and workplace-based organizations.

OASAS monitors chemical dependency prevention and treatment needs, public awareness and involvement through a variety of local community service providers and action groups. OASAS administers funding provided through the State's Federal block grant and pursues other government and private funding to respond to education, prevention, treatment, and other community-based needs. OASAS is the Single State Agency (SSA) responsible for coordinating prevention and treatment services with local, State, and Federal Government entities. Linkages to other systems—such as the criminal justice system, human services system, health and mental health care systems, and the senior services system—are vital to the development, delivery, and management of services in every community across the State to meet individual needs.

The information gathered at the senior Forums, as outlined in this report, will be analyzed and applied to the Strategic Action Plan OASAS is putting together to identify, adapt and support a framework and models for services in response to the growing needs of seniors. The Strategic Action Plan will define a process and goals aimed at increasing access to appropriate prevention and treatment services for seniors. This will involve collaboration with colleagues in a variety of professions and systems to enhance professional competencies. Such linkages will provide a system of accessible services for seniors and their families and caregivers that is designed to prevent the onset of chemical and non-chemical addiction and to support healthy lifestyles.

3. The New York State Office for the Aging [NYSOFA]

The New York State Office for the Aging (NYSOFA) is the designated State Agency on Aging under the Federal Older Americans Act of 1965 (as amended). In addition to planning and coordinating programs and services for the aging and serving as an advocate for older adults, it is empowered under a State Executive Order to review and comment on all State agencies' program, policy and legislative proposals that affect New Yorkers aged 60 and older.

NYSOFA administers programs that serve the aging. These programs are funded by the Federal, State and local governments. Most of these programs are operated by 59 local offices for the aging that serve all of the State's counties, New York City, the St. Regis Mohawk Indian Reservation and the Seneca Nation of Indians. Local offices for the aging provide services such as home-delivered and congregate meals; nutrition education and counseling; transportation; legal services; senior center services; recreation; family caregiver support program services; and non-medical community-based long-term care services. These services include: case management; adult day services; housekeeping; personal care; and emergency response. In addition, NYSOFA fosters and supports research and education about the elderly.

4. Partnership Between OASAS and NYSOFA

In 2000, NYSOFA and the State Society on Aging presented a series of issue papers in a report entitled "Project 2015: The Future of Aging in New York State" to highlight the policy and program implications of the aging baby-boom generation. Alcohol and substance use problems, as described in an issue paper submitted by OASAS for the NYSOFA report, were identified as one of the key emergent issues of concern (Morley, 2000).

In 2002, Governor George Pataki initiated Project 2015 at the State Executive level to have all State agencies develop plans to “prepare for the impact of an aging New York.” As noted earlier in this report, the OASAS agency Project 2015 white paper, included in the statewide report, highlighted the accomplishments and goals of its ongoing partnership with NYSOFA and also identified prevention and treatment of alcoholism and substance abuse as a major challenge. OASAS stressed that its ongoing partnership with NYSOFA to collaborate on this priority issue can be viewed as a model that merits application to other agencies in the New York State system.

The value of such partnership was demonstrated in 2002 when OASAS responded to an invitation from the SAMHSA Center for Substance Abuse Prevention (CSAP) and assembled a team to participate in the SAMHSA/CSAP national “Older Adults and Substance Abuse Prevention and Early Intervention Multi-State Workshop” in Clearwater, Florida. The New York Team consisted of delegates representing OASAS, NYSOFA, the New York State Office of Mental Health (OMH), and a physician with a specialty in addictions medicine from the Medical Society of the State of New York. This example of a multi-agency, multi-profession state partnership in collaboration with SAMHSA is seen as crucial to future success.

The ongoing OASAS/NYSOFA partnership led to NYSOFA’s enthusiastic agreement to co-host the series of six regional Senior Forums as proposed by OASAS that took place across New York State between October and December 2004.

This report presents the findings of these Forums, including recommendations developed with almost 300 participants from local communities across the State.

B. Federal Technical Assistance

The Purpose of the Technical Assistance

In July 2004, the New York State Office for Alcoholism and Substance Abuse Services (OASAS) requested and received technical assistance from the Center for Substance Abuse Treatment (CSAT) to help the State host six regional “Senior Forums” to define core components of senior care, identify existing community resources, and identify gaps in chemical dependency, aging and other health and human services across the State.

CSAT is one of three Centers of the Substance Abuse and Mental Health Services Administration (SAMHSA). The technical assistance (TA) was provided under the State Systems Technical Assistance Project (SSTAP). Johnson, Bassin & Shaw, Inc. (JBS), a health and housing consulting firm based in Silver Spring, Maryland was the SSTAP contractor. JBS contracted with Paul Purnell, Margaret Hanna, Jacqueline Butler, Dee S. Owens, Robert Rawlings, Karla M. Averill, Kathryn Shafer, and Janet Wood to deliver the TA. Mr. Purnell was the team leader, and he and Ms. Hanna worked with Emily Schifrin in drafting this report in cooperation with OASAS. [Consultant biographies are in appendix A.]

II. TECHNICAL ASSISTANCE SUMMARY: THE SENIOR FORUMS

In the fall of 2004, six 1-day senior Forums brought stakeholders together from local networks serving seniors in each of the following locations across New York State:

- Buffalo October 26 Every Person Influences Children (EPIC)
- Rochester October 27 United Way of Greater Rochester
- Albany November 9 Conifer Park Alcohol and Substance Abuse Treatment Center
- Syracuse November 10 Crouse Hospital Chemical Dependency Services
- New York City December 9 Fordham University Graduate School of Social Services
- Stony Brook December 10 Long Island Geriatric Education Center at Stony Brook University Health Sciences Center

In proposing and designing the six Forums, OASAS set out with a clear goal to:

- Engage local stakeholders across the State to identify core components of a community system of care to address the risks of and services needed by seniors related to chemical dependency disorders.
- Identify existing community resources that can be adapted and coordinated more efficiently to better identify the risks faced by seniors, and effectively connect with and deliver the services needed by them.
- Identify gaps and limitations in existing service systems.
- Encourage communication and collaboration among community-based programs.
- Apply the information gathered in the Forums to produce a report to be used in development of an OASAS Strategic Action Plan.

Forum participants included representatives from State and local agencies, community- and faith-based organizations, consumers, volunteers, and an array of professionals and caregivers serving seniors. [See appendix B for participant lists from the six Forums.]

Each Forum followed the same format: OASAS and NYSOFA staff members greeted participants; provided an overview of the Statewide Senior Forum project; reviewed their respective agency's services and goals; and offered an introduction to chemical dependency

among seniors. At each of the Forums, a keynote speaker gave a presentation entitled “Mental Health and Substance Abuse Issues With Older Adults: Building Partnerships That Work—A Home and Community Based Approach.” The keynote speaker presented descriptions of some coalitions and collaborative efforts that already have proven to be effective in other states that could serve as a basis for establishing networks to better reach and serve seniors in New York State.

At the Albany and New York City Forums, OASAS and NYSOFA Executive staff stressed the importance and timeliness of the work being done to provide access to and serve seniors. The agencies’ Executives highlighted Governor Pataki’s Project 2015 and the ongoing collaboration between OASAS and NYSOFA to coordinate chemical dependency services with aging, health, mental health, human service and other systems in response to the current and projected needs of older New Yorkers. Both OASAS and NYSOFA noted the need to create a strategic plan for adapting services to connect with and support the families, communities, professionals, and informal caregivers who provide and coordinate the actual hands-on support to seniors.

