

FY 2022 PERFORMANCE PLAN

| BHD Wellness – Healthy Living Program | | BHD/ Administration | Marianna Cardozo x5191 |
|--|--|------------------------|------------------------|
| Program Purpose | <ul style="list-style-type: none"> Reduce health risk factors for individuals with serious mental illness and substance use disorders through engagement in health-related programming. | | |
| Program Information | <ul style="list-style-type: none"> There are seven wellness programs/services within the BHD Healthy Living Program (HLP): <ul style="list-style-type: none"> Wellness Engagement: Entry level support for clients in engaging in wellness activities available through the Healthy Living Program. Clients are asked to engage a minimum of one time per month in order to stay active in the program. They may engage individually or in group-based services. Wellness Coaching: Group and individual based support to include quarterly progress assessments and goal setting. Clients may engage in all available services, at a minimum of three times per month. Wellness Skill Building: Higher intensity individual support for clients experiencing or at risk for medical hospitalization. Clients may additionally engage in available group-based services. Whole Health Action Management (WHAM): 10-week, peer recovery specialist-led groups that work to support the development of self-management goals and skills, to achieve improved health and wellness for adults experiencing challenges with mental health and substance use. Wellness Recovery Action Plan (WRAP): eight-week, peer recovery specialist-led groups for adults experiencing challenges with mental health and substance use, to support the development of personalized self-management and recovery systems by incorporating wellness tools and strategies. Tobacco Cessation: evidence-based programming to support individuals in improving their health through decreased tobacco use. Referral only: support with linking clients to community-based resources Clients are also offered nutrition education classes, yoga, walking, 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. The Healthy Living Program partners with several community organizations, including: <ul style="list-style-type: none"> Arlington County Department of Parks and Recreation Arlington Public Schools Aquatics Health-oriented organizations, including a bike shop, a running-equipment shop, a bike-share program, and a hospital Grocery stores and food non-profits | | |
| Service Delivery Model | <ul style="list-style-type: none"> The onset of the Covid pandemic in March 2020 led to a shift to virtual programming. Since July 2021, the program has been offering services in a variety of formats, including in-person, virtual, and hybrid (in-person with virtual option available). These services have included psychoeducational wellness workshops, walk groups, strength-training/physical activity groups, mindfulness sessions, individual wellness coaching sessions, tobacco cessation support, and quarterly wellness assessments and goal setting. Additional | | |

FY 2022 PERFORMANCE PLAN

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| | <p>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.</p> <ul style="list-style-type: none"> In FY 2022, the program provided in-person, virtual, and hybrid services. This was found to be the most equitable and accessible way to provide services to clients. In FY 2023, the program anticipates continuing the model. |
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PM1: How much did we do?

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| Staff | <ul style="list-style-type: none"> 1.0 FTE program coordinator 1.0 FTE peer specialist Peer specialists lead WHAM and WRAP group sessions. In FY 2022, one Master of Social Work (MSW) intern contributed 20 hours per week, and two program volunteers provided an average total of ten hours of service per month. |
|-------|--|

