WRAP® SUSTAINABILITY REPORT
October 21, 2020

University of Illinois at Chicago

Contents

Executive Summary

There is a significant need for evidence-based programming that addresses the mental health needs of older adults. The Wellness Recovery Action Planning (WRAP®) Program provides a critical resource as an individualized approach for recovery and wellness. Certified instructors, defined as people who are using their own WRAP®, many of them peers in age and/or mental health status, are trained to provide the sessions. In a version of WRAP® developed with the Copeland Center for Wellness and Recovery (WRAP's official training entity), WRAP's training agenda lasts for five hours per day and may be scheduled three days in a row, or one day per week for three weeks. Since the COVID-19 pandemic, a version has been developed involving six 90- minute sessions that are offered once or twice weekly. A critical component of the program is the development of an individualized plan that participants create to improve their daily wellness and make decisions and monitor their responses in certain situations.[i]

As part of this report, current infrastructure to support similar chronic disease management programs in Illinois was reviewed through a series of stakeholder sessions. A cost evaluation of the existing operating costs with the potential return on investment for potential funders was also developed. Prospective funding sources for ongoing sustainability were also identified along with associated fundraising strategies.

Key recommendations include:

1. **Identification of Programmatic Oversight and Resources.** The identification of an entity that can oversee and facilitate coordination of the program on an ongoing basis is required to ensure sustainability. This program oversight entity will monitor the program schedule, develop program marketing, facilitate coordination with host sites, and hire/monitor facilitators.
2. **Identify Funding Sources.** A series of prospective funding sources were identified during the stakeholder sessions, including non-profit healthcare systems, Area Agencies on Aging, state and federal governmental funding and managed care organizations. It is recommended that the prospective funding sources outlined in the Fundraising Strategies section be engaged regarding funding.
3. **Initiation of Marketing Plan.** Once the oversight partner is established, general awareness of the program needs to be increased along with a targeted promotional campaign.

An implementation plan with associated timeframes is incorporated in the appendices for more detail.

Existing and Emerging Infrastructure to Support Program Delivery

Chronic Disease Self-Management Education (CDSME) Programs

The growth of Chronic Disease Self-Management Education (CDSME) programs in the United States has been stimulated by public policy designed to create community-based interventions as a way of keeping older adults healthy by promoting day-to-day management of chronic conditions.[ii] The Chronic Disease Self-Management (CDSME) programs in the United States have been promoted by a series of discretionary grants funded by the Administration for Community Living/Administration on Aging (ACL/AoA) to support evidence-based health programs.[iii]

Chronic Disease Self-Management Education (CDSME) Programs are some of the most widely known and implemented programs.[iv] Funds have been distributed since 2006 to support evidence-based programs to vulnerable Americans, defined as individuals who are underserved.[v] Chronic Disease Self-Management Education (CDSME) programs are seen as a way to prevent more expensive forms of health care.

Existing Resources for Evidence-Based Programming for Older Adults in Illinois

In the State of Illinois, the Illinois Department on Aging coordinates the funding for evidence-based programming for older adults. The Department on Aging facilitates funding for Title IIIB, C, C1, C2, D and E (combination of federal and state requirements). [vi] Each year, the Area Agencies on Aging submit their plan to comply with these requirements for evidence-based programming. The Illinois Department on Aging uses a weighted, population-based formula which is reviewed every three years prior to their State Plan on Aging to distribute CDSME funding to the Area Agencies on Aging for this purpose.

The general formula factors for State of Illinois distributions for the 2017-2019 report were as follows:

- **60+ Population-** The number of the state's population 60 years of age and older in the PSAs as an indicator of need in general (60+ population)- 41.0%
- **Greatest Economic Need (60+ Poverty)-** The number of the state's population 60 years of age and older that were at or below the poverty threshold in the PSAs as an indicator of greatest economic need (GEN - 60+ Poverty)- 25.0%
- **Greatest Social Need- 25.0%**
  - (60+ Minority- 10.0%)
  - (60+ Living Alone- 7.5%)
  - (75+ Population- 7.5%)

- **60+ Rural-** The number of the state's population 60 years of age and older residing in rural areas of the PSAs, not less than the amount expended for such services for Fiscal Year 2000- 9.0%

From this formula, the funds are then distributed based on the specific allocations for each of the groups within the particular planning area. There are a few exceptions to this breakdown, including Title III-B and D, VII Ombudsman, VII Elder Abuse and FRF for Community Based Equal Distribution and Ombudsman. Title III-B Ombudsman and Title VII Ombudsman funds are distributed based on the number of LTC Licensed Beds in a PSA per an annual report from the Illinois Department of Public Health. For the GRF for Ombudsman funds, 50% of the funds are distributed using the number of LTC Licensed Beds in a PSA and 50% of the funds are distributed using the number of Licensed LTC Facilities in a PSA.

The Title III-D funds are distributed via a formula proposed by the 13 Area Agencies on Aging and accepted by the Department. The Title III-D formula is as follows:

- 60+ Population (20%),
- 60+ Poverty (30%),
- Percent 60+ Population by Weight (20%), and
- Percent 60+ Poverty by Weight (30%).

The next State Plan on Aging for Illinois has been delayed to December 1, 2020 because of the COVID pandemic.[vii]

AgeOptions, an Area Agency on Aging in Illinois (PSA 13), has sponsored the Illinois Pathways to Health, an integrated evidence-based health promotion network designed in part by grant number 90CSSG0007-01-01 ($850,000 funded 7/31/20 and expires 12/31/20) and 90FPSG0030-01-01 ($450,223.00 funded 5/1/19 and expires 4/30/22) which is an additional funding source for CDSME programs that is time limited. The Illinois Pathways to Health is a resource that promotes free workshops with focus on:

- Self-Management Programs
- Falls Prevention & Physical Activity Programs
- Wellness/Mental Health Programs
- Caregiver Support Programs

The Illinois Pathways to Health offers three different types of partnerships for evidence-based programs. Program Partnerships are for senior-serving programs willing to offer CDSME to their clients or employees. Delivery Program Partners are responsible for training facilitators, and for planning and monitoring the implementation of CDSME programs under a contractual agreement with AgeOptions.