Participants were asked to consider the risks and manifestations of chemical and non-chemical dependencies as they discussed and recommended viable prevention and treatment services tied to the health of older New Yorkers.

At each of the Forums, participants were divided into three or four breakout groups and worked together twice during the full day’s agenda. Participants were asked to consider the presentation topics and provide feedback to the following questions posed by OASAS, NYSOFA, and the facilitators:

- What services does your organization currently provide or have access to that offer timely and appropriate education, prevention, intervention, treatment, and ongoing support services to seniors?
- What additional services do you think your community needs to put in place to complete a basic core network of chemical dependency services for seniors?
- What strengths and weaknesses exist currently in the local service network when it comes to providing services to seniors at risk for or suffering from chemical and non-chemical addictive disorders?
- What are the three priorities that you would like to see included in OASAS’s Strategic Action Plan for strengthening services for seniors in your community?

A consultant facilitated each breakout group. One participant in each breakout group volunteered to take notes and report back to the full group. Each breakout group was joined by either an OASAS or NYSOFA staff member who provided information as needed and took notes during the breakout sessions.

III. FINDINGS FROM THE FORUMS

A. Common Themes and Observations Across New York State

Participants at each Forum described demographics, resources, and the profile of local communities. Not only did it become clear that each of the six regions where the Forums were held across the State vary from one another, but also that there are tremendous differences between neighboring communities within each of the regional areas. Understandably, the participants' experiences and perspectives on the issue of services for seniors reflected unique municipal, county, and regional profiles. However, more commonalities than differences emerged across the six Forums. Themes and recommendations specific to each region are presented in Section B of this chapter. This section discusses common themes and recommendations that emerged across the State at all six Forums.

In general, participants agreed that existing chemical dependency and senior services are of high quality and noted the importance of enhancing cross-system management to increase admissions to and improve the outcome of specialized chemical dependency services for older New Yorkers. At least one participant noted that OASAS and NYSOFA tend to interact best in crisis situations when a complicated case requires coordination to ensure professional collaboration and case management. Participants at all of the Forums noted that there is a real lack of information or prevention or treatment services focused on the growing problem of non-chemical addiction, (i.e., compulsive gambling). Participants in each region reported that there is at least some interaction between local senior service and chemical dependency service networks, and agreed that much more managed coordination and collaboration are needed.

The need for more education targeting seniors; their families and informal caregivers; the professionals who serve them; and the communities in which they live was a strong and consistent theme at all of the Forums.

Participants agreed that funding to support the growth and quality of improved education, prevention and treatment services for seniors is needed and, ideally, would become more readily available. However, participants had realistic expectations that a start could be made to adapt and expand existing services to better meet the needs of seniors by working with existing fiscal resources. For example, dissemination of available research-based information, implementation of already proven tools, and better coordination of existing professional resources could make an immediate impact.

The specific programs mentioned by participants and included in this report are used as examples. They are not necessarily the only programs providing the types of services described; nor is it possible to provide an objective evaluation of potential program models in a report of this nature or length.

1. Existing Services

It was noted that current and projected demographic trends point to an increasing cultural

diversity within the older population and in rapidly “graying communities” across New York State. Consequently, OASAS prevention and treatment providers and the NYSOFA services network have begun to work together to adapt, enhance and coordinate services using an approach that recognizes the diversified individualized needs of the growing number of older New Yorkers. OASAS’s and NYSOFA’s immediate efforts need to stress dissemination of basic information about the makeup of the State’s emerging older community and the proven and effective design and delivery of prevention and treatment services within this rapidly growing community.

Participants noted that the path to developing appropriate services for seniors is not totally uncharted. At each of the Forums, participants identified—albeit anecdotally—some local programs that are providing specialized types and levels of care in response to the risks and consequences of senior substance abuse. These programs are proving to be valuable resources that seniors do turn to for services they need. Based on the success and popularity of these programs as described by participants, it was agreed that the lessons learned regarding the implementation of evidence- and research-based practices and innovations would have applications in developing other specialized programs across the State.

Both OASAS and NYSOFA made specific reference to the Expanded In-home Service for the Elderly Program (EISEP) which is overseen by NYSOFA. EISEP is a good example of an existing and proven program that represents an ideal opportunity to access seniors where they live. EISEP includes non-medical in-home services such as housekeeping, personal care, respite, case management, and related services (such as emergency response systems) as well as the supplemental informal care of seniors that is provided by families.

Some of the programs mentioned by participants included the following:

- a. Crouse Hospital Chemical Dependency Outpatient Clinic in Syracuse includes the Older Adults Recovery Service that serves patients from Onondaga County and across a larger regional catchment area.
- b. Odyssey House provides residential rehabilitation treatment in its nationally recognized modified therapeutic community and operates outpatient clinic services for adults 55–70 years old in New York City. The program reports that most of the seniors admitted for treatment successfully complete the 12- to 18-month residential program and realize good outcomes in recovery through well-managed discharge plans.
- c. The Senior Spice program, run by the Genesee/Orleans Council on Alcoholism and Substance Abuse is an addiction prevention program for seniors in the Western/Buffalo-Rochester area.
- d. The Visiting Nurse Association of Albany County (VNA) equips and assigns staff to provide seniors detailed information and education about the risks they face regarding alcohol and drug use; evaluate seniors’ home living environment onsite; conduct age-specific screening and assessment; make and track referrals to appropriate treatment; and manage ongoing support and care for recovering seniors during home visits.

- e. Senior Hope, a freestanding outpatient clinic in Albany is approved by OASAS to offer specialized age-specific service to and admit only seniors. The program employs specially trained staff, a modified approach to traditional outpatient services and collaborates with a variety of referral and support services for seniors in the State's Capital Region community.
- f. Conifer Park inpatient rehabilitation program in Glenville (Saratoga County) provides staff members training in geriatric issues to augment the care provided within its traditional rehabilitation model. The program's family support track emphasizes age-specific assessment; appropriate support for seniors, their families, and caregivers; and discharge planning that accounts for the needs of older patients. The program's staff includes a psychiatrist who specializes in geriatrics
- g. Lifespan of Greater Rochester is a senior services provider offering a range of social services for the elderly, including a geriatric addictions program that provides outreach, case finding, early intervention, and counseling. Lifespan also provides intensive case management that includes a research component.
- h. St. Peter's Hospital in Albany maintains a healthcare intervention service that screens all admissions for risky behaviors related to alcohol and/or drugs. The hospital follows positive screening with further assessment, intervention, and referrals as necessary. Given the large number of older individuals admitted to the hospital, a great deal of attention is paid to the unique risks and special needs of senior patients.
- i. A Single Point of Access/Accountability Committee coordinates assessment, treatment planning, case management, and housing services for seniors at high risk in Oneida County (Syracuse region).
- j. Participants noted that as growing numbers of methadone patients continue to age some will need to relocate to long-term care facilities (LTCF), such as nursing homes, in order to receive the care they need. Entering an LTCF affects patients' normal routines, which previously allowed them to obtain their methadone from the clinic. Protocols exist that assist these patients and clinics to make sure that the prescribed methadone continues to be accessible and received, even as relocation, diminished mobility, and transportation issues upset a patient's established and manageable routine.
- k. United Bronx Parents (New York City) has an outpatient substance abuse service that specializes in serving seniors and provides referrals to other health and human services.
- l. The Service Program for Older People, Inc. (SPOP), a New York City-based provider of multiple services for seniors in both senior centers and home resident settings focuses strongly on its clients' mental health concerns. SPOP provides adult day care, bereavement, continuing day treatment, peer advocacy and widowed persons programs. Services at SPOP include individual and group counseling, peer group support, medication management and service coordination. SPOP is experienced in managing

cases of dually-diagnosed patients needing concurrent chemical dependency and mental health services. The program delivers services in a variety of settings, including clients' homes.

