FY 2023 PERFORMANCE PLAN				
Н	BHD Wellness — lealthy Living Program	BHD	Marianna Cardozo x5191	
Program Purpose	Reduce health risk factors for individuals with serious mental illness and substance use disorders through engagement in health-related programming, and provide a supportive community for individuals in recovery to access opportunities to experience interpersonal connectedness and engagement around the development of personal health habits.			
Program Information	programming, and provide a supportive community for individuals in recovery to access opportunities to experience interpersonal connectedness and engagement around the development of personal health habits.  • There are seven wellness programs/services within the BHD Healthy Living Program (HLP):  • Wellness Screening and Engagement: Entry level support for clients in engaging in wellness activities available through the Healthy Living Program. Following a required orientation providing an overview of the program, clients are invited to participate in program groups at a frequency that feels comfortable for them and allows them to get a feel for the program and for which services spark their interest. Clients may decide at this point that they would like to continue in the program at the screening and engagement level, in which case, they are asked to engage a minimum of one time per month in order to stay active in the program. They may engage individually in peer support, or in group-based services In FY 2023, this service was also used as a service category for individuals who have completed wellness coaching and are more independently engaged. Within the program, this is referred to as "maintenance" or "alumni".  • Wellness Coaching: Following initial engagement period, typically two to three months, clients who are engaging consistently are invited to enroll in a four module group to support with initial goal setting around health habits and wellness. Following completion of this group, participants are invited to begin individualized health coaching, which start at a twice a month frequency, tapering down over the course of a year, or as determined by client needs. Group and individual based support to include periodic progress assessments and goal setting, as well as optional peer support. Clients may engage in all available services, at a minimum of one time per month.  • Whole Health Action Management (WHAM): 10-week, peer recovery specialist-led groups that work to support the development of selfmanag		pport for clients in Healthy Living an overview of the groups at a them to get a feel terest. Clients may not the program at the are asked to engage ctive in the program. Group-based services. Attegory for and are more referred to as a sind, typically two to are invited to enroll of the string around health oup, participants are not start at a twice a sed support to ng, as well as a silable services, at a silable services, at a support individuals use. The same are set of the string around health and wellness of and substance use. The support individuals use a certified yoga to all BHD clients and suity-based resources and substance uses. The same are support individuals use.	

- Clients are also offered nutrition education classes, walking groups, an environmental health group, peer-led wellness workshops, group bike rides, and strength training groups.
   Referrals for these programs come primarily from the Behavioral Healthcare Division with occasional referrals from Neighborhood Health for clients linked to BHD. In FY 2023, Healthy Living began partnering with the Edge program
  - The Healthy Living Program partners with several community organizations, including:
    - Arlington County Department of Parks and Recreation
    - Arlington Public Schools Aquatics

to provide services targeted to young adults.

- Health-oriented organizations, including a bike shop, a runningequipment shop, a bike-share program, and a local hospital
- Grocery stores and food non-profits

#### Service Delivery Model

- In FY 2023, the program continued to offer services in a variety of formats, including in-person, virtual, and hybrid (in-person with virtual option available).
- In FY 2024, the program anticipates continuing the model.

#### PM1: How much did we do?

#### Staff

- 1.0 FTE program coordinator
- 1.0 FTE peer specialist
- Peer specialists lead WHAM group sessions.
- In FY 2023, one Master of Social Work (MSW) intern contributed 20 hours per week, and one program volunteer provided an average total of five hours of service per month.

