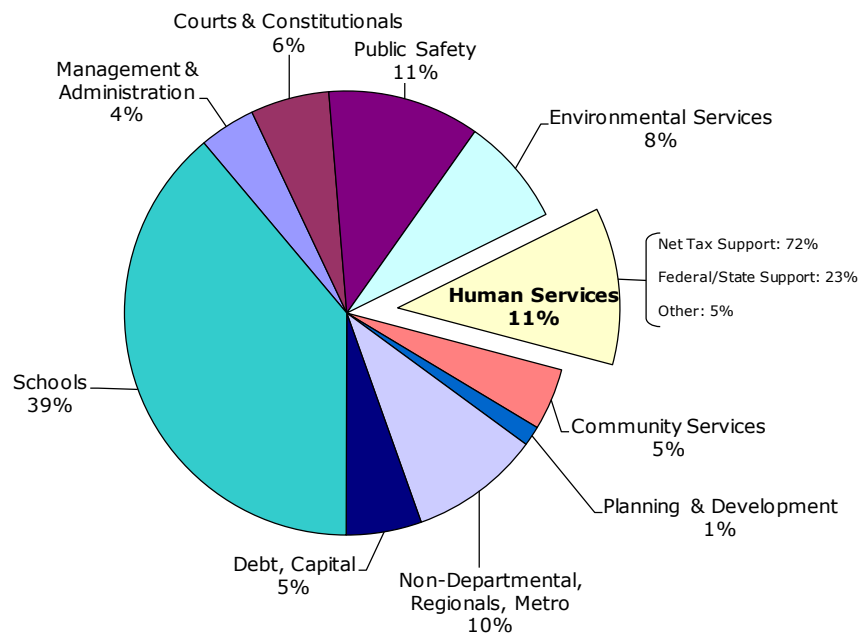


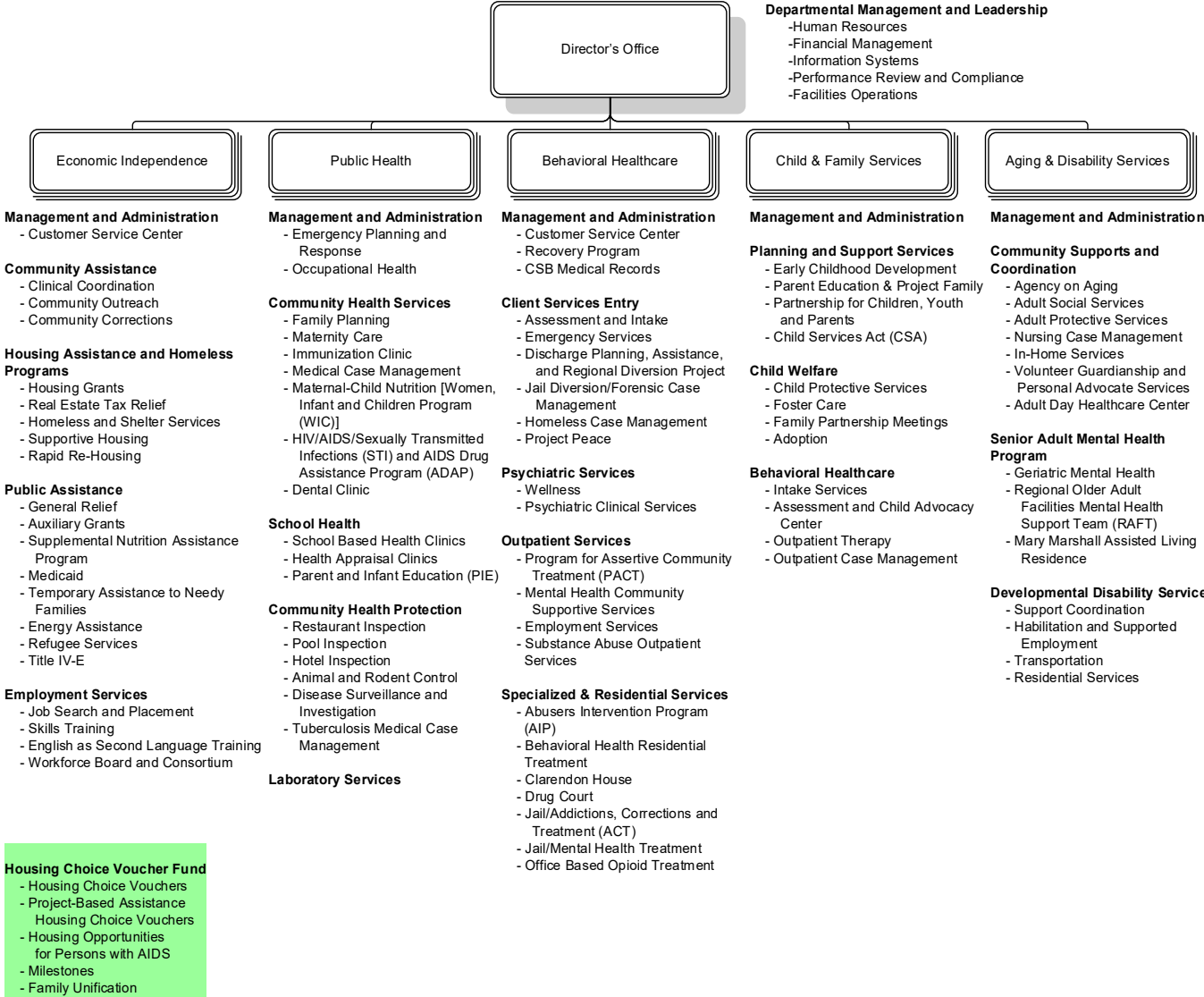
Our Mission: Strengthen, protect, and empower those in need

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 2022 Proposed Budget - General Fund Expenditures



LINES OF BUSINESS



Section 8 Housing Assistance is in the Housing Choice Voucher Fund

SIGNIFICANT BUDGET CHANGES

The FY 2022 proposed expenditure budget for the Department of Human Services (DHS) is \$156,088,709, a seven percent increase over the FY 2021 adopted budget. The FY 2022 proposed budget reflects:

- ↑ Personnel increases due to the addition of 18.50 FTEs (14.35 permanent, 4.15 temporary) and the County's cost for employee health insurance, partially offset by lower retirement contributions based on current actuarial projections and the reductions itemized in the following section titled FY 2022 Proposed Budget Reductions. The FTE changes to permanent staffing are described below:
 - Grant-funded Behavioral Health Specialist (\$104,000, 1.0 FTE) for the Permanent Supportive Housing Program in the Behavioral Health Division's Outpatient Services line of business.
 - Grant-funded Behavioral Health Specialist (\$89,000, 1.0 FTE) for the Forensic Discharge Planning Program in the Behavioral Health Division's Specialized and Residential Services line of business.
 - Grant-funded Behavioral Health Therapist (1.0 FTE) and Behavioral Health Specialist (1.0 FTE) for opioid prevention case management in the Behavioral Health Division's Specialized and Residential line of business. This budget was approved through prior board action and will be carried forward through the annual closeout process as needed.
 - Grant-funded Psychiatrist (\$89,000, 0.25 FTE) for the Forensic Discharge Planning Program in the Behavioral Health Division's Psychiatric Services line of business.
 - Grant-funded Human Services Specialist (\$43,832, 0.50 FTE) for the Medication Assisted Treatment Program in the Behavioral Health Division's Specialized and Residential Services line of business.
 - Grant-funded Management Specialist (\$78,000, 1.0 FTE) for the Children's Regional Crisis Response Program in the Child and Family Services Division's Behavioral Healthcare line of business.
 - Grant funds to increase existing Management Specialist position (\$24,383, 0.25 FTE), a new Eligibility Worker (\$44,070, 0.50 FTE), and a new Management Specialist (\$100,050, 1.0 FTE) for Permanent Supportive Housing in Economic Independence Division's Housing Assistance line of business.
 - Management Specialist (\$100,050, 1.0 FTE) to serve as Food Security Coordinator in the Economic Independence Division's Management and Administration line of business.
 - Grand-funded Management Specialist (1.0 FTE) to serve as Medical Reserve Corps (MRC) Coordinator in Public Health Division's Management and Administration line of business. The position's budget was approved through prior board action and will be carried forward through the annual closeout process as needed.
 - Grant-funded Management Specialist (\$79,945, 1.0 FTE) to serve as Virginia Insurance Counseling and Assistance Program (VICAP) Coordinator in Aging and Disability Services Division's Area Agency on Aging line of business.
 - Public Health Nurse (\$55,967, 0.50 FTE) and Clinic Aide (\$55,352, 0.75 FTE) to work in the new Reed Elementary School in Public Health Division's School Health line of business.
 - The following positions reflect the first year of a three-year implementation plan to enhance behavioral health crisis care systems in DHS resulting from the department's review of the Police Practices Group focus on mental health care: Physician Assistant (\$140,946, 1.0 FTE), Psychiatric Nurse (\$112,901, 1.0 FTE), and an Emergency Services Clinician (\$125,393, 1.0 FTE) added in the Behavioral Health Division's Specialized and

- Residential Services line of business. The Physician Assistant will support increased diversion to the Crisis Intervention Center (CIC), the Emergency Services Clinician will support increased shifts at the CIC, and the psychiatric nurse will enhance capacity at the CIC with the goal of decreasing admission refusals.
- Grant-funded Human Services Clinician II (\$107,727, 1.0 FTE) for foster care prevention services in the Child and Family Services Division's Child Welfare line of business.
- ↑ Non-personnel increases primarily 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), Virginia Tobacco Settlement Fund (\$150,000), contractual services (\$112,047), federally-funded Title IV-E Adoption (\$98,449), State Opioid Response (\$50,000), federally-funded Kinship Navigator (\$70,000), grant-funded Children's Regional Crisis Response (\$1,203,610), grant-funded Same Day Access (\$49,980), contractual increases resulting from the proposed living wage increase from \$15 to \$17 per hour (\$286,716), enhanced behavioral health crisis care system (\$104,799 ongoing and \$90,000 one-time), and contractual increases for an enhanced withdrawal management program (\$1,487,747) and for residential mental health group homes (\$314,090 ongoing and \$166,120 one-time). Non-personnel increases are partially offset by grant-related decreases in Title IV-E Foster Care (\$85,152), Virginia Homeless Solutions Program (VHSP) Grant (\$122,266), Parent Infant Education (PIE) (\$211,995), and the proposed reductions itemized on the following page.
- The total funding for the enhancements to behavioral health crisis care in the FY 2022 proposed budget is \$574,039. This additional funding adds the three new positions described above (\$379,240), one medically equipped vehicle dedicated to the mobile crisis unit (\$90,000 one-time, \$14,000 ongoing), a contracted peer recovery specialist (\$65,000) to support the mobile crisis response and crisis stabilization services, and operating equipment (\$25,799).
 - The total funding for the Housing Grant Program in the FY 2022 proposed budget is \$12,684,037 after the addition of \$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. This is a total addition of \$2,553,663 to the \$10,130,374 base budget.
 - The total local funding for the Permanent Supportive Housing Program in the FY 2022 proposed budget is \$3,069,019 after the addition of \$591,595 to the \$2,477,424 base budget to fund the annual ongoing increase. The total state funding for the program is \$1,017,930. The program's total budget is \$4,086,949.
- ↑ 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 the Virginia Department of Behavioral Health and Developmental Services (VDBHDS) unrestricted state funding for mental health allocation (\$723,809).
 - ↑ Increase due to the Children's Regional Crisis Response Grant (\$1,281,610).
 - ↑ Increase due to State Opioid Response (\$50,000).
 - ↑ Increase due to Kinship Navigator Grant (\$70,000).
 - ↑ Increase due to Virginia Tobacco Settlement Fund (\$150,000).
 - ↑ Increase due to Federal Adoption Assistance (\$98,449).
 - ↑ Increase due to the state portion of the Auxiliary Grants Program (\$28,000).
 - ↑ Increase due to revenue cost sharing agreement with Alexandria (\$434,424).
 - ↑ Increase due to higher federal High Intensity Drug Trafficking Areas (HIDTA) allocation for residential treatment of substance use disorders (\$41,550).

- ↑ Increase due to a transfer in from Title IV-E Adoption and Foster Care funds held in a trust and agency account (\$468,429).
- ↓ Decrease due to Virginia Department of Social Services (VDSS) Programs (\$110,212).
- ↓ Decrease due to reduction in PIE-Medicaid (\$35,000).
- ↓ Decrease in Workforce Innovation and Opportunity Act (WIOA) Grant (\$74,927).
- ↓ Decrease due to reduction in Title IV-E Foster Care (\$85,152).
- ↓ Decrease due to reduction in the Virginia Homeless Solutions Program (VHSP) Grant (\$122,266).
- ↓ Decrease in PIE Grant (\$211,995).
- ↓ Decrease in Vital Statistics (\$25,908) and Swimming Pools revenue (\$35,455).
- ↓ Decrease in RAFT for DAP Funds (\$164,256).

FY 2022 Proposed Budget Reductions

Director's Office

- ↓ Reduce the information technology consultant budget (\$36,235).
IMPACT: The remaining consultant budget is sufficient for continuing project management, training, and system configuration used across the department. Services are increasingly provided through contractual agreements with software companies.
- ↓ Eliminate three vehicles from the department's fleet (\$13,931).
IMPACT: The vehicles are available to department staff for local or state-wide business travel. Following a needs analysis of the department's fleet, these vehicles can be eliminated with no adverse impact.

Economic Independence

- ↓ Reduce the consultant budget (\$46,013).
IMPACT: The remaining consultant budget is sufficient for continuing to provide administrative, training, and programmatic support to the division's social safety net programs.
- ↓ Transfer a part-time Administrative Technician from the division's County funded housing program to the federally funded Housing Choice Voucher Program (\$32,436, 0.40 FTE).
IMPACT: The position's duties will be transferred to other support staff of the County-funded programs. The Housing Choice Voucher Program can absorb the increased cost with no adverse impact.
- ↓ Reduce the Emergency Lodging Program's budget (\$11,000).
IMPACT: The remaining budget is sufficient for continuing to administer the emergency lodging program with no adverse impact to service provision.
- ↓ Reduce the grant to the Shirlington Employment and Education Center (SEEC) (\$25,000).
IMPACT: This reduction has no adverse client impact. If SEEC is unable to meet demand, clients can be referred to the Employment Center or Community Outreach Program co-located in the Arlington Mill Community Center.

Behavioral Health

- ↓ Eliminate a vacant Human Services Specialist in the Clarendon House Program (\$95,999, 1.0 FTE).
IMPACT: The position's duties will be absorbed by the remaining three Human Services Specialists whose caseloads will increase from an average of 24 clients to 32 clients.

Child and Family Services

- ↓ Freeze a vacant Administrative Specialist in the Child and Family Services Division’s Management and Administration Unit (\$55,154, 1.0 FTE).
IMPACT: The position’s duties will be absorbed by the remaining six staff. Total net savings: \$55,154 (\$88,958 expense reduction offset by a reduction of \$33,804 in revenue reimbursement).

- ↑ Transfer Title IV-E trust and agency funds to the department’s General Fund (\$468,429).
IMPACT: There is no adverse impact from this funding transfer. Any potential reimbursement retractions resulting from audit findings or eligibility errors for foster care programming under Title IV-E of the Social Security Act will be absorbed by the department’s base budget.

- ↓ Reduce the Children Service’s Act (CSA) budget (\$448,500).
IMPACT: Less County tax support is needed to fund the program due to increases in Medicaid billing for covered services. There is no adverse client impact from the reduction. Total net savings: \$448,500 (\$975,000 expense reduction offset by a revenue reduction of \$526,500).

Aging and Disability

- ↓ Eliminate the contract with Capital Caring budgeted in Non-Departmental (\$14,051).
IMPACT: Households needing financial assistance may be eligible for funding from the Department of Human Services emergency assistance program. As the primary provider of hospice and palliative care in the County, some clients may be referred to the Virginia Hospital Center for services. The County will continue to provide an annual property tax abatement of \$50,000 to the organization.

DEPARTMENT FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Adopted	FY 2022 Proposed	% Change '21 to '22
Personnel	\$75,792,966	\$78,708,090	\$82,311,533	5%
Nonpersonnel	64,609,325	67,785,797	74,089,892	9%
Intra-County Charges	(319,789)	(367,102)	(312,716)	-15%
Total Expenditures	140,082,502	146,126,785	156,088,709	7%
Fees	5,093,879	5,015,005	6,248,064	25%
Federal Share	15,560,469	15,318,387	15,309,102	-
State Share	20,310,545	21,208,177	21,011,090	-1%
Transfers	-	-	468,429	-
Other	875,068	692,316	1,285,220	86%
Total Revenues	41,839,961	42,233,885	44,321,905	5%
Net Tax Support	\$98,242,541	\$103,892,900	\$111,766,804	8%
Permanent FTEs (Funded)	708.62	711.87	725.22	
Permanent FTEs (Frozen, Unfunded)	-	-	1.00	
Temporary FTEs	1.60	2.75	6.90	
Total Authorized FTEs	710.22	714.62	733.12	

DEPARTMENT OF HUMAN SERVICES
DEPARTMENT BUDGET SUMMARY

Expenses & Revenues by Line Of Business

	FY 2020 Actual Expense	FY 2021 Adopted Expense	FY 2022 Proposed Expense	% Change '21 to '22	FY 2022 Proposed Revenue	FY 2022 Net Tax Support
Departmental Management and Leadership	\$12,784,638	\$12,385,715	\$12,695,114	2%	\$659,249	\$12,035,865
Economic Independence Division (EID)						
EID Management and Administration	4,322,200	4,584,706	4,650,651	1%	2,086,657	2,563,994
Community Assistance	2,552,419	2,555,652	2,048,578	-20%	711,877	1,336,701
Housing Assistance and Homeless Programs	20,554,290	20,291,881	24,378,112	20%	1,115,557	23,262,555
Public Assistance	5,442,945	5,637,282	5,760,362	2%	3,569,089	2,191,273
Employment Services	3,305,375	3,283,201	3,385,955	3%	896,612	2,489,343
EID Subtotal	36,177,227	36,352,722	40,223,658	11%	8,379,792	31,843,866
Public Health Division (PHD)						
PHD Management and Administration	6,614,276	5,953,730	6,124,376	3%	1,430,735	4,693,641
Community Health Services	5,774,213	6,582,032	6,560,218	-	1,965,314	4,594,904
School Health Clinics	7,397,888	7,736,322	8,092,434	5%	878,532	7,213,902
Community Health Protection	3,407,112	3,518,093	3,574,435	2%	1,153,047	2,421,388
PHD Subtotal	23,193,490	23,790,177	24,351,463	2%	5,427,628	18,923,835
Behavioral Health Division (BHD)						
BHD Management and Administration	4,255,448	4,268,408	4,510,691	6%	320,842	4,189,849
Client Service Entry	4,743,502	4,515,580	5,317,093	18%	2,240,989	3,076,104
Psychiatric Services	3,912,438	4,187,302	4,355,724	4%	1,325,305	3,030,419
Outpatient Services	7,210,771	7,662,283	7,920,397	3%	3,990,417	3,929,980
Specialized and Residential Services	8,676,584	8,854,810	11,233,517	27%	3,529,198	7,704,319
BHD Subtotal	28,798,744	29,488,383	33,337,422	13%	11,406,751	21,930,671
Child and Family Services Division (CFSD)						
CFSD Management and Administration	4,086,027	4,317,566	4,175,017	-3%	2,044,680	2,130,337
Planning and Support Services	2,974,229	5,434,261	4,531,417	-17%	1,430,877	3,100,540
Child Welfare	6,038,511	6,149,442	6,537,085	6%	4,929,206	1,607,879
Behavioral Healthcare	4,524,916	4,828,749	6,445,720	33%	3,879,304	2,566,416
CFSD Subtotal	17,623,683	20,730,018	21,689,239	5%	12,284,067	9,405,172
Aging and Disability Services Division (ADSD)						
ADSD Management and Administration	820,864	847,084	931,833	10%	-	931,833
Agency on Aging	2,216,777	2,171,101	2,283,615	5%	925,271	1,358,344
Community Supports & Coordination	5,487,753	5,528,025	5,716,708	3%	1,345,467	4,371,241
Senior Adult Mental Health Program	5,452,926	5,674,733	5,541,251	-2%	2,189,718	3,351,533
Developmental Disability Services	7,526,400	9,158,827	9,318,406	2%	1,703,962	7,614,444
ADSD Subtotal	21,504,720	23,379,770	23,791,813	2%	6,164,418	17,627,395
Total	\$140,082,502	\$146,126,785	\$156,088,709	7%	\$44,321,905	\$111,766,804

DEPARTMENT OF HUMAN SERVICES
DEPARTMENT BUDGET SUMMARY

Authorized FTEs by Line of Business

	FY 2021 FTEs Adopted	FY 2022 Permanent FTEs Proposed	FY 2022 Temporary FTEs Proposed	FY 2022 Total FTEs Proposed
Departmental Management and Leadership	63.10	63.10	-	63.10
Economic Independence Division (EID)				
EID Management and Administration*	26.00	27.75	-	27.75
Community Assistance	16.75	16.75	-	16.75
Housing Assistance and Homeless Programs	17.15	18.50	-	18.50
Public Assistance	51.25	50.50	-	50.50
Employment Services	19.00	19.00	-	19.00
EID Subtotal	130.15	132.50	-	132.50
Public Health Division (PHD)				
PHD Management and Administration*	24.00	23.50	0.40	23.90
Community Health Services	55.50	54.50	-	54.50
School Health Clinics	66.07	68.32	-	68.32
Community Health Protection	28.50	28.50	-	28.50
PHD Subtotal	174.07	174.82	0.40	175.22
Behavioral Health Division (BHD)				
BHD Management and Administration	16.00	17.00	-	17.00
Client Service Entry*	29.00	32.50	5.75	38.25
Psychiatric Services	21.95	21.20	-	21.20
Outpatient Services	62.80	63.80	-	63.80
Specialized and Residential Services	44.50	47.00	-	47.00
BHD Subtotal	174.25	181.50	5.75	187.25
Child and Family Services Division (CFSD)				
CFSD Management and Administration	21.00	20.00	-	20.00
Planning and Support Services	9.50	9.50	-	9.50
Child Welfare	33.50	35.50	-	35.50
Behavioral Healthcare*	27.35	27.75	0.60	28.35
CFSD Subtotal	91.35	92.75	0.60	93.35
Aging and Disability Services Division (ADSD)				
ADSD Management and Administration	5.50	6.50	-	6.50
Agency on Aging	8.30	9.30	-	9.30
Community Supports & Coordination*	29.90	28.75	0.15	28.90
Senior Adult Mental Health Program	14.50	13.50	-	13.50
Developmental Disability Services	23.50	23.50	-	23.50
ADSD Subtotal	81.70	81.55	0.15	81.70
Total	714.62	726.22	6.90	733.12

* FY 2021 Adopted FTE count includes temporary FTEs in the following lines of business: PHD Management and Administration (1.5 FTE), BHD Client Service Entry (0.5 FTE), CFSD Behavioral Healthcare (0.6 FTE), and ADSD Community Supports and Coordination (0.15 FTE).