- m. The New York City Department for the Aging (NYCDFTA) collaborated with OASAS's Coordinator of Senior Services to develop a chemical dependency module of its comprehensive Healthy Encounters training program. The NYCDFTA training curriculum is designed for delivery to and use by aging services administrators, case managers, counselors, and other professional and volunteer staff members.
- n. OASAS/OMH Dual-Recovery Coordinators (DRC's). Over the last several years, OASAS and OMH have contracted jointly with 12 separate counties across the State to hire professional staff members to coordinate local services for patients with co-occurring mental health and chemical dependency diagnoses. The DRC's advocate and coordinate services for many seniors suffering from alcohol and other drug problems and other co-occurring mental health problems, such as depression. At the Erie County Forum, one of the DRC's emphasized that the statewide DRC team provides assistance using specialized assessment, case management across various local systems, training, referral, and individualized intervention services in response to the specialized needs of programs serving seniors.

A reoccurring recommendation was that OASAS and NYSOFA collaborate on efforts to gather, disseminate, and evaluate information about these programs to identify viable best practices that can be standardized for application in other programs across the State. It was also recommended that a formal survey be designed to identify other programs in the State that are similarly involved in delivery of specialized prevention, treatment and healthy aging support services for seniors.

Existing programs for the general public that incorporate prevention, treatment, and recovery support services for compulsive gambling can be adapted to create a framework for additional senior-specific protocols. Jewish Family Services in the Buffalo region offers a compulsive gambling prevention and recovery program that includes peer counseling services for those in recovery. DePaul Addiction Services in Rochester operates treatment services for compulsive gamblers. In Westchester County, the Jewish Community Services program operates an outpatient compulsive gambling treatment program.

There are existing educational programs doing outreach (sometimes peer-led) to seniors in non-clinical settings that cover a variety of issues, including crucial education about medication management. The experience and design of these services can be applied to the development of additional educational outreach services that focus on the needs of seniors regarding chemical dependency and non-chemical addiction, including compulsive gambling. Kaleida Health (Buffalo region) provides professionally directed educational outreach at senior citizen housing complexes. In rural Saint Lawrence County (Syracuse region), educational prevention programs are held at senior housing sites three times a year.

Participants suggested that it is crucial to enhance staff competency through training directed at

screening and assessment skills, and referrals within local treatment service networks. Seniors who receive NYSOFA's community-based long-term care services, including home care, social adult daycare, and home-delivered meals are routinely assessed by staff members using the "Comprehensive Assessment for Aging Network Community-Based Long Term Care Services" tool, known as COMPASS. The COMPASS tool does include several very basic questions to determine, for example, if a senior drinks or experiences problems from alcohol, medications or other drugs. However, it was noted that most workers who administer the COMPASS tool would welcome information about how to conduct more specific screening, and provide follow-up on referrals linked to alcohol- and other drug-related problems. Identifying ways to expand the use of the COMPASS instrument, or developing a screening protocol for seniors that has a precise focus on chemical dependency, and implementing standardized methods to ensure consistent follow-up on screening, assessment, and referrals were identified as viable starting points from which assessment procedures could be made more informative and productive.

In an overview of substance abuse services in New York State, OASAS staff members provided Forum participants a brief explanation of the framework that has emerged for delivery of prevention services focused on youth and the general public. Development of a similar framework to address the needs of seniors and the realities of the aging process is now an OASAS priority. Such a framework would emphasize known risks and protective factors that impact the onset of alcohol and drug problems among maturing adults. Prevention services can be tailored for delivery to the general public, specialized audiences of professionals, and sectors of the community, as well as to selected individuals.

Specific mention was made SAMHSA's proven and successful "Prevention Pathways" self-training course that does focus on seniors and is available on the SAMHSA-CSAP Web site. NYSOFA also pointed to existing prevention models used to promote healthy lifestyles among seniors. Both agencies referred to a wide and varied selection of services, printed materials (e.g., pamphlets), media tools (e.g., videos and public service announcements), and prevention literature regarding seniors and alcohol and drugs that would benefit by cross-system's evaluation and coordination. Participants agreed that these materials, program models, evaluation studies and research need to be reviewed to develop an integrated framework and adaptable body of prevention resources for use with seniors, their families and caregivers, professionals in the aging services network, and communities at large.

Another idea mentioned at all the Forums was to look for opportunities to reach grandparents, who are more and more frequently serving as caregivers to grandchildren. Mentoring programs, such as Across Ages, provide substance abuse prevention to high-risk middle school youth and their families. Adults aged 55 and older who provide mentoring to these youth are required to both learn and teach techniques to reduce the risks and increase protections against substance abuse.

It was suggested that OASAS and NYSOFA could work together to implement the proven, but limited array of senior-specific prevention practices in order to develop an integrated, age-specific prevention framework around which program initiatives could be built. The Forum discussions regarding the importance of adapting proven prevention practices to better protect

seniors were in line with the discussions and proposals that emerged at the SAMHSA/CSAP “Older Adults and Substance Abuse Prevention and Early Intervention Multi-State Workshop,” a national project in which OASAS and NYSOFA participated as members of the multi-state team assembled by SAMHSA in Clearwater, Florida, in 2002.

2. Collaboration Among Agencies and Organizations

Area Agencies on the Aging (AAA) and other aging services that participated in the Forums pointed to opportunities that already exist in their service systems to identify and address chemical and non-chemical addiction issues. Chemical dependency service agencies were likewise able to point to examples where seniors do receive services and support through AAA’s and a specific group of existing programs in their statewide and local networks. Participants agreed that the fragmentation and lack of coordinated goals to support adaptation and enhancement of services could be offset by an organized and well-planned approach to collaboration covering prevention, treatment, and overall service management.

At each Forum, participants identified local agency collaborations, community coalitions and task forces that are currently working on various issues involving seniors and chemical dependency problems. Participants said that information and experience available from these collaborations should be evaluated and applied to development efforts to support the formation of new collaborative activities. For example, in the Western/Buffalo region of the State, Jewish Family Services provides compulsive gambling prevention and screening services onsite at the Niagara County Council on Addiction’s residential detox facility. In the Rochester region, Ontario County coordinates a coalition on senior issues through the county’s Office on the Aging. This 5-year-old coalition has successfully engaged the local court system, which refers people of all ages for chemical dependency treatment. Livingston County has formed a committee to determine what services are needed for seniors in this rural area. This committee includes representatives from public health agencies, mental health agencies, aging services, hospitals, the Council on Alcoholism and the drug court system. In Nassau County, all health and human services agencies are in the process of co-locating in the same building and will provide universal case management with the intent of creating a “no wrong door” approach to service administration and delivery that embraces multiple service systems.

Participants noted that a variety of agencies need to be included in any collaboration envisioned by planners and providers with a stake in chemical dependency and aging services. At the Syracuse Forum, participants pointed to a successful “Postman Program” in Onondaga County that trains postal delivery people to identify seniors with problems. Many participants suggested that faith-based organizations and the Veterans Administration are well positioned to be important collaborators because both are regularly engaged with and familiar with the needs of older individuals. Collaboration among care providers that have access to seniors in their homes (e.g., home healthcare and nutrition workers) would also be practical.