The contracting structure is detailed on the Pathways' web site. Website Partners teach their own CDSME programs that are advertised on the Pathways web site.

The network includes all Area Agencies on Aging, many care coordination units, and departments of public health. The Illinois Pathways to Health also partners with social service organizations, hospitals, public health departments, and others to promote and obtain referrals for the programs throughout Illinois.

Demand for Evidence-Based Programs in Illinois

The demand for evidence-based programming for older adults exceeds the supply in Illinois. In the interviews that were conducted for this plan, respondents indicated a significant need for mental health programming, particularly related to social isolation, anxiety, depression, dementia, Alzheimer's (including early onset), and substance abuse in the older adult population. In an interview on June 5, 2020, Jose Jimenez, the Office of the Older American Act Services Supervisor, Illinois Department on Aging, highlighted that the need greatly exceeds the available resources for evidenced-based programming for older adults.

A few key themes were identified for successful Chronic Disease Management programs as part of the interviews, including:

- **Respondents highlighted the need for "plug and play" programs for local sites.** Program sites experience multiple demands for their services. As the Department on Aging representative highlighted, there is a lack of structure, time, staffing and knowledge at the sites to coordinate. For example, at some of the Triple As that are further out from Chicago, they have 4 staff representatives that are responsible for all of the work. In these situations, they aren't providing direct service but facilitate the services within the communities. They have significant time constraints. This was also emphasized by in the interviews that were conducted with key stakeholders in areas outside the Chicago metropolitan area.

- **In general, programming demand is heavier during the spring and fall.** Interview respondents indicated that there generally is a cadence where there is more demand for programming during the spring and fall. It is typically more difficult to enroll participants during the winter and summer seasons.

- **There is a strong preference for short programming.** One respondent indicated that older adults generally don't want a program that is longer than 2 hours. It is difficult to get the buy-in for multiple day programming. Unfortunately, this does not correspond with the length of the vast majority of CDSME curricula.

The constraints that were expressed during the interviews are consistent with research that has shown that program attendance and completion are a challenge to many CDSME program providers.[viii] In particular, this is an issue in rural areas, with limited access to health care services and chronic disease management programs. In general, participation is greater among healthier people and urban dwellers. This may be less true given the availability of virtual CDSME programs during the COVID-19 pandemic and its aftermath.

Background on Wellness Recovery Action Planning (WRAP®)

The Wellness Recovery Action Plan (WRAP®) Program is an evidenced-based program, originally designed for people with mental illnesses, trademarked by Advocates for Human Potential, Inc. AHP.[ix] WRAP® has an individualized approach to recovery and wellness. Peer leaders, who are currently using their own WRAP® plans, are trained to provide a series of sessions that provide assistance to individuals to:

1. decrease and prevent intrusive or troubling feelings and behaviors;
2. increase personal empowerment;
3. improve quality of life; and
4. achieve their own life goals and dreams.[x]

In research conducted at the University of Illinois at Chicago, WRAP® was shown to reduce psychiatric symptoms, enhance hopefulness, increase empowerment, improve quality of life, and promote self-advocacy with treatment providers.[xi] As part of that research, UIC facilitated WRAP® training for mental health peers (people with lived experience of mental illness) in states of Illinois and Ohio. In another study conducted in Illinois, WRAP® participants had significantly lower use of outpatient health, mental health, and social services than the control group participants.[xii] In 2018, UIC was funded by ACL grant number 90CSSG0011-01-01 to disseminate WRAP® throughout the state of Illinois for adults age 60 and older.

The WRAP® classes that are delivered virtually include six 90-minute sessions that are offered once or twice weekly. WRAP® classes delivered prior to the pandemic were delivered in person, and typically taught for five hours per day, and scheduled three days in a row or one day per week for three weeks. A critical component of the program is the development of an individualized plan that participants create to improve wellness, make decisions and monitor their responses in certain situations.

Cost Evaluation of Existing Operating Costs

Per Participant Cost. In the appendix, a copy of the cost per class is incorporated. These are stand-alone costs that have been identified per class. A minimum number of 8 attendees needs to be attained to initiate a class. The per participant costs based on these attendance levels range from:

$393.25-$589.88- Without a space rental fee

$771.92-$1,157.88- With a space rental fee

Logistical Considerations for the Cost Evaluation. The per participant cost estimates are based on the existing cost structure for the program. As part of the implementation of the sustainability plan, the following key questions need to be evaluated to finalize the cost structure:

1. **Identification of Programmatic Oversight and Resources.** As part of the implementation of the sustainability plan, one critical component that is required for the WRAP® program in Illinois is to identify an entity that can oversee and facilitate coordination of the program on an ongoing basis to ensure sustainability. This statewide program oversight entity will monitor the class schedules, develop marketing, facilitate coordination with host sites, and hire/monitor facilitators. A programmatic partner needs to be identified to help oversee and implement the program for the purposes of ensuring long-term sustainability. Based on the interviews that were conducted, the likely oversight partners would include one of the following:

    - Private or non-profit health care delivery systems
    - Area Agency on Aging
    - Managed Care Organization
    - Chronic-Disease Educational Partner

2. **Initiation of Program.** Once the oversight entity is established, the following critical steps need to be taken to ensure sustainability.

