Michigan Older Adult Wellbeing Initiative Strategic Plan: Focusing on Our Future

Michigan Department of Health and Human Services
Office of Recovery Oriented Systems of Care

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LETTER FROM THE OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE

Fellow Michiganders,

While older adulthood can be a time for embracing and enjoying life free of some of the responsibilities of full-time employment and child rearing, many older adults can face significant life challenges and transitions. These can include age-related biological changes; economic pressures due to declines in income; social isolation; grief and loss associated with the deaths of a spouse, family members, and friends; and even the stresses of raising grandchildren when parents are not able to. Over the past several years, Michigan has seen substance misuse increasingly impact the lives of older adults, and many of us likely have older family members or close friends that have been negatively impacted—be it from prescribed medications or misuse of alcohol or other drugs.

The Michigan Office of Recovery Oriented Systems of Care (OROSC) has recognized that the systems currently in place to prevent, treat, and promote recovery are not geared toward the specific needs of older adults. The Michigan Older Adult Wellbeing Initiative is a big step toward proactively addressing this problem by bringing together a diverse array of state and local agencies that serve the older adult population to develop a plan that promotes wellness, prevents substance misuse, and provides a pathway to treatment and recovery, when needed.

The plan was developed through a collaborative process that focused on understanding the unique needs of older adults while promoting wellness. The plan emphasizes the need to educate older adults about the way their bodies change as they age and to adopt health-promoting behaviors, such as reducing alcohol intake and considering alternative pain management strategies rather than opioid-based medications, when appropriate.

The plan asks all individuals and organizations that interact with older adults—including family members, caretakers, medical providers, behavioral health practitioners, and senior-serving organizations—to be part of the solution! The plan also asks leaders at the state and community level to come together to design and provide a comprehensive and coordinated system of substance misuse prevention, intervention, treatment, and recovery support services for older adults. The first steps toward a coordinated system include increasing knowledge of existing programs and services and key coordination points.

Reducing alcohol and opioid misuse and abuse among older adults will require involvement from each of us. OROSC looks forward to your partnership in these efforts.

Sincerely,

Larry Scott

Director, Office of Recovery Oriented Systems of Care, Michigan Department of Health and Human Services

THE OLDER ADULT WELLBEING INITIATIVE

Special thanks are extended to those who graciously gave of their time and expertise to ensure the Older Adult Wellbeing Initiative was successful in understanding and planning around the unique substance use needs of Michigan's older adult population.

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Thanks are also extended to our strategic planning facilitators: **Laurie Barger Sutter, Mary Ellen Shannon,** and **Angie Jones** with JBS International, Inc.

In addition to the Older Adult Wellbeing Initiative Workgroup, the following subcommittees have been formed to help implement this strategic plan:

- State Agency Group/Workforce Development Subcommittee
- Research Subcommittee
- Data/Evaluation Subcommittee
- Communications/Outreach Subcommittee

A brief description of each subcommittee is provided on page 24.

If you are interested in becoming involved in or otherwise supporting these efforts—or in getting additional information—please contact MDHHS, OROSC at (517) 335-2300 or email mdhhs-bhdda@michigan.gov.

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EXECUTIVE SUMMARY

Overview: In recent years, substance misuse by adults ages 55 plus has emerged as an impending public health crisis across the United States (U.S.). While high-risk drinking and non-medical use of prescription (Rx) drugs have increased across all populations, the problem is particularly acute and problematic among older adults. Factors that make older adults uniquely vulnerable to the effects of alcohol and other drugs (AOD) include biological changes associated with aging that reduce the body's ability to absorb and metabolize substances. Other factors—including the aging of the "baby boom" generation, higher level of medications prescribed to this age group, and higher prevalence of stressful life events and transitions experienced by older adults—contribute to increased risk of substance misuse and associated problems.[1]

Background: After becoming aware of this national public health crisis, MDHHS, OROSC began reviewing data about the older adult population in Michigan and recognized similar trends.

Substance use among Michigan's older adults has become increasingly commonplace in recent years, with more older adults consuming alcohol regularly and using it in harmful ways, including binge and heavy drinking.[2] As a result, Michigan has seen steep increases in the number of older adults coming into publicly funded AOD treatment; substance-related injuries, including from motor vehicle crashes; and overall deaths among this population. The latter is especially apparent in the increase in opioid-related overdose and other deaths in this age group, which involved 69% of all drug overdose deaths between 2013 and 2017.[3] With Michigan's population of those 65 plus expected to increase significantly from 16% to 27%, from 2019 to 2050, the need to act now was clear.[4]

In 2019, OROSC launched the Michigan Older Adult Wellbeing Initiative, which convened a wide array of state and local partners from behavioral health (BH), aging and adult services, higher education, primary care, and other sectors. Under OROSC leadership, Initiative members adopted a proactive, systems-focused approach to addressing substance misuse among older adults across prevention, early intervention, treatment, and recovery. This included a focus on strengthening and building the knowledge, skills, and abilities (KSAs) needed to serve the unique needs of this population through culturally tailored and responsive services.

Initiative members used data to analyze the incidence, prevalence, and burden associated with AOD misuse and related problems among older adults in the state and to identify the factors most responsible for driving these problems. After identifying multiple, potential areas of concern, Initiative members used the following three criteria to prioritize substance misuse problems among adults ages 55 plus:

(1) There were sufficient **data** to establish valid baselines and to monitor changes in the problem over time.

(2) The problem was **actionable** in that there was sufficient collective capacity to address the factors most responsible for creating the problems.

(3) There was **consensus** about the problem and **readiness** to address it.

As a result of assessment, Initiative members developed the following priority problem statements and associated goals to guide future efforts to reduce substance-related problems among older adults:

Problem 1: Alcohol is the leading cause of AOD-related death among Michigan adults ages 55 plus, and alcohol use disorder (AUD) is a significant cause of admission to publicly funded treatment.

Goal 1a: Reduce alcohol-related deaths among Michigan adults ages 55 plus.

Goal 1b: Reduce heavy and binge drinking among Michigan adults ages 55 plus.

Problem 2: Heroin and other opioid overdose deaths increased significantly among adults ages 55 plus from 2013-2017.

Goal 2: Reduce the prevalence and incidence of **heroin and other opioid overdose deaths** among Michigan adults ages 55 plus.

Early on, Initiative members also recognized the role that system/structural factors played both in promoting misuse of AODs among older adults and in limiting the success of efforts to prevent, intervene, treat, and support recovery from misuse and substance use disorders (SUDs). In 2020, Initiative members participated in an in-depth, interagency system assessment to analyze and prioritize key indicators in three areas: leadership, capacity, and use of effective processes. The results of the assessment were used to update the strategic plan and to craft the third problem statement and goal provided below.

Problem 3: Michigan's system is not designed to seamlessly address the specific substance use prevention, intervention, treatment, and recovery support needs of adults ages 55 plus.

Goal 3: Strengthen coordination across Michigan's **system of substance misuse prevention, intervention, treatment, and recovery** and its stakeholders to achieve and sustain desired reductions in substance-use-related problems among adults ages 55 plus.

As a complementary part of the systems enhancement process, Initiative members also developed a common vision, mission, and set of values for the state's older adult BH system (see page 4). The specific and measurable outcomes to be achieved over the next five years for each goal—as well associated strategies and activities—are provided on pages 6-18.

As the final step in the strategic planning process, Initiative members engaged in implementation planning. This included developing a subcommittee structure (as outlined on page 24) and identifying roles and responsibilities, as well as deliverables associated with each planned activity. Initiative members also identified timelines and process indicators for some strategies and activities, although, in most instances, this was left to be determined (TBD) by the subcommittee(s) responsible for carrying out the tasks. This phase of the process resulted in a comprehensive Implementation Workbook and individual subcommittee implementation plans excerpted from the overarching Workbook.

The Michigan Older Adult Wellbeing Initiative Strategic Plan is designed to serve as a "living document," which will be updated and revised, as needed in future years, to reflect changes in conditions, as well as new knowledge and insights. Regarding the latter, the status of some intermediate outcomes and action steps remain TBD, based on the development of data sources and continuing input from existing and new planning partners.

Appendix 1 describes the needs assessment and strategic planning process used to conduct this effort. Appendix 2 provides a demographic profile of older adults in Michigan and Appendix 3 the substance use statistics for this population.

MICHIGAN'S OLDER ADULT WELLBEING SYSTEM

comprises older adults, caregivers, family members, and BH and wellbeing partners across the state who are working together to reduce substance-use-related problems among adults ages 55-plus.

Our Vision:

Older adults are valued and enjoy lives of wellbeing that include dignity, vitality, health, and fulfillment.

Our Mission:

Behavioral health and wellness partners work with older adults, caregivers, and family members to use data, research, and culturally appropriate strategies to create healthy environments and behaviors that reduce substance-use-related problems among adults ages 55-plus.

Our Values: *Bringing HOPE to everyone we serve…*

H

O

P

E

Human Dignity: Show empathy, kindness, and respect for one another and those we serve

Opportunity: Ensure we and those we serve have the tools needed to thrive and to achieve health, stability, and equity

Perseverance: Use data and science to solve problems with innovation

Ease: Promote accessibility to the services and resources needed to achieve and sustain all dimensions of health and wellbeing

STRATEGIC PLAN – ALCOHOL

Assessment Summary:

Consequences:

Death: 2,651 Michigan adults ages 55 plus died from alcohol-related causes from 2013-2017, which comprised 51% of all AOD-induced deaths.[5]

Addiction: In 2018, adults ages 56 plus admitted to publicly funded treatment comprised:[6]

- 10.2% of all admissions
- 14.5% of those admitted for alcohol dependence alone
- 11.8% of those admitted for dependence on alcohol and another drug

Behaviors:

Heavy drinking in 2017:[7]

- 6.9% of adults ages 55-64 reported past-30-day heavy drinking.
- 3.9% of adults ages 65 plus reported past-30-day heavy drinking.

Binge drinking in 2017:[8]

- 12.9% of adults ages 55-64 reported past-30-day binge drinking.
- 6.1% of adults ages 65 plus reported past-30-day binge drinking.

Drinking in combination with Rx and/or other drug use: Although this is a significant issue, there is no known current data on this behavior.

Target Populations:

Universal: All Michigan adults divided into ages 45-54 and 55 plus

Selected: Michigan adults ages 55 plus, with history of AOD use and trauma, and Michigan adults ages 55 plus, experiencing grief/loss, chronic health issues, depression/mental health issues, isolation, physical disabilities, and transitions (e.g., employment, financial, housing)

Indicated: Michigan adults ages 55 plus who have AUDs or other/polydrug use (including Rx) and/or are in recovery from AUD

Intervening Variables:

Baseline TBD: Awareness of the harmful effects of overserving alcohol to adults ages 55 plus in social situations

Baseline TBD: Existence of alcohol-free activities for adults ages 55 plus

Baseline TBD: Awareness of harmful effects of alcohol interaction with other drugs among adults ages 55 plus, their family members, and caregivers

Problem Statement 1: Alcohol is the leading cause of AOD-related death among Michigan adults ages 55 plus, and AUD is a significant cause of admission to publicly funded treatment.