Older adults and seniors are regularly stopped, tested and receive citations for driving under the influence or while intoxicated and, therefore, law enforcement agencies could play an important role in a coalition. As pointed out at the Syracuse Forum, in rural Saint Lawrence County the law enforcement and criminal justice systems are the primary sources of referrals of seniors to

local chemical dependency services.

The topic of collaborating with Adult Protective Services (APS) agencies was mentioned by participants across the State. In response to crisis situations involving an individual senior's ability to maintain his or her own personal safety and well-being, APS agencies are often brought in early in the case. Since many of these crises involve incapacitation and danger due to a senior's personal alcohol or drug misuse—or neglect or threat of harm from another incapacitated person—it stands to reason that APS staff would benefit from training and collaboration with chemical dependency and aging professionals, and vice versa. Such training can help to build strong collaborations to guarantee the delivery of needed mental health and chemical dependency services for seniors-in-crisis. Such collaboration would build staff competency and contribute to better case management.

Participants agreed that local businesses and professionals serving seniors, such as pharmacists, housing management personnel, lawyers, eye care and orthopedic specialists, and fitness club workers could offer a great deal to any coalition.

In Erie County, mention was made of high school and college student volunteers who requested information regarding the signs of unchecked alcohol and drug use they witnessed among seniors they support with home visits. These students reported observing behaviors and living conditions that raised their suspicion about alcohol and drug problems among the seniors with whom they were working in residential settings. The volunteers have the trust of the seniors they visit and represent a gateway into a senior's day-to-day safety. These student volunteers and workers in other gateway settings benefit from information, guidance and knowledge that help them connect seniors to experienced professionals as provided by local coalitions.

Universities in every part of the State could serve as partners for training, research, and coalition building. Researchers at the Institute of Gerontology at SUNY Albany work with local providers to address real-world issues that seniors face. Participants at the Rochester Forum identified the Geriatric Education Center at the University of Rochester as a potential resource. The Geriatric Education Center at SUNY Stony Brook does research, education, and program evaluation and includes chemical dependency as a topic of instruction and training for medical staff in its curriculum on geriatrics. It shares the campus with the School of Social Welfare which has a program track which includes a strong focus on substance abuse among seniors. Its graduate program places student interns throughout Long Island and New York City.

There are a number of vital senior coalitions around the State that would be excellent partners in education, prevention, referral, and support. A recurring theme discussed at each of the Forums was the need to involve seniors themselves in coalitions. Seniors today are better educated, in better health, and working longer than ever before. Many are looking for ways to put their skills, maturity and experience to use in their communities. Participants repeatedly noted the importance of approaching chemical dependency by tapping into the strengths and experience seniors possess and can share themselves. The knowledge, wisdom and peer support that seniors can offer one another are valuable assets that can support and enrich vital senior coalitions. It was suggested that as baby-boomers grow older they be asked the question: "What would work for you?" The answers seniors offer to this question would help to guide the work of coalitions

and the design and operation of new initiatives targeting the very real risks and suffering that seniors face as a result of their exposure to and uninformed use of alcohol and other drugs.

3. Workforce and Training Issues

The passion, energy, and dedication of the workforce—including providers, NYSOFA and OASAS staff members, caregivers, families and volunteers—was mentioned by the participants at each Forum as a tremendous asset that already exists. Participants identified a number of opportunities to improve the workforce’s ability to provide high-quality services to seniors with chemical and non-chemical dependencies.

Training was identified as a critical need, specifically in the following areas:

- Training substance abuse professionals on geriatric issues, including the aging process, unique aspects and signs of substance abuse and addiction among seniors, senior-specific treatment protocols, identified best practices, barriers to service delivery, financial coverage, and sources of support for seniors in the community.
- Training professionals who specialize in the field of geriatrics; case managers in aging networks; other staff members, and volunteers on substance abuse issues, including recommended safe amounts and dosages of prescription medications; use of proven screening and assessment tools to identify patients with substance abuse problems; proven intervention techniques; the variety, function, and location of addiction professionals in the community; and methods of overcoming stigma and secrecy among patients.
- Training administrators on grant seeking and grant writing, program design to support senior patients and the staff managing their cases, and in-house adoption of senior-friendly protocols.
- Educating agencies and professionals about all services and programs already available in their communities that can be enlisted to enhance support for seniors.
- Training all providers and agencies’ staff in culturally competent care, including the perceptions that different religious, ethnic and national cultures have regarding aging, alcohol and drug use and mental health issues, as well as the more general topics of geriatric health, wellness, and healthcare.
- Training physicians on:
 - A holistic approach to treating the elderly
 - Geriatric issues, including pain management in the elderly, with a specific focus on the management of prescribed narcotic pain medications in consideration of age-specific dosage, contraindications and tolerance

- Drug-drug and drug-alcohol interactions
- Proven and practical ways to prevent, identify and address chemical and non-chemical addictions, including compulsive gambling, among older patients
- The many positive results of treating chemical dependency problems in seniors, including improvements in physical health and overall quality of life and development, reduction of stress on family members and caregivers, increased independence, and cost savings.

Participants noted that very few academic programs, including medical schools, offer a specialized focus on chemical dependency among the aging; and that few internships are available to provide practical experience in this area to employees. Participants, including specialists from the field of geriatric medicine, suggested that coursework on aging and chemical dependency should be available and required in medical schools, nursing schools and social work schools. It was proposed that states test for this knowledge on licensing exams. Participants also noted that there is a need for more doctors and nurses to specialize in the fields of geriatric addiction medicine and geriatric psychiatry.

Some participants reported that they had already completed the new, intensive, two-day OASAS train-the-trainer curriculum, “Working With Older Adults in Alcohol and Other Drugs Treatment,” which is designed for credentialed alcoholism and substance abuse counselors (CASAC’s) and prevention specialists. A version of this curriculum, adapted by OASAS and NYSOFA for workers who provide services to seniors is also available to interested audiences of professionals and volunteers. Cross-training represents an opportunity to increase awareness of and skills tied to the needs and resources within a given community and can provide practical methods to create vital links between service systems. OASAS also noted that a new training curriculum module for CASAC’s and prevention specialists covers the medical consequences of chemical dependency on seniors is now available in compact disc (CD) format as a part of the self-administered OASAS Addiction Medicine training series.

Participants suggested that professionals and programs across multiple fields of expertise would be greatly assisted if they were provided with a clear and precise understanding of the use and definitions of the terminology used in the chemical dependency field. This would help to clarify the appropriate use of and differences between terms such as “chemical dependency,” “substance abuse,” “alcohol and drug abuse/misuse/addiction,” etc. The understanding and correct use of the standardized terminology used in the chemical dependency and mental health fields would help to improve communications between professionals as they work to develop their proposals and ideas for new projects and professional collaboration. Simple initiatives to clarify consistent vocabulary and language would be helpful in overcoming barriers to consensus, referrals, case management and collaboration among providers.

4. Community and Family Education

Participants stressed the importance of providing community education on the nature, scope, and severity of substance abuse among seniors, and emphasized that this must be combined with a campaign to de-stigmatize substance use disorders. Public education will help family members

to identify chemical and non-chemical dependencies in seniors. Participants said that family members and caregivers must be encouraged to take an active role in the senior's treatment and be informed that there is hope since the odds are in favor of an addicted senior recovering his or her good health in recovery when provided with appropriate treatment and community support.