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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Project PEACE

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total Number of Individuals who received a Training or Presentation	N/A	N/A	1,618	2,957	1,000	2,500
Total Number of Outreach Tables/Community Events	N/A	N/A	30	11	5	10

- FY 2019 was the first year that Project PEACE embarked on this robust of a 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. We predict much lower numbers for FY 2021 due to the suspension of in-person events. In particular for direct trainings or presentations,

DEPARTMENTAL MANAGEMENT AND LEADERSHIP

Project PEACE is unable to offer sessions directly to Arlington Public School students which made up more than 50% of our presentations for FY 2020.

Abuser Intervention Program

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of clients served	113	91	81	57	65	100
Percentage of clients completing the program with low risk scores	70%	74%	63%	64%	65%	75%
Percentage of clients not rearrested/convicted of an intimate-partner violence offense in Arlington post-completion	N/A	91%	100%	100%	95%	95%

- The number of people completing the Abusers Intervention Program 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 reduced with more clients completing in medium or high risk. 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, clients 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).
- The percentage of clients not rearrested/convicted of an intimate-partner violence offense in Arlington post-completion includes only those whose initial offense was in Arlington and does not capture arrests in other counties or states.

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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Customer Service Center

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Calls abandoned prior to being answered	5%	5%	5%	6%	5%	5%
Quality of consultant information: average evaluation score for consultants	100%	99%	99%	98%	98%	98%
Callers who received accurate information to connect them to services	98%	98%	97%	98%	96%	96%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Calls received in the Call Center	46,683	44,904	44,807	50,934	78,600	60,000
Total walk-in visits	56,010	51,626	56,294	45,461	1,500	45,000
Total Resource Center walk-in visits (duplicated)	13,361	9,512	6,546	4,669	500	4,500
Total clients assessed by consultants	6,201	6,007	6,208	5,455	2,000	6,000

MANAGEMENT AND ADMINISTRATION

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Quality of Call Center telephone interaction: call quality scores	99%	99%	97%	97%	94%	94%
Wait time for consultants from point of registration: percent of customers waiting 15 minutes or fewer to see consultants	82%	85%	85%	77%	N/A	80%
Front Desk customer satisfaction: percent of customers satisfied with front desk service	99%	99%	99%	98%	98%	98%

- In FY 2020, the Customer Service Center changed to assisting clients by appointment due to the pandemic, limiting walk-in clients. This service model continued into FY 2021 and walk-in client visits will increase when front desk areas are re-opened.
- In 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. Call volume will continue to increase in FY 2021 due to the pandemic and the Housing Choice Voucher waitlist opening, then slow down once front desks are reopened in late FY 2021 or FY 2022.
- 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.
- 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 March 2020, the Resource Center closed due to the pandemic and remained closed until December 2020. Given limited access in FY 2020, volume is expected to increase once all front desks are reopened in late FY 2021 or FY 2022.
- "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. The suspension was lifted and re-implemented during FY 2021, however Employment Center intakes continued.
- "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, the percentage of clients waiting 15 minutes or fewer to see consultants declined due to the transition to Employment Services intake.
- In FY 2021, the percentage of clients waiting 15 minutes or fewer to see consultants will not be measured due to the suspension of in-person assessments.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Clinical Coordination

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Economic functioning: percent of clients with adequate/high or improved score at exit	87%	82%	76%	N/A	N/A	N/A
Client report of effectiveness	N/A	N/A	N/A	100%	95%	98%
Housing stability: percent of clients with adequate/high or improved score at exit	85%	88%	85%	N/A	N/A	N/A
Emergency needs met	N/A	N/A	N/A	96%	95%	95%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Client office visits	3,277	2,291	2,141	1,629	2,100	2,200
Number of emergency financial assistance households served	280	308	264	128	N/A	N/A
Number of local eviction prevention households served	N/A	N/A	N/A	1,542	1,500	1,500
Quality of documentation: average client file score	92%	92%	92%	80%	85%	85%

COMMUNITY ASSISTANCE

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Timeliness of closing cases: number and percent of cases closed within 30 days of last contact	189/34%	261/49%	235/38%	140/28%	228/35%	228/35%
Client satisfaction: number and percent of clients surveyed who agree or strongly agree that staff worked well with them	34/95%	53/100%	91/100%	25/89%	90/100%	90/100%

- 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 2020, client in-person requests ceased due to the pandemic. Office visits ended in March 2020 when "assistance from a distance" model began.
- In FY 2018, "Number of Emergency Financial Assistance households served" increased as households needed to pay off smaller amount, thus reducing the amount of each payment but increasing the count of households being served. 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 FY 2021, Emergency Financial Assistance funds were provided directly to a non-profit partner for client distribution.
- In FY 2021, "Number of Emergency Financial Assistance households served" will no longer be measured, in lieu of new measure "Number of Local eviction prevention households served". Due to the pandemic "Number of Local eviction prevention households served" will continue to be 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 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 don't have to repeatedly recount the details of these traumatic times.
- 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.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

COMMUNITY ASSISTANCE

Community Outreach

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Resolution of client needs	96%	84%	94%	94%	95%	95%
Passed citizenship interview	99%	98%	99%	98%	98%	98%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total information and referral requests	4,861	4,859	5,111	6,777	4,900	4,500
Total individuals served (unduplicated)	1,600	1,589	1,709	1,829	1,750	1,750
Total number of program offerings	1,374	1,251	1,264	928	1,000	1,100
Number of volunteer hours	7,056	6,564	6,674	5,181	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.
- 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 2020 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Housing Grants

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Amount of money available per month for non-rental expenses with and without Housing Grant for families	\$1,449/ \$912	\$1,487/ \$964	\$1,537/ \$1,027	\$1,505/ \$870	\$1,450/ \$900	\$1,545/ \$961
Amount of money available per month for non-rental expenses with and without Housing Grant for persons with disabilities	\$668/ \$44	\$704/ \$56	\$698/ \$42	\$723/ \$0	\$725/ \$10	\$750/ \$11
Amount of money available per month for non-rental expenses with and without Housing Grant for residents age 65+	\$670/ \$97	\$691/ \$124	\$690/ \$74	\$736/ \$39	\$740/ \$40	\$780/ \$42
Retention of housing by grant recipients	85%	86%	87%	90%	83%	85%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Average number of households served per month	1,229	1,234	1,196	1,241	1,386	1,325
Total number of new applications processed	1,330	1,227	1,189	1,071	1,110	1,180
Percent of initial applications/on-going reviews processed accurately according to Housing Grant policies	94%/ 96%	94%/ 95%	96%/ 93%	95%/ 97%	95%/ 96%	95%/ 96%
Percent of initial applications/on-going reviews processed on time according to Housing Grant policies (within 60 days).	97%/ 98%	96%/ 98%	97%/ 98%	97%/ 96%	96%/ 96%	96%/ 96%

- Housing Grants performance measures were updated in FY 2020 to better describe the data reported and to align with the performance measurement plan.
- Households continue to report difficulty in locating housing, and without sufficient affordable housing available, fewer households are applying for the program compared to prior years.
- Due to the pandemic, the number of new applications received have waned by nearly 10 percent based on year over year comparisons. While Housing Grant applications have decreased, participation has 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.
- 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 increase in MARs is anticipated to aid more households and provide rental subsidies that are competitively aligned with present-day affordable rental units.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Real Estate Tax Relief (RETR)

Critical Measures	CY 2017 Actual	CY 2018 Actual	CY 2019 Actual	CY 2020 Estimate	CY 2021 Estimate	CY 2022 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	\$4,457/ 9.6%	\$4,828/ 9.9%	\$4,900/ 10%	\$5,030/ 10%	\$5,165/ 10%	\$5,305/ 10%
Housing stability (returning households) – Percentage of households returning to the program	92%	95%	94%	93%	90%	90%

Supporting Measures	CY 2017 Actual	CY 2018 Actual	CY 2019 Actual	CY 2020 Estimate	CY 2021 Estimate	CY 2022 Estimate
Households receiving RETR – Full Exemption	639	637	556	559	558	557
Households receiving RETR – 75% Exemption	N/A	N/A	121	127	128	129
Households receiving RETR – 50% Exemption	115	117	109	98	96	95
Households receiving RETR – 25% Exemption	140	127	88	87	87	85
Households receiving RETR – Deferral only	21	22	40	37	36	35
Households receiving RETR – Total	915	903	914	908	905	901
Applications processed accurately	96%	100%	95%	95%	97%	97%
Eligibility determinations processed on time	79%	87%	91%	90%	90%	90%

- These measures are reported on a Calendar Year (CY).
- 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 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Homeless and Shelter Services / Continuum of Care

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of participants exiting to permanent housing: Individual Shelters	43%	45%	48%	31%	45%	45%
Percentage of participants exiting to permanent housing: Family Shelters	86%	86%	88%	90%	85%	85%
Percent of adults in family shelter leaving the program with maintained or increased income	73%	50%	69%	74%	70%	70%
Percent of individuals housed at the shelters serving adults only who leave with increased or maintained income, excluding emergency weather beds	66%	63%	62%	45%	65%	65%
Homeless Recidivism (Emergency Shelter Re-Entry)	16%	16%	20%	20%	20%	20%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Emergency shelter clients served at individuals shelters, excluding emergency weather beds	294	259	269	257	270	280
Emergency shelter clients served at family shelters	168	190	207	146	159	173
Hypothermia clients served using the emergency weather beds at the HSC	296	248	296	300	340	360

- New measure “Homeless Recidivism (Emergency Shelter Re-Entry)” has been added. Recidivism 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)” in FY 2019 has been updated with revised numbers based on annual HUD report card data verified through the Homeless Management Information System (HMIS).
- In FY 2020, there continued to be an increase in hypothermia clients served using the emergency weather beds at the HSC. Additionally, a data collection process improvement was implemented to include transient hypothermia clients and those considered non-county residents. Approximately 66% of all hypothermia clients were non-county residents; a 14% increase from FY 2019.
- 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 for Rapid Rehousing and emergency shelter to end homelessness. While shelter census has remained static during the pandemic, it is projected as eviction moratoriums end resources will be available to quickly re-house residents.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

- “Hypothermia clients served using the emergency weather beds at the HSC” in FY 2017, FY 2018, and FY 2019 has been updated with revised numbers based on annual HUD report card data verified through the Homeless Management Information System (HMIS).
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Rapid Re-Housing

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Participants exiting to Permanent Housing	140/91%	180/90%	118/83%	127/84%	160/90%	165/90%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Average length of stay in months for people leaving the program	9.4	8.1	7.0	8.7	7.5	7.0
Number of people assisted with a housing subsidy and case management annually	310	322	324	344	350	350
Percent of adults who leave with increased or maintained income at program exit	80%	76%	77%	69%	75%	78%

- In FY 2020 single adult Rapid Re-housing providers exhausted available funding halfway through the fiscal year which created a backlog for referrals until funding was renewed at the beginning of FY 2021.
- Additional COVID-19 emergency response funding was deployed state-wide in FY 2021 for Rapid Rehousing and emergency shelter to end homelessness. While shelter census has remained static during the pandemic, it is projected that as eviction moratoriums end resources will be available to quickly rehouse residents.
- “Number of people assisted with a housing subsidy and case management annually” in FY 2019 has been updated with revised numbers based on annual HUD report card data verified through the Homeless Management Information System (HMIS).

Supportive Housing

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Approved applicants who obtain housing	68/69%	53/55%	57/55%	52/53%	55/55%	55/55%
Permanent Supportive Housing (PSH) tenants who remain in permanent housing	265/93%	266/90%	286/94%	314/97%	323/95%	333/95%

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Occupied PSH households at end of fiscal year	251	254	276	301	313	332
New committed affordable units (CAFs) secured each year for PSH	19/6%	9/3%	17/7%	18/7%	21/7%	24/7%
Landlord satisfaction: leasing office staff surveyed who are satisfied with PSH services	20/100%	5/83%	16/94%	17/89%	18/90%	17/90%
Timeliness of obtaining housing: median months from approval to move-in for applicants	3	5	5	7	6	7
Case manager home visits completed or attempted every 90 days	76%	84%	77%	61%	74%	74%

- "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 2021 is attributed to a state contract to house an additional 57 PSH clients.
- 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 have increased and are projected to remain high as demand for PSH grows. 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 an 98% occupancy rate in FY 2020. Other general agreements with landlords offer units only available upon turnover or application acceptance. As a result, wait times for approved PSH clients continue to increase.
- In FY 2020, PSH retention rates increased to 97%, therefore reducing the number of units normally available upon turnover.
- The percent of home visits conducted include home visits which the case manager attempted, but the client refused. The FY 2020 completed or attempted home visits decreased due to the pandemic. Behavioral Health case managers have subsequently moved to other virtual platforms for home visits and these counts are not included in this measure.
- "Case manager home visits completed or attempted every 90 days" in FY 2018 has been updated with revised numbers confirmed via the leading system of record.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

PUBLIC ASSISTANCE

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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of

PUBLIC ASSISTANCE

proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

General Relief

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Average number of households assisted with General Relief Maintenance per month	83	77	52	51	50	50
Applications processed on time	100%	100%	100%	100%	100%	100%
Recipients receiving SNAP and/or Medicaid	N/A	N/A	98%/87%	100%/100%	100%/100%	100%/100%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
General Relief Maintenance expense	\$217,953	\$201,898	\$136,058	\$180,879	\$150,000	\$180,000
SSI reimbursements for General Relief payments	N/A	N/A	39%	36%	40%	50%

- General Relief 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.
- 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.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Auxiliary Grants

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Average number of persons assisted per month	68	69	76	76	75	75

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Auxiliary Grant expense	\$453,547	\$463,591	\$547,150	\$584,452	\$630,000	\$660,000

PUBLIC ASSISTANCE

- Auxiliary Grants 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.

Supplemental Nutrition Assistance Program (SNAP)

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of potentially eligible people participating in June of each year	28%	26%	24%	30%	35%	25%
Amount of benefits issued in June of each year	\$769,434	\$682,021	\$596,682	\$1,184,809	\$1,111,111	\$800,000

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of households participating in June of each year	4,109	3,842	3,532	4,059	4,000	3,500
Number of applications processed each year	2,627	2,448	2,329	3,306	3,000	2,300
Percent of applications processed within timeframe	99%	99%	99%	99%	99%	99%
Percent of cases calculated correctly that were reviewed locally (FFY)	84%	87%	84%	94%	90%	90%

- Due to the pandemic, Food and Nutrition Services (FNS) has authorized temporary policy changes, like waived interviews for applications and reviews, to encourage enrollment and participation. For the foreseeable future, enrollment and participation is anticipated to be higher than usual.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Medical Assistance

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total Medical Assistance households	12,581	13,206	15,484	17,587	18,500	15,000
Total applications received	4,774	4,676	7,165	3,710	3,600	3,600
Applications processed on time	99%	99%	99%	100%	97%	97%
Reviews processed on time	98%	99%	99%	99%	97%	97%

PUBLIC ASSISTANCE

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Accuracy of eligibility determinations	96%	89%	88%	94%	90%	90%
Percentage of Medical Assistance recipients accessing medical care	N/A	80%	65%	81%	85%	85%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Enrollments at Virginia Hospital Center	256	270	236	292	250	250
Total Reimbursements	\$102,093,268	\$105,585,153	\$108,497,140	\$128,869,567	\$138,000,000	\$108,000,000

- 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, "Total Medical Assistance Households" increased due to CMS' COVID-19 policy to keep recipients enrolled except under extreme circumstances, like death, moved out of state or customer request.
- In FY 2020, "Total applications received" decreased as many potentially eligible households applied during Medicaid Expansion. Enrollment is now leveling off with fewer spikes than in FY 2019.
- In FY 2020, "Enrollments at Virginia Hospital Center" increased due to COVID-19 related emergencies and is anticipated to return to normal levels in FY 2021 and FY 2022.
- In FY 2020, "Total reimbursements" increased due to "Total Medical Assistance households" increase and is anticipated to remain high due to Medicaid expansion through FY 2021 with a return to normal levels in FY 2022.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Temporary Assistance for Needy Families

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 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	\$762/\$351	\$517/\$168	\$649/\$312	\$355/\$312	\$355/\$312	\$649/\$312
Number/percent of VIEW participants employed	N/A	N/A	21/54%	24/29%	15/25%	15/25%

PUBLIC ASSISTANCE

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of VIEW participants still employed after three months	N/A	N/A	58%	75%	71%	70%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total applications	415	319	254	422	200	200
Accuracy rate for internal audits	97%	94%	100%	93%	95%	95%
Processing timeliness for initial applications/redeterminations	99%/96%	100%/99%	100%/94%	100%/94%	99%/96%	99%/97%
Average households/individuals receiving benefits per month	N/A	154/316	132/232	113/201	120/200	120/200

- 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.
- Prior to FY 2018, income data was reported from the State’s data system. Due to data system changes, FY 2018 forward is based on a review of all cases open in May of each fiscal year.
- Amount of income available to meet basic needs with TANF increased in FY 2017 due to COLA of 2.5 percent provided by the state. In SFY 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. Once the pandemic is contained and recipients are able to return to work, an increase is anticipated in SFY 2022.
- Methods for calculating employment retention were revised in FY 2019 for “Number/percent of VIEW participants employed or engaged in other work activities” and “Percent of VIEW participants still employed after three months” to enhance accuracy. Comparisons across fiscal years is not meaningful. An increase in FY 2020 from this newly established 2019 baseline is anticipated for both measures.
- In FY 2020 and onwards, VIEW retention will be measured at 3 months. Prior to FY 2020 retention was measured at 6 months.
- “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.
- Current TANF pandemic policy imposes a temporary moratorium on closures for the 24-month and 60-month time limits, resulting in a temporary household/individual increase sustained 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 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

PUBLIC ASSISTANCE

Energy Assistance

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of applications processed	1,864	1,980	1,977	2,085	2,500	2,000
Number of households assisted	1,585	1,691	1,882	1,644	2,300	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 will be reflected in FY 2021, with a return to normal levels in FY 2022.
- 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.

Refugee Services

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of applications processed	29	8	10	2	2	2
Average monthly households assisted	8	4	4	1	1	1
Refugee Services expense	\$30,742	\$14,310	\$16,160	\$6,845	\$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.

Child Care Subsidy

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of income spent on childcare with/without subsidy - Fee-based families	7%/76%	7%/51%	7%/62%	7%/64%	8%/65%	8%/65%
Percent of income spent on childcare with/without subsidy - Head Start families	7%/62%	5%/50%	6%/57%	4%/49%	5%/49%	5%/49%

PUBLIC ASSISTANCE

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of children receiving subsidy from local funds (County)	6	5	3	4	2	2
Quality control processing accuracy rate: internal reviews calculated correctly	93%	98%	97%	96%	100%	97%
State funds spent for fee paying families: percent spent and amount of allocation	86%/ \$1,338,218	85%/ \$1,036,969	80%/ \$1,524,600	86%/ \$1,784,266	80%/ \$2,027,590	80%/ \$2,027,590
Total number of children receiving state childcare subsidy	202	170	180	295	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, child care costs 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 FY 2018, the number of children in Head Start decreased due to a change in state policy mandating that no additional children be added to the program due to funding reductions. New families were added to the fee program wait list.
- In SFY 2018, the state increased the Maximum Reimbursable Rate across all types of care, meaning the amount paid to the child care 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 2019, “Number of children receiving subsidy from local funds (County)” decreased due to the availability of state funding to support these families.
- “Number of children receiving subsidy from local funds (County)” in FY 2017, FY 2018, and FY 2019 has been updated with revised numbers due to a reporting error.
- 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 2020 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Employment Services

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Placement rate of case managed clients: number/percent placed in employment	N/A	N/A	305/48%	221/18%	250/21%	300/30%
Wage at time of placement into employment	\$14.87	\$15.46	\$24.18	\$17.86	\$17.00	\$17.00
Case managed clients still employed after three months	290/72%	230/75%	229/75%	177/80%	188/75%	255/85%

EMPLOYMENT SERVICES

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Average ongoing case management clients	662	547	631	652	500	640
Average time from referral to case management to placement into employment for case managed clients (months)	3.7	3.2	2.3	6.6	4.0	4.0
Number of recruitment fairs	101	112	88	103	56	100
Number of students attending Arlington Teen Summer Expo	1,401	1,441	1,436	N/A	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), we have not seen 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 or 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.
- Employment placement rate is projected to remain low in FY 2021 and FY 2022 due to the economic recession as a result of the pandemic.
- In FY 2019 the significant increase in “Wage at time of placement into employment” was 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.
- 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 6 months, instead of 3 months.
- “Average ongoing case management clients” increased in FY 2019 due to program staff’s increased outreach efforts. Projected decrease in FY 2021 is due to the economic recession as a result of the pandemic with anticipated return to increasing levels in FY 2022.
- “Average time from referral to case management to placement into employment for case managed clients” decreased to 2.3 months in FY 2019. This was 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 7 months in FY 2020, due to the economic downturn as a result of the pandemic and the lack of available jobs.
- The decrease in “Number of recruitment fairs” in FY 2019 is attributed 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. However, due to the economic downturn as a result

EMPLOYMENT SERVICES

of the pandemic, and fewer employers hiring, the number of job fairs is anticipated to decrease in FY 2021.