    - **Increase General Awareness.** One of the important success factors for chronic-disease prevention programs is increasing awareness. As one of the interviewees highlighted, an evidenced-based program can make great strides as more individuals become aware of the program. For example, during the interviews one respondent highlighted the success of the Savvy Caregivers program in increasing awareness and increasing demand/ participation in the program. The respondent highlighted that in Illinois, there is a general trend where the programs initiated by two leading Triple As and then implemented by other Triple As throughout the State. It is recommended that as part of implementation, Age Options, Inc. and

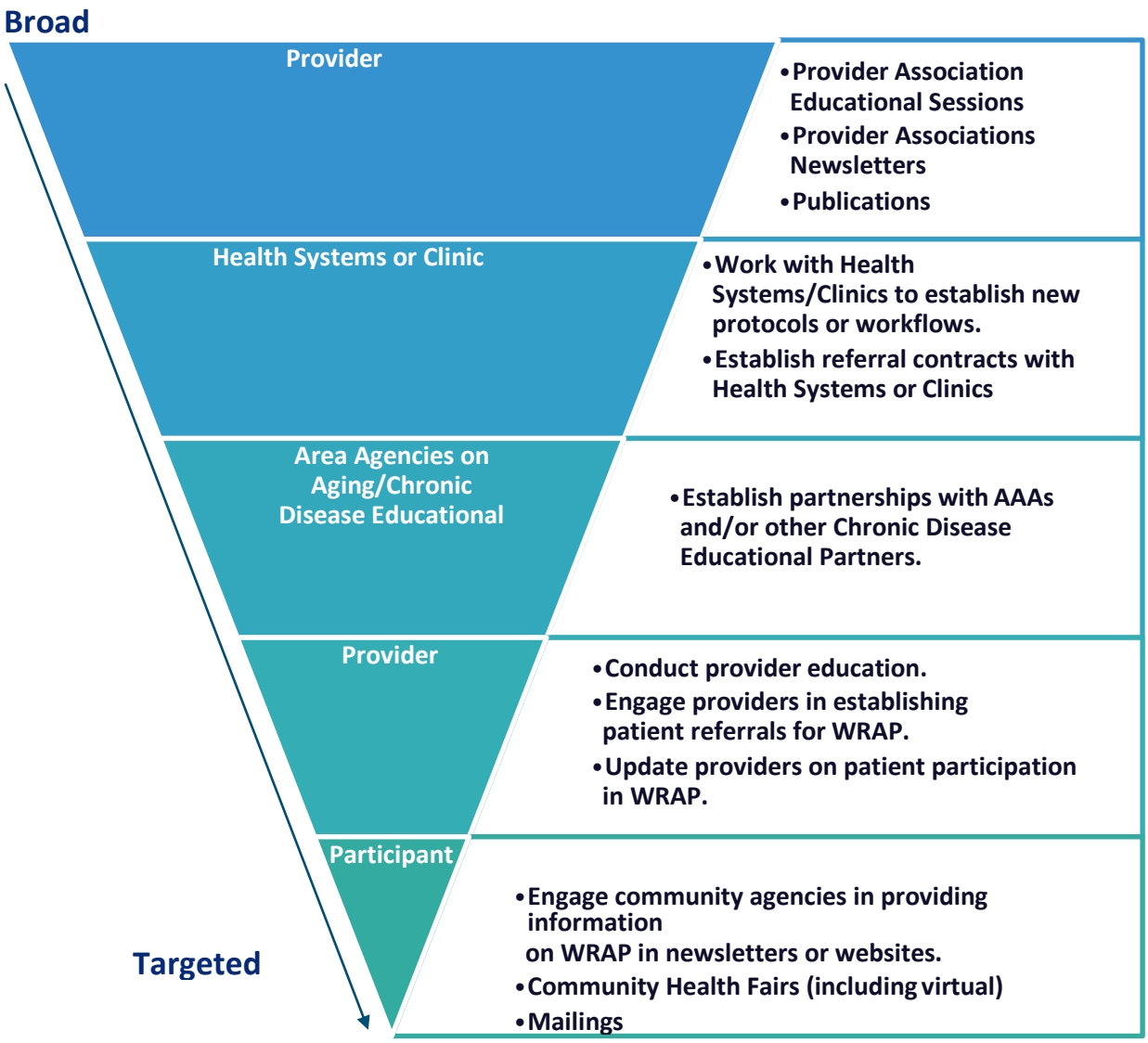
AgeGuide should be approached for implementation first.

- **Develop a Targeted Promotional Campaign.** A consistent theme promoted by the interviewees was the need to promote the program. The Illinois Pathways for Health is an excellent resource to promote evidence-based programs. The WRAP® program is already listed as a program on the site.

  To increase participation, the recommendation was made to identify specific dates and times of WRAP® programs to increase participation. There are a variety of different methods that can be conducted to promote WRAP® from broad engagement of provider influencers such as provider associations to engaging potential participants. The diagram on the next page highlights the variety of different approaches that can be taken to promote WRAP®.

3. **Establish program location costs.** Most CDSME classes are taught at locations provided on a pro-bono basis, usually by senior-serving community programs but also public libraries, churches, post-secondary education settings, etc. The projections that are included in this report are based on the assumption that host sites will remain pro bono and/or the program will be delivered virtually. If site locations were to charge rent for hosting a program, the amount would be higher.