Goal 1a.: Reduce alcohol-related deaths among adults ages 55 plus from 19 per 100,000 in 2017 to 17 per 100,000 by 2025

Goal 1b: Reduce heavy and binge drinking among Michigan adults ages 55 plus

Long-Term Outcomes:

- **1.1:** Reduce past-30-day heavy drinking among adults ages 55-64 from 6.9% in 2017 to 6.2% by 2025
- **1.2:** Reduce past-30-day heavy drinking among adults ages 65 plus from 3.9% in 2017 to 3.5% by 2025
- **1.3:** Reduce past-30-day binge drinking among adults ages 55-64 from 12.9% in 2017 to 11.6% by 2025
- **1.4:** Reduce past-30-day binge drinking among adults ages 65 plus from 6.1% in 2017 to 5.5% by 2025

Long-Term Outcome Indicator(s):

- Review past-30-day heavy drinking among adults ages 55-64 and 65 plus annually
- Review past-30-day binge drinking among adults ages 55-64 and 65 plus annually

Objective 1.1: Increase awareness of the harmful effects of overserving alcohol to adults ages 55 plus in social situations (Factor: social access)[9]

Intermediate Outcome(s): *No baseline currently exists. A data source will be developed during Year 1 of plan implementation (see 3.3.4).*

Immediate Outcomes	Strategies	Activities
1.1.1. What: Increase knowledge of physiological impact of alcohol on adults ages 55 plus **Who:** Adults ages 55 plus, family members, caregivers, social hosts, retail alcohol clerks, beverage servers, senior-serving organizations (SSOs), physicians, and medical community	Conduct an education/awareness campaign	Conduct research to determine if other campaigns on physiological impact of alcohol on adults ages 55 plus have been developed that can be adapted for use in Michigan
		Based on research, develop/adapt/adopt materials on physiological impact of alcohol on adults ages 55 plus
		Identify appropriate distribution methods and disseminate information.
	Develop and implement training for servers, caregivers, and SSOs (see also 3.2.5-3.2.6.)	Identify available education and training related to the physiological impact of alcohol on adults ages 55 plus
		Compile a listing of available education and training
		Develop or revise education and training, as needed, based on findings
		Distribute training and education through a broad-based network of supports (e.g., people involved meaningfully in the lives of older adults, both paid and non-paid, such as faith-based organizations, Meals on Wheels)
	Enhance partnerships with the medical community to increase awareness of the physiological impact of alcohol on adults ages 55 plus (See also 1.4, 3.2.5, 3.2.6.)	Identify existing examples of toolkits designed to enhance the ability of family medicine and gerontological physicians to increase awareness of problematic alcohol use among patients ages 55 plus
		Adapt/adopt/create a toolkit to enhance the ability of family medicine and gerontological physicians to increase awareness of problematic alcohol use among patients ages 55 plus
		Identify medical school partners that are willing to include instruction on the impact of alcohol on older adults in their curricula
		Distribute the toolkit

Objective 1.1: Increase awareness of the harmful effects of overserving alcohol to adults ages 55 plus in social situations (Factor: social access)[9]		
1.1.2. What: Increase knowledge of drinking guidelines for adults ages 55 plus **Who:** Adults ages 55 plus, family members, caregivers, social hosts, retail alcohol clerks, beverage servers, and SSOs	This will be incorporated into 1.1.1.	
Objective 1.2: Increase the number of alcohol-free activities available to adults ages 55 plus (Factor: social access)		
Intermediate Outcome(s): *No baseline of alcohol-free events currently exists. The baseline will be developed via immediate outcome 1.2.2. below (see also 3.3.4).*		
Immediate Outcomes	**Strategies**	**Activities**
1.2.1. What: Increase ability to design engaging, alcohol-free activities/events for adults ages 55 plus **Who:** Social hosts and SSOs	Produce and make available alcohol-free event materials that can be used/ adapted for social events	Identify existing resources, tools, and techniques produced by recovery community organizations (RCOs) and other efforts and adapt, as needed (e.g., mocktail recipes, holiday events, dances, trips, libations tents with mocktails)
		Identify and create a list of social hosts/SSOs to receive materials
		Distribute materials to the list of social hosts/SSOs
1.2.2. What: Increase knowledge of the extent to which alcohol-free activities currently exist for adults ages 55 plus **Who:** Planners and members of the system	Conduct an environmental scan to create an inventory and disseminate results	Identify and engage RCOs and SSOs (including chambers of commerce, community event planning organizations, and Cooperative Extensions) that could participate in the scan and help generate an inventory
		Design and implement an environmental scan of existing alcohol-free events
		Create and disseminate local/county calendars of city and senior center events that are alcohol free
Objective 1.3: Increase awareness of harmful effects of alcohol interaction with other drugs (Rx, legal, and illicit) among adults ages 55 plus, their family members, and caregivers (Factor: limited awareness of AOD interactions)		
Intermediate Outcome(s): *No baseline of awareness currently exists. A data source will be developed during Year 1 of plan implementation (see also 3.3.4.).*		
Immediate Outcomes	**Strategies**	**Activities**
1.3.1. What: Increase knowledge of AOD interactions on adults ages 55 plus **Who:** Adults ages 55 plus, family members, caregivers, SSOs, physicians, pharmacists, and home health care	This will be incorporated into 1.2.1. activities.	

Objective 1.4: Increase early detection of existing or emerging alcohol misuse among adults ages 55 plus (Factor: limited awareness of existing alcohol issues)		
Intermediate Outcome(s): *No baseline regarding use of early intervention currently exists. A data source will be developed during Year 1 of plan implementation via activities in 1.4.2.*		
Immediate Outcomes	**Strategies**	**Activities**
1.4.1. What: Increase knowledge of the challenges of implementing early intervention strategies (e.g., Strategic Brief Intervention and Referral to Treatment [SBIRT]) **Who:** Planners and system members	Conduct key informant interviews and analyze findings from existing evaluation efforts	Develop an interview protocol, identify key informants, schedule and conduct interviews (in-person, online survey [see 1.4.3] or both), and compile findings
		Examine successes and lessons learned from opioid efforts on SBIRT and other early intervention efforts
		Examine evaluation findings from training and technical assistance (T/TA) efforts on SBIRT and other early intervention efforts
		Examine systems issues that impact implementation of early intervention (e.g., policies, practices, staffing, capacity)
1.4.2. What: Increase knowledge and ability to implement early intervention strategies (e.g., SBIRT) **Who:** Medical community, mobile care units, home health care, and employee assistance programs (EAPs)	Partner with existing medical community-serving partners (e.g., Michigan State Medical Society, universities, medical schools) to increase awareness of the importance of early intervention and to provide T/TA to medical community members and students	Identify existing T/TA available to medical community members and students on early intervention related to substance misuse among adults ages 55 plus
		Identify gaps in T/TA available to medical community members and students on early intervention related to substance misuse among adults ages 55 plus
		Develop/revise/adapt/promote T/TA to medical community members and students on early intervention related to substance misuse among adults ages 55 plus (see also 1.4.3)
1.4.3. What: Increase implementation of early intervention strategies **Who:** Medical community, mobile care units, home health care, and EAPs		Survey medical community members, medical faculty, and students to ascertain (1) current use of early intervention strategies for substance misuse among adults ages 55 plus and (2) areas of interest regarding enhancing use of early intervention strategies among this population

STRATEGIC PLAN – HEROIN AND OTHER OPIOIDS

Assessment Summary:

Consequences:

Death:[10]

- In 2017, heroin was involved in the following percentage of drug overdose deaths in Michigan: ages 55-64 – 27% and ages 65 plus – 17%.
- From 2013 to 2017, heroin overdose deaths among adults ages 55 plus increased 238% among females and 188% among males. The death rate was 8.5 times higher among African Americans than Whites, and 52% of deaths were Wayne County residents.
- In 2017, Rx opioids were involved in the following percentage of drug overdose deaths in Michigan: ages 55-64 – 28% and ages 65 plus – 26%.
- In 2017, synthetic opioids were involved in the following percentage of drug overdose deaths in Michigan: ages 55-64 – 44% and ages 65 plus – 33%.
- Synthetic opioid involvement in drug overdose deaths among Michigan adults ages 55 plus increased from 6.3% in 2013 to 41.2% in 2017 (ages 55-64: 61% increase and 65 plus: 130% increase). The rate increased most among African American males and occurred mostly with Wayne County residents.

Addiction:[11]

- In 2018, adults ages 56 plus with heroin dependence comprised 10.8% of all admissions to publicly funded treatment.
- In 2018, adults ages 56 plus with other opioid dependence comprised 5.9% of all admissions to publicly funded treatment.

Behavior:

Past 30-day heroin use: There is no known current data measure (data cannot be disaggregated from the National Survey on Drug Use and Health [NSDUH] due to small numbers).

Past-30-day use of Rx and other opioids: There is no known current data measure (data cannot be disaggregated from NSDUH due to small numbers, but prescription drug monitoring program data may be able to be used in the future).

Target Populations:

Universal: All Michigan adults divided into ages 45-54 and 55 plus

Selected: Michigan adults ages 55 plus with history of AOD use, opioid Rx drug use or Rx opioid use disorder (OUD), criminal justice involvement, and trauma; experiencing chronic pain, age-related health issues, depression/mental health issues, social isolation, or physical disabilities; Wayne and Macomb County residents; and African Americans

Indicated: Michigan adults ages 55 plus who have active OUD or other/polydrug use (including Rx) and/or are in recovery from OUD

Intervening Variables:

Baseline TBD: Access to effective alternative methods for preventing and managing physical and emotional pain among persons 55 plus

Baseline TBD: Use of appropriate, opioid-prescribing practices for acute and chronic pain among adults ages 55 plus

Baseline TBD: Non-medical access to opioids among adults ages 55 plus

Problem Statement 2: Heroin and other opioids overdose deaths increased significantly among adults ages 55 plus from 2013-2017.[x]

Goal 2: Reduce the prevalence and incidence of heroin and other opioid overdose deaths among Michigan adults ages 55 plus by 2025.

Long-Term Outcomes 2:

- **2.1:** Reduce the rate of heroin overdose deaths among Michigan adults ages 55-64 from 8.8 per 100,000 in 2017 to 7.9 per 100,000 by 2025
- **2.2:** Reduce the rate of heroin overdose deaths among Michigan adults ages 65 plus from 1.5 per 100,000 in 2017 to 1.35 per 100,000 by 2025
- **2.3:** Reduce the rate of Rx and other opioid overdose deaths among Michigan adults ages 55-64 from 9.3 per 100,000 in 2017 to 8.4 by 2025
- **2.4:** Reduce the rate of Rx and other opioid overdose deaths among Michigan adults ages 65 plus from 2.2 per 100,000 in 2017 to 2 per 100,000 by 2025

Long-Term Outcome Indicator(s):

- Review the rate of heroin overdose deaths among Michigan adults ages 55 plus annually
- Review the rate of Rx and other opioid overdose deaths among Michigan adults ages 55 plus annually

Objective 2.1: Increase access to effective alternative methods for preventing and managing physical and emotional pain among persons 55 plus (Factor: access to non-pharmaceutical pain relief therapies)
Target populations include adults ages 55 plus, family, caregivers, health care providers (e.g., family medicine practitioners, surgeons, dentists, internists, nurse practitioners, physician assistants), faith-based community, Area Agencies on Aging (AAA), non-profits that provide pain management or wellness courses, and Cooperative Extension agencies and schools.

