



eCommunication

In September 2005, SAMHSA and TAC staff initiated State Planning activities with a half-day pilot test of state planning with Mental Health, Substance Abuse, and Aging personnel from Washington State and Oregon, along with Chisato Kawabori, Regional Administrator, Region X, Administration on Aging. This exciting meeting was the culmination of a series of interviews based on SWOT (Strengths, Weaknesses, Opportunities, and Threats) assessments conducted by TAC staff with key informants in both states. Knowledgeable individuals addressed strengths, weaknesses, opportunities and threats currently faced by planners and providers of services to older adults.



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During our preliminary investigations, we learned that Oregon has the highest older adult suicide rate in the country – at the same time, the state is very progressive in terms of physician education around older adult behavioral health. Washington recently had a reallocation of funding which will enable some significant targeting of older adults, making the timing of our meeting especially critical. State and provider personnel discussed priorities and concerns and identified next steps to advance planning for older adults.

Washington participants have identified cross-training activities which they hope to offer providers from a range of disciplines. Oregon participants continue to identify needs and are examining relevant web resources.

The TAC is currently planning 2006 State trainings. We are very excited about this opportunity to provide customized assessments of State resources and gaps and identify ways in which the TAC can provide ongoing support to successful State planning efforts!

The mission of the **Older Americans Substance Abuse and Mental Health Technical Assistance Center** is to enhance the quality of life of older adults by providing training and technical assistance to health care agencies and providers regarding health issues common in late life. TAC priorities include the prevention and early intervention of substance abuse, medication misuse and abuse, mental health disorders, and co-occurring disorders.



Older Adult Depression During the Holidays

For many Americans, the holiday season is a time of good cheer, family celebrations, and socialization with friends. Yet for some people, particularly the elderly, it's a time of loneliness, reflections of the past and anxiety about the future. During the holidays, older adults may feel more acutely the absence of loved ones, the distance of family members, and the passing of time. Traditions and reunions that were once observed may no longer be possible which may result in an absence of holiday meaning and significance for the elderly individual. Some major factors contributing to holiday depression in the elderly include:

- Being alone or separated from loved ones,
- Loss of independence,
- Financial limitations,
- Failing eyesight (inability to read or write personal holiday correspondence),
- Loss of mobility and/or the inability to attend religious services.

Although sadness and grief are a normal part of life, depression is not a normal part of growing older. Depression is an illness which can be prevented and treated. Some of the warning signs of late-life depression include:

- Persistent sadness
- Lack of energy or interest in things that were once enjoyable
- Withdrawal from regular social activities
- Feelings of worthlessness or helplessness
- Frequent tearfulness
- Slowed thinking or response
- Excessive worry about health or finances
- Weight changes
- Pacing and fidgeting
- Changes in sleep patterns
- Inability to concentrate
- Staring off into space or at the television for prolonged periods of time



For many older adults there may be stigma attached to asking for help and they may have trouble discussing depression or mental illness. Understand that open communication is needed and that it may take more than one conversation to get the individual to agree to get help. If necessary, offer to call the individual's doctor or clergy and accompany the senior to an appointment. It is important to let the older adult know that depression is not part of growing old, that it is treatable, and that their lives can be better.



The National Registry for Evidence-based Programs and Practices

An Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the National Registry of Effective Prevention Programs in 1998 to better facilitate effective identification and dissemination of prevention programs targeting substance abuse. The newly revamped system, now the National Registry of Evidence-based Programs and Practices (NREPP), has expanded to include programs and practices for preventing and/or treating mental health and substance use disorders.

NREPP seeks to bridge the science to service gap by providing easily accessible information on the best practices and programs.

Without the identification, broad dissemination, and implementation of evidence-based practices (EBPs) for older adults, this vulnerable population faces delivery of services that are unsystematic and possibly ineffective or harmful. Delivery of effective and reliable services to older adults can decrease the disabilities and impairments associated with mental health problems and substance abuse in late life, while increasing the quality of life for this rapidly growing population.

Inclusion within NREPP is highly valued and potentially advantageous. SAMHSA and many other Federal and State agencies are increasingly awarding grants to programs that utilize EBPs. Because of NREPP's strong adherence to promoting EBPs, it serves as a rich resource for states, communities, public and private researchers and specific programs seeking to implement or promote specific evidence-based mental health and substance abuse prevention and treatment services for older adults.

The TAC is positioned to assist interested programs, practitioners, and researchers to learn more about NREPP and help determine whether they would be solid candidates for NREPP consideration. Programs targeted for the NREPP process are thoroughly evaluated, focusing on program outcomes. As a preliminary step prior to NREPP submission, the TAC analyzes program strengths and gaps to determine if the program is suitable for NREPP review, i.e., has sufficient supporting evidence for submission. If a program is found to be in need of further technical assistance in order to get NREPP-ready, TAC staff is available to work with program staff regarding gaps and ways to address these issues. For those programs ready for submission, the TAC will package their materials and submit them for review and evaluation by three independent

Programs reviewed by NREPP are placed into one of five categories: (5) Effective Program or Practice, (4) Conditionally Effective Program or Practice, (3) Emerging Program or Practice, (2) Program or Practice of Interest and (1) Insufficient Current Support.

NREPP reviewers on the basis of scientific merit and utility.

