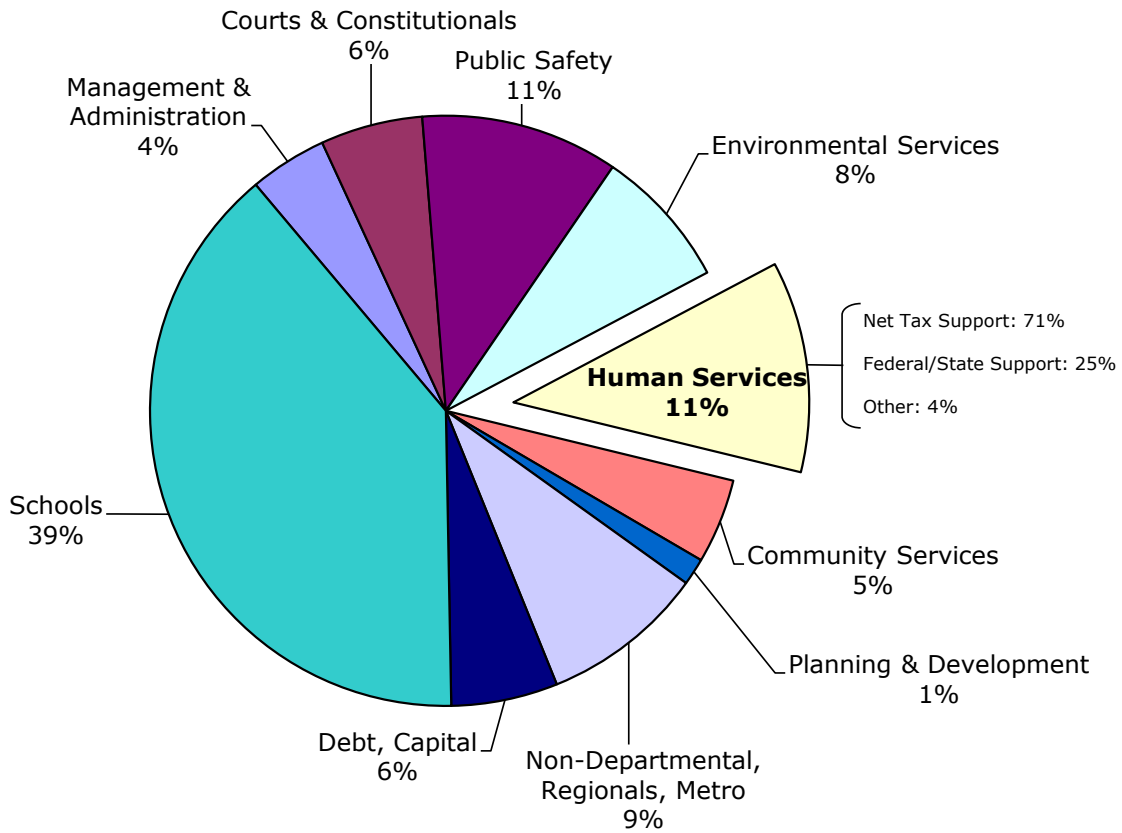


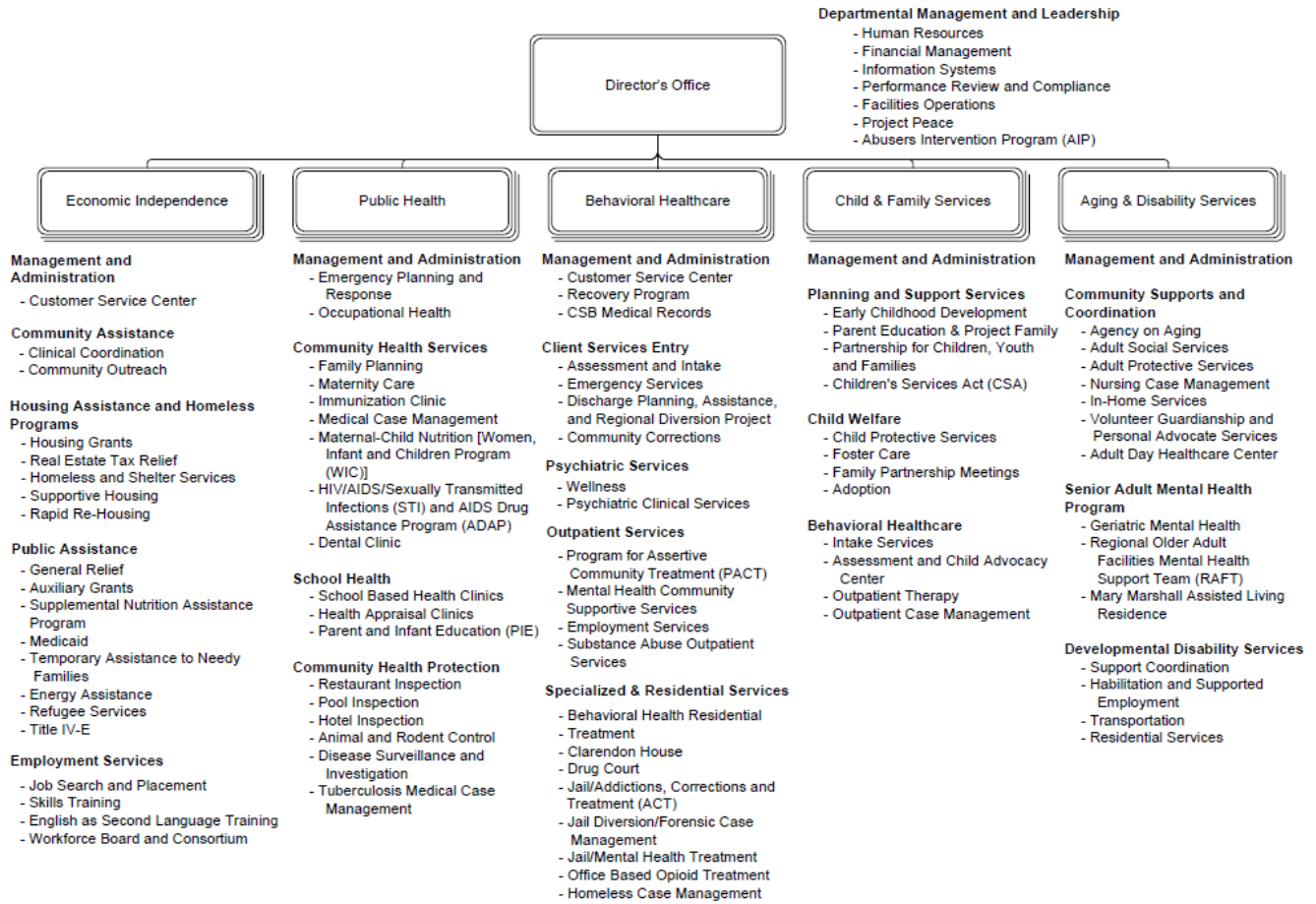
*Our Mission: Strengthen, protect, and empower those in need*

The Department of Human Services (DHS) assesses the diverse range of human needs and implements strategies to deliver innovative human services that produce customer-centered outcomes.

**FY 2023 Proposed Budget - General Fund Expenditures**



**LINEs OF BUSINESS**



**Housing Choice Voucher Program**

- Housing Choice Vouchers
- Project-Based Housing Choice Vouchers
- Housing Opportunities for Persons with AIDS (HOPWA)
- Family Unification Program (FUP) Vouchers
- Department of Justice (DOJ) Vouchers
- Veterans Affairs Supportive Housing (VASH) Vouchers
- Mainstream Vouchers
- Emergency Housing Vouchers (EHV)

Housing Choice Voucher Program is in the Housing Choice Voucher fund

## SIGNIFICANT BUDGET CHANGES

The FY 2023 proposed expenditure budget for the Department of Human Services (DHS) is \$170,015,380, a seven percent increase over the FY 2022 adopted budget. The FY 2023 proposed budget reflects:

- ↑ Personnel increases due to employee salary increases and slightly higher retirement contributions based on current actuarial projections, adjustments to salaries resulting from Administrative job family studies (\$161,111), and the addition of 35.15 permanent FTEs as detailed below.
- ↑ Non-personnel increases primarily due to Sequoia Plaza rent and operating expenses (\$321,867), contractual increases (\$733,432), Culpepper Garden Senior Living Facility (\$70,152), increases to housing programs described below, and various grant-funded changes such as: Virginia Department of Health Epidemiology and Laboratory Capacity for Infectious Disease funding (ELC) (\$1,551,035), Children's Regional Crisis Response (\$1,609,867), Title IV-E Prevention (\$110,919), the Auxiliary Grants Program (\$140,097), Workforce Innovation & Opportunity Act (\$296,826), Mental Health Unrestricted Funds (\$236,204), state funding for the Permanent Supportive Housing Program (\$300,945), and changes in the Children's Services Act vendor rate (\$145,341). Non-personnel increases are partially offset by adjustments to the annual expense for maintenance and replacement of County vehicles (\$60,370), removal of FY 2022 one-time funds for Housing Grants (\$2,265,009), removal of FY 2022 one-time funds for the mobile crisis unit (\$90,000), removal of FY 2022 one-time funds for contractual increases (\$166,120), re-allocations for establishing positions (\$428,478), and VA Tobacco Settlement Fund (\$150,000).
  - The total funding for the Housing Grant Program in the FY 2023 proposed budget is \$14,295,762, including \$2,338,181 one-time. The program budget funds the annual increase and includes \$14,328 to fund the increase in the Maximum Allowable Rent.
  - The total local funding for the Permanent Supportive Housing Program in the FY 2023 proposed budget is \$3,657,065 after the addition of \$588,046 to the \$3,069,019 base budget to fund the annual ongoing increase.
- ↑ Revenue projections do not include supplemental state allocations that are routinely received but at unpredictable levels. Other changes represent a wide variety of fluctuations in multiple sources of state and federal funding. Specific changes include the following:
  - ↑ Increase due to Virginia Department of Health ELC funding (\$1,551,035).
  - ↑ Increase due to Children's Regional Crisis Response Grant (CR2) (\$1,531,867).
  - ↑ Increase due to STEP-VA Outpatient Funds unrestricted state funding for mental health services (\$203,959).
  - ↑ Increase due to the State allocation for case management and residential and habitation for Developmental Disabilities Services (\$59,184).
  - ↑ Increase due to increase in Urban Areas Security Initiative (UASI) grant (\$115,000).
  - ↑ Increase due to increase in the Family Planning Grant (\$72,442).
  - ↑ Increase due to Virginia Department of Health Cooperative Agreement (\$111,537).
  - ↑ Increase due to Title IV-E Prevention (\$110,919).
  - ↑ Increase due to Department of Behavioral Health and Disability Services (DBHDS) grant increase (\$598,028).
  - ↑ Increase due to Workforce Innovation & Opportunity Act (WIOA) grant increase (\$296,826).

- ↑ Increase due to higher federal High Intensity Drug Trafficking Areas (HIDTA) allocation for residential treatment of substance use disorders (\$41,550).
- ↑ Increase due to the state portion of the Auxiliary Grants Program (\$112,078).
- ↓ Decrease due to Virginia Homeless Solutions Program (VHSP) Grant (\$67,415).
- ↓ Decrease in Workforce Innovation and Opportunity Act (WIOA) Grant (\$74,927).
- ↓ Decrease due to reduction in Virginia Department of Social Services Federal Adoption Assistance Allocation (\$47,762).
- ↓ Decrease due to reduction in revenue for vital statistics (\$96,156)

The FY 2023 proposed permanent staffing level is 761.37 FTEs, an increase of 35.15 FTEs over the FY 2022 adopted budget. The FTE changes are due to the increases listed below:

- Departmental Management and Leadership Division:
  - Re-allocated one-time grant funds to establish a limited-term grant-funded Management Analyst (1.0 FTE) for improving data-driven service integration efforts. This budget was approved through prior board action and will be carried forward through the annual closeout process as needed.
- Economic Independence Division:
  - Added the following positions for expanding the Permanent Supportive Housing Program in the Housing Assistance and Homeless Programs Bureau:
    - Grant-funded Senior Management Analyst (\$140,820, 1.0 FTE).
    - Grant-funded Eligibility Worker (\$25,518, 0.25 FTE).
    - Grant-funded Human Services Specialist (\$104,276, 1.0 FTE).
  - Re-allocated \$57,613 in operating grant funds to establish a grant-funded Eligibility Worker (0.80 FTE) for the Energy Assistance Program in the Public Assistance Bureau.
  - Added a limited-term grant-funded Employment Services Specialist (1.0 FTE) for the Workforce Development Program in the Employment Services Bureau. The position will be funded by the Community Development Block Grant (CDBG) and the Community Services Block Grant (CSBG) administered by and budgeted to the Department of Community Planning, Housing, and Development.
- Public Health Division:
  - Re-allocated \$113,222 in operating grant funds to establish an Infant Development Specialist (1.0 FTE) for the Parent Infant Education Program in the School Health line of business.
- Behavioral Health Care Division:
  - Grant-funded Behavioral Health Specialist (\$129,919, 1.0 FTE) for STEP-VA veteran programs in the Management and Administration line of business.
  - Re-allocated \$128,792 in operating funds to establish an Emergency Services Behavioral Therapist (1.0 FTE) in the Client Services Entry Bureau.
  - Added the following positions in the Psychiatric Services Bureau:
    - Limited-term grant-funded Psychiatrist (0.188 FTE) for the First Episode Psychosis Program. This budget was approved through prior board action and will be carried forward through the annual closeout process as needed.
    - Limited-term grant-funded Psychiatrist (\$20,120, 0.063 FTE) for outpatient mental health services.

- Outpatient Bureau:
  - Grant-funded Behavioral Health Specialist (\$91,529, 1.0 FTE) for the expansion of the Permanent Supportive Housing Program.
  - Grant-funded Behavioral Therapist III (\$125,741, 1.0 FTE) for outpatient mental health services.
  - Grant-funded Peer Recovery Specialist (\$46,076, 0.5 FTE) for outpatient mental health services.
  - Limited-term grant-funded Behavioral Therapist II (1.0 FTE) for the First Episode Psychosis Program. This budget was approved through prior board action and will be carried forward through the annual closeout process as needed.
- Grant-funded Behavioral Health Therapist (Licensed) (\$36,006, 0.25 FTE) for the Forensic Case Management program in the Behavioral Health Division's Residential and Specialized Clinical Services Bureau.
- Child and Family Services Division:
  - Added the following positions in the Behavioral Healthcare Division:
    - Grant-funded Peer Recovery Specialist (\$77,000, 1.0 FTE) for the STEP-VA program.
    - Re-classified a temporary grant-funded 0.60 FTE into a permanent grant-funded Management Specialist (0.60 FTE) for the Child Advocacy Center (CAC).
    - Re-allocated \$128,791 in operating funds to establish a Behavioral Health Therapist (1.0 FTE).
  - Aging and Disability Services Division:
    - Transferred a Clinic Aide (1.0 FTE) from Behavioral Health Division's Psychiatric Services line of business and reclassified to a Public Health Nurse in the Senior Adult Mental Health line of business.
    - Added the following positions in the Community Support and Coordination Bureau:
      - Added a grant-funded Human Services Clinician (\$55,193, 0.50 FTE) for the Arlington Adult Day Program.
      - Added a Human Services Clinician (\$119,721, 1.0 FTE) for the Adult Protective Services Program.
- As a part of FY 2021 close-out, the County Board approved additional allocations of the remaining ARPA funding for programs based on the Guiding Principles presented by the County Manager in September; the Board directed the County Manager to include funding for these programs in the FY 2023 proposed budget including:
  - Crisis Intervention Center Expansion (\$1,721,086 total, 16.0 FTEs, \$1,625,199 personnel, \$95,887 non-personnel) in the Behavioral Health Division's Client Services Entry line of business.
  - Homeless Services Equity and Engagement Program (\$196,918 total, 1.0 FTE, \$110,918 personnel, \$86,000 non-personnel) in the Economic Independence Division's Housing Assistance and Homeless Programs line of business.
  - Marcus Alert Coordinator (\$110,919, 1.0 FTE) in the Behavioral Health Division's Residential and Specialized Clinical Services line of business.
  - Human Services Emergency Management (\$105,388 budgeted in Non-Departmental, 1.0 FTE) in the Departmental Management and Leadership Division.
  - Back2Work (\$385,000 one-time) in the Economic Independence Division's Employment Services line of business.

**DEPARTMENT OF HUMAN SERVICES**  
DEPARTMENT BUDGET SUMMARY

- Additional ARPA funding for DHS programs are budgeted in Non-Departmental include Eviction Prevention (\$1,385,432 one-time) and Customer Service Center (\$164,486 one-time).

**DEPARTMENT FINANCIAL SUMMARY**

	FY 2021 Actual	FY 2022 Adopted	FY 2023 Proposed	% Change '22 to '23
Personnel	\$77,998,888	\$83,884,361	\$89,308,460	6%
Nonpersonnel	65,315,529	75,617,527	81,061,345	7%
Intra-County Charges	(236,883)	(312,716)	(354,425)	13%
<b>Total Expenditures</b>	<b>143,077,534</b>	<b>159,189,172</b>	<b>170,015,380</b>	<b>7%</b>
Fees	4,569,224	6,248,064	4,972,393	-20%
Federal Share	16,995,490	15,309,102	17,514,625	14%
State Share	22,089,957	21,044,894	25,262,136	20%
Transfers	-	468,429	-	-100%
Other	1,142,474	1,285,220	1,134,673	-12%
<b>Total Revenues</b>	<b>44,797,145</b>	<b>44,355,709</b>	<b>48,883,827</b>	<b>10%</b>
<b>Net Tax Support</b>	<b>\$98,280,389</b>	<b>\$114,833,463</b>	<b>\$121,131,553</b>	<b>5%</b>
Permanent FTEs	711.87	726.22	761.37	
Temporary FTEs	2.75	6.90	6.30	
<b>Total Authorized FTEs</b>	<b>714.62</b>	<b>733.12</b>	<b>767.67</b>	<b>5%</b>

**DEPARTMENT OF HUMAN SERVICES**  
DEPARTMENT BUDGET SUMMARY

**Expenses & Revenues by Line of Business**

	FY 2021 Actual Expense	FY 2022 Adopted Expense	FY 2023 Proposed Expense	% Change '22 to '23	FY 2023 Proposed Revenue	FY 2023 Net Tax Support
Departmental Management and Leadership	\$12,164,547	\$12,995,743	\$13,341,867	3%	\$692,026	\$12,649,841
Economic Independence Division (EID)						
EID Management and Administration	4,505,423	4,854,143	4,810,812	-1%	2,367,123	2,443,689
Community Assistance	3,104,356	2,056,626	2,108,990	3%	604,008	1,504,982
Housing Assistance and Homeless Programs	22,969,174	25,911,743	27,698,622	7%	1,713,585	25,985,037
Public Assistance	5,531,666	5,775,817	5,904,913	2%	3,382,129	2,522,784
Employment Services	3,554,287	3,394,401	4,122,995	21%	1,186,987	2,936,008
<b>EID Subtotal</b>	<b>39,664,906</b>	<b>41,992,730</b>	<b>44,646,332</b>	<b>6%</b>	<b>9,253,832</b>	<b>35,392,500</b>
Public Health Division (PHD)						
PHD Management and Administration	7,494,320	6,401,016	8,141,394	27%	3,150,913	4,990,481
Community Health Services	6,018,031	6,589,500	6,816,880	3%	2,113,369	4,703,511
School Health	7,879,523	8,128,057	8,547,371	5%	910,198	7,637,173
Community Health Protection	3,559,918	3,591,795	3,751,295	4%	1,109,121	2,642,174
<b>PHD Subtotal</b>	<b>24,951,792</b>	<b>24,710,368</b>	<b>27,256,940</b>	<b>10%</b>	<b>7,283,601</b>	<b>19,973,339</b>
Behavioral Health Division (BHD)						
BHD Management and Administration	4,459,101	4,647,812	4,681,322	1%	451,602	4,229,720
Client Service Entry	4,454,999	5,330,781	7,193,748	35%	2,348,034	4,845,714
Psychiatric Services	3,982,021	4,373,357	4,339,720	-1%	1,340,455	2,999,265
Outpatient Services	7,542,418	7,955,569	8,624,585	8%	4,308,010	4,316,575
Specialized and Residential Services	8,567,160	11,253,441	11,391,466	1%	3,550,324	7,841,142
<b>BHD Subtotal</b>	<b>29,005,699</b>	<b>33,560,960</b>	<b>36,230,841</b>	<b>8%</b>	<b>11,998,425</b>	<b>24,232,416</b>
Child and Family Services Division (CFSD)						
CFSD Management and Administration	3,979,179	4,405,128	4,701,766	7%	1,645,098	3,056,668
Planning and Support Services	2,921,039	4,535,727	4,586,897	1%	1,492,465	3,094,432
Child Welfare	5,930,639	6,558,837	6,245,110	-5%	4,754,680	1,490,430
Behavioral Healthcare	4,891,754	6,463,224	8,193,190	27%	5,411,687	2,781,503
<b>CFSD Subtotal</b>	<b>17,722,611</b>	<b>21,962,916</b>	<b>23,726,963</b>	<b>8%</b>	<b>13,303,930</b>	<b>10,423,033</b>
Aging and Disability Services Division (ADSD)						
ADSD Management and Administration	856,757	1,061,394	997,467	-6%	-	997,467
Agency on Aging	2,407,980	2,288,278	2,492,016	9%	997,901	1,494,115
Community Supports & Coordination	5,328,579	5,734,633	6,037,610	5%	1,368,497	4,669,113
Senior Adult Mental Health Program	5,379,130	5,549,380	5,794,742	4%	2,222,469	3,572,273
Developmental Disability Services	5,595,533	9,332,770	9,490,602	2%	1,763,146	7,727,456
<b>ADSD Subtotal</b>	<b>19,567,979</b>	<b>23,966,455</b>	<b>24,812,437</b>	<b>4%</b>	<b>6,352,013</b>	<b>18,460,424</b>
<b>Total</b>	<b>\$143,077,534</b>	<b>\$159,189,172</b>	<b>\$170,015,380</b>	<b>7%</b>	<b>\$48,883,827</b>	<b>\$121,131,553</b>

**DEPARTMENT OF HUMAN SERVICES**  
DEPARTMENT BUDGET SUMMARY

**Authorized FTEs by Line of Business**

	FY 2022 FTEs Adopted	FY 2023 Permanent FTEs Proposed	FY 2023 Temporary FTEs Proposed	FY 2023 Total FTEs Proposed
Departmental Management and Leadership	64.10	66.10	-	66.10
Economic Independence Division (EID)				
EID Management and Administration	27.75	27.75	-	27.75
Community Assistance	16.75	16.75	-	16.75
Housing Assistance and Homeless Programs	18.50	22.75	-	22.75
Public Assistance	50.50	50.30	-	50.30
Employment Services	19.00	20.00	-	20.00
<b>EID Subtotal</b>	<b>132.50</b>	<b>137.55</b>	<b>-</b>	<b>137.55</b>
Public Health Division (PHD)				
PHD Management and Administration*	23.90	23.50	0.40	23.90
Community Health Services	54.50	54.50	-	54.50
School Health Clinics	68.32	69.32	-	69.32
Community Health Protection	28.50	28.50	-	28.50
<b>PHD Subtotal</b>	<b>175.22</b>	<b>175.82</b>	<b>0.40</b>	<b>176.22</b>
Behavioral Health Division (BHD)				
BHD Management and Administration	16.00	18.00	-	18.00
Client Service Entry*	38.25	49.50	5.75	55.25
Psychiatric Services	21.20	19.45	-	19.45
Outpatient Services	63.80	67.30	-	67.30
Specialized and Residential Services	47.00	48.25	-	48.25
<b>BHD Subtotal</b>	<b>186.25</b>	<b>202.50</b>	<b>5.75</b>	<b>208.25</b>
Child and Family Services Division (CFSD)				
CFSD Management and Administration	20.00	22.00	-	22.00
Planning and Support Services	9.50	9.50	-	9.50
Child Welfare	35.50	33.50	-	33.50
Behavioral Healthcare*	28.35	30.35	-	30.35
<b>CFSD Subtotal</b>	<b>93.35</b>	<b>95.35</b>	<b>-</b>	<b>95.35</b>
Aging and Disability Services Division (ADSD)				
ADSD Management and Administration	6.50	6.50	-	6.50
Agency on Aging	9.30	9.30	-	9.30
Community Supports & Coordination*	28.90	30.25	0.15	30.40
Senior Adult Mental Health Program	13.50	14.50	-	14.50
Developmental Disability Services	23.50	23.50	-	23.50
<b>ADSD Subtotal</b>	<b>81.70</b>	<b>84.05</b>	<b>0.15</b>	<b>84.20</b>
<b>Total</b>	<b>733.12</b>	<b>761.37</b>	<b>6.30</b>	<b>767.67</b>

\* FY 2022 Adopted FTE count includes temporary FTEs in the following lines of business: PHD Management and Administration (0.40 FTE), BHD Client Service Entry (5.75 FTEs), CFSD Behavioral Healthcare (0.60 FTE), and ADSD Community Supports and Coordination (0.15 FTE).



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**DEPARTMENTAL MANAGEMENT AND LEADERSHIP**

**PROGRAM MISSION**

To provide leadership and management oversight to the Department of Human Services.

**Departmental Management and Leadership**

- Monitor conditions, assess needs, conduct strategic and tactical planning, and work closely with state and local human service agencies and community organizations to provide services and achieve common goals.
- Provide centralized and specialized administrative support for the Department’s five operational divisions (Aging and Disability Services Division, Behavioral Healthcare Division, Child and Family Services Division, Economic Independence Division, and Public Health Division).

**Project PEACE**

- Examine and enhance existing policies and practices across disciplines and identify the optimum methods for public and private agencies to end violence in the lives of Arlingtonians.
- Provide the Arlington County Abuser Intervention Program (AIP) that aims to reduce repeated incidents of domestic violence by providing abusers and offenders psychoeducation groups and rehabilitative services.
- Provide prevention and training services to a broad range of adults and adolescents through schools and the general community.

**Financial Management**

- Provide sound financial management through centralized accounting and financial reporting functions including: issuing client assistance payments; tracking revenues and expenses; developing and maintaining financial reports; ensuring that fiscal procedures are in compliance with County, state, and federal policies and practices; carrying out centralized billing and depositing functions; collecting grant revenue and fees; and recouping assistance payments in accordance with state and federal mandates.
- Coordinate collection of overdue accounts with the Treasurer’s Office and state and federal tax recovery programs.
- Maximize revenue by drawing down federal and state funds and Medicaid reimbursements.
- Coordinate development and implementation of the annual budget and ensure that staff has the knowledge and skills to use the County’s budgeting and financial management systems.
- Coordinate performance measurement, evaluate financial issues, and coordinate with the County Manager’s Office on County Board reports and actions.
- Investigate ways to maximize revenue.
- Facilitate and streamline the department’s procurement processes to efficiently meet programmatic needs.

**Information Systems**

- Ensure information systems – including those related to federal, state, and local programs, funding sources, and regulatory mandates – are readily available to staff to conduct day-to-day business, serve clients, and carry out reporting functions.
- Analyze and assess existing and planned information needs and manage implementation and ongoing operation of business systems and information resources.

**DEPARTMENTAL MANAGEMENT AND LEADERSHIP**

**Human Resources**

- Manage workforce needs and compliance with policies and procedures.
- Coordinate recruitment, employee relations, organizational development, payroll, performance management, equal opportunity and affirmative action, staff training and development, and position classification activities.

**Performance Review and Compliance**

- Conduct and supervise audits and investigations relating to the programs and operations of the Department.
- Provide leadership and coordination and recommend policies designed to promote accountability in the administration of programs and operations.
- Manage the final lifecycle stages of records in compliance with federal and state records retention laws.

**Facilities Operations**

- Provide a safe, clean, appealing, and functional working environment by managing facilities, vehicles, and mail delivery.
- Assist in maintaining buildings occupied by the Department through facility management and liaison with building owner management, the Department of Environmental Services (DES), and vendors for building systems maintenance, custodial services, parking garage management, electronic access, and security services.

**PERFORMANCE MEASURES**

**Project PEACE**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Project PEACE Trainings to Allied Professionals /Attendees	N/A	7/152	22/701	9/159	14/240	19/320
Project PEACE prevention presentations/Attendees	N/A	26/ 1,466	34/ 2,256	11/198	22/400	30/540
Total Project PEACE Meetings	N/A	N/A	39	67	65	65

- FY 2019 was the first year that Project PEACE began reporting data for its training and prevention program.
- FY 2020 in-person outreach was suspended due to COVID-19 resulting in fewer tabling events. However, Project PEACE did provide resources to existing tables at APS and food distribution sites resulting in over 5,000 fliers distributed. Much lower numbers were predicted and realized for FY 2021 due to the suspension of in-person events. In FY 2021, Project PEACE offered virtual training and presentation sessions. While attendance at virtual trainings was high, attendance at virtual presentation sessions was lower than attendance at in-person sessions. In particular for prevention presentations, Project PEACE was unable to offer sessions through Arlington Public Schools, which made up more than 50 percent of the presentations/attendees for FY 2020 and FY 2019.

**DEPARTMENTAL MANAGEMENT AND LEADERSHIP**

- Project PEACE is strategically structured into three main goal group committees which implement the actions plans of the [Blueprint](#). In FY 2020, this number did not include event planning and special initiative committees, and these committees were added to the total in FY 2021. The objectives of each goal group are discussed in further detail in the most current Blueprint.

**Abuser Intervention Program**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of clients served	91	81	57	40	75	95
Percentage of clients completing the program with low risk scores	74%	63%	64%	83%	80%	80%
Number of Group Sessions Completed	151	145	132	152	200	218

- The number of people completing the Abusers Intervention Program (AIP) is dependent on how many people are referred from the Juvenile and Domestic Court. People are referred after conviction for domestic violence. Due to COVID-19, the court system briefly paused referring clients to AIP. Court referrals have resumed and services are being provided digitally during the pandemic.
- The percentage of people completing the program with low-risk scores has increased between FY 2019 and FY 2021. Those with higher risk scores generally have a more distinct pattern of abuse and may struggle to commit to completing the course. The distinction of risk includes many factors outside of the completion of the AIP program including but not limited to, client’s social connections (i.e., gang involvement would categorize someone as high risk) and ability to meet expectations outside of AIP (i.e., cooperation with child protective services, substance use programs, mental health services, etc). An increase in low-risk scores can be attributed to the types of offenders who are being arrested and court ordered into the program. AIP is seeing more, lower risk offenders ordered into services and expect this will continue to be a trend.

MANAGEMENT AND ADMINISTRATION

PROGRAM MISSION

To provide leadership and management oversight to the Economic Independence Division.

Management and Administration

- Coordinate and oversee services in housing, employment, and public financial assistance by partnering with federal, state, local, and community organizations to achieve positive client outcomes.
- Promote effectiveness and efficiency by evaluating programs, promoting innovative programming, overseeing the division’s financial management, managing grants and contracts, offering training, ensuring compliance with all relevant laws and requirements, evaluating staff performance, and ensuring effective collaboration with community partners.

Customer Service Center

- Serve as the first point of contact for clients and visitors seeking services by providing effective reception, triage, information and referral, registration, and administrative support.
- Provide rapid and comprehensive telephone information and referral through management of the call center.

PERFORMANCE MEASURES

Customer Service Center

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Calls abandoned prior to being answered	5%	5%	6%	5%	5%	5%
Quality of consultant information: average evaluation score for consultants	99%	99%	98%	97%	98%	98%
Callers who received accurate information to connect them to services	98%	97%	98%	97%	96%	96%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Calls received in the Call Center	44,904	44,807	50,934	72,042	87,000	87,000
Total walk-in visits	51,626	56,294	45,461	1,613	23,500	23,500
Total Resource Center walk-in visits (duplicated)	9,512	6,546	4,669	305	4,500	4,500
Total clients assessed by consultants	6,007	6,208	5,455	1,750	2,250	2,250
Quality of Call Center telephone interaction: call quality scores	99%	97%	97%	97%	94%	94%
Wait time for consultants from point of registration: percent of customers waiting 15 minutes or fewer to see consultants	85%	85%	77%	100%	80%	80%

**MANAGEMENT AND ADMINISTRATION**

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Front Desk customer satisfaction: percent of customers satisfied with front desk service	99%	99%	98%	N/A	98%	98%

- Since FY 2020, call volume increased due to limited walk-in assistance, the addition of calls from the Aging and Disability Service Division transitioning to the Call Center, and pandemic-related increases in food and housing needs. It is anticipated that “Calls received in the Call Center” will continue to grow as DHS services open to “normal” operations (including ADSD), receiving services via phone is normalized, and residents continue to need assistance as the pandemic becomes endemic in FY 2022 and FY 2023.
- In FY 2019, “Total walk-in visits” increased due to the addition of Child and Family Services walk-ins which accounted for 7,339 additional visits.
- In FY 2020 and FY 2021, “Total walk-in visits” decreased due to front desk closures resulting from continuing pandemic; walk-in visits are anticipated to grow in FY 2022 and FY 2023 with the reopening of the Arlington Employment Center, Housing Assistant Bureau, Child and Family Services Division, and Aging and Disability Services Division front desks. However, the growth in FY 2022 and FY 2023 are not anticipated to return to pre-pandemic levels due to the new hybrid mode of service provision.
- The decrease in “Total Resource Center Walk-in Visits (duplicated)” in FY 2018 and FY 2019 were due to data system issues that led to incomplete data capture.
- In FY 2020 and FY 2021, “Total Resource Center Walk-in Visits (duplicated)” decreased due to the closure of the Resource Center from the beginning of the pandemic to Q3 of FY 2021 but is anticipated to increase in FY 2022 and FY 2023.
- “Total clients assessed by consultants” measure includes telephone and walk-in Assessments.
- In FY 2020, “Total clients assessed by consultants” dropped due to the State suspending the interview requirements due to the pandemic. In FY 2021, “Total clients assessed by consultants” decreased due to a sharp decline in both walk-in and employment assessments completed during the pandemic and is anticipated to increase in FY 2022 and FY 2023.
- “Quality of Call Center telephone interaction: call quality scores” are determined by evaluating calls utilizing a monitoring assessment form consisting of five skill areas: greeting, communication, technical, call handling, and closing.
- In FY 2020, “Wait time for consultants from point of registration: percent of customers waiting 15 minutes or less to see consultants” declined due to the transition to Employment Services intake.
- In FY 2021, “Wait time for consultants from point of registration: percent of customers waiting 15 minutes or less to see consultants” increased because walk-in assessments were severely limited due to front desk closures; therefore, clients did not have to wait to be seen by a consultant. It is anticipated that the percent of customers waiting 15 minutes or less to see consultants will decrease to near pre-pandemic levels in FY 2022 and FY 2023.
- In FY 2021, Front Desk customer satisfaction surveys were suspended due to front desk closures.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

COMMUNITY ASSISTANCE

**PROGRAM MISSION**

To assist residents with social, economic, and other supportive services to achieve stability in the community by coordinating an array of basic safety net services.

**Clinical Coordination**

- Stabilize housing and economic needs for vulnerable County residents by providing comprehensive clinical assessment of needs and developing coordinated plans.
- Housing-related stabilization services include rental assistance to prevent eviction, shelter diversion assistance to ensure that shelters are a last resort, referrals to homeless shelters when diversion is not possible, and information and referral about other housing resources.
- Other stabilization services include utility assistance to prevent utility cut-offs and reinstate utilities, payments for medications, and referrals for transportation and clothing assistance.

**Community Outreach**

- Provide multicultural neighborhood-based educational programs and social services to the communities of new immigrants and low-income residents.