- “Number of recruitment fairs” in FY 2019 has been updated with a revised number due to a reporting error.
- Due to the pandemic, the April 20 Teen Summer Expo was cancelled. In FY 2021 the annual event will be hosted virtually.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2020 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Emergency Preparedness and Response (EP&R)

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of emergency exercises and drills which Division staff conducted or in which staff participated	20	20	37	21	15	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	N/A	Yes	N/A	N/A
Percentage of Public Health Division employees compliant with state and federal National Incident Management trainings (IS100, ICS200 and ICS700)	95%	95%	97%	97%	97%	97%
Total Number of active Medical Reserve Corps volunteers	447	447	347	874	1,000	1,000

MANAGEMENT AND ADMINISTRATION

- 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. The jump in the number between FY 2018 and FY 2019 occurred because EP&R began tracking all types of drills and exercises in addition to tabletop, functional, and full-scale ones. Exercises and drills were put on hold in FY 2020 due to the COVID-19 pandemic response.
- 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 in FY 2020.

Occupational Health

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of County employees attending Occupational Safety and Health (OSHA) required trainings	5,058	5,820	4,158	7,520	7,520	7,520
Percent of County employees receiving follow-up referrals after health risks were detected on screening	100%	100%	100%	100%	100%	100%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
County employee attendance at worksite health or safety (non-OSHA) programs	7,445	6,884	4,431	4,997	4,997	4,997
Number of County employees screened for health and safety risks who were able to perform the job	2,832	2,547	2,671	2,249	2,249	2,249
Number/percent of OSHA defined abnormal hearing tests getting appropriate follow-up	0/100%	2/100%	3/100%	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%

- The estimates for FY 2021 and FY 2022 are based on FY 2020 actuals.
- Beginning in FY 2017, the County's Office of Risk Management began implementing new systems for centralized tracking of County employees attending OSHA required trainings and worksite health or safety (non-OSHA) programs. This centralized tracking continued to demonstrate an increase in numbers previously not captured due to paper-based records

MANAGEMENT AND ADMINISTRATION

and/or on-line trainings not recorded via a centralized system. Data includes both employees mandated to complete trainings, and employees who complete trainings on a voluntary basis. 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, increase teleworking secondary to the COVID-19 pandemic, and non-mandated employees completing the courses.

- 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. The increase in FY 2017 was largely due to a voluntary immunization status/vaccination update program for employees potentially exposed to vaccine-preventable illness. Following the FY 2017 increase, FY 2018 numbers went down as staff immunizations were current. During the 3rd 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 3rd and 4th Quarter of FY 2020, Arlington County Fire Department deferred scheduling annual fitness and wellness exams so that they could transition to another Occupational Health vendor during the 1st 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 a close contact to someone with infected with COVID-19.
- The number/percent of OSHA defined abnormal hearing tests getting appropriate follow up varies from year to year.

Management and Administration

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of budgeted third-party revenue received	98%	99%	100%	99%	99%	99%

- FY 2021 and FY 2022 estimates are based on FY 2020 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Family Planning Program

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total clients served	2,658	2,398	2,235	1,991	2,000	2,000
Total number of client visits	4,902	4,423	4,167	3,651	3,650	3,650
Total number of outreach events	29	35	50	22	20	20
Number of people reached at outreach events	4,141	3,948	2,457	1,704	1,700	1,700
Percent of teens encouraged to have parental involvement in their decisions regarding reproductive health	99%	93%	100%	100%	100%	100%
Average total visit time for comprehensive family planning visits (in minutes)	83	96	71	N/A	71	71
Percentage of clients who rated their overall customer experience as "excellent" or "wow"	80%	81%	86%	N/A	86%	86%
Percent of clients approved for a LARC (long acting reversible contraceptive) who receive it same day	13%	58%	56%	72%	62%	62%
Percent of pregnancies among existing family planning clients conceived at least 18 months after a previous birth	85%	89%	85%	75%	75%	75%
Percent of clients reporting a planned pregnancy when receiving the results of a positive pregnancy test result	48%	48%	56%	60%	60%	60%

- The overall decrease in clients served since FY 2017 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 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 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.
- The variation in the number of visits per year since FY 2017 is commensurate with the change in the number of clients served per year.

COMMUNITY HEALTH SERVICES

- 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 is within the parameters established by Title X, which requires that wait time not exceed 90 minutes. The decrease from FY 2017 to FY 2019 was due to process efficiencies and improvements in clinic flow. Average Total Visit Time was not assessed in FY 2020 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.
- 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. Between FY 2017 and FY 2018, the increase in the percent of clients receiving a LARC the same day occurred because of streamlined paperwork and more clinicians trained to insert LARCs. 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.
- In FY 2017, 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. In FY 2020, the survey in the first half of the year was delayed while the clinics restructured to combine maternity, family planning, and STI services into shared clinic times to give clients greater flexibility in scheduling visits. Due to COVID-19 disruption in services, the survey could not be conducted in the spring as planned.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here:

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

Maternity Care

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of low birth weight infants born to clients served through 36 weeks	2.0%	1.2%	2.8%	2.9%	2.9%	2.9%
Percent of pre-term deliveries among clients served through 36 weeks	2.8%	2.8%	4.1%	4.6%	4.6%	4.6%
Percent of women enrolling in prenatal care in the first trimester of pregnancy	66%	72%	70%	58%	58%	58%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total clients served	694	673	563	448	450	450
Total client visits	4,563	4,337	3,663	2,746	2,750	2,750
Percent of clients who got all critical tests on time at admission visit	100%	99%	100%	100%	100%	100%
Percent of clients who got all critical tests on time at first clinician visit	100%	99%	99%	100%	100%	100%
Percent of clients who got all critical tests on time between 15 and 21 weeks	99%	100%	100%	100%	100%	100%
Percent of clients who got all critical tests on time between 24 and 28 weeks	95%	97%	97%	100%	100%	100%

COMMUNITY HEALTH SERVICES

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of clients who got all critical tests on time between 35 and 37 weeks	100%	100%	100%	100%	100%	100%
Percentage of clients who rated their overall customer experience as "excellent" or "wow"	82%	87%	88%	N/A	88%	88%
Percent of clients who rated our use of a language that they understood and spoke as "excellent" or "wow"	82%	80%	93%	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.
- The decrease in clients served since FY 2017 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.
- The decrease in the number of visits between FY 2017 and FY 2020 is commensurate with the decrease in the number of clients. The reason for the decrease in the number of clients served is discussed above.
- In FY 2017, 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. In FY 2020, the survey in the first half of the year was delayed while the clinics restructured to combine maternity, family planning, and STI services into shared clinic times to give clients greater flexibility in scheduling visits. Due to the disruption in services and with COVID-19, the survey could not be conducted in the spring as planned.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Immunization Clinic (OIC)

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total clients served (all services)	4,088	3,521	3,390	2,773	2,773	2,773
Total visits (all services)	7,126	5,876	5,664	3,643	3,643	3,643
Total OIC Services: immunizations (including flu) and TSTs administered	16,670	14,289	11,209	10,294	10,294	10,294
Cases of reportable vaccine-preventable diseases among Arlington children and adults immunized at Immunization Clinic	1	0	0	0	0	0

- Data include services provided at the Open Immunization Clinic (OIC) only.

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- The OIC closed on March 16, 2020 due to the COVID-19 pandemic 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 since FY 2017 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, the decrease in the number of clients and visits is due to the COVID-related clinic closures.
- Tuberculin Skin Tests (TST), which are used to identify the presence of the bacterium that causes Tuberculosis (TB), are administered at OIC. A TST requires two visits to the clinic, one to apply the skin test and a second, 72 hours later, to read the results.
- This program has a performance measurement plan in place for services provided at OIC. You can read this program's complete FY 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

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

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 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	82%	67%	67%	17%	17%	17%
Percent of overweight children ages 2 to 5 moving towards a healthier weight	25%	27%	30%	24%	24%	24%
Percent of Women, Infants and Children (WIC) breastfeeding infants who were ever breastfed	91%	91%	93%	94%	94%	94%
Percent of Women, Infants and Children (WIC) breastfeeding infants who are breastfed at 6 months	61%	65%	72%	82%	82%	82%
Percent of Women, Infants and Children (WIC) breastfeeding infants who are breastfed at 1 year	29%	36%	35%	46%	46%	46%
Percentage of clients who rated their overall customer experience as "excellent" or "wow"	N/A	88%	91%	94%	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"	N/A	89%	90%	94%	94%	94%
Monthly average number of active clients	2,397	2,182	2,013	1,912	1,912	1,912

- Changes due to COVID: All eligibility determination, risk assessment, and nutrition counseling services are performed over the phone, and benefits are issued remotely. USDA 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

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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. Data is only from July through December 2019 and not comparable to previous years. It does not present BMI changes over FY 2020, but only the first six months.
- The increase in WIC breastfeeding infants who were ever breastfed, breastfed at 6 months, and breastfed at 1 year between FY 2017 and FY 2020 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; 2) the addition of face-to-face classes for pregnant and breastfeeding mothers; 3) The addition of breastfeeding support groups held in the community twice a month; and 4) Breastfeeding counselors are making home visits for clients with breastfeeding difficulties.
- 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, 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 overall decrease in the monthly average number of WIC clients reflects eligible clients relocating outside of Arlington for economic reasons. Clients may also be choosing not to enroll because of concerns about their immigration status.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2020 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 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Chlamydia rate per 100,000 population	403	468	490	416	416	416
Number of new Chlamydia cases	889	1,057	1,110	942	942	942
Gonorrhea rate per 100,000 population	99	100	110	118	118	118
Number of new Gonorrhea cases	219	226	249	267	267	267
Syphilis rate per 100,000 population	22	38	34	27	27	27
Number of new Syphilis cases	49	87	78	62	62	62
Perinatal Hepatitis B cases	13	13	14	19	19	19
HIV rate per 100,000 per population	9	10	10	8	8	8

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Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of new HIV cases	20	23	23	18	18	18
Number of HIV positive clients receiving AIDS Drug Assistance Program services	97	63	60	45	45	45
Total number of sexually transmitted disease clinic visits (includes HIV)	1,793	1,233	1,231	738	738	738
Percentage of STI Clinic clients who rated their overall customer experience as "excellent" or "wow"	N/A	91%	96%	N/A	96%	96%

- The above rates were calculated using the July 1, 2019 population estimates from the Arlington County Department of Community Planning and Housing Development.
- Data on the number of new cases is from the Virginia Department of Health (VDH).
- Overall, the number of cases of each sexually transmitted infection varies from year to year based on individual client characteristics. Arlington's FY 2017 - 2020 increases in the number of Chlamydia, Gonorrhea and Syphilis cases mirror regional trends. Arlington's decrease in the number of new HIV cases during the same period mirrors national trends but does not mirror state and regional numbers. There was no discernable pattern that explained those variations.
- During COVID-19, the Virginia Department of Health recommended that STI services be limited to symptomatic and high-risk clients. Between March 13 and June 30, 2020, STI Clinic saw 26 clients for 29 visits. 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.
- The total number of STI Clinic visits varies from year to year. The overall decline between FY 2017 and FY 2020 is due to the overall decrease in the number of clients and the resulting decrease in the number of visits. The decline between FY 2017 and FY 2018 is due to clients being charged for STI services as mandated by VDH.
- 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.
- In FY 2017, 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. In FY 2020, the survey in the first half of the year was delayed while the clinics restructured to combine maternity, family planning, and STI services into shared clinic times to give clients greater flexibility in scheduling visits. Due to the disruption in services and with COVID-19, the survey could not be conducted in the spring 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 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total client visits	1,889	1,407	1,899	1,312	1,300	1,300
Total number of clients	809	714	729	561	560	560

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Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of clients who rated their overall customer experience as "excellent" or "wow"	87%	92%	95%	97%	97%	97%
Percentage of clients who rated how we explained things as "excellent" or "wow"	87%	93%	97%	97%	97%	97%
Percentage of clients that indicated that they were able to get an appointment when needed	81%	69%	80%	85%	69%	85%
Percentage of adult appointment slots utilized by adults	91%	92%	91%	91%	91%	91%
Percentage of children's appointments slots utilized by children	75%	72%	78%	71%	71%	71%
Percentage of open appointment slots (both adult and children) utilized	92%	93%	92%	96%	96%	96%
Percentage of all clinic appointment slots utilized	85%	85%	88%	90%	90%	90%
Number/percent of preventive visits at which clients who were offered and received all appropriate preventive care	847/98%	659/99.5%	833/99.5%	537/99.8%	537/99.8%	537/99.8%
Number/percent of clients completing corrective treatment plan within 6 months	405/86%	311/82%	465/91%	409/89%	311/82%	409/89%
Number/percent of clients who return for a new preventive treatment plan in 12 months	481/59%	460/53%	401/60%	524/62%	460/53%	524/62%

- The Dental Clinic closed due to COVID on March 16, 2020. It did not reopen for the remainder of FY 2020. Currently, there is not a date set for when the dental clinic will reopen.
- 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.
- 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.
- 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 six months to complete their plans. We anticipate 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

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during the 12 months before the fire did not have the full 12 months to complete their plans. We anticipate 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 2020 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

School Based Health Clinics

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total number of students enrolled (school enrollment as of September 30)	26,152	26,941	27,436	28,248	29,142	30,002
Students with medical notifications	6,726	6,961	6,782	6,627	6,627	6,627
Total number of clinic visits	145,571	132,455	130,638	90,356	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	88%	93%	93%	N/A	93%	93%
Total vision screenings	10,184	10,051	9,518	9,885	9,885	9,885
Total hearing screenings	9,983	10,132	9,495	9,846	9,846	9,846
Percent of mass vision screenings completed	100%	100%	99%	98%	98%	98%

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Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of mass hearing screenings completed	100%	98%	98%	95%	95%	95%
Number of referrals made for services	2,128	2,206	2,261	1,123	2,261	2,261
Percent of conditionally enrolled students brought into compliance with immunizations	N/A	99.5%	99.5%	99.7%	99.7%	99.7%
Number of students excluded from school for not receiving Tdap vaccination	6 of 1,962	6 of 1,879	6 of 2,121	0 of 2,108	6 of 2,262	6 of 2,262
Percent of parents responding to customer satisfaction survey indicating overall satisfaction with service	94%	92%	91%	N/A	91%	91%
Percent of school staff responding to survey who indicate overall satisfaction with services	91%	92%	87%	N/A	87%	87%

- School enrollment numbers are from Arlington Public Schools.
- 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.
- Beginning in FY 2018, School Health implemented a new data collection process for clinic visits to ensure accuracy and efficient data collection. Clinic visit category definitions changed and prior year data is therefore not comparable.
- 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. IHCPs were created as usual but the staff that usually conduct the audit were deployed to the COVID response, which was deemed more urgent. The measure "Number of referrals made for services" only includes data from Q1 and Q2.
- 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 remaining doses. Immunizations are required in order to reduce the spread of communicable diseases.

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- 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.
- 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 FY 2020, 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 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Parent Infant Education (PIE)

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total Clients referred	468	529	500	356	356	500
New Individualized Family Service Plans (IFSPs)	339	322	253	181	181	181
Number of Active Clients (new and ongoing IFSP’s, unduplicated count)	653	642	583	260	260	260
Number of assessment and therapy hours provided by PIE therapists	1,113	1,166	806	662	662	662
Number of assessment and therapy hours provided by contracted therapists	7,034	7,546	6,353	7,387	7,387	7,387
Total direct therapy and assessment hours (travel, documentation, teaming peer consultation and administrative time not included)	8,147	8,712	7,159	8,049	8,049	8,049
Percentage of clients receiving services in a language other than English	20%	20%	16%	19%	19%	19%
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)	260/99.6%	244/99.6%	204/100%	123/92%	123/92%	123/92%
Number/percent of clients offered to start services listed in the IFSP within 30 days of signing the IFSP	341/99.7%	330/99.7%	257/99.6%	194/98%	194/98%	194/98%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: positive social emotional skills	72/55%	78/64%	81/63%	N/A	81/63%	81/63%
Number/percent of children demonstrating substantial improvement (based on therapist	109/59%	114/72%	120/72%	N/A	120/72%	120/72%

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Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
assessment) at discharge: acquisition and use of knowledge and skills						
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: use of appropriate behaviors to meet their needs	106/63%	105/69%	109/70%	N/A	109/70%	109/70%
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	86%	87%	89%	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	93%	95%	92%	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	92%	96%	93%	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 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 declined between FY 2016 and FY 2017. However, overall discharge ratings have increased for all three child outcome areas since FY 2017. This

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may be attributable to data analysis of the indicator ratings being conducted to certify that the ratings being reported are reflective of the child's overall progress. 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 2020 due to COVID-19 the state has not yet been able to report this data.

- While the percent of parents who agree, strongly agree or very strongly agree that early intervention services helped their family remained relatively constant the number of parents responding to the survey declined between FY 2016 and FY 2018. In FY 2019, the response rate for the parent survey increased by 10% 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) and move to on-line surveys only. 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 results of the survey have not yet been reported due to the delay.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Restaurant Inspection

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number/percent of food establishments in enforcement process brought into compliance	35/ 100%	25/ 100%	20/ 100%	6/ 100%	6/ 100%	6/ 100%
Number of food establishments closed for imminent health hazards	10	20	24	9	9	9

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Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of confirmed foodborne outbreaks associated with a licensed Arlington food establishment	0	0	0	0	Not predictable	Not predictable

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total number of establishments	1,067	1,070	1,088	1,094	1,094	1,094
Total number of risk factor plus and risk factor inspections completed	2,210	2,179	2,289	1,768	1,768	2,289
Number of food establishment inspections per Environmental Health Specialist FTE	461	396	394	N/A	N/A	394
Number/percent of inspections completed for food establishments requiring 1 inspection per year (calendar year measure)	471/ 100%	471/ 100%	442/ 100%	N/A	N/A	448/ 100%
Number/percent of inspections completed for food establishments requiring 2 inspections per year (calendar year measure)	534/ 99%	558/ 100%	544/ 100%	N/A	N/A	544/ 100%
Number/percent of inspections completed for food establishments requiring 3 inspections per year (calendar year measure)	1,031/ 100%	1,027/ 100%	1,206/ 100%	N/A	N/A	1,206/ 100%
Number/percent of inspections completed for food establishments requiring 4 inspections per year (calendar year measure)	84/ 100%	80/ 100%	104/ 100%	N/A	N/A	104/ 100%
Number of complaints of foodborne illness	77	58	70	49	Not predictable	Not predictable
Number of known affected individuals within the outbreaks	N/A	N/A	N/A	N/A	Not predictable	Not predictable
Enforcement Action 1: Number of Notices of Alleged Violation	31	20	19	5	5	5
Enforcement Action 2: Number of Fact-Finding Conferences	7	5	4	2	2	2
Enforcement Action 3: Number of Notices of Intent to Revoke License	0	2	0	1	1	1
Enforcement Action 4: Number of Revocation Hearings	0	2	0	1	1	1
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 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

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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.

- 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 per FTE decreased in FY 2018 due to filling vacant positions. The number of inspections/FTE typically remains above the FDA standard of 280-320 per FTE. In FY 2020, 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.
- All five (5) enforcement actions declined between FY 2016 and FY 2020. This is likely the result of two (2) factors: 1) A program shift that created an assigned set of establishments per EHS instead of random inspection assignments. This allowed the EHS to build a relationship and work consistently with an establishment to address any areas of concern. Assignments are changed every three years to help ensure that the relationships don’t make it difficult for the EHS to be unbiased during inspections. 2) A commensurate effort to establish Risk Control Plan with establishments to address issues before they are big enough to warrant enforcement.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Pool Inspection

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total Year-Round Water Recreational Facilities (calendar year measure)	54	48	43	43	43	43
Total Seasonal Water Recreational Facilities (calendar year measure)	245	241	247	153	247	247
Total Water Recreation Facilities (calendar year measure)	299	289	290	196	290	290
Number/percent of required inspections for Year-Round Water Recreation Facilities completed (calendar year measure)	150/ 100%	141/ 100%	131/ 100%	21/N/A	Not predictable	131/ 100%

COMMUNITY HEALTH PROTECTION

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number/percent of required Pre-Opening inspections for Seasonal Water Recreation Facilities completed (calendar year measure)	244/ 99.5%	241/ 100%	247/ 100%	7/N/A	Not predictable	247/ 100%
Number/percent of required Routine inspections for Seasonal Water Recreation Facilities completed (calendar year measure)	490/ 100%	482/ 100%	488/ 100%	153/N/A	488/ 100%	488/ 100%
Timeliness of database entry of inspection results	70%	96%	99%	N/A	99%	99%
Reported illnesses, injuries or deaths associated with a licensed Water Recreational Facility (fiscal year measure)	0	1	0	0	Not predictable	Not predictable
Number of facility closures due to imminent health hazards	12	11	8	9	9	9

- Water Recreation Facilities (WRFs) include swimming, wading and diving pools, 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).
- Inspections of Water Recreational Facilities are calculated on a calendar year basis.
- 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 inspections completed is not calculated for CY 2020. Due to staffing constraints caused by staff being deployed to COVID-19 response, the estimate could not be calculated for FY 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 decreased in FY 2017 because the HealthSpace database experienced technical issues, preventing entry of data in a timely fashion. Timeliness of entry was a point of great emphasis, which resulted in 99% 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.
- The number of reported illnesses, injuries, or deaths associated with a licensed facility and the number of facility closures due to imminent health hazards is dependent upon reports from those 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.