Intermediate Outcome(s): *No baseline regarding existence of alternative pain management (APM) therapies currently exists. A data source will be developed during Year 1 of plan implementation via activities in 2.1.3.*

Immediate Outcomes	Strategies	Activities
2.1.1. What: Increase knowledge of the extent to which effective APM methods currently exist for adults ages 55 plus **Who:** Planners and members of the system (see Strategic Plan – System on pg. 20)	Develop a resource of available APM services and locations	Define what practices are included in APM methods
		Identify professional associations and key contacts that can provide information about locations and services of APM practitioners
		Develop and implement a method for eliciting information about locations and services of APM practitioners from professional associations and key contacts
		Compile a list of APM practitioners (format TBD, e.g., by practice, county, region)
2.1.2. What: Increase knowledge of the existence and availability of effective APM methods **Who:** Adults ages 55 plus, their families, and caregivers		Create an informational resource and network of APM supports for older adults
		Distribute the informational resource through a broad-based network of supports (e.g., people involved meaningfully in the lives of older adults, both paid and volunteer, such as faith-based organizations, Meals on Wheels)
2.1.3. What: Generate knowledge of any increases in the use of APM methods **Who:** Planners and system members	Create or adopt a monitoring and evaluation mechanism	Identify the degree to which a monitoring or evaluation mechanism for APM use currently exists (e.g., state reimbursement systems)
		If no existing mechanism for APM monitoring and evaluation exists, explore incorporating questions on APM into an online survey for adults ages 55 plus (see 2.2.1., 2.3.3., and 2.4.4)

Objective 2.2: Decrease barriers to accessing effective alternative methods for preventing and managing physical and emotional pain among persons 55 plus (Factor: access to non-pharmaceutical pain relief therapies)

Intermediate Outcome(s): *No baseline regarding barriers to APM therapies currently exists. A data source will be developed during Year 1 of plan implementation via activities in 2.2.1.*

Immediate Outcomes	Strategies	Activities
2.2.1. What: Increase knowledge of barriers that exist to accessing APM methods **Who:** Planners and system members	Conduct culturally sensitive focus groups and key informant interviews to determine barriers	Identify and recruit survey, key stakeholder, survey, and focus group participants
		Design data collection protocols (e.g., focus group, interview format, survey)
		Conduct key stakeholder interviews with payers and APM practitioners to identify any reimbursement barriers to APM
		Conduct an online survey among potential and/or current APM patients ages 55 plus to identify barriers to access (see also 2.1.3. 2.3.3., and 2.4.4.)
		Conduct focus groups among potential and/or current APM patients ages 55 plus to identify barriers to access (see also 2.1.3. 2.3.3., and 2.4.4.)

Objective 2.3: Increase use of appropriate opioid-prescribing practices for acute and chronic pain among adults ages 55 plus (Factor: over-prescribing of opioid medications)

Intermediate Outcome(s): *The degree to which a baseline regarding appropriate opioid-prescribing practices for acute and chronic pain among adults ages 55 plus currently exists is unknown. A data source will be identified or developed during Year 1 of plan implementation.*

Immediate Outcomes	Strategies	Activities
2.3.1. What: Increase knowledge of existing efforts to ensure appropriate opioid-prescribing practices by medical professionals **Who:** Planners and system members	Conduct an environmental scan to identify all existing opioid-prescribing resources	Identify key prescribing guideline efforts in Michigan and key contacts (e.g., Michigan Opioid Prescribing Engagement Network)
		Conduct key stakeholder interviews to determine current prescribing-guideline educational efforts
		Synthesize interview findings into a summary report
2.3.2. What: Increase knowledge of appropriate opioid-prescribing practices **Who:** Adults ages 55 plus, their families, and caregivers	Develop and implement a media/ communication campaign	Conduct research to determine if other campaigns on appropriate prescribing practices have been developed that can be adapted for use in Michigan
		Based on research, develop/adapt/adopt materials on appropriate prescribing practices
		Identify appropriate distribution methods and disseminate information
2.3.3. What: Increase knowledge of effectiveness of media/communication campaign **Who:** Planners and system members	Develop and implement an evaluation mechanism (pre-/post-test)	Identify an existing survey to which the question could be added or add this question to the online survey proposed in 2.1.3, 2.2.1, and 2.4.4.
		Develop and test survey question(s)
		Administer the survey and compile and analyze responses

Immediate Outcomes	Strategies	Activities
2.3.4. What: Increase awareness of available education and training related to appropriate prescribing methods **Who:** Medical professionals	Develop and implement an information dissemination campaign	Identify available education and training related to appropriate prescribing methods (may be conducted in conjunction with 2.3.1.)
		Compile a list of available education and training
		Distribute education and training through the network

Objective 2.4: Reduce non-medical access to opioids among adults ages 55 plus (Factor: social access)

Intermediate Outcome(s) 2.4.: *A baseline for non-medical access to opioids among adults ages 55 plus does not currently exist. A data source will be identified or developed during Year 1 of plan implementation.*

Immediate Outcomes	Strategy	Activities
2.4.1. Increase knowledge of the risks of sharing opioids **Who:** Adults ages 55 plus	Conduct an environmental scan and develop and implement an education/ information dissemination campaign	Conduct research to identify effective campaigns—or elements of effective campaigns—on the risks of sharing opioids that have been developed and can be used in Michigan
		Based on research, develop materials that can be shared with adults ages 55 plus
		Determine appropriate distribution methods and distribute
2.4.2. Increase knowledge of how to restrict access to opioids in the home **Who:** Adults ages 55 plus	Develop and implement an education/ information dissemination campaign	Conduct research to identify effective campaigns—or elements of effective campaigns—on restricting access to opioids in the home that can be used in Michigan
		Based on research, develop materials that can be shared with adults ages 55 plus
		Determine appropriate distribution methods and distribute
2.4.3. Increase knowledge of appropriate disposal of opioids **Who:** Adults ages 55 plus	Develop and implement an education/ information dissemination campaign	Conduct research to identify effective campaigns—or elements of effective campaigns—on appropriate disposal of opioids that can be used in Michigan
		Based on research, develop materials that can be shared with adults ages 55 plus
		Determine appropriate distribution methods and distribute
2.4.4. Identify the degree of change in increased knowledge of (1) risks of sharing opioids, (2) methods for restricting access to opioids, and (3) appropriate disposal of opioids due to 2.4.1-2.4.3. strategies and activities **Who:** Planners and system members	Develop an evaluation mechanism (e.g., pre-/post-test)	Identify an existing survey to which the question could be added or add this question to the online survey proposed in 2.1.3, 2.2.1, and 2.3.3.
		Develop, test, and revise (as needed) survey question(s)
		Administer the survey and compile and analyze responses

STRATEGIC PLAN – SYSTEM

Who/What Comprises "the System":

- Adults ages 55 plus, their family members, and caregivers
- Elected officials and opinion leaders
- State health and human service agencies, including, but not limited to, MDHHS, AASA, Medicaid and Medicare, Department of Licensing and Regulatory Affairs [LARA], Office of Highway Safety Planning [OHSP regarding older adult driving group], Social Security Administration, Michigan Liquor Control Commission, and State Advisory Council on Aging/Retired and Senior Volunteer Program
- State-funded substate service systems, including, but not limited to, PIHPs, CMH services programs, city/county health departments, and community coalitions/SUD treatment provider network
- Other state-level entities, including, but not limited to, insurers, professional associations (e.g., hospital, professional practices), universities/medical schools/residency programs, Michigan Licensed Beverage Association (professional association), alcohol retail outlet associations, beverage server training organizations, and the Michigan Certification Board for Addiction Professionals (MCBAP)
- Medical/wellness community, including, but not limited to, physicians, clinicians, dentists, home health care, APM practitioners, Federal Qualified Health Centers, Medicaid health plans, and YMCA/YWCA and other fitness-promoting groups
- SSOs, including, but not limited to, AAAs, senior centers, senior housing, recreational/social groups, American Association of Retired Persons, and Cooperative Extension offices
- Basic supportive services, including, but not limited, to housing, transportation, Meals on Wheels, grief counseling, and faith-based organizations
- Workplace services, including, but not limited to, EAPs, workplace wellness, and retirement counseling
- Event planners and social hosts not already included in other organizations and agencies listed
- Chambers of commerce/community development organizations
- RCOs, recovery support community organizers, and advocates (e.g., Alcoholics Anonymous)

Problem Statement 3: Michigan's system is not designed to seamlessly address the specific substance use prevention, intervention, treatment, and recovery support needs of adults ages 55 plus.

Goal 3: Strengthen coordination across Michigan's system of substance misuse prevention, intervention, treatment, and recovery and its stakeholders to achieve and sustain desired reductions in substance-use-related problems among adults ages 55 plus

Long-Term Outcomes: *A baseline for state and local system coordination does not currently exist but will be developed using the process outlined in 3.1.3. Long term outcomes for the system are to achieve goals 1 and 2 which are:*

- Reduce **alcohol-related deaths**
  - > from 19 per 100,000 in 2017 to 17 per 100,000 by 2025
- Reduce **past 30-day heavy drinking**
  - > 55-64: 6.9% in 2017 to 6.2% by 2025
  - > 65 plus: 3.9% in 2017 to 3.5% by 2025
- Reduce **past 30-day binge-drinking**
  - > 55-64: 12.9% in 2017 to 11.6% by 2025
  - > 65 plus: 6.1% in 2017 to 5.5% by 2025
- Reduce the prevalence & incidence **rates of heroin overdose deaths**
  - > Ages 55-64: 8.8 per 100,000 in 2017 to 7.9 per 100,000 by 2025
  - > Ages 65 plus: 1.5 per 100,000 in 2017 to 1.352per 100,000 by 2025
- Reduce the prevalence & incidence rates **of other opioid overdose deaths**
  - > Ages 55-64: 9.3 per 100,000 in 2017 to 8.4 per 100,000 by 2025
  - > Ages 65 plus: 2.2 per 100,000 in 2017 to 2.0 per 100,000 by 2025

Objective 3.1: Increase shared leadership across system members

Intermediate Outcome(s): *Increase leadership ratings by system members from an average score of 6.5 from baseline in 2020 to 8.0 for the same set of indicators by 2022*

Immediate Outcomes	Strategy	Activities
3.1.1. What: Increase knowledge and common understanding of system work **Who:** Existing, new, and prospective future system members, as well as partners, stakeholders, and decisionmakers	Use a consensus process to convene system members and to develop/adopt formal, written guidance to promote conceptual clarity regarding system work	Develop a written vision statement
		Develop a written mission statement
		Develop written values
		Develop a written definition of older adult wellbeing
		Develop written definitions for terminology used in older adult system work
3.1.2. What: Increase use of data to guide decision making **Who:** System members and leaders	Create a data/assessment action subplan (see also 3.3.5.)	Create a Data/Evaluation Subcommittee
		Review the strategic plan and identify and compile a list of data needed for all goals, objectives, and outcomes
		Identify actions, roles, and responsibilities for collecting needed data
		Develop written guidelines for using data for making decisions

Immediate Outcomes	Strategy	Activities
3.1.3. What: Increase system ability to retain and strengthen the support for using the strategic plan to inform decision making, make resource allocations, and coordinate actions among system members **Who:** System member agency leaders	Develop and implement an external communication plan that system members can use to brief leaders/new members.	Create a Communications/Outreach Subcommittee
		Develop talking points
		Develop fact sheets for each goal
		Develop a brief, standardized PowerPoint template members can use as a presentation to brief others in their networks about the Older Adult Wellbeing Initiative
		Identify initial audiences for the communication plan and member liaisons responsible for reaching out to them (see 3.1.5)
		Conduct initial outreach activities using talking points, facts sheets, and presentations (see 3.1.5.)
		Update talking points, fact sheets, and presentations, as needed, over time
3.1.4. What: Increase system ability to retain and strengthen the engagement of and investment in the work of the system and willingness to allocate agency resources to achieve system outcomes **Who:** System member agency leaders	See 3.1.3. Revisit once substance use services for older adults are identified	
3.1.5.: What: Increase system ability to generate the political will needed to fully implement the strategic plan **Who:** System member agency leaders	Analyze readiness for change among decisionmakers and stakeholders	Identify current state resource investments in substance misuse services for adults ages 55 plus
		Complete a partner/opinion leader engagement analysis to prioritize outreach audiences
		Complete allies matrix to finetune outreach strategies
	Develop a plan to advance readiness for change among decisionmakers and stakeholders	Use findings to inform development and implementation of external communication plan (see 3.1.3.)
3.1.6.: What: Increase system ability to coordinate the responses of a wide network to achieve outcomes identified in the strategic plan **Who:** System members and stakeholders	Identify and strengthen key coordination points between state- and substate level programs and services for all direct and indirect target populations identified by the planning effort.	Review the environmental scan and system assessment data to identify logical coordination points between programs and services, as well as contact persons
		Develop processes and protocols to specify how coordination and communication will occur