**PERFORMANCE MEASURES**

**Clinical Coordination**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Economic functioning: percent of clients with adequate/high or improved score at exit	82%	76%	N/A	N/A	N/A	N/A
Client report of effectiveness	N/A	N/A	100%	93%	95%	95%
Housing stability: percent of clients with adequate/high or improved score at exit	88%	85%	N/A	N/A	N/A	N/A
Emergency needs met	N/A	N/A	96%	N/A	95%	95%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Client office visits	2,291	2,141	1,629	0	2,200	2,200
Number of emergency financial assistance households served	308	264	128	41	N/A	N/A
Number of local and state eviction prevention households served (duplicated)	N/A	N/A	1,747	2,262	3,755	3,755
Quality of documentation: average client file score	92%	92%	80%	N/A	85%	85%
Timeliness of closing cases: number and percent of cases closed within 30 days of last contact	261/49%	235/38%	140/28%	N/A	N/A	N/A

COMMUNITY ASSISTANCE

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Client satisfaction: number and percent of clients surveyed who agree or strongly agree that staff worked well with them	53/100%	91/100%	25/89%	105/88%	90/90%	90/90%

- Clinical Coordination performance measures were updated in FY 2019 and FY 2020 to better describe the data reported and to align with the performance measurement plan.
- In FY 2020, "Economic functioning: percent of clients with adequate/high or improved score at exit" will no longer be measured, in lieu of new measure "Client report of effectiveness".
- In FY 2020, "Housing stability: percent of clients with adequate/high or improved score at exit" will no longer be measured, in lieu of new measure "Emergency needs met".
- In FY 2021, closing assessments were not completed as cases were not closed due to the impact of the Coronavirus pandemic resulting in a N/A entry.
- In FY 2020, "Client office visits" ceased in March/April 2020 when "assistance from a distance" model began. It is anticipated that "Client office visits" will return to normal levels in FY 2022 and FY 2023.
- In FY 2019 and FY 2020, "Number of Emergency Financial Assistance households served" decreased as households needed to pay off higher amounts, thus increasing the amount of each payment, lowering the number of households that could be served. In August 2020 (FY 2021), the number of households decreased further due to Emergency Financial Assistance funds provided directly to a non-profit partner for client distribution. Furthermore, in FY 2021, this performance measure transitioned to the new measure "Number of local and state eviction prevention households served". Due to the pandemic, "Number of local and state eviction prevention households served" is projected to remain high.
- In FY 2020, "Quality of documentation: average client file score" decreased due to documentation being gathered differently, based on funding requirements during the pandemic, affecting client file scoring.
- In FY 2021, "Quality of documentation: average client file score" was not captured as files were not evaluated due to staff redeployment to COVID-related emergency assistance.
- In FY 2019, "Timeliness of closing cases: number and percent of cases closed within 30 days of last contact" lowered significantly during a program supervisory transition, during which reduced emphasis on caseload management led to cases remaining open longer. In FY 2020, due to the pandemic most case closures were suspended to ensure that clients get the same worker and do not have to repeatedly recount the details of these traumatic times.
- In FY 2021, "Timeliness of closing cases: number and percent of cases closed within 30 days of last contact" will no longer be measured.
- In FY 2020, "Client satisfaction: number and percent of clients surveyed who agree or strongly agree that staff worked well with them" decreased. Due to the pandemic, surveying was limited, and surveys were conducted via phone-call, resulting in a smaller set of responses increasing the likelihood of a negative response skewing the overall satisfaction rating.
- In FY 2021, "Client satisfaction: number and percent of clients surveyed who agree or strongly agree that staff worked well with them" number of survey respondents increased due to survey distribution increasing to 3x per year.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

COMMUNITY ASSISTANCE

Community Outreach

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Resolution of client needs	84%	94%	94%	84%	95%	95%
Passed citizenship interview	98%	99%	98%	97%	98%	98%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total information and referral requests	4,859	5,111	6,777	5,043	4,500	4,500
Total individuals served (unduplicated)	1,589	1,709	1,829	2,468	3,000	3,000
Total number of program offerings	1,251	1,264	928	573	1,100	1,100
Number of volunteer hours	6,564	6,674	5,181	2,216	5,000	5,000

- Community Outreach performance measures were updated in FY 2019 to better describe the data reported and to align with the performance measurement plan.
- Client needs are addressed in one of the following categories: Housing, Medical, Immigration, Education, Employment, Food/Clothing, and Other.
- In FY 2020, "Total information and referral requests" increased due to high volume of clients with emergency financial assistance needs. In FY 2021, it returned to pre-pandemic levels after a year of increased requests due to the initial impacts of the pandemic.
- In FY 2021, "Total individuals served (unduplicated)" increased because the number of residents that needed assistance with eviction prevention and/or other emergency services increased. It is anticipated that "Total individuals served (unduplicated)" will continue to increase in FY 2022 and FY 2023 due to continuing emergency services and eviction prevention needs.
- In FY 2020 and FY 2021, "Total number of program offerings" decreased because, during the pandemic, some program offerings were moved to an online format while others were suspended.
- "Number of volunteer hours" varies based on the number of volunteers and program offerings.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.



**HOUSING ASSISTANCE AND HOMELESS PROGRAMS**

**PROGRAM MISSION**

To maintain the housing stability of low- and moderate-income renters and homeowners by providing financial support, and to prevent homelessness by providing shelter, housing assistance, and integrated services in a coordinated effort between the local government and the non-profit community.

**Housing Grants**

- Provide stability through a monthly rental subsidy to low income working families, permanently disabled persons, and residents 65 years of age or older.

**Real Estate Tax Relief**

- Provide real estate tax relief exemptions and deferrals to low- and moderate-income homeowners who are 65 years of age or older or permanently disabled.

**Homeless and Shelter Services**

- Provide safe shelter for homeless individuals and families by contracting services with community partners.
- Promote an end to homelessness by providing a range of support services to help clients achieve increased income, access to needed services, and permanent housing.
- Provide leadership to Arlington’s Action Plan to End Homelessness.

**Rapid Re-Housing**

- Facilitate the move from homelessness to independent housing by providing a monthly subsidy, in scattered site housing, to families enrolled in an approved rapid re-housing program.
- Teach clients the skills needed to remain independently in their home after leaving the program.

**Supportive Housing**

- Support stable permanent housing for people with disabilities by providing project-based rental assistance and case management services.
- Develop a range of supportive housing options for the homeless and people with disabilities.
- Oversee implementation of the County’s Supportive Housing Plan.

**PERFORMANCE MEASURES**

**Housing Grants**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Amount of money available per month for non-rental expenses with and without Housing Grant for families	\$1,487/ \$964	\$1,537/ \$1,027	\$1,505/ \$870	\$1,435/ \$764	\$1,717/ \$764	\$1,758/ \$786
Amount of money available per month for non-rental expenses with and without Housing Grant for persons with disabilities	\$704/ \$56	\$698/ \$42	\$723/ \$0	\$747/ \$3	\$887/ \$10	\$914/ \$10

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Amount of money available per month for non-rental expenses with and without Housing Grant for residents age 65+	\$691/ \$124	\$690/ \$74	\$736/ \$39	\$746/ \$40	\$878/ \$45	\$905/ \$46
Retention of housing by grant recipients	86%	87%	90%	93%	88%	88%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Average number of households served per month	1,230	1,194	1,241	1,380	1,515	1,561
Total number of new applications processed	1,227	1,198	1,072	1,145	1,308	1,397
Percent of initial applications/on-going reviews processed accurately according to Housing Grant policies	94%/ 95%	96%/ 93%	95%/ 97%	97%/ 98%	96%/ 95%	96%/ 95%
Percent of initial applications/on-going reviews processed on time according to Housing Grant policies (within 60 days).	96%/ 98%	96%/ 98%	97%/ 96%	96%/ 95%	96%/ 95%	96%/ 95%

- Housing Grants performance measures were updated in FY 2020 to better describe the data reported and to align with the performance measurement plan.
- In FY 2020, the Housing Grant program's Maximum Allowable Rents (MARs) increased for the first time in ten years, mirroring the County's 2018 Committed Affordable Units at 60 percent area median income (AMI). The MARs index continues to be updated each year mirroring the County's 60 percent AMI rent standards. This annual increase in MARs continues to aid more households and provide rental subsidies that are competitively aligned with present-day affordable rental units.
- Housing Grant applications have increased during the pandemic. Administrative attempts have been made to stabilize households that have been adversely financially affected by the pandemic, thereby keeping cases active despite loss of work hour requirements or loss of income. Annual rent adjustments, by raising the MARs, has created more avenues for residents to lease.
- "Average number of households served per month" and "Total number of new applications processed" in FY 2018, FY 2019 and FY 2020 has been updated due to a reporting error.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Real Estate Tax Relief (RETR)

Critical Measures	CY 2018 Actual	CY 2019 Actual	CY 2020 Actual	CY 2021 Estimate	CY 2022 Estimate	CY 2023 Estimate
Increase in the amount of money available to pay other expenses (medical, utilities, homes repairs, etc.) – Average increase in money available / Average percent of income saved	\$4,828/ 10%	\$4,900/ 10%	\$5,135/ 11%	\$5,200/ 11%	\$5,305/ 10%	\$5,464/ 11%
Housing stability (returning households) – Percentage of households returning to the program	95%	94%	95%	95%	90%	90%

Supporting Measures	CY 2018 Actual	CY 2019 Actual	CY 2020 Actual	CY 2021 Estimate	CY 2022 Estimate	CY 2023 Estimate
Households receiving RETR – Full Exemption	637	556	568	558	557	558
Households receiving RETR – 75% Exemption	N/A	121	126	128	129	128
Households receiving RETR – 50% Exemption	117	109	94	96	95	96
Households receiving RETR – 25% Exemption	127	88	78	87	85	87
Households receiving RETR – Deferral only	22	40	33	36	35	36
Households receiving RETR – Total	903	914	899	905	901	905
Applications processed accurately	100%	95%	100%	95%	97%	97%
Eligibility determinations processed on time	87%	91%	92%	91%	90%	90%

- These measures are reported on a Calendar Year (CY). CY 2021 estimates are finalized when FY 2022 is completed.
- Real Estate Tax Relief performance measures were updated in FY 2020 to better describe the data reported and to align with the performance measurement plan.
- Several program changes went into effect in CY 2019. These changes include: an increase in the maximum allowable asset levels, allowable asset deductions, allowable income deductions, a decrease in the income level, and a new income band of 75 percent. Additionally, a mass mailing of marketing materials highlighting CY 2019 RETR program changes was sent to all Arlington homeowners.
- Beginning in CY 2020, the income limits for both exemptions and deferrals were adjusted annually, based upon the percent difference between the HUD's Median Family Income for Arlington County for the year immediately preceding the taxable year and the prior year.
- Beginning in CY 2020, the asset limit for both exemption and deferral were adjusted annually, based upon the twelve-month percent change in the Consumer Price Index for Americans 62 years of age and older (CPI-E) for All Items, as released by the U.S. Department of Labor Bureau of Labor Statistics for September of the year immediately preceding the taxable year.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Homeless and Shelter Services / Continuum of Care

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of participants exiting to permanent housing: Individual Shelters	45%	48%	31%	53%	45%	45%
Percentage of participants exiting to permanent housing: Family Shelters	86%	88%	90%	86%	85%	85%
Percent of adults in family shelter leaving the program with maintained or increased income	50%	69%	74%	65%	70%	70%
Percent of individuals housed at the shelters serving adults only who leave with increased or maintained income, excluding emergency weather beds	63%	62%	45%	57%	65%	65%
Homeless Recidivism (Emergency Shelter Re-Entry)	16%	20%	12%	20%	20%	20%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Emergency shelter clients served at individuals shelters, excluding emergency weather beds	259	269	257	204	200	200
Emergency shelter clients served at family shelters	190	207	146	102	120	130
Hypothermia clients served using the emergency weather beds at the HSC	248	296	300	253	270	280

- "Homeless Recidivism (Emergency Shelter Re-Entry)" is defined as the percentage of persons who returned to homelessness within two years of exiting a homeless program to permanent housing. Reported on Federal Fiscal Year (FFY), October 1 – September 30 of each year.
- Homeless Recidivism (Emergency Shelter Re-Entry)" starting in FY 2019 has been updated with revised numbers based on annual HUD report card data.
- Hypothermia season begins November 1<sup>st</sup> through March 31<sup>st</sup> each year. Clients served using the emergency weather beds at the HSC and RPC continue to serve residents across jurisdictions for those in need of safe haven from the cold. Roughly 60 percent of all hypothermia clients were non-county residents, a consistent year-over-year trend within Arlington's cold-winter shelter.
- Due to the community-wide spread of COVID-19, Arlington County modified its operations and physical infrastructure to safely accommodate shelter guests during the pandemic and throughout the hypothermia season. An unoccupied floor above the HSC was retrofitted to accommodate emergency winter shelter expanding spacing and census capacity for up to 35 adult individuals.
- Additional COVID-19 emergency response funding was deployed state-wide in FY 2021 and FY 2022 for Rapid Rehousing, emergency shelter and permanent housing vouchers to end homelessness. These efforts have helped the shelter census remain fairly static during the pandemic. It is projected these housing resources will be available and continue to re-house residents through FY 2023.

**HOUSING ASSISTANCE AND HOMELESS PROGRAMS**

- Family shelters experienced census declines during the pandemic due to shelter bed modifications pulled offline to accommodate social distancing among current household residents. As vaccine protections improve it is anticipated shelter capacity will be restored.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Rapid Re-Housing**

Critical Measure	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Participants exiting to Permanent Housing	180/90%	118/83%	127/84%	180/85%	183/90%	184/90%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Median length of stay in months for people leaving the program	8.1	7.0	8.7	5.0	5.0	6.0
Number of people assisted with a housing subsidy and case management annually	322	318	344	343	350	355
Percent of adults who leave with increased or maintained income at program exit	76%	77%	69%	44%	65%	70%

- In FY 2020, single-adult Rapid Re-housing provider exhausted available funding halfway through the fiscal year which created a backlog for referrals until funding was renewed at the beginning of FY 2021. Exits to permanent housing destination slowed as a result.
- Additional COVID-19 emergency response funding was deployed state-wide in FY 2021 and FY 2022 for Rapid Rehousing, emergency shelter and permanent housing vouchers to end homelessness. These efforts have helped the shelter census remain fairly static during the pandemic. It is projected these housing resources will be available and continue to re-house residents through FY 2023.

**Supportive Housing**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Approved applicants who obtain housing	53/55%	57/55%	52/53%	61/59%	55/55%	55/55%
Permanent Supportive Housing (PSH) tenants who remain in permanent housing	266/90%	286/94%	314/97%	347/96%	371/95%	357/95%

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Occupied PSH households at end of fiscal year	254	275	301	320	342	382
New committed affordable units (CAFs) secured each year for PSH	9/3%	17/7%	18/7%	18/2%	21/7%	18/8%
Landlord satisfaction: leasing office staff surveyed who are satisfied with PSH services	5/83%	16/94%	17/89%	15/100%	15/90%	15/90%
Timeliness of obtaining housing: median months from approval to move-in for applicants	5	5	7	5	5	5
Case manager home visits completed or attempted every 90 days	84%	77%	61%	24%	65%	65%

- "Occupied PSH households at end of fiscal year" reflects households subsidized by local or federal or state funds. The number includes current households, households filling new units, and households filling vacant units. Growth from FY 2017 through FY 2022 is attributed to a state contract to house 70 PSH clients.
- "Occupied PSH households at end of fiscal year" in FY 2019 has been updated due to a reporting error.
- CAFs are units that were built, acquired, or renovated with public funds and are designated to remain at below-market rates. These units are set aside specifically for low or moderate-income households at varying levels of affordability. CAFs are considered "secured" for PSH when a project is approved and has Board Approved funding.
- "Median months from approval to move-in" times decreased in FY 2021 due to new development projects brought online for PSH client lease up.
- PSH demand for housing remains high. Clients referred for assistance continue to present complex challenges and barriers affecting housing placements. Low vacancy rates among dedicated PSH CAF units continue to impede the program's ability to house clients on pace with growing demand.
- Of the dedicated PSH units, the program maintained a 96% occupancy rate in FY 2021. Other general agreements with landlords offer units only available upon turnover or application acceptance.
- Additional staffing capacity awarded through a state grant for PSH in FY 2022, will add a housing locator to assist in securing new scattered site apartment units with landlords outside of dedicated CAFs.
- The percent of home visits conducted include home visits which the behavioral health case manager attempted, but the client refused. The FY 2020 and FY 2021 completed or attempted home visits by behavioral health staff decreased due to the pandemic.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

## PROGRAM MISSION

To improve the lives of low-income residents by effective administration of financial, medical, and supplemental nutrition programs structured and funded by federal, state, and local governments.

### General Relief

- Provide financial support for severely disabled individuals awaiting eligibility determination for Social Security Disability benefits.

### Auxiliary Grants

- Provide housing and care to elderly and disabled adults requiring residence in assisted living facilities through a monthly supplement to the facility.

### Supplemental Nutrition Assistance Program (SNAP)

- Promote enhanced nutrition to low-income households by supplementing food purchasing power through the issuance of monthly benefits that can only be used to purchase food items.

### Medical Assistance

- Increase access to health care by providing health insurance to qualified low-income residents who are elderly, disabled, blind, pregnant, children under 19; and now with Medicaid Expansion, eligible adults aged 19-64.

### Temporary Assistance to Needy Families (TANF)

- Provide financial stability to families with related minor children whose income is too low to adequately meet the children's needs by providing a monthly subsidy to the family, generally accompanied by medical insurance.

### Energy Assistance

- Help individuals and families meet heating and cooling needs by paying a portion of their primary utility costs.

### Refugee Services

- Ease the transition of refugees while they acclimate to the United States and work towards employment by providing a monthly payment and Medicaid.

### Title IV-E

- Ensure proper care for eligible children in foster care and provide ongoing assistance to children with special needs receiving adoption subsidies.

### Child Care Subsidy

- Provide a childcare subsidy mandated for Temporary Assistance to Needy Families (TANF) and Virginia Initiative for Employment not Welfare (VIEW) recipients with eligible children and other low-income working families earning up to 185 percent of the federal poverty level.

PERFORMANCE MEASURES

General Relief

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Average number of households assisted with General Relief Maintenance per month	77	52	51	36	30	30
Applications processed on time	100%	100%	100%	100%	100%	100%
Recipients receiving SNAP and/or Medicaid	N/A	98%/87%	100%/100%	100%/100%	100%/100%	100%/100%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
General Relief Maintenance expense	\$201,898	\$136,058	\$180,879	\$121,032	\$180,000	\$180,000
SSI reimbursements for General Relief payments	N/A	39%	36%	35%	35%	35%

- General Relief (GR) performance measures were updated in FY 2019 to better describe the data reported and to align with the performance measurement plan.
- “Average number of households assisted with General Relief Maintenance per month” decreased in FY 2019 due to Medicaid Expansion, which serves citizens and qualifying immigrants with income of 138 percent of the Federal Poverty Level.
- In FY 2021, “Average number of households assisted with General Relief Maintenance per month” decreased due to recipients receiving unemployment benefits, increased cost of living, and reduced demand for the program due to Medicaid expansion. In addition, COVID-19 has had an effect—General Relief applicants must apply for Supplemental Security Income (SSI) through the Social Security Administration office, which closed in Arlington and has only been available virtually limiting applicants’ access. For these reasons, it is anticipated that “Average number of households assisted with General Relief Maintenance per month” will continue to decrease in FY 2022 and FY 2023.
- General Relief Maintenance expenses are offset by reimbursements from Social Security when clients are awarded Supplemental Security Income (SSI). The frequency and amount of these reimbursements fluctuate, depending on factors such as when clients first started receiving the General Relief Maintenance benefit and when their Social Security award is determined to be effective.
- In FY 2020, the General Relief Maintenance payment amount increased from \$220 to \$300 per month for single persons and from \$294 to \$350 per month for two or more persons, and General Relief Medical expense was terminated.
- In FY 2021, “General Relief Maintenance expense” decreased due to a reduction in the number of GR recipients. During the pandemic, many GR applicants and recipients who had previous work histories were able to receive extended unemployment benefits and did not meet the income guidelines for GR.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.



PUBLIC ASSISTANCE

Auxiliary Grants

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Average number of persons assisted per month	69	76	76	75	75	75

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Auxiliary Grant expense	\$463,591	\$547,150	\$584,452	\$658,804	\$660,000	\$660,000

- Auxiliary Grants (AG) performance measures were updated in FY 2019 to better describe the data reported.
- The increase in "Average number of persons assisted per month" and "Auxiliary Grant expense" in FY 2019 is due to a benefit rate change that increased expenditures and slightly increased the number of clients eligible.
- In FY 2021, "Auxiliary Grant expense" increased due to a six percent General Relief rate increase effective 07/01/20, and due to the annual Social Security Administration cost of living increase, the AG rate increased by \$11 per recipient effective 01/01/21.

Supplemental Nutrition Assistance Program (SNAP)

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of potentially eligible people participating in June of each year	26%	24%	30%	34%	35%	35%
Amount of benefits issued in June of each year	\$682,021	\$596,682	\$1,184,809	\$1,682,322	\$1,700,000	\$1,000,000

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of households participating in June of each year	3,842	3,532	4,059	4,280	4,300	4,000
Number of applications processed each year	2,448	2,329	3,306	3,851	3,900	2,300
Percent of applications processed within timeframe	99%	99%	99%	99%	99%	99%
Percent of cases calculated correctly that were reviewed locally (State Fiscal Year)	87%	84%	94%	89%	90%	90%

- Due to the pandemic, Food and Nutrition Services (FNS) has authorized temporary policy changes including waiving initial interviews, delaying SNAP renewals and Interim Review to ensure uninterrupted participation, issuing the maximum benefit allotment to households based on zero income, and issuing separate EBT (electronic benefits transfer) cards managed by the school system to students eligible for free and reduced lunches. FY 2021 and FY 2022 reflect higher volumes due to the pandemic. In FY 2023, the temporary policy changes in

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effect due to the pandemic are expected to be phased out and program activity will decrease as a result.

- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**Medical Assistance**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total number of households receiving Medical Assistance	13,206	15,484	17,587	20,973	21,815	21,815
Total applications received	4,676	7,165	3,710	4,463	3,600	3,600
Applications processed on time	99%	99%	100%	97%	97%	97%
Reviews processed on time	99%	99%	99%	98%	97%	97%
Accuracy of eligibility determinations	89%	88%	94%	92%	90%	90%
Percentage of Medical Assistance recipients accessing medical care	80%	65%	81%	89%	85%	85%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Enrollments at Virginia Hospital Center	270	236	292	295	250	250
Total Reimbursements	\$105,585,153	\$108,497,140	\$128,869,567	\$165,201,622	\$138,000,000	\$138,000,000

- Medical Assistance performance measures were updated in FY 2019 and FY 2020 to better describe the data reported and to align with the performance measurement plan.
- Medical Assistance performance measures are based on the State Fiscal Year (SFY) which runs from June 1 to May 31 of each year.
- Due to Medicaid Expansion, “Total Medical Assistance households” and “Total applications received” increased significantly in FY 2019.
- In FY 2020 and FY 2021, “Total Medical Assistance Households” increased due to CMS’ (Centers for Medicare and Medicaid Services) COVID-19 policy to keep recipients enrolled except under extreme circumstances, like death, moving out of state, or customer request.
- In FY 2020, “Total applications received” decreased as many potentially eligible households applied during Medicaid Expansion.
- In FY 2021, “Total applications received” increased due to temporary policy changes related to COVID-19, including the exclusion of pandemic unemployment benefits and the relaxation of verification requirements.
- In FY 2020 and FY 2021, “Enrollments at Virginia Hospital Center” increased due to COVID-19 related emergencies and is anticipated to return to normal levels in FY 2022 and FY 2023.

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- In FY 2020 and FY 2021, “Total reimbursements” increased due to an increase in “Total Medical Assistance households” and is anticipated to return to normal levels in FY 2022 and FY 2023.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**Temporary Assistance for Needy Families**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Estimate
Increase in monthly household income available to meet family living expenses as a result of receiving TANF: amount of income available with/without subsidy	\$517/\$168	\$649/\$312	\$355/\$32	\$492/\$70	\$492/\$70	\$492/\$70
Number/percent of VIEW participants employed	N/A	26/54%	24/29%	7/24%	15/34%	15/34%
Percent of VIEW participants still employed after three months	N/A	58%	75%	50%	70%	70%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total applications	319	254	422	552	200	200
Accuracy rate for internal audits	94%	100%	93%	83%	95%	95%
Processing timeliness for initial applications/redeterminations	100%/99%	100%/94%	100%/94%	100%/98%	99%/96%	99%/96%
Average households/individuals receiving benefits per month	154/316	132/232	113/201	126/261	125/200	125/200

- Temporary Assistance for Needy Families performance measures were updated in FY 2019 to better describe the data reported and to align with the performance measurement plan.
- Temporary Assistance for Needy Families performance measures are based on the State Fiscal Year (SFY), which runs from June 1 to May 31 of each year.
- In FY 2020, the amount of income available for living expenses to recipients decreased due to the pandemic and the tremendous amount of job loss around the state.
- In FY 2020, “Increase in monthly household income available to meet family living expenses as a result of receiving TANF: amount of income available without subsidy” was adjusted to correct a reporting error.
- In FY 2021, “Increase in monthly household income available to meet family living expenses as a result of receiving TANF: amount of income available with/without subsidy” increased due to a higher percentage of families having income other than the subsidy, including more families working than in FY 2020. It is anticipated that the number of working families will remain stable for FY 2022 and FY 2023.
- Methods for calculating employment metrics were revised in FY 2019 for “Number/percent of VIEW participants employed” and “Percent of VIEW participants still employed after three months” to enhance accuracy.
- In FY 2020 and FY 2021, “Number/percent of VIEW participants employed” decreased due to a decrease in available jobs resulting from the pandemic as well as temporary policy changes that suspended penalties for non-participation in VIEW activities. Once the

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pandemic becomes endemic and recipients are able (and feel safe) to return to work, an increase is anticipated in SFY 2022 and SFY 2023 (although not back to pre-pandemic levels).

- In FY 2020 and onwards, VIEW retention will be measured at 3 months. Prior to FY 2020, retention was measured at six months.
- In FY 2021, “Percent of VIEW participants employed after three months” decreased due to the very small number of clients gaining employment. Of the 4 recipients who obtained employment, two remained employed for three months. One additional participant maintaining employment would have resulted in a 75 percent retention rate which would match the retention rate in FY 2020.
- “Total applications” and “Average households/individuals receiving benefits per month” is expected to drop due to the five-year (60 month) maximum lifetime benefit restriction.
- In FY 2020, due to pandemic-related job-loss “Total applications” increased, however due to TANF income guidelines being very low, few applicants were eligible and as a result, a decrease in “Average households/individuals receiving benefits per month” occurred.
- In FY 2021, “Total applications” and “Average households/individuals receiving benefits per month” increased due to pandemic-related policy changes including (but not limited to) the suspension of certain verification requirements, acceptance of certain client statements, and interview waivers that helped recipients maintain their eligibility during the pandemic. It is anticipated that the pandemic-related policy changes will no longer be in place for FY 2022 and FY 2023 resulting in “Total Applications” returning close to pre-pandemic levels.
- Current TANF pandemic policy imposes a temporary moratorium on closures for the 24-month and 60-month time limits, resulting in extension of benefits beyond established limits that will continue from FY 2021 to FY 2022.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**Energy Assistance**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of applications processed	1,980	1,977	2,085	3,365	2,000	2,000
Number of households assisted	1,691	1,882	1,644	3,037	1,800	1,800

- Energy Assistance for Needy Families performance measures were updated in FY 2019 to better describe the data reported.
- In FY 2020, due to the pandemic, the state offered a separate COVID Energy Assistance program providing supplemental energy payments. Due to extended program deadlines, the increase in applications processed and households assisted are reflected in FY 2021, with a return to normal levels in FY 2022 and FY 2023.
- In FY 2018, the State of Virginia began automatically approving Energy Assistance applications meeting specified criteria. Applications that do not meet the State’s pre-approval criteria continue to be processed locally.

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Refugee Services

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of applications processed	8	10	2	3	2	2
Average monthly households assisted	4	4	1	2	1	1
Refugee Services expense	\$15,610	\$15,900	\$6,845	\$7,728	\$6,350	\$6,350

- The number of applications processed each year depends upon the awarding of refugee status by the State Department.
- Fewer refugees are resettling in Arlington due to the high cost of living.
- "Refugee Services expense" in FY 2018 and FY 2019 has been updated due to a reporting error.

Child Care Subsidy

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of income spent on childcare with/without subsidy - Fee-based families	7%/51%	7%/62%	7%/64%	7%/63%	7%/63%	7%/63%
Percent of income spent on childcare with/without subsidy - Head Start families	5%/50%	6%/57%	4%/49%	10%/68%	10%/68%	10%/68%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of children receiving subsidy from local funds (County)	5	3	4	7	2	2
Quality control processing accuracy rate: internal reviews calculated correctly	98%	97%	96%	93%	100%	100%
State funds spent for fee paying families: percent spent and amount of allocation	85%/ \$1,036,969	80%/ \$1,524,600	86%/ \$1,784,266	63%/ \$2,027,590	85%/ \$3,074,516	85%/ \$3,074,516
Total number of children receiving state childcare subsidy	170	180	295	274	170	170

- The Child Day Care Subsidy Program performance measures are based on the State Fiscal Year (SFY), which runs from June 1 to May 31 of each year.
- Child Care Subsidy performance measures were updated in FY 2019 to better describe the data reported and to align with the performance measurement plan.
- Due to the pandemic, Child Care Program has lost child-care providers; likewise, many parents have job loss and/or are afraid to send their children to child-care facilities.
- The U.S. Department of Health and Human Services has established the threshold for affordable child-care at 7-10 percent of family income. Without a subsidy, childcare costs

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would have accounted for more than half of the average family's income. With the subsidy, costs decreased to 5-7 percent of income.

- In SFY 2018, the state increased the Maximum Reimbursable Rate across all types of care, meaning the amount paid to the childcare provider increased. As of FY 2019, Arlington has the highest reimbursable rate in the State of Virginia.
- In late FY 2019, the state provided \$247,414 in additional funding to Arlington for families on the waitlist. The waitlist was cleared, but because the funding was received late in the year and some waitlist families were no longer eligible, not all of the additional funding was utilized.
- In FY 2021, "Percent of income spent on childcare with/without subsidy – Head Start families" increased due to a decrease in the average monthly income for Head Start families and an increase in average monthly costs of childcare. This will continue to be the case for FY 2022 and FY 2023.
- In FY 2019, "Number of children receiving subsidy from local funds (County)" decreased due to the availability of state funding to support these families.
- In FY 2021, "Number of children receiving subsidy from local funds (County)" increased due to the enrollment of additional families as a result of grant funding made available in SFY 2020. In FY 2022 and FY 2023, the number of children receiving County subsidy is anticipated to decrease due to recipients no longer requesting care and waitlist for state subsidy program being cleared.
- In FY 2021, "State funds spent for fee paying families: percent spent" decreased and "State funds spent for fee paying families: amount of allocation" increased due to the State allocating an additional 14 percent to Arlington in SFY 2021, while the number of children needing care decreased in SFY 2021 as the waitlist was cleared in April 2021. In FY 2022 and FY 2023, "percent spent" and "amount of allocation" are both anticipated to increase due to parents returning to work and seeking care, in addition to loosened state policy requirements allowing more children to qualify.
- The method for calculating and reporting the "Total number of children receiving state childcare subsidy" for SFY 2020 changed. The state now gives agencies an unduplicated year-to-date child count for each Budget Line. In previous years, data from the last month of the SFY (May) was used. In May 2020, the program served 151 children. Due to the pandemic, many families are not working and restrictions on childcare have been implemented due to safety concerns, lowering counts for the foreseeable future.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**EMPLOYMENT SERVICES**

**PROGRAM MISSION**

To promote the economic well-being and stability of residents and area employers by providing convenient, comprehensive employment services to job seekers and employers.

**Job Search and Placement**

- Conduct job seeker assessments to determine services needed.
- Provide access to job search information under the guidance of employment staff.
- Offer intensive assistance to job seekers needing the help of a case manager and job developer with the goal of placement into employment.

**Skills Training**

- Develop job seeker technical skills by developing an individualized training plan leading to enrollment in a specialized skills training program.

**English for Speakers of Other Languages Training**

- Prepare job seekers with limited English proficiency by providing English language training through the Arlington Education and Employment Program (REEP).

**Workforce Board and Consortium**

- Provide management of the Alexandria/Arlington Regional Workforce Council (RWC), which provides oversight over federal Workforce Innovation and Opportunity Title I funds.
- Provide management of the Arlington/Alexandria Workforce Development Consortium that facilitates partnerships between the RWC, local businesses, and the County government.

**PERFORMANCE MEASURES**

**Employment Services**

<b>Critical Measures</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Estimate</b>	<b>FY 2023 Estimate</b>
Placement rate of case managed clients: number/percent placed in employment	N/A	305/48%	221/26%	85/15%	175/25%	175/25%
Average wage at time of placement into employment	\$15.46	\$24.18	\$17.86	\$20.38	\$17.00	\$17.00
Case managed clients still employed after three months	230/75%	229/75%	177/80%	111/81%	204/70%	255/68%

EMPLOYMENT SERVICES

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Average ongoing case management clients	547	631	416	227	450	450
Average time from referral to case management to placement into employment for case managed clients (months)	3.2	2.3	6.6	4.3	3.1	3.1
Number of recruitment fairs	112	88	103	56	62	62
Number of students attending Arlington Teen Summer Expo	1,441	1,436	N/A	196	1,425	1,425

- Employment Services has been operating at an “assistance from a distance” model since the onset of the pandemic. While clients are still being served virtually or in person (by appointment only), there has not been a large number of individuals seeking intake and case management services. This could be attributed to the fact that many people are collecting unemployment insurance, are afraid to leave their homes to receive services, or do not have the digital literacy skills to access services online.
- Employment Services performance measures were updated in FY 2019 to better describe the data reported and to align with the performance measurement plan. The methodologies for calculating number of case managed clients and number of months spent in job search were also revised to improve accuracy.
- Methods for calculating placements were revised in FY 2019 and FY 2020 for “Placement rate of case managed clients: number/percent placed in employment” to enhance accuracy. Comparisons across prior fiscal years is not meaningful.
- In FY 2020, “Placement rate of case managed clients: percent placed in employment” was updated due to a reporting error.
- Employment placement rate is projected to remain low in FY 2021 and FY 2022 due to the slow recovery from the economic downturn because of the pandemic as well as an increase in the percentage of clients without Right to Work status.
- In FY 2019, “Wage at time of placement into employment” increased due to a few significant wage outliers that skewed the average. The wage ranges, however, are similar in FY 2019 to those of prior fiscal years.
- In FY 2021, “Wage at time of placement into employment” increased due to fewer lower paying jobs being available during the economic recovery.
- The data indicator of employment retention rate changed in FY 2020 to report on job retention after three months and the measure that is calculated and reported for all Employment Services grants and funding sources. In prior fiscal years, the employment retention rate was calculated only for certain funding sources, and at six months, instead of three months.
- “Average ongoing case management clients” increased in FY 2019 due to program staff’s increased outreach efforts.
- “Average ongoing case management clients” in FY 2020 has been updated with a revised number due to a revised calculation for this measure.
- In FY 2021, “Average ongoing case management clients” decreased due to the limitations of virtual services, the decrease in available jobs, and the effects of expanded unemployment benefits. It is anticipated that there will be an increase in the number of clients receiving ongoing case management in FY 2022 and FY 2023 as the economy recovers from the pandemic.



EMPLOYMENT SERVICES

- In FY 2019, “Average time from referral to case management to placement into employment for case managed clients” decreased to 2.3 months due to better coordination between program staff, specifically Employment Specialists and the Business Engagement Team, to find clients jobs in a timely manner. However, it increased to almost months in FY 2020, due to the economic downturn because of the pandemic and the lack of available jobs.
- In FY 2021, “Average time from referral to case management to placement into employment for case managed clients” decreased due to the increased availability of jobs as vaccines became available and industries began to open back up during the second half of FY 2021. It is anticipated that “Average time from referral to case management to placement into employment for case managed clients” will return to pre-pandemic levels in FY 2022 and FY 2023.
- In FY 2019, “Number of recruitment fairs” decreased due to focusing staff efforts on producing large job fairs (100+ attendees) rather than smaller individual hiring events (fewer than 100 attendees). Due to increased employer demand, the number of employer events in FY 2020 increased significantly.
- In FY 2021, “Number of recruitment fairs” decreased due to a reduction in hiring volume as industries continued to struggle, the inability to host fairs in-person during the pandemic, and the resulting transition to fewer virtual recruitment fairs that involved a higher number of employers per event. It is anticipated that “Number of recruitment fairs” will continue to be lower than pre-pandemic levels due to the new normal of serving more employers per event through the virtual format.
- Due to the pandemic, the FY 2020 Teen Summer Expo was cancelled. In FY 2021, the annual event was hosted virtually with 196 remote attendees.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**MANAGEMENT AND ADMINISTRATION**

**PROGRAM MISSION**

To provide leadership and management of the Public Health Division.

**Management and Administration**

- Promote excellent customer service in all program areas.
- Promote effectiveness and efficiency by evaluating programs, promoting innovative programming, overseeing the Division’s financial management, managing grants and contracts, managing budgets, offering training, ensuring compliance with all relevant laws and requirements, evaluating staff performance, and ensuring effective collaboration with community partners.
- Manage contractual relationship with the Virginia Department of Health (VDH) to deliver the required public health services as one of two locally administered health departments in the Commonwealth.

**Emergency Preparedness and Response (EP&R)**

- Assist County, community, and regional organizations and agencies in preparing to respond to the public health consequences of emergencies and train public health employees to prepare for and test emergency response plans.

**Occupational Health**

- Ensure a healthier County workforce.

**PERFORMANCE MEASURES**

**Emergency Preparedness and Response (EP&R)**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of emergency exercises and drills which Division staff conducted or in which staff participated	20	37	21	3	3	20
Percent compliance with annually required data reported to the Centers for Disease Control	100%	100%	100%	100%	100%	100%
Met Project Public Health Ready Criteria (Yes/No)	N/A	N/A	Yes	N/A	N/A	N/A
Percentage of Public Health Division employees compliant with state and federal National Incident Management trainings (IS100, ICS200 and ICS700)	95%	97%	97%	95%	95%	95%
Total Number of active Medical Reserve Corps (MRC) volunteers	447	347	874	975	975	500

- The number of emergency exercises and drills conducted can vary from year to year depending on EP&R staff involvement with drills and exercises conducted by other National Capital Region jurisdictions. Participation in those activities is counted for Arlington County as the experience is relevant. Exercises and drills were put on hold since FY 2020 due to the COVID-19 pandemic response.