At the Syracuse Region Forum, the local host, Crouse Hospital Chemical Dependency Program, introduced "Luigi," a gentleman who reported that he had completed treatment for his alcoholism in the Older Adult Recovery Service (O.A.R.S.), a specialized outpatient track for seniors developed and provided at the Crouse program. Luigi spoke very eloquently to the participants about his treatment and experiences in recovery. He emphasized that as his alcoholism progressed, it was his wife who supported him and helped him find his way to O.A.R.S. He also highlighted his family's role in the ongoing process of understanding his disease and becoming and remaining sober. Luigi provided a clear picture of how difficult it was for him to feel comfortable with the idea of abstinence and to agree to admission for treatment. He said that he felt that the experience, enthusiasm and specialized age-focused approach offered by the skilled staff at Crouse, and the support he received from his wife and his peers in the O.A.R.S. program were the keys that opened the door to his recovery. He also said that the support O.A.R.S. provided by offering services to his wife was very important. Luigi noted that both he and his wife have found it very helpful, productive, and enjoyable to be involved in speaking to professionals, recovering individuals and others in the community about the O.A.R.S. program and their personal experience – as individuals and as a couple - in recovery. Luigi shared stories about how well other seniors have been able to relate to his story and make an informed decision to seek out assessment and, when needed, treatment at the Crouse O.A.R.S. program.

Participants noted that the media could be a valuable partner to reach seniors, their families and caregivers, and the communities where they live, through educational television and radio campaigns. Using popular personalities to deliver a clear, direct, non-threatening, and upbeat message, including information about available consumer and caregiver options as a part of outreach, could have a significant impact. At the New York City Forum, the clinical director of Odyssey House described how the local and national media have taken tremendous interest in that program's modified long-term residential and new outpatient services for seniors. Forum participants learned that after the broadcast of several reports on television featuring Odyssey's staff and patients talking first-hand about seniors-in-treatment, the program and the television stations alike received a huge number of inquiries from the public and professionals about Odyssey's very successful and multi-faceted services for seniors. Odyssey House also reported that the Web site it established covering the specifics of its senior programs is a very popular, accessible and user-friendly means to disseminate information about services for seniors.

5. Societal Issues and Perceptions

Participants discussed a number of social issues that often exacerbate the problems involved with a senior's chemical dependency and interfere with seniors' access to proper treatment.

Participants noted that existing treatment providers have learned that they can rely on referrals from schools, courts, protective services, public assistance and social services agencies, and

other organizations that understand the benefits of treatment as an alternative to other, less attractive consequences of addictive behaviors in younger individuals. Such organizations also have the ability to consider mandates to treatment made in consideration of risks to the community and sentencing in criminal cases. Providers are less likely to receive referrals of older individuals since many organizations and procedures do not take into account alternatives that are available to seniors when it comes to chemical dependency services; and seniors encounter fewer situations in which external mandates are placed upon them to require compliance with intervention or care. This has significant health implications for seniors and marketing implications for the treatment system.

The structure of the extended family has changed in the last several decades. With many more children moving away from their parents, there are fewer family caregivers available. It is not uncommon for family caregivers to find themselves in the “sandwich generation,” often trying to care for both their children and their parents at the same time. The changes in migratory trends and proximity to family members must be appreciated as risk and protective factors are evaluated and chemical dependency services are planned.

Chemical dependency among seniors is misunderstood and often “stigmatized,” which discourages seniors from seeking help, and those who love them from acknowledging their problem. Some people regard chemical dependency as a sin or a vice rather than a treatable disease. Family caregivers are often not even aware of or equipped to seek the professional help that is available and needed for a loved one or the professional support they need for themselves.

Society’s perception of aging very often focuses on negative images of aging, despite the fact that the average senior is not depressed, confused or frail. At the same time, many real problems facing seniors as aspects of normal and healthy aging are often misunderstood. Serious problems, such as chemical dependency, often remain unrecognized or tend to be diminished or minimized. Seniors are often not understood or valued when it comes to their aspirations, vibrancy and potential, which causes their treatable incapacitation to be ignored. Younger people often dismiss a senior’s problems as being hopeless. The stereotyping of seniors and misinterpretation of dangerous behavior that is brought on directly by alcohol and drugs may result in others excusing or underestimating such self-destructive behavior.

Participants at all Forums generally agreed that when chemical dependency prevention services are offered to and designed for seniors, they are effective and well-received. Various suggestions were offered to support the expansion of prevention services that are appropriate to the reality of seniors’ needs and the communities in which they live.

Participants noted that economic stress and restrictive healthcare and insurance policies can impact seniors by making it difficult for them to access appropriate care for any number of healthcare needs, including well-managed and coordinated chemical dependency services.

As mentioned above, a positive societal development is that, in general, seniors are living longer, healthier lives and have become more active as advocates. This means that older New Yorkers can be enlisted as healthy and informed consumers to advocate for improving and expanding behavioral health services for themselves and their peers.

6. Funding, Reimbursement, and Regulatory Issues

Participants spoke of a “chicken and egg” problem: New chemical dependency services for seniors are not likely to be developed until the need for such services is demonstrated; and that need is unlikely to be demonstrated until age-sensitive screening and assessment tools are in place to create a demand for services. Should the demand for services increase radically before adequate services are available, the myriad problems discussed in this report will be sure to increase the pressure and frustration felt in already overtaxed service systems.

Divergent funding streams often prevent collaboration and lead to duplication of services. An example of this was offered by a participant at the Stony Brook Forum who said that in his community there are three different buses used to transport people with disabilities: one bus transports only children; one transports only adults; and one is only for seniors. Each bus serves only a few people on any given run. Using one bus would be more efficient, but impossible since each bus is funded by a different source, and combining funding has not been possible.

Participants noted that Medicare’s existing reimbursement policies can impede collaboration and frustrate provision of appropriate services. For example, Medicare will not reimburse a chemical dependency treatment provider if services are provided off-site in a senior center or in a patient’s home. In some cases, reimbursement is approved for a category of treatment deemed appropriate when the care is offered in a particular setting (e.g., a far-away outpatient service in a hospital), while the same category of treatment will not be reimbursed if it is delivered in another setting (e.g., a nearby freestanding outpatient clinic). Participants noted that seniors and providers themselves would welcome information and training that would improve their existing understanding of the details of Medicare and other third-party coverage for seniors who seek chemical dependency services.

Noting that all chemical dependency services must be designed to meet the needs of the individual, Forum participants stressed the need to promote a thorough understanding and enhanced professional skills based on existing regulations and protocols. Opportunities for the delivery of coordinated services involving providers from multiple service systems must not be thwarted by a lack of awareness on the part of professionals. For example, participants noted that all providers must fully understand how to work in compliance with the Health Insurance Portability and Accountability Act (HIPAA) in order for agencies to share crucial information about a patient according to protocols. Agencies need to obtain all the necessary information in order to design a service plan respecting a patient’s privacy and confidentiality rights. This can present a tremendous challenge as various providers seek to share information in order to better design and manage care.