| Customers and Service Data | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Clients per Program/Service*</th> <th style="text-align: center;">FY 2019</th> <th style="text-align: center;">FY 2020</th> <th style="text-align: center;">FY 2021</th> <th style="text-align: center;">FY 2022</th> </tr> </thead> <tbody> <tr> <td>Total unduplicated clients**</td> <td style="text-align: center;">38</td> <td style="text-align: center;">64</td> <td style="text-align: center;">71</td> <td style="text-align: center;">71</td> </tr> <tr> <td>WHAM (started in FY 2019 Q4)</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">17</td> <td style="text-align: center;">9</td> </tr> <tr> <td>WRAP (started in FY 2019 Q4)</td> <td style="text-align: center;">4</td> <td style="text-align: center;">20</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> <tr> <td style="padding-left: 20px;">Tobacco cessation</td> <td style="text-align: center;">-</td> <td style="text-align: center;">12</td> <td style="text-align: center;">7</td> <td style="text-align: center;">10</td> </tr> <tr> <td style="padding-left: 20px;">Wellness Coaching</td> <td style="text-align: center;">18</td> <td style="text-align: center;">32</td> <td style="text-align: center;">31</td> <td style="text-align: center;">25</td> </tr> <tr> <td style="padding-left: 20px;">Wellness Engagement</td> <td style="text-align: center;">-</td> <td style="text-align: center;">43</td> <td style="text-align: center;">21</td> <td style="text-align: center;">25</td> </tr> <tr> <td style="padding-left: 20px;">Wellness Skill Building</td> <td style="text-align: center;">-</td> <td style="text-align: center;">6</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Referral only</td> <td style="text-align: center;">19</td> <td style="text-align: center;">16</td> <td style="text-align: center;">6</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Waitlist for all services at end of the fiscal year</td> <td style="text-align: center;">25</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table> | Clients per Program/Service* | FY 2019 | FY 2020 | FY 2021 | FY 2022 | Total unduplicated clients** | 38 | 64 | 71 | 71 | WHAM (started in FY 2019 Q4) | 6 | 6 | 17 | 9 | WRAP (started in FY 2019 Q4) | 4 | 20 | - | - | Tobacco cessation | - | 12 | 7 | 10 | Wellness Coaching | 18 | 32 | 31 | 25 | Wellness Engagement | - | 43 | 21 | 25 | Wellness Skill Building | - | 6 | 2 | 2 | Referral only | 19 | 16 | 6 | 8 | Waitlist for all services at end of the fiscal year | 25 | 0 | 0 | 0 | | | | |
|--|---|------------------------------|---------|---------|---------|---------|------------------------------|----|----|----|----|------------------------------|---|---|----|---|------------------------------|---|----|---|---|-------------------|---|----|---|----|-------------------|----|----|----|----|---------------------|---|----|----|----|-------------------------|---|---|---|---|---------------|----|----|---|---|---|----|---|---|---|--|--|--|--|
| | Clients per Program/Service* | FY 2019 | FY 2020 | FY 2021 | FY 2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total unduplicated clients** | 38 | 64 | 71 | 71 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | WHAM (started in FY 2019 Q4) | 6 | 6 | 17 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | WRAP (started in FY 2019 Q4) | 4 | 20 | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tobacco cessation | - | 12 | 7 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Wellness Coaching | 18 | 32 | 31 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Wellness Engagement | - | 43 | 21 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Wellness Skill Building | - | 6 | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Referral only | 19 | 16 | 6 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Waitlist for all services at end of the fiscal year | 25 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Several services were started in FY 2020, and data for prior years is not available. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total clients may reflect programs that are not listed below, as they are no longer being offered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PM2: How well did we do it?

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| 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?