**MANAGEMENT AND ADMINISTRATION**

- Project Public Health Ready (PPHR) is a recognition process conducted by NACCHO (National Association of County and City Health Officials). Conducted every five years, it is a national peer review of local public health emergency response plans to assess the jurisdiction’s readiness to respond to various types of emergencies. In order to pass the review, the jurisdiction must meet all criteria.
- The percentage of Public Health Division employees compliant with state and federal National Incident Management trainings varies from year to year based on date of hire for new staff. Recently hired staff might not have completed their training by the point at which the data is reported.
- The overall decrease in the number of MRC volunteers from FY 2018 to FY 2019 is due to the purging of volunteers who were inactive across a 12 month time period. The COVID-19 pandemic increased the number of MRC volunteers since FY 2020.

**Occupational Health**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of County employees attending Occupational Safety and Health (OSHA) required trainings	5,820	4,158	7,520	245	245	245
Percent of County employees receiving follow-up referrals after health risks were detected on screening	100%	100%	100%	100%	100%	100%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of County employees screened for health and safety risks who were able to perform the job	2,547	2,671	2,249	2,783	2,783	2,783
Number/percent of OSHA defined abnormal hearing tests getting appropriate follow-up	2/100%	3/100%	5/100%	5/100%	5/100%	5/100%
Percent of all County employees screened for work health and safety risks who were able to perform the job	99%	99%	99%	99%	99%	99%

- For FY 2020, there was an increase in the number of employees reported as attending both the OSHA required trainings and worksite health or safety (non-OSHA) programs, likely due to more trainings available, increased teleworking secondary to the COVID-19 pandemic, and non-mandated employees completing the courses. For FY 2021, several large Arlington County departments did not report employee trainings. FY 2021 numbers for OSHA required trainings and non-OSHA programs only reflect Public Health Division numbers. Future year estimates are likewise limited to Public Health Division numbers only.
- The number of employees screened for health and safety risks who were able to perform the job varies annually. A number of employees are in positions or have conditions that require more frequent screenings to assure job readiness. During the 3<sup>rd</sup> quarter of FY 2020, there was a significant decrease in the number of employees screened for health and safety risk who were able to perform the job. This was due to the COVID-19 pandemic and the Governor’s Executive Order. Medical facilities operations, including the vendor used for Occupational Health exams, deferred scheduling non-critical appointments, thus limiting access for Occupational Health examinations. In addition, during the 3<sup>rd</sup> and 4<sup>th</sup> Quarter of FY 2020,

**MANAGEMENT AND ADMINISTRATION**

Arlington County Fire Department deferred scheduling annual fitness and wellness exams so that they could transition to another Occupational Health vendor during the 1<sup>st</sup> Quarter of FY 2021. This change enabled all annual fitness duty and wellness exams to be consolidated over several weeks instead of throughout the year as in prior years. There was also a significant impact from employees not being able to perform job duties secondary to being placed either on isolation or quarantine because of exhibiting COVID-19 symptoms or being identified as close contact to someone with infected with COVID-19. Data for employees unable to perform on the job due to COVID-19 related issues is not included in the supporting measures.

**Management and Administration**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of budgeted third-party revenue received	99%	100%	99%	98%	98%	98%

- FY 2022 and FY 2023 estimates are based on FY 2021 actuals.

COMMUNITY HEALTH SERVICES

**PROGRAM MISSION**

To prevent disease and promote optimum health for at-risk populations in the following areas:

**Family Planning**

- Prevent unintended pregnancy, support planned conception, and promote the health of women of childbearing age.
- Provide clinic services, contraceptive information, and health education for all men and women.

**Maternity Care**

- Prevent poor pregnancy outcomes and promote better prenatal care through clinic visits, health and nutrition education, and case management.

**Immunization Clinic**

- Provide immunizations to children and adults along with information about vaccine requirements, recommendations, safety, contraindications, and common reactions.

**Child Health Medical Case Management**

- Provide home-based assessments and education to low-income pregnant women and their children to support normal child growth and development.
- Connect low income families with children under age six to a regular health care provider.

**Maternal-Child Nutrition [Women, Infants and Children Program (WIC)]**

- Prevent nutritional deficiencies and support optimum growth and development for low income mothers and their children.
- Provide a combination of direct nutritional supplementation, nutrition education, and increased access to health care and social services.
- The program focuses on pregnant, breast-feeding, and postpartum women, infants, and children up to age five.

**HIV/AIDS & Sexually Transmitted Infections (STI) and the AIDS Drug Assistance Program (ADAP)**

- Control and prevent disease spread of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), and Sexually Transmitted Infections (STIs).
- Provide testing, treatment, counseling, and referrals.
- Provide medications to persons living with HIV/AIDS.
- Monitor and promote patient compliance with taking HIV/AIDS medication.

**Dental Clinic**

- Prevent harmful effects of dental disease through prevention and treatment, targeting children through high school age and adults age 60 and older.

COMMUNITY HEALTH SERVICES

PERFORMANCE MEASURES

Family Planning Program

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total clients served	2,398	2,235	1,991	1,555	1,555	1,555
Total number of client visits	4,423	4,167	3,651	3,404	3,404	3,404
Total number of outreach events	35	50	22	0	0	20
Number of people reached at outreach events	3,948	2,457	1,704	0	0	1,700
Percent of teens encouraged to have parental involvement in their decisions regarding reproductive health	93%	100%	100%	N/A	100%	100%
Average total visit time for comprehensive family planning visits (in minutes)	96	71	N/A	N/A	71	71
Percentage of clients who rated their overall customer experience as "excellent" or "wow"	81%	86%	N/A	N/A	86%	86%
Percent of clients approved for a LARC (long acting reversible contraceptive) who receive it same day	58%	56%	72%	N/A	72%	72%
Percent of pregnancies among existing family planning clients conceived at least 18 months after a previous birth	89%	85%	75%	88%	88%	88%
Percent of clients reporting a planned pregnancy when receiving the results of a positive pregnancy test result	48%	56%	60%	N/A	N/A	N/A

- The overall decrease in clients served since FY 2018 is likely due to a combination of two factors: 1) the decrease in the number of uninsured women of reproductive age living in Arlington; and 2) the expansion of the Affordable Care Act (ACA and Medicaid) may have led to an increase in the number of clients who met eligibility criteria and were therefore insured and able to find a private provider. The FY 2020 and FY 2021 decrease is due to the impact of COVID-19 and the reduced number of in-person clinic spots and services offered.
- The Family Planning/Teen Program is currently operating under the amended Title X and Virginia Department of Health (VDH) COVID-19 Program Guidance. This allows for services that are normally provided in a clinic setting to be offered remotely utilizing a telehealth/phone platform. Clients are being brought into the clinic for in-person visits when telemedicine is not an option. Routine well-woman visits are deferred, e.g. routine STI testing and pap smears. Birth control refills such as oral contraceptives, rings, and condoms are available to existing clients after nurse phone triage either for curbside pickup or mailed from the VDH Central Pharmacy. Depo Provera injections were given in person. Non-emergency procedures, including Long Acting Reversible Contraceptives (LARCs) insertions and removals, were suspended until March 2021.
- Beginning in FY 2020, most outreach events were canceled due to COVID-19.
- In FY 2019, the Average Total Wait Time was changed to Average Total Visit Time for Comprehensive Family Planning Visits as Title X now focuses on total visit time instead of total wait time. In FY 2019, the Average Total Visit Time was within the parameters established by Title X, which requires that wait time not exceed 90 minutes. Average Total Visit Time was not assessed in FY 2020 of FY 2021 due to combining of Family Planning/Maternity/STI clinics followed closely by the COVID-19 pandemic and subsequent need for community health staff to be reallocated to support public health COVID-19 response efforts.

**COMMUNITY HEALTH SERVICES**

- In FY 2019, the measure of clients receiving a LARC within one week was changed to clients receiving a LARC the same day because it better captures that clients were able to leave with the method they requested. In FY 2020 Q1-Q2, 72 percent of family planning clients requesting a LARC received one the same day as their request, up from 56 percent in FY 2019. Data for this measure was not calculated for FY 2021 due to the suspension of LARC services during the COVID-19 pandemic.
- Due to COVID-19 disruption in services, client surveys could not be conducted as planned.
- In FY 2021, percent of clients reporting a planned pregnancy when receiving the results of a positive pregnancy test result was not calculated due to suspension of walk-in pregnancy testing during the COVID-19 pandemic. Preganancy testing is projected to be suspended through FY 2022.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Maternity Care**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of low birth weight infants born to clients served through 36 weeks	1.2%	2.8%	2.9%	1.6%	1.6%	1.6%
Percent of pre-term deliveries among clients served through 36 weeks	2.8%	4.1%	4.6%	8.6%	8.6%	8.6%
Percent of women enrolling in prenatal care in the first trimester of pregnancy	72%	70%	58%	48%	48%	48%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total clients served	673	563	448	375	375	375
Total client visits	4,337	3,663	2,746	1,494	1,494	1,494
Percent of clients who got all critical tests on time at admission visit	99%	100%	100%	N/A	N/A	100%
Percent of clients who got all critical tests on time at first clinician visit	99%	99%	100%	N/A	N/A	100%
Percent of clients who got all critical tests on time between 15 and 21 weeks	100%	100%	100%	N/A	N/A	100%
Percent of clients who got all critical tests on time between 24 and 28 weeks	97%	97%	100%	N/A	N/A	100%
Percent of clients who got all critical tests on time between 35 and 37 weeks	100%	100%	100%	N/A	N/A	100%
Percentage of clients who rated their overall customer experience as "excellent" or "wow"	87%	88%	N/A	N/A	88%	88%
Percent of clients who rated our use of a language that they understood and spoke as "excellent" or "wow"	80%	93%	N/A	N/A	93%	93%

- The percentage of low birth weight infants born to clients served through 36 weeks and the percentage of pre-term deliveries among clients served through 36 weeks varies from year to year based on individual client characteristics. Staff routinely review the records of these clients to identify common factors and/or trends; none were identified.

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- The decrease in clients served since FY 2018 is likely due to a combination of factors: 1) the decrease in the number of uninsured pregnant women living in Arlington; 2) the expansion of the Affordable Care Act (ACA) may have led to an increase in the number of clients who met its eligibility criteria and were therefore insured and able to find a private provider; and 3) an increase in Long Acting Reversible Contraceptives (LARCs) insertions in the Family Planning program. In FY 2020 and 2021, the decrease in the number of clients and visits is related to VDH Program Guidelines during COVID-19, which increased the interval between visits.
- In FY 2021, staff was redirected to work on COVID-19 response and did not conduct chart audits; therefore, the percentage of clients who got all critical tests on time is not reported. It is projected that audits will resume in FY 2023.
- Due to COVID-19 disruption in services, client surveys could not be conducted as planned.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Immunization Clinic (OIC)**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total clients served (all services)	3,521	3,390	2,773	1,071	2,773	2,773
Total visits (all services)	5,876	5,664	3,643	1,329	3,643	3,643
Total OIC Services: immunizations (including flu) and TB tests administered	14,289	11,209	10,294	2,960	10,294	10,294
Cases of reportable vaccine-preventable diseases among Arlington children and adults immunized at Immunization Clinic	0	0	0	0	0	0

- Data include services provided at the Open Immunization Clinic (OIC) only.
- The OIC closed on March 16, 2020 and did not reopen until June 26, 2020.
- The clinic reopened utilizing appointments, social distancing, one-way clinic flow, and increased usage of PPE for staff.
- During the COVID-19 pandemic, the clinic is open to serve Arlington County school-age children only.
- The clinic opened first for 7th-graders needing Tdap, then focused on Kindergarten vaccines before opening for all school age children.
- The decrease in the number of clients served since FY 2018 may be due to more clients accessing care through private providers due to the Affordable Care Act, the expansion of Medicaid, and low-income clients moving from area due to cost of living. The number of visits and services is commensurate with the number of clients. In FY 2020 and FY 2021, the decrease in the number of clients and visits is due to the COVID-related clinic closures.
- This program has a performance measurement plan in place for services provided at OIC. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>



**COMMUNITY HEALTH SERVICES**

**Maternal-Child Nutrition [Women, Infants and Children Program (WIC)]**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of cases meeting eligibility processing standards	100%	100%	100%	100%	100%	100%
Percent of underweight children ages 2 to 5 moving towards a healthier weight	67%	67%	17%	67%	67%	67%
Percent of overweight children ages 2 to 5 moving towards a healthier weight	27%	30%	24%	37%	37%	37%
Percent of Women, Infants and Children (WIC) breastfeeding infants who were ever breastfed	91%	93%	94%	93%	93%	93%
Percent of Women, Infants and Children (WIC) breastfeeding infants who are breastfed at 6 months	65%	72%	82%	83%	83%	83%
Percent of Women, Infants and Children (WIC) breastfeeding infants who are breastfed at 1 year	36%	35%	46%	53%	53%	53%
Percentage of clients who rated their overall customer experience as "excellent" or "wow"	88%	91%	94%	N/A	94%	94%
Percent of clients responding to an annual survey who rated our use of a language that they understood and spoke as "excellent" or "wow"	89%	90%	94%	N/A	94%	94%
Monthly average number of active clients	2,182	2,013	1,912	2,155	2,155	2,155

- Changes due to COVID: All eligibility determination, risk assessment, and nutrition counseling services are performed over the phone, and benefits are issued remotely. USDA (US Department of Agriculture) has waived the physical presence requirement.
- During March through June 2020, monthly participation increased by 292 participants from 1,788 to 2,080. Some of the increase was due to new participant enrollment. Another factor contributing to the increase was the convenience of remote services. Clients previously enrolled, who were not able to attend required in-office appointments and were not able to receive benefits, could complete required appointments over the phone.
- The measure "percent of cases meeting eligibility processing standards" ensures that local agencies notify applicants of their eligibility for benefits within 10 days for pregnant women, infants under six months of age, migrants, and homeless persons and 20 days for all others.
- The number of underweight children ages two to five moving toward a healthier weight is small (12 or less in each year); therefore, even small changes in the number of underweight children often account for the variations in percentages.
- The increase in WIC breastfeeding infants who were ever breastfed, breastfed at 6 months, and breastfed at 1 year is due to a combination of several factors: 1) Breastfeeding counselors focused their efforts on clients during the early post-partum period when most problems with breastfeeding typically occur; and 2) the addition of face-to-face classes for pregnant and breastfeeding mothers.
- During the pandemic, support services are provided remotely mainly through phone conversations. Only clients needing breast pumps are required to come to the office. Breastfeeding support groups have been discontinued. In-person group breastfeeding classes have been replaced with WICHealth.org a new state introduced on-line education portal. Clients can access this portal through phones, tablets, or computers. Due to the COVID pandemic,

**COMMUNITY HEALTH SERVICES**

some WIC clients are no longer working outside the home and are more likely to breastfeed while staying home with infants.

- In FY 2018, a new client survey was implemented as part of the Customer Experience Initiative in public health. Components of customer experience are rated as “unsatisfactory,” “satisfactory,” “excellent,” or “wow” to match division expectations of delivering an “excellent” or “wow” experience to all customers. The survey was not administered in FY 2021 due to the COVID-19 pandemic.
- WIC enrollment had declined statewide and nationally since FY 2014 until March 2020. Since then, monthly participation has increased by 243 participants, from 1,912 to 2,155. Some of the increase was due to new participant enrollment. Another factor contributing to the increase was the convenience of remote services. Clients previously enrolled, who were not able to attend required in-office appointments and were not able to receive benefits, could complete required appointments over the phone.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:

<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**HIV/AIDS & Sexually Transmitted Infections (STI) and the AIDS Drug Assistance Program (ADAP)**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Chlamydia rate per 100,000 population	468	490	416	346	346	346
Number of new Chlamydia cases	1,057	1,110	942	811	811	811
Gonorrhea rate per 100,000 population	100	110	118	95	95	95
Number of new Gonorrhea cases	226	249	267	222	222	222
Syphilis rate per 100,000 population	38	34	27	27	27	27
Number of new Syphilis cases	87	78	62	64	64	64
Perinatal Hepatitis B cases	13	14	19	11	14	14
HIV rate per 100,000 per population	10	10	8	12	12	12
Number of new HIV cases	23	23	18	29	29	29
Number of HIV positive clients receiving AIDS Drug Assistance Program services	63	60	45	46	46	46
Total number of sexually transmitted disease clinic visits (includes HIV)	1,233	1,231	738	216	738	738
Percentage of STI Clinic clients who rated their overall customer experience as “excellent” or “wow”	91%	96%	N/A	N/A	96%	96%

- The above rates were calculated using the January 1, 2021 population estimates from the Arlington County Department of Community Planning and Housing Development. Rates of chlamydia, syphilis, and HIV decreased in FY 2020 and FY 2021. Contributing factors may include reduced access to testing as well as changes in behavior and social distancing.
- Data on the number of new cases is from the Virginia Department of Health (VDH).
- During COVID-19, the Virginia Department of Health recommended that STI services be limited to symptomatic and high-risk clients. Because many people with STIs do not have symptoms and we are not currently screening asymptomatic clients, not all individuals who may be positive and spreading STIs in the community are currently being identified.

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- The total number of STI Clinic visits varies from year to year. The overall decline is due to the overall decrease in the number of clients and the resulting decrease in the number of visits.
- AIDS Drug Assistance Program (ADAP) services have decreased since FY 2016 as more individuals became enrolled in the Affordable Care Act (ACA) and state supported insurance programs.
- Due to COVID-19 disruption in services, client surveys could not be conducted as planned.
- The STI Clinic and ADAP programs have performance measurement plans. The data above align with those plans. You can read both programs complete FY 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Dental Clinic**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total client visits	1,407	1,899	1,312	41	950	950
Total number of clients	714	729	561	34	550	550
Percentage of clients who rated their overall customer experience as "excellent" or "wow"	92%	95%	97%	N/A	97%	97%
Percentage of clients who rated how we explained things as "excellent" or "wow"	93%	97%	97%	N/A	97%	97%
Percentage of clients that indicated that they were able to get an appointment when needed	69%	80%	85%	N/A	69%	85%
Percentage of adult appointment slots utilized by adults	92%	91%	91%	N/A	91%	91%
Percentage of children's appointments slots utilized by children	72%	78%	71%	N/A	71%	71%
Percentage of open appointment slots (both adult and children) utilized	93%	92%	96%	N/A	96%	96%
Percentage of all clinic appointment slots utilized	85%	88%	90%	N/A	90%	90%
Number/percent of preventive visits at which clients who were offered and received all appropriate preventive care	659/99.5%	833/99.5%	537/99.8%	28/100%	544/99%	544/99%
Number/percent of clients completing corrective treatment plan within 6 months	311/82%	465/91%	409/89%	79/75%	413/75%	490/89%
Number/percent of clients who return for a new preventive treatment plan in 12 months	460/53%	401/60%	524/62%	98/18%	341/62%	341/62%

- The Dental Clinic closed due to COVID on March 16, 2020. The Dental Clinic reopened on June 22, 2021.
- The Dental Clinic provides preventive and corrective care to low-income, uninsured Arlington residents who are either children up to age 19 or adults age 60 and above.

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- Dental Clinic appointment slots are either reserved for children (64 percent), adults (28 percent), or are open to either client type (8 percent). Currently there are four open slots available per week to either adults or children on a first come, first served basis.
- More appointment slots are reserved for children because there are fewer other community options available for uninsured children than for adults.
- Client satisfaction surveys were not administered in FY 2021 due to COVID-19.
- In FY 2018, the number of clients and visits was impacted by the dental clinic being closed for three months due to a fire.
- The percentage of clients that indicated that they were able to get an appointment when needed decreased in FY 2018, due to the closure after the fire.
- Appropriate preventive care includes an examination, cleaning, oral hygiene education, oral cancer screening, and fluoride varnish for clients ages 13 years and younger.
- The percent of clients completing corrective treatment plans decreased in FY 2018, due to the dental clinic fire. Clients with corrective treatment plans established during the six months before the fire did not have the full 6 months to complete their plans. There was a similar decrease in FY 2021 due to the clinic closure.
- The percent of clients who returned for a new preventive treatment plan in 12 months decreased in FY 2018, due to the fire. Clients with preventive treatment plans established during the 12 months before the fire did not have the full 12 months to complete their plans. There was a similar decrease in FY 2021 due to the clinic closure.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**PROGRAM MISSION**

To keep children healthy and safe to promote learning.

**School Based Health Clinics**

- Provide first aid and emergency care to sick and well children, including administering medications.
- Provide a wide range of health services for students with disabilities and special health care needs.
- Monitor immunization status, give immunizations, and assess student health status.
- Provide preventative Health Education for students, teachers, and parents.
- Investigate potential outbreaks to limit the spread of infectious diseases.

**Health Appraisal Clinics**

- Provide physical exams, immunizations, and other screening required for school entry.

**Parent Infant Education (PIE)**

- Screen and assess developmental disabilities and delays.
- Provide physical, occupational, speech, social work and developmental therapy.
- Coordinate services for families, assist families to access resources, and provide parent support.

**PERFORMANCE MEASURES**

**School Based Health Clinics**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total number of students enrolled (school enrollment as of September 30)	26,941	27,436	28,248	26,895	26,911	27,586
Students with medical notifications	6,961	6,782	6,627	6,906	6,906	6,906
Total number of clinic visits	132,455	130,638	90,356	4,833	90,356	90,356
Percent of controlled substances (medications) administered per protocol	99%	99%	99%	99%	99%	99%
Percent of individual health care plans that meet all appropriate standards for the condition	93%	93%	N/A	N/A	93%	93%
Total vision screenings	10,051	9,518	9,885	5,507	9,885	9,885
Total hearing screenings	10,132	9,495	9,846	5,349	9,846	9,846
Percent of mass vision screenings completed	100%	99%	98%	55%	98%	98%
Percent of mass hearing screenings completed	98%	98%	95%	55%	95%	95%
Number of referrals made for services	2,206	2,261	1,123	1,373	2,261	2,261

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Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of conditionally enrolled students brought into compliance with immunizations	99.5%	99.5%	99.7%	N/A	99.7%	99.7%
Number of students excluded from school for not receiving Tdap vaccination	6 of 1,879	6 of 2,121	0 of 2,108	0 of 2,005	6 of 2,121	6 of 2,121
Percent of parents responding to customer satisfaction survey indicating overall satisfaction with service	92%	91%	N/A	N/A	91%	91%
Percent of school staff responding to survey who indicate overall satisfaction with services	92%	87%	N/A	N/A	87%	87%

- School enrollment numbers are from Arlington Public Schools (APS).
- The number of students with medical notifications varies from year to year based on individual student characteristics. Medical notifications are created about students who, because of a chronic health condition, may require a higher level of care during the school day. These notifications are provided to classroom teachers and/or other APS staff to alert them to these situations.
- Overall, the number of clinic visits per school level varies from year to year based on a combination of factors, including the number of students at each school level (elementary, middle, and high), the number of students with chronic health conditions that require a clinic visit, students' ability to self-manage their chronic health care needs, and school health staffing. However, in FY 2020, clinic visits reflect through March 13, the last day of in-person school, after which no students attended school in person for the remainder of the year. In March 2020, school health staff deployed to the COVID Response Team. Students began to return to in-person school slowly in FY 2021, with large numbers not returning until March 2021, and then only attending in person two days a week.
- For FY 2020, the measure "Percent of controlled substances (medication) administered per protocol" only includes data from Q1 and Q2.
- The measure "Percent of individual health care plans (IHCPs) that meet all appropriate standards for the condition" was not collected in FY 2020 and FY 2021. IHCPs were created as usual but the staff that usually conduct the audit were deployed to the COVID response, which was deemed more urgent. In FY 2020, The measure "Number of referrals made for services" only includes data from Q1 and Q2.
- In 2020-2021, mass vision screenings were conducted for 55 percent of students in kindergarten and grades 3, 7, and 10 according to Virginia Department of Education (VDOE) requirements. Mass hearing screenings were conducted for 55 percent of students in kindergarten and grades 3, 7, and 10. Not all eligible students were screened because, per School Health policy and APS policy, parents could opt out of mass hearing/vision screenings if not attending in person, and because students with a known hearing loss, a serious hearing impairment in one or both ears, and/or a serious visual impairment were not screened.
- Students are conditionally enrolled when they lack the complete series of required immunizations or they have not met requirements for tuberculosis screening. The standardized definitions for categories of conditionally enrolled students ensure consistent data collection. As per § 22.1-271.2 of the Code of Virginia, documentation indicating that the child has received the required immunizations for school entry must be provided. Any child whose immunizations are incomplete may be admitted conditionally, if the parent or guardian provides documentation at the time of enrollment, that the child has received at least one dose of the required immunizations and has a written schedule for completing the

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remaining doses. Immunizations are required in order to reduce the spread of communicable diseases.

- Conditionally enrolled students are followed the entirety of the school year, but because School Health and analysis staff were pulled into COVID response, the data was not compiled and reported during the second half of the school year for FY 2020 and in FY 2021; however, all conditionally enrolled students were tracked for completion of requirements.
- In 2019-2020, all 2,108 7th grade students had proof of Tdap vaccination before the start of school. This was the second year this cohort of students was required to show proof of Tdap vaccination, because the requirement changed from 6th grade to 7th grade. Tdap vaccination provides protection from Tetanus, Diphtheria, and Pertussis (whooping cough). The Virginia Department of Education requires that all rising sixth graders have this vaccination. Students are not allowed to attend school until receiving the vaccination.
- In both FY 2020 and FY 2021, due to COVID, the customer satisfaction survey was not administered to APS staff or parents.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:

<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Parent Infant Education (PIE)**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total Clients referred	529	500	356	361	431	431
New Individualized Family Service Plans (IFSPs)	322	253	181	200	227	227
Number of Active Clients (new and ongoing IFSP’s, unduplicated count)	642	583	260	386	485	485
Number of assessment and therapy hours provided by PIE therapists	1,166	806	662	933	933	933
Number of assessment and therapy hours provided by contracted therapists	7,546	6,353	7,387	6,677	6,677	6,677
Total direct therapy and assessment hours (travel, documentation, teaming peer consultation, and administrative time not included)	8,712	7,159	8,049	7,146	7,146	7,146
Percentage of clients receiving services in a language other than English	20%	16%	19%	21%	21%	21%
Number/percent of children offered an IFSP within 45 days of receipt of referral (families who request a delay are not included in the data)	244/99.6%	204/100%	123/92%	158/100%	100%	100%
Number/percent of clients offered to start services listed in the IFSP within 30 days of signing the IFSP	330/99.7%	257/99.6%	194/98%	196/100%	100%	100%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: positive social emotional skills	78/64%	81/63%	46/64%	29/54%	64%	64%

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Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: acquisition and use of knowledge and skills	114/72%	120/72%	57/66%	32/52%	66%	66%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: use of appropriate behaviors to meet their needs	105/69%	109/70%	53/67%	35/49%	67%	67%
Percent of parents who agree, strongly agree, or very strongly agree that early intervention services helped their family participate in typical activities for children and families in the community	87%	89%	100%	N/A	89%	89%
Percent of parents who agree, strongly agree, or very strongly agree that early intervention services helped their family feel more confident in meeting their child's needs	95%	92%	100%	N/A	92%	92%
Percent of parents who agree, strongly agree, or very strongly agree that early intervention services provided helped reach the outcomes/goals important to their family	96%	93%	100%	N/A	93%	93%

- An Individualized Family Service Plan (IFSP) is a federally required plan that identifies the needs of the child and lays out how those needs will be met. It is a plan of care for the child with which both the program and the family agree.
- The number of new IFSPs varies because after intake/screening, 1) some children who are referred are found to be ineligible for services; and 2) some families decline services.
- Prior to the COVID-19 pandemic, FY 2020 PIE referral numbers were on track to match FY 2019 numbers. PIE conducted outreach to pediatrician's offices to increase the number of referrals.
- The number of assessment hours provided by PIE (staff) therapists and contracted therapists varies based on 1) individual family/child characteristics; 2) the time needed to perform the assessments; 3) changes in workload, and 4) availability of staff and contracted therapists. In FY 2020, telehealth services and the associated reduction in travel time enabled therapists to enhance service provision by spending more time on direct services versus travel.
- In FY 2020, timelines to complete the IFSP within 45 days and to start services within 30 days were on track to be met until Q4 of FY 2020. Due to COVID-19, PIE services were granted permission by the State Part C office to pause services in March and April, and transition from face to face to telehealth at the end of Q3. These timelines were missed due to the need to transition to telehealth services and provide services in a safe manner during the pandemic.
- The percent of children demonstrating substantial improvement at discharge (based on therapist assessment) on positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors has been close to the state target for the past few years. In FY 2019, all therapists and service coordinators attended a required training on the state decision tree to ensure accurate indicator ratings are gathered for all three child outcome ratings. In FY 2021, indicator ratings were not gathered for all children exiting the



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PIE program that were receiving services for six months or longer. Due to the COVID-19 pandemic, service coordinators have increased efforts to support families and provide necessary resources resulting in missed opportunities to obtain necessary data. The missing data directly impacted the FY 2021 numbers. The PIE supervisor is monitoring service coordinators discharge caseloads to ensure indicator ratings are entered upon exit of the program.

- In FY 2019, the response rate for the parent survey increased by 10 percent from FY 2018 due to PIE staff proactively promoting the survey. However, the overall response rate remains low, which is likely the result of the statewide program's decision to discontinue its previous two-option survey methodology (paper-based or on-line). The state is planning to make improvements to the methodology in forthcoming years. In FY 2020, due to COVID-19, the state delayed sending the yearly survey to families across Virginia. The response rate in FY 2020 was very low. In FY 2021, only three families responded to the survey; therefore, results were not calculated.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

COMMUNITY HEALTH PROTECTION

**PROGRAM MISSION**

To control and prevent the spread of infectious diseases in the community.

**Restaurant Inspection**

- Prevent the spread of foodborne infectious diseases (e.g., salmonella, hepatitis) in food prepared in licensed establishments.
- Investigate potential outbreaks to limit the spread of infectious diseases.

**Pool Inspection**

- Prevent the spread of waterborne infectious diseases (e.g., cryptosporidiosis) in swimming pools.
- Investigate potential outbreaks to limit the spread of infectious diseases.

**Hotel Inspection**

- Protect public health and safety of guests and employees of licensed hotels and motels in Arlington County.

**Animal and Rodent Control**

- Investigate rodent complaints, educate the community on how to control rodents, and work to eliminate rodents on public property.
- Investigate animal bites to humans to prevent human rabies.
- Promote rabies vaccination among dogs and cats.

**Disease Surveillance and Investigation**

- Investigate potential outbreaks to limit the spread of infectious diseases (e.g., norovirus, bacterial meningitis), especially in at-risk settings (e.g., nursing homes, child care centers, homeless shelters).
- Identify and treat clients with active or latent tuberculosis.

**PERFORMANCE MEASURES**

**Restaurant Inspection**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number/percent of food establishments in enforcement process brought into compliance	25/ 100%	20/ 100%	6/ 100%	4/ 100%	20/ 100%	20/ 100%
Number of food establishments closed for imminent health hazards	20	24	9	20	24	24
Number of confirmed foodborne outbreaks associated with a licensed Arlington food establishment	0	0	0	0	Not predictable	Not predictable

COMMUNITY HEALTH PROTECTION

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2021 Estimate	FY 2023 Estimate
Total number of establishments	1,070	1,088	1,094	1,030	1,088	1,088
Total number of risk factor plus and risk factor inspections completed	2,179	2,289	1,768	1,269	2,289	2,289
Number of food establishment inspections per Environmental Health Specialist FTE	396	394	N/A	N/A	394	394
Number/percent of inspections completed for food establishments requiring 1 inspection per year (calendar year measure)	471/ 100%	442/ 100%	N/A	N/A	442/ 100%	442/ 100%
Number/percent of inspections completed for food establishments requiring 2 inspections per year (calendar year measure)	558/ 100%	544/ 100%	N/A	N/A	544/ 100%	544/ 100%
Number/percent of inspections completed for food establishments requiring 3 inspections per year (calendar year measure)	1,027/ 100%	1,206/ 100%	N/A	N/A	1,206/ 100%	1,206/ 100%
Number/percent of inspections completed for food establishments requiring 4 inspections per year (calendar year measure)	80/ 100%	104/ 100%	N/A	N/A	104/ 100%	104/ 100%
Number of complaints of foodborne illness	58	70	49	26	Not predictable	Not predictable
Number of known affected individuals within the outbreaks	0	0	0	0	Not predictable	Not predictable
Enforcement Action 1: Number of Notices of Alleged Violation	20	19	5	4	19	19
Enforcement Action 2: Number of Fact-Finding Conferences	5	4	2	2	4	4
Enforcement Action 3: Number of Notices of Intent to Revoke License	2	0	1	2	0	0
Enforcement Action 4: Number of Revocation Hearings	2	0	1	1	0	0
Enforcement Action 5: Number of Licenses Revoked	0	0	0	0	0	0

- The majority of measures are provided on a fiscal year basis except where noted otherwise.
- The number of food establishments in the enforcement process varies from year to year based on individual food establishment compliance with the FDA (Food and Drug Administration) Food Code. An establishment that has a pattern of violations will be brought into Enforcement. Enforcement is a multi-step process (per the categories listed) and progresses when the pattern of violations continues. Each step affords the owner the opportunity to correct the pattern of violations and to come into compliance with the Food Code. The decrease in enforcement actions may be due to efforts to create Risk Control Plans with establishments to address issues before they warrant enforcement. Seven Risk Control Plans were completed in FY 2020. No risk control plans were completed in FY 2021 due to the pandemic related restrictions on food service and inspections.

**COMMUNITY HEALTH PROTECTION**

- The total number of establishments includes those “brick and mortar” establishments that are active and permitted with a current license as of the first day of a fiscal year.
- Routine and risk factor inspections are unannounced inspections made on a prescribed schedule based on the establishment’s risk factor category. The risk factor inspection focuses on those items most likely to result in foodborne illness. A routine inspection includes both a risk factor inspection as well as an inspection of good retail practices (facility/structural issues). The number of inspections required is calculated on a calendar year for all “brick and mortar” food establishments.
- The number of food establishment inspections per Environmental Health Specialist (EHS) FTE per year varies based on the total number of establishments, the inspection frequency protocol (see below), and the number of staff positions filled. The number of inspections/FTE typically remains above the FDA standard of 280-320 per FTE. In FY 2020 and FY 2021, the number of inspections per FTE was not able to be calculated because of the closures due to COVID-19.
- Establishments are assigned one, two, three or four inspections per year based on specific risk-based factors. The number of inspections per year meets or exceeds the state standard of one inspection per establishment per year (two inspections per establishment per year for schools). After meeting the required state standard of one inspection per year, staff prioritized those establishments scheduled for three or four inspections per year, as those establishments prepare more complex food and/or serve higher risk patrons. Among the establishments in the two inspections per year category, schools were the highest priority and all those inspections were completed. All other establishments that were assigned two inspections per year were the last priority because they posed the least risk due to their particular combination of risk factors. Number of inspections required and completed was not calculated in FY 2020 or FY 2021 due to the pandemic.
- The number of complaints of foodborne illness varies from year to year based on the individual characteristics of the dining public. It is not predictable. In FY 2020 and FY 2021, the decrease in the number of complaints was likely due to pandemic-related closures.
- The number of known affected individuals within the outbreaks is based solely on individuals identified as part of an official investigation by Environmental Health. There have been no confirmed foodborne outbreaks in the past four years.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Pool Inspection**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total Year-Round Water Recreational Facilities (calendar year measure)	48	43	32	22	43	43
Total Seasonal Water Recreational Facilities (calendar year measure)	241	247	147	112	247	247
Total Water Recreation Facilities (calendar year measure)	289	290	179	134	290	290
Number/percent of required inspections for Year-Round Water Recreation Facilities completed (calendar year measure)	141/ 100%	131/ 100%	23/ 100%	N/A	131/ 100%	131/ 100%

COMMUNITY HEALTH PROTECTION

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number/percent of required Pre-Opening inspections for Seasonal Water Recreation Facilities completed (calendar year measure)	241/100%	247/100%	N/A	N/A	247/100%	247/100%
Number/percent of required Routine inspections for Seasonal Water Recreation Facilities completed (calendar year measure)	482/100%	488/100%	129/100%	N/A	488/100%	488/100%
Timeliness of database entry of inspection results	96%	99%	N/A	N/A	99%	99%
Reported illnesses, injuries, or deaths associated with a licensed Water Recreational Facility (fiscal year measure)	1	0	0	0	Not predictable	Not predictable
Number of facility closures due to imminent health hazards	11	8	9	1	9	9

- Water Recreation Facilities (WRFs) include swimming, wading, and diving pools as well as spas and interactive water features (e.g., spray grounds) that have treated, re-circulated water. Some swimming pools are open year-round; most operate seasonally, from May or June through September.
- There are three types of inspections for WRFs: Pre-opening (scheduled, completed prior to issuing license and facility opening); routine (unannounced, comprehensive); and follow up (unannounced, for re-inspecting items that were not in compliance at the time of the routine inspection).
- In CY 2020, the number of inspections required for year-round and seasonal facilities was adjusted as facilities suspended operations and Environmental Health staff were reassigned to COVID response work. Therefore, the percentage of required seasonal inspections completed is not calculated for CY 2020 and CY 2021.
- In CY 2020, seven pre-opening inspections were completed, for facilities with a change of ownership or major renovations. For all other seasonal facilities, a pre-opening checklist replaced a pre-opening inspection.
- Timeliness of database entry of inspection results is a measure with data pulled from HealthSpace, a State database. Results reported are based on a sample of records (minimum of 20 percent of inspections by Environmental Health employees, 10 percent of inspections by summer contractor). Timeliness of entry was a point of great emphasis, which resulted in 99 percent of sampled reports being entered in the appropriate timeframes in FY 2019. Due to staffing constraints caused by staff being deployed to COVID-19 response, the timeliness data could not be calculated in FY 2020 and FY 2021.
- The “number of reported illnesses, injuries, or deaths associated with a licensed facility” and the “number of facility closures due to imminent health hazards” reflects data provided by the affected facilities.
- The one reported illness, injury, or death in FY 2018 was a drowning of a person with a pre-existing seizure condition. All appropriate steps were taken by establishment staff during this incident.
- The number of facility closures due to imminent health hazards varies from year to year based on individual characteristics of the facilities and their management. It is not predictable. Most closures for imminent health hazards are due to chemical imbalances in the water. Establishments are typically able to re-open the same day.