Targeted Promotional Campaign Options



Return on Investment for Potential Funders

As individuals age, there are a series of changes that occur related to physical and mental health and cognition. These factors interact and can result in an overall reduction in health[xiii]. Individuals with depression are at a 40% higher risk of developing cardiovascular and metabolic diseases than the general population.[xiv] Older adults are significantly impacted by depression, with a minimum of 12%, experiencing some form.[xv] [xvi] Two of the significant factors, which came out in the interviews that were conducted, include social isolation and loneliness. [xvii] [xviii]

Poor mental health has shown to have a significant economic impact, particularly on overall healthcare expenditures. [xix]According to the National Alliance on Mental Illness, mental illness and substance abuse disorders are involved in 1 out of every 8 emergency department visits by a U.S. adult.[xx] Older adults report to have depressive symptoms experience higher rates of health care utilization.[xxi]

In the health care industry where payers are moving to contain costs, there are benefits to address the mental health of older adults as a strategy of reducing overall healthcare cost. Evidence-based mental health programs, such as WRAP®, which focus on addressing the social isolation and loneliness of older adults in a group setting have the potential to prevent physical deterioration and reduce resulting inpatient costs. Funding to support these successful models of care have proved to be a challenge.[xxii] One method to address this challenge, is to build in methods of incorporating evaluation data, cost data, and client outcomes to build community support and provider buy-in.[xxiii] [xxiv]

In the State of Illinois, the expense per inpatient day in 2018 was $2,636.[xxv] By comparison, the average per participant cost of the WRAP® program is between $393.25 to 589.88. For funding organizations that serve older adults, the WRAP® program provides an opportunity to potentially reduce overall healthcare costs, if program participation results in the avoidance or reduction of more expensive forms of care.

Identification of Prospective Funding Sources

Evidence-based programs, which improve mental health and ultimately reduce healthcare spending, should be an attractive option for healthcare payers based on the significant impacts and cost of individuals with mental health issues. However, funding to support these initiatives has proved to be a challenge.[xxvi] In approaching funding sources, it is important to build in supportive evaluation data as identified through the WRAP® program, cost data, and client outcomes to support adoption.

Potential sources of prospective funding that were identified during the stakeholder sessions and evaluated as part of the report include:

Non-Profit Healthcare System Sponsorship. Non-profit health care organizations, as tax-exempt organizations, are required to document the programs that they provide which outreach to low-income and other vulnerable individuals. Community benefit programs must respond to identified community needs in order to:

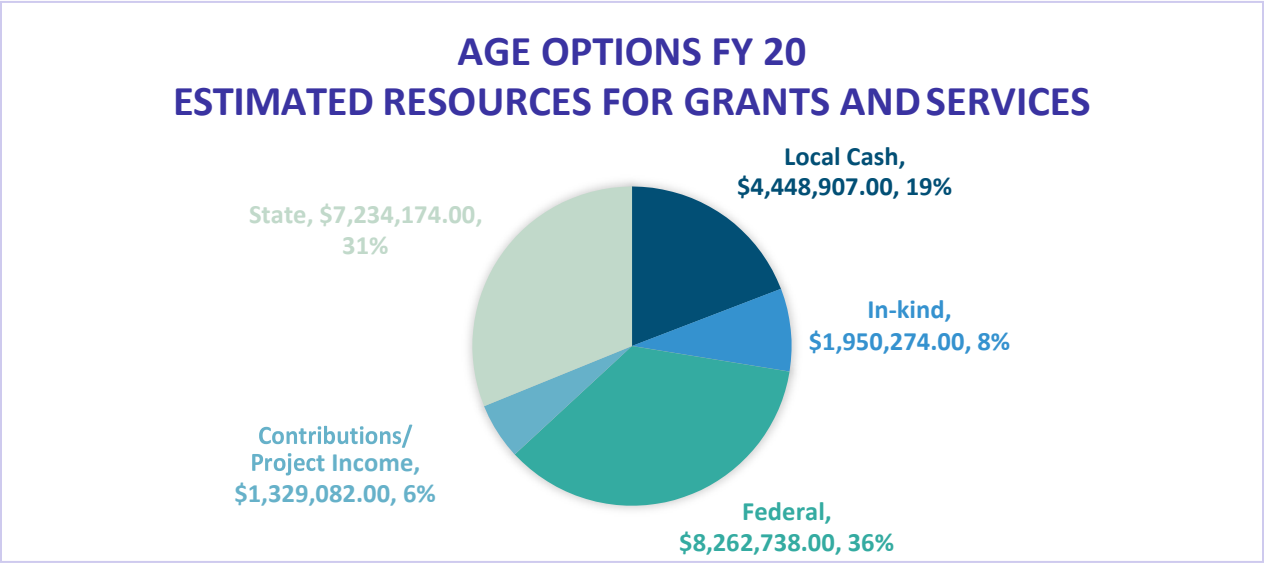
- Improve access to services.
- Enhance community health.
- Advance medical or health knowledge.
- Relieve or reduce the government or community's burden.[xxvii]

Each non-profit healthcare organization has its own process for identifying and managing its community benefit program. The extensive evidence-based programs at Rush University Medical Center are examples of the types of programs that might be funded through community benefit. The programs that are run through Rush are funded entirely by the health system. In general, most programs are receiving in-kind support from the entities where the services are being provided including the programming space and some marketing support.

Area Agency on Aging. Agencies on Aging (AAA) are public or private nonprofit agencies designated by each state to address the needs and concerns of all older persons at the regional and local levels. Services are provided to older adults by AAAs so that they can remain in their homes, if that is their preference, with assistance through home-delivered meals, homemaker assistance, and other supports to ensure independent living. As part of this plan, representatives from the Illinois Department on Aging and AAAs were interviewed in the State of Illinois. Each of the respondents highlighted the Federal and State funding sources, including Title IIIB, C, C1, C2, D and E, that are available to AAAs. The interviewees indicated that there is a very competitive landscape. Funds are distributed based on a

formula with multiple factors.

The Triple As send a plan each year beginning in March which then goes through an extensive planning process with public hearings. Triple As then match these funds, with a combination of local cash, such as organizations, municipalities, townships, and United Ways; in kind support, and contributions. For example, AgeOptions projected the following estimated resources for grants and services in FY2020.[xxviii]



In Illinois, the largest funds generally are distributed to the northern Triple As (regions 13 and 2). As one respondent indicated, the rest of the Triple As are "fighting for pennies."

Fee-based structure.

- **Private Pay.** One option that was discussed in stakeholder sessions was the opportunity to charge individuals a fee to participate in the program. This would require a per person fee to be established. Infrastructure costs would also need to be built into the pricing. In evaluating private pay as an option, it is not deemed to be a viable source for the WRAP® program. Based on the discussions with key stakeholders, private pay is not the norm for evidence-based chronic disease programs.