COMMUNITY HEALTH PROTECTION

- 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.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Hotel Inspection

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of hotels licensed annually	44	45	46	46	46	46
Total Number of hotel inspections	49	50	46	47	47	47
Number of complaints	10	14	22	13	Not predictable	Not predictable
Percent of routine annual inspections completed	100%	100%	100%	100%	100%	100%
Timeliness of inspection entry	91%	100%	100%	100%	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 2021 and FY 2022 are based on FY 2020 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.
- 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.
- 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 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

COMMUNITY HEALTH PROTECTION

Animal Control

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of animals quarantined for exposure to rabid animals or for biting humans	267	202	279	301	301	301
Number of animals vaccinated for rabies prevention	615	678	548	433	433	433

- FY 2021 and FY 2022 estimates were updated based on FY 2020 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 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of rodent complaints investigated	164	136	173	204	204	204
Number/percent of contacts initiated within the appropriate timeframe (one business day) regarding rodents INSIDE a residence or establishment	29/ 94%	35/ 100%	60/ 92%	77/ 95%	77/ 95%	77/ 95%
Number/percent of contacts initiated within the appropriate timeframe (three business days) regarding rodents OUTSIDE a residence or establishment	133/ 100%	90/ 100%	108/ 100%	120/ 98%	120/ 98%	120/ 98%
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 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Disease Surveillance and Investigation Program

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of communicable disease investigations	1,495	1,578	1,399	4,325	4,325	4,325
Confirmed and probable cases	833	965	738	3,529	3,529	1,744

COMMUNITY HEALTH PROTECTION

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of Communicable disease investigation initiated within required VDH timeframes	95%	99%	98%	99.6%	99.6%	99.6%
Number/percent of clients who received recommendations for individual control measures according to VDH criteria and timeframe	38/ 95%	37/ 79%	62/ 91%	75/ 90%	75/ 90%	75/ 90%
Number of outbreak investigations conducted	37	22	25	28	28	28
Number/percent of outbreak reports completed and submitted to VDH within mandated reporting timeframe	34/ 92%	21/ 95%	24/ 96%	N/A	N/A	N/A
Number/percent of clients completing prophylaxis to prevent rabies as recommended	54/ 69%	33/ 67%	39/ 71%	58/ 74%	58/ 74%	58/ 74%

- 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 in FY 2020, 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 from March to June 2020. As Arlington enters later phases of reopening, additional staff will be dedicated to DSI to meet the safety needs of the community.
- In FY 2020, the increase in communicable disease investigations and confirmed and probable cases is attributable to the COVID pandemic.
- The Communicable Disease program tracks via the local database, the control measures given to clients with a communicable disease.
- The number of outbreaks varies from year to year, affecting the number of outbreak investigations conducted. During the COVID pandemic, the DSI team focused outbreak investigation on congregate facilities; outbreaks in community locations may not have been identified and reported.
- 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 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

COMMUNITY HEALTH PROTECTION

Tuberculosis (TB) Medical Case Management

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number/percent of clients with active TB who completed or are on schedule to complete treatment according to protocol	16/ 94%	25/ 100%	24/ 100%	24/ 100%	24/ 100%	24/ 100%
Number/percent of clients with latent TB infection starting medications who completed or are on schedule to complete treatment	165/ 84%	124/ 87%	89/ 88%	76/ 87%	76/ 87%	76/ 87%
LTBI treatment completion by type: INH: Number/percent of clients who completed or are on schedule to complete treatment	83/ 83%	66/ 89%	40/ 89%	18/ 95%	18/ 95%	18/ 95%
LTBI treatment completion by type: Rif: Number/percent of clients who completed or are on schedule to complete treatment	20/ 87%	22/ 76%	36/ 90%	51/ 85%	51/ 85%	51/ 85%
LTBI treatment completion by type: 3-HP: Number/percent of clients who completed or are on schedule to complete treatment	62/ 85%	36/ 90%	12/ 80%	7/ 78%	7/ 78%	7/ 78%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of clients (unduplicated)	862	703	715	512	715	715
Total active cases of treatment	20	25	24	24	24	24
New active TB cases (diagnosed in Arlington or transferred from other jurisdictions)	14	16	14	13	13	13
Clients with Latent TB on treatment	204	144	101	88	88	88
Visits (all settings)	3,730	2,713	1,811	1,159	1,159	1,159
Directly Observed Therapy (DOT) visits	1,524	2,024	1,861	1,846	1,846	1,846
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	76%	90%	83%	94%	94%	94%
Number/percent of clients with active TB disease who met the criteria for a safe hospital discharge to the community	3/ 75%	2/ 100%	3/ 60%	7/ 100%	7/ 100%	7/ 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 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, 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.
- The number of Directly Observed Therapy (DOT) visits increased between FY 2016 and FY 2018 due to an increase in complex TB cases on extended treatment. Arlington provides 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. In FY 2020, 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 2017, one client was hospitalized out-of-state and case manager was unable to visit. 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 2020 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Management and Administration

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total number of individuals served in the Division	4,485	4,684	4,624	4,561	4,600	4,600

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total revenue collected by Customer Service Team	\$115,953	\$132,553	\$125,092	\$91,127	\$0	\$100,000

- COVID-19 impacted services during last quarter of FY 2020 and Q1 of FY 2021, decreasing services by an average of 18 percent. It is anticipated FY 2021 and FY 2022 estimates will remain at current levels as programs return to full capacity and staff vacancies are filled.
- Revenue collected by the Customer Service Team decreased in FY 2020 due to the closure of the Customer Service Center in March 2020. We expect collections to return to the previous trend with the reopening of operations.

MANAGEMENT AND ADMINISTRATION

Healthy Living Program

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of clients who maintained or improved health outcomes (biometrics/health habits)	N/A	N/A	N/A	80%/71%	80%/75%	80%/75%
Percent of clients who quit tobacco use	20%	25%	67%	58%	70%	70%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Clients connected to primary care	N/A	N/A	96%	100%	95%	95%
Fidelity to evidence-based models for wellness programs	100%	91%	95%	92%	90%	90%
Percent of participants engaged in one or more program activities per month	92%	73%	78%	91%	90%	90%
Unduplicated clients served	38	30	38	64	65	65

- In FY 2020, in addition to a narrative assessment around physical and other dimensions of well-being, clients in wellness coaching and skill building services received quarterly assessments that included weight and other biometrics as an optional measure. We anticipate that with more individualized health goals there will be a gradual increase in success rates through FY 2022.
- In FY 2020, tobacco usage was measured for all participants in the Tobacco Chats program. It is expected that 70 percent of participants in the Tobacco Chats program will quit or reduce tobacco use through FY 2022 due to transitioning to utilizing the Dimensions curriculum. Because the number of clients participating in this program is small, the percentage who quit tobacco use can vary significantly from year to year.
- In FY 2020, all clients who participated in any monitored healthy living service were connected to primary care. The program will continue requiring that clients referred for any ongoing services be connected to a primary care provider.
- NEW-R fidelity is established by the University of Illinois at Chicago. For FY 2021, to remain aligned with current research and trends around trauma-informed approaches to health management, weight will become an optional measure for program participants. This could impact the fidelity score through FY 2022.
- In FY 2020, engagement was measured for all clients who were enrolled in a monitored wellness service during the year. In FY 2021, clients will start receiving more structured outreach, in addition to a new program admission process designed to increase client understanding of program services, and ability to engage. 90 percent of program participants are expected to engage in at least one activity per month through FY 2022.
- In FY 2020, the program model was adapted to allow for more flexible client engagement in a drop-in format. This allowed for the program to move all waiting clients off of the waitlist and into active status, and for all new referrals to be engaged without delay. This resulted in a significant increase in unduplicated clients served in FY 2020. It is anticipated that FY 2021 and FY 2022 will see a similar number of clients referred and served, including current clients who will remain in services in upcoming years.

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 2020 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of visits in which individuals demonstrated adherence to medication regimen	91%	92%	93%	94%	85%	88%
Percentage of individuals reporting their symptoms have improved since receiving psychiatric services	90%	93%	88%	N/A	80%	85%
Percentage of Psychiatric visits at which individuals demonstrated improvement in symptoms	84%	85%	91%	91%	90%	90%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Average number of days until next available psychiatric evaluation for individuals initiating ongoing services, CFSD, ADSD, BHD	14/38/21	7/20/17	13/15/12	8/13/13	8/13/15	8/13/15
Average score of chart reviews reflecting alignment with evidence-based practice/number of charts reviewed	89%/95	89%/48	92%/46	93%/46	75%/46	85%/46
Number of clients served (unduplicated)	1,942	2,181	2,355	2,642	2,800	2,900

PSYCHIATRIC SERVICES

- The percentage of visits in which individuals demonstrated adherence to medication regimen had been increasing until FY 2020 due to collaboration with nursing staff to coordinate care, ongoing utilization review of missed client appointments and enhanced responsiveness to requests for medication refills. It is anticipated that in FY 2021 multiple effects of COVID-19 pandemic will negatively impact clients' symptoms decreasing the measure. The numbers should improve in FY 2022 as effects of the pandemic are expected to decrease.
- The percentage of individuals reporting improved symptoms could not be assessed in FY 2020 due to closure of physical operations in response to the COVID-19 pandemic. It is anticipated that in FY 2021 and FY 2022 clients will continue to be affected negatively due to multiple prolonged psychosocial effects of the pandemic, which we expect to address with continued treatment.
- In FY 2020, the percentage of psychiatric visits at which individuals demonstrated improvement in their psychiatric symptoms was 91 percent, consistent with FY 2019, despite the COVID-19 pandemic. Psychiatric services were provided by telehealth from the beginning of April 2020.
- The average wait times for an initial psychiatric evaluation improved in CFSD and ADSD while increasing one day in BHD. For FY 2021 and FY 2022, the wait times are anticipated to remain constant for CFSD and ADSD, while slightly increasing in BHD due to continued growth in the number of clients served.
- Average score of chart reviews has improved. In FY 2020, 75 percent of the chart audits were completed prior to the time frame of the implementation of telehealth due to the COVID-19 pandemic. It is anticipated that in FY 2021, the average fidelity scale scores of the chart audits will decrease to 75 percent due to the closure of physical operations for most of the fiscal year. It is anticipated that in FY 2022, there will be more clients coming on site for psychiatric services allowing for greater evidence-based practice fidelity.
- The number of clients served in FY 2020 continued to increase overall. We expect this trend to continue in FY 2021 and FY 2022.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 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, follow-up services, and stress management 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

- Ensure the safety of residents by providing 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Emergency Services

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of clients who received only one episode of care	82%	78%	78%	77%	78%	77%
Percentage of contacts that resulted in community dispositions	69%	63%	65%	65%	69%	67%

CLIENT SERVICES ENTRY

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Current ACPD patrol officers trained in crisis intervention	73% (132/180)	76% (134/177)	70% (89/127)	64% (98/153)	75% (114/153)	75% (114/153)
Individuals brought to Crisis Intervention Center (CIC) in lieu of arrest	113	116	123	164	159	161
Percentage of assessments/progress notes completed within 1 business day	91%/87%	92%/95%	91%/93%	93%/96%	95%/96%	95%/96%
Total clients served (unduplicated)	1,604	1,585	1,385	1,478	1,489	1,483
Total Temporary Detention Orders (TDO) completed by staff	491	613	512	531	520	525

- Percentage of clients who have received only one episode of care has remained stable over a four year period and we estimate the rate to remain stable in FY 2021 and FY 2022.
- The rate of community dispositions has remained stable in FY 2020; we expect this number to increase in FY 2021.
- For FY 2020 the number of individuals brought to the Crisis Intervention Center in lieu of arrest increased significantly due to presenting acuity and better recognition of clients experiencing a mental health crisis. We expect this number to go down in FY 2021 and FY 2022 only slightly as awareness of mental health crisis and training increase and local law enforcement consider diversion of individuals versus incarceration.
- Current ACPD Patrol Officers CIT Trained remained the same for FY 2020.
- The percentage of progress notes completed within one business day increased in FY 2020 and is projected to increase for FY 2021 and FY 2022 due to increased training measures for new staff.
- The total number of unduplicated clients increased for FY 2020 due to increased staffing. The number is projected to remain steady for FY 2021 and FY 2022 as we move to a community mobile based crisis response model.
- The total number of Temporary Detention Orders (TDO) have increased for FY 2020 due to diversion in lieu of arrest and client acuity. The number of TDO are expected to decrease slightly in FY 2021 and FY 2022 as we increase the use of Office Based Crisis Stabilization and the CIC.
- 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 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

CLIENT SERVICES ENTRY

Assessment and Intake

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Clients are successfully linked to ongoing services (attended at least 1 ongoing service within 60 days of intake)	88%	82%	82%	85%	85%	85%
Clients believe they will get the help they need/know the next step	98%/100%	99%/100%	98%/100%	99%/100%	99%/100%	99% 100%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Clients seen on the same day	N/A	97%	95%	97%	95%	95%
Number of days from intake to first clinical appointment	N/A	7	8	9	8	8
Total number of clients receiving intake assessments (unduplicated)	645	766	690	642	620	640

- It is expected that approximately 85 percent of clients will be connected to services within 60 days of intake in FY 2021 and FY 2022. Intake staff will continue to attempt to place reminder calls to clients prior to their scheduled appointments and follow up after missed appointments.
- The program implemented Same Day Access three years ago, and intake staff continue to be effective at communicating next steps to clients. Due to this it is expected that 99 percent 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 and FY 2022.
- Due to COVID-19, Same Day Access walk-in services have been suspended. Intakes are being scheduled via telehealth on the same day or on subsequent business days which will likely continue through FY 2021. Same day walk-in services are expected to resume in FY 2022.
- Due to COVID-19, intake numbers are expected to decrease in FY 2021 and be referred on for services. Intake assessments are expected to increase in FY 2022 when walk-in services resume.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Discharge Planning

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Clients connected with Arlington community-based treatment services	86% (44/51)	85% (76/89)	94% (59/63)	98% (50/51)	95% (45/47)	94% (46/49)
Clients discharged to Arlington who remain out of the State Hospital longer than 30 days after discharge	69% (35/51)	91% (81/89)	94% (59/63)	96% (49/51)	95% (45/47)	94% (46/49)

CLIENT SERVICES ENTRY

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Individuals discharged from hospital to stable housing placements in Arlington	63%	56%	67%	57%	60%	60%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Average number of days in hospital for clients discharged who were/were not on the Extraordinary Barriers List	89/68	141/15	88/20	141/11	140/15	150/12
NVMHI clients receiving discharge services at least every 14 days who were/were not on the extraordinary barriers list	75%/95%	67%/84%	100%/96%	100%/95%	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.)	130	175	126	138	145	140

- Discharge planners continue to coordinate aftercare appointments so that existing clients connect with outpatient services and new clients are referred to Assessment and Intake. In FY 2020, the practice of transporting all Arlington CSB clients discharged from the state hospital to emergency services was discontinued with no impact on their connection to services.
- It is expected that 95 percent of clients will remain out of the hospital longer than 30 days in FY 2021 and FY 2022. The discharge planning program will continue to review cases with the treatment providers when applicable to explore service intensity and coordinate treatment options.
- It is expected that the percentage of clients discharged to stable housing will remain around 60 percent in FY 2021 and FY 2022. Clients with stable housing prior to hospitalization are often able to return to their homes after discharge, while clients with unstable housing prior to hospitalization often have barriers that encumber the process with obtaining stable housing after discharge.
- A shortage in appropriate placement options is expected to increase the number of hospital days for EBL individuals in FY 2021 and beyond. The length of stay for Extraordinary Barriers List (EBL) clients varies from year to year, based on the number of long-term clients who are discharged. Hospital days for non-EBL clients will remain an average of about two weeks in FY 2021 and FY 2022. Shortages in state hospital beds continue to put pressure on faster discharges for non-EBL clients.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2020 plan here:

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

CLIENT SERVICES ENTRY

Community Corrections

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Clients completing supervised probation per court order	55%	57%	59%	56%	63%	59%
Average daily caseload	128	136	141	123	133	132

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total clients supervised	183	193	194	213	191	199
Customer satisfaction: percent of clients indicating they were treated very well by staff	94%	94%	90%	92%	92%	92%

- The percentage of clients completing supervised probation per court order declined by three percent in FY 2020 due to introduction of a new approach, with the unit recommending successful early termination for some clients referred who had initiated a treatment process. Increased completion of supervised probation per court order in FY 2021 and FY 2022 is expected.
- The average daily caseload decreased in FY 2020 significantly due to the closure of all State Courts in response to the COVID-19 pandemic. In FY 2021 and FY 2022 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 2020 the number of supervised clients increased to 213, due to increased utilization of the office by the new judges appointed to the Court. The number is expected to decrease in FY 2021 and FY 2022 closer to previous levels.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

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.

Program for Assertive Community Treatment (PACT)

- 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

OUTPATIENT SERVICES

Program for Assertive Community Treatment (PACT)

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Clients employed in competitive jobs	14%	13%	12%	10%	10%	8%
Clients living independently (in private households)	70%	66%	66%	74%	75%	80%
Percent of clients hospitalized	26%	41%	28%	25%	25%	23%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Organizational adherence to evidence-based ACT Model (out of 5)	4.1	4.1	4	3.1	3.5	3.7
Percentage of documentation sample compliant with documentation standards	84%	91%	83%	83%	90%	90%
Percentage of services provided in the community	79%	81%	81%	67%	75%	80%
Total clients served	106	104	109	101	105	109

- The percent of clients employed in competitive jobs has been decreasing in the past four years, as the number of clients with more psychiatric barriers that impact their ability to be employed increased. It is expected that the number of clients being employed will decrease to eight percent by FY 2022, due to the effects of the COVID-19 pandemic.
- The percent of clients in independent housing will continue to increase and be in the 75 – 80 percent range through FY 2022. It is expected the percent of individuals in independent housing will increase five percent by the end of FY 2022, due to increased funding for the Supportive Housing Program.
- The number of persons hospitalized decreased from FY 2019 to FY 2020. This trend is expected to continue into FY 2022 due to the PACT Team being fully staffed and able to continue to provide in-person services during the pandemic.
- 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 increase by FY 2021 and FY 2022 as the team gains experience in using the tool.
- The percentage of services provided in the community was affected by the COVID-19 pandemic. There was a 50 percent reduction in the number of clients seen face-to-face daily as most appointments were conducted via telehealth. This is expected to increase to the standard of at least 75 percent through FY 2022 as the pandemic wanes.
- The number of persons served by PACT remained stable. The number served is expected to remain within the 101-109 range due to fluctuations in staffing.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

OUTPATIENT SERVICES

Mental Health Community Support Services

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of hospitalizations	130	155	128	137	140	145
Percentage of clients with high or improved daily living activities assessment (DLA) scores	N/A	48%	43%	37%	40%	35%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of clients served (unduplicated)	1,389	1,467	1,514	1,395	1,400	1,420
Percentage of clients satisfied with services received (unduplicated)	98%	95%	96%	N/A	96%	96%

- The number of hospitalizations increased from FY 2020 and is projected to continue to increase in FY 2021 and FY 2022. This reflects the increasing number of persons served, as well as increased distress secondary to the pandemic and political climate.
- The percentage of clients with high or improved daily living activities assessment scores is expected to remain the same during FY 2021 and FY 2022 due to increased unemployment levels and increased housing instability, secondary to the pandemic.
- The number of clients served decreased in FY 2020 due to staff vacancies and improved consistency in applying the discharge policy. Slight increases are expected FY 2021 and FY 2022 due to anticipated need for mental health services in the community in response 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 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Employment Services

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Clients who obtain employment	51%	50%	46%	29%	35%	45%
Percentage of clients who maintain employment in a single job for 90 days or more	86%	81%	82%	72%	75%	80%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Average satisfaction score with Job Avenue services	100%	100%	91%	N/A	95%	100%
Fidelity to evidence-based model	90%	90%	92%	90%	92%	92%
Number of referrals to Job Avenue	211	148	183	126	145	185
Total clients served with supported employment	321	308	313	269	300	310

OUTPATIENT SERVICES

- The percent of new clients who obtained employment has varied around 50 percent for the past three years. However, in FY 2020 the percentage dropped to 31 percent due to the COVID-19 pandemic. We project the percentage to increase to in FY 2021 and FY 2022 and meet the national benchmark of 45 percent.
- The percent of clients employed who remain in their job 90 days from FY 2017 to FY 2019 averaged 83 percent. However, in FY 2020 it decreased due to layoffs as a result of the COVID-19 pandemic. We estimate this trend to continue into FY 2021 and reverse in FY 2022 with the waning of the pandemic.
- The percent conformance with a nationally recognized scale of fidelity to the best practice supported employment model has been consistently high and will increase to 92 percent.
- The number of referrals have consistently averaged 180 referrals per year for FY 2017 through FY 2019. In FY 2020 the number of referrals decreased due to program changes, re-training of new supervisor, and the pandemic's impact on services. We project a return to the pre-pandemic level by FY 2022.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Substance Use Outpatient Services

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Clients successfully engaged in outpatient treatment who successfully achieved and maintained abstinence at discharge.	55%	70%	63%	66%	67%	68%
Percentage of clients who report improved functioning as a direct result of services received	95%	95%	88%	N/A	95%	95%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of clients receiving outpatient services	480	542	586	604	630	650
Number/percent of clients discharged who met most or all of treatment plan goals	159/59%	154/73%	172/66%	211/68%	170/70%	170/70%
Percent of clients in treatment more than 90 days	76%	79%	70%	75%	80%	75%

- The percentage of clients expected achieve and maintain abstinence at discharge will remain constant. The completion rate of 66% is higher than SAMHSA's national average of 46 percent. Key success factors continue to include the use of evidence-based interventions.
- The percent of clients reporting in the annual survey that their functioning improved as a result of their service is expected to continue at 95 percent into FY 2022. This exceeds the program's goal of 85 percent. The survey was not administered in FY 2020 due to COVID-19.
- The number of clients receiving services will continue to increase due in part to Same Day Access and the implementation of practices emphasizing service accessibility.
- The percent of clients meeting most, or all the treatment plan goals will continue at approximately the same rate (70 percent) through FY 2021 and FY 2022. The SAMHSA

OUTPATIENT SERVICES

national benchmark is based on reports that outpatient programs in the U.S. range from 16 percent to 75 percent of clients still in treatment at 90 days.