Immediate Outcomes	Strategy	Activities
3.1.7.: What: Increase system ability to ensure system actions are results oriented and guided by the collective needs of the populations served, rather than by the individual needs of its members **Who:** System members and leaders	The strategic plan contains numerous strategies and activities for ensuring actions are results oriented, which can be evaluated and modified, as needed, to achieve this outcome: • For use of data to make decisions, see 3.1.2. • For use of effective, culturally appropriate strategies, see 3.2.2., 3.2.3 • For evaluation, see 3.3.4., 3.3.5., 3.3.6. • For public accountability, see 3.3.10.	
3.1.8.: What: Increase system ability to practice shared leadership across sectors and to cultivate new leadership on an ongoing basis **Who:** System members, leaders, and new/ prospective partners	The strategic plan contains numerous strategies and activities for practicing shared leadership and for cultivating new leadership, which can be evaluated and modified, as needed, to achieve this outcome: • See 3.1.1., 3.1.3. – 3.1.6., 3.2.1., 3.3.11.	

Objective 3.2: Increase system capacity		
Intermediate Outcome(s): *Increase capacity ratings by system members from an average score of 4.3 from baseline in 2020 to 5.0 for the same set of indicators by 2022*		
Immediate Outcomes	**Strategies**	**Activities**
3.2.1. What: Increase system ability to operate efficiently and effectively and to maximize participation across sectors **Who:** System members and leadership	Develop a governance structure, with clearly defined roles, responsibilities, and expectations of leadership	Identify lead state-level agencies, in addition to OROSC, that have access to key substate networks (e.g., AASA, MSU, MHA)
		Identify key roles and responsibilities for lead, state-level agencies
	Develop clearly defined and mutually agreed-upon roles and responsibilities for system members	Identify member agencies and individuals and create a summary of their roles as reflected in the final implementation plan.
	Develop an organizational structure (e.g. workgroups, subcommittees) to maximize participation and to accommodate the diverse interests and talents of all system members	Categorize activities in an implementation plan
		Develop subcommittees to implement A1 tasks (e.g., Data/Evaluation, Communications/Outreach)
		Develop additional subcommittees, as needed to implement A2, A3 and other future tasks
3.2.2.: What: Increase ability to use data and research to select culturally appropriate strategies with the best evidence of effectiveness for impacting the factors most correlated with older adult wellbeing. **Who:** System members	Develop processes to continuously strengthen the use of data and research to select strategies for enhancing older adult wellbeing.	Create a Research Subcommittee
		Compile, organize, and disseminate findings from data and research activities conducted for Goals 1-3.
		Identify gaps in data and research on culturally appropriate, EB strategies for all priority populations
		Conduct research to identify promising strategies to address gaps
3.2.3.: What: Increase system ability to ensure all policies, practices, programs, and activities are culturally and developmentally appropriate. **Who:** System members	The plan contains numerous strategies and activities for ensuring funded strategies and activities are culturally and developmentally appropriate, which can be evaluated and modified as needed to achieve this outcome: • See 3.2.2., 3.2.4., 3.2.5., 3.3.6.	
3.2.4.: What: Increase knowledge, skills, and abilities of the workforce to effectively address the substance misuse and SUD needs of adults ages 55 plus and achieve the outcomes identified in the strategic plan. **Who:** System members	Conduct literature searches and key informant/expert interviews to identify core competencies and specialized KSAs needed to provide effective substance abuse prevention, intervention, treatment, and recovery support services for adults ages 55 plus	Conduct literature search to identify core competencies associated with working with adults ages 55 plus in general and specialized settings
		Review Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Improvement Protocols (TIPs) and other resources on prevention, intervention, treatment, and recovery for older adults
		Identify key informants and experts
		Develop key informant interview/discussion questions
		Conduct interviews
		Compile and analyze results

Immediate Outcomes	Strategies	Activities
3.2.5.: What: Increase knowledge of existing—and gaps in—needed workforce training, technical assistance (T/TA), and T/TA supports and resources (national, state, local) that are effective in building the core competencies and KSAs needed to provide effective substance abuse prevention, intervention, treatment, and recovery support services for adults ages 55 plus **Who:** Planners and system members	Conduct environmental scan to identify T/TA resources and gaps to support workforce development regarding enhancing substance misuse services for older adults	Define what types of T/TA are to be included in the scan
		Identify state agencies and statewide initiatives and networks (e.g., MDHHS [AASA, OROSC], LARA, MSU, Michigan Certification Board for Addiction Professionals, AAA, Age-Friendly Public Health initiative, Michigan Works) that conduct workforce T/TA in the areas of substance use and older adult health/wellbeing
		Identify state and other key contacts that can provide information about T/TA
		Develop and implement a method for collecting information about locations, availability, and types of T/TA offered
		Compile a list of T/TA offered by each agency/organization
		Identify gaps in needed T/TA services by type and location
3.2.6.: What: Increase system ability to coordinate, leverage, and maximize internal T/TA resources across sectors and disciplines among its membership. **Who:** System members	Develop processes to coordinate, leverage, and maximize internal T/TA resources across sectors and disciplines among system membership, including cross-training and other forms of T/TA resource sharing. This could include using the results from 3.2.4. and 3.2.5. to create a multi-sector T/TA Coordination Sub-Plan	Compile a master calendar of all T/TA opportunities by topic and target audience, including cross-training
		Identify methods for promoting T/TA to appropriate audiences across sectors
		Identify opportunities for braiding or securing new funding to address T/TA gaps discovered under 3.2.5.
3.2.7.: What: Increase system ability to proactively respond to changes in priorities and agendas and continue to achieve strategic plan outcomes. **Who:** System members	Develop processes to continuously monitor changes in the policy and program environment to analyze how desired system outcomes and priority initiatives fit with new directives and agendas.	Recruit OAW Workgroup partner(s) who have specialized insights into federal policies and programming impacting adults ages 55 plus (e.g., NCOA, SAMHSA)
		Identify how and when to engage the partners (e.g., invited to meetings, receive meeting minutes?)
		Monitor and analyze opportunities and challenges in federal, national, state, and local changes in policies and programming affecting adults ages 55 plus
		Summarize findings on a regular/as-needed basis and disseminate to OAW Workgroup members and stakeholders
		Adjust the strategic plan as needed to maximize opportunities and mitigate challenges

Objective 3.3: Increase system use of effective processes		
Intermediate Outcome(s): *Increase effective process ratings by system members from an average score of 4.3 from baseline in 2020 to 5.5. for the same set of indicators by 2022*		
Immediate Outcomes	**Strategies**	**Activities**
3.3.1. What: Identify best practices and priorities for services/system integration and partnerships at the state and substate levels **Who:** Planners and system members	Conduct literature search	Identify any existing domestic or international examples of state-level or equivalent services/system integration involving substance use and adults ages 55 plus (e.g., innovative partnerships, practice, policies)
		Conduct follow up research (e.g., key informant interviews)
	Conduct system assessment	Schedule and conduct a 1-day, in-person system assessment involving key state (and regional, if desired) partners
		Prioritize system assessment findings and update the strategic plan, as needed
3.3.2. What: Increase system ability to keep partners informed, routinely share information, and recognize and celebrate successes. **Who:** System members, stakeholders, and key decision makers	Develop new and strengthen existing processes and channels of communication	Develop an internal communication plan for sharing information which includes, but is not limited to: • Types of information to be shared • How information will be shared and disseminated • How information will be archived for future reference and retrieval • Roles and responsibilities associated with communication • How successes will be celebrated
	Develop formal processes for sharing data and databases across sectors and disciplines (connects to 3.1.2.)	Develop interagency data-sharing agreements
3.3.3.: What: Increase system ability to implement identified courses of action smoothly and efficiently **Who:** System members	Develop a formal, mutually agreed-upon process for system decision making	Create written guidelines for decision making that reflect system values and formalize the consensus process used to develop the strategic plan and to conduct the system assessment
	Develop a formal, mutually agreed-upon process for conflict resolution	Create written guidelines for conflict resolution that reflect system values and formalize the consensus process used to develop the strategic plan and to conduct the system assessment
	Develop an implementation plan that clearly outlines activities, roles, responsibilities, expectations, timelines, and outputs for all strategies and activities	Create an implementation workbook and subcommittee assignments

Immediate Outcomes	Strategies	Activities
3.3.4.: What: Increase system ability to monitor and evaluate strategies and activities **Who:** System members and leaders	Identify benchmarks, indicators, and other performance measures that can accurately track progress toward desired outcomes	Identify intermediate outcomes for Objectives 3.1., 3.2., and 3.3.
		Identify missing benchmarks, indicators, and other performance measures in the strategic plan (see also activity 2 in 3.1.2., as the findings regarding missing baselines should also identify needed performance measures)
		Identify performance measures for existing and new strategies and activities as they are added to the strategic plan
3.3.5.: What: Increase system ability to collect and use evaluation data on an ongoing basis to make timely improvements or modifications in strategies, activities, and processes, as needed, to achieve desired outcomes **Who:** System members and leaders	Develop an evaluation action subplan for monitoring all process and outcome measures in the strategic plan (see also 3.1.2.)	Identify all process and outcome measures in the strategic plan
		Establish roles, responsibilities, and timelines for evaluation
		Monitor progress toward desired outcomes
		Record and disseminate findings to system members and stakeholders (see also 3.3.10)
		Analyze findings to identify needed improvements or modifications for strategies, activities, or implementation processes
3.3.6.: What: Identify best practices for prevention, intervention, treatment, and recovery programs and services for adults ages 55 plus **Who:** Planners and system members	Conduct a literature search	Review domestic and international resources on prevention, intervention, treatment, and recovery for older adults
	Conduct key informant interviews	Identify key informants and experts
		Develop interview/discussion questions
		Conduct interviews
		Compile and analyze results
3.3.7.: What: Increase knowledge of existing programs and services—including substance use prevention, intervention, treatment, and recovery programs and services—provided by state and substate agencies and organizations for all direct and indirect target populations identified by the planning effort **Who:** Planners and system members, including, but not limited to AASA and Medical Services Administration	Conduct an environmental scan to identify gaps and duplications in strategies, activities, and services	Define what types of programs are to be included in the scan
		Identify state and other key contacts that can provide information about services and programs for adults ages 55 plus
		Develop and implement a method for collecting information about locations, services, and programs
		Compile a list of programs and services (format TBD, e.g., by practice, county, region)
		Identify gaps in needed services by type and location

Immediate Outcomes	Strategies	Activities
3.3.8.: What: Increase knowledge of gaps in programs and services—including substance use prevention, intervention, treatment, and recovery programs and services—provided by state and substate agencies and organizations for all direct and indirect target populations identified in the strategic plan effort **Who:** Planners and system members	Conduct an environmental scan to identify gaps and duplications in strategies, activities, and services	Develop and implement a method for collecting information about locations, services, and programs
		Compile a list of programs and services (format TBD, e.g., by practice, county, region)
		Identify gaps in needed services by type and location
3.3.9.: What: Increase knowledge of barriers that exist to accessing APM methods **Who:** Planners and system members (cross listed as 2.2.1.)	See strategies and activities for 2.2.1.	
3.3.10: What: Increase system ability to maintain and disseminate records of the outcomes of system meetings, strategies, activities, and initiatives to all invested groups **Who:** System leaders	See strategies and activities for 3.1.3. and 3.3.2.	
3.3.11: What: Increase system ability to use effective processes for recruiting and retaining members **Who:** System members and leaders	Establish recruitment and onboarding processes for members	Develop an orientation packet for new members
	Establish processes for retaining members	See strategies and activities for 3.1.1., 3.1.3. – 3.1.6., 3.2.1.
		See strategies and activities for 3.1.1., 3.1.3. – 3.1.6., 3.2.1.