Recently, the TAC highlighted the NREPP process in a poster presentation at the 3rd National Prevention Summit held in Washington, DC. We look forward to the further identification of and coordination with potential NREPP programs. If you are aware of a successful program serving older adults, please contact us at OlderAmericansTAC@westat.com or 1-888-281-8010 and provide the program name, along with contact information. In addition to the identification of programs and support throughout the NREPP process, TAC staff receives frequent requests regarding evidence-based practices and programs. While NREPP itself is unable to focus on knowledge dissemination, the TAC can assist with disseminating successful programs and practices and promote the use of recognized evidence-based activities.



On the Road to NREPP

National Registry of Evidence-Based Programs and Practices

NREPP PROCESS





Featured Program

The Center for Older Adult Recovery at Hanley Center



In 1998, the Hanley Center in West Palm Beach opened its pioneering Center for Older Adult Recovery, after developing an age-responsive model of treatment of alcohol and chemical addictions. Its director, Carol Colleran recognized older adults' special needs and has become a national advocate.

Hanley has found that older adults show the most successful recovery rate of any other age group, and it has also developed an innovative prevention program for late onset addiction.

The lush tropical Hanley campus offers enclaves, like the Serenity Fountain and Garden and a homey, comfortable residence for older adults. Hanley's holistic treatment model addresses patients' physical and mental status as well as the values of this generation.

After an initial thorough evaluation, individualized treatment takes on a slower pace, due to the normal aging process, as well as chronic medical conditions, cognitive impairment and possible dual diagnosis. Hanley's interdisciplinary team of highly skilled professionals provides holistic treatment in the areas of medicine, psychiatry, psychology and counseling, wellness, spirituality and expressive arts.

Continuing care plans are put into place prior to patients' discharge and are specific to the individual's special needs.

The Hanley Center
5200 East Avenue
West Palm Beach, FL 33407

561-841-1000 or 800-444-7008

We want others to know about your program! We invite you to submit information regarding the special work that your program is doing. Please send us the following: name of program, location, contact person and contact information, and a 50-word summary highlighting the program's mission and achievements!

News from our Federal Partners



Lisa Park, MSW

The Older Americans Substance Abuse and Mental Health Technical Assistance Center (TAC) is not only leading the way to adequately addressing the unique substance abuse and mental health needs of older adults but also filling a knowledge and service gap, long been recognized by the geriatric field. Older adults are living longer than they ever have... and the TAC wants to help prevent substance abuse and mental health problems and intervene early with appropriate supports toward recovery. The baby boomers are quickly approaching retirement age... and the TAC wants to examine their anticipated needs and help public, private and community-based organizations prepare for them. Much is being done to transform substance abuse and mental health systems... and the TAC wants to ensure that older adults are not forgotten in the transformation process.

Lisa Park is a Public Health Analyst in the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Policy, Planning and Budget. She serves as the staff lead for older adult and rural health issues for the agency and is the Alternate Task Order Officer for the TAC. Ms. Park received both her Bachelor of Art and Master of Social Work from the University of Pennsylvania.



Calendar

December 2005

World AIDS Day

December 1, 2005
<http://www.unaids.org>

Medicare Prescription Drug Coverage Enrollment

Enroll in a plan by
December 31, 2005
1-800-MEDICARE
(1-800-633-4227)
<http://www.medicare.gov>

Active Aging 2005: The Tipping Point

Orlando, FL
December 1–3, 2005
[http://www.icaa.cc/convention/
convention.htm](http://www.icaa.cc/convention/convention.htm)

2005 White House Conference on Aging

Washington, DC
December 11–14, 2005
<http://www.whcoa.gov/>

January 2006

Cataract Awareness Month

American Academy
of Ophthalmology
(415) 447-0213
[http://www.aao.org/aao/patients/
eyemd/cataract.cfm](http://www.aao.org/aao/patients/eyemd/cataract.cfm)

National Glaucoma Awareness Month

Prevent Blindness America
1-800-331-2020
www.preventblindness.org

Medicare Prescription Drug Coverage Begins

January 1, 2006
(for those who enrolled in a
plan by December 31, 2005)
1-800-MEDICARE
(1-800-633-4227)
<http://www.medicare.gov>

February 2006

Heart Health Month

American Heart Association
1-800-AHA-USA1
(1-800-242-8721)
<http://www.americanheart.org>

National Cancer Prevention Month

American Institute for
Cancer Research
1-800-843-8114
<http://www.aicr.org>

2006 International Conference on Aging, Disability and Independence

St. Petersburg, FL
February 2–4, 2006
[http://icadi.phhp.ufl.edu/
generalinfo/index.php](http://icadi.phhp.ufl.edu/generalinfo/index.php)



National Wear Red Day: Part of Heart Truth

National Awareness Campaign
for Women About Heart Disease
February 3, 2006
National Heart, Lung, and
Blood Institute
301-592-8573
<http://www.hearttruth.gov>

Association for Gerontology in Higher Education (AGHE) 32nd Annual Meeting and Educational Leadership Conference

“Outcomes of Gerontological
and Geriatric Education”
Indianapolis, IN
February 9–12, 2006
[http://www.aghe.org/site/
aghewebsite/section.php?id=8285](http://www.aghe.org/site/aghewebsite/section.php?id=8285)



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OLDER AMERICANS

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Contact Us!

For more information regarding any of the topics in this issue or other questions and comments, please contact:

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