DATE: Oct. 29, 2004

TO: Area Agency on Aging Directors

SUBJECT: NYSOFA/OASAS Partnership Addressing Addictions among Seniors

PURPOSE: To alert Area Agencies on Aging (AAAs) to the partnership between the New York State Office for the Aging (NYSOFA) and the State Office of Alcoholism and Substance Abuse Services (OASAS), and to update AAAs on training and resources available to assist them at the local level to better serve older people with alcohol and/or substance abuse problems or those at risk of developing such problems.

BACKGROUND: Alcoholism and substance abuse problems of the elderly were identified in Project 2015 as an emergent issue that requires state and local level planning. (See Attachment 1, “BRIEF – Alcohol And Other Drug Problems” from Project 2015: The Future of Aging in New York State, Articles and Briefs for Discussion.) The US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) estimates the prevalence of alcohol and drug “problems” among seniors at 17 percent. For about two-thirds of them, the problem is a chronic substance abuse pattern. The remaining third had no problem until their later years, when their tolerance for alcohol changed as they aged, and/or they turned to alcohol in reaction to stressors in later years.

However, along with the grim statistics, the 2015 Brief concludes:

A very positive note in relation to older adult substance abusers is that there is evidence of a better prognosis for successful outcomes with them than younger persons when provided with appropriate treatment. What is needed is improved identification of older adults’ alcohol and other drug abuse by health care providers and others who interact with them regularly. This can lead to increased use of treatment programs, and as an end result, an improved quality of life for older adults and their families, as well as a reduction in overall health care costs. Efforts are underway nationally to involve the aging network in a campaign to assist the elderly...
and their families with education, prevention and treatment services. At the state level, the partnership between NYSOFA and OASAS has begun.

NYSOFA Acting Director Neal Lane and OASAS Commissioner William A. Gorman, Ph.D., are inviting each AAA director to join other key policy makers, stakeholders and community-based service organizations in one of six Regional Forums that will be conducted across the State this fall to develop a statewide strategy to implement an action plan to bring well-managed services to seniors who are at-risk and to those who require immediate care. The forums, co-sponsored by NYSOFA and OASAS, are made possible through support from SAMHSA. Forums have been held in Buffalo (October 26) and Rochester (October 27). Additional forums will be held:

November 9 – Albany Area: Conifer Park  
November 10 – Syracuse: Crouse Hospital  
December 9  – New York City: Fordham University  
December 10 – Long Island: Long Island Geriatric Education Center, SUNY Stony Brook

Other activities underway include:

0 OASAS has developed a five-hour training session specifically for aging network staff to assist them in identifying substance abuse problems among their clients and in referring the identified clients to appropriate local treatment services. This training was piloted this past summer in sessions for AAA staff and staff of other agencies serving older people, hosted by the Erie County Department of Senior Services and the Onondaga County Department of Aging and Youth. OASAS will provide this training on a case by case basis to other AAAs who request it for their staff, aging network staff and staff in neighboring counties. To discuss hosting one of these sessions in your county, contact RuthAnn.Sandstedt@ofa.state.ny.us or at (518) 474-1357.

0 In addition, Commissioner Gorman has established a Senior Issues Task Force of key OASAS staff to help OASAS further develop its Project 2015 plan to assist an aging population. (See Attachment 2, the White Paper.)

0 OASAS presented several workshops for case management staff who attended the New York State Training Institute on Adult Abuse this month.

0 OASAS has developed a curriculum for training staff in the OASAS network to design treatment to meet the needs and lifestyles of older adults. AAA staff have been invited to join the OASAS staff in these sessions.

0 To support this initiative, a Master of Social Work (MSW) intern from the University at Albany has been placed at OASAS. Among her projects is the review of available tools and identification of viable instruments for screening and assessment of aging network clients for alcohol and drug problems.
OTHER RESOURCES

The following is a list of resources that are available to expand the knowledge and skills of AAA staff and others in the aging network:

**Getting Connected! Linking Older Adults with Medication, Alcohol and Mental Health Resources.** A “toolkit” developed by the U.S. Department of Health and Human Services (Administration on Aging and SAMHSA) and the National Council on the Aging.

The Toolkit includes:

- **Substance Abuse Among Older Adults: A Guide for Social Service Providers**
- **Promoting Older Adults Health: Aging Network Partnerships to Address Medication, Alcohol, and Mental Health Problems**
- **Program Coordinator’s Guide,** and
- **“It Can Happen to Anyone – Problem with Alcohol and Medication Among Older Adults,”** AARP and Hazelden, a video.