APPENDIX 1

Needs Assessment and Strategic Planning Process

In July 2018, OROSC convened an in-state meeting sponsored by SAMHSA to bring attention to an emerging national public health crisis involving substance use and adults ages 55 plus. More than 30 individuals attended the meeting, representing a variety of state and local agencies, including OROSC, AASA, PIHP staff, and the MSU Cooperative Extension. As a result of this meeting, OROSC leadership and attendees confirmed that substance misuse issues facing older adults in Michigan were significant and warranted a thorough needs assessment and planning process.

In March 2019, OROSC convened a Michigan Older Adult Wellbeing Initiative Workgroup, composed of workforce members and partners, and contracted with JBS International, Inc. to facilitate a needs assessment and strategic planning process that began in April 2019 and concluded in August 2020. Initially, this comprised in-person meetings, supplemented by videoconference calls, but, as COVID-19 swept the nation in early 2020, all meetings became virtual.

The phases of this project took the following forms:

- **Phase One:** Health status assessment of AOD-related consequences, problems, and trends
- **Phase Two:** Strategic planning to identify goals, objectives, and outcomes for AOD-related consequences, problems, and trends
- **Phase Three:** System assessment and system planning updates, including assessment of older adult BH leadership, capacity, and use of effective processes and subsequent revisions to system-level goals, objectives, and outcomes to incorporate assessment findings
- **Phase Four:** Implementation planning

Phase One – Health Status Assessment: Initiative members reviewed data to identify priority problems and consequences related to AOD use/misuse among older adults (e.g., mortality, morbidity, drug overdoses, SUD rates, injuries). They then reviewed available data on AOD misuse and other related risky behaviors associated with the problems and consequences. This assessment process included analyzing incidence and prevalence, as well as demographic data (age, gender, race, county of residence) to identify populations experiencing the highest rates of AOD-related problems, consequences, and risky behaviors. Initial areas of analysis focused on problems, consequences, and behaviors associated with alcohol misuse, heroin use, other opioid use/misuse, cocaine use, alcohol-impaired driving, and drug-impaired driving.

Initiative members used the data to map the relationships between (1) AOD-related problems and consequences and the populations most impacted by them, (2) behaviors that resulted in the problems, and (3) intervening variables most responsible for affecting the behaviors. Because of limited data available on intervening variables impacting older adults (e.g., there was no state or national survey data that captured perceptions of risk of AOD misuse among older adults in Michigan), Initiative members used research findings and professional knowledge to identify variables most likely to be driving AOD misuse behaviors. The creation of these relationship maps, or logic models, helped Initiative members narrow down the six original priority areas to three (alcohol misuse, heroin use, and opioid use/misuse) by using the following criteria:

(1) There were sufficient **data** to establish valid baselines and to monitor changes in the problem over time.

(2) The problem was **actionable** in that there was sufficient collective capacity to address the factors most responsible for creating the problems.

(3) There was **consensus** about the problem and readiness to address it.

The completed logic models for the final priority problems and consequences (are provided in Appendix 4).

Phase Two – Strategic Planning: Initiative members used the process outlined in the planning map below to formulate problem statements and to identify associated goals; objectives; measurable and time-limited long-term, intermediate, and immediate outcomes; and outcome indicators (in some instances, placeholders were inserted for intermediate outcomes due to the need to develop data sources). Because of the similarities between heroin and opioid use/misuse, Initiative members choose to combine those issues under Goal 2 of the strategic plan (Reduce the prevalence and incidence of heroin and other opioid overdose deaths among Michigan adults ages 55 plus). In addition, because they recognized the role system issues played in promoting or perpetuating AOD-related problems and consequences, they chose to focus on Goal 3 of the plan on system issues (Strengthen coordination across Michigan's system of substance misuse prevention, intervention, treatment, and recovery and its stakeholders to achieve and sustain desired reductions in substance-use-related problems among adults ages 55 plus).

Planning Map

Assessment: A comprehensive, strategic analysis conducted to identify priority problems and impacted populations, and the human and system behaviors, intervening variables, and determinants that are most responsible for their occurrence.

Problem Statement: A concise description of the priority problems and consequences that currently exist and need to change as supported by assessment data.

Target Population: The individuals, groups, and entities most affected by—and/or involved in—the problems and consequences in the problem statement.

Avoid the "Lack Trap!"

If your problem statement describes what **doesn't exist i**nstead of what **does** and is a **problem**, you are falling into the 'Lack Trap' and 'Jumping to Strategies' by describing what you think needs to be **done**, not **changed**.

Goals: General statements of the desired changes in the problem.

Objectives: Specific statements that are logically linked to goals and describe the changes in **intervening variables** or **determinants** that must occur for goals to be achieved.

Don't 'Jump to Strategies!'

If you find yourself using **action** verbs in your goals, objectives and/or outcomes ("provide," "implement," "train") instead of a **descriptive** verb, ("is," "are,) you are describing **action** you intend to take, **not** an existing or desired **state**, and that is **'Jumping to Strategies!'**

Outcomes

Statements of intended accomplishment that demonstrate that quantifiable progress is being made within a set period of time.

Long-Term Outcome: *A measurable change in **problems**.*

Intermediate Outcome: A change in **intervening variables** or determinants needed to achieve a long-term outcome.

Immediate Outcome: A change in **knowledge, skills,** or **abilities** needed to achieve intermediate outcomes.

Phase Three – System Assessment and System Planning Updates: In early spring of 2020, Initiative members undertook a system assessment process that analyzed key indicators in the core categories of leadership, capacity, and use of effective processes. A list of subcategories for each category is provided in Appendix 5. Initiative members used a consensus process to (1) discuss each system indicator; (2) arrive at a rating (or range of ratings), on a scale of 1 to 10, to describe the degree to which the indicator statement was true; and (3) prioritize the importance of addressing the indicator immediately (an "A" priority), in the mid-future (a "B" priority), or in the long-term (a "C" priority).

In some cases, Initiative members choose a combination of those priority rankings. For example, an ABC ranking indicated a need to address the indicator immediately but also to always keep it "on the radar screen." Because there were many A priorities, Initiative members then reviewed and discussed the A priorities again, subcategorizing them into three levels of importance: A1 (highest priority to address first), A2 (second highest priority), and A3 (third highest priority). The findings and priorities from the system assessment were then incorporated into the strategic plan to supplement and update the original system goals. During this process, Initiative members also developed a common vision, mission, and core values for Michigan's Older Adult Wellbeing System (see pg. 9), which were incorporated into the strategic plan.

Phase Four – Implementation Planning. Over the summer of 2020, Initiative members met frequently via videoconferences to conduct implementation and to ensure operationalization of all strategies and activities in the strategic plan. This involved establishing roles and responsibilities, timelines, process indicators, and outputs (i.e., products to be produced). During this process, they developed a subcommittee structure comprising the following groups with the following charges:

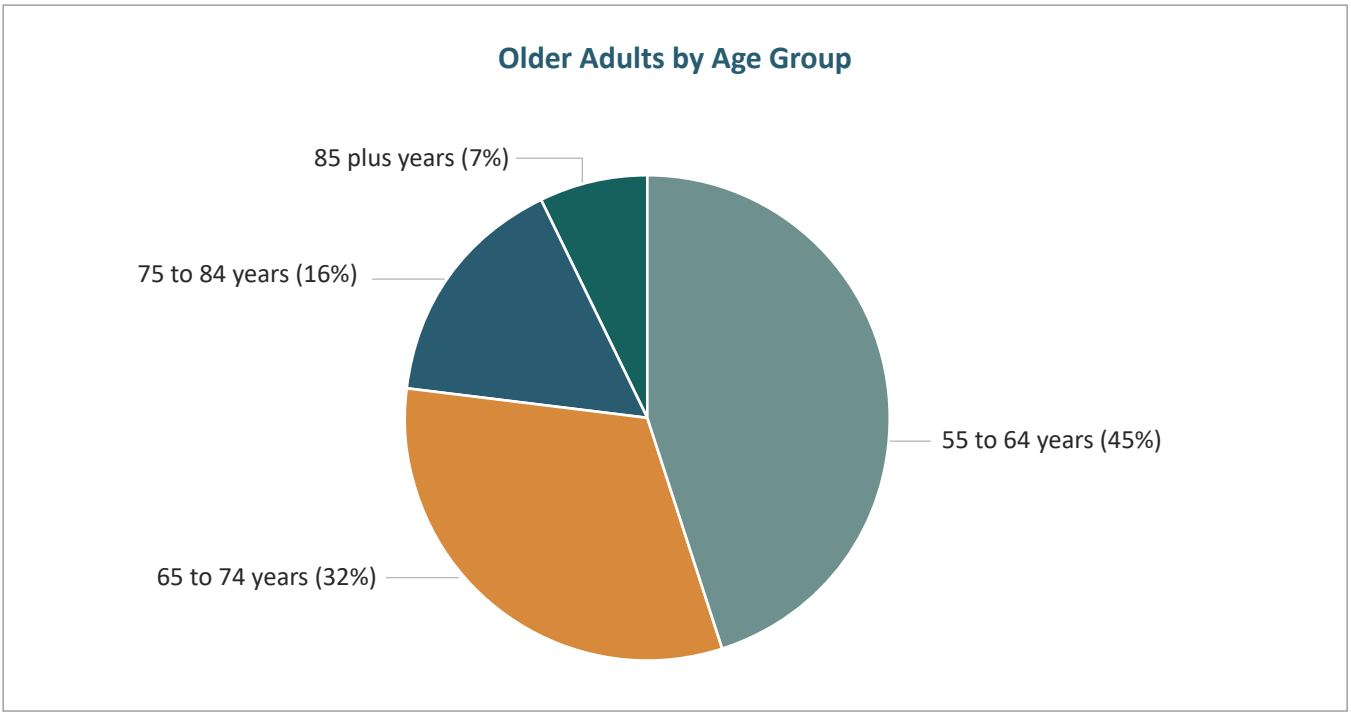
- State Agency Group/Workforce Development Subcommittee: The State Agency Group coordinates, focuses, and maximizes state agency efforts and resources to reduce AOD-related problems and consequences among older adults and to enhance the outcomes and missions of all participants. Many of the activities in Michigan's strategic plan involve building the core competencies and specialized KSAs needed to work effectively with older adults to prevent substance misuse and to treat and support recovery from SUDs. The Workforce Development Subcommittee provides an important nexus for coordinating, enhancing, and targeting efforts across agencies, initiatives, and disciplines.
- Research Subcommittee: This subcommittee reviews and compiles national and international research to identify best practices that can inform efforts to reduce AOD-related problems among Michiganders ages 55 plus.
- Data/Evaluation Subcommittee: This subcommittee comprises members that have specialized access to and competencies in analyzing and using data on AOD use/misuse among adults ages 55 plus. It also includes those experienced in applying evaluation methodologies to determine changes in morbidity and mortality related to AOD use/misuse among this population.
- Communications/Outreach Subcommittee: Members of this subcommittee serve as ambassadors for the effort to reduce AOD-related problems and consequences among adults ages 55 plus. They are integrally involved in efforts to (1) engage participants and stakeholders, (2) create user-friendly educational and informational products, and (3) establish communication and information dissemination networks that can effectively disseminate those products.