# Customers and Service Data

Clients per Program/Service	FY 2020	FY 2021	FY 2022	FY 2023
Total unduplicated clients	64	71	71	71
WHAM (started in FY 2019 Q4)	6	17	9	8
Tobacco cessation	12	7	10	2
Wellness Coaching	32	31	25	49
Wellness Engagement	43	21	25	26
Referral only	16	6	8	3
Waitlist for all services at end of the fiscal year	0	0	0	0

#### PM2: How well did we do it?

- 2.1 Clients connected to primary care
- 2.2 Program participants engage in at least one program activity per month

## PM3: Is anyone better off?

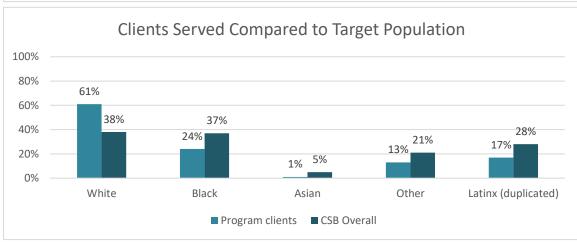
- 3.1 Clients reduce or quit tobacco use
- 3.2 Clients maintain/improve health outcomes

3.3	Clients improving	scores on the	Flourishing	Scale
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# Measure 1 Total clients served (unduplicated)

Data





# Data Summary

- From FY 2020 to FY 2023, the number of clients served increased 11%.
- The selected comparison population for the racial equity analysis is the CSB overall, as all Wellness clients are referred from another agency program. The Healthy Living Program seeks to serve a representative sample of agency clients.
- Data for this measure is collected in the agency's electronic health record.

## What is the story behind the data?

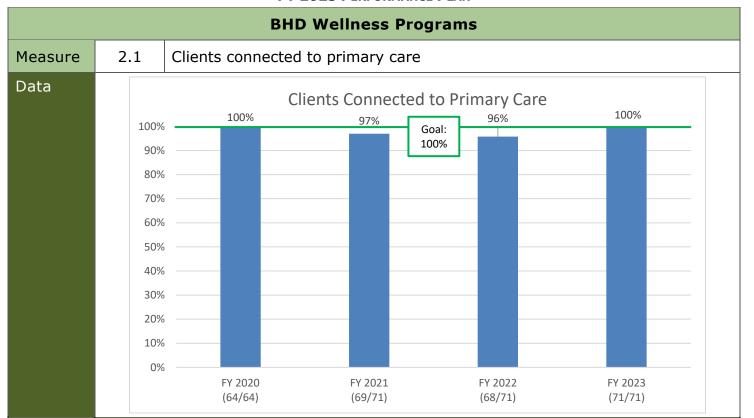
- The BHD Wellness programs are dynamic, often utilizing the latest research-based methodologies to provide innovative services to clients. Because of this, the program has been able to steadily increase the number of clients it serves each year.
- Since 2021, the program has been offering services in a variety of formats, including inperson, virtual, and hybrid. This has expanded access, and clients are now able to engage in Healthy Living programming in the environment where they are most comfortable.
- The program relies on referrals from various outpatient programs. Referred clients are usually individuals who have been consistently in recovery for significant lengths of time, and the racial equity data represented here may reflect intriguing questions around determinations being made around appropriateness of referrals.

- Anecdotal experience suggests that the number of Latinx clients reported above may be underreported. Efforts to update and enhance data collection will occur in FY 2024.
- Services provided by the program in FY 2023 include psychoeducational wellness workshops, walk groups, strength-training/physical activity groups, mindfulness sessions, individual wellness coaching sessions, tobacco cessation support, and goal setting sessions. Additional support was provided to clients both inside and outside of the program with applying for fee reductions to parks and recreation services and Arlington pools, as well as for other community-based supports, such as discounted yoga classes, bike donations, and bikeshare programming.
- Participants in the program are given the opportunity in engage in a variety of formats outside of regular group programming, including group bike rides, farmers market trips, events at a local community garden, trips to local nature walks and rec centers, volunteer opportunities, and other events.
- The program is focused on increasing access to health programs to those who may not
  otherwise have access to that care. Particular emphasis is placed on outreach and support of
  people with marginalized identities. The program operates on a "body trust" paradigm that
  emphasizes that all bodies are deserving of equitable treatment services and justice within
  the healthcare system, and this value is communicated in various ways throughout
  programming