The toolkit is free. It may be ordered by calling National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

**At Any Age, It Does Matter: Substance Abuse and Older Adults.** An online course in nine modules for professionals working with older adults. From Center for Substance Abuse Prevention. [http://pathwayscourses.samhsa.gov/aaap/aaap_intro.htm](http://pathwayscourses.samhsa.gov/aaap/aaap_intro.htm)


[www.samhsa.gov](http://www.samhsa.gov) This is the web site for the federal Substance Abuse and Mental Health Services Administration. Click on “Older Adults” for a full listing of related documents that are available either by downloading or ordering on-line or by telephone.

[www.oasas.state.ny.us](http://www.oasas.state.ny.us) This is the web site for the NYS Office of Alcoholism and Substance Abuse.

Attachments
PROGRAMS AFFECTED: Title III-B  Title III-C-1  Title III-C-2

Title III-D  Title III-E  Title III-F  CSE  SNAP

Energy  EISEP  Cash-in-Lieu  Title V  HIICAP

LTCOP  Other:

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The Future of Aging in New York State

Introduction Summaries of Articles

BRIEF
Alcohol And Other Drug Problems

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Alcohol and other drug abuse among the older population are not new phenomena but tend to be undetected, misdiagnosed, ignored or untreated. Existing diagnostic criteria and models of education, prevention and treatment services do not adequately address a senior's developmental, medical and lifestyle needs. The fastest growing cohort is older adults, and it is imperative to address the needs of this population regarding alcohol and other drug use/abuse. If our policies and services are not improved and expanded to reflect older adults' needs, the financial and human costs will continue to mount. We hope to provide a brief background of the problem and offer some solutions to this issue.

Alcohol and other drug problems among older adults may be separated into three main categories: Alcohol and other drug misuse, abuse, and dependence (addiction). Approximately one-third of older adults are late onset substance abusers, which is often precipitated by life changes such as retirement, loss of a spouse or poor health. Two-thirds of older adults are early onset substance abusers with long-standing substance abuse resulting in severe medical, social and other life disruptions.

ALCOHOL: Estimates of alcohol problems among older persons vary widely, but it is generally accepted that anywhere from 10-15% of persons over 60 years of age can be defined as alcohol dependent. With 3.1 million New Yorkers age 60 or older, this translates into more than 300,000 persons. These numbers may be seriously underestimated due to the relative isolation of many older persons (living alone, retired) and the under-diagnosis and misdiagnosis by inadequately trained health and social service professionals. Family
and friends are often reluctant to label their loved ones alcoholic, hesitating to interfere with drinking patterns that appear to comfort the older person. Studies show that just 3.8% of the admissions to New York's alcohol and substance abuse treatment programs were 55 and older. This is in marked contrast to available data regarding seniors in health care settings. In hospital settings where appropriate screenings are carried out, more than one-fifth of the older patient population were diagnosed as alcohol abusers. Nearly half the residents in nursing homes have been found to have medical problems related to recent or previous alcohol abuse and dependence.

An older person may have had a lifetime of drinking without serious problems, but as he/she ages, his/her metabolism also changes, resulting in an altered tolerance for alcohol. For an older person, even one or two drinks may have far more dangerous effects than the same amount of alcohol had when they were younger. Any alcohol use, combined with prescription or over-the-counter (OTC) medication in older adults can significantly impact their health and quality of life.

PRESCRIPTION AND OVER-THE-COUNTER (OTC) MEDICATION: Older persons consume over one-third of all prescription drugs in this country plus large amounts of OTC medication (including supplements). This fact places older persons in serious jeopardy as they are more likely than younger persons to be taking several medications, thereby increasing the risk of an adverse drug reaction. Until recently, few drug trials were undertaken with persons over the age of sixty so that the impact on the older body was often unknown. With the increase in life span and rapid introduction of new pharmaceutical products, the risk of prescription and other medication problems for the Baby Boomers will offer a significant challenge to the health care system.

ILLICIT DRUGS: Problems with illicit substances (including the inappropriate use of controlled substances) may be long-standing or develop in later years. There have been very few studies on the use of illicit drugs in older adults, however, treatment agencies serving older adults have noted an increase in marijuana, cocaine and heroin use in the young-old. This problem will only intensify as the Baby Boomers age. They are the first generation of Americans to reach adulthood during an era relatively widespread with the use of mood-altering psychotropic drugs, e.g., barbiturates, sedatives, benzodiazepenes, and stimulants. Since this generation experienced the more relaxed "drug
culture", which emerged in the 1960's, their perceptions and patterns of drug use are far different than previous generations of older adults.