- **State/Federal Governmental Funding and Managed Care Reimbursement.** One interviewee expressed a recommendation to approached Managed Care organizations, or health care insurance providers. Older adults have the opportunity to access health care through a variety of sources depending on their prior or current employment status, including:

  - Medicare (regular or Medicare Advantage) and/or Medicare supplements,

- Medicaid, or
- Employer-sponsored healthcare (if still employed).

AgeOptions has a summary of the different options that individuals age 65 years and older have for healthcare coverage.[xxix] The vast majority of adults age 65 and older, or 93%, are covered by Medicare.[xxx] In addition, about half (53%) of older adults have some other form of private insurance and 7% are covered by Medicaid.[xxxi] Below is the current assessment of the different payor types as prospective funding sources for the WRAP® program.

Payor Type	Current Assessment
Medicare	For Medicare, the WRAP® program could take a broad approach of becoming a reimbursed service through the Centers for Medicare & Medicaid Services. For Medicare, it is recommended that the WRAP® program pursue CMS accreditation and recognition and follow the steps identified later in the report for pursing Medicare reimbursement.
Medicaid	There are approximately 200,000 Illinois older adults that are covered by Medicaid. One option would be to pursue inclusion as a Medicaid-billable services as part of the State of Illinois' Medicaid Home and Community-Based Services for Persons who are Elderly Waiver.
Employer-Sponsored Plans	For employer-sponsored plans, the WRAP® program would need to connect with different employer-sponsored plans, such as Blue Cross and Blue Shield, Humana, Anthem, and Aetna. Since the employment rate of seniors is low, this is not deemed a viable approach for funding WRAP®.

Chronic Disease Educational Partner. The Illinois Pathways to Health and the OASIS Institute are examples of two chronic disease educational partners that were interviewed during the stakeholder sessions and might be good prospects for a WRAP® partnership. These partners have developed structures for their partnerships. For example, the Illinois Pathways to Health offers three different levels of partnerships[xxxii], including:

- **Program Partnerships.** Program partners provide health and/or injury prevention programs, work with an adult or older adult population, and want to offer their clients or employees evidence-based programs.
- **Delivery Program Partners.** These organizations/agencies coordinate the evidence-based programming. They are responsible for training facilitators, and for planning and monitoring the implementation of CDSME programs under a contractual agreement with AgeOptions. Currently, Illinois Pathways to Health provides this opportunity for Take Charge of Your Health and A Matter

of Balance programs. [xxxiii]

- **Website Program.** The Illinois Pathways to Health offers evidence-based interventions/programs to post information on their website.

The Oasis Institute is another chronic disease educational partner which has programs that reach older adults in more than 250 communities through nine education centers and through a national network of over 700 partners in 22 states. The Institute is based in St. Louis and provides a variety of different evidence-based programs. For more information, please see: https://www.oasisnet.org/about-us/ . The local Oasis Institute has a contract with the Metro AAA to provide programs. Oasis currently provides CDSME programs focused on diabetes, balance, falls prevention and aging mastery. They use Title IIID funding to support programming in the St. Louis area. While they have local programs, Oasis provides support for organization throughout the United States.

Private funding Sources. Another option that was evaluated was potential private funding sources. Private philanthropic funding sources could be pursued to help fund the WRAP® program. For example, the Retirement Research Foundation and the Russell & Josephine Kott Memorial Charitable Trust provide funding for programs that focus on older adults. While these philanthropic sources could provide critical seed money for the program, they generally do not fund ongoing support for programs. As a result, private philanthropic funding sources are not recommended as part of this report.

Fundraising Strategies

Non-Profit Healthcare System Sponsorship.
One opportunity for the WRAP® program is to explore potential partnerships with non-profit healthcare systems to be funded through their community benefit program. Non-profit hospital organizations are required to spend some of their surplus on "community benefits" to address specific community needs. Each year, they are required to report out on this spending to the Internal Revenue Service (IRS) in order to stay exempt from paying federal income taxes. Generally, funds are used to improve access to services, enhance the overall health of the community, advance medical knowledge and/or reduce government funding.

In close collaboration with the community benefit program, non-profit hospitals also generally sponsor their own Community Health Needs Assessment (CHNA) or partner with a broader collaboration of healthcare partners in their CHNA. Community Health Needs Assessments (CHNAs) are a process that is used by communities to identify and analyze community health needs. Critical Access Hospitals (CAH) are required to complete one every three years as part of the Affordable Care Act. In addition, local public health entities are required to complete one every five years. The process to complete a CHNA is extensive and includes a series of stakeholder meetings, surveys, interviews with community leaders and additional analysis of local community health data. Hospitals generally link their community benefit funding to specific needs that are identified in their respective CHNAs.

In order to be incorporated in a non- profit health care system's community benefit program, the WRAP® program should evaluate local Community Needs Assessments to determine if the behavioral health needs of older adults are established as an identified need. Almost half of the assessments in Illinois have identified behavioral health as a priority concern.[xxxiv] If the mental health of older adults is determined to be a need, then contact should be made with the respective Community Benefit representative from the different health systems to determine the process for evaluating and sponsoring programs for their community benefit programs. In the following table, we have identified a list of potential non-profit healthcare systems to approach with links to their most recent Community Health Needs Assessment.