Recommendations	Target Dates	
Continue providing holistic services to agency clients, to help improve physical as well as mental health.	Ongoing	
Offer Action Planning for Prevention and Recovery (APPR), an eight-week, peer recovery specialist-led group service.	• FY 2024 Q3	
Review incoming referrals through a racial equity lens and consider ways to assess how initial engagement and attrition rates may or may not be reflected in racial equity metrics.	• FY 2024 Q3	
Review collected demographic information with clients to ensure it matches their racial and ethnic identity.	• FY 2024 Q3	
Make progress on the program's overarching goals, including expanding the clinical focus of the program, enhancing community relationships, and exploring a billable eating disorder harm reduction program.	• FY 2024 Q4	
Build out the initial engagement process, with an eye toward providing relevant and responsive tools and opportunities to to enhance ongoing connections and meaningful exploration of health habits.	• FY 2024 Q3	
Foreset		

#### **Forecast**

• In FY 2024, it is projected that 75 clients will be served across the wellness programs.



Data Summary

- This measure tracks the number of clients who are documented as connected to primary care services in the agency's electronic health record.
- In FY 2023, 100% of clients (71/71) were connected to primary care services.

# What is the story behind the data?

- Focusing on physical health is a key component of reducing health risks for clients with serious mental illness.
- Clients in many of the HLP services are required to have updated medical clearances from their primary care physician, necessitating a physical screening within 12 months, which aligns with StepVA requirements.
- The program continues to use an updated medical clearance form, rolled out in FY 2022, that
  requires providers to include the date of the last primary care screening. This helps the
  program identify the clients who need connections to primary care and ensure they receive
  their annual check-up.
- Beginning in FY 2020, all referrals for monitored services were required to include verification that a medical clearance form had been submitted to the client's primary care physician, which facilitated tracking of whether clients were linked and created opportunity to support with linking if needed.

Recommendations	Target Dates
Continue requiring that clients referred for any ongoing services supply contact information for their primary contact, along with an updated release of information.	are

• Continue working with clients to reduce or eliminate barriers to connecting with their primary care physician.

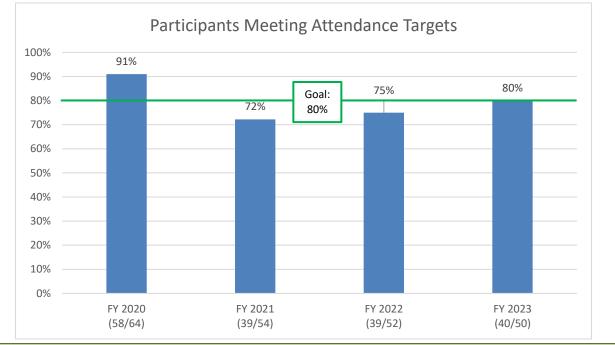
Ongoing

# **Forecast**

• In FY 2024, it is expected that at least 95% of clients referred will connect to primary care.

# Measure 2.2 Program participants engage in at least one program activity per month

Data



# Data Summary

- In FY 2023, engagement was measured for all clients who were open to a monitored wellness services (wellness coaching and wellness engagement) at any time during the year. This totaled 50 clients, 40 of whom (80%) engaged at least one time per month while enrolled in the wellness service.
- In FY 2023, 19 people attended orientation to the program. 7 of these individuals began engaging in the program and were opened to engagement services. 12 individuals decided not to join the program and were either linked to community based supports, or simply closed to services.