COSTS: A national study on women over the age of 60 indicates that, in an acute care hospital setting, only 2% ($205 million) was spent to treat substance abuse. The remaining 98% ($10 billion) was spent to treat the illnesses and injuries that are a result of the substance abuse. Costs in hospital, nursing home, physician visits and home health care related to substance abuse will soar in the next 20 years (from $30 billion to $100 billion for women alone). Many insurance providers do not adequately cover the costs of alcohol and substance abuse treatment. Physicians report that 20% of the substance abuse treatment referrals they make for older persons are denied by managed care organizations or insurance companies. This is so despite the fact that research has shown that even brief interventions made by primary care physicians can reduce alcohol problems in seniors.

SUMMARY: A very positive note in relation to older adult substance abusers is that there is evidence of a better prognosis for successful outcomes with them than younger persons when provided with appropriate treatment. What is needed is improved identification of older adult's alcohol and other drug abuse by health care providers and others who interact with them regularly. This can lead to increased use of treatment programs and, as an end result an improved quality of life for older adults and their families, as well as a reduction in overall health care costs. Substance abuse problems are unlikely to diminish among the Baby Boomer generation without a concerted effort by health care systems, the community and the government.

The following crucial initiatives are recommended:

1. Education: Education on substance abuse and older adults needs to be offered to the public, health and geriatric care professionals and older persons themselves. A collaborative effort by the aging network, health care and chemical dependency professionals can be instituted within the existing systems.

2. Prevention: Assist the current generation of Baby Boomers to prepare for retirement and other life transitions and inform them about the phenomenon of late onset substance abuse. Develop more senior specific written material, videos and other
tools to facilitate this process.

3. Treatment: Improved training of health care, chemical dependency and other professionals is needed to ensure adequate and effective treatment specifically developed for older adults.
State Agencies Prepare for the Impact of An Aging New York - White Paper for Discussion

Office of Alcoholism and Substance Abuse Services

- I. Introduction: Internal Scan
- II. Priority Issue Areas
- III. Actions and Results

I. INTRODUCTION: INTERNAL SCAN

Agency Overview: The Office of Alcoholism and Substance Abuse Services (OASAS) plans, develops and regulates the state’s system of alcoholism and substance abuse treatment agencies. This includes the direct operation of 13 Addiction Treatment Centers (ATCs), which provide inpatient rehabilitation services to 10,000 persons a year. OASAS licenses, funds and supervises some 1,300 local, community-based programs serving about 123,000 persons on any given day in inpatient, outpatient and residential programs. OASAS provides a comprehensive education and prevention program through 400 agencies located in schools and communities; promotes public awareness and involvement through community action groups; and fosters Employee Assistance Programs (EAPs). The agency monitors alcohol and substance use and abuse trends, and pursues state, federal and private sources to respond to the related education, prevention, treatment and other community-based needs. OASAS is the single state agency responsible for the coordination of state-federal relations in the area of addiction services. OASAS establishes linkages of services for clients in other human service agencies and the criminal justice system; provides education and training for staff persons who deliver alcohol and other drug services; and administers the credentialing of alcoholism and substance abuse counselors. All of these functions are part of the current agency mission and will be considered in relation to Project 2015.
Demographic trends applicable to OASAS: OASAS estimates that approximately 17% of New York’s seniors are at risk of, or already suffer from alcohol and substance abuse problems. Projected demographics point to a greater demand on OASAS resources as the state’s senior population grows. New York State census data indicates that currently 3.2 million New Yorkers are over the age of 60, with perhaps as many as 540,000 of them experiencing alcohol and substance abuse problems. Demographic projections indicate that the number of seniors-in-need will grow to approximately 630,000 by the year 2015. OASAS’ policy and programmatic approach emphasizes the need for comprehensive education, prevention and treatment efforts including cultural (language and ethnic), gender, age, lifestyle and other relevant considerations to accommodate the needs of the 3.7 million New Yorkers over the age of 60 (19.4% of the total population) in 2015.

OASAS consumer constituency: In addition to the growing numbers of seniors OASAS is gearing up to serve, the agency considers the needs of the seniors’ family members who are effected by – or effect – the degree to which a senior can maintain a healthy, independent lifestyle free of alcohol and drug-related problems. OASAS considers as vital its linkages with service providers in the community and other government and private agencies who can be engaged in a comprehensive approach to education, prevention and treatment targeting seniors. OASAS notes the projected growth in the numbers of elderly women, ethnicities (e.g., Hispanic, African American, Native American) and other special need groups (dually-diagnosed, isolated, abused, neglected, etc.) among the senior population.