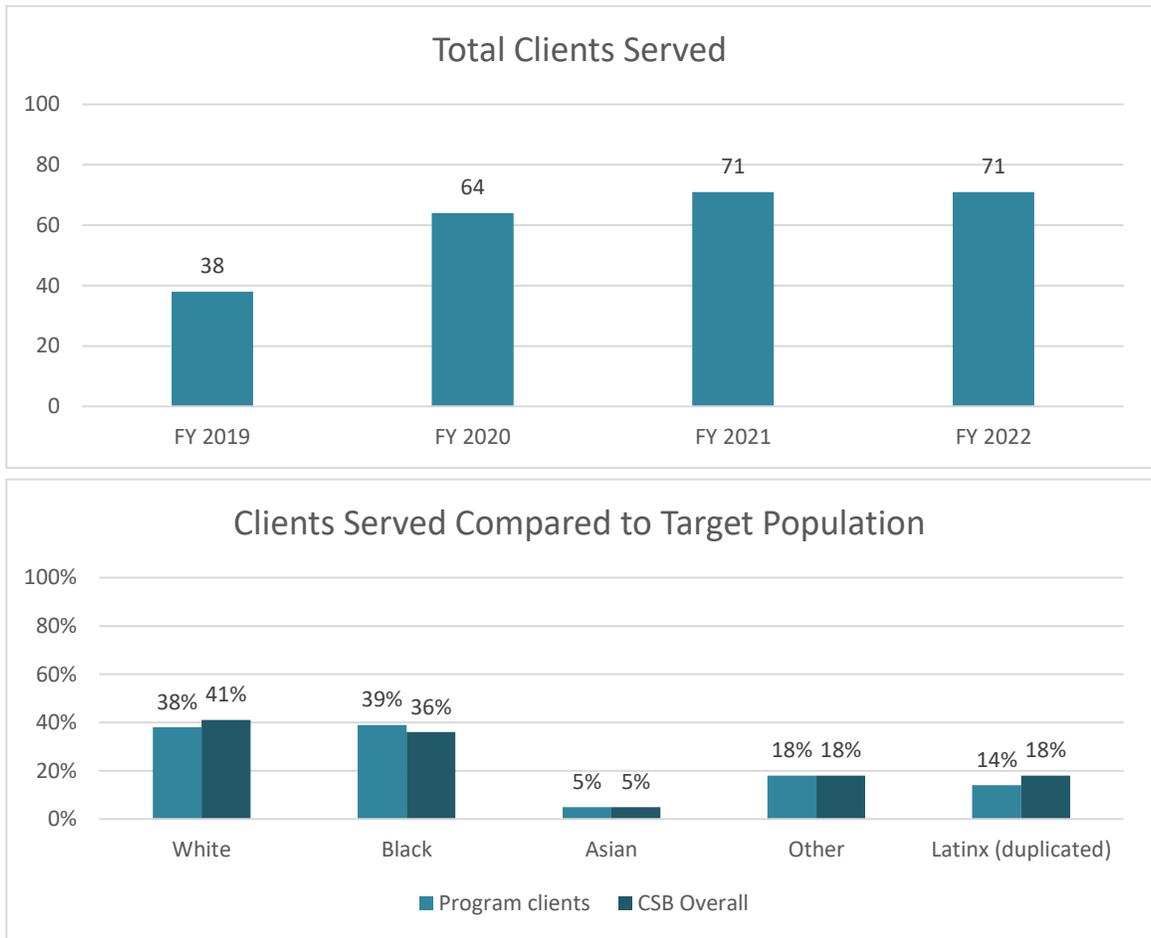
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|-----|---|
| 3.1 | Clients reduce or quit tobacco use |
| 3.2 | Clients maintain/improve health outcomes |
| 3.3 | Clients improving scores on the Flourishing Scale |

FY 2022 PERFORMANCE PLAN

BHD Wellness Programs

Measure 1 Total clients served (unduplicated)

Data



Data Summary

- From FY 2019 to FY 2022, the number of clients served increased 86%.
- 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.
- In FY 2020, the program enabled clients to participate in services virtually for the first time. This expanded access, and clients are now able to engage in Healthy Living programming in the environment where they are most comfortable.
- Overall program demographics closely match those of CSB clients, indicating that the program is doing a good job of serving agency clients in a representative manner.
- 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

FY 2022 PERFORMANCE PLAN

emphasizes that all bodies are deserving of equitable treatment services and justice within the healthcare system.

Recommendations

Target Dates

- Continue providing holistic services to agency clients, to help improve physical as well as mental health.