# What is the story behind the data?

- In FY 2023, 30 clients (60%) were highly engaged, attending at least 3 sessions each month, with many of those attending multiple activities per week.
- Engagement expectations are currently defined as a minimum of once a month for any coached program. However, as clients continue to move through the program toward independent engagement with health habits, the program has noted some changes in engagement levels for long-standing participants. Some of these individuals, "alumni" of the program, have independently begun setting up times to go to the gym, or to the pool, or on bike rides, with other participants in the program. In some cases, this has resulted in a drop in engagement frequency, but is viewed by the program as a positive indicator of more independent engagement with one's health habits.
- With the exception of scheduled "wellness check in sessions," and peer coaching sessions,
  all program activities are framed as "drop in," so that clients can select activities as they see
  fit, which allows the program to be easily customized to a participant's current level of
  functioning, interest, and abilities. Attendance in activities is tracked weekly, and outreach is
  conducted on a regular basis.

- Individual wellness check in sessions continued in FY 2023. These are scheduled on a frequency determined by client need, length of time in the program, and other client-centered determinants.
- In FY 2023, participants continued receiving peer coaching support as a supplement and additional source of support and intervention. These have been well-received and will remain a permanent component of program service delivery.
- Program participants and/or a self-selected contact person receive a weekly newsletter with program reminders, updates, community resources, and scheduling for the upcoming week.
- Of the 10 clients who did not engage at least once per month in FY 2023, four were closed
  to services during the year. Two were successfully re-engaged in the program at a minimum
  of 1x/month, and four were transitioned to wellness engagement services, in order to
  support their engaging with the program at a rate that felt more doable for the individuals.
  These individuals are an example of "alumni" participants, who prefer more independent
  engagement with their health habits at this stage of their wellness journey.
- In FY 2023, clients participated in the program at varying service levels:
  - Wellness engagement: minimum one time per month
  - <u>Wellness coaching</u>: minimum three times per month plus annual assessment and wellness goal setting
- To support clients in engaging at their own comfort level, all new clients are started with an orientation and overview to the program prior to referral, and an invitation to select just one program activity to begin attending, with the goal of minimum once a month engagement.

Recommendations	Target Dates
• Continue to provide structured outreach to clients, in addition to the continuation of the current intake and onboarding process which is designed to increase client understanding of program services, and ability to engage with ease.	Ongoing
<ul> <li>Conduct annual client interest and impact survey to remain abreast of clients' self-reported wellness interests, access to HLP services and other community supports, and related feedback and suggestions.</li> </ul>	• FY 2024 Q2
<ul> <li>Continue to explore ways to increase responsiveness to initial wellness survey questions, to support increased engagement following orientation and during onboarding.</li> </ul>	• FY 2024 Q2
• Consider the development of a formalized "alumni" program to provide the appropriate level of support to clients who are ready to take that step.	• FY 2024 Q3

#### **Forecast**

In FY 2024, it is estimated that 80% of program participants will engage in at least one wellness activity per month.

#### **BHD Wellness Programs** 3.1 Clients reduce or quit tobacco use Measure Data Percent of Participants Who Reduced or Quit Tobacco Use 80% 70% 70% 58% 60% Goal: 50% 50% 40% 29% 30% 25% 20% 10% 0% FY 2021 FY 2020 FY 2022 FY 2023 (7/12)(2/7)(7/10)(2/8)

Data Summary In FY 2023, 2 out of 8 participants engaged in tobacco cessation reduced their usage. These clients participated in counseling through Tobacco Chats, Healthy Living Program coaching, or both. Per best practices for nicotine cessation, all 8 clients were engaged in individual discussion and coaching around their nicotine use as a regular part of their program engagement.

# What is the story behind the data?

- Quitting or reducing tobacco use is a challenge for people from all walks of life, especially
  when concurrent with behavioral health issues and in the midst of the ongoing stressors of a
  global health crisis. Current public health reports indicate that there has been an increase in
  tobacco usage in the US since the start of the pandemic.
- The Tobacco Chats program is facilitated by a BHD clinician trained in the Dimensions Tobacco Free program.
- Tobacco Chats operated throughout the first half of FY 2023 in a drop-in support group format, offered hybrid in an effort to increase engagement. Due to ongoing low participation (2 participants from July – December), the group was placed on hold beginning in Q3 and remains on hold at this time, pending continued assessment of need and staffing capacity.