During this phase of the planning process, an Implementation Workbook was developed as a companion document to the strategic plan. It contains information on roles and responsibilities, timelines, process indicators, and outputs for all strategies and activities. Information from the Workbook was also used to create shorter workbooks for each subcommittee and included strategies and activities they are designated to lead or support.

APPENDIX 2

Demographic Profile of Michigan's Older Adult Population[12]

- **Older adults ages 55 plus comprise approximately one-third of Michigan's population.** Of the 9,995,918 estimated Michigan residents in 2018, 3,119,408 were over the age of 55.
- **Persons ages 55 to 64 comprise most of the older adult population.** For example, persons 85 plus make up only 7% of all adults ages 55 plus.



- **Women comprise most of the older adult population.** Overall, 54% of persons ages 55 plus are women, and this percentage increases with age. For example, there are almost twice as many women (139,591) as men (74,395) ages 85 plus.
- **While the vast majority of Michigan's older adult population is White, racial and ethnic minority members experience disproportionate impacts from substance misuse.** While overdose rates by race and ethnicity are not available for the 55 plus population, Michigan rates of AOD-related overdose deaths per 100,000 overall in 2017 were highest among Native Americans (42.2), followed by African Americans (30.9), and Whites (28.2).

	White	African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other
Persons ages 55 plus	2,696,478	349,269	35,317	65,218	2,108

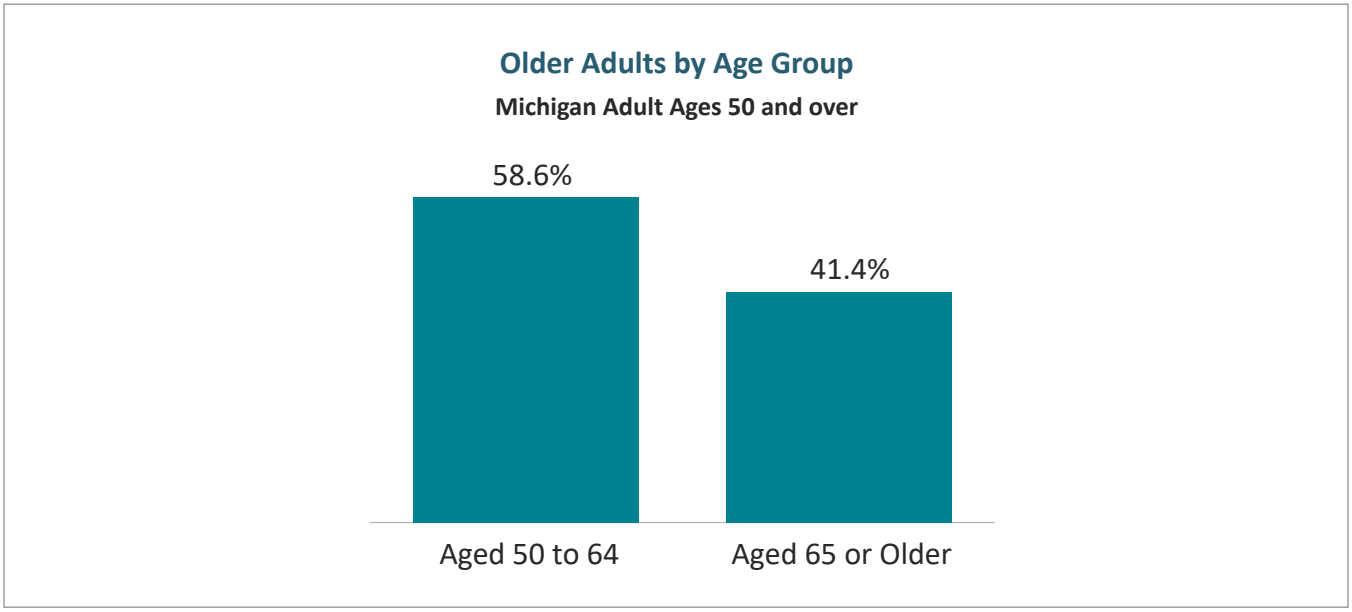
Note: The sum of the five race groups adds to more than the total population because individuals may report more than one race.

APPENDIX 3

Substance Use Among Michigan's Older Adults

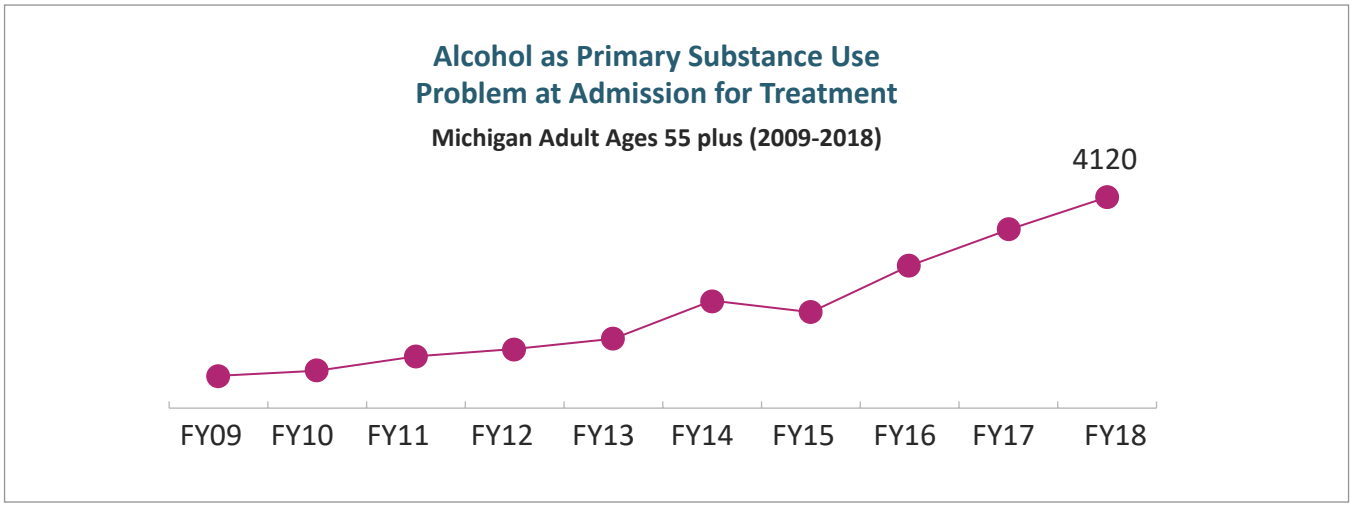
Alcohol

- **Alcohol use among older adults in Michigan is very common.** In 2017, 58.6% of adults ages 50 to 64 and 41.4% of adults ages 65 plus reported consuming alcohol in the past month.[13]

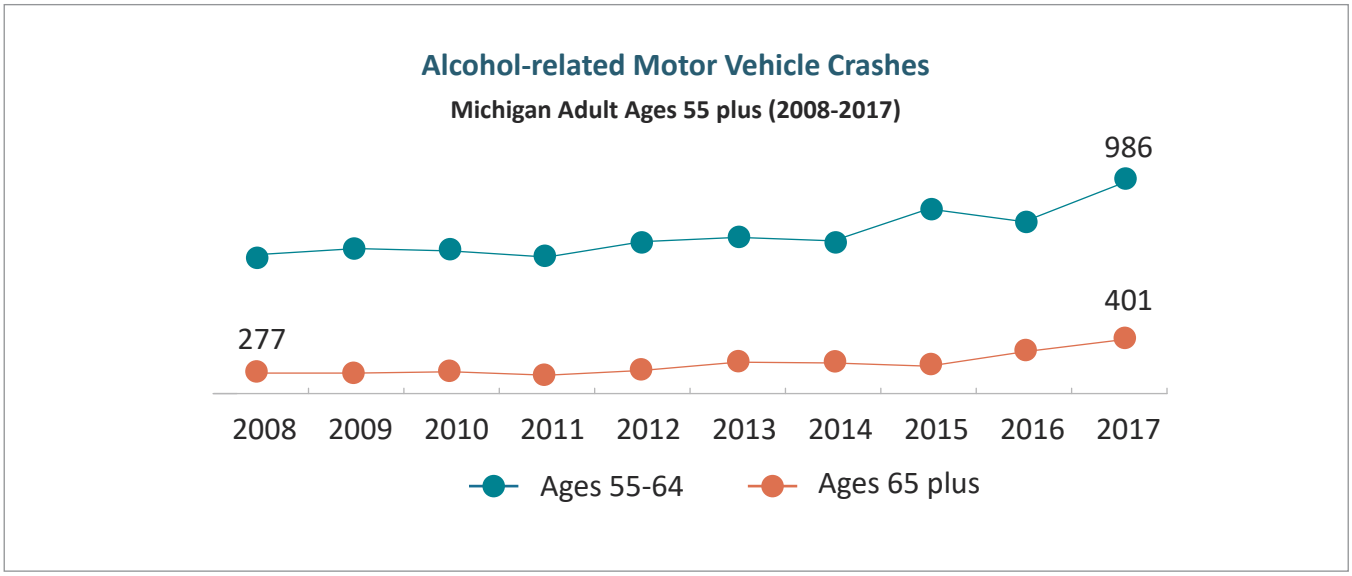


- **Most adults do not misuse alcohol (i.e., binge or heavy drinking).** In 2017, 12.9% of adults ages 55-64 and 6.1% of adults ages 65 plus reported binge drinking in the past 30 days. Even fewer older adults reported heavy drinking in the past 30 days (6.9% of persons between the ages of 55-64 and 3.9% of persons ages 65 plus).[14]
- **Alcohol is involved in about half of substance-involved deaths.** Between 2013 and 2017, alcohol was involved in 51% of substance-use-related deaths, accounting for 2,659 deaths over a five-year period.[15]
- **Alcohol is the most common substance of dependence among older adults entering publicly funded SUD treatment.** In 2018, 49% of older adults entering treatment listed alcohol (only or with another drug) as their primary substance of abuse.[16]

- **Over 10 years, there has been a 179% increase in the number of older adults entering publicly funded treatment who list alcohol as their primary substance use problem at admission for treatment.** In 2009, 1,478 persons ages 55 plus listed alcohol as their primary substance use problem upon admission to publicly funded treatment. In 2018, this number increased to 4,120 persons ages 55 plus.[17]



- **Of older adults admitted to treatment in 2018 for alcohol use,** 75% were male; 59% were White; and 56% were from Wayne (33%), Macomb (10%), Oakland (7%), or Genesee (6%) County.[18]
- **From 2008 to 2017 there was an increase in the number of alcohol-related motor vehicle crashes for persons ages 55 plus.** Alcohol-related motor vehicle crashes among older adults ages 55-64 and 65 plus increased by 36% and 44% respectively.[19]