**COMMUNITY HEALTH PROTECTION**

- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Hotel Inspection**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of hotels licensed annually	45	46	46	43	43	43
Total Number of hotel inspections	50	46	47	19	47	47
Number of complaints	14	22	13	0	Not predictable	Not predictable
Percent of routine annual inspections completed	100%	100%	100%	37%	100%	100%
Timeliness of inspection entry	100%	100%	100%	N/A	100%	100%
Enforcement Action 1: Number of Notices of Alleged Violation	0	0	0	0	0	0
Enforcement Action 2: Number of Fact-Finding Conferences	0	0	0	0	0	0
Enforcement Action 3: Number of Notices of Intent to Revoke License	0	0	0	0	0	0
Enforcement Action 4: Number of Revocation Hearings	0	0	0	0	0	0
Enforcement Action 5: Number of licenses revoked	0	0	0	0	0	0

- Estimates for FY 2022 and FY 2023 are based on FY 2021 actuals.
- The total number of hotel inspections includes routine annual inspections, follow-up inspections, and pre-opening inspections. The Commonwealth’s standard is one routine inspection per hotel per year. Additional inspections are done when hotel ownership changes and/or when follow up is needed.
- In March 2020, due to the COVID-19 pandemic, hotel inspections were reduced per guidance from the Virginia Department of Health. Environmental Health staff were reassigned to support the larger Public Health response to the pandemic. Hotel inspections were prioritized based on the number of rooms and risk of COVID-19 transmission. Thirteen hotels with 300+ rooms were considered high priority, and four hotels with slightly less than 300 rooms and/or event space were considered moderate priority. High and moderate priority hotels were inspected in January 2021.
- The number of complaints varies from year to year based on the individual characteristics of individuals who use hotels in Arlington. It is not predictable.
- Timeliness data is pulled from Environmental Health Database (EHD), a state database. The Public Health Division standard for the hotel program is that inspections are to be entered within two (2) business days. Results reported are based on a review of all Arlington hotel records. This measure was not calculated in FY 2021 due to the pandemic and need for Environmental Health staff to be reallocated to support the public health response efforts.
- Enforcement is a multi-step process (per the categories listed), and each step affords the owner the opportunity to correct the pattern of violations and to come into compliance.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

COMMUNITY HEALTH PROTECTION

**Animal Control**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of animals quarantined for exposure to rabid animals or for biting humans	202	279	301	317	317	317
Number of animals vaccinated for rabies prevention	678	548	433	309	309	309

- FY 2022 and FY 2023 estimates are based on FY 2021 actuals.
- The number of animals quarantined for exposure to rabid animals or for biting humans varies from year to year.
- The number of animals vaccinated for rabies prevention varies with the number of animals brought by the public (from Arlington and surrounding jurisdictions) to the Animal Welfare League of Arlington (AWLA) for vaccination. The numbers have decreased for out-of-jurisdiction animals as more localities are providing this service to their residents.

**Rodent Control Program**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of rodent complaints investigated	136	173	204	195	195	195
Number/percent of contacts initiated within the appropriate timeframe (one business day) regarding rodents INSIDE a residence or establishment	35/ 100%	60/ 92%	77/ 95%	51/ 100%	51/ 100%	51/ 100%
Number/percent of contacts initiated within the appropriate timeframe (three business days) regarding rodents OUTSIDE a residence or establishment	90/ 100%	108/ 100%	120/ 98%	137/ 95%	137/ 95%	137/ 95%
Cases of rodent-borne illnesses reported in Arlington residents	0	0	0	0	0	0

- The number of rodent complaints investigated each year may be influenced by changes in the amount of new construction in the County. New construction tends to disrupt rodent habitats, making rodent activity more apparent.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Disease Surveillance and Investigation (DSI) Program**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of communicable disease investigations	1,578	1,399	1,292	1,213	1,213	1,213
Confirmed and probable cases	965	738	636	377	377	377

**COMMUNITY HEALTH PROTECTION**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of communicable disease investigation initiated within required VDH timeframes	99%	98%	98%	100%	100%	100%
Number/percent of clients who received recommendations for infection control measures according to VDH criteria and timeframe	37/ 79%	62/ 91%	75/ 90%	251/ 92%	251/ 92%	251/ 92%
Number of confirmed outbreaks	22	25	10	2	10	10
Number/percent of outbreak reports completed and submitted to VDH within mandated reporting timeframe	21/ 95%	24/ 96%	N/A	N/A	N/A	N/A
Number/percent of clients completing prophylaxis to prevent rabies as recommended	33/ 67%	39/ 71%	58/ 74%	43/ 68%	43/ 68%	43/ 68%

- The number of communicable diseases varies from year to year, affecting the number of communicable disease investigations.
- VDH has in the past conducted all chronic Hepatitis case investigations at the VDH Central Office. VDH currently has grant money to investigate Hepatitis C for clients between the ages of 25-45 years of age. The remainder of the Hep C investigations are the responsibility of the local health department.
- No data were reported for the “Number/percent of outbreak reports completed and submitted to VDH within mandated reporting timeframe” as VDH is no longer using this as a metric. A new evaluation metric for outbreak reports is being developed, based more on content and completeness of reporting rather than evaluating when the report was submitted.
- During the COVID pandemic, DSI staff first helped set up a growing contact tracing unit, then focused on prevention and control of COVID-19 in Arlington’s Long-Term Care facilities. One staff member was designated to continue follow up on other diseases that continued to be reported. A significant number of additional staff were assigned to work on DSI tasks during the COVID response. As Arlington enters later phases of reopening, additional staff will be dedicated to DSI to meet the safety needs of the community.
- FY 2020 and FY 2021 data excludes COVID-related investigations, cases, and outbreaks. Arlington’s COVID-19 investigation and surveillance are being conducted as part of the County’s larger COVID-19 response efforts, which works in close coordination with DSI staff and leadership. In FY 2021, there were 12,766 confirmed and probable COVID cases and 53 COVID outbreaks.
- The DSI program tracks the timeliness with which clients are given recommendations for infection control measures, using a local database where this information is recorded for each case of a reportable disease investigated.
- The number of outbreaks varies from year to year, affecting the number of outbreak investigations conducted.
- There continue to be clients who have had a potential rabies exposure who refuse to cooperate with Public Health recommendations. Some refuse to identify the animal that exposed them. When the health of the animal cannot be verified, post-exposure prophylaxis is recommended. Clients may decline this recommendation based on their belief that their risk is low.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>



COMMUNITY HEALTH PROTECTION

Tuberculosis (TB) Medical Case Management

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number/percent of clients with active TB who completed or are on schedule to complete treatment according to protocol	25/ 100%	24/ 100%	24/ 100%	16/ 100%	16/ 100%	16/ 100%
Number/percent of clients with latent TB infection starting medications who completed or are on schedule to complete treatment	124/ 87%	89/ 88%	76/ 87%	29/ 91%	32/ 91%	32/ 91%
LTBI treatment completion by type: INH: Number/percent of clients who completed or are on schedule to complete treatment	66/ 89%	40/ 89%	18/ 95%	3/ 100%	3/ 100%	3/ 100%
LTBI treatment completion by type: Rif: Number/percent of clients who completed or are on schedule to complete treatment	22/ 76%	36/ 90%	51/ 85%	25/ 89%	25/ 89%	25/ 89%
LTBI treatment completion by type: 3 –HP: Number/percent of clients who completed or are on schedule to complete treatment	36/ 90%	12/ 80%	7/ 78%	1/ 100%	1/ 100%	1/ 100%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of clients (unduplicated)	703	715	512	196	512	512
Total active cases of treatment	25	24	24	16	16	16
New active TB cases (diagnosed in Arlington or transferred from other jurisdictions)	16	14	13	7	7	7
Clients with Latent TB on treatment	144	101	88	32	35	35
Visits (all settings)	2,713	1,811	1,159	533	1,159	1,159
Directly Observed Therapy (DOT) visits	2,024	1,861	1,846	1,115	1,115	1,115
Percent of clients with active TB disease who were started on the recommended treatment regimen and initiated DOT	100%	100%	100%	100%	100%	100%
Percent of identified contacts to an active TB case who were assessed to determine their infectious status	90%	83%	94%	81%	81%	81%
Number/percent of clients with active TB disease who met the criteria for a safe hospital discharge to the community	2/ 100%	3/ 60%	7/ 100%	4/ 100%	4/ 100%	4/ 100%

- The number of clients with latent TB on treatment includes all those who received treatment during the fiscal year. It includes both individuals who began treatment during that fiscal year and those who began treatment during the prior year and continued receiving treatment during the fiscal year. The number varies from year to year based on the number of individuals with latent TB infection who were diagnosed in a given period and the number of those diagnosed who agree to start this voluntary treatment.

COMMUNITY HEALTH PROTECTION

- The number/percent of clients with Latent TB Infection (LTBI) who completed or are on track to complete treatment varies with the treatment type. Treatment options include regimens of three months (3HP), four months (Rif), and nine months (INH). Compliance rates are affected by individual client characteristics and prescribed protocols.
- The number of clients (unduplicated) includes all who are seen in the Chest Clinic. This includes clients with active or latent TB as well as those requiring TB screening, chest x-rays, and letters for employers certifying that they are free of active TB. In FY 2020, during the COVID-19 pandemic, services for all clients with active TB disease and for clients with latent TB infection at high risk for progressing to active disease were continued. Some less urgent services were deferred due to constraints imposed by the pandemic. This is reflected in the lower 2020 and 2021 numbers for clients accessing services.
- The total number of active TB cases includes both individuals who began treatment during that fiscal year and those who began treatment during the prior year and continued receiving treatment during the fiscal year. The total number of new active TB cases varies from year to year based on individual client characteristics.
- The number of visits in all settings varies based on individual client needs and prescribed protocols. Increased use of the TB Blood Test (IGRA), the preferred test for clients with a history of a BCG vaccine, has also reduced the overall number of LTBI clients and client visits. During the COVID pandemic in FY 2020 and 2021, initiation of treatment for clients with newly diagnosed LTBI was only considered for those at high risk for breaking down to active disease including contacts to active cases, young children, and immunocompromised clients.
- Arlington provides Directly Observed Therapy (DOT) for non-residents working in the County to ensure compliance and reduce the spread of TB in Arlington and other jurisdictions do the same. DOT was conducted during the COVID pandemic via video therapy.
- The percent of identified contacts to an active TB case who were assessed to determine their infectious status varies with the size of the worksite and/or communal setting.
- The criteria for safe discharge are 1) a treatment plan approved by the Health Director; 2) the case manager's visit to the hospitalized client; and 3) the case manager's visit to the client's home. In FY 2019, one client's family refused entry to the public health nurse. At another client's home, there was no one to let the public health nurse in prior to the client's discharge from the hospital.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**MANAGEMENT AND ADMINISTRATION**

**PROGRAM MISSION**

To provide leadership and management to the Behavioral Healthcare Division.

**Management and Administration**

- Ensure high quality services that meet the needs of individuals seeking services.
- Promote effectiveness and efficiency by evaluating programs, promoting innovative programming, overseeing the Division’s financial management, managing grants and contracts, offering training, ensuring compliance with all relevant laws and requirements, evaluating staff performance, and ensuring effective collaboration with community partners.
- Provide support to and implement policies of the Arlington Community Services Board (CSB).

**Healthy Living Program**

- To create an environment that integrates and promotes the emotional, psychological, and physical welfare of the clients served. Reduce health risk factors for individuals with serious mental illness through engagement in health-related programming. There are four wellness programs in the Behavioral Healthcare Division: InShape, Smoking Cessation Program, NEW-R (Nutrition, Exercise and Wellness for Recovery), and indoor walking groups.

**PERFORMANCE MEASURES**

**Management and Administration**

Critical Measure	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total number of individuals served in the Division	4,684	4,624	4,561	4,705	4,800	4,800

Supporting Measure	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total revenue collected by Customer Service Team	\$132,553	\$125,092	\$91,127	\$0	\$40,000	\$90,000

- The COVID-19 pandemic led to a decrease in clients in FY 2020. In FY 2021, there was an increase in clients to above previous levels, primarily driven by more clients seeking emergency services. It is anticipated that clients will continue to increase in FY 2022 and FY 2023, as more clients enter the agency through same day access to receive ongoing services for the first time.
- No revenue was collected by the Customer Service Team in FY 2020 due to the closure of the Customer Service Team in March 2020. Revenue collection restarted at the BHD customer Service Center in the second quarter of FY 2022. Collections are expected to return gradually to the previous trend.

MANAGEMENT AND ADMINISTRATION

Healthy Living Program

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of clients who maintained or improved health outcomes (biometrics/health habits)	N/A	N/A	80%/71%	N/A/88%	80%/88%	80%/88%
Percent of clients who quit tobacco use	25%	67%	58%	29%	50%	50%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Clients connected to primary care	N/A	96%	100%	97%	97%	97%
Percent of participants engaged in one or more program activities per month	73%	78%	91%	72%	80%	80%
Unduplicated clients served	30	38	64	71	75	75

- It was not possible to accurately collect biometrics in FY 2021 due to the ongoing pandemic. The program continued to focus on 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. It is anticipated that in FY 2022 and FY 2023, with the return of in-person services, the resumption of the collection of biometrics will take place. Pre-pandemic levels of biometrics are expected to be achieved as health habits are improved with increased access to services.
- In FY 2021, 29 percent of clients quit tobacco, down 50 percent from the prior year. Tobacco Chats operated throughout FY 2021 in a virtual, drop-in support group format; however, for many people, the added stress caused by the pandemic in FY 2021 may have reduced the motivation to quit. It is anticipated that in FY 2022 and FY 2023 at least 50 percent of participants will quit tobacco use due to continuation of individual tobacco support, counseling to Healthy Living participants who use tobacco but do not attend the Tobacco Chats group, encouraging these individuals to attend available group support, and offering hybrid in-person and virtual services to accommodate clients who may not engage well with virtual services.
- The number of clients who are documented as connected to primary care services in the agency’s electronic health record in FY 2021 was over 95 percent, consistent with prior years. It is expected that the same percentage of clients will be connected to primary care in FY 2022 and FY 2023, as clients who are referred for any ongoing services are required supply contact information for their primary care physician, along with an updated release of information.
- In FY 2021, 72 percent of participants engaged in one or more program activities per month, a 19 percentage point drop compared to FY 2020. The decrease in engagement was due to COVID-19 and limitations to providing services in-person and affected mostly clients who began the program in FY 2021, who may not have connected to the program as well as the clients who started pre-pandemic. Additionally, a few of the clients who disengaged experienced crises and entered inpatient mental health treatment. In FY 2022 and FY 2023, it is expected that 75 and 80 percent of participants respectively will be engaged in one or more program activities per month. This will be achieved as the Healthy Living Program continues to provide structured outreach to clients, in addition to the continuation of the current intake and onboarding process designed to increase client understanding of program services, and ability to engage with ease. The program will conduct 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.

**MANAGEMENT AND ADMINISTRATION**

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

PSYCHIATRIC SERVICES

**PROGRAM MISSION**

To provide culturally competent, recovery oriented, and trauma informed care which incorporates whole health integration and is designed flexibly to promote access in improving client outcomes. Services are of consistent quality yet individualized and reflect fidelity to evidence-based practices.

**Psychiatric Services**

- Provide outpatient assessments and psychiatric management by physicians and nurse practitioners trained in the specialty of psychiatry and by psychiatric nurses skilled in holistic and wellness interventions.
- Provide emergency psychiatric treatment to prevent re-institutionalization, provide access to prescription refills, and foster patient education to improve safety.
- Provide consultation to the treatment team around appropriate behavioral health interventions to improve functioning and quality of life.
- Provide health assessments and health recommendations to promote positive physical health outcomes.

**PERFORMANCE MEASURES**

**Psychiatric Services**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Client self-report of reduction and stability of symptoms	93%	88%	N/A	N/A	85%	85%
Percent of Psychiatric visits at which individuals demonstrated adherence to their medication regimen	92%	93%	94%	94%	94%	94%
Percentage of visits at which individuals demonstrated improvement in symptoms	85%	91%	91%	91%	91%	91%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Average number of days until next available psychiatric evaluation for individuals initiating ongoing services, CFSD, ADSD, BHD	7/20/17	13/15/12	8/13/13	13/2/11	11/8/11	11/8/11
Average score of chart reviews reflecting alignment with evidence-based practice/number of charts reviewed	89%/48	92%/46	93%/46	89%/48	90%/48	90%/48
Number of clients served (unduplicated)	2,181	2,355	2,642	2,544	2,798	3,078

- Data for the measure of Client self-reporting reduction and stability of symptoms is obtained from an annual client survey which was not administered in FY 2021 due to the pandemic. It is expected that client self-reporting of reduction and stability of symptoms in FY 2022 and FY 2023 will be below FY 2019 level at 85 percent due to the impact of multiple prolonged psychosocial effects of the pandemic on client functioning.

PSYCHIATRIC SERVICES

- The percentage of visits in which individuals demonstrated adherence to medication regimen has continued to remain strong due to nursing staff coordinating care, ongoing utilization review of missed client appointments, and enhanced responsiveness to requests for medication refills. During the COVID-19 pandemic, psychiatric services were provided via telehealth, which led to some clients having increased attendance which is associated with positive outcomes. This may have counteracted possible negative effects of the pandemic. Going forward, psychiatric services is offering both telehealth and in-person services to maximize client access while ensuring that in-person medical assessments can be completed. The numbers should remain stable in FY 2022 and FY 2023.
- In FY 2021, the percentage of psychiatric visits at which individuals demonstrated improvement in their psychiatric symptoms was 91 percent, consistent with prior years, despite the COVID-19 pandemic. No changes are expected in FY 2022 and FY 2023.
- In FY 2021, the average wait times for an initial psychiatric evaluation increased for CFSD and correlates with an increase in both new and total clients served. In ADSD, the wait time decreased significantly from 13 to two days, which may be due to improved service coordination by program managers in the division. The average wait times for an initial psychiatric evaluation for BHD decreased by two days, which may be due to the addition of a new telehealth provider. In FY 2022 and 2023, wait time is expected to be steady for BHD at 11 days, increase for ADSD to eight days due to a number of clients transferred to the division leaving fewer open appointments for new clients, and decrease for CFSD to 11 days due to programmatic changes.
- Average score of chart reviews decreased slightly in FY 2021 due to COVID-related challenges. These included getting some clients to see their primary care provider, as they may have been wary to do so due to the pandemic or lacked the access. However, there were many areas of documentation strength recorded in FY 2021, including consistency in getting client's medication consent, reviewing client's medical history and recent hospitalization, reconciling medications across providers, and assessing client risk. It is expected that in FY 2022 and FY 2023 may improve slightly due to improved access to primary care.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**CLIENT SERVICES ENTRY**

**PROGRAM MISSION**

To ensure individuals receive timely and comprehensive assessment, evaluation, and access to appropriate behavioral health services.

**Emergency Services**

- Provide timely mental health assessment, crisis intervention, stabilization, support, short-term counseling, on-call psychiatric services, and follow-up services.

**Assessment and Intake**

- Through Same Day Access (SDA), provide a comprehensive assessment to determine eligibility and need for services, provide support, address emergency needs, and connect individuals, ages 18-60 years old, to mental health and substance use treatment services.

**Discharge Planning**

- Provide individuals leaving state psychiatric hospitals with access to mental health and substance use treatment services within the Arlington community. Ensure individuals are successfully connected to community services prior to leaving the hospital.

**Community Corrections**

- Provide oversight to individuals placed on probation directly by the General District Court.
- Assist individuals released on probation with transitioning out of incarceration and into a productive role in society by providing supportive and rehabilitative services to the individuals and their families.

**PERFORMANCE MEASURES**

**Emergency Services**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of clients who received only one episode of care	78%	78%	77%	78%	77%	77%
Percentage of contacts that resulted in community dispositions	63%	65%	65%	62%	62%	62%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Current ACPD patrol officers trained in crisis intervention (crisis trained officers/total officers)	76% (134/177)	70% (89/127)	64% (98/153)	76% (139/183)	76% (139/183)	70%
Individuals brought to Crisis Intervention Center (CIC) in lieu of arrest	116	123	164	80	124	161



**CLIENT SERVICES ENTRY**

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of assessments/progress notes completed within 1 business day	92%/95%	91%/93%	93%/96%	94%/96%	95%/96%	95%/96%
Total clients served (unduplicated)	1,585	1,385	1,478	1,616	1,600	1,600
Total Temporary Detention Orders (TDO) completed by staff	613	512	531	574	525	530

- The percentage of clients who have received only one episode of care has remained stable over a four year period and the rate is expected to remain constant in FY 2022 and FY 2023.
- The rate of community dispositions decreased slightly in FY 2021; this number is expected to remain stable in FY 2022 and FY 2023.
- Current ACPD Patrol Officers CIT (Crisis Intervention Training) trained increased in FY 2021 significantly, with the increase in the number of police officers and training opportunities. It is expected that the measure is going to decrease in FY 2022 due to the vacancy of the CIT trainer. Once the position is filled, it is expected that the percent of officers trained will be closer to previous years.
- The number of individuals brought to Crisis Intervention Center in FY 2021 decreased. This was attributable to a change in reporting during the pandemic. In FY 2021, data was reported only from ACPD, while in prior years additional law enforcement sources were included. It is expected that in FY 2022 and FY 2023 data capture from additional law enforcement sources will resume and the number will be closer to the pre-pandemic level.
- The percentage of progress notes completed within one business day increased slightly in FY 2021. Compliance is projected to increase for FY 2022 and FY 2023 due to increased training measures for new staff.
- The total number of Temporary Detention Orders (TDO) increased in FY 2021. The number of TDO are expected to decrease slightly in FY 2022 and FY 2023, returning to norms from prior years.
- Emergency Services and the Crisis Intervention Team have performance measurement plans. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Assessment and Intake**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Clients are successfully linked to ongoing services (attended at least 1 ongoing service within 60 days of intake)	90%	91%	96%	86%	85%	88%
Clients believe they will get the help they need/know the next step	99%/100%	98%/100%	99%/100%	N/A	98%/95%	99%/100%

CLIENT SERVICES ENTRY

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Clients seen on the same day	97%	95%	97%	N/A	90%	97%
Number of days from intake to first clinical appointment	7	8	9	8	8	8
Total number of clients receiving intake assessments (unduplicated)	766	748	727	640	700	700

- In FY 2021, 86 percent of clients were successfully linked to ongoing services, a 10 percentage point decrease compared to FY 2020. Prior years totals were also recalculated for consistency. The drop was likely related to the transition to telehealth services. Remote services reduced barriers for individuals with access to a phone or computer, as barriers such as transportation and childcare were removed; however, for clients without a phone or computer, such as homeless clients, access to services was more difficult during the pandemic. It is expected that as in-person treatment options increase, approximately 85 percent of clients will be connected to services within 60 days of intake in FY 2022 and slightly more in FY 2023.
- Due to the transition to remote services during the COVID-19 pandemic, client surveys were not completed in FY 2021. The program plans to collect this survey data in FY 2022 as in-person services resume. In FY 2022, it is expected that there will be a slight decrease in the percentage of clients who understand what the next step is in the process as hybrid services continue. In FY 2023, it is expected that 99% of clients will continue to report that they believe they will get the help they need and 100% will know what the next step is in the process.
- In FY 2021, Same Day Access walk-in services remained suspended and intakes were scheduled via telehealth on the same day or on subsequent business days of contact with the client. This will continue in the beginning of FY 2022, preventing full collection of Same Day Access walk-in data. It is expected that walk-in services will resume in FY 2022 and 90 percent of clients will be seen the same day they walk-in for services, and that the measure will increase to 97 percent in FY 2023.
- In FY 2021, clients were offered a first clinical appointment on average within eight days of their intake. This was in line with previous years and is expected to be similar in FY 2022 and FY 2023.
- Due to COVID-19 pandemic, clients seen in the intake team and referred on for services decreased in FY 2021. These numbers are expected to increase in FY 2022 and FY 2023 as the pandemic improves and Same Day Access services resume.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Discharge Planning

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Clients connected with Arlington community-based treatment services	85% (76/89)	94% (59/63)	98% (50/51)	85% (35/41)	90% (45/50)	90% (45/50)
Clients discharged to Arlington who remain out of the State Hospital longer than 30 days after discharge	91% (81/89)	94% (59/63)	96% (49/51)	93% (38/41)	94% (47/50)	94% (47/50)

**CLIENT SERVICES ENTRY**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Individuals discharged from hospital to stable housing placements in Arlington	56%	67%	57%	71%	70%	70%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Average number of days in hospital for clients discharged who were/were not on the Extraordinary Barriers List	141/15	88/20	148/11	161/13	90/15	140/14
NVMHI clients receiving discharge services at least every 14 days who were/were not on the extraordinary barriers list	67%/84%	100%/96%	100%/95%	86%/81%	95%/90%	95%/90%
Total clients served by Discharge Planning in state hospitals (This number does include Local Inpatient Purchase of Services Admissions. This number does not include Eastern State, Western State, or Central State Hospitals.)	175	126	138	156	160	160

- In FY 2021, client connection to Arlington treatment services post discharge decreased by 13 percentage points. This was caused by several clients refusing services after discharge and others who were homeless, did not have a cell phone, and did not present to Same Day Access program for assistance with telehealth. Discharge planners continue to coordinate aftercare appointments so that existing clients connect with outpatient services and new clients are referred to Assessment and Intake. Connection rates are expected to increase in FY 2022 and FY 2023 as in person services return.
- In FY 2021, the percentage of clients remaining out of the hospital longer than 30 days remained steady at over 90 percent. Recidivism rates were higher among clients who were dismissed at court, discharged early without receiving proper stabilization services, and those who were resistant to treatment. In FY 2022, similar numbers are expected due to ongoing bed shortages that continue to put pressure on early discharges. In FY 2023, it is expected some of these issues will be resolved and that 96 percent of all clients will remain out of the state hospital longer than 30 days.
- In FY 2021, the percentage of clients discharged to stable housing increased by 14 percentage points. Clients with stable housing prior to hospitalization are often able to return to it after discharge, while clients with unstable housing prior to hospitalization often have barriers that encumber the process with obtaining stable housing after discharge. Collaboration between the Regional Projects Office, DBHDS, NVMHI and Region 2 CSB's resulted in the creation of a residential placement resources list to improve client placements. It is expected that the percentage of clients discharged to stable housing will remain around 70 percent in FY 2022 and FY 2023.
- In FY 2021, the average number of days in the hospital increased for all clients. Challenges due to the Covid-19 pandemic caused limitations in both residential and outpatient treatment options, delaying discharges. Treatment options are expected to improve in FY 2022 and FY 2023 which should help clients on the Extraordinary Barriers List (EBL). New state performance measures to discharge EBL clients within 60 days of being placed on the EBL will also put pressure to expedite discharge. Because of these factors, hospital bed days for clients on the EBL are expected to decrease in FY 2022 and FY 2023. Hospital days for non-EBL clients will remain an average of about two weeks in FY 2022 and FY 2023.

**CLIENT SERVICES ENTRY**

- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Community Corrections**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Clients completing supervised probation per court order	57%	59%	56%	65%	67%	67%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Average daily caseload	136	141	123	118	133	133
Total clients supervised	193	194	213	154	157	157
Client satisfaction: percent of clients indicating they were treated very well by staff	94%	90%	92%	97%	90%	90%

- The percentage of clients completing supervised probation per court order increased by nine percentage points in FY 2021, due to continued enhancement of staff skills, successful collaboration with partners, including behavioral health programs, and a focus on client success by all agencies. It is expected that in FY 2022 and FY 2023 the measure will be increased further to 67 percent.
- The average daily caseload decreased in FY 2021 by four percent due the decline in referrals from the Courts for health and safety purposes caused by COVID-19 pandemic and the near elimination of transfer cases from state-wide jurisdictions. In FY 2022 and FY 2023, the average daily caseload is expected to increase as the pandemic winds down and the Courts case counts return to the pre-pandemic levels.
- In FY 2021, the number of supervised clients decreased to 154, due to the decreased utilization of the office from the judges due to the safety protocols caused by the COVID-19 pandemic and near elimination of transfer cases from state-wide jurisdictions. This number is expected to slightly increase in FY 2022 and FY 2023. Client satisfaction remained high in FY 2021. It is expected that in FY 2022 and FY 2023 client satisfaction will remain high at 90 percent or above.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

OUTPATIENT SERVICES

**PROGRAM MISSION**

To provide or arrange comprehensive, coordinated, recovery-oriented, community-based behavioral services to the adult residents of Arlington County that are of the highest quality, fully accessible, and responsive to the persons served.

**Assertive Community Treatment (ACT)**

- Promote independent living in the community for persons with the most severe and persistent mental illness.
- Provide assessment; coordination of basic life needs; individual, group and family therapy; crisis intervention; and residential support. Promote independence by assisting individuals with coordinating their basic needs.

**Mental Health Community Support Services**

- Provide or arrange for comprehensive, community-based mental health and support services, assist adults with serious mental illness to attain their maximum level of functioning, minimize symptoms, reduce the frequency of hospitalizations, and achieve a full life in the community.
- Provide initial and ongoing assessments, case management services, individual therapy, psychosocial-educational groups, and family support and education.

**Employment Services**

- Assist outpatient clients in obtaining and maintaining community employment.
- Provide an array of services based on individual choice including work preparation training, situational assessments, job development, placement, training, and monitoring.

**Substance Use Outpatient Treatment**

- Prevent adverse social, legal, and medical conditions in individuals resulting from alcohol and drug dependency.
- Provide assessment, individual and group therapy, alcohol and drug education courses, relapse prevention services, psychological evaluations, urinalysis, and referral to community-based support groups with the goal of assisting individuals meet their recovery goals.

**PERFORMANCE MEASURES**

**Assertive Community Treatment (ACT)**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Clients employed in competitive jobs	13%	12%	10%	7%	10%	10%
Clients living independently (in private households)	66%	66%	74%	73%	75%	75%
Percent of clients hospitalized	40%	28%	25%	18%	25%	25%

OUTPATIENT SERVICES

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Organizational adherence to evidence-based ACT Model (out of 5)	4.1	4.0	3.1	3.5	3.7	3.9
Percentage of documentation sample compliant with documentation standards	91%	83%	83%	74%	75%	80%
Percentage of services provided in the community	81%	81%	67%	90%	80%	80%
Total clients served	104	109	101	108	105	105

- In FY 2021, the percent of clients employed in competitive jobs decreased to seven percent due to the COVID-19 pandemic. It is expected that the percentage of clients employed in competitive employment will increase to 10 percent by FY 2022 and remain steady through FY 2023.
- The percent of clients in independent housing will continue to remain above the State’s benchmark of 71 percent through FY 2023. It is expected the percent of individuals in independent housing will increase by at least two percentage points to 75 percent by the end of FY 2022 and FY 2023.
- In FY 2021, there was a decrease in the number of hospitalizations as compared to previous fiscal years due in part to COVID-19. Clients primarily isolated and did not seek hospitalizations, as ACT was still providing face-to-face support in the community. The hospitalization rate began to increase in April 2021, as clients started to be vaccinated. This trend is expected to increase to reach 25 percent in FY 2022 and FY 2023 as clients are feeling comfortable being in the community by becoming vaccinated.
- In FY 2020, the Department of Behavioral Health and Developmental Services (DBHDS) implemented a new fidelity scale, the Tool for Measurement of Assertive Community Treatment (TMACT). The TMACT has 47 program-specific items. In prior years, the Dartmouth Assertive Community Treatment (DACT) Fidelity Scale was used to evaluate PACT containing 28 program specific items. FY 2020 reflects the base scope with the new tool. Scores are expected to continue to increase in FY 2022 and FY 2023 as the team gains experience in using the tool.
- The percentage of services provided in the community increased to 90 percent in FY 2021 due to clients not having the option to come into the office. ACT services were provided mostly in the community and via Telehealth (phone or video). It is expected that the percentage of time spent providing services in the community will decrease in FY 2022 and FY 2023 to 80 percent, due to our clients being able to come into the office when needed.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Mental Health Community Support Services

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of hospitalizations	155	128	137	190	160	155
Percentage of clients with high or improved daily living activities assessment (DLA) scores	48%	43%	37%	41%	44%	44%

OUTPATIENT SERVICES

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of clients served (unduplicated)	1,467	1,514	1,395	1,413	1,460	1,490
Percentage of clients satisfied with services received (unduplicated)	95%	96%	N/A	N/A	95%	95%

- In FY 2021, the clients admitted had higher acuity and risk than previous years that impacted hospitalization rates. Generally, adverse incidents were higher than in previous years (FY 2019-FY 2020) reflecting higher acuity levels among clients. In FY 2022 and FY 2023, the expectation is that hospitalization rates will decrease slightly as stressors secondary to the pandemic, such as employment and housing status, improve.
- The percentage of clients with high or improved daily living activities assessment scores improved to 41 percent in FY 2021 after decreasing to 37 percent in FY 2020. It is expected that DLA scores will slightly increase in FY 2022 and FY 2023, coming closer to pre-pandemic levels of functioning.
- The number of clients served increased in FY 2021 due to improved consistency in applying the discharge policy. Slight increases are also expected in FY 2022 and FY 2023; as the pandemic wanes and clinicians return to some on site services, the client population served will increase accordingly.
- Due to pandemic-related challenges, including the move to virtual services, the survey was not administered in FY 2021. It is expected the survey will resume in FY 2022 and the percentage of clients satisfied with services will remain the same as pre-pandemic scores.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Employment Services

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Clients who obtain employment	50%	46%	33%	48%	45%	45%
Percentage of Clients who maintain employment in a single job for 90 days or more	81%	82%	72%	47%	75%	80%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Average satisfaction score with Job Avenue services	100%	91%	N/A	N/A	95%	95%
Fidelity to evidence-based model	90%	92%	90%	76%	85%	85%
Number of referrals to Job Avenue	148	183	126	158	165	165
Total clients served with supported employment	308	313	269	257	300	325

- The percent of new clients who obtained employment in FY 2021 reached 48, a 17 percentage point increase as compared to the prior year. The increase in employment was likely due to the opening of businesses and the economic recovery in the region during the latter part of

OUTPATIENT SERVICES

FY 2021. The percentage is expected to be stable at 45 percent during FY 2022 and FY 2023, meeting the national benchmark.

- In FY 2021, 47 percent of clients placed in employment maintained employment in a single job for 90 days or more. This is a decrease of 25 percentage points from the prior year and below the goal of 65 percent, likely due to a relatively high dropout rate among individuals who found employment. This could relate to clients’ concerns about the risk of contracting COVID. Additionally, the jobs offered by businesses when they reopened may been different than the jobs previously held by some clients, which could lead to a poor job match. It is expected that in FY 2022, 75 percent of clients will maintain employment in a single job for 90 days or more, and in FY 2023, the percentage may further increase and reach 80 with more jobs opening and increased job interest toward the end of FY 2021.
- The 76 percent fidelity scale score in FY 2021 was significantly lower than scores for the previous three years at 90 and 92 percent. A new program manager started in FY 2021 and identified additional areas for improvement. Nonetheless, most items were rated satisfactory or better. It is expected that the measure will improve to 95 percent in FY 2022 and FY 2023 as the new manager addresses factors needing improvement, such as frequent attendance at mental health team meetings.
- The number of referrals in FY 2021 (158) increased by 25 percent compared to FY 2020 (126), during which there was a marked decrease from historical averages. This increase in referrals was caused by more client interest in gaining employment. It is expected that in FY 2022 and FY 2023 the number of referrals will further increase and reach 165, as more clients show interest in employment and follow through is established. Job Avenue Manager and the outpatient team case managers keep reviewing current procedures for follow-up and making changes as needed.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**Substance Use Outpatient Services**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of clients discharged who met most or all of treatment plan goals	73%	66%	68%	67%	66%	67%
Percentage of clients who report improved functioning as a direct result of services received	95%	88%	N/A	N/A	90%	95%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of clients receiving outpatient services	542	586	604	536	576	600
Percent of clients in treatment more than 90 days	79%	77%	75%	77%	80%	85%

- The percentage of clients expected to meet most or all treatment goals at discharge was stable at 68 percent in FY 2020 and 67 percent in FY 2021, and higher than SAMHSA’s national average of 46 percent. Key success factors continue to include the use of evidence-based interventions. The number of clients who meet most or all treatment goals at discharge is



OUTPATIENT SERVICES

expected to remain stable in FY 2022 and FY 2023 due in part to the newly developed discharge policy.