Recommendations	Target Dates
In FY 2024, the program will continue to collect data on nicotine use within HLP and across BHD programs as able.	Ongoing
If and when the Dimensions program is resumed, it will continue to be offered as hybrid in-person and virtual services	Ongoing

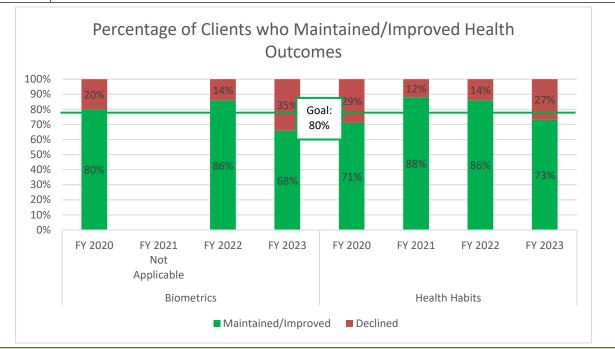
<ul> <li>Conduct surveys of relevant constituents (clients and BHD clinical staff) to assess interest in and barriers to participation in tobacco cessation services.</li> </ul>	2024 Q2 and Q3
Reach out to programs that focus on young adults, like the EDGE program, to determine if there are clients who would like to decrease their usage of cigarettes, vaping devices, or other tobacco products.      FY 2	2024 Q2

# **Forecast**

• In FY 2024, it is expected that at least 40% of participants will quit or reduce tobacco use.

# Measure 3.2 Clients maintain/improve health outcomes

Data



# Data Summary

- In FY 2023, all clients in wellness coaching and wellness engagement services received annual assessments. In addition to an assessment of current health habits and support with goal setting, assessments are intended to include a standard biometric – resting heart rate - with additional biometrics available at client's discretion and choice.
- Clients were given the opportunity to self-report on their health habits using the wellness satisfaction scale. Results from these health habits assessments are reported in the chart.
- 50 participants were served in wellness coaching or wellness engagement at any point during the year. Of those, 37 completed two or more biometrics and health habit assessments during the fiscal year. 25 (68%) improved their resting heartrate and 27 (73%) reported maintained or improved satisfaction with personal engagement in current health habits.

# What is the story behind the data?

- In FY 2023, the percentage of clients maintaining or improving their resting heart rate and health habits survey results decreased.
- In FY 2023, given the ongoing nature of hybrid programming intended to increase accessibility of program services to clients, the program began utilizing the Electronic Health Record and the medical clearance process to collect and track resting heart rates.
- FY 2023 was the first year in which the Resting Heart Rate (RHR) was collected via medical clearance, which the program expects will be useful to collecting RHR change in FY 2024.
- In FY 2023, the program continued to frame services around the Substance Abuse and Mental Health Services Administration's eight dimensions of wellness, with an emphasis on habit development around four in particular: physical, emotional, social, and environmental.

• In order to support participant health and wellness in a more trauma-informed, personcentered manner, annual assessments continued to focus on the determination of health habits that the clients wished to practice, and clients' sense of satisfaction with adherence to these.

