

# DMHA FY21 Work Plan:

## 50+ Mental Health Promotion and Substance Abuse Prevention

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- Title: DMHA FY21 Older Adults Workplan
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## Introduction

Established in 1990, the Allen County Drug & Alcohol Consortium (DAC) has 130 active organizations represented by 373 active members. As the Local Coordinating Council (LCC) for Allen County, DAC serves as the administrator for Drug Free Indiana Funding and reporting. DAC has extensive experience implementing diverse initiatives. Great credit is given to the support from partners to drive change, develop protective factors, and reduce risk factors for Allen County's youth and adults. Partnerships are with agencies frequented by older adults, such as public housing, community centers, and physician's offices.

Allen County Population (according to United States Census Bureau July 1, 2019 estimates)

		<b>0-19</b>	<b>20-44</b>	<b>45-64</b>	<b>65+</b>
<b>Allen Total Population: 375,351</b>		105,369	124,730	90,724	54,528
<b>Allen Population by Gender</b>	Male: Female:	54,895 50,474	61,359 63,371	43,796 46,928	23,966 30,562
<b>Indiana Total Population: 6,691,878</b>		1,758,546	2,166,158	1,716,028	1,051,146
<b>Indiana Population by Gender</b>	Male: Female:	903,330 855,216	1,088,372 1,077,786	841,734 874,294	462,537 588,609

<b>Allen County Race Overview Ages 45+</b>		
	Male	Female
White	58,350	66,250
Black/African American	5,849	7,026
American Indian/Native American	141	124
Asian	1,718	1,777
Native Hawaiian/Pacific Islander	45	17
Other Race	617	725
2 or More Races	735	924
Hispanic (Any Race)	2,618	2,686

## Community Assessment Review

According to the New Jersey Department of Human Services, risk and protective factors for substance misuse among older adults include isolation from family members, friends, or communities, loss factors such as declining health and shrinking social networks, and impaired memory, which could lead to losing track of the number of drinks they've had and mixing of alcohol and medications. Protective factors include community involvement, social connections, and finding a purpose and remaining productive later in life.

As far back as 2003, substance use researchers were predicting an "increase from 1.7 million in 2000 and 2001 to 4.4 million in 2020" of "baby boom" aged adults in need of substance abuse treatment in 2020 (Gfroerer, 2003). The risk for misuse of alcohol and substances among older adults is evident; however, the level of willingness to talk and learn about how to overcome or avoid it is high among the older adult population, which is supportive of implementing programming with this population.

In reviewing local programming targeting older adults, the following has been identified as problematic:

- Current programming is aimed at able-bodied, outgoing older adults who are actively seeking socialization activities, such as walking groups or arts and crafts activities.
- Although some programs are free of charge, some are at a significant cost, which is a barrier for many older adults.
- Health and mental health education and assessment is centered around medical consultation, during housing and level of care changes, or after significant events, such as hospitalization.
- Proactive and stigma-reducing approaches are not evident in the community outside of medical consultations.