- Ongoing

Forecast

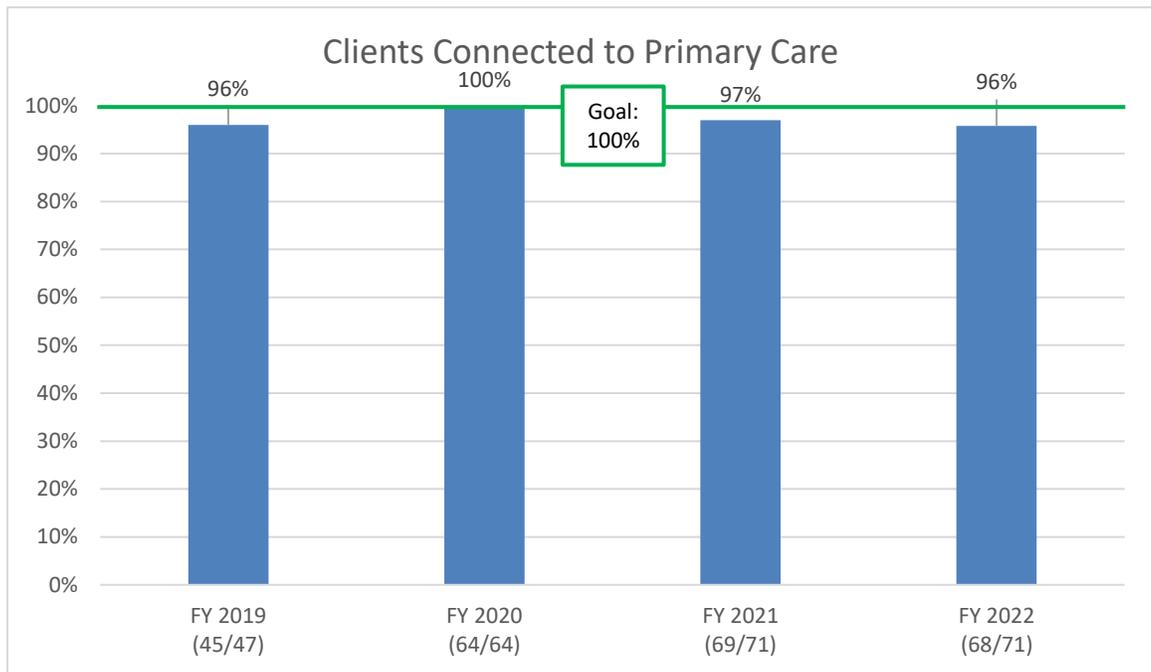
- In FY 2023, it is projected that 75 clients will be served across the wellness programs.

FY 2022 PERFORMANCE PLAN

BHD Wellness Programs

Measure 2.1 Clients connected to primary care

Data



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 2022, 97% of clients (68/71) were connected to primary care services.
- In FY 2022, all clients who participated in any monitored HLP services (wellness engagement, wellness coaching, wellness skill building) were connected to primary care (52/52). 63% of WHAM-only clients (5/8) were connected to primary care.

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.
- In FY 2022, the medical clearance form was updated to request the date of last physical screening. This helped the program identify the clients who needed connections to primary care and ensure they received 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