- Due to pandemic-related challenges, including the move to virtual services, the survey was not administered in FY 2020 and FY 2021. It is expected the survey will resume in FY 2022. The percent of clients reporting in the annual survey that their functioning improved as a result of their service is expected to increase to 90 percent in FY 2022 and 95 percent in FY 2023, exceeding the program's goal of 85 percent due to program enhancements and operational changes.
- The number of clients receiving services dropped in FY 2021 by 11 percent. The majority of clients served by this program are referred by the judicial system, which referred fewer clients due to COVID-19 related closures. In addition, intakes were available by appointment only during the pandemic. With courts reopened and with Same Day Access resumed, it is expected that the number of clients receiving services will steadily increase in FY 2022 and FY 2023.
- The percent of clients in treatment more than 90 days increased to 77 percent in FY 2021. The increase can be attributed to more collaboration with the judicial system, more desirable treatment options, the skill set of staff, and the ongoing use of telehealth. It is expected the measure will reach 80 percent in FY 2022 and 85 percent in FY 2023. This outcome is due in part to revised Discharge Policy, the use of Peer Support Specialists, continuous collaboration with the judicial system and members of the community, enhanced treatment options, and continuous training of staff to address more complex problems.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

## RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES

### PROGRAM MISSION

To improve the quality of life of Arlington County adults through comprehensive treatment, prevention, and intervention programs for individuals and families who have specialized behavioral healthcare service needs.

#### Substance Use Disorder Residential Treatment

- Provide opportunities for individuals with substance use disorders to obtain comprehensive treatment in a stable, drug-free environment.
- Provide individuals with initial assessments, referrals to appropriate programs, support during and after treatment, and connection to other community resources.

#### Mental Health Residential Treatment

- Arrange a continuum of residential and housing and related supportive services, to promote successful community living, foster maximum independence, and prevent psychiatric hospitalization for adults with mental illness.

#### Clarendon House

- Promote the highest level of community integration and independence for each participant and prevent psychiatric hospitalizations.
- Provide a psychosocial day program, social and recreational activities, independent living and interpersonal-skills training, medication administration and monitoring, counseling, crisis intervention, family support, and vocational and educational opportunities.

#### Jail/Addictions, Corrections and Treatment (ACT) and Jail/Mental Health Treatment

- Provide services to incarcerated individuals who have substance use disorders, including assessment, early intervention, treatment, and case management, to facilitate re-entry back into the community and prevent re-offending.
- Provide assessment, prevention, crisis intervention, treatment, and case management to program participants while they are incarcerated to facilitate reentry into the community and prevent reoffending.

#### Jail Diversion/Forensic Case Management and Drug Court Treatment Program

- Promote community stability and prevent further involvement in the criminal justice system for those individuals identified as having a mental health disorder. Provide services including assessments, crisis counseling, referral to other community services, and coordination of basic needs.
- Provide substance-use disorder and mental health treatment for court-involved individuals as an alternative to incarceration to reduce recidivism to the justice system and increase knowledge of substance-use disorder behaviors for those chronically involved with the criminal-justice system.

#### Homeless Case Management

- Promote independence and recovery to ensure homeless individuals receive appropriate mental health and substance use treatment services and housing resources. Provide assessment, short-term case management, medical and counseling services, and individual support to adults with serious mental illness and/or substance use disorders who do not access services through traditional paths.

**RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES**

**Office Based Opioid Treatment**

- Provide opioid management medication and therapeutic treatment to address opioid dependence.

**PERFORMANCE MEASURES**

**Substance Use Residential Treatment**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of clients served who successfully completed residential treatment	64% (58/90)	65% (62/96)	62%/ (53/85)	70% (47/67)	70% (63/90)	70% (67/95)
Percentage of clients served who successfully completed the RPC detox program	56% (87/154)	50% (89/179)	58% (94/161)	67% (24/36)	67% (84/125)	75% (135/180)
Percentage of residential treatment clients discharged who were provided further treatment	89% (80/90)	97% (93/96)	100% (85/85)	99% (66/67)	100% (90/90)	100% (95/95)
Percentage of residential treatment clients reporting improved functioning as a direct result of services received	94%	90%	97%	95%	95%	95%
Percentage of RPC detox unduplicated clients discharged who were provided further treatment	82% (127/154)	79% (141/179)	83% (133/161)	81% (29/36)	85% (106/125)	85% (153/180)

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of unduplicated Residential / Detox clients served	90/154	96/179	85/161	64/33	90/125	95/180
Percentage Bed Utilization for Detox / residential treatment	61%/ 77%	55%/74%	52%/68%	23%/71%	50%/75%	85%/90%
Percentage of clients surveyed who reported satisfaction with residential treatment services received	94%	90%	91%	95%	95%	95%

- Program completion goals are based on Substance Abuse and Mental Health Services Administration’s Treatment Episode Data Set (TEDS) 2017 Discharges from Substance Abuse Treatment. The percentage of clients who completed residential treatment increased in FY 2021, however the overall number of clients decreased due to a combination of factors that include COVID-19 restrictions that impacted the total capacity of programs and program closures of the detox and on residential treatment program. The percentage of clients completing residential treatment is anticipated to increase in FY 2022 and FY 2023 with the

**RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES**

provision of withdrawal management and medication assisted treatment services while in residential treatment.

- The percentage of clients who completed the detox program increased in FY 2021 due to increased involvement of peer recovery supports in the program and contract oversight, and is anticipated to increase further in FY 2022 and FY 2023 with the addition of withdrawal management services. Medically monitored withdrawal management (detox) services were implemented at the end of the 1st Quarter of FY 2022.
- The percentage of clients connected to follow-up treatment after discharge from residential treatment remained high in FY 2021 at 99 percent. These numbers reflect clients who are referred to CSB programs for aftercare. DHS continues to work to connect all clients participating in residential treatment to aftercare and anticipates the high percentage to remain consistent through FY 2022 and FY 2023.
- The percentage of residential treatment clients reporting improved functioning as a direct result of services received continued to be high at 95 percent in FY 2021. An improved survey methodology was implemented in FY 2017, resulting in more extensive client feedback regarding areas of dissatisfaction. It is anticipated that the percentage of clients reporting improvement will remain high at 95 percent during FY 2022 and FY 2023, due to a higher level of oversight by the Residential Contract Manager and with the implementation of services by a new contracted vendor.
- Referrals into residential treatment are highly affected by detox utilization. The detox program was closed at the end of the 2nd Quarter in FY 2021 pending transition of services to a new contracted vendor, which is reflected in the data for FY 2021. The residential treatment component of this program reopened in the 4th Quarter of FY 2021, and the detox program reopened at the end of the 1st Quarter of FY 2022. It is expected that during FY 2022 and FY 2023 utilization of these programs will remain high due to implementation of services with a new contracted vendor, close oversight of the contract, and collaboration with stakeholders that include the local jail, police department, fire department, and neighboring jurisdictions (city of Alexandria) to increase access of services to eligible individuals.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:

<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Mental Health Residential Services**

<b>Critical Measures</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Estimate</b>	<b>FY 2023 Estimate</b>
Percentage of clients satisfied with services received	96%	96%	N/A	N/A	95%	95%
Total number of clients served in group homes and assisted living facilities	34	34	30	29	35	40

<b>Supporting Measures</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Estimate</b>	<b>FY 2023 Estimate</b>
Total number of clients served in Contract Support Services Program	43	37	36	24	34	44
Total number of clients served in supportive housing programs	236	249	271	284	300	320
Total number of clients served in transitional housing	26	25	22	18	26	34

**RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES**

- The percentage of residential service consumers satisfied with services has been consistently high. However, due to the COVID-19 pandemic the survey was not conducted in FY 2020 and FY 2021. It is expected that in FY 2022 and FY 2023 the measure will achieve pre-pandemic levels, as vendor internal surveys confirm high satisfaction rate amongst clients in residential facilities.
- Due to ongoing COVID-19 pandemic, a client death, and numerous transitions from group homes to apartments, there was a decrease in group home and Assisted Living Facilities census for FY 2021. It is anticipated that there will be more admissions in FY 2022 and FY 2023 as services are opening and there is more engagement with clients.
- The number of clients served in Contracted Support Services decreased in FY 2021 due to the transition to serve only non-Medicaid clients and the ongoing pandemic. It is expected that more referrals will be received in FY 2022 and FY 2023 resulting in more clients serviced.
- The number of clients served in Permanent Supportive Housing has been increasing due to the availability of more funding from Department of Behavioral Health and Developmental Services for more Permanent Supportive Housing units. Many clients transitioned from group home setting to Permanent Supportive Housing in FY 2021. The estimates for FY 2022 and FY 2023 are projected to increase based on availability of more funding and affordable housing units in the county to be used to provide Permanent Supportive Housing.
- The total number of clients served in transitional homes decreased in FY 2021 due to the ongoing pandemic and a reduction in new referrals. The numbers are expected to increase in FY 2022 and FY 2023, due to more outreach and engagement with clients.

**Clarendon House**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number/ Percentage of clients served who are hospitalized	14/11%	12/9%	8/6%	7/6%	7/6%	7/6%
Number/Percentage of clients served living in independent housing	89/71%	83/65%	90/73%	78/67%	83/75%	82/69%
Number/Percentage of clients served who are engaged in employment-related activities	43/35%	39/40%	32/24%	34/28%	36/30%	40/31%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Client engagement in psychoeducational classes	N/A	65%	16%	44%	50%	50%
Percent of budgeted Medicaid revenue received for Case Management/Day Program	101%/91%	96%/72%	94%/51%	79%/34%	85%/50%	90%/65%
Percentage of clients satisfied with services received	95%	93%	N/A	N/A	95%	95%
Total clients served	126	127	124	117	120	112

- In FY 2021, the number and percentage of clients hospitalized remained relatively low despite the pandemic. One of the factors that helps keep the hospitalization rate low is the program's focus on intensive, continual collaboration between program staff, medical staff, and others

**RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES**

involved with clients. It is expected that the measure will remain stable during FY 2022 and FY 2023 as the services return to be provided in person.

- The percentage of persons in independent housing decreased by six percentage points in FY 2021, as fewer clients were referred to the program and those who were had stable housing. Staff continues to work with clients to build the necessary skills to live as independently as possible, and pursue independent housing, when appropriate. It is projected that the percentage will increase during FY 2022 and FY 2023, as new clients join the program.
- The number of clients who are engaged in employment services remained relatively stable in FY 2021, as the program staff worked closely with the Job Avenue team to pursue employment for clients. It is projected that an increased number and percentage of clients will participate in employment during FY 2022 and FY 2023, due to more employment opportunities.
- Client engagement in psychosocial classes in FY 2021 improved, likely due to classes being offered in person and virtually. It is projected that the percentage will increase slightly in FY 2022 and FY 2023.
- The percentage of budgeted Medicaid revenue received for the program decreased significantly in FY 2021, dropping by 15 percent for case management and 17 percent for the day program. This was due to program closure in response to COVID-19 pandemic. At the beginning of the pandemic, the program was closed with limited services available and none billed. The team worked to establish billing for telehealth psychosocial rehabilitation services. It is projected that the revenue will increase in FY 2022 and FY 2023 as the program is open in a hybrid format.
- The client survey was not conducted in FY 2020 and FY 2021 due to program closure in response to the COVID-19 pandemic. It is anticipated that the percentage of clients satisfied with services in FY 2022 and FY 2023 will be in the mid-nineties.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Jail Based Behavioral Health Programs**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of Attempted/Completed Suicide Attempts	6/0	4/0	5/1	8/0	7/0	7/0
Successful Completion of the ACT Program	87%	81%	80%	85%	85%	87%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Assessment timeliness	81%	88%	94%	93%	90%	90%
Client satisfaction with services	93%	85%	N/A	88%	90%	90%
Number of unduplicated clients	1,109	1,044	940	959	975	1,000

**RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES**

- Number of suicide attempts increased from five in FY 2020 to eight in FY 2021. This is directly related to increased acuity of symptomology. The behavioral health team continues to routinely assess and screen for risk factors associated suicidality, as well as training all new security staff on suicide prevention measures. Jail census and population has steadily increased throughout FY 2021. The acuity level of substance use and mental health has also notably increased. It is expected that this measure will decrease slightly in FY 2022 and FY 2023, moving toward pre-pandemic levels.
- In FY 2021, the actual percentage increased to 85 percent due to changes in program management, the addition of graduated sanctions, and new evidence-based therapeutic interventions. It is expected that this measure will be stable at 85 percent in FY 2022 and attain 87 percent in FY 2023, due to the team becoming more proficient in using of the tools.
- Client satisfaction surveys were administered in FY 2021 and trended up to 88 percent satisfaction from 85 percent in FY 2019. The Jail Mental Health and ACT surveys were combined into one overall survey for FY 2021. While overall satisfaction increased, a number of respondents expressed a need for more group services, which had been suspended due to COVID precautions. It is expected that this measure will increase to 90 percent in FY 2022 and FY 2023, due to an increase in individual services offered, as well as more programs being allowed to re-start.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:

<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Forensic Case Management**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Individuals connected at closure to ongoing services	60% (25/42)	77% (35/45)	77% (20/26)	90% (10/11)	90%	94%
Percent of individuals diverted from jail who are not re-arrested within 30 days	90%	92%	93%	88%	90%	92%
Percent of individuals diverted from jail who are still in treatment at 30 days	83%	77%	86%	88%	88%	92%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of individuals seen at state hospital for forensic evaluation	70	52	86	126	100	80
Number of individuals seen in jail after referral from police, magistrate, jail-based medical staff, or mental health staff	280	244	173	107	137	167
Number of individuals served by the jail diversion team	323	295	251	222	252	282

**RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES**

- Service connection improved in FY 2021, likely due to a streamlined relationship with key partners. It is anticipated that this trend will continue in FY 2022 and FY 2023.
- Re-arrests have remained low over the years. This is likely due to a community-based, collaborative approach involving stakeholders such as the criminal-justice system, community partners, and the Community Services Board (CSB). The intensity of the model of service used also contributes to low rates of recidivism. Individuals receive intensive case management and supportive services as they are transitioning out of the jail and are linked to community providers on an expedited basis. In FY 2022 and FY 2023, it is estimated that re-arrest rates will continue to remain low.
- The rate of engagement in treatment remains high due to the intensive service model with individualized attention. Individuals not engaged in services upon closure were diverted to more intensive levels of care (i.e., inpatient hospital) and may not have reconnected to services upon release. This trend is expected to continue in FY 2022 and FY 2023.
- The overall number of individuals seen by the Forensic Jail Diversion Team declined in FY 2021, while the number of individuals served at the state hospitals for forensic services increased significantly. This was likely a result of multiple variables such as suspension of diversion programming due to staff shortages and COVID-19 pandemic, increase in acuity of individuals arrested and brought to jail, lack of civil hospital beds, and a decrease in community-based programming also caused by the COVID-19 pandemic. It is estimated that in FY 2022 and FY 2023 the forensic team will serve an increased number of individuals as a result of reopening programming and launching the Behavioral Health Docket Program.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Homeless Case Management**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number/percentage of clients linked to Behavioral health services after discharge from Treatment on Wheels/Homeless Case Management programs	79/43%	43/41%	17/38%	31/72%	55%	55%
Number/percentage of clients linked to stable housing from Treatment on Wheels/Homeless Case Management programs	43/19%	31/25%	15/16%	22/29%	26%	26%
Percentage of clients linked to physical healthcare	29%	25%	18%	9%	15%	15%
Percentage of clients linked to psychiatric services	47%	37%	29%	42%	42%	42%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of identified individuals served (unduplicated) and number of outreach clients (unduplicated)	223/338	125/80	95/55	77/38	80/40	82/42



**RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES**

- The percentage of clients linked to behavioral health services after discharge from Treatment on Wheels/Homeless Case Management programs improved in FY 2021 by 34 percent compared to FY 2020. An enhanced warm handoff process was put into place in FY 2021. As part of this process, the Homeless Case Management continues as part of the treatment team until the new provider builds a relationship with the client. In FY 2022 and FY 2023, it is anticipated that the number of clients connecting to ongoing services will decrease with 55 percent of these clients being connected to ongoing services.
- In FY 2021, the percentage of TOW clients linked to stable housing increased to 29 percent. This significant increase was related to enhanced access to housing-related supports during the pandemic. In FY 2021, the program worked with Arlington County Police Department (ACPD) to set up multiple staging areas around the County where individuals could complete applications for the federal housing voucher lottery system. In FY 2022 and FY 2023, it is expected that 26 percent of clients served by the program will be linked to stable housing, as there may be fewer housing vouchers available.
- In FY 2021, the percentage of clients linked to physical healthcare (primary care) continued trending down. This was due in large part to fewer available appointments offered by Neighborhood Health during the pandemic. In FY 2022 and FY 2023, it is anticipated 15 percent of clients will be linked to Neighborhood Health for physical healthcare.
- In FY 2021, percentage of clients linked to psychiatric services increased to 42 percent, five percent above the pre-pandemic level of FY 2019. An enhanced program collaboration with a psychiatrist and a nurse attending all Homeless Case Management Program meetings helped to connect more clients to services. It is anticipated that the percentage of clients served linked to psychiatric services will remain at 42 percent in FY 2022 and FY 2023.
- In the first quarter of FY 2021, the TOW/PATH team had turnover in an outreach position causing the number of clients served to decrease by 19 percent and clients outreached by 31 percent as compared to FY 2020. It is expected that in FY 2022 and FY 2023, with the position filled, the number of clients served and outreached will increase but not attain the pre pandemic levels.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Office Based Opioid Treatment**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of Fatal/Non-Fatal overdoses	12/33	4/18	10/33	31/61	20/60	15/55
Percentage of clients successfully engaged in treatment services	71% (24/34)	76% (31/41)	86% (32/37)	76% (25/33)	75%	75%
Percentage of clients who improve or maintained in functioning as a result of services received	N/A	66% (8/12)	54% (15/28)	61% (17/28)	60%	70%

**RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES**

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of clients served (unduplicated)	52	67	88	96	90	90
Percentage of clients outreached within 24 hours of referral by law enforcement	N/A	100% (9/9)	91% (30/33)	88% (42/48)	90%	90%
Percentage of Community Outreach and Education Goals Achieved (Outreach Event/REVIVE training)	N/A	108%/171%	175%/92%	133%/121%	100%/110%	100%/100%

- In FY 2021, the number of overdoses reported to the police increased 114 percent from FY 2020. There has been an increase in other substances being contaminated with Fentanyl in the community, which has led to overdose deaths from unsuspecting users who may not have Narcan. The increase in non-fatal overdoses may also be impacted by changes in Virginia law that bar police officers from arresting clients at the scene of an overdose. Some clients and their family members may feel more comfortable seeking medical assistance in the event of an overdose, leading to a greater number of these cases being reported. DHS will continue to closely monitor overdose trends, put out spike alerts as needed, and have begun offering fentanyl test strips as a harm reduction tool to reduce overdoses on other substances which may be contaminated with fentanyl. NARCAN is being distributed in high numbers to the community in an attempt to decrease the fatal overdose rates. These numbers are expected to decrease slightly over FY 2022 and FY 2023, as fewer overdoses have been observed during the first half of FY 2022.
- Engagement in treatment services in FY 2021 returned to 76 percent, comparable to FY 2019. Staff noted that many clients expressed exhaustion and burnout while coping with the national public health crisis, which interfered with active engagement in services. Clients who did not fully engage with services fell into two major groups – clients who stopped responding to contact and those that moved out of the area. Engagement is expected to slightly decrease with staff changes followed by an increase in FY 2023 as staffing remains consistent.
- In FY 2021, the percentage of clients improving or maintaining their functioning according to the DLA-20 assessment increased slightly compared to the previous year. Supported services provided clients with stability in an unstable time and may have contributed to increased scores in spite of the public health emergency. A slight decrease in improvement rates is expected this next fiscal year due to staff changes. With consistent staffing, those numbers are expected to increase again in FY 2023.
- The program goal is to outreach individuals within 24 hours of law enforcement notifying the team of an overdose. The goal continues to be a 100 percent response rate. There were some communication issues in FY 2021 that led to the police report not reaching program staff within 24 hours. Some of this is due to the new Virginia law, as the detective who liaises with the Opioid Response Program was less often on the scene of an overdose. Steps have been taken to enhance communication across departments to avoid this issue. It is expected that the measure will remain stable in FY 2022 and FY 2023.
- The program’s goal has been to lead one community awareness event a month and two Narcan trainings a month. In FY 2021, the goal for outreach events was decreased to one event every two months due to constraints added by the COVID-19 pandemic. The program met its goal for both types of event in FY 2021. In FY 2021, most events offered were virtual, with one in-person session offered after the COVID-19 vaccine was readily accessible. Over

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**RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES**

FY 2022 and FY 2023, a hybrid approach will be offered to outreach and trainings with a goal of hosting at least two NARCAN trainings a month and six outreach events a year.

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**MANAGEMENT AND ADMINISTRATION**

**PROGRAM MISSION**

To provide leadership and management oversight to the Child and Family Services Division.

- Promote excellent customer service in all program areas.
- Promote effectiveness and efficiency by evaluating programs, promoting innovative programming, overseeing the Division's financial management, managing grants and contracts, providing training, ensuring compliance with all relevant laws and requirements, evaluating staff performance and promoting effective collaboration with community partners.

**PLANNING AND SUPPORT SERVICES**

**PROGRAM MISSION**

To coordinate the ancillary and support services for the Child and Family Service Division that promote community well-being, and to provide access to quality child care services.

**Early Childhood Development**

- License and monitor day care centers, family day care homes, as well as private, parochial, and technical schools.
- Reduce risks to children by ensuring compliance with day care quality standards.

**Parent Education and Project Family**

- Provide parenting classes, community education, and online parenting resources.
- Participate in community initiatives to strengthen and support families.
- Strengthen families by using “hands-on” instruction and modeling to teach parenting skills.
- Work with parents to develop an understanding of child growth, development, and health.

**Children’s Services Act (CSA)**

- Provide high quality, child centered, family focused, cost effective, community-based services to children and families with multiple and complex behavioral issues.
- Provide an array of services and coordinate reimbursements that support children and families in the foster care and adoption system.
- Ensure compliance with local, state, and federal regulations relative to contracted services and reimbursements.

**PERFORMANCE MEASURES**

**Child Care Licensure and Support**

<b>Critical Measures</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Estimate</b>	<b>FY 2023 Estimate</b>
Child Care Centers licensed	58	64	71	77	81	81
Family day care homes licensed	127	138	133	129	135	135
Percentage of child care programs receiving complaints	10%	11%	8%	4%	4%	4%
Percentage of compliance with health and safety requirements	97%	97%	99%	99%	99%	99%
Percentage of programs that received the required number of inspections	91%	98%	100%	99%	99%	99%

<b>Supporting Measures</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Estimate</b>	<b>FY 2023 Estimate</b>
Validation inspections	10	23	12	15	15	15
Renewal inspections	164	170	179	126	126	126
Monitoring inspections	93	87	121	202	212	212
Complaint investigations	33	44	23	31	31	31

**PLANNING AND SUPPORT SERVICES**

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Training/Professional development opportunities	16	22	12	17	17	17

- In FY 2020, of the 16 programs that received complaints, a total of two programs received two complaints. An additional two programs received at least three or more complaints. A total of four complaint investigations involved Child Protective Services (CPS).
- In FY 2020, there was a decrease in the number of overall complaints which may be related to the improvement in compliance with enhanced health and safety measures, as well as the closure of sites due to COVID-19.
- In FY 2021, 96 percent of childcare programs received no complaints. A total of nine out of 206 programs (four percent) received complaints. The decrease in the number of overall complaints may be related to the decrease in the number of children enrolled as well as the closure of sites due to COVID-19.
- In FY 2021, there were a total of 12 complaints. Eight programs received one complaint while one program received at least three complaints. Three complaint investigations involved Child Protective Services.
- In FY 2020, it was anticipated that the programs compliance with health and safety regulations would decrease slightly due to the new code changes and requirements. However, programs were able to successfully implement changes and increase their compliance. Child Care Licensing staff provided extensive training and support to assist programs in achieving compliance with the new requirements.
- In FY 2021, Family Day Homes and Child Care Centers achieved 99 percent compliance with health and safety requirements. The most common health and safety citations continued to be related to the record documentation.
- The number of validation inspections is directly related to the number of new programs opened in each fiscal year.
- In FY 2020, there was an increase in the number of monitoring inspections that were completed compared to 2019. Due to COVID-19, site visits were temporarily suspended due to program closures. In June 2020, site visits resumed via virtual platform.
- In FY 2020, due to COVID-19, all licenses expiring between March 2020 and May 2020 were extended through the end of June 2020. This impacted 30 programs. These programs were able to be licensed within 15 days of resuming visits (virtual) prior to the end of the fiscal year.
- In FY 2021, 186 of 188 facilities (99 percent) that were open at the end of FY 2021 had all inspection visits completed. All inspections continued to be conducted virtually and all documentation was submitted electronically due to COVID-19.
- FY 2020 and 2021 Performance Measures reflect COVID-19 impacts to services while FY 2022 and FY 2023 estimates are based on current conditions and anticipated impacts on the performance measures
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**PLANNING AND SUPPORT SERVICES**

**Parent Education**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of families with no repeat instances of child abuse or neglect	100%	89%	90%	90%	90%	90%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of class participants who were referred by Child Protective Services (CPS)	6	9	18	19	19	19
Percentage increase in participants showing improved parenting skills post class (Family functioning)	75%	75%	78%	58%	58%	58%
Total number of class participants	35	35	49	31	31	31

- In FY 2020, the number of class participants referred increased from nine to 18 which is consistent with the overall increase in the number of total class participants.
- In FY 2021, there was an increase in the percentage of participants referred by Child Protective Services due to increased promotion of the parenting program throughout the bureau.
- In FY 2020 and FY 2021, 90 percent of families participating in the class had no additional instances of child abuse or neglect reported. In FY 2021, this 90 percent represents 17 out of 19 participants that were referred by CPS.
- In FY 2020, 78 percent of participants increased their post-mean test scores in family functioning /resilience, compared to their pre-scores.
- In FY 2021, a new data collection tool was used to calculate the increase in parenting skills post class. This tool is easier to understand and relies on a five point Likert scale for response options. The decrease in this percentage is likely due to the change in the measurement tool.
- In FY 2021, the number of class participants was consistent with FY 2018 and FY 2019.
- In FY 2021, all parenting classes were provided virtually due to the impact from COVID-19.

**CSA Administration**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of alignment between level of need and level of service requested (CANS assessment core match)	73%	84%	82%	73%	75%	75%
Percentage of cases completing home-based services in less than 180 days	52%	39%	53%	60%	70%	70%
Percentage of cases completing congregate care services in less than 180 days	83%	72%	65%	65%	75%	75%

**PLANNING AND SUPPORT SERVICES**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of Child and Adolescent Needs and Strengths (CANS) Tool submitted current (within 90 days)	76%	85%	74%	78%	82%	82%
Percentage of youth served in the community	83%	89%	85%	91%	93%	93%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of children served by CSA	174	189	172	173	182	182
Number of Family Assessment and Planning Team (FAPT) Reviews	336	366	267	294	309	309

- In FY 2020, the percentage of alignment between level of need and the level of service remained consistent because the CANS alignment was reviewed prior to FAPT meetings and discussed in FAPT for all cases.
- In FY 2020 and FY 2021, the most common cause of misalignment was CANS scores that indicated caregivers needed less support than was being requested to meet the needs of the youth.
- In FY 2021, many families experienced additional stressors (due to COVID-19) that are not currently rated on the CANS assessment, resulting in low scores that did not reflect the families' actual level of need. The CANS does not include measures related to domains of lived experience such as racial trauma and LGBTQIA.
- In FY 2021, the percentage of in-home services completed within 180 days increased from 53 percent to 60 percent. Youth are meeting service goals for in-home services within 180 days of beginning services. Staff are utilizing alternative funding sources for in-home services.
- In FY 2020, the percentage of cases completing congregate care services in less than 180 days decreased slightly due to an increase in the number of youth whose placements extended beyond 180 days. Some youth were placed in services because it was court ordered. The length of service is also ordered by the court for these placements. This affects the assessment of the youth's needs and the clinical algorithm alignment.
- In FY 2021, the percentage of congregate care placements completed within 180 days remained consistent at 65 percent. After reviewing the cases with the longest congregate stays, policy/ procedure modifications were made to reduce barriers for access to services.
- In FY 2020, administrative challenges and staff turnover led to delays in CANS completion. In FY 2021, 78 percent (204/263) of CANS were current—dated within the last 90 days, or more recently when clinically indicated, up from 74 percent in FY 2020.
- In FY 2021, CSA updated the website to include all of the documents that are required at discharge, including the CANS. Additionally, a new chart review process was implemented which reviews regulatory documentation compliance to include the CANS assessment.
- In FY 2020 and 2021, the percentage of youth who received services in the community has remained consistent in the 80-90 percent range. The System of Care team focuses on serving children in the least restrictive environment, identifying and reducing disparities and widening the service array.
- In FY 2021, the number of youth completing in-home services within 180 days increased slightly as a result of in-home services resuming virtually.
- In FY 2021, additional community-based services were added.
- Staff were more intentional with maintaining youth in the community and avoiding residential placements.



**PLANNING AND SUPPORT SERVICES**

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

## PROGRAM MISSION

Provide child protective services, foster care, and adoption services to ensure the safety and well-being of children identified as having been abused/neglected or at-risk of parental abuse and neglect.

### Child Protective Services (CPS)

- Serve as the community referral point to identify children at-risk of abuse and neglect through management of a 24-hour hotline.
- Conduct investigations and provide comprehensive assessments to address the safety and future risk of harm for each child.
- Ongoing CPS Services are to prevent reoccurrence of maltreatment, maintain children safely in their home, and increase caregiver protective capacity.
- Ongoing CPS Services works with the youth and family to develop and implement safety and treatment plans to reduce harm and take appropriate actions to alleviate risk factors.
- Provide coordinated and seamless community responses to allegations of sexual abuse or severe emotional or physical abuse.

### Foster Care

- Engage and assess families to coordinate and provide services designed to achieve permanency.
- Recruit, train, license, and support foster families to ensure that children in foster care join with a nurturing and safe family.
- Match children in need of foster care services with families who can meet their emotional, behavioral, and physical care needs.

### Family Partnership Meetings

- Facilitate voluntary Family Partnership Meetings (FPM) in which family members, professionals, and others come together to discuss ways to support children and families. The main goal of the meetings is to make sure that children are safe. Meetings are held when children are removed from their caretakers' custody or when children are at-risk of being removed.
- FPM is a voluntary service that engages a child's family members and their supports in critical decision making around safety and permanency.

### Adoption

- Recruit, train, and dually certify foster families to adopt.
- Support adoptive families to meet the emotional, behavioral, and physical care needs of their children adopted through foster care.

### Independent Living

- The federally mandated program assists youth 14 years of age and older currently in foster care and young adults formerly in foster care that have requested services in obtaining basic life skills, education, and employment preparation necessary to become self-sufficient adults.
- In July 2016, Virginia implemented the Fostering Futures program, which offers housing and other supports to youth 18 to 21 years old. To access these enhanced supports, youth who are medically able must be enrolled in school, participating in post-secondary education, or employed.

PERFORMANCE MEASURES

Child Protective In-Home Services

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of children stabilized with their families after receiving ongoing CPS Services	93%	89%	98%	88%	95%	95%
Percentage of families with validated reports within two years post closure	8%	2%	5%	2%	2%	2%
Percentage of families who achieve a low or reduced level of risk within 90 days	93%	81%	87%	91%	91%	91%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of families served by CPS ongoing	58	60	64	65	65	65
Percentage of Service Plans and Contacts on Time	83%/85%	98%/100%	98%/100%	100%/100%	100%/100%	100%/100%

- In FY 2020, 39 families were closed to CPS Ongoing services. In 38 cases (98 percent), children were stabilized with their families. In one case, a child was placed into foster care due to a history of unsafe behaviors in the family.
- In FY 2021, 44 families were closed to CPS Ongoing services. In 39 cases (88 percent), children were stabilized with their families. For six children (four families) foster care occurred within six weeks of beginning In-Home services; four of those six children remained with relatives who were certified as foster parents.
- In FY 2021, the average length of service was seven months, consistent with FY 2020. There were ten long-term (ten months or longer) cases closed in FY 2021. Of those 10 cases, eight were court involved, which causes a delay in the closure process.
- In FY 2020 and FY 2021, a total of 83 family cases were closed to CPS In-Home. After closure, two of these families received validated Child Protective Services reports again in FY 2021. Of the two cases that returned to Child Protective Services, neither resulted in a removal and all have since been successfully stabilized and closed.
- In FY 2020, there were 31 total cases opened for at least 90 days. The percentage of those families who achieved a low or reduced level of risk within 90 days was 87 percent (27). Four families were opened at high risk and remained at high risk at 90 days. Three of these families were closed with a low or moderate risk and stabilized successfully.
- In FY 2021, there were 32 total cases opened for at least 90 days. The percentage of those families who achieved a low or reduced level of risk within 90 days was 91 percent (29). Three families were opened at high risk and remained at high risk at 90 days. These families had significant trauma histories that require long-term intervention and staff engagement.
- In FY 2020 and FY 2021, timely completion of service plans and contacts remained high due to staff stability and reduced staff turnover.
- In FY 2020 and FY 2021, the supervisor continued reviewing status of service plans and contact notes with staff to ensure that documents were completed on time.

**CHILD WELFARE**

- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**Child Protective Services- Intake**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of initial responses on time	N/A	85%	89%	88%	90%	90%
Percentage of cases closed on time	88%	74%	48%	52%	60%	60%
Percentage of cases closed safely without requiring additional services	87%	81%	79%	78%	80%	80%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of assessments	271	248	203	226	260	260
Number of calls received	2,818	2,515	1,937	2,105	2,421	2,421
Number of information and referral calls	1,596	1,180	758	939	1,080	1,080
Number of investigations	109	105	64	52	60	60
Number of investigations which resulted in a finding of abuse or neglect dispositions	53	48	30	27	31	31

- In FY 2020 and 2021, the number of calls received and validated reports was impacted by schools, day cares, and other childcare providers being closed due to COVID-19. Schools are mandatory reporters and account for the largest number of CPS referrals.
- In FY 2020, some delays in initial response occurred when partnering with law enforcement. In some instances of sexual abuse and out-of-family investigations, CPS is advised not to proceed with an investigation until law enforcement has completed their investigation and/or until the Child Advocacy Center (CAC) has completed their forensic interview.
- In FY 2020 and 2021, timeliness for initial response exceeded the State benchmark (85 percent).
- In FY 2021, a protocol was implemented for CPS Hotline to indicate at time of assignment, the due date with exact time for response.
- In FY 2020 and 2021, the CPS program experienced significant staff turnover. Because the CPS intake team is relatively new, it has required the supervisor to closely review all documentation which impacts the timeliness of case closure. The CPS Supervisor prioritized accurate and thorough documentation over closure timeliness for new and inexperienced staff.
- In FY 2021, 52 percent of cases were closed on time, an increase from 48 percent in FY 2020.
- In FY 2020, 257 of 324 (79 percent) cases were safely closed without requiring additional services. 46 of 324 cases (14 percent) required CPS Ongoing services for stabilization. 21 of 324 cases (7 percent) were opened to foster care because investigation determined that children could not remain safely at home.
- In FY 2020, of the 21 cases where children were placed in foster care from CPS Intake, decisions to remove were made within one week of assignment in 15 instances.