Consequences	Behaviors	Determinants
<p><b>Health</b>            Approximately 80% of older adults have at least one chronic health condition, and 50% have two or more. Depression is more common in people who also have other illnesses (such as heart disease or cancer) or whose function becomes limited.  <a href="https://www.cdc.gov/aging/mentalhealth/depression.htm">https://www.cdc.gov/aging/mentalhealth/depression.htm</a></p> <p>17,790 Individuals aged 65+ (71.8% of total 65+ Allen county Population) are reported to be living with a documented disability. (United States Census Data 2019)</p> <p><b>Social</b>            Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.<sup>1</sup></p> <p>Social isolation was associated with about a 50% percent increased risk of dementia.  <a href="https://www.cdc.gov/aging/publications/features/lonely-older-adults.html">https://www.cdc.gov/aging/publications/features/lonely-older-adults.html</a></p> <p><b>Financial</b>            9,238 Individuals aged 60+ (14.6% of total 60+ Allen county population) are reported as living below poverty level (United States Census Data 2019)</p>	<p><b>Substance abuse</b>            10.7% of seniors reported binge drinking in the last month.            2.5% of seniors reported heavy alcohol use in the last month.            1.6% of seniors reported having an alcohol abuse disorder.  <a href="https://americanaddictioncenters.org/senior-citizens">https://americanaddictioncenters.org/senior-citizens</a></p> <p><b>Depression and anxiety</b>            Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.<sup>1</sup>  <a href="https://www.cdc.gov/aging/publications/features/lonely-older-adults.html">https://www.cdc.gov/aging/publications/features/lonely-older-adults.html</a></p> <p><b>Unreported Pain</b>            22–60% of older adults living in care homes have a degree of cognitive impairment which can significantly impact upon their ability to report pain and their carers' ability to identify pain (17).  <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4589921/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4589921/</a></p>	<p><b>Risk Factor</b>            Loss of Memory</p> <p>Declining Physical Health</p> <p>Increased Pain &amp; Surgeries</p> <p>Decreased Social Support</p> <p>Decreased Independence</p> <p><b>Increased Isolation</b>            Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke (Centers for Disease Control and Prevention, 2020).</p> <p>Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits (Center for Disease Control and Prevention, 2020).</p>

## Strategy 1 – WISE

The Wellness Initiative for Senior Education (WISE) is a curriculum-based health promotion program that aims to help older adults increase their knowledge and awareness of issues related to health and the aging process (NJPN, 2020). Based on the health belief model of behavioral change, WISE provides older adults with the information and resources they need to maintain a healthy lifestyle and become empowered regarding both their health and the healthcare they receive. To address the risk factors of medication misuse and management, stress management, depression, and substance abuse in adults ages 50+, Allen County selected the Indicated Direct program: Wellness Initiative for Senior Education (WISE) Program.

Program activities include helping participants to (1) understand how lifestyle choices and behaviors impact health; (2) learn to use tools and feel empowered to manage health care, particularly regarding the use of medications; (3) understand the aging process and how it affects the metabolism of alcohol and medications; (4) develop an appreciation for cultural and generational diversity, including their own increasing age; and (5) recognize the early signs and symptoms of depression.

WISE lessons run for six weeks at a time, with a weekly two- to three-hour lesson scheduled over a meal. The lessons will be held at a venue situated in a common place for seniors, such as a senior center, at an independent living community, or in a faith-based setting, such as a synagogue or church. A trained community advocate will serve as the group leader for the curriculum. The advocate will work with office staff at DAC to maintain scheduling of events and the procuring of supplies, food, and other lesson needs. DAC staff will conduct outreach, evaluation, and coordination of programming with community partners.

Short-term outcomes of the WISE program include expanding participants knowledge of the effects of alcohol and other substance use, increasing their familiarity with the health risks and treatment options for addictions, improved ability to identify the signs of alcohol abuse and an increased understanding of addiction as a disease. Other short-term outcomes include improved ability to identify factors that place older adults at risk for substance abuse and protective factors that can help prevent it and an increase in participants overall knowledge of valuing cultural and generational diversity.

Long-term outcomes of WISE programming demonstrate

- an increase in the frequency in which participants engaged in positive medication management and positive health and health care behaviors
- participant improvement over time in psychological well-being, knowledge and attitudes about aging, knowledge of the early signs and symptoms of depression.
- increase in participants' understanding of biological changes associated with aging and gain insight into their own feelings about aging, including the advantages of growing older.

Description of Target population	Total target Population	Total served by strategy	Percent served by strategy
Seniors age 50+ (data for 45+) in common settings in Allen County such as: as a senior center, at an independent living community, or in a faith-based setting, such as a synagogue or church.	145,252	FY21- 145 FY22-145	.20%

Wellness prevention program for ages 50+. Allen County will reach a minimum of [145] participants this fiscal year directly. With this being the first year of implementation, the numbers reached, and goals will be re-evaluated for this strategy next year.

This program is being implemented to focus on the older adult population, and the health disparities related to this specified group.