FY 2022 PERFORMANCE PLAN

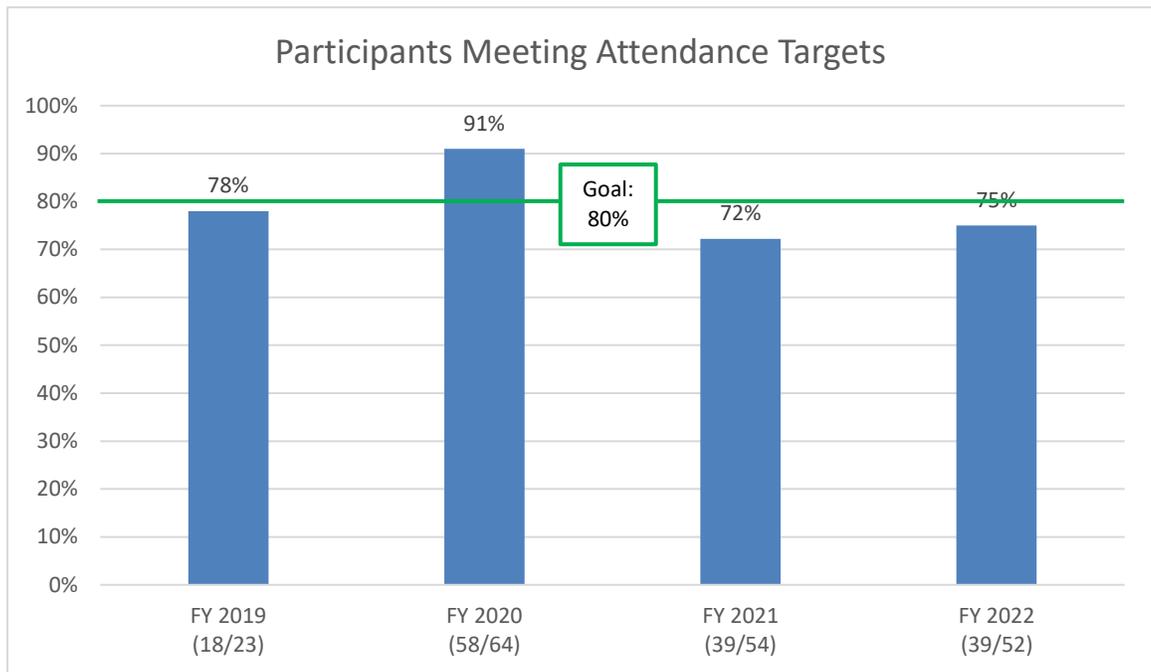
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| <ul style="list-style-type: none">• Continue requiring that clients referred for any ongoing services supply contact information for their primary care physician, along with an updated release of information. | <ul style="list-style-type: none">• Ongoing |
| <ul style="list-style-type: none">• Continue working with clients to reduce or eliminate barriers to connecting with their primary care physician. | <ul style="list-style-type: none">• Ongoing |
| Forecast | |
| <ul style="list-style-type: none">• In FY 2023, it is expected that at least 95% of clients referred will connect to primary care. | |

FY 2022 PERFORMANCE PLAN

BHD Wellness Programs

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

Data



Data Summary

- In FY 2022, engagement was measured for all clients who were open to a monitored wellness service (wellness engagement, wellness coaching, or wellness skill building) at any time during the year. This totaled 52 clients. Of those, 39 engaged at least one time per month while they were enrolled in any monitored wellness service.

What is the story behind the data?

- In Q2 FY 2022, HLP conducted a client interest and impact survey to remain abreast of clients' self-reported wellness interests, access to and engagement in HLP services and other community supports. This survey resulted in the addition of and adaptations to program services and activities to support continued meaningful engagement.
- In FY 2022, attendance rates remained comparable to pre-COVID levels. The program's components have a positive impact on clients, and there are incentives to keep clients engaged such as a monthly challenge that includes raffled off prizes.
- In FY 2022, 25 clients (48%) were highly engaged, attending at least 3 sessions each month, with many of those attending multiple activities per week.
- With the exception of scheduled "wellness check in 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 calls continued in FY 2022. These are scheduled on a frequency determined by client need, length of time in the program, and other client-centered determinants.

FY 2022 PERFORMANCE PLAN

- Starting in Quarter 3 of FY 2022, clients began receiving peer coaching calls 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 13 clients who did not engage at least once per month, four (4) were successfully re-engaged in the program at a minimum of 1x/month. Of the remaining nine (9), three did not engage following intake and were closed, and six (6) closed for a variety of other reasons, including feeling that they had accomplished their health goals, reporting that they had other priorities at that time, and general disengagement from services across BHD.
- In FY 2022, clients participated in the program at varying service levels:
 - Wellness engagement: minimum one time per month
 - Wellness coaching: minimum three times per month plus quarterly assessment and wellness goal setting
 - Wellness skill building: weekly or biweekly scheduled individual appointments plus quarterly 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.