- The percent of clients in treatment more than 90 days will remain constant through FY 2022. This outcome is due in part to the revised Discharge Policy and the use of Peer Support Specialists.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 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

RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES

support to adults with serious mental illness and/or substance use disorders who do not access services through traditional paths.

Office Based Opioid Treatment

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

PERFORMANCE MEASURES

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Substance Use Residential Treatment

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of clients served who successfully completed residential treatment	55% (31/56)	64% (58/90)	65% (62/96)	62% (53/85)	65% (54/90)	75% (71/95)
Percentage of clients served who successfully completed the RPC detox program	51% (80/156)	56% (87/154)	50% (89/179)	58% (94/161)	60% (105/175)	65% (120/185)
Percentage of residential treatment clients discharged who were provided further treatment	93% (52/56)	89% (80/90)	97% (93/96)	100% (85/85)	96% (86/90)	96% (91/95)
Percentage of residential treatment clients reporting improved functioning as a direct result of services received	84%	94%	90%	97%	95%	95%
Percentage of RPC detox unduplicated clients discharged who were provided further treatment	72% (112/156)	82% (127/154)	79% (141/179)	83% (133/161)	80% (144/180)	85% (157/185)

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of unduplicated Residential / Detox clients served	63/156	90/154	96/179	85/161	95/180	95/180
Percentage Bed Utilization for Detox / residential treatment	50%/ 51%	61%/77%	55%/74%	52%/68%	55%/75%	65%/75%
Percentage of clients surveyed who reported satisfaction with residential treatment services received	86%	94%	90%	91%	90%	90%

RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES

- 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 remained consistent and is anticipated to increase in FY 2021 and FY 2022 with the provision of withdrawal management and medication assisted treatment services while in residential treatment, and enhanced connections with peer recovery specialists.
- The percentage of clients who completed the detox program is anticipated to increase with the addition of withdrawal management services. Medical withdrawal management services will be implemented in the 3rd Quarter of FY 2021. A slight increase in utilization is expected in FY 2021. As knowledge of these services becomes more widely known, we anticipate further increases in utilization heading into FY 2022.
- The percentage of clients connected to follow up treatment after discharge from residential treatment remains high. These numbers reflect clients who are referred to CSB programs for aftercare. We continue to work to connect all clients participating in residential treatment to aftercare. We anticipate the high percentage to remain consistent through FY 2021 and FY 2022.
- The percentage of residential treatment clients reporting improved functioning as a direct result of services received continues to be high. 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 increase due to a higher level of oversight by the Residential Contract Manager.
- Referrals into residential treatment are highly affected by detox utilization. We anticipate greater utilization of both detox and residential treatment with the implementation of the new contract and with expansion of services provided in the detox program. The number of individuals served in our residential programs will increase in the second half of FY 2021 continuing into FY 2022.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2020 plan here:

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

Mental Health Residential Services

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of clients satisfied with services received	97%	96%	96%	N/A	96%	96%
Total number of clients served in group homes and assisted living facilities	33	34	34	30	35	35

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total number of clients served in Contract Support Services Program	49	43	37	36	30	40
Total number of clients served in supportive housing programs	220	236	249	271	280	290
Total number of clients served in transitional housing	22	26	25	22	27	29

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 for FY 2020. It is expected that the survey will be conducted in FY 2021 and FY 2022 continuing the high satisfaction trend.
- Due to COVID-19 pandemic, a fire incident, and transitions from group homes to apartments, there was a decrease in group home and Assisted Living Facilities census for FY 2020. It is anticipated that there will be more admissions in FY 2021 and FY 2022.
- The number of clients served in Contracted Support Services decreased in FY 2020 because the contract was amended to serve only non-Medicaid clients. It is expected that more referrals will be received in FY 2022 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.
- The total number of clients served in transitional homes dropped in FY 2020 due to the pandemic and a limit on new admissions. The numbers are expected to increase in FY 2021 and FY 2022.

Clarendon House

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number/ Percentage of clients served who are hospitalized	11/ 10%	14/11%	12/9%	8/6%	8/9%	8/6%
Number/Percentage of clients served living in independent housing	87/71%	89/71%	83/65%	90/73%	90/75%	95/75%
Number/Percentage of clients served who are engaged in employment-related activities	45/37%	43/35%	39/38%	32/25%	32/30%	32/30%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Client engagement in psychoeducational classes	N/A	N/A	65%	16%	50%	60%
Percent of budgeted Medicaid revenue received for Case Management/Day Program	96%/81%	101%/91%	96%/72%	94%/51%	96%/61%	96%/60%
Percentage of clients satisfied with services received	93%	95%	93%	N/A	95%	95%
Total clients served	122	126	127	124	124	127

- The percentage of clients hospitalized varies between 6 to 11 percent. This is consistent with similar programs offered to the target population. 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 involved with clients. This number should remain relatively stable through FY 2022.

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- The percentage of persons in independent housing increased in FY 2020 indicating an increase in clients being able to live independently. 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 remain stable during FY 2021 and FY 2022.
- The number of clients who are engaged in employment services is lower in FY 2020 and through FY 2022 due to the clients no longer participating in the American Psychiatric Association’s (APA) enclave, and due to the impact of COVID-19 on the availability of service-sector jobs. It is projected that a similar number of clients will participate in employment during FY 2021 and FY 2022.
- Client engagement in psychosocial classes was significantly lower in FY 2020 due to COVID-19. It is projected that the percentage will increase in in FY 2021 and FY 2022.
- The Percent of budgeted Medicaid revenue for the program achieved remained consistent for case management services and decreased for the psychosocial rehabilitation program, due to program closure in response to COVID-19 pandemic. The program plans on continually focusing on authorizations to ensure the maximum Medicaid revenue and working with clients to encourage engagement.
- The client survey was not conducted in FY 2020 due to program closure in response to the COVID-19 pandemic. It is anticipated that the percentage of clients satisfied with services in FY 2021 and FY 2022 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 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Jail Based Behavioral Health Programs: Addictions, Corrections and Treatment (ACT), and Jail Mental Health

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of suicide attempts/number of completed suicides - Jail Mental Health program	7/0	6/0	4/0	5/1	4/0	4/0
Percentage of clients of Jail Mental Health program showing improvement on Post-Test Functional Assessment	N/A	77%	85%	N/A	85%	85%
Percentage of surveys in which clients of Jail Mental Health program stating services helped them deal more effectively with problems	92%	96%	95%	N/A	95%	95%
Total Number/Percentage of participants completing ACT program successfully	47/78%	45/87%	44/81%	35/80%	30/80%	40/85%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Arlington Jail Mental Health clients referred to CSB Services	95%	90%	83%	80%	85%	90%
Average Wait Time in Days - ACT Program	N/A	N/A	27.9	13.6	14	14

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Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Client satisfaction with services - ACT Program	76%	90%	72%	N/A	80%	85%
Clients housed in the jail mental health unit receive at least one service or attempted service weekly	94%	84%	95%	92%	95%	95%
Number of unduplicated clients ACT/Jail Mental Health	86/988	93/1,023	101/985	66/898	100/1,000	100/1,000

- In FY 2020 the two behavioral health teams based in the Detention Facility were combined to make one team. They still operate separately by and large, with the ACT program having a designated unit that provides Intensive Outpatient substance use treatment over nine months. The Jail MH team is still charged with performing assessments on detainees that have a history of behavioral health needs, have crises or need ongoing mental health services while in jail. Both teams report to one program manager.
- The Jail Mental Health team continues to assess and screen for risk factors routinely with this population. Jail DHS and security staff continue to collaborate on ways to improve suicide prevention in the jail. Suicide attempts and completions are expected to remain consistent through FY 2022.
- The Texas Christian University Criminal Thinking Scale is used to assess the effectiveness of Moral Reconciliation Therapy groups in reducing criminal thinking. The groups could not meet since April 2020, the follow-ups were not administered therefore the data for FY 2020 is not available. As pandemic ends, it is expected that MRT clients will show improvement in moral reasoning and a decrease in criminal thinking behavior, back towards pre-pandemic levels.
- Client satisfaction surveys were not administered in FY 2020 due to the COVID-19 pandemic. It is anticipated that the level of satisfaction will remain steady at 95%.
- The percentage of clients who complete the programs successfully is anticipated to remain stable in FY 2021 and will increase in FY 2022.
- In FY 2020, eligible Jail Mental Health clients referred to CSB services were less than in prior years. A Case manager is under recruitment and will assist with more successful linkage to services in FY 2021 and 2022.
- The ACT program goal is to start client treatment within 30 days of referral; a goal attained in FY 2019, and further improved in FY 2020. A 14 day wait time is anticipated through FY 2022.
- ACT program client satisfaction surveys were not administered in FY 2020 due to COVID-19.
- It is anticipated that Jail Mental Health program clients housed will increase through FY 2022. Despite COVID-19, the Jail MH team continues in-person work during regularly scheduled hours.
- There was a decrease in the number of clients served and treated in FY 2020 in Jail Based Services programming due to COVID-19. Program referrals were halted, and the number of people detained and served by the team declined. The referrals have begun again. FY 2021 and FY 2022 clients served are expected to reach 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 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES

Forensic Case Management

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Individuals connected at closure to ongoing services	75% (25/33)	60% (25/42)	77% (35/45)	77% (20/26)	80% (32/40)	80% (44/55)
Percent of Arlington residents diverted from jail who are not re-arrested within 30 days	97%	90%	92%	93%	95%	95%
Percent of Arlington residents diverted from jail who are still in treatment at 30 days	90%	83%	77%	86%	88%	88%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of consumers seen at state hospital for forensic evaluation	54	70	52	86	70	60
Number of consumers seen in jail after referral from police, magistrate, jail-based medical staff, or mental health staff	192	280	244	173	200	210
Number of consumers served by the jail diversion team	286	323	295	251	290	300

- Service connection has continued to be steady in FY 2020, likely due to a streamlined relationship with key partners. It is anticipated that this trend will continue in FY 2021 and FY 2022.
- Re-arrests have remained low over the years. This is due to a community-based approach involving stakeholders such as the criminal-justice system, community partners, and the Community Services Board (CSB). In FY 2021 and FY 2022, 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. Many individuals not engaged in services were diverted to more intensive levels of care and may not have reconnected upon release. This trend is expected to continue in FY 2021 and FY 2022.
- The overall number of individuals seen by the Forensic Jail Diversion Team declined as a result of the suspension of multiple programs in response to the COVID-19 pandemic. It is estimated that in FY 2021 and FY 2022 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 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES

Homeless Case Management

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number/percentage of clients linked to Behavioral health services after discharge from Treatment on Wheels/Homeless Case Management programs	46/22%	79/43%	43/41%	17/38%	44/35%	46/37%
Number/percentage of clients linked to stable housing from Treatment on Wheels/Homeless Case Management programs	51/22%	43/19%	31/25%	15/16%	31/20%	33/27%
Percentage of clients linked to physical healthcare	33%	29%	25%	18%	25%	27%
Percentage of clients linked to psychiatric services	45%	47%	37%	29%	35%	40%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of identified individuals served (unduplicated), and Number of outreach clients (unduplicated)	230/ 370	223/338	125/80	95/55	130/80	135/85

- The percentage of clients linked to Behavioral health services after discharge from Treatment on Wheels/Homeless Case Management programs has remained constant. The collaboration between the program and Intake has facilitated the process of linking clients to outpatient services. It is anticipated that as the COVID-19 pandemic is waning in FY 2021 the TOW/PATH program will be able to reduce the amount of wait time/transition from Intake to TOW/PATH.
- In FY 2020 the percentage of TOW clients linked to stable housing decreased significantly due to operation changes in key programs in response to the COVID-19 pandemic. In FY 2021 and FY 2022 the TOW/PATH program will continue to work towards linking clients served to stable housing via the utilization of new grant funded housing vouchers "Housing First Vouchers." As a result, client linkage to housing is expected to increase.
- The percentage of clients linked to physical healthcare in FY 2020 decreased significantly due operational changes, and staff health care staffing constraints during the COVID-19 pandemic. The TOW/PATH program anticipates that for FY 2021 and FY 2022 linkage to physical healthcare services will increase due to increased collaboration with Neighborhood Health.
- The percentage of clients linked to psychiatric services in FY 2020 decreased due to a decline in emergency psychiatric available time. In FY 2021 and FY 2022 a new prescriber is expected to join the TOW/PATH team allowing for an increase in the number of clients served.
- In FY 2020, the number of identified individuals and outreach clients served decreased due to COVID-19. In the first quarter of FY 2021, the TOW/PATH team has had a turnover in an outreach position. Outreach efforts are expected to decrease until this position is filled.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here:

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

RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES

Office Based Opioid Treatment

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of Fatal/Non-Fatal overdoses	14/24	12/33	4/18	10/33	5/20	2/13
Percentage of clients who improved or maintained in functioning as a result of services received	N/A	N/A	66%(8/12)	54%(15/28)	65%	75%
Percentage of clients successfully engaged in treatment services	N/A	71%(24/34)	76%(31/41)	86%(32/37)	85%	85%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of clients served (unduplicated)	38	52	67	88	70	72
Percentage of clients outreached within 24 hours of referral by law enforcement	N/A	N/A	100% (9/9)	91%(30/33)	100%(20/20)	100%
Percentage of Community Outreach and Education Goals Achieved (Outreach Event/REVIVE training)	N/A	N/A	108%/171%	175%/92%	50%/180%	100%/110%

- In FY 2020 a significant increase in both fatal and non-fatal reported overdoses took place. Factors that may have contributed to the increase: include the onset of the COVID-19 pandemic, and the increased prevalence of Fentanyl in pressed pills. An overall decrease in overdose numbers is expected in FY 2021 and FY 2022 and fatal overdose numbers may decrease as the ability to provide NARCAN to the community continues to increase.
- The percentage of client’s improvements is based on Daily Living Assessment-20 scores. Most services were conducted through secure telehealth since March 2020 due to COVID-19 pandemic. Some clients struggled, which effected engagement in the program. It is expected that DLA scores will improve in FY 2021 and FY 2022, as the pandemic ends and service delivery returns to physical operations.
- The percentage of client’s successful engagement measures individuals who have been retained in treatment for at least 90 days. The number increased in the past year due to an increase in peer services and consistent staffing within the program. In FY 2021 and FY 2022 client’s engagement is expected to remain the same with consistent staffing.
- 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% response rate. During FY 2020, the rate dropped slightly. Increased coordination is anticipated and will support reaching the goal of 100 percent in FY 2021 and FY 2022.
- The community engagement estimate for FY 2021 is decreased due to the COVID-19 pandemic, which has impacted the ability to provide in person outreach. The program has transitioned to virtual training events which has allowed for an increase in educational and

RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES

REVIVE training opportunities. With the anticipation of the pandemic ending, we expect outreach events to increase in FY 2022.

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 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.

Arlington Partnership for Children, Youth, and Families

- Community-led advisory group comprised of 16 appointed community volunteers along with County and School staff to support community efforts around children, youth, and families.
- Identify community needs through research and surveys, engage the community to find ways to meet the needs, and advocate for improved policies and programs.
- Publish reports on the status of children, youth and families to inform the school and county boards, as well as the community, of needs to assist with planning and coordination of services in Arlington.

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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Child Care Licensure and Support

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Child Care Centers licensed	78	58	64	71	71	71
Family day care homes licensed	150	127	138	133	133	133

PLANNING AND SUPPORT SERVICES

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of child care programs receiving complaints	N/A	10%	11%	8%	5%	5%
Percentage of compliance with health and safety requirements	N/A	97%	97%	99%	99%	99%
Percentage of programs that received the required number of inspections	N/A	91%	98%	100%	100%	100%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Validation inspections	N/A	10	23	12	20	20
Renewal inspections	N/A	164	170	179	179	179
Monitoring inspections	N/A	93	87	121	121	121
Complaint investigations	N/A	33	43	23	23	23
Training/Professional development opportunities	N/A	16	22	12	20	20

- In FY 2019, the number of renewal and validation inspections increased and the number of monitoring visits decreased. This was because the child care team was down by 50 percent of staff during most of FY 2019, which impacted staff ability to complete all inspections. Staff prioritized seeing every provider for renewal and validation visits over completing all monitoring visits.
- In FY 2019, of the 23 programs that received complaints in FY 2019, a total of three programs received two complaints (5 founded/1 unfounded). An additional four programs received three or more complaints (15 founded/6 unfounded).
- In FY 2019 there was an increase in community training and onsite technical assistance which resulted in an increase of Training/development opportunities. In FY 2020, in-person trainings were suspended during the COVID-19 pandemic and replaced by virtual programs, resulting in a decrease in the number of offerings.
- In FY 2020, there was a decrease in the number of validation 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. The decrease in the number of validation visits is directly related to the decrease in the number of new programs opened in FY 2020.
- 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 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 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 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.

PLANNING AND SUPPORT SERVICES

- In FY 2020, new staff were hired and were receiving training prior to being able to conduct visits. By September 2019, the newly hired staff were able to conduct site visits independently which contributed to the increase in the number of visits that were conducted in FY 2020.

Parent Education

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of families with no repeat instances of child abuse or neglect	100%	100%	89%	90%	90%	90%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of class participants who were referred by Child Protective Services (CPS)	8	6	9	10	10	10
Percentage increase in participants showing improved parenting skills post class (Family functioning)	68%	75%	75%	78%	78%	78%
Total number of class participants	30	35	35	49	49	49

- In FY 2019, the number of class participants referred by CPS increased from six participants to nine participants which is more consistent with the number of participants in FY 2017. 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 2019, 89 percent of families participating in the class had no additional instances of child abuse or neglect reported. This 89 percent represents eight out of the nine participants referred by CPS.
- In FY 2020, 90 percent of families participating in the class had no additional instances of child abuse or neglect reported. This 90 percent represents the 9 out of 10 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. These program participants increased family functioning resilience from pre- to post-program implementation.

CSA Administration

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of alignment between level of need and level of service requested (CANS assessment core match)	51%	73%	84%	82%	85%	85%
Percentage of cases completing home-based services in less than 180 days	66%	52%	39%	53%	55%	55%
Percentage of cases completing congregate care services in less than 180 days	64%	83%	72%	65%	75%	75%

PLANNING AND SUPPORT SERVICES

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of Child and Adolescent Needs and Strengths (CANS) Tool submitted current (within 90 days)	88%	76%	85%	74%	80%	80%
Percentage of youth served in the community	N/A	83%	89%	85%	90%	90%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of children served by CSA	158	174	189	172	172	172
Number of Family Assessment and Planning Team (FAPT) Reviews	410	336	366	267	267	267

- In FY 2019 and 2020, the percentage of alignment between level of need and the level of service increased because CANS alignment was reviewed prior to FAPT meetings and discussed in FAPT for all cases.
- In FY 2019 and 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. In FY 2019 there were eight youth whose congregate care placements extended beyond 180 days compared to FY 2018 when there were five youth whose congregate care placements extended beyond 180 days. In FY 2020, 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 2020, some of the youth receiving congregate care services would be more appropriate for alternative long term supports (i.e. Intellectual Disability/Developmental Disability services), as their treatment needs are more long term and require ongoing maintenance.
- In FY 2019, a CANS tracking sheet was developed and implemented to assist staff with tracking due dates, contributing to the increased rate of CANS compliance. In FY 2020, administrative challenges and staff turnover led to delays in CANS completion. These issues are expected to be resolved in FY 2021.
- In FY 2018, the number of Family Assessment and Planning Team (FAPT) reviews decreased due to improved efficiency of services. While the number of reviews increased in FY 2019 because of a higher volume of clients, they were still well below FY 2017 numbers. In FY 2020, the maximum duration of services authorized by FAPT was extended, leading to fewer FAPT reviews per client.
- In FY 2020 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 2020, there was decrease in the number of referrals for in-home services due to the COVID-19 pandemic. The number of clients served by CSA reduced as a result of no new in-home services being authorized from April- June 2020 due to COVID-19 restrictions.
- In FY 2020, there was an increase in the number of youth that were meeting service goals for in-home services within 180 days of beginning services.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Child Protective Services-Ongoing

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of children stabilized with their families after receiving Ongoing CPS Services	92%	93%	89%	98%	95%	95%
Percentage of families with validated Reports within two years post closure	19%	8%	2%	5%	2%	2%
Percentage of families who achieve a low or reduced level of risk within 90 days	87%	93%	81%	87%	90%	90%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of families served by CPS ongoing	69	58	60	64	64	64
Percentage of Service Plans and Contacts on Time	95%/97%	83%/85%	98%/100%	98%/100%	100%/100%	100%/100%

- In FY 2019, 37 families were closed to CPS Ongoing Services. In 33 cases (89 percent), children were stabilized with their families. In the remaining four cases, children were removed and placed in foster care (seven children total).
- 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 2018 and FY 2019, a total of 83 cases were closed to CPS Ongoing. After closure, two of these families received validated Child Protective Services reports again in FY 2019. Percentage of families with validated Reports within two years post closure was not measured prior to FY 2017.
- In FY 2019 and FY 2020, a total of 76 family cases were closed to CPS Ongoing. After closure, 4 of these families received validated Child Protective Services reports again in FY 2020.
- In FY 2019 staff turnover in CPS intake and Ongoing was high which resulted in a delay in cases transferring from intake to ongoing on time. This delay affected the percentage of families who achieved a lower level of risk within 90 days. The percentage achieving lower risk within 90 days was also affected by the presence of complex needs, such as domestic violence, which require longer term intervention.
- 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.