7. Recommendations for Improving Delivery of Substance Abuse Services

Participants generated many ideas for improving substance abuse service delivery to seniors. Many of the following idea also appeared in participants’ lists of top priorities for the future OASAS Strategic Action Plan, which is discussed in the following section of this report.

a. Use natural systems and settings

Chemical dependency services need to be located and made available in locations and settings that are easily accessible, including those where seniors normally congregate or receive other services, such as hospitals, senior centers, senior housing complexes, malls, and pharmacies. Reaching out to seniors in these settings would increase the opportunity to identify and screen, as well as deliver crucial education, consultation, intervention and support. Seniors are more likely to seek treatment that is delivered in easily accessible locations that are familiar, comfortable and welcoming.

b. Use holistic models

The best service delivery systems will take a holistic and comprehensive approach to the whole person, and not just his or her chemical dependency problem. Such systems will address the individual's physical, psychological, spiritual, economic and social needs. Forum participants suggested that chemical dependency treatment services need to be designed and promoted as an important component of an individualized "aging wellness package" in order to become less stigmatizing and more attractive to and effective for seniors. Such wellness packages would provide a continuum of services that includes prevention, screening, triage and intervention, outpatient and residential treatment, and recovery support services. "One-stop-shopping" centers that are equipped to deliver coordinated medical, chemical dependency, behavioral health and social services in one location would be an embodiment of the holistic model.

c. Create no wrong door systems

Service systems can ensure that no matter where a person enters the system, he or she will receive appropriate care. Participants noted that Nassau County's design to co-locate all of the county's human service agencies in one building will establish a "no wrong door" approach to service delivery and management.

d. Be creative with outreach

Participants suggested increasing opportunities for outreach to seniors at sponsored events such as brown bag lunch series, recreational events and health fairs. Seniors are attracted to these kinds of events, at which education and outreach can be delivered in popular and non-threatening settings. Cross-generational programs were mentioned as a means to reach out to seniors through chemical dependency prevention programs aimed at seniors as well as to family members involved in their daily activities.

One participant suggested using an "in-reach" worker to identify seniors at-risk of or suffering from substance use disorders. This worker would be someone who is regularly in a position to chat with a client in an informal way and therefore more likely to learn more about the person than a more formal treatment provider could. NYSOFA's network includes senior centers, congregate meals programs, resident advisor programs, and adult daycare programs, all of which provide ripe opportunities to develop this sort of

“naturally occurring” approach. OASAS noted that providing workers in senior services programs with the skills, information, and conditions to carry out such interaction—while ensuring that they are cognizant of issues like confidentiality—is a goal of the training its Coordinator of Senior Services co-developed and piloted with staff members from the New York City Department for the Aging’s (NYCDFTA) Healthy Encounters program, which targets case managers, administrators, program staff members, and volunteers.

More and more seniors and informal caregivers are becoming enthusiastic Internet users; thus, the Internet provides another way of reaching them. The Internet provides access to information regarding safe and unsafe alcohol and drug use, self-evaluation, and services availability. Additionally, it provides a means by which seniors can become better informed consumers and stay in touch with caregivers from the comfort of their own homes, and providers can monitor a patient’s status in real time.

Doing outreach is more difficult with isolated or homebound seniors. The Postman Program developed in the Syracuse area has proven very successful in training postal workers to better observe and interact with seniors in order to reach otherwise isolated individuals. Likewise, training home-delivered meals staff members, housekeeping services personnel, home healthcare workers, and others who have regular interaction with seniors in their homes has been shown to be a good approach to enhance outreach.

The Area Agencies on Aging (AAA) services network represents a prime access point to the NYSOFA system. AAA’s oversee a general intake process that could be tailored to identify substance abuse or at-risk behaviors. Currently, over 60,000 elders are assessed through this process for in-home services. This existing assessment process could be enhanced if it were augmented to include chemical dependency screening and referral protocols. OASAS has begun to explore such possibilities with NYSOFA and the State Association of Area Agencies on Aging (AAAA) and participates in the annual AAAA “Aging Concerns Unite Us” Conference.

e. Adapt services to seniors’ needs

Transportation to services is a crucial need, especially in rural areas. Services need to be places that are accessible to seniors (e.g., on the first floor in buildings that have no elevators). Services need to be available during the day rather than at night, as many seniors cannot or prefer not to travel at night. More in-home services are needed for homebound seniors. As more grandparents are caring for their grandchildren, there is a need for childcare at senior service centers. Integrated mental health, chemical dependency and behavioral health services are needed to treat elderly people with co-occurring disorders. One participant said that brief intervention models have been shown to work with seniors. “Screening, Brief Intervention, and Referral to Treatment” (SBIRT) was mentioned as a method that might be useful with this population, since it integrates questions about alcohol use within the context of regular health screening. The purpose of SBIRT is to identify risky behavior and provide a brief intervention designed to change risky behavior before a real problem develops. Others mentioned harm-reduction models that might be used to help seniors reduce their use of substances.

Participants noted that age-appropriate Alcohol Anonymous (AA) meetings—“Gray AA’s”—are easily enough organized. Seniors report that they welcome having the option of choosing and feel more comfortable at AA meetings surrounded by their age peers rather than with younger people. Easy access to and the location of such meetings are crucial considerations, as participants noted that even as otherwise healthy aging progresses, many seniors do experience some loss of night-time vision and other physical conditions that limit their ability to attend meetings after dark or in places with stairs and other physical barriers.

f. Develop a well-integrated case management system

At all of the Forums, participants said that well-integrated, intensive case management systems are essential to the successful treatment of chemical and nonchemical dependencies in seniors. Overburdened case managers will not be effective. Additional training should be provided to case managers in aging networks.

B. Forum-Specific Findings

At the conclusion of the six regional Forums, it was apparent that participants from across the State share many of the same concerns. The recommendations and observations offered by participants, as listed below, also show that there are definite variations in priority issues that reflect the realities of each unique region. The following lists make it clear that participants have concerns tied to their local community’s respective demographics, geography, resources and unique needs. The following lists of strengths and challenges, as offered by participants, reflect certain commonalities that emerged as main statewide themes, as well as concerns related to very specific, localized observations.

1. Buffalo

Participants described the region’s strengths as follows:

- There are good resources, including senior volunteers; loyal and passionate staff members; universities for research, training, and coalition building; faith-based organizations; aging network case management services; some transportation services for seniors; high-quality programs for seniors and substance users; and some outcomes-based models.
- The region has a history of successful collaborations and coalitions.
- The region has a positive history of working well with State legislators.
- Some screening for alcohol use is offered through senior nutrition programs.
- Public housing administrators and resident advisors monitor residents and could be trained to do substance abuse screenings of elderly residents.

- The Buffalo area can build on a well-established continuum of service, and service providers are aware of resources and familiar with their colleagues in various service systems.
- The smaller counties in the region have been very resourceful and have had a great deal of success in their efforts to serve senior citizens.

In terms of challenges, participants said that the severe winters are physically and emotionally draining for all residents, particularly the elderly, and that the lack of public transportation often prevents seniors from accessing needed services.

2. Rochester

Participants described the region's strengths as follows:

- The Rochester region already has several established and successful senior-specific programs that can serve as models for addressing chemical and non-chemical addiction, including:
 - Outpatient addiction treatment groups
 - Medical and mental health partnerships with services delivered seamlessly within the medical setting
 - A hospital-based initiative for seniors that addresses mental health and chemical dependency
 - The Geriatric Addictions Program (G.A.P.) provided by a local senior services program that offers an addiction screening, intervention and intensive case management program for seniors
 - In-home mental health and aging partnerships that are willing to expand to include addiction treatment
 - Medication management programs with peer involvement
- Several communities have had or now have coalitions addressing issues specific to seniors. There is also a history of successful community coalition building that related to services that could be applied to seniors in the region. In general, the Rochester area demonstrated a familiarity with and confidence in the community's ability and willingness to employ coalition models to enhance and adapt services.