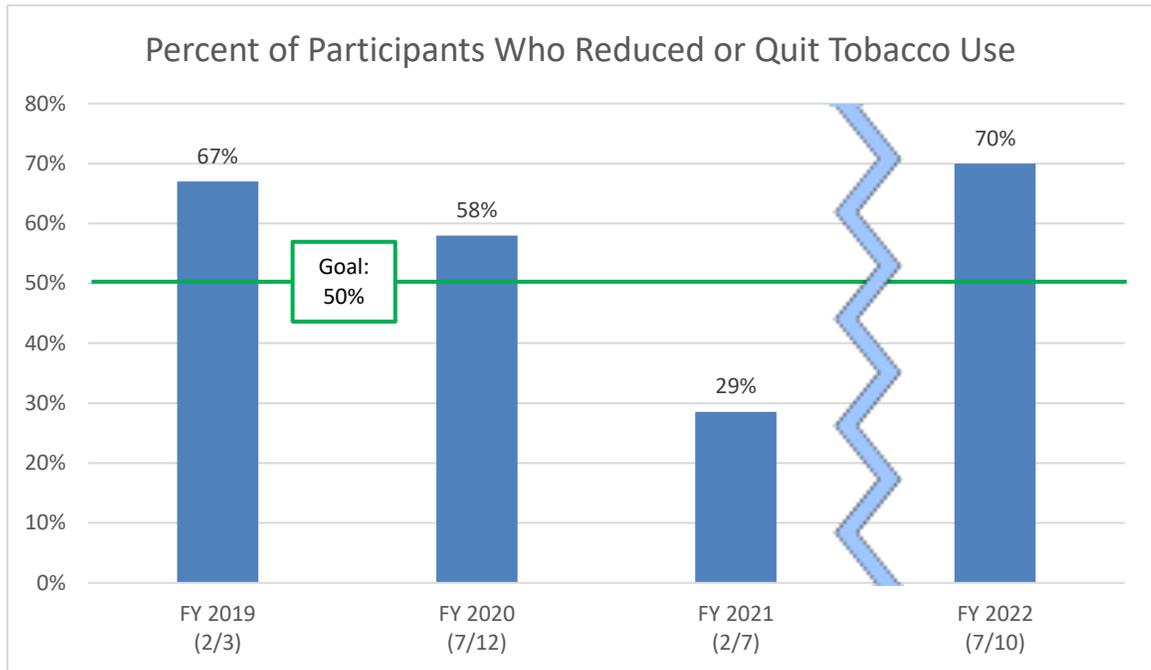
| Recommendations | Target Dates |
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| <ul style="list-style-type: none"> • Continue to provide structured outreach to clients, in addition to the continuation of the current intake and onboarding process which is designed to increase client understanding of program services, and ability to engage with ease. | <ul style="list-style-type: none"> • Ongoing |
| <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • FY 2023 Q3 |
| Forecast | |
| <ul style="list-style-type: none"> • In FY 2023, it is estimated that 80% of program participants will engage in at least one wellness activity per month. This projected increase is due to the anticipated return of some in-person services. | |

FY 2022 PERFORMANCE PLAN

BHD Wellness Programs

Measure 3.1 Clients reduce or quit tobacco use

Data



Data Summary

- In FY 2022, 7 out of 10 participants engaged in tobacco cessation reduced their usage. These clients participated in counseling through Tobacco Chats, Healthy Living Program coaching, or both.
- In previous years, this measure only tracked Tobacco Chat participants. It was expanded in FY 2022 to encompass all clients working to reduce their dependence on Nicotine.

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. Dimensions is an evidence-based model but does not have a fidelity scale.
- Tobacco Chats operated throughout FY 2022 in a drop-in support group format. Midway through the year, it was offered as a hybrid group, with participants able to attend both in person at Sequoia, or virtually. Parts of the Dimensions curriculum were being utilized during the sessions as deemed appropriate by the facilitator, but it was not fully implemented as it requires consecutive completion of steps.
- Of the 10 clients served in FY 2022, 7 participated in Tobacco Chats. The other 3 received individualized coaching at their wellness sessions.