CHILD WELFARE

- In FY 2019, the state mandated that agencies begin to use a dictation system to assist with the timely completion of contact notes. This contributed to the increase in timeliness.
- In FY 2019, timeliness of service plan updates increased to 98 percent. The Supervisor reviews each case file to check for accuracy and completion which has contributed to the increase in this percentage.
- In FY 2020, timely completion of service plans and contacts remained high due to staff stability and reduction of staff turnover.
- In FY 2020, the supervisor continued reviewing status of service plans and contact notes with staff to ensure that documents were completed on time.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here:

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

Child Protective Services- Intake

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of initial responses on time	N/A	N/A	85%	89%	90%	90%
Percentage of cases closed on time	62%	88%	74%	48%	60%	60%
Percentage of cases closed safely without requiring additional services	85%	87%	81%	79%	80%	80%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of assessments	314	271	248	203	203	203
Number of calls received	3,927	2,818	2,515	1,937	1,937	1,937
Number of information and referral calls	2,744	1,596	1,180	758	758	758
Number of investigations	101	109	105	64	64	64
Number of investigations which resulted in a finding of abuse or neglect dispositions	45	53	48	30	30	30

- The number of information and referral calls and assessments have decreased over time as a result of an enhanced effort to provide mandated reporter training to community stakeholders. By providing the community with education regarding the appropriate use and purpose of the CPS hotline, there was a reduction in the amount of information/referral calls.
- In FY 2020, the reduction in 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 2019, the overall compliance percentage of timely contacts for FY 2019 was 85 percent (270/319). The state benchmark for this measure is 85 percent.
- In FY 2019 and 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

CHILD WELFARE

investigation and/or until the Child Advocacy Center (CAC) has completed their forensic interview.

- In FY 2020, timeliness for initial response exceeded the state benchmark.
- When cases require additional clinical support and stabilization work in order to safely close the case, cases are closed after the timeframe targeted by the state.
- In FY 2019 and 2020, the CPS program experienced significant staff turnover. Several of the staff are trainees and need a high level of oversight. 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 2020, a number of carry-over cases from the prior fiscal year that had been open for longer than 60 days were closed, contributing to a reduced rate of timeliness of closure.
- In FY 2019, some of the cases that were opened to foster care were court ordered. Other cases were opened to foster care because of an incapacitated caregiver.
- 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.
- In FY 2020, while the number of investigations that resulted in a finding of abuse or neglect dispositions decreased, the percentage of these founded investigations is consistent with FY 2019.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here:

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

Foster Care

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of new foster families certified	13	17	20	16	16	16
Number of total certified foster families	58	67	70	69	69	69
Percentage of foster families retained through the end of the fiscal year	81%	86%	82%	77%	85%	85%
Percentage of placements that allow children in foster care to continue services with their own providers seen prior to foster care	90%	87%	97%	94%	95%	95%
Percentage of placements that enable children in foster care to remain in their original school districts	86%	83%	95%	100%	100%	100%
Percentage of placements that lasted until the child was discharged from foster care	91%	87%	93%	97%	98%	98%

CHILD WELFARE

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of placements with a child's relatives, siblings or child-specific placements	52%	51%	52%	50%	60%	60%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Average number of children served monthly	98	84	78	65	65	65
Average number of children served monthly in congregate care	8	5	3	5	5	5
Average number of children served monthly in purchased therapeutic foster home	26	22	14	4	4	4
Average number of children served monthly in regular foster care	41	34	38	36	36	36
Percentage of families certified within 90 days	93%	89%	90%	94%	95%	95%

- In FY 2019, the number of new foster families certified increased slightly from 2018. A contributing factor to this increase was the agency's use of Mutual Family Assessors that are available through Virginia Department of Social Services which are utilized to assist with the completion of home studies, and increases the agency's capacity to complete home studies and remain in compliance with timeframes. Additionally, pre-assessments were completed for every family who completed PRIDE training to determine readiness and prioritize families for home study.
- In FY 2020, 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 with how COVID-19 would impact placements.
- In FY 2018, 2019, and 2020, the number of total certified foster families remained high due to intensified focus on getting foster families certified (including kin families).
- In FY 2019, 12 families closed. The majority were kinship families who gained custody of their family members.
- In FY 2020, 16 families closed: half were kinship families or families who finalized adoptions being finalized. 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 2019, A Family Development Agreement form was created to identify specific training or specialized supports needed to increase a family's fostering skills and abilities. This form was implemented to support retention efforts.
- In FY 2019, 73 percent of children in foster care were joined with Arlington County foster families, allowing better outcomes for the continuity of children's connections to their community. Collaboration with the kinship navigator to support kinship placements also had a positive impact on this measure.
- In FY 2019, the foster parent support protocol was in place, which provided families more over-the-phone and in-person support at the beginning of placements which contributed to the continuity of children's connection.
- 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

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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 2019, the percentage of placements that lasted until the child was discharged from foster care increased because foster families received in-home support and phone consultations for children with challenging emotional and behavioral care needs. Also, an increase in the foster parent pool has allowed the program to make better parent/child matches.
- In FY 2020, 100% (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 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 2018, 2019, and 2020, the average number of children served monthly in congregate care has remained low due to more children served in community-based settings.
- In FY 2019, all but two home studies were completed on time. In those two situations, an external partner delayed the process.
- In FY 2020, the number of children served monthly continues to decrease as the number of youth being discharged to permanency has increased.
- In FY 2019 and FY 2020, 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.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program’s complete FY 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Foster Care Permanency

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of Discharges to Permanency	N/A	78%	79%	82%	85%	85%
Percentage of Reunifications or Relative Placements within 15 months	N/A	83%	56%	76%	70%	70%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2020 Estimate
Number of youth in foster care (as of the last day of the fiscal year)	N/A	80	78	70	70	70
Number of youth discharged/families closed	N/A	37/28	53/36	38/29	38/29	38/29

- In FY 2019, there were a large number of older youth (12) that aged out of care and discharged without achieving permanency.
- 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

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youth entered Fostering Futures, where they will remain connected to CFSD for ongoing case management.

- 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 2020, the number of youth in foster care on the last day of the fiscal year continues to decrease which is consistent with national and regional trends.

Family Partnership Meeting

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Average satisfaction score with FPMs for family members/ service providers	3.6/3.7	3.6/3.7	3.6/3.7	3.6/3.7	3.8/3.8	3.8/3.8
Percent of children in foster care who had a Family Partnership Meeting (FPM) and who left foster care within 12 months	53%	48%	45%	75%	75%	75%
Percent of youth at risk of removal who remained in the home at least 90 days after a Family Partnership Meeting	95%	100%	100%	90%	90%	90%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of children served in at-risk and removal FPMs	99	69	98	114	114	114
Number of children served in placement- and goal-change FPMS	25	22	17	45	45	45
Percent of Family Partnership Meetings held within 14 days for youth at risk of removal	94%	92%	100%	100%	100%	100%
Percent of removal meetings held before the Court hearing	100%	100%	91%	100%	100%	100%

- In FY 2019 and FY 2020 family and provider satisfaction scores averaged 3.6 and 3.7 respectively, consistent with previous years.
- In March 2020, survey distribution was suspended due to the impact of COVID-19 and 100 percent virtual meetings.
- In FY 2019, the percent of children in foster care who had a Family Partnership Meeting (FPM) and left foster care within 12 months decreased due to the delay in the ICPC approval process for reunification/relative placement and court-imposed delays. In some instances, Reunification/relative placement was attempted but due to either parental instability or behavioral challenges, the placements were disrupted/delayed.
- In FY 2020 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 2019 and 2020, the total number of FPM's and children receiving them significantly increased. During COVID-19, FPMs were facilitated using a virtual platform which eliminated

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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.

- In FY 2019 and 2020, the percentage of FPM's held within 14 days for youth at risk of removal increased to 100 percent.
- In FY 2020, for children who had been removed and placed into foster care, 100 percent of meetings were held prior to the preliminary court hearing, which is an increase from FY 2019. Current processes for holding FPMs prior to court hearings continue to work well.
- In FY 2019, two additional staff completed training in FY 2019 to become FPM facilitators. Also, Family Support Workers completed the training to coordinate FPMs.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here:

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

Adoption

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of children who exited foster care to adoptive homes	N/A	5	10	10	10	10
Number of children who exited foster care to adoptive homes within 24 months	9	0	2	2	2	2

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of children with finalized adoption receiving adoption subsidy	125	122	126	128	128	128

- In FY 2018, FY 2019 and FY 2020, 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.
- Adoption refers to all the cases still being supported by Child and Family Services Division.

Independent Living

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of youth aged 14-21 who are engaged in education and/or employment readiness activities	N/A	N/A	92%	100%	90%	90%
Percent of youth ages 18-21 who receive regular dental /medical care	N/A	N/A	33%/62%	32%/59%	30%/60%	30%/60%
Percent of eligible youth engaged in the Fostering Futures Program	N/A	N/A	70%	82%	85%	85%
Percent of youth ages 14-18 that exited care to permanency	100%	60%	75%	86%	90%	90%

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Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of youth served in foster care between ages 14 and 21	55	43	37	42	42	42
Percent of youth who had Transitional Living Plan (TLP) completed on time	67%	78%	59%	93%	85%	85%

- In FY 2018, 2019, and 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, there was a slight increase in the number of youth served ages 14-21. This is can be attributed to the increase in the number of older youth engaged in the Fostering Futures program. In FY 2019, the independent living measures were modified to better align with the state’s focus on improving overall outcomes for older youth in care.
- In FY 2020, 100 percent of youth were engaged in educations 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 2019 and 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.
- 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 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 2019, the youth that did not achieve permanency engaged in the Fostering Futures program and continued to receive support. Permanency is achieved when a child leaves foster care to live with family through reunification, adoption, or relative placement.
- 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 2019, timeliness of Transitional Living Planning was expanded to included data for youth age 14-21, rather than 16-21 This modification was made to provide additional oversight for all youth requiring this plan instead of a subset of youth.
- In FY 2019, several factors impacted the timeliness of Transitional Living Plan (TLP) meetings including youth absence (absence, no show), scheduling conflicts, adoption finalization and crisis. Two foster care positions were designated for older youth and existing staff already trained in Family Partnership Meetings (FPM) were enlisted to complete TLP’s, allowing for a larger pool of facilitators.
- 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.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2020 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 HEALTHCARE

PERFORMANCE MEASURES

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Centralized Intake Unit

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of children and families connected to ongoing services	93%	97%	93%	87%	90%	90%
Percentage of clients diverted from court involvement	57%	100%	67%	68%	70%	70%
Percentage of parents understanding the next step in obtaining services	97%	100%	100%	N/A	95%	95%
Percentage of parents who believe they will get the help they need	96%	98%	100%	N/A	95%	95%
Percentage of youth understanding what the next step is	91%	97%	80%	N/A	95%	95%
Percentage of youth who believe they will get the help they need	92%	94%	93%	N/A	95%	95%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of information and referral calls handled	992	1,142	794	747	747	747
Youth receiving first clinical appointment within 10 days of intake	N/A	N/A	70%	84%	85%	85%
Percentage of required Intake Assessment documentation data elements in compliance	95%	97%	94%	91%	91%	91%

- In FY 2019, business hours were modified to accommodate families’ work and school hours. This modification contributes to the continued high percentage of families connected for ongoing services.
- 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 2019 the percentage of clients who met diversion criteria with no subsequent court involvement increased from 57 percent in FY 2017 to 67 percent in FY 2019 (FY 2018 was based on only two months of service provision for 16 youths due to a court liaison vacancy that was filled at the end of FY 2018). In FY 2018, the vacant court liaison position was filled in April 2018.
- 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

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served by the court liaison therapist greatly decreased due to a variety of factors, i.e. 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 2019, the percentage of youth that indicated they understood the next steps in the process decreased from 97 percent to 80 percent. There was a decrease in the number of surveys completed which also impacted the results. There were three youths that stated that they did not know the next steps in the process. Training and supervision of intake clinicians will continue to focus on strategies to engage youth in the intake process and maximize their understanding of next steps for services.
- 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 the survey will be administered virtually.
- In FY 2019, wait time between intake and first clinical appointment was a new measure that was not previously recorded. This measure was included to align with Same Day Access processes.
- 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 2019, the number of information and referral calls decreased due to the implementation of Same Day Access. Because families are now able to walk in and be seen on the same day, there was no longer a need to call and make an appointment which directly impacted the number of calls received by the program.
- 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 2020, four of the five clinicians that scored below 80 percent on the chart reviews (data elements) were substitutes for the regular intake clinicians.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Outpatient Services

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of clients who achieve their treatment goals at discharge	93%	94%	91%	88%	95%	95%
Percentage of parents completing surveys who report satisfaction with services	88%	90%	88%	N/A	90%	90%
Percentage of seriously emotionally disturbed consumers maintained in the community with outpatient treatment	77%	85%	88%	96%	97%	97%

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Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of youth completing surveys who report satisfaction with services	76%	75%	73%	N/A	75%	75%

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of client services documentation completed within one business day	88%	90%	88%	77%	80%	80%
Client show rate	80%	79%	80%	78%	80%	80%
Total consumers receiving services	300	282	382	390	390	390
Number of youth receiving intensive and routine case management services	57	69	135	92	92	92
Number of youth receiving outpatient therapy services	265	205	308	295	295	295
Number of youth transitioned to adult behavioral health services	40	39	22	16	16	16

- In FY 2019, 91 percent (141/155) of clients achieved some or all their treatment objectives at discharge, a slight decrease from 94 percent in FY 2018. The majority of the clients (12) that did not meet treatment goals either never engaged in services or refused services.
- 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 2019, 88 percent (288/327) 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. This is an increase from FY 2018, when 85 percent of youth were maintained at a community-based level of care.
- In FY 2019, Parent Child Interactive Therapy (PCIT) was implemented that addresses the behavioral needs of youth ages 2-6 with a strong parent coaching component. This evidenced based therapy was implemented to assist with maintaining youth at a community-based level of care.
- In FY 2019, the total number of consumers receiving services increased due to the full implementation of Same Day Access (SDA). With this service, clients no longer have to make an appointment to be seen for an intake appointment and are able to walk in during business hours.
- 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.

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- 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 2019 and 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 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 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 impacted the timeliness of progress note completion.
- 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 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.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Child Advocacy Center

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of children receiving forensic interviews by Child Advocacy Center staff	166	196	168	161	161	161

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of children referred to the CAC	273	314	217	198	198	198
Percentage of eligible children who received forensic interviews at the CAC	64%	72%	87%	95%	95%	95%
Percentage of families offered follow-up services within 7 days of interview	N/A	84%	74%	73%	80%	80%

- In FY 2019, the CAC multidisciplinary team (MDT) reviewed trends and agreed to modify eligibility criteria to allow for supervisory discretion for CPS-only investigations without SVU assignment. Doing so ensured that the MDT was only expected to refer children to the CAC when indicated, resulting in fewer children considered eligible and fewer referrals. It should be noted that CPS only referrals are still accepted upon request.
- In FY 2019, the number of forensic interviews decreased due to the decrease in the amount of referrals received that year. There were 217 referrals received in FY 2019 and 314 referrals received in FY 2018.

BEHAVIORAL HEALTHCARE

- In FY 2020, the Forensic Interviewer’s role expanded to include 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 2019, the part-time CAC forensic interviewer’s devoted time was increased to 80 percent to meet the increasing need for interviews over the last five years. The additional time of the forensic interviewer has been instrumental in ensuring that those eligible are interviewed, which has contributed to the increased percentage of children interviewed at the CAC in FY 2019.
- 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 number of eligible children interviewed.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Youth Behavioral Health Wellness (Substance Abuse and Early Intervention)

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of contacts	4,215	3,000	6,845	4,476	4,476	6,500
Number of events	N/A	130	105	81	81	81
Number of participants trained	195	90	1,317	186	186	186
Suicide Means Reduction Tools Distributed	N/A	120	997	472	472	472
Tobacco vendor site visits	165	147	0	0	145	145

- In FY 2019, the number of contacts increased due to a focused effort to engage more with the community and partnering with Arlington Public Schools.
- In FY 2020, 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 2019, the number of events decreased slightly due to staff vacancies during the fiscal year.
- In FY 2019, the number of participants trained increased due to a one-time KOGNITO training that was provided to all Arlington Public School teachers and student support staff.
- In FY 2020, face to face trainings and events were suspended and most were converted to virtual settings in March 25, 2020.
- In FY 2019, the number of suicide means reduction tools distributed increased due to collaborative efforts with community stakeholders to provide information sessions (“Lock and Talk” and gun and trigger locks) to various community groups.
- 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 2019, there was a state suspension on tobacco vendor site visits due to updated laws regarding the legal purchasing age.
- In FY 2020, updated law requirements for tobacco vendor site visits were provided to the agency, however, visits were suspended due to COVID-19. Visits will resume in FY 2021.

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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Management and Administration

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percentage of budgeted third party reimbursement revenue received	94%	90%	103%	90%	80%	95%

- The percent decrease from FY 2017 to 2018 is attributed to fewer Medicaid eligible participants than expected at the Adult Day Program.
- 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 suspension of program activities at the Adult Day Program and the 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Agency on Aging Programs

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of grants received	10	12	13	14	14	14
Number of programs funded through the AAA	10	12	13	14	14	14
Home Delivered Meals: Total participants	155	144	193	310	320	250
Home Delivered Meals: Total number of meals delivered	44,469	39,307	54,297	77,133	78,000	60,000
Home Delivered Meals: Customers eat healthier	80%	91%	88%	90%	95%	95%

AGENCY ON AGING

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Home Delivered Meals: Participants who report that services enable them to continue to live independently	89%	98%	98%	95%	95%	95%
Home Delivered Meals: Participants that have stabilized or reduced nutritional risk	82%	73%	83%	47%	80%	80%

- 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.
- In FY 2018, the AAA adopted a new performance measurement plan for Home Delivered Meals. 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 an increase in the request for services as related to the number of Arlingtonians affected by the COVID-19 pandemic. The decrease in the FY 2022 estimate is based on assumption that Congregate Nutrition sites can re-open in late FY 2021 and those clients will no longer receive home delivered meal services.
- The decrease 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 6 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 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Virginia Insurance Counseling Assistance Program (VICAP)

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Compliance with Federal Outreach Guidelines	N/A	60%	60%	80%	100%	100%
Cost savings for Medicare beneficiaries	\$87,167	\$82,121	\$68,619	\$196,217	\$200,000	\$200,000
Unduplicated number of individuals served through the program	1,454	1,265	1,225	626	1,200	1,500
Unduplicated number of Limited English Proficiency (LEP) individuals served	401	368	397	176	250	300
Total attendees at outreach events	1,911	1,297	1,283	719	800	1,000
Total attendees at Medicare courses	N/A	N/A	201	134	150	200
Total client counseling hours	861	821	770	576	600	700

AGENCY ON AGING

- 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.
- The FY 2021 - FY 2022 increase estimates 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 and anticipates meeting 5 out of 5 in FY 2021 and 2022.
- 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 as well as the FY 2021 - 2022 estimates 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. All five of these measures experienced a reduction in total served due to the COVID-19 pandemic.

Resource Center

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of requests for information and assistance	4,663	4,750	N/A	N/A	N/A	N/A
Customers in poverty receiving face to face services	525	N/A	N/A	N/A	N/A	N/A
Completion of case management work within 90 days	97%	97%	94%	94%	98%	98%
Quality of customer experience: clarity of information	98%	97%	90%	90%	95%	95%
Quality of customer experience: wait time	100%	97%	96%	90%	95%	95%
Quality of customer experience: quality interaction with staff	100%	97%	92%	92%	95%	95%
Connection to services: staff meets or exceeds requested service needs	N/A	94%	82%	72%	85%	85%
Effectiveness of services: clients report they are better off than before services	100%	91%	84%	85%	90%	90%
Number of Individuals Served by Resource Center Staff	1,104	1,179	1,403	1,537	1,700	1,900

- 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.
- The decrease in FY 2019 for Quality of customer experience: clarity of information is related to varying data collection. In April 2019, the program manager developed a standard operating procedure manual to address the variance.
- The Resource Center performance measures were updated in FY 2019 to better describe the data reported and to align with the performance measurement plan.