**CHILD WELFARE**

- In FY 2021, 188 of 241 (78 percent) cases were safely closed without requiring additional In-Home services. 84 of the 188 cases that closed without additional child welfare services were offered resources to assist with safe case closure. Those additional resources included outpatient counseling, domestic violence intervention programs and parenting education.
- In FY 2021, of the 15 cases where children were placed in foster care from CPS Intake, decisions to remove were made within one week of assignment in 11 instances. In 9 of the 11 cases, decisions to remove were made within 24 hours.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**Foster Care**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of new foster families certified	17	20	16	14	14	14
Number of total certified foster families	67	70	69	70	70	70
Percentage of foster families retained through the end of the fiscal year	86%	82%	77%	81%	85%	85%
Percentage of placements that allow children in foster care to continue services with their own providers seen prior to foster care	87%	97%	94%	92%	96%	96
Percentage of placements that enable children in foster care to remain in their original school districts	83%	95%	100%	96%	96%	96%
Percentage of placements that lasted until the child was discharged from foster care	87%	93%	97%	92%	95%	95%
Percentage of placements with a child's relatives, siblings, or child-specific placements	51%	52%	50%	63%	75%	75%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Average number of children served monthly	84	78	65	64	64	64
Average number of children served monthly in congregate care	5	3	5	2	2	2
Average number of children served monthly in purchased therapeutic foster home	22	14	4	3	3	3
Average number of children served monthly in regular foster care	34	38	36	39	39	39
Percentage of families certified within 90 days	89%	90%	94%	100%	100%	100%

CHILD WELFARE

- In FY 2020 and FY 2021, there was a decrease in the number of new families certified due to the impact of COVID-19. Many families were hesitant to proceed with certification until there was some clarity regarding how COVID-19 would impact placements.
- In FY 2020 and FY 2021, the number of total certified foster families remained high due to intensified focus on getting foster families certified in a timely manner (including kin families), and retaining families already certified.
- In FY 2020, 16 families closed: half were kinship families or families who finalized adoptions. The remaining families closed due to being non-responsive during the recertification process or due to changes in their personal life that prohibited them from being able to continue to foster.
- In FY 2021, 13 families closed: nine of the families were kinship families; one family closed due to adoption being finalized; three were closed due to changes in personal circumstances.
- In FY 2021, bi-monthly support groups and in-service trainings were held virtually. Additional retention events were held virtually around the holidays and foster parent appreciation month (May 2021) to support retention efforts.
- In FY 2020, continuity of connections to services and school remained high. Services were disrupted for two youth; one ended a connection with mental health services when stepping down from a residential program; the other disruption reflects a need for a change in childcare services. No children coming into care had a disruption with their base school. Joining a high percentage of children with Arlington County foster families makes it easier for children to remain in their base school.
- In FY 2021, services were disrupted for three youth; all of whom came into care across state lines which did not allow for continuity in services. One of these youths was in care for 24 hours and the other two were in care for four weeks.
- In FY 2021, one child came into care who had a disruption with their base school. This child came into care from out of state and returned home the next day.
- In FY 2020, 100 percent (37/37) of placements were stable for children with basic needs, which is an increase from 98 percent in FY 2019. During the same time period, children with complex needs had 93 percent (27/29) placement stability, up from 89 percent in FY 2019. Both children that disrupted remained stable in their new placement.
- In FY 2021, 92 percent (68/74) of placements were stable for children with basic needs and complex needs. Placements were disrupted due to a need of a higher level of care for as well as to place groups of siblings together.
- In FY 2021, an incentive payment protocol was implemented for four families who were open to accepting children presumed or confirmed COVID-19 positive. This program led to the placement of six children with specific COVID-19 associated risks.
- In FY 2020, there were 16 children and youth who were unable to be placed with family members. Some of these reasons included barrier crimes, legal status, unwillingness to participate in the approval process, complexity of child needs, and differing needs for children in sibling groups.
- In FY 2021, family continuity increased significantly (63 percent) from FY 2020 (50 percent).
- In FY 2021, the Foster Family Coordinator and Recruitment and Outreach Specialist coordinated community outreach regarding the importance of taking sibling groups and teens which resulted in more foster families recruited with an ability and/or interest in sibling groups.
- In FY 2020 and FY 2021, the average number of children served monthly in congregate care has remained low due to more children served in community-based settings.
- In FY 2020 and 2021, the number of children served monthly continues to decrease as the number of youth being discharged to permanency has increased.
- In FY 2020 and FY 2021, the number of youth placed in Therapeutic Foster Care (TFC) home continues to decrease as recruitment efforts continue to focus on certifying Arlington County foster homes to ensure that you remain in the Arlington community.
- In FY 2021, the average number of children in foster care served monthly increased slightly from FY 2020 but is more consistent with FY 2019.

**CHILD WELFARE**

- In FY 2021, the percentage of home studies completed on time increased to 100 percent from 94 percent in FY 2020.
- In FY 2021, during the COVID-19 pandemic, State waivers were created for the approval process allowing home studies to be completed outside of the previous 90-day timeframe. These waivers expired on January 1, 2021, for traditional foster families but became permanently available to kinship care providers going through the approval process.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program’s complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**Foster Care Permanency**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of Discharges to Permanency	78%	79%	82%	83%	85%	85%
Percentage of Reunifications or Relative Placements within 15 months	83%	56%	76%	71%	70%	70%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of youth in foster care (as of the last day of the fiscal year)	80	78	70	67	64	64
Number of youth discharged/families closed	37/28	53/36	38/29	47/31	47/31	47/31

- In FY 2020, all seven youth exiting who did not achieve permanency entered care as teenagers — all but one at age 17. A number of these youth were court-involved. All but one youth entered Fostering Futures, where they will remain connected to CFSD for ongoing case management.
- In FY 2021, the percentage of youth achieving permanency increased slightly. Permanency rates remained high despite the onset of COVID-19 due to agency efforts to maintain connections through modified visitation plans, virtual telehealth platforms, and foster parent support.
- In FY 2021, the eight youth who exited care without achieving permanency, all entered foster care as teenagers.
- In FY 2020, the children reunified outside of 15 months came from two families. In both instances, the caretakers had serious mental health and/or substance use concerns.
- In FY 2021, permanency took longer than 15 months for ten children from nine families. In several cases, multiple factors compromised safety (substance use, economic insecurity, insufficient parenting skills, job loss, and mental health diagnosis), so service supports required additional time to establish stability.
- In FY 2020 and FY 2021, the number of youth in foster care on the last day of the fiscal year continued to decrease which is consistent with national and regional trends.
- In FY 2021, the number of youth/families discharged/closed has increased slightly from FY 2020. 39 youth (representing 30 families) discharged to permanency in FY 2021.

**Family Partnership Meeting**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of children in foster care who had a Family Partnership Meeting (FPM) and who left foster care within 12 months	48%	45%	75%	77%	80%	80%
Percent of youth at risk of removal who remained in the home at least 90 days after a Family Partnership Meeting	100%	100%	90%	90%	95%	95%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of children served in at-risk and removal FPMs	69	98	114	120	120	120
Number of children served in placement- and goal-change FPMS	22	17	45	32	32	32
Percent of Family Partnership Meetings held within 14 days for youth at risk of removal	92%	100%	100%	100%	100%	100%
Percent of removal meetings held before the Court hearing	100%	91%	100%	100%	100%	100%

- In FY 2020 and FY 2021, ongoing efforts to increase family engagement activities early and often and to establish written visitation plans initiated in FPMs have resulted in maintaining and improving exits from foster care within 12-month timeframe.
- In FY 2020, nine children were unable to remain in the home 90 days after the FPM. Five of the nine children were court-ordered into foster care.
- In FY 2021, ten children were unable to remain in the home 90 days after the FPM. Four of the ten children who were placed in foster care after having a Risk FPM were originally diverted from CPS to relatives with a protective order. These four children represent two sibling groups
- In FY 2020 and FY 2021, the total number of FPM's and children receiving them significantly increased. During COVID-19, FPMs were facilitated using a virtual platform which eliminated transportation and participation barriers for families. The use of this platform contributed to the increase in the amount of FPM's facilitated and children served.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**Adoption**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of children who exited foster care to adoptive homes	5	10	10	5	5	5
Number of children who exited foster care to adoptive homes within 24 months	0	2	2	1	1	1



**CHILD WELFARE**

Supporting Measure	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of children with finalized adoption receiving adoption subsidy	122	126	128	122	122	122

- In FY 2020 and FY 2021, the number of children who exited foster care to adoptive homes within 24 months continued to be affected by outside factors such as pending appeals with biological families or placement instability of high-level needs children.
- In FY 2021, an Adoption Readiness Plan was created to assist families with preparing for the adoption process and raising their adoptive child.
- Adoption refers to all the cases still being supported by Child and Family Services Division.

**Independent Living**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of youth aged 18-21 who are engaged in education and/or employment readiness activities	N/A	92%	100%	92%	95%	95%
Percent of youth ages 18-21 who receive regular dental /medical care	N/A	33%/62%	32%/59%	47%/63%	50%/65%	50%/65%
Percent of eligible youth engaged in the Fostering Futures Program	N/A	70%	82%	83%	85%	85%
Percent of youth ages 14-18 that exited care to permanency	60%	75%	86%	50%	65%	65%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of youth served in foster care between ages 14 and 21	43	37	42	43	40	40
Percent of youth who had Transitional Living Plan (TLP) completed on time	78%	59%	93%	87%	90%	90%

- In FY 2020, 100 percent of youth were engaged in education and/or employment readiness activities. Of the 31 youth engaged in either education or employment related activities, 19 were receiving educational services, and 12 were employed or engaged in an employment readiness program. In FY 2021, this measure was adjusted to report data for youth aged 18-21, rather than youth 14-21.
- In FY 2021, a high percentage of youth remained able to maintain employment and education as a result of virtual school and the flexibility that it afforded.
- In FY 2020, youth ages 18-21 had a lower percentage of regular dental and medical care than those youth ages 14-17. At age 18, HIPAA laws prevent the Department from scheduling and/or obtaining any medical information on behalf of the youth. Therefore, the youth must take the initiative to ensure their medical needs are met.
- In FY 2021, 47 percent of youth ages 18-21 were current with their dental exams and 63 percent of youth were current with their medical exams
- In FY 2021, the re-opening of medical facilities/appointments after being closed due to COVID-19 may have contributed to the increase in medical/dental care.
- Fostering Futures was initiated in July 2016. It is a voluntary program available to young adults in foster care after age 18 that provides support and assistance through age 21 to

CHILD WELFARE

assist with successful transition into adulthood. In FY 2019, 33 youth were eligible to participate in the Fostering Futures program. Of these youth, 23 (70 percent) engaged in the program.

- In FY 2020, the percentage of youth engaged in Fostering Futures increased. Four youth chose not to engage in Fostering Futures, and one youth lost their eligibility due to incarceration.
- In FY 2021, 36 youth were eligible to participate in the Fostering Futures program. Of these youth, 30 (83 percent) were engaged in the program at the end of this fiscal year.
- In FY 2021, the team reached out to all youth between the ages of 18-23 who were no longer in care (regardless their Fostering Futures eligibility) to assess their needs due to the impact of the COVID-19 pandemic. Additional resources were provided where necessary.
- In FY 2020, three of the older youth that exited to permanency were reunified with their families. The other three youth were adopted. The youth who did not achieve permanency was incarcerated at the time of his exit and may request services to resume upon release.
- In FY 2021, 16 youth exited care between the ages of 14 and 18. Of those 16 youth who exited, eight exited to permanency. Age at removal is a contributing factor to successful permanency outcomes. Permanency for older youth can be challenging due to their age, trauma history, current mental health and substance use, and willingness to consent to a permanency plan. In FY 2021, seven of the eight youth that did not exit to permanency entered Fostering Futures.
- In FY 2020, the number of youth served in foster care between the ages of 14-21 has remained low as the overall number of youth served in foster care decreased.
- In FY 2020, the timeliness of TLP meetings improved due adding staff as dedicated IL case workers and training them for TLP meetings. Additionally, TLPs held prior to a youth turning 18 are facilitated as Family Partnership Meetings in compliance with new State guidelines which has provided additional staff support for timeliness.
- In FY 2021, 33 of 38 youth (87 percent) had a Transitional Living Plan (TLP) completed on-time. In 4/5 instances of the late TLPs, the youth was experiencing serious mental health issues and complicated life challenges that made it too difficult to meet
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

## PROGRAM MISSION

To promote the healthy functioning and recovery for children and youth with emotional disturbance, mental illness, and/or substance abuse disorders.

### Intake Services

- Evaluate the strengths and needs of children and families and provide appropriate and timely services.
- Mental health therapists conduct mental health/substance abuse assessments, formulate diagnoses, and provide service recommendations.

### Child Advocacy Center

- Screen, diagnose, and treat children and youth.
- Conduct mental health screening and assessment with youth and their families.
- Perform forensic interviews with children who may have been sexually and/or severely physically abused.
- Ensure a coordinated community response to intervene, protect, and treat victims of child abuse by convening and facilitating an inter-agency multidisciplinary services team that includes Police, Child Protective Services, the Commonwealth's and County Attorneys' Offices, Public Health, and Mental Health Services.

### Outpatient Therapy

- Provide individual, family, and group therapy.
- Coordinate services with other child serving agencies and private providers.
- Provide early intervention and prevention-oriented counseling. Provide behavioral consultation and intervention services to parents and care providers of children with behavioral and mental health disorders.
- Train parents and care providers in behavioral management techniques to reduce the risk of child abuse and out-of-home placement.

### Outpatient Case Management

- Provide short-term, home-based, family-centered therapeutic services to stabilize high risk behaviors for those children and youth with severe impairments.
- Contract therapeutic recreational and/or respite services.
- Provide advocacy, career development and life skills counseling, linkage to community resources, and mentoring to help youth ages 14-17 with behavioral and/or emotional disorders or mental illness transition to adulthood successfully.
- Provide education and alternate coping strategies for youth regarding drugs and alcohol.
- Provide referral for short-term substance abuse residential services for youth with severe abuse or dependency.
- Implement evidence-based prevention programs approved by the Federal Center for Substance Abuse Prevention and character-building activities to promote healthy life choices.

### Behavioral Health Wellness

- Offer evidence-based prevention programs approved by SAMHSA, CSAP, and/or recommended by the Virginia Office of Prevention designed to build emotional health, promote mental health skills and reduce risk factors, and enhance protective factors.

**BEHAVIORAL HEALTHCARE**

- Provide education and mental health promotion activities for students and parents in school or community settings for youth with indicators of early risk factors.
- Collaborate with public and private agencies to bring prevention activities to a broader population
- Provide screening and referral services to youth with higher risk indicators and their families, and consultation and training to staff and parents.

**PERFORMANCE MEASURES**

**Centralized Intake Unit**

<b>Critical Measures</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Estimate</b>	<b>FY 2023 Estimate</b>
Percentage of children and families connected to ongoing services	97%	93%	87%	96%	96%	96%
Percentage of clients diverted from court involvement	100%	67%	68%	85%	90%	90%
Percentage of parents understanding the next step in obtaining services	100%	100%	N/A	N/A	95%	95%
Percentage of parents who believe they will get the help they need	98%	100%	N/A	N/A	95%	95%
Percentage of youth understanding what the next step is	97%	80%	N/A	N/A	95%	95%
Percentage of youth who believe they will get the help they need	94%	93%	N/A	N/A	95%	95%

<b>Supporting Measures</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Estimate</b>	<b>FY 2023 Estimate</b>
Number of information and referral calls handled	1,142	794	747	967	1,160	1,200
Youth receiving first clinical appointment within 10 days of intake	N/A	70%	84%	95%	95%	95%
Percentage of required Intake Assessment documentation in compliance	97%	94%	91%	86%	88%	88%

- In FY 2020, the percentage of families connected to ongoing services declined during the COVID-19 pandemic. 60 percent of the families that did not connect to ongoing services had their first clinical appointment scheduled in the third quarter, when services shifted to telehealth services due to COVID-19.
- In FY 2021, 96 percent (157/164) of clients for whom ongoing services were recommended began services. Connection rates increased in part due to the decrease in barriers to accessing services remotely (e.g., transportation, work, childcare).

**BEHAVIORAL HEALTHCARE**

- In FY 2020, the percentage of clients who met diversion criteria with no subsequent court involvement increased from 67 percent in FY 2019 to 68 percent. The overall number of clients served by the court liaison therapist greatly decreased due to a variety of factors, e.g., Dept. of Juvenile Justice reforms and COVID pandemic. A significant number of referrals to the court liaison therapist are supported by the Truancy Committee which only met from October 2019 to February 2020 before discontinuing due to COVID-19 related school closures.
- In FY 2021, 85 percent of diversion clients (22/26) had no court involvement at least 60 days after intervention. For those youth not successfully diverted, re-offenses were common, specifically with truancy cases. The interagency truancy team collaborated to develop a new approach to school avoidance specific to the stressors associated with the continued COVID related school closures and expectations for virtual participation.
- In FY 2020 and FY 2021, the survey was not administered due to COVID-19 and transitioning to a virtual telehealth platform and subsequently, there are no survey results for this year. In FY 2022 the survey will be administered virtually.
- In FY 2020, the number of intake and referral calls decreased slightly. During this time, many families called to request additional information about services and resources during COVID-19.
- In FY 2021, the number of information and referral calls increased as families began to experience increased need for information about receiving mental/behavioral health services.
- In FY 2020, there was an increase in the number of appointments that were offered within ten days of the intake assessment, reducing the wait time. The “new client alert” email system that was developed and implemented to notify the therapist of the assignment and to contact the family which significantly contributed to the decrease in wait time.
- In FY 2021, the percentage of appointments that were offered within ten days of the intake assessment improved to 95 percent. Telehealth reduced barriers to engagement for many families resulting in more rapid engagement and a decreased wait time.
- In FY 2020, four of the five clinicians that scored below 80 percent on the chart reviews (data elements) were substitutes for the regular intake clinicians.
- In FY 2021, the documentation compliance measure was updated to measure charts in compliance instead of individual data elements. 84 intakes were analyzed. Of these, 72 intakes (86 percent) scored 90 percent or higher. Training has been implemented to address areas in need of improvement.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**Outpatient Services**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of clients who achieve their treatment goals at discharge	94%	91%	88%	81%	85%	85%
Percentage of parents completing surveys who report satisfaction with services	90%	88%	N/A	76%	80%	80%
Percentage of seriously emotionally disturbed consumers maintained in the community with outpatient treatment	85%	88%	96%	94%	95%	95%

**BEHAVIORAL HEALTHCARE**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of youth completing surveys who report satisfaction with services	75%	73%	N/A	89%	80%	80%

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of client services documentation completed within one business day	90%	88%	77%	77%	80%	80%
Client show rate	79%	80%	78%	83%	83%	83%
Total consumers receiving services	282	382	390	306	336	336
Number of youth receiving intensive and routine case management services	69	135	92	38	39	39
Number of youth receiving outpatient therapy services	205	308	295	268	276	276
Number of youth transitioned to adult behavioral health services	39	22	16	20	21	21

- In FY 2020, 88 percent of clients achieved some or all their treatment objectives at discharge. 90 (36 percent) youth achieved maximum benefit at discharge and 131 (52 percent) youth achieved a partial benefit. Most of the youth (20) that did not meet treatment goals did not engage in services after multiple outreach attempts by staff. When services transitioned to telehealth due to COVID-19, there were some families that declined services.
- In FY 2021, 81 percent of clients achieved some or all their treatment objectives at discharge. 73 (45 percent) youth achieved maximum benefit at discharge and 58 (36 percent) youth achieved a partial benefit. Most of the youth (15) that did not meet treatment goals did not engage in services after multiple outreach attempts by staff.
- In FY 2020, the survey was not administered due to COVID-19 and transitioning to a virtual telehealth platform and subsequently, there are no survey results for this year.
- In FY 2021, due to the COVID-19 pandemic, the survey was administered once at the end of the year rather than throughout the year which resulted in a low response rate.
- In FY 2021, parents reported that therapy has been helpful because the therapist validates the youth's feelings and is easy to talk to, and youth respondents reported that having someone that listens to them and understands them has been helpful.
- In FY 2020, 96 percent (360/376) of clients who entered care in the community did not require an increased level of care (LOC) while receiving behavioral healthcare treatment and were safely maintained in a community setting. The program has been collaborating with stakeholders to increase focus on the clinical needs of youth who could potentially be placed outside of the home.
- In FY 2021, 94 percent (270/288) of clients who entered care in the community did not require an increased level of care (LOC) while receiving behavioral healthcare treatment and were safely maintained in a community setting.
- In FY 2021, when in-home services transitioned to virtual models during COVID, there was a decrease in the number of children referred to intensive in-home service providers. Frequency

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and intensity of services provided by program staff were increased to meet the needs of youth and maintain them in the community.

- In FY 2021, there were 11 youth that completed the survey. It is anticipated that with the increase in the response rate of the youth in FY 2022, the satisfaction score will decrease slightly.
- In FY 2020, clinician caseloads were increased to approximately 20 children per caseload from approximately 15 children per caseload in FY 2019. The maximum clinician caseload in FY 2020 was 23. The increase in the clinician caseload and challenges related to telehealth service delivery impacted the timeliness of progress report completion in FY 2020 and 2021.
- In FY 2020, client show rates continue to be high for outpatient and case management services. The stability in these percentages also reflect the implementation of extended hours to meet family/client needs, therapists' engagement with clients, increased caseloads, and intentional focus on productivity.
- In FY 2021, the overall show rate was 83 percent (3,846/4,645), which is an increase from 78 percent (3,417/4,358) in FY 2020. Virtual appointments allowed for more flexibility in scheduling appointments during timeframes that met families' needs, which contribute to the increase in the client show rate.
- In FY 2020, the total clients served increased slightly from FY 2019. Beginning March 24, 2020, all services transitioned to telehealth due to the COVID-19 pandemic which impacted the overall number of clients served in outpatient therapy and case management.
- In FY 2021, the number of clients referred from Intake decreased 26 percent. The decrease in the number of intakes can be attributed largely to the impact of COVID-19 related restrictions and closures which resulted in a decrease in the number of children served. Fewer children were referred from schools due to the suspension of in-person learning.
- In FY 2020, families had an increased need for access and information to resources to support their basic human needs as a result of COVID-19. There was a decrease in the need for behavioral/mental health case management which resulted in a decrease in the amount families receiving intensive and routine case management.
- In FY 2020, the number of clients receiving youth transition services has decreased due to the decrease in the number of transition aged youth meeting Serious Mental Illness (SMI) criteria. These youths are then referred to community resources.
- In FY 2021, in addition to youth open to case management services, case management services were provided on an as-needed basis to many clients open to outpatient therapy. This practice change impacted data collection for the number of youth/families receiving formal case management.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:

<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**Child Advocacy Center**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of children receiving forensic interviews by Child Advocacy Center staff	196	168	161	160	168	168

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<b>Supporting Measures</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Estimate</b>	<b>FY 2023 Estimate</b>
Number of children referred to the CAC	314	217	198	200	210	210
Percentage of eligible children who received forensic interviews at the CAC	72%	87%	95%	92%	95%	95%
Percentage of families offered follow-up services within 7 days of interview	84%	74%	73%	66%	75%	75%

- In FY 2020, the Forensic Interviewer’s role expanded to include Multi-Disciplinary Team (MDT) Coordinator, which has increased opportunities for forensic interviews. It is notable that during the COVID-19 pandemic, families continued to agree to face to face forensic interviews. All forensic interviews conducted in FY 2020 were conducted face to face.
- In FY 2020, the number of referrals decreased slightly as a result of the temporary closure of schools (significant referral source) due to COVID-19.
- In FY 2020, the Police Department decided to assign child cases to three specialized detectives who were selected based on their experience and interest. As a result, there was more consistency with implementation of the Joint Investigative protocol which contributed to the increase in the percentage of eligible children interviewed in FY 2020 and 2021.
- In FY 2021, the CAC continued to provide in person forensic interviews adhering to COVID safety protocols, introduced Telehealth services, and facilitated and participated in virtual training. There was no disruption in the availability of in person forensic interviewing and the CAC program did not suspend any services.
- In FY 2021, there were a total of 90 forensic interviews for which follow up services were either recorded or indicated. Of those 90 interviews, 13 of the interviewees were offered services at the same time as their CAC interview or before the forensic interview. 47 received a call regarding follow-up services within seven calendar days of the initial interview, and 30 received a call more than seven days after the interview.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**Youth Behavioral Health Wellness (Substance Abuse and Early Intervention)**

<b>Critical Measures</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Estimate</b>	<b>FY 2023 Estimate</b>
Number of contacts	3,000	6,845	4,476	688	688	688
Number of events	130	105	81	53	63	63
Number of participants trained	90	1,317	186	638	638	638
Suicide Means Reduction Tools Distributed	120	997	472	433	433	433
Tobacco vendor site visits	147	0	0	0	145	145

- In FY 2020 and 2021, the number of face-to-face contacts decreased significantly due to the COVID-19 pandemic and the inability to conduct outreach face-to-face.
- In FY 2021, there were 53 events, which is a decrease from FY 2020. The decrease in the number of events is consistent with the decrease in the number of contacts.
- In FY 2021, there were a total of 638 participants that attended these events. The event with the largest participation was called Building Healing Communities; Conversations on Mental Health, Resilience and Equity. This was a series of workshops and symposiums that spanned



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four days. There were three plenary speakers, a panel of speakers and six workshop presenters. There were 75 presentation participants that attended this event series. The increase in the number of participants trained is directly related to the symposium, as well as the transition into both in person and virtual platforms which increased options to reach the community.

- In FY 2020, face-to-face trainings and events were suspended and most were converted to virtual settings on March 25, 2020.
- In FY 2020, the prevention team partnered with the library to host seven Lock and Talk presentations to discuss and distribute suicide means reduction tools. These events were suspended in March due to the COVID-19 pandemic.
- In FY 2021, the prevention team worked with the child welfare team to distribute suicide means tools to social workers who have identified a need with the families that they are working with.
- In FY 2020 and FY 2021, updated law requirements for tobacco vendor site visits were provided to the agency, however, visits continued to be suspended due to COVID-19. Visits will resume in FY 2022.

**MANAGEMENT AND ADMINISTRATION**

**PROGRAM MISSION**

To provide leadership and management oversight to the Aging and Disability Services Division.

**Management and Administration**

- Promote effectiveness and efficiency.
- Evaluate programs and encourage innovative programming.
- Oversee the Division’s financial management including grant and contract management.
- Provide workforce development.
- Ensure compliance with all relevant laws and requirements.
- Evaluate staff performance.
- Ensure effective collaboration with community partners.

**PERFORMANCE MEASURES**

**Management and Administration**

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percentage of budgeted third party reimbursement revenue received	90%	103%	90%	82%	95%	95%

- The percent increase from FY 2018 to 2019 is attributed to state Medicaid expansion and more clients served who are covered by insurance providers. The FY 2019 Actuals were revised to reflect the percentage of third party reimbursements received.
- The percent decrease from FY 2020 to 2021 is attributed to the COVID-19 suspension of program activities at the Adult Day Program and the lower transportation fees for Developmental Disability Services Bureau.

**PROGRAM MISSION**

To ensure adults age 60 years and over remain integral members of the community and to ensure service and system improvements through leadership and policy guidance. This unit is one of 622 Area Agencies on Aging (AAA) in a national network established by the Federal Older Americans Act.

**Planning and Advocacy**

- Facilitate the collaboration of service providers in an effort to develop new or modified private and/or public programs.
- Administer Area Plan for Aging Services and manage federal and state funds appropriated under the Older Americans Act, including contracts with non-profit and proprietary agencies.
- Provide outreach education to the community and identify services to assist older adults in accessing appropriate community supports, distribute publications, and make presentations.
- Provide staff assistance to the Commission on Aging.

**Resource Center**

- Provide information, referrals, options counseling and advocacy for older adults, individuals with disabilities, and their caregivers in accessing community resources.
- Provide Medicare counseling and related insurance counseling, information, and outreach to Medicare beneficiaries and their caregivers in Arlington.
- Provide emergency services and crisis stabilization.
- Conduct intakes, comprehensive assessments, make appropriate referrals, and provide short term case management.
- Provide outreach to community groups and organizations regarding resources and services available for older adults and individuals with disabilities.

**PERFORMANCE MEASURES**

**Agency on Aging Programs**

<b>Supporting Measures</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Estimate</b>	<b>FY 2023 Estimate</b>
Number of grants received	12	13	14	14	14	14
Number of programs funded through the AAA	12	13	14	14	14	14
Home Delivered Meals: Total participants	144	192	310	453	300	300
Home Delivered Meals: Total number of meals delivered	39,307	54,297	77,133	97,294	60,000	62,000
Home Delivered Meals: Customers eat healthier	91%	88%	90%	96%	95%	95%
Home Delivered Meals: Customer satisfaction with food quality	82%	78%	82%	90%	90%	90%
Home Delivered Meals: Customer satisfaction with taste	91%	100%	96%	95%	95%	95%

**AGENCY ON AGING**

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Home Delivered Meals: Participants who report that services enable them to continue to live independently	98%	98%	95%	95%	95%	95%
Home Delivered Meals: Participants that have stabilized or reduced nutritional risk	73%	83%	47%	80%	80%	80%
Home Delivered Meals: Compliance with Eligibility Requirements (Age/Race/Income)	99%/96%/97%	93%/92%/95%	99%/98%/96%	96%/98%/90%	99%/98%/97%	99%/98%/97%

- The increase in the number of grants received and the number of programs funded through the AAA in FY 2020 and beyond is related to the expansion of the No Wrong Door and Options Counseling programs: Care Coordination for Elderly Virginians and Chronic Disease Self-Management Education.
- The target set for Home Delivered Meals customer satisfaction with food quality, nutrition, and choice is 85 percent. The target for participants that have stabilized or reduced nutritional risk is 80 percent. In FY 2020, measures for the total number of participants and meals delivered were added to the performance measurement plan. The large increases in FY 2020-2021 are directly related to more participants qualifying for Meals on Wheels and supplemental Title III-C2 Home Delivered Meals/Senior Nutrition funding from the state in response to the COVID-19 pandemic. The decrease in the FY 2022 estimate is based on Congregate Nutrition sites re-opening in late FY 2021 and those clients will no longer receive home delivered meal services, as well as the homebound requirement being reinstated in FY 2022.
- The FY 2021 total number of meals delivered increased due to the homebound eligibility requirement being waived which allowed additional residents to be served in line with the increase in number of Home Delivered Meals participants.
- The increase in FY 2020 in nutrition risk is related to age as a factor. Adults age 85 and older are at particular risk for malnutrition. In FY 2020, 20 percent of the participants were ages 85 and above. Of those age 85 and above, 35 percent scored a six or higher on the nutrition screening initiative (NSI). Due to the COVID-19 pandemic, the change to bulk delivery may have also influenced the nutrition risk scores.
- The Home Delivered Meals program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Virginia Insurance Counseling Assistance Program (VICAP)**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Compliance with Federal Outreach Guidelines	60%	60%	80%	60%	80%	80%
Cost savings for Medicare beneficiaries	\$82,121	\$68,619	\$196,217	\$255,691	\$260,000	\$275,000
Unduplicated number of individuals served through the program	1,265	1,225	626	803	850	1,000

**AGENCY ON AGING**

<b>Critical Measures</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Estimate</b>	<b>FY 2023 Estimate</b>
Unduplicated number of Limited English Proficiency (LEP) individuals served	368	397	176	108	200	225
Total attendees at outreach events	1,297	1,283	719	679	1,000	1,000
Total attendees at Medicare courses	N/A	201	134	646	650	675
Total client counseling hours	821	770	576	2,929	3,000	3,250

- The VICAP performance measurement plan was new for FY 2019. Data above reflects performance for grant year period April 1 - March 31 for each year.
- From FY 2019 - FY 2020 there was a decrease to the unduplicated number of individuals served due to a six month vacancy in the VICAP Coordinator position. Many of the VICAP calls were redirected to the Resource Center. In FY 2021, the VICAP Coordinator hours increased from 30 to 40 hours per week to accommodate the growing percentage of Medicare beneficiaries in Arlington
- The FY 2021 - FY 2022 increases are based on robust outreach around Medicaid expansion and Commonwealth Coordinated Care Plus (CCC+) helped promote the program and services as well as adding two bilingual volunteers to the team. Federal guidelines establish outreach targets for VICAP programs for contacts in the areas of clients, outreach, enrollment, beneficiaries under 65, and hard to reach populations. The program is currently meeting federal targets for 4 out of 5 outreach types in FY 2022. Also, in FY 2021, the cancellation of large events (Arlington County Fair and Beacon Expo) impacted the ability to meet outreach goals for beneficiaries under 65.
- Staff and volunteers track the monies saved by counseling recipients and the method of savings. The decrease in FY 2019 was related to a suspension of tracking for two months due to staff vacancies. The increase in FY 2020 - FY 2021 and the FY 2022 estimate reflect full staffing and an improved data collection process.
- New measures added in FY 2020 to the performance measurement plan include: Unduplicated number of individuals served, Unduplicated Limited English Proficiency (LEP) individuals served, Total attendees at outreach events, Total attendees at Medicare courses, and Total client counseling hours.
- Attendees at Medicare courses increased from FY 2020 – FY 2022 due to a shift from in person to virtual trainings which resulted in greater participation in trainings being offered. FY 2022 and FY 2023 estimates assume a virtual component will still be available for Medicare courses even after pandemic restrictions are lifted.
- Total client counseling hours increased in FY 2021 due to additional staff and more volunteers were added to the program and time tracking improved.
- The VICAP program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Resource Center**

<b>Critical Measures</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Estimate</b>	<b>FY 2023 Estimate</b>
Number of requests for information and assistance	4,750	N/A	N/A	N/A	N/A	N/A
Completion of case management work within 90 days	97%	96%	94%	94%	95%	95%
Quality of customer experience: clarity of information	97%	90%	90%	N/A	95%	95%
Quality of customer experience: wait time	97%	96%	90%	N/A	95%	95%
Quality of customer experience: quality interaction with staff	97%	92%	92%	N/A	95%	95%
Connection to services: staff meets or exceeds requested service needs	94%	82%	72%	94%	95%	95%
Effectiveness of services: clients report they are better off than before services	91%	84%	85%	N/A	90%	90%
Number of Individuals Served by Resource Center Staff	2,210	3,767	3,174	2,959	3,000	3,300
Total number of Resource Center phone calls	3,276	7,486	11,201	16,327	16,500	17,000

- Measures listed that are no longer tracked are indicated above with "N/A".
- The completion of case management within 90 days decreased in FY 2019 due to more clients served and the complexity of the clients seeking services in the ADRC.
- In FY 2021, Quality of customer experience: clarity of information/wait time/quality interaction with staff data was not collected due to the front desk closure under the assistance from a distance model of service.
- The FY 2020 decrease in meets or exceeds requested needs was directly related to closures due to COVID and safety as well as unmet needs: e.g., closed medical or dental offices, long-term care not accepting new referrals, the need for assistance completing documents and reading mail, limited resources for rental assistance and customers calling requesting assistance for future months. Subsequently, clients were offered alternative resources. The increase in FY 2021 represents a return to past actuals with the reopening of community partners and resources.
- The Resource Center performance measures were updated in FY 2019 to better describe the data reported and to align with the performance measurement plan.
- In FY 2021, Effectiveness of services data was not collected due to the front desk closure under the assistance from a distance model of service.
- The increase in FY 2019 in the number of individuals served by staff can be attributed to a growing older adult population, more outreach to county and community partners, and better tracking of data. In FY 2020 and 2021, the decrease can be attributed to a shift to assistance from a distance model - from in-person appointments to mostly remote by video conferencing and phone.
- The Resource Center number of individuals served have been updated to reflect the correct duplicated counts for each fiscal year. The program saw an increase in individuals served but made fewer connections to services during FY 2019 as most of the requests for assistance were acute in nature (i.e. emergency food, grocery delivery, medication access, rental assistance, and shelter referrals). These numbers are a direct result of a growing population

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of adults 60 and above in Arlington, as well as the impact of the COVID-19 pandemic. In March 2020, the staff shifted from in-person to remote service delivery by video and phone. This service delivery model removes barriers and allows staff to connect with more older adults, persons with disabilities and caregivers. Staff expects the total served to increase as more in-person services resume.

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU**

**PROGRAM MISSION**

To promote the highest level of independence and quality of life of older and vulnerable adults and their caregivers through an integrated supportive services model. Strives to improve individuals' health and safety by reducing risks of social isolation, abuse, neglect, and premature institutionalization.

**Adult Social Services**

- Provide ongoing case management and supportive services to enable older adults and individuals with disabilities to remain in and be an integral part of the community.
- Prevent unnecessary or premature institutional placements.
- Prevent abuse, neglect, and/or exploitation of older and vulnerable adults.

**Adult Protective Services**

- Investigate allegations of abuse, neglect, and/or exploitation of older adults and vulnerable adults.
- Develop care plans to implement services to reduce risk and/or eliminate abuse, neglect, and exploitation of older and vulnerable adults.

**Nursing Case Management**

- Improve or maintain the health status of adults with multiple chronic illnesses and/or disabilities to enable them to remain at home.
- Provide nursing case management, including medication dispensing and coordination of healthcare for eligible adults who lack a sufficient support system and require assistance managing health care needs.
- Prevent unnecessary emergency room visits, hospitalizations, and premature nursing home placements.

**Arlington Adult Day Program**

- Provide a structured and comprehensive program of day activities including health care monitoring, nursing care and support, medication management, personal care, therapeutic recreation, special therapies, and nutritional guidance to adults with cognitive and/or physical impairments.
- Provide nutritious noontime meal and two snacks.
- Provide respite and support to caregivers of those participating in the day program.

**PERFORMANCE MEASURES**

**Adult Social Services**

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of nursing home and community-based waiver screenings (CCC+)	209	233	193	211	230	240
Percent of cases where monthly/quarterly/annual contact requirements are met	100%	95%	98%	92%	98%	98%



**COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU**

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of clients who live in the most independent and least restrictive setting	96%	99%	99%	99%	98%	98%
Percent of nursing home pre-admission screenings that occur within 30 days of referral	99%	100%	99%	94%	98%	98%
Total Adult Services Cases	612	509	394	417	480	500

- The number of nursing home and community-based waiver and pre-admission screenings decreased in FY 2020 due to staff vacancies and fewer in home screenings due to the COVID-19 pandemic.
- For percent of cases where monthly/quarterly/annual contact requirements are met, the FY 2019 decrease was related to a staff vacancy. In FY 2021, the in-person contacts were limited due to COVID-19 pandemic.
- In FY 2018, the percent of clients who live in the most independent and least restrictive setting was calculated for all clients served. In prior years, this data was available only for clients who received a nursing home pre-admission screening.
- The percent of nursing home pre-admission screenings that occurred within 30 days decreased in FY 2021, which was correlated to staff turnover. We expect this percentage to return to previous levels in FY 2022 – FY 2023.
- The total number of clients served decreased in FY 2019, due to the transition to PeerPlace, transferring active cases, and closing out cases that no longer required active services. In FY 2020 there was a decrease due to the COVID-19 pandemic and a higher focus on maintaining and supporting existing Adult Services clients. The FY 2021 actual and the FY 2022 – FY 2023 estimates are more in line with pre-pandemic numbers. Additionally, during the pandemic remote services via Telehealth made access to services more convenient and helped to reduce anxieties for those still seeking pre-admission screenings.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**Adult Protective Services (APS)**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of clients with reduced risk factors after three months of intervention or at case closure	100%	100%	98%	95%	98%	100%

- The decrease in FY 2021 for the percent of clients with reduced risk factors is related to limited in person contacts due to the COVID-19 pandemic, while FY 2022 – FY 2023 Estimates are based on current conditions and anticipated impacts on this metric.

**COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU**

<b>Supporting Measures</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Estimate</b>	<b>FY 2023 Estimate</b>
Total number of clients served	290	283	274	392	350	350
Percent of APS investigations initiated within 24 hours	100%	100%	100%	87%	95%	95%
Timeliness of clinical documentation	N/A	71%	80%	91%	92%	95%
Quality of clinical documentation	N/A	87%	87%	92%	95%	97%
Percent of initial face-to-face community visits within 5 days	100%	100%	100%	95%	98%	99%
Number/percent of APS investigations substantiated out of total number of investigations	94/42%	81/32%	69/30%	66/29%	75/32%	80/32%
Number accepting services (founded and unfounded)	135	117	104	81	101	107
Number/percent of founded APS investigations: Neglect	53/56%	62/76%	48/69%	57/87%	64/85%	68/85%
Number/percent of founded APS investigations: Abuse	16/17%	4/5%	5/7%	1/2%	5/7%	6/7%
Number/percent founded APS investigations: Exploitation	25/27%	16/20%	17/24%	7/11%	7/9%	7/9%
Number/percent of APS clients found to be abused, neglected or exploited who accept services	70/74%	65/80%	51/74%	44/69%	56/75%	60/75%
Percent of investigations completed within 45 days	100%	100%	77%	92%	95%	95%
Average number of investigations per worker per year	74	83	77	75	59	63
Recidivism: Percent of clients with no prior investigations	85%	92%	86%	88%	92%	89%
Clients with reduced risk factors after 3 months of intervention or at case closure	100%	100%	98%	95%	98%	98%

- The total number of clients served decreased in FY 2019 – FY 2020 due to fewer incidents reported. The FY 2021 increase can be attributed to modifications in practices due to the pandemic, which included: (1) a higher carry-over of ongoing cases from FY 2020; and (2) a need to have longer involvement to ensure issues (i.e. hoarding, guardianships, financial exploitation cases) were resolved. The FY 2022 estimate projects the total numbers served to normalize to 350 as we move in the direction of post-pandemic normalcy. The APS team routinely staffs cases to discuss the nature of the allegation, the details of the investigation and findings to support the worker's final disposition.
- The timeliness and quality of documentation measures were implemented in FY 2019 as part of the state's transition to PeerPlace as the electronic record. The increase in FY 2021 is attributed to a full year of PeerPlace as the electronic record and staff becoming more familiar with the standards and process for entry.

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- The decrease in FY 2021 of percent of APS investigations initiated within 24 hours is the result of an administrative process gap: cases received over the weekend, were not “acknowledged” in PeerPlace until the next business day. This process was addressed, and results are projected to improve in FY 2022 and FY 2023.
- The FY 2019 and FY 2020 decrease in the number of exploitation investigations can be attributed to increased training and collaboration with financial institutions. Furthermore, financial institutions have created specialized fraud units geared specifically to the fraud awareness education and protection of seniors.
- The decrease in FY 2021 in the number accepting services is attributed to the limited access APS had with some investigations, particularly facility investigations.
- In FY 2020, the number of investigations completed on time (within 45 days) decreased. This was largely due to the cases that were received over weekends and were not acknowledged in PeerPlace until the next business day. This error has since been corrected.
- The number/percent of APS clients found to be abused, neglected, or exploited who accept services will fluctuate from year to year based on the client choice to accept services or not. The FY 2019 actuals for neglect were updated to correct a calculation error.
- The decrease in the FY 2022 – FY 2023 estimates for the average number of investigations per worker anticipate a lower caseload per APS worker, attributed to a fourth Adult Protective Services worker and diverting/transferring appropriate self-neglect cases within 90 days to Adult Services staff.
- Recidivism was added to the performance measurement plan in FY 2019. The data will fluctuate based on the number of reported cases and individuals living in stable environments.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

**Nursing Case Management and In-Home Services**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number and percent of patients with hypertension who maintain blood pressure within established norm for the client	52/91%	42/91%	34/85%	32/89%	40/90%	44/90%
Number and percent of clients with medications pre-poured who are adherent to their medication regimen	46/95%	38/95%	32/94%	29/97%	30/95%	34/95%
Number and percent of new clients with fewer ER visits per quarter after admission compared to the quarter before admission	8/73%	N/A	N/A	N/A	N/A	N/A
Nursing Case Management: Number and percent of clients maintained in community/aging in place	105/95%	75/96%	74/96%	91/97%	95/97%	100/97%
Community Living Program: Number and percent of clients maintained in community/aging in place	N/A	N/A	335/99%	420/98%	441/98%	470/98%

- While fewer clients are reflected in the number and percent of patients with hypertension, the same percentage of clients had a diagnosis of hypertension in FY 2018 as in FY 2019. The program served more clients in other areas of service and fewer in this particular area. The

**COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU**

decrease in FY 2020 and FY 2021 is related to fewer and limited home visits during the COVID-19 pandemic.

- The total number of clients receiving adherence interventions decreased in FY 2019. However, team members were not uniformly capturing clients receiving this intervention. The procedure for tracking and monitoring clients has been revised to reflect current business practices. From FY 2019 to FY 2020, the number of clients receiving these interventions remained similar due to the COVID-19 pandemic.
- Starting in FY 2019, the measure “Number and percent of new clients with fewer ER visits” is no longer tracked and is indicated above with “N/A” in future years.
- Number and percent of clients maintained in the community is a new measure tracked as part of the performance measurement plan. Prior to FY 2020, this data was not formally tracked for the Community Living Program and is indicated above with “N/A”. The benchmark for this metric is 95 percent of clients served.
- Nursing Case Management performance measures were updated in FY 2019 to better describe the data reported and to align with the performance measurement plan.

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Nursing Case Management: Number of persons served	447	502	457	438	450	475
Nursing Case Management: Average caseload all clients served	31	27	24	23	28	27
Nursing Case Management: Number and percent of new care plans initiated within 10 working days of admission	22/100%	22/100%	N/A	N/A	N/A	N/A
Nursing Case Management: Number and percent of care plans updated quarterly based on chart reviews	64/98%	61/95%	61/95%	N/A	N/A	N/A
Nursing Case Management: Number and percent of care plans updated quarterly based on chart reviews	64/100%	64/98%	N/A	N/A	N/A	N/A
Clients screened for nursing home level of care	204	233	188	211	220	230
Clients receiving NCM/CLP intake assessments or consultations	133	190	192	139	150	155
Home-Based Community Living Program: Number of persons served	315	371	380	427	450	480
Home-Based Community Living Program: Percent of clients surveyed who are satisfied with services	94%	93%	92%	89%	92%	94%

- The increase in clients served in FY 2019 was due to an increase in the number of clients assessed for the Community Living Program. The decrease in FY 2020 – FY 2021 is due to some clients temporarily opting out of services due to the COVID-19 pandemic. The program estimates continuing to serve close to 500 clients per year due to increased Community Living Program assessments and a continuing increase in CCC+ Waiver Program screenings.
- In FY 2018, the “Nursing Case Management: Average all clients served per nurse” caseloads were attributed to a vacancy in the program that required a division of the workload among fewer nurses. In FY 2019, the vacancy was filled and caseloads normalized. However, due to

**COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU**

the COVID-19 pandemic, fewer clients were opened to full program services in FY 2020 – FY 2021, resulting in lower caseload averages.

- Nursing home level of care screenings increased in FY 2021 due to requests for screenings and assessments as health metrics improved, vaccines were rolled out and clients were more open to long-term care and in-home services.
- In FY 2019 – FY 2021, the number of persons served in the Home-Based Community Living Program increased due to a dedicated part-time social worker to expand clinical services.
- In FY 2019, the Nursing Case Management program completed the procurement process for new vendors for the community living home based care services. The estimates for FY 2022 and FY 2023 of the number of persons served is projected to continue to increase due the utilization of two vendors.
- In FY 2021, the Clients receiving NCM/CLP intake assessments or consultations decreased due to one Public Health Nurse vacancy.
- Measures listed that are no longer tracked are indicated above with "N/A" in future years.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here:

<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Volunteer Guardianship Program**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of DHS clients in the Volunteer Guardianship Program with a founded Adult Protective Services case	0	0	0	0	0	0
Guardian/Conservator Reports (court appointed)	465	456	519	521	525	530

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of DHS clients with a volunteer guardian	42	40	47	45	50	50
Number of guardianship petitions initiated by DHS and successfully appointed	16	18	4	6	9	11
Number of volunteer guardians who participate in the program	40	39	39	28	30	33

- In FY 2019, the performance measures for the Volunteer Guardianship Program were updated to more accurately reflect the scope and impact of the program.
- The number of volunteer guardians who participate in the program includes attorneys serving clients pro bono. From year to year, volunteer guardian participation fluctuates due to attrition and recruitment of new volunteers.
- In FY 2021, Arlington was chosen as a pilot program site for the state's Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS) initiative to support court-led partnerships in states to drive changes in guardianship policy and practice. It is projected that with more of a focus on the operational and legislative aspects of guardianship,

**COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU**

all of the supporting measures are expected to slightly increase in the FY 2022 – FY 2023 estimates.

**Adult Day Program**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of caregivers and case managers who report participants' quality of life has improved	100%	100%	N/A	N/A	93%	93%
Percent of family members who report their quality of life has improved since the participant enrolled in the program	92%	90%	N/A	N/A	93%	93%

- In FY 2018, two caregivers indicated in one area of the survey that they had not experienced improvement in their own quality of life, but their feedback in a subsequent section indicated positive outcomes. The next year's survey gave an option to state why their quality of life has not improved or what the program could have done better.
- Caregiver satisfaction survey was not conducted in FY 2020 – FY 2021 due to the program's closure during the COVID-19 pandemic. Virtual activities and staff visits occurred regularly, but the quality of life was not impacted due to the lack of direct care and supervision.

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total unduplicated number of participants	58	60	47	32	47	47
Average daily attendance	21	22	21	8	18	21
Average monthly census	39	40	33	31	33	33
Utilization rate (client days attended/capacity)	88%	92%	88%	N/A	88%	80%
Compliance with state licensing requirements: Length of license received/maximum length possible	3/3	3/3	3/3	3/3	3/3	3/3
Adherence to activity requirements	96%	96%	100%	100%	93%	93%

- Unduplicated number of participants decreased in FY 2021 – FY 2022 due to the program ceasing in-person operations for much of FY 2021.
- Average daily attendance in FY 2021 is the average number of participants that attended each virtual activity. In FY 2022, social distancing will limit how many people the program can serve each day. These restrictions will also drive average monthly census. The estimate for FY 2023 is projected to be at full capacity, pending fewer COVID restrictions.
- The utilization rate was changed to reflect a change in daily capacity in FY 2019, from 25 to 24, resulting in a higher utilization rate in FY 2019. In FY 2020, utilization rate only covers pre-pandemic months. The FY 2021 and FY 2022 estimates are based on the program operating at 50 percent capacity once the program re-opens. The program has been closed due to COVID-19 from March 16, 2020, to June 28, 2021.

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**COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU**

- Average daily attendance, monthly census, and utilization rate are impacted by clients with high acuities who miss days more frequently due to illness, hospitalizations, medical appointments, and inclement weather.
- This program has a performance measurement plan. The data above align with this plan. You can read this program's complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**SENIOR ADULT MENTAL HEALTH SERVICES**

**PROGRAM MISSION**

To promote and enhance the independent living of individuals 60 and older with a mental illness and individuals 18 and older with an intellectual or developmental disability and mental health needs.

**Senior Adult Mental Health Program**

- Prevent premature institutionalization and maximize the quality of life for older adults with serious mental illness.
- Provide multi-disciplinary psychiatric services to older adults with serious mental illness.
- Provide mental health services to adults with intellectual and developmental disabilities and mental health needs.
- Provide in-home mental health services to older adults unable to come into the office for traditional mental health services due to physical, cognitive or emotional impairments.

**Regional Older Adult Facilities Mental Health Support Team (RAFT)**

- Reduce state hospitalizations for residents of Northern Virginia age 65 years and older who have serious mental illness and/or dementia with behavioral problems.
- Provide intensive mental health treatment in long-term care facilities.

**Mary Marshall Assisted Living Residence**

- Provide assisted living housing and services for low-income older adults age 55+ with serious mental illness and disabilities. Mary Marshall is operated in partnership with Volunteers of America (VOA), and is funded by a combination of client private payments, Auxiliary Grants, and Housing Choice Vouchers.

**PERFORMANCE MEASURES**

**Senior Adult Mental Health Program (SAMH)**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total number of adults served	280	314	347	400	448	448
Total number of persons receiving case management and mental health therapy	170	195	197	205	N/A	N/A

- The FY 2018 - FY 2021 actual increases and FY 2022 - FY 2023 estimates are based on the shift of some clients from the Behavioral Health Division to the Senior Adult Mental Health Program, and the implementation of Same Day Access for mental health services and referrals.
- The Total number of persons receiving case management and mental health therapy is no longer tracked as part of the SAMH Performance Metrics Plan and is marked "N/A" for FY 2022 – FY 2023 estimates.



**SENIOR ADULT MENTAL HEALTH SERVICES**

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of home visits per year	1,001	1,040	985	3	70	1,000
Percent of charts that meet quality documentation requirements	86%	79%	82%	75%	90%	90%
Improvement to level of functioning	67%	51%	54%	N/A	50%	50%
Percent of older adults remaining in the community	97%	96%	98%	99%	98%	98%
Percent of progress notes that are entered within one business day	92%	90%	90%	94%	92%	92%

- The number of home visits per year decreased starting in FY 2020, the decrease is attributed to staff making fewer in-home visits due to the COVID-19 pandemic, a trend that has continued into FY 2022. Once in-home visits resume, DHS expects to return to pre-FY 2020 levels.
- For measuring the quality of documentation requirements, the decrease from FY 2018 to FY 2019 is due to acclimation and inclusion of these new procedures in their clinical documentation as well as staff turnover. The decrease from FY 2020 to FY 2021 is relation to a learning curve for new compliance measures, a staffing shortage that led to higher caseloads, and the demands of the pandemic. DHS considers 90 percent quality documentation as meeting expectations.
- Starting in FY 2019, the quality of life measure was discontinued and replaced with the Improvement in Level of Functioning measure that is based on the Daily Living Activities (DLA-20) assessment, as required by the Commonwealth of Virginia. In FY 2021, the DLA-20 instrument was not administered with enough regularity to adequately measure overall functional improvement. Routine assessment will resume the second half of FY 2022.
- “Clients maintained in the community” are defined as SAMH clients who remain open to the program (including those with short-term psychiatric hospitalizations who return to the program) or individuals who are discharged to the community after mental health symptoms are stabilized.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Regional Older Adult Facilities Mental Health Support Team (RAFT)**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of clients maintained in the community after discharge or diversion from psychiatric hospitalization	100%	98%	98%	98%	98%	98%

- The decrease for the percent of clients maintained in the community is attributed to one RAFT client who required a long-term hospitalization at a state facility or needed a hospital stay utilizing Local Inpatient Purchase of Service (LIPOS) funding in FY 2019 – FY 2020. DHS considers the target percent of clients maintained in the community to be 98 percent.

**SENIOR ADULT MENTAL HEALTH SERVICES**

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Number of clients served (RAFT)	76	82	87	78	75	80
Percent of clients and family members satisfied with services	99%	100%	98%	98%	98%	98%
Percent of progress notes entered in a business day	96%	94%	94%	97%	90%	90%
Effectiveness of training: percent of professionals trained who report improved ability to work with behavioral challenges	100%	100%	99%	100%	90%	90%
Utilization by Region:						
Alexandria	30%	23%	23%	31%	31%	31%
Arlington	30%	14%	14%	13%	13%	13%
Fairfax	9%	55%	50%	47%	47%	47%
Loudoun	14%	5%	5%	6%	6%	6%
Prince William	26%	5%	9%	6%	6%	6%

- There has been a steady increase in the number of clients served from FY 2018 to FY 2020. The program began to focus on referrals and placements in FY 2018. The program experiences client turnover among clients for reasons such as client death and moving to facilities not served by RAFT. Individuals served includes those individuals in placement, and those on the referral list. RAFT anticipates a continued need for services with more individuals being discharged from state psychiatric facilities. The decrease in the FY 2023 estimate is due to COVID and natural aging. Additionally, referrals to RAFT are fewer due to concerns of illness in long term care settings.
- The estimates for FY 2022 - FY 2023 are based on meeting a 90 percent standard for progress note entry and effectiveness of training.
- The Utilization by Region measure was added to the performance measurement plan in FY 2020 and is now represented in the data listed above. Utilization is dependent on several factors including availability of clients assessed as ready for community placement, regional referrals, client preference, and the community setting that best fits the clients' needs.
- Referrals from Fairfax County significantly increased from two in FY 2018 to 12 in FY 2019. Fairfax County referrals in FY 2019 and FY 2020 were highest among Alexandria, Arlington, Loudoun, and Prince William counties.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2021 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Mary Marshall Assisted Living Residence**

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Mary Marshall Average Monthly Census	52	52	52	52	52	52

**SENIOR ADULT MENTAL HEALTH SERVICES**

- The Mary Marshall Assisted Living Residence, which opened in November 2011, is a 52-bed facility that provides supportive housing with assisted living services to low-income seniors with serious mental, intellectual/developmental, and/or physical disabilities.

**DEVELOPMENTAL DISABILITY SERVICES**

**PROGRAM MISSION**

Safeguard and protect children and adults with intellectual and developmental disabilities while optimizing their functioning and independence.

**Support Coordination**

- Helps individuals access services that are available, based on individual needs and preferences.
- Assesses and monitors services.
- Advocates for individuals in response to changing needs.
- Reimburses eligible families for disability-related expenses for which there is no alternative funding.

**Supported Employment and Habilitation**

- Provides employment opportunities and job coaching to improve social, personal, and work-related skills.
- Provides life-skills training, and social and leisure activities for self-care, task learning, and community integration.

**Transportation**

- Provides transportation between home and employment sites or habilitation programs, for persons unable to safely use public transportation, and who have no other transportation options.

**Residential Services**

- Provides intensive residential services in group homes, including training and assistance in basic daily living skills.
- Provides residential services for those living in private homes and apartments.
- Provides respite care to relieve primary caregivers.

**PERFORMANCE MEASURES**

**Support Coordination**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Percent of individuals in competitive, integrated employment	14%	28%	38%	32%	40%	40%
Percent of individuals maintained in non-institutional community settings	94%	94%	95%	96%	95%	95%
Percent of individuals who had an annual conversation regarding community-based employment	97%	94%	99%	98%	98%	98%
Face-to-Face contacts for individuals receiving Active Support Coordination - 30 day contacts	N/A	93%	95%	98%	95%	95%

**DEVELOPMENTAL DISABILITY SERVICES**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Face-to-Face contacts for individuals receiving Active Support Coordination - 90 day contacts	N/A	94%	92%	98%	95%	95%

- In FY 2021, the target percentage of individuals in competitive, integrated employment, was changed by the state to 50 percent. Therefore, the FY 2022 - FY 2023 estimates reflect a projected increase to move toward the state standard.
- The percent of individuals who had an annual conversation regarding community-based employment decreased in FY 2019 due to more individuals falling into the transition phase (ages 16-22) and still in school. Therefore, employment conversations were not as emphasized. Staff training in this area has led to an increase for FY 2020.
- Individuals maintained in the community increased in FY 2020 due to the individuals being discharged from Virginia Training Centers and more Arlington clients returning to the community.
- The increase in competitive, integrated employment in FY 2019 and beyond is related to the addition of a tracking subunit targeting individuals without paid job supports, mid-way through FY 2019. Previously, only individuals receiving paid job supports (i.e., job coaching) were tracked. Additionally, staff completed the state's customized employment training resulting in more tailored efforts toward integrated employment and more clients choosing an employment option.
- The measures Face-to-Face contacts for individuals receiving Active Support Coordination - 30 day contacts and Face-to-Face contacts for individuals receiving Active Support Coordination - 90 day contacts were added in FY 2019. The increase in FY 2021 is related to more clients engaged in Active Support Coordination.
- Measures marked with "N/A" above were not previously tracked by the program.

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Total number of individuals served	471	496	490	517	543	566
Total number of individuals receiving active or enhanced Support Coordination	244	253	261	267	279	289
Adults	216	222	236	242	252	260
Children	28	31	25	25	27	29
Subset: Number of monitored individuals:	227	243	229	250	264	277
Adults	68	57	66	87	93	98
Children	159	186	163	163	171	179
Subset: Number of Arlington-based individuals residing in state institutions	5	4	4	4	4	3
Number and percent of family members responding to a survey who expressed satisfaction with support coordination services	61/89%	63/94%	59/98%	63/94%	61/90%	61/90%
Number of assessments and evaluations	108	106	112	113	119	125

**DEVELOPMENTAL DISABILITY SERVICES**

- The increases in number of individuals served assume that one-third of all applicants will be found eligible and begin receiving services. The FY 2022 – FY 2023 estimates are projected to increase due to Community Services Boards now functioning as the front door for all intake services.
- In FY 2013, a settlement agreement between the Commonwealth and United States Department of Justice included plans to close state institutions. This action moved individuals from monitored status to active support coordination as they leave state institutions and return to the Arlington community, increasing requirements for support coordination client visits and documentation. This is reflected in the actuals listed above, as well as FY 2022 and FY 2023 estimates for all critical and supporting measures.
- Support Coordination performance measures were updated in FY 2019 to better describe the data reported and to align with the performance measurement plan. The data for the number of assessments and evaluations for FY 2018 - FY 2021 actuals has been revised to reflect this data collection process.
- Number and percent of mandatory face-to-face contacts completed on time: active cases, is now tracked in Face-to-Face contacts for individuals receiving Active Support Coordination - 30 day contacts
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2021 plan here:  
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

**Supported Employment and Habilitation**

Critical Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Average hourly earnings: Supported employment group models	\$9.19	\$9.50	\$9.21	\$13.26	\$10.25	\$10.50
Average hourly earnings: Supported employment individual models	\$11.30	\$12.57	\$12.00	\$11.75	\$12.00	\$12.25

- Hourly earning rates can vary for group and individual models from year to year. This is attributed to individuals being new to their jobs, types of jobs obtained, and overall years of work experience.
- The FY 2018 – FY 2019 hourly wages for the group and individual models increase because most individuals were paid minimum hourly wage and obtained higher paying jobs in the community. The FY 2020 hourly wage for group and individual employment can be attributed to two factors: 1) individuals moved out of the County which means their wages are not reported to DDS; 2) individuals leaving employment opportunities due to resignation, retirement, or job displacement. The actuals for FY 2021 hourly wages vary widely due to job displacement related to the COVID-19 pandemic. Many group employment models were not operational, and it was uncertain when participants would return to work. It is estimated that individual hourly wages will be less affected by the COVID-19 pandemic because more individuals in this category have been able to remain in the workforce.

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Clients served: Habilitation services	156	160	154	6	120	150
Clients served: Supported employment group	42	39	33	12	45	45

**DEVELOPMENTAL DISABILITY SERVICES**

Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Clients Served: Supported employment individual	28	27	26	21	30	31
Percent of clients responding to a survey who rated habilitation and supported employment services received as satisfactory or better	97%	98%	90%	N/A	90%	95%
Percent responding to a survey rating transportation service received as satisfactory or better	96%	98%	90%	N/A	90%	90%

- The FY 2020 - 2021 Supporting Measures above reflect COVID-19 impacts to services while FY 2022 and FY 2023 estimates are based on current conditions and anticipated impacts on the performance measures. The survey for habilitation, supported employment, and transportation was not conducted in FY 2021 due to minimal operations due to COVID impacts, and is represented with an "N/A".
- The key drivers of clients served include client's choice of program upon admission, converting to another type of program based on client choice, as well as coordinating and planning with Arlington Public Schools for the graduates entering the community. FY 2020 and FY 2021 decrease in actual clients served in habilitation programs can be attributed to clients moving out of the County combined with fewer estimated graduates entering habilitation programs, and the effects of the COVID-19 pandemic.
- The FY 2019 – FY 2020 decreases for group supported employment reflect revised State criteria for a more restrictive definition of group supported employment. Additionally, with the other options not present (individual employment or day programs) regular attrition is expected. The County awarded a new Group Supported Employment contract to a community provider in FY 2021. It is projected that this additional program will create more employment opportunities in Arlington County.
- The FY 2020 decrease in satisfaction for habilitation and transportation services is due to fewer respondents to this survey than in previous years. Some dissatisfaction around transportation services is related to the state funded transportation service, in contrast to the County's contracted transportation service provider. DDS staff work to resolve issues with the state funded transportation service provider, but some issues persist statewide. Client satisfaction data was not collected in FY 2021 due to COVID-19. It is estimated for FY 2022 that satisfaction with habilitation, employment, and transportation services may remain lower than previous fiscal years because of the impact of the COVID-19 pandemic on DDS services.

**Residential Services**

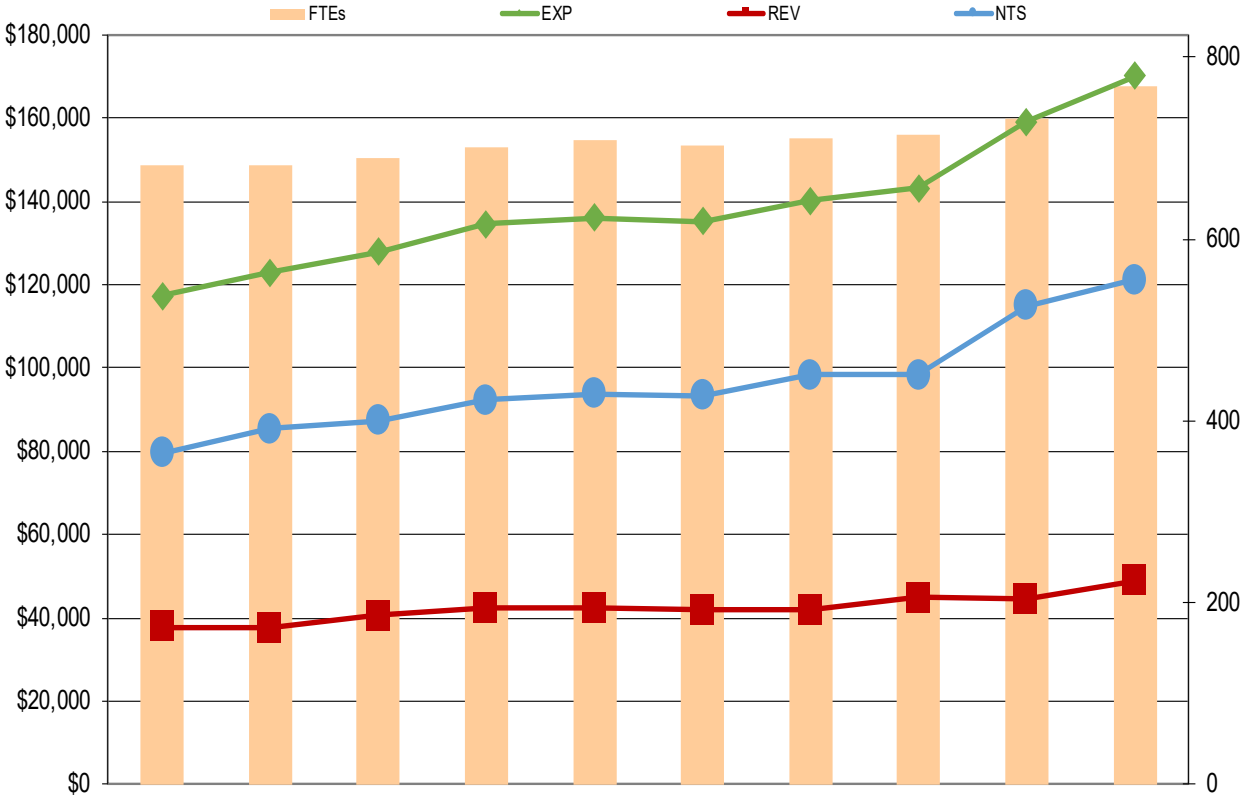
Supporting Measures	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Clients served: Intensive congregate	83	83	87	78	90	90
Clients served: In-home supports	26	27	27	27	30	30
Clients served: Respite care	5	3	1	3	5	5
Clients served: Supervised congregate	23	22	25	26	25	26
Percent of consumers/advocates surveyed rating services as satisfactory or better	95%	89%	96%	100%	95%	95%

**DEVELOPMENTAL DISABILITY SERVICES**

- The FY 2018 actual for the intensive congregate program was the result of incentivizing providers (under the new Waiver Redesign) to support individuals in smaller homes/settings. The FY 2021 decrease is related to the closure of the County owned Irving Street Group Home as well as residential vacancies as some clients opted to return home from congregate living situations unsure of the state of the pandemic. The estimates in FY 2022 – FY 2023 includes the completion of the redevelopment of the County owned Irving Street group home.
- Clients served by respite care will vary from fiscal year to fiscal year based on client needs and unit availability.
- The percent of consumers/advocates satisfied decreased from FY 2018 to FY 2019 due to a decrease in the number of respondents to the survey, leading to a smaller sample size.



EXPENDITURE, REVENUE, NET TAX SUPPORT, AND FULL-TIME EQUIVALENT TRENDS



	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Adopted Budget	FY 2023 Proposed Budget
<b>EXP</b>	\$117,358	\$122,965	\$127,949	\$134,525	\$136,105	\$135,257	\$140,083	\$143,077	\$159,189	\$170,015
<b>REV</b>	\$37,826	\$37,653	\$40,559	\$42,234	\$42,322	\$41,857	\$41,840	\$44,797	\$44,356	\$48,884
<b>NTS</b>	\$79,532	\$85,312	\$87,390	\$92,291	\$93,783	\$93,400	\$98,243	\$98,280	\$114,833	\$121,131
<b>FTEs</b>	680.54	681.54	688.79	700.82	709.02	702.62	710.22	714.62	733.12	767.67

Fiscal Year	Description	FTEs
FY 2014	<ul style="list-style-type: none"> <li>▪ The County Board added ongoing funding for intellectual disability and mental health case management (\$260,000).</li> </ul>	3.00
	<ul style="list-style-type: none"> <li>▪ The County Board added ongoing funding for a mental health emergency services therapist (\$85,000).</li> </ul>	1.00
	<ul style="list-style-type: none"> <li>▪ The County Board added ongoing funding for nursing services to mental health group homes as well as outpatient nursing care for children (\$149,000).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ The County Board added ongoing funding for Permanent Supportive Housing (\$388,850).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ The County Board added ongoing funding for residential substance abuse treatment (\$50,000).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ The County Board added one-time funding for a capacity building grant to the Bonder and Amanda Johnson contract in Nauck (\$10,000).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ The County Board added one-time funding for the 2<sup>nd</sup> Chance Program (\$90,000) to be utilized over two years.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ The County Board added one-time funding for Culpepper Gardens Senior Center (\$400,000) to be utilized over three years.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ The County Board added one-time funding for the Arlington Food Assistance Center (\$25,870).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ The County Board added one-time funding for Arlingtonians Meeting Emergency Needs (\$50,000).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ The County Board added one-time funding for the Arlington Free Clinic (\$50,000).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ The County Board added one-time funding for the Arlington Street People’s Assistance Network for a case manager for the 100 Homes Program (\$50,000).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ The County Board added one-time funding for Doorways for Women (\$54,000).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ The County Board added one-time funding for the Vertical Village program (\$15,000).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Added an Administrative Assistant (\$46,887) and a Human Services Aide (\$54,949) as well as operating expenses (\$298,164) for the integrated primary care-behavioral healthcare partnership grant.</li> </ul>	2.00
	<ul style="list-style-type: none"> <li>▪ Eliminated grant funded Management Specialist (\$92,674) from the RAFT program.</li> </ul>	(1.00)
	<ul style="list-style-type: none"> <li>▪ Added non-personnel costs (\$9,967), an Employment Services Specialist (\$77,191) and a Social Worker (\$83,326) for the Arlington Mill Community Center.</li> </ul>	2.00
	<ul style="list-style-type: none"> <li>▪ Eliminated state funding for the Child Care Subsidy Payment system, which was transferred back to the state from the County (\$2,969,150).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Eliminated Defense Base Closure and Realignment (BRAC) center funding (\$167,025).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Eliminated FY 2013 one-time funding for a variety of projects (\$2,957,209).</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Eliminated Virginia Tobacco Grant funding (\$175,414).</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Increase operating expenses for the Parent-Infant Education (PIE) Program (\$174,000).</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Increased rent costs for Sequoia Plaza (\$174,684).</li> </ul>		

<b>Fiscal Year</b>	<b>Description</b>	<b>FTEs</b>
	<ul style="list-style-type: none"> <li>▪ Increased one-time funding for housing grants (\$1,586,493), Homeless Prevention and Rapid Re-Housing Program (HPRP) (\$200,000) and ongoing funding for vocational services for adults with intellectual disabilities (\$175,000).</li> <li>▪ Intra-County Charges increased due to transfer of administrative fee payment for the RAFT program (\$47,250), Northern Virginia Family Services rent at Arlington Mill Community Center (\$39,920) and reimbursement for two positions in Public Health (\$31,438).</li> <li>▪ Reduced consulting costs for training (\$20,000).</li> <li>▪ Hold a Management Specialist and an Accounting Assistant position vacant for six months (\$58,383).</li> <li>▪ Eliminated one Management Specialist position (\$87,276) from the Volunteer Arlington Program. (1.00)</li> <li>▪ Hold an Eligibility Worker position vacant for six months (\$38,890).</li> <li>▪ Eliminated one Human Service Aide (\$78,548) from Public Assistance Division. (1.00)</li> <li>▪ Reduced local day care funding for teen parents and families (\$100,000).</li> <li>▪ Eliminated two Administrative Technicians (\$110,607) from the Fenwick Center. (2.00)</li> <li>▪ Hold a Public Health Nurse position, a Clinic Aide position, and an Environmental Health Specialist position vacant for six months (\$141,573).</li> <li>▪ Eliminated one Epidemiology Specialist (\$40,394) from Community Health Services. (0.50)</li> <li>▪ Eliminated two Public Health Nurses (\$179,622) providing community-based medical case management services. (2.00)</li> <li>▪ Eliminated one Public Health Nurse (\$103,651) providing health education to teens at the Reed Center/Career Center who are pregnant or have children. (1.00)</li> <li>▪ Eliminated two Public Health Nurses (\$193,282) providing services to Arlington Public elementary schools. (2.00)</li> <li>▪ Eliminated one Public Health Nurse (\$108,067) and one Clinic Aide (\$63,052) providing on-site health screening and immunizations for non-English speaking children. (2.00)</li> <li>▪ Hold a Psychiatric Nurse position vacant for six months (\$44,013).</li> <li>▪ Reduced funding for contracted sheltered employment workshop services for seriously mental ill adults (\$32,000).</li> <li>▪ Eliminated one Substance Abuse Lead Case Manager (\$125,983) providing supervision to case managers and substance abuse services at residential facilities and homeless shelters. (0.80)</li> <li>▪ Hold a Social Worker position vacant for six months (\$38,521).</li> <li>▪ Hold a Management Specialist position vacant for six months (\$58,716).</li> <li>▪ Reduced funding for community care program that links private homeowners with seniors who need residential and personal care services (\$14,061).</li> <li>▪ Reduced contracted home health aide services for seniors and adults with disabilities (\$50,000).</li> <li>▪ The County Board added ongoing funding for the Arlington Free Clinic (\$75,000).</li> </ul>	

<b>Fiscal Year</b>	<b>Description</b>	<b>FTEs</b>
FY 2015	<ul style="list-style-type: none"> <li>▪ The County Board added one-time funding to establish the domestic and sexual violence hotline (\$52,000), start up costs for Arlington Villages (\$30,000), and Food for Others (\$21,551).</li> <li>▪ The County Board shifted funding from ongoing to one-time for the Homeless Prevention and Rapid Re-Housing Program (HPRP) (\$200,000) and Housing Grants (\$1,000,000).</li> <li>▪ The County Board added one-time funding for the Crisis Intervention Team (CIT) Coordinator (\$72,606).</li> <li>▪ The County Board added ongoing funding for a Clinic Aide (\$66,614) for the Career Center/H-B Woodlawn.</li> <li>▪ Eliminated a grant-funded Administrative Coordinator position from the Behavioral Healthcare Division (\$72,231).</li> <li>▪ Added \$500,000 in one-time funding from FY 2013 closeout for Housing Grants.</li> <li>▪ Increased non-personnel for the new Crisis Intervention Team Grant (\$281,000), Crisis Stabilization Grant (\$825,000), Child Advocacy Center Grant (\$47,822), Parent-Infant Education Program (PIE) (\$318,181), and Sequoia Plaza rent (\$182,134).</li> <li>▪ The addition of pro-rated expenses for the first year of operations of the Comprehensive Homeless Services Center (\$708,488).</li> <li>▪ Added funding for leadership development (\$22,500 ongoing; \$75,000 one-time) and ongoing funding for the Bonder and Amanda Johnson program (\$79,253).</li> <li>▪ Intra-County charges decrease due to the elimination of the Resource Mother's Program in the Public Health Division (\$42,789).</li> <li>▪ Eliminated state funding for the Comprehensive Health Investment Project (CHIP) (\$126,109).</li> <li>▪ Reduced federal funding for the Refugee Assistance Program (\$30,000).</li> <li>▪ Eliminated Family Planning Grant (\$45,954).</li> <li>▪ Increased grant funding for Crisis Stabilization (\$825,000) and the Parent and Infant Education (PIE) Program (\$318,181), and a net increase in grant funding for the Crisis Intervention Center (\$209,750).</li> <li>▪ Increased fees for Nursing Case Management (\$13,000).</li> <li>▪ Reductions were taken in several lines of business and reallocated within DHS for new or expanded program offerings: Doorways for Women and Families Program (\$54,200), client management software (\$103,000), non-profit partner organizations (\$147,088), and contractual costs for Psychiatrists (\$33,916).</li> <li>▪ Removed FY 2014 one-time funding for HPRP (\$200,000), Housing Grants (\$86,493), Second Chance Program (\$90,000), the Bonder and Amanda Johnson Contract (\$89,253), Culpepper Gardens (\$400,000), ASPAN Homeless Case Manager (\$50,000), Doorways for Women and Families (\$54,000), Arlington Free Clinic (\$50,000), AFAC (\$25,870), Arlington Thrive (\$50,000), Food for Others (\$21,551), and Vertical Village (\$15,000).</li> <li>▪ The County Board added a Mental Health Therapist for Jail Based Services (\$85,339).</li> </ul>	<p>1.00</p> <p>1.00</p> <p>(1.00)</p> <p>1.00</p>