WISE was awarded a 2009 National Exemplary Award for Innovative Substance Abuse Prevention Programs, Practices, and Policies by The National Association of State Alcohol and Drug Abuse Directors (NASADAD). WISE is an Evidence Based Strategy (EBP), identified by the SAMSHA National Registry of Evidence-based Programs and Practices (NREPP) [<https://www.samhsa.gov/nrepp>] as well as the Administration for Community Living’s Aging and Disability Evidence-Based Programs and Practices (ADEPP) [<https://acl.gov/programs/strengthening-aging-and-disability-networks/aging-and-disability-evidence-based-programs>].

Targeted Problem/ Prevalence Issue	Risk & Protective Factors	Intervention/ Strategy	Short-Term Outcomes	Long-Term Outcomes
<p><b>Substance Abuse:</b> Older adults misuse alcohol, prescriptions, and other drugs as they age.</p> <p><b>Health Consequence:</b> In a survey conducted by DAC, 71% of the participants indicated that they are not asked by their physician or other confidants about having a history of trauma and 42% also indicated the same of substance misuse.</p> <p>Approximately 80% of older adults have at least one chronic health condition, and 50% have two or more. Depression is more common in people who also have other illnesses (such as heart disease or cancer) or whose function becomes limited. (<a href="https://www.cdc.gov/aging/mentalhealth/depression.htm">https://www.cdc.gov/aging/mentalhealth/depression.htm</a>)</p> <p>17,790 Individuals aged 65+ (71.8% of total 65+ Allen county Population) are reported to be living with a documented disability. (United States Census Data 2019)</p>	<p><b>Risk Factors:</b></p> <p>Loss Of Memory<sup>1</sup></p> <p>Declining Physical Health</p> <p>Increased Pain &amp; Surgeries</p> <p>Decreased Social Support</p> <p>Decreased Independence</p> <p>Increased Isolation</p>	<p><b>WISE:</b></p> <p><b>Wellness Initiative for Senior Education</b></p>	<p>After six-weeks, WISE programming participants will demonstrate the following:</p> <p>(1) Expanded knowledge of the effects of alcohol and other drug use</p> <p>(2) Greater familiarity with the health risks and treatment options for addiction</p> <p>(3) Improved ability to</p>	<p>Over time, WISE programming participants will:</p> <p>(1) Increase in the frequency in which they engaged in positive medication management and in positive health and health care behaviors</p> <p>(2) Show improvements over time in psychological well-being, knowledge and</p>

<sup>1</sup> Yarnell, S., Li, L., MacGrory, B., Trevisan, L., & Kirwin, P. (2020, February). Substance Use Disorders in Later Life: A Review and Synthesis of the Literature of an Emerging Public Health Concern.  
<sup>2</sup> Division of Mental Health and Addiction Services. (2020). *Risk and Protective Factors for Alcohol Abuse Among Older Adults*  
<sup>3</sup> NJPN. (2020). *WISE Wellness Initiative for Senior Education*.

			identify the signs of alcohol abuse and increased understanding of addiction as a disease (4) Increase in familiarity with strategies for maintaining a healthy lifestyle (5) Improved ability to identify factors that place older adults at risk for substance abuse and protective factors that can help prevent it (6) Increase their overall knowledge of valuing cultural and generational diversity	attitudes about aging (3) Increase their knowledge of the interaction between medications and alcohol (4) Increase their knowledge of the early signs and symptoms of depression and other mental health concerns (5) Increase their understanding of biological changes associated with aging (6) Gain insight into their own feelings about aging, including the advantages of growing older.
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Budget	Reach (number of participants)	Cost per Participant (budget/reach)
\$39,457	FY21: 145 FY22: 145	\$272.12 per person

## Strategy 2 – WRAP

The Wellness Recovery Action Plan (WRAP), according to their website, is a self-designed prevention and wellness process that anyone can use to get well, stay well, and make their life the way they want it to be. It was developed in 1997 by a group of people who were searching for ways to overcome their own mental health issues and move on to fulfilling their life dreams and goals. It is now used extensively by people in all kinds of circumstances, and by health care and mental health systems all over the world to address all kinds of physical, mental health and life

issues. WRAP has been studied extensively in rigorous research projects and is listed in the National Registry of Evidence-based Programs and Practices (Advocates for Human Potential, Inc., 1995-2018). The WRAP website also lists much of the scholarly research that supports this program for mental wellness. WRAP will be conducted in-person or virtually if the COVID pandemic continues.