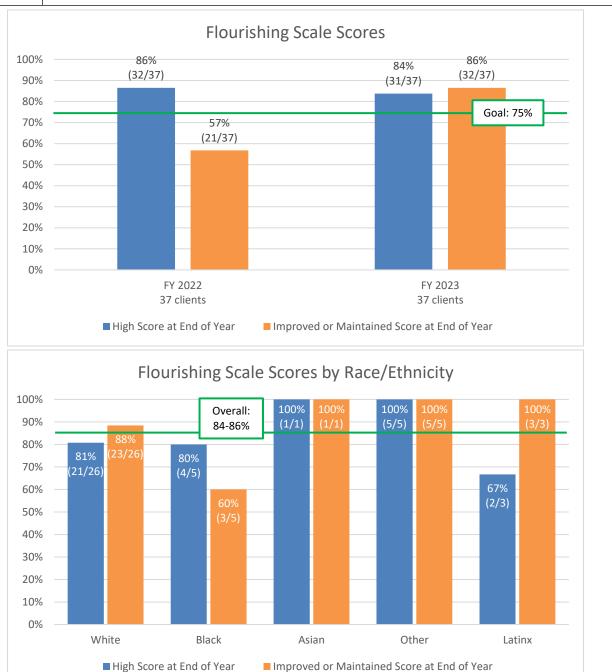
Recommendations	Target Dates
Continue pulling resting heart rate data from other agency assessments to calculate biometrics.	Ongoing
Develop a strategy to conduct more targeted follow up with participants around collected RHR data.	• FY 2024 Q2 and Q3
Continue to develop and utilize psychoeducational opportunities to support participant learning around the relationship between biometrics and health habits.	• FY 2024 Q2 and Q3
Continue to develop and utilize psychoeducational opportunities to support program participants in developing more neutral, less shame-based approaches to physical and emotional health in adherence with ongoing research around the implications of weight stigma in healthcare.	Ongoing
Develop a strategy to conduct targeted outreach to participants following completion of annual survey to provide more targeted support around health habits responses.	• FY 2024 Q2 and Q3

## **Forecast**

 In FY 2024, the forecast is that 80% of clients will see their biometric results maintained or improved and anticipate that health habits survey participants report 80% improvement or maintenance.

# Measure 3.3 Clients improving scores on the Flourishing Scale

Data



# Data Summary

- <u>The Flourishing Scale</u> is an 8-item summary measure of a respondent's selfperceived success. Client's rate each item with a score from 1-7, and the scale provides a single psychological well-being score.
- Any score above a 32 is considered a high score by the program. The highest possible score is a 56.

 Clients complete the Flourishing Scale at the beginning and ending of each fiscal year. The program reviews these scores to measure change and determine what additional supports clients may need.

# What is the story behind the data?

- FY 2023 was the second year that the Flourishing Scale was administered on a broad scale to program clients.
- In FY 2023, 37 program participants completed two Flourishing Scale assessments. Of that group, 84% (31/37) had a high score at the end of the year and 86% (32/37) improved or maintained their score from earlier in the year. This represents both an increase from FY 2022 and achievement of the measure goal. Of the 12 who did not complete two surveys, 7 simply did not respond to the survey, despite repeated outreach. The remaining 5 closed to the program without having completed their responses.
- The high end of year scores indicate that most program participants are experiencing relative well-being in multiple dimensions. Participating in the Healthy Living Program enables clients to improve their health in various dimensions, which in turn can facilitate renewed energy and increased optimism for the future.
- More than half of program clients improved or maintained their score from earlier in the year, demonstrating that their time in the program improved their overall outlook and selfassessment. For those whose scores decreased, 69% (11/16) still maintained a high score.
- On the post-assessment, the highest agreement rates were seen for "I am engaged and interested in my daily activities." The lowest agreement rates were seen for "People respect me."
- An equity analysis was conducted in FY 2023, to determine if changes in Flourishing Scale scores were different across race or ethnicity. Results were inconclusive, as over 70% of those clients who completed two Flourishing Scales were White. Variances in scores across races may be due to low participation levels.

Recommendations	Target Dates
Continue administering the Flourishing Scale twice a year to clients.	Ongoing
Aim to administer the scale to 90% of program participants enrolled in wellness coaching.	Ongoing
Consider ways to evaluate correlation between flourishing scale responses and individual engagement, in order to develop strategies to provide more targeted outreach and support related to individuals' concerns.	Ongoing

#### **Forecast**

 In FY 2024, it is projected that 85% of clients will have a high score at the end of the year, and 65% of clients will improve their score.