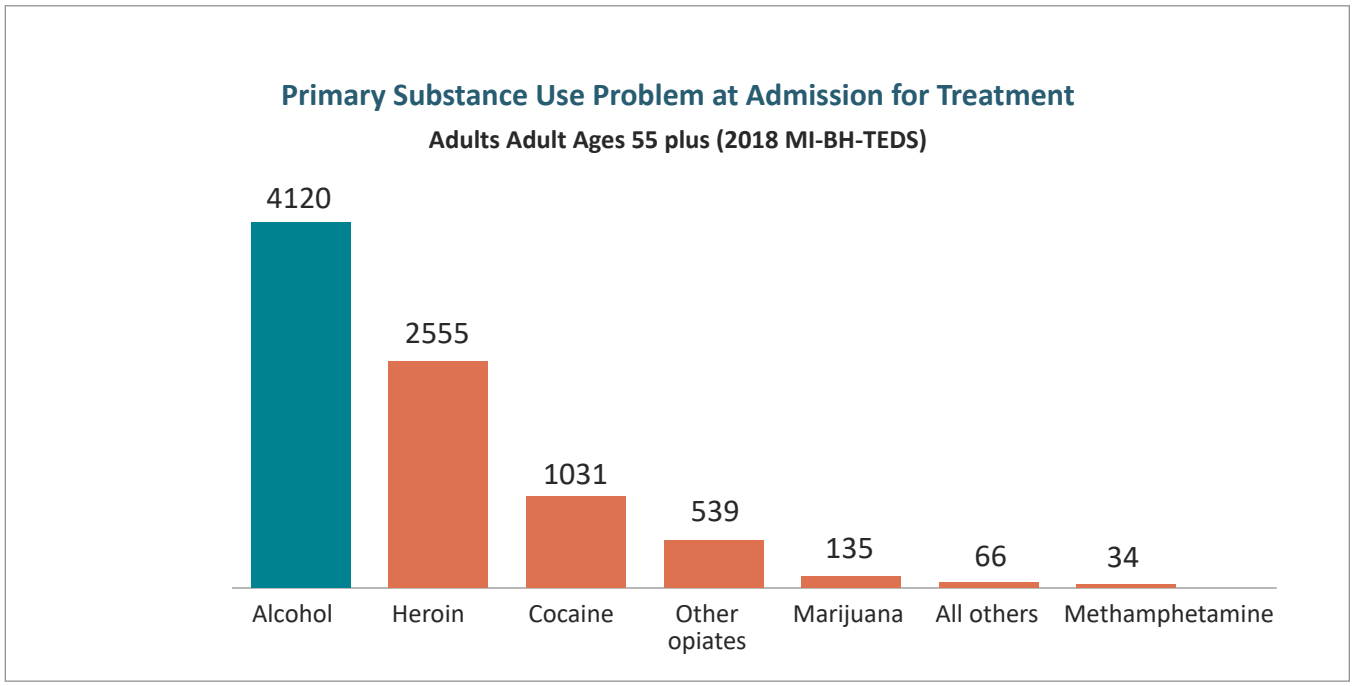


Other Drugs

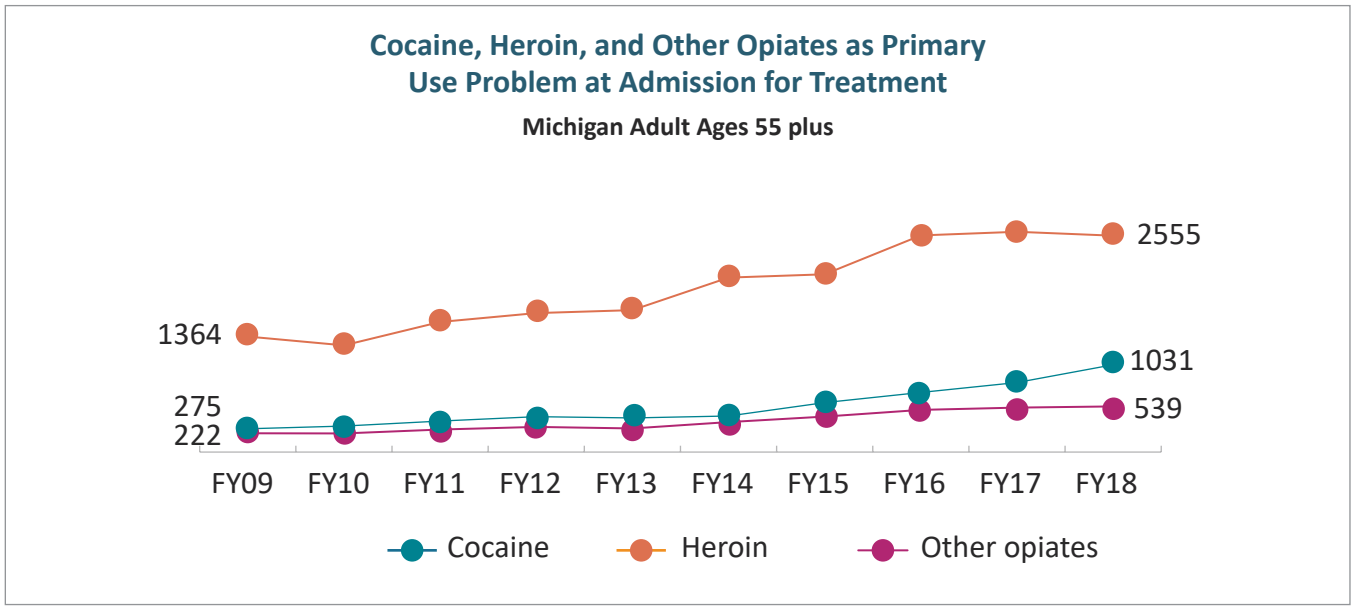
- **Older adults are more likely to use marijuana than other drugs.** In 2017, 10.2% of persons ages 50 to 64 and 1.8% of persons 65 plus used marijuana in the past month.[20]

Past 30-Day Use of Other Drugs Michigan Adults ages 50 plus (2016-2017)				
Age Group	**Illicit Drug Use in the Past Month**	**Marijuana Use in the Past Month**	**Illicit Drug Use Other Than Marijuana in the Past Month**	**Pain Reliever Misuse in the Past Year**
Ages 50 to 64	11.7%	10.2%	2.8%	2.8%
Ages 65 plus	3.3%	1.8%	1.9%	2.4%

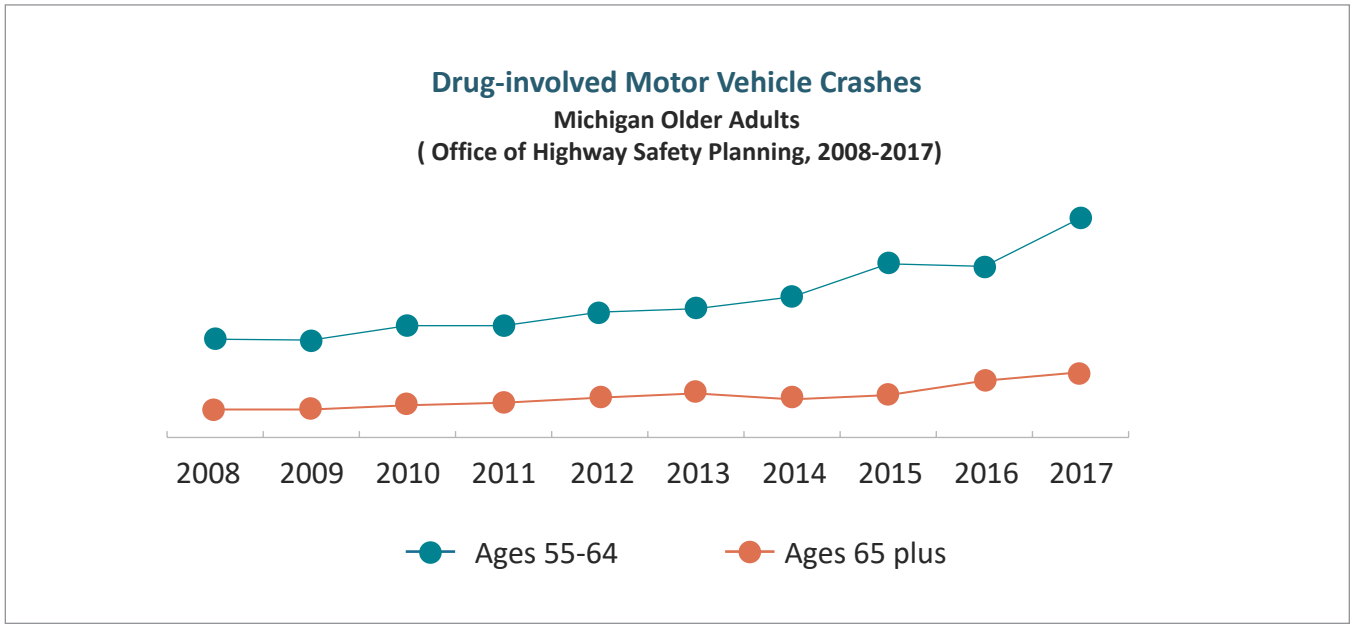
- **Drugs are involved in about half of substance-use-involved deaths among persons ages 55 plus.** Between 2013 and 2017, drugs were involved in 49% of substance-related deaths, accounting for 2,554 deaths over a five-year period.[21] Of those deaths, the drugs most often involved in overdose deaths were opioids (69%) and cocaine (19.9%).[22]
- **Heroin, cocaine, and other opiates were the substances older adults entering publicly funded treatment listed as their primary substance use problem at admission.** These were only exceeded by alcohol. Of all older adults entering treatment in 2018, heroin accounted for 30%, cocaine for 12%, and other opiates for 6% of admissions.[23]



- **The number of older adults entering publicly funded treatment for cocaine, heroin, and other opiates has increased dramatically over 10 years.** Cocaine admissions have increased by 275%, heroin by 87%, and other opiates by 143%.[24]



- **Of older adults admitted to treatment in 2018 for cocaine use:** 73% were male; 76% were African American; and 79%were from Wayne (54%), Genesee (13%), Macomb (7%), or Oakland (5%) County.[25]
- **Of older adults admitted to treatment in 2018 for heroin use:** 73% were male; 73% were African American; and 85% were from Wayne (72%), Oakland (7%), or Macomb (6%) County.[26]
- **Of older adults admitted to treatment in 2018 for other opiate use:** 54% were male; 69% were White; 21% were African American; and 51% were from Wayne (23%), Oakland (11%), Macomb (10%), or Genesee (7%) County.[27]
- **From 2013 to 2017, the number of serious injuries caused by older adult drivers using drugs increased by 181%.**[28]



APPENDIX 4 LOGIC MODELS

Alcohol Misuse Logic Model for Older Adults

Consequence

2,651 Michigan adults ages 55 plus died from alcohol-related causes from 2013-2017, which comprised 51% of all AOD-induced deaths

Problem Behaviors

Alcohol Misuse

Target Populations

Universal

All Michigan adults ages 45-54 & 55 plus

Selective

Michigan adults 55 plus with history of:

- AOD use
- Trauma

Michigan adults 55 plus experiencing:

- Grief/loss
- Chronic health issues
- Depression/ Mental Health issues
- Isolation
- Physical disabilities
- Transitions (e.g., employment/ financial, housing)

Indicated

Michigan adults ages 55 plus:

- With AUD
- With other/poly drug use (including Rx)
- In recovery from AUD

Intervening Variables – Human

Retail access to alcohol (e.g., over service & sales to intoxicated persons)

Social access to alcohol (e.g., social host practices)

Family Denial/Norms/History & dynamics

Community & cultural norms

Limited awareness of impact of alcohol on changing metabolisms

Limited awareness of AOD interactions

Intervening Variables – System

State services are not designed to address the specific substance needs of older adults

HHS workforce members do not have specialized KSAs needed to address older adult BH issues

HHS system for older adults is fragmented across sectors at all levels, & some key partners for older adult BH services may not see themselves as system members

Economic access of alcohol (e.g., price, promotion, outlet density)

Heroin Use Logic Model for Older Adults

Consequence

In 2017, heroin was involved in the following percentage of drug overdose deaths in Michigan:

- Ages 55-64 - 27%
- Ages 65 plus - 17%

From 2013 to 2017, heroin overdose deaths among adults ages 55 plus population increased 238% among females and 188% among males. The death rate was 8.5 times higher among African Americans than Whites, and 52% of deaths were Wayne County residents.