Recommendations

Target Dates

FY 2022 PERFORMANCE PLAN

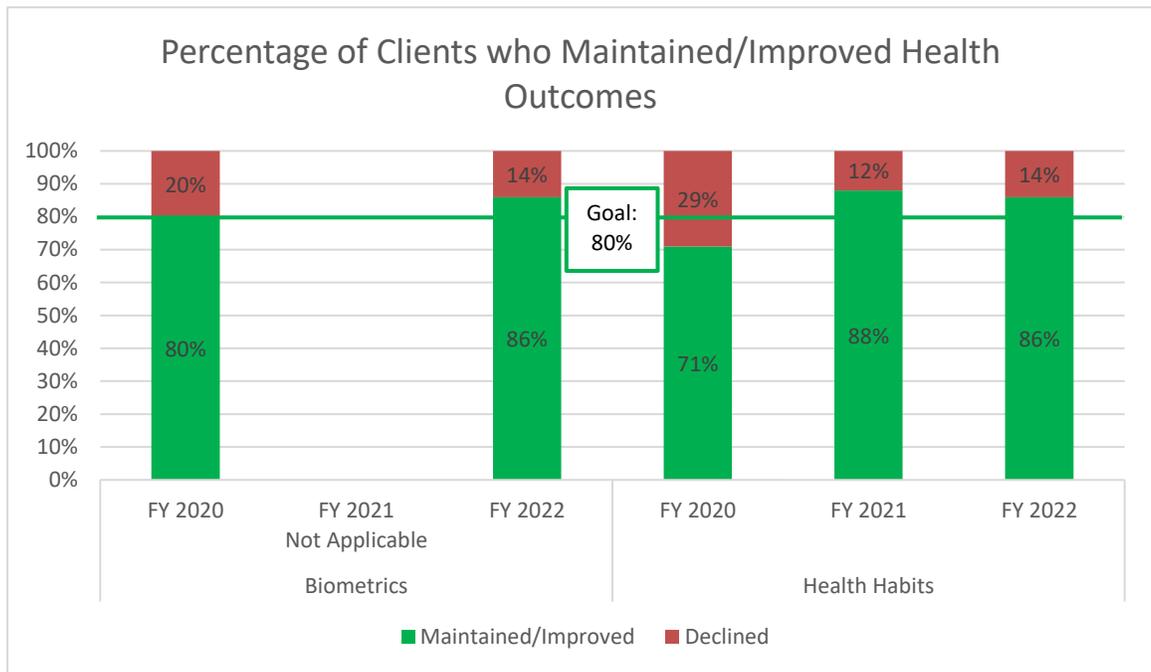
| | |
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| <ul style="list-style-type: none">• In FY 2023, the program will continue to utilize the Dimensions curriculum components as relevant and appropriate for program participants. | <ul style="list-style-type: none">• Ongoing |
| <ul style="list-style-type: none">• Continue to offer hybrid in-person and virtual services in order to accommodate clients who may not engage well with virtual services. | <ul style="list-style-type: none">• Ongoing |
| <ul style="list-style-type: none">• Conduct surveys of relevant constituents (clients and BHD clinical staff) to assess interest in and barriers to participation in tobacco cessation services. | <ul style="list-style-type: none">• FY 2023 Q2 and Q3 |
| Forecast | |
| <ul style="list-style-type: none">• In FY 2023, it is expected that at least 70% of participants will quit or reduce tobacco use. | |

FY 2022 PERFORMANCE PLAN

BHD Wellness Programs

Measure 3.2 Clients maintain/improve health outcomes

Data



Data Summary

- In FY 2022, all clients in wellness coaching and skill building services received quarterly 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.
- 27 participants were served in wellness coaching or skill building at any point during the year. Of those, 21 completed two or more biometrics and health habit assessments during the fiscal year. 18 (86%) improved their resting heartrate and 18 (86%) reported improved satisfaction with personal engagement in current health habits.

What is the story behind the data?

- In FY 2022, due to the ongoing pandemic, it was not possible to consistently collect biometrics. This was caused by a variety of issues, including clients declining in-person assessment necessitating that biometrics be collected in different ways, an increase in caseload coupled with intermittent staffing issues, and changes in service delivery between virtual, in-person, and hybrid.
- In FY 2022, 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, person-centered manner, quarterly assessments continued to focus on the determination of health

FY 2022 PERFORMANCE PLAN

habits that the clients wished to practice, and clients' sense of satisfaction with adherence to these.