Priority Non-Profit Healthcare Systems for WRAP® Partnerships

Hospital System	Most recent Community Health Needs Assessment
University of Chicago Medical Center Contact: communitybenefit@uchospitals.edu.	https://issuu.com/communitybenefit-ucm/docs/ucm-2019-chna?fr=xKAE9_zU1NQ
Rush University Medical Center Contacts: ▪ Julia Bassett, Manager, Health and Community Benefit julia_s_bassett@rush.edu ▪ Christopher Nolan, System Manager, Community Health and Benefits, christopher_nolan@rush.edu	https://www.rush.edu/sites/default/files/CHNA-CHIP-ONLINE-REV8-8_FNL.pdf
AMITA Health https://www.amitahealth.org/about-us/community-benefit/ Contacts: ▪ Shannon Jermal, System Director, 224.273.2375 or Shannon.Jermal@AMITAhealth.org ▪ Maria Iniguez, System Manager, 224.273.2373 or Maria.Iniguez@AMITAhealth.org	https://www.amitahealth.org/assets/documents/about-us/supportingcommunities/2019-community-health-needs-assessment-report.pdf
Advocate Aurora Health https://www.aurorahealthcare.org/about-aurora/community-benefits#Our-CHNAs	https://www.advocatehealth.com/hospital-chna-reports-implementation-plans-progress-reports/
Loyola University Medical Center https://loyolamedicine.org/about-loyola/community-benefit?hcmacid=a0Z2M00000lzt9rUAA	https://loyolamedicine.org/sites/default/files/2019_chna_report_lumc.pdf

Area Agencies on Aging.

In Illinois, the Department of Aging funds the Area Agencies on Aging Title IIIB, C, C1, C2, D and E (combination of federal and state requirements) to implement evidence-based programming. The agencies receive their funding on an annual basis. Every year, the process begins in March for the following year. Following the initial announcement, a series of public hearings are held in each area to review the proposed recommendations. Clients, providers, and other support agencies are able to attend these sessions to provide public input. Comments are received through July. Following the public review, the plan is reviewed and approved by the Department of Aging.

In addition to the public review process, Area Agency on Aging also solicit Requests for Proposals or grants from partner organizations to provide services. One strategy for implementing the WRAP® program in Illinois, would be to provide a series of comments and recommendations at each of the Triple A public hearings to advocate for incorporation of WRAP® into the Triple As' CDSME local plans. Following that, the WRAP® coordinating entity could submit proposals to provide chronic disease programs for Area Agencies on Aging based on their respective RFP/grant cycles.

Please see a list of prospective Area Agencies on Aging to contact, based on the interview sessions that were conducted, with their respective timeframes as of the publish date of this report. Prior to applying, it is recommended that each Area Agency on Aging be approached for their most current guidelines and timeframes.

Priority Area Agencies on Aging for WRAP® Partnerships

PSA	Area Agency on Aging	Website	Notes
13, Suburban Cook County	**AgeOptions** Diane Slezak, President and CEO 1048 Lake Street, Suite 300 Oak Park, Illinois 60301 1-800-699-9043 (Suburban Cook County area only.)	http://ageoptions.org/gallery/bderfp/	AgeOptions solicits RFPs every 3-4 years for a variety of services, including Health Promotion and Disease Prevention (Title III-D)[39]. The process generally begins in February and are due around April. Please see: http://ageoptions.org/gallery/bderfp/ for a copy of the last application materials, scoring tool and more information for AgeOptions. Process starts in February and awards are made in June for following Fiscal Year (starting October).
2, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will Counties	**AgeGuide** Marla Fronczak, Executive Director Main Office: 1910 S. Highland Ave., Suite 100 Lombard, Illinois 60148 630-293-5990 Contact for grants: Jody Stoops, Fiscal Analyst at (815) 939-0727 or jstoops@ageguide.orgc	https://ageguide.org/general-info-deadlines/	AgeGuide solicits letters of interest from nonprofit and local government organizations generally in February for funding programs for the following fiscal year (beginning in October of the same calendar year). Service providers must adhere to their service standards found at this link: https://ageguide.org/service-standards/.

PSA	Area Agency on Aging	Website	Notes
5, Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, McLean, Macon, Moultrie, Piatt, Shelby, and Vermilion Counties	**East Central Illinois Area Agency on Aging, Inc.** Susan C. Real, Executive Director 1003 Maple Hill Road Bloomington, Illinois 61704-9327	www.eciaaa.org	See: https://eciaaa.org/images/Planning_Program_FY_2020_Meetings_and_Events_Calendar.pdf for current calendar. Grant applications for next FY (October-September) are due in June for the next fiscal year. So, for FY 2021, applications were due in June of 2020 for start date of October 1, 2020-September 31, 2021.
7, Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, and Scott Counties	**AgeLinc** Carolyn Austin, Area Agency on Aging for Lincolnland 2731 S. MacArthur Blvd. Springfield, Illinois 62704 217-787-9234 Email: caustin@aginglinc.org	www.aginglinc.org	Applications are due in June for the following fiscal year (beginning in October of the current calendar year). For previous application forms, please review this link: https://agelinc.org/Resources/partner-resources.
8, Bond, Clinton, Madison, Monroe, Randolph, St. Clair, and Washington Counties	**AgeSmart** Joy Paeth, Chief Executive Officer 801 W State Street O'Fallon, Illinois 62269-1809 618-222-2561 E-mail: jpaeth@AgeSmart.org	http://www.agesmart.org/funding-process/	Grants are submitted to an Advisory Council. The grants are then presented to the Board who votes on grant allocations. Please see a copy of the summary of their last plan at this link: http://www.agesmart.org/wp-content/uploads/2019/04/PID-20_rev.pdf. Please reach out to Joy Paeth for additional details prior to application.

PSA	Area Agency on Aging	Website	Notes
4, Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford Counties	**Central Illinois Agency on Aging, Inc.** Keith Rider, President & CEO 700 Hamilton Boulevard Peoria, Illinois 61603-3617 1-877-777-2422	https://ciaoa.net/	See latest public information document at this link: https://ciaoa.net/sites/default/files/PID%202020%20Amendment%20to%20the%20%20FY%202019-2021_0.pdf. For specific information about the process for Central Illinois Agency on Aging, please reach out to Keith Rider.