AGENCY ON AGING

- 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, the increase 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 saw an increase in individuals served but made fewer connections to services during FY 2020 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 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.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU

Adult Social Services

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of nursing home and community-based waiver screenings (CCC+)	214	209	233	193	200	225
Percent of cases where monthly/quarterly/annual contact requirements are met	100%	100%	95%	98%	98%	98%
Percent of clients who live in the most independent and least restrictive setting	89%	96%	99%	99%	98%	98%
Percent of nursing home pre-admission screenings that occur within 30 days of referral	95%	99%	100%	99%	98%	98%
Total Adult Services Cases	552	612	509	394	517	541

- 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 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 total number of clients served increased from FY 2017 to FY 2018 due to partnering with Senior Adult Mental Health on complex cases requiring mental health therapy and case management, as well as increased transfers from the Resource Center and Adult Protective Services. In FY 2019, the transition to PeerPlace, transferring active cases, and closing out cases that no longer required active services led to the decrease in the total number of clients served. FY 2020 there was a decrease due to the COVID-19 pandemic and a higher focus on maintaining and supporting existing Adult Services clients.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Adult Protective Services (APS)

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of clients with reduced risk factors after three months of intervention or at case closure	100%	100%	100%	98%	98%	100%

COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total number of clients served	308	290	283	274	280	287
Percent of APS investigations initiated within 24 hours	100%	100%	100%	100%	100%	100%
Timeliness of clinical documentation	N/A	N/A	71%	80%	90%	90%
Quality of clinical documentation	N/A	N/A	87%	87%	92%	92%
Percent of initial face-to-face community visits within 5 days	100%	100%	100%	100%	100%	100%
Number/percent of APS investigations substantiated out of total number of investigations	93/39%	94/42%	81/32%	76/30%	88/35%	91/35%
Number accepting services (founded and unfounded)	122	135	117	104	120	132
Number/percent of founded APS investigations: Neglect	66/71%	64/68%	68/84%	61/80%	62/70%	64/70%
Number/percent of founded APS investigations: Abuse	6/7%	9/10%	10/12%	5/7%	8/9%	9/10%
Number/percent founded APS investigations: Exploitation	21/23%	21/22%	3/4%	10/13%	18/21%	18/20%
Number/percent of APS clients found to be abused, neglected or exploited who accept services	67/72%	70/74%	65/80%	51/74%	66/75%	68/75%
Percent of investigations completed within 45 days	100%	100%	100%	77%	90%	95%
Average number of investigations per worker per year	80	74	83	77	75	75
Recidivism: Percent of clients with no prior investigations	84%	85%	92%	86%	92%	92%

- The total number of clients served has decreased since FY 2017 due to fewer incidents reported. 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 2020 is attributed to a full year of PeerPlace as the electronic record and staff becoming more familiar with the standards and process for entry.
- 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.
- 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.

COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU

- 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.
- 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 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Nursing Case Management and In-Home Services

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number and percent of patients with hypertension who maintain blood pressure within established norm for the client	61/92%	52/91%	42/91%	34/85%	45/90%	45/90%
Number and percent of clients with medications pre-poured who are adherent to their medication regimen	46/94%	46/95%	38/95%	34/94%	45/95%	45/95%
Number and percent of new clients with fewer ER visits per quarter after admission compared to the quarter before admission	8/80%	8/73%	N/A	N/A	N/A	N/A
Nursing Case Management: Number and percent of clients maintained in community/aging in place	107/94%	105/95%	75/96%	74/96%	73/95%	73/95%
Community Living Program: Number and percent of clients maintained in community/aging in place	N/A	N/A	N/A	335/99%	321/95%	321/95%

- 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 decrease in FY 2020 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.

COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Nursing Case Management: Number of persons served	439	447	502	457	500	500
Nursing Case Management: Average Caseload	27	31	27	22	27	29
Nursing Case Management: Number and percent of new care plans initiated within 10 working days of admission	25/100%	22/100%	22/100%	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%	61/95%	61/95%	N/A	N/A
Nursing Case Management: Number and percent of care plans updated quarterly based on chart reviews	63/98%	64/100%	64/98%	N/A	N/A	N/A
Clients screened for nursing home level of care	223	204	233	188	220	220
Clients receiving NCM/CLP intake assessments or consultations	102	133	190	192	200	200
Home-Based Community Living Program: Number of persons served	328	315	371	380	400	400
Home-Based Community Living Program: Percent of clients surveyed who are satisfied with services	94%	94%	93%	92%	92%	92%

- 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 is due to a 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.
- Nursing Case Management: Average all clients served per nurse was added to the performance plan for FY 2017. The program has historically tracked this measure internally. The increase in FY 2017 to FY 2018 is 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 the COVID-19 pandemic, fewer clients were opened to full NCM services in FY 2020, resulting in a lower caseload average.
- In FY 2017 the name of the Home-Based Cluster Care Program was changed to the Home-Based Community Living Program. In FY 2017 and FY 2018, the number of persons served by this program decreased due to fewer referrals for services received. However, the persons served had higher needs for 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 2021 and FY 2022 of the number of persons served is projected to increase due the utilization of two vendors.
- Measures listed that are no longer tracked are indicated above with "N/A" in future years.

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- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2020 plan here:

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

Volunteer Guardianship Program

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 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)	426	465	456	519	510	510

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of DHS clients with a volunteer guardian	38	42	40	47	50	50
Number of guardianship petitions initiated by DHS and successfully appointed	14	16	18	4	8	14
Number of volunteer guardians who participate in the program	37	40	39	39	38	38

- In FY 2017 and 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, all of the supporting measures are expected to increase in the FY 2021-2022 estimates.

Adult Day Program

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of caregivers and case managers who report participants' quality of life has improved	100%	100%	100%	N/A	93%	93%
Percent of family members who report their quality of life has improved since the participant enrolled in the program	100%	92%	90%	N/A	93%	93%

- Caregiver satisfaction remains strong. In FY 2018, two caregivers indicated that they had not experienced improvement in their own quality of life, their feedback in the narrative section

COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU

of the survey was positive. 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 due to the program’s closure during the COVID-19 pandemic.

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total unduplicated number of participants	55	58	60	47	32	32
Average daily attendance	21	21	22	21	12	12
Average monthly census	38	39	40	33	32	32
Utilization rate (client days attended/capacity)	84%	88%	92%	88%	42%	42%
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%	96%	100%	93%	93%

- 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. 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.
- 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 since March 2020. This program has a performance measurement plan. The data above align with this plan. You can read this program’s complete FY 2020 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Senior Adult Mental Health Program (SAMH)

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total number of adults served	200	280	314	347	375	390
Total number of persons receiving case management and mental health therapy	148	170	195	197	205	215

- The FY 2017-2020 actual increases and FY 2021 and FY 2022 estimates are based on an expected shift of some clients from the Behavioral Health Division to the Senior Adult Mental Health Program, the implementation of Same Day Access for mental health services and referrals.

SENIOR ADULT MENTAL HEALTH SERVICES

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of home visits per year	573	1,001	1,040	985	837	1,000
Percent of charts that meet quality documentation requirements	N/A	86%	79%	82%	90%	90%
Improvement in level of functioning	56%	67%	51%	54%	60%	75%
Percent of older adults remaining in the community	99%	97%	96%	98%	98%	98%
Percent of progress notes that are entered within one business day	93%	92%	90%	90%	92%	92%

- The number of home visits per year has increased since FY 2017 due to the natural aging of our client population, an increase in the number of clients served, a loss of mobility by current and onboarding clients and a Permanent Supportive Housing client population, who require home visits each quarter. 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 2021. Once in-home visits resume, we expect to return to pre-FY 2020 levels.
- In FY 2018, the program introduced a new procedure 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. 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.
- “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 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Regional Older Adult Facilities Mental Health Support Team (RAFT)

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of clients maintained in the community after discharge or diversion from psychiatric hospitalization	100%	100%	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 2019-2020. DHS considers the target percent of clients maintained in the community 98%.

SENIOR ADULT MENTAL HEALTH SERVICES

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number of clients served (RAFT)	63	76	82	87	85	85
Percent of clients and family members satisfied with services	98%	99%	100%	98%	98%	98%
Percent of professional partners satisfied with services	98%	97%	99%	N/A%	98%	98%
Percent of progress notes entered in a business day	97%	96%	94%	94%	90%	90%
Effectiveness of training: percent of professionals trained who report improved ability to work with behavioral challenges	100%	100%	100%	99%	99%	90%

- There has been a steady increase in the number of clients served since FY 2017. 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.
- 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.
- The estimates for FY 2021 and FY 2022 are based on meeting a 90 percent standard for progress note entry and effectiveness of training.
- Professional partners satisfied with services is marked "N/A" for FY 2020. While surveys were sent out, they were not broken out into different types of participants (clients, families, partner facilities, or healthcare professionals).
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2020 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Mary Marshall Assisted Living Residence

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Mary Marshall Average Monthly Census	52	52	52	52	52	52

- 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

FY 2020 Performance Measures reflect COVID-19 impacts to services in the final months of the fiscal year while FY 2021 and FY 2022 estimates are based on current conditions and anticipated impacts on the performance measures. Additionally, FY 2022 estimates do not incorporate the impact of proposed budget reductions; the impact of those reductions are included in the impact statements shown in the Department Budget Summary.

Support Coordination

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of individuals in competitive, integrated employment	N/A	14%	28%	38%	31%	31%
Percent of individuals maintained in non-institutional community settings	N/A	94%	94%	95%	95%	95%

DEVELOPMENTAL DISABILITY SERVICES

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Percent of individuals who had an annual conversation regarding community-based employment	96%	97%	94%	99%	98%	98%
Percent of individuals who were employed or working toward employment	69/92%	N/A	N/A	N/A	N/A	N/A
Face-to-Face contacts for individuals receiving Active Support Coordination - 30 day contacts	N/A	N/A	93%	95%	95%	95%
Face-to-Face contacts for individuals receiving Active Support Coordination - 90 day contacts	N/A	N/A	94%	92%	95%	95%

- The percent of individuals who had an annual conversation regarding community-based employment individuals dipped 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. Conversations are expected to continue to increase in FY 2021 and FY 2022 due to more emphasis during Support Coordination contacts.
- Two new measures were added in FY 2018: Individuals maintained in non-institutional community settings and Individuals in competitive, integrated employment. 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.
- Measures marked with "N/A" above are no longer tracked by the program.

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Total number of individuals served	458	471	496	490	509	524
Subset: Number of active individuals	235	244	253	261	271	279
Subset: Number of monitored individuals	223	227	243	229	240	252
Subset: Number of Arlington-based individuals residing in state institutions	5	5	4	4	4	3

DEVELOPMENTAL DISABILITY SERVICES

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Number and percent of family members responding to a survey who expressed satisfaction with support coordination services	58/91%	69/89%	63/94%	59/98%	60/90%	60/90%
Number of assessments and evaluations	44	64	65	50	55	60

- The increases in number of individuals served assume that one-third of all applicants will be found eligible and begin receiving services. The FY 2021-2022 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 2021 and FY 2022 estimates for all critical and supporting measures.
- The decrease in number of assessments and evaluations in FY 2020 is due to fewer referrals received due to the COVID-19 pandemic.
- Support Coordination performance measures were updated in FY 2019 to better describe the data reported and to align with the performance measurement plan.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2020 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Supported Employment and Habilitation

Critical Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Average hourly earnings: Supported employment group models	\$8.94	\$9.19	\$9.50	\$9.21	\$8.50	\$9.00
Average hourly earnings: Supported employment individual models	\$10.84	\$11.30	\$12.57	\$12.00	\$11.75	\$12.00

- 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 2018-2019 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 estimate for FY 2021 hourly wages are expected to decrease due to job displacement related to the COVID-19 pandemic. Many group employment models are not operational at this time and it is difficult to predict when

DEVELOPMENTAL DISABILITY SERVICES

individuals will be able to 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 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Clients served: Habilitation services	148	156	160	154	158	163
Clients served: Supported employment group	41	42	39	33	34	35
Clients Served: Supported employment individual	26	28	27	26	27	30
Percent of clients responding to a survey who rated habilitation and supported employment services received as satisfactory or better	95%	97%	98%	90%	93%	97%
Percent responding to a survey rating transportation service received as satisfactory or better	94%	96%	98%	90%	89%	90%

- 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 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.
- The FY 2019-2020 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 is expected to award a Group Supported Employment contract to a community provider during FY 2021. 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. It is estimated for FY 2021-2022 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

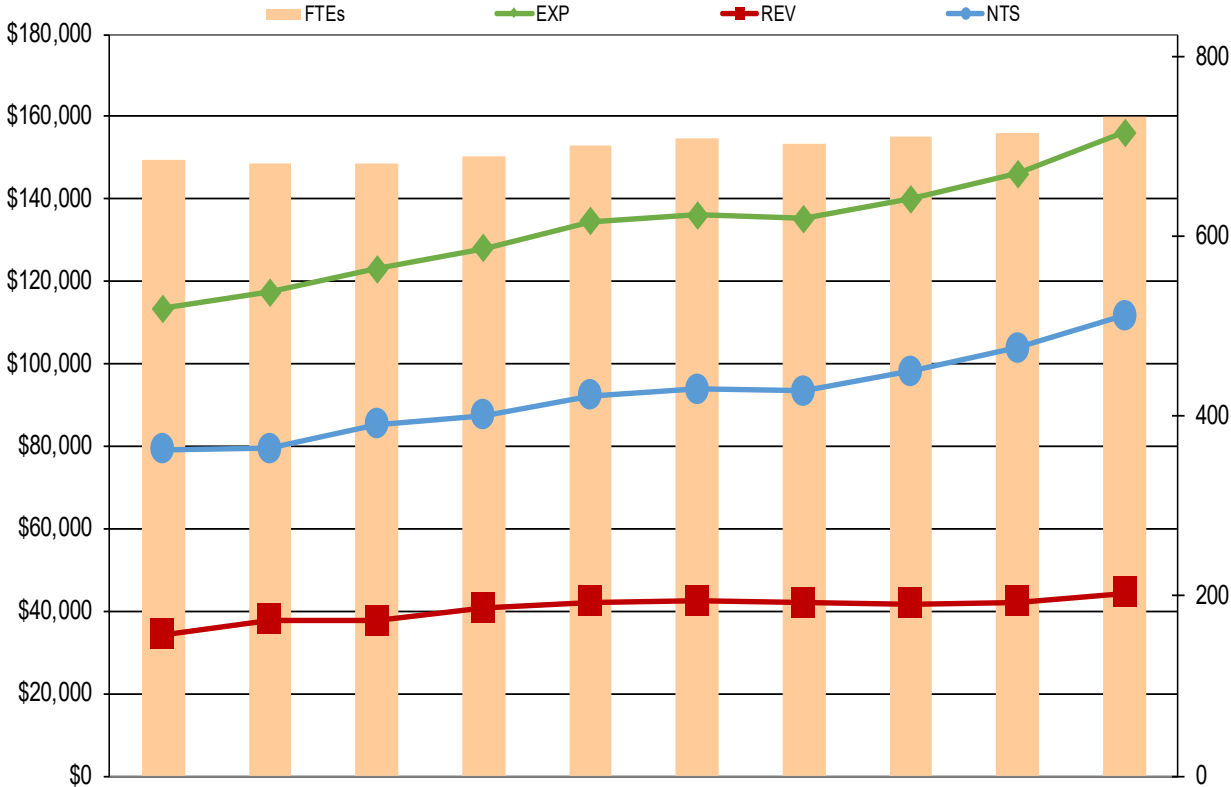
Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Clients served: Intensive congregate	89	83	83	87	84	90
Clients served: In-home supports	34	26	27	27	24	24
Clients served: Respite care	2	5	3	1	3	3

DEVELOPMENTAL DISABILITY SERVICES

Supporting Measures	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Clients served: Supervised congregate	24	23	22	25	27	25
Percent of consumers/advocates surveyed rating services as satisfactory or better	91%	95%	89%	96%	95%	95%

- The decrease for FY 2018 for the intensive congregate program was the result of incentivizing providers (under the new Waiver Redesign) to support individuals in smaller homes/settings. The estimated increase in FY 2022 includes the anticipated completion of the redevelopment of the County owned 1212 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 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
\$ in 000s	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Adopted Budget	Proposed Budget
EXP	\$113,480	\$117,358	\$122,965	\$127,949	\$134,525	\$136,105	\$135,257	\$140,083	\$146,127	\$156,089
REV	\$34,337	\$37,826	\$37,653	\$40,559	\$42,234	\$42,322	\$41,857	\$41,840	\$42,234	\$44,322
NTS	\$79,143	\$79,532	\$85,312	\$87,390	\$92,291	\$93,783	\$93,400	\$98,243	\$103,893	\$111,767
FTEs	685.84	680.54	681.54	688.79	700.82	709.02	702.62	710.22	714.62	733.12

Fiscal Year	Description	FTEs
FY 2013	<ul style="list-style-type: none"> ▪ The County Board added ongoing funding for Permanent Supportive Housing (\$248,064). ▪ The County Board added one-time funding for the Homeless Prevention and Rapid Re-Housing Program (\$200,000). ▪ The County Board added one-time funding for a second year of the housing grants pilot for singles program (\$50,000). ▪ The County Board added ongoing funding for an additional 0.5 FTE psychiatrist for children (\$97,500, 0.5 FTE). ▪ The County Board added ongoing funding for an additional 1.0 FTE to develop and conduct an independent living program for young adults (\$70,000, 1.0 FTE). ▪ The County Board added one-time funding of \$66,000 and ongoing funding of \$100,000 for the Job Avenue program for supported employment and education, to be allocated between mental health, substance abuse and young adult services. ▪ The County Board added ongoing funding to add 0.5 FTE to the existing 0.5 FTE behavioral health recovery manager (\$40,000, 0.5 FTE) transitioning this position to a 1.0 FTE. ▪ The County Board added ongoing funding for additional hours for a public health nurse (\$37,775, 0.5 FTE) at Carlin Springs Elementary School to bring the position to full-time. ▪ The County Board added ongoing funding for additional hours for a mental health therapist at Carlin Springs Elementary School (\$41,225, 0.5 FTE) to bring the position to full-time. ▪ The County Board added one-time funding for Alexandria Neighborhood Health Services, Inc. in the amount of (\$40,000). ▪ The County Board added one-time funding for the Arlington Free Clinic (\$58,500). ▪ The County Board added one-time safety net funding for the Arlington Food Assistance Center (\$66,000). ▪ The County Board added one-time safety net funding for Arlingtonians Meeting Emergency Needs (\$50,000). ▪ The County Board added ongoing funding for the Culpepper Garden Senior Center (\$30,000). ▪ The County Board added one-time funding to the Arlington Street People’s Assistance Network (\$100,000). ▪ The County Board allocated one-time funding for housing grants (\$2,226,709). ▪ Increased non-personnel for a full year of funding for operating costs of the Mary Marshall Assisted Living Residence (\$402,124). ▪ Increased rent costs for Sequoia Plaza (\$488,407). <p>Added ongoing funding for transportation services for adults with intellectual disabilities (\$99,046).</p> <ul style="list-style-type: none"> ▪ Reduced intra-County rent charged to the department for several buildings (\$127,229). ▪ Due to a decrease in Community Development Block Grant (CDBG) funds, replaced lost CDBG funding with local funding for two Employment Specialist positions (\$177,342). One position funded with ongoing funds, and one with one-time funds to allow a transition period. 	<p>0.50</p> <p>1.0</p> <p>0.50</p> <p>0.50</p> <p>0.50</p>

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Eliminated FY 2012 one-time funding for a variety of projects (\$740,431). ▪ Revenue decrease in the Virginia Department of Health (VDH) mandated restaurant application fee from \$285 to \$40 annually (\$177,500). ▪ Elimination of 0.50 FTE previously funded by a Sexual Assault Grant that was not renewed. ▪ Increase of 0.25 FTE funded by a federal Drug Free Communities grant. ▪ The County Board added ongoing funding for Job Avenue (\$66,000) 	<p>(0.50)</p> <p>0.25</p>
FY 2014	<ul style="list-style-type: none"> ▪ The County Board added ongoing funding for intellectual disability and mental health case management (\$260,000). ▪ The County Board added ongoing funding for a mental health emergency services therapist (\$85,000). ▪ The County Board added ongoing funding for nursing services to mental health group homes as well as outpatient nursing care for children (\$149,000). ▪ The County Board added ongoing funding for Permanent Supportive Housing (\$388,850). ▪ The County Board added ongoing funding for residential substance abuse treatment (\$50,000). ▪ The County Board added one-time funding for a capacity building grant to the Bonder and Amanda Johnson contract serving the Nauck community (\$10,000). ▪ The County Board added one-time funding for the 2nd Chance Program (\$90,000) to be utilized over two years. ▪ The County Board added one-time funding for Culpepper Gardens Senior Center (\$400,000) to be utilized over three years. ▪ The County Board added one-time funding for the Arlington Food Assistance Center (\$25,870). ▪ The County Board added one-time funding for Arlingtonians Meeting Emergency Needs (\$50,000). ▪ The County Board added one-time funding for the Arlington Free Clinic (\$50,000). ▪ 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). ▪ The County Board added one-time funding for Doorways for Women (\$54,000). ▪ The County Board added one-time funding for the Vertical Village program (\$15,000). ▪ 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. ▪ Eliminated grant funded Management Specialist (\$92,674) from the RAFT program. ▪ Added non-personnel costs (\$9,967), an Employment Services Specialist (\$77,191) and a Social Worker (\$83,326) for the Arlington Mill Community Center. ▪ Eliminated state funding for the Child Care Subsidy Payment system, which was transferred back to the state from the County (\$2,969,150). ▪ Eliminated Defense Base Closure and Realignment (BRAC) center funding (\$167,025). 	<p>3.0</p> <p>1.0</p> <p>2.0</p> <p>(1.0)</p> <p>2.0</p>