In terms of challenges, participants reported that they were eager to explore possibilities for adapting existing chemical dependency providers to determine the best approach to developing specialized services and tracks that will address detoxification, residential and other treatment services exclusively for seniors. Rochester participants also suggested that establishing better

links to faith-based organizations is one way to access more seniors in existing and popular settings.

3. Albany

Participants described the region's strengths as follows:

- Participants were able to identify existing providers who offer senior-specific services, including: outpatient clinic services; specialized hospital admission protocols; nursing and home care services; and at least two rehabilitation programs that equip staff members with specialized clinical training in geriatric and family care.
- In addition to these examples of programs with existing senior specialization, there are many existing partnerships between addiction services programs and senior services programs.
- Participants felt that these existing partnerships could be strengthened to create stronger coalitions and/or new senior-specific programs.
- There are mental health outreach and a Visiting Nurses homecare service for seniors, and hospital-based mental health geriatric services that could be engaged in the development of a collaborated network to target the local senior population with coordinated care.
- The Institute of Gerontology at the University at Albany conducts research on practice and is a great potential partner for local efforts. Other potential partners include faith-based services and health departments.
- Local counties have had success in establishing coalitions.
- Prevention services are strong in the Warren-Washington Counties network, where a campaign was conducted to make area physicians aware of older adult chemical dependency issues. There are also other older adult educational efforts being conducted.

In terms of challenges, participants noted that although there is a well-defined network of caring professionals, better communication among the network's members regarding holistic care and case management could be improved. Some counties do not have enough beds for seniors requiring inpatient treatment.

4. Syracuse

Participants described the region's strengths as follows:

- There is a mental health single-point-of-entry initiative that could serve as a starting point for a substance abuse treatment initiative.

- There are services that already address issues of addiction in seniors, including:
 - A home-based model for screening, brief intervention, and treatment for seniors with addiction issues
 - A well-established, specialized hospital-based outpatient service track for seniors
 - Hospital intervention services in some hospitals
 - Educational programming on addictions for seniors
- Onondaga County participants reported a long history of providing geriatric services for addictions and mental health problems that could provide important support for the formalization of a replicable model.
- One county has trained postal delivery people to identify seniors with problems.

In terms of challenges, participants noted that case management was limited to people with co-occurring mental illness and chemical addictions. Some senior organizations use COMPASS as an assessment tool, but they are ill-equipped to make necessary referrals. Participants requested supplemental screening tools and referral protocols.

5. New York City

The New York City region has a wide variety of resources in place to address substance abuse among seniors. Participants described the region's strengths as follows:

- There are existing treatment and senior programs that address this issue and could be replicated, including:
 - A long-term modified therapeutic community
 - A program that screens for substance abuse among seniors and provides treatment in senior centers and in seniors' homes
 - Long- and short-term outpatient clinics that also do education and outreach in the community
 - Veterans Administration programs
- There are foundations and other funding sources willing to support services.
- New York is home to several prestigious universities and medical colleges that do offer specialized geriatric research and education to academics and professionals in various fields. This work offers opportunities for the engagement and enhancement of operational service programs.

- Participants raised important points regarding the needs of older methadone patients, including those who find themselves moving into nursing homes or other long-term care facilities to meet their emerging needs. It was noted that protocols do exist that make it possible for methadone clinics to continue to dispense methadone to their enrolled patients when it becomes necessary for a patient need to move into a long-term care facility.
- There are community senior service centers that provide mental health, support services, and socialization/recreational programming for seniors with a variety of problems, including addiction.
- There are some coalitions, task forces, and collaborations addressing senior issues.
- Extensive mental health programming exists and could be expanded to include addiction.
- There are nine Naturally Occurring Retirement Communities (NORCs) in New York City. NORCs are congregate housing where many longtime residents have “aged in place” are now 60 years of age or older. The NYSOFA NORC program supports these seniors so that they can remain in the community. Services include case management and mental health services, but do not currently focus on chemical dependency. NYSOFA and staff and residents in the NORCs have all expressed an interest in working to enrich and adapt the existing program to better address risks and protective factors, identify opportunities to better disseminate information and create strong links to the chemical dependency service providers and respective NORC sites.

In terms of challenges, New York City participants noted that, as reported in other regions, it is almost impossible to find placement for seniors with co-occurring mental health and chemical addictions.

6. Stony Brook

Participants described the region’s strengths as follows:

- There are high-quality addiction programs serving diverse populations, although they currently are not geared to seniors.
- There are high-quality aging services throughout the area.
- There are universities providing geriatric-specific services, research, education, and training. For example, the Long Island Geriatric Center at the University at Stony Brook is a major regional resource that has been well received by geriatric and aging network professionals.
- There are educational efforts aimed at seniors regarding medications and addictions.
- Some collaborations and coalitions exist.

- There are faith-based initiatives addressing addictions or seniors' issues; for example, the various well-managed services provided by Catholic Charities across Long Island.

Nassau County has a no wrong door system of service. This system could be monitored and evaluated for application in other communities. Such a system would have practical application to concerns expressed by participants at all of the Forums regarding cross-system case management, needed changes to overcome barriers between service providers and networks and support for better professional collaboration.

C. Summary: Priorities for OASAS's Strategic Action Plan

The priorities that participants identified for inclusion in OASAS's "Strategic Action Plan for the Future of Senior Services" fell into the three categories described below.

1. Continue to support statewide and local collaborations and coalition building
 - Build on the proven success of the ongoing, joint OASAS / NYSOFA Senior Initiative and identify and enlist other government and private stakeholders in achieving its goals
 - Provide the leadership that can successfully identify and engage all necessary key players in collaborations and coalition building.
 - Involve the mental health and other systems, including senior organizations, the medical community, and faith-based agencies.
 - Provide information on proven models for collaborations and coalitions, and toolkits that will guide the implementation of best practices and the successful establishment of coalitions.
 - Provide incentives and support for communities to initiate coalitions to address chemical dependency problems among older adults.
2. Provide education, training, and resources
 - Participants stressed the need to develop statewide public awareness and educational campaigns to address issues relating to seniors, including the aging process; chemical and nonchemical dependencies; the stigma associated with both aging and addictions; and the possibilities that prevention, early intervention, treatment, and supported recovery can offer to seniors. These campaigns would both educate and motivate communities.
 - Participants suggested that a strategy be developed to provide training to professionals in the aging, addiction, medical, and other allied fields on issues relating to seniors and alcohol and drug use.
 - Participants suggested that work be done to develop and provide the following:

- Age-sensitive screening and assessment tools
 - Guidelines, protocols, and toolkits for establishing evidence-based and culturally competent education, prevention, outreach, intervention, treatment, integrated case management and community support models—for professionals, entire programs or tracks within programs—that can be developed across a local continuum of professions including the fields of chemical dependency services, medicine, mental health, aging services, etc.
 - Guidelines for nontraditional programs, such as those based in natural settings where seniors are already located, and mobile programs that can conveniently bring a service to a senior
 - A Web site especially devoted to this issue that would allow seniors to obtain information, interact electronically to obtain support, identify risks, and track progress
 - Prevention and education materials for seniors and informal caregivers
3. Facilitate systems change
- Provide sufficient funding for comprehensive, holistic, and evidence-based programming.
 - Fund pilot projects, the replication of proven and promising models, and workforce development that are based on best and innovative practices, including case management that engages all necessary systems.
 - Identify and share information on private and public funding sources to support State, local, and regional activities.
 - Provide financial incentives for programs that develop senior-specific initiatives.
 - Work to effect changes in regulations and reimbursement policies that create barriers to serving this population, including Medicare policies, managed care policies, and licensing regulations.
 - Work with other human services agencies, including those that provide housing, transportation, and food distribution to seniors.
 - Work with State licensing boards to make it possible to determine a provider’s knowledge of substance abuse in seniors as part of the licensing process for healthcare providers.
 - Engage other State agencies to collaboratively redraw a portrait of seniors from a strength-based perspective.
 - Help to support consumer awareness and advocacy for this issue.