State/Federal Government Funding

Medicare. We recommend that the new oversight entity for statewide delivery of WRAP® to seniors explore use of the Medicare Part B Designated Benefit, Chronic Care Management (CCM), which has been identified as the best option for funding evidence based CDSME programs. CCM targets individuals with two or more chronic conditions that are expected to last at least twelve months or until death, and who are at significant risk of functional decline, deterioration, acute exacerbation, or death. Services under this benefit are intended to help individuals more effectively manage their health, reduce exacerbation of disease, and improve their clinical outcomes. Such services can be provided by phone, electronically, or in person. CCM services are expected to last a year and be billed monthly. To pursue Medicare reimbursement, the WRAP® entity would need to:

- Pursue CMS accreditation and recognition
- Identify the workforce and infrastructure to support program delivery
- Pursue contracts with an existing Medicare provider
- Secure services of qualified clinicians for supervision
- Set up billing structures
- Develop a process to provide all required documentation
- Determine the costs of providing WRAP® and the volume of services needed to cover those costs, and
- Establish how to competitively position WRAP® in the marketplace for both Medicare and Medicare Advantage enrollees.

This effort should take advantage of resources provided by the National Coalition on Aging (NCOA) for entities that wish to pursue Medicare reimbursement for CDSME programs. These include information from their Learning Collaboratives on this topic, archived PowerPoint presentations and webinars by organizations that have accomplished this, and other helpful information for organizations pursuing Medicare reimbursement for CDSME such as: https://bit.ly/34S5l42.

Medicaid. Since approximately 200,000 Illinois seniors are covered by Medicaid (http://protectourcareil.org/wp-content/uploads/2017/05/Older-Adults-and-Medicaid.pdf), another funding strategy that should be considered by the new oversight entity is revision of the state of Illinois' Medicaid Home and Community-Based Services for Persons who are Elderly Waiver, to include WRAP® as a Medicaid-billable service for seniors. This would require sign-off by the Governor, and would require IDoA to work with the Illinois Department of

Healthcare and Family Services on language for the new waiver, which would then be submitted by the latter agency to the Centers for Medicare and Medicaid Services (CMS) for review and approval. To develop a plan for the waiver, the new WRAP® oversight entity would need to compile information such as:

- The projected number of WRAP® recipients to be reached under the waiver,
- A projected annual budget including an established rate for WRAP® based on sound rate-setting methodology,
- WRAP® workforce requirements such as amount of training and experience required by WRAP® instructors,
- Plans for ongoing supervision of WRAP® delivery to seniors,
- An IDoA quality assurance plan for oversight of WRAP® provision, and
- Specific WRAP® performance metrics as well as a system for collecting and reporting these.

This effort should also take advantage of resources provided by NCOA for entities that wish to pursue Medicaid reimbursement for CDSME programs, including their guide featuring promising practices to establish reimbursable CDSME in Medicaid and other emerging markets available here: https://bit.ly/3iVmOgT.

Managed Care Reimbursement. The WRAP® program could also approach Managed Care Organizations for funding as a value-added service. In conversations with UIC, some preliminary dialogue has occurred with managed care organizations about the possibility of starting a pilot service delivery/research project to determine the benefit of WRAP® as a value-added service that would reduce inpatient and other medical costs.

Some CDSME programs have had success in partnering with managed care organizations to receive reimbursement for programming. One evidence-based program to emulate is the National Diabetes Prevention Program (National DPP). The National DPP has developed a comprehensive approach to obtain funding through different payor sources. For additional information on the program and their strategies, please reference their website at: https://coveragetoolkit.org/about-national-dpp/. A managed care reimbursement strategy would need to be defined based on the specific payor type that is prioritized.

For managed care organizations, the following process should be followed:

1. Build relationships with the payor
2. Present the case for coverage
3. Launch the program
4. Evaluate and measure program results

Conclusion

The Wellness Recovery Action Planning (WRAP®) program provides a critical resource through its individualized approach to recovery and wellness. In preparation for the WRAP® Sustainability Report, a series of interviews were conducted with the stakeholder list and protocol found in the appendices. In addition, a cost evaluation of the existing operating costs with the potential return on investment for potential funders was also developed. Prospective funding sources for ongoing sustainability were also identified along with associated fundraising strategies.

Based on the feedback gathered during these sessions, the following key steps are proposed for the WRAP® program:

1. **Identify Programmatic Oversight.** We recommend a statewide entity be designated to oversee the process of making WRAP® available as a CDSME to seniors in Illinois. If Illinois Pathways to Health remains operational, then this could serve as that entity. If it does not, then the Illinois Department on Aging could serve as that entity. Another option is that the Illinois Department of Human Services, Division of Mental Health serve as that entity because they currently play this role in making WRAP® available statewide to people with serious mental illnesses. There might be another entity such as a university or philanthropic organization that could serve in this role.

   This oversight entity would provide critical funding, monitor the program schedule, develop program marketing, facilitate coordination with host sites, and hire/monitor facilitators.

2. **Identify Funding Sources.** The WRAP® Sustainability Report has identified a series of prospective funding sources, including non-profit healthcare systems, Area Agencies on Aging, state and federal governmental funding and managed care organizations. Based on the information provided in the fundraising strategies section, it is recommended that representatives reach out to each identified agency to verify the viability of each prospective funding source.

3. **Initiation of Proposed Marketing Strategies.** Once the oversight partner is established, the following critical steps need to be taken to ensure sustainability.

   - **Increase General Awareness.** A critical part of any program is community awareness. As one of the interviewees highlighted, an evidenced-based program can make great

strides as more individuals are aware of the program. For example, during the interviews one respondent highlighted the success of the Savvy Caregiver program in increasing awareness and greatly increasing participation. Based on feedback received from interviewees, it is recommended that the WRAP® program target Area Agencies on Aging that are identified in the table listed on pages 20-22 of this report.