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Eliminated FY 2013 one-time funding for a variety of projects (\$2,957,209). ▪ Eliminated Virginia Tobacco Grant funding (\$175,414). ▪ Increase operating expenses for the Parent-Infant Education (PIE) Program (\$174,000). ▪ Increased rent costs for Sequoia Plaza (\$174,684). ▪ 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). ▪ 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). ▪ Reduced consulting costs for training (\$20,000). ▪ Hold a Management Specialist and an Accounting Assistant position vacant for six months (\$58,383). ▪ Eliminated one Management Specialist position (\$87,276) from the Volunteer Arlington Program. (1.0) ▪ Hold an Eligibility Worker position vacant for six months (\$38,890). ▪ Eliminated one Human Service Aide (\$78,548) from Public Assistance Division. (1.0) ▪ Reduced local day care funding for teen parents and families (\$100,000). ▪ Eliminated two Administrative Technicians (\$110,607) from the Fenwick Center. (2.0) ▪ Hold a Public Health Nurse position, a Clinic Aide position, and an Environmental Health Specialist position vacant for six months (\$141,573). ▪ Eliminated one Epidemiology Specialist (\$40,394) from Community Health Services. (0.50) ▪ Eliminated two Public Health Nurses (\$179,622) providing community-based medical case management services. (2.0) ▪ Eliminated one Public Health Nurse (\$103,651) providing health education to teens at the Reed Center/Career Center who are pregnant or have children. (1.0) ▪ Eliminated two Public Health Nurses (\$193,282) providing services to Arlington Public elementary schools. (2.0) ▪ 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. (2.0) ▪ Hold a Psychiatric Nurse position vacant for six months (\$44,013). ▪ Reduced funding for contracted sheltered employment workshop services for seriously mental ill adults (\$32,000). ▪ 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) 	

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Hold a Social Worker position vacant for six months (\$38,521). ▪ Hold a Management Specialist position vacant for six months (\$58,716). ▪ Reduced funding for community care program that links private homeowners with seniors who need residential and personal care services (\$14,061). ▪ Reduced contracted home health aide services for seniors and adults with disabilities (\$50,000). ▪ The County Board added ongoing funding for the Arlington Free Clinic (\$75,000). 	
FY 2015	<ul style="list-style-type: none"> ▪ 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). ▪ 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). ▪ The County Board added one-time funding for the Crisis Intervention Team (CIT) Coordinator (\$72,606). ▪ The County Board added ongoing funding for a Clinic Aide (\$66,614) for the Career Center/H-B Woodlawn. ▪ Eliminated a grant-funded Administrative Coordinator position from the Behavioral Healthcare Division (\$72,231). ▪ Added \$500,000 in one-time funding from FY 2013 closeout for Housing Grants. ▪ 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). ▪ The addition of pro-rated expenses for the first year of operations of the Comprehensive Homeless Services Center (\$708,488). ▪ Added funding for leadership development (\$22,500 ongoing; \$75,000 one-time) and ongoing funding for the Bonder and Amanda Johnson program (\$79,253). ▪ Intra-County charges decrease due to the elimination of the Resource Mother's Program in the Public Health Division (\$42,789). ▪ Eliminated state funding for the Comprehensive Health Investment Project (CHIP) (\$126,109). ▪ Reduced federal funding for the Refugee Assistance Program (\$30,000). ▪ Eliminated Family Planning Grant (\$45,954). ▪ 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). ▪ Increased fees for Nursing Case Management (\$13,000). ▪ 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). 	<p>1.0</p> <p>1.0</p> <p>(1.0)</p>

Fiscal Year	Description	FTEs
	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).	
	<ul style="list-style-type: none"> ▪ The County Board added a Mental Health Therapist for Jail Based Services (\$85,339). 	1.0
FY 2016	<ul style="list-style-type: none"> ▪ The County Board added a Psychiatric Nurse Practitioner (\$67,672). ▪ The County Board reduced CSA matching funds (\$300,000). ▪ The County Board shifted funding from ongoing to one-time for the Housing Grants program (\$1,500,000). ▪ Replaced one-time funding with ongoing for the Crisis Intervention Team (CIT) Coordinator (\$74,746). ▪ Added Mental Health Therapists for the Homeless Services Center and emergency mental health services (\$216,894). ▪ Clinic Aide (\$52,887) and a Public Health Nurse (\$44,607) for the new Discovery Elementary School. ▪ Added grant funded Eligibility Workers (\$128,072) for state funded programs. ▪ Removed one-time funding for the Crisis Intervention Team (CIT) Coordinator (\$72,606). ▪ 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). ▪ 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. ▪ Added one-time funding for the replacement of the County’s antibiotics cache (\$50,000). ▪ Added ongoing funding for the domestic and sexual violence hotline (\$85,000). ▪ Added ongoing funding for the Homeless Prevention and Rapid Re-Housing Program (HPRP) (\$200,000). ▪ 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). ▪ Added additional ongoing funding for the Arlington Food Assistance Center (AFAC) (\$135,000). ▪ Increased rent for Sequoia Plaza and Gates of Ballston (\$200,043). ▪ Added ongoing funding for the cost of the consolidation of DHS offices to the Sequoia Plaza complex (\$1,661,234). ▪ Added funding for a full-year of expenses for the first year of operations of the comprehensive Homeless Services Center (\$413,950). 	0.50
		1.0
		2.5
		1.25
		2.0
		(1.0)

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Increased funding for the Home Delivered Meal Program and Culpepper Garden (\$10,774). ▪ 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). ▪ Eliminated funding for operating expenses to senior programs (\$100,000), and a net decrease for several state and federally sponsored programs (\$709,522). ▪ Eliminated funding for the Drug Free Communities Grant (\$198,887), state and federal homelessness prevention grants (\$339,675), and the VIEW and Project Discovery Programs (\$49,985). ▪ Intra-County charges increase due to the number clients participating in the Intellectual and Developmental Disability Program (\$41,038). ▪ <i>The County Board took action after the FY 2016 budget was adopted in May to increase parking meter rates by \$0.25. The budget information in the FY 2016 Adopted Budget does not reflect the parking meter rate increase approved by the Board in June. As part of that action, the County Board appropriated one-time funding from PAYG to fund NOVASalud (\$25,000).</i> ▪ <i>The County Board added four County-funded FTEs to serve as Peer Counselors (\$286,000). This includes three existing grant-funded Peer Counselors and a fourth Youth Peer Counselor beginning in January 2017.</i> 	4.0
FY 2017	<ul style="list-style-type: none"> ▪ The County Board added hours to 20 School Health Clinic Aide positions in order to accommodate increasing school enrollment and clinic visits by students with chronic health conditions (\$142,836). The increase will raise the hours for 20 clinic aides from 30 hours per week to 35 for the ten month school year. ▪ The County Board shifted funding for Housing Grants added during the proposed budget process from one-time to ongoing funds (\$600,000) resulting in \$6,513,507 in total ongoing funding and \$3,164,248 remaining in one-time funding for FY 2017. The total funding for Housing Grants in the FY 2017 adopted budget is \$9,677,755. ▪ Added a Human Services Specialist and Mental Health Therapist for the CIT Assessment Site Expansion Grant (\$173,972) ▪ Transferred the Community Corrections Unit from the County Manager's Office to the Economic Independence Division of DHS. ▪ Decreased positions due to staffing efficiencies gained through reallocation and reclassification of existing positions. ▪ The County Board added ongoing funding for Culpepper Gardens (\$107,930). ▪ The County Board added one-time funding for the Arlington Food Assistance Center (\$50,000). ▪ Added ongoing funding for increased rent (\$998,287) and contracted services (\$527,710) associated with the Sequoia Plaza Complex. ▪ Removed one-time funding for the replacement of the County's antibiotics cache (\$50,000). ▪ Removed one-time funding NOVA Salud (\$25,000). The non-profit will continue to be funded in FY 2017 with reallocated base budget funds. 	2.4 (0.37)

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ■ Revenue increased for Medicaid/Medicare and Direct Client Fees (\$805,037), the Mobile Children’s Crisis Stabilization Allocation Program (\$414,117), PIE Program (\$145,878), and increased funding for Virginia Department of Social Services Programs (\$138,198). The increases are offset by decreases to Substance Abuse and Mental Health Programs (\$322,500), Virginia Department of Health Grant (\$207,054), federal and state Adoption Assistance Grants (\$88,421), Parent-Infant Education Grant (\$48,172), ■ Increased grant funding for the Workforce Innovation and Opportunity Act (WIOA)-Alexandria Dislocated Grant (\$37,500), Crisis Intervention Team (CIT) security budget (\$57,749), Parent-Infant Education (PIE) Grant (\$145,878), Mobile Children’s Crisis Stabilization Allocation (\$414,117), Title IV-E Adoption Assistance (\$62,295), and Title IV-E Foster Care Assistance (\$157,263). ■ Grant revenue decreased for Substance Abuse and Mental Health Programs (\$322,500), a Virginia Department of Health Grant (\$207,054), federal and state Adoption Assistance Grants (\$88,421), Auxiliary Grants (\$21,001), and Parent-Infant Education Grant (\$48,172). ■ Eliminated grant funding for the Tuberculosis Grant (\$20,000), the Virginia Tobacco Settlement Fund (VTSF) (\$172,614). ■ Eliminated grant funding to reflect the transfer of the Adopt-A-Family Grant (\$299,391) to a non-profit operator, the conclusion of the SAMHSA Grant (\$210,579), and the expiration of the TANF (AEC) Grant (\$144,275) and the High Intensity Drug Trafficking Areas (HIDTA) Grant (\$22,500). ■ <i>The County Board took action after the FY 2017 budget was adopted to approve the addition of a grant-funded Nurse Practitioner (\$63,667, .50 FTE) for Psychiatric Services in the Behavioral Healthcare Division, a grant-funded Management Specialist position (\$77,809, 1.0 FTE) for Housing Assistance and Homeless Programs in the Economic Independence Division, a grant-funded Human Services Clinician (\$99,461, 1.0 FTE) for Behavioral Healthcare in the Child and Family Services Division, and a reallocation of \$128,000 in non-personnel contractor funds to fund the creation of a Psychiatrist position (1.0 FTE) in the Behavioral Healthcare Division.</i> 	3.5
FY 2018	<ul style="list-style-type: none"> ■ The County Board added 2.20 Developmental Disability Specialists (\$230,302) to manage higher caseload levels due to recent state action to eliminate the Medicaid waitlist and settle those individuals on the list in their home community. Most of the position costs are reimbursed by Medicaid. Medicaid reimbursements increased by \$219,408. ■ The County Board added on-going funding for Doorways (\$129,000) and one-time funding the Arlington Food Assistance Center (\$50,000). ■ Added one Psychiatrist (\$236,000) 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. ■ Added a School Nurse (\$100,413) to restore the staffing ratio of one nurse to every two schools. The School Nurse is funded from savings generated from reducing the Crystal City, Potomac Yard, and Crystal City Tax 	2.2
	<ul style="list-style-type: none"> ■ Added a School Nurse (\$100,413) to restore the staffing ratio of one nurse to every two schools. The School Nurse is funded from savings generated from reducing the Crystal City, Potomac Yard, and Crystal City Tax 	1.0

Fiscal Year	Description	FTEs
	Increment Financing Area (TIF) from 33 percent to 30 percent.	
	<ul style="list-style-type: none"> ▪ Decreased housing grant funding by \$524,000. Total funding for housing grants is \$9,153,755, consisting of \$7,553,755 in ongoing funding and \$1,600,000 in one-time funding. This budget includes \$1,000,000 in additional ongoing funding for housing grants, funded through a reallocation within DHS. ▪ Added ongoing funding for increased rent (\$288,142) and contracted services (\$40,493) associated with the Sequoia Plaza Complex. ▪ 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). ▪ Fee revenue increased for new Substance Abuse Case Management and Office Based Opioid Treatment fees (\$66,000), increased Agency on Aging revenue (\$104,772). ▪ 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). ▪ 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). 	
	<ul style="list-style-type: none"> ▪ <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) which was approved by the County Board in FY 2017 closeout.</i> 	0.05
	<ul style="list-style-type: none"> ▪ <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> 	0.5
	<ul style="list-style-type: none"> ▪ <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> 	1.0

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ <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> 	1.50
FY 2019	<ul style="list-style-type: none"> ▪ The County Board added \$184,000 in one-time funding to fund a Youth Mental Health Therapist for two years (\$184,000). ▪ Added a grant-funded Nurse Practitioner for the Office Based Opioid Treatment Program through the reallocation of existing non-personnel funds (\$70,000). ▪ 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. ▪ Added an Administrative Technician I (\$50,484) that was transferred from the Housing Choice Voucher Program to the Economic Independence Division's Management & Administration. ▪ Eliminated non-essential contingency funding for Behavioral Health Division contracts (\$80,000). ▪ Reduced funding for the residential program that provides adults with developmental disabilities with independent living options, supervised apartments, and group homes (\$300,000). ▪ Eliminated an unfunded Volunteer Services Program Coordinator temporarily transferred to the Community Planning & Housing Development Fund for the One-Stop Arlington Permitting Initiative. ▪ 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. ▪ Eliminated a vacant Eligibility Worker (\$105,493) that evaluates whether clients qualify for a variety of public assistance programs. ▪ 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. ▪ Eliminated a filled Office Supervisor position in the Financial and Administrative Support Services (\$95,603). ▪ 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). ▪ 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. 	1.0 0.5 1.0 0.75 (1.0) (1.0) (1.0) (6.0) (1.0) (1.0) (1.0)

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ 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. 	(4.0)
	<ul style="list-style-type: none"> ▪ 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). 	(1.0)
	<ul style="list-style-type: none"> ▪ Non-personnel decreased primarily due to the removal of FY 2018 one-time funding for: <ul style="list-style-type: none"> ▪ The Housing Grants Program (\$1,600,000); ▪ Arlington Food Assistance Center (\$50,000); ▪ Reductions in Fostering Futures (\$72,533); ▪ Special Needs Adoption (\$135,889); ▪ Auxiliary Grants (\$65,158); ▪ The Workforce Innovation and Opportunity Act (WIOA) Grant (\$147,462); and ▪ The homemaker program allocation in the Agency on Agency Area Plan (\$129,008). ▪ Non-personnel decreases were partially offset by increases for: <ul style="list-style-type: none"> ▪ Contracted Services (\$48,442); ▪ Sequoia Plaza rent (\$160,643); ▪ Children Services Act (CSA) (\$102,551); ▪ A three-year grant from the Virginia Foundation for Healthy Youth (\$149,999); ▪ IV-E Adoption (\$204,181); ▪ Fostering Futures (\$72,533); ▪ The addition of a Pre-employment physicals budget (\$176,269); ▪ Additional funding for the RAFT Program for Discharge Planning (\$373,443); and, ▪ The addition of \$446,465 in ongoing funding and \$707,109 in one-time funding for housing grants. ▪ Fee revenue increased due to new client fees for sexually transmitted infections testing, pharmaceuticals and clinic visits (\$12,000). ▪ Grant revenue increased due to additional funding for: <ul style="list-style-type: none"> ▪ RAFT Program for Discharge Assistance Planning (\$500,000); ▪ the WIC Breastfeeding Peer Counselor grant (\$9,060); ▪ A Virginia Department of Health Cooperative award (\$41,736); ▪ Child Welfare Substance Abuse (\$18,671); ▪ A three-year grant from Virginia Foundation for Healthy Youth (\$149,999); ▪ Title IV-E Adoption Assistance (\$102,091); ▪ Adjustments to the projected amounts for the Agency on Aging Area Plan (\$56,298); ▪ Medicaid Prescreening (\$10,000); ▪ Virginia Department of Social Services (VDSS) Programs (\$568,739). ▪ Revenue increases were partially offset by reductions to the: <ul style="list-style-type: none"> ▪ Emergency and Preparedness Program grant (\$17,594); ▪ Parent-Infant Education Grant (\$18,438); ▪ Tuberculosis Grant (\$2,000); 	

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Customer Service Center from the Agency on Aging Area Plan (\$76,481); ▪ Refugee Resettlement (\$16,125); ▪ Title IV-E Foster Care Assistance (\$38,571); ▪ Special Needs Adoption (\$135,889); ▪ 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, ▪ The conclusion of the Childcare Quality Initiative Grant (\$20,914). 	
	<ul style="list-style-type: none"> ▪ <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> 	6.0
FY 2020	<ul style="list-style-type: none"> ▪ 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. ▪ 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). ▪ 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. ▪ 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. ▪ Reduced wireless service charges as part of a County-wide review of wireless service providers (\$30,856). ▪ 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. ▪ 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. ▪ 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. ▪ 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. ▪ 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 	<p>1.5</p> <p>2.55</p> <p>(2.0)</p> <p>0.75</p> <p>(1.0)</p> <p>2.0</p> <p>0.75</p>

Fiscal Year	Description	FTEs
	(\$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.	
	<ul style="list-style-type: none"> ▪ 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. 	0.50
	<ul style="list-style-type: none"> ▪ Eliminated an unfunded Management Specialist in Child and Family Services Division's Planning and Support Services line of business. 	(0.75)
	<ul style="list-style-type: none"> ▪ Eliminated a vacant Human Resources/OD Specialist (\$29,478). 	(0.25)
	<ul style="list-style-type: none"> ▪ Re-aligned the Arlington Employment Center from a bureau to a program. Eliminated the following positions: <ul style="list-style-type: none"> ▪ Two filled Employment Services Specialist (\$190,167) ▪ A filled Employment Development Specialist (\$94,418) ▪ A vacant Employment Center Director position (\$196,579) ▪ A filled Management Specialist position (\$118,364) 	(5.0)
	<ul style="list-style-type: none"> ▪ Eliminated a vacant Human Services Aide position (\$39,387) who provides clinical and administrative support to Clarendon House's nursing and clinic staff. 	(0.5)
	<ul style="list-style-type: none"> ▪ Reduced the Director's Office training budget by \$50,000. 	
	<ul style="list-style-type: none"> ▪ Reduced the Sequoia Plaza Common Area Maintenance budget by \$100,000. ▪ Reduced the Adult Services program in ADSD by \$30,000. ▪ Eliminated the \$10,000 local portion of the Developmental Disability Services Residential Program. ▪ 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. ▪ Increased the projection for the Children's Services Act funds (\$176,047). ▪ Increased Sequoia Plaza rent (\$259,574). ▪ Revenue changes include: <ul style="list-style-type: none"> ▪ Increased Community Services Board (\$49,379) for increases in Medicaid and client fees for mental health services. ▪ Increased Agency on Aging Area Plan (\$39,519). ▪ Increased Virginia Department of Social Services (VDSS) Programs (\$90,216). ▪ Increased Medicaid Prescreening (\$15,000). ▪ Increased the RAFT Program for Discharge Assistance Planning (\$225,652) due to additional funding. ▪ Increased the Virginia Department of Behavioral Health and Developmental Services (VDBHDS) allocation (\$30,741). ▪ Increased the Virginia Homeless Solutions Program VHSP Grant (\$67,709). ▪ Increased the projection for the Department of Behavioral Health and Developmental Services DBHDS Grant (\$696,930). ▪ Increased the state portion of the Auxiliary Grants Program (\$22,490). ▪ Increased projected revenue from PIE Medicaid (\$48,312). ▪ Increased PIE Medicaid/Part C Clinic Option (\$42,283). ▪ Increased Vital statistics revenue (\$63,836). 	

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Decreased the Community Services Board Mental Health Outpatient Grant (\$12,753). ▪ Eliminated the three-year grant from Virginia Foundation for Healthy Youth (\$149,999). ▪ Reduced the Refugee Resettlement Program (\$10,000). ▪ Decreased Women, Infant and Children grant award (\$93,144). ▪ Decreased PIE Medicaid/Part C State Plan Option (\$46,620). 	
	<ul style="list-style-type: none"> ▪ <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 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> 	8.35
	<ul style="list-style-type: none"> ▪ <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> 	1.0
FY 2021	<ul style="list-style-type: none"> ▪ 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. 	2.0
	<ul style="list-style-type: none"> ▪ 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. 	1.0
	<ul style="list-style-type: none"> ▪ 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. 	1.0
	<ul style="list-style-type: none"> ▪ 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. 	0.25
	<ul style="list-style-type: none"> ▪ 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. 	0.15

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ 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. ▪ Increased funding for the Permanent Supportive Housing Program (\$412,554). ▪ Increased Sequoia Plaza rent (\$243,995). ▪ Increased the projection for the Children’s Services Act funds (\$184,848). ▪ Increased the Homeless Services Center Contract (\$130,034). ▪ Revenue changes include: <ul style="list-style-type: none"> ▪ Increase due to Virginia Department of Social Services (VDSS) Programs (\$244,249). ▪ Increase due to the Virginia Department of Behavioral Health and Developmental Services (VDBHDS) unrestricted state funding for mental health allocation (\$817,584). ▪ Increase due to the Virginia Homeless Solutions Program (VHSP) Grant (\$33,504). ▪ Increase due to the projected increase in 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). ▪ Increase due to Virginia Quality Childcare Grant (\$24,000). ▪ Increase due to the state portion of the Auxiliary Grants Program (\$40,000). ▪ Increase due to Virginia Department of Health Cooperative Award for mandated programs (\$62,047). ▪ Increase due to VOCA Grant (\$116,674). ▪ Increase due to new fees for workforce development services (\$26,050) and issuing vital statistics (\$3,600). ▪ Decrease in Workforce Innovation and Opportunity Act (WIOA) Grant (\$49,218). ▪ Decrease due to the phase-out of the One-Stop Center Cost Allocation Plan as a result of Employment Services reorganization (\$41,592). ▪ Decrease due to the elimination of the Crisis Stabilization Grant (\$273,852). ▪ Decrease due to reductions in PIE Medicaid/Part C Clinic Option (\$64,483). ▪ <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 approve the following positions (8.5 FTEs):</i> <ul style="list-style-type: none"> ▪ <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> 2.75 ▪ <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;</i> 5.75 	

Fiscal Year	Description	FTEs
	<p><i>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></p> <ul style="list-style-type: none"> ■ <i>Child and Family Services Division: added a grant-funded Administrative Specialist (\$78,000)</i> ■ <i>Aging and Disability Services Division: added a grant-funded Management Specialist position (\$79,945) for VICAP data coordination</i> 	<p>1.0</p> <p>1.0</p>