Overarching policies: Chapter 59 of the (New York State) Laws of 1999 requires OASAS to identify the special needs of the “elderly” and respond with policies and services appropriate to this population. A comprehensive “Internal Scan” conducted by the OASAS Executive Staff points to an existing agency policy and planning approach that is focused on and experienced in meeting rapidly changing trends and needs among specific populations at local and statewide levels. Therefore, OASAS anticipates it will be able to adapt to respond to projected demographic changes and the size and nature of seniors’ needs regarding service utilization; unmet need; barriers and resources.
related to identification and effective servicing of seniors in appropriate settings; standards and regulations; professional and program competencies and preparedness; and innovative intra- and inter-agency initiatives to better reach and serve seniors. OASAS has established an agency “Coordinator of Senior Services” position to support a policy focused on formative and practical collaborations with other state agencies to initiate system adaptation.

Program Considerations: The major overarching priority areas OASAS will seek to collaborate on with other Project 2015 members include: review of current Medicare authorization criteria as they impact the availability and delivery of needed services to seniors; identification of “best practices” and related training and cross-training opportunities; implementation of a “program adaptation approach” to create appropriate and well-linked senior-specific services in communities across the State; review of all state, federal and private funding opportunities that can better support the development of and delivery of alcoholism and substance abuse services to seniors; the empowerment of communities and other systems to support the elderly and better promote early access to needed care; and the creation of public information and education to enable all New Yorkers to better recognize and respond to alcohol and drug problems among seniors.

The OASAS “Internal Scan” also pointed to the following special considerations that will impact its contribution to Project 2015: growing risk for and diagnosis of HIV/AIDS and other sexually-transmitted disease among seniors; increase in the number of single and isolated seniors who are not easily identified in the community as being in need of alcoholism and substance abuse services; changes in traditional structure and dynamics of family and intergenerational interactions; special needs of older women and ethnic groups; funding sources to augment limited State funding resources; “case management” as a component of senior care across multiple systems to assure identification, assessment, referral and treatment planning relating to alcohol, prescription and non-prescription drugs; further research related to the nature and scope of and appropriate response to alcohol and substance abuse problems among seniors.
Management issues: The “Internal Scan” pointed to the importance of OASAS’ ability to continue to support and develop well-trained, experienced staff capable of adapting existing resources to meet projected demands of seniors. Also identified were the need to develop appropriate services within the resources available and to assist localities in meeting the needs of seniors.

Ongoing Efforts: In 2001, OASAS launched an agency “Senior Initiative” to address the impact seniors have – and will have – on current and future agency operations. This multifaceted initiative will be coordinated with Project 2015 activities to enhance OASAS’ response to projected demographic changes.

II. PRIORITY ISSUE AREAS

Based on its analysis of projected age-specific demographic trends, OASAS applied an agency consensus process to identify the following three “overarching issues” facing the agency:

1. Linkages: The OASAS-managed alcohol and other drug service system includes coordination with Federal, State and Local governments and private entities. This coordination includes the planning for, development and monitoring of and fiscal support for a system of prevention, intervention and treatment services. The consequences of addiction – and the needs of addicted persons - overlap with health and human service systems, e.g., health, mental health, social services, criminal justice, labor, housing, etc. OASAS has determined that existing and new linkages must be evaluated and adapted to guarantee the delivery of appropriate services to an aging population.

2. Fiscal: The State’s growing senior population, the communities in which they live and the professionals providing addiction services are supported through a combination of private and government funding. OASAS will focus on a review and adaptation of reimbursement mechanisms tied to multiple funding sources -- especially Medicare -- to guarantee the availability and delivery of needed services to seniors.
3. **Professional preparedness:** OASAS emphasizes the need for training of professionals involved in the direct delivery of alcohol and drug services to seniors. Efforts must support cross-training to professionals in other fields and the availability of agency staff capable of evaluating, maintaining and enhancing services in relation to the impact changing demographics will have on agency operations.

III. ACTIONS AND RESULTS

**Priority Issue #1: Identification, Development and Support of Linkages**

**Actions:**

1. OASAS will add “aging” and “seniors” as specific priorities in its planning agenda to support local providers and county government entities in agency efforts to define the current and projected service needs, system modifications, and policy considerations related to changing senior demographics at the statewide and local level. This effort will focus on building a framework that will identify multi-level linkages that will support hearings, strategies and policy adaptation reflecting a comprehensive approach to the needs of seniors as part of an augmented state agency planning protocol.