- **Develop a Targeted Promotional Campaign.** A consistent theme promoted by the interviewees was the need to promote the program. The Illinois Pathways to Health promotes evidence-based programs through a variety of methods, including their website, sending out emails, through newsletters and engagement with host sites and healthcare networks. The WRAP® program is already listed as a program on the site. To increase participation, the recommendation was made to identify specific dates and times of WRAP® programs to increase participation.

  Other promotional campaign activities that the WRAP® program could conduct include:
  - Engaging provider associations to provide educational sessions or provide articles for newsletters.
  - Engage Health Systems/Clinics to establish new WRAP® referral protocols or workflows.
  - Engage AAAs and Chronic Disease Educational partners about promotional opportunities.
  - Engage health care providers in educational and/or referral opportunities.
  - Engage community agencies in providing information on WRAP® in newsletters or websites.
  - Volunteer to participate in Community Health Fairs (including virtual)
  - Engage providers and potential participants in mailing and email campaigns.

Again, the Wellness Recovery Action Planning (WRAP®) program is a great resource for individuals in the State of Illinois. We greatly appreciate the feedback received from the University of Illinois at Chicago and other key stakeholders interviewed for this report. We respectfully submit these recommendations to support the ongoing sustainability of the Wellness Recovery Action Planning (WRAP®) Program.

Appendix 1: Interview Sessions Conducted

Interviewee	Title/E-mail Address	Date of Interview
Padriac Stanley	Program Coordinator, Health Promotion & Disease Prevention Rush University Medical Center, Department of Social Work & Community Health Padraic_Stanley@rush.edu	6/4/2020
Anne Lehocky	Assistant Director Clinical Services, Resident Services, Chicago Housing Authority alehocky@thecha.org	6/4/2020
Jose Jimenez	Older American Services, Department of Aging Jose.Jimenez@illinois.gov	6/5/2020
Diane Slezak	President and Chief Executive Officer, Age Options Diane.Slezak@ageoptions.org	6/11/2020
Mary Crawford	Field Representative, West Central IL Area Agency on Aging marycrawford@wciagingnetwork.org	7/15/2020
Juliet Simone	Director of National Health and Programs, Oasis Institute jsimone@oasisnet.org	8/14/2020
Nanette Larson	Deputy Director of Wellness, State of Illinois NANETTE.LARSON@illinois.gov	8/20/2020
Michael O'Donnell	A Matter of Balance Master Trainer, former AAA Executive Director and member of the Illinois Council for Mental Health mjodonnell66@gmail.com	9/25/2020

Appendix 2: Protocol for CDSME Stakeholder Interviews for the WRAP® for Seniors Project

Introduction

1) Introductions/Explanation of Project.

2) Stakeholder Experience.

a) What are the greatest mental health needs, from your perspective, in the older adult community?

b) Are you familiar with Chronic Disease Self-Management Education (CDSME) programs like Matter of Balance and Take Charge of Your Health? What about Wellness Recovery Action Plan or WRAP®?

If the person is unfamiliar with WRAP®:
WRAP® is an evidence-based mental health self-management program taught by trained and certified peers. WRAP® participants learn to identify and manage upsetting feelings and behaviors and make a plan for wellness in their lives. It's been offered to nearly 200 older adults in Illinois so far through a federal grant initiative.

Infrastructure Questions

1. How is the delivery of CDSME currently structured in your [state, county, AAA, program, the area you serve, the area for which you are responsible, etc.]?
Probe for what programs do they deliver, and how. Also, incorporate virtual-specific response.

2. Approximately how much do you spend on CDSME programs annually?
Press hard for guesstimate.

3. What funding streams are used to pay for CDSME in your [state, county, AAA, program, the area you serve, the area for which you are responsible, etc.]?
If vague, probe for as much specific information as possible. They might mention Title IIID federal funds, other state funding (if so, determine from which agencies), or other federal grants (if so, determine which grants).

4. Have you added any new CDSME programs to what you already offer?

a. Have you always provided the programs in question 1, or have you added additional programming?

b. How have you decided? Probe for: 1) what staff training was needed? 2) what funding was needed to add this new CDSME program?

5. Let's say there is a new CDSME program available that is endorsed by the federal government. What would you need to know about it to decide whether or not to offer it?

Appendix 3: Sample Budget

	Minimum # of participants	Maximum # of participants	# of Weeks	Total Cost
Per Session	8	12	8	$ 9,263.00

Staff Training Costs	**Total**
WRAP® Seminar I Course (includes WRAP® book)	$ 500.00
WRAP® Facilitator Seminar II Course (instructor manual and materials included)	$ 1,300.00
Advanced Level WRAP® Facilitator Seminar III Course (materials included)	$ 1,500.00
WRAP® Facilitator Training Manual (includes CD-ROM and DVD (available in English and Spanish)	$ 129.00
Wellness Recovery Action Plan (WRAP®) (available in English, Spanish, Chinese, Cambodian, Korean, Vietnamese)	$ 10.00

Intervention Costs: 8-week format for 12 participants	**#**	**Hourly Rate**	**Total**
Instruction time (2.5 hours a week x 8 weeks)	20.00	$ 25.00	$ 500.00
Prep time (2 hours/week x 8 weeks)	16.00	$ 25.00	$ 400.00
Post group (4 hours to complete values and ethics checklist and debrief)	4.00	$ 25.00	$ 100.00

Materials	**#**	**Unit Cost**	**Total**
WRAP® participant booklets	12.00	$ 10.00	$ 120.00
Water and healthy snacks (by week)	8.00	$ 10.00	$ 80.00
Office & art supplies (pens, paper, markers, flip charts, 3-ring binders) (by week)	8.00	$ 10.00	$ 80.00

Space rental	**#**	**Unit Cost**	**Total**
Hourly cost per week (8 weeks at 4 hours per session)	32.00	$ 142.00	$ 4,544.00

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