- One study was to determine the efficacy of a peer-led illness self-management intervention called Wellness Recovery Action Planning (WRAP) by comparing it with usual care. WRAP participants reported: (1) significantly greater reduction over time in Brief Symptom Inventory Global Symptom Severity and Positive Symptom Total, (2) significantly greater improvement over time in hopefulness as assessed by the Hope Scale total score and subscale for goal directed hopefulness, and (3) enhanced improvement over time in QOL as assessed by the World Health Organization Quality of Life-BREF environment subscale. These results indicate that peer-delivered mental illness self-management training reduces psychiatric symptoms, enhances participants’ hopefulness, and improves their QOL over time. This confirms the importance of peer-led wellness management interventions, such as WRAP, as part of a group of evidence-based recovery-oriented services. (Cook, et al., 2012)
- WRAP is listed as an Evidence Based Strategy (EBP), identified by the SAMSHA National Registry of Evidence-based Programs and Practices (NREPP) [<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=208>].

Description of Target population	Total target Population	Total served by strategy	Percent served by strategy
Seniors age 50+ in common settings in Allen County such as: a senior center, at an independent living community, or in a faith-based setting, such as a synagogue or church.	145,252	FY21- 145 FY22-145	20%

To address the risk factors of medication misuse and management, stress management, depression, and substance abuse, Allen County selected the Wellness Recovery Action Plan (WRAP) Program. WRAP is an Indicated Direct wellness prevention program for ages 50+. Allen County will reach a minimum of [145] participants this fiscal year directly, with information campaigns reaching 77,161 in an indirect format. With this being the first year of implementation, the numbers reached, and goals will be re-evaluated for this strategy next year.

This program is being implemented to focus on the older adult population, and the health disparities related to this specified group.

WRAP lessons run for six weeks at a time, with a weekly two- to three-hour lesson scheduled over a meal. The lessons will be held at a venue situated in a common place for seniors, such as a senior center, at an independent living community, or in a faith-based setting, such as a synagogue or church. A trained community advocate will serve as the group leader for the curriculum. The advocate will work with office staff at DAC to maintain scheduling of events and the procuring of supplies, food, and other lesson needs. DAC staff will conduct outreach, evaluation, and coordination of programming with community partners.

Targeted Problem/ Prevalence Issue	Risk & Protective Factors	Intervention/ Strategy	Short-Term Outcomes	Long-Term Outcomes



<p><b>Substance Abuse:</b> Older adults misuse alcohol, prescriptions, and other drugs as they age.</p> <p><b>Health Consequence:</b> In a survey conducted by DAC, 71% of the participants indicated that they are not asked by their physician or other confidants about having a history of trauma and 42% also indicated the same of substance misuse.</p> <p>Approximately 80% of older adults have at least one chronic health condition, and 50% have two or more. Depression is more common in people who also have other illnesses (such as heart disease or cancer) or whose function becomes limited. (<a href="https://www.cdc.gov/aging/mentalhealth/depression.htm">https://www.cdc.gov/aging/mentalhealth/depression.htm</a>)</p> <p>17,790 Individuals aged 65+ (71.8% of total 65+ Allen county Population) are reported to be living with a documented disability. (United States Census Data 2019)</p>	<p><b>Risk Factors:</b> Loss Of Memory</p> <p>Declining Physical Health</p> <p>Increased Pain &amp; Surgeries</p> <p>Decreased Social Support</p> <p>Decreased Independence</p> <p>Increased Isolation</p>	<p><b>WRAP: Wellness Recovery Action Plan</b></p>	<p>(1) Participants will develop personal, simple, wellness toolbox.</p> <p>(2) Participants will develop daily plan, a list of things to do every day to stay as well as possible.</p> <p>(3) Participants will identify stressors (upsetting events, early warning signs, and signs that things have gotten much worse) and develop action plans for responding at these times.</p> <p>(4) Participants will identify and list early warning signs, internal, subtle warning</p>	<p><b>Hope –</b> People who experience mental health difficulties get well, stay well, and go on to meet their life dreams and goals.</p> <p><b>Personal Responsibility –</b> Learning that it is up to the individual, with the assistance of others, to take action and do what needs to be done to keep their self well.</p> <p><b>Education –</b> Learning all they can about what they are experiencing so they can make good decisions about all aspects of their life.</p> <p><b>Self-Advocacy –</b> Effectively reaching out to others so that they can get what it is that they need, want and deserve to support their</p>
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			signs that signal things have gotten much worse. (5) Participants will create a crisis plan. (6) Participants will create a post-crisis plan.	wellness and recovery.  <b>Support –</b> While working toward their wellness is up to them, receiving support from others, and giving support to others will help them feel better and enhance the quality of your life.
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<sup>4</sup> Yarnell, S., Li, L., MacGrory, B., Trevisan, L., & Kirwin, P. (2020, February). Substance Use Disorders in Later Life: A Review and Synthesis of the Literature of an Emerging Public Health Concern.