Participants asked that as OASAS develops its Strategic Action Plan special attention be paid to balancing formal needs assessment with the real need of a community attempting to respond to the actual demand for services to local seniors. Participants said they would welcome it if OASAS could support and collaborate with local entities in their attempts to initiate and test new and promising programs based on proven model adaptation and emerging local innovations. Such collaboration would compliment and strengthen other initiatives by these same local entities to work with partners in their respective communities. Partnership members can strengthen initiatives designed to analyze, implement and adapt well-researched and financially viable models, best practices and protocols. Collaborations built by local partners have the potential to enhance existing State and local systems to support a coordinated framework for the delivery of well-managed chemical dependency and geriatric services across New York State.

IV. REFERENCES

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CONSULTANT BIOGRAPHIES

Karla M. Averill

Karla M. Averill, M.A., L.P.C., is the project director for BenefitsCheckUp Arizona, a program that is being implemented through the Office of the Governor. BenefitsCheckUp was designed by the National Council on the Aging and implemented in Arizona in May 2004 to help persons 55 years of age and older determine whether they are eligible for an array of public and private benefits. Ms. Averill has been a presenter at conferences and an educator for several years, both statewide and nationally. Her area of knowledge and expertise is behavioral health and program development, with a particular focus on older adult behavioral health and prevention services. Ms. Averill earned her bachelors degree in social work from Northern Michigan University and her master's degree in clinical and humanistic psychology from the Center for Humanistic Studies in Detroit, Michigan. She is a limited licensed psychologist in the State of Michigan and a licensed professional counselor in the State of Arizona. She is also active in many statewide professional organizations.

Jacqueline P. Butler

Throughout her career, Jacqueline P. Butler has balanced clinical social work, teaching, consulting, and professional research and publication activities. She has served as chief executive officer of a comprehensive behavioral health center (providing prevention and treatment services in mental health, substance abuse, and child and family welfare). As a professor at the University of Cincinnati's Department of Psychiatry, Ms. Butler teaches and provides training in substance abuse prevention and treatment, mental illness, treatment of co-occurring disorders (substance abuse and mental illness), and family and children services; she also provides training in cultural competence and violence prevention and reduction. In addition, Ms. Butler teaches and provides training in community development theory and practice, small-group processes and outreach, and recruitment and retention of high-risk populations. She has served as principal investigator or project director for many grants and contracts from numerous private and public funding agencies and foundations. Ms. Butler is a licensed independent social worker as well as a licensed chemical dependency counselor and a certified criminal justice specialist.

Margaret Hanna

Margaret Hanna has more than 32 years experience in behavioral health management in the public and private sector. In Pennsylvania, she serves as executive director of the Bucks County Drug & Alcohol Commission, Inc., the Single County Authority for alcohol, tobacco, and other drug prevention and treatment services. She is also a deputy project director for the Bucks County Behavioral Health System, the lead entity for the Medicaid-managed care program working with Magellan and an extensive provider network to deliver services to Medicaid beneficiaries within the county. Ms. Hanna is a consultant and trainer at the national, State, and local levels under the name of Hanna Enterprises. She is a noted leader in the addictions field in

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Dee S. Owens

Dee S. Owens is director of the Alcohol-Drug Information Center at Indiana University. She previously served as the deputy commissioner for Substance Abuse Services in Oklahoma and on the board of the National Association of State Alcohol and Drug Abuse Directors. Ms. Owens was executive director of the Indiana Counselors Association on Alcohol and Drug Abuse; regional director of the Governor's Commission for a Drug Free Indiana; and drug education coordinator for the West Central Indiana Educational Service Center. She holds a master of public affairs degree in policy analysis. Ms. Owens serves on the board of the Alcohol & Drug Problems Association of North America and served on the National Advisory Council of SAMHSA where, for 2 years, she was co-leader with the Administrator.

Paul C. Purnell

Paul C. Purnell has been a project manager, facilitator, consultant, trainer, and focus group moderator since 1973. He is currently president of Social Solutions, L.L.C., a management consulting company that he established in 2001. Mr. Purnell designs and delivers training, technical assistance, organizational development, and research programs for public and private sector agencies and nonprofit organizations. These programs address strategic planning, team building, communication, diversity, cultural competency, leadership, change management, grant writing, training of trainers, emotional intelligence, customer service, social marketing, program sustainability, substance abuse prevention and treatment, and HIV/AIDS prevention and treatment. He has managed exemplary national training and technical assistance programs in substance abuse prevention and treatment, HIV/AIDS prevention, workforce development, and criminal justice.

Robert D. Rawlings

Robert D. "Bob" Rawlings has had a long career in mental health services, substance abuse services, and long-term care. He was with the Oklahoma Department of Mental Health and Substance Abuse Services from 1985 until he retired in 2002. While with the department, he worked on statewide programs for older adults and issues around co-occurring disorders, rural mental health services, and Native American behavioral health services. He also directed the state OBRA PASRR/MI program and worked on an Oklahoma committee to develop long-term care and support services for people with HIV, their families, and their significant others. He was appointed by various governors, legislators, and his agency to serve on numerous task forces and boards. Mr. Rawlings was one of the four authors of "Community Integration for Older Adults with Mental Illness: Overcoming Barriers and Finding Opportunities," an Olmstead-initiated paper funded by a grant from the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. He now consults and provides technical assistance to various organizations.

Emily Schifrin

Emily Schifrin has 16 years of experience in health and technical writing and editing, health care policy, and project management. She is currently a writer and editor at JBS. Prior to joining JBS, Ms. Schifrin focused on women's health, managed care, and environmental health risk analysis. At the National Committee for Quality Assurance, she played a key role in planning, writing, and producing the Health Plan Employer Data and Information Set (HEDIS[®]), the most widely used set of health plan performance measures. Ms. Schifrin holds a Master of Science degree in health policy and management from the Harvard School of Public Health.

Kathryn Shafer

Kathryn Shafer completed her doctorate in conducting international research in the former Soviet Union. For over 20 years, she has worked as a clinician, professor, administrator, trainer, and consultant for nonprofit and for-profit mental health and substance abuse treatment organizations. She has presented at over 42 conferences internationally and maintains a private practice in West Palm Beach, Florida called Limitless Potentials, Inc. She has numerous publications, including a book she co-authored titled "Asthma Free in 21 Days: The Breakthrough Mindbody Healing Program." She is review board member of the Journal of Social Work Practice in the Addictions.

Janet Wood

Janet Wood is the Single State Agency Director for the State of Colorado in the Alcohol and Drug Abuse Division, Colorado Department of Human Services. Ms. Wood has a master's degree in business administration from the University of Colorado in Boulder, a master's degree in education from Lewis and Clark College in Portland, Oregon, and a Bachelor of Science degree from the University of Pittsburgh, Pennsylvania. She has 26 years of experience in human services management, 14 of those years in State government.