Problem Behaviors

Heroin Use

Target Populations

Universal

All Michigan adults ages 45-54 & 55 plus

Selective

Michigan adults ages 55 plus with:

- History of:
  - AOD use
  - Opioid Rx drug use or Rx OUD
  - Criminal justice involvement
  - Trauma
- Chronic pain
- Age-related health issues
- Mental health issues
- Social isolation
- Physical disabilities

Indicated

Michigan adults ages 55 plus:

- With an OUD
- With other/poly drug use (including Rx)
- In recovery from OUD

Intervening Variables – Human

Market access to heroin (readily available)

Social access to heroin (e.g., peer-to-peer, needle sharing)

Economic access to heroin (e.g., price)

Composition of heroin (e.g., purity, presence of synthetic opioids and/or other drugs)

Community & cultural norms/Social acceptance

Intervening Variables – System

State services are not designed to address the specific BH needs of older adults

The HHS workforce does not have specialized KSAs needed to address older adult BH issues

The HHS system for older adults is fragmented across sectors at all levels & some key partners for older adult BH services may not see themselves as system members

Other Opioid Use Logic Model for Older Adults

Consequence

In 2017, Rx opioids were involved in the following percentage of drug overdose deaths in Michigan:

- Ages 55-64 - 28%
- Ages 65 plus - 26%

In 2017, synthetic opioids were involved in the following Percentage of drug overdose deaths in Michigan:

- Ages 55-64 - 44%
- Ages 65 plus - 33%

Synthetic opioid involvement in drug overdose deaths among Michigan adults ages 55 plus increased from 6.3% in 2013 to 41.2% in 2017.

- Ages 55-64: 61% increase
- Ages 65 plus: 130% increase

The rate increased most among African American males and occurred mostly with Wayne County residents.

Problem Behaviors

Other Opioid Use Misuse
(Rx and illicit)

Target Populations

Universal

All Michigan adults ages 45-54 & 55 plus

Selective

Michigan adults ages 55 plus with:

- History of:
  - AOD use
  - Opioid Rx drug use or Rx OUD
  - Criminal justice involvement
  - Trauma
- Chronic pain
- Age-related health issues
- Mental health issues
- Social isolation
- Physical disabilities

Indicated

Michigan adults ages 55 plus:

- With active OUD
- With other/poly drug use (including Rx)
- In recovery from OUD

Intervening Variables – Human

- Medical access
- Social access
- Market access (e.g., illegal sales, Rx drug diversion)
- Cultural norms
- Limited awareness of addictive nature of Rx Drugs
- Limited awareness of drug interactions
- Limited awareness of changes in metabolism

Intervening Variables – System

- State services are not designed to address the specific BH needs of older adults
- The HHS workforce does not have specialized KSAs needed to address older adult BH issues
- The HHS system for older adults is fragmented across sectors at state and local levels, & some key partners for older adult BH services may not see themselves as system members
- Prescribing practices

APPENDIX 5

System Assessment Categories and Subcategories

Leadership: The ability of the system to develop, communicate, and carry out a vision for the common good, based on mutual trust and respect and on collaborative, inclusive, and effective methods.

Vision and mission: Members share a common vision, mission, and belief that the system is capable of making a difference.

Conceptual clarity: Members have developed common definitions, language, and understandings across sectors.

Political will: Members have public support and the ability to generate political will to create positive change.

Inclusion: Leadership is inclusive, shared, and transparent and reflects demographics.

Influence: The system is able to influence its members and others within the external environment to achieve its outcomes.

Strategic planning: Members engage in coordinated planning that is based on data and guides resources and actions across sectors.

Accountability: System actions are guided by collective—rather than individual—needs. Activities, use of resources, and outcomes are reported regularly to system members and other stakeholders.

Sustainability: The system is able to adapt and evolve according to changing conditions. It focuses on achieving and proactively sustaining outcomes into the future through a flexible array of approaches, rather than simply maintaining current strategies.

Capacity: The combination of knowledge, experience and ability that gives an individual, organization or system the ability to solve problems and to implement change.

Organizational structure: Members have clearly defined roles and responsibilities. The organizational structure includes specialized, multi-sector workgroups to carry out assessment, capacity development, mobilization, planning, implementation, and evaluation functions of the system.

Knowledge, skills, and abilities: Members have access to resources; needed, discipline specific KSAs; and core competencies in performance management processes.

Funding and other resources: The system is able to leverage, "braid," and allocate financial and nonfinancial resources from multiple sources—including member budgets—to support priorities.

Cultural competence: The system operates with a deep understanding of—and responsiveness to—the cultural and contextual conditions of its environment.

Accountability: The system and its members have strong internal systems in place for managing resources and for ensuring they are used most effectively.

Sustainability: The system engages in ongoing planning for capacity development that will enable it to sustain positive outcomes into the future and has developed an organizational development plan.

Effective Processes: Practices or actions that have been documented to produce desired results, which are performed to achieve a given purpose.

Collaboration and communication: Members communicate and share information and data regularly and openly across sectors and organizational boundaries.

Operating procedures and protocols: The system has well-defined procedures and protocols that guide its actions, including procedures for decision making and conflict resolution.

Evidence-based planning and practices: The system uses strategies and approaches that are supported by research.

Training and technical assistance: The system and its members regularly utilize high quality T/TA, which allows them to work to maximum effectiveness.

Monitoring and evaluation: The system conducts ongoing monitoring and evaluation and adjusts processes, as needed, to ensure continuous improvement and progress toward goals.

Communication/marketing/recognition: The system and its members share information regularly on activities and outcomes with one another, stakeholders, and decision-makers and reward and celebrate accomplishments.

Accountability: The system and its members are results oriented and accountable to each other and stakeholders for achieving outcomes that meet individual and overarching needs. Resource allocations are based on objective analysis of data and identified priorities, through bias-free allocation processes that minimize duplication of services and address service gaps.

Sustainability: The system engages in ongoing sustainability planning to leverage resources needed to sustain outcomes into the future and has developed a strategic financing plan.

APPENDIX 6

Implementation Template

This implementation template was completed for all strategies and activities in the strategic plan, culminating in an Implementation Workbook, which serves as a companion document and management tool for operationalization of the strategic plan.

Intermediate Outcome:							
Immediate Outcomes	**Strategy**	**Activities**	**Timeline**		**Roles and Responsibilities**	**Process Indicators**	**Outputs**
			Start Date	**End Date**	*Who will be responsible for overseeing each activity?*	*How will completion of activities be measured and monitored (e.g., percentage of interviews conducted compared to end date)?*	*What quantifiable things will be produced as a result of—or to complete—strategies and activities (e.g., survey questionnaire, literature review results, training inventory)?*

APPENDIX 7

Acronyms

AASA	Aging and Adult Services Agency
AOD	alcohol and other drugs
APM	alternative pain management
AUD	alcohol use disorder
AWBS	All Well-Being Services
BH	behavioral health
CMH	community mental health
EAP	employee assistance program
KSAs	knowledge, skills, and abilities
LARA	(Michigan) Department of Licensing and Regulatory Affairs
MCBAP	Michigan Certification Board for Addiction Professionals
MDHHS	Michigan Department of Health and Human Services
MHA	Michigan Health & Hospital Association
MOA/MOU	memorandum of agreement/memorandum of understanding
MSU	Michigan State University
NSDUH	National Survey on Drug Use and Health
OHSP	Office of Highway Safety Planning
OROSC	Michigan Office of Recovery Oriented Systems of Care
OUD	opioid use disorder
PIHP	Prepaid Inpatient Health Plan
RCO	recovery community organization
Rx	prescription
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Strategic, Brief Intervention and Referral to Treatment
SSO	senior-serving organization
SUD	substance use disorder
TBD	to be determined
BH-TEDS	behavioral health treatment episode data set
T/TA	training and technical assistance

Endnotes

1 U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA). (April 2018). *Key facts: High-risk alcohol and opioid use among adults ages 55 and older.* https://www.jbsinternational.com/sites/default/files/StateTA-FactSheet_FINAL.pdf

2 HHS, SAMHSA. (2019). *National Survey on Drug Use and Health (NSDUH) 2-year RDAS (2016-2017).* https://rdas.samhsa.gov/#/

3 HHS, Centers for Disease Control and Prevention (CDC). (2019). *CDC WONDER: About underlying cause of death (1999-2018).* https://wonder.cdc.gov/ucd-icd10.html

4 U.S. Department of Commerce, U.S. Census Bureau. (2018). *Annual estimates of the resident population by sex, age, race alone or in combination, and Hispanic origin for the United States and state: April 1, 2010, to July 1, 2018.* https://www.census.gov/newsroom/press-kits/2019/detailed-estimates.html Data.census.gov

5 HHS, CDC. (2019).

7 From S. Oh, in an email dated 9/24/19. Source: HHS, CDC. (2019).

8 From S. Oh, in an email dated 9/24/19. Source: HHS, CDC. (2019).

9 The term "social," as used here, includes retail alcohol access, as well as bars and restaurants.

10 From S. Oh, in an email dated 9/24/19. Source: HHS, CDC. (2019).

11 From S. Oh, in an email dated 9/24/19. Source: *MI BH-TEDS.*

12 U.S. Department of Commerce, U.S. Census Bureau. (2018).

13 From S. Oh, in an email dated 9/24/19. Source: HHS, CDC. (2019).

14 HHS, CDC. (2019).

15 HHS, CDC. (2019).

16 From S. Oh, in an email dated 9/24/19. Source: *MI BH-TEDS.*

17 From S. Oh, in an email dated 9/24/19. Source: *MI BH-TEDS.*

18 From S. Oh, in an email dated 9/24/19. Source: *MI BH-TEDS.*

19 Michigan Office of Highway Safety Planning (MOHSP). (2017). *Michigan traffic crash facts.* Statewide 2017. http://publications.michigantrafficcrashfacts.org/2017/MTCFVol1.pdf, pp. 23–24.

20 HHS, SAMHSA. (2019).

21 HHS, CDC. (2019).

22 HHS, CDC. (2019).

23 From S. Oh, in an email dated 9/24/19. Source: *MI BH-TEDS.*

24 From S. Oh, in an email dated 9/24/19. Source: *MI BH-TEDS.*

25 From S. Oh, in an email dated 9/24/19. Source: *MI BH-TEDS.*

26 From S. Oh, in an email dated 9/24/19. Source: *MI BH-TEDS.*

27 From S. Oh, in an email dated 9/24/19. Source: *MI BH-TEDS.*

28 MOHSP. (2017), pp. 23–24.