<sup>5</sup> Division of Mental Health and Addiction Services. (2020). *Risk and Protective Factors for Alcohol Abuse Among Older Adults*

<sup>6</sup> Advocates for Human Potential, Inc. (1995-2018).

Budget	Reach (number of participants)	Cost per Participant (budget/reach)
\$43,108	FY21: 145 FY22: 145	\$297.30 per person

## Timeline

Strategy Activities	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>WISE</b>												
Facilitators Trained			X									
Secured needed resources			X						X			
Recruited Participants			X						X			
Begin cohort(s)									X			
Run cohort(s)										X	X	X
Evaluate cohort(s)												X
<b>WRAP</b>												
Facilitators Trained			X									
Secured needed resources			X			X			X			X
Recruited Participants			X			X			X			
Begin cohort(s)									X			
Run cohort(s)										X	X	X
Evaluate cohort(s)			X			X			X			X
<b>INFORMED FOR LIFE-CMCM</b>												

Information Campaign Facilitators Trained			X									
Secured needed resources for Information Campaigns						X						
Recruited participants for Information Campaigns									X			X
Run Information Campaigns Cohort										X	X	X
Evaluated Information Campaigns Cohort												X

<b>Administration Activities</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>
<b>Maintenance of community support for data driven prevention efforts</b>												
Build capacity for and ensure inclusive community reach and cultural competence and responsivity.	X	X	X	X	X	X	X	X	X	X	X	X
Coordinate and/or network with other local providers and existing initiatives.	X	X	X	X	X	X	X	X	X	X	X	X
Work with collaborating partners to obtain and monitor signed MOUs.			X			X			X			X
<b>Assessment</b>												
Complete a pre-implementation assessment that includes checklist and logistics.				X								
Review and update as needed assessment data and local resources to address through capacity enhancement and strategy implementation,						X			X			X
Update data related to levels of mental health and substance abuse disparities or disproportionalities experienced by population to be served and population						X			X			X



Telephone service in the office is required for staff for project communication, community meetings and outside events that will be facilitated. Mobile telephone service is also required but is being provided in kind through staff's personal cell phones.

A portion of occupancy costs will be utilized to support office space designated for the project as well as a share of common areas to be used for completion of the implementation strategies.

Fiscal services and management for the project will be provided by a third party independent accounting firm and an independent auditor as required by FSSA. A portion of the total monthly fees is required for the completion of the project.

Evaluation services will be provided through Prevention Insights to suggest revisions to the current evaluation plan and assist in the evaluation of the program and outcomes.

Technology Updates and Support are required for functioning of the office in performing this grant.

Liability insurance is necessary to insure coverage in case of accident or issue.

Environmental initiatives require significant media outreach and promotional items.

MOU partners require support funding to assist in their implementation of evidence-based programs in the community.