<b>Fiscal Year</b>	<b>Description</b>	<b>FTEs</b>
FY 2016	<ul style="list-style-type: none"> <li>▪ The County Board added a Psychiatric Nurse Practitioner (\$67,672).</li> <li>▪ The County Board reduced CSA matching funds (\$300,000).</li> <li>▪ The County Board shifted funding from ongoing to one-time for the Housing Grants program (\$1,500,000).</li> <li>▪ Replaced one-time funding with ongoing for the Crisis Intervention Team (CIT) Coordinator (\$74,746).</li> <li>▪ Added Mental Health Therapists for the Homeless Services Center and emergency mental health services (\$216,894).</li> <li>▪ Clinic Aide (\$52,887) and a Public Health Nurse (\$44,607) for the new Discovery Elementary School.</li> <li>▪ Added grant funded Eligibility Workers (\$128,072) for state funded programs.</li> <li>▪ Removed one-time funding for the Crisis Intervention Team (CIT) Coordinator (\$72,606).</li> <li>▪ Removed FY 2015 one-time funding for leadership development (\$75,000), the Arlington Villages project (\$30,000), and the Food for Others contract (\$21,551).</li> <li>▪ Added one-time funding for the Housing Grants program (\$1,500,000) to replace the FY 2015 one-time funding that was dedicated during the FY 2014 closeout process.</li> <li>▪ Added one-time funding for the replacement of the County’s antibiotics cache (\$50,000).</li> <li>▪ Added ongoing funding for the domestic and sexual violence hotline (\$85,000).</li> <li>▪ Added ongoing funding for the Homeless Prevention and Rapid Re-Housing Program (HPRP) (\$200,000).</li> <li>▪ Increased grant funding for Women, Infants, and Children (WIC) Program (\$116,990), CSB Substance Abuse Prevention grant (\$172,614), Residential Drug Abuse Program (RDAP) funding (\$462,262), Title IV-E Adoption Subsidy (\$247,076), and Promoting Safe and Stable Families Grant (\$60,513).</li> <li>▪ Added additional ongoing funding for the Arlington Food Assistance Center (AFAC) (\$135,000).</li> <li>▪ Increased rent for Sequoia Plaza and Gates of Ballston (\$200,043).</li> <li>▪ Added ongoing funding for the cost of the consolidation of DHS offices to the Sequoia Plaza complex (\$1,661,234).</li> <li>▪ Added funding for a full-year of expenses for the first year of operations of the comprehensive Homeless Services Center (\$413,950).</li> <li>▪ Increased funding for the Home Delivered Meal Program and Culpepper Garden (\$10,774).</li> <li>▪ Revenues increased for Women, Infants, and Children (WIC) Program (\$116,990), CSB Drug Prevention Program (\$172,614), Residential Drug Abuse Program (RDAP) (\$462,262), IV-E Adoption (\$123,538), and the departmental managed care initiative (\$224,487).</li> <li>▪ Eliminated funding for operating expenses to senior programs (\$100,000), and a net decrease for several state and federally sponsored programs (\$709,522).</li> <li>▪ Eliminated funding for the Drug Free Communities Grant (\$198,887),</li> </ul>	<p>0.50</p> <p>1.00</p> <p>2.50</p> <p>1.25</p> <p>2.00</p> <p>(1.00)</p>





Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> <li>▪ Non-personnel funding reduced in Auxiliary Grants (\$11,560), Children Services Act (CSA) funding (\$1,383,000) to align budget with actuals with no service impact, Parent Infant Education (PIE) Grant (\$305,422), conclusion of Substance Abuse and Mental Health Services Administration (SAMHSA) Grant (\$69,745) and Refugee Resettlement (\$13,875). These decreases were partially offset by increases for operating and contractual services (\$158,003), Project Planning Grant (\$72,200), Crisis Intervention Team (CIT) security budget (\$12,531), Mobile Children’s Crisis Stabilization Allocation (\$208,929), Title IV-E Adoption Assistance (\$35,934), and Title IV-E Foster Care Assistance (\$296,037).</li> <li>▪ Fee revenue increased for new Substance Abuse Case Management and Office Based Opioid Treatment fees (\$66,000), increased Agency on Aging revenue (\$104,772).</li> <li>▪ Grant revenue increased for Mobile Children’s Crisis Stabilization Allocation Program (\$208,929), CIT Security (\$12,531), Virginia Department of Social Services (VDSS) Programs (\$396,597 Project Planning Grant (\$72,200)m Medicaid Waiver Design (\$54,157), Title IV-E Adoption Assistance (\$35,934), Title IV-E Foster Care Assistance (\$296,037), Auxiliary Grants funding (\$11,560).</li> <li>▪ Grant revenue decreased in CSA funding (\$1,410,293) to align budget with actuals with no service impact, Parent-Infant Education Grant (\$143,832), Tuberculosis Grant (\$5,000), Senior Adult Mental Health reimbursement (\$49,509), Refugee Resettlement funding based on FY 2016 service levels (\$13,875), One-Stop Workforce Center co-location funding from the Northern Virginia Community College (\$25,000) and the conclusion of the SAMHSA Grant (\$100,000).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ <i>The County Board took action after the FY 2018 budget was adopted to approve the addition of an Administrative Assistant IV position (\$3,800, 0.05 FTE) in FY 2017 closeout.</i></li> </ul>	0.05
	<ul style="list-style-type: none"> <li>▪ <i>The County Board took action after the FY 2018 budget was adopted to approve the addition of a temporary grant funded Management Specialist through the conversion on non-personnel funds (\$37,240, 0.5 temporary FTE) which was approved by the County Board in FY 2017 closeout.</i></li> </ul>	0.50
	<ul style="list-style-type: none"> <li>▪ <i>The County Board took action after the FY 2018 budget was adopted to approve the conversion of non-personnel grant funds into a Mental Health Therapist III position (\$46,000, 1.0 temporary FTE) which were approved by the County Board in FY 2017 closeout.</i></li> </ul>	1.00
	<ul style="list-style-type: none"> <li>▪ <i>The County Board took action after the FY 2018 budget was adopted to approve a Mental Health Therapist II position (\$102,061, 1.0 FTE) and an Administrative Specialist position (\$43,686, 0.50 FTE) for the RAFT Program which were approved in October 2017.</i></li> </ul>	1.50
FY 2019	<ul style="list-style-type: none"> <li>▪ The County Board added \$184,000 in one-time funding to fund a Youth Mental Health Therapist for two years (\$184,000).</li> <li>▪ Added a grant-funded Nurse Practitioner for the Office Based Opioid Treatment Program through the reallocation of existing non-personnel funds (\$70,000).</li> </ul>	1.00 0.50



<b>Fiscal Year</b>	<b>Description</b>	<b>FTEs</b>
	<ul style="list-style-type: none"> <li>▪ Added a Psychiatrist position (\$207,042) through a reallocation of contractual services funds. Most DHS psychiatrists are currently contractors. These conversions are part of a multi-year effort to move from contractors to permanent staff in this area to address retention, care quality, and standardization of services.</li> </ul>	1.00
	<ul style="list-style-type: none"> <li>▪ Added an Administrative Technician I (\$50,484) that was transferred from the Housing Choice Voucher Program to the Economic Independence Division’s Management &amp; Administration.</li> <li>▪ Eliminated non-essential contingency funding for Behavioral Health Division contracts (\$80,000).</li> <li>▪ Reduced funding for the residential program that provides adults with developmental disabilities with independent living options, supervised apartments, and group homes (\$300,000).</li> </ul>	0.75
	<ul style="list-style-type: none"> <li>▪ Eliminated an unfunded Volunteer Services Program Coordinator temporarily transferred to the Community Planning &amp; Housing Development Fund for the One-Stop Arlington Permitting Initiative.</li> </ul>	(1.00)
	<ul style="list-style-type: none"> <li>▪ Eliminated a filled Administrative Technician responsible for tracking, retrieving and delivering archived records (\$81,017). DHS will enlist a County contractor for approximately \$12,000 per year to deliver and pick up files from offsite storage as needed. The net reduction is \$69,017.</li> </ul>	(1.00)
	<ul style="list-style-type: none"> <li>▪ Eliminated a vacant Eligibility Worker (\$105,493) that evaluates whether clients qualify for a variety of public assistance programs.</li> </ul>	(1.00)
	<ul style="list-style-type: none"> <li>▪ Eliminated six positions (\$653,683) and a reduction in funding to the REEP program (\$171,901). The positions to be eliminated include a filled Management Specialist (\$104,402, 1.0 FTE), a filled Administrative Program Manager (\$163,121, 1.0 FTE), a filled Employment Services Supervisor (\$116,680, 1.0 FTE), and three Employment Services Specialist (two filled and one vacant) (\$269,480, 3.0 FTEs) at the Arlington Employment Center (AEC). The reduction in the level of funding to REEP, the English as a Second Language Program operated by Arlington Public Schools totals \$171,901.</li> </ul>	(6.00)
	<ul style="list-style-type: none"> <li>▪ Eliminated a filled Office Supervisor position in the Financial and Administrative Support Services (\$95,603).</li> </ul>	(1.00)
	<ul style="list-style-type: none"> <li>▪ Eliminated a vacant Administrative Technician that manages all the medication orders for clients with Latent TB Infection (LTBI) and for clients with Active TB Disease (TB) (\$80,121).</li> </ul>	(1.00)
	<ul style="list-style-type: none"> <li>▪ Eliminated a vacant Management Specialist (\$105,727) which serves as the Clinic Practice Manager for all Public Health clinics including: family planning, maternity care, immunization, and sexually transmitted infections.</li> </ul>	(1.00)
	<ul style="list-style-type: none"> <li>▪ Eliminated the Laboratory Services Program. Of the six current positions, four have been eliminated (\$449,359) and the two remaining positions and contracted services funding (\$83,238) have been transferred to other lines of business.</li> </ul>	(4.00)
	<ul style="list-style-type: none"> <li>▪ Eliminated a vacant Administrative Technician that provides pharmacy services to BHD clients including managing the sample medication program, as well as stocking medication orders and applications for the Patient Assistance Programs (PAP) (\$79,032). This action includes a reduction in funds for a contract Pharmacist (\$17,200).</li> </ul>	(1.00)
	<ul style="list-style-type: none"> <li>▪ Non-personnel decreased primarily due to the removal of FY 2018</li> </ul>	

<b>Fiscal Year</b>	<b>Description</b>	<b>FTEs</b>
	<p>one-time funding for:</p> <ul style="list-style-type: none"> <li>▪ The Housing Grants Program (\$1,600,000);</li> <li>▪ Arlington Food Assistance Center (\$50,000);</li> <li>▪ Reductions in Fostering Futures (\$72,533);</li> <li>▪ Special Needs Adoption (\$135,889);</li> <li>▪ Auxiliary Grants (\$65,158);</li> <li>▪ The Workforce Innovation and Opportunity Act (WIOA) Grant (\$147,462); and</li> <li>▪ The homemaker program allocation in the Agency on Agency Area Plan (\$129,008).</li> </ul> <p>▪ Non-personnel decreases were partially offset by increases for:</p> <ul style="list-style-type: none"> <li>▪ Contracted Services (\$48,442);</li> <li>▪ Sequoia Plaza rent (\$160,643);</li> <li>▪ Children Services Act (CSA) (\$102,551);</li> <li>▪ A three-year grant from the Virginia Foundation for Healthy Youth (\$149,999);</li> <li>▪ IV-E Adoption (\$204,181);</li> <li>▪ Fostering Futures (\$72,533);</li> <li>▪ The addition of a Pre-employment physicals budget (\$176,269);</li> <li>▪ Additional funding for the RAFT Program for Discharge Planning (\$373,443); and,</li> <li>▪ The addition of \$446,465 in ongoing funding and \$707,109 in one-time funding for housing grants.</li> </ul> <p>▪ Fee revenue increased due to new client fees for sexually transmitted infections testing, pharmaceuticals and clinic visits (\$12,000).</p> <p>▪ Grant revenue increased due to additional funding for:</p> <ul style="list-style-type: none"> <li>▪ RAFT Program for Discharge Assistance Planning (\$500,000);</li> <li>▪ the WIC Breastfeeding Peer Counselor grant (\$9,060);</li> <li>▪ A Virginia Department of Health Cooperative award (\$41,736);</li> <li>▪ Child Welfare Substance Abuse (\$18,671);</li> <li>▪ A three-year grant from Virginia Foundation for Healthy Youth (\$149,999);</li> <li>▪ Title IV-E Adoption Assistance (\$102,091);</li> <li>▪ Adjustments to the projected amounts for the Agency on Aging Area Plan (\$56,298);</li> <li>▪ Medicaid Prescreening (\$10,000);</li> <li>▪ Virginia Department of Social Services (VDSS) Programs (\$568,739).</li> </ul> <p>▪ Revenue increases were partially offset by reductions to the:</p> <ul style="list-style-type: none"> <li>▪ Emergency and Preparedness Program grant (\$17,594);</li> <li>▪ Parent-Infant Education Grant (\$18,438);</li> <li>▪ Tuberculosis Grant (\$2,000);</li> <li>▪ Customer Service Center from the Agency on Aging Area Plan (\$76,481);</li> <li>▪ Refugee Resettlement (\$16,125);</li> <li>▪ Title IV-E Foster Care Assistance (\$38,571);</li> <li>▪ Special Needs Adoption (\$135,889);</li> <li>▪ Community living home based care program (\$41,657) as part of the Agency on Aging Area Plan, Virginia Department of Behavioral Health and Developmental Services (VDBHDS) allocation (\$49,623); and,</li> <li>▪ The conclusion of the Childcare Quality Initiative Grant (\$20,914).</li> </ul>	

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> <li>▪ <i>The County Board took action after the FY 2019 budget was adopted to accept and appropriate grant funds from the Virginia Department of Social Services to partially fund Medicaid eligibility determination (\$277,057) and to approve the addition of six positions for Medicaid expansion in September 2018, including four Eligibility Workers (\$366,432), one Administrative Technician I (\$76,296), and one Eligibility Supervisor (\$110,850).</i></li> </ul>	6.00
FY 2020	<ul style="list-style-type: none"> <li>▪ The County Board added one-time funding to the Arlington Food Assistance Center (\$37,500) for total funding of \$515,425, or 98 percent of their request.</li> <li>▪ The County Board increased funding to Doorways by \$46,000 for the Domestic and Sexual Violence Hotline (\$16,172 in one-time and \$29,828 in ongoing).</li> <li>▪ The County Board approved the creation of 1.50 FTEs that the Community Services Board requested (\$162,172). It will be at their discretion working with DHS on which positions will be filled.</li> <li>▪ Added a Public Health Nurse (\$100,113) and Clinic Aide positions (\$96,129) in Public Health Division's School Health line of business for two new schools scheduled to open in the fall of 2019.</li> <li>▪ Reduced wireless service charges as part of a County-wide review of wireless service providers (\$30,856).</li> <li>▪ Eliminated an unfunded Human Services Clinician II (\$98,991) and a Human Services Specialist (\$97,245) in Economic Independence Division's Community Assistance line of business.</li> <li>▪ Added a grant funded Management Specialist (\$66,150) transferred from the Housing Choice Voucher Program to the Economic Independence Division's Housing Assistance and Homeless line of business.</li> <li>▪ Eliminated an Employment Services Supervisor (\$116,680, 1.0 FTE) and two Employment Services Specialists (\$150,575, 2.0 FTEs), partially offset by the increase of an Employment Services Specialist (\$93,232, 1.0 FTE) and an Employment Services Administrator (\$196,579, 1.0 FTE) in Economic Independence Division's Employment Services line of business, which was approved by the County Board in the FY 2019 adopted budget.</li> <li>▪ Added a Mental Health Therapist III (\$86,849) and a Nurse Practitioner (\$140,000) through reallocations of non-personnel funds in Behavioral Health Division's Psychiatric Services line of business.</li> <li>▪ Added a Mental Health Therapist III (\$86,000, 1.0 FTE) through a reallocation of overtime funds previously budgeted for temporary staff, a technical correction to increase a Management Analyst (\$27,795, 0.25 FTE), partially offset by the decrease of an unfunded Mental Health Therapist (0.50 FTE) in Behavioral Health Division's Client Services Entry.</li> <li>▪ Added a grant funded Human Services Aide (\$35,467) through a conversion of a temporary position in Aging and Disability Division's Agency on Aging line of business.</li> <li>▪ Eliminated an unfunded Management Specialist in Child and Family Services Division's Planning and Support Services line of business.</li> <li>▪ Eliminated a vacant Human Resources/OD Specialist (\$29,478).</li> </ul>	1.50 2.55 (2.00) 0.75 (1.00) 2.00 0.75 0.50 (0.75) (0.25)

<b>Fiscal Year</b>	<b>Description</b>	<b>FTEs</b>
	<ul style="list-style-type: none"> <li>▪ Re-aligned the Arlington Employment Center from a bureau to a program. (5.00) Eliminated the following positions:               <ul style="list-style-type: none"> <li>▪ Two filled Employment Services Specialist (\$190,167)</li> <li>▪ A filled Employment Development Specialist (\$94,418)</li> <li>▪ A vacant Employment Center Director position (\$196,579)</li> <li>▪ A filled Management Specialist position (\$118,364)</li> </ul> </li> <li>▪ Eliminated a vacant Human Services Aide position (\$39,387) who provides clinical and administrative support to Clarendon House’s nursing and clinic staff. (0.50)</li> <li>▪ Reduced the Director’s Office training budget by \$50,000.</li> <li>▪ Reduced the Sequoia Plaza Common Area Maintenance budget by \$100,000.</li> <li>▪ Reduced the Adult Services program in ADSD by \$30,000.</li> <li>▪ Eliminated the \$10,000 local portion of the Developmental Disability Services Residential Program.</li> <li>▪ Increased funding for the Housing Grant Program (\$621,264), including support for raising the maximum allowable rent limits which have not changed since 2010, and replaces the share of one-time dollars with ongoing funding.</li> <li>▪ Increased the projection for the Children’s Services Act funds (\$176,047).</li> <li>▪ Increased Sequoia Plaza rent (\$259,574).</li> <li>▪ Revenue changes include:               <ul style="list-style-type: none"> <li>▪ Increased Community Services Board (\$49,379) for increases in Medicaid and client fees for mental health services.</li> <li>▪ Increased Agency on Aging Area Plan (\$39,519).</li> <li>▪ Increased Virginia Department of Social Services (VDSS) Programs (\$90,216).</li> <li>▪ Increased Medicaid Prescreening (\$15,000).</li> <li>▪ Increased the RAFT Program for Discharge Assistance Planning (\$225,652) due to additional funding.</li> <li>▪ Increased the Virginia Department of Behavioral Health and Developmental Services (VDBHDS) allocation (\$30,741).</li> <li>▪ Increased the Virginia Homeless Solutions Program VHSP Grant (\$67,709).</li> <li>▪ Increased the projection for the Department of Behavioral Health and Developmental Services DBHDS Grant (\$696,930).</li> <li>▪ Increased the state portion of the Auxiliary Grants Program (\$22,490).</li> <li>▪ Increased projected revenue from PIE Medicaid (\$48,312).</li> <li>▪ Increased PIE Medicaid/Part C Clinic Option (\$42,283).</li> <li>▪ Increased Vital statistics revenue (\$63,836).</li> <li>▪ Decreased the Community Services Board Mental Health Outpatient Grant (\$12,753).</li> <li>▪ Eliminated the three-year grant from Virginia Foundation for Healthy Youth (\$149,999).</li> <li>▪ Reduced the Refugee Resettlement Program (\$10,000).</li> <li>▪ Decreased Women, Infant and Children grant award (\$93,144).</li> <li>▪ Decreased PIE Medicaid/Part C State Plan Option (\$46,620).</li> </ul> </li> <li>▪ <i>The County Board took action after the FY 2020 budget was adopted to approve the addition of two grant-funded Clinic Aides (\$74,588, 2.0 FTE) for STEP-VA implementation and two grant-funded Mental Health</i></li> </ul>	8.35

Fiscal Year	Description	FTEs
	<p><i>Therapists (\$224,250, 2.0 FTE) in the Behavioral Health Division; a grant-funded Human Services Clinician (1.0 FTE) and temporary Management Specialist (0.1 FTE) for the Child Advocacy Center in the Child and Family Services Division (\$118,674); and a reallocation of grant-funded non-personnel funds to create an Administrative Technician (\$65,423, 1.0 FTE) position in the Behavioral Health Division and to increase the hours of a Facilities Maintenance Mechanic (\$13,317, 0.25 FTE) in the Director's Office; authorized the transfer of a Human Services Specialist (\$98,288, 1.0 FTE) from the Circuit Court Judiciary to the Behavioral Health Division; and added a grant-funded Management Specialist (\$115,000, 1.0 FTE) for medical reserve corps coordination in the Public Health Division.</i></p> <ul style="list-style-type: none"> <li>▪ <i>The County Board took action after the FY 2020 budget was adopted to approve the following technical adjustments to align the department's FTE authorization count with the Human Resources Department and the Department of Management and Finance: a grant-funded Mental Health Therapist (1.0 FTE) for Diversion First in the Behavioral Health Division, a grant-funded Management Specialist (0.25 FTE) for VICAP in the Aging and Disability Services Division, a re-classification and increase of a Human Services Clinician II position to a Management Specialist (0.25 FTE) through the conversion of non-personnel funds for Project Peace in the Director's Office, and eliminated a temporary FTE (0.50 FTE) in the Economic Independence Division's Management and Administration line of business. All positions were budgeted through prior board action.</i></li> </ul>	1.00
FY 2021	<ul style="list-style-type: none"> <li>▪ Added a Management Analyst position (housing locator) (\$105,618) and a Management Specialist position (case manager) (\$91,923) to the Permanent Supportive Housing program in the Economic Independence Division's Housing Assistance line of business.</li> <li>▪ Added a Developmental Disability Specialist position (\$92,484, \$80,000 revenue) for support coordination in the Aging and Disability Division's Developmental Disability Services line of business.</li> <li>▪ Added a Mental Health Therapist II (\$111,362) for the Behavioral Health Court Docket in the Behavioral Health Division's Specialized and Residential Services lines of business.</li> <li>▪ Re-allocated non-personnel funds for the addition of an Administrative Assistant (\$12,203) in the Behavioral Health Division's Psychiatric Services line of business.</li> <li>▪ Re-allocated non-personnel funds for the addition of a temporary staff person (\$6,000) at the Adult Day Program in the Aging and Disability Division's Community Supports and Coordination line of business.</li> <li>▪ Increased funding for the Housing Grant Program (\$801,781), including \$64,158 to fund the increase in Maximum Allowable Rent and \$737,623 to fund the annual ongoing increase.</li> <li>▪ Increased funding for the Permanent Supportive Housing Program (\$412,554).</li> <li>▪ Increased Sequoia Plaza rent (\$243,995).</li> <li>▪ Increased the projection for the Children's Services Act funds (\$184,848).</li> <li>▪ Increased the Homeless Services Center Contract (\$130,034).</li> </ul>	2.00 1.00 1.00 0.25 0.15

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> <li>▪ Revenue changes include:               <ul style="list-style-type: none"> <li>▪ Increased Virginia Department of Social Services (VDSS) Programs (\$244,249).</li> <li>▪ Increased Virginia Department of Behavioral Health and Developmental Services (VDBHDS) unrestricted state funding for mental health allocation (\$817,584).</li> <li>▪ Increased Virginia Homeless Solutions Program (VHSP) Grant (\$33,504).</li> <li>▪ Increased several of the Department of Behavioral Health and Developmental Services (DBHDS) Grants (Pharmacy Grant \$100,000, STEP-VA \$54,736, STEP-VA Primary Care \$164,095, STEP-VA Outpatient \$224,250).</li> <li>▪ Increased Virginia Quality Childcare Grant (\$24,000).</li> <li>▪ Increased state portion of the Auxiliary Grants Program (\$40,000).</li> <li>▪ Increased Virginia Department of Health Cooperative Award for mandated programs (\$62,047).</li> <li>▪ Increased VOCA Grant (\$116,674).</li> <li>▪ Increased workforce development services (\$26,050) and vital statistics (\$3,600) due to new fees.</li> <li>▪ Decreased Workforce Innovation and Opportunity Act (WIOA) Grant (\$49,218).</li> <li>▪ Decreased One-Stop Center Cost Allocation Plan as a result of Employment Services reorganization (\$41,592).</li> <li>▪ Decreased Crisis Stabilization Grant (\$273,852).</li> <li>▪ Decreased PIE Medicaid/Part C Clinic Option (\$64,483).</li> </ul> </li> <li>▪ <i>The County Board took action after the FY 2021 budget was adopted to increase personnel funding due to salary adjustments resulting from job family studies (\$1,418,592) and approved the following positions:</i> <ul style="list-style-type: none"> <li>▪ <i>Economic Independence Division: added grant-funded Management Specialist positions (\$124,433, 1.25 FTE) and grant-funded Eligibility Worker position (\$44,070, 0.50 FTE) for the expansion of the Permanent Supportive Housing Program; added a Food Security Position (\$100,050, 1.0 FTE)</i> <span style="float: right;">2.75</span></li> <li>▪ <i>Behavioral Health Division: added a grant-funded Human Services Specialist (\$89,587, 1.0 temporary FTE) for the Behavioral Health Docket; added a grant-funded Behavioral Health Specialist (\$104,000, 1.0 FTE) for the Permanent Supportive Housing expansion; added a grant-funded Behavioral Health Specialist (\$89,000, 1.0 FTE) and a Psychiatrist (\$89,000, 0.25 FTE) for Forensic Discharge Grant expansion; added a grant-funded Human Services Specialist (\$43,832, 0.50 FTE) for the Medication Assisted Treatment Program; added a three-year term grant-funded Behavioral Health Therapist (\$320,398, 1.0 FTE) and Behavioral Health Specialist (\$292,077, 1.0 FTE) for opioid prevention case management.</i> <span style="float: right;">5.75</span></li> <li>▪ <i>Child and Family Services Division: added a grant-funded Management Specialist (\$78,000)</i> <span style="float: right;">1.00</span></li> <li>▪ <i>Aging and Disability Services Division: added a grant-funded Management Specialist position (\$79,945) for VICAP data coordination</i> <span style="float: right;">1.00</span></li> </ul> </li> </ul>	

<b>Fiscal Year</b>	<b>Description</b>	<b>FTEs</b>
FY 2022	<ul style="list-style-type: none"> <li>▪ The County Board added funding for a one percent merit pay adjustment, a five percent increase in the range, and an increase to the one-time bonus for staff from \$500 to approximately \$900.</li> <li>▪ The County Board restored funding for a previously frozen Administrative Specialist in the Child and Family Services Division (\$88,958 expense; \$33,804 revenue; \$55,154 net tax support).</li> <li>▪ The County Board added funding for the Housing Grants Program (\$1,524,225) to continue implementing alternative COVID-related procedures (\$1,036,512 ongoing) and for reducing client income requirements from 40 percent to 30 percent (\$47,713 one-time; \$440,000 ongoing). The total funding for the Housing Grant Program is \$14,208,262, including an additional \$2,492,331 to fund the annual ongoing increase (\$1,180,784 is one-time funding) and \$61,332 to fund the increase in Maximum Allowable Rent.</li> <li>▪ Added a Public Health Nurse (\$55,967, 0.5 FTE) and Clinic Aide (\$55,352, 0.75 FTE) for the new schools. <span style="float: right;">1.25</span></li> <li>▪ Added a Physician Assistant (\$140,946, 1.0 FTE), Psychiatric Nurse (\$112,901, 1.0 FTE), and an Emergency Services Clinician (\$125,393, 1.0 FTE) for the behavioral health crisis care system. <span style="float: right;">3.00</span></li> <li>▪ Added a grant-funded Human Services Clinician II (\$107,727) for foster care prevention. <span style="float: right;">1.00</span></li> <li>▪ Made technical adjustments to temporary FTEs in the Behavioral Health Division (added 4.25 FTE) and the Public Health Division (removed 1.10 FTE). <span style="float: right;">3.15</span></li> <li>▪ Transferred a part-time Administrative Technician (\$32,436) to the Housing Choice Voucher Fund. <span style="float: right;">(0.40)</span></li> <li>▪ Eliminated a vacant Human Services Specialist (\$95,999) in the Clarendon House Program. <span style="float: right;">(1.00)</span></li> <li>▪ Reduced the information technology consultant budget (\$36,235) in the Director's Office.</li> <li>▪ Eliminated three vehicles from the department's fleet (\$13,931).</li> <li>▪ Reduced the consultant budget (\$46,013) in the Economic Independence Division.</li> <li>▪ Reduced the Emergency Lodging Program's budget (\$11,000).</li> <li>▪ Reduced the grant to the Shirlington Employment and Education Center (SEEC) (\$25,000).</li> <li>▪ Transferred Title IV-E trust and agency funds to the department's General Fund (\$468,429).</li> <li>▪ Reduced the Children Service's Act (CSA) budget (\$448,500).</li> <li>▪ Eliminated the contract with Capital Caring budgeted in Non-Departmental (\$14,051).</li> <li>▪ Increased State Opioid Response grant revenue and associated non-personnel expenditures (\$50,000).</li> <li>▪ Increased Children's Regional Crisis Response grant revenue (\$1,281,610) and associated non-personnel expenditures (\$1,203,610).</li> <li>▪ Increased federally-funded Kinship Navigator grant revenue and associated non-personnel expenditures (\$70,000).</li> <li>▪ Increased Virginia Tobacco Settlement Fund grant revenue and associated non-personnel expenditures (\$150,000).</li> </ul>	

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> <li>▪ Increased federally-funded Title IV-E Adoption grant revenue and associated non-personnel expenditures (\$98,449).</li> <li>▪ Increased contractual services for an enhanced withdrawal management program (\$1,487,747) and increased a revenue cost sharing agreement with Alexandria (\$434,424).</li> <li>▪ Decreased Title IV-E Foster Care grant revenue and associated non-personnel expenditures (\$85,152).</li> <li>▪ Decreased Virginia Homeless Solutions Program (VHSP) grant revenue and associated non-personnel expenditures (\$122,266).</li> <li>▪ Decreased Parent Infant Education (PIE) grant-revenue and associated non-personnel expenditures (\$211,995).</li> <li>▪ Other non-personnel increases due to: Sequoia Plaza rent and operating expenses (\$307,321), various Department of Behavioral Health and Developmental Services (DBHDS) state grants (\$166,217), the Auxiliary Grants Program (\$35,000), contractual services (\$112,047), grant-funded Same Day Access (\$49,980), contractual increases resulting from the living wage increase from \$15 to \$17 per hour (\$290,126), enhanced behavioral health crisis care system (\$104,799 ongoing and \$90,000 one-time), and contractual increases for residential mental health group homes (\$314,090 ongoing and \$166,120 one-time).</li> <li>▪ Other revenue changes included:               <ul style="list-style-type: none"> <li>▪ Increased Virginia Department of Behavioral Health and Developmental Services (VDBHDS) unrestricted state funding for mental health allocation (\$723,809).</li> <li>▪ Increased state portion of the Auxiliary Grants Program (\$28,000).</li> <li>▪ Increased federal High Intensity Drug Trafficking Areas (HIDTA) allocation for residential treatment of substance use disorders (\$41,550).</li> <li>▪ Increased transfer in from Title IV-E Adoption and Foster Care funds held in a trust and agency account (\$468,429).</li> <li>▪ Decreased Virginia Department of Social Services (VDSS) Programs (\$76,408).</li> <li>▪ Decreased PIE-Medicaid (\$35,000).</li> <li>▪ Decreased Workforce Innovation and Opportunity Act (WIOA) Grant (\$74,927).</li> <li>▪ Decreased Vital Statistics (\$25,908) and Swimming Pools revenue (\$35,455).</li> <li>▪ Decreased RAFT for DAP Funds (\$164,256).</li> </ul> </li> <li>▪ <i>In FY 2021 closeout, funding was added for a one percent merit pay adjustment (\$370,868), a one-time bonus for staff of \$450 (\$389,600), and one-time retention bonuses (\$140,000).</i></li> <li>▪ <i>The County Board took action after the FY 2022 budget was adopted to add the following positions:</i> <ul style="list-style-type: none"> <li>▪ <i>Departmental Management and Leadership Division: Re-allocated one-time grant funds to establish a limited-term grant-funded Management Analyst for improving data-driven service integration efforts.</i> <span style="float: right;">1.00</span></li> <li>▪ <i>Economic Independence Division: Added a grant-funded Senior Management Analyst (\$140,820, 1.0 FTE), grant-funded Eligibility Worker (\$25,518, 0.25 FTE), grant-funded Human Services Specialist</i> <span style="float: right;">4.05</span></li> </ul> </li> </ul>	



<b>Fiscal Year</b>	<b>Description</b>	<b>FTEs</b>
	<i>(\$104,276, 1.0 FTE) for expanding the Permanent Supportive Housing Program in the Housing Assistance and Homeless Programs Bureau; re-allocated \$57,613 in operating grant funds to establish a grant-funded Eligibility Worker (0.80 FTE) for the Energy Assistance Program in the Public Assistance Bureau; and added a limited-term grant-funded Employment Services Specialist (1.0 FTE) for the Workforce Development Program in the Employment Services Bureau.</i>	
	<ul style="list-style-type: none"> <li>▪ <i>Public Health Division: Re-allocated \$113,222 in operating grant funds to establish an Infant Development Specialist (1.0 FTE) for the Parent Infant Education Program in the School Health line of business.</i></li> </ul>	1.00
	<ul style="list-style-type: none"> <li>▪ <i>Behavioral Health Care Division: Added a grant-funded Behavioral Health Specialist (\$129,919, 1.0 FTE) for STEP-VA veteran programs in the Management and Administration line of business; re-allocated \$128,792 in operating funds to establish an Emergency Services Behavioral Therapist (1.0 FTE) in the Client Services Entry Bureau; added two positions in the Psychiatric Services Bureau: a limited-term grant-funded Psychiatrist (0.188 FTE) for the First Episode Psychosis Program and a limited-term grant-funded Psychiatrist (\$20,120, 0.063 FTE) for outpatient mental health services; added several positions in the Outpatient Bureau: a grant-funded Behavioral Health Specialist (\$91,529, 1.0 FTE) for the expansion of the Permanent Supportive Housing Program, a grant-funded Behavioral Therapist III (\$125,741, 1.0 FTE) for outpatient mental health services, a grant-funded Peer Recovery Specialist (\$46,076, 0.5 FTE) for outpatient mental health services, a limited-term grant-funded Behavioral Therapist II (1.0 FTE) for the First Episode Psychosis Program; added a grant-funded Behavioral Health Therapist (Licensed) (\$36,006, 0.25 FTE) for the Forensic Case Management program in the Residential and Specialized Clinical Services Bureau; and transferred a clinic aide (1.0 FTE) to the Aging and Disability Division.</i></li> </ul>	5.00
	<ul style="list-style-type: none"> <li>▪ <i>Child and Family Services Division: added a grant-funded Peer Recovery Specialist (\$77,000, 1.0 FTE) for the STEP-VA program in the Behavioral Healthcare Bureau.</i></li> </ul>	1.00
	<ul style="list-style-type: none"> <li>▪ <i>Aging and Disability Services Division: added a grant-funded Human Services Clinician (\$55,193, 0.50 FTE) for the Arlington Adult Day Program in the Community Support and Coordination Bureau; transferred a Clinic Aide (1.0 FTE) from Behavioral Health Division's Psychiatric Services line of business and reclassified to a Public Health Nurse in the Senior Adult Mental Health line of business.</i></li> </ul>	1.50
	<ul style="list-style-type: none"> <li>▪ <i>As a part of FY 2021 close-out, the County Board approved ARPA funding for the Back2Work Program (\$130,000), Crisis Intervention Center (\$717,121, 16.00 FTEs), homeless services equity and engagement (\$70,730, 1.0 FTE), Marcus Alert Program coordinator (\$36,973, 1.0 FTE), and a human services emergency management position (\$35,129 budgeted in Non-Departmental, 1.0 FTE).</i></li> </ul>	19.00