2. OASAS will sponsor a “Senior Forum” in the fall of 2002 to engage agency staff, other state agencies, providers and experts in the field of geriatric addictions to begin a process of sharing information and building cooperative agreements between the chemical dependency field and entities entrusted with serving seniors in the community. The Forum will focus on information-sharing to identify opportunities to develop written collaborative agreements (e.g., Memoranda of Agreement) with other State agencies to foster outreach to and collaboration with senior service networks to enhance accessibility of services to seniors. The “OASAS Senior Forum” will build on existing collaborative efforts with the State Office for the Aging (NYSOFA), Office of Mental Health (OMH) and Department of Health (DOH). Additionally, the agency will work to identify additional agencies (e.g., state offices tied to criminal justice, children and family, labor, and housing services) to initiate successful collaboration and enhancement of OASAS engagement with seniors.
3. OASAS will continue to promote and develop strategies linked to Federal policies on chemical dependency services for seniors. These efforts will focus on improving access to Federal funding, including grants to support research and program development. OASAS will use its position as a recently appointed state member of the six-state Federal Substance Abuse and Mental Health Services Administration (SAMHSA) “State Prevention Advancement and Support Project,” (SPAS) to lead New York State agencies (OASAS, OMH) to work with the Federal Center for Substance Abuse Prevention (CSAP) to identify epidemiological profiles of, risk and protective frameworks for, and policy and strategy options to impact older adults at risk for problems with prescription drugs, alcohol, tobacco and over-the-counter drugs. In addition, OASAS will continue to work with SAMHSA to advocate for Federal funding and policy development tied to ongoing collaboration with the Center for Substance Abuse Treatment (CSAT).

Results:

OASAS will enhance its agency planning process to guarantee the inclusion of seniors in the agency’s long and short-term plan. This process will include a goal guaranteeing a comprehensive continuum of accessible chemical dependency services for seniors, supported by an increased number and variety of linkages with other State agencies, Federal and local government agencies and provider networks, and professional organizations.

Priority Issue #2: Review of Current Fiscal Realities Tied to Serving Seniors

Actions:

1. Conduct an analysis of private and government funding and reimbursement protocols to determine current available resources, obstacles, and needed changes to establish a fiscal parity to support state-of-the-art services for all New Yorkers, regardless of age.

2. Develop a plan to increase Medicare coverage and reimbursement so that there is increased accessibility for seniors to needed chemical dependency services. To this end, OASAS will identify and engage all expert parties capable of and needed to conduct a formal and timely review of Medicare qualification and reimbursement protocols in order to develop a plan to provide seniors
access to and coverage for alcoholism and substance abuse services currently eligible for Medicare reimbursement. This effort will also develop proposed strategies to enhance the ability and numbers of providers qualified to be reimbursed through Medicare for delivery of necessary services to seniors.

3. Develop educational materials and technical assistance protocols to equip providers with the information and functional skills necessary to advocate and qualify for maximum reimbursement for community-based alcoholism and substance abuse services provided to seniors.

4. Develop and put in place a routine process for OASAS to monitor the status of and advocate for necessary changes to legislative, regulatory and policy standards in order to assure fiscal support of services for seniors framed around research- and evidence-based best clinical practices.

Results:

OASAS will be able to apply established standards to guarantee fiscal support from all responsible and potential funding sources to meet the needs of seniors. Providers within the alcoholism and substance abuse system will have the knowledge and means to access reimbursement from private and public sources to cover the costs of providing services appropriate for and needed by the State’s growing senior population. Funding will be made available to support the development of new services and an increase in the number of reimbursable service providers suitably positioned to serve seniors in appropriate settings.

Priority Issue #3: Professional Preparedness

Actions:

1. Identify and develop training materials and opportunities to equip providers and professionals involved in the direct delivery of services with clinical and administrative skills necessary to engage seniors in care focused on the prevention of alcohol and substance abuse problems and clinical intervention and treatment services targeting recovery from such problems.
2. Identify and develop cross-training opportunities to equip professionals serving seniors with the information and skills to effectively connect with the alcoholism and substance abuse related needs of their clients.

3. Develop a plan to equip OASAS staff with knowledge and expertise to enhance opportunities to include seniors in planning, program development and operations and administrative protocols commensurate with need and established standards.

Results:

OASAS will develop and set in place a clearly defined body of training resources, know-how and protocols capable of guaranteeing the availability of skilled professionals in appropriate settings to meet the needs of seniors.