Recommendations

Target Dates

- Consider pulling resting heart rate data from other agency assessments to calculate biometrics in future years.
- 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.

- FY 2023 Q2
- Ongoing

Forecast

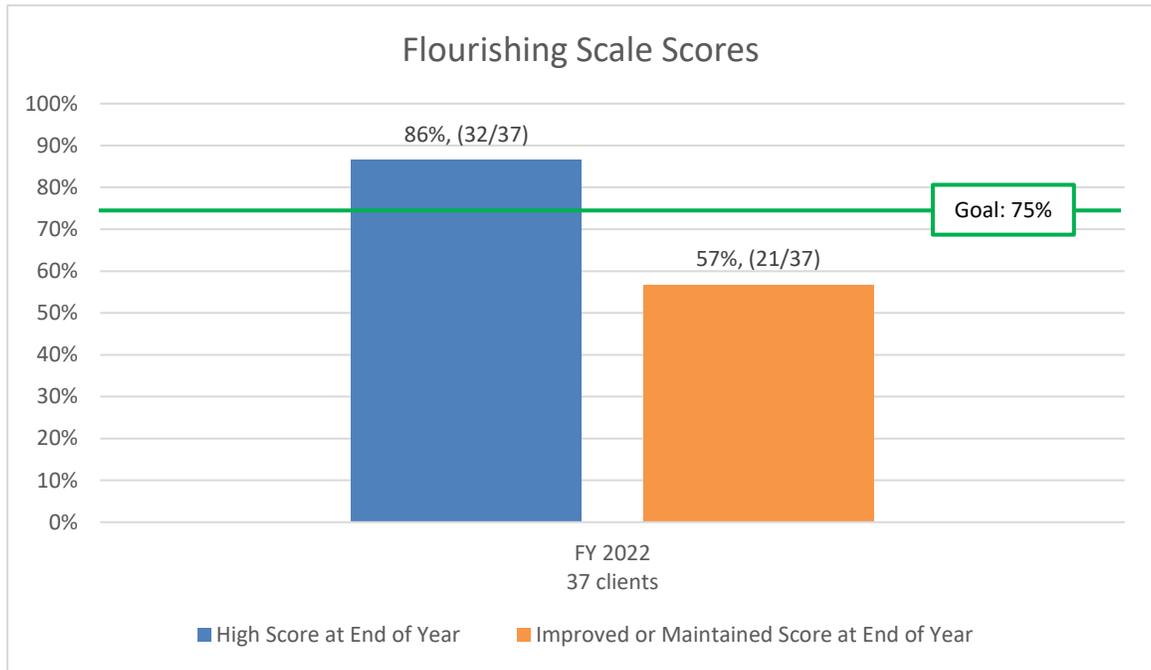
- In FY 2023, the forecast is that 86% of clients will see their biometric results maintained or improved and anticipate that health habits survey participants report 86% improvement or maintenance.

FY 2022 PERFORMANCE PLAN

BHD Wellness Programs

Measure 3.3 Clients improving scores on the Flourishing Scale

Data



Data Summary

- The Flourishing Scale is an 8-item summary measure of a respondent’s self-perceived 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 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 2022 was the first year that the Flourishing Scale was administered on a broad scale to program clients.
- In FY 2022, 37 program participants completed two Flourishing Scale assessments. Of that group, 86% (32/37) had a high score at the end of the year and 57% (21/37) improved or maintained their score from earlier in the year.
- 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 self-assessment. 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 a good person and lead a good life.” The lowest agreement rates were seen for “People respect me.”

Recommendations

Target Dates

FY 2022 PERFORMANCE PLAN

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|---|---|
| <ul style="list-style-type: none">• Continue administering the Flourishing Scale twice a year to clients. | <ul style="list-style-type: none">• Ongoing |
| <ul style="list-style-type: none">• Aim to administer the scale to 90% of program participants enrolled in wellness coaching. | <ul style="list-style-type: none">• Ongoing |
| Forecast | |
| <ul style="list-style-type: none">• In FY 2023, 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. | |